

A Question of Degree:
Final Report of the Master's Level Entry (MLE) Subcommittee

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Executive Summary

The Master's Level Entry (MLE) Subcommittee was formed by the AMTA Board of Directors in 2012 and charged with exploring a proposed move to master's level entry into the profession of music therapy. Prior to the formation of the Subcommittee, Town Hall Meetings were held at all seven regions of AMTA in the spring of 2012. Comments and questions from members attending the Town Hall Meetings and from officers of AMTA suggested the question of master's level entry needed further exploration. This report reviews events leading up to the formation of the Subcommittee and work done by the MLE Subcommittee since the spring of 2012.

During our process, data from a variety of sources—members, organizations such as the Certification Board for Music Therapists (CBMT) and the National Association of Schools of Music (NASM), other professions, MLE projects, and formal and informal surveys—was collected, reviewed, and analyzed. In this report data and/or findings from the various projects is summarized.

The report is divided into four parts. Part I begins with background information on the events leading to the appointment of the Subcommittee. Early forms of data assisted the Subcommittee in developing a foundation of knowledge from which a definition of a 21st century music therapist was developed, essential components or core values for the profession were articulated, and four premises were identified. These too are in Part I of this report. New information not yet presented to the Board of Directors is also provided and includes a description of the MLE Subcommittee's June 2017 Retreat, a summary of a presentation by the Executive Director of CBMT, and a recommendation for the Board concerning master's level entry.

The AMTA Board of Directors assigned four Charges to the MLE Subcommittee. Part II contains a summary of projects undertaken to address the four Charges. Beginning with the collection of information on the move of other Allied Health professions to master's level entry, and concluding with the survey of Educators and Internship Supervisors, the focus and process of each task, along with findings, is summarized in Part II. Part III is the location of References and the Appendices. Over the years the Subcommittee updated AMTA members of our progress. Updates were given in the power point presentations at regional and national conference sessions, and these presentations are in Part IV.

Our exploration has been long and diverse (see Timeline in Part III). Time was needed to form questions and from those questions to develop a process or format to use to study the question. Information from the Certification Board for Music Therapists, the MLE survey of educators and internship supervisors and Town Hall Meetings indicated there could be benefits moving to master's level entry; however, there could also be challenges. Our work over the years ultimately led to the creation of several Recommendations; the first and main Recommendation concerned master's level entry. The remaining 11 recommendations are presented at the end of

Part II as future considerations. The first Recommendation (presented at the end of Part I) is submitted to the Board of Directors for consideration.

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The Education and Training Advisory Board (ETAB) Background and the MLE Question

The discussion of the Master's degree as the entry level for professional practice actually started within the profession well before 2012. According to Sandness (2011) "The discussion about the master's degree as the entry level to practice . . . has been addressed since the inception of the profession." At the 1989 California Symposium on Music Therapy and Training (Maranto, 1989) discussions focused on identifying which competencies were best learned at the bachelor's or master's levels. In addition, the 1991 Task Force on Levels of Advanced Credentialing recommended different levels of credentialing should be studied and the profession should move to requiring an advanced degree for the credential.

Recent focus on this issue began with the Education and Training Advisory Board (ETAB). While it was not the role, nor the intent, of ETAB to establish policy, ETAB was established as a visionary Board, and according to the AMTA Bylaws ". . . advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training" (2016).

In 2008 ETAB began a thorough review of documents and literature related to the topic of music therapy education. This review resulted in the production of two papers, "Core Considerations" in 2010 and "Moving Forward" in 2011. Both papers were submitted to the Board of Directors and the Assembly of Delegates. The second paper proposed a move to the Master's level as the entry level for the profession.

After reviewing ETAB's work, and based on ETAB's recommendation, the Board of Directors felt Town Hall meetings were needed at the spring 2012 regional conferences. The Town Hall Meetings were used to update members on the MLE proposal and to learn of members' thoughts, ideas, or questions. Town Hall meetings were held at each of the seven regional conferences, and two members of ETAB attended each Town Hall Meeting along with a member from the Board of Directors. Upon completion of the Town Hall meetings, the work of ETAB on master's level entry was complete. At that point responsibility for the exploration of master's level entry moved from ETAB to the AMTA Board of Directors for the purpose of furthering the investigation.

June 2017 Revised Town Hall Meeting Summaries

Background

Town Hall Meetings were held at each regional conference in 2012. The purpose of the Town Hall Meetings was to give regional conference attendees a chance to comment on the proposed move to Master's level as the entry level degree for the profession. Note-takers at each Town Hall Meeting recorded comments/questions presented by members. Both professional music therapists and current students offered comments/questions on the proposed move.

Members of the MLE Subcommittee spent the summer of 2012 categorizing all comments/questions from all Town Hall Meetings. As we worked with transcripts, some categories had far more comments/questions than others. Eventually categories generating similar comments or questions were combined. What emerged were five categories, and in the following pages each category is presented and comments summarized. In 2017 time was taken to clean up language in the summaries, and in an effort to provide more detail, to insert percentages or numerals in places where a non-specific phrase ("some people") was used.

Analysis

The following five summaries represent issues that generated comments at every one of the seven regional conferences as well as comments given by more than one person at each conference. These issues also generated the greatest proportion of comments. As the comments were analyzed one adjustment was made. Some people spoke about two or more topics; therefore, their comments were subdivided and each statement was placed in the appropriate category.

Summary #1 IMPACT ON EDUCATIONAL PROGRAMS

- The focus of comments in this category was the impact of MLE on Educational Programs, the effect on the Bachelor's degree, and the effect on budgets/finances of Educational Programs.
- Together, 50 comments from the 7 regional Town Hall Meetings were offered related to Educational Programs.
- 50% of the comments or questions focused on issues with the undergraduate degree. Several people asked or commented:
 - Will current undergraduate programs be discontinued?
 - If there is no Bachelor's degree in MT what will be the prerequisite for a Master's?
 - The undergraduate program is full and weaknesses or limitations need to be fixed.
- A few people (<10) asked if the current undergraduate programs could be revamped while a few others asked if the current Master's degree programs would need to be revamped.
- Other questions asked were:
 - What is the cost to programs to make this change?

- What is the timeline for making this change?
 - How will music skills be adequately developed?
- Expressing support of the proposal, 4 people said we should be proactive and move forward on the change.
- Confusion regarding the need for a Master's degree to obtain licensure surfaced, and as Judy Simpson, AMTA Director of Government Relations advised, a Master's degree is not required for state licensure.
- One person commented that "it appears to ETAB that only one university would not have the capacity to add a grad program." It is yet to be determined how many campuses with only an undergraduate program could not move to a Master's program.

Summary #2 IMPACT ON STUDENTS AND THE INTERNSHIP

- Comments in this category were directed toward students and clinical training because the internship is a significant period in and a requirement of a student's education.
- The total number of comments produced was 36.
- A number of people (47%) expressed concern about MLE regarding the cost to students in time and money, which could also impact recruiting and retention of students.
- Seven people (19%) focused their comments on logistics related to the internship (when will it be completed, length, readiness of students, etc.).
- Five students felt 6 years would allow time to expand their skills and broaden their knowledge base.
- The remaining few comments were varied and referred to preparation of incoming freshmen or the value of clinical experience gained between earning the undergraduate and the graduate degree.

Summary #3 EMPLOYMENT OR WORKFORCE ISSUES

- A review of Town Hall Meeting comments indicated there was a focus on: employment or workforce issues, issues facing current practicing music therapists, the effect on budgets/finances of agencies where MTs work, and the size of both the clinician and educator workforce.
- When combined, a total of 32 comments were made.
- 25% of these comments focused on job market issues (competition, cost for employers, or qualifications of clinicians).
- 22% of the comments focused on salaries:
 - Concerns were expressed about agencies being able to afford Master's level MTs or wanting to employ Master's level people.
 - Several comments focused on salaries of Bachelor's level and Master's level clinicians, with a few people indicating their salary did not increase with their

Master's degree. Salary differences between states were also mentioned.

- The size of the workforce was an issue (22% of comments).
 - Concerns were expressed about losing MTs when the workforce needed to be increased.
 - Questions were asked about having enough qualified educators.
 - One member speculated we would lose 20% of the workforce around 2020 due to retirement.
- The remaining comments related to clinical practice.
 - 19% of people mentioned they experienced personal growth and success as a Bachelor's level clinician.
 - Another issue mentioned was whether or not clinicians with a Master's degree in another field could be employed as a music therapist.

Summary #4

STATE RECOGNITION AND REIMBURSEMENT

- Comments were made at each regional Town Hall Meeting concerning State Recognition, Reimbursement, and Licensure.
- A common theme was people desired recognition, reimbursement and licensure.
- Several indicated we needed reimbursement while others pointed out MTs may not or are currently not receiving higher rates of reimbursement with a Master's degree.
- Statements by several people focused on obtaining state recognition and/or licensure first before a move to Master's level entry.
- There was some confusion about any relationship between licensure and a Master's degree.
- Judy Simpson provided comments at more than one regional Town Hall Meeting and made several points.
 1. A Master's degree is not required for state licensure.
 2. A Master's degree is not required for reimbursement.
 3. Other professions had state recognition 1st before moving to a post-baccalaureate degree. (From AOTA literature, the move to the post- baccalaureate did not affect their reimbursement because they already had it.)
 4. After state recognition is achieved the demand for services increases.
 5. We cannot include other Creative Arts Therapists in our state recognition work because we are different and serve a wider variety of clients.
 6. We are different from OT, PT, & SLP.
 7. Reimbursement is tied to recognition of the profession and credential.

Summary #5

MODEL – WHAT WOULD A MASTER’S ENTRY PROGRAM LOOK LIKE?

- By far the most comments (56) were in this one category.
- The greatest percentage of comments (25 or 42%) referred to the consideration of a specific model (2-tier, 5-year, creation of MT Assistant) or what model was used by other professions.
- Preparation of students was mentioned by 11 people (20%) and of concern was how the competencies would be covered, when research would be taught and how, how music skills would be developed, or what type(s) of internship would be used among others.
- The Equivalency was mentioned in 12% of the comments and some people suggested eliminating it while others suggested keeping it.
- It was pointed out that currently some Master’s programs allow for specialization, and people questioned if that would continue if the Master’s was the entry level degree.
- A few people remarked that gaining clinical experience was valuable and a growth opportunity for them in lieu of getting a Master’s degree.
- 14% of comments were in support of the proposal and one person was not in support.
- Several asked what other professions have done or are doing to move to a post-Bachelor’s entry into the profession.

Findings: relevant to the Town Hall Meetings

- The Town Hall Meetings were well attended.
- There are issues with the current undergraduate degree program.
- There are concerns about the cost in time and money of obtaining a master’s degree.
- Three workforce issues—the job market, salaries, and the size of the workforce—accounted for almost 75% of comments in this category.
- A graduate degree is not required for state licensure or reimbursement.
- Almost 50% of comments about the model asked what type of education model would be adopted, and members expressed concerns about the preparation of students at both the undergraduate and graduate level.

Formation of MLE Subcommittee and Charges

Based on work of the Education and Training Advisory Board (ETAB), it was recommended that Town Hall meetings take place at the spring 2012 regional conferences. The purpose of the Town Hall meetings was to update members on the MLE proposal, and to learn of members' thoughts, ideas, or questions. Meetings were held at each of the seven regional conferences, and two members of ETAB along with a member from the Board of Directors attended. Conference attendees asked questions or voiced concerns regarding various issues. Notes of the questions and comments were taken and transcribed.

In April of 2012 Cynthia Briggs and Jim Borling of ETAB were invited to attend a portion of the Mid-Year meeting of the AMTA Board of Directors. A productive discussion took place, at which perceptions from the Town Hall Meetings were shared. Sensing the need to continue to investigate the question of MLE, the Board formed a subcommittee specifically for the purpose of furthering the exploration of the proposed move to Master's Level Entry for the profession.

It was agreed that then AMTA President Mary Ellen Wylie would serve as Chair, and that the Master's Level Entry (MLE) Subcommittee would consist of four additional Board members; one Assembly representative selected by the four Assembly delegates to the Board; two ETAB members selected by ETAB; and the Director of Professional Programs for AMTA. Subsequent to the Mid-Year meeting the Board approved the members of the subcommittee, who were: Mary Ellen Wylie, Amy Furman, Bryan Hunter, Ronna Kaplan, Christine Neugebauer, Angie Snell, Jim Borling, Cynthia Briggs, and Jane Creagan.

A student representative, Marcus Hughes, was appointed to the subcommittee in the summer of 2013, and the MLE expanded again with the addition of four members, Ron Borczon, Michelle Hairston, Ed Kahler, and Eve Montague in 2015. The increase in subcommittee membership allowed for representation of students and of each of the seven regions. Additionally, two of the new members brought representation as an experienced administrator and as a person experienced in community music therapy programs.

Once the original nine-member MLE Subcommittee was established, the group was given four Charges. Based primarily on membership feedback, along with questions and concerns from officers of AMTA, the MLE charges were:

1. Analyze the data accrued to date: including (but not necessarily limited to) the Town Hall meeting responses, CBMT response, NASM response, and website inquiries;
2. Delineate additional questions and information needed for the association to make a fully informed decision;
3. Develop a plan to answer the questions and obtain the information needed; and
4. Make a recommendation for events at the 2012 conference related to MLE.

Guiding Principles

The two papers produced by ETAB prior to 2012 (“Core Considerations” and “Moving Forward”) introduced the idea of master’s level entry and provided information on various aspects of the proposed change. After reviewing the papers, Sam Hope, Executive Director of the National Association of Schools of Music (NASM), sent a letter to AMTA leadership offering his perspective and advice regarding master’s level entry for the profession of music therapy. In the letter he recommended AMTA create a list of about 10 conditions “. . . that the music therapy profession absolutely must maintain to sustain and develop . . .”

At a summer meeting of the MLE in 2013 time was taken to develop a list of conditions, labeled **Essential Components** for the profession to “sustain and develop.” In formulating the Eight Components below, the Subcommittee considered comments made at the Town Hall Meetings and at the Educators and Internship Directors’ Forum. The eight Essential Components needed were:

1. A sufficient number of qualified music therapists to meet the demand in all areas—healthcare, services for the elderly, education, and rehabilitation.
2. Clinical training programs that meet the needs of diverse students. We recognized students with a variety of backgrounds and of various ages will be in clinical training and educational programs.
3. Educational programs that meet the needs of diverse students.
4. An integrated and autonomous relationship with CBMT.
5. Professionals with functional music skills and knowledge of music.
6. Professionals trained in critical thinking, problem solving, active listening, reasoning, communication, counseling skills and social perceptiveness. These are advanced clinical skills identified in the literature.
7. Education and clinical training defined by competencies that are consistent with current and emerging models and practices in education, treatment, and rehabilitation.
8. Consideration given to levels of practice and specializations in music therapy practice.

In the course of examining these Essential Components, the Subcommittee began to ask, “What do we expect of a trained music therapist?” The education and training of music therapists was mentioned often at the Town Hall Meetings, and a frequent comment was that the skill development of interns was quite varied. The Subcommittee determined it was necessary to create a definition of a 21st century music therapist. The 21st century music therapist needs:

1. To possess excellent musicianship on their applied (primary) instrument, on functional instruments, and has knowledge of music.
2. To be trained to use the elements of music to assess (systematic vs. random process) and, based on assessed need, treat using the elements of music.
3. To be able to use the therapeutic process or possess the therapeutic skills of self-awareness, the ability to translate and apply research to clinical practice, to have empathic understanding of the clinical milieu, to have an integrative understanding of the therapeutic process, and be an integral team member.

Members of the Subcommittee identified the importance of these abilities, as did the people offering comments at the MLE presentations and at the Town Hall Meetings. After creating the Essential Components and the definition of a 21st century music therapist, these were used as guideposts as various tasks were undertaken.

For example, the Town Hall Meeting comments, website inquiries, the Educators and Internship Directors Forum materials and NASM commentary suggested an examination of educational models was an important task. The definition of a 21st century music therapist and the list of Essential Components were periodically referenced during the investigation of education models.

During a face-to-face meeting in 2013 the Subcommittee realized certain principles were important to the Subcommittee's discussions, and those principles developed into Four Premises that also guided the Subcommittee's work:

1. The body of knowledge for entry level professional competency continues to grow and create concern for adequate training of future music therapists within the undergraduate curriculum.
2. A move to requiring Master Level studies is a paradigm shift that reaffirms the profession's dedication to the needs and welfare of those needing music therapy today and into the future.
3. This paradigm shift is rooted in quality service delivery for diverse and growing client needs and evidence-based practice.
4. Given the powerful nature of assessing and treating human conditions with the music medium, and the high expectations required of entry-level music therapists' musicianship, the ability to manipulate music elements must grow to meet the 21st century needs of clients.

Description of the MLE Retreat

By the fall of 2016 the MLE Subcommittee had explored and completed several projects. Subcommittee members thought a face-to-face meeting was needed to synthesize survey data with data from other projects. Past face-to-face meetings of the Subcommittee were productive, allowing for in-depth discussion and small group work. The Subcommittee believed it was time to begin to summarize information collected and work on a final report. June 27-30 were the dates selected, and the location was Rochester, NY. Nazareth College and Dr. Bryan Hunter were excellent hosts, providing meeting space and financial resources to support the work of the Subcommittee. All members of the Subcommittee attended except for Michelle Hairston, who had a conflict. Lori Gooding, Immediate Past President of the Southeastern Region, was asked to substitute for Michelle, and she was appointed by the AMTA Board to do so. Amber Weldon-Stephens, AMTA President-Elect and liaison with the Board of Directors, served as our note-taker.

One purpose of the retreat was to present summaries and/or findings of information we had gathered or discovered as we worked on several tasks to fulfill our Charges. Another aim of the retreat was to generate one or more recommendations for the Board of Directors, and the last purpose was to create specific sections of a summary report to be presented to the Board. The retreat began at 4:00 pm on June 27 and concluded at 11:30 am on June 30th. We worked throughout the days and in the evenings. At times we worked in small groups to produce paragraphs or summarize work, or we met as a whole group for discussion. One formal presentation was given to the Subcommittee Wednesday morning by CBMT Executive Director Joy Schneck. A summary of Joy Schneck's presentation is presented in Part I as is the Subcommittee's Recommendation #1, accompanied by the vote totals cast by Subcommittee members and rationale statements for a "yes" vote and for a "no" vote.

Prior to the Retreat each Subcommittee member had volunteered to work with 1-2 other members on one or more of the Collected Questions (formerly referred to as Not Yet Investigated questions) we compiled. During the Retreat each team updated fellow Subcommittee members on their progress. In addition, time was spent on reviewing and reflecting on what we learned over the years and how to share information with members. Draft summaries of work on Charges #1 and #4 created before the Retreat were reviewed and discussed. Time was also spent on creating recommendations, and the 1st and main recommendation was passed on to the Board of Directors afterward. The remaining 11 recommendations are presented as future considerations at the end of Part II.

CBMT Presentation Summary

While compiling information for the Decision Analysis Model, members of the Pro Bono Workgroup contacted the Certification Board for Music Therapists (CBMT) seeking information regarding pass rates on the board certification exam. Due to that inquiry, Joy Schneck, CBMT Executive Director, joined the MLE Subcommittee Retreat in Rochester, NY on June 28, 2017 to review further CBMT data relevant to credentialing questions raised by the Subcommittee. The presentation began with a summary of the mission of CBMT and a definition of professional credentialing. In addition, the presentation included exam cut scores and pass rates over the past 10 years, discussion of the influence of music therapy education on music therapy practice, and differences between CBMT Board Certification Domains and the AMTA Professional and Advanced Competencies.

Executive Director Schneck explained that after current practice is measured every five years with the Practice Analysis survey, a standard is established in the test cut score which determines what the minimally competent music therapist needs to attain in order to practice in a safe and effective manner. When the cut score rises it is an indication that the body of knowledge, skills, and abilities required for minimally competent practice has increased. Thus, an increase in cut scores indicates a raising of the standard for minimally competent practice. The entire process is facilitated by PSI/AMP (owned by PSI Services LLC) and conducted under industry accepted standards and procedures. Psychometrically accepted statistical methods are used to create a high degree of test reliability and validity. A statistical process is also used to determine the minimum cut score.

Over the last 10 years the passing point cut scores have risen accordingly: in 2005-2010 the score was 86, in 2010-2015 it was 91, and in 2015-2017 it was 95. In the same timeframe, the percentage of first time test-takers passing the exam has fallen accordingly: 2005-2010--84%, 2010-2015--79%, and 2015-2017--70% (second quarter).

When the average pass rates of educational programs are compared across time, there are notable differences. In 2005 43% of the educational programs had average pass rates for first time test takers at 90% and above. In contrast, in 2015 only 15% of the educational programs had an average pass rate at 90% or above. In 2005 only 10% of the educational programs had an average pass rate of 70% or below, but in 2015 47% of the educational programs were at 70% and below. From 2005-2015 the average school pass rates in the high and low categories have, in essence, flipped places.

Joy suggested that possible reasons (based on anecdotal reports) for the declining rate of passing test scores may include inconsistencies across programs and internships, anxiety about the MT-BC requirement for employment, time between internship and taking the exam, limited experience with multiple choice exams, application and analysis of knowledge vs. memorization, poor study skills and/or test taking skills, and possible increase of ESL students.

The Executive Director also explained that in the arena of credentialing it is expected that education drives clinical practice and moves it forward. The CBMT data does not reflect the realization of that expectation. While music therapy clinical practice is advancing, as reflected in

the practice analyses and increased cut scores; the change is not being driven by music therapy education as indicated in the declining pass rates. She also noted that the current Board Certification Domains (updated after each practice analysis) contain items currently assessed in the exam which do not appear in the AMTA Professional competencies or are in the Advanced competencies—another potential cause for declining passing rates.

In sum, music therapy clinical practice has advanced over the past ten years, as evidenced by the increase in exam cut scores, reflecting the need for greater knowledge for minimally competent practice. As cut scores have increased, pass rates have declined. The advancement in clinical practice is not being driven by music therapy education as would be expected. Further evidence of clinical practice advancement is found in Board Certification Domain items (currently being tested on the exam) which do not appear in AMTA Professional Competencies or are in the Advanced Competencies.

Recommendation #1

A motion was made by Mary Ellen Wylie that the following be sent to the Board of Directors:

The MLE Subcommittee recommends to the AMTA Board of Directors that we transition to Master's Level entry into the profession by 2030. The motion passed with 8 yes votes and 6 no votes, June 29, 2017, 2:49 pm.

The members of the Subcommittee agreed that additional statements or rationale for voting either yes or no should be provided.

Reasons for a “yes” vote:

The items below summarize the rationale for voting “yes” to move to Masters Level Entry for the music therapy profession. Individual reasons are in bold and explanatory information accompanies each rationale statement.

1. **The 4 Premises¹ and the definition of a 21st century music therapist² developed and unanimously adopted by the MLE Subcommittee in 2014 align with the AMTA Mission to provide quality services to our clients in an ever-changing world.**
 - The overarching concern is with regard to the QUALITY of music therapy services as reflected in the preparation of music therapists to meet the needs of their clients.
2. **CBMT data reveals significant problems in the preparation of music therapists. Test data indicate that the body of knowledge needed to prepare music therapists to provide minimally competent services for our clients has grown, and may possibly be beyond what can be reasonably taught in four years.**
 - In 2008 it was reported that between 1985 and 2008 the complexity of the CBMT Scope of Practice had increased resulting in a 513% increase in the number of Scope of Practice items since the first exam was given.
 - The exam cut score, which reflects the body of knowledge needed for practice, has risen from 86 in 2005 to 95 in 2015.
 - As the cut scores have increased, the pass rate percentage of first time test-takers has significantly decreased from 84% in 2005 to the current 70% in 2017, a decline of 14% over the past decade.
3. **CBMT data urgently suggests a review is needed regarding the lack of consistency across academic programs with regard to student performance on the exam.**
 - There are 80 schools offering undergraduate or graduate degrees along with equivalency training. CBMT has tracked the average passing score of students by campus.
 - In 2005, 43% of educational programs had an average passing score of 90% or above.
 - In contrast, in 2015 only 15% of the educational programs had an average pass rate at 90% or above. In 2005 only 10% of the educational programs had an average pass rate of 70% or below, but in 2015 47% of the educational programs were at 70% and below.

4. Both CBMT and AMTA believe education should lead or guide clinical practice; however, CBMT data suggest that is not the case.

- Clinical practice is advancing as evidenced in the practice analyses and rising cut scores.
- Failure of education to lead the change is reflected in the falling pass rates, and by the fact that some items in the current, BC Domains, which are being tested, are not in the AMTA Professional Competencies, and it is not yet known if they are in the Advanced Competencies
- This group assumes that a new AMTA-approved integrated model of bachelor's/master's education that provides a greater depth of knowledge and skill preparation may help correct this process.

5. Concerns regarding the increased body of knowledge referenced in number 2 above were also reflected in the surveys of Educators and Internship Supervisors and in other sources.

- 62% of Program Directors (PD) and 69% of Fulltime Faculty (FF) Members agreed/strongly agreed with the statement from the survey "I am concerned about the amount of content (music, music therapy, related subjects, general education, etc.) students need to learn during their course of study within my institution's music therapy curriculum." Fifty-seven percent of PDs and 46% of FFs agreed/strongly agreed with the statement "... there is sufficient time in the undergraduate program to teach the current body of music therapy knowledge required for the AMTA Professional Competencies." However, when PD and FF numbers were combined, 58 educators agreed/strongly agreed there is enough time to teach the undergraduate body of knowledge compared to 51 educators who disagreed/strongly disagreed with the statement.
- The current requirement of teaching an increased body of knowledge in four years is exacerbated by the national pressure in higher education to move the total credits for a bachelor's degree back to 120 credits. Program directors responding to the survey of educators and internship supervisors indicated the average number of credits in their bachelor's degree was 121. The days of having an extra 10 or more credits in the music therapy degree are waning, if not gone.
- To complicate the issue further, anecdotal reports from the MLE retreat suggest that music departments are seeing an increasing number of students that are not as prepared to study music at the collegiate level as in previous times. A report given recently at a professional collegiate music meeting suggests the same (Harding, 2017).³

6. Survey responses suggest there are benefits to acquiring a master's level education.

- Over half of internship supervisors (60% National Roster and 56% University Affiliated) indicated they had observed differences between interns at the Bachelor's /Equivalency only and the interns at the Equivalency/Master's level.
- Written comments that accompanied the question of differences between undergraduate and graduate level students indicted differences in 12 categories. Nine of those categories identified Equivalency/Master's students as displaying more

- advancement in some area or skill. The 5 more advanced categories with the greatest number of responses were:
- 1) emotional maturity and/or life experience (56 responses)
 - 2) a deeper understanding of concepts, applications, and/or theory behind therapeutic interventions (24 responses)
 - 3) more competent musically and/or shows more musicianship (13 responses)
 - 4) better self-awareness and/or awareness of their environment/client (10 responses)
 - 5) more professionalism (9 responses)
- The assumption of this group is that consistent standards of education and clinical training along with attention to the knowledge required for the job are best achieved by an integrated, AMTA-approved bachelor's–master's program.

7. Support for MLE was reflected in responses to survey questions presented to educators and internship supervisors.

- Responding to the question “Do you support the MLE?” 46% of Program Directors and 53% of Fulltime Faculty said yes. The percentage of internship supervisors indicating yes was 50% of National Roster and 69% of University Affiliated Supervisors.
- Educators and Internship Supervisors in support of a move to MLE were asked to rank 12 prepared statements that gave reasons for supporting MLE. Rankings of the combined 4 groups responding to the survey revealed the top 3 reasons to be:
 - 1) Moving the profession to MLE has the potential to produce higher quality music therapists.
 - 2) Obtaining a 48-60 hours Master's degree is consistent with the requirement of related allied health fields.
 - 3) MLE may allow for a greater depth of clinical skills that will benefit the clients.

8. Excellent musicianship on primary and functional instruments (foundational to the profession) is the first item of the definition of a 21st century music therapist.

- While students are still required to study their primary instrument (an average of 6 semesters), only 17 programs still require a senior recital.
- Regarding functional skills, both educators and internship supervisors gave a mean rating of 3.2 on a scale from 1 to 5. Although there is some debate on the meaning of the word “average” (the adjective connected to 3), it is certainly not “excellent.”
- The assumption of this group is that a move to an AMTA-approved bachelor's–master's model will enhance musicianship.

9. Rankings from the Pro Bono Decision Model demonstrated the importance of clinical skills competency and music skills competency.

- The goal of the Decision Model process was “to ensure that credentialed music therapy professionals are skilled musicians and competent clinicians with the required theoretical understanding to apply music therapy to the best benefit of the client . . .” (See Part III, Appendix E, Pro Bono Decision Model report, p.4).
- Over about a year, 8 features or characteristics related to music therapy education were identified and discussed by the 5-member workgroup; the top ranked

characteristics were clinical skills competency ranked first, followed by music skills competency ranked second.

- The 8 characteristics were weighted producing a final score, with final scores being based solely on input and the votes of the five music therapy members of the work group. The score for master's level entry was 71 and the score for bachelor's level entry was 56. In this method the alternative with a higher score suggests it is the alternative more preferred.
- It is assumed by this group that a new AMTA-approved integrated model of bachelor's-master's education, such as the one proposed by the MLE Subcommittee, would provide additional time for both clinical skills and music skills development. From the surveys 52% of the educators and 71% of the internship supervisors agreed/strongly agreed that the proposed model is viable.

10. It is assumed by this group that if MLE were to move forward, with an 8 to 10-year implementation time frame, there would be enough openings in masters' programs to accommodate students seeking entry into the field.

- Projections were made using CBMT data on first time test takers. The assumption was that students would continue seeking entry to the field even with the extended time of study.
- It was not assumed there would be a large growth in the number of masters' programs, but data supports the expectation of some growth. In the survey 19 schools indicated they had master's programs in development. In addition, 80% of the schools without master's programs indicated it was likely/very likely that they would develop a program if MLE moved forward.

¹ The Four Premises developed in 2014.

1. The body of knowledge for entry level professional competency continues to grow and create concern for adequate training of future music therapists within the undergraduate curriculum,
2. A move to requiring Master Level studies is a paradigm shift that reaffirms the profession's dedication to the needs and welfare of those needing music therapy today and into the future,
3. This paradigm shift is rooted in quality service delivery for diverse and growing client needs and evidence-based practice,
4. Given the powerful nature of assessing and treating human conditions with the music medium, high expectations required of entry-level music therapists' musicianship and agile manipulation of music elements must grow to meet the 21st Century needs of clients.

² A 21st century music therapist---

1. Possesses excellent musicianship on their applied (primary) instrument, on functional instruments, and has knowledge of music
2. Is trained to use the elements of music to assess (systematic vs. random process) and, based on assessed need, treat using the elements of music
3. Is able to use the therapeutic process or possesses therapeutic skills of: self-awareness, the ability to translate and apply research to clinical practice, has empathic understanding of the clinical milieu, has an integrative understanding of the therapeutic process, and can be an integral team member.

³ Presentation given by Dr. Taylor Harding, Dean of the School of Music, University of South Carolina, at the New York Association of College Music Programs annual conference, September 9, 2017, NY.

Reasons for “no” vote

The items below summarize the rationale for not moving to Master’s Level Entry for the music therapy profession. Individual reasons are in bold and explanatory information accompanies each rationale statement.

Exploration of the feasibility of a move to MLE revealed numerous issues facing the profession. However, there is no indication that these issues require MLE for resolution. Furthermore, a move to MLE has the potential to negatively impact client service provision and access; student training; and the financial stability of students, academic programs and the AMTA. We offer the following considerations:

1. Lack of clear consensus favoring a move to MLE

- Officials from NASM stated we need a clear “reason” or purpose for a move and “consensus” within the profession.
- A mandate for MLE has not been demonstrated, as evidenced by numerous comments from regional Town Hall meetings over several years, inconclusive responses to survey questions including question # 24, “Do you support a move to MLE” (Academic Program Directors responded with 46% yes, 32% no and 22% unsure), and the 8 yes/ 6 no split vote of the MLE Subcommittee.

2. A move to MLE does not address existing concerns in student training or CBMT pass rates

- Proponents of a move to MLE cite concerns with musicianship, clinical skills and the amount of curriculum to be taught. However, data from the Educator and Internship Supervisor Surveys do not support these concerns. If these are indeed issues, there is no guarantee that a move to MLE is the solution.
- 80% of music therapy Intern Supervisors rated the quality of interns’ functional musicianship as average or above at the beginning of internship.
- 86% of National Roster and University Affiliated Internship Supervisors characterized interns’ pre-requisite clinical foundation skills (therapeutic applications, principles and relationships) at the beginning of the internship as Average, Good, or Excellent.
- 99.9 % of National Roster and University Affiliated Intern Supervisors agree or strongly agree that the following entry-level skills are developed by the end of internship; professional maturity (e.g., self- awareness, authenticity, & empathy) to interact therapeutically with clients.
- 57% of Program Directors agreed/strongly agreed “. . . there is sufficient time in the undergraduate program to teach the current body of music therapy knowledge required for the AMTA Professional Competencies.”
- Evidence is unclear as to whether a move to MLE will ensure that educators’ clinical skills are current and relevant to 21st century clinical practice.
- Note that of the 4 Premises adopted by the MLE Subcommittee #2 reads: *A move to requiring Master Level studies is a paradigm shift that reaffirms the profession’s dedication to the needs and welfare of those needing music therapy today and into the future.* This premise refers to “masters level studies,” which does not necessarily equate to “masters level entry.”

- Furthermore, according to CBMT Executive Director Joy Schneck, rather than the amount of content being the sole issue, “Possible reasons for the declining rate of passing test scores include inconsistencies across programs and internships, anxiety about the MT-BC requirement for employment, time between internship and taking the exam, limited experience with multiple choice exams, application and analysis of knowledge vs. memorization, poor study skills and/or test taking skills, and possible increase of ESL students.”

3. Lack of access to degree programs in multiple regions

- In looking at the map of graduate programs versus undergraduate programs, one can see that certain geographical areas (6/7 regions) do not have enough graduate programs to effectively service a potential move to a MLE. This is another factor that may impact the number of students choosing to enter the music therapy profession.
- This lack of access may result in students choosing a shorter and less costly educational option after a bachelor’s degree, such as music thanatologists, sound healers or other artists in healthcare.

Education Programs by Region	Bachelor’s Level Programs	Master’s Level programs
NEW ENGLAND REGION	2	2
MID-ATLANTIC REGION	16	12
SOUTHEASTERN REGION	15	7
SOUTHWESTERN REGION	7	2
GREAT LAKES REGION	17	7
MIDWESTERN REGION	9	6
WESTERN REGION	7	3

4. Decreasing the number of MT professionals will reduce client access to services

- In moving to MLE, the cost for a 6-plus year degree may impact the number of students pursuing a music therapy degree, thereby reducing the number of MT professionals and access to quality services for clients. This reduction in service provision goes against the very mission of AMTA.

5. Continued or increased lack of diversity in the profession

- Preliminary data collected on student diversity indicates that music therapy students are predominantly female (~40 UG and 18 GS per program) and white (~ 39 UG per program). These numbers are consistent with 2016 AMTA workforce statistics that show that most music therapists are female (88.6%) and white (89.3%). According to Ferrer (2017), the “lack of gender and ethnic diversity poses challenges when working with such heterogeneous clientele, as the professional body is not reflective of the clients served (para. 3).” The impact of a move to MLE on diversity has yet to be determined.

- With a move to MLE the debt accumulated by many individuals, especially “first generation” students, could further reduce numbers and the diversity in the profession.

6. Potential to negatively impact financial stability of students

- According to 2016 AMTA workforce statistics, the salary mode for those with a bachelor’s degree was \$40,000 while the mode for those with a master’s degree was \$42,000. Based on the chart presented below, this equates to a \$2,000 yearly increase in salary for an additional average increase of \$40,695 in educational costs.

Program	Average In-State	Average Out-of-State	Average Program Cost^{1,2}
Four-year Degree ³	\$37,640	\$95,560	\$52,120
Additional Cost of Two-year MT Master’s	\$37,968	\$48,878	\$40,695
Total Cost: four-year and MT Master’s degrees	\$75,608	\$144,438	\$92,815

7. Lack of administrative support from College and University administrators

- It is assumed moving to MLE may lead to administrative decisions to discontinue programs that no longer lead to employment at the undergraduate level. The letter from former Executive Director of NASM, Samuel Hope, notes “there is general concern at institutional administrative levels about the movement of credential eligibility qualifications from one degree-level to another. Further, these concerns are heightened when the movement from undergraduate to graduate makes local programs more expensive....”
- Actual communication with administrators to ascertain their level of support is still needed.

8. Lack of doctoral programs and/or doctoral level MT faculty needed to sustain graduate level music therapy education programs

- Data from a 2016 music therapy faculty survey (Gooding, 2017) suggest that a sizable number (as many as 36) of music therapy faculty may retire over the next 10 or more years. If the profession moves to MLE, this wave of retirements will coincide with the shift to graduate level programs, which require doctoral prepared music therapists. It is unclear if there will be adequate numbers of doctoral level music therapists to fill faculty vacancies.

¹ The percentage of students paying out-of-state tuition varies among universities, but many universities limit out-of-state students to around 25% of total students.

² According to www.trends.collegeboard.org/college-pricing, at private four year schools few students, if any, pay the advertised tuition (with the exception of international students). The national average discount rate is 57%, meaning students pay, on average, 43 cents per dollar of the advertised tuition rate.

³ <https://bigfuture.collegeboard.org/pay-for-college/college-costs/college-costs-faqs>

- Given the administrations' responses at Michigan State University and University of North Dakota to faculty retirements or faculty moving to other jobs, consideration must be given to the impact of retirements on academic programs.

9. Potential to negatively impact the financial stability of the AMTA

- AMTA is central to the profession, handling academic approval, standards of practice, ethics and serving as the public voice of music therapy. Instead of possibly becoming professional members after a Bachelor's degree, MLE extends the number of years that students are either nonmembers or student members.

10. Licensure and state recognition need to remain at the top of the profession's priority list

Over the past 15 years there has been a trend toward the expansion of states' rights, and this shift has created problems for consumers trying to access music therapy services. State recognition will increase patient access. The current strategy set forth by AMTA and CBMT ties board certification, and not degree completed, to state recognition (CBMT, 2011). The impact of a move to MLE on state recognition and patient access has yet to be determined. <http://www.cbmt.org/advocacy/state-recognition/>

*** Survey Information:**

Music therapy intern supervisors rated the quality of functional musicianship of beginning interns as just over Average (3.18 on a 1.0 to 5.0 scale).

Clinical Skills: 86% of NR and UA internship supervisors characterized interns' pre-requisite clinical foundation skills (therapeutic applications, principles and relationships) at the beginning of the internship as Average, Good, or Excellent.

57% of Program Directors agreed/strongly agreed “. . . there is sufficient time in the undergraduate program to teach the current body of music therapy knowledge required for the AMTA Professional Competencies.”