



NAVIGATING ADULTHOOD AND IDD

Episode 9: Anastasia Canfield- Disability Culture, Identity, and Accessibility

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[00:00:00] **Bonnie Hopt:** [00:00:00] Alright. Welcome back to Navigating Adulthood and IDD. I'm so excited today. Our guest is Anastasia Canfield, and she is a board-certified music therapist in the Denver, Colorado area. Anastasia, would you mind introducing yourself a little and, uh, discuss about your work?

Anastasia Canfield: [00:00:36] Yeah, absolutely.

Um, thank you for having me.

First of all, I'm super excited. Um, I own a private practice called Creative Remedies. Um, I also work for, um, my colleagues, private practice, Rocky Mountain Music Therapy and, uh, my primary, um, the, the populations that I primarily work with are, um, autism spectrum disorders [00:01:00] and, um, various mental health related concerns.

I have recently, um, finished my mental health counseling degree on top of my, um, neurologic music therapy degree, and I am working toward full licensure as a licensed professional.

Bonnie Hopt: [00:01:16] Awesome. Congratulations. That's so exciting. And to have both of that, um, just to bring all that experience to the work that you do can really enrich it for our clients.



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Anastasia Canfield: [00:01:26] Yes. Yes, absolutely. It's um, the frameworks, um, between music therapy, particularly neurologic music therapy and, um, mental health counseling are pretty different. Of course there's overlaps and things, but I think it's a real asset to be able to look at things from both perspectives and also have an opportunity to sort of pick and choose in a legally and ethically sound way.

Um, how I want to approach my clients.

Bonnie Houpt: [00:01:57] Yeah, definitely. That's awesome. Alright. So [00:02:00] today you wanted to discuss disability culture, which I think is such an important topic for working with adults with, and my podcast is IDD, but really it's all disabilities. I don't know. I, I think I named it IDD, cause that was like specifically.

Kind of the hot topic word in music therapy populations, where I couldn't find resources when like searching IDD, but it's really all disabilities. Cause there's so there's more disabilities than just intellectual and developmental disabilities. So, and within that, there's all this disability culture. So we'll kind of dive into a conversation and, um, Because I think this could be something, some people are not as aware of too.

Um, so would you mind kind of defining what disability culture is? I know that's probably a broad thing, and then we'll kind of dive into it.



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Anastasia Canfield: [00:02:47] Yeah. Um, so as you said, it, it was a very broad thing. And I think that depending on who you ask, um, there might be different definitions too. And, um, I some of it for me is, [00:03:00] um, it's an interesting balance.

Being someone who, um, does identify with having, um, disabilities myself. I have PTSD. I also recently was diagnosed with ADHD. Um, and so my definition of disability culture, um, with that being said, PTSD, ADHD, but I am also a member of many, um, majority culture, um, groups and other ways like I'm a white CIS woman.

And so, um, I guess I, um, I want to say that out front upfront, because I want to, um, this is a topic that, um, I think can be kind of sensitive in some ways, in terms of, um, how people identify, what, um, cultural aspects they subscribe to or don't, and that, um, It's, uh, I'm not the expert. And honestly, um, there's a lot of.

Um, I don't think [00:04:00] really anyone is an expert except for the individual who is identifying with that disability or that, that culture. So I guess if I were to, um, try to narrow that down, I would say that it's not a whole lot different than other, um, other social groups in terms of culture and identity.

However, Um, disability culture, I think, is left out of the social justice initiatives sometimes. Um, not all the time. I think we're getting better about that. But, um, disability culture is about inclusivity. It's about accessibility. It's about, um, even some of the things that are vulnerable, like, um, like, uh, a book that I'm reading right now is called, um, it's about interabled couples.

And one of the, um, one of the things that the author says is that one of the biggest issues with being seen, um, as a full human is not being seen as a sexual human. Person with a disability, which was a very [00:05:00] like vulnerable thing to read, but it was also like something that was really, um, eye opening for me.

And it's like, yeah, we don't think about that with people who have, um, have difficulty with mobility and things like that. And, but that is a very real aspect of being a human. And so I guess disability culture would encompass those things as well as, um, being able to have a group of people that you can identify with as well.

If that makes sense.



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Bonnie Houpt: [00:05:34] Yeah. I think, I think that makes a lot of sense and just so many good points, and I feel like this year has had a shift in like social justice. Um, just like awareness back in June when the black lives matter movement really kind of exploded, and people were more aware. I felt like I did start hearing more disabled voices kind of get vocal too, and be like, "Hey, don't leave us out of this."

You know, like, the black disabled lives [00:06:00] matter too. And, um, it's, it's, I feel like it's exciting to see, um, disability culture kind of, hopefully we're on the rise or at least more aware in my social media feed, I suppose that could be a bubble for me too. But to see that and to see that growing, um, is exciting and to be like, how can I help as an ally?

With accessibility with inclusivity. And like you were saying too, having those experts, um, listening to the experts in the disabled community to learn more from them too.

Anastasia Canfield: [00:06:30] Absolutely. Yeah. I think that that's really important in that. Um, I like the, I think a lot about, uh, in my work as well as just like a human in this society.

Um, I think a lot about the medical model versus other like social models or social justice models or neurodiversity models, for example. And, um, that the medical model is very hierarchal. And, um, it's something that we're really familiar with. It's very ingrained in our society that, you know, [00:07:00] you go to a doctor, you get a diagnosis, they tell you what to do.

They are the, they are the expert. Quote, unquote, and to some extent, that makes sense because they have the medical degree, they have the, the education, but do they have the experience? Maybe, maybe not. And with, without that experience, um, the, the treatment modalities, the, or even without treatment, some people don't want to seek treatment for their, for their disabilities.

And that's okay too. Um, that's an aspect of identity and culture as well is, is being able to make that choice either way. And so turning the medical model on its head of like the client is the expert or the person with a disability is the expert and learning from them and how to support them and in an environment that, that wasn't necessarily created for them.



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Bonnie Houpt: [00:07:54] Yeah, that makes so much sense. And I feel like that's something I've been trying in my work to shift. [00:08:00] Cause I really aligned with that perspective of like the client as the expert. So it's like this constant, like reflection of like the goal I'm setting really like helpful to the client or is it what I think would be helpful to the client?

Like, and or do we need to meet somewhere in the middle? Cause sometimes maybe, maybe they do need help in something. But like to find that like middle ground to where you can bring in their expertise in that goal planning is something like I'm definitely still working on, but I want to honor for sure.

And I feel like learning about disability culture has helped just kind of have that awareness of it. Cause you know, a lot of autistic people, they don't want their autism cured, you know, like full stop and, and it's just not, it's not something that should be cured or even can be cured. So when you approach it in that kind of way of like trying to cure aspects of autism, and the medical model can fall into that, it's, it just doesn't work like therapeutically because we're going against like that culture in those and that I it's, you're trying to cure identity at that point versus like [00:09:00] actual problems.

Anastasia Canfield: [00:09:01] Exactly. Yeah. And, and that's a, that's a good point. I think that, um, I, we're both kind of saying identity and culture in a we're using those words in tandem. Is what I is, what I'm trying to get at. And, um, and that's, that's important because culture is part of our identity, but, uh, background in a certain culture doesn't necessarily, you know, um, uh, link to someone's identity.



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Like I think about some other, for example, whenever I, um, speak at conferences about culture, my good friend, Wu, and I, um, have a cultural competence presentation for a music therapist or CMT for a music therapist. And, um, one of the things that we start the, uh, the presentation with is, um, the audience.

Telling us what they think our lives are like. So, um, so just judging [00:10:00] us purely by what they see. And, um, usually I'm wearing long sleeves and, and, um, and uh, long pants and stuff too. But I have, I have tattoos over a significant portion of my body. I have a facial piercing. I have like my ears are almost fully pierced, and I cover all of those things too.

And, um, it's really interesting to see what, um, how people judge you just by how you look and yet the culture in which Wu, and I come from it's usually pretty different. Um, and I think that that's a really good example also of how we approach people with disabilities, um, on a very much drastic, more drastic scale.

Um, we look at a person in a wheelchair, and we make a lot of assumptions about them and about their life and about their abilities, about their identity. And just because they're in a wheelchair doesn't necessarily mean that they identify with. With like, I mean, obviously [00:11:00] there's, there's certain mobility things that, that are realistic, but that doesn't necessarily mean that they identify with a particular stereotype that we like to put on them.

And, um, I guess I want to say that because I think that's also part of the medical model and turning things on its head because diagnosis so often has to do with how we first, um, interact with a person, the things that the, and maybe to some extent how the person identifies their experience or explains their experience.

But a lot of times when someone goes to a doctor, they're the ones who are asking the questions. They're the ones who are doing whatever assessments. And they're the ones who give the diagnosis. Whereas again, turning that inward, um, or on top of its head for, um, a client's identity and their cultural background, um, whether they identify with that or [00:12:00] not is an important aspect of, um, disability culture.

And I think also of, um, Deaf culture where a lot more familiar, I think, um, in the, in, in this society with Deaf culture that. Some, some people who are deaf don't want hearing AIDS. They, they feel confident in their, um, in their disability, and they identify with being a Deaf person. And, um, like as you mentioned earlier, the, the autism stuff that's starting to, um, I think get a little more noticed too, which is a great thing.

Something I read online from, uh, from just a random tweet or whatever was, um, someone with autism saying, I am not a person with autism. You can't remove autism from my life. I am an autistic person. Autism is me. And that was really, I don't know. That was really eye-opening too, because yeah, there's... there's parts of our life that [00:13:00] if we didn't have them, like, I know for me, music.

If I didn't have music, I would not be the person who I am. I probably wouldn't even like the person who I am and while that's not a disability by any means, um, and it's maybe a loose metaphor, it's something that we can, we can start to look at it in a different way. We're really careful, I think with our, uh, our vernacular.



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And so often people are like, "Oh, it's person first it's person first," which is not a bad thing. Not when you don't know someone. I think that that's a, that's a good place to start, you know, depending a better place to start would be to just. Up and ask them how they want to be referred to. Um, but you know, and, but removing autism from a person who is autistic, that's removing the personhood to some extent.

Um, I kind of went all over the place with that.

Bonnie Houpt: [00:13:58] No there were so many good [00:14:00] things. I just wanted to let you like keep going, and I feel like what you're touching on a lot too is like the individual, the individual, and like, yes, there's disability culture and yes, like it's awesome that, um, you know, people with disabilities can have, they can like relate to each other and have these similar experiences.

But at the end of the day, everyone's still an individual and we can't. ..I think the medical model makes it where we can approach people that have autism in one way: we're looking for this, this, this, and, and we can improve this, this, this, you know, for each person. And it's like, no, they're an individual. Some of them are gonna want identity.

first language. Some people might prefer person first language. Some Deaf people might not want hearing AIDS. Some might want a hearing aid, and it's gonna come down to that individual at the end of the day. And almost as, as people we need to stop, like putting people in these really large boxes and being like, yes, this is the disabled community.

They all think this one thing [00:15:00] where it's like, no, this is a community full of individuals. Yeah, just ask them.



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Anastasia Canfield: [00:15:05] Yeah. Yeah. It's not. Um, uh, a hashtag that I love is, um, disability is not a dirty word. And, um, I think that the more that we can internalize that the easier these conversations are going to be, um, to, to ask people, "how do you identify?"

And, you know, that can, that can also span across other, um, cultural identifiers too, or other, um, racial, gender, sexual orientation, identifiers. Like the more that we can normalize that question, I think the better we will be as a society, um, and more inclusive, we will be as a society kind of, I guess, tying it back to music therapy in a...

to some extent...So I think the arts is a really great place to exemplify, um, the humanity and any person really. Um, but that's a place that, [00:16:00] um, disabled people can really thrive and can really share their story in a way that maybe a little bit more palatable to some non-disableds. That was something that, um, well, I, I read in, in one of the books that I'm- in the interabled romance book that I'm currently reading, and I really liked that, um, that term non-disableds, um, or non-disability Anyway, there's this, uh, I went to this conference a couple of years ago, um, called, uh, well, it was put on by the Art of Access, and this is an organization that's, um, across the US it might even be another countries too.

Um, and they are not a... They're not connected with any sort of, um, like rehabilitative organizations or, um, therapists or anything. In fact, I was the only therapist there, and I was kind of stigmatized, um, which was a really good experience because, [00:17:00] um, at first I like, I bristled at that because I was like, I'm here to learn.



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But also I was like, it was because that was sort of an, an entry for me, not exactly an entry, but uh, just, uh, I guess a different way to start to understand disability culture in that, like, they saw me as wanting to change them. That wasn't, that wasn't my intention for being there, but it was, it was a good

experience for me to like have it in my face. And, um, and there were performances from these community organizations, and there were, uh, museum curators and things like that, um, from all over Denver, and they were talking about accessibility. So accessibility for people with disabilities, disabled people, um, into museums.

So sensory friendly, um, concerts, sensory friendly museum nights, sensory friendly zoo nights. Um, things like that. [00:18:00] And they they're really, their initiative is to change the environment or at least have opportunities for the environment too. Change for, um, for people with disabilities to be able to have some of the same opportunities that the rest of us do.

Anyway, I, so bringing it back kind of to music therapy is that that's a really unique opportunity, especially for us as music therapists to honor people's, people's culture and identity, including, um, disability culture and disability identity. And because we, there's no wrong way to do art. And I think that that's a much- as a society, we're much more okay with that.

Um, and that can start the conversation for these accessibility and inclusion uh, opportunities in the community.



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Bonnie Houpt: [00:18:53] Yeah, definitely. In a previous episode with Jessica, um, we were talking about neuroqueering and [00:19:00] neuroqueering, like, music therapy environments, and kind of like you're, you're saying music therapists-

we are already doing it. Like we're already neuroqueering, and music therapy... because you can do anything with music like creatively and like, think about things differently. And, um, you know, stimming might not look "appropriate" in like public, but like if, if you're running around in music to music, uh, you know, the non-disableds will be like, "Ah, yes

like creativity," and then you take it out of music and they're like, "Oh no." And it's like, well, why not? You know, it's the same thing.

Anastasia Canfield: [00:19:34] Yeah. Yeah.

Bonnie Houpt: [00:19:35] And so, yeah, I really agree with you in that, like, we have this, I think music therapist and other creative arts, we have, uh, special opportunity where we can really allow our clients to express themselves, express their identities, for us to honor that, and for us to like, make it more accessible for them as well too.

And we just have it a little easier because people don't think it's as weird when it [00:20:00] happens in music.



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Anastasia Canfield: [00:20:01] Absolutely. Absolutely musical identity as, um, is something that we're familiar with too. I mean, people kind of have their assumptions about people and what they listen to and what they should listen to as well.

But I think that's a little bit easier of a conversation for, for advocacy. Um, I guess, um, a lot of what I'm saying is threaded through like advocacy and, um, while someone might not look at me and think that I'm in a ska punk band and one of my, um, and then alternatively, one of my favorite artists is Childish Gambino and Joyner Lucas.

But. Um, we can also have similar conversations about that with, with people with disabilities or, and disabled people around their, um, music preferences, and then start to say, okay, so what other assumptions are you making that, you know, may not be founded in anything except your own bias?

Bonnie Houpt: [00:20:57] Hmm. Yeah. I love that you can start with the music [00:21:00] and like, be like, "Oh, they liked this."

And you know, maybe I was just assuming they'd like this and then be like, Oh no, like I'm already biased on the music level and like that reflection piece. And I think that's a great takeaway for people to be like, have that, like, to kind of reflect and journal maybe about, and go to supervision with afterwards of like, trying to check in with those biases that we all have.

Um,

Anastasia Canfield: [00:21:23] for sure

Bonnie Houpt: [00:21:24] that we're all kind of fighting against constantly.



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Anastasia Canfield: [00:21:27] Yeah. Yeah. Definitely and, and that's, and it's very real. I mean, like we, it's impossible to, to fully be bias-free, you know? Um, and I think that's an important to hone in on too, because like, you know, it's, it's unrealistic to think that we can be fully, um, unbiased and that we, that we don't have any implicit things that are, um, impacting how we approach a person.

But whenever we can [00:22:00] accept, like, yes, I am going to have biases. I am going, there are things that I have not been exposed to or ways that I have been exposed to things that are shaping how I am looking at this person or looking at this situation. Then we can start to have that self-reflection of, um, okay.

I know that for me, this bias is present. So alternatively, what could be other ways that, um, you know, this is without like a concrete example I'm struggling...

How

Bonnie Houpt: [00:22:33] is this affecting, affecting, our interactions and

Anastasia Canfield: [00:22:37] yes

Bonnie Houpt: [00:22:38] our choices and our, like how we present ourselves in sessions, what we bring in it all kind of connects together.

Anastasia Canfield: [00:22:46] Yeah. Yeah, for sure.

Bonnie Houpt: [00:22:48] I think it's just like, you're saying if thinking you don't have biases, that can be dangerous. Cause then you're now at the

Anastasia Canfield: [00:22:54] so dangerous

Bonnie Houpt: [00:22:55] these different ways you're affecting people in therapy

. That's almost,

Anastasia Canfield: [00:22:58] that's almost worse [00:23:00] than like having a bias.



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Bonnie Houpt: [00:23:02] Then you can be aware. You can learn from it.

Keep growing in our interactions with people since what we do is so relationship based. Um, and just to honor that relationship by being like, "Hey, um, yeah, I realized today I was biased about this. Like, how's that affecting things? What can I do differently? " Um, what else could be being affected by things and just kind of having that reflection piece to come back to.

Anastasia Canfield: [00:23:28] Definitely. And. I mean, I I'm thinking about this being like such a, that applies to so many different cultural identifiers and, um-

Bonnie Houpt: [00:23:39] Which is important because people with disabilities, have other cultures, the intersectionality of our clients, but yeah, week we have intersectionalities, they have intersectionality and like, how's that affecting things.

How is that affecting biases? And, um, yeah, like you're saying, this can apply to so many different cultures, which is good because we're not just working with a [00:24:00] disabled person. You know, they're an individual with so many different things going on.

Anastasia Canfield: [00:24:05] Yeah, again, that whole human they're a whole human, whether like in our society, doesn't like to, or at least the medical model part of our society, doesn't like to do that because like you said, it wants to put people in these nice little boxes, this is what you do, XYZ.

Here's your script and go home.

Bonnie Houpt: [00:24:23] Right.

Anastasia Canfield: [00:24:25] Yeah. Check box. You know, we're done here, um, or come back in six months

Bonnie Houpt: [00:24:31] and we'll do another test.



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Anastasia Canfield: [00:24:33] Right? And that's, that's not how these things work. We're not social justice warriors here. Like this, this spans a lot of different aspects of our work as music therapists and our work is, you know, like we should be

furthering social justice as therapists, but you know, just being a good human, how are we looking at, you know, our business model and how are [00:25:00] we looking at, um, you know, ethics too, you know, there's discrimination and having that in that ableism come out from our implicit bias that we're not dealing with.

And, um, you know, there's, there's reasons for people to have lawsuits around some of that stuff. So if nothing else, like this is an important conversation to protect businesses and protect professionals. And to also definitely honor the person that's in front of them, but it's not just like, you know, this hippy dippy hokey social justice thing, I guess is where I'm trying to go with that.

Um, it's like, this is not the icing on the cake. This is the egg, this is the flower. This is. Yeah.

Bonnie Houpt: [00:25:44] Yeah. I feel, yeah, it's not an afterthought. It needs to be like, the core is what you're getting that. I like that a lot. And I think you've brought up a lot of good points in there too. Um, yeah, because even with like business [00:26:00] models, it can be eye opening to like, realize like, "Oh, things aren't as accessible to like who I actually want to serve."

Um, I know for me this year, I kind of realized a lot of my social media was just like not accessible, um, to maybe people with vision impairment or Deaf people like on social media or even this podcast. I recently I've started doing transcriptions, but I didn't for the first couple episodes. And, um, and you know, I had to kind of

go back and be like, go to those biases of like, if I'm making a podcast about disabilities, disabled people need to be able to access this.

Anastasia Canfield: [00:26:35] Yes.



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Bonnie Houpt: [00:26:36] Um, and if I'm serving people with disabilities, they need to be able to access my posts that are marketing. Um, and, and keep them in the loop and keep them included.

Otherwise, who am I actually targeting and kind of like reflecting on those biases this year, and that's stuff I'm definitely still working on too. Um, it can be hard as a business owner too, but trying to balance [00:27:00] the financial stuff we're trying to do. And, and like, we need to be paid for our work, but then, you know, some of the people that really, really need to serve can't afford our work.

So like where do we, where do we meet in the middle maybe? Or how do we change our models to better serve our clients, but still. But being able to serve our clients too.

Anastasia Canfield: [00:27:18] Yeah. Yeah. You're, you're making some, some great points in that too. I want to highlight that you, um, you're talking about your own, your own bias and we, I think get kind of embarrassed or like shameful to talk about those things.

And I, I also want to normalize that we all have, I mean, every, every person we come in contact with has has bias. And again, it's the, what we talked about earlier that it's important to know those things and to learn from them. Like we, we can't go through this life and not learn. Um, and that's just, I think a life skill, but especially whenever you are working with other people for a [00:28:00] living, um, and we, uh, we do better whenever we can, we can, we can do better, and we can do more good and we can do, we can serve our clients better and be better humans.

Honestly, whenever we can accept those biases and recognize yep. I, that was something that I did at one point in time. I would not do it again, but I learned from it. And so it served a purpose and, um, or to, you know, learn from, you know, I was in this stage in my life and that this, uh, you know, that, that influenced how I, how I addressed this person or addressed this culture.



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And now I know better. So I'm going to do better. I can't change what happened before, and that's the same for every person that we come in contact with. And we can normalize that. Um, and when we can normalize that, I think there will be a lot more, um, drastic [00:29:00] change because yeah, I mean, again, I said at the beginning, I am, I have, I identify with some disabilities, but I also am a very non-disabled person

um, in other respects, like, um, I'm ambulatory. I don't have, um, speech impairments or, or, um, auditory impairments aside from like, you know, going to too many concerts and having tinnitus, but, you know, that's a, that's my own doing. Um, and so, and I, and I belong to, um, majority culture things, uh, um, uh, some majority cultures, um, such as being a white woman and, and things like that.

And so those things are, can't be removed from me and just like someone else's autism can't be removed from them. And that, um, I need to recognize the, the, even if I haven't necessarily the, um, harm and the damage that people like [00:30:00] me have also done and what I can represent whenever I am coming in contact with a person who is different than me. And the business stuff too.

I mean, and we rely so much on social media for that as well. But then I'm also thinking about the people who get overstimulated by, um, by screen time or, um, or have limits for their screen time for, you know, for good, for good reason as we all should. Yeah. And so how that's, uh, a barrier sometimes too, because I, there are not necessarily better ways, especially now in the era of COVID to be connected to anybody really, and that these, uh, you know, simulation has a, is a big conversation too, during all of this, people are talking about their, their blue light glasses and the headaches that they're getting and things like that.

And it's like, well, there's people who have had these issues all along, like even prior to having screen [00:31:00] time all day. Um, and how are we serving them and how are we, how are we, uh, making things accessible for them? And that makes me also think of schooling these days. Um, I think that the kiddos in, um, and classrooms where they they're having there, they need more support, they're being left behind.



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It's so frustrating to see because so many, um, administrators are just kind of like, hands-off like, you know, you do like teachers can do, what's what makes sense for their classrooms. Like, okay, there's a lot of issues with that, you know, funding, that could be a whole other podcast too. I mean, I guess bringing it back, like they're like these, these kids, these and, and people who are disabled who are working too, um, this, there may be barriers or they, they may have been [00:32:00] furloughed or laid off or things like that during all of this stuff too, because of just inaccessibility. To all of this. And so that is a place where non-disabled culture and the disabled culture are really, really butting heads in addition to so many other places, but, um, and work, work in school, you know, arguably, uh, very connected are some of the places where people get the most empowerment.

Um, there's research to support that. And also, I mean, it's, it just kind of makes sense because. You know, when you go to school or when you go to work, that leads to occupational success, that leads to financial stability, that leads to all of this stuff. And whenever workplaces or schools are not accessible, how do you expect people to be successful?

How do you expect, um, this, this particular group of people to survive?

Bonnie Hout: [00:32:58] This year's highlighted [00:33:00] a lot. I feel, I think it's like shown kind of gaps in our society and have made them bigger. Um, kind of on topic. I was talking to some professionals last night, um, some other Denver providers and, um, somebody brought up this awesome point that, and you were kind of talking about it too.

That accessibility is kind of been like this topic all year that, you know, maybe people aren't putting a word to it, but it's like, how do we work from home? How do we do school from home? How do we get glasses? And it's like, you know, for, and it's affecting like everybody. And, you know, unfortunately there's this gap still for the disabled community, but like kind of this hope of, okay



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maybe since more non-disabled people have had to figure out how to make things accessible to this year. Can we continue to make things accessible as we go forward and to make things accessible for everybody? Um, which I thought was a really interesting way to kind of look back on this year of being like, Oh, like Zoom meetings were a way to make like connection accessible to people.

Um, [00:34:00] and, uh, you know, for us and or providers trying to make things as accessible for our clients through telehealth, has been like a theme. And so it's still unfortunate seeing these gaps of course, but hopefully as a society now that is like affected more people and that, and they could see like the benefits of things becoming accessible when things weren't that we can kind of ride that wave when, when we go back to whatever the third normal is.

Anastasia Canfield: [00:34:27] Yeah.

Bonnie Hopt: [00:34:28] And, um, and hopefully not leave people behind. Be like, let's continue this, this way of how can we continue to make things accessible? Remember when you had to figure out how to work from home, there's still people who are disabled that need to figure out how they are going to work in society. How can we contribute to that?

Anastasia Canfield: [00:34:46] Right. And also, I mean, bringing it back again to, um, laws, ethics, business models, they legally have a right to be able to work in [00:35:00] and to be able to get these supports that they need in their environments. A lot of employers have, um, find loopholes or, or people just don't push back. Whenever employers do, um,

Bonnie Hopt: [00:35:13] Or they afford to pushback.



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Anastasia Canfield: [00:35:15] Exactly. Exactly. Um, whenever, you know, employers say, "Oh, we can't provide that, you know, that special desk for you. So, uh, sorry, you're going to have to work over here" in the, you know, in the closet or whatever, like I know that sounds like ridiculous, but like that happens, it's wild. And like, how dehumanizing, like, you know, we can't, we can't purchase a desk that your wheelchair can fit under.

Okay. Like, what else are you using that money on? And so, and yeah, these are all, I think a lot about like, you know, ADA compliance too. I, I have thought myself about like, um, becoming like one of those [00:36:00] auditors or something. And, um, cause I, the more that I'm learning, the more, whenever I go into some, uh, like a restaurant or like a not now, but, um, any, any place like, like what are, what are the little, little things that are, um, that are keeping people from

uh, like where basically, where are the ADA violations? And they're everywhere. They're all over the place. Like, I mean, even in my own house, I live in like a tri story house. Like, um, I have a friend who has spina bifida, and I like, she has to be carried all through my house. And, um, I like she's, she's super cool about it.

And like, she's, she's used to it, but, um, it's, it's something that like, she could never purchase a house like this, not because necessarily, she couldn't afford it. Or like, which also could be an issue too. But like, if this were the only house or the only type of [00:37:00] house in an area where she really needs to live, but like that's not an option, right?

Yeah. I think about like which way do the doors open. And like, whenever we go to, uh, like any, any store or something, are they opening inward? Because that's an accessibility thing. Um, are they, uh, you know, automatic, where are the buttons? If they're not automatic, you know, the buttons to, to open them. And, um, where are the ramps? Are the ramps, do the ramps have like ridges on them?

Um, that you know, for some could be helpful, um, for like traction, but then others, it makes it a lot harder for them to, um, to get over that, uh, get, get on that ramp, um, or to, to propel themselves up the ramp and yeah. Business, business, ethics, legality, like these things are like, there are laws around this stuff that it's, I think [00:38:00] also important for people

again, if nothing else, if you don't care about anything, except for the bottom line, you should try to avoid a lawsuit, you know? And, um, there's a lot of, a lot of places in lot of ways that people are, um, legal. Required to offer these, um, these accessibilities, but they're not.



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Bonnie Houpt: [00:38:23] Right.

Anastasia Canfield: [00:38:23] Um, and that's another, that's a, that's a microaggression, that's a macroaggression to

be honest. If we're, we're talking about like culture and, um, and discrimination and things like that it's...

Bonnie Houpt: [00:38:38] and it's, I believe ADA had its 30th anniversary this year. I remember that it was earlier- that, you know, 2020 had all kinds of things. And, um, that was interesting. Cause it was like a cel- for me it was like this weird kind of like half celebration.

Cause it's like yay laws, but also like half, like, but nobody enforces this like... [00:39:00] um, so it exists, but nobody cares. And like there's a lot of that conversation too. And, um.

Anastasia Canfield: [00:39:06] Which yeah, actually, um, that was one of the, thank you. You jogged my memory. Um, you were talking about intersections earlier, and this is another thing it's like, like you said, people, um, people with disabilities are not just a person with a disability.

They have other, um, racial or, or, um, ethnic or religious or, um, socioeconomic, uh, intersections too. And so often our, in this society, people who have disabilities don't have a lot of financial access either. Um, just due to having to survive in this society. They need a lot of, a lot of support. They have to spend a lot of money on their own things to be, uh, to, to get around, [00:40:00] to survive in a society, to function in a society that is not built for them.

Um, and whether that's medication, whether that's mobility devices, whether that's hearing aids, whether that's sound canceling headphones and these things add up. And so it is expensive to be a disabled person in this society. And, um, that's something too that I think plays into a lot of this. And we don't really think about is the, uh, the inaccessibility.

You also said this earlier, the inaccessibility, even to fight some of these micro and macro aggressions and that, um, there's other ways that these people are being kept down beyond just their, um, disability. In and of itself. Yeah, there were a couple, um, just like culture specific, um, kind of learning or talking points that I wanted to talk about.



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Well, some too is just our, [00:41:00] um, you know, ethics code and our competencies. We have so much. I guess that's a place to start. We have so much about culture in our code of ethics and in our, our professional competencies and our advanced competencies. Um, our standards of practice, like, let's see, it's, it's interesting because sometimes even in

the music therapy, um, standards of practice and code of ethics and stuff. They don't, they don't identify ability or disability in, um, in those things. So for example, in assessment, um,

under the, an AMTA standards of clinical practice assessment, 2.2: the music therapy assessment we'll explore the client's culture.

This can include, but is not limited to race, ethnicity, language, religion, spirituality, socioeconomic status, family experience, sexual orientation, gender identity, or expression, and social organizations. There's nothing that exclusively says, like you can [00:42:00] maybe assume that disability falls under social organizations. I guess. Maybe family experiences, but like there's nothing

in there that exclusively says that. And how many music therapists work with people with disabilities? Like how, like, why are they

Bonnie Hought: [00:42:18] A lot



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Anastasia Canfield: [00:42:18] exactly, why are they not named exclusively? Like, um, like one of the top things in that and that, um, and then, um, I'm also looking at like code of ethics. So the same, same sort of thing.

This one is interesting under the AMTA code of ethics relationships with clients, students, research subjects, um, The music therapists will not-3.3.: The music therapists will not discriminate in relationships with clients or students, client, students, research subjects, because of race, ethnicity, language, religion, marital status, gender, gender identity, or expression, sexual orientation, age ability,

socioeconomic status, or political affiliation. That one [00:43:00] says it. Why not? Why is that not present in other, other places too? That's that's in our code of ethics, but our standards of practice doesn't say anything about ability, and the CBMT domains and, um, in advanced competencies referenced culturally diverse populations, but not, not any, um, exclusive, uh, mention of people with disabilities.

So, I mean, th there can be, um, there can be again, assumptions made, but the whole point of trying to, um, uh, be inclusive and accessible is that we don't make those assumptions that we do talk about these things exclusively. So I guess I wanted to bring that up because I think that that's a really interesting place where, um, even in our, uh, governing documents, we're dropping the ball.

Bonnie Haupt: [00:43:51] Right. I think it's really telling too, cause it's like the standards of practice and CBMT domains, don't mention it. And I feel like you [00:44:00] could see that medical model like in our standards of practice, especially too. And then ethics, you know, we're getting there, like it's mentioned over here and that makes sense

cause that's where we're thinking in the ethical kind of mind. So yeah, hopefully the profession's moving where we could include it in all, but I think it is really telling of how we see our disabled clients when we're not acknowledging that that should be in our standards of practice. Um, And, and, and not just assuming that that's something that people should learn, like lay it out.

If you're working with disabled people, you need to learn about this disability culture.



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Anastasia Canfield: [00:44:35] Yes. Yes, indeed. And yeah, it is really telling it is really, um, and I'm, I really love the question, "Why?" My parents did not love that whenever I was growing up, because like, you can't do this. Why? But, um, but it's served me really well as, as a therapist, I think because, um, yeah, I would want to [00:45:00] ask, um, ask our, our board or whoever is maintaining and overseeing these things.

Why is it not listed? Like, is it because yeah, it can be assumed, well, why should we have to assume it? Um, and you know, I, I feel like at some point people, like, when you ask the question, why enough, they get to a point where they, they see the wall and they're like, okay.

Bonnie Houpt: [00:45:26] Yeah.

Anastasia Canfield: [00:45:27] Either that, or just to appease me and I'll shut up.

But, um, either way, you know, sometimes that works, um, Another, um, another aspect of, of culture in, in general, um, which is a, uh, that. A kind of a cultural model, I guess, um, for looking at, uh, any cultural identifiers or several cultural identifiers, um, and breaking them down a little bit is a, [00:46:00] uh, a model by Leach and Aten.

Um, I don't remember what journaled they published this in and actually, no, I think it was in a book anyway, so there there's different levels of culture, um, that Leach and Aten, um, have uh, have referenced. They referenced specifically and there's there's many, many, uh, models and, and, uh, levels that people reference, but their particular, uh, model is that the levels of culture go anthropological, national, group, within group, and individual.

So that's kind of like going big to small. Um, and so anthropological is like like country, like big, like big society, big S society um, overall, yeah, some, uh, like the aspects of that. So like American culture, what that's, that's the anthropological or even North American culture, to some extent, although I, I hesitate to say [00:47:00] that because I think that, um, you know, Canada and Mexico are like different, um, different sorts of. They, they definitely have different cultural experiences, but so like the US

culture in general and how do we approach things like, you know, medical model versus social and neurodiverse and disability, um, inclusivity models. Then national, um, which I guess if I'm using that example, arguably those two are the same, but, uh, then group. So that could be thinking about like a diff- like a certain state or a group within that country.

So people with disabilities in the US that could be that group. Within group could be like, um, autistic people within the, um, Disability group within the US. And then individual is like a case study. And so if we think about those [00:48:00] things, there's many layers of, uh, we're like onions, if we can quote Shrek.

Um, and, and that, uh, all of these things, um, have like- All, all of these layers of all of these levels of culture have different layers of, um, of identifiers. So like being in, in the US is a cultural identifier. And what do you subscribe to in the US? Like, um, are you, are you a citizen? Are you a naturalized citizen?



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Are you an immigrant? Um, and then like, what. Like, what state do you live in? What are some of the laws and regulations and things like that within that state? And then what groups are you, um, uh, a part of within that state. And I guess I wanted to bring that up for kind of thinking about how we can conceptualize the whole person [00:49:00] and our own culture to our own biases, because we are not

we are not acultural beings. Like I think a lot of times, um, and they, especially in the US, we think that white people don't have culture, and that is absolutely so wrong. And that is very harmful to, to think about because we're part of a majority culture. And what are the aspects of that majority culture and how are those aspects, um, inclusive or not

of people who are different than us? So.

Bonnie Houpt: [00:49:31] Right. Like the important questions to kind of reflect on. And I feel like that gives even a clear way. Like you could think about maybe some of our clients that you work with because, um, you could think like, Oh, they are in this group and they're an individual. Oh, we're in the US what does that mean?

But, you know, and come back to the individual, but also be reflecting on the different layers and what are our biases with those layers too. So, thanks for sharing that information. I feel like I'm learning a lot from you too, like in this discussion as well. So I'm [00:50:00] excited to just have this information and share it with others.

Anastasia Canfield: [00:50:03] Yeah. Yeah. And any of these resources, I'm happy to send you and also like other recommended reading and stuff like that. Um, another thing with the levels of culture too, I think that it's an easy way to start to look at, um, comparisons to other, um, other anthropological levels, other national levels, other group levels, things like that.

So like, um, so if we're looking at, uh, uh, national level, so we're in the US. What are, what are the, um, what are some of the similarities and differences say in the UK? Um, since we, we compare and a lot to, um, you know, uh, Western Europe and a lot of ways, um, in our culture and things like that, what are some of the similarities and differences?

What are some of the similarities and differences in Eastern, um, Eastern nations? Um, and so how did they approach [00:51:00] some of these, these same aspects of culture? And so I think that it can be yeah helpful in, um, like you said, breaking, like kind of breaking things down, looking at these different layers, looking at the implicit bias in certain lawyers and identifying that too.

Bonnie Houpt: [00:51:16] Yeah. Cause it could be like at the end of the day, maybe like you don't understand something about your client and then, you know, they're from maybe like another country, and you're like, "Oh," like you could end up learning like, "Oh, they think about this this way. And that's why we're clashing on this." And it's like, now that I know this, we can kind of like



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move through that in our relationship and, and kind of have that understanding of each other because yeah, different cultures have different perspectives on things. And just to be aware of what those are.

Anastasia Canfield: [00:51:46] Absolutely. That, that makes me think of an article. Um, I believe it was in the Australian, maybe it was in the Nordic journal of music therapy, but the, um, the key study was, uh, was [00:52:00] conducted in Australia.

There was a music therapist who, um, was a GIM trained music therapist, Bonny Method, um, and, uh, something that came up with our client was a black swan, um, within their, uh, within their imagery. And, um, this person, I don't remember exactly where this client was from, but, um, I guess where the therapist was from like a black swan was like, like a bad omen.

Like it was not good. It was a yeah. However, where the client was from that, that meant like security and beauty and things like that. And so the, um, it took a couple sessions, but the therapist finally brought it up. It's like, this keeps coming up, like what is going on to bring up this black swan? And the client's like, "What are you talking about?"

Like, that's a good thing. "And so I'm like, that's exactly what, what you were kind of referencing of like different meaning across cultures too. And, [00:53:00] and I think that that can apply also to disability with, again, the hashtag disability is not a dirty word, like, um, you know, being an autistic person. So somebody has a really empowering things to thing to say.

Um, and there's a lot of meaning behind that, a lot of identity behind that, but someone who maybe doesn't feel comfortable with that identity first language might say, "Oh, you're, you're outing yourself." Or you're, you know, things like that. But the meaning behind it for the client is really important.

Bonnie Houpt: [00:53:32] Right? And it's, it's how can we understand what is meaningful to our clients instead of us projecting our biases and what we think is meaningful? I think that's what it comes back to.

Anastasia Canfield: [00:53:44] Yeah, absolutely.

Bonnie Houpt: [00:53:46] Awesome. Well, I feel like we've we've answered this, but I did write down a question. I wrote how can music therapists and other professionals use knowledge about disability culture to be better clinicians?

And I think we've been like covering that [00:54:00] topic, but if you want to kind of sum up anything or like offer advice in general, what, what would you want to give us like a takeaway about disability culture for clinicians to do better?

Anastasia Canfield: [00:54:13] It's a couple things. Um, one definitely read about your population and read- I would even, I not just like, you know, peer reviewed like that, that stuff is great.



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Not, not demonizing, like peer reviewed articles, academic articles, things like that. But in addition to that also read like autobiographical things, um, by, um, individuals with whatever. Whatever disability you're working with or, um, or, you know, the grander, um, disability group, again, the cultural levels, uh, like their own words, their own writings, um, watch Ted talks.

There's a lot of people with disabilities who do Ted talks. [00:55:00] Like just normalize, hearing from that, from, from that group, what their experiences are. Ask your client. Like, even if it's, you know, sometimes again, accessibility things, you know, that might get in the way, if there are, um, you know, communication barriers or something like that, but there are always ways that we can

get a client's, um, input on something, even if it's like, yes or no, this, you, you enjoy this song. Um, or, you know, things like that. And then breaking things down, giving them the opportunity to, um, advocate for themselves and, um, and read. Ask why if you are in positions where you feel like something's not quite right, um, and explore your own culture.

Explore your own biases, explore what is, you know, own those things. [00:56:00] Cause there's nothing wrong with them. The only way that there can be anything wrong with them is like you said, if we project it, and we harm someone in that process. There's nothing wrong with being a white person. It's what we do with our whiteness.

That can be harmful. There's nothing wrong with being a cis person or an abled person and or whatever. It's, it's what we do with those things. And so, so exploring that and doing self-reflection. For the overachievers out there, going to like disability marches, I think is a really cool experience. Like looking up organizations like Art of Access.

Um, and getting involved with things like that. Go to a sensory friendly like museum night or, um, or something like that. Um, start to look at, uh, where the, where the ADA violations are, the places where you frequent. And if you want to [00:57:00] like be an overachiever, call out those business owners that have the, the inaccessibility, like, I mean, don't, don't be like a jerk about it necessarily, unless they're a jerk, then maybe there's maybe there's cause for it, you know, that's up to you, but you know, maybe ask like, is there a reason why the door opens out instead of in.

Um, and like explain to them because a lot of people probably don't even know this stuff and since they're not being held accountable, yeah they're, they're gonna just continue with the status quo. But if we start these conversations, like why is the door opening outward instead of inward? Or why are, um, why can't you afford that desk that a wheelchair could fit under? Then

um, you know, that will hopefully get some gears turning for people and looking at our own business models and ethics and laws too. I think, um, [00:58:00] and finding where some of the disparities are yeah. Doing what we can, um, in our own power. Again, we all need, we all need and deserve to make money, but also our clients deserve to have accessible care and, um, and that's, that's a bigger



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uh, conversation too. Um, if we can factor in like insurance and, um, reimbursement and things like that, but I think that's what I would, where I would start.

Bonnie Houpt: [00:58:32] Yeah. Just ask why. A Lot of that sums up. That's awesome. There are a lot of good, actionable steps in there, so thank you.

Anastasia Canfield: [00:58:41] Yeah. Yeah.

Bonnie Houpt: [00:58:43] Do you have any other resources that you want to share with listeners either now? Or you could send me a list later and I can put it in the show notes.

Anastasia Canfield: [00:58:49] Um, I think, uh, well I have some now, but then I also will send you a quite a long list.

Um, so [00:59:00] the book, um, culture centered music therapy is a great resource. It is a little bit, it's a little bit dated. Um, it came out in 2002, there might actually be updated versions. Um, but, uh, Stige um, I think is how you say his name has a lot of, um, he looks at different, mainly cultural identifiers across class, ethnicity, race, um, spirituality and other like, uh, the environment like actual, like, you know, is it a snowy environment versus like a hot environment like that kind of cultural aspects?

Looking at cultural models. I have some that also send to you.

Bonnie Houpt: [00:59:43] Awesome. Yeah, we'll get those in the show notes later. Sweet. So we're kind of wrapping up. So to wrap up, is there anything else that you want to plug in and how can listeners find you?

Anastasia Canfield: [00:59:53] Um, yes. So, uh, again, I'm the owner of, um, uh, Creative Remedies [01:00:00] and, uh, I'm in Aurora.

So, but I do serve kind of like the greater Denver area. There's several, um, music therapists in Denver. So, I mean, definitely go to whoever, whoever serves your needs the best. Um, but, uh, I can be reached at creativeremediesllc.com. Um, or my email Anastasia: a N a S T a S I a dot MTBC. Um, so music therapist, board certified@gmail.com (anastasia.mtbc@gmail.com) um, yeah, those are probably the best places. And speaking of some cultural related things I am in the new year, hoping to start a neurodivergent adults, um, self-advocacy training group, um, for, you know, kind of pushing back on some of the, uh, the micro and macro aggressions that, um, neurodiverse [01:01:00] folks, neurodivergent folks, um, deal with on a daily basis in terms of, um, sensory environments, in terms of other accessibility and stuff like that.

Like how to advocate for themselves in their workplaces and, um, and just in their general lives. So, um, Yeah. If anyone is interested in that it's going to be online. Um, so I'm open to having anyone from any, um, any other state or, um, any other area involved, um, for the



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foreseeable future until, you know, the vaccine gets out and more kind of in a third normal, as you mentioned, I liked that term.

Um, Yeah. So if anyone's interested in that, please contact me at my email or a website.

Bonnie Houpt: [01:01:49] Awesome. Thank you so much for coming on, Anastasia.

Anastasia Canfield: [01:01:52] Yeah. Yeah. Thank you so much for having me. This has been great. And, um, I appreciate your, uh, your patience with my, [01:02:00] my, um, train of thought being kind of all over the place and taking on different tracks as it goes.

Bonnie Houpt: [01:02:09] Oh, yeah, of course, of course

Anastasia Canfield: [01:02:10] my own disability identity coming out there.

Bonnie Houpt: [01:02:14] No problem at all there so much good information.

Anastasia Canfield: [01:02:17] Awesome. Thank you.

Bonnie Houpt: [01:02:19] Wasn't that an awesome some conversation with Anastasia? I liked how it moved a little bit out of the kind of interview format and to really a conversational one, where we were able to just discuss, um, disability culture and its relevance to our work and, um, the importance of recognizing different cultures and having that cultural humility

with our clients. Kind of as a disclaimer and Anastasia touched on it, you know, neither of us are experts. This is such a broad topic, and there's so much more we could have discussed. We could have gone in, you know, multiple directions. We could have another podcast episode or probably more um, to continue discussing this broad [01:03:00] topic, but hopefully we started touching the surface a little bit today, um, to get you thinking, and we'll provide more resources in the show notes to continue.

The, it really does come down to like self-awareness, self-learning, supervision, peer supervision, and kind of that constant um, lifelong learning so that we can continue to provide the best services for our clients in the most ethical and, um, cultural aware ways. Some things I wanted to touch on in our conversation and highlight real quick is, you know, we talked about culture, which is broad.

We talked about identity, which is a huge topic. So we just scratched the surface with that and kind of our roles as music therapists with identity and music therapy. We really emphasize the individual. Yes. There's disability culture and it's important. And it's important to know, and to talk to disabled voices and to listen to disabled voices, but also recognizing that, you know, disability, isn't a person it's going to come down to the [01:04:00] individual.

And, um, and what do they prefer? What is- what is their culture? Uh, what are their different cultures and how do they all come together to create this whole person, this individual that we're working with? And, um, to keep that relational aspect in mind at all times. We also talked about the arts and humanity and how as music therapists, we have that unique position to really allow clients to express themselves.



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And I, you know, other professionals can do this too. Art therapists, dance therapists, creative therapists, but even other professionals working with um, adults with disabilities. How can we make sure we're positioning our clients as the experts in their care and in their treatment and in their lives? Also another great point Anastasia brought up was normalizing our biases.

We all have biases. We are all biased. And it's about recognizing what are those when they come up, how are they affecting things and how can we keep learning to make sure we're creating spaces that aren't creating harm and are doing the most good? And we also discussed [01:05:00] accessibility, which is a huge topic on this podcast.

And, um, just kind of that environmental aspect of the environment is constantly what is disabling people with disabilities? Not necessarily their disability. It's the society we live in. And so how can we be more aware of ways to make sure we're making spaces, even physical spaces accessible? Not only because it's legal, but because it's the right thing to do and it's illegal to, to not have these places accessible.

So. You know, just to be good people is I feel like a summary of the podcast and maybe even 2020 kind of looking back. How can we be good people? So, yeah. Check out the show notes for more resources on disability culture, and otherwise continue to kind of search out disabled voices and what are their experiences?

What, what are, what is their knowledge and really, um, learn, learn from them. So to wrap up today, we're going to go over the session plan of the month, and [01:06:00] I'm really excited about this session plan. It was a collaboration with Spectrum Creative Arts, a music therapy business in New York. And, um, we collaborated to create one cohesive winter session plan, kind of divvying up the interventions.

And we have videos that, um, show the whole implementation as well as visuals and lead sheets for every single intervention. So the session plan is a hello song, and I should say they're all original too. So these are all original interventions by different music therapists, including myself. So there's a whole new winter

hello song, a winter drumming intervention, a winter December songwriting intervention, winter instrument play "Sounds of the Seasons", relaxation, and a winter goodbye. So you can find the session plan on my blog at rhythmicrootsmusicservices.org, uh backslash blog (rhythmicrootsmusicservices.org/blog), and it's also on Spectrum Press's blog as well.



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And those will be in the show notes. So please check this out and let us know: what's your favorite? If you use any with your adults with disabilities, we [01:07:00] would love to know and to hear how it goes. And we really hope this is a direct takeaway resource for all of you listeners out there. And then for my patrons on patreon.com, I made a breakdown video discussing these interventions as I do every month with the monthly music therapy session plan.

So if you'd like access to the breakdowns and how I would implement them, consider becoming a patron for \$5 a month on patreon.com backslash Navigating Adulthood and IDD (patreon.com/navigatingadulthoodandidd). You also get access to episodes one week early,

ad free, as well as access to the Navigator community. We have a Facebook group and then we have the meeting once a month on Zoom for peer supervision going over the session plans, but also bringing, um, any questions from sessions that we want and kind of get that peer support to spark intervention ideas for our clients.

It's not just for music therapists, any professional looking for more resources or for more community and peer supervision, this would be the perfect group for you, and we would love to have you in the Navigator community. So again, that's her [01:08:00] \$5 on patreon.com, backslash Navigating Adulthood and IDD. And we would love to have you join.

We will meet again in January. Other ways to support the podcast, include sharing with someone you think would like it, rating us on iTunes, and just continuing to listen and download. So thank you so much for tuning in to this month's podcast episode. I have the guests lined up for next month that I'm really excited about.

So tune in, in January for another episode and another year of Navigating Adulthood and IDD. See you next time. This podcast is by Rhythmic Roots Music Services, LLC, with content and music produced by Bonnie Houpt. Thanks for listening.