

Master's-Level Entry: Moving Forward

Prologue

The mission of 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." In the 1980s, in order to align ourselves with changes in the allied health field, the profession created the Certification Board for Music Therapists (CBMT), which developed the exam-based credential MT-BC. Board certification has led to increased visibility, respect, and reimbursement for music therapists, and it provides employers with assurances that we are qualified professionals. This was a difficult process. It was the right thing to do.

In the 1990s, representatives from the two very diverse national associations began talking about becoming one organization again, leading to the creation of the American Music Therapy Association that respects the identities of both. We now speak with a unified voice to external stakeholders and enjoy diversity of practice within our professional association. This was a difficult process. It was the right thing to do.

Each of these challenges represented an opportunity for our profession, and we can look with pride on how we have risen to them. Because we were proactive, we are a stronger profession.

Every profession arrives at crossroads at various points in its development. These crossroads may result from external or internal pressures. A professional organization may choose to be proactive or reactive, and the way in which it chooses to respond influences the outcome of every challenge. Crossroads call for leadership and courage, both on the part of leaders and the general membership.

A proactive approach often requires substantial changes. These changes may be difficult for a profession, because they demand the profession to grow. The process of growth challenges the ways we think about ourselves and our profession. Substantial changes entail risk and can also reap rewards.

The health care system in the United States is undergoing dramatic changes, and the outcome is uncertain. This situation calls us to be proactive in order to prepare our profession for the changes that will certainly come. This is a call to action. AMTA is strategically poised to meet this challenge to ensure the growth, health, and viability of the profession, in order to provide better "access to quality music therapy services" to our clients.

Models for Master's-Level Entry Education in Music Therapy

In the history of education and clinical training in the music therapy profession, a baccalaureate degree in music therapy (or its equivalent) has been required for entry into the field. As the profession is now considering the possibility of moving to requiring a master's degree in music therapy as the minimum educational requirement for professional entry, many questions have been raised in relation to what a master's entry educational program might look like. The Education and Training Advisory Board (ETAB) recognizes that there are a variety of educational models for preparing music therapists for master's-level entry into the profession.

Current AMTA Standards for the bachelor's degree in music therapy (or its equivalent) are designed to impart professional competencies in three main areas, as specified in the *AMTA Professional Competencies*. These provide basic foundations leading to eligibility to sit for the Board Certification Exam in Music Therapy and obtain the credential MT-BC. (The outline of content areas listed below is not intended to designate course titles:)

Music Foundations - music theory; music history and literature; composition and arranging; applied music; ensembles; conducting; functional piano, guitar, percussion, and voice; and improvisation.

Clinical Foundations - exceptionality and psychopathology; normal human development; principles of therapy; and the therapeutic relationship.

Music Therapy - foundations and principles; assessment and evaluation; methods and techniques; psychology of music; music therapy research; influence of music on behavior; music therapy with various populations; and pre-internship clinical training and clinical internship.

General Education - English, math, social sciences, arts, humanities, physical sciences, etc.

Issues related to the bachelor's degree (or its equivalent) as entry-level and rationale for moving to the master's-level entry have been addressed in the report, "Master's-Level Entry: Core Considerations" (Education & Training Advisory Board Report, 2010):

Many educators, clinicians, and researchers have reported that the bachelor's degree is "bursting at the seams" and does not provide adequate preparation for the practice of music therapy as it exists today. With the bachelor's degree as the entry level, the burgeoning body of knowledge required to meet the professional competencies exceeds the ability of the music therapy degree programs to effectively teach this expanded body of knowledge and skills. It is unrealistic to hold the expectation for the student to assimilate this knowledge and be prepared for competent professional practice. As a result, fulfillment of AMTA's mission to provide quality music therapy services is compromised.

Historically, there has been a lack of differentiation between undergraduate and graduate levels of music therapy training. The ambiguity between levels of preparation has been exacerbated by the development of "certification-equivalency" degree programs for graduate students, resulting in graduate and undergraduate students taking the same courses for different degrees.

The level of educational preparation for professional entry into music therapy has been a topic of discussion for years. Most related professions already have moved to master's- or doctoral-level entry; music therapy is one of the few remaining health-related professions where entry is at the bachelor's level. As early as 1994, Scartelli recommended that undergraduate training should have an emphasis on developing musical skills. He maintained that the bachelor's degree should focus on developing the musician, while graduate education should focus more on developing the music therapist.

Consideration of Possible Models for a Transition from the Baccalaureate Degree (or Its Equivalent) as Entry Level to the Master's Degree as Entry Level

An emerging trend in university programs toward developing master's degrees in music therapy is evident. More and more university programs are envisioning the growth of the current professional degree at the bachelor's level to an advanced level of training that is both marketable and supportive of professional practice and ethics in the health related fields. Based on the current body of knowledge and research in the profession, as well as the growth in the scope of practice, the breadth and depth of education and training in music therapy required for entry into the profession needs to be expanded to a more advanced level. This will require some basic foundations in music therapy to serve as prerequisites to the advanced level curricula, either at the undergraduate level or at the graduate level, with more course credits required in the degree program in addition to and beyond the requirements for the master's degree. It is important to note that these basic foundations requirements should not be confused with the "equivalency" as currently described in the AMTA Standards. Because the equivalency is by definition "equivalent to a bachelor's degree," it would no longer exist if the master's degree were to become the entry level to the profession and educational requirement for the MT-BC credential.

The National Association of Schools of Music (NASM) standards for the Bachelor of Music degree, which apply to all professional baccalaureate degrees in music, require a common body of knowledge and skills: performance, including keyboard competency and ensemble experience; musicianship skills and analysis; composition and improvisation; history and repertory; technology; and synthesis; in addition to general studies. Such degrees could serve to provide the basic foundations in music. Within the bachelor's degree in music, students also might acquire knowledge in clinical foundations areas, and possibly even prerequisites in music therapy foundations, such as an introductory course in music therapy and observation of music therapy sessions. In the bachelor's degree curriculum courses in the area of clinical foundations often can fulfill general education requirements, such as courses in exceptionality and psychopathology; human development; psychological and sociological issues of persons with diverse cultural backgrounds, race, religion, ethnicity, sexual orientation, gender, etc. In addition, a course in statistics is desirable as a prerequisite for graduate work.

In ensuring that the master's degree in music therapy is truly at an advanced level of education and training, some basic foundations course work in music therapy must be required as prerequisites, either at the undergraduate or graduate level. If the prerequisite courses are offered at the graduate level as part of a master's degree program, such

courses would be designated for only those students who have not completed the prerequisite courses, and these students should not be enrolled in advanced level courses in music therapy until completion of the prerequisites. Credit for these courses would not count toward the minimum number of credits required for the master's degree.

Consideration of Possible Models of Educational Programs for Master's-Level Entry

Table 1 outlines possible models of master's degree programs for entry into the music therapy profession. Each of these will be described below.

Stand-alone master's degree. Admission to the stand-alone master's degree program requires completion of an undergraduate degree in music therapy. This model would be viable during the transition from bachelor's to master's entry as music therapists with bachelor's degrees seek to advance their knowledge and skills. Such a program could evolve into one of the other models as the bachelor's degree in music therapy is phased out.

Bachelor's-master's sequence at one institution. Institutions that currently offer both bachelor's and master's degree programs in music therapy could incorporate the prerequisite courses for admission to the master's degree in music therapy at the undergraduate level, with such courses to be completed before enrolling in the advanced level courses offered in the master's degree program. As described above, the bachelor's degree in music therapy would be phased out and prerequisite courses would be included in another baccalaureate degree in music.

Model	Prerequisite	Notes
Stand-Alone Master's	Bachelor's degree in Music Therapy	This will be a transitional model. Demand is likely to taper off after the bachelor's in music therapy is no longer awarded.
Bachelor's-Master's Sequence: One Institution	Meets all criteria for admission as a music major. Competency to continue study to master's level.	Students enter the program as freshmen and continue through approximately 5.5 years (including clinical training components) to master's degree in music therapy. Models have students completing 3 years as undergraduates and 2.5 years as graduate students in the same institution.
Affiliated Bachelor's-Master's Sequence: Two Institutions	Meets all criteria for admission as a music major. Competency to continue study to master's level.	Freshman entry into undergraduate music program in an NASM-accredited music unit of a college or university. Course content of initial years would include all identified music therapy prerequisites including Intro to Music Therapy with observation of MT sessions. Move to graduate level music therapy program at an affiliated institution after completion of undergraduate prerequisites.
Entry Master's in Music Therapy	Bachelor's degree in music Functional music skills in piano, voice, guitar, percussion Intro to Music Therapy with observation of music therapy sessions General, Developmental, & Abnormal Psychology	Students with degrees in areas other than music will need to remediate deficiencies in music core areas. Credits for remedial courses will not count toward those required for the master's degree in music therapy.

Table 1. Possible models of master's degrees for entry into the music therapy profession.

Affiliated bachelor’s-master’s sequence at two institutions. Institutions that currently have only an AMTA-approved bachelor’s degree program in music therapy and not a master’s degree program and that either choose not to or cannot offer a master’s degree in music therapy could continue to offer undergraduate courses in basic foundations of music therapy. This would prepare students for admission to master’s degree programs. The undergraduate institution would not offer a baccalaureate degree in music therapy, nor would such a concentration be titled using the phrase, “music therapy.” Such institutions could develop educational affiliation agreement(s) with one or more institutions that offer AMTA-approved master’s degree programs so that students would be accepted for admission to affiliated graduate program(s) in music therapy with few or no deficiencies. This model could provide a smooth transition for students wanting to obtain the master’s degree in music therapy and eligibility to sit for the Board Certification Exam.

Entry master’s degree in music therapy. The master’s degree as the entry level into the profession must be comprised of courses that address *current* AMTA Professional Competencies as well as some of the *current* AMTA Advanced Competencies. Students who enter these programs without the prerequisite courses in clinical foundations, music foundations, or an introduction to the profession would complete courses to remediate these deficiencies. Such remedial courses would not count toward those required for the master’s degree in music therapy. Inasmuch as AMTA has standards for competency-based education and clinical training, the current *AMTA Professional Competencies* and *AMTA Advanced Competencies* will need to be reviewed and revised.

Other Issues

Graduate and undergraduate students in the same classes. The move to the master’s degree will reduce the need to have graduate (i.e., equivalency) students and undergraduate students taking the same classes, with the possible exception of prerequisite courses. This will allow the music therapy professional courses to be taught at a graduate level, with higher expectations consistent with those for more mature students.

Credit hours for the master’s degree. Since students in graduate music therapy courses will hold neither a bachelor’s degree nor the equivalency in music therapy, the minimum number of credit hours for the master’s degree will need to increase to accommodate much of the content and clinical training now included in the equivalency (or undergraduate) program, as well as credit hours required to address current *AMTA Advanced Competences* in the master’s degree. Table 2 shows the minimum credit hours required for master’s degrees in related professions.

Profession	Min. s.h.	Source
Addictions Counseling	60	CACREP Standards
Art Therapy	48	American Art Therapy
Career Counseling	48	CACREP Standards
Clinical Mental Health Counseling	60	CACREP Standards
Dance/Movement Therapy	60	American Dance Therapy Association
Marriage, Couple, & Family Therapy	60	CACREP Standards
School Counseling	48	CACREP Standards
Student Affairs & College Counseling	48	CACREP Standards

Table 2. Minimum credit hours required for a master’s degree in related professions.

The standard for clinical master's degrees in health-related professions is a minimum of 48-60 hours after meeting prerequisites. Of the eight professions¹ examined, four require a minimum of 48 graduate hours and four require a minimum of 60 hours. In order to establish a competitive foundation with our peers and to provide for acquisition of advanced knowledge and skill within the master's degree in music therapy, the ETAB proposes that the entry master's degree in music therapy require a minimum of 48 semester hours of graduate credit, not including remedial courses or prerequisites.

Need for additional faculty. Given the increase in credit hours for the entry master's degree in music therapy, the ETAB proposes that an institution offering an entry master's degree in music therapy have a minimum of two full-time music therapy faculty members who meet the AMTA qualifications for academic faculty in music therapy. *AMTA Standards for Education and Clinical Training* require that institutions that currently offer both bachelor's and master's degree programs have two faculty members. For these institutions, there would be no need to hire additional full time faculty members. Institutions that currently offer only the undergraduate degree with one full time faculty member and choose to move their music therapy program to a master's degree would need to hire an additional faculty member to meet AMTA Standards.

Competency-Based Curricula

The move to a master's-level entry for music therapists will require close examination and thoughtful revision of AMTA official documents. AMTA documents pertaining to education, clinical training, standards, and competencies will require substantial revisions. These documents include, but are not limited to

- *AMTA Professional Competencies*
- *AMTA Advanced Competencies*
- *AMTA Standards for Education & Clinical Training*
- *AMTA National Roster Internship Guidelines*

In addition, AMTA will need to establish what would be considered prerequisite competencies (e.g., music foundations, typical and atypical human systems and development, exceptionalities), drawn partially from the current *Professional Competencies*.

NASM. APAC will need to work with NASM in order to develop new language aligned with any changes to the degree requirements, including the competencies.

Clinical Training Discussion and Recommendations

Philosophical Statement. The field of music therapy is diverse and includes education and clinical training, delivery of clinical services, and research. The purpose of clinical training is to prepare more compassionate, knowledgeable, and skilled clinicians. The client is the beginning and end point. Our focus as music therapy professionals is to provide each client with meaningful music therapy experiences and outcomes. This requires adequate, quality training of music therapy students under qualified supervision to develop the skills necessary to meet the needs of clients in a changing professional world. Questions of how to provide authentic clinical practice experiences for music therapy students have been prevalent throughout the history of the profession. Members of the profession have been discussing the need for clinical experience concurrent with academic coursework since the beginning of educational programs. In 1956, Ruppenthal emphasized that schools and training centers should have common purposes, specifically "to train *people* to use *music* in the successful treatment of *people*" (original italics) (Ruppenthal, 1957). This focus emphasizes the outcome of music therapy education and clinical training experiences as preparing to interact with clients in a music therapy session.

¹ Educational standards in occupational therapy and speech-language pathology do not address minimum credit hours. In occupational therapy, schools are required to post on their web sites their graduates' first-time pass rate on the certification exam for each of the most recent three years. Standards in speech-language pathology state only that the achievement of knowledge and skills outcomes typically "requires the completion of 2 years of graduate education." Physical therapy is not included since entry is based on a doctoral degree.

At present, AMTA has outlined expectations for students who are studying for a master's degree. According to the *AMTA Standards for Education and Clinical Training* (AMTA, 2010):

A master's degree program should be designed to impart selected and specified advanced competencies, drawn from the *AMTA Advanced Competencies*, which would provide breadth and depth beyond the *AMTA Professional Competencies* that are required for entrance into the music therapy profession. At this level the degree should address the practice of music therapy wherein the music therapist applies and integrates a comprehensive synthesis of theories, research, treatment knowledge, musicianship, clinical skills, and personal awareness to address client needs. The curricular design would be appropriate to the degree title, per agreement between AMTA and NASM. (*AMTA Standards of Education and Clinical Training*, 2010).

4.1.2 Advanced Clinical Skills: In-depth understanding of the clinical and supervisory roles and responsibilities of a music therapist. Advanced clinical skills are acquired through a supervised clinical component, defined as one or more music therapy fieldwork experiences that focus on clients and require post-internship, graduate training.

NB: All master's degrees in music therapy must include a supervised clinical component beyond the completion of the 1200 hours of clinical training required for acquisition of the *AMTA Professional Competencies* and concurrently with or following completion of graduate music therapy courses. It is strongly advised that the student receive direct supervision under the auspices of the University in either on-site or consultative form. Such supervision must be provided by a music therapist who has acquired advanced clinical competencies. (*AMTA Standards of Education and Clinical Training*, 2010).

In order to continue with the initial intent of ETAB as presented in *Master's-Level Entry: Core Considerations*, the shift from a bachelor's-level entry to a master's-level entry must continue to reflect the current standards for master's degrees. The standards require opportunities to interact with clients in supervised settings, demonstrating advanced clinical skill. In the transition, ETAB believes that the master's degree must reflect advancement in the education and clinical experience of students rather than just an opportunity to transfer the current curriculum for bachelor's or equivalency master's degrees into a new format at the graduate level.

The current format of clinical training (pre-internship experiences and internship) will change with the transition to a master's-level entry depending on the educational models developed. ETAB envisions that the current required clinical experience hours (total 1200 hours with a minimum of 180 hours in pre-internship experiences and a minimum of 900 hours in internship) will be increased to accommodate the expansion of the clinical competencies expected from a student seeking a master's degree. The sequence of clinical experience could remain similar to the current model, following a developmental process of skill acquisition throughout the educational process. It is strongly suggested that students have an in-depth clinical experience under the supervision of a qualified music therapist before entering the advanced courses designed to impart portions of what are *currently* the *AMTA Advanced Competencies*. This clinical experience would not replace the in-depth, culminating clinical internship at the end of the educational experience, but would provide students with the experiential element that is crucial to understanding the concepts, theories, and techniques presented as part of the advanced level of study (as initially conceived by ETAB, 2010).

Changes in educational structure and programs will necessitate a thorough examination and revision of the current *AMTA Professional Competencies* and *AMTA Advanced Competencies*. Task forces appointed to complete this task must consider clinical experiences, including changes in pre-internship and internship expectations, when revising the competencies.

The full ramifications of the change from a bachelor's- or equivalency-level entry on the current format of clinical training are not known. It may be appropriate to change the entire National Roster internship format. National Roster internships may be able to continue with limited changes in goals, expectations, and academic requirements. As the educational models and curriculum suggestions take form, the clinical experience component will adapt to accommodate new ideas and models.

Clinical Experience Models

The transition from the bachelor's- or equivalency-level entry to a master's-level entry requires review of all aspects of the educational program, including all clinical training experiences. Within the category of clinical training

experiences, many different elements will need to be considered. These include, but are not limited to, the placement of clinical training experiences within the curriculum, the level of training offered at specific times, and competency achievement within the clinical training continuum. As the music therapy profession moves to this new paradigm in education and clinical training, the training sequences of other allied health and mental health professions provide examples to be considered.

A new model may continue to require integrated clinical training experiences throughout the academic course of study linked to or concurrent with coursework. In addition, a new model may require integrated clinical training experiences that do not resemble the current format/processes/time frames. As music therapy professionals continue to examine a change to a master's-level entry into the profession, it is expected that clinical training experiences will be evaluated and updated to meet the needs of current and future professionals.

Program descriptions available on the Internet reveal that there are many existing models of curriculum formats and clinical experience opportunities in other health-related fields. Some programs offer continuous enrollment at one institution, offering students a course of study that starts with a related Bachelor's degree program or a program that prepares students to progress without a formal bachelor's degree and then continues into the master's curriculum for an entry-level degree in the desired clinical area. Clinical training opportunities in these programs appear to be embedded into the curriculum starting in the junior year of the undergraduate element and continue into the master's curriculum. Many of the allied health professional clinical training programs offer additional clinical experiences after the completion of the core professional curriculum and again after the coursework designated as advanced master's coursework. Students often complete a minimum of two separate fieldwork or internship placements during their master's degree study.

Another model is similar to what music therapy programs currently offer as equivalency degrees. Students enter a course of study with a bachelor's degree in a related field. At this point, the students may or may not have achieved the prerequisite skills required by the master's program. The student then enters a period of study that is not truly a part of the advanced-level matriculation, during which time the student acquires prerequisite skills and knowledge. Clinical experiences, especially those of observation, functional music skills, and group leadership in music, may be a part of this early education with additional clinical training experiences later in the master's sequence of study.

For the near future, academic programs will continue to provide master's degrees for bachelor's-level music therapists who enter degree programs with the necessary prerequisite skills. In order for the master's degree program to fulfill the current AMTA requirements for master's degree programs, all students in a master's program must demonstrate advanced clinical skills that incorporate supervision by another therapist. At this time, requirements (e.g., hours of contact, clinical focus, or level of supervision) are not specified, thereby offering professional music therapists a variety of options and pathways to complete the advanced clinical experience.

As in the current model of music therapy education, ETAB envisions that there will be continued variation in where, how, and when music therapy students gain clinical experience. With basic guidelines to provide structure and expectations, it is anticipated that academic faculty members will be able to design clinical training programs to best meet the needs of their students, universities or colleges, and all clients. In addition, current internship supervisors would also be able to provide clinical training experiences within the models developed by academic faculty members.

Summary of Clinical Training Issues

- The required clinical training experiences for the music therapist at a master's-level entry should exceed the current entry-level clinical training.
- AMTA may need to restructure the current clinical training format to accommodate different models of education and training.
- It will be important to have some standards while still allowing for some flexibility in how and when students complete aspects of their clinical training.
- Clinical training experiences will need to be provided both concurrent with master's degree coursework and at the end in the form of a master's-level internship.

- As the competencies are reevaluated, consideration should be given to how they interface with clinical training.
- Some master's degrees may include areas of clinical specialization as part of their clinical training experiences.
- National Roster internships may change or continue as is.

Recommendations for Clinical Training

- AMTA will need to establish minimum standards for clinical training experience, including hours of experience, the setting(s) at which the experience will occur, and levels of training .
- The Association Internship Approval Committee will need to review options for existing National Roster internship sites as well as begin to envision new formats for internship.

Workforce Issues

According to the U.S. Bureau of Labor Statistics (2011),

about 26 percent of all new jobs created in the U.S. economy will be in the healthcare and social assistance industry. This industry—which includes public and private hospitals, nursing and residential care facilities, and individual and family services—is expected to grow by 24 percent, or 4 million new jobs. Employment growth will be driven by an aging population and longer life expectancies.

In 2003, Robert Groene looked at the workforce needs for music therapists in the next decade. Looking across six areas related to professional and clinical demographics, Groene concluded that “the profession of music therapy is in an enviable yet difficult position of needing to increase its numbers presently and into the future in order to meet what is predicted to be an explosion in healthcare needs” (p. 12). It is necessary for the music therapy profession to anticipate the growing need for health care professionals.

Music therapy research suggests that professional longevity increases with the level of education (Cohen & Behrens, 2002; Decuir & Vega, 2010; Vega, 2010). Moving to the master's level as entry into the profession may facilitate both an increased and more stable workforce. Increased longevity in the profession, the associated stability, and improved access to quality music therapy services for clients can all contribute to a stronger, more stable music therapy workforce. There is a need to study the workforce issues related to a transition to master's-level credentialing in greater detail, with an emphasis on the impact of both the transitional period and the long-term impact of the change.

Budgetary Considerations and Intangible Benefits

The transition to master's-level entry into the profession of music therapy will create budgetary challenges and benefits across the transition and into the future. Table 3 summarizes the challenges that such a transition might create for each set of stakeholders. These anticipated costs are most expensive for universities and students. Some of the dollar costs could be spread across time, such as the expansion of the AMTA offices, or increasing library resources. Other costs are less tangible, such as the costs to rewrite documents or make changes to committee structures. Some potential costs, such as possible market pressure for bachelor's-level music therapists to earn a master's degree, cannot be measured at this time.

Another concern would be the possible loss of university enrollment during the transition as degree programs shift to different models of education. Some students may choose not to enter a profession that requires a graduate degree. Some universities may choose to discontinue existing music therapy programs, if they cannot offer a master's degree. Other professions that have made similar transitions may be able to shed greater light on this issue.

AMTA	CBMT	Universities	Students	Professionals
Rewrite/reprint of hard copy materials	Rewrite/reprint of hard copy materials	Rewrite/reprint of hard copy materials	Additional tuition costs	Possible market pressure to earn master's
Changes to electronic texts	Changes to electronic texts	Changes to electronic texts	Additional books, materials	Cost of obtaining a doctoral degree for faculty without one
Changes to policies, standards, other documents	Changes to policies, standards, other documents	Changes to policies, standards, other documents	Additional time to earn entry level degree	
Changes to Professional/Advanced Competencies		Additional faculty and higher credentials	Clinical training living costs	
Changes to committee structures and duties		Additional courses	Graduate application costs	
Implement changes with NASM		Potential loss of enrollment during transition		
Expansion of National Office personnel, office space		Possible need to increase library resources		
		Inability to use graduate assistants for clinical supervision (will not be MT-BC) unless there is doctoral program at university		

Table 3. Potential costs to stakeholders in moving to master's-level entry

Table 4 summarizes possible financial gains that may result from this transition. Membership data from AMTA (2010) and research (Vega, 2010) suggests that professionals who have earned a master's degree in the field remain in the profession longer and are somewhat more likely to be members of the professional organization. If this trend were to continue, it would mean increased membership for the professional organization and more board-certified music therapists available to provide music therapy services.

AMTA	CBMT	Universities	Students	Professionals
Increased dues revenue	Increased revenue from certification fees	Increased revenue from tuition		Improved opportunities for salary advancement
		Universities may want to offer the music therapy foundations to prepare students for master's study in music therapy		Greater eligibility for reimbursement
		Potential increase in grant funding for research		Higher salaries

Table 4. Possible financial benefits of making the transition

The move to master’s entry also would mean increased tuition revenues for universities as students study beyond the bachelor’s degree. These increases should help universities potential additional costs for faculty and library resources. Similarly, the potential for increased or more sustained membership could assist with AMTA and CBMT transition costs.

Currently music therapy is unable to meet the market demand for professional services in some parts of the United States. An additional advantage that may have indirect financial benefits for music therapists is that greater retention of music therapists in the profession could translate into increased availability of services for the public, and hence more utilization of music therapy services.

Other Budgetary Considerations

It is anticipated that the move to master’s-level entry will provide greater access to reimbursement for music therapy, inclusion in federal regulations and accreditation standards, and opportunities for advancement. These may equate to more funding opportunities and salary increases. Table 5 displays some anticipated gains for professionals that are less tangible.

AMTA	CBMT	Universities	Students	Professionals
Increased membership	Increased visibility of the credential	Potential increased enrollment	Higher quality of education	Improved opportunities for advancement
	More pre-approved providers	Additional universities may want to offer the music therapy prerequisites to prepare students for master’s study in music therapy	Ability to focus more fully on development of clinical knowledge and skill	Greater potential to be included in federal regulations & accreditation standards
		Potential increase in securing research grants	Increased respect for the profession	Greater eligibility for reimbursement
				More competitive with other professionals

Table 5. Intangible benefits of making the transition

Budget Recommendations

It is recommended that AMTA adjust the annual survey of members to gather salaries by degree and years of experience so that the impact of these factors on salary can be better understood. It also is suggested that AMTA talk with the national office staff of the American Occupational Therapy Association, American Physical Therapy Association, and American Speech and Hearing Association about the associations’ experiences related to the financial implications of transitioning to a higher degree for professional practice.

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