

MLE Comments from 2018 Regional Conferences: A Brief Report

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Question: What would you like the Board to consider regarding MLE?

Method & Rationale

Interpretivist Paradigm Inappropriate

- Participants were not asked to state their opinion on a potential move to MLE. Nor were they asked questions related to why or how, which would have made an interpretivist paradigm appropriate.
- Comments were mostly written by note takers and member checking was not possible as we do not know who made each comment.
- Trustworthiness with participants was not possible as we do not have data concerning who made each comment.
- Unless explicitly stated (this was rare), we cannot interpret a "yes" or "no" for MLE without seeking feedback from participants. We are limited by the question that was asked, the data collected, and the way data were collected.
- Some participants noted they supported MLE but stated negative aspects of MLE, and vice-versa.
- The comments were not standardized – some comments were long and multifaceted; others were short; some were direct while some were vague. Note takers in each region were different and used different approaches (see GLR, who had two note takers).
- Some comments did not make sense without context or follow-up questioning.
- Some comments were based on incorrect information.

Objectivist Paradigm with Descriptive Approach Chosen

- Objectivist paradigm is not perfect but a better fit given the method and data.

- Given the question, limitations of the method for data collection, and data, analyzing comments by categories was the most appropriate way to analyze these data.
- Considering the question was WHAT, a descriptive approach was most appropriate.
- Themes tend to imply interpretation (i.e., interpretivist paradigm). Our approach was descriptive, so we refer to results as "categories" and "subcategories."

Limitations (purposely presented before results)

- The question: What would you like the Board to consider concerning MLE?
- Note takers could have interpreted what participants said in a variety of ways. For example, GLR had two note takers and some of these notes differed. Interpretation is difficult, especially with multiple interpretations. Essentially, categorizing comments was similar to wearing two pairs of glasses as we were interpreting what note takers interpreted.
- All data were equal. Unless explicitly stated, we were unable to know if the participant was a student or program director. All voices were important, but limitations of data existed due to experiences, biases, and lenses.
- We avoided directionality (i.e., "yes" or "no" to MLE) as this was often difficult to interpret, especially without that question being specifically asked of participants, and without member checking or trustworthiness. Sometimes directionality was explicit, while other times it was more implicit. Please remember that the Board did not ask members about directionality.
- There was considerable variance within how comments were submitted: Note takers were used in some cases while others were written comments.
- Some participants talked/wrote a lot while others talked/wrote a little.
- Sessions had limited time. Therefore, participants may have refrained from making a similar or related comment as another participant.
- As previously noted, some participants explicitly stated their opinions concerning MLE, then stated a concern against their argument. This could indicate open-mindedness and highlights complexity of MLE.
- Some statements were ill-informed (acknowledging not reading the MLE report or incorrect information [i.e., Child Life to MLE]) and some comments were (hopefully inadvertently) insensitive.
- Some comments may have been submitted twice and these were therefore counted twice. For example, some participants made comments that were based from something they had previously written and then stated these comments verbally (and thus these comments were interpreted by a note taker). In some instances, these comments were then submitted via email by the participant to the regional President (the person leading the discussion and note takers sometimes requested that participants submit comments via email as well). These comments would therefore be counted twice. There was no way for us to know about where or when this occurred.

Coding Manual

- We first discussed our worldview, biases, and lenses as a type of epoche. Although this is considered an interpretivist technique, we thought it was appropriate to acknowledge these factors when developing a plan for data analyses.
- A participant is operationally defined as someone who made a comment via talking or submitted a written comment.
- A comment is operationally defined as the totality of what each participant said/wrote.
- Each participant can have comments categorized into multiple categories as some comments are long.
- Each category can only be tallied once per comment.
- It did not matter which statement in the total comment was colored – just that that category has been applied to the comment.
- Our categories were generally consistent with NER, who categorized comments before submitting them to Speaker Snell.

Coding Manual

Categories and Sub-Categories

Accessibility to and Impact on Academic Programs

- What would academic and clinical training entail?
- Closing programs
- Location of school
- Meeting needs of aspiring MTs
- Educators, adjuncts
- PhD level training and number of PhDs
- Number of MA level programs
- Students entering degree programs

Comparison to Other Professions

- Mentioning and/or comparing creative arts or other allied health fields

Compensation and Financial Investment

- Salary, pay, debt, tuition, compensation, reimbursement, waivers, return on investment
- Clients' ability to pay for services

Licensure & State Recognition

- Licensure, state recognition, MT-BC, credentials

Music Therapy Curriculum & Services

- Impact on client services and quality of care
- Evidence-based practice, research, science
- Curriculum full
- Consistency across academic programs

Questions about MLE

- Why? What is the problem?
- Educational model – what would MLE look like?
- Process or procedure and decision making
- Alternatives or suggestions
- Multi-tiered approach/suggestion
- CBMT exam, domains, competencies, pass rates, and cutoff scores issues
- Implementation (timing, grandparenting, unfamiliarity with proposed model or that model would be another committee's responsibility)
- Impact on diversity within music therapy field
- Impact on AMTA membership
- Impact on AMTA's ability for advocacy
- Administrators (Deans, Provosts, etc.) opinions, preferences

Workforce for Access to Services

- Workforce and employment
- Growth of field/profession
- Labor substitutes
- Other fields using music/vacuum
- Impact on job market
- Administrators' expectations and preferences (clinical perspective)

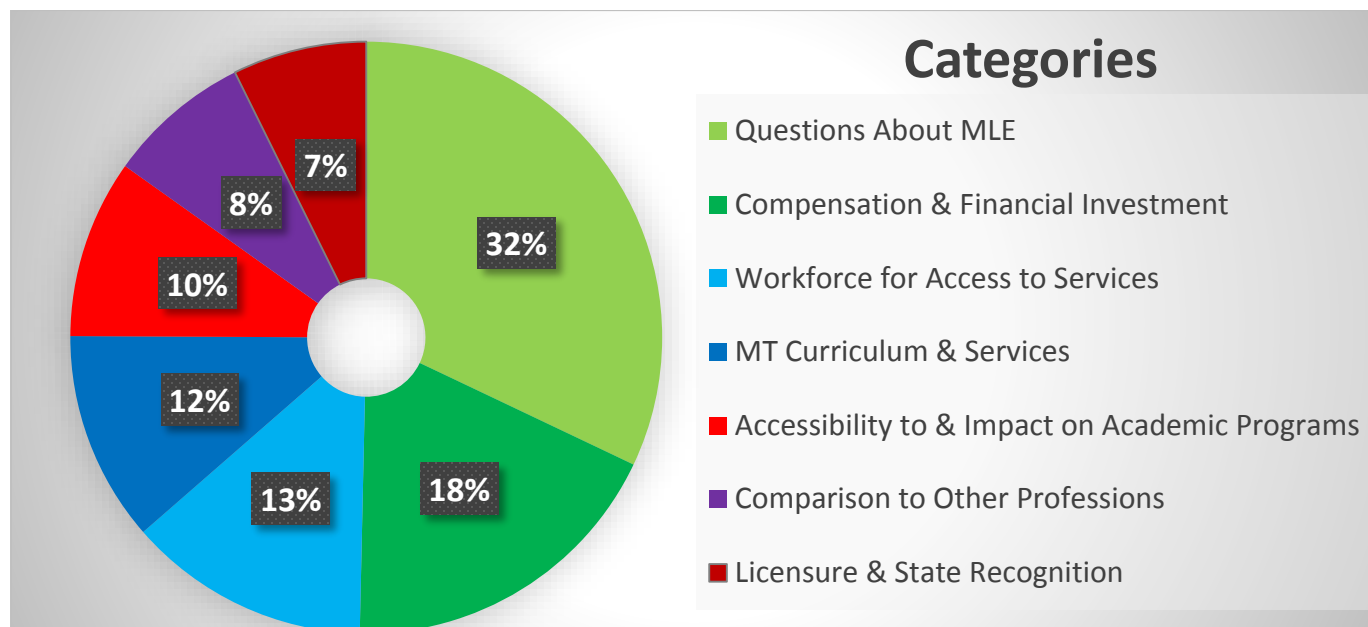
Examples:

Why can't we just do this! (Mastery Level Entry). **Other related-service professionals have master's level entry** (OT, PT, Art Therapists, etc.). Why don't we? This would **raise the bar** for our profession and give us more credibility. Not to mention, going through a master's program is very enriching!

At this time, the detriments to the profession and clients appear to greatly outweigh the benefits. If MLE is adopted, **some MT programs will close**, the numbers of **people entering the profession will be reduced**, **MT pay is unlikely to rise**, and **clients will not necessarily receive better services**. AMTA and CBMT efforts would be better spent on seeking **State Recognition and Licensure**, rather than making it more difficult for new professionals and undergraduate programs.

Results

- 290 participants
- 574 categorizations
- Inter-rater reliability = Agreements / Agreements + Disagreements
 - 491/497; $r = .9879$; 98.79%.
 - Please be aware that we categorized comments from two regions together, so that is why 574 was not part of the equation.
- Due to the nature of the question and comments, our most frequently occurring category was broad.
- Participants' comments concerned:
 - Questions about MLE ($N = 184$; 32.06%)
 - Compensation and Financial Investment ($N = 105$; 18.29%)
 - Workforce for Access to Services ($N = 76$; 13.24%)
 - Music Therapy Curriculum and Services ($N = 66$; 11.49%)
 - Accessibility to and Impact on Academic Programs ($N = 56$; 9.76%)
 - Comparison to Other Professions ($N = 45$; 7.84%)
 - Licensure and State Recognition ($N = 42$; 7.32%)



Recommendations for the Board to Consider while Exploring MLE Based from Comments

Regardless of MLE outcome, a set of recommendations is advised. Participants had many questions and seem to be eager for information, change of some sort, to make the field stronger, and to work toward AMTA's mission.

- Participants had a great deal of questions the "HOW" or what MT education would look like. The way that the MLE question has organically evolved has been difficult, nonlinear, and full of appropriate questions. If MLE is to happen, then it seems that a concrete model needs to come first – or at least be presented in a hard fashion. Although it seems appropriate that IF comes before HOW, so many comments/questions concerned HOW. However, if we did have a concrete model, people would still likely question or argue against it, but there would be a concrete model and the HOW would not be as much of a central issue.
- Participants noted a lack of consistency between educational programs. One way to potentially address this concern is through the competencies or domains and routine program evaluation by APAC. It seems that there needs to be alignment between domains and APAC, not competencies and APAC. We suggest reviewing APAC procedures to ensure competences/domains are being addressed by academic programs. Moreover, we seem to need a single guiding document that is consistent between AMTA programmatic evaluations and knowledge for the CBMT exam. We have already started this work with the competencies task force (kudos).
- Participants recognized that MLE would impact the number of MTs and reduce the size of the workforce and access to services. This reduction would decrease membership, which would negatively impact AMTA services. Approximately 40% of current MTs have a MA degree (although some of these degrees are not in MT). Therefore, how would a reduced membership and workforce sustain AMTA's ability to provide services for members? How might members be impacted if AMTA scales back their services for members?
- Due to the high frequency of participant comments related to Compensation and Financial Investment, we suggest predicting student debt and earning potential.
- Participants noted the accessibility of MT schools for potential workforce. We have access to data concerning (public and private, undergraduate and graduate) MT schools across the United States.
- As participants mentioned licensure and state recognition, we suggest a brief report concerning potential impact of or relationships between licensure and MLE is warranted.
- MLE is a polarizing issue and people are passionate about the field and profession. We therefore recommend a strength-based approach to identify what we have compared to what we lack. What are AMTA's biggest resources and strengths (besides Andi)? Of all the creative arts therapies, why is MT the largest and most influential? Why are we the envy of the other creative arts therapies?