

Frequently Asked Questions AMTA Policy on the Use of Acronyms

1. What is the new AMTA policy regarding acronyms for professional designations?

The policy adopted unanimously by the Assembly of Delegates in 2010 states that AMTA and its regions will use acronyms only for academic degrees, MT-BC, other credentials (e.g., NCC, CCC-SLP), licenses (e.g., LCAT, LMHC), state registries (e.g., WMTR), National Music Therapy Registry designations until 2020, and music therapy professional designations from other countries. This policy will apply to all print and electronic materials and communications. In addition, AMTA will strongly encourage its members to limit their use of acronyms to credentials and designations in this list.

2. Why has AMTA adopted this policy?

AMTA and CBMT are actively working to increase recognition of the music therapy credential, MT-BC. At the same time, acronyms for completion of trainings have proliferated, creating confusion among consumers, employers, legislators, and other external constituents. Furthermore, acronyms for trainings are not standard in the health care industry and are even prohibited by the ethical guidelines of some health care professions. AMTA has concluded that potential damage to the profession from continued use of acronyms for specialized and advanced trainings far outweighs reasons for continued use.

3. What about my specialized or advanced training? Is it no longer recognized by AMTA?

AMTA values and encourages specialized and advanced training. While AMTA discourages the use of acronyms to indicate completion of these trainings, music therapists may continue to indicate completion of trainings that confer designations by delineating the designation(s) in narrative form in print or electronic materials.

4. Narrative form? What would this look like on my stationery, business card, or professional signature?

Examples include the following:

James Jones, MS, MT-BC, CCC-SLP
Neurologic Music Therapist

June Johnson, MA, ACMT
Nordoff-Robbins Music Therapist

Jan Doe, PhD, LCAT, MT-BC
Fellow of the Association for Music and Imagery
Hospice & Palliative Care Music Therapist

John Smith, MT-BC
NICU Music Therapist

5. When does this policy take effect?

AMTA is starting to implement the policy now in relation to various documents such as conference programs, etc., at the regional and national level. It is anticipated that the policy will be fully implemented no later than January 1, 2012.

**AMERICAN MUSIC THERAPY ASSOCIATION
EDUCATION AND TRAINING ADVISORY BOARD (ETAB)**

ADVISORY ON ACRONYMS

Created at the ETAB Retreat in July, 2010

Revised June, 2011

Background

During the latter half of the 20th century, the music therapy profession was in need of an independent credentialing organization that would create and implement a certification program to evaluate the initial and continuing competence of practicing music therapists. In 1983, the Certification Board for Music Therapists (CBMT) was established in accordance with national standards for professional certification. CBMT was accredited by the National Commission for Certifying Agencies in 1986, and has maintained that accreditation to date. As part of this process, NAMT, AAMT, and later AMTA agreed to no longer issue professional designations, such as the ACMT, CMT, or RMT. The reason was that “one of the principle tenets of the unification agreement was to yield credentialing responsibilities to the CBMT, allowing the profession to move forward with one credential” (AMTA, 2009, p. xi). Music Therapist-Board Certified (MT-BC) became the single professional credential for the profession and was trademarked in 2006. For those who chose to keep the professional designations of RMT, CMT, and ACMT instead of becoming board certified, the National Music Therapy Registry (NMTR) was established with an understanding that the registry would expire in 2020. AMTA and CBMT have worked collaboratively to establish the MT-BC credential as the recognized credential in the field and to have it acknowledged by government agencies, employers, and consumers.

To maintain the credential, MT-BCs were required to keep current in the field. While this could be demonstrated by taking and passing the certification examination every 5 years, most MT-BCs chose to participate in continuing education experiences in accordance with CBMT guidelines for recertification. As a result, the need for quality continuing professional education opportunities arose.

CMTE courses quickly became essential, and continuing education activity evolved to such an extent that a wide variety of CMTE courses were offered; some were general, and others addressed specific or emerging trends within music therapy practice. To meet the needs of music therapists seeking more specialized training, CBMT established a process for the approval of Specialty CMTE Courses in addition to the standard CMTE courses. Music therapists with expertise in particular specialty areas received approved provider status through CBMT, which allowed them to offer their trainings for continuing education credits. These courses were offered not only at music therapy conferences, but also during other times of the year. Some of these training courses resulted not only in a certificate of completion, but in a designation represented by an acronym awarded to the trainees at the completion of training.

Following CBMT’s announcement of their decision to approve Specialty CMTE Courses, the AMTA Board of Directors (BOD) discussed expanding continuing education opportunities to include AMTA endorsed specialized trainings. In 2003, the BOD charged the Continuing Education Committee (CEC) with developing policies and procedures for this process (e.g., giving recognition for completion of such trainings, developing a review process for the potential trainers’ applications, etc.). Subsequently, a motion was presented to the Assembly of Delegates

in November 2003 that called for the Committee to develop policies and procedures for specialized training. The Assembly raised many concerns with the motion, notably citing potential infringement on the role of CBMT. The Assembly eventually adopted the CEC's *Policies and Procedures for Specialized Training Courses* in November 2004. The *Policies and Procedures* stipulated that recognition of Specialized Training be by "written recognition of completion."

The CEC began to develop internal procedures for reviewing applications for specialized training courses. At its mid-year meeting in 2005, the BOD decided that the "successful completion of an AMTA specialized training course may include the award of an appropriate acronym." When word of this decision reached the AMTA membership, strong concerns were voiced. In addition, both the CEC and the Education and Training Advisory Board (ETAB) gave strongly worded objections to the proposed practice of awarding acronyms for successful completion of specialized training courses. Another major concern was that since this decision set policy, it needed to go before the Assembly of Delegates. In November 2005 the AMTA Assembly of Delegates defeated the 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 and issues, the BOD decided to "table" the approval process for specialized training courses and referred the entire issue of specialized training to ETAB.

The process remained tabled until 2008, when the BOD charged ETAB to create a white paper on specialized training. ETAB held a retreat that summer and created the *Advisory on Specialized Training*, which was presented to the BOD prior to the 2008 national conference. The *Advisory* included the following:

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.

Additionally, ETAB presented recommendations, and after discussion, the AMTA BOD supported all of 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.

Recommendation #3 was brought by ETAB to the Assembly as a motion, and it was passed on November 21, 2008. The BOD charged ETAB with formulating a position paper and motion for the Assembly concerning Recommendation #2.

Although AMTA made the decision not to sponsor specialized training courses, music therapy specialized courses are still provided by individual music therapists and institutions. Some are offered as Specialty CMTE Courses. The completion of some training courses results in the awarding of an acronym, and some music therapists have chosen to include not only the “MT-BC” credential after their names, but also the acronyms. The purpose of this paper is to recommend policy on the use of acronyms.

Acronyms and Health Care

ETAB researched the practices of other recognized healthcare professions (e.g., Dance/Movement Therapy, Art Therapy, Psychology, Marriage and Family Therapy). It was noted that few if any of these organizations supported the awarding of acronyms for additional training unless the practitioner acquired comprehensive expertise in the area of concentration through extensive mentoring and supervised clinical experience. These criteria are noticeably lacking in most of the specialty trainings currently available to music therapists.

The use of acronyms is limited in healthcare professions similar to music therapy. The American Dance Therapy Association (2008) does not have specific guidelines pertaining to acronyms. However, neither their web directory nor conference program lists any acronym. Similarly, art therapists tend not to use acronyms; however, no official stance exists on this (*AATA Ethical Principles for Art Therapists*, 2009). The psychology profession, however, has strongly worded guidelines concerning acronyms. In Standard 5.01c of the *Ethical Principles of Psychologists and Code of Conduct with the 2010 Amendments*, the American Psychological Association (2010) limits the claiming of credentials as follows: “Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.” A review of the APA membership directory indicates only the degree after a member’s name and a license only if the psychologist was also licensed in another area (e.g., counseling). Akin to psychology, marriage and family therapists do not use acronyms other than those denoting a state/provincial license or certification, but instead employ narrative below the name line on letterhead to designate specialty areas (*AAMFT Code of Ethics*, 2001).

Acronyms have become an issue in the larger context of professional and occupational certificate programs. The Institute for Credentialing Excellence recently published the *NOCA ICE 1100–Standard for Assessment-Based Certificate Programs* (2010). This document received approval as an American National Standard by the American National Standard Institute (ANSI) Board of Standards Review in March 2009. The goal of the *Standard* is to set criteria for certificate programs while also helping to reduce confusion in the marketplace related to these programs. The *Standard* specifies essential requirements for certificate programs and provides guidance to program providers and consumers on what defines a high-quality certificate program.

ICE defines three different types of certificate programs that provide professional and/or occupational training but do not grant a credential or designation.

1. Knowledge Based Certificate – recognizes a fairly narrow scope of specialized knowledge required by a profession or occupation; issued after the individual passes an assessment instrument.
2. Curriculum Based Certificate - recognizes completion of a course or series of courses; issued after the individual passes an assessment instrument limited to course content.
3. Certificate of Attendance or Participation – recognizes attendance at or participation in a particular meeting or course; usually issued without any kind of knowledge assessment.

Music therapy specialized trainings or Specialty CMTE courses typically fit the *Standard's* definition of a Knowledge Based or Curriculum Based Certificate program. Furthermore, the *Standard* delineates guidelines for issuing and using certificates in these programs, and these include:

- The certificate provider shall not award an acronym or letters to certificate holders for use after their names upon completion of the certificate program.
- The certificate provider shall publish and provide to certificate holders a statement defining the appropriate ways in which to reference the certificate. This statement shall specify that certificate holders:
 - a) may state that they hold a “Certificate in...”
 - b) shall not say that they are “Certified in...”
 - c) shall not use acronyms or letters after their names to reference the certificate they hold.
- The certificate provider shall publish and provide to certificate holders a statement defining the purpose and scope of the certificate. This statement shall specify that certificate holders shall not:
 - a) make claims or imply that the certificate is a professional certification or that its purpose and scope are beyond that specified by the certificate provider; or
 - b) make any other statement regarding the certificate which the certificate provider may consider misleading or unauthorized (Institute for Credentialing Excellence, 2010).

The language in the *Standard* is strongly worded against the use of acronyms to represent the completion of a certificate program. Since the specialized music therapy courses fall under the *Standard's* criteria and related health professions do not commonly use acronyms, the national trend does not seem to support the use of acronyms after a therapist's name to represent the completion of a certificate program. In summary:

- Acronyms for trainings are not an industry standard.
- In some professions, the use of acronyms is prohibited by ethical guidelines.

Music Therapy and Acronyms: Pros and Cons

At present, increasing numbers of music therapists are displaying an array of acronyms in addition to the MT-BC credential following their names. Designations such as Analytical Music Therapist (AMT), Fellow of the Association for Music and Imagery (FAMI), Hospice and Palliative Care Music Therapist (HPMT), Neonatal Intensive Care Unit Music Therapist (NICU-MT), Neurologic Music Therapist (NMT), and Nordoff-Robbins Music Therapy (NRMT) proliferate in conference program descriptions, conference name badges, and the pages of the *AMTA Sourcebook* (2010).

A number of arguments may be made in support of retaining the current practice of using acronyms for a variety of professional designations following the music therapist's written name. Listed below are some of these arguments along with their counter arguments.

Arguments for Acronyms	Arguments against Acronyms
Acronyms point to practitioners who continue to expand their knowledge in the field and seek additional training.	The MT-BC credential signifies music therapists who both pursue continuing education and remain current in the field.
Acronyms may be perceived as acknowledgements of expertise and may seem impressive on a resume or biographical sketch.	Acronyms may create the perception of expertise where little exists and may present an inaccurate perception of the music therapist's expertise. Most specialized trainings are limited both in scope and duration, and in most instances, incorporate little or no supervised clinical experience during or after the training. In contrast, the MT-BC credential requires an academic degree or equivalent plus a minimum of 1200 hours of supervised clinical experience.
Acronyms may serve to increase the credibility of individual music therapists seeking recognition in the healthcare field.	Acronyms can undermine the credibility of the music therapy profession. AMTA and CBMT are expending considerable effort and resources to attain nationwide recognition of the MT-BC credential by government and private healthcare organizations. Using acronyms for designations could dilute the MT-BC credential or, at least, confuse external constituents.
Acronyms may motivate many music therapists to seek specialty training, thus increasing their overall clinical skills.	Maintaining the MT-BC credential motivates the music therapist to seek continuing education and training appropriate to their areas of professional need and interests.
Acronyms may serve as rewards, provide positive reinforcement, or increase self-esteem in a profession not always acknowledged for its contributions.	The short-term reinforcement from using acronyms may be outweighed by the long-term damage to the profession.
Clinicians can use these designations as marketing tools.	Clinicians may continue to spell out designations from trainings in marketing materials without the misleading acronym.

Conclusions and Recommendations

While ETAB recognizes that individual music therapists may desire to use acronyms for designations, ETAB has concluded that potential damage to the profession far outweighs reasons for continued use. After a thorough review and lengthy discourse, ETAB strongly advises against the use of acronyms for designations other than those for academic degrees, licenses, credentials, or those professional designations presently recognized by the NMTR. In summary,

- Designations for academic degrees, the MT-BC credential, and licenses are granted by organizations that are subject to accreditation or oversight by an external body. Other designations are not.
- The MT-BC credential is sufficient for signifying continued professional development.
- Acronyms for other designations create confusion in the minds of the public, employers, and legislative bodies who are still learning about the MT-BC credential.
- Multiple acronyms for other designations dilute the MT-BC credential and hinder efforts to increase its recognition.

Therefore, ETAB made the following recommendations:

1. That AMTA disallow the use of acronyms to recognize designations in conjunction with all specialized training offerings presented under AMTA's approved provider status, both during and outside of national and regional conferences.
2. That AMTA printed materials and electronic communications use acronyms only for academic degrees, MT-BC or other credentials (e.g., NCC, CCC-SLP), licenses (e.g., LCAT, LMHC), professional designations included in the NMTR until 2020, and music therapy professional designations from countries other than the US.
3. That AMTA strongly encourage AMTA members to limit the use of acronyms to the following: academic degrees, MT-BC or other credentials (e.g., NCC, CCC-SLP), licenses (e.g., LCAT, LMHC), professional designations included in the NMTR until 2020, and music therapy professional designations from countries other than the US. All designations received from completion of specialized training may be delineated in narrative form when such designation is warranted.

In November 2010, the Assembly of Delegates passed the following motion. Resolve, that AMTA follow a policy of using, and encouraging member use, of a limited number of acronyms in professional practice. To that end, effective no later than January 1, 2012:

- a. AMTA and its regions, in printed and electronic materials and communications, will use acronyms only for academic degrees, MT-BC, other credentials (e.g. NCC, CC-SLP), licenses (e.g. LCAT, LMHC), state registries (WMTR), NMTR designations until 2020, and music therapy professional designations from other countries; and
- b. Members are strongly encouraged to follow the limitations as cited above in a.; and
- c. Designations received from specialized training, when used, should be delineated in narrative form, e.g.

June Johnson, PhD, ACMT
Nordoff-Robbins Music Therapist

John Smith, MMT, LCAT, MT-BC
Neurologic Music Therapist

Jan Doe, MT-BC
Fellow of the Association for Music and Imagery

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