

* A PROGRESS REPORT

Presented by the Master's Level Entry (MLE)
Subcommittee

November 2014

- * MLE Subcommittee formed in 2012
- * Charged by the Board of Directors to explore the proposal to move to Master's Level Entry for the profession
- * Worked on several tasks

* **Background**

- * One task that needed continued work
- * Our definition of a 21st century music therapist and our core values for the profession guided us
- * Examined models introduced by various individuals

* Education models

* 4 Premises

1. The body of knowledge for entry level professional competency continues to grow and create concern for adequate training of future music therapists within the undergraduate curriculum,
2. A move to requiring Master Level studies is a paradigm shift that reaffirms the profession's dedication to the needs and welfare of those needing music therapy today and into the future,
3. This paradigm shift is rooted in quality service delivery for diverse and growing client needs and evidence-based practice,
4. Given the powerful nature of assessing and treating human conditions with the music medium, high expectations required of entry-level music therapists' musicianship and agile manipulation of music elements must grow to meet the 21st Century needs of clients.

*Models 1-3

- * **MODEL #1** One institution - Bachelor's leading to a required Master's degree in Music Therapy
- * **MODEL #2** Two institutions - Bachelor's program formally affiliated with Master's program; Master's required
- * **MODEL #3** Master's degree in Music Therapy is entry level degree for the profession

* Models #4-#6

- * MODEL #4. Two-tiered process - Bachelor's earned and eventual Master's in Music Therapy required
- * MODEL #5. Bachelor's in Music Therapy is entry level degree (current model)
- * MODEL #6. Pre-Music Therapy Bachelor's Degree leads to Required Master's in Music Therapy

- *Preparation of the 21st century music therapist
- *Trained to use the elements of music to both assess and treat
- *Knowledge of the therapeutic process
- *Able to translate and apply research to clinical practice

***Proposed new model
developed**

* Motion

- * . . . report which includes a proposed new model of Education and Clinical Training, for feedback for a one-year period an updated report submitted to the Board at its 2015 Mid-Year meeting.

*and Rationale

* . . . a report and proposed new model for education and clinical training is ready for review and feedback from the AMTA Assembly of Delegates and membership. The MLE Subcommittee report . . . recommends that the entry level to music therapy practice be moved to the Master's level effective January 1, **2025**, dependent upon discussion, feedback, data collection, and successful passage by the Assembly of Delegates Consequently . . . eligibility to sit for the MT-BC exam would require completion of an AMTA-approved Master's degree

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* **AMTA-approved Bachelor's Degree in Music - the Major or Concentration is Pre-Music Therapy²**

- * **Core Music Training in:** theory, history, world music, ensembles, primary instrument, etc.
- * **Functional Musicianship:** voice, piano, guitar, etc.; Intro to songwriting and improvisation; variety of genres taught, etc.
- * **Core of MT training:** Introduction to MT, Psych of Music, MT lab courses
- * **Non-music courses/areas of study:** Psychology, Anatomy and Physiology, & Exceptional Children courses

- *AMTA-approved Master's Degree in Music Therapy leading to Eligibility for Board Certification Examination**
- *Pre-competence for entrance into the Master's program:** Competence in functional music skills and applied music (instrument) skills
- *Music Foundations Content Areas:** Clinical improvisation, Songwriting, Receptive/re-creative/expressive MT
- *Music Therapy Content Areas:** Advanced Psych of Music (Music Neuroscience), Research, History and philosophy, Clinical populations, etc.
- *Related Content Areas:** Statistics, Research methodologies, and Verbal therapy and counseling skills

* **SWOT Analysis - STRENGTHS** (internal, positive factors)

1. Longer time to develop music & functional skills
2. Expanded educational time contributes to maturity
3. Focus of UG coursework on functional and applied music skill along with preparatory skill development
4. Focus of G coursework on therapeutic and music therapy skill development

* STRENGTHS cont.

5. Clinical training will begin with observation assisting, and non-MT music leading in UG and will be fully integrated into G level courses
6. G level work can generate more research to contribute to evidence-based practice
7. Transfer or equivalency students can complete pre-MT degree
8. We have UG and G programs & internships in place
9. There are already UG programs interested in establishing pre-MT degrees

* STRENGTHS cont.

10. New undergrad programs approved & schools planning to submit degree applications have stated that moving to masters would not be a problem for them
11. Retention of music therapists over the long-term may increase and prevent burnout since MT's will be better trained
12. Retention of MTs could increase AMTA membership
13. Practicing MTs will have greater level of skill and knowledge entering the field

*** WEAKNESSES: (internal, negative factors)**

- 1.** Students cannot work as a professional MT-BC between UG and G degree programs
- 2.** Financial hardship created without the possibility to work after UG as a professional MT or while pursuing G
- 3.** May be difficult for UG students to identify with a “pre” major
- 4.** Pre-MT students may earn the UG degree, but not the G degree, and join ranks with labor substitutes

* WEAKNESSES CONT.

5. Challenge to campuses if they need to modify UG or G curriculum or degree programs, meet new staffing needs, or recruit at the UG level
6. Internships may need to modify for G level students
7. Internship credits will be at the graduate credit price
8. Additional years in school will increase cost to students
9. Added time to get degree and credential may contribute to burnout

10. Additional time and cost may reduce # of MTs entering workforce each year
11. Impact of #10 above on diversity within the field. Analysts say limited access to profession through increased credentialing can impact new potential recruits, the underrepresented and disadvantaged individuals.
12. Void created by lack of music therapists may be filled by lesser trained therapeutic musicians
13. Competition due to limited numbers of G programs as well as internships

* **WEAKNESSES** cont.

* OPPORTUNITIES: (external, positive factors)

1. Master's level may set us apart from other musicians claiming to provide therapeutic music
2. We will provide better quality of services to the clients we serve
3. Some employers prefer MTs with Master's degree now for employment
4. After earning a Master's the MT will be able to acquire true specializations or advanced practice training

* OPPORTUNITIES cont.

5. Well-trained MTs may contribute to projected need for healthcare workers
6. UG and G degree programs will be approved by AMTA
7. CBMT retains one Scope of Practice
8. We have a good working relationship with CBMT, e.g. State Recognition Plan
9. Individuals or others within and outside of MT can provide specialized training for music therapists

* OPPORTUNITIES cont.

10. Employers, the public, and other healthcare professionals will need to be educated about the new level for entry into the profession
11. Changes that affect MT have and are taking place (e.g., state regulation); & other allied health professions have moved to the G level
12. There may be an increase in UG pre-MT programs since this is already a trend and new G programs may result due to the demand

* **THREATS: (external, negative factors)**

1. Campuses currently offering degrees will need to be notified in a timely fashion
2. Proposed changes will need to be approved by NASM Assembly
3. AMTA will need to work with CBMT to determine if change impacts Scope of Practice
4. On-line Master's in MT programs may need to change or revise curriculum
5. Campuses may refuse to change to new UG degree and/or add G degree resulting in closure of programs

* THREATS cont.

6. Universities prefer having undergrad programs that lead to a credential. UG administrators will need to be convinced of the necessity of going to the MLE and that AMTA is not just “leveling up” the Bachelor’s degree
7. Fewer MTs entering workforce each year may reduce CBMT certificant and AMTA membership numbers
8. Expectations are employers will pay higher wages for Master’s level MTs, and if they cannot or will not, employers may turn to labor substitutes



THREATS cont.

9. Competition for jobs with lower wage therapeutic musicians
10. Competition from creative arts therapists, other musicians or other allied health professions will continue and MTs need to know how to [others] about the risks of lesser-trained musicians providing services
11. A risk analysis is needed to outline potential financial impact on AMTA and gather trend data
12. We may be challenged to get full support from membership and from administrators of educational programs and clinical training programs.

STRENGTHS

1. No loss of academic programs
2. No change to clinical training model
3. Same number of MTs yearly entering the field
4. MTs will be able to attain professional clinical experience prior to getting a master's degree
5. Less years in academia = decreased cost
6. AMTA/CBMT/NASM already have resources in place for this model

*** SWOT Analysis of Current BLE Model**

* **Current BLE Model - WEAKNESSES**

1. Musicianship and functional skills may continue to be underdeveloped in some entry-level MTs
2. We will continue to have to put all the coursework and internship into 4.5 years as the knowledge base continues to grow
3. Some BLE people may not be mature enough for the role of therapist in certain clinical situations
4. Graduating at the BLE and discovering one's limited skill base may lead to burnout
5. Model may have to be revamped to sufficiently provide quality MT services in a rapidly changing world

* Current BLE Model - OPPORTUNITIES

1. No need to drastically change AMTA education & clinical training documents
2. AMTA/CBMT can maintain primary strategic priority toward state recognition
3. Students will be able to start career after the BLE, enhancing the marketability of the degree
4. Specialized trainings may continue to grow and expand as more MTs are demanding additional training in certain areas

* Current BLE Model - 9 THREATS

1. Ability of various client populations to access quality treatment may be impaired by MTs entering the work force who will not have the adequate clinical and musicianship skills
2. Undergraduate level does not elicit research which may hinder evidence-informed practice
3. The strong musicianship of other therapeutic music practitioners may result in MTs losing potential positions to these practitioners
4. MTs with only BLE training may not be able to serve as primary therapists in some agencies and institutions

* THREATS cont.

5. We could potentially “lose” some MTs who choose to get a Master’s in another related health profession such as SLP, counseling, etc.
6. Public may continue to be confused by differences between BLE, MTs who have a graduate degree in MT, and Master’s Equivalency MTs
7. There may continue to be “pre-MT programs” being developed in various places with AMTA unable to monitor curriculum and quality
8. The number of professionals may continue to remain even without some kind of change...need to figure out what the primary reason for MTs leaving the profession
9. There may not be another opportunity for MT to move to MLE (which will already be a long process) and by then, it could be too late

- * Discussion of this model
- * Sessions at each 2015 Regional conference
- * Survey of educators and internship directors
- * Report to Board of Directors at 2015 Mid-Year

* **Future**

MLE Subcommittee Presentations
AMTA Annual Conference, Louisville, KY
November 2014

- MLE Subcommittee examined 6 models of education
- *MLE Subcommittee Progress Report* presented to the AMTA Board of Directors, Sept. 2014
- A Motion with Rationale was passed by the Board on 9-25-14
- **Motion:** Resolve, that the Board recommends the public release of the MLE Subcommittee report which includes a proposed new model of Education and Clinical Training, for feedback for a one-year period beginning with the Louisville conference and including the 2015 spring regional conferences. The public feedback along with additional data collected by the MLE Subcommittee will be analyzed and an updated report submitted to the Board at its 2015 Mid-Year meeting.
- **Rationale:** Subsequent to study over the past five years, first by ETAB and then the MLE Subcommittee appointed by the Board of Directors, a report and proposed new model for education and clinical training is ready for review and feedback from the AMTA Assembly of Delegates and membership. The MLE Subcommittee report submitted 9-18-14 recommends that the entry level to music therapy practice be moved to the Master's level effective January 1, 2025, dependent upon discussion, feedback, data collection, and successful passage by the Assembly of Delegates at a later time. Consequently, if passed, in accordance with CBMT standards, eligibility to sit for the MT-BC exam would require completion of an AMTA-approved Master's degree (coursework and clinical training).
- SWOT (strengths, weaknesses, opportunities, threats) Analysis of Proposed Undergraduate-Graduate Music Therapy Education Model
- SWOT (strengths, weaknesses, opportunities, threats) Analysis of Current Bachelor's Level Model
- Arrangements are being made for presentations to be given at 2015 regional conferences
- Subcommittee members welcome your feedback
 - Mary Ellen Wylie (Chair)
 - Jim Borling
 - Cynthia Briggs
 - Jane Creagan
 - Marcus Hughes
 - Amy Furman, Ex Officio
 - Bryan Hunter
 - Ronna Kaplan
 - Christine Neugebauer
 - Angie Snell

Proposed New Education and Clinical Training Model

Proposed New Model AMTA-approved ¹ Bachelor's Degree in Music – the Major or Concentration is Pre-Music Therapy ² (Recommended range of semester hours: 120-130)	Proposed New Model AMTA-approved Master's Degree in Music Therapy leading to Eligibility for Board Certification Examination (Recommended range of semester hours 48-60)
<p>Core Music Training in:</p> <ul style="list-style-type: none"> Music theory & aural skills Ensembles Music history World music Conducting & orchestration/arrangement Primary instrument/voice to level of senior recital (7-8 semesters of study) <p>Functional Musicianship:</p> <ul style="list-style-type: none"> Variety of genres and styles taught Voice, piano, guitar, percussion classes Intro to songwriting/composition Intro to improvisation Music technology included <p>Core of MT training:</p> <ul style="list-style-type: none"> Intro to MT, including study of the Code of Ethics and Standards of Practice³ Psych of music, including intro to music and the brain MT lab classes that include observation, assisting, leadership training, song leading. When these are offered will need to be specified (100 hours of observation, etc. recommended) <p>Non-music courses/areas of study</p> <ul style="list-style-type: none"> Human growth and development Anatomy and physiology General and abnormal psychology Biology Exceptional children 	<p>Pre-competence⁴ for entrance into the Master's program:</p> <ul style="list-style-type: none"> Competence in applied music (instrument) skills Competence in functional music skills <p>Music Foundations Content Areas:</p> <ul style="list-style-type: none"> Clinical improvisation Clinical songwriting and lyric analysis Receptive/re-creative/expressive MT <p>Music Therapy Content Areas:</p> <ul style="list-style-type: none"> Advanced Psych of Music (Music Neuroscience) Research in MT History and philosophy of MT Clinical populations and techniques Theories/approaches/frameworks of MT Ethics Therapeutic relationship Thesis/project Standards of Practice including: Assessment, Treatment planning, Implementation, Documentation, Evaluation, and Termination Practica/internship(s) (1200 hours recommended) <p>Related Content Areas:</p> <ul style="list-style-type: none"> Verbal therapy and counseling skills Statistics Research methodologies: qualitative, quantitative, mixed, IRB Psychopathology/DSM 5

¹ The degree programs would need to be adequately staffed and approved by AMTA.

² Whether this is a BA, BM or BS degree needs to be determined later.

³ Courses need to signal what is the first step in becoming a music therapist.

⁴ To be evaluated by campus faculty.