

THE CERTIFICATION BOARD FOR MUSIC THERAPISTS

CBMT and Credentialing

AMTA Board of Directors 11/15/2017 AMTA Assembly of Delegates 11/17/2017 AMTA Faculty Forum 11/17/2017



Mission of CBMT

The mission of the Certification Board for Music Therapists 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.

- Define and assess the body of knowledge that represents current competent practice in the profession of music therapy
- Create and maintain the music therapy credentialing process
- Advocate for recognition of the MT-BC credential and for access to safe and competent practice
- Provide leadership in music therapy credentialing



Professional Credentialing

- A professional Job Analysis is periodically conducted and validated to reflect current practice, the critical skills and abilities necessary for safe and effective practice
- The examination is linked to a defined body or knowledge based on the Job Analysis
- The examination demonstrates reliability and validity based on psychometrically accepted statistical methods
- A minimum cut score is adopted using psychometrically accepted statistical methods
- Exams are statistically equated to demonstrate that alternate forms of the exam are parallel in construction and content coverage

CBMT Exam is considered a "high stakes" exam

- Employment is contingent on having the MT-BC
- Licensure is contingent on having the MT-BC
- Must be legally defensible
- Must reflect evidence that the test relates to the work being performed
- CBMT Exam is a professional certification exam, testing what is done on the job as a competent music therapist, it is not an educational end-ofdegree praxis exam



Points for Discussion

- CBMT Exam Cut Score and Pass Rates
- Influence of Education on Music Therapy Practice
- CBMT Board Certification Domains and the AMTA Professional and Advanced Competencies



Practice Analysis and Standard Setting

- Completed every five years to measure current practice in the profession of music therapy
- Measures the tasks essential to the job of a music therapist
- Responses are measured and calculated across the number of overall responses, all geographic regions and all years of practice
- Outcome is the Exam Content Outline/ the Board Certification Domains



Standard Setting/Cut Score

- After current practice is measured, the standard is established for what the minimally competent music therapist needs to attain to be able to practice in a safe and effective manner
- When the cut score rises, it is an indication that the tasks required for the job and the body of knowledge essential for competent practice has increased
- In other words, when the cut score increases, the requirements have increased, the bar to attain certification is higher
- The process is psychometrically calculated through the process of a Cut Score Study facilitated by our testing agency



Passing Point Cut Scores 2005-2017

2005-2010
2010-2015
2015-2017

86/130 91/130 95/130

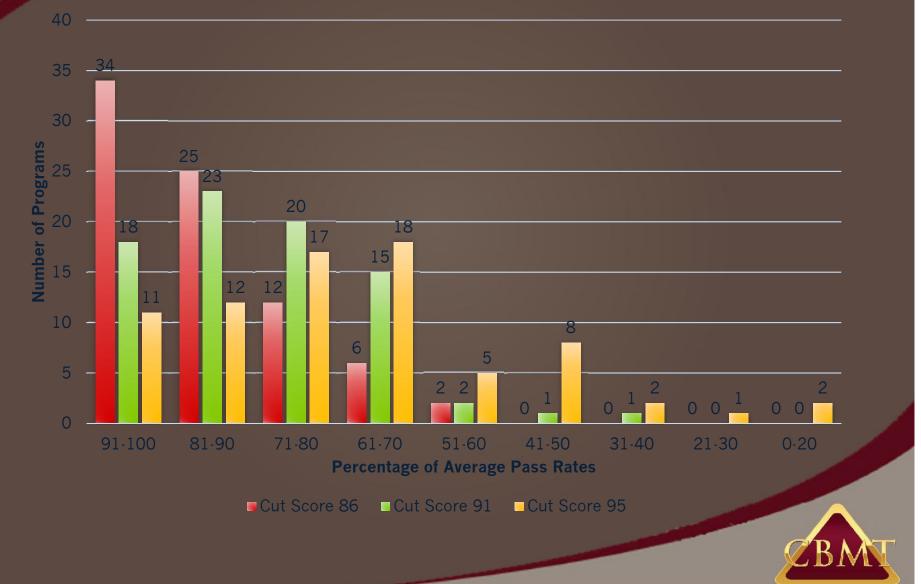


Comparison of Cut Scores with Pass Rates

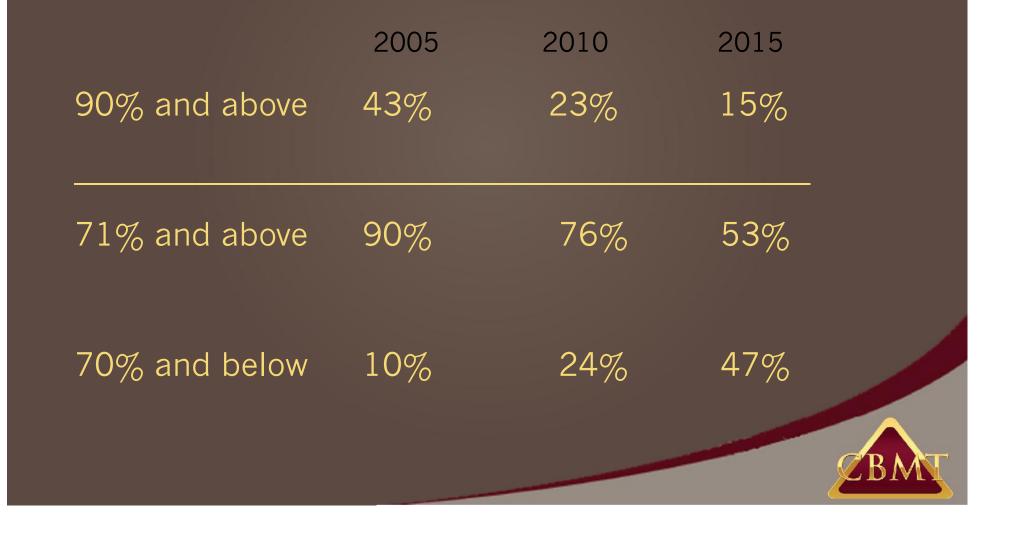
Year	Cut Score	First Time	Overall
2005-2010	86	84%	78%
2010-2015	91	79%	70%
2015-2017	95	70%	59%



University First Time Pass Rates 2005-2017



Percentages of University First Time Pass Rates



Possible Reasons for Declining Rates

- Anxiety because of increased recognition and MT-BC requirement for employment
- Inconsistency across programs and internships and increased amount of information to be covered
- Time between internship and taking the exam
- Little experience with multiple choice exams
- Application and analysis of knowledge vs. memorization
- Poor study skills and /or test taking skills
- Possible increase of ESL Students, which is not tracked
- Social media influence or misinformation

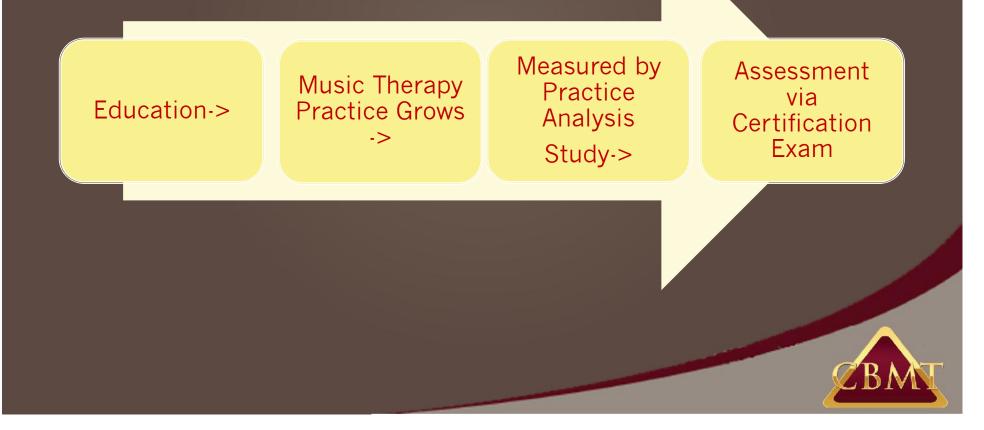


Summary

- Increased cut score is an indication of a higher standard being set for the critical skills and abilities necessary for safe and effective practice, a greater amount of knowledge is required for the demonstration of minimal competence
- As higher standards have been implemented, exam scores have declined



Expected Flow of MT Practice Growth



Education influencing practice?

CBMT data is not currently reflecting that expected flow of events

- Many variables may affect these results, however:
 - Practice Analysis measured the tasks being done on the job
 - Exam is testing competence in those tasks, which has been psychometrically validated
 - Standard is increasing over time set by Practice Analysis and Cut Score Study
 - Many academic program's pass rates are declining over time



Possible Influences on Music Therapy Practice

- Some Educational Programs
- Workshops, Conferences and Institutes
- CMTE Specialty Trainings
- On the job training and requirements
- Development of personal specialty or further learning
- Employer expectations and requirements



BCD compared with the Professional Competencies

- A cursory comparison was completed and items were identified that are listed in the BCD, but not in the Professional Competencies, or are listed in the BCD and also in the Advanced Competencies, or they were only listed in the BCD
- Also identified were more complex skills that were identified through the Practice Analysis and Cut Score Study which would be included in the exam as application and analysis questions



- Some possible areas identified are:
 - Referral
 - develop referral protocol
 - educate staff
 - Assessment
 - understand effects of medical and psychotropic drugs
 - develop assessment tools and procedures
 - evaluate reliability and presence of bias and acknowledge therapist's bias and limitations
 - draw conclusions and make recommendations based on analysis and synthesis of assessment findings



Treatment Planning

- consult clinical and research literature in the planning process
- evaluate the role of music therapy within the overall therapeutic program
- design music therapy experiences based on available research, clinical expertise and needs, values and preferences of the clients
- structure and organize experiences to create therapeutic contour
- design programs to reinforce goals and objectives for outside the music therapy session



Treatment Implementation

- develop the therapeutic relationship by building trust and rapport
- being fully present and authentic
- establishing boundaries and communicating expectations
- providing ongoing knowledge and reflection
- providing a safe and contained environment
- recognizing and managing aspects of one's own feelings and behaviors that affect the therapeutic process
- recognizing and working with transference and countertransference dynamics
- understanding group dynamics and process.



Treatment Implementation

- Provide music therapy experiences to address client's:
 - abuse and trauma
 - anticipatory grief
 - bereavement
 - grief and loss
 - generalization of skills to other settings
 - development of speech and pragmatics of speech
 - neurological and cognitive function
 - pain
 - quality of life
 - self-awareness and insight
 - spirituality
 - wellness



- Recognize how the following theoretical orientations inform music therapy practice: behavioral, cognitive, holistic, humanistic/existential, neuroscience, psychodynamic
- Recognize how the following music therapy treatment approaches and models inform clinical practice: behavioral, culture centered, community music therapy, developmental, humanistic, improvisational, medical, neurological, psychodynamic
- Exercise leadership and/or group management skills
- Facilitate transfer of therapeutic progress into everyday life
- Provide guidance to care givers and staff to sustain and support therapeutic progress



Safety

- recognize and respond to situations where there are clear and present dangers to a client or others
- recognize the potential harm of music experiences and use them with care
- recognize the potential harm of verbal and physical interventions during music experiences and use them with care
- recognize the client populations and health conditions for which music experiences are contraindicated and adapt treatment as indicated



Termination

- Assess potential benefits and detriments of termination
- Provide transitional support and recommendations
- Help client work through feelings about termination
- Address client needs during staffing changes
- Documentation
 - Provide written documentation that demonstrates evidence based outcomes related to addressed goals/interventions



Evaluation

- differentiate between empirical information and therapist's interpretation
- acknowledge therapist's bias and limitations in interpreting information
- respond to signs of distress and limits of client tolerance to treatment.
- Professional Responsibilities
 - supervise staff, volunteers, practicum students or interns
 - practice within scope of education, training and abilities.



Take Home Messages

- Increased cut score is an indication of a higher standard being set for safe and effective practice, with a greater amount of knowledge required for the demonstration of minimal competence
- Education is expected to be the primary influence on music therapy practice
- Consider that the CBMT Board Certification Domains define practice as developing differently than what is required in the AMTA Professional Competencies
- Keep in mind how many variables affect this information

