

AMERICAN MUSIC THERAPY ASSOCIATION
EDUCATION AND TRAINING ADVISORY BOARD

ADVISORY ON SPECIALIZED TRAINING

The American Music Therapy Association Board of Directors charged the Education and Training Advisory Board with the task of writing a position statement (white paper) on “Specialized Training.” In response to a request for elaboration of the charge, the Executive Committee of AMTA provided the following:

- What constitutes specialized trainings?
- What is the difference between specialized and advanced trainings?
- What are the implications of having AMTA endorsement for a specialized training?
- How do specialized trainings interface with university curricula?
- How do specialized trainings interface with AMTA Professional and Advanced Competencies?
- Whether to award an acronym is still in question.
- It would be helpful to have a summary or analysis related to specialized trainings from other health professions.

In response to the charge, the Advisory Board conducted research, held lengthy discussion, and looked to the AMTA mission statement for guidance: “*To advance public knowledge of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world.*” After careful and extensive consideration, the Advisory Board reached consensus concerning specialized training in music therapy. This Advisory will present the following topics:

- a) An historical perspective,
- b) Differentiation between advanced and specialized training,
- c) Music therapy designations and credentials,
- d) Specialized training in other allied health professions,
- e) Implications for AMTA endorsement of specialized training, and
- f) Recommendations to the Association.

Historical Perspective

The Advisory Board placed its discussion in a historical perspective as a means of understanding all possible parameters of these issues. With the formation of the Certification Board for Music Therapists and advent of the MT-BC as the recognized credential for the profession of Music Therapy, the need arose for providing a means for music therapists to obtain the necessary continuing education credits for recertification. In response, AMTA obtained approved provider status and began presenting opportunities for continuing education in the form of CMTE courses within the context of the annual and regional conferences. The Continuing Education Committee (CEC) was charged with the task of administering these presentations in accordance with CBMT guidelines. This practice has now expanded, and CMTE presentations are regularly included in each national conference. These presentations have grown in both scope and number. The Association then responded to the demand for more in-depth presentations by developing day-long Institutes and offering longer training events around topics of timely interest.

In 2003, the idea of expanding continuing education opportunities to include AMTA-endorsed specialized trainings led the AMTA Board of Directors to charge the CEC with developing policies and procedures for this process. The motion presented to the Assembly by the CEC in November 2003 called for the CEC to develop policies and procedures giving recognition for completion of such training as well as establishing a mechanism for AMTA to maintain a list of those who completed AMTA-endorsed specialized trainings. The Assembly voiced many concerns with the motion, notably citing potential infringement on the role of CBMT. The Assembly postponed discussion of the initial motion. Despite complications and increasing concerns that arose as the CEC attempted to develop an approval process, the Assembly adopted the CEC's proposed *Policies and Procedures for Specialized Training Courses* in November 2004.

The *Policies and Procedures* originally adopted by the Assembly included written recognition for those who completed specialized training. After adoption, the Board of Directors decided at its 2005 mid-year meeting that the “successful completion of an AMTA specialized training course may include the award of an appropriate acronym.” During the 2005 meeting of the Assembly of Delegates, both the CEC and the Advisory Board presented strongly worded objections to the proposed practice of awarding acronyms for successful completion of specialized training courses. The Assembly defeated a motion to award acronyms for specialized training courses and amended the *Policies and Procedures* to specifically prohibit the awarding of “designations or acronyms to music therapists who have completed an AMTA-approved Specialized Training Course.”

Due to continuing questions about the process, the CEC sought further clarification before implementing the *Policies and Procedures for Specialized Training Courses*. Subsequent to further discussions between Board of Directors representatives and the newly appointed CEC chairs, the Board of Directors decided to suspend the approval process for specialized training courses and referred the issue of specialized training to the Advisory Board.

Differentiation between Advanced and Specialized Training

In preparing to write a position statement on "specialized training," the Advisory Board held extensive discussion to delineate the concept and to make a distinction between "specialized training" and "advanced training." The Advisory Board first identified the characteristics of advanced and specialized training and agreed that both types of training are valuable for the continuing education of music therapists and to the profession. While recognizing that advanced and specialized training are not necessarily mutually exclusive categories and in some cases may overlap, the Advisory Board identified key distinctions between the two. Some specialized trainings may impart advanced competencies for the advanced practitioner; however, most impart professional competencies in a specific area of practice or clinical approach.

- *Advanced training* is defined as “learning of a comprehensive approach to, or model of, music therapy intended for broad and in-depth clinical application. The training occurs over an extended period of time; includes both didactic instruction and extensive, supervised clinical application; and results in the acquisition of a number of advanced competencies. Advanced training typically requires the master’s degree as a prerequisite

or co-requisite of the training program” (*AMTA Advanced Competencies*, 2007, Glossary).

- *Specialized training* is learning focused on a particular technique, a distinct clinical approach, or knowledge and skills intended for a specific population. The training typically occurs over a limited period of time and may or may not include supervised clinical application. Specialized training may be available to students, interns, and practitioners at all levels.

Specialized training is incorporated into many undergraduate, internship, and graduate programs in music therapy. For example, some undergraduate curricula address specific population areas (e.g., hospice music therapy) or techniques (e.g., clinical improvisation). Some specialized trainings are offered to interns working in facilities where particular techniques are practiced or specific populations are served. With the distinction of levels of practice in music therapy and the emergence of advanced competencies, master’s degree programs in music therapy are offering specialization tracks, thereby allowing music therapists to acquire advanced knowledge and skills related to a particular area of practice.

Music Therapy Designations or Credentials

Professional designations were granted by the former music therapy associations in recognition of completion of specified requirements. These were the ACMT, CMT, and RMT. The *professional credential*, MT-BC, is granted by the Certification Board for Music Therapists based on completion of academic and clinical training requirements, an objective certification exam demonstrating the required level of competence to practice as a music therapist, and participation in a program of continuing education designed to improve or maintain that level of competence.

If AMTA were to take responsibility for endorsing specialized training and maintaining quality control, an intense level of oversight would be required. The *AMTA Policies and Procedures for Specialized Training Courses* outlines a policy of adhering to the CBMT guidelines for Specialty CMTE courses. That document requires the AMTA CEC to complete and submit an application for Specialty CMTE approval to the CBMT for EACH proposed offering, which could conceivably create a burden of time and expertise beyond the volunteer resources of the Association.

CBMT has established policies and procedures for CMTEs as well as Specialty CMTE Courses. Because CBMT already has a mechanism for ensuring quality control of continuing education, AMTA could accomplish quality control simply by limiting courses offered at conferences to those that have Specialty CMTE Course approval or otherwise meet the CBMT requirements for approval as pre-approved continuing education activities.

The *Final Report and Recommendations of the Commission on Education and Clinical Training of AMTA* (1999) included the recommendation that AMTA should consider establishing specializations, such as “Music Therapist—Geriatric Specialist” for which designations might be granted. *Specialization* is the acquisition of advanced knowledge, skill, and experience in an area

of practice. The Association would need to determine the criteria for such specializations and any accompanying designations, which would serve as an endorsement for a form or level of practice beyond entry level. Moreover, an advanced *credential* in music therapy can only be determined by CBMT after surveying existing practice and determining there is a sufficient number of music therapists who practice from a common knowledge base at an advanced level. At the present time there is neither a comprehensive body of advanced knowledge in a particular area of practice nor enough music therapists whose practice is based on that common knowledge to warrant a specialized practice analysis, test development, and an advanced credential (T. A. Leonard-Warner, personal communication, July 30, 2008).

Specialized Training in Other Allied Health Professions

The Advisory Board conducted a comparison review of specialized trainings in related healthcare professions. These included physical therapy, occupational therapy, speech-language pathology, nursing, counseling, art therapy, drama therapy, dance therapy, and recreation therapy. Although some provide a mechanism for recognition of clinical specialization, it is important to note that none of the associations for these professions offer or endorse specialized training.

The following professional associations neither have any specialized trainings nor do they endorse any specialty trainings: American Counseling Association (ACA), American Association of Marriage and Family Therapists (AAMFT), American Art Therapy Association (AATA), National Drama Therapy Association (NDTA), American Dance Therapy Association (ADTA), and American Therapeutic Recreation Association (ATRA). The ACA sponsors nineteen specialty divisions within the association. These divisions require separate membership and are organized around specific interest and practice areas. The stated purpose of these divisions is to enhance professional identity and improve skills and competence. However, specific trainings are not endorsed by the ACA nor are professional designations granted. AATA, NDTA, and ADTA all have a process for identifying and recognizing supervisors/trainers but specialty clinical designations are not provided or recognized. Recognition as a supervisor/trainer requires a minimum of 5 years clinical experience plus other education and supervision requirements.

The following professional associations do provide or acknowledge specialty certifications and designations: American Physical Therapy Association (APTA), American Nurses Association (ANA), American Occupational Therapy Association (AOTA), and the American Speech-Language-Hearing Association (ASHA). The APTA currently has eight specialty areas in clinical practice in which a therapist can be certified as a *Clinical Specialist*. APTA approved the concept of specialization in 1976, and the first exam was administered in 1985. The specialties are primarily population focused with one specialty area in a testing technique. All of these specialties require a minimum of 2,000 hours in direct patient care and/or post-professional residency as well as successful completion of an examination. Some have additional requirements for certification. All specialties require a minimum fee of \$1,300 for APTA members. At this time, only 9% of the 68,000 APTA members are certified as a *Clinical Specialist*.

Specialty credentialing in nursing is provided through the American Nurses Credentialing Center (ANCC), an independent organization established in 1990 that is a subsidiary of the ANA. ANCC administers 39 separate certification specialties that designate not only a clinical specialty but also advanced practice. All of the specialty certifications require specific professional level education and successful completion of an exam. There are currently 75,000 nurses who have obtained specialty certification.

In 2004 the AOTA established a separate credentialing board within its association, the Board for Specialty and Advanced Certification. At this time, there are two certification processes: board certification in four clinical populations and specialty certification in four clinical techniques. Both types of certifications are competency-based and require extensive clinical experience (2,000 hours for specialty certification and a minimum of 5 years experience for board certification) and submission of a reflective portfolio that is peer-reviewed by a panel of experts. Application fees range from \$375 to \$525. AOTA has approximately 37,000 members.

ASHA initiated a specialty recognition program in 1995 that is overseen by the Council for Specialty Recognition. Specialization is identified by specific areas of clinical practice, and each program is administered by an autonomous board/council/academy set up independently upon approval by the Council for Specialty Recognition. Three specialty recognition programs are currently available. Requirements for each include mentoring, continuing education (100 hours), guided clinical practice (25 hours observation and 75 hours clinical supervision), creating a portfolio (case studies, mentor summary, video presentation of work) for review by the appropriate board/council/academy, and a written examination. Each organization sets its own fees and is self-supporting from those fees. Practitioners are required to pay for the expenses of fulfilling all requirements. ASHA has 130,000 members.

In reviewing these findings, several trends and observations were noted. The professional associations that currently recognize specialty certifications neither provide nor endorse specialty trainings. Rather, they have focused on developing voluntary specialty certification programs that demonstrate an advanced level of practice within a clinical specialization. To apply for one of these certifications, the practitioner must have extensive and comprehensive clinical experience in that area of concentration that includes mentoring and supervision.

Establishing a separate specialty certification program within an association is a long and costly process and requires extensive administrative and volunteer resources. For example, it took APTA 9 years from conception to implementation of the specialty certification program (APTA, 2008). Twenty-three years after the first exam, only 9% of the membership in APTA has attained a specialist certification. The professional associations that currently recognize specialty certifications are large and thus able to support such programs. It is important to note that the four professions cited above have long-established and nationally recognized credentials. All have state licensure in all 50 states, with the exception of speech-language pathologists, who are licensed in 47 of the 50 states.

The associations that currently recognize specialty certification programs are significantly larger than AMTA. The certification processes involve years of clinical experience in the specialty area, in-depth training, supervision, and extensive peer review and/or examination, along with

ongoing continuing education. Though these specialization programs grant a professional designation identified by an acronym, short-term workshops or trainings do not merit this level of specialized recognition. No association was found to endorse short-term workshops or trainings or to recognize completion of workshops or trainings with a designation or acronym.

Implications for AMTA Endorsement of Specialized Training

The Advisory Board strongly supports the offering of specialized training courses in music therapy, both at AMTA events and at other venues. The opportunity for music therapists to develop specialized knowledge and skills enhances services to consumers. Making specialized trainings available in conjunction with the annual conference provides a service to our members and contributes to their professional development.

However, the relatively short duration of these specialized training courses and the fact that they have minimal prerequisites suggest that these courses function more to prepare a practitioner to begin working in a given specialty area rather than to create an expert practitioner. From the study of related fields, it is clear that acronyms related to specialized areas of practice are only awarded after many years of work in developing expert knowledge, skills, and abilities.

CBMT has developed an approval process for Specialty CMTE Courses. By definition, these courses are comparable to what AMTA has identified as specialized training courses. AMTA is an approved provider of CMTE offerings. However, according to the CBMT Approved Provider Manual, Specialty CMTE Courses can only be approved by CBMT. For AMTA to assume responsibility for approving specialized training courses may be an encroachment upon the purview of CBMT and could harm the positive working relationship between the two organizations. At the least, it would seem to be an unnecessary duplication of effort.

If AMTA were to take responsibility for endorsing specialized training and maintaining quality control, an intense level of oversight would be required. The *AMTA Policies and Procedures for Specialized Training Courses* outlines a policy of adhering to the CBMT guidelines for Specialty CMTE courses. That document requires the AMTA CEC to complete and submit an application for Specialty CMTE approval to the CBMT for *each* proposed offering, which could conceivably create a burden of time and expertise beyond the volunteer resources of the Association.

CBMT has established policies and procedures for CMTEs as well as Specialty CMTE Courses. A specialized training course may be offered by AMTA under its approved provider status if the instructor(s) of the courses desire this type of recognition and apply to CBMT for approval as a Specialty CMTE Course prior to its offering by AMTA.

Financial Implications

It is possible that revenue can be generated for AMTA from (1) fees paid by the providers of specialized trainings for AMTA approval, and (2) registration paid by attendees of the training courses. AMTA already generates funds from the latter. However, the workload generated by the endorsement of these trainings—which would include research for training validity and relevance and reviewing training proposals—would require more resources (time, finances,

manpower) than AMTA staff and volunteers, including committees, can provide. Additionally, separate review committees with expertise in the area would need to be created for each application to ensure competency in the area of the proposed course.

Since administering these types of training programs would be beyond the staff and volunteer resources of AMTA, extensive costs would be incurred in the initial approval, ongoing review, and maintenance of records for such courses. It is likely that the cost of administering such a program would require the charging of fees that would be too high to result in a net revenue gain for AMTA.

Potential Legal Issues

The first legal issue relates to the implications of individuals practicing in specialized areas with a claim that their expertise was gained from an AMTA endorsed specialized training course. This could render AMTA responsible for the professional practice of such individuals, including liability related to malpractice or the provision of a contraindicated service.

The second issue concerns potential restraint of trade. There has already been serious discussion in one state task force regarding the desire expressed by some local music therapists to write into state regulations that an acronym granted by a specific specialized training be a required qualification for music therapists who seek reimbursement by state funds. This would inappropriately elevate the possession of a proprietary acronym to be treated as a professional credential and could lead to accusations of restraint of trade. AMTA could unintentionally find itself in a compromised legal position by endorsing such specialized trainings.

Potential for Conflicts of Interest

If AMTA were to establish a process by which to approve specialized trainings, a number of complications may arise. The first relates to the inability to ensure consistency. Only those programs that seek AMTA endorsement would have to meet AMTA standards or address AMTA-approved competency-based content. This may lead to variability in standards among specialized training programs. For example, specialized training courses that do not seek AMTA approval may be of equal or higher quality, yet lack AMTA endorsement. Moreover, AMTA may encounter the possibility of competing trainings being offered in the same area of practice. Would AMTA then endorse the different trainings, thereby sowing confusion over what constitutes legitimate training in a given area, or would AMTA choose only one particular training, thereby giving certain trainers an unfair or groundless advantage in the market place? Both options are problematic and may be unethical. Furthermore, AMTA approval of specialized trainings could be construed not only as endorsement of the training but also as tacit endorsement of any designation or acronym the trainers choose to give to participants, potentially elevating the status of the acronym to the level of our credential. While such designations are not credentials, they could be viewed as such if they carry AMTA endorsement.

Lastly, there is inherent potential for conflicts of interest in the endorsement process of specialized trainings. For example, the individuals who are most qualified to offer training are the same people who would be most qualified to evaluate the proposal for a specialized training

program in a particular area of practice. This would put AMTA in a position of choosing between having the most qualified individuals function as training proposal reviewers despite conflicts of interest or utilizing less qualified individuals to review specialized training proposals. The number of experts in various specialized areas is limited by the size of membership at the present time, contributing to the likelihood of dual relationships and conflicts of interest. The necessity to manage the dual-role or conflicts of interest may limit the quality of trainings.

AMTA Mission

While providing opportunities for accessing specialized training provides a valued member service and serves to improve the quality of music therapy services, the endorsement of specific trainings may not be compatible with AMTA's mission: "to increase access to quality music therapy services in a rapidly changing world." First, offering AMTA approval would not necessarily have any effect upon the quality of music therapy services provided to consumers. The CBMT approval process for specialized trainings already contributes to quality control, which would not necessarily be enhanced by AMTA's also assuming such a role. Because of the relatively small number of experienced professional members and the fact that the instructors of trainings presumably are the experts in their respective areas, it would be difficult if not impossible for AMTA to adequately assess the content of these trainings without creating conflicts of interest. Therefore, AMTA approval would probably not affect the program content. Second, the approval of trainings does not necessarily increase access to services by consumers. These trainings can be and are offered without AMTA's endorsement.

Conclusions and Recommendations

After a thorough review of research findings and extensive, spirited discussion, the Education and Training Advisory Board has concluded that ***the music therapy profession does not yet have sufficient numbers and resources for AMTA to consider developing a process through which to establish specializations***. Further growth in the profession and implementation of the *AMTA Advanced Competencies* in graduate education and training may ultimately make specializations a viable option.

At the same time, the Advisory Board recognizes the value of music therapy continuing education in all forms. The Advisory Board offers the following recommendations:

Recommendation #1: That AMTA continue to provide a venue for specialized training. The application for approval of such training shall remain the responsibility of the presenter.

Recommendation #2: That AMTA recommend to its members that brief, specialized trainings not grant any type of designation or acronym. It is appropriate to continue to award certificates of completion for documentation of continuing education credit for such courses.

Recommendation #3: That AMTA rescind the *Policies and Procedures for Specialized Training Courses*, leaving the application and review process for Specialty Courses to the providers and CBMT.

Recommendation #4: That the application for approval of Specialty CMTE Courses should remain the responsibility of the provider and the review and approval process rest with CBMT. AMTA should make available Specialty CMTE Courses that have been approved by CBMT, but should not limit continuing education offerings to this type of approval.

Non-AMTA Sources

American Counseling Association: <http://www.counseling.org/>

American Association of Marriage and Family Therapists: <http://www.aamft.org/>

American Art Therapy Association: <http://www.arttherapy.org/>

American Dance Therapy Association: <http://www.adta.org/>

American Nurses Association: <http://www.nursingworld.org/>

American Occupational Therapy Association: <http://www.aota.org/>

American Physical Therapy Association: <http://www.apta.org/>

American Speech-Language-Hearing Association: <http://www.asha.org/>

American Therapeutic Recreation Association: <http://atra-online.com/cms/>

National Drama Therapy Association: <http://www.nadt.org/>