

Conference Proposal Review Information

For all concurrent session and CMTE proposals, courses will be evaluated and rated by several reviewers in an anonymous review process using a rubric. Proposals will be evaluated on the following dimensions:

- Course title matches abstract and course description
- Course topic is relevant to our region, with an adequate research base/citations provided with proposal
- Content matches target track & audience
- Instructors appear qualified (blinded information)
- Learning objectives are clear, measurable, & clearly related to CBMT Board Certification Domains (please include relevant BCD e.g. "II.A.5.b To achieve therapeutic goals: apply receptive music methods")
- Content is appropriate to requested length (for CMTEs, course schedule is complete and provides correct # of instructional minutes)
- Content is innovative and unique, based on the presenters' work, experiences, and/or research
- Overall suitability for conference program

Explanation of Diversity/Equity/Inclusion Question

Music therapy ethical practice demands careful consideration of the sociocultural context in which music therapists exist. As a result, music therapists are increasingly required to build awareness, knowledge, and skill as it pertains to the cultural dimensions of music therapy theory and practice. This includes, but is not limited to, an increased understanding of the cultural determinants of music therapy practice as it pertains to 1) the personal distinctions of the therapist's intersecting sociocultural locations (i.e. age, sex and gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status, etc.); 2) cultural histories and narratives that influence client worldviews; 3) cross- and mono-cultural interactions between clients and therapists; 4) the therapist's ability to effectively identify and respond to the cultural milieu and adhere to anti-oppressive practices that increase clients access to services, the implementation of treatment, and/or meaning-making process. In efforts to increase MAR members ability to effectively respond to the growing understanding of culture's influence on music therapy theory and practice as an ethical imperative, a statement of cultural responsiveness has been added to the submission requirements for the 2019 Call For Papers. Each submission is required to include one statement that briefly (3-5 sentences) describes the presenter's consideration of cultural issues that stimulate further growth of their cultural awareness, knowledge, and skill as they relate to the topic being proposed.

Due to the newness of this request, the statement will not be tallied in the overall proposal scores for the 2019 review of proposals. If selected, presenters will not be required to include this in their presentation, but must be able to explain a general understanding of cultural contexts pertaining to proposed topic if requested by attendees.

Further Rationale, Definitions and Example Statements:

Further rationale is included below via the AMTA code of ethics and AMTA professional competencies, as well as defining terminology and several sample statements to guide presenters' submissions.

AMTA Code of Ethics & Professional Competencies pertaining to culture

The AMTA code of ethics (2015) emphasizes that the music therapist 1) is aware of personal limitations, problems, and values that might interfere with his/her/zir professional work and, at an early stage, will take whatever action is necessary . . . to ensure that services to clients are not affected by these limitations and problems (1.5); 2) practices with integrity, honesty, fairness, and respect for others (1.9); and 3) refuses to

participate in activities that are illegal or inhumane, that violate the civil rights of others, or that discriminate against individuals based upon race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation (2.3.2 & 3.3).

The AMTA Professional Competencies (2013) requires that music therapists (a) demonstrate awareness of one's cultural identity and socio-economic background/status and how these influence the perception of the therapeutic process (9.5); (b) select and implement effective culturally based methods for assessing the client's assets and problems through various arts media (11.1); (c) demonstrate knowledge of and respect for diverse cultural backgrounds (17.9); and (d) to demonstrate skill in working with culturally diverse populations (17.11).

**Defining Terms (Taken from the American Drama Therapy Association website:
http://www.nadta.org/about-nadta/diversity/Cultural_Responsibility_Guidelines.html):**

Cultural Response/ability refers to responsive and responsible training, research, practice, supervision, advocacy and organizational change in drama therapy (Sajnani, 2012). Cultural response/ability, in this context, is supported by two other concepts. The first is cultural competency which comprises awareness, knowledge, and measurable skills that increase the ability to notice and challenge implicit biases as well as serve diverse individuals and groups (Arredondo *et.al*, 1996). The second concept is cultural humility which refers to “a lifelong process of self-reflection, self-critique, continual assessment of power imbalances, and the development of mutually respectful relationships and partnerships” (Tervalon & Murray-Garcia as cited in Gallardo, 2014). Cultural humility espouses a process-oriented approach to competency as it is “the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]” (Hook, Davis, Owen, & Utsey, 2013, p. 2).

Culture is defined as the fluid and dynamic embodiment of a worldview through learned and transmitted beliefs, values, norms, and social institutions including psychological processes (e.g care-taking, expressions of distress, notions of well-being etc.) (Fiske, Kitayama, Markus, & Nisbett, 1998). Inherent in this definition is the acknowledgement that all individuals are cultural beings and have a cultural heritage that is informed by their socialization and affiliation with multiple, intersecting, and dynamic social groups (e.g., family, nation, religious group, professional community, etc.).

Cultural identity is based on membership in multiple groups that continuously interact and influence each other. Identity within these groups is adapted and changed throughout life in response to political, economic, educational, and social experiences that either alter or reinforce one's position in society. It is also affected by interactions with the dominant group and power relations among groups in society. Membership in some cultural groups (group of drama therapists, group with similar in/visible disability, group with similar job description, spiritual or gender-based group, etc.) may take on more importance than others at different periods of life (Johnson, Musial, Hall, & Gollnick, 2005).

Cultural competency comprises awareness, knowledge, and measurable skills that increase the ability to notice and challenge implicit biases as well as serve diverse individuals and groups (Arredondo *et al.*, 1996).

Cultural humility refers to “a lifelong process of self-reflection, self-critique, continual assessment of power imbalances, and the development of mutually respectful relationships and partnerships” (Tervalon & Murray-Garcia as cited in Gallardo, 2014). Cultural humility espouses a process-oriented approach to competency as it is “the ability to maintain an interpersonal stance that is other-oriented (or open to the other)

in relation to aspects of cultural identity that are most important to the [person]" (Hook, Davis, Owen, & Utsey, 2013, p. 2).

Sample Statements of Cultural Responsiveness:

SAMPLE STATEMENT #1

Author: Victoria Fansler, MT-BC

Title: Assessing Children's Perceptions of Changing Family Situations: A systems approach

Track: Assessment

Topic: Child Welfare

Presentation Description: This concurrent session will outline a process and written tool for musically assessing children's perceptions of their relationships with various family members. Therapists can gain information relevant to therapy implementation through clients' instrument choices, improvisational play, and placement in space. This information includes youth perceptions of social alliances, cultural connections, and qualities of relationships.

Statement of Cultural Responsiveness: Therapists implicitly silence or amplify aspects of clients' cultural identities through the physical session setting, types of instruments made available, qualities of play, and non musical responses to clients. Further, each therapist brings their own cultural biases related to family structures and child rearing. This session will explore various benefits and limitations of subjective qualitative assessments and will require therapists to locate their own cultural identities in relation to their clients. I will describe my own experiences as a cis-presenting female queer white settler working primarily with tribal youth in the United States, including examples of my own micro-aggressions and biases in the assessment process.

SAMPLE STATEMENT #2

Authors: Laura Hix, MA, MA, RDT and Nisha Sajjani, PhD, RDT-BCT

Title: Capturing the Magic: Creative as a Measurable Process in the Creative Arts Therapies

Track: Research

Subject/Topic: Measurements tools

Description: As clinicians working in the creative art therapies, applied theater artists, and arts-based/qualitative researchers, we are perpetual witnesses to creativity as a force of healing and growth. We have felt and experienced the power of the creative process and observed its outcomes in the mental health community-engaged projects that we develop. What are the limitations of existing creativity measures and how can we imagine new ways of assessing creativity and demonstrating its relationship to well-being? How do we represent the effectiveness of creativity in a research context? One possible way is through the use of measures designed specifically to assess creativity, many of which are regularly used in psychology research. Participants will explore multiple measures that assess creativity in a variety of ways. Current creativity research conducted by Laura Hix, along with colleagues Dr. Eranda Jayawickreme (Wake Forest University) and Dr. Marie J. C. Forgeard (University of Pennsylvania & McLean Hospital/Harvard Medical School) along with the work in the Growth Initiative lab at Wake Forest University will be discussed.

Statement of Cultural Humility: In the culture of research in the mental health community, psychology is a privileged entity. Its contributions receive copious attention and funding, while research in the creative arts therapies and creativity has been, to date, relatively marginalized. This course will acknowledge this imbalance. Creativity is a social construct understood differently across cultures. Special attention will be given to cultural limitations in existing psychological measures and to developing measures that are better attended

to differences in culture. Bias toward high intellectual and verbal abilities is one serious limitation of many existing creativity measures. This course will examine this bias.

SAMPLE STATEMENT #3

Author: Ezequiel Bautista, MT-BC

Title: Using Neurologic Music Therapy to Partner with Non-Speaking Individuals

Track: Clinical Practice

Subject/Topic: Neuroscience, Inclusion

Description: This concurrent session will explore the clinical use of Neurologic Music Therapy (NMT) with non-speaking individuals and the implications that rhythm has for accessing other ways of communicating. This session will explore the complexity of brain and body connections while giving examples of research-based music experiences that engages one's whole being.

Statement of Cultural Responsiveness: This presentation is an opportunity to share experiences and insight into how to partner with individuals who are non-speaking and may use other forms of communicating. Presenters are non-disabled, speaking people who are presenting on their interactions with those that often are not allowed or provided with opportunities to communicate for themselves. In this process and presentation, presenters reflect on their own locations of privilege and power as it related to their culture and the culture of disability. In a society that privileges abled bodies, it is important that music therapists are engaging in anti-oppressive practice by promoting dignity and providing opportunities for disabled individuals to communicate effectively and authentically.

SAMPLE STATEMENT #4

Author: Susan Hadley, PhD, MT-BC

Title: Music Therapy Supervision: Reflexivity and Ethical Practice

Track: Education and Training

Subject/Topic: Clinical Supervision

Description: In this presentation, we will explore issues relating to the location of the self in supervision and use of the self in therapy. We will explore what dimensions of "self" significantly shape how we think about ourselves and those with whom we work. We will explore how this then shapes what we see and what we hear. We will discuss ways to navigate difficult dialogues and reflect on the potential value of supervisor vulnerability and self-disclosure.

Statement of Cultural Responsiveness: As music therapists, one of our professional competencies is to demonstrate awareness of ones cultural identity and socio-economic background/status and how these influence the perception of the therapeutic process. As such, we will set a tone that encourages discussion of diversity by introducing these issues from the very beginning of the supervisory relationship. Areas of culture we will explore include race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, and political affiliation. We believe that the promotion of ethical clinical practice necessitates reflexivity, compassion, and cultural humility on the part of both the supervisor and the supervisee.

SAMPLE STATEMENT #5

Author: Jennifer Swanson, MMT, MT-BC

Title: The Use of Music Improvisation With Grieving Children

Track: Clinical Practice/Clinical Technique/Topics

Subject: Music improvisation/Grief and loss

Description: This concurrent session will explore the clinical use of individual and group music improvisation with bereaved children, ages 5-10. Goals, objectives, and outcomes of the use of music improvisation with grieving children will be discussed, as well as improvisation techniques and the use of client preferred music/musical instruments within improv.

Statement of Cultural Responsiveness: I am a white, middle-class, queer, genderqueer, female at birth, music therapist who works in Philadelphia, often with African-American and white low-income families. As I most often work with people in their homes, I must maintain awareness of the ways in which my more privileged race and class has an effect on my presence in their homes. I am aware that I sometimes carry incorrect assumptions, which I attempt to consciously throw away before I walk in the door, and I make sure to be transparent about anything I don't understand. In my personal life, I do a lot of reading and conversing about systemic inequality in regards to race and class, which has helped me gain a deeper understanding of the ways in which marginalized people are systemically held back through generations.

SAMPLE STATEMENT #6

Author: Rachel Reed, MT-BC

Title: Disability, Language, and Context Dependent Decision Making

Track: Theory

Subject/Topic: Disability, Discourse

Description: Language is important to accurately and respectfully communicate about our work and the people we work with. This presentation will explore basic disability-related language issues often encountered in music therapy, including person first vs. identity first language, and common ableist language.

Statement of Cultural Responsiveness: Although often unacknowledged, disability is a component of one's cultural identity. Language is one of the most basic and common ways in which we communicate and represent ourselves to one another, and therefore an excellent area in which to expose and critically reflect upon one's cultural location, privilege, and biases. Participants will move toward greater awareness of how the language they use is influenced by their identity, and upholds systemic issues of power and privilege related to disability within music therapy.

The presenter is a white, cisgender, female, music therapist who identifies as disabled, though often passes as nondisabled, and approaches this topic with both a personal and professional interest.

SAMPLE STATEMENT #7

Author: Vern Miller, MMT, MT-BC

Title: Exploring Music Technology as a System

Track: Technology

Topic: Music Technology

Description: Music technology can no longer be viewed as neutral music making devices. Music technology is a system that is larger than devices. It is an industry dominated by males. This presentation will explore ways that music technology is gendered and ableist, favoring non-disabled males and the implications of this for music therapy.

Statement of Cultural Responsiveness: As a white cisgender middle-class male, I am increasingly aware of the ways that I have unearned benefits from systems that favor heteronormative, non-disabled, white, males. One of these systems is technology. When viewed as a system, and not just electronic devices, technology favors

males because it is created by males. I will use this presentation as a means to lower power differentials and demystify the system of technology.

SAMPLE STATEMENT #8

Author: Anonymous

Title: Developing advanced guitar skills

Track: Education and training

Subject/Topic: Guitar Skills

Description: In this workshop, participants will learn advanced guitar skills for use in clinical settings. Guitars are not provided--please bring your own. Registration will be limited to 15 participants.

Statement of Cultural Responsiveness: As a music therapist, I have strong guitar skills in a variety of styles. My understanding of musical styles has been shaped by my background as a classical musician from the dominant culture. While I have learned a variety of cultural styles from people from those cultures, I acknowledge that I am part of the dominant culture which has a history of cultural appropriation. In this workshop, I will share historical, cultural, political and social contexts for the music that I am teaching. I will also share my on-going process of expanding my knowledge and skills of these musical styles and the cultural contexts out of which they have developed.

SAMPLE STATEMENT #9

Author: Marisol Norris, Ph.D. Candidate, MT-BC

Title: Navigating culture in music therapy spaces: A music therapy workshop on being culturally responsive within academic and supervisory spaces

Track: Diversity, Equity, and Inclusion

Subject/Topic: Cultural Competence/Responsiveness training for MT supervisors

Description: This workshop will explore culturally responsive clinical practice. Experientials and group discussions will be provided to facilitate participants' exploration of 1) personal sociocultural identity, 2) effects of power, oppression, and privilege on clinical setting, 3) cultural awareness and humility, and 4) cultural tensions that arise in therapeutic encounters.

Statement of Cultural Responsiveness: Music therapy professional competences require therapists to 1) demonstrate awareness of one's cultural heritage and its influence on the therapeutic process, 2) select and implement effective culturally based methods for assessment, 3) demonstrate knowledge of and respect for diverse cultural backgrounds, and 4) demonstrate skill in working with culturally diverse populations. The presenter contends that to approach these aims without substantial cultural introspection and exploration of personal and systemic conditioned bias would be in potential harm to the clients we serve. Cultural responsiveness, therein, is deemed as an ethical imperative for music therapy educators and clinical supervisors and cultural humility as a necessary process of self-reflexivity on the part of the therapist as a means of establishing and maintaining constructive therapeutic relationships.