

CBMT Information for the AMTA MLE Sub-Committee
Executive Summary
June 28, 2017

CBMT was invited to share information about the credentialing process in Music Therapy and CBMT exam data to the Masters Level Entry Subcommittee at their June retreat in Rochester, NY. The information shared was in response to questions raised by the Subcommittee as it considered the question of Masters Level Entry.

The mission of CBMT and the purpose of professional credentialing were discussed to identify the parameters in which CBMT operates and to review the statistical processes used to administer a defensible credentialing program. Additional items discussed were: minimal competence and how the minimal standard has changed over time, exam data that included exam cut scores and passing rates for a ten year period and a histogram of overall university performance of first-time exam candidates for the last ten years, possible influences on current music therapy practice compared with the expected trajectory of educational influence, and the outcome of a cursory comparison of the CBMT Board Certification Domains with the AMTA Professional and Advanced Competencies.

-Mission: The mission of the Certification Board for Music Therapists (CBMT) is to ensure a standard of excellence in the development, implementation and promotion of an accredited certification program for safe and competent music therapy practice, by defining and assessing the body of knowledge that represents current competent practice in the profession of music therapy, by creating and maintaining the music therapy credentialing process, by advocating for recognition of the MT-BC credential and for access to safe and competent practice, and by providing leadership in music therapy credentialing.

-Job Analysis: The foundation of a professional credentialing program is to define the profession being credentialed through the process of a Job Analysis. The critical and essential knowledge, skills and abilities necessary for what is performed on the job for safe and effective practice are identified, and the process is repeated as often as necessary for changes in current practice to be identified and measured. Data regarding knowledge, skills, and abilities is collected by asking current practitioners to complete a detailed survey regarding their actual on-the-job requirements. Examinations are then linked to the defined body of knowledge based on data from the Job Analysis and created to demonstrate a high degree of reliability and validity through psychometrically accepted statistical methods. A minimum cut score or passing point is determined through a statistical process and all forms of the examinations are equated to be sure alternate forms are parallel in construction and content.

-Board Certification Domains: CBMT conducts a Job Analysis study every five years to identify the critical and essential skills necessary for safe and effective music therapy practice. The CBMT Board Certification Domains (BCD) is the product of the Job Analysis, listing the knowledge and skills that were identified through the process. To be included on the BCD listing, responses must meet a threshold of importance and inclusion across the total number of all responses, all geographic regions, and all years of experience.

-Examination Items: Once the knowledge and skills are identified, examinations are developed from the BCD blueprint of importance levels identified through the survey. Old exam items not relative anymore are revised or retired, and new content items are incorporated into the exams after being pre-tested to ensure content validity and reliability.

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-Cut Score: A Cut Score/Passing Point Study is completed with each Job Analysis to identify the number of items that must be scored correctly for a minimally competent practitioner to be able to practice safely and effectively.

As music therapy practice and the job of a music therapist evolves and changes, the certification program evolves and incorporates those changes.

With each Job Analysis in the last 10 years, the standard for the minimally competent music therapist has risen. When cut scores increase, it is an indication that the skills required for the job and the body of knowledge essential for competent practice has increased, requiring a greater amount of information be mastered to demonstrate minimal competence. In the last ten years, the cut score with each new Job Analysis has increased, from 86/130 in 2005, 91/130 in 2010, and 95/130 in 2015. During this time, as cut scores increased, the average first-time candidate pass rates fell. In 2005-2010, an average of 84% passed, in 2010-2015, an average of 79% passed, and from 2015 to the present, an average of 70% passed.

A histogram of the performance of academic program's first-time exam candidates over the last 10 years was provided. No individual program data was shared, only program's first-time exam candidate's average scores. Of programs whose students scored 71% or greater on the exam, rates decreased from 90% in 2005-2010, to 76% in 2010-2015, to 53% in 2015-2017. Of programs whose students scored 70% or less on the exam, percentages increased from 10% in 2005-2010, to 24% in 2010-2015, to 47% in 2015-2017. Students from some programs continue to perform well on the examination, but those numbers have decreased. University programs whose students scored 90% or greater were 43% from 2005-2010, 23% from 2010-2015, and 15% from 2015 to June 2017.

-Education: The influence of education on clinical practice and the expected trajectory for certification exams were outlined.

Education is typically expected to be in the forefront, leading the profession with new ideas and theoretical models. Individuals begin practicing after completing educational programs, and in time, clinical practice evolves.

Certification agencies measure clinical practice at regular time intervals through the Job Analysis, and test according to what was identified as current practice at that point in time.

It was discussed whether that sequence was occurring in the music therapy profession, or if current practice, as influenced by some educational programs, workshops, conferences and institutes, CMTE Specialty Trainings, on the job training and requirements, employer expectations and the development of a personal specialty and further learning, created a situation where what is required for the job of a music therapist may have evolved differently from what is being required in the AMTA Professional and Advanced Competencies. The mission of CBMT and the purpose of professional credentialing was restated which is to measure and test what is performed on the job for safe and effective current music therapy practice.

A cursory review was completed of the BCD and the AMTA Professional and Advanced Competencies which found that the BCD includes not only Professional Competencies, but Advanced Competencies, and items not found in either listing of competencies. This could also be an indication of clinical practice evolving separately from the scope of the Professional

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Competencies. Referencing back to the Job Analysis rules of inclusion for the BCD, MT-BCs with 1-3 years of experience rated all the tasks listed on the BCD as important and essential to the job they perform. In question is how music therapists acquire mastery of the material in the Advanced Competencies and the material not listed in either of the competency listings.

-Summary: In summary, an increased exam cut score is an indication of a higher standard being set for safe and effective music therapy practice, with a greater amount of knowledge required for the demonstration of minimal competence. As cut scores have increased, pass rates have declined. cursory reviews indicate that clinical practice, as identified in the CBMT Board Certification Domains, may not match what is required in the AMTA Professional Competencies. CBMT shared this data at the MLE Sub-Committee's request to aid in the information gathering process as it wrestles with these important recommendations.

A very strong reminder was made to keep in mind how many variables affect this information. There are many possible influences on a candidate's exam success. The following are examples but not an exhaustive list: test anxiety, anxiety because of the MT-BC requirement for employment or other reasons, differences across academic programs and internships, length of time between internships and taking the exam, little experience with multiple choice exams, application and analysis of knowledge vs. memorization, poor study and/or test taking skills, a possible increased amount of information to master, a possible increase in ESL students, which is not tracked, and the possible negative influence of social media.

In addition to assessment through the exam itself, certification programs require applicants to meet certain minimum eligibility criteria to sit for the exam. These requirements are often a combination of education and experience. In general, an education requirement reflects the level at which the required basic knowledge and skills are learned and an experience requirement reflects the amount of time to develop basic professional capabilities. There is variation across certification programs, and within programs across time, because knowledge and skills may be necessary from day one in some fields at some points in time, and may only be developed over time in others. A final reminder stressed the importance of educational programs preparing professionals with mastery of the knowledge and skills needed for the professional practice of music therapy, not only in preparing them with the knowledge and skills needed to take and pass an exam.