

## MASTER'S LEVEL ENTRY: CORE CONSIDERATIONS

As the music therapy profession celebrates its 60<sup>th</sup> anniversary in 2010, the American Music Therapy Association (AMTA) continues to study its development and evolution and to evaluate its status in relation to the mission of AMTA: “to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world.” The music therapy profession is at a crossroads. Its options are either to keep up with that “rapidly changing world” or be left behind related professions both in the market place and in providing music therapy clients with qualified music therapists. With (a) undergraduate academic degree programs “bursting at the seams” (Bruscia, 1989), (b) the significant increase in the number and complexity of content items in the Certification Board for Music Therapists (CBMT’s) “Scope of Practice,” (c) the requirement for a master’s degree for various state licensures, (d) related professions’ requiring a master’s degree for entry into the field, and (e) a long history of research on music therapy education and clinical training that has recommended the master’s degree in music therapy for the entry level credential, it is time for this issue to be addressed by the profession.

The AMTA Board of Directors funded a retreat for the Education and Training Advisory Board (ETAB) in July 2010 to serve as a true exploration to see IF moving to the master’s level entry to the profession should be recommended. The following paper presents the ETAB’s vision and careful considerations of moving to the master’s level entry into the profession with rationale for a transition. This paper represents only the first stage of exploration into what is a very complex issue in the history and evolution of the music therapy profession; the ETAB acknowledges that many questions remain for further consideration.

### History of Music Therapy Education and Clinical Training

The Commission on Education and Clinical Training, which consisted of representatives from each of the former associations, American Association for Music Therapy (AAMT) and National Association for Music Therapy (NAMT), developed and recommended new AMTA *Standards for Education and Clinical Training* (adopted in 2000). One of the Commission’s recommendations was to create an “Overview Committee” for internal and external monitoring of standards, competency requirements, trends and needs, the Association’s role and responsiveness in the area of education and training, and to act as liaison to CBMT and other outside agencies. In 2002, AMTA created the ETAB as part of its organizational restructuring. ETAB was created to serve as a visionary body to advise, inform, and make recommendations to AMTA on issues related to music therapy education and training.

All issues from the Commission report that were not adopted as part of the *Standards* were listed at the end of the document as “Issues for Future Consideration” and referred to ETAB. In the Final Report of the Commission (1999), the bachelor’s degree program was envisioned as the means

to impart entry level competencies. . . . The bachelor’s degree (or its equivalent) and the entry level credential MT-BC would qualify the professional to work with different populations using music as an activity therapy (focused on bringing about changes in behavior) and as a supportive or adjunctive therapy (which supplements other types of treatment and enhances the client’s overall treatment plan). . . . A master’s degree would be designed to give greater breadth and depth to entry-level competence, while also imparting selected additional competencies in advanced and specialized areas of study (e.g., theory, research, supervision, college teaching, administration, a particular method, orientation, or population). . . . At this level, the music therapist works with other professionals, but takes a more central and independent role in the client’s treatment, and as a result, induces significant changes in the client’s condition. This includes using music to achieve re-educative goals (focused on feelings, insights and improved

functioning), as well as priority goals in medicine, physical rehabilitation, and other areas of music therapy practice. (pp. 4-5)

In its “Recommendations for Implementation,” the Commission suggested “that the entry-level competencies adopted be reviewed and modified on a regular basis by the appropriate AMTA committee. It is essential that these competency requirements be consistent with current trends and needs within the profession” (p. 19). The Commission considered a variety of options and input, which resulted in a number of strong opinions on which level of education is most appropriate for entry into the field and on whether levels of clinical practice exist that warrant a multilevel approach to education and certification. While no consensus was reached by the Commission on this matter, one section of the report supported the master’s degree as the entry-level degree with the following rationale: “The bachelor’s degree provides inadequate preparation for the practice of music therapy. The master’s degree should be established as the entry-level degree. Individuals who complete the master’s degree will be qualified to practice all levels and areas of music therapy . . . .” (p. 20). At that time, after much intense debate, the Commission reached consensus “that AMTA retain the bachelor’s degree as the entry level for the profession” (p. 21).

When ETAB was formed, it was created to serve as a visionary body to advise, inform, and make recommendations to AMTA on issues related to music therapy education and training. It was charged to “analyze policy issues that focus on standards and professional competencies for advanced levels of education and training; and more specifically, the relationship of these standards and competencies to advanced degrees, education and training requirements, levels of practice, professional titles and designations, and various state licensures” (AMTA Task Force on Organizational Restructuring, 2002). In 2003, ETAB reviewed this list, conducted an in-depth review of the literature, and prioritized its tasks. ETAB determined that the first priority was to delineate levels of practice in music therapy. The *Advisory on Levels of Practice in Music Therapy*, which was written by ETAB and adopted by the Assembly of Delegates in 2005, distinguished two levels of practice within the music therapy profession: the Professional Level of Practice and the Advanced Level of Practice. The Advisory anticipated “that in the future music therapists at the Advanced Level of Practice will hold at least a Master’s degree in Music Therapy.” In the Advisory, ETAB envisioned that advanced competencies would emerge from the Advanced Level of Practice. Following adoption of the *Advisory on Levels of Practice*, a task force was appointed to develop advanced competencies. The *AMTA Advanced Competencies* were adopted in 2007 and revised in 2009. Simultaneously, AMTA “Standards for Master’s Degrees” were revised in 2008 “to impart advanced competencies, as specified in the *AMTA Advanced Competencies*” and to “provide breadth and depth beyond the *AMTA Professional Competencies* required for entrance into the music therapy profession.” In summary, the adoption of these recent AMTA documents laid the foundation for strengthening graduate education in music therapy.

## **Historical Summary of Music Therapy Education**

The discussion about the master’s degree as the entry level to practice has been addressed since the inception of the profession. As early as 1944, Michigan State University offered the first baccalaureate degree in music therapy (Cohen, 2001). In 1946, E. Thayer Gaston established the first graduate program in music therapy at the University of Kansas. Gaston seemed dissatisfied with the lack of differentiation between undergraduate and graduate levels of music therapy training. This problem may have been further exacerbated by the number of schools that developed “certification-equivalency” programs for graduate level students entering with a bachelor’s degree in music who wished to obtain their undergraduate equivalency in music therapy. In many schools even today, it is primarily equivalency students who pursue master’s degrees in music therapy, not students who already are credentialed. Including equivalency students in classes with credentialed music therapists negatively impacts the quality of graduate music therapy education, in that graduate coursework cannot truly be taught at an advanced level. In the 1950s, the NAMT adopted the Minimum Education Requirements (1953), which

were based on a baccalaureate degree plus a six-month internship. It was not until 1961 that NAMT and the National Association of Schools of Music (NASM) approved the first master's degree curriculum.

In the 1980's the development of the delineation of specific skills, rather than courses, needed by the entry-level music therapist began. Braswell, Decuir, and Maranto (1980) compiled a list of entry-level skills from course outlines, behavioral objectives and "ethical situations" from the Loyola University music therapy program. They surveyed music therapy clinicians, interns, and educators in the South Central Region of NAMT using this list. In 1981, Bruscia, Hesser, and Boxill published the *Essential Competencies for the Practice of Music Therapy*. These competencies were adopted by AAMT and became the basis for the AAMT academic curriculum.

Bruscia proceeded to publish the *Advanced Competencies in Music Therapy* in 1986, which was a follow up to the *Essential Competencies*. This was the first document to imply directly that music therapists may function at more than one level of practice. He proposed a hierarchy of professional competency goals for bachelor's, master's, and doctoral study in music therapy with the master's degree as the entry into the profession. One of the reasons he cited was that the bachelor's degree in music therapy was "bursting at the seams" due to growth in music therapy practice, theory and research (1989, p. 83). He further differentiated between the functions of the undergraduate and graduate degrees and tried to distinguish between the two degrees by the type and levels of therapy. According to Bruscia, "It is practiced in educational, recreational, behavioral, psychotherapeutic, medical, and holistic settings, with vastly different goals, methods, and materials. And within each of these areas, it is practiced on different levels of depth (e.g., primary versus adjunctive). It is time for our system of education and training to recognize these diversities in clinical practice, and design academic and field training programs accordingly" (1989, p. 84).

CBMT was established in 1983 as the first independent credentialing body in music therapy. One of their first tasks was to complete a job analysis of the profession, including knowledge, skills, and ability statements (CBMT, 1983). The purpose of this list was to establish a basis for a national certification examination for music therapists. These competencies are re-determined every 5 years to reflect changing entry-level expectations with the most recent Practice Analysis Study conducted in 2008. This latest "CBMT Scope of Practice" became effective April 1, 2010.

The Temple University Studies on Music Therapy Education conducted an in-depth research study related to competencies for music therapy across a 3 year period (Maranto & Bruscia, 1988). Music therapy educators, clinical training directors, and clinicians agreed that music competencies are most efficiently learned in undergraduate courses. In the authors' reflections from the comprehensive study, they shared some of their subjective insights from collating and analyzing the data, although their conclusions were not based on the data but rather opinions and perspectives formed in the research process itself. With certification/registration at the undergraduate level and with music therapy practice at the level of complexity that it is, these problems cannot be avoided. The student is expected to have all of the required "entry-level" competencies upon completing the degree and internship programs no matter how difficult they are and regardless of whether the competencies are on an entry or advanced level of education and training.

In May of 1989 at the California Symposium on Music Therapy and Training, recommendations were made to establish levels of certification/registration in music therapy and to identify which competencies were best learned at the bachelor's or master's level. Those at the Symposium also recommended that the content for education and training at these levels be consistent with the competencies (Maranto, 1989). Soon after the California Symposium on Music Therapy Education and Training, a task force was appointed by NAMT to look at several issues stemming from recommendations of the Symposium participants. One of the issues was levels of certification, and a task force was charged to "continue to study the issues on levels of certification and bring...a plan for competency-based levels of certification" (NAMT Credentialing Task Force, 1991, p. 51).

Jensen and McKinney (1990) conducted a study of undergraduate music therapy education and training. They examined the curricular requirements of undergraduate university and college music therapy programs approved by both NAMT and AAMT and compared them against standards set by

NAMT. Since no standards had been set for the competencies related to practica or internship, the study focused primarily on the competencies taught and learned in academic coursework. It was noted that a significant discrepancy existed between academic training and clinical practice. Although the NAMT standards recommended the demonstration of functional skills in music therapy practica, the data suggested that the emphasis on academic music knowledge and the lack of consistency in teaching functional music skills may not be optimal in the education and training of a music therapist. The authors concluded that their analysis revealed substantial divergence between university curricula and research findings related to competencies necessary for music therapy practice. They recommended the development of a comprehensive list of competencies to be acquired during academic and clinical training components of music therapy education and noted that it appeared difficult for undergraduate level students to learn and demonstrate all of the entry-level competencies by completion of internship.

Also in 1990 the NAMT Assembly of Delegates approved the concept of a “course/competency-based curriculum” and adopted the *NAMT Competencies* as a working draft. The following year, the Task Force on Levels of Advanced Credentialing presented their findings and made two recommendations to the Assembly. The first recommendation, which was defeated, urged the profession “to study the different levels of credentialing, moving toward making the advanced degree a requirement for credentialing.” In the discussion that followed was a review of AAMT and NAMT designations. Concerns were raised including that an advanced degree would create a burden since internships probably would not offer salaries or stipends. The second recommendation, which passed, charged the NAMT Education and Clinical Training Committees “to reassess the undergraduate and graduate degree programs, looking specifically at the growing amounts of material required in the undergraduate programs, strengthening the graduate degree and moving towards specialization (either by depth of therapy or in specialized areas)” (NAMT Credentialing Task Force, 1991, p. 4). In response to this charge, the NAMT Education Committee reviewed the curricula for all of its academic programs and followed up with notification to programs that were not in compliance with the NAMT standards.

In 1992 a survey of 20% of educators and clinical trainers served as a pilot study to make some changes in the proposed competencies. In 1993 a survey was sent to all NAMT-approved academic programs to help determine the status of the implementation of the NAMT Competencies (Draft #3) in NAMT’s current course-based curriculum. The results of this survey served as the basis for the initial course/competency-based NAMT undergraduate curriculum and the *NAMT Competencies* (Draft #3).

While the movement seemed to be towards establishing levels of competencies or specialization, Scartelli (1994) reiterated Gaston (cited in Cohen, 2001) and Bruscia’s (1989) stances on graduate music therapy education in his address to the Fifth International Music Medicine Symposium. Scartelli described the undergraduate music therapy curriculum as preparing technicians who would not diagnose, but who would follow prescribed treatment, since it would be impossible to train an undergraduate to address all the possibilities of practice. Scartelli recommended that the undergraduate degree remain a generalist degree with an emphasis on developing musical skills, while the graduate degree should emphasize the influence of music on physiology and behavior. In other words, the undergraduate training should focus on developing the musician, while the graduate training should focus on developing the therapist.

In 1994 an NAMT Subcommittee on Professional Competencies (1996) reported results of a survey that consisted of educators’ rankings of the importance of each competency. The Assembly of Delegates urged academic program directors to introduce the competencies into their curricula during the 1994-1995 and 1995-1996 academic years. The revised *Professional Competencies* were adopted by the Assembly in 1996. At this time, the AMTA Transition Team was working on unification of the two former Associations (AAMT and NAMT). The Subcommittee on Professional Competencies also was charged to begin the process of identifying advanced competencies, specifically by conducting a review of the literature. The Subcommittee made the following decisions: (a) to communicate with clinical training directors in regards to continuing implementation of the competencies; (b) to continue to encourage educators to review and define curricular areas; and (c) to assist clinical training directors in identifying competencies that appeared to be most pertinent to the clinical training process.

Due to a need for review of the graduate standards, the NAMT Executive Board appointed an ad hoc Subcommittee on Graduate Music Therapy Education in 1995. In its report from the Texas Retreat (1997) the Subcommittee recommended that the Association

further define the function of a master's degree and to determine when and if it is appropriate to move to the master's as an entry level, the Subcommittee recommends further study to compare the relationship between type of degree with job success, job responsibilities, job longevity, attrition, level of promotion, and area of client specialization. The Subcommittee recommends the ongoing examination of data in order to make timely changes in response to our profession's evolution.

Several surveys were executed concerning graduate degrees and job satisfaction in music therapy. Braswell, Decuir, and Jacobs (1989) surveyed 1,344 music therapists and found that job satisfaction increased with advanced degrees and length of time in the field. Those music therapists with 6 years or more in the field had higher job satisfaction than less experienced therapists. Music therapists in academia cited higher job satisfaction than did music therapists working in activity therapy positions. Urban and suburban music therapists reported higher job satisfaction than did therapists working in rural areas. Lastly, music therapists working in the smaller regions of New England, Western, and South-Central had lower job satisfaction than did the remaining five, larger regions of NAMT.

Cohen and Behrens (2002) surveyed 218 clinical music therapists to determine the influence of degree type on job satisfaction. Subjects rated job satisfaction an average of 4.10 on a scale of five. Results indicated that music therapists with master's or doctoral degrees were employed at more jobs, and had higher job satisfaction than did bachelor level music therapists.

The ETAB surveyed the current status of music therapists with Master's degrees in music therapy in 2007. The sample data indicated that most music therapists with master's degrees (77%) had actually completed their master's/equivalency degree. In other words, they had completed their master's degrees at the same time they completed their undergraduate equivalency requirements. Those respondents whose bachelor's degrees were not in music therapy were most likely to have received a bachelor's degree in music, followed by psychology. When asked why they had pursued master's degrees, the majority of the respondents answered (a) to understand music therapy better, (b) for a greater depth of understanding, (c) and for increased job opportunities. When asked what effect the master's degree had on their practice, the majority of the respondents answered that it had improved their (a) level of theoretical knowledge, (b) awareness within therapeutic relationship, (c) observational/listening skills, (d) professional relationships, (e) verbal processing skills, (f) documentation skills, and (g) professional ethics. Many (69%) of the respondents reported that their salaries had increased as a result of earning the master's degree. Most (81%) of the participants identified a market need for master's level music therapists and indicated that the need was everywhere, rather than being located in a particular geographical region. Almost all (95%) of the respondents had sought out professional growth experiences since earning their master's degrees.

Vega (in press) studied the demographic variables of gender, highest degree earned, and AMTA region to determine if any were predictive of longevity. Results showed that the demographic variable of highest degree earned was predictive of longevity ( $p < .000$ ). Vega found no significant relationship between longevity and either gender ( $p = .287$ ) or AMTA region ( $p = .726$ ). Logistic regressions were used to determine if there were any significant relationships between gender, years in the profession, highest degree earned, or AMTA region and the *MBI* sub-scales of emotional exhaustion, depersonalization, and personal accomplishment. Analysis showed that a significant inverse relationship existed between years in the profession ( $p < .05$ ) and the *MBI* sub-scale of emotional exhaustion. Thus, the longer that music therapists work in the field, the less they experience emotional exhaustion.

In summary, various studies, researchers, task forces, and other Association bodies have recommended repeatedly that the master's degree be a requirement for entry to the profession. With the recent adoption by AMTA of the *Advisory on Levels of Practice, Advanced Competencies*, and revised

“Standards for Master’s Degrees in Music Therapy,” AMTA is now poised to move forward in the evolution of the music therapy profession.

### **Music Therapy’s Knowledge Base: Bursting at the Seams**

This section of the advisory will focus on the mushrooming amount of content necessary for beginning level music therapy practice. Data from the CBMT *Scope of Practice* from 1985-2008 will be used to elucidate the tremendous expansion in the music therapy knowledge base during a recent 23 year period.

#### **Changes in Scope of Practice**

After CBMT became an independent credentialing body in 1983, one of their first tasks was to conduct a job analysis to describe the current state of music therapy practice. This resulted in the publication of the first *Scope of Practice* in 1985, which provided the content for the certification exam questions. The *Scope of Practice* consisted of 31 content items organized into four basic topic areas: Music, Music Therapy, Professional Role, and Clinical Theories. In 1988, CBMT completed a job re-analysis, and the number of content items in the *Scope of Practice* increased to 43. When CBMT developed the third *Scope of Practice* (1993), the language regarding music therapy practice was changing. This was reflected in the modified topic categories: Music Theory/Skills, Treatment, Professional Development and Responsibilities, and Assessment. An examination of the revised wording suggests that as the profession developed, the specific knowledge and language necessary for successful music therapy practice began to branch out and become more detailed. The dramatic increase to 137 content items in the 1993 *Scope of Practice* reinforced this premise, especially when compared to the 43 items in 1988.

CBMT published the fourth *Scope of Practice* in 1998. This time, music therapy practice was defined by five major topic areas: Music Theory Perception and Skills, Initial Assessment and Treatment Planning, Ongoing Documentation and Evaluation of Therapy, Treatment Implementation and Termination, and Professional Development and Responsibilities. The ongoing growth in the professional knowledge base resulted in 168 content items in this document. In 2003, the *Scope of Practice* retained the same five topic areas, but the content items continued to increase from 168 to 190.

In the recently published 2008 *Scope of Practice*, the topic headings changed to (a) Assessment and Treatment Planning, (b) Treatment Planning and Termination, (c) Ongoing Documentation and Evaluation, and (d) Professional Roles and Responsibilities. The number of content items remained at 190; however, a noticeable change from the earlier *Scope of Practice* was the absence of a separate content area for “Music.” Instead, all music skills were now integrated into the clinical skill descriptions necessary for practice. This revision suggests that more advanced and assimilated level of expertise was now required for professional level practice. Figure 1 represents the growth in the CBMT *Scope of Practice* content items over five year increments, from 1985 (31 items) through 2008 (190 items). Based on the number of items in the CBMT *Scope of Practice*, the knowledge base for beginning level music therapy practice exploded by 513% over a 23 year period.

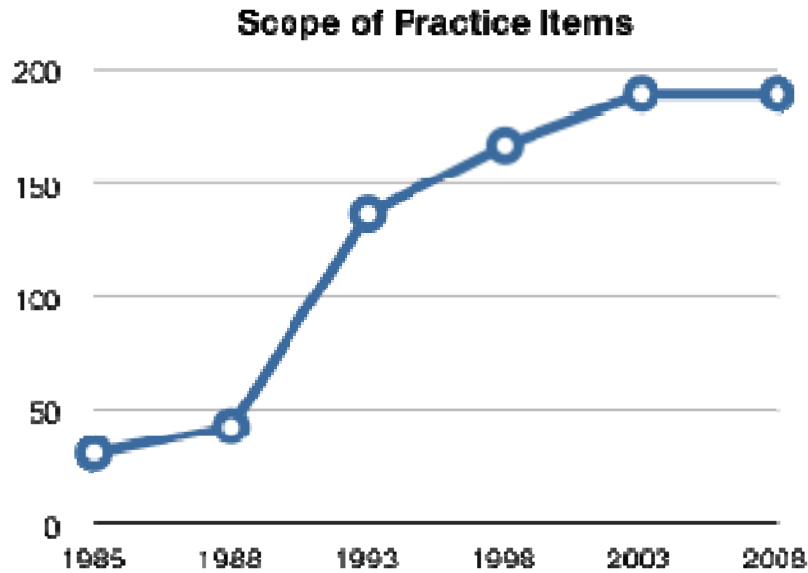


Figure 1. Growth in number of content items from CBMT *Scope of Practice*.

### Rationale for Transition

The time has arrived for transition to the master's level entry for reasons that are becoming clear. The bachelor's degree is a foundational training program that prepares the typically young, bachelor-level musician to use music in a clinical setting. The intent of this level of intervention is to serve in a supportive role in treating clients, collaborating within an interdisciplinary team to contribute to the client's overall treatment plan. With the bachelor's degree, including the internship, the clinician is eligible to sit for the board certification exam and obtain the credential MT-BC.

As the profession exists now 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 MT degree program 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.

An emerging trend of university programs toward developing master's degrees is evident. More and more administrators are visioning 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 ethics in the health care fields.

Currently, the following points can be made in support of this transition process:

1. There is a growing trend toward insurance reimbursement; however, without a move to advanced training, this trend will surely fall short of professional needs and expectations. The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities recognize music therapy as an allied health profession, thereby reinforcing this trend toward professional standards and advanced practice. Music therapy is listed as a related service in the Americans with Disabilities Act. There is a steady and consistent effort for state recognition for the MT-BC credential.
2. Nearly two-thirds of AMTA approved degree programs offer master's degrees and the broad body of knowledge continues to grow across clinical populations and clinical settings. Both

- the revised master's standards and the advanced competencies are important pieces of this evident trend.
3. To be seriously considered along with the above are the defined levels of practice (professional and advanced). As we see the scope of practice for music therapists come to the attention of many healthcare professionals, the general trend toward advanced entry training will strongly support the movement of many states toward licensure, which is typically at the master's level for healthcare professionals.
  4. There has been a national trend in recent years for universities to add master's degree programs in order to provide the advanced training necessary for the therapist to take the central role in meeting client needs in diverse settings. A true and accurate recognition of this field as a core therapeutic model will not be realized until this transition to a more consistent and predictable level of practice and intervention is obtained.
  5. With the master's degree as entry-level, the vision for the future practice of music therapy acknowledges that the music therapist increasingly will take a central and independent role in client treatment planning. Through this level of practice the music therapist moves beyond didactic knowledge to integrate rationale, theories, treatment methods, and use of self to enhance client growth and development.
  6. The profession is at an ethical crossroads that demands a change. To continue as we are without attention to this growth in the knowledge base and growth in the demand for clinical services we are jeopardizing not only the effectiveness of service but its ethical core as well.

Both practitioners and academic programs are recognizing the need for skill advancement thus creating a gentle momentum toward development of master's-level entry. It is essential and timely for the profession to enthusiastically embrace this growth.

### **The Evolution of Education in Various Health Professions**

Looking at various health professions, it is evident that music therapy is one of the few remaining professions where entry is at the bachelor's level. While some other professions offer an assistant level of credential or certification, they are accomplished at the associate's degree level. The table below indicates the profession, the degree required to enter the profession, information about certification, and dates when the current level of education was established by the professional organizations.

The majority of these professions started with bachelor's level entry into the profession. With the exception of music therapy and recreation therapy, the professions listed have moved to a minimum of a master's level entry for professional practice. As early as the 1960's, professional organizations began to move towards master's level entry with additional organizations moving in the 1970's and 1980's. Audiology and physical therapy have set a date for doctoral level entry into the profession.

The process of changing educational requirements in many of the health professions examined above is noteworthy and the paths are varied. In the cases of art therapy and dance/movement therapy, master's level entry appears to have been the only educational course available for professionals (AATA, 2010; ATCB, 2010; ADTA, 2010). All students interested in becoming an art or dance/movement therapist have entered programs with related degrees or with demonstrated competence in the core therapeutic medium. Other professions took other paths towards master's level entry.

In 1998, the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE) presented a position statement that included, "Given the demands, complexity, and diversity of contemporary occupational therapy practice, ACOTE's position is that the forthcoming educational standards are most likely to be achieved in postbaccalaureate degree programs." In 1999, the AOTA Representative Assembly passed a resolution calling for a significant change in the education level of occupational therapists. Resolution J, "Movement to Required Postbaccalaureate Level of Education," called for an eventual move to a postbaccalaureate-degree entry into the profession. ACOTE determined that educational programs would have an 8-year period to make



<b>Profession</b>	<b>Entry-Level Degree</b>	<b>Certification/Licensure</b>	<b>Date Entry-Level Established</b>
Art Therapy	Master's	Art Therapy Certification Board	1970's
Audiology	Master's – moving to Doctorate 2012	American Speech Therapy Association– certification required for licensure	1965
Counseling	Master's	National Board of Counseling Certification – certification required for licensure	
Dance Therapy	Master's	Dance/Movement Therapy Certification Board	1970's
Music Therapy	Bachelor's	Certification Board for Music Therapists	1950's
Occupational Therapy	Master's	National Board for Certification in Occupational Therapy– certification required for licensure	2007
Physical Therapy	Master's – Moving to Doctorate 2020	Accrediting Board – Commission on Accreditation in Physical Therapy Education– certification required for licensure	2002 for current master's level entry requirement
Recreation Therapy	Bachelor's	National Council for Therapeutic Recreation Certification	1981
Social Work	Bachelor's and Master's	Association for Social Work Boards	
		National Association of Social Workers	
Speech/Language Pathology	Master's	American Speech Therapy Association– certification required for licensure	1965

Figure 2. Health care professions, degree required for entry, certification/licensure, and date entry level established.

the required changes to accommodate the newly approved educational standards. The transition from a bachelor's degree entry to the profession to a master's degree entry was concluded on January 1, 2007 (AOTA, 2010).

Physical therapy education programs completed the transition to postbaccalaureate entry in 2002, when all therapists completed either a master's or Doctor of Physical Therapy (DPT) degree. In 2020, the American Physical Therapy Association (APTA) will recognize only the DPT as the entry-level degree (APTA, 2009). In the *APTA Vision Statement for Physical Therapy 2020*, language describing the change to the DPT includes reference to the burgeoning clinical responsibilities of therapists and expansion in the body of knowledge in the field. In addition, the degree is defined as a "clinical doctoral degree" indicating that the DPT will be providing direct care to consumers (APTA, 2010).

The American Speech and Hearing Association (ASHA) started the transition to a postbaccalaureate entry level in 1965. Members of ASHA who held Basic Certification prior to 1965 were offered the opportunity to take a "Special 1969 exam" or demonstrate a minimum of 4 years as a

competent professional rather than returning for further education (ASHA, 2010). All students after 1965 were required to complete a minimum of a master's degree or its equivalent in Speech Pathology and/or Audiology. Significant changes to the certification requirements occurred both in 1993 when the equivalency option was discontinued, and in 2005 when the certification requirements increased to include a clinical fellowship (Bernthal, 2007).

### **Anticipated Challenges**

In considering this transition ETAB has identified areas that need to be understood and evaluated in planning a process forward. These areas include

- Programmatic and financial concerns for universities
- Financial issues for AMTA and CBMT
- Concern that Bachelor's level music therapists will lose jobs to master's level music therapists
- Confusion about the grandparenting process
- Need to coordinate closely with NASM
- Implications for State Boards of Regents
- Music therapy programs in universities that do not offer graduate education

A review of the universities currently offering music therapy degrees reveals that half (34 out of 68) already offer a master's degree in music therapy and 13 of the remaining 34 offer graduate degrees in music. Of those who offer only the bachelor's degree in music, 19 of 21 offer graduate degrees in areas other than music. At least two of these are actively planning to establish master's degree in music therapy. Of the 19, 7 have no faculty member who holds the doctoral degree. There is only one university that does not offer graduate degrees. Each of the areas above will need to be studied in detail if we are to move forward on a transition plan.

### **Implications for Change**

In considering the move from baccalaureate to graduate level entry into the music therapy profession, ETAB has listed the following areas for further consideration. These implications are by no means a complete list of the challenges and considerations that may arise from a change to a master's level entry, but do begin to suggest the magnitude of the change and its effect on the future of music therapy education and clinical training. The following table presents some of the implications of the proposed changes as well as some of the considerations and decisions still to be outlined and made prior to moving toward the master's degree entry into the profession.

<b>Consideration/Implication</b>	<b>Questions/Concerned Parties</b>
Models	<ul style="list-style-type: none"> <li>• What will the master's entry educational program look like?               <ul style="list-style-type: none"> <li>○ Will some schools offer a pre-music therapy degree at the bachelor's level?</li> <li>○ Will admission to a master's degree program require a bachelor's degree in a different area of study before entering a master's program focused only on music therapy</li> <li>○ Will there be multiple paths to becoming a professional Board Certified Music Therapist?</li> <li>○ Will the master's degree require additional credit hours to provide the pre-requisites for advanced level</li> </ul> </li> </ul>

	<p>education and training?</p> <ul style="list-style-type: none"> <li>○ Will this provide more flexibility in designing curricula to meet various state licensure requirements?</li> <li>○ Will this address the issue of “equivalency” programs where both undergraduate and graduate students are sometimes combined in the same courses, thus impacting the quality of advanced level education and training in MT?</li> </ul>
<p>Academic Programs with Bachelor’s Degree Programs Only</p>	<ul style="list-style-type: none"> <li>● Will academic programs need to hire additional full-time faculty?</li> <li>● Will fewer full-time faculty be required if there is only one music therapy degree program?</li> <li>● How many programs will not be able to offer a master’s level course of study after the transition? <ul style="list-style-type: none"> <li>○ <i>An examination of current educational programs in July 2010 revealed that many of the current bachelor’s only music therapy programs have professors and university resources that are qualified to offer a master’s degree.</i></li> <li>○ <i>Of the existing music therapy programs, 19 are in universities that offer graduate degrees, although not in music. At least two of these are planning master’s degree in music therapy. Of the 19 that do not offer graduate degrees in music, 7 have no faculty member who holds the doctoral degree.</i></li> <li>○ <i>Only one academic program is situated in a college that offers no master’s degree and has no music therapy faculty member who holds the doctoral degree.</i></li> </ul> </li> <li>● What will current programs that only offer a bachelor’s degree in music therapy do after the transition? <ul style="list-style-type: none"> <li>○ <i>If the transition has a provision for a pre-music therapy course of study, current bachelor’s programs could affiliate with one or more academic programs that offer a master’s degree allowing for students to directly transfer from the bachelor’s program into the master’s program.</i></li> </ul> </li> <li>● What changes will occur in requirements for professors when the transition occurs? <ul style="list-style-type: none"> <li>○ <i>For current faculty in AMTA approved programs, it is expected that a “grandparenting” provision would be provided as has occurred with all previous revisions to Standards. Any new standards would apply to new faculty.</i></li> <li>○ <i>What degree/level of clinical experience would professors need to obtain/hold in order to teach master’s level degree courses?</i></li> </ul> </li> </ul>
<p>Competency Based Curricula</p>	<ul style="list-style-type: none"> <li>● Which competencies from our two <i>Competencies</i> documents would be required for professional practice</li> </ul>

	<p>based on a master's degree?</p> <ul style="list-style-type: none"> <li>○ <i>This will be determined after defining the models of curricular structures, revising all related documents, and after extensive discussion and/or research within AMTA and with other related constituencies, such as NASM and CBMT.</i></li> <li>● Incorporating some advanced competencies into the entry-level program should provide better preparation for graduates taking the Board Certification Exam as well as for clinical service provision.</li> </ul>
Clinical Training Experiences	<ul style="list-style-type: none"> <li>● As models as well as the curricula change, standards for clinical training experiences may change. This could result in changes in pre-internship experiences as well as internship experiences.</li> <li>● Providing clinical training experiences at the graduate level may better meet guidelines for state licensures, such as in New York State where graduate credit must be granted for internship experiences leading to Licensure in Creative Arts Therapy.</li> <li>● There will be implications for the following parties: <ul style="list-style-type: none"> <li>○ <i>Students</i></li> <li>○ <i>Academic faculty</i></li> <li>○ <i>Pre-internship supervisors</i></li> <li>○ <i>National roster internship directors and supervisors</i></li> <li>○ <i>University-affiliated supervisors</i></li> </ul> </li> </ul>
Current Professionals Who Have Bachelor's Degrees	<ul style="list-style-type: none"> <li>● What will be the grandparenting provisions for current, bachelor's level music therapists? <ul style="list-style-type: none"> <li>○ <i>In the history of the music therapy profession as well as related professions, provisions are normally made for those persons currently studying and/or practicing in the profession and changes are not retroactive.</i></li> </ul> </li> </ul>
Budgetary Implications	<ul style="list-style-type: none"> <li>● These include, but are not limited to the following: <ul style="list-style-type: none"> <li>○ <i>Academic program costs – increases in professional requirements for some professors; costs associated with promotional material changes; possible increase in program costs due to lower enrollment and higher teacher:student ratio at the graduate level.</i></li> <li>○ <i>AMTA – costs associated with promotional materials (flyers, brochures, website, etc.); AMTA documents</i></li> <li>○ <i>Students – increases in tuition and fees for graduate tuition rather than undergraduate tuition; textbook costs, loan fees, housing costs; time constraints for longer course of study</i></li> </ul> </li> </ul>
NASM	<ul style="list-style-type: none"> <li>● Any new degree programs must receive NASM Plan Approval from the NASM Commission on Accreditation before the matriculation of students.</li> </ul>
AMTA Document Revisions	<ul style="list-style-type: none"> <li>● Most AMTA documents will need to be revised or rewritten to accommodate the change from a bachelor's entry level to a master's level entry. This will require</li> </ul>

	<p>AMTA committees to spend time in revisions with the additional time for approval by the Assembly of Delegates</p> <ul style="list-style-type: none"> <li>○ <i>With the recent adoption of the Advisory on Levels of Practice and Advanced Competencies, as well as revisions in the Professional Competencies and Standards for Master's Degrees in Music Therapy, much of the foundation for document revisions has already been developed.</i></li> </ul>
Legal Needs/Implications	<ul style="list-style-type: none"> <li>● Numerous approval processes would be required, including academic institutions, AMTA, NASM, and possibly state Board of Regents (if applicable). The institutional catalog in effect at the time a student enters a degree program is considered a legal contract with the student through graduation. This extends the transition period considerably, since the catalog changes could not occur until all of the approval processes have been completed.</li> </ul>
National Music Therapy Registry	<ul style="list-style-type: none"> <li>● Moving to master's entry would not affect the NMTR, since it lists non-board-certified music therapists whose professional designation was granted by one of the former Associations and lasts only until 2020.</li> </ul>
Timetable	<ul style="list-style-type: none"> <li>● As with other major changes in the profession of music therapy, such as unification, the AMTA membership would have much opportunity for input in the transition process.</li> </ul>

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