



# American Music Therapy Association

8455 Colesville Rd., Ste. 1000 • Silver Spring, Maryland 20910  
Tel. (301) 589-3300 • Fax (301) 589-5175 • [www.musictherapy.org](http://www.musictherapy.org)

Dear Music Therapist:

Thank you for your interest in establishing an internship program at your facility. The documents in this packet will provide the details and procedures for establishing an AMTA National Roster internship program:

- ◆ National Roster Internship Application
- ◆ National Roster Internship Guidelines
- ◆ Standards for Education and Clinical Training
- ◆ AMTA Professional Competencies
- ◆ Association Internship Approval Committee List
- ◆ Philosophy of the Music Therapy Program
- ◆ Sample Form: Intern Evaluation Form

Please complete the entire Internship Application, save as a PDF file and **EMAIL** to [Creagan@musictherapy.org](mailto:Creagan@musictherapy.org). Incomplete applications will not be reviewed. On the last page of the application, "Responsibilities of the Internship Director," please check the box to signify you understand and accept the responsibilities of the role of Internship Director. This will serve as your signature. The sample forms can be used as is, or you can use them as a guide to developing your own forms.

Regarding Letters of Support/ Recommendation (page 2 of application, letter G), they can be scanned and sent as attachments with your application, or faxed (301-589-5175, or mailed. If the letters are being faxed or mailed let me know at the time you email the application.

The *Standards for Education and Clinical Training* includes a description of clinical training as it relates to pre-internship and internship. They are included in this packet to so you can familiarize yourself with them and see how they relate to you as a potential Internship Director.

The AMTA Professional Competencies are used by all AMTA approved schools in their curricula, and internship programs use the document to identify which competencies are addressed during the internship.

Feel free to contact me if you have any questions.

Sincerely,

*Jane P. Creagan, MT-BC*

Director of Professional Programs

attachments

# National Roster Internship Guidelines

Revised 2009



AMERICAN  
**MUSIC**  
**THERAPY**  
ASSOCIATION

**American Music Therapy Association, Inc**  
**8455 Colesville Road, Suite 1000**  
**Silver Spring, MD 20910**

# Table of Contents

## **A. GENERAL REQUIREMENTS**

1.0 Eligibility of Settings .....	2
2.0 Length of Internship.....	2
3.0 Ratio of Supervising Music Therapists to Interns.....	2
4.0 Application and Approval Process for National Roster Internship Programs .....	3
5.0 Instructions for Submitting Exceptions .....	4
6.0 Supervision and Intern Evaluation.....	5
7.0 Changes in an Established Program.....	6
8.0 Removal from the National Roster .....	7

## **B. INTERNSHIP DIRECTOR**

1.0 Requirements .....	7
2.0 Responsibilities .....	8
3.0 Regulations for Internship Applications .....	9
4.0 Verification of Internship.....	9

## **C. SUPERVISING MUSIC THERAPIST**

1.0 Requirements .....	9
2.0 Responsibilities .....	10

## **D. STUDENTS/INTERNS**

1.0 Eligibility for Internship .....	10
2.0 Application and Acceptance Procedures .....	10
3.0 Intern Responsibilities .....	11

## **E. ACADEMIC FACULTY**

1.0 Responsibilities .....	12
----------------------------	----

## **F. PROCEDURES FOR REPORTING NON-COMPLIANCE**

1.0 Process .....	12
-------------------	----

## ***A. GENERAL REQUIREMENTS***

### **1.0 ELIGIBILITY OF SETTINGS**

Any facility, group of facilities, or private practice that provides music therapy services, is dedicated to using music in a therapeutic manner, and retains a music therapist who meets the AMTA requirements for Internship Director (see section B1.1) is eligible to apply for a National Roster internship program.

### **2.0 LENGTH OF INTERNSHIP**

- 2.1 The student affiliation or internship shall last for a minimum of 900 hours or any greater length of time needed to fulfill the clinical training requirement of 1200 hours.
- 2.2 When a student is unable to demonstrate required exit level competencies, additional hours of internship may be required of the student by the internship program in consultation with the academic institution.
- 2.3 Internship experience may be discontinued as a result of direct violation of facility personnel policy and procedures.
- 2.4 Each internship program must have a policy and procedures document concerning the dismissal of an intern that is reviewed with each entering intern during the orientation process.
- 2.5 When an intern's performance in the internship is unsatisfactory in any way, the internship director, intern and academic program director and/or academic faculty will review the internship agreement and make any necessary changes to address the specific problem areas.
- 2.6 An intern may elect to resign from the internship with written notification to the Internship Director and Academic Program Director in accordance with university and facility policies and procedures.

### **3.0 RATIO OF QUALIFIED MUSIC THERAPISTS TO INTERNS**

- 3.1 For each supervising music therapist employed full time, no more than two (2) interns may be in training at any given time. This same ratio applies for those sites with both National Roster approval and University affiliation when interns from both programs are at the site simultaneously.
- 3.2 For each part-time supervising music therapist, only one (1) intern may be in training at any given time.

#### **4.0 APPLICATION & APPROVAL PROCESS FOR NATIONAL ROSTER INTERNSHIPS**

To be listed on the AMTA National Roster, the internship program must be approved by the AMTA Association Internship Approval Committee. Steps for approval are:

- 4.1 Complete National Roster Internship application (see attached application). Applications are also available from the national office.
- 4.2 Email the completed application materials to: ***Jane Creagan, MME, MT-BC at Creagan@musictherapy.org***
  - 4.2.1 For *international* applications email completed materials in English to the above address.
- 4.3 When application materials are received by National Office, a tracking number will be assigned and the applicant will be notified.
- 4.4 National Office will *ONLY* forward complete application materials to the Association Internship Approval Committee for review. If information is missing, the application will not be forwarded to the Association Internship Approval Committee and the applicant will be contacted by National Office.
- 4.5 Additional information, and/ or clarification of application materials may be requested by the Association Internship Approval Committee.
- 4.6 When review of application materials is completed, and approved, the Association Internship Approval Committee chairperson will notify the applicant and an official approval letter will be issued by the AMTA Executive Director. Copies will be sent to the Association Internship Approval Committee chairperson, Association Internship Approval Committee regional representative, and the CEO of the site.
- 4.7 If review of application materials is completed and the application is *NOT* approved, the applicant will be notified by the Association Internship Approval Committee chairperson and an official letter will be issued outlining rationale for the committee's decision.
- 4.8 Unless the internship site has an established affiliation with the intern's university, it is not eligible to accept interns or applications until official approval has been granted by AMTA.
- 4.9 Sites listed on the current AMTA National Roster, plus subsequent addenda on file in the AMTA national office, are considered approved by AMTA.

- 4.10 National Roster Internship approval is contingent upon submission of updated information about the internship program, including all staff changes as they occur and submission of an annual report to the national office and regional representative.
- 4.11 In the event that all National Roster Internship Guidelines cannot be met, an exception request may be initiated at the time of application. (See section 5.0 Instructions for Submitting Exceptions).

## **5.0 INSTRUCTIONS FOR SUBMITTING EXCEPTIONS**

- 5.1 When the National Roster Internship Guidelines cannot be met, an exception request may be initiated by a site which is applying for national roster approval, or as needed by an existing national roster internship site.
  - 5.1.2 Email the exception request to: *Jane Creagan, MME, MT-BC at Creagan@musictherapy.org*
  - 5.1.3 For exception requests from *international* sites, email the request, in English, to the above address.
- 5.2 When the exception request is received by National Office, a tracking number will be assigned and the internship director will be notified.
- 5.3 Additional information and/or clarification of application materials may be requested by the Association Internship Approval Committee.
- 5.4 When review of request is completed, and approved, the Association Internship Approval Committee chairperson will notify the Internship Director and an official approval letter will be issued by the AMTA Executive Director. Copies will be sent to the Association Internship Approval Committee chairperson, and the Association Internship Approval Committee regional representative.
- 5.5 If review of request is completed and the exception is NOT approved, the applicant will be notified by the Association Internship Approval Committee chairperson and an official letter will be issued outlining the rationale for the committee's decision.

## **6.0 SUPERVISION AND INTERN EVALUATION**

Internships are always under continuous, qualified on-site supervision. Supervision plans will be included in internship agreements with the internship director, student and the academic faculty.

### **6.1 Supervision**

Supervision includes, but is not limited to, formal and informal observation and interaction in the areas of: direct patient contact, evaluation and documentation, treatment planning, supervision, participation in interdisciplinary didactic sessions, team involvement, participation in training sessions, and staff relationships.

- 6.1.1 Each intern will receive a minimum of one hour of individual consultation per week with the supervising music therapist.
- 6.1.2 Each intern will receive an average of four hours per week of observation and constructive feedback with the supervising music therapist.
- 6.1.3 While group consultation is highly encouraged as an adjunct to individual consultation, it will not replace the requirements of section 6.1.
- 6.1.4 For internship programs structured at less than 40 hours per week, the hours for supervision, consultation and observation should be adjusted accordingly (for example 30 minutes of weekly consultation per 20 hours per week).

### **6.2 Evaluations**

Intern evaluation and intern's self-evaluation content is based on the AMTA Professional Competencies. Evaluations of the intern must be completed by at least the mid point and at the conclusion of the internship. Evaluations will include specific reference to expected level of performance in the areas of Music Foundations, Clinical Foundations, and Music Therapy per the internship agreement.

- 6.2.1 Copies of the midterm and final evaluations of the intern and the intern self-evaluation must be submitted to the intern's academic setting.
- 6.2.2 A separate intern site evaluation is initiated by the internship director at the conclusion of the internship (for sample evaluation, see Attachment B). Note: the final evaluation of the intern must be completed before the intern's site evaluation is submitted to the internship director for review.
- 6.2.3 Copies of the site evaluation are then sent to the academic faculty and the Association Internship Approval Committee regional representative.

## **7.0 CHANGES IN AN ESTABLISHED PROGRAM**

The AMTA National Office must be notified in the event of significant changes within a national roster internship program.

- 7.1 For a change of an Internship Director, the following information shall be submitted to the national office:
  - 7.1.1 Date the former Director will be terminating
  - 7.1.2 Applicant Director's vita
    - 7.1.2.1 Education (schools, degrees, equivalencies and dates)
    - 7.1.2.2 Internship (place and dates) attended
    - 7.1.2.3 List facilities and inclusive dates (month, year) of all professional music therapy service beyond internship including present position. Specify whether full-time or part-time, and the number of hours per week.
  - 7.1.3 Statement of agreement signed by the applicant director with internship philosophy and program structure as they currently stand, or written revisions.
  - 7.1.4 Submit agreement signed by the applicant director, of "Responsibilities of the Internship Director Statement."
  - 7.1.5 Provide two letters of recommendation for the applicant Director, which address, although are not limited to, the following:
    - 7.1.5.1 Evidence of effective use of music in a therapeutic manner
    - 7.1.5.2 Professional qualities and characteristics
    - 7.1.5.3 Verbal and written communication skills
    - 7.1.5.4 Leadership skills
  - 7.1.6 List of interns in training when change will occur, including name, university, and date internship commenced.
  - 7.1.7 Copies of correspondence to academic setting(s) of interns in progress notifying them of proposed change.
- 7.2 For a change in Supervising Music Therapist, the following information shall be submitted to the national office by the Internship Director:
  - 7.2.1 Letter of recommendation by Internship Director
  - 7.2.2 Proposed supervising music therapist vita
    - 7.2.2.1 Education (schools, degrees, equivalencies and dates)
    - 7.2.2.2 Internship (place and dates) attended
    - 7.2.2.3 List facilities and inclusive dates (month, year) of all professional music therapy service beyond internship including present position. Specify whether full-time or part-time, and the number of hours per week.

- 7.3 When an internship program chooses not to accept applications for internship for up to one year their status may be changed from “Active” to “Inactive” upon written notification to the national office.
- 7.4 Any other substantive program changes shall be submitted to the National Office by the Internship Director.

## **8.0 REMOVAL FROM THE NATIONAL ROSTER**

- 8.1 When an internship director anticipates that the site will remove its name from the National Roster, s/he will provide written notice to the AMTA Executive Director, the Academic Program Directors for all interns involved, and the Association Internship Approval Committee Regional Representative. The Internship Director will arrange for all students currently in the program to complete their internships.
- 8.1.1 In the event that the program must close before current interns have completed their internships, it is the responsibility of the Internship Director to assist the Academic Director and intern in locating suitable placement.
- 8.1.2 Students who have been accepted for future internships and their academic settings must be notified of the closing as soon as possible.
- 8.2 To reinstate an internship program, the facility must submit a new application for approval.

## ***B. INTERNSHIP DIRECTOR***

### **1.0 REQUIREMENTS**

- 1.1 In accordance with the Standards for Education and Clinical Training, the Internship Director must meet the following criteria:
- 1.1.1 Holds an appropriate professional credential or designation in music therapy
- 1.1.2 Holds a bachelor’s degree in music therapy or its equivalent
- 1.1.3 Has at least two years of full time clinical experience in music therapy or its equivalent in part time work
- 1.1.4 Has one year of experience working in the internship setting
- 1.1.5 Pursues continuing education relevant to his/her clinical and supervisory responsibilities
- 1.1.6 Demonstrates the following: all entry-level competencies, effectiveness as a music therapy clinician in at least one area of practice, general understanding of the supervisory needs of internship students and entry level skills in supervision

## 1.2 Additional Association Requirements

- 1.2.1 Currently a professional member of AMTA with the exception of graduate student members of AMTA meeting all other requirements.
  - 1.2.2 Employed/self employed in one more settings for a minimum of 20 hours per week
  - 1.2.3 Completion of one 5 hour CMTE workshop on Music Therapy Intern supervision or other documented supervision training.
- 1.3 Any exception to these requirements must be approved by the Association Internship Approval Committee. All transactions related to the exception:
- 1.3.1 Must be initiated by the applicant Internship Director
  - 1.3.2 Must be submitted to the Association Internship Approval Committee in compliance with Section A, Subsection 5.0 for final disposition.

## **2.0 RESPONSIBILITIES**

- 2.1 Internship Director shall be directly responsible for the following (these responsibilities shall not be delegated):
- 2.1.1 Apprising applicants and academic faculty of all site-specific administrative requirements including, but not limited to, legal affiliation agreements, criminal background checks, health and drug screenings, and any related fees.
  - 2.1.2 Reviewing applications, selecting music therapy interns and communicating with students.
  - 2.1.3 Working jointly with academic faculty to develop internship agreement based upon the needs and abilities of each intern, and assign supervisory responsibilities to qualified music therapy staff. (NOTE: Other professional staff may provide support in the training process which is not specifically related to music therapy skills).
  - 2.1.4 Planning, implementing, and monitoring program requirements.
  - 2.1.5 Providing a viable role model either personally or through other qualified music therapists on staff (leading music therapy sessions which the interns can observe and/or co-lead).
  - 2.1.6 Reviewing and signing (co-signing) all evaluations of the intern.
  - 2.1.7 Developing the organizational charts (lines of supervision).
  - 2.1.8 Maintaining communication with academic faculty as specified in the internship agreement.
  - 2.1.9 Apprising the National Office and Regional Representative of updated information about the internship program, including all staff changes as they occur and submission of an annual report.
  - 2.1.10 Communicating information to interns regarding on-going seminars, conferences, workshops, and community resources.
  - 2.1.11 Assuring adequate time to integrate all aspects of the internship.
  - 2.1.12 Initiating any and all exceptions (Section A, Subsection 5.0).

- 2.1.13 Maintaining knowledge of current facility personnel and department standards, policies and procedures, the CBMT Code of Professional Practice and the AMTA official documents: Standards of Clinical Practice, organizational structure, Code of Ethics, National Roster Internship Guidelines, and Professional Competencies.
- 2.1.14 Monitoring and acting upon any non-compliance issues that may arise.
- 2.1.15 Following established policy and procedure regarding dismissal of interns.

### **3.0 REGULATIONS FOR INTERNSHIP APPLICATIONS**

- 3.1 The Internship Director shall not make acceptance decisions more than one year in advance.
- 3.2 The Internship Director shall notify in writing all applicants of acceptance or rejection in a timely manner.
- 3.3 The Internship Director shall notify the applicant's academic faculty in writing, that the applicant has accepted the internship, when it will begin, target date for formulating the internship agreement, status of the legal affiliation agreement, and all other site requirements as applicable. A copy of this letter shall be sent to the regional representative of the Association Internship Approval Committee (AIAC).
- 3.4 The Internship Director may offer an internship to another applicant if no response has been received within one month, and attempts to locate the individual have not been successful.
- 3.5 In order to maintain client confidentiality, the Internship Director shall not request audio/video tapes that include any session material involving clients.

### **4.0 VERIFICATION OF INTERNSHIP**

Upon request by the intern, the Internship Director will provide a letter of verification stating successful completion of internship.

- 4.1 Must bear original signature of the Internship Director approved by AMTA
- 4.2 Must contain inclusive dates of internship
- 4.3 Must contain data for one intern only

## ***C. SUPERVISING MUSIC THERAPIST***

### **1.0 REQUIREMENTS**

- 1.1 In accordance with the Standards for Education and Clinical Training, the supervising music therapist must meet the following criteria:
  - 1.1.1 Holds an appropriate professional credential or designation in music therapy
  - 1.1.2 Holds a bachelor's degree in music therapy or its equivalent
  - 1.1.3 Has at least two years of full time clinical experience in music therapy or its equivalent in part time-work.
  - 1.1.4 Has one year of experience working in the internship setting
  - 1.1.5 Pursues continuing education relevant to his/her clinical and supervisory responsibilities.

- 1.1.6 Demonstrates the following: all entry-level competencies, effectiveness as a music therapy clinician in at least one area of practice, general understanding of the supervisory needs of internship students and entry level skills in supervision.

**1.2 Additional Association Requirements**

- 1.2.1 Currently a professional member of AMTA with the exception of graduate student members of AMTA meeting all other requirements.

- 1.3 Any exception to these requirements must be approved by the Association Internship Approval Committee. All transactions related to the exception:

- 1.3.1 Must be initiated by the applicant Internship Director
- 1.3.2 Must be submitted to the Association Internship Approval Committee in compliance with Section A, Subsection 5.0 for final disposition.

**2.0 RESPONSIBILITIES**

- 2.1 Lead and co-lead music therapy activities that the intern can observe.
- 2.2 Provide an average of four hours per week of formal and informal observation and constructive feedback of assigned intern.
- 2.3 Provide a minimum of one hour per week of individual consultation with each assigned intern.
- 2.4 For internship programs structured at less than 40 hours per week, the hours for supervision, consultation and observation should be adjusted accordingly (for example 30 minutes of weekly consultation per 20 hours per week).
- 2.5 Maintain regular communication with Internship Director and other professional staff involved in the training of the intern.
- 2.6 Complete midterm and final evaluation of assigned intern(s).

***D. STUDENTS/INTERNS***

**1.0 ELIGIBILITY FOR INTERNSHIP**

Must have acquired all pre-internship competencies required by both the AMTA approved college/university and the internship program, prior to beginning the internship.

**2.0 APPLICATION AND ACCEPTANCE PROCEDURES**

- 2.1 Upon recommendation from the faculty advisor, a student can initiate the application process for a national roster internship.
  - 2.1.1 Request information on AMTA approved National Roster Internship Programs prior to requesting an application.
  - 2.1.2 Request, complete and submit necessary application materials.
    - 2.1.2.1 No more than four active applications may be in progress at any one time
    - 2.1.2.2 Once an active application has been withdrawn or declined, another application may be submitted to an additional facility.

- 2.1.3 Applications may not be submitted more than 12 months prior to the date the applicant will be eligible for internship. Internship Directors must not make acceptance decisions more than one year in advance.
- 2.1.4 Each application for internship must be accompanied by a letter from the director of music therapy from the applicant's academic setting. This letter must verify that the Academic Program Director anticipates that AMTA pre-internship competencies will have been demonstrated.
- 2.2 Consider acceptance responses with academic faculty and together make a decision about the internship placement.
- 2.3 Accept or decline each offer for internship, in writing, within one month of receipt of that offer. The acceptance offer will be rescinded if no response is received.
- 2.4 Once a letter of acceptance has been sent to an internship program, the student must notify, in writing, all other internship programs at which they have an active application.
- 2.5 Must notify the academic faculty when an internship has been accepted.
- 2.6. Once accepted, the student, faculty advisor, and internship director formulate an internship agreement for the internship itself. The content and format of each agreement may vary according to the situation and parties involved. This internship agreement is made for each student prior to beginning the internship program and shall include documentation of successful completion of pre-internship competencies.
- 2.7 Students who complete an internship at a facility that is not approved by AMTA or the academic institution will not receive academic credit for the internship.

### **3.0 INTERN RESPONSIBILITIES**

- 3.1 Adhere to AMTA National Roster Internship Guidelines, internship program personnel requirements, policies and procedures.
- 3.2 Adhere to AMTA Standards of Clinical Practice and Code of Ethics.
- 3.3 Seek feedback and clarification through regular communication with supervising music therapist and Internship Director.
- 3.4 Report non-compliance with AMTA National Roster Internship Guidelines. Follow procedures detailed in Section F Non-Compliance Procedures.
- 3.5 An intern may elect to resign and/or withdraw from the internship with written notification to the Internship Director and the academic setting in accordance with university and facility policies and procedures.
- 3.6 Maintain regular communication with the academic faculty, as indicated by the internship agreement.
- 3.7 Complete a midterm and final "intern self evaluation" and final "intern site evaluation"
- 3.8 Request a "Welcome to the Professional World" packet from the National Office at the mid-point of the internship.

- 3.9 Six months following the internship, complete the post internship site evaluation and send it to the Association Internship Approval Committee regional representative.

## ***E. ACADEMIC FACULTY***

### **1.0 RESPONSIBILITIES**

In accordance with the Standards for Education and Clinical Training, the Academic Faculty will:

- 1.1 Assist student with internship selection and application process
- 1.1.1 Provide a letter of verification that pre-internship competencies will have been demonstrated prior to the commencement of internship
- 1.1.2 Assist student with initiating application process for a national roster internship
- 1.1.3 Consider acceptance responses with the student and together make a decision regarding internship placement.
- 1.1.4 Once the student is accepted, initiate internship agreement with the student and internship director prior to or upon commencement of the internship. This internship agreement should describe the student's level of performance at the initiation of the internship and expected level of performance upon completion of the internship. It may also include other pertinent information such as: the length of the internship, competency objective, the student's work schedule, supervision plan, role responsibilities of each party, liability and insurance issues, and so forth. The content and format of each internship agreement may vary according to the situation and parties involved. The internship agreement is required for AMTA national roster internship programs.
- 1.2 Maintain continuous communication throughout the internship with student and Internship Director/Supervisor as indicated by the internship agreement.
- 1.3 Monitor internship agreement through review of mid term and final evaluation, intern self evaluation and interns' site evaluation.
- 1.4 Verify, in consultation with the internship director, successful completion of internship per internship agreement.

## ***F. PROCEDURES FOR REPORTING NON-COMPLIANCE***

### **1.0 PROCESS**

Upon observing or becoming aware of alleged violations of the AMTA National Roster Internship Guidelines, an individual shall:

- 1.1 Consult with the supervising music therapist involved and discuss possible actions to correct the alleged violation. If the supervising music therapist is not the Internship Director, the next step, if not satisfied, would be to consult with the Internship Director.

- 1.1.2 If corrective action is not taken, it is the responsibility of the supervising music therapist, intern, or other individual observing the alleged violation, to submit five copies of a written report to the Association Internship Approval Committee Chairperson. An additional copy shall be sent, via registered mail, to the supervising music therapist against whom the allegation has been made.
- 1.2 The Association Internship Approval Committee shall, upon receipt of the description of the violation as described in 1.1., investigate, review, consult with all appropriate committees if applicable, and jointly make a decision regarding the resolution of the alleged violation. A copy of this decision shall be sent to all principals by the AMTA Executive Director.
- 1.3 When an internship program is found to be out of compliance with the Internship Guidelines, the AMTA Executive Director will notify the Internship Director of the specific problem(s) giving a time period for correction. A copy will be sent to the facility administrator, the Association Internship Approval Committee Chairperson, and the Association Internship Approval Committee Regional Representative.
  - 1.3.1 Internship Director will notify the academic faculty of any possible impact on pending intern start dates and copy AMTA Executive Director and the Association Internship Approval Committee Regional Representative on the correspondence.
- 1.4 Within the stated time period, Internship Director will provide written documentation to the Association Internship Approval Committee indicating, 1) problem has been corrected or 2) problem has not been corrected.
- 1.5 If the problem has been corrected within the stated time period, the Association Internship Approval Committee will notify the AMTA Executive Director of its' recommendations, who will in turn notify the Internship Director and academic faculty that internship program will continue uninterrupted.
- 1.6 If the problem has not been corrected within the stated time period, the Association Internship Approval Committee will notify the AMTA Executive Director who will initiate the process of closing the program as follows:
  - 1.6.1 Notify facility administrator that AMTA approval of the program has been discontinued giving effective date, with copies to the Internship Director, Association Internship Approval Committee Regional Representative and academic faculty of intern (s) in residence at the time of program closing.
  - 1.6.2 Advise Internship Director of procedures to be followed as stated in Section A subsection 8.0 *Removal from the National Roster*.

Current as of 11/30/09

# **STANDARDS FOR EDUCATION** **AND CLINICAL TRAINING**



AMERICAN  
**MUSIC**  
**THERAPY**  
ASSOCIATION

**Adopted 2000**

**Revised 2009**

## AMTA STANDARDS FOR EDUCATION AND CLINICAL TRAINING

### Preamble

The American Music Therapy Association, Inc., aims to establish and maintain competency-based standards for all three levels of education (bachelor's, master's, and doctoral), with guidelines for the various curricular structures appropriate to different degrees, as defined by the National Association of Schools of Music (NASM). Using this competency-based system, the Association formulates competency objectives or learning outcomes for the various degree programs, based on what knowledge, skills, and abilities are needed by music therapists to work in various capacities in the field. Academic institutions should take primary responsibility for designing, providing, and overseeing the full range of learning experiences needed by students to acquire these competencies, including the necessary clinical training.

A bachelor's degree program should be designed to impart entry level competencies as specified in the *AMTA Professional Competencies*, while also meeting the curricular design outlined by NASM. Since education and clinical training form an integrated continuum for student learning at the entry level, academic institutions should take responsibility not only for academic components of the degree, but also for the full range of clinical training experiences needed by students to achieve competency objectives for the degree. This would include developing and overseeing student placements for both pre-internship and internship training.

A master's degree would be designed to give greater breadth and depth to entry-level competence, while also imparting selected additional competencies in advanced and specialized areas of study (e.g., theory, research, supervision, college teaching, administration, a particular method, orientation, or population). The curricular design would be appropriate to the degree title, per agreement between AMTA and NASM.

The doctoral degree should be designed to impart advanced competence in research, theory development, clinical practice, supervision, college teaching, and/or clinical administration, depending upon the title and purpose of the program. AMTA will work with NASM in the delineation of the doctoral degree in music therapy. Based on its clinical components, completion of a doctorate may also lead to eligibility for other professional designations to be established.

Academic institutions and internship sites should take primary responsibility for assuring the quality of their programs, jointly and/or separately. This is accomplished by regular, competency-based evaluations of their programs and graduates by faculty, supervisors, and/or students. The Association will assure the quality of education and clinical training through its approval standards and review procedures. The Association encourages diversity among institutions and programs and respects the operational integrity within academic and clinical training programs.

In implementing these standards, the Association shares the beliefs that education and clinical training are not separate processes, but reflect a continuum of music therapy education; that education and clinical training must be competency based at all levels; that education and clinical training must be student centered; and that education and clinical training must exist in a perspective of continuous change to

remain current. The Association also believes in the importance of music as central to music therapy and that music study must be at the core of education and clinical training.

The Association's standards are based on a vision of the future for music therapy education and clinical training in the year 2010 and beyond. In establishing and maintaining these standards, it has a responsibility related to education and clinical training in relationship to the outside world that includes clients, professionals of other disciplines and settings. The Association's relationships with the outside world include the identification of levels of professional practice and training, interface with professionals of other disciplines and with their professional associations, involvement with regulatory entities, and alliances in the private sector. The Association works from a philosophy of inclusiveness that embraces a wide range of approaches and a broad base of therapeutic models including uses of music for persons with disabilities and disease, as well as those who desire music therapy for health, wellness, and prevention. The Association must therefore give academic institutions and clinical training programs the flexibility they need to simultaneously meet student needs, market needs, client needs, and quality standards.

The Association believes it can maintain high quality in education and clinical training while it provides for maximum flexibility in the ways professional standards and competencies are implemented. It also believes that standards can be implemented in ways that prevent overregulation and micromanagement. Quality assurance for education and clinical training must be accomplished at the local level, managed by the academic faculty at the academic institutions and the music therapy supervisors at clinical training sites rather than solely by the Association. The Association shall use these competency-based standards as the basis for evaluating academic and clinical training programs and awarding its approval.

These standards must be viewed along with the Association's *Professional Competencies, Standards of Clinical Practice, Code of Ethics, Policies and Procedures for Academic Program Approval*, and *National Roster Internship Guidelines*. In addition, academic programs in music therapy should refer to the National Association of Schools of Music (NASM) *Handbook* for general standards and competencies common to all professional baccalaureate and graduate degree programs in music, as well as specific baccalaureate and graduate degree programs in music therapy. Academic institutions and clinical training programs have the responsibility for determining how their programs will impart the required professional competencies to students (i.e., through which courses, requirements, clinical training experiences, etc.). The standards have been designed to allow institutions and programs to meet this responsibility in ways which are consistent with their own philosophies, objectives, and resources. All AMTA-approved academic and clinical training programs will strive to attain these standards.

## **AMTA STANDARDS FOR EDUCATION AND CLINICAL TRAINING**

### **GENERAL STANDARDS FOR ACADEMIC INSTITUTIONS**

- 1) Only degree-granting institutions awarding at least the bachelor's degree may offer an entry-level program in music therapy.
- 2) The Association will grant academic program approval only when every music therapy curricular program of the applicant institution (including graduate work, if offered) meets the standards of the Association. *Note: This policy excludes doctoral degree programs and dual degree programs in music therapy until such time as AMTA and NASM have worked together to delineate the doctoral degree in music therapy.*
- 3) The administrative section of the academic institution housing the music therapy unit shall have a clearly defined organizational structure, with administrative officers who involve music therapy faculty at the appropriate level of decision making and who provide the necessary support systems for effective implementation of the program.
- 4) The music therapy unit shall be administratively organized in a way that enables students to complete the program and accomplish its educational objectives within the designated time frame.
- 5) The academic institution shall have the space, equipment, library, and instrument resources necessary to support degree objectives.
- 6) The rationale and objectives of each music therapy degree program offered by the academic institution shall be clearly defined, responsive to significant trends and needs in the profession, and consistent with clinical and ethical standards of practice.
- 7) The degree title shall be consistent with educational objectives and curricular requirements of the program.
- 8) The music therapy unit shall have criteria and procedures for admission which reflect the abilities and qualities needed by the student to accomplish degree objectives. The unit shall also have criteria and procedures for determining advanced standing and transfer credit.
- 9) The music therapy unit shall have criteria and procedures for determining student retention, and specifying conditions for dismissal. These shall reflect the level of competence expected of students at various stages during and upon completion of the program.
- 10) The music therapy unit shall take primary responsibility for academic advisement and career counseling of all music therapy majors.
- 11) The music therapy unit shall conduct periodic evaluation of its programs and graduates according to competency objectives of each degree program. The results of these evaluations shall be used as the basis of program development, quality control, and change.

### **STANDARDS FOR COMPETENCY-BASED EDUCATION**

- 1) The Association shall establish and maintain competency-based standards for ensuring the quality of education and clinical training in the field. Specifically:
  - The Association shall establish educational objectives for academic and clinical training programs that are outcome specific. That is, the standards shall specify learning outcomes, or the various areas of knowledge, skills, and abilities that graduates will acquire as a result of the program.
  - The Association shall formulate and update these competency objectives based on what knowledge, skills, and abilities are needed by graduates to perform the various

levels and types of responsibilities of a professional music therapist. As such, the standards must: continually reflect current practices in both treatment and prevention, illness and wellness; embrace diverse models, orientations and applications of music therapy; address consumer needs; and stimulate growth of the discipline and profession.

- The Association shall use these competency-based standards as the basis for evaluating academic and clinical training programs and awarding its approval.
- 2) The Association shall establish curricular structures for academic programs based on competency objectives and title of the degree. A curricular structure gives credit distributions for broad areas of study that must be included in each degree type (i.e., for the M.M. degree, one-third in music therapy, one-third in music, one-third in electives). These curricular structures shall be consistent with those outlined by NASM.
  - 3) Academic institutions shall design degree programs in music therapy according to the competency objectives required or recommended by AMTA and the appropriate curricular structure.
  - 4) Internship programs shall be designed according to competency objectives delineated by the Association, and in relation to the competency objectives addressed by affiliate academic institutions.
  - 5) The academic institution and internship program shall evaluate students of its programs according to the competency requirements established by AMTA, and shall use the evaluation in determining each student's readiness for graduation.

## **STANDARDS FOR BACHELOR'S DEGREES**

### Academic Component

- 1) The bachelor's degree in music therapy (and equivalency programs) shall be designed to impart entry-level competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles, as specified in the *AMTA Professional Competencies*.
- 2) In compliance with NASM Standards, the bachelor's degree in music therapy shall be divided into areas of study as follows (based on 120 semester hours or its equivalent). *Please note that the courses listed below each area of study are only suggested titles of possible courses or course topics.*

#### **Musical Foundations (45%)**

Music Theory  
Composition and Arranging  
Music History and Literature  
Applied Music Major  
Ensembles  
Conducting  
Functional Piano, Guitar, and Voice

#### **Clinical Foundations (15%)**

Exceptionality and Psychopathology  
Normal Human Development  
Principles of Therapy  
The Therapeutic Relationship

#### **Music Therapy (15%)**

Foundations and Principles  
Assessment and Evaluation  
Methods and Techniques

Pre-Internship and Internship Courses  
Psychology of Music  
Music Therapy Research  
Influence of Music on Behavior  
Music Therapy with Various Populations

**General Education (20-25%)**

English, Math, Social Sciences, Arts,  
Humanities, Physical Sciences, etc.

**Electives (5%)**

- 3) The academic institution shall take primary responsibility for the education and clinical training of its students at the entry level. This involves: offering the necessary academic courses to achieve required competency objectives, organizing and overseeing the student's clinical training, integrating the student's academic and clinical learning experiences according to developmental sequences, and evaluating student competence at various stages of the program.
- 4) The music therapy unit shall evaluate each student's competence level in the required areas prior to completion of degree or equivalency requirements.

**Clinical Training Component**

- 1) The academic institution shall take primary responsibility for providing students with the entire continuum of clinical training experiences with a representative range of client populations in diverse settings. Toward that end, the academic institution shall establish and maintain training agreements with a sufficient number and diversity of field agencies, which have the client population, supervisory personnel, and program resources needed to train interns and/or provide pre-internship clinical training experiences. Qualified supervision of clinical training is required and coordinated or verified by the academic institution.
- 2) The academic institution shall design its own clinical training program, including types of pre-internship and internship requirements, the number of hours for each placement, the variety of client types involved, and whether internship sites will be approved by the Association, the academic institution, or both. These pre-internship and internship experiences shall be designed, like academic components of the program, to enable students to acquire specific entry-level competencies. At least three different populations should be included in pre-internship training. The academic institution shall describe the design of its clinical training program in the application for approval by the Association.
- 3) Internship, here defined as the culminating, in-depth supervised clinical training at the entry level, may be designed in different ways: part or full time, in one or more settings, for varying periods or time frames, and near or distant from the academic institution. Internships are always under continuous qualified, on-site supervision. (See Qualification Standards for definition of internship supervisor.) Each internship shall be designed or selected to meet the individual needs of the student. This requires joint planning by the academic faculty, the internship supervisor, and the student, as well as continuous communication throughout the student's placement.
- 4) Internship programs may be approved by an academic institution, the Association, or both. Academic institutions will maintain a roster of affiliated internship programs that they have selected and approved for their own students, and the Association will maintain a national roster of all AMTA-approved internship sites open to any student from any academic institution. Internship sites can therefore choose to associate themselves only with one or more academic institutions and train students only from those schools, or they may choose to be on the Association's national roster and accept students from any school. The internship supervisor shall make final acceptance decisions regarding applicants for their internship, regardless of whether the internship has been approved by the academic institution or the Association.

- 5) The academic institution shall develop an individualized training plan with each student for completion of all facets of clinical training, based on the AMTA competencies, student's needs, student's competencies, and life circumstances. The various clinical training supervisors will work in partnership with the academic faculty to develop the student's competencies and to meet the individualized training plan. It is recommended that this training plan for clinical training shall include specification of placements, minimum hours in each aspect of clinical training including both pre-internship and internship experiences, and the roles and responsibilities of the student, the qualified on-site supervisor, and the academic faculty. A written internship agreement will also be made between the student, internship supervisor, and the academic faculty to describe the student's level of performance at the initiation of the internship and the expected student's level of performance in demonstrating the required exit-level competencies at the conclusion of the internship.  
The internship agreement may also include other pertinent information, such as the length of the internship; the student's work schedule; the supervision plan; role and responsibilities of each party; and health, liability, and insurance issues. The content and format of each internship agreement may vary according to the situation and parties involved. This internship agreement is required for both the university affiliated and AMTA national roster internship programs. These individualized training plans and internship agreements are separate and distinct from any affiliation agreements or other legal documents that delineate the terms of the relationship between the university and the clinical training site(s).
- 6) The internship program shall have its own system of evaluating whether each intern has attained required AMTA competencies. This evaluation shall be forwarded to the intern's academic institution and may also be used by the internship program for quality assurance purposes. The internship program shall also solicit intern evaluations of its own training and may use these evaluations for quality assurance purposes.
- 7) Every student must complete a minimum of 1200 hours of clinical training, with at least 15% (180 hours) in pre-internship experiences and at least 75% (900 hours) in internship experiences. Academic institutions may opt to require more than the minimum total number of hours, and internship programs may opt to require more hours than the referring or affiliate academic institution. In addition, when a student is unable to demonstrate required exit level-competencies, additional hours of internship may be required of the student by the academic institution in consultation with the internship supervisor.
- 8) The internship shall be a requirement of the bachelor's degree in music therapy. As such, the internship must be satisfactorily completed before conferral of any undergraduate degree in music therapy. The student must have received a grade of C- or better in all music therapy courses in order to be eligible for internship. The academic institution has the ultimate responsibility to determine whether these requirements have been successfully met.
- 9) Existing internship sites already approved by the Association shall maintain their approval status.

## **STANDARDS FOR MASTER'S DEGREES**

The purpose of the master's degree programs in music therapy is to impart advanced competencies, as specified in the *AMTA Advanced Competencies*. These degree programs provide breadth and depth beyond the *AMTA Professional Competencies* required for entrance into the music therapy profession.

### **I. Curricular Standards**

Each graduate student in a master's degree program is expected to gain in-depth knowledge and competence in both of the following areas. These areas may be addressed in either separate or combined coursework as deemed appropriate.

- a) Music Therapy Theory (e.g., principles, foundations, current theories of music therapy practice, supervision, education, implications for research);
- b) Advanced Clinical Skills: In-depth understanding of the clinical and supervisory roles and responsibilities of a music therapist. Advanced clinical skills are acquired through a supervised clinical component, defined as one or more music therapy fieldwork experiences that focus on clients and require post-internship, graduate training.

NB: All master's degrees in music therapy must include a supervised clinical component beyond the completion of the 1200 hours of clinical training required for acquisition of the *AMTA Professional Competencies* and concurrently with or following completion of graduate music therapy courses. It is strongly advised that the student receive direct supervision under the auspices of the University in either on-site or consultative form. Such supervision must be provided by a music therapist who has acquired advanced clinical competencies.

In addition, each graduate student in a master's degree program is expected to gain in-depth knowledge and competence in one or more of the following areas:

- c) Research (e.g., quantitative and qualitative research designs and their application to music therapy practice, supervision, administration, higher education);
- d) Musical Development and Personal Growth (e.g., leadership skills, self-awareness, music skills, improvisation skills in various musical styles, music technology);
- e) Clinical Administration (e.g., laws and regulations governing the provision of education and health services, the roles of a clinical administrator in institutions and clinical settings).

## **II. Curricular Structures**

- a) Practice-Oriented Degrees. These degrees focus on the preparation of music therapists for advanced clinical practice.
- b) Research-Oriented Degrees. These degrees focus on the preparation of scholars and researchers in music therapy, preparing graduates for doctoral study.
- c) Degrees Combining Research and Practice Orientations. These degrees focus on the simultaneous development of the ability to produce research findings and utilize, combine, or integrate these findings within the practice of music therapy.
- d) Graduate education requires the provision of certain kinds of experiences that go beyond those typically provided in undergraduate programs. These include opportunities for active participation in small seminars and tutorials and ongoing consultation with faculty prior to and during preparation of a final project over an extended period of time.
- e) A culminating project such as a thesis, clinical paper, or demonstration project is required.
- f) Master's degree programs include requirements and opportunities for studies that relate directly to the educational objectives of the degree program, including supportive studies in music and related fields.

- g) Within master's degree programs, academic institutions are encouraged to develop graduate level specialization areas and courses on advanced topics based on faculty expertise and other resources available at the institution. Therefore, the curriculum and the requirements of each program must be tailored to the resources available, the mission of the institution, and the contribution they aspire to make to the profession of music therapy.
- h) At least one-half of the credits required for the master's degree must be in courses intended for graduate students only. A single course that carries both an undergraduate and a graduate designation is not considered a course intended for graduate students only. To obtain graduate credit, students enrolled in a single course that carries a separate undergraduate and graduate designation or number must complete specific published requirements that are at a graduate level. Distinctions between undergraduate and graduate expectations must be delineated for such courses in the course syllabi. Only courses taken after undergraduate courses that are prerequisite to a given graduate program may receive graduate credit in that program.
- i) Students entering the master's degree without the bachelor's degree in music therapy and/or the MT-BC credential must take a minimum of 30 semester hours or 45 quarter hours graduate credits toward advanced competence in addition to and beyond any courses needed to demonstrate *AMTA Professional Competencies*.
- j) A master's degree in music therapy must include a minimum of 12 semester hours or 18 quarter hours of graduate credits in music therapy in addition to and beyond any courses needed to demonstrate the *AMTA Professional Competencies*. These courses must be intended for graduate students only and should not carry designations for both graduate and undergraduate students.

### **III. Degree Formats and Titles**

- a. Master of Music degree places advanced music therapy studies within a musical context: 40% music therapy, 30% music, and 30% electives in related areas. The studies in music may include coursework in diverse areas (e.g., performance, ethnomusicology, advanced musicianship, and analysis). The electives consist of supportive studies in related areas that bear directly on the specific educational objectives of the degree program.
- b. Master of Music Therapy degree places advanced music therapy studies within a disciplinary context of theory, research, and practice in music therapy: 50% music therapy and 50% electives. The electives consist of supportive studies in related areas that bear directly on the specific educational objectives of the degree program.
- c. Master of Arts or Master of Music Education degree places advanced music therapy studies within the context of creative arts therapy, expressive therapies, psychology, counseling, social sciences, education, arts, and/or humanities: 40% music therapy, 30% specialization field, and 30% electives. The electives consist of supportive studies that bear directly on the specific educational objectives of the degree program.
- d. Master of Science degree places advanced music therapy studies within the context of medicine, allied health, and the physical sciences: 40% music therapy, 30% science specialization, and 30% electives. The electives consist of supportive studies that bear directly on the specific educational objectives of the degree program.

- e. Master's degrees in music therapy may be designed additionally to prepare certified professionals for state licensure.

## **STANDARD FOR DOCTORAL DEGREES**

The doctoral degree shall impart advanced competence in research, theory development, clinical practice, supervision, college teaching, and/or clinical administration, depending on the title and purpose of the program. AMTA and NASM will work together in the delineation of the doctoral degree in music therapy.

## **STANDARDS FOR QUALIFICATIONS AND STAFFING**

The following are minimal qualification standards to be used by academic institutions when hiring faculty, selecting clinical supervisors, making placements, and approving their own internship programs, and by the Association in endorsing internship programs for the national roster. These standards shall be upheld by the Association through its initial and periodic reviews of academic institutions and internship programs on the national roster, rather than through authorization of individual faculty and supervisors.

### **Academic Faculty**

- 1) *Undergraduate Faculty*: An individual employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing a music therapy program at the undergraduate level.
  - Holds an appropriate professional credential or designation in music therapy;
  - Holds a master's degree in music therapy or related area, with a minimum of 12 semester hours or the equivalent of graduate credits in music therapy beyond the undergraduate equivalency requirements;
  - Has at least three years of full-time clinical experience in music therapy or its equivalent in part-time work;
  - Pursues continuing education relevant to his/her teaching responsibilities;
  - Demonstrates the following: mastery of all entry-level and selected advanced competencies in music therapy; effectiveness as a music therapy clinician in at least one area of practice; the ability to teach and clinically supervise undergraduate students; and the ability to organize and administer an undergraduate music therapy program.
- 2) *Graduate Faculty*: An individual employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing music therapy programs at the master's and/or doctoral level.
  - Holds an appropriate professional credential or designation in music therapy;
  - Holds a master's degree in music therapy or related area, with a minimum of 12 semester hours or the equivalent of graduate credits in music therapy beyond the undergraduate equivalency requirements. A doctorate is preferred.
  - Has at least five years of full-time clinical experience in music therapy or its equivalent in part-time work;
  - Pursues continuing education relevant to his/her teaching responsibilities;
  - Demonstrates the following: mastery of all entry-level and selected advanced competencies in music therapy; effectiveness as a music therapy clinician in at least one area of practice; the ability to teach and clinically supervise graduate students; ability to guide graduate research; and the ability to organize and administer a graduate music therapy program.
- 3) *Adjunct Faculty*: An individual employed by a college or university to teach specific courses in music therapy on a part-time basis.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least two years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her teaching responsibilities
- Demonstrates specific competencies appropriate to the teaching assignment.

### **Clinical Supervisors**

4) *Pre-internship Supervisor:* An individual who has a clinical practice in music therapy (either private or facility-based) and supervises entry-level students in introductory music therapy clinical training (variously called fieldwork, practicum, pre-clinical, etc.).

- Holds an appropriate professional credential or designation in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least one year of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her clinical and supervisory responsibilities;
- Demonstrates the following: all entry-level competencies; effectiveness as a music therapy clinician in at least one area of practice; general understanding of the supervisory needs of pre-internship students, and entry-level skills in supervision.

*NOTE: In an exceptional case, a student may have an on-site supervisor or facility coordinator who may not be a music therapist but holds a professional, clinical credential (e.g., OT, nurse, special educator, etc.). Under these circumstances, the student must have a credentialed music therapist as a supervisor under the auspices of the university.*

5) *Internship Supervisor:* An individual who has a clinical practice in music therapy (either private or institutional) and supervises entry-level students in the final field experiences required for the undergraduate degree or equivalency program.

- Holds an appropriate professional credential in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least two years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Has sufficient experience working in the internship setting;
- Pursues continuing education relevant to his/her clinical and supervisory responsibilities;
- Demonstrates the following: all entry-level competencies; effectiveness as a music therapy clinician in at least one area of practice; general understanding of the supervisory needs of internship students, and established skills in supervision.

*NOTE: In an exceptional case, a student may have an on-site supervisor or facility coordinator who may not be a music therapist but holds a professional, clinical credential (e.g., OT, nurse, special educator, etc.). Under these circumstances, the student must work under close and ongoing supervision of a credentialed music therapist under the auspices of the university.*

### **Staffing**

6) Academic institutions shall have one full-time faculty position in music therapy for each degree program offered. Additional full or part-time faculty may be required depending upon student enrollment in each degree program and teaching loads. In exceptional cases, this staffing requirement may be fulfilled in other equivalent ways acceptable to AMTA.

## **STANDARDS FOR QUALITY ASSURANCE**

### **Differential Roles**

- 1) The academic institution and internship site shall take primary responsibility for assuring the quality of their programs, jointly and/or separately. This shall be accomplished by regular, competency-based evaluations of its programs and graduates, by faculty, supervisors, and/or students. Each academic institution and internship program shall develop its own system of evaluation, and shall use the results as the basis for program development, quality assurance, and program change.
- 2) AMTA shall assure the quality of education and clinical training by: a) establishing and maintaining standards of excellence for education and clinical training in the field; and b) using these standards as evaluative criteria for granting its approval to academic institutions and internship programs.
- 3) AMTA shall consider academic institutions and/or internship programs for approval upon initial application and review, and every ten years thereafter in conjunction with the NASM accreditation/affirmation review.

### **NASM**

- 4) Only academic institutions accredited or affirmed by NASM are eligible to apply for AMTA approval. Schools that are eligible for NASM membership must be accredited by NASM. Schools that are ineligible for NASM accreditation must seek affirmation by NASM through the alternative review process.
- 5) AMTA-approved academic programs in institutions that do not offer degrees or majors in music and that do not currently hold NASM accreditation or affirmation are eligible to re-apply for AMTA approval according to the new standards without seeking NASM accreditation or affirmation. AMTA-approved academic programs in institutions that do offer degrees or majors in music but do not currently hold NASM accreditation or affirmation must apply for NASM accreditation or affirmation in order to maintain AMTA approval.

### **Grandfathering**

- 6) All academic institutions previously approved by AAMT and NAMT shall maintain their approval status with AMTA during the transition from previous standards to the new standards set forth herein. Upon adoption of the new standards, approved academic institutions shall be reviewed according to the new standards at the time of their next scheduled review by NASM. (Academic institutions not affiliated with NASM will be reviewed according to a schedule to be determined by AMTA.) If an approved academic institution is scheduled for review by AMTA or NASM within three years of the adoption of these new standards, the academic institution may request deferral of the review by AMTA for a maximum of two years.
- 7) All internship programs previously approved by NAMT shall maintain their approval status with AMTA during the transition from previous standards and procedures to the establishment of new ones.

## AMTA GUIDELINES FOR DISTANCE LEARNING

**Rationale:** Technology is rapidly becoming integrated into all aspects of our daily lives. The utilization of technology in education in university teaching is a natural step. With this in mind, it is imperative that the American Music Therapy Association (AMTA) formulate guidelines for distance learning in education. Technology beyond the posting of syllabi, course outlines, and use as a communication device, is currently being used in 50% of music therapy undergraduate and 58% of graduate programs in the United States (Keith & Vega, 2006). Of those undergraduate training programs, 45% of these programs use face-to-face instruction and use technology only for discussions and online assignments. American Music Therapy Association receives a significant number of requests from prospective music therapy candidates who are unable to move geographically to institutions with AMTA approved music therapy programs. The AMTA Academic Program Approval Committee has received applications for new program approval for distance learning programs and is therefore in need of standards and guidelines for its program approval process. Institutions are encouraged to be innovative both in education delivery and financially. It is recognized that with the rapid changes in technology, these standards and guidelines will require flexibility and will be in a continued state of development.

**Definition:** The National Association of Schools of Music (NASM) defines distance learning as learning that “involves programs of study delivered entirely or partially away from regular face-to-face interactions between teachers and students in classrooms, tutorials, laboratories, and rehearsals associated with course work, degrees, and programs on the campus. . . . Programs in which more than 40% of their requirements are fulfilled through distance learning will be designated as distance learning programs. . . . The distance aspect of these programs may be conducted through a variety of means, including teaching and learning through electronic systems. . . .”

**Standards Applications:** The American Music Therapy Association requires that all AMTA approved music therapy programs meet the NASM standards for distance learning: “Distance learning programs must meet all NASM operational and curricular standards for programs of their type and content. This means that the functions and competencies required by applicable standards are met even when distance learning mechanisms predominate in the total delivery system.” (NASM) The American Music Therapy Association also requires that baccalaureate, equivalency, and master’s degree programs in music therapy meet AMTA *Standards for Education and Clinical Training* when such programs meet the above criteria for distance learning. All new distance learning programs that meet the above criteria must apply for AMTA academic program approval even if the existing degree/equivalency program already has AMTA program approval.

### **General Standards:**

There are several NASM standards that must be fully addressed before a music therapy program initiates a distance learning format. They include the following:

#### 1). FINANCIAL AND TECHNICAL SUPPORT:

“The institution must provide financial and technical support commensurate with the purpose, size, scope, and content of its distance learning programs.” (NASM)

#### 2). STUDENT EVALUATIONS:

“Specific student evaluation points shall be established throughout the time period of each course or program.” (NASM)

### 3). STUDENT TECHNICAL COMPETENCE AND EQUIPMENT REQUIREMENTS:

“The institution must determine and publish for each distance learning program or course (a) requirements for technical competence and (b) any technical equipment requirements. The institution must have means for assessing the extent to which prospective students meet these requirements before they are accepted or enrolled. The institution shall publish information regarding the availability of academic and technical support services.” (NASM)

### 4). DISTANCE LEARNING VS. TRADITIONAL LEARNING:

“When an identical program, or a program with an identical title, is offered through distance learning as well as on campus, the institution must be able to demonstrate functional equivalency in all aspects of each program. Mechanisms must be established to assure equal quality among delivery systems.” (NASM)

5). STUDENT INSTRUCTIONS, EXPECTATIONS AND EVALUATIONS: “Instructions to students, expectations for achievement, and evaluation criteria must be clearly stated and readily available to all involved in a particular distance learning program. Students must be fully informed of means for asking questions and otherwise communicating with instructors and students as required.” (NASM)

### **Guidelines for Music Therapy Programs:**

#### *Hours of face-to-face instruction:*

Distance learning programs should specify how much face-to-face instruction will occur per course, if any. Such courses are often referred to as “hybrid courses” (also known as blended or mixed mode courses) in which a significant portion of the learning activities have been moved online. Faculty need to be knowledgeable about modules and course management systems specific to their college/university, different file types, browsers, broadcasting systems, etc., and continue to keep updated with new technology.

#### *Office hours:*

The course instructor may fulfill office hours either by posting virtual office hours or by instituting a policy of responding to student needs within a 48 hour time frame.

#### *Support Services:*

The methods and technological requirements for online learning should be published (e.g., Discussion Board on Blackboard, webinars, Skype, etc.). It is suggested that each course of study devote time to teaching the use of technology in the program. The program shall publish information regarding the availability of academic and technical support services. Any online courses outside of music therapy that are available for support should also be indicated. Provisions for using library resources should be published.

#### *Admission:*

Admission will be in compliance with each university’s admission policies and procedures for music therapy programs.

#### *Residency Requirement and Transfer Credits:*

If the university has a “residency requirement,” such a requirement will be honored by the music therapy programs. Furthermore, music therapy core courses and clinical training from AMTA approved institutions will be eligible for transfer as determined by the university’s policies and evaluation of

student competencies. The number of credit hours that can be taken at another educational institution and in what areas should be indicated to the student at the time of admission.

#### *Music Therapy Courses:*

Music therapy programs must meet the curricular structures as outlined in the *AMTA Standards for Education and Clinical Training*. Academic faculty should determine what learning should be done in residence as opposed to online and how this must be implemented. Course syllabi should clearly provide the course outline and assignments to indicate what each course entails, including the technological requirements and the online course management systems. Means of evaluation of the student's work at periodic times throughout the course must be provided in the syllabi. Course syllabi should indicate the *AMTA Professional Competencies* and/or *Advanced Competencies* (whichever if applicable) that will be addressed in the course(s) and how these competencies will be evaluated using distance learning methods.

#### *Academic Faculty:*

Academic faculty teaching music therapy courses must meet AMTA standards for academic faculty. These guidelines for distance learning apply to all baccalaureate, equivalency, and master's degree programs in music therapy. Administering an online program and teaching online courses will require a significant amount of time over and beyond the credits awarded for the course. Load issues and overload issues should be taken into account when designing the program and distributed in a fair and equitable way to the music therapy faculty.

#### *Music Competencies:*

Each student's music competencies in performance and functional music skills will be evaluated prior to acceptance into a distance learning program and upon completion of the program will meet AMTA standards stated in the *Professional Competencies* and/or *Advanced Competencies* (whichever is applicable to the degree/equivalency programs). This includes competencies in functional keyboard, guitar, voice, percussion, and improvisation. Music competencies may be evaluated through face-to-face auditions, web-based conferencing juries, or through videotaping. Credit for functional music skills may be acquired either at the college/university offering the program or transferred in from other academic institutions. Requirements for meeting any deficiencies in these areas must be specified in a plan for the student's remediation and continued evaluation. Methods of evaluating musical proficiencies long distance must be specified.

#### *Clinical Training:*

The pre-internship and internship learning experiences for students should meet all AMTA standards for clinical training. Pre-internship field experiences may be established through distance learning. There should be legal contracts and/or affiliation agreements for these distance learning relationships which specify the roles and responsibilities of the academic faculty, pre-internship supervisors, internship supervisors, and the student. The music therapy faculty/staff at the academic program site (full-time or adjunct) should provide training and supervision for the on-site pre-internship and (if applicable) university affiliated internship clinical training supervisors and serve as a liaison between the academic program and the pre-internship/internship clinical training program(s). All clinical training supervisors must meet the AMTA "Standards for Qualifications and Staffing" for Pre-internship Supervisor and Internship Supervisor (whichever is applicable), including that of holding an appropriate professional credential or designation in music therapy (e.g., MT-BC; ACMT; CMT; RMT).

#### *Online Supervision:*

Online supervision may be provided for the clinical supervisors along with site visits by the academic faculty. Supervision for the student's clinical training experiences includes individual supervision of the student by the qualified music therapist at the host site, as well as supervision by the academic faculty. Feedback of the student's clinical work can be provided to academic faculty through such means as

audio-visual media and other forms of technology and telecommunications to evaluate the student's clinical competencies. Please note that the issues related to client confidentiality must be addressed.

*Group Supervision:*

Group supervision may also be provided through online discussion boards such as those found in Blackboard and/or live-time webinars with faculty and students. Please note that the issues related to client confidentiality must be addressed.

*Related Coursework:*

The music therapy program should state explicitly whether courses that are required outside of the music therapy program (e.g., psychology, statistics or other research courses) are also available in distance-learning format.

Keith, D. & Vega, V. P. (2006) A survey of online courses in music therapy. Unpublished manuscript.

## **ISSUES FOR FUTURE CONSIDERATION**

1. *Completion of the bachelor's degree shall lead to eligibility for the professional credential MT-BC, and shall qualify the certificant to assess, design, implement, and evaluate music therapy practice with a wide range of client populations. At this level of practice music can be used: 1) as an activity therapy, focused on bringing about changes in behavior, 2) as a supportive therapy to enhance the client's overall functioning, or 3) as an adjunctive therapy, focused on using music to supplement other types of treatments.*
2. *[Within Master's degree programs,] academic institutions are encouraged to develop specialization areas and courses on advanced topics based on faculty expertise and other resources available at the institution. Therefore, the curriculum and the requirements of each program must be tailored to the resources available, the mission of the institution, and the contribution they desire to make to the profession of music therapy.*
3. *Depending on clinical components of the program, completion of the master's degree can prepare professionals to practice at the second level, while also providing eligibility for a second level of professional designation (to be established) and various state licensures. At this level music can be used: 1) to achieve re-educative goals in psychotherapy, focusing on the exposition and discussion of feelings leading to insight and improved functioning; 2) to address priority goals in physical rehabilitation, music medicine, palliative care, and various other areas of music therapy practice; 3) to allow the music therapist to take a more central and independent role in client treatment plans, and as a result, induce significant changes in the client's current situation.*
4. *As with the master's degree programs, requirements for the doctoral degree must remain flexible to ensure growth and development of the profession. The academic and clinical components of each doctoral degree must be formulated by the institution according to student need and demand, emerging needs of the profession, faculty expertise, educational mission of the institution, and the resources available.*
5. *Based on its clinical components, completion of the doctoral degree may provide eligibility for a second level of professional credential (to be established), various state licensures, or professional designations such as "Nordoff-Robbins Music Therapist" (NRMT), or Fellow of the Association for Music and Imagery (FAMI). If the program includes clinical training beyond the second level, the professional may be able to perform a wide range of responsibilities with a particular client population or to practice a particular music therapy approach at an in-depth level. Professionals at this level may use music to: a) achieve reconstructive goals in psychotherapy, eliciting unconscious*

*material and working with that to promote reorganization of the personality, b) achieve primary goals in physical rehabilitation, music medicine, palliative care, and various other areas of music therapy practice, c) establish treatment goals independently, and d) work as the primary therapist responsible for inducing pervasive changes in the client's health.*

6. *The Commission recommends that current procedures used by the Association to approve internship sites be considerably streamlined and that the national application process be redesigned to simplify and expedite review. Sample forms are provided in the Appendix.*

## **GLOSSARY OF SELECTED TERMS**

**AAMT:** The American Association for Music Therapy was one of the two former organizations that merged to form the American Music Therapy Association.

**Academic Institution:** A college or university offering music therapy degree program(s).

**Academic Faculty:** The full-time, part-time and adjunct teaching professionals in an academic institution that have responsibility for instruction, research, and service as per academic institution policies. Academic faculty members have responsibility for the music therapy academic program(s).

**Accreditation (NASM):** The process whereby a private, governmentally authorized agency grants public recognition to an academic institution that meets standards of quality for higher education in a particular field, as determined through initial and subsequent periodic reviews. In the field of music, the National Association of Schools of Music (NASM) is the only authorized accrediting agency empowered to accredit academic institutions offering music degrees in any area. Thus, NASM accreditation (or “NASM membership”) signifies that *all* the music degrees offered by an academic institution have been evaluated by NASM and found to be consistent with national standards. *Please note the following differences between NASM accreditation, NASM affirmation, and AMTA approval:* NASM *accredits* an academic institution based on the quality of all of its music degree programs; NASM *affirms* an institution ineligible for NASM accreditation, based on the adequacy of its music resources for music therapy programs; AMTA *approves* an academic institution based on the quality of its music therapy programs only. See respective definitions.

**ACMT:** “Advanced Certified Music Therapist” is a designation formerly given by the American Association for Music Therapy.

**Advanced Competencies in Music Therapy:** Knowledge, skills and abilities that are beyond entry-level competence. These are acquired through experience and/or further education and are not evident upon completion of an undergraduate degree in music therapy or its equivalent.

**Affirmation (NASM):** NASM offers an alternative review process for music therapy programs that are ineligible to apply for NASM accreditation. The alternative review process leads to a statement of affirmation from NASM assuring that the institution and its music programs provide a context for and qualitative outcome by the music therapy program consistent with NASM standards. Academic institutions that meet NASM standards and receive such affirmation are not “accredited” members of NASM. *Please see under “Accreditation (NASM)” for an explanation of the differences between NASM accreditation, NASM affirmation, and AMTA approval.*

**AMTA:** The American Music Therapy Association is the organization formed by the unification of AAMT and NAMT.

**Appropriate Music Therapy Credential or Designation:** Appropriate music therapy credentials or designations include three designations that were issued by the former Associations—RMT or Registered Music Therapist, CMT or Certified Music Therapist, and ACMT or Advanced Certification in Music Therapy; and the MT-BC or Music Therapist-Board Certified, which is the professional credential in music therapy granted in the United States. An appropriate music therapy credential or designation could also include a professional designation or credential from a country other than the United States.

**Approval of Academic Institutions:** Approval is a process whereby the professional association in music therapy grants public recognition to an academic institution for its degree programs in music therapy. Approval is granted when the degree program meets the association's standards of quality, as determined through initial and periodic review by the association. *Please see under "Accreditation (NASM)" for an explanation of the differences between NASM accreditation, NASM affirmation, and AMTA approval.*

**Approval of Internship Sites:** Internship approval by AMTA is the process by which AMTA determines that an internship site meets its standards of quality and grants public recognition to that fact. The Association maintains a national roster of approved internship sites for use by approved academic institutions and their students. Academic institutions also may approve and individually affiliate with internship sites without review of those sites by the Association.

**Approval Review Process:** The entire sequence of procedures established by AMTA for the evaluation of an academic institution or internship site. The "review" typically involves application by the academic institution or internship site using established forms, a process of evaluation by designated committees within the association according to the standards and criteria for approval established by the association, and procedures for communication and appeal.

**Board Certification:** The credential of Music Therapist-Board Certified (MT-BC) is initially obtained by successful passage of the national board certification examination designed and administered by the Certification Board for Music Therapists (CBMT). Each certificant must re-certify every five years. Re-certification may be accomplished either through re-examination or through accrual of appropriate continuing education as specified by CBMT.

**CBMT:** The Certification Board for Music Therapists.

**Clinical Training:** *Clinical* training is the entire continuum of entry-level supervised field experiences, including observing, assisting, co-leading, leading, and assuming full responsibility for program planning and music therapy treatment implementation with clients. This continuum includes all experiences formerly called observations, fieldwork, field experience, practicum, pre-clinical experience, and internship. For the sake of clarity, entry-level clinical training has been conceived as having two main components: pre-internship and internship. Pre-internship training consists of all the various practical field experiences taken by a student in conjunction with music therapy coursework as pre-requisites for internship placement. This may include experiences formerly called observations, practica, fieldwork, pre-clinical placements, etc. The internship is the culminating, in-depth supervised clinical training experience in an entry-level degree program in music therapy.

**CMT:** "Certified Music Therapist" is a designation formerly given by the American Association for Music Therapy.

**Competency-Based Education in Music Therapy:** An approach to higher education and clinical training which has the following components: 1) the specification of student competencies or learning outcomes that serve as educational objectives for the program; 2) the distribution of these competency objectives into a developmentally sequenced curriculum of instruction, study, and/or practical training, 3) the design of specific courses and practical or field experiences to meet designated competency objectives, and 4) methods of quality assurance based on student competence upon completion of the program. The inventory entitled the "AMTA Professional Competencies" lists the entry-level competencies.

**Credential:** *Please see: "Appropriate Music Therapy Credential or Designation."*

**Entry-Level Competence in Music Therapy:** The knowledge, skills, and abilities needed to begin practicing in music therapy, acquired through completion of a bachelor's degree (or its equivalent) which includes an extended internship, and as demonstrated in successful completion of the CBMT examination.

**Equivalency Program:** A program of academic coursework and clinical training that gives students who have degrees outside of music therapy the equivalent of a bachelor's degree in music therapy. Like the bachelor's degree, an equivalency program is designed to impart entry-level competencies in music therapy and to prepare the student to begin professional practice. Usually, the equivalency program consists of all core music therapy courses at the undergraduate level, all clinical training requirements, plus any pertinent courses in other fields (e.g., abnormal psychology). In those academic institutions offering a bachelor's degree, the student usually earns undergraduate credit for these equivalency courses, while in those that only offer the master's degree, students earn graduate credit for the same courses. It should be noted that an equivalency program is always regarded as entry level, regardless of the level of credit awarded for the coursework.

**Internship:** The culminating, in-depth supervised clinical training experience in an entry-level degree program in music therapy.

**Music Therapy Unit:** The academic department, section, division, or subdivision within a college or university that takes administrative and programmatic responsibility for the music therapy degree(s) offered (e.g., a department of music therapy, a music therapy section within the department of music education, a music therapy program within the division of arts).

**MT-BC:** Music Therapist-Board Certified. Also see Board Certification.

**NAMT:** The National Association for Music Therapy was one of the two former organizations that merged to form the American Music Therapy Association.

**NASM:** The National Association of Schools of Music is the sole agency designated by the government to accredit music schools in the USA.

**Pre-internship:** Pre-internship training is constituted by clinical training experiences conducted in conjunction with academic work in music therapy that are prerequisites for internship placement. This may include experiences formerly called observations, practica, fieldwork, pre-clinical placements, etc.

**Professional Designation:** Please see: "Appropriate Music Therapy Credential or Designation."

**RMT:** Registered Music Therapist is a designation formerly given by the National Association for Music Therapy.

**POLICIES AND PROCEDURES FOR ACADEMIC PROGRAM APPROVAL  
AMERICAN MUSIC THERAPY ASSOCIATION**

**I. APPLICATION FOR AMTA APPROVAL:**

The American Music Therapy Association will provide upon request materials for AMTA approval of baccalaureate and equivalency programs in music therapy and/or for AMTA approval of graduate programs in music therapy, including AMTA *Standards for Education and Clinical Training*, *Professional Competencies*, application forms and related information.

American Music Therapy Association, Inc.  
8455 Colesville Road, Suite 1000  
Silver Spring, MD 20910-3392  
Telephone: (301) 589-3300  
Facsimile: (301) 589-5175

Only academic institutions accredited or affirmed by the National Association of Schools of Music (NASM) are eligible to apply for AMTA approval. NASM accredits institutions, while AMTA approves programs. (Refer to Glossary in the AMTA *Standards for Education and Clinical Training* for explanations of “Accreditation,” “Affirmation,” and “Approval.”)

An institution may apply for AMTA approval concurrently with application for NASM accreditation/affirmation review. Schools should contact NASM in regard to NASM accreditation/affirmation standards and procedures and AMTA in regard to AMTA approval standards and procedures. For institutions with NASM accreditation, the institution may apply for AMTA approval concurrently with application for NASM Plan Approval. (Refer to NASM *Handbook* for procedures required for instituting new curricula). If an institution does not have NASM accreditation or affirmation, the institution should contact NASM to determine if it is eligible to apply for NASM accreditation or affirmation. For institutions seeking NASM affirmation, an institution must have a letter of authorization from AMTA indicating that it meets one or more of the eligibility criteria for the NASM Alternative Review Process. (For additional information, refer to Section II, “Institutions Seeking AMTA Approval for New Programs” in this document). The institution then notifies the respective associations involved of its intent to apply for NASM accreditation/affirmation and/or AMTA approval.

Final approval by AMTA will not be granted until the academic institution has NASM accreditation or affirmation. It is the responsibility of the academic institution to verify with AMTA when it has obtained the NASM accreditation or affirmation. For institutions that (1) have completed the AMTA review process and (2) are in the process of seeking NASM accreditation or affirmation, AMTA may grant conditional approval pending NASM accreditation or affirmation. Conditional approval by AMTA will allow the institution to appoint music therapy faculty, recruit students, and offer music therapy courses for a limited time period.

During this period, the institution will notify students that applications to NASM and AMTA are pending. Institutions that already offer music degree programs should seek NASM accreditation or affirmation concurrently with the application for AMTA approval, with a time limit of one year from the date of the AMTA application for scheduling the NASM review and two years from the date of the AMTA application for completing the on-site portion of the NASM review. Institutions that do not currently offer music degree programs may seek AMTA conditional approval before applying for NASM accreditation or affirmation, with a time limit for scheduling the NASM review not to exceed two years beyond the date of the AMTA conditional approval and the time for completing the on-site review portion of the NASM review not to exceed three years beyond the date of the AMTA conditional approval. The specific deadlines for scheduling and completing the on-site portion of the NASM review will be determined mutually by AMTA and NASM within these time frames. In all cases, the AMTA conditional approval will not exceed four years.

Applications for AMTA approval will be submitted to AMTA for review by the Academic Program Approval Committee. This Committee may make a recommendation to (1) approve the program; (2) defer approval until necessary changes are documented; (3) grant conditional approval pending NASM accreditation or affirmation for a limited period of time; or (4) not approve. The Committee's recommendation will be submitted to the Executive Board for official action. The Executive Director will then notify the academic institution in writing of the status of its application, with an explanation of the Board of Directors' decision (if applicable).

## II. INSTITUTIONS SEEKING AMTA APPROVAL FOR NEW PROGRAMS:

Only academic institutions accredited or affirmed by the National Association of Schools of Music (NASM) are eligible to apply for AMTA approval. An institution may apply for AMTA approval concurrently with application for NASM accreditation or affirmation review.

### **Steps in Applying for AMTA Approval:**

- Step 1. The American Music Therapy Association (AMTA) will provide upon request application materials and related information, including the *AMTA Standards for Education and Clinical Training, Professional Competencies, Standards of Clinical Practice* and *Code of Ethics*.
- Step 2. If the academic institution is already accredited by NASM, please advise AMTA of this status. If the institution is not accredited by NASM, contact NASM to determine if the institution is eligible for NASM accreditation or affirmation, and to request the *NASM Handbook* and application materials. If the academic institution is not eligible for NASM accreditation, it should also request the document, "Procedures: Alternative Review Process for Music Therapy Programs" which is applicable to programs seeking NASM affirmation. If the academic institution meets the AMTA eligibility criteria for NASM affirmation, the institution must request an official letter from AMTA indicating that it meets the eligibility criteria.
- Step 3. Refer to the "Application for AMTA Approval of New Baccalaureate and Equivalency Programs in Music Therapy" or the "Application for AMTA Approval of New Graduate Programs in Music Therapy" (whichever is applicable) for completing the application to AMTA.

- Step 4. Refer to the *AMTA Standards for Education and Clinical Training* (including the “Preamble”) and the *Professional Competencies* in designing the curricular structure, which includes the areas of Music Foundations, Clinical Foundations, Music Therapy, and General Education. Develop the program(s) according to the entry-level competencies for baccalaureate and equivalency programs and/or the master’s degree standards for graduate programs (whichever is applicable); that is, design the program based on the learning outcomes, or the various areas of knowledge, skills, and abilities that graduates will acquire as a result of the program.
- Step 5. Determine in what specific courses and clinical training experiences each of the specific entry-level competencies or master’s degree standards are being targeted (whichever is applicable). Integrate the student’s academic and clinical learning experiences according to developmental sequences.
- Step 6. Survey clinical resources in the community and/or the nearby geographic area to develop a list of sites to be used for pre-internship clinical training experiences. Design the requirements and supervision of pre-internship placements. (Applicable to graduate programs offering the equivalency). Also compile a list of names and credentials and/or professional designations of on-site supervisors.
- Step 7. Design the clinical training program to meet the AMTA standards, which include plans for both the pre-internship and internship clinical training experiences. Determine if the academic institution will approve its own internship sites and/or whether it plans to use sites on the AMTA National Internship Roster. Design a plan for selecting internship placements for students and the respective roles and responsibilities of the student, the internship supervisor(s), and the academic faculty advisor. (Applicable to graduate programs offering the equivalency).
- Step 8. Outline procedures for developing an individualized training plan with each student for completion of all facets of clinical training.
- Step 9. Outline procedures for developing internship agreements made between the student, internship supervisor, and academic faculty as outlined in the AMTA standards.
- Step 10. Develop a system for evaluating student competence at various stages of the program. (Note: A sample form for “Evaluation of Student Competencies” is available from AMTA). For graduate programs evaluate the AMTA master’s level standards and/or standard for doctoral degrees.
- Step 11. Develop a competency-based system for evaluation of the program and its graduates by faculty, supervisors, and/or students.
- Step 12. Determine if the academic faculty and clinical supervisors meet the AMTA Standards for qualifications and staffing.
- Step 13. Complete the application form(s) for AMTA Approval of New Baccalaureate/Equivalency Programs in Music Therapy and/or the AMTA Approval of New Graduate Programs in Music Therapy, and submit five (5) copies of all application materials to AMTA. If the academic program is not located in the United States, a total of six (6) copies of the application materials must be submitted to AMTA. All materials submitted must be in English.

### III. REAPPLYING FOR AMTA APPROVAL ACCORDING TO THE AMTA STANDARDS FOR EDUCATION AND CLINICAL TRAINING (2000):

All academic institutions previously approved by AAMT and NAMT shall maintain their approval status with AMTA during the transition from previous standards to the standards adopted in 2000, which were effective March 1, 2001. The transition period has been designated as five years (March 1, 2001 - March 1, 2006). For academic institutions previously approved by AAMT and NAMT that are not scheduled to reapply for AMTA approval during the designated time period for the transition, such institutions shall maintain their approval status with AMTA until their next scheduled review.

#### **1. AMTA-Approved Programs in NASM Institutions:**

AMTA shall review approved academic institutions according to the *AMTA Standards for Education and Clinical Training (2000)* at the time of their next scheduled review by NASM. If the review is scheduled during the first three years of the transition period from previous association standards to the standards adopted in 2000, an academic institution may request deferral of the AMTA review for a maximum of two years. Inasmuch as the policies and procedures for reapplying for AMTA approval according to the *AMTA Standards for Education and Clinical Training (2000)* were adopted one year after the beginning of the designated transition period this time period for deferrals will be extended by one year, beginning with the 2002-2003 academic year. (Refer to Step 1.a.2 below).

#### **1. a. Procedures for Reapplying for Renewal of AMTA Approval According to the AMTA Standards for Education and Clinical Training (2000):**

- Step 1.a.1 Determine when the institution is scheduled for its next review by NASM. This is defined as the year in which the site visit by NASM is scheduled.
- Step 1.a.2 If the review is scheduled during the years of 2002-2003, 2003-2004, or 2004-2005, the institution may request a deferral of the AMTA review for a maximum of two years after the scheduled NASM review.
- Step 1.a.3 Notify AMTA in writing of the year in which the institution is requesting the AMTA review to coincide with the NASM review or request a deferral as specified in Step 1.a.2 above. Indicate if the review is for a baccalaureate/equivalency program and/or a master's degree program in music therapy.
- Step 1.a.4 AMTA will send the institution the application information for AMTA review of baccalaureate/equivalency programs and/or master's degree programs.
- Step 1.a.5 The institution should prepare its application for reapplying for AMTA approval review during the same academic year as the NASM site visit.
- Step 1.a.6 Prepare the application materials for AMTA review of baccalaureate/equivalency programs and/or master's degree programs as outlined below in Sections 3 and 4. Note that this will include copies of the NASM Self-Study documentation related to undergraduate and/or graduate programs in music therapy, as well as additional information requested by AMTA, which is related to the *AMTA Standards for Education and Clinical Training (2000)*.
- Step 1.a.7 The application should be submitted to AMTA no later than June 1<sup>st</sup> of the academic year of the AMTA and NASM reviews.

- Step 1.a.8 If there are any questions or additional information needed for the AMTA review, the Academic Program Approval Committee will contact the institution no later than September 1<sup>st</sup> of the year in which the application is submitted for review. The institution should respond to such a request within 30 days.
- Step 1.a.9 Following the review of the application by AMTA, if there are any questions, recommended changes, or additional information needed, the institution will be notified and must respond in a timely manner as requested by AMTA.
- Step 1.a.10 Following the NASM review, the institution must notify AMTA in writing of the status of its NASM accreditation review. If NASM action has been deferred for any reason, it is the responsibility of the institution to notify AMTA annually in writing of the status of the institution's accreditation. If NASM accreditation is suspended, the institution must notify AMTA immediately in writing, since the institution's AMTA-approved academic program will no longer be in compliance with AMTA Standards.

**1.b Steps in Subsequent Periodic Reviews by AMTA:**

AMTA shall consider academic institutions for renewal of approval every ten years after the initial application and review in conjunction with the NASM accreditation review. The steps outlined above should be followed for subsequent periodic reviews by AMTA.

**2. AMTA-Approved Programs in Institutions Not Affiliated with NASM:**

AMTA-approved academic programs in institutions that do not offer degrees or majors in music and that did not hold NASM accreditation or affirmation at the time the AMTA *Standards for Education and Clinical Training* (2000) were adopted are eligible to reapply for AMTA approval according to these standards without seeking NASM accreditation or affirmation. AMTA-approved academic programs in institutions that do offer degrees or majors in music but do not currently hold NASM accreditation or affirmation must apply for NASM accreditation or affirmation in order to maintain AMTA approval.

**2. a. Procedures for Reapplying for Renewal of AMTA Approval According to the AMTA Standards for Education and Clinical Training (2000):**

- Step 2.a.1 AMTA will determine a schedule for review of the academic institution and will notify the institution at least two years prior to the review. AMTA will send the institution the application information for AMTA review of baccalaureate/equivalency programs and/or master's programs.
- Step 2.a.2 Institutions that offer degrees or majors in music but do not currently hold NASM accreditation or affirmation must contact NASM to schedule a review for either accreditation or affirmation in the year in which the AMTA review is scheduled. Institutions seeking NASM affirmation should request the NASM *Handbook* and the NASM document, "Procedures: Alternate Review Process for Music Therapy Programs." Note: To initiate the NASM Alternative Review Process, an institution must have a letter of authorization from AMTA indicating that it meets one or more of the criteria for eligibility for the Alternative Review Process by NASM. (A copy of the "AMTA Eligibility Criteria for Institutional Use of the NASM Alternative Review Process" can be obtained from AMTA).
- Step 2.a.3 The institution should prepare its application for reapplying for AMTA approval review during the academic year scheduled by AMTA.

- Step 2.a.4 Prepare the application materials for AMTA review of approved baccalaureate/equivalency programs and/or master’s degree programs as outlined below in Section 3, “Preparing the Application for AMTA-Approved Programs Reapplying for AMTA Approval.” Note that for academic programs in institutions that offer degrees or majors in music, this will include copies of the NASM Self-Study documentation related to undergraduate and/or master’s degree programs in music therapy as specified in Section 4. For academic institutions that do not offer degrees or majors in music and are not required to seek NASM accreditation or affirmation, refer to the NASM *Handbook* for the following information: general standards for baccalaureate and graduate programs in music, as well as competencies, standards, guidelines, and/or requirements for specific baccalaureate and or master’s degree programs in music therapy; and provide the documentation to AMTA which is required in Section 4.
- Step 2.a.5 The application should be submitted to AMTA no later than June 1<sup>st</sup> of the academic year scheduled by AMTA.
- Step 2.a.6 Upon receipt of the application by all Academic Program Approval Committee subcommittee members, the Academic Program Approval committee will acknowledge receipt of the application materials. If the Academic Program Approval committee requires additional clarification for its review, the Academic Program approval Committee will contact the institution within 60 days of receipt. The institution should respond to such a request within 45 days of receipt.
- Step 2.a.7 Following the review of the application by AMTA, if there are any questions, recommended changes, or additional information needed, the institution will be notified and must respond in a timely manner as requested by AMTA.
- Step 2.a.8 Following the NASM review for affirmation or accreditation (if applicable), the institution must notify AMTA in writing of the status of its NASM review. For institutions required to have the NASM review, if NASM action has been deferred for any reason, it is the responsibility of the institution to notify AMTA annually in writing of the status of the institution’s accreditation or affirmation. In such cases, AMTA will determine a time limit for the institution to meet the NASM standards for accreditation or affirmation in order to receive AMTA approval of its music therapy program(s). If the designated time limit is not reached, the institution’s academic program(s) in music therapy will not be in compliance with AMTA standards.

**2. b. Steps in Subsequent Periodic Reviews by AMTA:**

AMTA shall consider academic institutions for renewal of approval every ten years after the initial application and review by AMTA. The steps outlined above should be followed for subsequent periodic reviews by AMTA.

**3. Preparing the Application for AMTA-Approved Programs Reapplying for AMTA Approval:**

- Step 3.1 Refer to “Procedures for Reapplying According to the AMTA Standards” in Section 1.a. or 2.a. above (whichever is applicable), and the application materials for reapplying for AMTA approval.

- Step 3.2 Gather and refer to all of the following AMTA documents: *Standards for Education and Clinical Training* (2000) (including the “Preamble” and “Policies and Procedures for Academic Program Approval”), *Professional Competencies, Standards of Clinical Practice, Code of Ethics*, and the *NASM Handbook*.
- Step 3.3 Make copies of the information requested in Section 4.a below. For institutions that do not offer degrees or majors in music and that do not currently hold NASM accreditation or affirmation, prepare a report for AMTA that includes all of the information requested in Section 4.a below.
- Step 3.4 Prepare a report for AMTA outlining information related to the AMTA *Standards for Education and Clinical Training* (2000) as outlined in Section 4.b below.
- Step 3.5 Prepare a cover page as directed in Section 4 and submit five (5) copies of all application materials to AMTA. If the academic program is not located in the United States, a total of six (6) copies of the application materials must be submitted to AMTA in English.

**4. Application Materials Requested for AMTA Review of Music Therapy Programs Reapplying for AMTA Approval According to the AMTA Standards:**

Prepare a cover page for the application materials, which includes the name and address of the institution; date application is submitted; status of NASM accreditation or affirmation; names of music therapy program director and head of academic unit for the music therapy program. (Please note that AMTA must be informed immediately of any changes in the NASM status).

**4.a. Submit Copies of Information Reported in the NASM Self-Study Document for Accreditation or Affirmation Reviews re: Instructional Programs in Music Therapy for Each Degree Program (Baccalaureate and/or Master’s Degree) Being Reviewed by AMTA:**

Please note that NASM reviews the procedures for the NASM Self-Study Document every five years for possible revisions, which includes the following items 4.a.1 through 4.a.8. If there are revisions by NASM to these items, AMTA will recognize any revised and current versions of this information in its review.

- 4.a.1 Provide a Curricular Table which includes Degree Title; Number of Years to Complete the Degree; Number of Credits and Percentage of Credits in the Major Area, Supportive/Other Courses in Music Studies, General Studies, and Electives; Total Number of Credits; Current Semester’s Enrollment in Majors; and Names of Program Supervisors. List course numbers, titles, and credit allotments under each applicable category (Major Area, etc).
- 4.a.2 Program or degree title, with emphasis if applicable, followed by a statement of goals and objectives (for example, for whom the program or degree is intended, its preparational emphasis, etc).
- 4.a.3 An assessment of compliance with the NASM standards for the program. (Refer to the *NASM Handbook*, all applicable instructional standards outlined under “Standards for Baccalaureate and Graduate Degree-Granting Institutions and Programs,” and appropriate *Handbook* appendices. Note: Special attention should be given to common standards and goals for all baccalaureate

and/or master's degree programs as well as requirements for the specific baccalaureate and master's degree programs in music therapy). This assessment must address the competencies required by the Standards in terms of specific content, expectations for knowledge and skills development, and levels of achievement required for graduation. If the program involves *distance learning*, analyze it in light of NASM standards in this area. (Refer to the Operational Standards section (item II.) of the *NASM Handbook*). If the program is designed as a multi- or interdisciplinary combination, describe the music therapy program or degree in relation to the other disciplines. For academic institutions that do not offer degrees or majors in music and are not seeking NASM accreditation or affirmation, discuss admission policies regarding standards for musicianship and other entrance requirements for students entering the program; and how deficiencies in musicianship would be remedied.

- 4.a.4 Institutions offering graduate degrees must include a discussion of the following: (Note: This section is not applicable to doctoral degrees at this time, since AMTA does not yet have policies and procedures for approval of doctoral degrees).  
**(This section is applicable only to master's degree programs. If not applicable, skip to item 4.a.5).**
- (1) Proficiencies required for entrance to the program (for example, keyboard, diction, aural skills, theoretical skills, etc.); when these must be achieved and how they are tested; whether credit toward the degree is permitted for study directed toward completion of these proficiencies.
  - (2) Research and professional tools required in the program (for example languages, statistics, computer science, etc.); when these must be achieved and how they are tested; whether credit toward the degree is permitted for study directed toward completion of these proficiencies.
  - (3) The institution's policy for conducting a comprehensive review at or near the conclusion of degree study of master's degree candidates.
  - (4) Candidacy and final project requirements for the program (for example theses, recitals, research projects, etc.). Discuss the purpose of these requirements and how they serve the objectives of the program.
- 4.a.5 Results of the program related to its goals and objectives, means for evaluating these results and assuring that requisite student competencies are being developed, and means for using these evaluations as the basis for program improvement.
- 4.a.6 An assessment of strengths and areas for improvement, including an assessment of the extent to which the program is meeting institution-wide or music unit aspirations for excellence.
- 4.a.7 A rationale for continuation of the program if it has had no graduates during the past five years.
- 4.a.8 Plans for addressing weaknesses and improving results.
- 4.b. Additional Information Requested by AMTA which Relates Specifically to the AMTA Standards for Education and Clinical Training (2000)** (Please note that the information submitted in this section 4.b must follow the outline and be designated with the appropriate numbers and letters for each item):
- 4.b.1 For baccalaureate/equivalency programs, refer to the *AMTA Professional Competencies* and list in which courses and clinical training experiences each of the areas for entry-level competencies (e.g. #1, #2, #3, etc.) are being addressed.

- 4.b.2 For master’s degree programs in music therapy, refer to the “Standards for Master’s Degrees” in the *AMTA Standards for Education and Clinical Training (2000)* and describe how the master’s degree imparts further breadth and depth to entry-level competency areas while also imparting basic competence in advanced topics. If an “equivalency” program in music therapy is combined with a master’s degree, describe the requirements for the equivalency work in order for the student to demonstrate the entry-level competencies in musical foundations, clinical foundations, and music therapy.
- 4.b.3 Briefly describe the design of your clinical training program, including a list of field agencies used for clinical training, including both pre-internship and internship placement (unless the site is on the AMTA National Internship Roster); and provide the names and professional designations or credentials for clinical training supervisors (with the exception of the sites on the AMTA National Internship Roster).
- 4.b.4 List the names, degrees, and professional designations/credentials of all music therapy faculty and indicate if they are full-time or part-time. (Note that academic institutions shall have one full-time faculty position in music therapy for each degree program offered).
- 4.b.5 List all individuals who teach music therapy courses in your program, and under each name, list the courses that each teaches per term, the number of credits for each course, and the usual or average student enrollment in each course:  

<u>Faculty Member</u>	<u>Courses Taught</u>	<u># Credits (Sem./Qt.)</u>	<u># Students</u>
-----------------------	-----------------------	-----------------------------	-------------------
- 4.b.6 Include course descriptions for all music therapy courses (may be copied from the institution’s bulletin); submit copies of all current music therapy course syllabi, and submit course sequence/time-lines for all degree programs being reviewed.
- 4.b.7 Provide a curriculum vitae for each faculty member teaching a music therapy course. If the faculty member does not have a graduate degree in music therapy, please indicate if that faculty member has a minimum of 12 semester hours or the equivalent of graduate credits in music therapy beyond the undergraduate degree or equivalency requirements; or indicate if the faculty member was hired as faculty in an Association-approved program prior to the year 2000.
- 4.b.8 (Optional) Comments may be added to provide additional information or clarification for the reviewers consideration.

**IV. AMTA REVIEW PROCESSES FOR APPROVAL OF ACADEMIC PROGRAMS:**

- Step 1. Academic institution sends five (5) copies of application materials for AMTA approval review to AMTA. If the academic program is not located in the United States, a total of six (6) copies of the application materials must be submitted to AMTA. If an institution is applying for new program approval, the application may be submitted at any time.
- Step 2. AMTA Director of Professional Programs maintains one copy of application materials in AMTA office and distributes the other copies as follows: one copy to Chair of Academic Program Approval Committee; one copy each to three members of a Subcommittee appointed by the Chair of the Committee, to include the regional representative on the Committee in the region from which the institution is located when the application is for new program approval. If the application is from a program not located in the United

States, an additional copy of the application materials will be distributed to a member of the International Relations Committee to be designated by the Committee Chair. This representative will serve as a member of the Subcommittee for Academic Program Approval for the review of this application only.

- Step 3. Subcommittee members and the Committee Chair review the application materials to determine if additional information is needed. If so, the academic institution will be notified in writing regarding information being requested. If an institution is applying for new program approval, the institution will be notified in writing no later than 60 days after the application is received by all members of the Academic Program Approval Committee subcommittee if additional clarification is being requested by the Committee.
- Step 4. Subcommittee members and the Committee Chair review the application materials to determine if the academic program meets the AMTA Standards.
- Step 5. Subcommittee members submit a written report on the review of the application to the Committee Chair, with a recommendation to (1) approve the program; (2) defer approval until necessary changes are documented by the institution; (3) grant conditional approval pending NASM accreditation or affirmation for a limited period of time; or (4) not approve. The Committee Chair compiles a report on the reviews by the Subcommittee members and the Chair.
- Step 6. The institution notifies AMTA in writing of the status of its NASM accreditation /affirmation review (if applicable) as soon as it receives such notification from NASM. The Committee Chair will add this information to the report on the AMTA approval review.
- Step 7. If the recommendations by the Committee Chair and the Subcommittee members are unanimous for AMTA approval, the Committee Chair will forward a summary of the report for a recommendation for approval to the AMTA Board of Directors for official action. If the recommendations are not unanimous for AMTA approval, the application will be considered by the entire Academic Program Approval Committee at the next annual meeting of AMTA. The Committee will make a recommendation to (1) approve the program; (2) defer approval until necessary changes are documented by the institution; (3) grant conditional approval pending NASM accreditation or affirmation for a limited period of time; or (4) not approve. The Chair will then forward the Committee's recommendation to the Executive Board.
- Step 8. If the Academic Program Approval Committee recommends a deferral of approval until necessary changes are documented by the institution, the institution will be notified in writing regarding the necessary changes to be made, with a timetable for such changes to be determined by the Committee. The institution then sends five (5) copies of the documented changes to AMTA. If the academic program is not located in the United States, a total of six (6) copies of the documented changes must be submitted to AMTA in English. The Director of Professional Programs distributes the copies to the Chair and Subcommittee members of the Committee. After the documented changes are reviewed by the Chair and Subcommittee, the same procedures as outlined above will apply.

Step 9. The AMTA Board of Directors considers the Committee's recommendations and will resolve to (1) approve the program; (2) defer approval until necessary changes are documented; (3) grant conditional approval pending NASM accreditation or affirmation for a limited period of time; or (4) not approve the program. The Executive Director will then notify the institution of the Board's decision in writing, with an explanation (if applicable).

#### **V. CONSULTATION SERVICES AVAILABLE:**

Institutions may request consultation services from either AMTA or NASM for assistance in the future development of a music therapy program or for assistance in the resolution of problems by contacting the respective offices of the associations. Academic institutions requesting an on-site consultation from AMTA for new program development would be charged a consultation fee plus expenses for this service.

#### **VI. AMTA ANNUAL REPORTS FROM APPROVED ACADEMIC PROGRAMS:**

Approved academic programs shall submit annual reports to AMTA as requested by the Director of Professional Programs. Such reports as the Enrollment Data Form should be submitted to AMTA in a timely manner, as requested. The purposes of such reports are to use this statistical data in predicting trends in the field, provide information to institutions that are interested in implementing a new music therapy degree program, and to support educators in justifying the need for additional faculty as they experience growth in their programs. In addition, the information also updates the AMTA files on the names of music therapy program directors, institution addresses, telephone numbers, fax, and e-mail addresses.

#### **VII. PROCEDURES FOR DEFERRING AMTA APPROVAL UPON REVIEW:**

If an institution's music therapy program(s) is not granted AMTA approval following its application to apply for new program approval or for maintaining its approval, AMTA may grant a deferral. After the second consecutive deferral of an application of a music therapy program for failure to meet a specific standard of AMTA, AMTA may approve an application with a request for a progress report; place a music therapy program on probation for a specified period of time; or withdraw approval of a music therapy program after all procedures regarding petition for review of adverse decisions have been followed (see below).

#### **VIII. PROCEDURES REGARDING PETITION FOR REVIEW OF ADVERSE DECISIONS**

When a serious disagreement arises concerning AMTA's decision on the approval status of an institution's program(s) or a decision of non-compliance with AMTA Standards and/or Code of Ethics, the institution may petition the AMTA Board of Directors to review its decision. Procedures for the review of adverse decisions are as follows:

- Step 1. The institution submits a written petition to the AMTA Executive Director outlining why the approval status for its music therapy program(s) should be reconsidered by AMTA.
- Step 2. The AMTA Board of Directors evaluates the petition and presents its findings to the Academic Program Approval Committee and/or other appropriate bodies of the Association.

- Step 3. The AMTA Academic Program Approval Committee and/or other appropriate bodies of the Association reconsider the music therapy program's application in light of information presented and the Board of Directors's evaluation of the petition.
- Step 4. The AMTA Academic Program Approval Committee and/or other appropriate bodies of the Association submit their recommendations regarding the petition to the AMTA Board of Directors.
- Step 5. The AMTA Board of Directors considers the recommendations, and the Executive Director then notifies the academic institution in writing of the Board's final decision on the AMTA approval status of the institution's music therapy program(s).

**IX. NON-COMPLIANCE WITH AMTA STANDARDS AND/OR CODE OF ETHICS:**

AMTA may occasionally receive complaints about an approved music therapy academic program for non-compliance with the Association's Standards or Code of Ethics. Five copies of a complaint of non-compliance shall be in writing and sent via registered mail to the Executive Director of the Association. An additional copy shall be sent via registered mail to the Music Therapy Program Director and any other relevant parties against whom the complaint has been made at the academic institution. AMTA assumes no responsibility for reviewing isolated individual grievances. Complaints will be considered only when the reported conditions are substantially documented and reflect conditions within a music therapy program(s) that jeopardize the quality of the education and training program and/or the general welfare of the program. Complaints will be referred to the Academic Program Approval Committee and/or any other appropriate bodies within the Association, such as the Ethics Board, for evaluation of the complaint. The appropriate bodies shall investigate, consult with all other appropriate bodies within the Association (if applicable), and jointly make a decision regarding the resolution of the alleged violation. A recommendation shall then go to the Board of Directors for official action. A copy of this decision shall be sent via registered mail to all principals by the Executive Director.



# American Music Therapy Association

8455 Colesville Rd., Ste. 1000 • Silver Spring, Maryland 20910  
Tel. (301) 589-3300 • Fax (301) 589-5175 • www.musictherapy.org

---

## AMTA PROFESSIONAL COMPETENCIES

### Preamble to AMTA Professional Competencies

The American Music Therapy Association has established competency-based standards for ensuring the quality of education and clinical training in the field of music therapy. As the clinical and research activities of music therapy provide new information, the competency requirements need to be reevaluated regularly to ensure consistency with current trends and needs of the profession and to reflect the growth of the knowledge base of the profession. The Association updates these competencies based on what knowledge, skills, and abilities are needed to perform the various levels and types of responsibilities to practice at a professional level.

In November 2005 the AMTA Assembly of Delegates adopted the *Advisory on Levels of Practice in Music Therapy*. This Advisory, which was developed by the Education and Training Advisory Board, distinguishes two Levels of Practice within the music therapy profession: Professional Level of Practice and Advanced Level of Practice. This Advisory describes the Professional Level of Practice as follows:

A music therapist at the Professional Level of Practice has a Bachelor's degree or its equivalent in music therapy and a current professional designation or credential in music therapy (i.e., ACMT, CMT, MT-BC, or RMT). At this level, the therapist has the ability to assume a supportive role in treating clients, collaborating within an interdisciplinary team to contribute to the client's overall treatment plan.

The AMTA *Professional Competencies* are based on music therapy competencies authored for the former American Association for Music Therapy (AAMT) by Bruscia, Hesser, and Boxhill (1981). The former National Association for Music Therapy (NAMT) in turn adapted these competencies as the *NAMT Professional Competencies* revised in 1996. In its final report the Commission on Education and Clinical Training recommended the use of these competencies, and this recommendation was approved by the AMTA Assembly of Delegates in November 1999. The AMTA *Professional Competencies* has had several minor revisions since its adoption in 1999.

## AMTA Professional Competencies

### A. MUSIC FOUNDATIONS

#### 1. Music Theory and History

- 1.1 Recognize standard works in the literature.
- 1.2 Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.
- 1.3 Sight-sing melodies of both diatonic and chromatic makeup.
- 1.4 Take aural dictation of melodies, rhythms, and chord progressions.
- 1.5 Transpose simple compositions.

#### 2. Composition and Arranging Skills

- 2.1 Compose songs with simple accompaniment.
- 2.2 Adapt, arrange, transpose, and simplify music compositions for small vocal and non-symphonic instrumental ensembles.

#### 3. Major Performance Medium Skills

- 3.1 Perform appropriate undergraduate repertoire; demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.
- 3.2 Perform in small and large ensembles.

#### 4. Keyboard Skills

- 4.1 Accompany self and ensembles proficiently.
- 4.2 Play basic chord progressions (I-IV-V-I) in several keys.
- 4.3 Sight-read simple compositions and song accompaniments.
- 4.4 Play a basic repertoire of traditional, folk, and popular songs with or without printed music.
- 4.5 Harmonize and transpose simple compositions.

#### 5. Guitar Skills

- 5.1 Accompany self and ensembles proficiently.
- 5.2 Employ simple strumming and finger picking techniques.
- 5.3 Tune guitar using standard and other tunings.
- 5.4 Perform a basic repertoire of traditional, folk, and popular songs with or without printed music.
- 5.5 Harmonize and transpose simple compositions in several keys.

## **6. Voice Skills**

- 6.1 Lead group singing by voice.
- 6.2 Communicate vocally with adequate volume (loudness).
- 6.3 Sing a basic repertoire of traditional, folk, and popular songs in tune with a pleasing quality.

## **7. Percussion Skills**

- 7.1 Accompany self and ensembles proficiently.
- 7.2 Utilize basic techniques on several standard and ethnic instruments.
- 7.3 Lead rhythm-based ensembles proficiently.

## **8. Non-symphonic Instrumental Skills**

- 8.1 Care for and maintain non-symphonic and ethnic instruments.
- 8.2 Play autoharp or equivalent with same competence specified for guitar.
- 8.3 Utilize electronic musical instruments.

## **9. Improvisation Skills**

- 9.1 Improvise on percussion instruments.
- 9.2 Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.
- 9.3 Improvise in small ensembles.

## **10. Conducting Skills**

- 10.1 Conduct basic patterns with technical accuracy.
- 10.2 Conduct small and large vocal and instrumental ensembles.

## **11. Movement Skills**

- 11.1 Direct structured and improvisatory movement experiences.
- 11.2 Move in structural rhythmic and improvisatory manners for expressive purposes.
- 11.3 Move expressively and with interpretation to music within rhythmic structure.

## **B. CLINICAL FOUNDATIONS**

### **12. Exceptionality**

- 12.1 Demonstrate basic knowledge of the potentials, limitations, and problems of exceptional individuals.
- 12.2 Demonstrate basic knowledge of the causes and symptoms of major exceptionalities, and basic terminology used in diagnosis and classification.
- 12.3 Demonstrate basic knowledge of typical and atypical human systems and development (e.g. anatomical, physiological, psychological, social.)

### **13. Principles of Therapy**

- 13.1 Demonstrate basic knowledge of the dynamics and processes of a therapist-client relationship.
- 13.2 Demonstrate basic knowledge of the dynamics and processes of therapy groups.
- 13.3 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.

### **14. The Therapeutic Relationship**

- 14.1 Recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process.
- 14.2 Establish and maintain interpersonal relationships with clients that are conducive to therapy.
- 14.3 Use oneself effectively in the therapist role in both individual and group therapy, e.g. appropriate self-disclosure, authenticity, empathy, etc. toward affecting desired behavioral outcomes.
- 14.4 Utilize the dynamics and processes of groups to achieve therapeutic goals
- 14.5 Demonstrate awareness of one's cultural heritage and socio-economic background and how these influence the perception of the therapeutic process.

## **C. MUSIC THERAPY**

### **15. Foundations and Principles**

- 15.1 Demonstrate basic knowledge of existing music therapy methods, techniques, materials, and equipment with their appropriate applications.
- 15.2 Demonstrate basic knowledge of principles, and methods of music therapy assessment and their appropriate application.
- 15.3 Demonstrate basic knowledge of the principles and methods for evaluating the effects of music therapy.
- 15.4 Demonstrate basic knowledge of the purpose, intent, and function of music therapy for various client populations.
- 15.5 Demonstrate basic knowledge of the psychological and physiological aspects of musical behavior and experience (i.e. music and affect; influence of music on behavior; physiological responses to music; perception and cognition of music; psychomotor components of music behavior; music learning and development; preference; creativity).
- 15.6 Demonstrate basic knowledge of philosophical, psychological, physiological, and sociological bases for the use of music as therapy.
- 15.7 Demonstrate basic knowledge of the use of current technologies in music therapy assessment, treatment, and evaluation.

## **16. Client Assessment**

- 16.1 Communicate assessment findings and recommendations in written and verbal forms.
- 16.2 Observe and record accurately the client's responses to assessment.
- 16.3 Identify the client's appropriate and inappropriate behaviors.
- 16.4 Select and implement effective culturally based methods for assessing the client's assets, and problems through music.
- 16.5 Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development.
- 16.6 Identify the client's therapeutic needs through an analysis and interpretation of music therapy and related assessment data.
- 16.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding assessment.

## **17. Treatment Planning**

- 17.1 Select or create music therapy experiences that meet the client's objectives.
- 17.2 Formulate goals and objectives for individuals and group therapy based upon assessment findings.
- 17.3 Identify the client's primary treatment needs in music therapy.
- 17.4 Provide preliminary estimates of frequency and duration of treatment.
- 17.5 Select and adapt music consistent with strengths and needs of the client.
- 17.6 Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.
- 17.7 Select and adapt musical instruments and equipment consistent with strengths and needs of the client.
- 17.8 Organize and arrange the music therapy setting to facilitate the client's therapeutic involvement.
- 17.9 Plan and sequence music therapy sessions.
- 17.10 Determine the client's appropriate music therapy group and/or individual placement.
- 17.11 Coordinate treatment plan with other professionals.
- 17.12 Demonstrate knowledge of professional Standards of Clinical Practice regarding planning.

## **18. Therapy Implementation**

- 18.1 Recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur.
- 18.2 Provide music therapy experiences to
  - 18.2.1 Change nonmusical behavior;
  - 18.2.2 Assist the client's development of social skills;
  - 18.2.3 Improve the client's sense of self and self with others;
  - 18.2.4 Elicit social interactions from the client;
  - 18.2.5 Promote client decision making;
  - 18.2.6 Assist the client in increasing on task behavior;
  - 18.2.7 Elicit affective responses from the client;
  - 18.2.8 Encourage creative responses from the client;
  - 18.2.9 Improve the client's orientation to person, place, and time;

- 18.2.10 Enhance client's cognitive/intellectual development;
- 18.2.11 Develop or rehabilitate the client's motor skills;
- 18.2.12 Offer sensory stimulation that allows the client to use visual, auditory, or tactile cues;
- 18.2.13 Promote relaxation and/or stress reduction in the client.
- 18.3 Provide verbal and nonverbal directions and cues necessary for successful client participation.
- 18.4 Provide models for appropriate social behavior in group music therapy.
- 18.5 Utilize therapeutic verbal skills in music therapy sessions.
- 18.6 Communicate to the client's expectations of their behavior.
- 18.7 Provide feedback on, reflect, rephrase, and translate the client's communications.
- 18.8 Assist the client to communicate more effectively.
- 18.9 Sequence and pace music experiences within a session according to the client's needs and situational factors.
- 18.10 Conduct or facilitate group and individual music therapy.
- 18.11 Implement music therapy program according to treatment plan.
- 18.12 Promote a sense of group cohesiveness and/or a feeling of group membership.
- 18.13 Create a physical environment (e.g. arrangement of space, furniture, equipment, and instruments) that is conducive to effective therapy.
- 18.14 Develop and maintain a repertoire of music for age, culture, and stylistic differences.
- 18.15 Recognize and respond appropriately to effects of the client's medications.
- 18.16 Establish closure of music therapy sessions.
- 18.17 Establish closure of treatment issues.
- 18.18 Demonstrate knowledge of professional Standards of Clinical Practice regarding implementation.

## **19. Therapy Evaluation**

- 19.1 Recognize and respond appropriately to situations in which there are clear and present dangers to the client and/or others.
- 19.2 Modify treatment approaches based on the client's response to therapy.
- 19.3 Recognize significant changes and patterns in the client's response to therapy.
- 19.4 Revise treatment plan as needed.
- 19.5 Establish and work within realistic time frames for evaluating the effects of therapy.
- 19.6 Review treatment plan periodically within guidelines set by agency.
- 19.7 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
- 19.8 Demonstrate knowledge of professional Standards of Clinical Practice regarding evaluation.

## **20. Documentation**

- 20.1 Produce documentation that accurately reflect client outcomes and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.
- 20.2 Document clinical data.
- 20.3 Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.
- 20.4 Communicate orally with the client, parents, significant others, and team members regarding the client's progress and various aspects of the client's music therapy program.
- 20.5 Document and revise the treatment plan and document changes to the treatment plan.
- 20.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, and evaluation.
- 20.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding documentation.

## **21. Termination/Discharge Planning**

- 21.1 Inform and prepare the client for approaching termination from music therapy.
- 21.2 Establish closure of music therapy services by time of termination/discharge.
- 21.3 Determine termination of the client from music therapy.
- 21.4 Integrate music therapy termination plan with plans for the client's discharge from the facility.
- 21.5 Assess potential benefits/detriments of termination of music therapy.
- 21.6 Develop music therapy termination plan.
- 21.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding termination.

## **22. Professional Role/Ethics**

- 22.1 Interpret and adhere to the AMTA Code of Ethics.
- 22.2 Adhere to professional Standards of Clinical Practice.
- 22.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.
- 22.4 Accept criticism/feedback with willingness and follow through in a productive manner.
- 22.5 Resolve conflicts in a positive and constructive manner.
- 22.6 Meet deadlines without prompting.
- 22.7 Express thoughts and personal feelings in a consistently constructive manner.
- 22.8 Demonstrate critical self-awareness of strengths and weaknesses.
- 22.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.
- 22.10 Treat all persons with dignity and respect, regardless of differences in race, religion, ethnicity, sexual orientation, or gender.
- 22.11 Demonstrate skill in working with culturally diverse populations.
- 22.12 Apply laws and regulations regarding the human rights of the clients.
- 22.13 Respond to legislative issues affecting music therapy.
- 22.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.

- 22.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).

**23. Interdisciplinary Collaboration**

- 23.1 Demonstrate a basic understanding of the roles and develop working relationships with other disciplines in the client's treatment program.
- 23.2 Communicate to other departments and staff the rationale for music therapy services and the role of the music therapist.
- 23.3 Define the role of music therapy in the client's total treatment program.
- 23.4 Collaborate with team members in designing and implementing interdisciplinary treatment programs.

**24. Supervision and Administration**

- 24.1 Participate in and benefit from supervision.
- 24.2 Manage and maintain music therapy equipment and supplies.
- 24.3 Perform administrative duties usually required of clinicians (e.g. scheduling therapy, programmatic budgeting, maintaining record files).
- 24.4 Write proposals to create and/or establish new music therapy programs.

**25. Research Methods**

- 25.1 Interpret information in the professional research literature.
- 25.2 Demonstrate basic knowledge of the purpose of historical, quantitative, and qualitative research.
- 25.3 Perform a data-based literature search.
- 25.4 Apply selected research findings to clinical practice.

## REFERENCES

- Alley, J. M. (1978). Competency based evaluation of a music therapy curriculum. *Journal of Music Therapy, 11*, 9-14.
- Braswell, C. Maranto, C.D., & Decuir, A. (1979a). A survey of clinical practice in music therapy, Part I: The institutions in which music therapist's work and personal data. *Journal of Music Therapy, 16*, 2-16.
- Braswell, C. Maranto, C.D., & Decuir, A. (1979b). A survey of clinical practice in music therapy, Part II: Clinical Practice, education, and clinical training. *Journal of Music Therapy, 16*, 50-69.
- Braswell, C. Maranto, C.D., & Decuir, A. (1980). Ratings of entry skills by music therapy clinicians, educators, and interns. *Journal of Music Therapy, 17*, 133-147.
- Bruscia, K., Hesser B., & Boxill, E. (1981). Essential competencies for the practice of music therapy. *Music Therapy, 1*, 43-49.
- Certification Board for Music Therapists. (1988). Job re-analysis survey of music therapy knowledge and skills.
- Jensen, K. L., & McKinney, C. H. (1990). Undergraduate music therapy education and training: Current status and proposals for the future. *Journal of Music Therapy, 18*, 158-178.
- Lathom W.B. (1982). Survey of current functions of a music therapist. *Journal of Music Therapy, 19*, 2-27.
- McGuire, M.G. (1994). *A survey of all National Association for Music Therapy clinical training directors*. Unpublished manuscript. Author.
- McGuire, M.G. (1995). *A survey of all recently registered music therapists*. Unpublished manuscript. Author.
- McGuire, M.G. (1996a). *Determining the professional competencies for the National Association for Music Therapy: Six surveys of professional music therapists in the United States, 1990-1996*. Paper presented at the Eighth World Congress of Music Therapy and the Second International Congress of the World Federation of Music Therapy, Hamburg, Germany.
- McGuire, M.G. (1996b). *A survey of all American Association for Music Therapy and National Association for Music Therapy educators*. Unpublished manuscript. Author.
- McGuire, M.G., Brady, D., Cohen, N., Hoskins, C., & Kay, L. (1996). *A document in process: Music Therapy Professional Competencies*. A presentation at the Joint Conference of the American Association for Music Therapy and the National Association for Music Therapy, Nashville, TN.
- Maranto, C.D., & Bruscia, K.E. (1988). *Methods of teaching and training the music therapists*. Philadelphia: Temple University.
- Maranto, C.D., & Bruscia, K.E. (Eds.) (1988). *Perspectives on music therapy education and training*. Philadelphia: Temple University.
- National Association for Music Therapy. (Various dates). Surveys conducted from 1991 through 1996.
- Petrie, G.E. (1989). The identification of a contemporary hierarchy of intended learning outcomes for music therapy students entering internships. *Journal of Music Therapy, 26*, 125-139.
- Petrie, G.E. (1993). An evaluation of the National Association for Music Therapy Undergraduate Academic Curriculum: Part II. *Journal of Music Therapy, 30*, 158-173.
- Reuer, B.L. (1987). *An evaluation of the National Association for Music Therapy curriculum from the perspectives of therapists, and educators of therapists in view of academic, clinical, and regulatory criteria*. Unpublished doctoral dissertation, The University of Iowa.

- Sandness, M.I., McGuire, M.G., & Cohen, N. (1995) *Roundtable Discussion: The process of implementing the NAMT Professional Competencies into the academic curriculum*. A presentation at the National Association for Music Therapy Conference, Houston, TX.
- Scartelli, J. (October-November, 1994). *NAMT Notes*, pp.1, 3.
- Taylor, D.B. (1984). Professional music therapists' opinion concerning competencies for entry-level music therapy practitioners. *Dissertation. Abstracts International*, 43. 8424243.
- Taylor, D.B. (1987). A survey of professional music therapists concerning entry level competencies. *Journal of Music Therapy*, 24, 114-145.

Revised 11/30/08

**AMTA ASSOCIATION INTERNSHIP APPROVAL COMMITTEE**  
**2010**

**SOUTHWESTERN**

Christine Neugebauer, MS, LPC, MT-BC  
8 E. Dansby Drive  
Galveston, TX 77551-1742  
H (409) 741-3130  
W (713) 704-6150  
Email:  
[christine.neugebauer@memorialhermann.org](mailto:christine.neugebauer@memorialhermann.org)

**MID-ATLANTIC**

Theresa McManus, LCAT, MT-BC  
Psychiatry 10 South, Rm 10S-122  
University Hospital & Med. Ctr.  
SUNY at Stony Brook  
Stony Brook, NY 11794-7101  
H (631) 828-6479  
W (631) 444- 1254  
Fax (631) 444-7228  
Email: [tmcmanus@notes.cc.sunysb.edu](mailto:tmcmanus@notes.cc.sunysb.edu)

**MIDWESTERN**

Gina Hacker, MT-BC  
300 N 12th St  
Clear Lake, IA 50428-1736  
H (641) 357-0712  
W (641) 355-1258  
Email: [musictherapy@oppvill.org](mailto:musictherapy@oppvill.org)

**SOUTHEASTERN**

Lauren Dimaio, MMT, MT-BC  
116 Wicklow Drive  
Asheville, NC 28806  
H (828) 253-5959  
W (828) 251-0126  
Email: [lpatrik@carepartners.org](mailto:lpatrik@carepartners.org)

**GREAT LAKES**

Kay Luedtke-Smith, MT-BC  
2400 W. 64th Street  
Richfield, MN 55423  
H (952) 938-4367  
W (612) 861-1688 ext 335  
Email: [kay@fraser.org](mailto:kay@fraser.org)

**NEW ENGLAND**

Eve Montague, MT-BC  
175 School Street  
Bryantville, MA 02327  
H (781) 293-3926  
W (781) 934-2731 ext 20  
Email [evemontague@verizon.net](mailto:evemontague@verizon.net)

**WESTERN**

Mary Alvarado, MT-BC  
2995 Gold Rush Lane  
Paso Robles, CA 93446  
H (805) 237-2575  
W (805) 468-3719  
Email [mozartlady@earthlink.net](mailto:mozartlady@earthlink.net)

**COMMITTEE CHAIRPERSON**

Mary Jane Landaker, MME, MT-BC  
2111 Kasold Drive, Apt. E-103  
Lawrence, KS 66047-2118  
H& W (785) 840-9678  
Email: [mjlandaker@sbcglobal.net](mailto:mjlandaker@sbcglobal.net)

**COUNCIL COORDINATOR**

Donna Polen, LCAT, MT-BC  
67 Waterford Way  
Fairport, NY 14450-9749  
W- (315) 331-1700 x2717  
H- (585) 425-3928  
Email- [dpolenmtbc@aol.com](mailto:dpolenmtbc@aol.com)

Revised 7/ 2010

## **Philosophy of Music Therapy Program** **Helpful Hints**

This essay needs to be written in **your own words**...to reflect YOUR music therapy philosophy.

We probably all agree that music is beneficial...healing...helpful...fantastic...terrific...that it can elicit change (otherwise we wouldn't be here today!) These qualities alone do not make up a philosophy of **how** you use music in your program or facility.

Some of us may see the actual experience of creating music as being the source of positive change (using music AS therapy).

Some of us may use music as a resource to reflect upon with a client, or something that works in partnership with other elements, such as group discussion or processing (this would be an example of music IN therapy).

Many of us work from specific theoretical frameworks in how we use music...some of us are trained in Nordoff-Robbins; others in GIM; others are certified in NMT; some of us may use behavioral models, or humanistic models—just describe HOW you're using music to elicit therapeutic change in your program.

Some of us may embrace more than one model...we may opt to call ourselves “eclectic”...however, when writing a philosophy statement, you will need to describe the various frameworks you work from in specific terms.

By communicating your philosophy regarding music therapy, a prospective intern may better understand what your program may offer him/her, or how his/her skills may be used. If they are hoping to master improvisational techniques, and you are using GIM techniques, the internship would probably not be a good match.

### **“Why do I need to write my philosophy?”**

There are several reasons:

- to help you discern the frameworks/techniques/beliefs you have in using music in your professional practice;
- to develop a way to articulate your practice to prospective interns;
- to help guide your supervision with students.

*Please remember, your regional Association Internship Approval Committee representative is a resource...to pre-review your application and give you helpful feedback.*

**Intern's  
Internship Site Evaluation**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Date of Internship: \_\_\_\_\_

Ranking Scale: 1 = Strongly Agree  
2 = Mildly Agree  
3 = Neither Agree or Disagree  
4 = Mildly Disagree  
5 = Strongly Disagree  
NA = Nonapplicable

Directions: Read each statement and determine the degree with which you agree or disagree with each statement. Note that evaluation of each item involves determining whether the experiences were provided as stated in the Clinical Training Proposal and the quality of such experiences.

I. Provisions for Orientation.

- \_\_\_\_\_ 1. My orientation to the agency/facility was provided to me as specified in the Clinical Training Plan.
- \_\_\_\_\_ 2. My orientation to the facility was adequate for my needs.
- \_\_\_\_\_ 3. My orientation to facility personnel and department standards, policies, and procedure was provided to me as specified in the Clinical Training Plan.
- \_\_\_\_\_ 4. My orientation to the standards in Question # 3 was adequate for my needs.
- \_\_\_\_\_ 5. My orientation to AMTA Standards of Practice organizational structure, Code of Ethics, National Roster Internship Guidelines, the AMTA Professional Competencies, and the CBMT Code of Professional Practice were provided to me as specified in the Clinical Training Plan.
- \_\_\_\_\_ 6. My orientation to AMTA standards listed in Question #5 was adequate for my needs.
- \_\_\_\_\_ 7. My orientation included a verification procedure specifying acknowledgment of expectations and competencies, where interns do not fall under facility policies and procedures.
- \_\_\_\_\_ 8. My orientation verification process was adequate for my needs.
- \_\_\_\_\_ 9. My internship plan set realistic expectations for my training needs.

Comments about the orientation phase of the internship:

II. Provisions for the music therapy experience.

- \_\_\_\_\_ 9. My internship provided me with the observation experiences as described in the Internship Plan.
- \_\_\_\_\_ 10. My opportunities for observation of music therapy sessions were adequate for my needs.
- \_\_\_\_\_ 11. My internship provided me with the co-leading experiences as described in the Internship Plan.
- \_\_\_\_\_ 12. My opportunities for co-leading of the music therapy sessions were adequate for my needs.
  
- \_\_\_\_\_ 13. My internship provided me with the sessions leading experiences as described in the Internship Plan.
- \_\_\_\_\_ 14. My opportunities for leading sessions were adequate for my needs.

Comments on the music therapy experience:

III. Provisions for records and progress notes.

- \_\_\_\_\_ 15. My internship provided me with the record and progress notes experiences as described in the Internship Plan.
- \_\_\_\_\_ 16. My opportunities for learning the process of completing documentation requirements such as records and progress notes were adequate for my needs.
- \_\_\_\_\_ 17. My schedule allowed adequate hours to complete records, progress notes, and other documentation.
- \_\_\_\_\_ 18. My schedule allowed adequate hours to complete lesson and/or session plans.

Comments on records, progress notes, assessments, treatment plans, attendance records, discharge summaries, annual/monthly reviews, transfer evaluations:

IV. Provisions for Staff and In-service Meetings.

- \_\_\_\_\_ 19. My internship provided me with the staff and in-services meeting opportunities as described in the Internship Plan.
- \_\_\_\_\_ 20. My opportunities to attend staff and in-service meetings were adequate for my needs.
- \_\_\_\_\_ 21. My attendance at staff meetings and in-service meetings was helpful.
- \_\_\_\_\_ 22. My participation at staff meetings was respected, well received, and considered active and professional by the treatment team members.

Comments on staff and in-service meetings:

V. Provisions for interns self-awareness and professional growth.

- \_\_\_\_\_23. My internship provided me with the self-awareness and professional growth opportunities as described in the Internship Plan.
- \_\_\_\_\_24. My opportunities for intern self-awareness and professional growth were adequate for my needs.
- \_\_\_\_\_25. My self-awareness and professional growth assignments were helpful.
- \_\_\_\_\_26. My opportunities for self-awareness and professional growth included establishing my own goals and plans.
- \_\_\_\_\_27. My goals for self-awareness and professional growth were met.
- \_\_\_\_\_28. My internship allowed me the opportunities to develop my own personal style.

Comments on intern self-awareness and professional growth:

VI. Provisions for observation of intern sessions and providing feedback.

- \_\_\_\_\_29. My internship provided me with the formal and informal observation opportunities as described in the Internship Plan.
- \_\_\_\_\_30. My opportunities for informal observation were adequate for my needs.
- \_\_\_\_\_31. My opportunities for formal observation were adequate for my needs.
- \_\_\_\_\_32. My formal and informal observations averaged at least four hours per week, or were adjusted accordingly for part time hours.

Comments on formal and informal observation:

VII. Provision for supervision.

- \_\_\_\_\_33. My internship provided me with the supervision experience described in the Internship Plan.
- \_\_\_\_\_34. My supervision opportunities were adequate for my needs.
- \_\_\_\_\_35. My supervision time per week was at least one hour or was adjusted accordingly for part time hours.
- \_\_\_\_\_36. My supervision was available outside the one-hour supervision time if I needed extra assistance.
- \_\_\_\_\_37. My supervision meetings included discussion of items/input, which I prepared in advance for feedback, clarification and assistance.
- \_\_\_\_\_38 The supervision plan was followed as indicated in the internship plan.

Comments on supervision:

VIII. Provisions for administrative skills.

\_\_\_\_ 39. My internship provided me with the administrative skills experiences described in the Internship Plan.

\_\_\_\_ 40. My opportunities for developing administrative skills were adequate for my needs.

Comments on administrative skills:

IX. Provisions for special requirements.

\_\_\_\_ 41. My internship provided me with the special requirements described in the Internship Plan

\_\_\_\_ 42. Specific needs, as indicated in the Internship Plan contract were met

Comments on special requirements:

X. Provisions for academic training.

\_\_\_\_ 43. My academic training prepared me to meet the entrance requirements/entry level skills for this internship placement.

\_\_\_\_ 44. My academic training prepared me to use music in a therapeutic manner.

\_\_\_\_ 45. My academic training prepared me to play accompaniment instruments.

\_\_\_\_ 46. My academic training prepared me to adapt and create activities.

\_\_\_\_ 47. My academic training prepared me to plan activities and sessions.

\_\_\_\_ 48. My academic training prepared me to act professionally and responsibly.

\_\_\_\_ 49. My academic training prepared me to act in an ethical manner with clients.

\_\_\_\_ 50. My academic training prepared me to express my professional opinions verbally.

\_\_\_\_ 51. My academic training prepared me to write using standard grammar.

\_\_\_\_ 52. My academic training prepared me to express my professional opinions in writing.

\_\_\_\_ 53. My academic training prepared me to meet the documentation requirements in my internship.

\_\_\_\_ 54. My academic training prepared me to deliver music therapy services according to the AMTA Standards of Practice.

\_\_\_\_ 55. My academic training prepared me to effectively structure and lead sessions.

\_\_\_\_ 56. My academic training prepared me to deliver music therapy services to three or more clinical populations.

\_\_\_\_ 57. My academic training prepared me to develop a personal music therapy philosophy and theory of practice.

\_\_\_\_ 58. My academic training prepared me in time management skills and the ability to prioritize tasks.

Comments on academic training:

PROBLEM AREAS IDENTIFIED

SUGGESTED PROCEDURE TO  
RECTIFY:PROBLEM AREAS:

PROCEDURES TO RECTIFY PROBLEM AREAS  
(To be filled out by Internship Director)

ADDITIONAL COMMENTS:

Internship Director: \_\_\_\_\_ Date: \_\_\_\_\_

Music Therapy Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Source: Linda M. Wright, MS, RMT-BC  
Chair, NAMT Clinical Training Committee

Revised: 1/89, 7/01, 11/03, 11/06