

**Master's Level Entry (MLE)  
Subcommittee**

**2012  
Motions, Papers,  
Minutes, & Presentations**

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**The Original Motion was passed 4/28/12 by the Board of Directors, and was amended on 4/29/12 during the Mid-Year Board meeting. The amendment stipulated five (5) additional board members be appointed to the subcommittee rather than four (4) in the original motion. Therefore, below is the motion to create the subcommittee.**

**MOTION:** Resolve, that the Board of Directors appoint a subcommittee of the Board on Master's Level Entry:

- A. Chaired by President Wylie and comprised of five additional board members, two ETAB members and the AMTA Director of Professional Programs. One of the five board members is to be an Assembly representative selected by the four board delegates. Three of the five board members will be selected by the President, and the remaining board member elected by the board. The two ETAB members will be selected by ETAB.
- B. The charge to the MLE subcommittee is to: 1) Analyze the data accrued to date: including (but not necessarily limited to) the town hall meeting responses, CBMT responses, NASM response, and website inquiries. 2) Delineate additional questions and information needed for the association to make a fully informed decision. 3) Develop a plan to answer the questions and obtain the information needed in #2. 4) Make a recommendation for events at the 2012 conference related to MLE (e.g., potential educators/internship director summit/retreat, town hall meeting).

Author, Bryan Hunter. The motion carried.

**Passed 4/29/12 during the Mid-Year Board meeting.**

**MOTION:** Resolve, to inform the AMTA membership that (a) there will be no vote on the matter of Master's Level Entry at the meeting of the Assembly of Delegates at the 2012 National conference, but that opportunities for discussion will be there and (b) the Board of Directors has appointed a subcommittee on Master's Level Entry with representation from the Board, Assembly, ETAB and National Office Staff.

Author, Brian Abrams. The motion carried.

**The members of the Subcommittee were approved by the Board May 12, 2012.**

**Motion:** Resolve, to approve the Master's Level Entry Subcommittee members as follows: Mary Ellen Wylie (Chair), Amy Furman, Bryan Hunter, Ronna Kaplan, Christine Neugebauer, Angie Snell, Cynthia Briggs, Jim Borling, and Jane Creagan. The motion carried.

Statement for AMTA Website and eNews

Master's Level Entry – Work of a New Subcommittee

Following a discussion at the Mid-Year meeting of the AMTA Board of Directors with Cynthia Briggs and Jim Borling of ETAB, the Board created a new MLE Subcommittee to continue work on the Master's Level Entry (MLE) proposal. This new Subcommittee will continue further investigation into the MLE begun by ETAB. The nine members of the Subcommittee are: Chair - Mary Ellen Wylie; Board members appointed by the Chair – Bryan Hunter, Amy Furman, Ronna Kaplan; Board member elected by the Board – Christine Neugebauer; ETAB members elected by ETAB – Cynthia Briggs and Jim Borling; Assembly Delegate elected by the four Assembly

Delegates to the Board – Angie Snell; and representing the National Office – Jane Creagan, Director of Professional Programs and member of ETAB.

You may remember an earlier eNews post announced there will be no vote on the matter of Master's Level Entry at the meeting of the Assembly of Delegates at the 2012 National conference. The MLE Subcommittee is working on providing several opportunities at the National conference for updates and information sharing on the MLE.

**Follow-up to motions.**

1. Jim suggested an updated statement be placed on the AMTA website, composed by the Chair of the new subcommittee, saying: a) the subcommittee has been formed; b) identifying the members of the subcommittee and their representation (i.e., who is there from BoD, Assembly reps, ETAB); and c) clarifying that the subcommittee will now be taking on the task of further investigation into MLE. I will work on the statement, send a draft to the subcommittee for feedback, and when finalized, work with the appropriate staff members at National Office to have it posted on the website and sent as an ENews blast.
2. Generate an ENews blast of the above statement and use any other strategy to keep folks informed.
3. ETAB recommends that the FAQs remain but the new statement be added to the FAQs. ETAB also recommended the deactivation of the link to the ETAB form for submitting questions/comments and instead create a spot on the public section of the AMTA website for questions/comments. [MEW I responded to Jim's email indicating the ETAB website will eventually need to be deactivated, and the subcommittee is likely the group in the future that will respond to questions. However, I would like to leave the ETAB site active until July 1. I need to consult with Andi and Angie about moving the question/comment section to another spot and any changes that might need to be made.]



#### Subcommittee Tasks for the Summer of 2012:

1. Analysis of questions and comments from the Town Hall Meetings. Data needed on:
  - a. Number of comments within each category
  - b. Nature of comments within each category, e.g., comments for the proposal, comments against the proposal, other information requested by audience member?
4. Analysis of Website inquiries and non-Town Hall inquiries received from Board or subcommittee members in the form of emails, calls, etc.
5. Analysis of CBMT response
6. Analysis of NASM response, questions, recommendations, etc.
7. Delineation of areas not addressed:
  - a. Economic impact for AMTA
  - b. Relationship to state recognition & regulations
  - c. Economic impact on students
8. Outline the content of and leadership for events at the 2012 conference
  - a. Educator/internship director forum
  - b. Town Hall meeting
  - c. Summit/retreat

Because conference planning is well-underway, I had to work with Sandi and Al to ear-mark some conference times for possible sessions. At this point we have tentatively planned for a 4 hour Educator/Internship Director forum; the forum will be on Thursday prior to the start of the conference **OR** a split forum with 2 hours of meetings on Thursday and 2 hours on Saturday night. I also reserved two conference session times on Friday morning; the 7:30 - 9 am session will be an update and progress report open to any conference attendee, and the 9:15 - 10:15 am session will be a Town Hall Meeting, also open to any conference attendee.

Jim Borling contacted me with questions recently formulated by ETAB. Based on Jim's questions and the Board motion here is another set of tasks I see ahead of us.

#### Additional Tasks:

9. Jim suggested an updated statement be placed on the AMTA website, composed by the Chair of the new subcommittee, saying: a) the subcommittee has been formed; b) identifying the members of the subcommittee and their representation (i.e., who is there from BoD, Assembly reps, ETAB); and c) clarifying that the subcommittee will now be taking on the task of further investigation into MLE. I will work on the statement, send a draft to the subcommittee for feedback, and when finalized, work with the appropriate staff members at National Office to have it posted on the website and sent as an ENews blast.
10. Generate an ENews blast of the above statement and use any other strategy to keep folks informed.
11. ETAB recommends that the FAQs remain but the new statement be added to the FAQs. ETAB also recommended the deactivation of the link to the ETAB form for submitting questions/comments and instead create a spot on the public section of the AMTA website for questions/comments. **I responded to Jim's email indicating the ETAB website will**

eventually need to be deactivated, and the subcommittee is likely the group in the future that will respond to questions. However, I would like to leave the ETAB site active until July 1. I need to consult with Andi and Angie about moving the question/comment section to another spot and any changes that might need to be made.

12. Jim also said, "Ultimately, we would think it is the subcommittee that will need to determine how they wish to receive feedback from membership during this process. Perhaps initially, it would be reasonable to decide IF this need for feedback/dialogue still exists or if it is simply time to inform folks of the subcommittee and begin the work. "

*It is recommended that ETAB make 'direct contact' with the following professions to begin this inquiry about MLE practice:*

1. *Speech/Language Pathology*
2. *Social Work*
3. *Occupational Therapy*
4. *Physical Therapy*
5. *Child Life Specialists*
6. *Nursing*
7. *Recreation Therapy (is there any impact by remaining at the bachelor level of practice?)*

*'Direct contact' shall include conversation with leadership members (past and present), senior administrators, and others within the profession as appropriate. Wherever possible, face-to-face contact is encouraged. Let it be understood that the intent of this work is to gather general, but accurate, information with regard to a profession's transition to MLE. Specific tasks identified from this direct contact may be referred to appropriate committees within the AMTA structure for further clarification and delineation.*

## **Summary of ETAB Town Hall Comments-Spring 2012**

### **Presented to AMTA Board of Directors**

A summary and selected comments appear below under the headings created for the notetakers by President Wylie.

- *Effect on clients - Very few comments were made regarding the impact on client care. (these are the only 6 comments regarding effect on clients)*
  - A move to a masters level entry would allow maturity and skills to grow to better serve our clients
  - the clients often go beyond the entry level. Students aren't always prepared to practice at the needed level. If we don't define our profession, others will define it for us.
  - We need to become more trauma informed therapists. Clients can only benefit from more training
  - Clients can only benefit from more training.
  - I would rather be in debt (student loans) than know that I harmed some of my clients. I feel that I have learned on the job.
  - Believes masters level entry will make us the best we can be for our clients
- *Effect on current practicing music therapists - comments were spread across educational concerns, financial concerns, loss of credential, salary concerns.*
  - Will there be a grandfather clause?
  - Likely no increase in pay, increased educational costs.
  - Percentage that remain in the field is not as great as other professions. Difficult for people to see the investment of 6 years turning into something lucrative enough to justify going through their schooling.
  - I have lost many financial opportunities because I have a bachelor's level education
  - Appreciate your work and I am pro masters. I have interns who come in with no counseling skills.
- *Effect on budgets/finances of agencies where MTs work – this item was addressed often in a variety of direct and indirect ways.*
  - Market was not able to bear masters level rates in KC.
  - Having a masters has not improved her business
  - How can we raise the expectation of pay for a masters?
  - No salary increase when person got masters, 6 years in school – Will employers have more money to pay graduating MT's who have no clinical experience?
  - An employer looks at cost effectiveness and will hire therapists who can provide services at a lower cost...such as music thanatologists
- *Impact on the size of the workforce (# of clinicians) – There was some consistent concern in this area but responses were mixed with a few seeing the move as having positive effect, most comments anticipated there would be a negative effect.*
  - Negative- Limiting to a MA level is limiting our workforce. Levels of practice need to be further defined and emphasized.
  - Worksites would reflect more professional integrity and mutual respect if all allied practitioners were on the same level.

- NY – all five universities are now masters level and they are all thriving. Jobs are going unfilled. There are not enough MTs. It was a good move.
  - Percentage that remain in the field is not as great as other professions. Difficult for people to see the investment of 6 years turning into something lucrative enough to justify going through their schooling.
  - Retention numbers are very small in MT. Open to the discussion but concerned about the unlikelihood of investing 6 years being lucrative enough to justify the debt load and time commitment for entry level masters.
  - I think this will decrease our workforce. I think we need more “technicians”, as well as advanced practitioners.
- *Models/what would a Master’s-entry program look like? Impact on Bachelor’s degree - Many ask this question, wanting answers and expressing a desire for specifics before a decision is made. Many spoke against eliminating the undergraduate degree in music therapy.*
    - Need to do away with the equivalency programs all together with a move to masters level entry
    - How are we going to be able to teach all of the entry level skills, and the advanced skills, and the undergraduate internship and an advanced internship in 5 years?
    - Feels that because of all the current curriculum requirements, we are almost at master’s level anyway, taking 5-6 years just for the bachelor’s.
    - When programs are forced to reduce degrees to 120 hours, we will have to have master’s level entry. Also, getting licensure is connected to master’s degrees.
    - BM is bursting. We do need the MA just concerned about the timing.
    - There are a lot of competencies to address, musical competencies aren’t getting as much attention as in the past. His skills on the guitar has impacted his ability as a therapist. We need to change the musical skills so they are prepared.
    - Should establish a pre-music therapy degree, as there are pre-PT, pre-SLP etc. degrees.
  - *Effect on future MT students – concerns were about time, money and competition but several acknowledged there is more to learn than a bachelor’s degree can address.*
    - Child life is moving towards Masters. Setting itself is moving towards this. It is becoming difficult to provide exposure to interns.
    - MTs who train in Australia, Europe who are already at Masters level
    - Many students enter college with lots of hours to start. School is fast paced. Students should choose quality not quantity in education. She has friends who want the MA because they want to know more.
    - If students want to be a music therapist they will work for the MA. It is better to have the MA for a job.
    - Didn’t feel quite prepared with bachelor’s degree. If bachelor’s can focus more on foundational music skills, we could address therapy in the master’s and we would be more musically prepared.
    - Student – wants to pursue a master’s to learn more, not for other reasons
    - Fix the BA so students pass the exam
    - Student debt load and salaries? What will happen to our students?
    - Serious concerns about draw of students to programs with MA entry (time commitment, financial constraints).

- *Effect on education programs /effect on budgets/finances of education programs - concerns were around time, money and content.*
  - How are we going to be able to teach all of the entry level skills, and the advanced skills, and the undergraduate internship and an advanced internship in 5 years?
  - More research needed about impact on universities
  - Difficult to address all the competencies in 4 yrs.
  - “Dire” implications for many of educational programs already in place
  - Many schools don’t have graduate degrees; what happens to those schools?
  - Changing degree structure at a University is costly and timely.
  - Concern is how do we prepare people for entry? As we move forward, we need to think about how we are preparing people to enter. Also, fear can immobilize us and keep us stagnant, or we can face our fears and move forward.
- *Impact on the size of the workforce (# of educators) – only a very few comments directly addressing concerns regarding educators.*
  - Shifting to MA level would be entry. Would this impact the qualifications for teaching at the college/university level?
  - Very concerned about the details. Recommends a process be put in place before a decision is made. Access to programs, curriculum changes, concerns about adequate faculty for teaching loads.
- *Effect on clinical training – not a lot of specific comments regarding internship.*
  - Interns are not as prepared as she would like. There major problem is music skills. In some cases it can happen in BM. Probably better with the MA. Excited about the future.
  - Would need to change internship
  - Concerns at roundtable discussion at this conference from clinical training directors about the maturity of interns coming to internship
- *Effect on NASM – no comments*
- *Effect on CBMT – Concern were regarding grandfathering of MT-BC credential and how the exam might transition.*
  - I am in full support of a masters. And noted the decrease in passing rate of the CBMT test. How will a masters program improve those rates? What are we doing to improve the programs we currently have?
  - Is CBMT going to support a master’s level entry to sit for the board exam or will a bachelor’s level be enough? CBMT has the choice to not recognize a masters level entry.
- *Effect on AMTA-No comments.*
- *Effect on competencies – Some comments regarding how the competencies (Professional or Advanced) would be addressed.*
  - Difficult to address all the competencies in 4 yrs.
  - Member agrees that this conversation needs to be had. He thinks MA entry will address some of the musical competencies that are being missed.

- Levels of practice and competency vary according to populations and their clinical needs; some clinical populations are well-addressed by competent bachelor's level clinicians.
- Can we try five year limit to start master's degree like they do in teaching?
- *Effect on State Recognition task force efforts*
  - Establish state recognition prior to move to the masters requirement.
  - State recognition needs to come before moving to the masters. Reimbursement, joint commission, higher salaries is more related to state recognition than it is to Master's training.
  - Disagrees that time is now. Need to focus on state recognition before making the move.

## **Town Hall Meeting Comments by Category**

### **1. Effect on clients**

1. Jan, spoke about the hospital moving towards requiring Masters Level. Doesn't every client deserve us to be the best therapist that we can be? GLR
2. I would rather be in debt (student loans) than know that I harmed some of my clients. I feel that I have learned on the job. MAR
3. There are some positions that are appropriate for bachelors level MT's. However, the clients often go beyond the entry level. Students aren't always prepared to practice at the needed level. If we don't define our profession, others will define it for us. Also, we need to give ourselves time to change. MAR
4. When you are first out of your degree program, you are working at the level you are working. What is going to be the difference? If you haven't had more experience, how is this going to change anything? How is a master's degree going to change service delivery? MAR
5. Has a master's equivalency degree. Eight-ten years will take time. We need to become more trauma informed therapists. Clients can only benefit from more training. MWR
6. Because we as a profession have not grown in 20 years, what benefit would the MLE change for our clients that are already benefiting from qualified MT training? SER
7. Greater education and more knowledge is never a negative thing. SER
8. How much do we want to grow? How many do we want to serve? My end goal is to get a job. Make sure at least 25 states have licensure before moving forward. Benchmarks are needed. The best path to get there...Is MA the way to go? What are the quantitative goals? WR

### **2. Issues concerning current practicing music therapists**

1. We may be overpricing ourselves. Nursing homes, may not be able to afford to hire us. Many Bachelors level are not ready for advanced education. If we go to a Masters Level other professions will be hired in place of MT. Some areas should require Masters level – medical. GLR
2. Concerned about the salary range for Masters Level vs Undergrad and Masters in MT. Helps you to be respected in your job. Do we have a way to know how our profession is perceived in relation to OT and SW if we go to Masters Level. We are still not perceived as receiving the same pay as other professions. GLR
3. What are the expectations/requirements within this proposal for the older/more experienced clinicians? Many have Masters degrees in specialty areas other than MT. Will we be allowed to practice or need to step down? How many MT professors would have to go back to school to get the proper credentials and how then will we have the resources to educate our MT students? Will there be an increase in pay related to this increased level of education? GLR

4. Member feels that her practice as clinician has shaped her greatly and the decisions she makes professionally. She notes that part of the process/success of the student of a direct result of the personality of the student/therapist. She expresses her own personal interest in advanced training, but believes that an MT can be very successful with a BA. Appreciates time and energy of ETAB. MWR
5. Knows MTs who have doctorates and they do not have jobs SER
6. Practiced MT for 12 years with a bachelor's and felt she was well respected and compensated in a hospital setting SER
7. Has masters since 1996, was well paid in NY but moved to GA years ago and has yet to be compensated for a masters, makes the same amount as other MTs with bachelors in hospital setting. We need to think about financial repercussions, as she is still paying on student loans. SER
8. Owns a bachelor's level private practice, had a great undergraduate education, feels very prepared, professional practice is going well. She feels she has worked hard every day to grow herself to meet the needs of the individuals she serves every day. SER
9. I believe a masters a must to continue to grow as a professional but something to be done on my own time as I am working as a music therapist SER
10. The profession needs to explore the ETAB proposal in greater detail and for a longer duration SER
11. Supports the move. It will be a gradual process, and we can determine the timeline. SWR
12. I do not have a Masters degree, but I have 25 years of experience. What will the Masters mean for getting a job? I thought getting the MT-BC would mean something about getting a job and it did not. What will the Master's entry level mean for the profession, maybe clout? SWR

### **3. Effect on budgets /finances of agencies where MTs work**

1. Support the master's idea. Concerned about marketing. Where is the payoff, where is the benefit of it? Propose that as you consider preparing generalists, you could have universities that have an emphasis in counseling, biomedical, NMT, rehabilitation, etc. College is expensive, so let's have a payoff for the added expense with higher salaries, etc MAR
2. I feel that I was extremely well prepared at the undergraduate level. However, different people had different educational experience. What are the implications for those of us that are already MT-BC's at the entry level? MAR
3. 6 years in school - Will employers have more money to pay graduating MT's who have no clinical experience? Experience and clinical application are important to employers. NER
4. Concerned with language in our documents. We need to be very careful with language because federal government will change regulations based on our language. I work for the



federal government and they are very picky about language. We need to be careful. Think long term. Talk to Larry Long. SWR

5. What is the reimbursement standpoint? SWR

6. I have witnessed MT for 30 years and Art and Dance therapy rising to a master degree level. As an employer, I cannot afford to employ them for my nonprofit program anymore. A nonprofit serving DD is negatively impacted by increased cost of pay to therapists and a cannot manage an increase in cost for services. Hate to lose services. WR

7. An employer looks at cost effectiveness and will hire therapists who can provide services at a lower cost...such as music thanatologists. We do not have the reimbursability that other professions currently have in place. We need to develop this more through our advocacy before moving forward with the plan you are proposing. WR

**4. Issues concerning the size of the workforce (# of clinicians)**

1. One of the most important things is to increase our workforce. I think this will decrease our workforce. I think we need more "technicians", as well as advanced practitioners. Not everyone needs master's level training. I currently bill the same for bachelor's level work that others bill for a masters level. I also think that our student's can't afford any more debt. Recommend more study on workforce retention. Why do people stay in the field? Who with a BMT stays in the field and why, who with a BMT doesn't and why? MAR

2. Member references slide that discusses MA and respect in the field...and questions whether or not a masters degree is really the only way to increase respect as a clinician. She is also concerned about demand issues....changing requirements may cause fewer people to pursue MT, resulting in fewer MTs in practice and few clients to be served. She notes that her own professional experience in the field following her academic training greatly enhanced her MA level education. MWR

3. In hospice there are other music practitioners that are competing for jobs. We may lose out on jobs. MWR

4. Music therapy is unique, we don't need to fit into the cookie cutter of our related professions. I value the diversity of our profession and the ability to choose our field of masters education. I feel that requiring a masters for entry level would only make our profession more generic. Every music therapist is different, just like each of our clients. That is the strength of our profession and what sets us apart from other professions. MWR

5. It will limit our presence in healthcare if master's degree required. Specialized certifications are available for MT now. What new opportunities would MA in music therapy offer that are not available now? Moving to more advanced practice – but master's is planned as entry level. (That seems contradictory...) NER

6. 12 years on the AMTA BOD and heard continual concern that we do not have enough MTs,. This will limit the number of MTs SER

7. Know MTs who have doctorates and they do not have jobs SER

8. Art therapists are her co-workers with master's level entry and make the same amount of money as she does. She sees them struggling financially with their expensive educational expenses, but they do not have an increased income. SER

9. History proves that every profession that advance to a higher degree have lost many numbers to their profession, the time is TOTALLY wrong, we are moving backwards, adding another year, changing a location, the bachelor's degree may not survive if there is no benefit except to continue into school and debt. SER
  10. SER 2009 discussions were had concerning the length of an internship and the possibility of going to a 1 semester internship due to issues of student loans and getting students into the workforce sooner, moving to a masters level entry would not bring music therapy numbers up rather a decline would occur SER
  11. If a masters level entry had been required when I was entering the field I would have seriously thought about other degree options SER
  12. The timing is not right, with all of the publicity and increased awareness of MT, we will have increased demand for therapists. Will lose about 20% of the workforce due to retirement around the time of implementation. I don't think students will go for the Masters with today's economy. We will lose academic programs and won't have enough therapists. SWR
  13. Concerned about ability to find work. MT-BC did not help us gain credibility or find work, hopefully any move like this would. SWR
  14. Bursting at the seams in some places, not others. SWR
5. **Models – what would a Master's entry program look like? Statements re: Equivalency**
1. Concerned that undergraduate courses will [appear as if campuses] puts fives (5s) in front of them [course numbers] to turn them into Master's level courses. GLR
  2. Page 2 document statement stated several times: degree in MT is truly an advanced degree,,,,,but on page 4 ...the undergraduate would not grant a bach. In Music Therapy.....concern...how to prepare the masters person without prior work in MT....why would we shorten the sequence and number of years of study?...suggest graduate work must build upon undergraduate study....Why do we want to drop the undergrad. MT degree? GLR
  3. The Models that we might look towards – SLP, OT, PT, the healthcare field is changing...it is 2012. OT is going to Masters, PT to Doc, SLP Masters.....I think we need to move to masters for respect. GLR.
  4. This will not be a choice. It is still a choice to join the association, to sit for the exam, there is no element of choice moving to Masters. . . . [You] may [be] looking at changing everything.....without looking at other plans, I have read different models....but could not make college dean understand.....hard to sell to boss at college. GLR

5. Must look at what is going to happen with higher level. Universities are gonna look at this as a brand new thing. [We] can do some slick things....may be a way to create a post-bachelor degree .....there are ways to speak to areas where masters needed (Create specializations or trainings at the Graduate level). GLR
6. Supports continuing [of] life-long learning. If we have a Bachelors to a Masters at one college, [an] undergrad [student] may not know where to go. Supports separate programs so that we can customize our experience. GLR
7. Concerned that equivalency will disappear.....It would become an advanced equiv..... looks like that .....Its gonna take me 5 years to finish, but .....I also comment on models that we could look forward SLP, OT PT, models.....OT is going to Mast., PT Doc, SLP Masters.....I think we need to move to masters for respect. GLR
8. As an educator, how is this going to be implemented? If it gets reduced to a 5 year Master's program, we would have less time to meet the competencies. MAR
9. Concern about discontinuing the Equivalency. GLR
10. Does the panel envision music therapy assistants like OT and PT assistants? MAR
11. Currently the master's students are doing well because they do have context. Propose getting a bachelor's degree in the field, but not be eligible for a license without a master's degree. MAR
12. Only allow MT students in the master's programs, no equivalency. MAR
13. Application of the knowledge is the key step before furthering education. Valuable learning experiences are gained through practice. [Speaker added that] having extensive Continuing Ed on her own, so feels that going back [for a Master's] would be difficult. MWR
14. Masters level would create different standards since education between schools would vary based on specialties. MWR
15. Likes the idea of Master's level entry. In [field of ] education a masters is the only way to move up. MWR
16. Colleagues in PT, OT have moved on with educational requirements d/t depth of knowledge needed. Breadth, depth, respect. Is not sure if masters will give us respect. MWR
17. Could we require a master's degree be completed within 5 years of board certification? Some states require BME level music educators to obtain a master's degree within 5 years of teaching certification. This could be a good compromise and allow MTs to have some experience to apply to their master's work. MWR

18. Music therapy is unique, we don't need to fit into the cookie cutter of our related professions. I value the diversity of our profession and the ability to choose our field of Masters education. I feel that requiring a Masters for entry level would only make our profession more generic. Every music therapist is different, just like each of our clients. That is the strength of our profession and what sets us apart from other professions. MWR
19. Equivalency degree did not help with all of the competencies and neither did internship. She would have liked a variety of internships so that different competencies could be addressed rather than a Master's degree. MWR
20. Notes that there are limitations bachelor levels training...but has concerns in gaps in competencies that could occur with undergrad programs feeding graduate programs at other universities. MWR
21. As a practicing MT-BC who does hold a Master's degree in MT, I strongly support this process of exploration and the work of the ETAB committee. Moving forward it seems that a task force needs to be for me to discuss the details rather than a decision related to "yes" or "no" on this entry. These details are very important to sort out. MWR
22. Speech, occupation, physical therapists. What are their current requirement for practice? NER
23. Have you considered a 5 yr MA/BA program (combined bachelor's/master's 3+2 or 5 year combo)? NER
24. Will there be a distinction between bachelor's & master's requirements – will that difference widen if this happens? ? NER
25. Will distance learning, hybrid courses, etc. impact models for teaching clinical skills? NER
26. Will master's programs have MT specializations? NER
27. If we go to master's level entry, what is between MA and PhD to reflect on the changes and clinical growth that MT's now experience between BM & MA? NER
28. Can we try five year limit to start master's degree like they do in teaching? NER
29. Bearing of this proposal on MT's desiring related advanced degree not in MT? MT master's must be first in order to practice clinically; not a related master's degree if you want to practice MT & acquire credential, unless already held MT-BC. NER
30. Equivalency programs vs. changing career, back to school for 6 more years? NER
31. Current master's programs w/o bachelor's programs – will more bachelor's programs be created to go with those master's programs? Will there be a para-professional level for MT? NER

32. Immersion for development of clinical musicianship – how do we address the concern of sustained musicianship? How to provide the musicianship development over time for bachelors & what degree will it be called? NER
33. If you eliminate undergrad, is BS or BA prerequisite? NER
34. OTA has OTR come in to sign off on all her work. Could bachelor's be supervised by master's level? NER
35. Need answers and a full discourse on how we will move forward before a vote is taken to adopt in October SER
36. The many questions raised in the Silverman paper need to be addressed and plans made before a vote should be take in October SER
37. How will prerequisite materials be taken care of SER
38. Let's look 10 years down the road, redesign the degree program with no internship but rather practicums done within the program then MT works for partial salary the first year to gain the experience needed to go to full salary, this is how speech, physical and occupational therapy run their programs. SER
39. Now is not the time for a master's level entry. SER
40. [Am a] graduate student and undergraduate supervisor, supporting the move to a masters level entry. Greater education and more knowledge is never a negative thing. SER
41. Graduate equivalency programs are extremely inconsistent across the US, need to do away with the equivalency programs all together with a move to master's level entry. SER
42. Please clarify the slide concerning a master's degree needed on top of an equivalency program. SER
43. Will an equivalency still count as a master's? SER
44. In what way will research be emphasized at the master's level from how we currently integrate research skill development SER
45. Asks for the consideration of many different ways to be a master's level profession. Consider different formulas. SWR
46. Other professions (PT, OT) have assistants. Will we have assistants? How will this affect our profession? SWR
47. I am in full support of a master's. WR
48. We have seen an increase in the # of people (60) interested in auditioning for our program at Utah State and we can only accept 12. We could set a limited scope of practice for BA and an expanded scope of practice for MA. WR
49. I have a masters in Special Ed and I am a MT-BC. Masters level is required in my school program. Have you considered the benefits of a masters in a related field?
50. Are we following a model from another field – someone who has taken these steps successfully? WR

51. Educational model: how is AMTA going to increase competency with a Masters level? WR
52. I believe a master's level is what you get after some years in the field to refine your skills. Tossing a 22 year old into a master's program is missing the boat. We need to include timelines that allow time for practice. WR
53. Appreciate your work and I am pro masters. I have interns who come in with no counseling skills. Antioch has a program that pairs are [art] with counseling. WR
54. I support raising the bar for our profession. What programs will people move into prior to a master's in MT? WR
55. What about other models? Is AMTA considering a BA level? WR
56. We need to implement a Professional Development Approach
57. Educational model: how is AMTA going to increase competency with a Masters level?

#### **6. Issues regarding MT students**

1. Looking at students coming in, when they audition the students that do not have keyboard/guitar skills they spend a tremendous amount of time developing skills to pass that they can use these instruments as accompaniment instruments. Students should audition on piano/guitar. . GLR
2. Appears question is very us focused.....we are not all...there's a whole professional world we work in.....what do parallel professions do.....what will AMTA do to assure that masters will be accepted.....have not heard those types of plans.....hard to sell to a parent....child college costs will not equal earning power.....seems statements in presentation are from the 1980's may not be relevant any more.....GLR
3. Recent grad, student loans. If there is a longer program there is no way. Support mentoring program and continuing education. GLR
4. Member wants to note that our training (musical), unlike other professions, begins at long before college entry. MWR
5. Member sites concerns about the financial implications related to this proposed change--likely no increase in pay, increased educational costs. MWR
6. Member has mixed feelings about this proposed changed. She states that she valued her master's training, but has serious concerns about draw of students to programs with MA entry (time commitment, financial constraints). MWR
7. We are only a bachelors program at Wartburg. Parents want to know when they will get done. We have students that come in with limited music skills and are afraid to sing. We need to work on music skills. If we go with the bachelors model staying, what kind of jobs can they get to have experience before moving into a masters? MWR

8. One suggestion I have is that we need to make a bigger effort to raise money for scholarships for incoming students. This change would create financial hardships and a bigger effort on AMTA's part would show some support for our students. MWR
9. Equivalency student—From a student's perspective, particularly as an equivalency student, I'm getting tired of being in school, to be perfectly honest. I haven't had any "real" work experience yet and I'm feeling like I want to get out and be a productive member of society. I don't necessarily feel prepared but who ever does feel fully prepared for anything. On another note, I'm getting married in October. I don't think, once I take that step, that I'll be able to go back to school even if I want to. I have loans for 6 years of school on my back. I'm going to buy a house, et, etc. It's just a lot to take in especially after I've already put so much into a career, that it may not be enough. MWR
10. Longevity and attrition issues regarding masters level folks staying in field - Is that so unique to MT or just common for the workforce? Student debt load and MT salaries are a consideration. Increased debt load for 6 years before MT can work is a down-side. Salaries don't increase for MT's now when they get masters degrees, so we should not expect that for master's level entry positions. NER
11. Worksites would reflect more professional integrity and mutual respect if all allied practitioners were on the same level. Concern for debt load echoed. NER
12. Retention numbers are very small in MT. Open to the discussion but concerned about the unlikelihood of investing 6 years being lucrative enough to justify the debt load and time commitment for entry level master's. No career ladder for MT aide to work. Too few MT's already, let alone to supervise a lesser degree. NER
13. As students they all try to be the best MT for the clients, at Appalachian State University they use one specific model as C. McKinney has taught them in their classes. As an undergrad he feels that he needs more education to further expand what he is learning, because "our main goal is to best help our clients". He feels a master's degree will help those skills, and he feels that the masters program broadens what they can do and makes them better students SER
14. We will be asking folks to stay longer which will lessen the students who chose to major in MT SER
15. Think of the future students and those that would commit to longer in school SER
16. How will this effect salary? SER
17. Serves on the SC state task force, concerned about if the bill passes for licensure that the fee will be great, several folks in SC do not practice full time so just affording that fee and then add graduate work on top feels folks will drop out or never enter the profession SER
18. Undergraduates are not mature enough to handle situations due to a lack of experiences, a move to a masters level entry would allow maturity and skills to grow to better serve our clients SER
19. If a master's degree was required when I entered the profession as a freshman I would not have chosen MT as a field mainly due to the HUGE financial commitment and burden on my parents and myself SER
20. Would love to get her masters but doesn't want to take on the financial burden SER

21. We are experiencing growing pains but will be worth it, change will not be over night but will result in higher salaries in the future. SER INFORMATION/DATA TO SUPPORT THIS?
22. If we move to a masters level entry and although we are not going to be “made” to get the degree, if it becomes the norm than employers will only hired the therapist with the advanced degree, our job security will land in our degree SER
23. Current student - As bachelors level student, has only been exposed to “one kind” of MT – hopes master’s would expose her to more. Also feels we would gain credibility and respect as master’s level. SWR
24. Feels that because of all the current curriculum requirements, we are almost at master’s level anyway, taking 5-6 years just for the bachelor’s. SWR
25. Didn’t feel quite prepared with bachelor’s degree. If bachelor’s can focus more on foundational music skills, we could address therapy in the master’s and we would be more musically prepared. SWR
26. Student – wants to pursue a master’s to learn more, not for other reasons She thinks the MA will gain more respect for her. SWR
27. Grateful for the work you are doing. Concerns: financial implications for students. We lost Chapman. If Northridge is gone the only other option is Stockton a private institution. We need to provide a waiver for out of state tuition. We do not want to shut people out of MT due to finances. WR
28. I wish to reiterate concerns about cost to students in terms of financial assistance. WR
29. Economy: we just entered a cycle where the economy is in poor condition. Fewer people are going to be able to afford the education required. Volunteerism and service are valued. WR
30. Finances for Students- I have tried to get a masters level. I believe a masters level is what you get after some years in the field to refine your skills. Tossing a 22 year old into a masters program is missing the boat. We need to include timelines that allow time for practice. It is also a waste of money for someone who decides the field is not right for them. WR
31. I read the 2 advisories and respect the work. Who are the students that will go to a program for undergraduates and move into a masters without knowing what it is? We need to consider recruitment and retention. We don’t have ownership. WR
32. I had time and experience as a musician and field of counseling prior to becoming a MT. As an LCSW I am able to bill insurance and provide a sliding scale fee. Masters level entry will have to accept a lower rate of reimbursement. WR

## **7. Issues regarding educational programs**



1. Universities are finding ways to cut programs, things they feel are not \$ making. Music programs are not money making. We do not do our numbers right, we do private lessons and small groups. University would rather have large classes to generate \$. If we present this to university with the idea of increasing the number of professors there will not be buy in from university. GLR
2. Concerned about that rationale.....if problems addressing competencies need to take a look at what we're teaching.....do we need certain classes??? Maybe undergraduate program needs to be re-thought.....truth in grading.....students not prepared perhaps cuz we're passing them along....just a gentle statement.....there's a lot of courage in this room GLR
3. Concern is changing of undergraduate program that it might be detrimental to growth if undergrad is shortened or experiences are eliminated. Advocate experience. GLR
4. I am in support in principal. Concern is how do we prepare people for entry? As we move forward, we need to think about how we are preparing people to enter. Also, fear can immobilize us and keep us stagnant, or we can face our fears and move forward. MAR
5. Demands on undergraduates for their college education. Multi cultural music therapy education is important, but there is not enough time for it in the present undergraduate curriculum. MAR
6. Practical request: A very conscious effort is needed to consider the pre-music therapist undergraduate degree with the consultation from the current educators. Also, not everyone is going to be happy and not all will go well. However, the longer we wait to do it, the longer we wait for the benefits. MAR
7. Not opposed to the change. Question the economics of the decision. How will this be paid for? Will need more educators, more staff, more coursework, more advanced internships. Where will the money come from? MAR
8. There is only so much we can do at the undergraduate level. Currently, an undergraduate internship will not lead to licensure. How are we going to be able to teach all of the entry level skills, and the advanced skills, and the undergraduate internship and an advanced internship in 5 years? MAR
9. Will the Master's level programs need to be revamped to meet any new criteria? Will there be one credential or will there still be MA, MM, MMT? MAR
10. I am an undergraduate student who is interested in perusing my master's degree. It would be helpful to apply what I learned at the bachelor's level to my master's degree. This will allow me to get more out of my master's degree. MAR
11. Speak to the education issue. Dance and Art therapy already require a masters level and they are competent. Also, if we wait, others will tell us what our curriculum must be. We need to be proactive. MAR
12. Member states that she is not convinced about the timing of this change. Wonders if there are perhaps other ways to address our organization's desired for growth in our field. She sites examples from the nursing model of education/training) Concerns for universities/colleges ability to meet the demands of such a program change. MWR

13. Discusses the proposed process of master's level entry and the "dire" implications for many of educational programs already in place (with reference to Michael Silverman written address to ETAB). She believes that the shift in educational programming could be something we can inspire but states that there needs to be much more research on this before making this change. MWR
14. Member reports concern about proposal as presented at this time. She would prefer a detailed plan of implementation BEFORE the vote is made...in order to help the university/colleges realize the feasibility for our current programs to made this sort of change. MWR
15. Sitting for the exam makes a good standard. Masters level would create different standards since education between schools would vary based on specialities. MWR
16. Member suggests looking at fixing undergrad programs to better address the content of certification exam. Disagrees in readiness for vote in this matter. Wants a clear plan in place before we move forward to vote. MWR
17. If you eliminate undergrad, what is the prerequisite? NER
18. Many schools don't have graduate degrees; what happens to those schools? NER
19. What's happening with quality assurance/control for master's programs as they are created or continued? NER
20. Only one master's program in NER – can we support other schools in NER in developing master's or retaining what they have? NER
21. Will master's programs have MT specializations? NER
22. 35 universities do not have a Masters program and in these economic times programs are likely to be cut SER
23. When programs are forced to reduce degrees to 120 hours, we will have to have master's level entry. Also, getting licensure is connected to master's degrees. SWR
24. We will lose university programs and professionals while the demand is increasing SWR
25. Also concerned about impact on university programs, especially small programs. SWR
26. Gave history – believes it has been "the time" for about 10 years. ETAB has considered university issues. Grad programs are on the rise; it appears to ETAB that only one university would not have the capacity to add a grad program. Fully supports the move. SWR
27. Student – students are coming to college with up to 30 credits, so MLE might not really add much to the amount of time to practice. SWR

28. Has run into confusion because her bachelor's is BME in MT. We still have discrepancies in what we are calling our degrees. We also should really think about the fact that our training needs to be about music and music skills because that is what we are doing. SWR
29. MA won't give us anything, won't get us anything, but make us feel good. We have good students and good universities. There is much stuff to learn in a short period of time. She sees the problem is talking about this that won't get us anything. Where are we going? What is the rationale? We need a time frame. SWR
30. Felt that the equivalence was like the MA. Many people do not understand the difference or why one goes for the equivalence and not come away with a MA. She felt embarrassed not having the MA. She does not think we missed the time. We do need a gradual process. SWR
31. My concern is that ½ the schools do not have masters program. 15-17 schools WR
32. Will not be able to offer masters and the BA will be eliminated, putting schools in jeopardy. What will be the financial implications for AMTA if AMTA requires two admin positions for a program? How will we address this with schools? How will we develop new programs? WR
33. ETAB is presenting the "If" but not the "how". If so, the timeline seems very swift. Even with 100% yes we need more time for How. Concern: we don't have enough PhDs and each program would need one. WR
34. I am in full support of a masters. And noted the decrease in passing rate of the CBMT test. How will a masters program improve those rates? What are we doing to improve the programs we currently have? WR

## **8. Issues regarding the Bachelor's degree**

1. Concern that people coming in with a degree in music and then move to Master's degree program will not have opportunity to develop necessary skills. GLR
2. How do you prepare someone for advanced level of practice when they have not had experience? If we are truly to offer an advanced level why shorten the amount of training? Why drop the undergraduate degree? GLR
3. People feel more prepared, building on foundation, concern is changing of undergraduate program that it might be detrimental to growth if undergrad is shortened or experiences are eliminated. GLR
4. Request: A very conscious effort is needed to consider the pre-music therapist undergraduate degree with the consultation from the current educators. MAR

5. I believe that the undergraduate degree gives the students the foundation. Experience in the field and the internship is vital. I would not want to see the undergraduate not required. MAR
6. Concerned with the timeline. I believe that the undergraduate degree gives the students the foundation. Experience in the field and the internship is vital. I would not want to see the undergraduate not required. Also, the MT-BC is a credential and the MMT is a degree and they are different. The degree does not make you marvelous. MAR
7. How will this effect undergraduate programs? Will this eradicate undergraduate programs? What kind of degrees will be accepted for entry into a MMT program? MAR
8. Doing a master's was important and difficult and a growth experience that made me the person I am today. Does this happen at the bachelor's level? MAR
9. Questions about what happens to the Bachelor degree...is it pre-MT? MWR
10. Bachelor degree-why do we have to get rid of it? Keep bachelors and then require masters on top of it. MWR
11. [Speaker feels] should get a masters, but feels it shouldn't be required. Are there things in undergrad programs that need to be addressed first since test rates are going down? MWR
12. Immersion for development of clinical musicianship – how do we address the concern of sustained musicianship? How to provide the musicianship development over time for bachelors & what degree will it be called? NER
13. Are we talking about getting rid of the bachelors MT degree? Supervising [supervision of] undergrad practicum students over 3-4 yrs. time has shown a great amount of clinical maturity that would not occur in two year timeframe. NER
14. Levels of practice and competency vary according to populations and their clinical needs; some clinical populations are well-addressed by competent bachelor's level clinicians. This proposal obliterates current bachelor's programs if they cannot switch to master's level; some schools have no graduate How will prerequisite materials be taken care of? Concerned about an undergraduate experience in 3 years and then a move to a masters level SER
15. Is AMTA considering a BA level? WR

## **9. Effect on budgets/finances of education programs**

1. Many programs will not be able to keep up with the demands of a master's level entry with the difficult financial times and will lose their program. SER
2. I am concerned with the smaller academic programs. I ask the Board to really look at this. SWR

## **10. Impact on the size of the workforce (# of educators)**

1. Would Master's entry level effect teaching requirements [qualifications] for MT college programs? NER

## **11. Issues concerning clinical training**

1. Where is the internship in this process? Students are different from beginning in undergraduate. Having internship and then pursuing Graduate program would be different than internship following Graduate program. Tried to explain this program to my boss and could not. I think we have to be cautious in letting other people in the world determine if we should be respected for what we do. We have the right now. GLR
2. I work in peds. Hospital. With 3 other MTs and I'm a child life specialist...it will be necessary so I can practice....a Masters will be needed.....more difficult to give interns all the areas.....no exposure to adults.....GLR
3. Length of internship is longer than other professions which is a financial hardship to interns. Application of the knowledge is the key step before furthering education. Valuable learning experiences are gained through practice. Having extensive Continuing Ed on her own, so feels that going back would be difficult. The investment of funds without a financial return. MWR
4. Member wants ETAB to consider incorporating increased variety of internship experiences to address competencies. Also wishes that more focus be made toward the reimbursement process as opposed MA entry level. MWR
5. Bachelor's level internship supervisors w/MT-BC credential – can they still supervise interns? NER
6. Would internship 1040 hours remain? NER
7. Elements of training important but we're not there yet. NER
8. Many concerns at roundtable discussion at this conference from clinical training directors; the maturity of interns coming to internship and with MLE will students be ready for internship SER
9. Concerned about the bachelor's level practicing MT, will they still be able to serve as Clinical Training Directors and how will this effect morale SER

## **12. NASM**

1. We need to allow our students a choice and look more at the levels of practice instead of doing away with a curriculum approved by NASM SER

## **13. Effect on CBMT**

1. Will there be a grandfather clause?—Yes, if you are in good standing with CBMT, you will remain board certified. MWR
2. Member wants to state on behalf of CBMT that CBMT has no official statement in favor/opposition to the proposed moved to Master's Level entry. They will not make any statement until a formal decision has been made by AMTA/ETAB. MWR
3. Exam committee does not want the pass rate to be 100%! 70% is new optimal per CBMT. MWR
4. Is CBMT going to support a master's level entry to sit for the board exam or will a bachelor's level be enough? CBMT has the choice to not recognize a masters level entry. SER

#### **14. Effect on AMTA**

1. We could cut our membership drastically which would NOT benefit our profession SER
2. Association documents would also be involved in this change. . NER

#### **15. Issues regarding competencies- Professional or Advanced**

1. It is not confusing to have a LSW and MSW- We need to have a place to address undergraduate competencies before we address advanced competencies. GLR
2. As an educator, how is this going to be implemented? If it gets reduced to a 5 year Master's program, we would have less time to meet the competencies. MAR
3. It is a struggle to teach all the competencies in the undergrad program. May [many] are practicing in areas of specialization instead of masters level entry. MWR
4. Notes that there are limitations [in] bachelor levels training. Difficult to address all the competencies in 4 yrs. Has concerns in that gaps in competencies could occur with undergrad programs feeding graduate programs at other universities. MWR
5. There are a lot of competencies to address, musical competencies aren't getting as much attention as in the past. His skills on the guitar has impacted his ability as a therapist. We need to change the musical skills so they are prepared. MWR

#### **16. Issues regarding State Recognition task force efforts including Reimbursement & Licensure**

1. Reimbursement. We need to be on par with other therapists. This is the same reason we went to CBMT for certification. There are pre OT programs that feed OT Masters program. Look at licensure and reimbursement. GLR

2. Reimbursement – I don't know if we have data that masters get more reimbursement than others.....licensure in NY different....not the same. GLR
3. Judy Simpson – State recognition teams. Concerned with the order. State recognition needs to come before moving to the masters. Reimbursement, joint commission, higher salaries is more related to state recognition than it is to Master's training. States are open to the Bachelor's level. Not having the Master's is not keeping us from being reimbursed. MAR
4. Judy Simpson (state recognition team)—concerned. Outcomes may not be accurate. Masters degree is not required for state licensure. Masters is not required for reimbursement. Feels we need to look at state recognition as the first task. Other programs that moved to a masters had state recognition before moving to masters level entry. MWR
5. Mixed feelings. Went back for masters degree after practicing. Not sure if she would have done 6 yrs straight thru from HS. Market was not able to bear masters level rates in KC. Involved in state recognition—registry or licensure would be more effective in her area (MOO. Have a masters has not improved her business. MWR
6. Member works in mental health...her concerns lie in the financial aspects of her work. She states her primary concern is reimbursement. MWR
7. Thanked ETAB for their work. Our profession relies a lot on each other. Compared this move to unity of the two associations, and having concerns re: not having details worked out before the change. She still feels concerns re: education and training that surfaced during unity. Likes the idea of masters level entry. Licensure is very important for reimbursement. In education a masters is the only way to move up. MWR
8. Colleagues in PT, OT have moved on with educational requirements d/t depth of knowledge needed. Breadth, depth, respect. Is not sure if masters will give us respect. MT-BC has given us our breadth. We need to work on licensure that works on depth. We have worked on designations to expand knowledge, but have mistaken this as adding depth. Masters adds breadth, not respect. MWR
9. I agree that we need to increase the depth of our knowledge as well as music skills, but feel that MT competencies are high already. Licensure should be sought first; OT's, PT's and Speech did they seek licensure or master's/doctorate level entry first? MWR
10. State recognition on MT-BC credential? Comment. Is this MA Level entry where our energies need to be? NER
11. State recognition should be the focus now, with state task forces making in-roads. Increasing work force will increase growth of our field, and master's level entry would limit our numbers graduating into the work force. It would be better use of our energy to focus on recognition of the credential, not change in academics. NER
12. Asked if this is a licensure issue or a education issue. It would be her respectful opinion that we move forward with licensure before we move forward with master's level entry. SER
13. She personally agrees that we should allow the states to pursue state licensure before we move on with master's level entry. She feels it would be confusing to the legislatures. SER
14. Serves on the SC state task force, concerned about if the bill passes for licensure that the fee will be great, several folks in SC do not practice full time so just affording that fee and

then add graduate work on top feels folks will drop out or never enter the profession. Now is not the time for a masters level entry. Now IS the time to work on licensure! SER

15. Is a private practitioner in GA. She is on the GA task force, and has received opposition from SLP's because we are not master's level entry. The SLP's feel if we serve the same patients that we have the same equivalent education. She is undecided on her stance. SER
16. Disagrees that time is now. Need to focus on state recognition before making the move. SWR
17. In the "real world" (medical field), the issues are about licensure, not degree. SWR
18. Massage therapist and MT. Concerned that state licensure would affect where we can practice due to state difference. SWR
19. In all reimbursement work, has never had the question of whether it is bachelors or masters level, but whether we are licensed. SWR
20. Feels we should have done this a long time ago. Agrees with concept but feels we missed our time. Bursting at the seams in some places, not others. We will need to move back instead of forward. MLE needs to happen but we need to take our time and fill the gaps we currently have. Master's level and licensure are 2 different things, so moving to MLE will not guarantee additional recognition, respect, or licensure. SWR
21. An employer looks at cost effectiveness and will hire therapists who can provide services at a lower cost...such as music thanatologists. We do not have the reimbursability that other professions currently have in place. We need to develop this more through our advocacy before moving forward with the plan you are proposing. WR
22. How much do we want to grow? How many do we want to serve? My end goal is to get a job. Make sure at least 25 states have licensure before moving forward. Benchmarks are needed. The best path to get there...Is MA the way to go? What are the quantitative goals? WR
23. I had time and experience as a musician and field of counseling prior to becoming a MT. As an LCSW I am able to bill insurance and provide a sliding scale fee. Masters level entry will have to accept a lower rate of reimbursement. WR

## **17. Other comments**

1. It seems that in your opening remarks you made some compelling arguments that make the decision seem obvious. So, why wouldn't we require Master's entry for the profession? MAR
2. Exciting juncture for the field, but the conversation has been going on for quite a while. Other arts therapy modalities are already on the master's entry level. Applaud ETAB for the work thus far. NER
3. There are errors in the ETAB document and it makes us look unprofessional – refers to Music therapy being a related service in ADA. It should be IDEA. SWR
4. I am a new professional and have a different take. Points made are valued. I have a degree in SLP and wish I had had more time to take it in. WR



5. Does the ETAB committee have a non masters level rep? WR
6. Appreciate your work and I am pro masters. I have interns who come in with no counseling skills. Antioch has a program that pairs are with counseling. WR
7. I request that there be a member of Western Region on the ETAB committee as we have unique issues. Our geographic area is larger. WR
8. I see value of what NY did and feel it is important for professionals working in the field.  
WR

## **TOWN HALL MEETING SUMMARIES**

### **Background**

Town Hall Meetings were held at each regional conference in 2012. The purpose of the Town Hall Meetings was to give regional conference attendees a chance to comment on the proposed move to the Master's level as the entry level degree for the profession. In the course of planning for the Meetings at the regional conferences, I and members of the Education and Training Advisory Board (ETAB) created the 16 categories below. We wanted to insert members' comments/questions given at a Town Hall Meeting into categories for analysis purposes.

Note-takers at each Town Hall Meeting recorded comments/questions presented by members. Both professional music therapists and current students offered comments/questions on the proposed move. I spent the summer of 2012 putting all comments/questions from all Town Hall Meetings into these various categories. Some categories had far more comments/questions than others.

### **CATEGORIES**

- Effect on clients
- Effect on current practicing music therapists
- Effect on budgets/finances of agencies where MTs work
- Impact on the size of the workforce (# of clinicians)
- Models – what would a Master's-entry program look like?
- Effect on future MT students
- Effect on education programs
- Impact on Bachelor's degree
- Effect on budgets/finances of education programs
- Impact on the size of the workforce (# of educators)
- Effect on clinical training
- NASM
- Effect on CBMT
- Effect on AMTA
- Effect on competencies – Professional or Advanced
- Effect on State Recognition task force efforts

### **Analysis**

The following five summaries represent the greatest proportion of comments. These were the issues that generated comments at every one of the seven regional conferences and by more than one person at each conference. As the comments were analyzed it became apparent that some categories could be combined.

#### **Summary #1**

##### **IMPACT ON EDUCATIONAL PROGRAMS**

- Three of the original categories related to issues impacting Educational Programs: #7, effect on Educational Programs; #8, effect on Bachelor's degree; and #9, effect on budgets/finances of Educational Programs
- Some similarities in comments were noted across categories

- Together, 50 comments from the 7 regional Town Hall Meetings were offered related to Educational Programs
- A majority (44%) of the comments or questions focused on the undergraduate degree. Several people asked or commented:
  - Will current undergraduate programs be discontinued
  - If there is no Bachelor's degree in MT what will be the prerequisite for a Master's
  - The undergraduate program is full and it is a challenge to teach all the competencies
- A number of people asked if the current undergraduate programs could be re-vamped
- A few people asked if the current Master's degree programs would need to be re-vamped
- Other questions asked were:
  - What is the cost to programs to make this change
  - What is the timeline for making this change
  - How will music skills be adequately developed
- Expressing support of the proposal a number of people said we should be proactive and move forward on the change
- Confusion regarding the need for a Master's degree to obtain licensure surfaced, and as Judy Simpson advised a Master's degree is not required for state licensure.
- One person commented that "it appears to ETAB that only one university would not have the capacity to add a grad program". It is yet to be determined how many campuses with only an undergraduate program could not move to a Master's program.

## Summary #2

### IMPACT ON STUDENTS AND THE INTERNSHIP

- When category #6 (students) and #11 (clinical training) are combined the total number of comments is 41
- A significant number of people (49%) expressed concern regarding the cost to students in time and money which could impact retention rates
- Several people posed questions or commented on logistics related to the internship:
  - how many hours
  - readiness of students
  - who qualified to be a clinical training director
  - when will the internship take place
- Several students felt 6 years would allow time to expand their skills and knowledge base
- The remaining comments were varied and included references to preparation of incoming freshmen, internship experiences, and the impact of education on jobs and salaries

## Summary #3

### ISSUE OF OR EFFECT ON THE WORKFORCE

- Although the MLE Subcommittee used the 16 categories when sorting Town Hall Meeting comments, a review of comments seemed to indicate some categories were related.

- Four categories focused on employment or workforce issues:
  - #2 Current practicing music therapists,
  - #3 Effect on budgets/finances of agencies where MTs work,
  - #4 Size of the workforce (clinicians) issues, and
  - #10 Size of the workforce (educators).
- When combined into “Workforce Issues” a total of 32 comments, representing all regions, were made
- A majority (48%) of the comments focused on salaries and employment
  - Concerns were expressed about agencies being able to afford Master’s level MTs or wanting to employ Master’s level people. Would jobs be lost to lower paying music practitioners for example?
  - Several comments focused on salaries of Bachelor’s level and Master’s level clinicians with a few people indicating their salary did not increase with their Master’s degree. Salary differences between states was also mentioned.
- The size of the workforce was an issue (26%)
  - Concerns were expressed about losing MTs when the workforce needed to be increased
  - Questions were asked about having enough qualified educators
  - One member speculated we would lose 20% of the educator workforce around 2020 due to retirement
- The remaining comments related to clinical practice
  - A few mentioned their personal growth as a Bachelors level MT or their success as a clinician with a Bachelor’s degree
  - Other issues were losing one’s uniqueness with a generic Masters and what happens to those clinicians that have a Master’s in another field

#### Summary #4

#### ISSUE OF OR EFFECT ON STATE RECOGNITION AND REIMBURSEMENT

- Comments were made at each regional Town Hall Meeting concerning State Recognition, Reimbursement, and Licensure
- A common theme was people desire recognition, reimbursement and licensure
- Several indicated we needed reimbursement while others indicated we may not or are currently not receiving higher rates of reimbursement with a Master’s degree
- Many statements focused on obtaining state recognition and/or licensure first before a move to Master’s level entry
- There is some confusion about any relationship between licensure and a Master’s degree
- Judy Simpson provided comments at more than one regional Town Hall Meeting, and made several points.
  1. A Master’s degree is not required for state licensure.
  2. A Master’s degree is not required for reimbursement.
  3. Other professions had state recognition 1<sup>st</sup> before moving to a post-baccalaureate degree. (From AOTA literature, the move to the post-baccalaureate did not affect their reimbursement because they already had it.)
  4. After state recognition is achieved the demand for services increases. Would a Master’s level entry limit the number of MT-BCs in the workforce?

5. We cannot include other Creative Arts Therapists in our state recognition work. We are different and work with a wider variety of clients.
6. We are different from OT, PT, & SPL.
7. Reimbursement is tied to recognition of the profession and credential

#### Summary #5

##### MODEL – WHAT WOULD A MASTER'S ENTRY PROGRAM LOOK LIKE?

- By far the most comments (57) were in this one category
- The greatest percentage of comments made (39%) expressed confusion about some aspect of the model or asked for more detail about the model
- Preparation of students was mentioned often e.g., how to have enough time to build skills and what would be the prerequisite if there were no Bachelors in MT to prepare students
- The Equivalency was mentioned several times and some suggested eliminating it while others suggested keeping it
- Several asked what other professions have done or are doing to move to a post-Bachelor's entry into the profession
- It was pointed out that currently some Master's programs allow for specialization, and people questioned if that would continue if the Master's was the entry level degree
- A few people remarked that gaining clinical experience was valuable and a growth opportunity for them in lieu of getting a Master's degree
- A number of people supported the proposal and felt it would bring us respect although others felt respect is earned by each individual
- Some people proposed new ideas to consider such as having an MT assistant program like OT or consider awarding the credential with the Master's degree, but not with the Bachelor's degree in MT



THE CERTIFICATION BOARD  
FOR MUSIC THERAPISTS

506 E. LANCASTER AVENUE, SUITE 102, DOWNINGTOWN, PA 19335  
PHONE: 800-765-CBMT (2268) | 610-269-8900 FAX: 610-269-9232  
WEBSITE: WWW.CBMT.ORG

March 9, 2012

Cynthia Briggs, PsyD, MT-BC, Co-Chair, Education and Training Advisory Board  
James Borling, MM, MT-BC, Co-Chair, Education and Training Advisory Board  
American Music Therapy Association  
8455 Colesville Road  
Suite 1000  
Silver Spring, MD 20910

Dear Cynthia and Jim,

The Certification Board for Music Therapists (CBMT) appreciates receiving the two advisories created by the Education and Training Advisory Board (ETAB) regarding Master's Level Entry into the profession. We agree this change will have significant impact for CBMT as the credentialing body and appreciate our input being sought. Open and forthright communication between organizations and among our constituents, the members of the American Music Therapy Association (AMTA) and CBMT certificants, will encourage more involvement as the issues related to this important discussion are further explored. We applaud the openness of the process and that sufficient time has been allowed to solicit feedback from interested parties through question-and-answer segments on the AMTA website and Town Hall meetings at the regional conferences.

After reviewing the advisories from the ETAB related to Master's Level Entry into the profession, and reflecting on our mission and accreditation standards by which we must abide, we are reminded that certification programs such as CBMT are focused on measuring competency in professional practice. Certification industry standards and the National Commission for Certifying Agencies (NCCA) Standards for the Accreditation of Certification Programs expect us to maintain some distance from educational decisions and educational accrediting and approval bodies. For this reason, CBMT will refrain from issuing an official position on the matter at this time. However, we do believe this is an important discussion for our certificants and are interested in learning how MT-BCs who are currently not AMTA members can learn about the plan and participate in the process. If you would like to provide information to CBMT certificants about the discussion, we can email it to them prior to the regional conferences. It might encourage AMTA involvement and membership renewal if they are interested in becoming a part of the discussion.

In further reviewing the information provided, assuring accurate information is conveyed to all stake holders is paramount. Currently, there are several question/answer segments on the website that imply CBMT has developed a plan for the future. The answer we reference states:

"Similar to the time when the profession moved into the board certification system, there will be a process for therapists to transition into this system without having to complete new requirements. This shift to master's level entry will not require that currently certified therapists go back to school to earn advanced degrees."

While that statement may in fact be the final outcome, it is premature to suggest what CBMT's future policies will be. We cannot guarantee what CBMT's response would be until we understand AMTA's decision and implementation plan, and we would not want individuals making decisions based on false assumptions. We would respectfully request that care be given when responding to questions about what may or may not happen with CBMT and the credentialing program if and when new AMTA standards are adopted. At that time, CBMT would look at the impact on the current MT-BC program and develop a plan to phase in the changes.

We can say that typically a certification organization would follow an education accreditation decision and the customary approach would be to apply the Master's requirement only to future candidates, not retroactively to current bachelor MT-BCs. At this time, we can reassure people about these common industry practices but we cannot make any concrete statements until the results of the AMTA process are finalized.

We wish you well as you deliberate these changes and the implications they have for the future of music therapy education and training. Please contact us if you have any questions or clarifications prior to the regional conferences, or if you would like us to provide information about the process to our certificants.

Thank you again for the opportunity to offer feedback.

Sincerely,



Jacqueline Birnbaum, MEd, MA, LCAT, MT-BC  
CBMT Chair



Joy S. Schneck, MM, MT-BC  
Executive Director

cc: Andrea H. Farbman, EdD, AMTA Executive Director  
Mary Ellen Wylie, PhD, MT-BC, AMTA President

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March 14, 2012

Andrea H. Farbman  
Executive Director

Jane P. Creagan  
Director of Professional Programs  
American Music Therapy Association  
8455 Colesville Road  
Suite 1000  
Silver Spring, MD 20910

Dear Executive Director Farbman and Director Creagan:

Thank you for providing information and a briefing to Karen P. Moynahan and me regarding the recent reports of the AMTA Education and Training Advisory Board (ETAB). It is always good to see professions look to their future with goals for advancement in the terms closest to their work. The materials provided show evidence of thought, analysis, and concern about the structure of preparation for music therapy, and make proposals for an eventual change of the professional entry-level degree from baccalaureate to master's.

As you requested, I write to provide a set of analytical points addressed in our discussion. In doing so, it is important to make clear that these are not official positions of NASM, but rather staff reflections based on knowledge and experience gained over the years. The remarks below are consultative in nature and intended to support the music therapy profession and the work of AMTA. Official positions of NASM are found in the *NASM Handbook* and in other published materials of the Association that are revised and amended from time to time through Association procedures.

It is also important to state that NASM wants to see the music therapy profession continue to grow and gain support among all the constituencies important to its work. Therefore, in a strategic sense, we see two basic questions: 1) if change is desirable, after full reflection and consultation, what is the specific nature of the change to be made and 2) how can the change decided upon be made operational without producing the kinds of unintended consequences and collateral damage that could harm the larger effort of the profession, especially over the long term? Question 2 deals with issues that are outside the essence of a specific eventual decision about change of level or the development of multiple levels. This means seeing the change of level question as one piece of a larger puzzle, the other pieces of which need as careful an analysis as the original levels question received. Below please find several points recommended for consideration as AMTA continues to explore this issue. These points are not arguments for or against any particular change, but rather point to realities in the context within which any changes will be considered.

1. The music therapy profession needs to maintain a good rapport with administrative leaders in institutions of higher education. This includes administrative leaders in music, but also leaders at the



provost and presidential levels. Our experience over many years tells us that there is general concern at institutional administrative levels about the movement of credential eligibility qualifications from one degree level to another. Further, these concerns are heightened when the movement from undergraduate to graduate makes local programs more expensive, as has happened already in a number of allied health professions. The basic choice for an institution is to pay the extra costs under what is often perceived as duress, or to cancel the program. The greater the financial pressures, the more the incentive to simply cancel.

The situation is more acute when a profession appears to force change that leaves no alternative or fails to provide a reasonable transition period. Institutional-level administrators often express concerns and frustrations that a change of this kind 1) intrudes on pre-determined multi-year budget plans, 2) accomplishes little beyond offering a graduate degree for what has been traditionally undergraduate-level work, and 3) is yet another example of "credential creep" intended to reduce the number of practitioners in a profession. One may disagree with these and other negative views, but there is a reality to face: these views can be held by large numbers of individuals who hold decision-making authority over whether programs will continue or be cut.

Another issue here is the perceptions that academic administrators have of the music therapy profession. Even if an institution agrees to a particular change, a residue of general disrespect is not good for the profession or for that institution's program as budget and other decisions are made year after year. It helps to remember that presidents and provosts talk with each other, especially about problems or issues they find vexing. It would not be good for music therapy to become the object of general negative attention among institutional leaders.

2. The music therapy profession needs to have a sufficient number of programs to prepare the number of music therapists needed to serve current and developing needs in the field. The proposed change must be carefully considered in this regard, and not just in terms of numbers of education and training programs, but also in terms of actual credential-eligible graduates.

Couple the issues raised in item 1. with the typical eventuality that graduate programs have lower enrollments than undergraduate programs. A question arises: if every program now approved and accredited became a graduate program, would the aggregate number of graduates still be sufficient? Would the number of graduates go down even if the number of programs remained the same? Such a result is possible because of the higher costs for institutions and for students. These considerations raise others: if there is a growing need for music therapy services and fewer music therapists to address those needs, risk increases that the proposed change will create a vacuum for others to fill. There are also ramifications for the numbers of professional music therapists supporting AMTA and the multi-faceted support it will provide the profession over the next decade and beyond.

3. The music therapy profession needs to maintain conditions of comity and mutual support among qualified practitioners. Perceptions or realities regarding disenfranchisement usually produce vitiating conditions. At times these conditions produce lasting divisions, an unfortunate prospect for AMTA and those who support its work. It would be tragic to see the profession divide against itself even temporarily.
4. The music therapy profession needs a sufficient number of institutions to continue offering music therapy education and training programs that produce eligibility for career entry. It is our understanding that about 50% of the approved and accredited music therapy programs currently offer graduate degrees in music therapy. Some institutions offering undergraduate programs do not have authority or a charter to offer graduate degrees. Given economic and other contextual issues, the chances are small that a large number of these baccalaureate-only institutions will seek graduate-

degree-granting authority to continue a single credential-eligible program in music therapy. Such a change requires large expenditures of time and money to seek multiple approvals, and includes approval at the institutional and specialized accreditation levels that in turn require additional resources of all kinds.

It is probable that current master's degrees in music therapy would need to be changed and lengthened to develop the competencies required. Questions arise concerning how easy it would be for master's degree-granting institutions to do so, or how fast such a transition could occur.

Institutions offering baccalaureate degrees in music therapy within institutions that have graduate programs in other fields would have the challenge of convincing the institution to make a considerable investment and incur perennially higher costs to establish a graduate degree in music therapy.

There is also the question of institutional qualifications to serve on graduate faculties. Many require doctorates and significant publication activity.

The picture presented here is complex, and it seems to indicate caution lest any decision taken reduce the aggregate institutional capacity to develop the numbers of practitioners needed.

5. The music therapy profession needs the continuing understanding and support of administrators of music programs in higher education. Music administrators work in relationship to the efforts of the music unit, but also in relationship to the larger institution and its administration. Therefore, all the issue categories previously mentioned are of concern to music administrators. We cannot stress enough the difficulties many experience due to the continuing economic situation. All resource allocations are hard to maintain, across the board budget cuts keep coming without respite, and new resources are extremely hard to obtain. Any change plan that does not take a realistic assessment of the current situation into account courts an unpredictable loss of support among those needed as allies if change is to be made that does not risk damage to the field.

Another set of issues of concern to music administrators is exemplified by the hypothetical question about undergraduate pre-requisites for entry into a master's-level entry program. For example, if the pre-requisites did not include an undergraduate degree developing musical preparation equivalent to what is now expected after four years of professionally oriented undergraduate study, how would one support the argument that the master's-level credential is more advanced? Or that one is not now giving graduate credit for undergraduate-level work? Or, that developing competencies in the prerequisites at the post-baccalaureate level extends the time in school and the costs to students and the institution? Whatever the ultimate disposition on these and similar questions, there are many policy and operational ramifications for each specific institution. If not worked out carefully in consultation with those affected, these ramifications can reduce the prospects for consensus or slow its development considerably both within an institution and among the set of institutions offering music therapy degrees.

6. The music therapy profession needs to take into account realities about the relationships between possible credential-level change and NASM accreditation of undergraduate and graduate music therapy programs. As has been the case in the past, NASM music therapy standards can be changed through the procedures and processes of the Association that at the end include a vote by delegates representing member institutions. However, no matter what NASM may or may not develop or recommend, delegates will interact with standards change proposals and ultimately vote according to the wishes and positions of their institutions. The connections of this matter with those discussed previously are clear. Consensus often takes time to build, and normally people will not vote against

what they perceive to be their immediate best interest. Therefore, a high degree of consensus is essential. Further, for several reasons, NASM would do what is necessary to avoid either using or being perceived as using its accreditation authority to force institutional change as an agent of a particular profession. Besides being inappropriate, in the past such actions in other fields have magnified the problems outlined in item 1. above.

The above points should not be construed as arguing for a perpetual or long-term status quo. They are not intended to argue against considerations of change. Instead, they are intended to point out the critical importance of advancing the music therapy profession while taking great care not to damage elements needed for its success.

Are there ways to address the problems identified in the ETAB report that minimize the risks associated with a change from the current entry level structure to a new one, perhaps not necessarily the current proposal in its present form? Surely the answer is, yes. Are there ways to deal with the problematic issues, such as those listed in the six points above, and address the concerns listed in the ETAB report? Again, the answer is yes if many thoughtful decisions are taken over time. The keys are an understanding of the big picture, the elements within it and their relationships; dedication to realistic analyses; flexibility; creativity in matching decisions to goals perhaps in non-traditional ways; patience to develop needed consensus within and across the various constituencies involved; and constant diplomacy. Especially in these times, keeping anxieties low is one of the most important goals of all. One way to do this is to keep working the problem in all its dimensions, not fixing too early on a specific solution and determining that that solution is the sole measure of success or failure. Reality will conquer any solution that does not take reality into account.

During our discussion, we recommended that AMTA develop a list of conditions that the music therapy profession absolutely must maintain in order to sustain and develop its efforts over time. These are essentials, not just desirables. A list of ten or so items can then be used as the basis for evaluating any proposal in terms of the extent to which it risks damage to the maintenance of that condition. Some of the six points mentioned above as opening sentences might be in such a list (along with more foundational issues, e.g., maintaining a codified body of knowledge and skills that defines the meaning of music therapy and sets the requirements for the preparation of practitioners). Doing something of this kind could be helpful in managing risk comprehensively, perhaps the most important goal for any organization in these times. Move and advance, but do so in an organizational culture that focuses on understanding and managing risk, and you will find a way forward that works on many levels and for many people.

Please let us know if we may provide further assistance at this time, and please let us know whenever we may provide further information and analysis.

We look forward to continuing consultations as your discussions proceed.

With best regards, I remain

Sincerely yours,



Samuel Hope  
Executive Director

SH:sy



## **MLE Subcommittee Conference Call Notes**

June 27, 2012, 9:00 pm Eastern time

Attendance: Jim Borling, Cynthia Briggs, Jane Creagan, Amy Furman, Bryan Hunter, Ronna Kaplan, Christine Neugebauer, Angie Snell, and Mary Ellen Wylie

Committee members were welcomed, and we proceeded to work through the tasks. Mary Ellen will work on **Task #1** – announcement. It was also pointed out the numbering of Tasks on the Agenda was incorrect. (For these notes the Agenda numbers have been corrected). The Agenda follows the notes.

**Task #2** – Analysis of questions and comments. Cynthia has a collection of comments and emails. She will send them to Mary Ellen for distribution to the subcommittee members.

**Task #3** – The economic impact on AMTA was mentioned. Mary Ellen will ask Andi to have the National Office staff project the impact on their respective area, e.g., conference planning. The Treasurer could also assist with information.

- Angie suggested a timeline was needed.
- Jim mentioned the economic impact of the MLE needs to be investigated, but he felt it was important to interface with other professions first.
- Angie felt investigating other professions could really help, and we may learn if consultants were used by the other professions and how. Jim concurred we could learn a lot from the experience of other professions.
- Amy indicated she found an article on the move to the DPT. She will send the link, and she mentioned we should look to see if other professions/organizations have similar historical articles on their move to an advanced degree.

**Task #4** – Events at the 2012 conference. Mary Ellen reviewed some of the conference event planning that has occurred. Christine and Bryan will work to co-lead an Educator/Internship Director Forum on Thursday of the conference. Jim and Mary Ellen will co-lead or co-facilitate an informational summit on Friday morning of the conference followed by a Town Hall Meeting.

**Task #10** – Contact other professions. With the mention of investigating other professions, we turned our attention to Task #10 and the list of 7 professions to investigate. Cynthia pointed out the profession of Child Life Specialist has not moved to a Master's level, so we agreed to remove that profession from the list. It was also mentioned nurses get a license at all levels of education. The committee decided individual members will investigate one profession using a standard set of questions. The following individuals volunteered to investigate the following professions:

Cynthia – Physical Therapy and Speech, Language Pathology

Christine – Occupational Therapy

Ronna – Social Work

Angie – Nursing

Jane – Recreational Therapy

Cynthia felt getting info from Rec Therapy may not be as urgent since they are staying at a Bachelor's level. Bryan added it is important to know why they are staying

at a Bachelor's level. Jim suggested we ask what Recreational Therapy regrets about staying at the Bachelors level.

The committee members offered the following questions for people to ask as they contact people from the respective professions. The questions focus on the move from a Bachelor's level degree for entry into the profession to a graduate (Master's or Doctorate) degree level.

1. What prompted you to decide to move to the graduate (Master's or Doctorate) degree level for entry into the field?
2. What challenges were encountered?
3. What mistakes were made as you moved to the graduate degree (Master's or Doctorate) level?
4. Was a consultant hired to assist with the move to the graduate (Master's or Doctorate) degree level?
5. What was the timeline for this move, and how long did it take to make the transition to the advanced degree?
6. What are the major settings in which your professionals practice?
7. How did the move to the graduate (Master's or Doctorate) degree level affect clinical aspects of education such as internships?
8. In what major/significant ways did the move to the graduate (Master's or Doctorate) degree level change professional clinical practice?
9. What was the economic impact on your profession?
10. Regarding the economic impact of your decision:
  - a. What were the short term economic effects and
  - b. What were the long term economic effects on the i) profession, ii) membership, and iii) clients?
11. Did membership in the professional organization dip, and if it did for how long?
12. How did the move to the graduate (Master's or Doctorate) degree level affect reimbursement or fees for service?
13. Following our call Amy suggested some general background information on each organization would be helpful for comparison purposes. She suggested people search the profession's website (or ask) to see if they can find out:
  - a. The number of professional members
  - b. The number of student members
  - c. The number of professionals in the field who are not members of the membership/professional organization.

Finally, Mary Ellen indicated an analysis of material from the Town Hall Meetings would need to be completed. Jim reminded the subcommittee some of the analysis was undertaken by ETAB and summaries of comments made were provided. Angie added that one of the subcommittee charges was to bring more information to members. Mary Ellen volunteered to begin the analysis process by focusing on 2 categories. She will send preliminary information to Jim, Bryan, and Amy for feedback.

The meeting concluded at 10:00 pm Eastern time.

## AGENDA

### Tasks:

1. Post an updated statement on the AMTA website, saying: a) the subcommittee has been formed; b) identifying the members of the subcommittee and their representation (i.e., who is there from BoD, Assembly reps, ETAB); and c) clarifying that the subcommittee will now be taking on the task of further investigation into MLE. [I will be crafting this statement in the next week and working with Andi to get it posted on the website and announced on eNew.](#)
2. Analysis of questions and comments from the Town Hall Meetings. Data needed on:
  - a. Number of comments within each category
  - b. Nature of comments within each category, e.g., comments for the proposal, comments against the proposal, other information requested by audience member?
3. Delineation of areas not addressed:
  - a. Economic impact for AMTA
  - b. Relationship to state recognition & regulations
  - c. Economic impact on students
4. Outline the content of and leadership for events at the 2012 conference
  - a. Educator/internship director forum
  - b. Summit/retreat
  - c. Town Hall meeting
5. Analysis of NASM response, questions, recommendations, etc. – [I feel NASM responses, recommendation, etc., need to be included in the Educator/Internship Director forum](#)
6. Analysis of Website inquiries and non-Town Hall inquiries received from Board or subcommittee members in the form of emails, calls, etc.
7. Analysis of CBMT response
8. ETAB recommends that the FAQs remain but the new statement be added to the FAQs. ETAB also recommended the deactivation of the link to the ETAB form for submitting questions/comments and instead create a spot on the public section of the AMTA website for questions/comments.
9. How would the subcommittee wish to receive feedback from membership during this process? Do we have a need for feedback/dialogue from members or is it simply time to inform folks of the subcommittee and begin the work?
10. ETAB make 'direct contact' with the following professions to begin this inquiry about MLE practice:
  1. Speech/Language Pathology
  2. Social Work
  3. Occupational Therapy
  4. Physical Therapy
  5. Child Life Specialists
  6. Nursing
7. Recreation Therapy (is there any impact by remaining at the bachelor level of practice?)  
'Direct contact' shall include conversation with leadership members (past and present), senior administrators, and others within the profession as appropriate. Wherever possible, face-to-face contact is encouraged. Let it be understood that the intent of this work is to gather general, but accurate, information with regard to a profession's transition to MLE. Specific tasks identified from this direct contact may be referred to appropriate committees within the AMTA structure for further clarification and delineation.

## Questions for Health Professions Professional Organizations

Just a reminder the following people volunteered to gather information from these health professions.

Cynthia – Physical Therapy and Speech, Language Pathology

Christine – Occupational Therapy

Ronna – Social Work

Angie – Nursing

Jane – Recreational Therapy (Jane, I have placed questions for Recreational Therapy at the bottom of the page).

Questions focusing on the move from a Bachelor's level degree for entry into the profession to a graduate (Master's or Doctorate) degree level:

14. What prompted you to decide to move to the graduate (Master's or Doctorate) degree level for entry into the field?
15. What challenges were encountered?
16. What mistakes were made as you moved to the graduate degree (Master's or Doctorate) level?
17. Was a consultant hired to assist with the move to the graduate (Master's or Doctorate) degree level?
18. What was the timeline for this move, and how long did it take to make the transition to the advanced degree?
19. What are the major settings in which your professionals practice?
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22. What was the economic impact on your profession?
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24. Did membership in the professional organization dip, and if it did for how long?
25. How did the move to the graduate (Master's or Doctorate) degree level affect reimbursement or fees for service?
26. Following our call Amy suggested some general background information on each organization would be helpful for comparison purposes. She suggested people search the profession's website (or ask) to see if they can find out:
  - d. The number of professional members
  - e. The number of student members
  - f. The number of professionals in the field who are not members of the membership/professional organization.

ALSO Jane said she would investigate Recreational Therapy. It seems to me some of the above questions can be posed (#6 & #13). Bryan added it is important to know why they are staying at a Bachelor's level. Jim suggested we ask what Recreational Therapy regrets about staying at the Bachelors level.

## **FORUM DESCRIPTION AND PROPOSED OUTLINE**

### **Master's Level Entry Forum for Educators and Internship Directors/Supervisors**

**Sponsored by the AMTA Board of Directors Sub-Committee on MLE**

**Bryan Hunter, Ph.D., LCAT, MT-BC; Christine Neugebauer, MS, LPC, MT-BC, Co-Chairs**

This forum is an interactive session for AMTA educators and internship directors and supervisors (National Roster or University-Affiliated). The purpose is to provide an opportunity for formal discussion among the constituents who would be largely responsible for implementing change related to master's level entry into the music therapy profession. The forum content will be divided between formal presentations and small group discussions focused on developing and analyzing information needed for the association to make an informed decision.

### **DRAFT Outline of Session**

#### **Master's Level Entry Forum for Educators and Internship Directors/Supervisors**

**Bryan Hunter, Ph.D., LCAT, MT-BC; Christine Neugebauer, MS, LPC, MT-BC, Co-Chairs**

**Sponsored by the AMTA Board of Directors Sub-Committee on MLE**

**Thursday, October 11th, 1:30-5:30 pm**

**1:30-1:35 Introduction—Bryan and Christine**

**1:35-3:30 Twenty, 5-minute powerpoint presentations.** (N.B., Participants will be invited through e-news, the NR listserv, and direct e-mail to sign up to present. A slot will be reserved for the first 20 people to sign-up by 5:00 pm, Friday September 14<sup>th</sup>. Presentations will be limited to one presenter per institution, although collaborative presentation development is certainly acceptable. The speakers can present on anything they wish related to MLE, including thoughts on benefits, challenges, information still needed, new ideas on models, etc. Presenters will be asked to forward powerpoints by Wednesday, October 3rd so that they can be downloaded for presentation.)

**3:30-3:45 Q & A for presenters** (n.b. content limited to information clarification, only)

**3:45-4:00 Break**

**4:00-5:00 Small group discussions** (groups will be asked to answer the following questions: What did you hear that this group thinks is critically important for the association in making this decision? What are the top three benefits? What are the top three challenges? Is there a model for education and clinical training not yet articulated? (group scribes will be asked to type salient points in powerpoint for group reports)

**5:00-5:15 Group reports**

**5:15-5:30 Final thoughts—open mic**



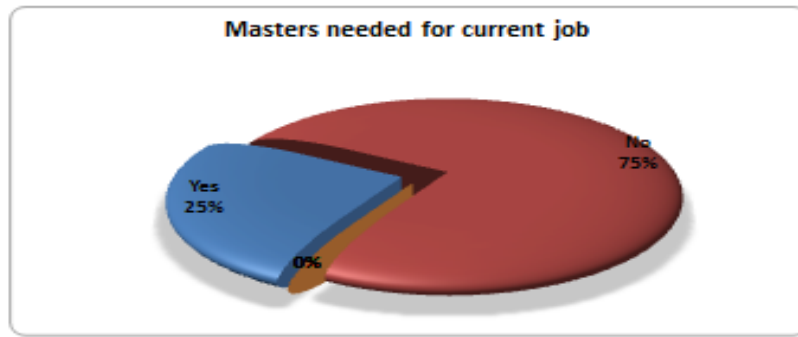
# **Master's Degree Discussion: A Western Region Perspective**

**Presented by  
Ronald M. Borczon, MT-BC**

## **Clinicians**

- Thirty were asked to complete an online survey, 29 completed it.
- These questions were asked:

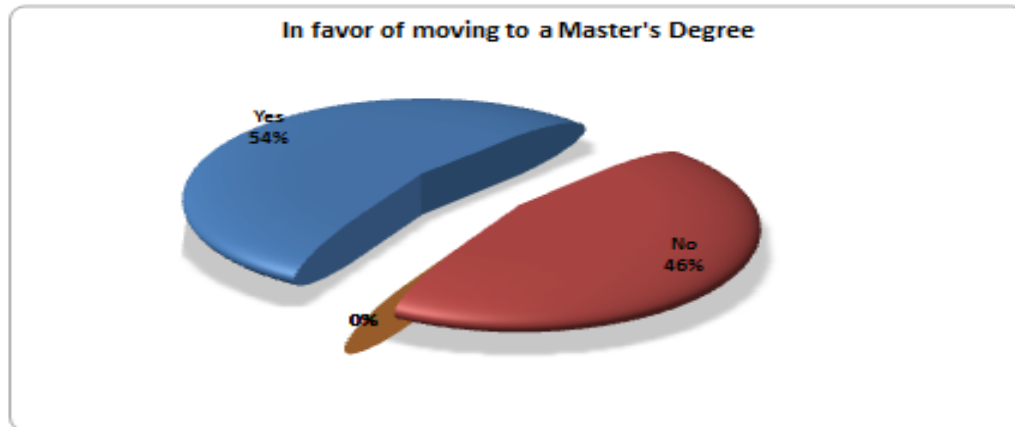
Would you need a Master's Degree for your current job?



## Comments

- The State of California doesn't even require that you are certified as MT-BC to practice as a rehabilitation therapist in the CA state hospital system.
- There are several staff at my facility who trained at the masters-equivalency level and my frank, likely-biased opinion is that they are LESS prepared to work with our population than those that trained at the undergraduate level.

Are you in favor of, or not in favor of moving to the Master's Degree as the entry level degree for the profession?



## Comments

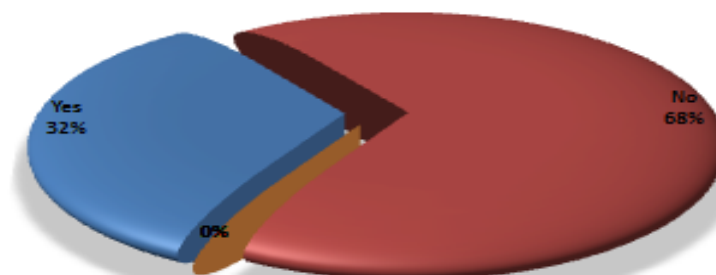
- Requiring a master's degree would require entry level professionals to be better music therapists, as they would be more educated and specialized in working in their area of interest.
- I am undecided about this one. Simply having a master's degree does not make one a good clinician.
- The timing seems arbitrary, and there are several questions that do not seem to have a solid answer: What students will be attracted to a 6+ year degree program? How will we be able to recruit more students with less degree programs and more stringent standards?

## Internship Supervisors

Twenty-six Western Region internship supervisors were asked and 17 responded to the following questions:

Are you in favor of, or not in favor of moving to the Master's Degree as the entry level degree for the profession?

In favor of moving to a Master's Degree



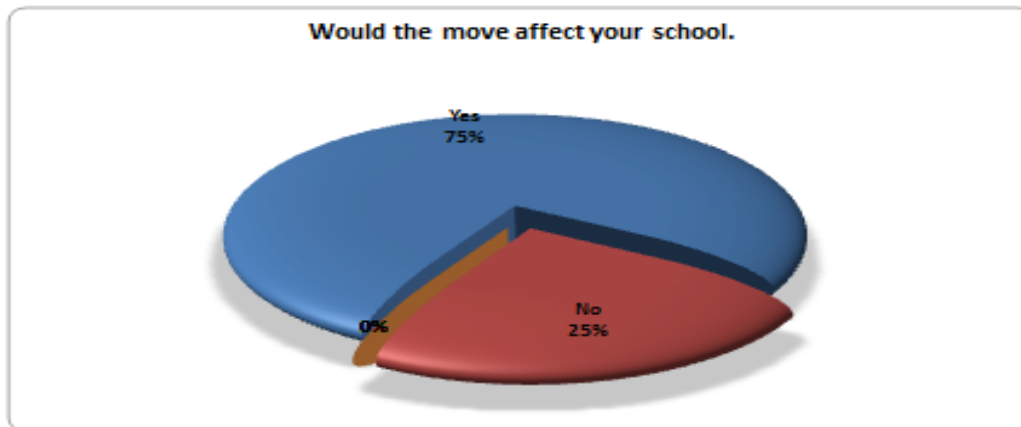
## Comments

- Art therapy and Dance/Movement therapy already require a master's degree entry level proficiency. This would be in keeping with standards set by those similar professions.
- I've been in the field for 30 years & have not seen an increase in jobs or salary. It'll be a big expense without benefit.
- ...but requiring it to practice would put students in a financially challenging position since reimbursement isn't where it needs to be in order to pay off loans that would be incurred with a master's program.

## Educators

- In the Western region there are six schools that offer a Degree in Music Therapy.
- Two of the six offer a Master's Degree.
- The four who do not offer the degree were asked:

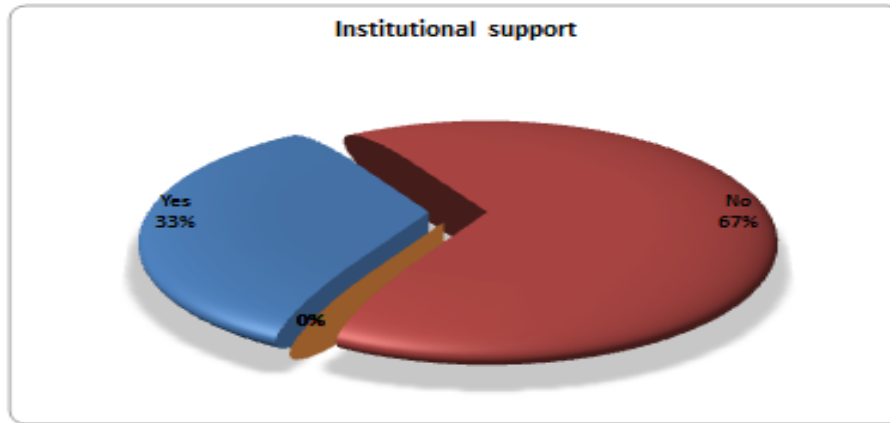
Would the move to a Master's Level entry affect your current program?



## Comments

- We have administrative support to adapt to this.
- This would eliminate music therapy at my school as the school is concerned with job placement and since the graduates could not get employment with just a BA - this would eliminate the need for the program.
- We currently do not have any Master's level programs in our department. This would change the culture of our department significantly.

Would your institution support the hire of another MT for a new Master's program?



## Comments

- I have been informed that they would, but whether or not the funds would actually be available is another question.
- There is no money in the budget to hire someone for a Master's program. I don't believe there would be support for this either.
- Currently no. The BA program is still relatively new and the Administration is still learning about the field. I would definitely receive considerable push back.

## Questions

- If AMTA requires two faculty members for a Master's Program – will new programs really be established in this economy?
- Will having a Master's Degree really serve client's better with diagnoses of Intellectual Disabilities, Autism, Down's Syndrome, Dementia, etc.?
- What will happen to those Universities who offer Bachelor level programs and cannot move to Master Level programs? Will they close as their graduates will no longer be able to immediately find employment?

- In many universities there is a core curriculum of 15 units for a Master's Degree – if that is required how many units will the Master's Degree actually have (which will thus increase the time in school).
- Before voting on such a huge change, shouldn't there be a survey of what will happen to existing educational programs who will not be able to move to the Master's Degree?
- Shouldn't a curriculum be laid out by AMTA that is approved before there is a vote on whether we should move to a Master's Degree entry level?



- Will undergraduates who have a Bachelor's degree decide NOT to do a masters in MT and instead go into Social Work, Psychology, Counseling with the idea that they will be able to merge their MT knowledge with a degree that carries with it a license? In this scenario, how many music therapists would we lose?
- In the Western Region – if there are only two schools where you can get a Master's degree, how will that translate to how many actual music therapists will be practicing? Again – this speaks directly to the mission of AMTA: "...increase access to quality music therapy services in a rapidly changing world."

## Personally

I think there will be less music therapists practicing as fewer students will want to commit to such a long process without the promise of being paid more than in another helping profession. Additionally, there will be fewer universities that will be able to meet these requirements, and they will become impacted.

## EDUCATION & TRAINING FORUM

AMTA Annual Conference  
October 2012

Alicia A. Clair  
Cynthia Colwell  
Dena Register

The University of Kansas, Lawrence

## 2 Types of Masters Degrees

- ▣ Graduate Equivalency
  - Undergraduate degree in music
  - 3 years to professional entry
  - Market demand forces fast growth
- ▣ Graduate degree in Music Therapy
  - Stacked on music therapy undergraduate degree
  - 6 years to professional entry
  - Salaries do not compensate for high education costs

## Graduate Entry Level Requirement

- ▣ What data support a need to make the change?
  - Assumption: Advanced competencies are required for professional success
  - Where are the market studies?
    - Employers' requirements
    - Job requirements
    - Unmet competencies
- ▣ May be indicated in the future
  - Range of practitioners skills required in the field
  - Specializations
  - Research training

## Higher Education

- ▣ 50% of AMTA programs are undergraduate only  
(2010 sourcebook data)
- ▣ Adding a new Masters degree program
  - Moratorium in many universities
  - Difficult & complex process
    - Many years required
    - Approval not assured
- ▣ Types of institutions navigate these changes differently
  - Research Intensive Institutions
  - Conservatories
  - Liberal Arts Institutions

### Financial Implications for Universities

- ▣ Demand on Resources
- ▣ Will universities discontinue music therapy undergraduate programs rather than add the masters degree?
- ▣ Will universities discontinue music therapy programs rather than expand the master's degree?

### Higher Education Institutions with the Masters Degree

- ▣ Necessary expansion severely restricted
- ▣ Resources are tight
  - Enrollment caps
  - Appropriate numbers & background of faculty
  - Graduate school requirements
    - Scholarship outcomes: Terminal project, thesis
  - Other?

### Implications

- ▣ Length of Time in School
  - Minimum of 5 to 6 years instead of 4.5 to be eligible for professional entry
  - Graduate students pay MORE for credit hours
  - Financing education will be enormous
  - Salaries will not compensate for education costs
- ▣ Current Employment Needs
  - More positions than we can fill
  - Exacerbated by longer path to certification
- ▣ Professional Recognition
  - Masters degree is not required for state recognition
  - Will the demand for services be met?



OHIO UNIVERSITY

- A Problem-Based Classroom Approach:  
A Sample University Curriculum for MLE

Presented by: Kamile Geist, MA, MT-BC  
Associate Professor  
Program Coordinator of Music Therapy  
Ohio University, Athens, OH

### Graduate Music Therapy Topics Course

- The class is designed for students to explore current topics/problem of interest in the field of music therapy.
- It was decided as a class (constructivist problem-based approach) that Master's Level Entry was of primary interest to the field and to them as pre-entry professionals.
- With class input, Professor Geist created guidelines for the course which included a "committee" charge with assessment of knowledge by a final presentation to administration and students AND a submission of a comprehensive final report (Report available on request: [geistk@ohio.edu](mailto:geistk@ohio.edu))
- The class assumed roles of regional representatives including a NASM representative as committee members. A chair was then appointed.



## Music Therapy Graduate Student Class Project, Spring 2012

- Melissa Heffner, Chair, Southwest Rep.
- Julie Alton, Southeastern and Midwest Rep.
- Luwen Zhang, Great Lakes Rep.
- W. Elyse Roberts, New England Rep.
- Kat Rohrer, NASM Representative, Western Rep.

## Speech Language Pathology Model: Ohio University

- Track A: BS in Communication Sciences
- Track B: complete listed prerequisites to enter Master's program
- -25 hours in clinical observation
- Master of Arts in speech-language pathology (two-year program) Track A & Track B
  - clinical training in coursework and practicum
  - externship
  - clinical experience
    - 400 total hours
    - 325 of the 400 total hours must be completed while the applicant is engaged in graduate study
      - 3 different sites

## Occupational Therapy Model: Ohio State University

- Model: Ohio State University
- Bachelor's degree required
- Prerequisites must be completed
  - 40 clinical observation hours at 2 different sites required before applying
- Master's of Occupational Therapy
- Fieldwork:
  - Level I: observational and clinical experiences (during coursework)
  - Level II: 2, three-month internships (supervised by an OT)

## Related Disciplines Resources

- <http://www.alliedhealthworld.com/occupational-therapy-career-path.html>
- <http://www.aota.org/default.aspx>
- [http://www.asha.org/certification/slp\\_standards/](http://www.asha.org/certification/slp_standards/)
- <http://www.ohio.edu/chsp/rcs/csd/academics/slp.cfm>

**BA in Music with Emphasis in Music Therapy  
Sample Curriculum - Part 1**

	Fall Semester	Spring Semester
<b>Freshman</b>	Music Theory I Dictation & Sight Singing I MUS 090 I Class Piano I Class Voice I Major Instrument Ensemble Statistical Reasoning	Music Theory II Dictation & Sight Singing II MUS 090 II Class Piano II Class Voice II Major Instrument Ensemble General Education Requirement
<b>Sophomore</b>	Music Theory III Dictation & Sight Singing III Class Piano III Class Guitar I Major Instrument Ensemble Intro to Music History Mus 090 III	Music Theory IV Dictation & Sight Singing IV Class Piano III Class Guitar II Major Instrument Ensemble General Psych General Education Requirement

**BA in Music with Emphasis in Music Therapy  
Sample Curriculum - Part 2**

	Fall Semester	Spring Semester
<b>Junior</b>	Class Piano V Music History Major Instrument Observation of MTBC Option Intro to Music Therapy Junior Composition Foreign Language	Class Piano VI Music History Major Instrument Observation of MTBC Option Music Electives (Composition/Arranging) General Education Requirement Foreign Language
<b>Senior</b>	Observation of MTBC Music Electives (Conducting) Intro to Communication Disorders Abnormal Psychology Dance/Movement	Observation of MTBC Music Electives Human Biology Child/Adolescent Development General Education Requirement



## Prerequisite Courses/Clinical Hours

- Degree in music or equivalent
- Class Piano and Class Voice
- Introduction to Communication Sciences and Disorders
- Intro to Psychology
- Abnormal Psychology
- Child Development
- Human Biology
- Introduction to Music Therapy
- Dance/Movement
- 25 documented observation hours of a board-certified music therapist in at least two different sites

## Sample Master's Curriculum

	Fall Semester		Spring Semester	
First Year	Practicum I	1	Practicum II	1
	Assessment	3	Principles and Techniques I	2
	Clinical Use of Rec Inst.	2	Research Methods	3
	Clinical Percussion Methods	1	music history/theory elective	3
	Psychology of Music	2	non music elective	3-6
	Electives/deficiencies	3-6		
		12-15 credits		12-15 credits
Second Year	Practicum III	1	Practicum IV	1
	Principles and Techniques II	2	Principles and Techniques III	2
	MT Approaches	2	Medical MT	2
	music history/theory elective	3	MT Seminar	2
			non music elective	3
	Education Research Statistics	3	music elective	3
	music or non music elective	3		
		14 credits		13 credits

\*Internship/Professional Project in final semester  
Clinical Requirements

- 25 observation hours will be required upon entry into the Masters program
- 175 additional clinical hours or 200 total pre-internship



## Revised AMTA Competencies

### Pre-Requisite Competencies- Bachelor's Degree

#### A. MUSIC FOUNDATIONS

2. Composition and Arranging Skills
3. Major Performance Medium Skills
4. Keyboard Skills
5. Guitar Skills
6. Voice Skills
9. Improvisation Skills
10. Conducting Skills

#### B. THERAPEUTIC FOUNDATIONS

12. Exceptionality
13. Principles of Therapy

## Revised Master's Level Competencies

#### A. MUSICAL DEVELOPMENT

1. Percussion Skills
2. Non symphonic Instrumental Skills
3. Composition and Improvisation

#### B. CLINICAL SKILLS

4. The Therapeutic Relationship
5. Foundations and Principles
6. Client Assessment
7. Treatment Planning
8. Therapy Implementation
9. Therapy Evaluation
10. Documentation
11. Termination/Discharge Planning
12. Clinical Skill Development

#### C. PROFESSIONAL PRACTICE

13. Theory
14. Professional Role/Ethics
15. Interdisciplinary Collaboration
16. Supervision and Administration
17. Basic Research Methods
18. Advanced Research
19. Clinical Administration

#### D. PROFESSIONAL DEVELOPMENT

20. Personal Development and Professional Role



OHIO UNIVERSITY

## AMTA MLE Forum

Lori F. Gooding, PhD, MT-BC  
Director of Music Therapy  
University of Kentucky

### Issues at Hand

- There has been substantial growth in the practice of music therapy that requires expanded knowledge
- There is a need to increase the knowledge base without harming academic programs

### Points to Consider: Graduate Degree Programs

- Increased emphasis on undergraduate education.
  - Example Institutions: UK, UMKC, FSU, KU, AL, UofL
- Decreasing aid for graduate students
  - (Council on Graduate Schools, 2012)
- Falling enrollments in graduate schools
  - (Council on Graduate Schools, 2012)
- Arts & Humanities enrollments fell by 5.4% in 2011
  - (Council on Graduate Schools, 2012)

### Points to Consider: Undergraduate Programs

- Undergraduate enrollment increased by 37% between 2000-2010
  - (NCHE, 2012)
- Undergraduate enrollment is expected to continue to rise
  - (NCHE, 2012)

## Points to Consider: Jobs

- Music Therapy job creation doubled between 2009 and 2012
- Not all helping profession jobs require master's degrees initially
  - (e.g., social work, education, early childhood)

## A Possible Compromise

- Provisional certification at bachelor's level
- Full certification upon receiving master's degree
- This process could coincide with the existing recertification cycle
  - Certificants could be required to obtain a master's degree by the end of the first or second cycle

## Pros

- There is precedent for this model in other fields
  - E.g., requiring a master's degree to maintain education licensure/certificate
- It promotes a more gradual shift to the master's level that may be less detrimental to the field and job security
- It takes into account the current economic climate
- It allows individuals to practice in areas that do not necessarily require master's degrees
  - E.g., special education, older adult, private practice

## Pros [2]

- It maintains current academic models/programs
- It accounts for the current trend in rising undergraduate enrollment
- It promotes greater knowledge/skill development
- It allows for advanced practice skill development (after internship)
- It could be tied into the existing certification structure

## Cons

- Enforcement—How? By whom?
- Would CBMT be amenable?

## Effects of MLE on Bachelor's Only Programs and Affected States: Why We Are Not There YET

Nancy Hadsell, Ph.D., MT-BC  
Texas Woman's University  
Oct. 11, 2012

## Information From Core Considerations Document

- 19 bachelor's-only programs are in universities that currently offer Master's degrees in some disciplines, but not in music.
  - 2 = already planning master's programs
  - 7 = no MT faculty member with doctoral degree
- 1 bachelor's-only program in a college with no Master's degrees at all, and no doctoral level MT faculty member.

## Implications--Programs

- Beginning a Master's level program is a complex process
  - Departmental approval (resources, faculty, supporting coursework in other disciplines at the graduate level)
  - College level (e.g. College of Arts and Sciences, College of Music, College of Fine Arts, etc.)
  - University level (e.g. Board of Trustees, Board of Regents, etc.)
  - State level (e.g. State supported institutions)
  - Other higher authority (e.g. Religious institutions)
  - Must be consistent with the mission at all levels.

## Implications--Programs

- Just because a Bachelor's program is eliminated and a university's mission involves some graduate programs does not mean that the 19 schools that could opt to offer the Master's degree in Music Therapy will do so.
  - Low enrollment programs are already at risk of elimination; it would be easy simply to do away these programs.
  - It would be difficult to justify a more expensive program when the bachelor's program is barely surviving.

### Implications--Programs

- Pre-Music Therapy courses of study may not lead to graduation with a bachelor's degree.
  - The "bean counters" do not count equivalency students who do not get a separate degree.
  - Students who already possess a bachelor's degree from one institution may opt to enroll in a pre-music therapy course of study at one of these 19 schools, but they would not receive a degree from the that school. The "bean counters" will not be happy.

### Implications--Programs

- Current Bachelor's programs that do not opt for the Master's degree COULD create articulation agreements (called "affiliations" in the core considerations document)
- In order for such agreements to be feasible, they must be beneficial to both institutions. (Example: 3 + 2 engineering bachelor's degree)

### Implications--Programs

- What would be the benefit to a student of doing pre-music therapy coursework at one school and the master's at another, when the second school offers both?
  - Only **courses** transfer **not competencies**, yet music therapy is a competency-based curriculum.
  - How would the receiving institution know what competencies the students had acquired prior to enrolling them? What would the process look like for measuring these?

### Implications--Faculty

- "Grandparenting" only solves part of the faculty staffing issue.
- Until we know what a pre-music therapy course of study would look like, there is no way to determine whether faculty members in programs that did not opt to establish the master's would keep their jobs, especially those who are currently non-tenured.
- Do we have enough doctoral level MTs to staff the new master's programs that might be created?

### Implications--Access

- Low numbers of therapists in states that have **lost** programs (Examples):
  - AR—Henderson State--2 MTs
  - TN—Tennessee Tech--35 MTs
  - OK—Phillips--13 MTs
  - NM—Eastern New Mexico--9 MTs

### Implications--Access

- North Dakota listed in source book in 2000 had 4 MTs; in 2011 had 11 (275% increase).
- Tennessee Tech program phased out in 2003. The numbers in TN in 2002 were 31, and today there are only 35 (increase of only 4 therapists)
- New Mexico had 14 MTs in 1997; in 2011 they had 9 (35% decrease).

### Summary

- Is it realistic to assume that all 19 schools with bachelor's only programs that COULD switch to the master's will actually do so?
- Will loss of a school negatively affect available music therapy services in that state, particularly if it was the only school?
- With the current growth in public awareness of music therapy, is now (or in the near future) a good time to act in a way that could reduce the available number of therapists? PT started with a surplus, but experienced a shortfall after transition to doctorate (Silverman, 2012).

A Rationale for Master's Entry Level for Music  
Therapists and the Need to Maintain Music Therapy  
Bachelor Level Education and Training as  
Preparation for the Master's  
(in 5 minutes or less)

Joni Milgram-Luterman, PhD, MT-BC, LC/M  
Director, Music Therapy  
Associate Professor, Music  
School of Music, SUNY Fredonia

Thursday, October 11, 2012  
AMTA Conference, St. Charles, IL

## Rationale for Entry Level Masters

- We are the only therapy profession (including Counseling, Psychotherapy, Social Work, Physical Therapy, Occupational Therapy, Speech Therapy, other Creative Arts Therapies, etc.) that does not have masters level entry
- That puts us in a difficult position:
  - not as respected
  - expected to accept less pay
  - not taken seriously

## Rationale for Entry Level Masters

- Our scope of practice/professional competencies have increased and intensified, making it more and more difficult to teach all that needs to be taught at the undergraduate level
- This results in less candidates moving on to internships and passing Board Certification exams, new clinicians who are unprepared to practice, and to burnout and attrition (latter point made by Ken Bruscia in the William W. Sears Distinguished Lecture, November 2011)

## Rationale for Entry Level Masters

- Kim – an experienced music therapy clinician, educator and supervisor who teaches at the undergraduate level:

*"The scope of our work has exploded over the last few decades, so much so that is not possible to address everything we need to learn at the undergraduate level. All one needs to do is look at the number and breadth of trainings, CMTE's and concurrent offerings at our conferences to see how all-encompassing our knowledge base is!"*



### KEEP THE BACHELOR'S DEGREE AS A PREREQUISITE TO THE GRADUATE DEGREE

- I am NOT proposing that Master's entry level implies removing the Bachelor's education and training
- I AM proposing to keep the bachelor degree in music therapy intact as a prerequisite to the masters degree

### Developing as "Musickers"

- The undergraduate experience serves as the basis - music therapy students as members of the music community who, as is the case for all other undergraduate music students, develop musicianship skills, classic repertoire, become musickers who are passionate about music and grow as musicians.

### Developing as Clinicians

AND

- Undergraduate music therapy students as psychology students, who are caring and knowledgeable about illnesses and disabilities, and develop a basic understanding of developmental, cognitive, behavioral, medical and psychodynamic theories

### Developing as Music Therapists

- AND
- Music therapy students in core music therapy courses, learning through classes, seminars and a variety of clinical practice experiences who learn the basic theory and practice of music therapy.
- The undergraduate clinical practice experiences, whether they be practicum or internship serve as the basis and context for advanced training at the masters level.

## Developing as Music Therapists

- Practicum and internships at the undergraduate level integrate all the learning, providing grounding and context for addressing advanced learning at the graduate level
- Sarah – a new graduate student fresh from her internship:
  - *"I felt really well prepared for my undergraduate internship, a great launching point to go into my master's. And I felt like I was ready to continue to develop my skills in a master's program in order to better to serve our clients."*

## Developing as Music Therapists

- Kim: an experienced music therapy clinician, undergraduate educator and supervisor
 

*"The bachelor level brings an introduction to clinical work that begins to give context for advanced learning. We (undergraduate music therapy educators and supervisors) should strive to help our undergraduates toward becoming graduate music therapy students who desire to increase their own expertise, who will bring curiosity, talent and open minds to the work as we look to the future"*

## Developing as Music Therapists

- Our Standards of Music Therapy Education and Training cite the requirement for masters programs to include supervision post internship. I believe the intention is to deepen the skills.
- We need this opportunity for all music therapists, not only for those who chose to go to graduate school.

## The Undergraduate Experience as the Pre-requisite to the Master's

- Ashley: A second year graduate music therapy student:
 

*"I do believe that we need masters level entry because of the opportunity to understand the work more in depth, authentically know myself as a clinician and ultimately serve our clients better. The bachelors degree is important to gain knowledge and experience, important as a basis and context for the graduate program. The graduate program has given me the opportunity to master my skills. For example, I don't believe that I would be able to understand or learn Clinical Piano Improvisation at the graduate level without the basic piano training and clinical experiences I had coming into my Master's".*

## IN CONCLUSION . . .

Hana – a second year music therapy graduate music therapy student:

*At SUNY Fredonia, I have received intensive undergraduate education and training in music, music therapy, and psychology. I have met some extremely knowledgeable professors, supervisors, and colleagues who have inspired me to learn beyond my expectations. However, music therapists work with a variety of unique individuals and there is no end when it comes to learning about them or knowing how to bring positive changes into their lives. The education of music therapists, as of all helping professionals, should be an ongoing and life-long learning process. As Jascha Heifetz, one of the most distinguished violinists, once stated, "There is no top. There are always further heights to reach."*

## ... IN CONCLUSION...

- Hana continued:

*I decided to enroll in the music therapy graduate program to reach further heights and become a more effective music therapist for the diverse population. One of the many notable moments I experienced through the program was when I recently participated in an exchange of ideas in a collaborative process with my professors and colleagues. This helped me develop my personal theory and philosophy of life and music therapy.*

## ...IN CONCLUSION...

Hana continued:

*(During my graduate experience) I gained awareness into a few of the main values I live by – genuine creativity, spontaneity, playfulness, and sense of humor - which to me, are also the four fundamental foundations of therapy. The integration of my values reflecting my life experiences, and knowledge I gained through my studies and clinical work guide the way I interact with others and lead my music therapy sessions.*

*During my undergraduate studies, I was too busy learning the basic knowledge and skills of a music therapist from scratch. Undergraduate education alone does not provide you with enough time or depth to integrate your education, clinical work, and worldviews.*

## IN CONCLUSION

Renee, a second year graduate music therapy student:

*Entering graduate school was not an easy decision for me. I will be honest, I thought I was done with my season of education, and would never have to go back to school. My undergraduate work was challenging and I was ready to close the textbook and go into the field. NYS, however, had other plans. Frustratingly, I couldn't find any way around it. I bit the bullet and I am so glad I did. I feel the master's program has not only given me more knowledge in the field of music therapy, but it has also deepened the music therapy experience. I have learned additional, beneficial techniques that I have had the opportunity to implement into my practice. I know the masters work has made me a better music therapist and I am truly grateful for it.*

## MAKING THE MOVE

### Requirements & Ideas

Betsey King, PhD, LCAT, MT-BC – Nazareth College

### Cons and Pros

- Master's does not significantly increase salary; or
- Increase in salary for master's makes hiring less likely.
- Students carry too much debt already.
- RESULT? Decreased access to services due to too few MT-BCs.
- Changes in student preparation for college means:
- More time needed for the development of music skills; critical thinking skills; self-awareness.
- Changes in MT profession means more time needed for full competency.
- PLUS: Parity with other professions.

### MODEL:

undergraduate "pre-music therapy" degree,  
offering preparation for a  
Masters-Level Entry degree (MT-BC)  
taken separately or as a  
5-6 year combined degree program.

in this model,

### MASTERS- LEVEL ENTRY

#### REQUIRES

new, massive education/PR  
on the  
MT-BC credential

### Pre-Music Therapy Programs/Degrees

- Existence would require PR regarding MT-BC
  - ▣ Current state efforts and successes valuable
- Current undergraduate programs could transition.
- Would be required to have an articulation agreement with at least one grad program.

### Pre-Music Therapy Programs/Degrees

- Primary instrument, ensembles, theory, hx
- Piano, guitar, percussion, voice (functional)
- Intro Psych, Human Development, Abnormal Psych, Anatomy & Physiology...
- Intro to MT (observations)
- Songleading (in community)
- Principles (intro to assessment, documentation)
- Improvisation (supervised with clients)

### GRAD PROGRAMS MIGHT RECOMMEND...

volunteer or work experience with  
"special-needs" populations, AMTA-  
sponsored preparatory workshops...

### Graduate programs

- clinical hours / internship
- populations in depth
- advanced musicianship
- personal growth
- DISTINCT FOCUS: neuroscience, psychotherapy, medical, developmental
- Thesis/Professional Project

MOVING FORWARD WILL TAKE TIME.  
IT WILL NOT BE EASY.

Preparation needs to start now.



## REVISIT

## REVISE

## DON'T REVOKE

### A TIERED APPROACH TO A CONTINUUM OF EDUCATION

Diane Knight, MS, MT-BC

Alverno College, WI

1. Bachelor's degree -MT emphasis = 4.5 years of preparation
2. Bachelor's degree plus Master's -MT emphasis = 6.5 years of preparation
3. Master's in MT no Bachelor's specific MT = 2 years of preparation

If the major reason for moving to a master's level entry is to provide increased education and training, this model clearly misses the mark.

## REVISIT

### The role of the bachelor's degree

To attract students to the profession and prepare them for the first TIER of employment according to AMTA professional competencies within 4.5 years

Removing this option may have the following outcomes:

- Negative impact on number of students choosing MT as a career
- Decrease in number of colleges and universities offering a course of study leading to the master's degree
- Loss of jobs while not being sensitive to *what the market can bare*


An *increase in number of students* pursuing a degree=  
an *increase in jobs*=  
an *increase in services to consumers*

*Our college boasts a 100% placement rate for all grads for the past 15 years! At a time when jobs are growing (MSN summer 2012 places music therapy as one of THE top 6 professions for future employment), why do we want to interrupt the momentum?*

## WHAT TO DO?

- Study Bachelor's MT programs that ARE working
  1. number of students in the program?
  2. number of grads?
  3. how many get jobs?
  4. what does their curriculum look like?
- Survey high school seniors and college freshmen
  1. "Would you choose MT as a career if \_\_\_\_"?
- Survey consumer satisfaction
  1. compensation package potential?
  2. reimbursement?





## **REVISE**

### **Educational approaches**

- Should we expand opportunities for MT-BC's to advance their skills? **YES**
  
- Is the master's degree a viable route way to offer advanced MT education? **YES**
  
- Does a master's degree without a MT specific bachelor's truly offer a continuum of learning and prepare a student for an **ADVANCED TIER OF PRACTICE**? **NO**



## **WHAT TO DO?**

1. **EXPLORE** options for a master's that truly *expands the knowledge base and offers advanced competencies* which build on the significant educational outcomes of a bachelor's degree with emphasis in music therapy
  
2. **DEVELOP A TIERED** approach that offers beginning and advanced employment opportunities (a continuum of education) and is consistent with other professional service models while retaining that which is unique about music therapy.

This model is used by other service professions



## **DON'T REVOKE**

### What is already working


- Broadening understanding and acceptance of MT as an evidenced based profession
- Increased number of MT-BC's
- Expanding range of job opportunities
- Increased number of clients being served

WE ARE A DIVERSE PROFESSION

WE ARE DIVERSE GEOGRAPHICALLY

WE SERVE THE NEEDS OF A DIVERSE GROUP OF CONSUMERS

WE NEED A DIVERSE EDUCATIONAL APPROACH



## Closing thoughts:

**We need a *diverse* continuum of education to prepare a student for professional practice as we move into the future**

**Such diversity can be found in offering the master's degree as an advanced TIER of practice and specialization after professional competency is achieved in a bachelor's degree with an emphasis in music therapy**

# **Association Internship Approval Committee**

**Mary Jane Landaker, MME, MT-BC  
Chair**

Good afternoon. My name is Mary Jane Landaker, and I am the internship director at Lakemary Center in Paola, KS, the chair person of the Association Internship Approval Committee, and, as such, an appointed member of the Education and Training Advisory Board. I have one message for National Roster internship personnel during this time of discussion.

## **Don't Panic!**

As a therapist who has never gone through a major change in the profession before (the CBMT change happened before I started my education, and I was oblivious to the merger procedures in 1996-98), I have been reassured time and time again that this change is not something that will be rushed. The amount of conversation, the multiple opportunities to offer comments, and the fact that we are not voting on this change this year demonstrates to me that AMTA will be dedicated to creating a comprehensive overview and offering members with many opportunities to engage in the design of a change into a Masters-level entry. As an internship director and clinician, I have the freedom to change things in my clinic pretty quickly, especially when compared to academic programs. The realities of our educational framework is that any profession-wide changes that may be made to music therapy education will not happen quickly.

We have time to deliberate, discuss, and debate this idea. The subcommittee of the Board of Directors appears to be determined to hear from all parties who are interested in engaging in this very important discussion, and we will not be rushing into any changes blindly.

Everyone who wants to engage  
in the discussion will have an  
opportunity to do so.

The AIAC is going to represent the needs and  
wishes of National Roster Internship Personnel  
during this discussion and any subsequent actions.

We are ready and willing to do so.

In addition to the opportunities to engage in this discussion already available to all music therapists, the AIAC wants to hear the opinions of all National Roster internship personnel.

We are ready to complete any tasks assigned to us by the subcommittee and the Board of Directors and will be asking IDs to proactively participate in this discussion through communicating with their AIAC representative, completing tasks as requested, and talking to us.

This is an exciting time as we can start to see what types of training opportunities are offered out there, we can design new ways of training, and we can develop training models that offer music therapy students with quality experiences throughout their clinical training. Now is a time to start dreaming big!

National Roster internship personnel and others interested in clinical training, be proactive and work within the parameters offered to us as AMTA members and people interested in the long-term survival of music therapy as an important and essential treatment modality for clients into the future.

Thank you.

## **AMTA Masters Level Entry Forum October 11, 2012**

Michael Rohrbacher, PhD, MT-BC,  
Director of Music Therapy  
Shenandoah University

### **In collaboration with music therapy faculty:**

Abbey Dvorak, PhD, MT-BC  
Daniel Tague, PhD, MT-BC  
Anne Lipe, PhD, MT-BC

## **Presenting Challenges**

- MLE: **Not If or Why . . . but**  
Who? What? When? Where? How?
- External Forces- Trends in . . .
  - Healthcare
  - Education
  - Arts

## **Presenting Challenges (cont.)**

- At Shenandoah University:
  - Divergent views among music therapy faculty
  - Impact on positive enrollment trends; for 2012-13:
    - BMT – 66 students
    - CRTE – 21 students (equivalency)
    - MMT – 18 students
  - Institutional Concerns

## **The ‘Last Word’**

According to Boxberger, music therapy is defined according to societal views toward education and healthcare for any given period of history.

Ruth Boxberger, "History of the National Association for Music Therapy, Inc.," in *Music Therapy 1967* (Lawrence, KS: National Association for Music Therapy, 1963), pp. 133-200.

### **Societal Trends in the United States and Music Therapy**

1950's  
1960's  
1970's  
1980's  
1990's  
2000's  
2010's  
2020's  
2030's

### **A Current, Momentary Trend**

1950 .....2012

Nothing is lost . . .

Much is gained . . .

All is scanned.

### **Toward A Solution: More External Trends to Consider**

- Accreditation in Higher Education
- Federal and State Regulations

### **Toward A Solution (cont.): The Study of 'Think-Tank' Projections**

*"Accreditation, originally perceived as a vehicle to enable organizational development, is increasingly an agent of government regulation." (Abstract)*

Scrivens, E. (1995). International trends in accreditation.  
*International Journal of Health Planning Management*, 10, 165-81.  
<<http://www.ncbi.nlm.nih.gov/pubmed/10153234>>

### **Toward a Solution (cont.): Clarity is Paramount**

- The CBMT *Scope of Practice* is to serve as the guiding force in defining processes and outcomes of music therapy education and training.
- The concept of 'levels of practice' for music therapy gives way to areas of specialization.

### **A Two-pronged Solution**

#### **1. Bachelor of Music with a Concentration in Human Services:**

- Foundations (A. Meriam, E.T. Gaston, D. Hodges);
- Functional uses of music within a human service context;
- Musicianship skills, including application;

#### **Outcomes:**

- Pre-professional training for graduate study in music therapy;
- Employment, for example, as activity director, music in early childhood, use of music in recreational and educational settings, teaching academic subjects through music, drum circle facilitator, etc.


### **A Two-pronged Solution (cont.)**

#### **2. Master of Music Therapy**

- Three options: Combined BM and MMT w/in one institution; Affiliated Institutions (BM to MMT); MMT;
- Minimum 48 credits;
- Culminating activity reflects thesis or area of specialization;
- Pre-requisite competencies for entrance consideration are met through portfolio review and course-competency advisement;
- No 'provisional' acceptance; pre-requisite competencies required for entrance must be met;


### **Outcomes of this Two-pronged Solution**

- Employment for Bachelor of Music graduates with a concentration in Human Services is viable and not confused with music therapy.
- Employment for Master of Music Therapy graduates is expressed exclusively within the CBMT *Scope of Practice*.



## Music Therapy Education: Master's Level Entry?

Tracy Richardson, Ph.D., MT-BC  
Saint Mary-of-the-Woods College  
October 2012




## Why not adapt MLE?

- It takes away from the “advanced” nature of a graduate degree
  - A degree cannot be advanced and entry
  - Depth of experience
  - Clinical experience “hooks”
  - “Lack of differentiation”


A degree cannot be advanced and entry; it is one or the other: Counseling and art therapy examples. These professionals must have a master's to practice, but when they graduate, they are not advanced...they are beginners. They have completed 1-2 practicum experiences and an internship, totaling about 1,000 hours. What happens to depth? The “advanced” degree would then be a doctorate. Clinical experience as a music therapist develops *hooks in the brain* upon which to place advanced knowledge and advanced clinical experience. **NASM Handbook, pg. 122: “Music Therapy Studies.** The master's degree shall impart further breadth and depth to entry-level competencies in music therapy.” If there has been a lack of diff...that is not the way we SHOULD have been operating. Clean UP the model; don't throw it out.





## Why not adapt MLE?

- Unknown effect on existing undergraduate programs which cannot shift to graduate
  - Some schools will not be able to build a collaboration/consortium with another school
  - Net effect is could it will shrink our field at a time when we need more MT-BCs




## Why not adapt MLE?

- It's the economy...
  - Grad degree = more time in school
  - More time in school = more money borrowed/spent
  - More money borrowed = longer to pay back loans
  - Deter future students and shrink field?

**May deter some prospective students...shrink field**

Will salaries support extra \$ borrowed?




## Other areas to focus on...

- Growing our field: Reaching the adult learner
- Improving retention
- Becoming more music-centered
- Embracing levels of practice

Growing our field: How do we reach/educate those mature adult musicians who desperately want to be MTs but do not live near a program? We must grow in order to serve all of those people who need MT. In addition, AMTA membership must grow in order to be sustained.

Retention: We lose many good music therapists to other fields. How do we keep them in MT? How do we support those who are struggling financially as young adults, or those who take time off to start families, then cannot afford to pay the re-entry fee for CBMT? Becoming more music-centered in our language and practice: This will help *set us apart from other therapies*, who often address the same goals we do. What is the “value added” for providing music therapy?



## Summary

- Moving the curriculum from undergrad to grad level does not solve the problem of “inadequate preparation\*”
- If our concern is “lack of differentiation” we should do a better job at differentiating
- What do our clients need?

\*AMTA (1999) Final report and recommendations of the Commission on Education and Clinical Training of the AMTA. Silver Spring, MD: Author. Pg .20 (Cited in MLE: Core considerations, pg. 2) If MT-BCs are inadequately prepared to practice MT, then moving the curriculum and clinical experiences from undergrad to grad level will not solve this problem....it simply means they will be inadequately prepared with a master’s degree! Only levels of practice will solve this. Lack of differentiation? Define the skill sets needed at each level and d/c the Equivalency/Master’s programs (but continue Equivalency stand-alone programs)



• **Is it time?**  
Music Therapy  
Masters Level Entry

• Darcy Walworth, PhD,  
MT-BC  
Director of Music  
Therapy  
University of Louisville



**Related Fields Membership**

- NASW- National Association of Social Workers= 600,000+
- ASHA- Speech and Language Pathologist and Audiologists= 150,000
- APTA- American Physical Therapy Association= 80,000+
- ACA- American Counseling Association= 50,000+
- AOTA- American Occupational Therapy Association= 41,977
- ATRA- American Therapeutic Recreation Association= 25,000+



**Membership**

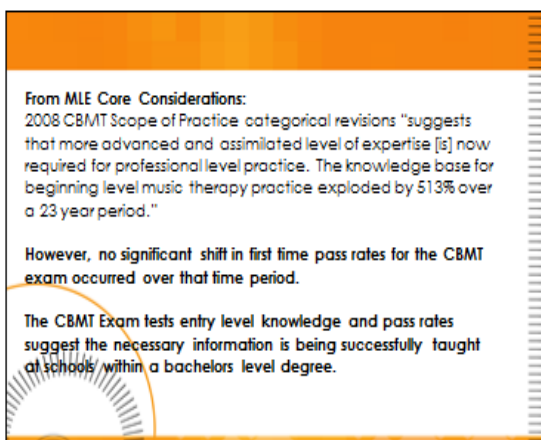
- AATA- American Art Therapy Association- 5,000+ worldwide
- ADTA- American Dance Therapy Association= not listed on website. 1,200+ worldwide (cancer.org)
- **AMTA- American Music Therapy Association= 2,184 professional members (2011 Member Survey & Workforce Analysis)**

» Comparing the field of music therapy to related fields may not be appropriate or advisable



CBMT Scope of Practice

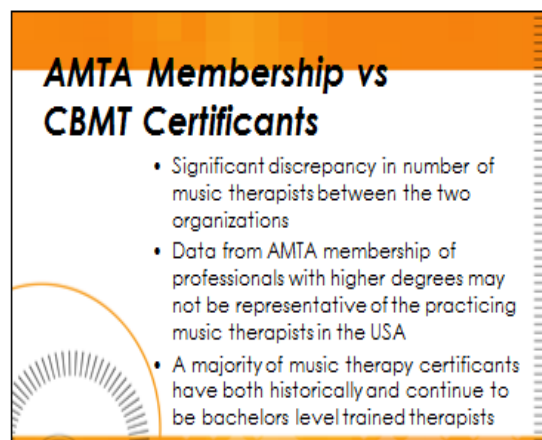
**MUSIC THERAPY KNOWLEDGE BASE**



From MLE Core Considerations:  
2008 CBMT Scope of Practice: categorical revisions "suggests that more advanced and assimilated level of expertise [is] now required for professional level practice. The knowledge base for beginning level music therapy practice exploded by 513% over a 23 year period."

However, no significant shift in first time pass rates for the CBMT exam occurred over that time period.

The CBMT Exam tests entry level knowledge and pass rates suggest the necessary information is being successfully taught at schools within a bachelors level degree.



**AMTA Membership vs  
CBMT Certificants**

- Significant discrepancy in number of music therapists between the two organizations
- Data from AMTA membership of professionals with higher degrees may not be representative of the practicing music therapists in the USA
- A majority of music therapy certificants have both historically and continue to be bachelors level trained therapists

## Master's Level Entry

Patricia Winter, MMT, MT-BC  
Radford University



- Art Therapists
- Dance/Movement Therapists
- ASHA Certified Speech/Language Pathologists
- Occupational Therapists
- Physical Therapists
- Clinical Social Workers
- Professional Counselors
- Marriage and Family Therapists

### Professions Requiring Master's Level Entry



Page 2

## Scope of Practice

- Davis, Gfeller, & Thaut (2008), introduce Wheeler's (1983) 3 levels of clinical practice in *An introduction to music therapy theory and practice* (3<sup>rd</sup> ed.). This is accompanied by a brief explanation of the need for advanced training to practice reconstructive, analytically, and catharsis-oriented m.t.. Who is monitoring our entry level practitioners to be certain that they are not practicing at an advanced level?



Page 3

## Scope of Practice

A therapist telling a client "I can't go there" is like the plumber looking at your broken pipes, that are gushing water, and saying "sorry I only work on copper." Why is it o.k. to put professionals in the field who are unqualified to address the level of intensity that we as a profession claim is a hallmark of and an essential feature of our practice? This is unethical, unsafe, and unprofessional!



Page 4

## Scope of Practice/Populations

Implying or insinuating that a clinical population only requires a therapist with a certain level of education (geriatrics/bachelor's level, children/bachelor's level) is a bias against the individualized needs of EACH client, is narrow in scope, and unethical in practice.



Page 5

## Client's Rights

All clients deserve a highly trained, musically proficient clinician who is versed in music therapy techniques as well as counseling skills.

I stand with the 8 aforementioned professions who believe that this happens at the graduate level.



Page 6

## Messages about music therapy

- Home page of AMTA web site: Video clip *The healing POWER of music*
- AMTA website home page. "The mission of the AMTA is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a **RAPIDLY CHANGING WORLD.**"
- There are 11 Cochrane Reviews concerning music interventions in health care. 6 of those are specifically addressing the use of MUSIC THERAPY. Cochrane reviews are international in scope and are "intended to help providers, practitioners, and patients make informed decisions about health care, and are the most comprehensive, reliable and relevant source of evidence on which to base these decisions."



Page 7

## Professions expanding into or requiring a Doctoral Degree

- Physical therapy
- Nursing
- Music Therapy
- Creative Arts Therapies
- Clinical Psychologists



Page 8

## Fight or Flight

We are standing on the edge of a major decision! Music therapy is now a bright point of light in a galaxy of therapeutic options. We get to decide if we will expand into an entire solar system or if we will supernova and disappear into the black hole of irrelevancy. If we fight for the bare minimum and the status quo then we **ARE** fighting for irrelevancy.




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## “POINTS TO PONDER”

Forum: Consideration of Masters Degree as  
the Entry Level Music Therapy Credential  
AMTA 2012 Conference, St. Charles, IL  
October 10, 2012 Linda Wright-Bower

### HISTORY AND WISDOM

- When has the music therapy profession studied an issue and moved strategically to accomplish a futuristic goal?
  - Board Certification
  - Unification
  - Commission on Education and Training
  - Reformulation/revision of the association committees
- 

Lots of successes. Lots of opportunity for study and comment.

## “50 WAYS TO LEAVE YOUR LOVER”

- 50 States
- 50 State Legislatures
- 50 Civil Services Systems
- Federal Standards
- VA System
- Licensure?
- Definitions?
- Scope of Practice?
- Large Health Care Organizations?

So many players regulate, define, and impact our ability to provide music therapy services to clients.

## IMPACT OF THE ECONOMY

- Employment Outlook?
- Affordable Health Care Act – Friend of Foe?
- Competition from other providers?
- Medicare and Medicaid?
- CARF, JCAHO and other accreditation?
- Marketing? Tools?
- E-books and technology

Evidence-based practice. Data base created by PT organization. Need for more research.

## LESSONS TO LEARN

- Physical Therapy – clinical doctorate by 2020
- Occupational Therapy – masters degree entry as of 2007
- Art Therapy, Dance Therapy, Poetry Therapy
- Therapeutic Recreation
- Speech & Hearing Sciences

How have other associations made significant moves? What can we learn from those experiences? What professions do we need to watch?

## TRENDS IN HIGHER EDUCATION

- Decreasing state support
- Increasing student loan debt
- Increasing tuition costs
- Rapidly changing technology
- Increase of part-time faculty
- Increase in administrators & non-teaching staff
- Reallocation of funds
- Impact of online learning to alumnae giving
- Emphasis on learning outcomes

CA e-textbook repository may impact how we develop and market textbooks  
By 2013 half of all textbooks will be electronic.



## COLLEGE & UNIVERSITY SYSTEMS AND CULTURES

- Mission of the College & University
- Faculty Senate
- State legislature involvement in defining general education and limits on credit hours
- Commission on Higher Education regulate and approve new degree programs
- NASM
- General Education Reform, AAC&U, LEAP
- Impact of advanced placement and dual credit courses

Some university missions do not include masters level education. Indiana State Legislature involvement in general education. Putting limits on credit hours. Increased emphasis of graduation rates. Dual credit courses – loss of income, credit hours. Retention. Increasing role of community colleges

## ALTERNATIVES OR “BABY STEPS” SCAFFOLDING

- Utility of certificate programs such as NMT, GIM and NICU
- Study seven certification or specialization categories for physical therapy
- Conference sessions need to focus on future influences on the profession & service delivery
- Revisit Groene’s 2003 MTP study on the need for music therapists
- Report (cost-benefit analysis) on New York Creative Arts Therapy licensure

Indiana – 29 credits or less does not require ICHE approval. Continue investment in add-on certifications as way of advancing the profession, specialization. What will bachelor training look like? Five stage model for developing PT clinical doctorate. Look at seven areas of specialization as possible tracks for MT specialization.

## CONCLUSION?

- Conference Sessions
- Certificates
- Areas of Specialization
- Evidence-based data base
- Trends in Higher Education
- Expansion of accessible, affordable DVD and marketing materials which highlight the results
- Bottom line ... whatever we do MUST result in effective, efficacious services to our clients.

Technology and the impact of accessible music to more and more people. General Education Reform, LEAP, AAC&U

**Group 1**

Question Number 1

It is going to take a great amount of time

Need for clinical experience before advanced competencies

What impact will this have on the research

Question 2

More mature students being trained

More time to develop music skills

More time to develop clinical skills

Question 3

Cost of graduate education

Not an advanced degree - it is still entry level

Will it leave a vacuum for current Bachelor level jobs

Question 4

Possibility of 3 and 2

Ten year model - require Master's after 10 years

**Group 2  
MLE Forum**

- What did you hear that this group thinks is critically important for the association in making the decision?
- Determine the problem we are trying to fix with the MLE
- Information from key stakeholders (MT's, ID's, Supervisors, bachelor's degree programs, universities)
- Deciding what we need to do now for the trends of the future?
- Trying to decide what the role of the undergraduate program is and what the role of the graduate program is. Where does the equivalency fit?

**What are the top three benefits?**

Parity with other licensed professionals  
Eventually it will lead to higher pay  
Increase practice expertise

**•What are the top three challenges?**

- Implementation/Plan
- Burdensome for clinicians
- Lack of incentives
- Educating not just MT, but everyone else (public, government, etc.)

**Is there a model for education and clinical training not yet articulated?**

Of Course!!

Making higher level training so appealing to the MT that people want to get a master's degree.

Mentorship program for young clinicians (Social-work, art therapy etc. that already have this type of model)

## Group 3

### MLE Forum

- What did you hear that this group thinks is critically important for the association in making this decision?
  - More no's than yes's – more time was common theme
  - Association seems to be split – no consensus
  - Workplace has lots of change – want to know how it will change them – resistant to change
  - Lots of the decision will be from the University perspective, not clients or clinicians – limited discussion about employers and employees; no workforce analysis at this time
  - Will this change increase the profession as a whole?
  - Lots of comparisons with other professions but the employer aspect is missing from the thought process.
  - Employer focus on MT-BC, not educational degree awarded
  - Market is largely undeveloped – this could be very good or very limiting to a developmentally “young” profession
  - Levels of practice of PTA/COTA; phasing out the LPN level for nursing
  - Is the employer happy with the quality of service, but the level of service is not what music therapists expect from fellow therapists. Over time, would we be able to increase the employer expectation of what a music therapist should and will be able to do?
  - There is a huge variation in therapists – entry-level and practiced.
  - Diversity of cultures when going national – concerns about not going about this change too quickly and taking lots of care to develop a plan
- What are the top three benefits?
  - The timeline – having a plan that is well developed
  - Respect for having the degree in the workforce – the ability to articulate what we do to interested parties in a way that makes sense of other professionals – want research on whether this is a prevalent perception – Anecdotal experience that this is happening; geographical differences; This is a possibility not a given benefit... Differences between populations and settings – ability to address advanced needs of the clients???? Specialization comes up lots in all discussions
  - Opportunity to specialization – some Universities have specialization tracks in place already in the Master's degree –
  - STRONG Feelings about keeping the Bachelor's Level in Music Therapy – Where will people get the foundation in music and MUSIC THERAPY (Some variation in opinion) – lots of discussion
  - Clear need for competencies to enter the program – use of deficiency/competency coursework to meet the prerequisite competencies
  - Task is to determine how do we determine competence? What is the clinical training model??
- What are the top three challenges?
  - Financial burden
  - Lack of diversity within population of music therapists – predominantly white, middle-class students in programs – students not being able to pass due to not having lessons outside of the school model?

- Is there a model for education/clinical training not yet articulated?
- OTHER COMMENTS
  - Advanced training (anecdotal discussion) – most “good” therapists have learned advanced level techniques with kids w/autism have learned those advanced techniques from other professionals, not in courses.
  - Discussion about models – similarity with educational models of requiring the master’s degree after a certain number of years...Some group members feel that the two-tiered model with requirement to complete the master’s degree in a certain number of years to remain credentialed...
  - Unification process – AAMT/NAMT process determined that the process of unification was so important that the associations decided to move into the process without having a clear plan...not sure that we are convinced that it is a right thing to do as an association

## The Threes

- Workforce Analysis – need to have an idea of what is out there before we make changes – see some data that supports why this may be successful
- BENEFITS: increased quality of therapists; increased respect from colleagues in entry to the field; specialization; increased confidence from clients
- CHALLENGES: financial – debt for students; time commitment; what will happen to the academic institutions that cannot adapt?
- IDEAS FOR EDUCATION/CLINICAL TRAINING: When will the internship happen?? Is there a provision/model for a Music Therapy Assistant at the Bachelor’s Level? Do we need to revisit our current *AMTA Professional Competencies* to increase our effectiveness as music therapy clinicians? What will CBMT do??

## Group 4

- Critically Important:
  - Limited emphasis on clients and impact on them
  - Will we be able to fill jobs as the increase? Aging population?
  - Financial implications for MTs/AMTA/Students
  - Curriculum content: what is adequate? Re-articulation of what entry level is?
  - Does intent/commitment come first or details? Exploration of many options

### Benefits:

Challenging our skills/growth  
of knowledge and skills  
Greater maturity  
Greater preparation across  
domains

### Challenges:

-Consumer confusion  
-Red tape (State,  
institutional, academic)

## The Ronna/Donna Show Group 5

Ronna Kaplan, Facilitator  
Beth McLaughlin  
Michael Rohrbacher  
Beth Schwartz  
Bonnie Jean Barczak  
Diane Knight  
Grethcen Chardos-Benner  
Lori Gooding  
Linda Wright Bower  
Donna Polen, Scribe

### What are the critically important items in the decision-making process?

Quality of service; effect on clients  
Depth and breadth of knowledge that is ever-growing for undergraduate study  
Take time for process to be thoughtful  
There are things that can be done while en route to thought-out plan  
Effect on workforce and Size of workforce  
Maintaining momentum while undergoing change while still providing services  
Economy and what it will bear  
Legislative bodies; differences from state to state; regulatory and health-care trends, and accreditation  
Effect on students  
Impact on internship programs  
Impact on membership  
Pre-req skills for both undergraduate and graduate level students (musicianship, social skills, writing, etc.)  
Retention: faculty, students, clinicians  
Need for more information gathering and analysis  
Vision vs details on how to grab the gold ring



## What are the top three benefits of moving to MLE?

- An increase in depth of clinical competency
- An opportunity to specialize
- Recognition and legitimacy; credibility in eyes of colleagues; equity of AMTA & MT with peer professions
- Elimination of "equivalency"
- Students entering the program KNOW what's ahead and what's expected; will bring a different level of commitment to a course of study
- Clarity of MT-BC credential

## What are the top three challenges of moving to MLE?

What constitutes pre-professional training before you can enter Master's study

Timeline; Costs; Loss of students, members, client loss of access

Maintaining momentum as a profession/PR needs; Size of workforce and organization

## Is there a model for education and clinical training not yet articulated?

- Opportunities for increased access to online education
- Maintain the Bachelor's degree as part of a continuum, with the Master's being the entry-level, following a period of time of working with the undergraduate degree
- Bachelor of Arts in Music and Human Services
- Obtain a Masters within a specified period of time in order to continue to practice

## Group 6 Thoughts

- We have shared goal – increased access to high quality services
- What type of Master's do we want? An equivalency master's program as predominant model or master's program with more training/advanced competencies (4 + 2.5)?
- We have a lot of mechanisms for continuing education already in place – ex: various trainings, Levels of Practice, Standards of Practice, continuing education
- Losing number of music therapists, academic programs, etc. and then who will fill the jobs that music therapists no longer hold? Ex: music thanatologists....

# MLE Educators and Internship Directors Forum

## GROUP 7

Beth York, Facilitator

Angie Snell, Scribe

### 1. What did you hear that this group thinks is critically important for the association in making this decision?

- Don't compromise the existing undergraduate program. Have come very far building the base of training. Need to move forward
- Increase undergraduate enrollment to pipeline to master's
- Can't have both an entry level and an advanced degree all in one
- How can you be a master and at entry level all at the same time
- Need of more time for a transition
- Needs to happen in the future but not in the next 5 years
- Poor timing
- Need to get started
- Inventory of the impact on the programs....ex. How many programs have moratoriums on new degrees?

### 2. What are the top 3 benefits?

- Improving our competency to serve clients
- More depth & maturity to implement interventions (musical and clinical)
- Possible future better pay and respect (though already have respect associated with current skills)

## What are the top 3 challenges

- Clarifying the meaning of a master's vs the bachelor's & master's equivalency
- Need to examine what is currently wrong with the bachelor's programs – Concern that if can't monitor quality of music skills in bachelor programs how will we monitor quality of master programs (Competency tracking)
- Cost
- Need more AMTA members - 5000 practitioners does not match current membership
- Existing licensure efforts define the profession at a bachelor's level

### 4. Is there a model for education and clinical training not yet articulated?

- Monitoring competency performance outcomes
- Standardized competency testing processes (musical skills standardization – guitar, piano, & voice)
- Better communication backward from internship to universities.
- Master's within 10 years after MT-BC
- Internship after some sort of more depth and breadth of expertise – maybe multiple layers of internships...not waiting till after master's studies.

## MLE Forum - Group 8 Responses

### What is Critically Important?

- Paradigm Shift - a shift in how we think about who we are and what we do. This is a process for us to be who we envision ourselves to be. Who do we want to be in 10-20 years?
- We need maturity in our field for clinicians - especially when working with populations with more intense needs.
- How does this change move the profession forward? Does it?- We are different than other professions. we'll be different in how we move forward. We can't afford to lose clinicians. But if we don't change we'll be in trouble down the line as an Allied Health Profession.- We need to do what is best for our clients.

### Top Benefits

- Better Preparation for Students - so ALL MTs are exceptional.
- Higher respect that comes from the better preparation and skills, not the degree.
- Won't need to "Over-teach" the undergraduates.

### Group 9 MLE Forum

### Important Themes

- Time
- Impact on undergraduate schools
- Service to clients
- Concern for transition
- A concrete plan
- Graduate degree does not equal "better" or "good"
- Learn from other professions (growing pains, developmental plans, lessons learned)
- Different opinions and perspectives based on state
- What is the minimum information needed to make an informed decision to move forward (yes or no to master's level entry)?

### Top Benefits

- Staying with current professional trends
- Maintain control over what the degree plan is instead of state mandated due to licensure requirements (proactive vs. reactive)
- Maintaining and increasing research and evidence-based practice
- More time for students to develop and master information
- Increase in the number of master's programs could increase the number of applicants for master's level academic positions

### Top Challenges

- Is AMTA prepared for the level of support and need?
- Schools being able to add graduate programs
- What happens to programs with undergraduate only?
- How can we teach in 2 years what we can't teach in 4 years?
- Retention
- Exploring how this affects "us" the music therapists and not as much on how this affects our consumers

### Group Ideas

- Unclear about what is the driving force behind MLE?
  - Focus on licensure at bachelor level
  - Too many competencies in the undergraduate degree
  - Can't cover specializations at the undergraduate level

### Possible Models

- Tiers of education and practice (keep bachelor degree)
- Tiers to expand and include other music professionals, i.e. music tech under supervision of music therapist
- Undergraduate degree, license at the bachelor's level, master's specialization (NICU, hospice, GIM, aging, etc.)
- Specialization based on model of healthcare and domains of functioning: psychosocial needs of clients
- Specialization based on model or approach, i.e. treatment, palliative, education, wellness

AMTA  
Master's discussion  
Group 10:  
Facilitator – Lalene Ray  
Scribe – Chris Korb  
8 participants

## What we heard

- Data-more- from clinicians, universities, employers
- Where we want to be
- What we want to be
- Tiered system
- Certificate programs, like Music Thanatologists, Music Practicioners, etc.

## (Cont.)

- Reimbursement issues about
- Licensure

### • Top 3 Benefits

- Potential for licensure,?!
- Potential for more research
- Increased deepening of Specialty areas



## **Master's Level Entry Educator/Internship Director Forum Summary**

**Prepared by Bryan Hunter**

**Forum Co-Chair**

**February 12, 2013**

**Introduction**—I prepared this summary based on reviewing the powerpoint presentations and the group summaries presented last October. It had been some time since I had looked at them, and it was enlightening to do so. One of the decisions that the MLE sub-committee needs to make is how to disseminate this information. My suggestion would be to put them on the AMTA website.

**Disclaimer**—I have listed below some summary statements that I think most strongly come forth from this information. In some cases there is a strong consensus. I readily admit that my summary probably reflects personal bias, but the good news is that the information can be readily reviewed by everyone, and the structure of the forum resulted in concise powerpoints and group reports that do not take long to review.

### **Summary points:**

1. There is consensus that our current education and training model is not adequate for the future. In another words, there is not a lot of clamoring to maintain the status quo, and there is strong support for moving forward with new ideas on education and clinical training. At the same time, there is not a consensus that the MLE, per se, is the correct solution.
2. There is strong consensus that the master's degree cannot be entry level and advanced at the same time.
3. There is very strong consensus that the bachelor's degree in music therapy (or something akin to it) is ABSOLUTELY vital in whatever future model of education and training is developed. Specific proposals include: a. retaining it as a bachelor's degree in music therapy as we do now, b. re-naming it as a "pre-master's in music therapy" degree, and c. re-branding it as something related, such as a bachelor's of music in human services. The question of where the MT-BC fits in relation to these options remains open, but the central theme is that the retention of the bachelor's degree is considered vital in preparation for the master's work.
4. There is strong support for a two-tiered educational model that would reflect entry level (i.e., bachelor's) and advanced practice (master's). There were a number of proposals suggesting plans for entry level certification and then 10 years to obtain the master's degree and advanced certification.
5. There were a number of areas where people felt more data was needed with regard to workforce analysis, effects on students, effects on universities, etc.
6. There were a number of reminders to consider the effects of any future changes on clients.

### **My thoughts (clearly with bias)**

1. If we consider numbers 1 and 6 above, then I believe we are left with the question, “What model of education and clinical training would best prepare music therapists to deliver effective services to clients in the 21<sup>st</sup> century?”

2. I believe that the answer to number 1 is a model that includes bachelor’s and master’s education and clinical training, reflecting entry level and advanced practice.

3. The question of how certification (and relationship to CBMT) fits into this model is, of course, always germane. I would propose two possible paths for evaluation:

**First**, discuss with CBMT the viability of entry-level vs. advanced practice and whether or not an advanced practice credential can be developed. Or alternatively, whether or not CBMT could ever require the master’s degree as a part of re-certification after some period of time (e.g. 5 or 10 years). The CBMT Scope of Practice is derived from a job-analysis survey, and distinguishing levels of practice in it may or may not be possible.

**Second**, move the requirement for eligibility to sit for the CBMT exam to the master’s level, while re-branding the bachelor’s degree in some fashion as suggested by Michael Rohrbacher that would allow people to use in it in selected settings (see below):

Bachelor of Music with a Concentration in Human Services:

Foundations (A. Merriam, E.T. Gaston, D. Hodges);

- Functional uses of music within a human service context;
- Musicianship skills, including application;

Outcomes:

- Pre-professional training for graduate study in music therapy;
- Employment, for example, as activity director, music in early childhood, use of music in recreational and educational settings, teaching academic subjects through music, drum circle facilitator, etc.

Perhaps (and I’m cringing as I write this), AMTA could develop a certificate acknowledging this bachelor’s level training. In this model the term music therapy would be reserved for those working as an MT-BC.

4. Finally, I do not think that we need a lot more data to make a decision on how to go forward. While I am certainly not opposed to getting more data for an informed decision, I don’t believe we need to spend years getting it. We have more than 60 years of experience, and we have made admirable efforts in collecting data and member input. Let’s move forward.

**AMTA Master's Level Entry Forum for  
Educators and Internship  
Directors/Supervisors**

**Bryan Hunter, Ph.D., LCAT, MT-BC**  
**Christine Neugebauer, MS, LPC, MT-BC**  
**Co-Chairs**

Sponsored by the AMTA Board of Directors  
Sub-Committee on MLE  
October 11, 2012  
1:30-5:30 pm  
AMTA Annual Conference  
St. Charles, Illinois

**PURPOSE**

Was to provide an interactive session for AMTA educators and internship directors and supervisors (National Roster or University-Affiliated) to have a formal discussion among the constituents who would be largely responsible for implementing change related to master's level entry into the music therapy profession. The forum content was divided between formal presentations and small group discussions focused on developing and analyzing information needed for the association to make an informed decision.

**Responding to an open invitation via AMTA e-news the following 14 people presented five minute power point presentations on their perspectives on MLE:**

**Ronald M. Bortion, MT-BC**  
California State University, Northridge

**Alicia Clair, Ph.D., MT-BC**  
University of Kansas

**Kamile Geist, MA, MT-BC**  
Ohio University

**Lori Gooding, Ph.D., MT-BC**  
University of Kentucky

**Nancy Hadsell, Ph.D., MT-BC**  
Texas Woman's University

**Betsy King, PhD, LCAT, MT-BC**  
Nazareth College

**Diane Knight, MS, MT-BC**  
Alverno College

**Mary Jane Landaker, MME, MT-BC**  
Chair, Association Internship Approval Committee

**Josi Milgram-Interman, Ph.D., MT-BC, LCAT**  
SUNY Fredonia

**Tracy Richardson, Ph.D., MT-BC**  
Saint Mary-of-the-Woods College

**Michael Rohrbacker, PhD, MT-BC**  
Shenandoah University

**Darcy Walworth, Ph.D., MT-BC**  
University of Louisville

**Patricia Winter, MMT, MT-BC**  
Radford University

**Linda Wright-Bower, MS, MT-BC**  
Indiana University-Purdue Fort Wayne

Formal presentations were followed by small group discussions for an hour using the questions below as a starting point. Each of the ten groups had a leader and a scribe who compiled the group report into power point slides which were presented at the end of the discussion. Over 100 people participated in the small groups.

**What did you hear that this group thinks is critically important for the association in making this decision?**

**What are the top three benefits?**

**What are the top three challenges?**

**Is there a model for education and clinical training not yet articulated?**

**Summary—In both the formal presentations and the small group discussions a wide continuum of opinions were expressed including:**

1. both support for and opposition to moving to MLE now.
2. potential support for moving to MLE, but only after further study on possible effects on: workforce, students, universities, and clients.
3. support for close examination of education and clinical training for the 21st century, regardless of MLE decision.

#### Summary—cont'd.

4. a fairly common concern that the master's degree cannot be both entry level and advanced at the same time.
5. consistent support for retaining the bachelor's degree in some form regardless of the MLE decision. Possibilities included: a. retaining it as is, b. using it as a pre-master's degree, and c. re-branding it as something related, such as a bachelor's of music in human services.
6. a number of proposals for a clear two-tiered education model (bachelor's, master's) tied to provisional entry level certification (for entry level practice) followed by required advanced certification to continue practice.

#### Conclusion

If you have further questions regarding the forum please contact

Bryan at [bhunter7@naz.edu](mailto:bhunter7@naz.edu)

or

Christine at

[Christine.Neugebauer@memorialhermann.org](mailto:Christine.Neugebauer@memorialhermann.org)

All of the forum presentations and small group power points are available on the AMTA website.

# Master's Level Entry (MLE): A Dialogue

Mary Ellen Wylie PhD, MT-BC  
President, AMTA

Jim Borling MM, MT-BC  
Chair-elect, ETAB

Friday, October 12, 2012 Master's Level Entry: A Dialogue  
Mary Ellen Wylie, PhD, MT-BC & Jim Borling, MM, MT-BC  
Slide #1 - Master's Level Entry (MLE): A Dialogue  
Welcome, this is the first session of two this morning  
2<sup>nd</sup> is Town Hall Meeting  
We are members of the MLE Subcommittee

## Education and Training Advisory Board (ETAB) A Visionary Board

From the AMTA Bylaws

### \* Education and Training Advisory Board:

The Education and Training Advisory Board advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training.

Slide #2 - #4 Jim, ETAB

## History of MLE Development

- \* Discussion of MLE began w/in the profession before AMTA existed (mid-90's)
- \* It first came to focus in ETAB in 2008
- \* It came from a thorough review of documents and literature dating back nearly 20 years and resulted in the papers:
  - Core Considerations (11/2010)
  - Moving Forward (11/2011)

## Support from Within AMTA

Both the  
The Academic Program Approval Committee (APAC)  
and  
The Association Internship Approval Committee (AIAC),  
the two committees related to educational issues most  
affected by the level of entry, unanimously endorsed  
the proposal to move to master's entry  
(Fall, 2011)

## Creation of AMTA Subcommittee on Master's-level Entry-1

- \* After regional Town Hall Meetings, Spring 2012, a subcommittee of AMTA board members and ETAB representatives continued further investigation into this process of MLE.

*Chaired by President Wylie and comprised of four additional board members, one of whom is to be an assembly representative selected by the four board delegates, two additional ETAB members selected by ETAB, and the Director of Professional Programs*

### Slide #5 - Creation of AMTA Subcommittee on Master's-level Entry

After regional Town Hall Meetings, Spring 2012, a subcommittee of AMTA board members and ETAB representatives was appointed to continue further exploration and investigation into this process of MLE.

## Creation of AMTA Subcommittee on Master's-level Entry-2

- \* This investigation was based primarily on membership feedback, questions, and concerns. In part, we addressed the following:

1. Analyze the data accrued to date: including (but not necessarily limited to) the town hall meeting responses, CBMT responses, NASM response, and website inquiries.
2. Delineate additional questions and information needed for the association to make a fully informed decision.

### Slide #6 - Creation of AMTA Subcommittee on Master's-level Entry

Our investigation is based on membership feedback, questions, and concerns. Our charge is to address the following:

Analyze the data accrued to date: including (but not necessarily limited to) the town hall meeting responses, CBMT responses, NASM response, and website inquiries.

Delineate additional questions and information needed for the association to make a fully informed decision.



## MLE Subcommittee Summer 2012 Projects

- \* Survey of Allied Health Professional
  - \* Subcommittee members made contact with professional associations and/or key figures within the organization
- \* Analysis on Town Hall Meeting comments
  - \* A summary of comments was developed with themes identified and recorded

Slide #7 - MLE Subcommittee Summer 2012 Projects

Survey of Allied Health Professional by contacting professional associations and/or key figures within the organization

Begun to work on an Analysis of Town Hall Meeting comments looking for themes that might be identified and recorded

## Questions for Health Professions Professional Organizations-1

1. What prompted you...?
2. What challenges were encountered?
3. What mistakes were made...?
4. Was a consultant hired...?
5. What was the timeline for this move...?

Slide #8 – Developed Questions for Health Professions Professional Organizations

What prompted you to decide to move to the graduate (Master's or Doctorate) degree level for entry into the field?

What challenges were encountered?

What mistakes were made as you moved to the graduate degree (Master's or Doctorate) level?

Was a consultant hired to assist with the move to the graduate (Master's or Doctorate) degree level?

What was the timeline for this move, and how long did it take to make the transition to the advanced degree?



## Questions for Health Professions Professional Organizations-2

6. What are your major settings...?
7. Impact on internships?
8. Any change professional clinical practice?
9. Economic impact...?
10. Did membership dip...?
11. Did this impact reimbursement fees for service?

Slide #9 – Questions continued

What are the major settings in which your professionals practice?

How did the move to the graduate (Master's or Doctorate) degree level affect clinical aspects of education such as internships?

What are the major settings in which your professionals practice?

In what major/significant ways did the move to the graduate (Master's or Doctorate) degree level change professional clinical practice?

What was the economic impact on your profession?

*Regarding the economic impact of your decision:*

*What were the short term economic effects and*

*What were the long term economic effects on the i) profession, ii) membership, and iii) clients?*

Did membership in the professional organization dip, and if it did for how long?

How did the move to the graduate (Master's or Doctorate) degree level affect reimbursement or fees for service?

## Social Work General Comments

- \* An advanced degree has become the standard for many positions
- \* The MSW is typically required for positions in health settings and is required for clinical work as well
- \* Some jobs in public and private agencies also may require an advanced degree in social service policy or administration
- \* Supervisory, administrative, and staff training positions typically require an advanced degree

Slide #10 - #14 Jim, Social Work

## Social Work

### *State of Texas-1*

- \* The profession of social work in Texas has a 3 tier system of licensure
- \* Each level is regulated and has specific levels of practice
- \* Practice of MSW: may work in an agency employment setting under clinical supervision

## Social Work

### *State of Texas-2*

- \* Practice of Clinical Social Work:

The practice of clinical social work requires applying specialized clinical knowledge and advanced clinical skills in assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions and addictions, including severe mental illness and serious emotional disturbances in adults, adolescents, and children.

## Social Work

- \* Practice settings include:

- \* Private practice
- \* Behavioral health
- \* Social service/family
- \* General health
- \* Schools K-12

## Social Work

- \* The Master's degree came before the BSW

- \* Practice areas include:

- \* Mental Health
- \* General Health
- \* Child Welfare/Family
- \* School Social Work
- \* Aging

## Occupational Therapy-1 (AOTA)

- \* 1985-86: AOTA Exec Board recommended a move to post-bac entry is in the best interest of the profession
- \* 1997: Commission on Education (COE) Entry-Level Task Force was formed to further explore (holding open forums and town halls)
- \* 1998: An extensive membership survey revealed a 75% endorsement to move to post-bac

Slide #15 - #25 Jim, Occupational Therapy

## Occupational Therapy-2 (AOTA)

- \* Accreditation Council for Occupational Therapy Education (ACOTE-the accrediting body for the AOTA) published its position that  
  
given the demands, complexity, and diversity of contemporary occupational therapy practice, the forthcoming educational standards are most likely to be achieved in pos-bac degree programs. (1998)

## Occupational Therapy-3 (AOTA)

- \* ACOTE wrote to the chief executive officer, dean, and program director of each institution housing an OT program to request their input regarding the impact a move to post-bac for OTs would have on their institutions. (91 of 99 institutions responded)
- \* Only 2 indicated an inability to move to post-bac
- \* Most felt the move could occur over approx 5 years

## Occupational Therapy-4 (AOTA)

- \* October 2004: the National Board for Certification in Occupational Therapy (NBCOT), the certifying body for OT, voted to support the profession's decision to move to post-bac degree entry by January 1, 2007



## Occupational Therapy-5 (AOTA) “What prompted...”

- \* 1999 Motion: The preparation of future occupational therapy professionals at the baccalaureate level threatens the ability of therapists to maximize their contribution to society because that level no longer adequately reflects the complexity of the knowledge base that has, in fact, emerged from the practice of current master clinicians.

## Occupational Therapy-5.5 (AOTA) “What prompted...”

- \* Preparing therapists at the post-baccalaureate level means those entering the profession will be positioned to take on expanded responsibilities, assume leadership roles, and be players in arenas not only where services are provided, but also where decisions are made.

## Occupational Therapy-6 (AOTA)

- \* From 130 OT programs at the time, 4 programs closed rather than transition (currently there are 150+ programs)
- \* Practitioner salaries reflect supply/demand more than degree level
- \* While this move did increase graduate student loan debt, the change had little, if any, impact on membership and clients. It did, however, increase the profession's ability to participate in interdisciplinary forums as an equal

## Occupational Therapy-7 (AOTA)

- \* Susan Graves, Assistant Director of Accreditation

“If we hadn’t made the move we would have been left out”. She also mentioned that it was controversial at the time but now the overall consensus is that it was the right move for the profession, especially on being on par educationally with other members of the health care team.

## Occupational Therapy-8 (AOTA)

- \* 1999: Director of AOTA Education Department general comments about “Resolution J”:
  - \* To remain competitive in today’s health care environment
  - \* Post-bac is consistent with current trends in other related professions

## Occupational Therapy-9 (AOTA)

“Resolution J” Continued:

- \* More easily delineate between professional and technical education
- \* New graduates are expected to have a level of clinical decision making that used to be reserved only for experienced clinicians



## Occupational Therapy-10 (AOTA)

- \* Commission on Education (COE) Conclusion:

The fact that there are specific arenas or areas of concern does not constitute a rationale strong enough to prevent the change. It instead means that for such a change to be successful, the concerns must be addressed along the way.

## Physical Therapy *History-1*

- \* A Vision Statement endorsed by the American Physical Therapy Association (APTA) House of Delegates in June 2000 states that by 2020 physical therapy services will be provided by doctors of physical therapy...
- \* Major advances in medical care have led to an increase in depth of knowledge and level of skill required of physical therapists.

## Physical Therapy History-2

### The Evolution of Physical Therapy Education

- \* 1900-1930: Establishing of Certificate Programs
- \* 1930-1950: Transition from Certificate to Bac Programs
- \* 1950-1980: Bac Degree as Educational Standard
- \* 1980-Present: Transition to Post-bac Degree

## Physical Therapy History-3

### 1980-Present: Transition to Post-bac degree

- \* Initial attempts to upgrade were met with considerable resistance
- \* Though a resolution passed in 1990, the decision met with strong opposition for the next decade (from members and academic institutions)

## Physical Therapy *History-4*

- \* 1999: the APTA House of Delegates required that all entry-level programs be post-bac in order to meet the needs of a more comprehensive and complex practice.
- \* 1992: USC initialed the first post-professional DPT program in the United States.

## Nursing *General Comments-1*

- \* The AMTA sub-committee has only begun to investigate nursing.
- \* Finding responses from nursing to our questions may take some time because of the various educational paths or levels.

## Nursing General Comments-2

### Registered Nurse Training

Registered nurses typically take one of three education paths:

1. Bachelor's of Science Degree in Nursing (BSN)
2. Associate's Degree in Nursing (ADN)
3. Diploma from an approved nursing program
4. RNs must be licensed

## Nursing General Comments-3

### Advanced Practice Registered Nurses (APRNs)

1. May work independently or in collaboration with physicians
2. May provide primary care
3. May prescribe medications

**APRNs require at least a Master's Degree**

Slide #32 – Nursing - *General Comments*

**Advanced Practice Registered Nurses (APRNs)**

**This may be a focus of the MLE Subcommittee because**

**APRNs require at least a Master's Degree**

May work independently or in collaboration with physicians

May provide primary care

May prescribe medications

## Nursing General Comments-4

### Institute of Medicine (IOM) Report

- \* The Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public
- \* Established in 1970, the IOM is the health arm of the National Academy of Sciences

Slide #33 – Nursing - *General Comments*

#### **Institute of Medicine (IOM) Report**

**The Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public**  
**Established in 1970, the IOM is the health arm of the National Academy of Sciences**

## Nursing General Comments-5

### Institute of Medicine (IOM) Report

- \* By 2020, all nurses must be BSN
- \* By 2015, all advanced practice nurses must have doctorate (DNP)
- \* While not currently required, these are 'highly suggested' from the IOM

Slide #34 – Nursing - *General Comments*

#### **Changes are occurring in the Profession of Nursing. According to the Institute of Medicine (IOM) Report**

By 2020, all nurses must be BSN

By 2015, all advanced practice nurses must have doctorate (DNP)

While not currently required, these are 'highly suggested' from the IOM



## Speech-Language Pathology (SLP) *General Information*

### Speech Pathology Education and Training Requirements

A master's degree in speech pathology, commonly known as speech-language pathology (SLP), is the basic requirement to practice in all states. Many speech pathologists also obtain certification, and most states require licensing.

Slide #35 – Speech Language Pathology  
Investigation in Progress

## Speech-Language Pathology (SLP) *General Information*

### Speech Pathology Education and Training Requirements

- \* Graduate programs in speech pathology are offered at the master's and doctoral degree level
- \* A master's degree in speech pathology is the most common degree in this field
- \* A master's is the minimum requirement for obtaining professional certification and state licensure ([www.bls.gov](http://www.bls.gov))

Slide #36 - Town Hall Summary  
ETAB began the process of analyzing info from the Town Hall Meetings  
All comments from the Spring Regional Town Hall Meetings were reviewed and general categories for analysis were identified.  
We believe that the following captures the general intent of membership statements.

## Town Hall Summary-1

All comments from the Spring Regional Town Hall Meetings were reviewed and general categories for analysis were identified. While it is beyond the scope of this presentation to view all comments, we do believe that the following captures the general intent of membership statements.

### Slide #37 - Town Hall Summary

Members do support “life-long” learning or continued learning to advance the individual and the profession

Concerns were expressed at the Town Hall Meeting about how universities will do this:

What will the master’s look like? (specializations?, levels of practice?)

How are other professions doing this?

We still have work to do in identifying UG vs Grad skills & competencies

What type of UG degree will be needed? Four years of skills/musical skills seem important

## Town Hall Summary-2

- \* Members do support “life-long” learning or continued learning to advance the individual and the profession
- \* There are concerns, however, about how universities will do this:
  - \* What will the master’s look like? (specializations?, levels of practice?)
  - \* How are other professions doing this?
  - \* We still have work to do in identifying UG vs Grad skills
  - \* What type of UG degree will be needed? Four years of skills/musical skills seem important

### Slide #38 - Town Hall Summary

Other questions posed were:

Will the Master’s degree truly be an advanced degree?

Will opportunity for specialization at master’s disappear?

How will the equivalency be impacted?

Will a master’s in a related field be sufficient (sp ed, counseling)?

## Town Hall Summary-3

- \* Will master's truly be an advanced degree?
- \* Will opportunity for specialization at master's disappear?
- \* How will the equivalency be impacted?
- \* Will a master's in a related field be sufficient (sp ed, counseling)?

### Slide #39 - CBMT Response

The two advisories created by ETAB in the last 3 years were sent to CBMT (Master's Level Entry: Core Considerations, and Master's Level Entry: Moving Forward)

Asked for their initial thoughts

*The Certification Board for Music Therapists (CBMT) appreciates receiving the two advisories created by the Education and Training Advisory Board (ETAB) regarding Master's Level Entry into the profession. We agree this change will have significant impact for CBMT as the credentialing body and appreciate our input being sought. (3/9/12)*

## CBMT Response-1

(from a letter to Cynthia Briggs, Chair, ETAB and  
Jim Borling, Chair-elect, ETAB)

- \* The Certification Board for Music Therapists (CBMT) appreciates receiving the two advisories created by the Education and Training Advisory Board (ETAB) regarding Master's Level Entry into the profession. We agree this change will have significant impact for CBMT as the credentialing body and appreciate our input being sought. (3/9/12)

### Slide #40 - CBMT Response

These statements are from the letter.

*Certification industry standards and the National Commission for Certifying Agencies (NCCA) Standards for the Accreditation of Certification Programs expect us to maintain some distance from educational decisions and educational accrediting and approval bodies...*

*We would respectfully request that care be given when responding to questions about what may or may not happen with CBMT and the credentialing program if and when new AMTA standards are adopted.*



## CBMT Response-2

Certification industry standards and the National Commission for Certifying Agencies (NCCA) Standards for the Accreditation of Certification Programs expect us to maintain some distance from educational decisions and educational accrediting and approval bodies...

We would respectfully request that care be given when responding to questions about what may or may not happen with CBMT and the credentialing program if and when new AMTA standards are adopted.

### Slide #41 - CBMT Response

*We can say that typically a certification organization would follow an educational accreditation decision and the customary approach would be to apply the Master's requirement only to future candidates, not retroactively to current bachelor MT-BCs... but we cannot make any concrete statements until the results of the AMTA process are finalized.*

## CBMT Response-3

We can say that typically a certification organization would follow an educational accreditation decision and the customary approach would be to apply the Master's requirement only to future candidates, not retroactively to current bachelor MT-BCs... but we cannot make any concrete statements until the results of the AMTA process are finalized.

### Slide #42 - NASM Response

Same 2 Advisories were sent to National Association of Schools of Music

This organization accredits music programs across the country

Dr. Andrea Farbman and Jane Creagan met with Sam Hope, Executive Director of NASM

As Sam Hope indicates in the letter he . . . "provide a set of analytical points addressed in our discussion."

*As you requested, I write to provide a set of analytical points addressed in our discussion. In doing so, it is important to make clear that these are not official positions of NASM, but rather staff reflections based on knowledge and experience gained over the years. (3/14/12)*

## NASM Response

(from a letter to Exec Director Farbman and  
Director Creagan)

As you requested, I write to provide a set of analytical points addressed in our discussion. In doing so, it is important to make clear that these are not official positions of NASM, but rather staff reflections based on knowledge and experience gained over the years.  
(3/14/12)

Samuel Hope  
Executive Director  
National Association of Schools of Music

### Slide #43 - NASM Response

Sam Hope made 6 points in his letter

*The music therapy profession needs to maintain a good rapport with administrative leaders in institutions of higher education.* We do not want to surprise Chairs, Deans, Vice Presidents, Provosts or Presidents

*The music therapy profession needs to have a sufficient number of programs to prepare the number of music therapists needed to serve current and developing needs in the field.* How do we keep the necessary number of programs?

## NASM Response -1

1. The music therapy profession needs to maintain a good rapport with administrative leaders in institutions of higher education.
2. The music therapy profession needs to have a sufficient number of programs to prepare the number of music therapists needed to serve current and developing needs in the field.

### Slide #44 - NASM Response

*The music therapy profession needs to maintain conditions of comity (politeness, civility, or agreement) and mutual support among qualified professionals.*

*The music therapy profession needs a sufficient number of institutions to continue offering music therapy education and training programs that produce eligibility for career entry.*

## NASM Response -2

3. The music therapy profession needs to maintain conditions of comity and mutual support among qualified professionals.
4. The music therapy profession needs a sufficient number of institutions to continue offering music therapy education and training programs that produce eligibility for career entry.

Slide #45 - NASM Response

*The music therapy profession needs the continuing understanding and support of administrators of music programs in higher education. Music administrators work in relationship to the efforts of the music unit, but also in relation to the larger institution and its administrators.*

*The music therapy profession needs to take into account realities about the relationship between possible credential-level change and NASM accreditation of UG and graduate music therapy programs.*

## NASM Response -3

5. The music therapy profession needs the continuing understanding and support of administrators of music programs in higher education. Music administrators work in relationship to the efforts of the music unit, but also in relation to the larger institution and its administrators.
6. The music therapy profession needs to take into account realities about the relationship between possible credential-level change and NASM accreditation of UG and graduate music therapy programs.

### CLOSING THOUGHTS

NASM encouraged us to think through all dimensions, take our time, and be creative. The MLE Subcommittee is heeding this advice. Questions???

## Master's Level Entry (MLE): Town Hall Meeting

Mary Ellen Wylie PhD, MT-BC  
President, AMTA

Jim Borling MM, MT-BC  
Chair-elect, ETAB

## Education and Training Advisory Board (ETAB)

- The Education and Training Advisory Board advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training.
- Produced two papers
  - Core Considerations (11/2010)
  - Moving Forward (11/2011)

## Town Hall Meetings

- Held spring 2012
- All 7 regional conferences
- Forum for members to comment or ask questions

## AMTA Subcommittee on Master's- level Entry

- MLE Subcommittee appointed May 2012
- Comprised of AMTA board members and ETAB representatives, plus the Director of Professional Programs
- Continues further exploration and investigation into the Master's Level Entry