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
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
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?
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)

- 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.
- 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.alliedhealthworld.com/occupational-therapy-career-path.html)
- [http://www.aota.org/default.aspx](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](http://www.ohio.edu/chsp/rcs/csd/academics/slp.cfm)
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<tr>
<th>Year</th>
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<tr>
<td><strong>Freshman</strong></td>
<td><strong>Music Theory I</strong>&lt;br&gt;<strong>Dictation &amp; Sight Singing I</strong>&lt;br&gt;<strong>MUS 090 I</strong>&lt;br&gt;<strong>Class Piano I</strong>&lt;br&gt;<strong>Class Voice I</strong>&lt;br&gt;<strong>Major Instrument</strong>&lt;br&gt;<strong>Ensemble</strong>&lt;br&gt;<strong>Statistical Reasoning</strong></td>
<td><strong>Music Theory II</strong>&lt;br&gt;<strong>Dictation &amp; Sight Singing II</strong>&lt;br&gt;<strong>MUS 090 II</strong>&lt;br&gt;<strong>Class Piano II</strong>&lt;br&gt;<strong>Class Voice II</strong>&lt;br&gt;<strong>Major Instrument</strong>&lt;br&gt;<strong>Ensemble</strong>&lt;br&gt;<strong>General Education Requirement</strong></td>
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<td><strong>Sophomore</strong></td>
<td><strong>Music Theory III</strong>&lt;br&gt;<strong>Dictation &amp; Sight Singing III</strong>&lt;br&gt;<strong>Class Piano III</strong>&lt;br&gt;<strong>Class Guitar I</strong>&lt;br&gt;<strong>Major Instrument</strong>&lt;br&gt;<strong>Ensemble</strong>&lt;br&gt;<strong>Intro to Music History</strong>&lt;br&gt;<strong>Mus 090 III</strong></td>
<td><strong>Music Theory IV</strong>&lt;br&gt;<strong>Dictation &amp; Sight Singing IV</strong>&lt;br&gt;<strong>Class Piano III</strong>&lt;br&gt;<strong>Class Guitar II</strong>&lt;br&gt;<strong>Major Instrument</strong>&lt;br&gt;<strong>Ensemble</strong>&lt;br&gt;<strong>General Psych</strong>&lt;br&gt;<strong>General Education Requirement</strong></td>
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# BA in Music with Emphasis in Music Therapy

## Sample Curriculum - Part 2

<table>
<thead>
<tr>
<th></th>
<th>Fall Semester</th>
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<tr>
<td><strong>Junior</strong></td>
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<tr>
<td>Class Piano V</td>
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<td>Class Piano VI</td>
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<td>Music History</td>
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<tr>
<td>Major Instrument</td>
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<tr>
<td>Observation of MT-BC Option</td>
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<td>Intro to Music Therapy</td>
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<td>Music Electives</td>
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<tr>
<td>Junior Composition</td>
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<td>(Composition/Arranging)</td>
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<td>Foreign Language</td>
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<td>General Education Requirement</td>
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<td>Foreign Language</td>
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<tr>
<td><strong>Senior</strong></td>
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<td>Observation of MT-BC</td>
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<td>Observation of MT-BC</td>
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<tr>
<td>Music Electives (Conducting)</td>
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<td>Music Electives</td>
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<tr>
<td>Intro to Communication Disorders</td>
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<td>Human Biology</td>
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<tr>
<td>Abnormal Psychology</td>
<td></td>
<td>Child/Adolescent Development</td>
</tr>
<tr>
<td>Dance/Movement</td>
<td></td>
<td>General Education Requirement</td>
</tr>
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</table>
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

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<th>Fall Semester</th>
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<td>Assessment</td>
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<td>2</td>
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<td>Clinical Use of Rec Inst.</td>
<td>Research Methods</td>
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<td>3</td>
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<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Psychology of Music</td>
<td>non music elective</td>
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<td>2</td>
<td>3-6</td>
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<td>Electives/deficiencies</td>
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<tr>
<td></td>
<td><strong>12-15 credits</strong></td>
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<tr>
<td>Second Year</td>
<td>Practicum III</td>
<td>Practicum IV</td>
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<tr>
<td></td>
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<td>1</td>
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<tr>
<td></td>
<td>Principles and Techniques II</td>
<td>Principles and Techniques III</td>
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<td>MT Approaches</td>
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<td>music history/theory elective</td>
<td>MT Seminar</td>
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<td>2</td>
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<td>Education Research Statistics</td>
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<tr>
<td></td>
<td><strong>13 credits</strong></td>
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</table>

*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
- 1000 total observation hours upon completion of Masters program
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
  • (NCES, 2012)

• Undergraduate enrollment is expected to continue to rise
  • (NCES, 2012)
Points to Consider: Jobs

- Music Therapy job creation doubled between 2009 and 2012
  - (AMTA, 2011)

- 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
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, LCAT
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.*
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.
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.
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.
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
Don’t Panic!
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.
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

- 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.

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)

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. 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.
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”
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?
Other areas to focus on…

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

• 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
• 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
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* (3rd 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?
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!

Scope of Practice
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.
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.
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.”
Professions expanding into or requiring a Doctoral Degree

- Physical therapy
- Nursing
- Music Therapy
- Creative Arts Therapies
- Clinical Psychologists
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.
“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
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
“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?
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
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
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
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
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
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.