

## **Group 1**

### Question Number 1

It is going to take a great amount of time

Need for clinical experience before advanced competencies

What impact will this have on the research

## Question 2

More mature students being trained

More time to develop music skills

More time to develop clinical skills

### Question 3

Cost of graduate education

Not an advanced degree - it is still entry level

Will it leave a vacuum for current Bachelor level jobs

## Question 4

Possibility of 3 and 2

Ten year model - require Master's after 10 years

# **Group 2**

## **MLE Forum**

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

**What are the top three benefits?**

Parity with other licensed  
professionals

Eventually it will lead to higher pay  
Increase practice expertise

- **What are the top three challenges?**
- Implementation/Plan
- Burdensome for clinicians
- Lack of incentives
- Educating not just MT, but everyone else (public, government, etc.)



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

**Of Course!!**

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

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

# **Group 3**

## **MLE Forum**

- What did you hear that this group thinks is critically important for the association in making this decision?
  - More no's than yes's – more time was common theme
  - Association seems to be split – no consensus
  - Workplace has lots of change – want to know how it will change them – resistant to change
  - Lots of the decision will be from the University perspective, not clients or clinicians – limited discussion about employers and employees; no workforce analysis at this time
  - Will this change increase the profession as a whole?
  - Lots of comparisons with other professions but the employer aspect is missing from the thought process.
  - Employer focus on MT-BC, not educational degree awarded
  - Market is largely undeveloped – this could be very good or very limiting to a developmentally “young” profession
  - Levels of practice of PTA/COTA; phasing out the LPN level for nursing
  - Is the employer happy with the quality of service, but the level of service is not what music therapists expect from fellow therapists. Over time, would we be able to increase the employer expectation of what a music therapist should and will be able to do?
  - There is a huge variation in therapists – entry-level and practiced.
  - Diversity of cultures when going national – concerns about not going about this change too quickly and taking lots of care to develop a plan

- What are the top three benefits?

- The timeline – having a plan that is well developed
- Respect for having the degree in the workforce – the ability to articulate what we do to interested parties in a way that makes sense of other professionals – want research on whether this is a prevalent perception – Anecdotal experience that this is happening; geographical differences; This is a possibility not a given benefit...Differences between populations and settings – ability to address advanced needs of the clients???? Specialization comes up lots in all discussions
- Opportunity to specialization – some Universities have specialization tracks in place already in the Master's degree –
- STRONG Feelings about keeping the Bachelor's Level in Music Therapy – Where will people get the foundation in music and MUSIC THERAPY (Some variation in opinion) – lots of discussion
- Clear need for competencies to enter the program – use of deficiency/competency coursework to meet the prerequisite competencies
- Task is to determine how do we determine competence? What is the clinical training model??

- What are the top three challenges?

- Financial burden
- Lack of diversity within population of music therapists – predominantly white, middle-class students in programs – students not being able to pass due to not having lessons outside of the school model?

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

# The Threes

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

# Group 4

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

## Benefits:

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

## Challenges:

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

# The Ronna/Donna Show

## Group 5

**Ronna Kaplan, Facilitator**

**Beth McLaughlin**

**Michael Rohrbacher**

**Beth Schwartz**

**Bonnie Jean Barczak**

**Diane Knight**

**Grethcen Chardos-Benner**

**Lori Gooding**

**Linda Wright Bower**

**Donna Polen, Scribe**



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

Quality of service; effect on clients

Depth and breadth of knowledge that is ever-growing for undergraduate study

Take time for process to be thoughtful

There are things that can be done while en route to thought-out plan

Effect on workforce and Size of workforce

Maintaining momentum while undergoing change while still providing services

Economy and what it will bear

Legislative bodies; differences from state to state; regulatory and health-care trends, and accreditation

Effect on students

Impact on internship programs

Impact on membership

Pre-req skills for both undergraduate and graduate level students (musicianship, social skills, writing, etc.)

Retention: faculty, students, clinicians

Need for more information gathering and analysis

Vision vs details on how to grab the gold ring

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

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

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

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

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

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

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

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

# Group 6 Thoughts

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

# MLE Educators and Internship Directors Forum

GROUP 7

Beth York, Facilitator

Angie Snell, Scribe

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

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

## 2. What are the top 3 benefits?

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



# What are the top 3 challenges

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

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

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

## MLE Forum - Group 8 Responses

What is Critically Important?

- Paradigm Shift - a shift in how we think about who we are and what we do. This is a process for us to be who we envision ourselves to be. Who do we want to be in 10-20 years?

- We need maturity in our field for clinicians - especially when working with populations with more intense needs.

- How does this change move the profession forward? Does it?- We are different than other professions. we'll be different in how we move forward. We can't afford to lose clinicians. But if we don't change we'll be in trouble down the line as an Allied Health Profession.- We need to do what is best for our clients.

## Top Benefits

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

## Top Three Challenges

- We need to define our path to reach our full potential, but we need to get out of the box
- Any MLE must be tied into Licensure Laws
- Are we inadvertently discriminating against those for whom advanced degrees are a challenge.

# **Group 9**

## **MLE Forum**

# Important Themes

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



# Top Benefits

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

# Top Challenges

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

# Group Ideas

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

# Possible Models

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

# AMTA

# Master's discussion

Group 10:

Facilitator – Lalene Kay

Scribe – Chris Korb

8 participants

# What we heard

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

# (Cont.)

- Reimbursement issues about
- Licensure

## ● **Top 3 Benefits**

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



# Challenges

GROUP CONSENSUS.....?!?!?

DETERMINING FUTURE  
CURRICULUM

INTERNSHIP ISSUES