

Transcript: AMTA Community Conversation – June 29, 2021

00:00:00 Intro music

00:00:18 Speaker: Lori Gooding

Thank you for joining us this evening.

We are pleased to begin the second AMTA community conversations. This community conversation is going to focus on professional and student well being, and we're going to look at a number of different topics related to well being. And you might be wondering why I'm here talking about this.

And I'll give you a little bit of background. I am Lori Gooding and I am president-elect and chair of the COVID-19 task force.

And while this is not a COVID-19 task force community conversation, we are pleased to be here to provide support and we do have a little bit of a connection with this topic in that the work that we are doing to support the music therapy community has allowed us to interact with people and hear stories about mental health, about well being, about burnout and a number of different topics that have come up over the course of the COVID pandemic.

So when we took a look at that and shared that with the staff at AMTA and began to look at things like Mental Health Month, we decided collectively that it would be a great time to focus on well being. So we're going to be looking tonight at music therapist well being and music therapy student well being.

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And so I'm really pleased that all of you are here. Just a few points, we will be moving into breakout rooms after speakers and I'm going to introduce the speakers in just a moment.

So you will be able to choose the breakout room that you want to go to, and I'll tell you a little bit more about that when we get to that section.

We will also be recording this session as you just saw it pop up or posting on the AMTA YouTube channel, so if you would like to go back and watch the conversation again, you will be able to go to the AMTA YouTube channel and find that. It will likely be posted after the July 4th holiday so it will be a week or two before it gets up, but we will post it. We will also be sharing a list of resources along with that video for you to connect with organizations, websites and groups that might be able to provide some support for you in a number of different ways should you need it. So please take a look not only for the video but also for the resource list.

So before we give our attention to our speakers, I'm going to ask Barb Dlse to speak with you all just for a few minutes and she's going to set up kind of where we are in terms of what we're talking about tonight. Barb.

00:03:07 Speaker: Barb Else

Thank you, let me go ahead and see if I can share screen here. Uhm, it's a it's a hot hot day here in sunny Phoenix, so I thought I'd bring up an ice cream cone.

But on a slightly more serious note, we the COVID-19 task force members in thinking about preparation for the production and gathering this great group of people that are here to share some ideas and thoughts with you from around the country, we talked about what we called the cone model on in thinking about stressors and factors that can layer and melt into one another and affect our mental wellness, our well being and our positive mental health. So besides dealing with climate change right now, and we've had severe heat waves in the Northwest, part of the Western region where I live. And with that goes disaster and emergency events, and other layers. Not to mention the pandemic and, but on top of that we have issues of historical and systemic trauma that can seep through the layers and stressors that we have to deal with on a day to day basis, and with professional stressors that are tied to the pandemic. You could be drawing little drips of lines between all of these factors and personal stressors are individual responses and our awareness of these factors is probably a first step in the whole process.

But we want to think about this in terms of flourishing to find fulfillment in our lives, accomplishing meaningful and worthwhile endeavors, and connecting with others in a deeper way. So that was our cone model that we thought of and a little cool moment for those of you in the middle of a heat wave and I'll pass it back to Lori.

00:05:04 Speaker: Lori Gooding

Thank you Barb. We all love that cone model for multiple reasons, including the heat and as someone who lives in Florida that breaks from that heat is, are always welcome, so we hope that kind of sets up for you the connections between the things that we're going to be talking about, so we're going to be looking at a number of different factors, systemic in nature, personal in nature, cultural, both from a larger cultural considerations, a workplace culture consideration and a number of different things that we're going to be intertwining in and across the speakers tonight. So I'm going to introduce you all to our first speaker, and we're so excited to have her with us, our very first speaker is Maria Gonsalves Schimpf and Maria is going to be talking to us this evening and getting us started with this focus on well being that we're promoting tonight. So Maria thank you.

00:06:03 Speaker: Maria Gonzalves Schimpf

Thank you, Lori, for the introduction. It's so nice to be here. I'm going to go ahead and share my screen. OK and up here, I will go to slide show. From the beginning, how are we doing? Can everyone see it OK?

Great, so my name is Maria Gonsalves Schimpf. I have been a music therapist for 20 years and I have worked here at Denver Health, which is a safety net hospital in Denver. I see Barbara doing a little shake of her hands. Uhm, uhm in Denver Co for the last eight years I've been working primarily as a music therapist in inpatient psychiatry.

But come as a result of some preliminary work that I did with Andrea Dalton, who is here tonight to bring a peer support program to inpatient psychiatry to support staff who are experiencing workplace assaults or assaults by patients. I came into the opportunity to support staff at the organizational level for all kinds of workplace distress.

We launched a peer support program for assaults and I quickly began fielding requests for support for all different kinds of distress. And for support from departments across the institution and not just from inpatient psychiatry. So we learned pretty quickly that we really had to roll out something that was much larger in scale and could support staff across different kinds of distress.

Uhm, we have, uh, about 8500 staff at our institution. We have dozens of community clinics, we serve the most marginalized and the most vulnerable populations in our community and across 2018 and 2019 decided that we would bring Johns Hopkins' RISE program to our organization.

So RISE stands for Resilience In Stressful Events. We worked for two years to bring this program here officially, not knowing that we would launch in January and then enter the pandemic in March.

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So our, what I want to talk to you tonight about is really our workplace well being program that is psychological first aid and peer support programs specifically for health care workers.

Our mission is to provide timely and confidential support of trained peer responders to all Denver health personnel inclusive of contractors, employees, staff, trainees, students, volunteers who are impacted by distressing workplace events.

A little bit of history, when we decided to bring this program to our institution, we joined a nationwide network, and so there are 42 organizations comprising 61 different hospitals in, for provider groups who have rolled RISE out within their institutions.

I want to move quickly through these slides because I'm aware of time. I think what I first want to say is that initially we started supporting workplace violence and then learned very quickly that there were all kinds of tragedies and traumas within our institution we wanted to support.

Um, in keeping with this cone model and cumulative factors slide that was referenced, we knew that we have extraordinary high levels pre pandemic, pre-murder of George Floyd, of cumulative stress within high exposure professions such as ours. We knew that staff themselves were being triggered, right. Personal traumas, we come with our own stories every single day.

We knew that unanticipated outcomes and and critical incidents, deaths of patients as well as our colleagues were all causing burnout, right, characterized really by emotional exhaustion, depersonalization and reduced personal efficacy.

And we also knew, in our pitch to our executives, that unsupported and stressed staff led to low morale, high turnover and then created an unsafe care environment. This often resulted in medical errors, which was the catalyst for RISE's inception at Johns Hopkins, but also low staff engagement, dissatisfied patients and employees, and a stressed institutional leadership. One in which you know then patients may not want to seek care from.

So the RISE intervention, um. What we do within our peer support program really is provide psychological first aid and emotional support. We listen, we empathize, empathize, normalize and validate. We can provide one on one or group support. Uhm, we focus on personal experiences and emotions of staff.

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And one of the bedrocks, we maintain strict confidentiality in every instance in which, with the exception of 1, in which we're concerned for the imminent safety of somebody.

Unlike critical incident stress management model we've had or medical debriefings which are common here, we do not complete a root cause analysis. We don't focus on event details. We don't problem solve or fix employment issues. Give advice, interrogate, investigate, report back to supervisors. It's all strictly confidential.

And of course we stay in scope. We don't provide therapy, counseling or psychiatric care.

So it can be helpful to use the analogy of physical first aid. Just because somebody can provide, you know can do, brain surgery doesn't mean that the scene of an accident, they're not staying in the scope of of physical first aid. So same with psychological first aid. So just because most of us, the full time staff within our program are therapists, doesn't mean that we're doing therapy within the context of peer support.

And as I mentioned, strict confidentiality allowed us to build trust very quickly within our program, and then we have debriefing and peer supervision, um, very regular. In in terms of our 24/7 call line, we debrief every single call that comes through.

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And this ongoing training, support, training, education, and support of our peer responders, then allows us actually to adhere to strict confidentiality. We talk on a very regular basis ways in which unintentional breaches could happen, and we maintain the skill level of our peer responders, who may only be on call let's say two months of the year, uh, across time.

But now I would love to talk with you about RISE's rapid expansion within the context of COVID. And so in the opening song I heard this reference to re learning how to live. And what I often say is that we're walking one another back out into the world. Sorry.

And what I have found, and that each one of us has our own stories about where we have been across the last year and a half. And there has been so much despair, and there has been so much fear, and there has been so much pain.

And what we know, also referenced in the intro, is that it is a combination of pleasure, achievement and closeness and connection that will allow us to retain our resilience.

And so we talk about this a lot in RISE. But we knew we had to access our staff very quickly and in the week that we determined we would expand our service lines, I don't know. I had seven, you know, close colleagues get very sick within 24 hours of COVID. And, um, the ripple effect of that, in terms of walking into, um, the pediatric unit where we thought we were going to be doing our typical RISE group support session for around a patient death and learn that the stressor really was the fact that this patient died alone because we had just gone into lockdown and suddenly had restricted every single visitor from our hospital.

We knew very quickly that the themes, the topics, and the quality of the distress was going to be very different. And it was seven people in the room that day, actually, who got you know, called out the next day and, and got very sick and and, and we lost staff.

And so we got the support of our psychiatry department, where I'm housed, to use reassigned staff very quickly to launch an expansion.

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This data is just about physicians, but came from a survey in the middle of COVID in July 2020.

Increased substance use, burnout, which was already a public health crisis.

Isolation, already part of our lives, but then of course, voluntary withdrawal from friends, family, coworkers as a result of the toll on us emotionally.

And we began looking at phases of psychological response to disaster to guide us. So initially, right, we experienced the impact here in Colorado.

It was mid March and moved into the honeymoon period with all our reassigned staff. We had up to 60 people working as peer responders at one point at the height of our first wave and there was a lot of community cohesion and then came this really protracted phase of disillusionment.

So enormous amounts of community stress and severe depletion, fatigue, we lost a lot of our workforce and then came, has come the working through grief, adjusting and rebuilding which we know will also be across several years.

And so, in terms of our service lines, we launched in January of 2020 with a 24/7 RISE line that funnels through our nurse line as our call center for our city and county and then connects the caller to a peer responder on call.

And we launched in March of 2020, the drop in center for staff by the NICU and the SICU: The RISE Up Staff Support center. We expanded our group support very quickly to provide daily virtual groups for our staff and department specific groups for teams to talk through how they're being impacted together as a unit.

We started by reaching out to staff who we thought you know at the time were experiencing some chaos in in just being quarantined and not being being told they couldn't come to work and that quickly transformed into outreach calls to sick staff which will really like courtesy calls to make sure that people had what they needed, could access resources and felt supported and then we have our mobile service line, RISE 2U, that goes directly out into clinics and directly onto units. Kind of like rounding to bring support and resources directly to staff.

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Um, we also re calibrated this, stress continuum, that came from initially from the military for health care personnel as a self assessment. Um, we developed this in the pandemic during our second wave and are using it everyday. Now we even have badge buddies that that reference it so that people can really do a self assessment and understand where they are in any given day.

Knowing some some of us say, you know I, I kind of live in chartreuse right now. I'm never really green, but I I'm not necessarily in the orange so people can determine movement even across a day, and what allows them to stay in the green. What are their green choices throughout a day?

And as I mentioned, our pre scheduled groups right now we have them every day at 12:00 o'clock. There may be admin staff who are, you know, work from home staff, not clinical alongside a, an intensive care nurse who's working in the middle of a 12 hour shift and and these are open to everyone in the organization.

There might be a resident alongside a volunteer. And then our department specific groups. So we have some contracts with teams we meet with them every single month and give them a dedicated space to really talk through how they're being impacted.

Here are some of our numbers. From the expansion in March to through May.

Our Staff Support Center has seen 56,000 or 56,000 visits.

And then our affinity groups. So, um, we very quickly in May launched our Black Affinity group, and then added LGBTQ affinity group. And then, um, requests for a BIPOC affinity group.

These meet weekly. We have very regular attendance and really the the goals of co-creating an emotionally and psychologically safe space and talking about the impact of distressing events and how it's affecting us personally and professionally are what we reinforce over and over again. So systems change is what we need, and yet the the scope of the group is to talk through how we're impacted and then that has translated into advocacy and systems work for many of the group members outside the context of the group.

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But we're really clear about our scope within the context of that hour together.

And we've created a schedule that looks like this currently, right? So a lot of our leaders who are having a lot of the requests for systems change and culture change.

We have a trauma informed care model here, we talk so often about how our institution cannot be trauma informed unless it is racially just and there's so much work to be done. They're fielding these concerns and these demands, and so we have a group specifically for them.

We have a group specifically for systemic racism in healthcare. We have a group for as I said, the affinity groups LGBTQ and BIPOC alternating weeks, we have a standing grief and loss group which at one point was a COVID-19 related distress group. And a black affinity group.

And then in conclusion. Just some testimonials. About the group space. That connection with my coworkers, which for many of us who were going to work each day was our only connection to others in a shared physical space.

And then comments from our drop in center. It's the reason I haven't left the organization. It's what gets me to work in the morning. The best thing that's ever happened to Denver Health ***** brilliant. This is honestly my favorite part of working here.

Amazing to have support in a time of uncertainty, especially from your own hospital. Thanks for taking care of us.

There's a quote that didn't make it onto this slide, but in a recent presentation, a physician dropped the comment in the comment box stating, oh at the bottom here.

24 hour call shifts are hard, your incredible staff, snacks and massage chairs are a luminous bright spot in the day. Your team have helped me in the darkest days. I don't know if I'd be the same doctor without your care.

And I think we have just a few minutes, but I'd love to conclude there, especially if there are questions.

It's a lot of information about our program here at Denver Health, but I would, I would love to open it up to questions or thoughts or reflections.

00:24:16 Speaker: Lori Gooding

Maria, let me just share that Maria is one of the resources that will be on that list so you can also reach out to her after the fact 'cause she's sharing her information with us.

00:24:32 Speaker: Maria Gonsalves Schimpf

I'll also share that, um, we had a request to support another institution. Um, after the Boulder community tragedy, Boulder Community Hospital asked Denver Health RISE to support their institution, and so we did a series of groups and rounding virtual groups, in person groups to support their staff.

Uh, and that was pretty enormous to take that on amidst all of this. And I live in Boulder and I know that grocery store well, so um, I've used often that the experience of vicarious trauma for me facilitating those groups really interrupted my functioning and so I had a first hand experience of the importance of seeking treatment and care for oneself in order to continue this work. And I will say, you know EMDR I think saved my life so that I could continue and continue through this pandemic. Continue supporting my institution. And feel resourced.

And I think there's a question in the chat. How often does training occur and refresher training for RISE peer responders? Uhm, so every peer responder needs to attend a full day training every year annually.

00:25:59 Speaker: Andrea Dalton

And then Jane had her hand up, Jane, do you have a question too?

00:26:04 Speaker: Jane

Yes, just very briefly, I noticed that the doctor was mentioning some of the things that helped him: massage chairs, could have been brownies, I don't know. In in the website that you listed it does it explain how RISE provide, the kinds of things that RISE provides? I mean, it's. You you've kind of mentioned more general things, but I was intrigued by some of the specific things, they sound wonderful. I just wondered if the RISE program as it is in the .org website. If that that lists details about how it works.

00:26:41 Speaker: Maria Gonsalves Schimpf

Well, sure, yeah. So RISE, the caring for the caregiver training or program is put into motion by Maryland Patient Safety Center. Yeah, history is an RFP went out, Hopkins basically won it and so they're they. They put they train institutions and every institution has rolled it out in a different way. Most have a 24/7 call line with an option for an in person meeting.

The reference to the massage chair and other things in that comment by that physician is our staff support center specifically, which is a drop in center, right we so, we have several service lines, and so it really is a place for decompression.

It's a place for teams to gather and connect. Moving off the unit right into a psychologically safe space where they're greeted by people, responders who are trained to receive them.

And to be available for emotional support and resource provision. We have instruments here, right? So there is a lot of live music making that happens in our staff support center. We have a chess board. We have, you know, an art mural wall that that people collaboratively contribute to.

So sometimes rotating things, but a place where staff can really reflect and engage in some pretty deep self honoring.

00:28:11 Speaker: Lori Gooding

Right, well thank you Maria. All, I put in the chat, we are going to have time for questions at the end so if you, if you're still processing and want to come back there will be time to check in with Maria again at the end as well. So Maria thank you so much. What a powerful program, uh, what powerful comments from the staff. And and what amazing things that the RISE program is. So thank you for introducing that to us.

00:28:38 Speaker: Maria Gonsalves Schimpf

Thank you so much for having me and thanks for allowing me to be really candid about my, um, personal process as well. It feels like like a beautiful space in which to share.

00:28:49 Speaker: Lori Gooding

Thank you, thank you so next. Our next speaker is actually going to be a video from Ami Kunimura and Ami is going to take us a little bit further into burnout. Ami is a music therapist that founded the Self Care Institute and she's currently working on a PhD as well, and so we're going to hear a little bit via video from Ami.

00:29:17 Speaker: Ami Kunimura

Hi, my name is Ami Kunimura and I'm the founder of the Self Care Institute and I've been a board certified music therapist for the past 15 years and I'm here for you in this video to talk about burnout and stress. And so burnout and stress were very big issues even before the COVID-19 pandemic started and this pandemic has exacerbated and intensified both burnout and stress in ways where we can no longer ignore them and so.

First, let's take a very deep breath in.

Exhale.

Knowing that burnout prevention and stress management can start here with your breath. So again inhale.

And gently exhale.

And so first, let's talk about what burnout is. And so, in 2019, the World Health Organization included burnout in the ICD 11 and characterized burnout as a syndrome with these three symptoms, there's emotional exhaustion or depleted energy, negativity or cynicism about one job, and reduced professional efficacy or reduced sense of accomplishment.

And so the factors that influence burnout come into these three different categories. Here we have individual factors, work and client factors, and social and systemic factors.

And now I'm not going to go over every single item here, but what I do want to point out is that you yourself are only one category here and so even in these individual factors there are some things that you have control over, and there are some things that you don't have control over.

But as an individual, you do have the responsibility of self care in order to take care of yourself, to avoid burnout, and to manage your own stress.

But we do have these other two categories of work and client factors and social and systemic factors. Now with some of these things, we might, again we might have control over, some we might not, but we do need to be aware of our risk factors that come into play in our individual circumstances and now when it comes to our risks for burnout, we do need to be aware of, though that being at risk for burnout isn't necessarily a bad thing, that sometimes having risk in life is necessary. Having a risk for burnout does mean that you know you are putting yourself out there that you are trying your best at work and that you are trying your best to make a difference and that can be a beautiful thing and so we're not necessarily trying to just eliminate our risk for burnout.

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What I'd like you to do is take a look at this chart here and to identify what might resonate for you, to identify what risk factors might relate to you so that you can use your own self awareness to be aware of what risks you currently have for burnout and to use that information to empower you.

And so when it comes to burnout, we often associate burnout and stress with images like this. It can feel like an empty cup, or it can feel like a cup that's overflowing and overwhelmed. There's not enough space in it, or burnout and stress can feel like something broken or this decline in functioning, but I do want us to be careful of the way we conceptualize burnout and stress, and to maybe not necessarily make burnout and stress our enemy, or to vilify them because sometimes burnout and stress do come with important information in the experience. And with burnout and stress, what we don't want to do is just push it away or ignore it when it's happening. Rather, we want to listen to burnout and stress and treat them as messengers.

And so oftentimes burnout and stress will come into our lives as experiences that are trying to tell us something.

And it's very important that we listen to the message that burnout and stress are trying to deliver to us. And so burnout and stress might not necessarily be trying to harm us. Or, you know, give us a hard time in life, but they're here to tell us, usually that a change needs to be made, and so I would like to lead you through a very short exercise into how to get in touch with this message that burnout and stress might be trying to deliver.

And so you can get out a piece of paper here. It can also just be a post it. This is a very short exercise, but what you're going to do is just write yourself a note and we're giving the experience of burnout, stress, or overwhelm, or fatigue, or exhaustion or whatever it might be for you. We're giving it a voice, and you're going to write yourself a note from this experience, so a note would look like, so to use myself as an example, my note would look like: Hi Ami, I am the stress you've been feeling, and here are some things I've been trying to tell you.

So you're going to complete this sentence with the voice of the experience that you have right now. Now, don't overthink this. This can just be one sentence that comes to mind. That might be a very important message. You also might need to just pause this video here and sit with this for a little while. Sometimes there's a lot to be said, sometimes it's just one clear thing, but try to sit with this experience for a little while. See what comes to mind.

But again, try not to overthink it. We're just giving it a voice and we're trying to draw out an important message that might be here for you right now, so you can pause this video if you need to, or if you have your message already, take a look at it. Take a deep breath in.

And exhale, and know that this is a very big start in managing your stress and managing burnout, and there's a lot to be said about burnout. But I do want to keep this video short and just give you some tips on where to start, so some starting places on what to do about burnout and stress. Number one is to face and address your challenges and stressors. Don't avoid or deny your experiences. So try not to repress your emotions around this. Instead bring them up and face them.

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Number two is to get support to not go through this alone. Now you can turn to professional support with like a therapist or clinical supervisor. Or you can turn to your peers, but stress and burnout are human experiences and we can connect with other humans, so we don't have to figure this out all by ourselves.

Number 3 is to take responsibility for what you can. Again, some of it in your control and some of it's not. Focus on what is. Next is community care and self care, and so self care is very important in burnout prevention and stress management. But it's not the only answer.

We also need to turn to community care and again leaning on your support systems. Next, we have listen to what come burnout might be communicating to you like in the exercise we just did. And then lastly approaching your experiences with compassion.

And so burnout and stress are hard enough, especially right now when we're dealing with so much change, and we're dealing with the cumulative stress that is built up while still trying to manage current stressors.

And when we can bring compassion into our experience that can help us counteract the self judgment or the self criticism that can come and just add extra layers of stress on top of the stress. And so I'd like to walk you through a very simple self compassion exercise to help us build our compassionate resources so we can have more compassion for ourselves and for others. And so compassion is a sense of warmth, caring and acceptance. And so bring one hand to your chest.

Take a breath in and breathe in the sense of compassion. Warmth, caring, and acceptance for yourself and exhale.

Try that again. Inhale compassion for yourself.

And exhale.

Let's try that again. This time when you exhale, you're going to exhale compassion for someone else. So, inhale compassion for yourself.

Exhale send compassion out to someone else.

Again, inhale compassion for yourself.

Exhale a sense of warmth, caring, and acceptance to someone else who might need it.

And last time together, inhale compassion for yourself.

And exhale compassion. Sending that out to someone else.

00:39:07

So that's a very short, compassionate exercise that can bring in mindfulness, that can bring us a sense of presence, and it helps you get in touch with your own breathing.

So in this way, this is a mind body practice that connects your mind and your body with a sense of compassion for yourself and for someone else, and this simple practice can be used when you are feeling stressed out, or when you're feeling a sense of burnout in order to help give you the resources to face these experiences rather than avoid them.

So again, my name is Ami Kunimura. You can find me at selfcareinstitute.com. I have more self care resources there for burnout prevention and stress management. So thank you for watching this video. Thank you for the work that you're doing out there. Thank you for being who you are and be kind to yourself today.

00:40:12 Speaker: Lori Gooding

Wonderful, thank you, Ami, even though she's not able to be with us tonight, we truly appreciate her sharing her thoughts on burnout as it's something that even before the pandemic music therapists struggled with in in many situations. So we appreciate that. So we're going to move on now to our third presenter, and then she's going to actually introduce some additional folks that will be presenting with her as well, and that is Doctor Alejandra Ferrer.

And Doctor Ferrer is going to be talking to us tonight about students in particular and some of the things that students are facing in this time of COVID and out beyond. Thank you Alejandra.

00:40:56 Speaker: Alejandra Ferrer

Thank you, thank you Laurie. Can everybody hear me? OK, great, thank you so much. I'm going to go ahead and share my screen with you. We are good.

Thank you so much. Um so I'm Alejandra Ferrer. Thank thank you Lori, for inviting me and and for having these very important conversations specially this one. I'm uh, the coordinator of music therapy at Belmont University in Nashville, TN.

And presenting with me are actually two of my students. One Vanessa Harris is a current student. She is entering well, she's she's already a senior. She's been a senior for the past year and she'll tell you a little bit more about why she she continues to be at Belmont and then, Julianna Singleton, who recently graduated from Belmont with a degree in music therapy, so thank you both for being here and for being just the most wonderful students ever.

I'm going to tell you a little bit of what drew me into mental health or or being interested in mental health of college students. I had, I've been a music therapist for 17 years. I worked in mental health and medical settings, also with older adults and then prior to my job at Belmont, I was an adjunct professor at OU and at Ohio University and Ohio State University and I think when you, when I was an adjunct, I didn't, I wasn't as immersed in the academic world to realize that mental health problems were truly pervasive and a very serious issue within the college and university setting. It wasn't until I got to Belmont that I was working with students, you know every single day and and coordinating the program which gave me accessibility to all of the students, not just the ones that I was teaching.

But I really realized there is something serious going on. I remember in one particular instance we had about 80 students in the program and over 50% of them were reporting mental health concerns. You know everything from recent diagnosis of depression, anxiety, bipolar, to more informal, self diagnosis or diagnosis of emotional distress, to suicide attempts. Issues of instances of self injury, eating disorders, substance abuse issues, and I remember thinking myself as well as my colleagues at the time. You know this is. This is truly unbelievable and we had a very difficult time wrapping our heads around the situation and so.

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That sort of led to this great interest in mental health among the college student population and one of the things that we did in response to that, and I wish that Ami was here is we, we developed a course. It's an elective class called Self Care and Wellness for the music therapist, we're trying really hard to make it a required class, but the curriculum, as you know in music therapy is is pretty full, but our, we have a high number of students who take it as an elective and we actually use Ami's workbook. She you know her text on self care and resiliency.

It's a great text. It's a great workbook as well and I I wish she was here so that we could tell her. You know how, how thankful we are. So I'm I'm going to provide you with some important statistics pertaining to mental health among college students. This stat right here. One in three college freshmen reports a mental health disorder is actually from an international study that was conducted in 2018. So this is a study where over 14,000 students from all around the world participated. Most were first World Nation but also some developing countries and we found this this you know congruency the similarity of mental health disorders being very pervasive and frequently reported among college freshmen.

This is from an American study on college mental health. This is a survey that is done every 10 years so we are coming up in 2022, and we'll have a more recent survey and numbers and it'll be interesting to see the impact of the pandemic on on the survey results next year, but in 2012 of those students living with a mental illness, the college students, uh, the the most prevalent diagnosis were depression, bipolar disorder, and anxiety. And I truly in my own experience as a teacher have seen this this rise in bipolar disorder. You know, perhaps in the past it was underdiagnosed perhaps taboo was greater and students were not, as as spontaneously and instinctively seeking help, and therefore receiving a diagnosis, but we have seen a rise in the numbers statistically as well as our own personal experiences. So depression, bipolar anxiety and and as you can see, there's an other category.

Everything from borderline personality disorders, OCD, eating disorders, etc. Even some psychosis so students truly are presenting with an array of of mental health diagnosis.

This is looking at a little bit closer at college students and how they're feeling. We see that 86% of students report feeling overwhelmed, and I I would be interested if they looked at music students specifically because we know how busy music students are with, you know, their music academics, and their general education academics and then ensembles, and practicing and many of them hold part time jobs.

00:47:27

And wow, I I can't imagine you know they're taking 16, 17 hours and you know 10 classes where three of them count for per zero.

It would be interesting to to see that degree of what the degree of overwhelmness is. 68% report feeling very sad. Again, these are not necessarily students who have been formally diagnosed with something, but it is how they are feeling. So 68% reported feeling very sad. 63% very lonely. And again this was 2018 prior to the pandemic.

I I am curious to see what these levels of sadness and loneliness and overwhelmedness will look like. 62% reported feeling in overwhelming anxiety.

As you can see, 53% felt hopeless.

41% felt so depressed it was difficult to function.

11% seriously considered suicide and 7% reported intentionally engaging in an act of self injury, so these are very very serious numbers and I'm not sure, you know if if the awareness is there. For those of us who work in colleges and universities, we see it. Perhaps there are some of us who, in some departments, and even within some majors, we see it a little bit more, but I'm not sure if, you know, everybody is is aware of of what is happening to our college students.

We know that mental illness, mental health disorders have a direct effect on academic performance, and when students are not doing well, about 50% of the time it is it's related to a mental health condition. So stress, anxiety, problems sleeping, depression, feeling concern for others. You know all of these different different issues affect how a student performs in the classroom.

And then we also know that mental health disorders have a direct effect on retention. And if we look at the stats, 64% of students who dropped out of college attribute their dropout to a mental health condition. We know that students who receive accommodations, who receive modifications and supports on behalf of the faculty they're working with, internship directors and supervisors, practicum supervisors, the the institution as a whole do a lot better. But we also know from other statistics that not everybody discloses that they need help and so those are the students who sometimes fall through the crack and perhaps make up a big number of those dropouts.

So now I want to have Vanessa and Julianna just share a little bit of their stories. They are in very different, you know, moments in in their lives. Vanessa still in school, Julianna is an alumni, but both of them experienced college and college under the COVID condition.

So go for it, Vanessa.

00:50:38 Speaker: Vanessa Harris

Awesome thanks Doctor Ferrer. Yes my name is Vanessa. I'm a senior music therapy student at Belmont and and like Doctor Ferrer was saying, I am going into my last semester of my senior year. Uh my my academic schedule got shifted a little bit because I actually took a gap semester last fall, so I pushed the beginning of my senior year to this past January versus starting in August, and this was a decision that I made two weeks before the start of class in August and largely with the counsel from Doctor Ferrer and different professors I really came to a point in August that I was thinking through OK, where where are we as a whole as far as like what would be the best thing for me to do health wise for my own well being, because as you all know I tell people all the time like music therapy is not for the faint of heart.

But like it is truly, it requires a lot. You are giving a lot and the work that you do is so so important. And so I just this past year has really shown me like how important it is that I am myself the best that I can currently be so that those that I, you know, have the pleasure of serving can get the best care that they can get. And so I know when students went online back in March. It was tough. We, you know, a lot of the support systems that we had just like being around our peers.

And I didn't realize how many, how much time I did not spend on a computer, whether that was in a practice room or in rehearsals or something that just involved collaboration and being with other people. When that was taken away, but the course load and just the intensity of training to be both a musician and a therapist remained.

Plus, the uncertainty of literally not knowing what was going on and what the future was going to hold. Just, you know, created a lot of extra stressors and a lot of the kind of coping mechanisms that mean a lot of my peers use. Like you know, meeting a friend for lunch, or going on a walk with your roommate or something like that. All of that was taken away. So not only was the stress increase, but the ability to kind of relieve that stress had shifted and was not as accessible as before. And so come August, I decided, as you know, colleges were figuring it out OK. How are we going to do school trying to get in person hybrid kind of situation, um, I was like I feel like this could be a really cool time for me to take a step back for a minute and really dig into developing the self care habits that we've talked about a ton in our program and kind of just, you know, it's kind of those things on like a wish list that we're like, oh.

This would be nice to do or like, it would be nice to get consistent sleep or whatever, but I was like what if I actually did it and so I decided to take a leave of absence in August and got a full time job and hired a personal trainer and I said let's do this thing and and just started building those habits of you know, going to sleep at a reasonable time every night, making sure that what I put inside of my body was actually giving me the fuel that I needed to be able to do my job, to be able to train. And all those sorts of things, and it really opened my eyes to how necessary, but difficult that self care is like it's truly something that you have to decide like, this is above all else, the thing that's going to keep me being the clinician that I need to be and going for it 100%.

00:54:52

And it's it. Honestly, it felt like a full time job on top of my full time job when I was starting to do it and things like that and I was like man, there's a reason why it's so hard to do this and why it's easy to just go and do something that's quick and something that's easy because it takes work and it takes you know setting those boundaries and being like, OK, this is how you know this is what I'm going to be about. This is what I need to do so that I can be everything that I need to be and so.

Uhm, that was super encouraging for me. And like as I have come back now into school this past semester, it's honestly been a game changer and I've been able to talk to so many of my classmates about, um, kind of how possible it is to actually not be an absolute dying college student all the time, even though it feels like that's the inevitable of like you're just going to be stressed until you're out.

But knowing that, like you can take that time and not everyone you know, I feel very blessed that I was able to take a step back and take a whole semester off.

But, I was really just talking to my friends about. OK, there's so many things right now that we can't control, but whether it is that we can control, that's what we're going to do.

You know, like I can't control, you know when the pandemic is going to be over, but we can't control what we put in our bodies. So let's focus on that and you know, go from there, and so that is something that definitely has become a big a big thing that is definitely impacted my journey as a student and been something that I've been able to talk to other students about, so it's been really encouraging.

00:56:40 Speaker: Alejandra Ferrer

Thank you Vanessa. Julianna?

00:56:45 Speaker: Julianna Singleton

Hello can you hear me?

Wonderful, well my name is Julianna Singleton. I am a board certified music therapist at University Hospitals of Cleveland and I had the honor of learning from Doctor Ferrer at Belmont. I graduated last year and this time last year I was beginning my internship at UH, here in Cleveland.

So I interned from July to January and I wrapped up school online in the middle of, of the COVID-19 pandemic and then dove into a large medical center and, you know, learned how to be a music therapist in the midst of it all. And it was really hard. That was really difficult, and it was also really, really wonderful, and I think I'm still learning just how tightly those two things are meshed together, and just how tightly they can coexist.

But I went to say that the self care and Wellness class that that Doctor Ferrer mentioned. That's something I wanted to talk about a bit about, just because it, I think it really did prepare me for for embarking on such an interesting season of my life in the in the climate of the world. And it's not even specifically, you know, tips or tricks that I I took from the class. Or you know, if I do XY and Z, I will be resilient or I won't develop burnout, it was more, um, the awareness of of just how important it is to cultivate rhythms that are sustainable and rhythms that are healthy and and how important it is to do those early on because of the da-, the data that Doctor Ferrer shared because of of some of the data that Ami shared earlier about the growing rates of burnout in our own field.

Um, so going into internship before COVID it was something that I felt really strongly about about trying to cultivate, but I just could never have predicted, um, how much more important that was going to be, you know, starting internship right in the thick of COVID-19. So I went to College in Nashville and I moved back home to Kentucky in the middle of the pandemic. And then I moved up here to Ohio. You know hours away from from everyone I knew, in the middle of isolation. In the middle of social distancing. And the stakes felt really high. You know, I think it was right in June and July, you know we were starting to see some of the effects already of of burnout on the medical community and and then you step into a large hospital in that high risk environment. And you're learning how to do this job.

So I came in, you know, feeling a lot of pressure and feeling a lot of fear and I I felt like I had a choice. You know I can be a little bit flippant and I can, just, you know, do the best I can and not give it too much thought. Or I can really try to lean in and cultivate rhythms that are going to stick with me, and you know, hopefully that's gonna help. And hopefully that's gonna create some resiliency. You know, at that point I wasn't sure.

But it made all the difference for me and I know that that's not everyone's story, but I'm just sharing a bit of my experience, so a couple of things. I want to be aware of time, I know that we just have a couple minutes, but one thing that was so important to me was trying to challenge the way that I thought about isolation.

So again, moving to a new place and you know, really my only community in person was, you know, the people that I worked with. So I was so grateful to have to be in an intern cohort. I was so grateful to have two interns alongside me that you know I could share that experience with and supervisors that that were so supportive. But you know that you go home and you're alone and you're in a new place and and that's really difficult.

01:00:35

So I I tried to reframe a little bit and think about you know this time as a time of solitude and, um, because I found myself, you know I I didn't just need to put a bow on it and and move out of it, but I was also having a really difficult time just sitting in those feelings of isolation. And so I I realized I needed to move through and trying to reframe a little bit making this this time around internship and during internship something that a time in which I was going to be kind to myself, a time in which I was going to invest in my well being. You know, both during internship as a clinician, but just as a person outside of that. Uhm, so that I could come out of internship and and experience internship and and come back into the world whenever that was and and whatever that looked like, a little a little more whole perhaps, and and refreshed in some facets so that looked like a lot of different things that looked like trying to create community in creative ways.

Again, I mentioned my internship cohort, but some of my my peers from Belmont. We created a a weekly zoom chat where we would just get on zoom and talk about our internship experiences, you know we were all across the country. But that was really special to me and really important.

Um, having some you know cathartic experiences writing a lot of sad songs and running a lot, and you know, just you know getting out all of that energy and and all of that experience.

And probably the most important to me was going back to music and and this is something that I didn't really expect to be part of my my journey really because I felt a little bit burnt out honestly, coming into internship in regards to music. I was a piano principal during Inter or during undergrad and just had felt so much pressure when it comes to music and felt a lot of pressure around classical piano performance and it was so sweet and so special to me to get to explore and expand my identity as a musician and as a music therapist and it helped me believe so much more in in what I was doing and in what I was sharing with patients every day, I felt like my guitar became this proverbial hug. I never considered myself singer or guitarist and it was just really special, you know to be able to to go back to that and to kind of root myself in that and and just realize how important it is and how special it is.

Uhm, so I. I know we're going over on time a little bit, so I'll wrap that up but, we all got through this past year, you know, in different ways, and I know that again, my experience is not everyone who did internship, but maybe something resonates. Maybe it doesn't, but, we got through doing the best we could with what we had, and that's something to bless and something to honor, so I'll pass it back to Doctor Ferrer.

01:03:32 Speaker: Alejandra Ferrer

Thank you Juliana. Thank you Vanessa. Um, very, very unique but relatable experiences. Both of you from all of us in in different moments in our lives. I just have a couple more slides but I want to share and I'm aware of time.

According to students, these are some of the most critical accommodations that we can provide for them in in the academic setting, but I think a lot of this too would apply to an internship setting or a practicum setting. Students who are seeking treatment, many of them, you know having personal therapy, uh, on a weekly basis or or biweekly, making sure that we are mindful of that and and we don't penalize attendance. But of course, always you know, always in moderation, always imbalance, not allowing situations to compromise their academic and clinical training, but certainly being aware and being sensitive and in tune with what's going on in their personal lives.

You know, if a student is requesting a medical leave of absence, supporting that and helping them. A lot of the times, students do this with feelings of shame with feelings of guilt, feelings of inadequacy, and letting them know that it's OK, It's OK to take that time for yourself. In fact, it's a very brave decision to take that time for yourself.

Allowing the student to withdraw from the course without receiving an F, for example, is one of the things that they often cite. They don't want the F in the transcript, but they know they can't continue in the class because they will not perform well. So how can we meet them in the middle adjusting test settings, extending deadlines for homework assignments? There we go. We're still in the same one and increased availability of academic advisors. So just making sure that we are there for for the students and can help them in moving forward and one more slide here. Services that are critical to student success, having a center, a walk in mental Health Center where they can just walk in is very, very important at Belmont. Many times I've had to walk students to the mental Health Center in the middle of the day and I'm so thankful that that door is open. If a mental Health Center is not open, we know that there are a number of 24 hour crisis hotlines that students can access for free that anyone can access for free, individual counseling services. There's always a crisis intervention service. Many times in institutions this starts with contacting security contacting, you know police officers in the facility, and they're able to redirect you to mental health support.

Screening and evaluation. You know, offering those resources to students. Have you been evaluated? Have you been formally diagnosed because if they haven't been evaluated and formally diagnosed, then they can't receive the accommodations that they

very much deserve, so making sure that they're doing that and that they're aware that that's an important step. Off campus referrals. You know medications can be very helpful. Of course, that's not within our our scope, but certainly directing them to those who can offer medication, pharmaceutical services, group counseling, and peer support, we know that students really, really thrive when they can engage with each other and relate to each other. And lastly, always keeping in mind whether you're an internship director or an internship supervisor, practicum supervisor, faculty member that it isn't just your responsibility to come to care for the student and to provide accommodations and modifications. The student has to also be proactive and and want to help themselves so we have to keep that in mind, right? It's not just our job, it's everyone's job, it's the institution's job, it's the faculty's job, and it's the students job. So self advocacy as well as advocacy is very, very important.

So thank you so much. If you have any questions, feel free to send me an email and I'm happy to share this, this presentation with you.

01:07:54 Speaker: Lori Gooding

Thank you all so much, we appreciate it and with such great information before we head to our next section, I just want to again thank everyone that we've been able to hear some some really powerful information tonight, and I especially want to thank all of you who shared your own personal experiences. That's so important and so powerful and so thank you for your openness and your honesty and your willingness to do that.

So next, we're going to give you all an opportunity to participate in some of these self care strategies, and these are ones that are specific to what we do as music therapists. So in just a moment we're going to open some breakout rooms. You can choose which breakout room you would like to go to, and then there will be facilitators in each of the rooms and so let me give you a really quick rundown of what we're going to have. We're going to have a songwriting breakout room. We're going to have one focused on mindfulness and music. Another on chant and intention. Drumming and rhythms. Voice and well being. And then last, we're going to have what we're calling the refuge room, and that's a room if you just want to be and sit and and silent, or if you are feeling overwhelmed as you're participating in any of the breakout rooms and need to go to a quiet, safe space, that room will be open for you as well.

So then we're going to take roughly 15 to 20 minutes in each of the breakout rooms. You will get a two minute warning before we close, so you'll have an idea of when they're going to come to a close, and then we will come back and have time for wrap up, and some Q&A at the very end of this session. So in just a moment we're going to open all rooms and we look forward to seeing you again after the breakout rooms are done.

01:09:55

Welcome back everyone. We hope you enjoyed your chance to participate in some of your own self care this evening. And so, as we wrap up our time together, we're going to pause and take some time for questions. You can you can raise your hand or you can put questions in the chat. We will monitor both.

So if you have any questions for any of our speakers, and again I want to thank all of them, it was fantastic to hear from all of you. We're going to open it up now for questions.

01:11:03 Speaker: Alejandra Ferrer

I think Maria had her hand up.

01:11:06 Speaker: Lori Gooding

Oh great, I'm scrolling through. Go ahead, Maria.

01:11:10 Speaker: Maria Gonsalves Schimpf

Thank you so much and thanks to all of you who presented as well as the breakout room leaders. It was so great. Vanessa: I have a question for you. First of all, thanks so much for sharing your story. I wanted to know how comfortable you felt in your journey and being candid about your experience, and the reasons for your decisions and how you determined what spaces were safe for that.

01:11:40 Speaker: Vanessa Harris

Yeah, definitely, um, as I I was talking a little bit about it in my breakout room about, um, just kind of getting to that spot where like a year now later at being in the aftermath, you know it's really easy to talk about it because I've seen the benefits of it.

And like people around me have seen it. So now it's something we love to talk about, but when I was starting out like making the decision was very much fighting the like the Shoulds-- there was a lot of shoulding that happened as far as like I should be able to continue, you know, on my academic journey, like everyone else is finishing their degree, this so you know, like everyone else is graduating, am I going to be like the one person who's left behind? Like all these things and and even just, people like are you gonna just pick it up again, like once you stop are you gonna come back come? So I really just had to. I think the safest spaces that I found in kind of walking through that were, people honestly who were truly like dedicated in their own way. Whether it was like my classmates or family members who were like we are more concerned about, like who you're becoming and like being the best you that you can be versus like what you're producing. 'cause I often find myself like justifying my decision when people were only focused on like what I was producing or like, you know they wanted to see a degree in four years or whatever. But the people who were like we want you to, we want college to be where you are transformed into someone better. And if taking a step back from and it allows you to do that, then like, do that. So, um, I think that that was the safe people that I found were the ones who were really dialed in into wanting me to grow personally versus just like academically.

01:13:51 Speaker: Maria Gonsalves Schimpf

What a great lesson to have so early on in your career and relatively your life. I think it will carry you. Cause you have worth for like just who you are, right? Like by you your very existence, not as a result of what you produce.

01:14:08 Speaker: Vanessa Harris

Oh yeah.

01:14:11 Speaker: Maria Gonsalves Schimpf

Oh yeah, thank you.

01:14:15 Speaker: Lori Gooding

Yes, and I'll add that Andrea put in the chat Vanessa and and all the presenters and the breakout room facilitators to say thank you: It was wonderful to participate and learn and community, and I think that that's important part of you know what we're trying or AMTA is trying to do with these community conversations is really to be in community with one another and create that culture of community within the association. So thank you all for for being willing to share all of the things that were shared.

Barb, I saw your hand up and then Jane yours as well so Barb, wouldn't you get us started?

01:14:51 Speaker: Barb Else

Good evening everybody. I know in two of the breakout rooms there was more of a focus on the voice and singing with Robin and Lisa in chant and intention, and with Shanay or Shay Johnson on on the voice. And so I was interested in hearing our voice experts from the from the breakout rooms on on their comments on particularly as an instrumentalist, regarding stress and burnout and its effect on the voice. Because I know when my voice is in order, my flute playing is far, far better because breath is... I was interested in hearing your comments about that as voice specialist and and I know Shay's a voice coach also.

01:15:41 Speaker: Shay Johnson

I think I think that makes a lot of sense because, you know, of course, your voice is connected. It's an instrument that's most intimately connected directly to your body 'cause it is your body.

So if you're if your voice is feeling aligned, it's it's giving you information about what's happening in your body as well. You know, if I'm talking like this, you can probably get a good sense of the way that I'm feeling. Or if I'm talking more like this, you know, probably feeling a little bit better, a little bit lighter.

Yeah, so it's not a surprise to me that when your vocal health is aligned that your body overall health is aligned and that especially, you know with woodwind instruments as well, right? You're using kind of essentially the same functions of breath support to produce sound. Right, so if you're feeling connected vocally to producing vocal sound, then it's probably going to translate, and vice versa. I would add I actually I played the saxophone for awhile and up until high school and I noticed that after I finished playing I was like more connected to my breath support.

There's something there's a way of pushing air through the reed that mimics the, you know, like the lip trills that connect you, and so they seem to work in tandem for me.

01:17:09 Speaker: Lori Gooding

Barb, were you going to share some flute with us?

01:17:12 Speaker: Barb Else

No, I just realized I had it right behind me and she was talking about my axe.

01:17:19 Speaker: Lisa Jackert

Uh, I wanted to just add to that because, um, you know with with the research that we've all know about for music therapy, but particularly for the voice. Uhm, you've you're probably all familiar with the body keeps the score. So that connection to the body when you're singing, you're you have to be connected to your body because of the breath. So that is the science behind, if you find yourself in tears when you sing, that that's why so. And it doesn't matter if you sing in tune or you have beautiful technique. I mean this is this is what's behind, you know, helping our clients to feel safe. Because we know that when they sing, they engage their body in their mind, and particularly if we can have them sing, sing how they feel so that that connects them to their body and then it works for us too.

So that's that's a wonderful thing about the voice. It's it's. It's got that mind body soul connection.

01:18:40 Speaker: Lori Gooding

Wonderful thank you, Lisa.

Jane, you were next.

01:18:46 Speaker: Jane

Yeah, the I didn't have so much a question as just sort of a generic love letter to all my fellow music therapists and music therapy students. I've had it easy the past year. I've it's. It's embarrassing. I'm embarrassed to say how easy I've had it because of my personal circumstances. I couldn't even imagine what music therapy students and clinicians and uh, everybody who had anything to do with bringing students along or maintaining their own practice. I couldn't imagine what people did over the COVID year I I just I just cringed when I thought of how hard it probably was and I just wanted to say to everybody, Congratulations for having survived and and persevered and hung in there. That's very important to be dedicated to it, because it's the best profession ever. I used to tell all my fellow students, 'cause I'm a fairly new music therapist I've only been at this five years and I'm pushing 70 and I used to tell my fellow, you know, 20 year old students, stick with this, this I've done every other kind of job imaginable. Retail, nonprofit, corporate, small business, startup. You name the independent, you name it, I've done it. This by far is the best job on the face of the Earth, so stick with it and don't get discouraged. And the last thing I'm going to say is, no matter what, have fun at what you're doing at. That was, I watched one therapist do a geriatric session and it was eye opening. The guy had fun, he teased with his clients and everybody was having a blast. Have fun, no matter what you're doing. Remember to have fun. Okay, I'm all done.

01:20:30 Speaker: Lori Gooding

Thank you Jane.

I'm going to read a question from the chat and Alejandra I I want to pull you in on this one.

We have a quick, uh. It says when we make accommodations for students and interns around mental health issues, how do we prepare them for professional life? In which accommodations may be much more limited? Alejandra do you have any thoughts on that?

01:20:55 Speaker: Alejandra Ferrer

Lane, I think that's a really, really, really, uh, important point that you bring up. It's also a challenge that we face every single day as far as providing accommodations, leniency, uh, being sensitive, being mindful of their circumstances, but also...I've spoken with Lori about this a number of times. How can we support our students while maintaining a high degree of academic integrity and expectation and professionalism?

I think it's a dance. It's a very difficult dance that sometimes you get right and sometimes you get wrong and I hope that after...For myself, after I've been doing it for 20 years, I feel a little bit more secure in the decisions and choices that I have made. I will say that there are always consequences to the accommodations or the modifications or leniencies that we give our students. If a student

withdraws from a class, it may be that they have to stick around for another semester. If a student, if their mental health is, to the degree that they can't function on a on a daily basis, then it may, you know they may have to take the semester off. And and that that can be really challenging for someone you know financially and personally. Uh, so I think that it comes with a cost for the student as well when when they need this help, but we always applaud a student when they say you know I need to take the semester off. I need to drop out of this class. I need to perhaps take a lighter load and I know it'll put me behind for a year. So when a student can actually has that degree of awareness and maturity to make such a difficult decision, then we applaud them. Hopefully they'll be able to do that in the real world, but but I agree with what you say. The leniency the support, the accommodations that we provide as teachers are not realistic in an everyday setting and and it's it's a hard hard dance and hard decision making. I don't know what the answer is. Very good point.

01:23:17 Speaker: Lane

I my only thought and I've had to deal with this a number of times is to view the student at a certain place in their development, which is somewhat less than real world full time work and you know, just as you know, we're all. We all grow up within a certain developmental process, interns are are definitely, you know, in a process of their own. You know, and if we can, if we can help them without giving them you know unreasonable expectations for the future, then then that's a good thing to do, but we might need to say, well, you know you might not be able to do this after you're out in the fields. It's going to depend on a lot of other factors.

01:24:09 Speaker: Lori Gooding

Heather, I saw your hand. Did you want to add something?

01:24:12 Speaker: Heather Wagner

I do. I'd like to, actually Andrea typed essentially what I was thinking, that I agree that there has to be some balance between high level of expectations in order to fully prepare people for what they might face. But I also feel like, perhaps the adjustment also needs to happen on the other side, that perhaps we need to have better expectations and more reasonable expectations for us as human beings. Student professional retired, whatever, and perhaps if we can start advocating and teaching people how to advocate for themselves and teaching people how to draw the good boundaries. And to be clear about their needs. Perhaps we will move forward to a healthier place for everybody. That's what I'd like to see.

01:24:59 Speaker: Lori Gooding

Yeah, reducing and removing some of that stigma and discrimination that go with mental health and helping helping our students and our professionals get to a place where they can, they can advocate for themselves and those around them. And and that's not easy to do in any way, shape or form for any of us, but it's an important concept in terms of building community.

I was going to ask, I'm scrolling through this. I can see I was going to say Maria, did you have anything to add 'cause you are dealing on the professional and with with very similar issues and and concepts.

01:25:37 Speaker: Maria Gonsalves Schimpf

Well, I agree with what Heather just shared with so much vigor and vitality there. Um, I know that among our our staff, inclusive of students, we utilize a lot of students within our team. There has been a need to provide, um so much, um, support for self efficacy, um, and this opening of opportunity for our staff and our students, our trainees to share how it is that they feel personally empowered. Um, so that we can support them on that..their journeys to actually name what their needs are. And when I talk about the recalibration of that stress continuum from the military, we often talk about green choices as well. And so everyone's green choices to keep them in the ready and resourced are different and unique and so I do think setting boundaries, I do think honoring what it means to be human and connected to one another very, very deeply, um, will allow us to redefine what it means to be professional or unprofessional, or, um, I, I don't know. um, competent or incompetent or any other way of the other ways that that that we describe ourselves as as professionals in the professional world.

01:27:19 Speaker: Lori Gooding

Thank You. Beautiful, all of it. The the idea of and I love that you said empower 'cause that's so important and and for those of us that work with students, that is absolutely our number one goal right is to empower them to be clinicians and empower them to be self care, mindful individuals, empower them to be contributors to society and whatever that looks like for them and and what, what a privilege and an opportunity to do that for them, but also to do that for ourselves and our in our community of music therapists and those that we serve.

01:27:56 Speaker: Maria Gonsalves Schimpf

And I truly believe every single one of us is doing the best we can in this moment. And with that as the guide, and the idea that we connect before we direct, um, I think we'll be set up for success.

01:28:14 Speaker: Lori Gooding

Yeah, that's fantastic. Love that.

Alana, Alana, my apologies.

01:28:22 Speaker: Alana

I just wanted to tag onto what Maria was saying because I think it connected to what some of Vanessa was saying. The questions she had about. How did she find the safe space? And when Vanessa mentioned she had to fight a lot of shoulds, I think that that's something that has continued for me as a clinician. And now in the process of transitioning my work and my business that that is always something that is coming up for me, not just with my clinical skills, but with my personal self care skills like I should be doing something I... in my breakout room, my 6 year old came in to remind me that it's time to go to bed. I should be going to bed and I made an intention to come here to give myself a reminder about what I need to do to take care of myself so it's it's a constant thing. So for any students, it's always going to be there, and so I think that that's something to be mindful of. How are we...I should be connecting with the people in my city more, I should be doing this. I should be listening to my voice more, I should be taking like all these things. I think it's so easy and I was really cognizant of that during this pandemic of I really can't. There's nothing left. There's no time. There's no hands. There's no energy. Everybody is when everything just turned upside down, right? Like we all experienced this, so I think that like I did, I just find that that I I feel like I'm looking at it at a different light, right? Like this should before. We're like, oh I should you know this? This is what I should. The expectation was different and now having been through this whole event well mostly through the... I feel like looking at those shoulds then looking at what is it that I'm really want to be intentional, intentional with and my life is different so I just wanted to make that type 'cause that was something that stood out for me a lot it was everything.

01:30:12 Speaker: Lori Gooding

Yeah I love that the idea that that the destination is not the important, it's the journey and it is a. It's an ongoing journey and remembering as as Albert Ellis said, not to should on ourselves, right?

And I think the pandemic has been an opportunity for many of us to step back and look at the at at that and and and have some more compassion and grace for ourselves. So thank you. Thank you for sharing that.

And yes, absolutely, as it says in the chat, congratulations for prioritizing, for putting, taking care of that time for yourself because we we, as music therapists, have a hard time doing that sometimes. A lot of the times, many of us, if we're being honest, right?

So do we have any other...we have just a couple more minutes. Do we have any other questions or thoughts?

So couple popping into the chat is, so many opportunities to be usurped by guilt. Absolutely and that is something a lot of us struggle with and then Nicole said reasonable accommodations in education and the workplace are requirements, the barriers to accessing higher ed are steep, and I remind myself our aspirational ethic codes where we, our ethics code, where we not only create accessible clinical training and education but also work to dismantle the barriers, amplify disabled voices and work towards equity, absolutely.

01:31:52

And I think that's really important. It is to recognize what is, what are requirements under laws like ADA and and the Section 504 of the Rehabilitation Act, but not just to stop there to go beyond that and look at how we can do that empowering and work to dismantle those barriers, dismantle the stigma, dismantle discrimination and all the all of the things that particularly in relation to mental health that can be true barriers.

So scanning one more time. As I scroll across all of your lovely faces here, any final thoughts before I wrap up for the evening?

OK, well thank you all so much for for being with us. Thank you for those of you that shared whether it is presenters or in your questions and your comments. Thank you for for opening up and really starting to look at this, um this conversation of how we can be in community and how we can look at self care and supporting one another.

Thank you for taking the time to participate in the breakouts and experiencing some of those self care strategies that are related to what we do as music therapists. As Julianna said, she got back into making music and I know for me that was a big one in helping me reconnect with my own self-care was remembering that I got into music therapy because I actually liked being a musician in the first place, right? And sometimes it's hard to forget, uh to remember that.

We are going to be posting, in a few weeks, the videos, we are going to be working on some accompanying resources as well and so watch your emails for an update on when things will be posted so that you can go back and access the presentation again and all of the related materials. And so once again, thank you all so much. We are so glad that you enjoyed joined us as we work to build community in AMTA and beyond and we look forward to seeing you again in the next community conversations and I honestly don't know when that's going to be, but I do know that they are already planning for several in the fall, and so as soon as we have updates on those, we'll release that as well. So everyone take some time for yourself this evening, or tomorrow or whenever you can enjoy. Hopefully you can have some time to enjoy the upcoming holiday and get a break, whatever that looks like for you and thank you again for coming by everyone.