

Table of Contents and Introduction to Part II

| | |
|--------------------------------------------------------------------------------------|-----------|
| Part I | 1 |
| Part II – 4 Charges to MLE Subcommittee and summary reports of work | 20 |
| A. Charge #1 – Report | 22 |
| B. Charge #2 & Charge #3 – Summary Reports or Findings | |
| 1. Allied Health Professions Comparison | 29 |
| 2. Education Models Evaluation & SWOT Analysis. | 32 |
| 3. Additional Questions Investigated and Answered | |
| a. #1 Caps on enrollment | 36 |
| b. #2 Impact on Teaching Assistants | 38 |
| c. #3 Impact on Current Schools. | 42 |
| d. #4 Retention Rates | 44 |
| e. #5 Internship Model | 47 |
| f. #6 Passage by NASM | 50 |
| g. #7 Problems with Current Bachelor’s Degree | 51 |
| h. #8 Impact of Labor Substitutes | 52 |
| i. #9 Impact on Number of Credentialed Music Therapist | 53 |
| j. #10 Impact on Membership in AMTA | 54 |
| k. #11 Impact on Diversity | 56 |
| l. #12 Costs of Master’s Education. | 59 |
| 4. Pro Bono Decision Analysis Model Summary | 62 |
| 5. Related Literature Annotations | 63 |
| 6. Summaries of the Survey of Educators & Internship Supervisors | |
| a. Summaries of Education and Clinical Training | 68 |
| b. Summaries of Views on Master’s Level Entry | 75 |
| C. Charge #4 – Report | 80 |
| D. Recommendations for Future Consideration | 82 |
| E. Summary and Conclusion | 86 |
| Part III – References, Timeline and Appendices | 87 |
| Part IV – Conference Power Point Presentations (Separate Folder) | |

Introduction to Part II

The focus of Part II is to present responses to the four Charges from the AMTA Board of Directors. The Charges were to:

- 1) Analyze the data accrued to date: including (but not necessarily limited to) the town hall meeting responses, CBMT responses, 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 in #2.
- 4) Make a recommendation for events at the 2012 conference related to MLE (e.g., potential educator/internship director summit/retreat, town hall meeting).

The report for Charge #1 and the report for Charge #4 each begin on their own page. Charge #2 asked for questions and information to be delineated and #3 asked for a plan developed to answer those questions or obtain the information. Over the years the Subcommittee worked to find answers to a variety of questions in order to inform members. With some tasks the Subcommittee needed to identify or gather the information rather than develop a plan to do so. There were 12 questions collected, and the 12 are presented as a group of “Additional Questions Investigated and Answered.” As with Part I, this part will contain some materials previously seen by the Board of Directors along with new information.

When information from a project was more extensive and resulted in a lengthy report, it was decided a summary of that report be included in Part II, and the full report be presented in Part III. Part II concludes with ideas for future considerations and a summary with concluding remarks regarding the question of master’s level entry for the profession.

Report of Charge #1 to MLE Subcommittee

The first Charge from the Board of Directors to the MLE Subcommittee was to *analyze the data accrued to date: including (but not necessarily limited to) the Town Hall meeting responses, CBMT response, NASM response, and website inquiries*. Each element of this Charge will be presented separately. Due to time restrictions only the Town Hall Meeting responses were analyzed and not the website inquiries.

CBMT LETTER

The response of CBMT to the issue of MLE was limited. The two white paper advisories related to Master's Level Entry produced by the Education and Training Advisory Board (ETAB) were sent to CBMT early in 2012. After reviewing the papers, CBMT sent a letter in March. The letter focused on explaining CBMT's relationship to educational decisions and asking for care when responding to questions. In reference to the relationship with education decisions, CBMT said, “. . . the National Commission for Certifying Agencies Standards . . . expect us to maintain some distance from educational decisions and educational accrediting and approval bodies. For this reason, CBMT will refrain from issuing an official position on the matter at this time.”

In reference to future decisions by CBMT it was said, “We cannot guarantee what CBMT's response would be until we understand AMTA's decision We would respectfully request that care be given when responding to questions about what may or may not happen with CBMT and the credentialing program if and when new AMTA standards are adopted.” The letter is in Part III, Appendix B.

NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC (NASM)

Three sources of NASM data were obtained—a March 2012 letter from then Executive Director of NASM Sam Hope, a face-to-face meeting with the new Executive Director of NASM Karen Moynahan in June of 2015, and information found in the *NASM Handbook*. The MLE Subcommittee created a list of “Not Yet Investigated” questions in 2014, and one of the questions was, “What are the challenges faced to get a proposed MLE change passed by NASM?” The data contributed to answering this question.

March 2012 Letter

After reviewing the two white paper advisories produced by ETAB, Sam Hope responded with a letter in March of 2012 (See the letter in Appendix B). The six points or suggestions he made are in italics followed by additional thoughts:

1. *The profession of music therapy needs to have a good rapport with campus administrators outside of music.* Communication needs to start as soon as possible and continue. In the last few sentences to point #1 he advised: “Further, these concerns are heightened when the movement from undergraduate to graduate makes local programs more expensive, as has happened already in a number of allied health professions. The basic choice for an institution is to pay the extra costs under what is often perceived as duress, or to cancel the program. The greater the financial pressures, the more the incentive to simply cancel.”

2. *Music Therapy needs to have educational programs to produce a sufficient number of graduates to meet the demand.*
3. *The profession needs to be as united as much as possible on any significant change.*
4. *The music therapy profession needs a sufficient number of institutions offering music therapy education and clinical training programs that produce eligibility for career entry.* In his letter, Sam Hope's discussion of this point was the longest and included the greatest number of concerns; e.g., loss of UG programs, cost in \$ and time to campuses to change; current master's in MT programs would need to change; need to convince campuses to create Master's; avoid doing anything to reduce educational capacity; or a PhD is required at some campuses to teach master's programs.
5. *Music therapy needs the continued understanding and support of administrators of music programs in higher education.* Music administrators will need to campaign for this change on behalf of the profession.
6. *The music therapy profession needs to understand the relationships between possible credential-level change and NASM accreditation of undergraduate and graduate music therapy programs.* He said consensus is essential and takes time.

With an apparent tone of caution, Sam Hope recommended we develop a list of 10 essential components to help guide us as we explored the question of master's level entry. The Subcommittee heeded his advice and developed a list of eight essential components along with a definition of the 21st century music therapist (see Part I. Guiding Principles).

June 2015 Meeting

In June of 2015 a face-to-face discussion took place with Karen Moynahan, the new Executive Director of NASM, the AMTA Board of Directors, and the MLE Subcommittee. Echoing some of the ideas mentioned by Sam Hope, Director Moynahan offered her perspective on the issue and advised the MLE:

- NASM does not tell institutions what to do
- We need to ask ourselves "Do we really need the Master's?"
- Consider all the unintended consequences
- There needs to be agreement about a change like this
- We need to answer the questions "What is the most important point [reason] to make the change? And What is the priority?"
- We need to ensure there are enough appropriately trained music therapists to meet the demand
- Consensus is needed (and she defined consensus as ". . . the absence of that severe grumpiness and knowing the idea doesn't hurt anything.")

NASM Handbook

The 2016 “Policies and Procedures for Reviews of New Curriculum” chapter of the NASM Handbook was reviewed along with the “NASM Procedures: Music Therapy Supplement.” What follows is a listing of steps in an approval process:

1. Complete required Curricular Tables for Application
2. Plan for a Consultative Review (is optional but recommended)
 - a. To begin process music unit must agree to the new curriculum
 - b. Administration above music unit head (one level above) endorses proposed new curriculum [Although one level above may be needed for endorsement, many new Master’s programs need further approval (university committee, provost, president and in some cases the governing system approval)].
 - c. Application for a Consultative Review is completed
 - d. Appropriate Commission of NASM reviews and offers advice
 - e. A report of the Consultative Review sent to music unit head
3. Before students can be admitted, an Application for Plan Approval (required) is completed
 - a. Plan Approval completed using the Plan Approval format for new graduate curricula
 - a. Institution approves
 - b. On-Site review is highly recommended; once it is scheduled materials are sent to visit team in advance
 - c. **The request for a site visit is made 2 years prior** to the dates of the visit.
 - d. NASM Commission on Accreditation reviews the site visit report and the Plan Approval application, and possible actions are: plan approved, plan approved with request for more reports, plan deferred until more information supplied, or plan denied.
4. Final Approval for Listing (required)
 - a. Students are admitted
 - b. 2 transcripts of students completing program are provided [This could take another 2 years to complete 48-60 credits and earn degree.]
 - c. Detailed report created with information on entrance requirements, published degree requirements, education standards and requirements, faculty resources, financial resources, or campus resources, etc.
 - d. NASM Commission on Accreditation reviews reports, and possible actions are: plan approved, plan approved with request for more reports, plan deferred until more information supplied, or plan denied.
5. Voting process – proposal submitted and goes through revisions, open hearing on proposal scheduled, and then the NASM Assembly of Delegates votes on the proposal at the November meeting.

SUMMARY of NASM information – Based on communications with NASM leadership and NASM standards the challenges faced to get a change passed by NASM are:

- 1) Focus on maintaining the number of MT graduates each year to meet demand
- 2) Get agreement or consensus among a majority of music therapists about this change
- 3) Avoid unintended consequences
- 4) Have good rapport with administration inside and outside of the music unit

- 5) Complete the NASM Plan Approval process for a new curriculum which could take 2+ years
- 6) Get proposal for a new curriculum through NASM Assembly
- 7) In making the determination, focus on the purpose or reasons behind change.

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 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 topic 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 re-vamped while a few others asked if the current Master's degree programs would need to be re-vamped
- 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 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 getting 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 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 was 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 their personal growth and success as a clinician as a Bachelor's level MT
 - Another issue 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 work with a wider variety of clients.
 6. We are different from OT, PT, & SPL.
 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 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 or graduate level.

Summary of Other Allied Health Professions Comparison

The Question

What were the reasons other allied health professions moved to an advanced degree for entry to the profession, how was the move undertaken, what challenges were encountered, and what was the impact on the profession?

Wanting to know what other professions experienced when moving to graduate level entry, the Subcommittee developed a list of 11 questions. Responses to the questions were sought from various professions or from other music therapy professional associations. The questions were:

1. What prompted you to decide to move to the graduate (Master's or Doctorate) degree level for entry into the field?
2. What challenges were encountered?
3. What mistakes were made as you moved to the graduate degree (Master's or Doctorate) level?
4. Was a consultant hired to assist with the move to the graduate (Master's or Doctorate) degree level?
5. What was the timeline for this move, and how long did it take to make the transition to the advanced degree?
6. What are the major settings in which your professionals practice?
7. How did the move to the graduate (Master's or Doctorate) degree level affect clinical aspects of education such as internships?
8. In what major/significant ways did the move to the graduate (Master's or Doctorate) degree level change professional clinical practice?
9. What was the economic impact on your profession?
 - a. Regarding the economic impact of your decision:
 - 1) What were the short term economic effects?
 - 2) What were the long term economic effects on the a) profession, b) membership, and c) clients?
10. Did membership in the professional organization dip, and if it did for how long?
11. How did the move to the graduate (Master's or Doctorate) degree level affect reimbursement or fees for service?

It was also suggested some general background information on each organization would be helpful for comparison purposes. Subcommittee members were encouraged to search the website of professions to see if they could determine:

- a. The number of professional members in the organization
- b. The number of student members
- c. The number of professionals in the field who are not members of the membership/professional organization.

The professions investigated were: Art Therapy, Child Life, Counseling, Nursing, Occupational Therapy, Physical Therapy, Social Work, Speech & Language Pathology, and Therapeutic Recreation. The original list of professions was expanded, and three music therapy associations, the Australian Music Therapy Association, the Canadian Music Therapy Association, and the American Music Therapy Association, were added. Information was collected by contacting

professional associations or key figures within an organization. Websites, books and print materials were also searched. It was soon discovered that it would not be possible to get information to answer some of the original questions, especially questions #9, #10, #11, and #12. The availability of information fluctuated, so Subcommittee members worked to fill in as much information as possible. To review all the information collected to answer questions, please see the “Allied Health Comparison Chart – Questions & Responses from Selected Professions” in Appendix A. Summary information from some questions is presented below.

The first question posed was why did these allied health professions move to the graduate degree for entry into the field? Various reasons were given for the change. In some cases (OT, PT, & Speech) the body of knowledge had increased. Due to the nature of the discipline, Art therapy determined mature clinicians were needed. Child Life wished to align with other allied health professions that have a graduate degree as the entry level for the profession, and Child Life also wanted to create a research base.

The desire for autonomy and for acceptance by insurance companies was the driving force in the move by Physical Therapy. Both Occupational Therapy and Speech-Language Pathology realized the complexity of their curriculum and demands of their clinical practice warranted the addition of the graduate degree. In contrast the profession of Social Work began at the master’s level but the bachelor’s was added due to the demand for Social Workers.

Another question posed was what challenges were encountered with the move to a graduate level degree. One challenge was maintaining the number of educational programs. Occupational therapy lost 4 of their 130 programs at the time. Child life is concerned some of their 58 educational programs may close. A couple of professionals mentioned that having multiple degrees (both an undergraduate and graduate degree) created some confusion for employers or the public. It was also mentioned that delineating both an undergraduate and graduate curriculum with a separate scope of practice for each presented a challenge. OT had to convince their accreditation agency their proposed move was good for the profession.

How long did the move to a graduate level entry take? For OT and PT the move took over 20 years from the time an official body of each organization adopted the motion to change and full implementation began. The Australian Music Therapy Association moved to the master’s level, and the change took 8 years. Child Life projects it will take 12 years, with the change completed by 2025.

How did the move to post-graduate entry change clinical practice? Answers were only available for 3 of the 12 professions. One change was clinicians with master’s degrees could obtain a concentration or advanced training. Other changes reported were increased opportunities for leadership, and improved stature of the profession.

Findings:

- 7 professions and 2 countries (Australia and Canada) require a Master’s degree or higher for entry into the profession and Child Life is adding master’s level entry.

- Three professions have assistants or aides (Nursing, PT, OT) who must have associate degrees, creating 2 levels of practice.
- Social Work began at the Master's level and later added a Bachelor's of Social Work to increase diversity.
- Music Therapy, Recreation Therapy, and Nursing have Bachelor's level entry, and Recreation Therapy has chosen not to move to a post-baccalaureate degree at this time.
- Child Life wants to move to Master's level entry to grow their research base.
- Music Therapy interns complete a greater number of internship hours than most allied health professions; in Australia 1040 hours are required, and in Canada and the U.S. 1200 hours are required.
- Various concerns surfaced as these professions approached the change to graduate level entry to the profession. Some of these concerns were: what will be the curriculum, will there be enough practitioners, do we have enough time to make the transition, or will having more than one degree at the entry level cause confusion?

Summary of Education Models and SWOT Analyses of Two Models

The Question:

What would be the education model or what would a master's level entry degree program look like?

Education Models

During deliberations the Subcommittee considered what was needed in the education program of music therapists. Like our colleagues in the other creative arts therapies, music therapists need more than one well-developed skill set to be a therapist. Clinicians need to be skilled musicians as well as skilled therapists. Unlike other allied health practitioners, creative arts therapy students such as music therapy students need to begin developing their music skills prior to entering college. Ultimately, music therapists are skilled therapists who use the music as the primary agent of change. The clinician needs to think in multiple ways, and in the therapeutic process musicianship and therapeutic skills must blend. This makes the education and training of the music therapist unique.

Beginning with the Town Hall meetings, members often asked what the curriculum for master's level entry would be or what would be the education model. In 2014 the Subcommittee worked on evaluating six education models. Three of these models were introduced in the *Moving Forward* advisory (ETAB, 2011), a fourth emerged from the Educator's and Internship Directors/Supervisors Forum in October of 2012, the fifth was the current bachelor's level education model, and a sixth was introduced in the fall of 2013 by one of the Subcommittee members. A brief description of each model can be found in Appendix C. In 2013-2014 time was devoted to discussing the pros and cons of each of the education models. These discussions eventually helped shape ideas for a proposed new model of education. The proposed model required music therapists to earn a Bachelor's degree in an AMTA-approved Pre-Music Therapy program followed by a Master's in Music Therapy degree before being eligible to sit for the certification exam.

A frequent comment made at the Town Hall Meetings was the need for adequate instructional time to prepare students and build skills. Education Models #1, #2, & #3 included minimal therapeutic skill development at the undergraduate level and presented the music therapy curriculum in a concentrated two years of graduate study. These models were deemed insufficient to prepare the 21st century music therapy student adequately. While Model #4 included music and music therapy development at the undergraduate level, entry into the profession was not at the master's level, and the undergraduate portion of the model closely resembled the current bachelor's level model. After further examination of the models and consideration of the data being collected, the Subcommittee began to develop their own ideas of a new education model, and this model eventually incorporated a pre-music therapy Bachelor's degree and a Master's degree in music therapy. An outline of the model can be found in Part III, Appendix C.

In this proposed model the assumption was expanded skill development over a four-year bachelor's degree and a two- year master's degree program allowed for in-depth development and produced a well-prepared entry level clinician. At the undergraduate level functional and

applied music skill development was emphasized. In order to be accepted into a graduate program, students would need to demonstrate well-developed applied music and functional music skills. At the graduate level focus was on therapeutic skill development and continued foundational music therapy skill development. The graduate level also involved time to develop the knowledge and caregiver skills identified as important for professionals. Those skills are active listening and learning, critical thinking, social perceptiveness, problem solving, deductive reasoning, information ordering, and service orientation among others (Carnevale, Smith, Gulish, & Beach; 2012).

It was also proposed pre-internship experiences begin in the undergraduate program and continued with practicum experiences in the graduate program. Undergraduate experiences could include observation, assisting a music therapist, and non-music therapy music leading. It was proposed that practicum experiences be fully integrated into graduate level courses and focused on integrating music and therapeutic skills. Retention of the 1200 hours of pre-internship and internship experiences was recommended, and it was suggested the music therapy internship continue to be a culminating experience for the student.

SWOT Analyses

To consider completely the proposed new model, the Subcommittee completed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. Completing a SWOT analysis enabled subcommittee members to reflect on various aspects of the proposed education model. The reader is referred to the SWOT analysis of the proposed model found in Appendix C. In the paragraphs that follow certain abbreviations are used. UG stands for undergraduate, G means graduate, and MT signifies music therapy.

The Subcommittee also completed a SWOT analysis of the current education model, and this model was designated the Bachelor's Level Entry (BLE). The Subcommittee determined an analysis of the current model was important, and the SWOT analysis of the BLE model also appears in Appendix C.

SWOT Analysis of the Proposed Master's Level Entry (MLE) Model

STRENGTHS – The following were identified as strengths of the MLE.

Students will have a longer time to develop therapeutic and music therapy skills as well as gain maturity. Undergraduate course work will focus on functional and applied music skills as well as preparatory skill development during UG course work. Clinical training will begin with observation and will be fully integrated into graduate level courses. There are UG and G programs as well as internships in place. Graduate level students can generate more research to contribute to evidence based practice. Transfer or equivalency students can complete a pre-MT degree and go on to earn a Master's degree. Lastly, the cost of the undergraduate degree will be a little lower because there is no internship.

WEAKNESS – The following were identified as weaknesses of the MLE.

The opportunity to gain professional work experience after the UG and before beginning a master's degree will be lost. The UG and G degree programs as well as internships, will be challenged to change. Educationally, campuses will need to change their degree programs or

curriculum to meet new staffing needs and recruit at the graduate level, and to develop a pre-major degree with which undergraduate students can identify. The internship model will need to be modified as additional years of schooling are added. Additional years of courses will increase cost and time commitment. It's possible that students may experience academic burnout and this needs to be monitored. Further, the profession may experience a reduction of music therapists entering the workforce each year.

OPPORTUNITIES – The following were identified as opportunities due to the MLE.

Professional practice of master's level music therapists may set us apart from other musicians. After earning the masters in MT the music therapist will be able to acquire specialization skills or advanced practice training. It's anticipated the master's level trained music therapist will begin to meet the projected emerging need for healthcare workers. There will be an opportunity to educate employers and the public about this change while other changes effecting music therapy, such as state regulation, are happening. Finally, these changes in MT education are consistent with other allied health professions that have moved to the graduate level.

THREATS – The following were identified as threats due to the MLE.

We will be challenged to get support from AMTA members and from administrators of educational programs and clinical training programs. The workforce may be affected: fewer music therapists may enter the workforce, employers may be expected to pay higher wages for Master's level music therapists, and there may be competition for jobs from lower wage therapeutic musicians. Educationally, campuses may refuse to change to the new UG degree and/or add the G degree program resulting in closure of programs. On-line Master's in MT degree programs may need to change or revise curriculum.

SWOT Analysis of the Current Bachelor's Level Entry (BLE) Model

STRENGTHS – The following were identified as strengths of the BLE.

Academic programs will not be at risk for closing, and the same number of music therapists will be entering the field. There is no need to change clinical training models or other educational or organizational (AMTA) structures. Music therapists will be able to obtain professional clinical experience prior to getting a Master's degree

WEAKNESSES – The following were identified as weaknesses of the BLE.

Undergraduate programs will be challenged to put coursework and the internship into a 4 ½ year model as the knowledge base continues to grow. If we stay at the BLE, then the model may need to be revamped due to the rapidly changing world. The musicianship and functional music skills may continue to be underdeveloped in some entry-level music therapists.

OPPORTUNITIES – The following were identified as threats due to the BLE.

The strategic priority of state recognition of music therapists can continue in its present trajectory. Students earning the UG degree will be able to start their career immediately. Resources will not need to be diverted to support implementation of new requirements.

THREATS – The following were identified as threats due to the BLE. (It should be noted that four Opportunities were identified, but the number of Threats was nine for this model.) The opportunity for all client populations to receive access to quality treatment may be impaired due to subpar clinical and musicianship skills. With potential weak music skills, other therapeutic music practitioners may be hired into positions often held by music therapists. Additionally, the undergraduate trained music therapist does not traditionally generate research that informs practice on a regular basis. A bachelor's trained music therapist may not be regarded as a primary therapist in several clinical venues. It's possible that some bachelor's trained music therapists would chose advanced training in another health profession. Finally, remaining at the BLE may be a missed opportunity to attain professional equity with other allied health professions.

Additional Questions Investigated and Answered

1. **What are the current caps on graduate school enrollment at campuses offering a Master's in Music Therapy and how accessible are these programs?**

Data from the survey of educators provided information regarding current caps on enrollment. Twenty-four out of 33 schools did not report having any cap on enrollment. Nine out of a total of 33 schools (27%) reported having a cap on master's level enrollment; six schools were public and three were private. Two programs reported being limited to 0-5 new graduate students/year, two schools had a cap of 5-10 students, one school reported a cap of 11-15 students, another two schools indicated they could only admit 15-20 students, and two schools selected 20 or more students, which was the final option on the survey.

One aspect of accessibility is the ability of all students who meet entrance requirements to have a spot in a graduate program. MT Educator survey data indicated the average number of entering master's level students for all graduate programs was 9 students, with a range of 2-25. In the event master's level entry is approved, having a sufficient number of master's level positions on campuses for students would be a priority. According to CBMT data from 2016, the total number of students taking the certification exam for the first time (including bachelor's level and master's equivalency students) was 561. As of June 2017, there were 39 campuses offering a master's degree, and when 561 is divided by 39, the result is 14 students per year per campus. Considering a master's degree may take 2 to 2.5 years, each campus with a master's degree program would need to have an average enrollment of 28 to 35 master's students at a time to maintain the current number of music therapists. Note these numbers would assume that (a) all students currently pursuing music therapy would continue despite cost and time differential, (b) students would be accepted at the graduate level, and (c) there will be no decline in foreign students. Also, note that the estimate does not factor in any new graduate programs.

Geographic accessibility is another aspect of accessibility, and in the Pro Bono Decision Analysis Model, master's level program accessibility was ranked 3rd in importance. Currently, there are at least two master's level programs in each region (see Table below from the Pro Bono Decision Analysis Final Report). However, six out of seven regions have more undergraduate than graduate programs and 4 of 7 of the regions have more than twice as many undergraduate programs. The presence of only three master's level programs in a geographically large region such as the Western region and the limited number of graduate programs compared to undergraduate in several regions could create challenges.

Another issue related to accessibility is having a sufficient number of qualified faculty to staff new programs or expand existing programs. The survey indicated that 19 schools had master's programs in development (this number was not used in the previous calculation). Furthermore, survey data indicated that 80% of the current campuses without a master's degree (N=33) were likely or very likely to develop a master's program if MLE moved forward.

As indicated above, the average graduate program has 9 students, and to maintain the current output of MT-BCs an increase in the number of programs and student openings will need to occur. The former Executive Director of NASM, Samuel Hope, expressed concerns regarding the movement of credential eligibility qualifications from one degree-level to another. Caps on enrollment may limit student access and make programs more expensive.

While it is not possible to predict the exact number of campuses that would support the development of new master's programs, the data from the above calculation, combined with the survey data, suggest that there is a reasonable expectation that sufficient graduate programs could exist to implement MLE should it move forward. Apart from the possible decision to implement MLE itself, the actual ability of AMTA to influence the opening of new programs or the expansion of current programs is minimal.

Education Programs by Region

| 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 | 18 | 7 |
| MIDWESTERN REGION | 9 | 6 |
| WESTERN REGION | 7 | 3 |

Additional Questions Investigated and Answered

2. What may be the impact on Teaching Assistantships or University clinics since MT-BCs will no longer be returning to campus for a Master's degree?

Utilizing names and contact information available from National Office, the current Master's level program Directors were contacted and asked to provide information on the number of Master's level Teaching Assistantship (TA) positions available at their campus each year and the duties or responsibilities of the TAs. Twenty-four (63%) of 38 Program Directors responded and indicated whether there were Teaching Assistantships used in their program. Although the most common number of TA positions reported per campus (mode) was one, the average number of TAs was 1.5. A few programs have zero TA's and some have a .25 position or .50 position. The range was 0 – 4. Data suggest the students in the assistantships are contributing to the program in several important ways:

- Seventy-six percent of Program Directors reported their TAs were involved in clinical practicum supervision,
- 71% were involved in teaching either music therapy courses or a guitar course, and
- 43% were responsible for administrative duties, including research or equipment/instrument management (see Table on next page).

It is important to note that currently several institutions do not allow TA to teach or supervise practicum students until they have completed 18 hours of Master's work and are Board Certified.

Data suggests that over half of the master's level music therapy programs utilize graduate students. If it is decided to move to master's level entry, the undergraduate curriculum may be significantly changed, depending on the educational model. Currently a great proportion of TAs (76%) provide clinical practicum supervision to undergraduate students. If no clinical practicum supervision of undergraduates is needed, many master's level students may need to be re-assigned to non-music therapy assistantship duties if available. In contrast, master's level students may have a full load each semester taking 12 or more credits, which would reduce the possibilities of being a TA. Music therapy faculty members would need to utilize their creativity to develop a plan for dealing with clinical practicum supervision, but it is premature to explore a plan prior to the adoption of MLE and the development of an education model.

Music Therapy Graduate Programs

| School Name | # of <u>Master's</u> level TA positions for music therapy program/year | How TAs are used, e.g. teach course within or outside of MT program, supervise clinics etc.? |
|------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Appalachian State University | 3.5 TAs | <i>Provides clinical practicum supervision</i> |
| Arizona State University | One .25 TA | <i>Provides clinical practicum supervision or teaches MT course</i> |
| Augsburg College | No response | |
| Berklee College of Music | | |
| Colorado State University | No response | |
| Drexel University | No Teaching Assistants | |
| Florida State University | 1 at Master's | <i>Provides clinical practicum supervision</i> |
| Georgia College & State University | 2 Teaching Assistants | <i>Teaches MT course and some TAs provide MT in a clinic</i> |
| Illinois State University | 1 Teaching Assistant | <i>Provides clinical practicum supervision</i> |
| Immaculata University | 0 Teaching Assistants | |
| Indiana University-Purdue | 1 TA | |
| Lesley University | No response | |
| Loyola University | 1 TA | <i>Provides clinical practicum supervision and classroom support</i> |
| Marylhurst University | No response | |
| Maryville University | 1 TA per year | <i>Provides clinical practicum supervision and classroom support</i> |
| Marywood University | No response | |
| Molloy College | 4 TAs | <i>Serves as Research assistant, works as accompanist for vocal program, or works on MT administration tasks</i> |

| | | |
|------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Montclair State University | 0 TA | |
| Nazareth College | 2 TAs | <i>Works on MT administration tasks and provides classroom support</i> |
| New York University | No response | |
| Ohio University | 1 Fulltime TA 1 halftime TA | <i>Provides clinical practicum supervision, helps teach MT classes or manages instrument inventory room</i> |
| Queens University of Charlotte | No Master's at this time | |
| Radford University | 3 TAs | <i>Provides clinical practicum supervision</i> |
| Shenandoah University | No response | |
| St. Mary-of-the-Woods College | 2 Teaching Assistantships | <i>Provides clinical practicum supervision or assists with courses</i> |
| Slippery Rock University | | |
| SUNY-Fredonia | No response | |
| SUNY-New Paltz | No response | |
| Temple University | No response | |
| University of Iowa | 3 TAs; some Master's, some PhD | <i>Provides clinical practicum supervision or assists with MT classes</i> |
| University of Kansas | This year, 2 Master's TAs | <i>Provides clinical practicum supervision or assists with MT classes</i> |
| University of Kentucky | 1 Full time TA | <i>Assists with MT courses, provides clinical practicum supervision, and assists with research</i> |
| University of Miami | 3 Master's TAs | <i>Provides clinical practicum supervision, teaches guitar course, provides MT services at a clinic, manages instrument inventory, or assists with research or administrative duties</i> |
| University of Minnesota | One .25 TA position | <i>Teaches undergraduate class</i> |
| University of Missouri-Kansas City | 1 TA | <i>Clinical skills lab or teaches undergraduate classes</i> |

| | | |
|-----------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| University of the Pacific | 2 TAs | <i>Provides clinical practicum supervision</i> |
| Wartburg College | | |
| Western Michigan University | 2.5 TAs | <i>Provides clinical practicum supervision, classroom support, teaches guitar class, or serves as research assistant</i> |
| N = 38 | # responded as having TAs or GTAs = 21 | As of 7/10/17 |

Additional Questions Investigated and Answered

3. What may be the impact for current AMTA-approved schools if the move is made to MLE?

If AMTA votes to move to MLE, a model for education will need to be identified and adopted. At this time no model has been determined. Until these actions are completed, it is difficult to project the impact of such a change on current AMTA-approved educational programs and specifically those undergraduate programs unable to offer a master's degree. As of September 2017 there are 39 campuses offering a master's degree in music therapy. Graduate program offerings are in the Table below.

Graduate Program Offerings by Faculty with a Doctorate

| CATEGORY | Number | Percent |
|--------------------------------------------------------------------------------------------------------------|--------|---------|
| Music therapy program offers Master's degree | 39 | 48.1% |
| Music graduate degrees offered, but not in MT; Music therapists with doctorate are on the faculty | 18 | 22.2% |
| University graduate degrees offered, but not in music; Music therapists with doctorate are on the faculty | 12 | 14.8% |
| University graduate degrees offered, but not in music; No music therapist with doctorate on the faculty | 12 | 14.8% |

Number of AMTA-approved schools = 81

The MLE survey of Educators indicated 26% (19) of Program Directors reported there are Master's programs under development. Survey respondents were also asked to provide comments to questions of impact. Program Directors and Fulltime faculty members had different views concerning the future status of their program should the MLE move forward. Comments ranged from saying the move to MLE would not impact the program to saying it would have a negative impact, causing the loss of the current program.

If it is decided to move to master's level entry, the example set by Occupational Therapy a number of years ago may be a useful first step in assessing the impact. As the profession of OT contemplated a move to master's level entry, all education program directors were contacted and asked if they could make the transition in their program. Similarly, if MLE is

adopted each of the 81 campuses with a music therapy program should be contacted and a dialogue with administrators inside and outside of music be initiated. Initial questions to pose might be:

1. Are campuses with undergraduate only programs able to add a master's degree program?
2. Are campuses with both an undergraduate and a graduate program able to modify or overhaul their curricula for a new model of music therapy education?
3. Are campuses that offer only a master's degree in music therapy able to modify or overhaul their curriculum for a new model of music therapy education?
4. Will the financial status of the university or the state accommodate the cost of expanding and/or adding a graduate program?

If MLE is adopted it is recommended AMTA create an academic transition team, perhaps a subcommittee of the Association Program Approval Committee (APAC), that would work closely with each university and help with needs and concerns across the transition period.

Additional Questions Investigated and Answered

#4. What may retention rates be if a proposed MLE is adopted, or how many students earning the Bachelor's degree will earn a Master's degree?

A first step in this process was to look for retention rate data from three allied health occupations who had a masters as the entry level to professional practice and who might make retention rate information available to the public. The three professions selected were Occupational Therapy (OT), Speech and Language Pathology (SLP), and Art Therapy (AT).

Summary of Occupational Therapy Information:

There are 159 Occupational Therapy (OT) master's degree programs. The American Occupational Therapy Association (AOTA) reported that from 2009 to 2014 the retention rate for OT master's level students was an average rate of 95.8% with little fluctuation over these years. The total number of graduates from OT Master's programs grew by 34% between 2010 (4,398 graduates) and 2014 (5,875 graduates). Likewise, the average retention rate for OT doctoral degree students between 2009 and 2014 was 97.8%.

As a point of reference, in the year 2013 there were 34,699 applications for 6,726 places in master's-degree-level programs for occupational therapy. Of those that applied, 6,611 applicants were admitted. In 2013 the reporting requirement on the national certification exam was changed to reflect graduates passing within 12 months of graduation regardless of the number of attempts. Retention rates may be influenced by competition to get into a master's program and an unlimited number of opportunities to pass the national certification exam. (<https://www.aota.org/~media/Corporate/Files/EducationCareers/Educators/2014-2015-Annual-Data-Report.pdf>)

Summary of Speech-Language Pathology:

Retention rates for the different academic degrees within the field of Speech-Language Pathology were not available from the American Speech-Language-Hearing Association ASHS/SLP. However, the following supplemental information was gathered in the process of looking for academic retention rates. ASHA's overall membership retention rate for the past ten years has been maintained at or above 97.6%. In addition, membership in ASHA grew by 8,823 members or 5.1% in 2014. It should be noted that ASHA does not have a separate certification board, so in order to practice individuals must be ASHA members.

Overall enrollment in academic degree programs and the number of degrees awarded at all three levels have increased. Undergraduate ASHA programs awarded 11,057 degrees from 268 SLP programs. In 2014-2015 Master's programs had a total enrollment of 17,887 and 8,060 degrees were awarded from 263 programs. Similar to occupational therapy, there was a significant difference in the number of applicants compared to the number of students accepted. A total of 65,076 applications were received by the 243 speech-language pathology master's level programs for the 2013-2014 school year, and 15,159 students were admitted.

Per program, the average number of applications received was 256 and an average of 56 students were offered admission.

Summary of Art Therapy:

Nationwide 35 schools offer the Master's degree in Art Therapy. The American Art Therapy Association indicated there were approximately 5000 art therapists. In comparison, the number of credentialed music therapists is now over 7,300. Decades ago art therapists did not need a license to practice. In 2007, the American Art Therapy Association (AATA) added "counseling" to their required educational standards in an effort to offer the "broadest scope of career choices for art therapists" (AATA). This change was done to advance the profession of Art Therapy; however, the result has been that a license in another profession is preferable and perhaps necessary for art therapists to find employment, and this is another difference from music therapy.

The Bureau of Labor Statistics (BLS) does not collect data on art therapists. Instead, in the BLS Occupational Outlook Handbook (2017), art therapy is included in a generalist category labeled "[therapists, all other](#)." With the use of another profession's license and no identified professional listing with the BLS, there are difficulties tracking the retention of professional art therapists.

Employment projections can be found on the BLS and O*NET websites for the more global job description of "Recreational Therapist" which may encompass art therapy and music therapy. The BLS projections are for about 7% growth between 2016 and 2026. O*NET projects 9% to 13% job growth between 2014 and 2024.

According to AMTA's Workforce Analysis (2016), of the 1654 members who responded to the survey, 40% have a Master's degree and 7% have a Doctoral degree; these graduate degrees are earned without the requirement of MLE. Almost half of the identified music therapists (AMTA membership) already seek out Master's degrees. The greatest number of music therapy Master's degrees awarded are titled Master's in Music, Master's in Music Education, and Master's in Music Therapy. There is not separate information to determine how many Master's Level students are earning a Master's/equivalency degree.

Using results of a 2015 survey, AATA estimated that the number of art therapists was increasing, but, job position titles might not be listed as art therapist. In a 4-part article by Cathy Malchiodi in *Psychology Today*, the author indicated that the title of art therapist was not universally recognized as a specific profession on the state or federal level. As a result, a number of credentials in "related fields" were created in order to keep art therapy educational programs viable. AATA has discovered it is very difficult to track attrition and retention as an "art therapist" because many (if not most) therapists work under different job titles (Recreational Therapist, Psychotherapist, or Counselor) or have different credentials including LPC, LCAT, and LMHC.

Findings

It is difficult to know what retention rates for music therapists might be if the MLE is adopted. Student retention rates for both degree levels of Occupational Therapy are high (86% and above), and the membership retention rates of Speech-Language Pathology are also very high. However, both fields are licensed in many states and are reimbursable through medical insurance. The graduation rates or student retention rates of these two professions today are strong and growing. OT and SLP programs can be selective because many more students apply than are accepted, keeping retention rates strong. It is notable that in each field the ratio of applicants per program versus the number accepted was high. The required master's degree for the profession of art therapy is more recent, and it appears there may be some challenges brought on by requiring a counseling component for their degree.

Additional Questions Investigated and Answered

#5. What might be the internship model or models to consider for graduate level students?

No decision has been made on a move to master's level entry; therefore, a preliminary investigation was undertaken to consider the logistics of an internship and investigate internships in other professions.

If Master's Level Entry is adopted it is likely the AMTA Board of Directors will need to appoint an Implementation Committee to identify the administrative, clinical, and academic issues of a change, and to develop policies and procedures to guide the profession in making the change to MLE. One educational element that may need to be changed is the internship. As it currently stands, the music therapy internship is essentially an extension of the undergraduate clinical practicum experiences that begin relatively soon in most academic programs (sophomore year for most programs). This undergraduate clinical practicum experience intensifies as the student approaches completion of the program of study. It is anticipated that the internship for MLE will follow a similar path.

Due to the fact the music therapy internship is a necessary and highly essential component of the training of a qualified professional music therapist, an Implementation Committee may wish to consider these possible guidelines:

- Expectations that a student enter a master's program with some documented pre-internship experiences, and some of these experiences may be part of the Bachelor's Level pre-music therapy studies:
 - serving as a volunteer or assistant to either a MT-BC or a more advanced MT graduate student,
 - observation and discussion of MT sessions,
 - recreational music leading, or
 - activity-based leading during classes, etc.
- An ongoing and developmental integration of clinical practicum experiences at all levels of study for the Master's program beginning with the first classes of the first semester.
- Under the direct supervision of a clinical professor the enrolled master's level student will complete a pre-determined number of hours of internship at increasing levels of concentration. This may extend to a 40-hour per week, full-time internship after all academic coursework is completed.

It is also recommended that the Implementation Committee examine related allied health professions to investigate reasonable and achievable models for internship implementation that already exist. A variety of models are employed by other allied health professions. Internship information from the George Washington University Art Therapy program and the Tufts University Occupation Therapy program is provided below as an example. Additional information about internships for Child Life, Dance Therapy, Recreation Therapy and Speech and Language Pathology is found in the chart at the end. Information from these professions was gathered because many of these professions require a master's degree for

entry into the profession, are moving toward master's level entry, or considering the move toward master's level entry.

- George Washington University Graduate Art Therapy Training:

On entering the art therapy program, students are required to fulfill a minimum of 100 hours of fieldwork in connection with introductory coursework. Thereafter, a total minimum of 900 hours of practicum experience is required over the course of the program. The intern typically spends between 16 and 24 hours at their placement site, though this can vary. Efforts are made to match the most appropriate student with the most suitable placement site, and students are required to complete a minimum of two internships, one with adults and one with children or adolescents.

- Tufts University Occupational Therapy Graduate Program:

As part of occupational therapy degree requirements, students must successfully complete two 480-hour (or equivalent) Level II fieldwork placements within 24 months following completion of academic preparation. Led by the Academic Fieldwork Coordinator (AFC), placements are arranged in collaboration with students and Fieldwork Educators/Coordinators from contractually affiliated sites.

In addition to the Level II fieldwork placements that occur at the end of the program, students participate in approximately 80 hours of course-related Level I fieldwork, scheduled concurrently with specific courses (16-24 hours/course). Please note that Level I and Level II fieldwork placements are subject to availability at locations that have contracts with the Department of Occupational Therapy. The availability at any particular location and the locations that have contracts with the department vary from semester to semester.

Findings Regarding Internship Models

1. The internship and pre-internship/clinical practicum experiences are connected.
2. If MLE is adopted, an Implementation Committee is needed to manage changes including any changes in the internship model.
3. The internship needs to be integrated with graduate level coursework.
4. All allied health professions require an internship but the length and scope varies (see the following chart).
5. It is interesting to note that currently AMTA requires more practicum/internship hours than all programs reviewed, including master's level and bachelor's level programs.

Internship Requirements of Select Allied Health Professions

| Profession | Internship Hours | When occurs | Other |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Art Therapy | <ul style="list-style-type: none"> • 100 practicum hours • 600 hours of art therapy clinical internship (this # can vary among programs) | <ul style="list-style-type: none"> • Completed along with Introductory coursework • Completed along with coursework (16-24/placement) • 2 hours of weekly supervision required during internship | <p>Students are required to complete a minimum of two internships, one with adults and one with children or adolescents.</p> <p>Participation as a client in Art Therapy is encouraged.</p> |
| Child Life | <ul style="list-style-type: none"> • 600 hours | <ul style="list-style-type: none"> • To be a supervisor 4,000 hours paid clinical experience needed | |
| Dance Therapy | <ul style="list-style-type: none"> • 700 hours in total and 350 hours need to be direct client contact | | <p>There are 2 levels of credentialing: R-DMT signifies the basic level of competence; BC-DMT is the advanced level and qualifies the therapist to supervise interns.</p> |
| Occupational Therapy | <ul style="list-style-type: none"> • Level I Fieldwork hours flexible & set by program. • Level II Fieldwork requires a minimum of 24 weeks full-time 960 hours). • 16 weeks full-time for OTA students | <ul style="list-style-type: none"> • Level I Fieldwork is completed on a full-time or part-time basis, but may not be less than half-time, as defined by the fieldwork site. | <p>Level II students need to be exposed to a variety of clients across the life span and to a variety of settings.</p> |
| Recreation Therapy | <ul style="list-style-type: none"> • 480 hours | | <p>Internship and passing an exam needed to earn credential</p> |
| Speech and Language Pathology | <ul style="list-style-type: none"> • A minimum of 400 internship/externship hours are required with some programs requiring more. • Internship occurs during the student's 1st year of study. • Externship | <ul style="list-style-type: none"> • Internship courses taken fall, spring, and summer semesters along with academic courses. • Externship experiences with at least 2 populations required. | <p>Course includes 1-2 weeks of Orientation + 12 weeks of therapy services + 1 week for documentation = 14 to 15 weeks.</p> |

Additional Questions Investigated and Answered

6. What are the challenges faced to get a proposed MLE change passed by NASM?

Information regarding the National Association of Schools of Music (NASM) contributed to the response to Charge #1. The information for this question also appears in a portion of the **“Report of Charge #1 to MLE Subcommittee”** found on pages 22-25 at the beginning of Part II. As a reminder to the reader, the summary points are re-stated.

SUMMARY of NASM information – Based on communications with NASM leadership and NASM standards, the challenges faced to get a change passed by NASM are:

- 1) Focus on maintaining the number of MT graduates each year to meet demand.
- 2) Get agreement or consensus among a majority of music therapists about this change.
- 3) Avoid unintended consequences.
- 4) Have good rapport with administration inside and outside of the music unit.
- 5) Complete the NASM Plan Approval process for a new curriculum, which could take 2+ years.
- 6) Get proposal for a new curriculum through NASM Assembly.
- 7) In making the determination, focus on the purpose or reasons behind the change.

Additional Questions Investigated and Answered

7. What are the possible other root problems within the current Bachelor level entry degree program that could unintentionally be carried over to a newly structured program?

Due to the fact the focus of this investigation was master's level education, the MLE Subcommittee did not do an in-depth investigation into general or specific problems with the current Bachelor's level degree. However, group members thought a beginning step in addressing this question would be to note problems mentioned or indicated. There is some evidence suggesting problems, as noted below.

- Fifty percent of the comments or questions collected at the Town Hall Meetings in 2012 and fitting within the "Impact on Educational Programs" category focused on issues with the undergraduate degree. People said the undergraduate program is full and weaknesses or limitations need to be fixed. One problem identified was poor musical skills.
- Comparing CBMT first time test-taker scores across time reveals evidence of inconsistency in education and clinical training across programs. 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.
- Information is also available from the survey of Educators and Internship Supervisors. Sixty-two% of Program Directors (PD) and 69% of Fulltime Faculty (FF) members agreed/strongly agreed they were "... concerned about the amount of content (music, music therapy, related subjects, general education, etc.) students need to learn during their course of study. . . ."
- There were a substantial number of written comments given to certain questions on the survey of Educators and Internship Supervisors. A qualitative analysis of those comments was completed. Some of those Educators who indicated they were in support of the Master's Level entry into the profession wrote comments. One theme identified was the amount of clinical and musical skills and knowledge (competencies) to practice music therapy at the entry level has grown beyond what can be taught in an undergraduate curriculum.
- Written comments given on the survey of educators and internship supervisors were submitted to a qualitative analysis. One category identified in the analysis was "necessary curriculum changes." This category ranked 1st among educators with 25 responses and 6th among internship supervisors with 19 responses.
- Survey responses of educators and internship supervisors indicated overall piano skills at the beginning of the internship were considered the weakest functional skill area, while vocal skills were considered the strongest skill area. 3.0 was average on the survey, and the mean rating of piano skills from the respondents was: Program Directors – 2.91, Fulltime Faculty – was 2.95, National Roster supervisors – 2.75, and University Affiliated supervisors – 2.89.

Additional Questions Investigated and Answered

8. What will be the impact of labor substitutes on different areas of practice?

If AMTA votes to move to MLE, there may be a period of time (possibly 2-3 years) during which there will be fewer music therapists entering the work force. It is difficult to predict what the flow of incoming music therapists entering the workforce will be after that initial period of time. We know that labor substitutes are already a threat to the integrity and validity of the work music therapists do. What we do not know and cannot answer/predict is how this issue might change if there is a move to MLE.

Two questions were developed to initiate an investigation of labor substitutes. The questions are:

1. Who are the labor substitutes of which music therapists are aware and what is their background, training, and scope of practice?
2. What is the prevalence of labor substitutes regionally and with what client populations and in what settings do they work?

To begin, information was gathered from AMTA, CBMT, the AMTA Professional Advocacy Committee, colleagues, informal polling of regional music therapists, and formal polling of regional Professional Advocacy representatives.

The small group working on this question also identified 4 main threats from labor substitutes and ranked the threats (from greatest to least) in terms of harm to client safety. The threats are:

1. Non-certified musicians (e.g., sound healers, drum facilitators, musicians on-call, or random music therapy “imposters” who get public/media attention, etc.)
2. Academic programs developing programs related to therapeutic music instruction or the therapeutic use of music (e.g., autism, Arts in Health)
3. Various therapeutic musician certifications:
 - a. Certified Music Practitioners (CMP).
 - b. Certified Clinical Musicians (CCM).
 - c. Certified Therapeutic Harp Practitioners (CTHP)
 - d. Certified Harp Therapists (CHT) & Certified Master Harp Therapists (CMHT).
 - e. Certified Healing Musicians (CHM)
 - f. Music Thanatologists
4. Allied health professionals using music techniques in practice (e.g., counselors, OTs, etc.)

Additional Questions Investigated and Answered

9. What may be the impact on the number of credentialed music therapists during the transition and what are the projections for the number of credentialed music therapists into the future?

If it is decided to move to MLE, those professional music therapists who have earned the credential will retain their credential as long as they meet the requirements for continuing education. They will not need to earn a master's degree if they do not have one. In recent years there has been growth in the number of professional music therapists. As reported by CBMT, the current number of MT-BCs is over 7,300. It is projected that number will at a minimum stay the same and will most likely not increase over the years. On the other hand, NASM recently reported that over the past 10 years the number of students seeking music therapy degrees has increased 65% from 1,706 to 2,811 students. Increases in student numbers have implications for the number of credentialed music therapists.

CBMT reported that between 2012 and 2016 the number of students earning a Bachelor's degree, Master's degree or Master's equivalency in music therapy increased by 50%. In 2016 the total number of first time CBMT test-takers who had just earned either a Bachelor's, Master's, or equivalency was 561. In 2012 there were 365 first time test-takers. Assuming the 50% increase will continue approximately every five years, between 2017 and 2027 there will be a 100% increase in first time test-takers. Therefore, multiplying 561 times 2, the number of new professionals entering the workforce in 2027 may be 1128. This is based on the assumption that all Bachelor's students would continue their education and would be accepted into a graduate program. These projections do not take into account the change in graduation rates that may occur during a two to three-year transition period.

In addition, we do not know how many of the current students, especially at the Master's equivalency level, are foreign students and whose numbers may be impacted by current US immigration and related policies. The number of MT-BCs may also be impacted by students choosing not to pursue a master's in music therapy and instead seeking training as music thanatologists, sound healers, or other labor substitutes, as noted in Question #8.

Additional Questions Investigated and Answered

10. What may be the impact on the professional and student membership of AMTA during the transition and into the future?

The estimate below assumes the same rate of growth despite significant differences in additional time, cost and travel to pursue a master's degree. The figures also assume both acceptance of all applicants and enough space in graduate programs. Currently six out of seven regions have more undergraduate than graduate programs and 4/7 of the regions have more than twice as many undergraduate programs (see Question #1).

Over the years one comment heard at Town Hall Meetings was the concern for how membership numbers in AMTA may change if MLE were adopted. According to AMTA figures, in 2016 there were 1,128 student members (28.5% of membership), 426 graduate student members (11%, of membership) and 1654 Professional members (or 41.8% of AMTA membership). The student numbers reflect freshmen through senior members, and the graduate numbers include first year or second year graduate students. Should MLE be adopted we do not know if there will be a student membership category for students in undergraduate programs. Some loss of membership and income from students should be anticipated with the absence of the 4-year undergraduate degree or with the closure of some undergraduate programs.

Other professions have moved to a post-baccalaureate degree for entry into the profession. The MLE Subcommittee searched websites, consulted published articles, and interviewed professionals to obtain answers to questions about such a move. One question asked was, "What were the long term economic effects on the 1) profession, 2) membership, and 3) clients?" Responses to this question were not available from all the professions. The American Occupational Therapy Association did respond and indicated the "change had little, if any, impact on membership and clients." However, in 1986 the AOTA Board recommended a move to post-baccalaureate entry for OT, but the move was not required, in part, because of an occupational therapy personnel shortage at the time and concerns there would not be enough practitioners to meet the health care demands. The actual determination to move to post-baccalaureate entry for OT was made in 1999 and took effect in 2007.

A projection of music therapy graduate student numbers in 10 years may provide an idea about the number of student members who then transition to professional members. Between 2012 and 2016 the number of students earning a Bachelor's degree, Master's degree or Master's equivalency in music therapy increased by 50%. CBMT reported that in 2016 there were 719 first time test-takers of the certification exam, and 508 passed the exam. Utilizing the CBMT exam number 719 and assuming that same increase over 10 years, that figure would double (719×2) resulting in 1438 first time test-takers. If the pass rate was 80%, that would mean there would be 1150 potential new professional members of AMTA. Multiplying 1150 by 33%, the percentage of professionals (MT-BCs) who might be members of AMTA, results in a possible 380 potential new professional members of AMTA upon graduation in 2027.

Additional Considerations

- There may be a potential gap in time when dues of new professionals may not be collected.
- There may or may not be growth in the number of students.
- Membership categories may be developed that include students at various levels.

Additional Questions Investigated and Answered

11. What will be the impact on the diversity of practitioners within the field?

According to projections (Carnevale, Smith, Gulish, & Beach, 2012) by 2020 jobs in healthcare will increase by 29% and “28% of jobs in healthcare will need a graduate education.” More important to the question, the 2012 Georgetown Report indicated workforce demographics are changing and in the future people who are Caucasian /White will no longer be the majority. Increasing diversity among healthcare professionals is important, since “cultural competency is key to effectively communicating with patients from a variety of ethnic backgrounds” (Carnevale et al., 2012). The following information contributes to our understanding of the diversity of current and future music therapists.

Current AMTA Members

According to AMTA statistics 88.12% of music therapists are female, and the greatest proportion of members (38.4%) are between the ages of 20-29. The ethnic diversity of members varies; the greatest proportion of members are Caucasian/White (87.4%), and 1.9% of members are Black, 4.7 % of members are Asian, 2.4% of members are Hispanic, and 2.3% of members are Multi-Racial. Other race and American Indian/Alaska native make up .9% and .5% respectively (AMTA, 2017).

Student Projections

According to the National Center for Education Statistics (2016), by 2024 the enrollment of college students between the ages of 18-24 is expected to increase by 13.5%. Other enrollment figures that are also expected to increase are: 1) women by 16%, 2) part-time students by 20% versus a 13% increase in fulltime students, 3) students who are White will increase by 7%, 4) students who are Black will increase by 28%, 5) students who are Asian will increase by 10%, 6) students who are Hispanic will increase by 25%, and 7) students who are more than one race will increase by 13%.

In contrast, according to data reported in the Chronicle of Higher Education (Myers, 2014) by 2028 decreases and increases in enrollment are projected. The enrollment of students who are White is projected to decrease by 14.8%, and the number of students who are Blacks/African Americans will decrease by 8.9%. The number of students who are Hispanic is projected to increase by 13.8%, and the percentage of students who identify as “other” will increase by 14.6%.

Current Music Therapy Student Data

To understand more about the demographics of current music therapy students Gooding did a preliminary investigation of music therapy student diversity. She surveyed undergraduate and graduate program directors. Thirty-two program directors responded, 28 of whom provided usable information. (It should be noted that not every respondent provided information for every question.) Of those 28, 13 provided data on graduate programs. Responses were received from program directors in all seven regions. Caution should be taken when considering the data presented below, given that the information represents approximately a third or less of all academic programs.

Based on the information submitted, the average number of music therapy undergraduate students enrolled was 53.25, and 27.1 was the average graduate student enrollment. The number of undergraduate students ranged from 19-132, and the number of graduate students ranged from 3 to 68. The average undergraduate program has an average of 42.17 females and 7 males enrolled while the average graduate program has 17.75 females and 3.86 males enrolled.

Most music therapy students are Caucasian/white, with an average of 40 undergraduates and 14.4 graduate students per program. The average number of Black/African American undergraduate students was 2.57, whereas the average number of Black/African American graduate students was 1. Hispanic/ Latino/Spanish undergraduates accounted for an average of 2.53 students, while there was an average of .67 graduate students who identified as Hispanic/Latino/Spanish. There was an average of 2.5 undergraduate and 1.5 graduate students who identified as Asian/Asian American students. All other races/ethnicities were represented by an average of less than 2 students.

The average number of undergraduate students per program who are 1st generation college students was 8.6, while there was an average 7.5 graduate students who were first generation college students. As might be expected the average number of undergraduate in-state students exceeded the number of out-of-state students—34.93 in-state versus an average of 13 out-of-state students. In-state graduate student enrollment was also higher, with an average of 9.5 in-state students compared to 6 out-of-state students. Both undergraduate and graduate programs had an average of less than 2 international students.

The vast majority of students were traditional undergraduate students (mean=41.35) while the average number of non-traditional graduate students was more than 2 times greater than traditional students (12 compared to 5.25) (Non-traditional students are age 25 or older.). Results indicate the average number of full-time undergraduate students per program was 45.5 compared to an average of 2 part-time undergraduate students. The average number of full-time graduate students was 13, while the average number of part-time graduate students was 10.33. The average number of undergraduate students with a disability was 3.21, while the average number of graduate students with a disability was 1.

Findings

- The average undergraduate music therapy program has approximately 2 times as many students as the average graduate music therapy program (53.25 undergraduate students compared to 27.1 graduate students).
- Music therapy undergraduate and graduate students are predominantly female and Caucasian/white.
- The average number of in-state students exceeds the number of out-of-state students for both undergraduate and graduate students.
- Most undergraduate students are traditional students (< age 25) while there are more than 2 times as many non-traditional graduate students (\geq age 25) as traditional students.

- Undergraduate students are predominantly full-time students while graduate students are more closely split between full- and part-time students (13 full-time compared to 10.33 part-time students).

Please see Part III for the list of references for this summary.

Additional Questions Investigated and Answered

12. What will be the cost of a master's education?

Educational costs were investigated by the Pro Bono Workgroup. Members of the workgroup scrutinized websites and collected information on the cost of 2016-2017 tuition and general fees at 14 campuses offering the master's degree in music therapy. The focus was to gather figures from campuses in each region and from public and private campuses. See Table 1 and Table 2 below.

Table 1: 2016-2017 Fulltime Graduate Tuition and Fees for One Academic Year (fall & spring) Year

| Institution Name | Private or Public | Tuition In-State | Tuition Out-State | Yearly Fees | In-State Tuition + Fees | Out-State Tuition + Fees |
|--------------------------------------|--------------------------|-------------------------|--------------------------|--------------------|--------------------------------|---------------------------------|
| Appalachian State | Public | \$4,744 | \$17,914 | \$2,682 | \$7,426 | \$20,596 |
| Arizona State University | Public | \$10,810 | \$28,186 | \$696 | \$11,506 | \$28,882 |
| Colorado State University | Public | \$9,626 | \$23,604 | \$1,106 | \$11,992 | \$25,698 |
| Indiana University/Purdue University | Public | \$5,435 | \$7,147 | \$1,064 | \$6,499 | \$8,211 |
| Lesley University | Private | \$23,400 | \$23,400 | \$0 | \$23,400 | \$23,400 |
| Loyola University | Private | \$19,632 | \$19,632 | \$10,016 | \$29,648 | \$29,648 |
| Maryville University | Private | \$18,744 | \$18,744 | \$2,400 | \$21,144 | \$21,144 |
| Montclair State University | Public | \$13,952 | \$21,115 | \$2,235 | \$16,187 | \$23,350 |
| Nazareth University | Private | \$23,120 | \$23,120 | \$105 | \$23,225 | \$23,225 |
| Radford University | Public | \$7,868 | \$16,394 | \$3,036 | \$10,904 | \$19,430 |
| St. Mary-or-the-Woods | Private | \$8,184 | \$8,184 | \$0 | \$16,368 | \$16,368 |
| University of Iowa | Public | \$10,357 | \$27,961 | \$650 | \$11,007 | \$28,611 |
| University of Minnesota | Public | \$16,240 | \$25,120 | \$0 | \$16,240 | \$25,120 |
| University of the Pacific | Public | \$44,068 | \$44,068 | \$1,695 | \$45,763 | \$45,763 |

Table 2: Average Fulltime 2016-2017 Graduate Tuition and Fees for One Academic Year**N = 14**

| Expense | Average | Range |
|-----------------------------|----------------|--------------------|
| In-State Tuition | \$15,164 | \$4,744 – \$44,068 |
| Out-of-State Tuition | \$21,262 | \$8,184 – \$44,068 |
| Fees | \$1,835 | \$0 – \$10,061 |
| Tuition + Fees In-State | \$18,984 | \$6,499 – \$45,763 |
| Tuition + Fees Out-of-State | \$24,439 | \$8,211 – \$45,763 |

Adam Clark, Operations Research Analyst and volunteer coach of Pro-Bono Analytics, was a member of the Pro Bono Workgroup. Adam used the information collected by the Workgroup members in the Decision Model that he helped the Workgroup to create.

The table below was constructed for the Pro Bono Decision Analysis Model report. It shows costs calculated for two programs. The four-year degree cost was taken from the website: <https://bigfuture.collegeboard.org/pay-for-college/college-costs/college-costs-faqs>.

| Program | Average In-State | Average Out-of-State | Average Program Cost |
|------------------------------------------------------------|-------------------------|-----------------------------|-----------------------------|
| Four-year Degree ¹ | \$37,640 | \$95,560 | \$52,120 |
| Additional Cost of Two-year MT Master's | \$37,968 | \$48,878 | \$40,695 |
| Total Cost of both four-year degree and MT Master's degree | \$75,608 | \$144,438 | \$92,815 |

As indicated in the Decision Analysis report, the cost of an undergraduate and graduate degree and how much debt the student must endure is dependent on a wide array of factors. For example, 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. 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.

The money management site Mapping Your Future² states that a healthy ratio of student loan debt to projected income be no more than 0.08³. From AMTA's 2016 Workforce Analysis, the average salary of a music therapist during their first 1- 5 years was \$42,000 and 6-10 years \$48,000. A reasonable student loan debt over the total program for a gross annual salary of between \$42,000 and \$48,000 would be between \$25,220 and \$28,824, respectively⁴. Other sites suggest that total student loan debt at graduation should be less than the annual starting salary. If the total student debt is less than the annual income, one should be able to pay back the loan in 10 years or less. If debt exceeds income, there is likely to be a struggle to make loan payments⁵. Respondents to the MLE survey cited the additional financial burden of reaching higher levels of education as a concern. Some colleges may offer online degrees or try other approaches to mitigate the cost of additional education.

² <https://mappingyourfuture.org/paying/debtwizard/>

³ The calculations do not take into consideration the individual's amount of credit card or other debt.

⁴ Assumes an interest rate on student loan payments of 6% paid over 10 years

⁵ <http://www.bankrate.com/finance/college-finance/how-much-college-debt-is-too-much-1.aspx>

American Music Therapy Association

Decision Analysis: Process and Results

6/4/17

Submitted by
The Pro Bono Workgroup

Mary Ellen Wylie, Chair, MLE Subcommittee; Jane Creagan; Amy Furman; Bryan Hunter;
Angie Snell; and Adam Clark, Volunteer, Pro-Bono Analytics

Executive Summary

The mission of the American Music Therapy Association is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world. The American Music Therapy Association (AMTA) promotes development of the therapeutic use of music in rehabilitation, special education, and community settings⁶. As the professional organization for music therapists, AMTA wants to ensure that music therapy education is aligned with future needs of the profession. It was proposed that entry level into the profession of music therapy move from the Bachelor's degree level to a Master's degree. The AMTA Board of Directors sought the assistance of an analytics coach to help define the issue, identify relevant data, and develop a decision model to support an informed decision that was in the best interest of their members and the general public seeking music therapy services.

It was assumed the Multiple Objective Decision Analysis method, facilitated by a volunteer from the Institute for Operations Research and Management Science (INFORMS) Pro-Bono Analytics program, would provide a viable approach for investigation of the issue. It was also assumed a subset of the MLE Subcommittee would be the group working weekly for approximately six months to build a Decision model.

The full team (see list of names above) was in place in midsummer 2016 and finished the project in spring 2017. The analysis focused on two alternatives: the current Bachelors Level Entry (BLE) degree program and the proposed Master's Level Entry (MLE). One outcome of this investigation was the identification of eight characteristics or features related to music therapy education. These characteristics helped to articulate the challenges faced when considering an educational change. Another outcome was the final scores produced; the final score of the Master's Level Entry alternative (71) was higher than the final score for the Bachelor's Level Entry alternative (56).

One limitation of this project was only the input and votes of the five music therapy members of the work group, and not the entire Subcommittee, produced the final scores. Other factors possibly limiting the outcomes were that the volunteer coach needed to be educated about the profession of music therapy and the education of music therapists. Additionally, all work was done via conference call. The entire report is in Part III, Appendix E.

⁶ <http://www.musictherapy.org/about/amta/> as of 21 Aug 2016

An Overview of Recent Literature related to Music Therapy Education 2013 – 2017

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Fall 2017

This annotated bibliography is intended to provide an overview of peer-reviewed articles that provide data, reflection or conceptual development on topics related to music therapy education and clinical training. The following journals were reviewed for the years 2013 to the present: Australian Journal of Music Therapy, British Journal of Music Therapy, Canadian Journal of Music Therapy, Nordic Journal of Music Therapy, Journal of Music Therapy, and Music Therapy Perspectives.

Music Therapy Education

When analyzing recent research articles and textbooks focused on music therapy education, two of the most prominent areas of focus were either (1) general educational practices from the programmatic level or (2) the process of educating music therapy students about the clinical applications of music therapy either in course work or in a clinical context, such as in practicum or during internship. The following articles were included for their findings as they relate to more specific or general implications for the general educational practices or the education of students on the development of clinical applications.

Hahna and Schwantes (2011) discussed their findings related to feminist pedagogy and music therapy education. A survey of music therapy educators revealed that 67% (n = 46) of participants identified using feminist pedagogy within their educational practices. Furthermore, Hahna and Schwantes suggested that including feminist pedagogy within teaching methods can have benefits to both the teacher and the student. Those benefits, as suggested by the authors, could include enhancing participatory learning, increasing validation of personal experiences, and further development of critical thinking skills. In conclusion, Hahna and Schwantes recommended that educators seek out continuing education experiences in order to support and expand their formal approaches to teaching students in a way that supports both the competency-based requirements and the needs of the students.

Hsiao (2014) discussed gatekeeping practices currently being used in music therapy university programs and corresponding issues related to those practices. After conducting a survey of music therapy educators it was discovered that 68% of the 32 participating academic programs have at least one student with severe professional competency problems (SPCP) currently, while 93.8% reported having one student with SPCP in the past five years. Hsiao continues to discuss the varying circumstance related to managing students with SPCP and ultimately developed five specific recommendations to help training directors serve more confidently as gatekeepers and decrease the burden of the impactful decision-making process involved in gatekeeping practices.

Pitts and Cevasco (2013) conducted two surveys to analyze the experiences of students who completed a practicum assignment in a hospice or palliative care setting. It was discovered that concerns for learning appropriate repertoire and interventions, emotional health, and counseling skills were areas of interest amongst participating students. It was also reported that many

students felt unprepared for this particular setting. Pitts and Cevalasco further discussed recommendations for ways to alleviate the students' concerns related to the hospice or palliative practicum experience and provide additional supports as needed. Discussion related to multicultural competence and musical development are also included in this article.

Silverman (2014) analyzed supervision practices within the psychiatric music therapy setting by administering a survey to qualifying music therapists. Out of the survey results generated, several key findings stood out as significant. Boundaries, ethics, counseling skills, and music skills were rated as being important in relation to the supervision process in this setting. By comparison, the most frequent themes identified from qualitative responses included the topics of self-care, boundaries, music and music therapy, and transference or countertransference. Silverman then continued by discussing recommendations for additional training and supervision within the supervision and clinical environment to both supervisors and practicing music therapist to better aid the process of supervision within this setting.

On the topic of practicum supervision in a more general context, Bae (2012) analyzed the practicum logs of different levels of practicum students. Four areas were specifically evaluated, including constructiveness, focus of attention, proactiveness, and specificity. Proactiveness and specificity appeared to change over the course of the three levels of practicum amongst participants, while constructiveness and focus of attention did not have any significant differences. As a result of the study, several possible implications were suggested related to range of clinical development during both clinical supervision and course work and supervision experiences beyond graduation.

In 2017, Abbott also conducted a study that focused on analyzing the experiences and accompanying practicum logs of students completing a practicum experience. While Bae focused on the experiences within the supervision process, the core finding of this article was the importance of improving the learning process of developing observational skills and accompanying clinical documentation of those observations. As a result, two tools were developed from this study, including a framework for understanding the different aspects of the observation process and an inventory-based tool for documenting those observations objectively. Abbott expressed that the skill of assessment is critical to development of treatment plans, as is identifying contraindications exhibited by the analysis of the participants' practicum logs.

Clements-Cortes (2015) aimed to assess the skills, competence, comfort, concerns, issues, challenges and anxieties of Canadian undergraduate students in the internship process. Looking at both pre- and post-internship, the author examined whether the perceptions were consistent with previously published research on internship. Thirty-five pre-professionals were surveyed. Results indicate a statistically significant increase in pre-professionals' perceived clinical, music and personal skill development. Areas of desired skills development included counseling, functional guitar and clinical improvisation. Recommendations for educators included development of group counseling skills, greater functional guitar and clinical improvisation skills, development of interdisciplinary communication skills, and teaching and encouraging reflective practices such as journals.

Gunther et al (2016) discussed the importance of training therapy on music therapy education. Interviews with music therapists revealed the elements of self-awareness and methodological skills are of the highest relevance in developing a music therapeutic identity. The authors conclude that music therapists knowing methodologies, approaches and techniques, as well as having self-experience are equally important in music therapy education.

The complex dynamics of the supervisory relationship in the music therapy internship was discussed in an article by Deborah Salmon (2013). The author explored the complex dynamics inherent in the supervisory relationship, addressing parallel processes that often occur in the supervisor and intern and the power differential inherent in this relationship. The author also looked at roles each plays and styles of clinical teaching and learning, reflecting on how they might evolve during the course of the internship.

Heiderscheit and Short (2016) presented a model for evidence-based teaching practices in music therapy training programs to understand existing knowledge in both music therapy and related fields. The authors completed a literature review to determine existing knowledge followed by an email survey of international and European music therapy programs to provide evidence of existing practices. They concluded that evidence-based practice needs to be addressed in teaching students to find clinical information but also to implement teaching methods and approaches for optimal learning. Educators need to understand levels of evidence related to teaching. The article shares a proposed model for future development to provide guidelines for teaching practice and strengthen the training of music therapists.

Online Education in Music Therapy

In 2012 Vega and Keith conducted a survey of music therapy educators to find out about the nature of online education in their respective programs. According to their survey results, no undergraduate programs at the time offered a program hosted primarily or completely online. In addition to that, the majority of coursework offered online was in the areas of music therapy theory and music therapy research. By comparison, online education was reported as more common in graduate programs. However, no programs at the time were 100% fully online. Barriers to online education were further discussed, and a general recommendation to embrace online education was recommended as a result of this study.

In 2017, Lagasse and Hickle also completed a survey-based study. However, rather than surveying educators, they surveyed students in both face-to-face and online music therapy programs about the perception of community and learning within their respective types of programs. According to the results, there were no significant differences in perception of community between the two groups of students, and there was a higher perception of learning in students taking online courses compared to students in face-to-face courses. However, it was suggested that this may have been due to the fact students in the online courses tended to have more years of experience than students in face-to-face courses. Finally, the authors suggested there may be more practicing music therapists returning to get their master's degree in the coming years, and one way to accommodate that trend is through online education.

Personal Development

Gardstrom & Jackson (2011) explored the topic of whether music therapy education programs require any type of personal therapy as a part of their curriculum. Out of the 41 undergraduate program coordinators that responded, approximately 14% of the respondents require some form of personal therapy while 32% encourage it. Gardstrom and Jackson further explore all of the circumstances and challenges that influence whether universities are able to require personal therapy including issues, such as ethics, cost, practicality, and university regulations. Potential implications and suggestions for further research are made.

Fox & McKinney (2016) also explored the issue of receiving personal therapy during the music therapy educational and clinical training process. A survey was completed by 10 respondents who completed at least two sessions of Guided Imagery and Music (GIM) as a music therapy intern. Some of the positive outcomes experienced by the respondents included gains in areas such as personal experience and growth, clinical skills, and music therapy knowledge and skills. Discussion was made regarding whether a student is ready to serve clients if they have not experienced personal therapy for themselves, and suggestions were made regarding personal therapy within the education process, regardless of whether that form of therapy was GIM.

Musical Development

Jenkins (2013) explored the issue of functional musicianship of beginning interns as perceived by internship directors at national roster internship sites. Ninety-two internship directors completed a survey and overall two major types of results were suggested. First, internship directors indicated that voice skills were the most important followed by guitar, piano/ keyboard, percussion, and improvisational skills. The other major result was that interns were rated as meeting expected competency level of voice skills, but rated as below competency level on all other skills upon entering internship. Recommendations were made for music therapy educators to place more emphasis on functional musicianship skills.

Knight and Matney (2014) explored the topic of percussion pedagogy in music therapy university programs via a survey of current AMTA approved programs directors. Results suggested that a significant portion of music therapy programs require at least one semester of percussion study. A majority of classes catered specifically to the needs of music therapy students, and it was also discovered that 71.1% of programs do not require any kind of demonstration of functional percussion skills outside of course testing. Knight and Matney further discussed the types of percussion commonly focused on in current percussion instruction and issues related to percussion pedagogy amongst music therapy educators. Suggestions were made for an increase in music therapy percussion pedagogy literature and modifications to AMTA and CBMT percussion-related competencies in order to better facilitate and structure teaching expectations for percussion in university programs.

Scheffel and Matney (2014) explored the topic of percussion training and use amongst clinicians in their survey-based study. Out of 614 responses, 14.6% reported receiving no academic percussion training while 40.6% reported training was not adequate. In addition, 62.8% of those who received percussion training indicated that their training was relevant and a majority (76.5%) of respondents recommended current music therapy students receive more percussion training. Scheffel and Matney discuss a variety of strategies and recommendations for structuring

and improving percussion curriculum so that music therapy students receive adequate and practical instruction as it pertains to future clinical practice.

Tague (2016) discussed the results from a pilot study aimed at exploring drumming curriculum in music therapy coursework. A single group based study was implemented in which music therapy students participated in an improvisational drumming focused college course aimed at preparing the students for using percussion interventions in therapy. Results indicated a positive trend for self-reported confidence and drumming-skill levels, and that confidence level increased as skill level increased through the semester. An argument is made for improving drumming curriculum in music therapy education and training.

Multicultural Competence

Hadley and Norris (2016) provided an in depth discussion on musical multicultural competence in music therapy. Several key points were made through the article. First, Hadley and Norris discussed the need for more training, research, supervision, resources, and information on the topic of multicultural competence, specifically musically. Second, discussion occurred regarding the current emphasis placed on western classical music within most music therapy programs and the implications for the impact of diversity and inclusion within the student music therapy population. Further discussion was made on defining multiculturalism, multicultural counseling and how cultural identity influences the music making process. Recommendations were made as to how to address the issue of increasing cultural awareness and sensitivity.

Masko (2016) explored the topic of spiritual care and training in the hospice environment by interviewing a purposive sample of music therapists and chaplains. A variety of findings were discussed, including: an expressed need to know more about different world religions, philosophies and spiritual practices, a need for music continuing education and training about spiritual care, and a need to further develop cultural competence in relation to spiritual care . Potential implications and suggestions were further discussed in relation to the results of the interviews.

Please see the References in Part III for bibliographic information regarding these annotations.

Summary of Survey Data Regarding Education and Training

The Question:

What is the status of undergraduate/equivalency/graduate education and training?

Introduction: Respondents

Two surveys were developed in 2016 by the MLE Subcommittee. One survey was sent to two groups of music therapy educators, education Program Directors (PD) and Fulltime Faculty (FF) members. The second survey was sent to two groups of internship supervisors, National Roster (NR) and University Affiliated (UA) supervisors. In each section that follows summaries of numerical data and/or content analysis of comments offered by respondents are presented. Stephen Demanchick, Ph.D., LMHC from Nazareth College assisted with the survey development, data collection, and data analysis.

The purpose of the surveys was to gather information on: the current status of education and internship programs, and the educational preparation of undergraduates, graduate, and equivalency students. We also wanted to learn about the post-internship employment of undergraduates or graduates, and the current views of educators and internship supervisors on Master's Level Entry.

The response rate to the surveys was very good (see Figure 1. Response Rate by Group). A total of 142 Educators completed the survey (100% of Program Directors and 89% of Fulltime Faculty members), and a total of 269 Internship Supervisors responded (88% of National Roster and 51.4% of University Affiliated supervisors).

Figure 1. Response Rate by Group

| Group | # Sent | # Returned | Response Rate |
|------------------------------------------|--------|------------|---------------|
| Education Program Directors | 76 | 76 | 100% |
| Fulltime MT Faculty | 74 | 66 | 89% |
| National Roster Intern Supervisors | 139 | 123 | 88% |
| University Affiliated Intern Supervisors | 284 | 146 | 51.4% |
| TOTAL = | | 573 | 411 |

Forty-four educators responding to the survey were from programs that offered the equivalency. The average number of fulltime faculty per campus was 2.07, and the average number of part-time faculty was 2.57. Educators' length of time teaching differed (see Figure 2. Length of Time below). About half (49%) of the program directors (PDs) had been teaching for 15 years or more, whereas the percentage of fulltime faculty members (FFMs) was fairly equally distributed over the four response options.

Figure 2. Length of Time Teaching

| | Years: <5 | 5-10 | 11-15 | >15 |
|------------------|-----------|------|-------|-----|
| Program Director | 11% | 21% | 19% | 49% |
| Fulltime Faculty | 24% | 26% | 24% | 26% |

Internship supervisors were also asked what was the length of time they had served as an internship supervisor. The greatest percentage of NR supervisors had been supervising students

for 15 years or more (see Figure 3. Length of Time as Supervisor). UA supervisors have less experience, and the greatest percentage of UA supervisors had 5 years or less experience.

Figure 3. Length of Time as Supervisor

| | Years: <5 | 5-10 | 11-15 | >15 |
|-----------------------|-----------|------|-------|-----|
| National Roster | 25% | 31% | 15% | 29% |
| University Affiliated | 43% | 24% | 15% | 10% |

Internship supervisors reported on the number of interns they had supervised (see Figure 4. Number of Interns). About half of NR supervisors had worked with more than 15 interns, whereas the largest group of UA supervisors had worked with less than 5 interns.

Figure 4. Number of Interns Supervised

| | <5 | 5-10 | 11-15 | >15 |
|-----------------------|-----|------|-------|-----|
| National Roster | 15% | 23% | 13% | 49% |
| University Affiliated | 38% | 29% | 11% | 22% |

Preparation of Undergraduate and Equivalency Only Music Therapy Students

One purpose of the surveys was to gather information on the educational preparation of undergraduates and equivalency only students. The first premise developed by the MLE Subcommittee expressed concern for the growing body of knowledge for entry level professional practice and for adequate training of future music therapists within the undergraduate curriculum. Questions were posed on several aspects of preparation.

Educators were asked if they had adequate time to prepare undergraduates.

- PDs reported the average undergraduate degree required 121 semester credits.
- 57% of PDs and 46% FFMs 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.” When combined 58 educators agreed there is enough time versus 51 educators who disagreed.
- On the other hand, 62% of PDs and 69% of FFMs agreed/strongly agreed “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.”

The views of educators and internship supervisors on the overall music skills of concluding seniors or equivalency only students ready to begin the internship were examined.

- 84% of PDs and 88% of FFMs agreed/strongly agreed “. . . there is sufficient time for the development of music performance skills necessary to effectively provide music therapy as an intern.”
- Students are required on average to complete 6 semesters or 7 quarters of study on their primary instrument, and about half of the program directors (48%) indicated a senior experience was required.

- Data shows about 25% or 17 of 70 undergraduate programs require a senior recital on the primary instrument. The other senior experiences required were a senior project or a senior capstone project.

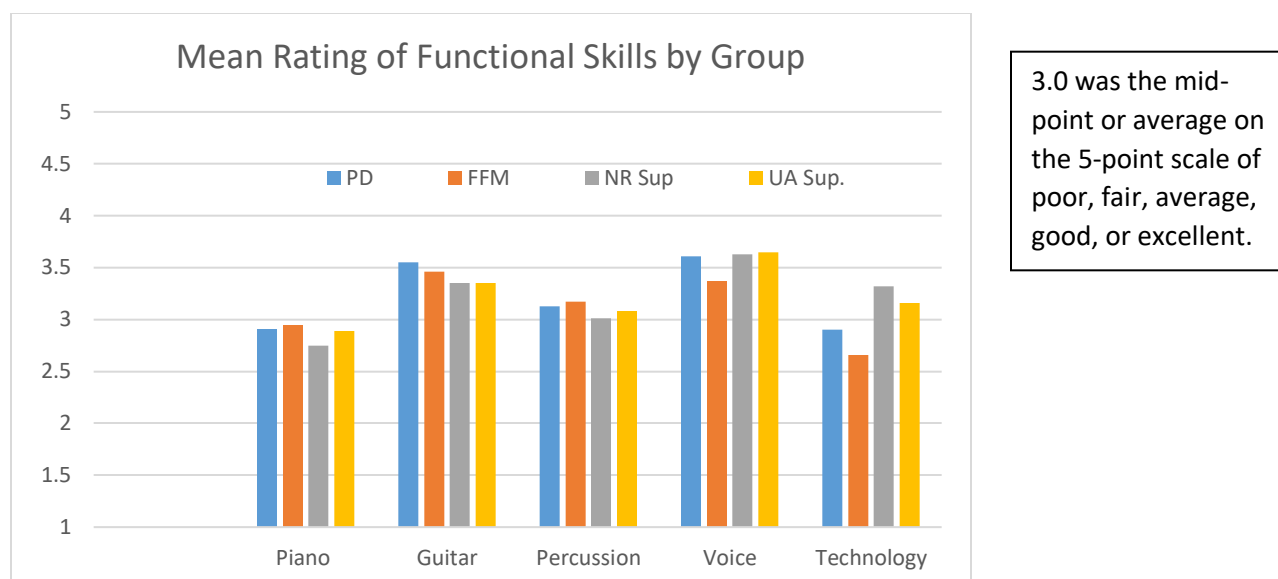
More specifically, educators and internship supervisors rated the functional music skills (including technology skills) of concluding seniors or equivalency only students using a 5-point scale: poor, fair, average, good, or excellent. A comparison of educator and internship supervisor mean ratings shows similarities. With 3.0 being the mid-point of the 5-point scale or average, and if the average range is defined as 2.5 to 3.4, then most of these skills were rated as in the average range (see Figure 5. Mean Rating of Functional Music Skills by Group).

- 68% of program directors and 76% of fulltime faculty members agreed/strongly agreed “. . . there is sufficient time for the development of functional music skills necessary to effectively provide music therapy as an intern.”
- As you can see the ratings of piano, guitar and percussion skills are very similar between the groups (see bar graph of functional music skills below).

Figure 5. Mean Rating of Functional Music Skills by Group

| Functional Skill | Program Director | Fulltime Faculty | National Roster Supervisor | University Affiliated Sup. |
|-------------------------|-------------------------|-------------------------|-----------------------------------|-----------------------------------|
| Piano | 2.91 | 2.95 | 2.75 | 2.89 |
| Guitar | 3.55 | 3.46 | 3.35 | 3.35 |
| Percussion | 3.13 | 3.17 | 3.01 | 3.08 |
| Voice | 3.61 | 3.37 | 3.63 | 3.65 |
| Technology | 2.90 | 2.66 | 3.32 | 3.16 |

When only 3.0 is used to signify average, then overall functional piano skills could be considered the weakest functional skill area. Functional vocal skills could be considered the strongest skill area (also see bar graph below). Additionally, 86% of both NR and UA internship supervisors indicated all of these functional music skills (piano, guitar, percussion, voice, & technology) were applicable to or used in the internship.



Educators were asked if, at the beginning of the internship, undergraduate or equivalency only students demonstrated professional maturity (self-awareness, authenticity, and empathy). 64% of PDs and 53% of FFs felt a vast majority (76-100%) of concluding seniors or equivalency only students demonstrated the professional maturity necessary to interact therapeutically in most clinical settings.

Internship supervisors were asked to characterize interns' prerequisite clinical foundation skills (therapeutic applications, principles and relationships) at the beginning of the internship using a 5-point scale from poor to excellent. The ratings of NR and UA supervisors were similar and indicated students had the prerequisite clinical foundation skills at the beginning of the internship (see Figure 6. Rating of Prerequisite Clinical Foundation Skills). 85% of NR and 86% of UA supervisors reported that at the start of the internship student prerequisite clinical foundation skills were average, good, or excellent.

Figure 6. Rating of Prerequisite Clinical Foundation Skills

| | Poor | Fair | Average | Good | Excellent |
|----|------|------|---------|------|-----------|
| NR | 0% | 14% | 47% | 37% | 2% |
| UA | 2% | 12% | 48% | 35% | 3% |

In addition, internship supervisors were asked to rate (using a 4-point strongly disagree to strongly agree scale) their interns' development by the conclusion of the internship. Six entry level skills were the focus; for each skill a significant number of supervisors agreed or strongly agreed that interns developed that skill by the conclusion of the internship (see Figure 7. Intern Development by the Conclusion of the Internship on the next page), and the agreement between NR and UA supervisors was strong.

Figure 7. Intern Development by the Conclusion of the Internship

| <i>% of Supervisors Selecting Agreed/Strongly Agreed</i> | <i>NR</i> | <i>UA</i> |
|---------------------------------------------------------------|-----------|-----------|
| Application of music therapy research | 88% | 86% |
| Ethical thinking | 93% | 97% |
| Communication | 95% | 96% |
| Professional maturity | 94% | 99% |
| Critical thinking | 96% | 99% |
| Application of theory-based knowledge to clinical practice | 94% | 94% |

Intern supervisors were asked to indicate the percentage of interns needing to extend the internship.

- 64% of NR supervisors and 66% of UA supervisors reported they did not need to extend the internship.
- 36% of NR and 35% of UA supervisors indicated 25% or fewer interns needed an extension.
- The top 3 reasons for extending the internship were: 1) lack of professional maturity, 2) weakness in the ability to apply theory-based knowledge to practice, and tied for 3) issues with communication skills and issues with critical thinking skills.

Graduate Level Education of Music Therapy Students

Several questions from the surveys of Educators and Internship Supervisors provided information about the status of graduate education or of Equivalency/Master's students. At the time of the survey, 33 campuses offered a Master's degree in music therapy. Educators were asked about future plans to develop degree programs.

- The majority of respondents (PD = 64% and FF = 78%) indicated that there were no music therapy degree programs currently being developed at their respective college/university.
- 26% of PD and 14% of FF reported there seemed to be some interest to develop a Master's program, and 19 program directors indicated that their schools had master's programs in development.

Educators reported on the percentage of their graduates earning a graduate degree in music therapy or in a related field (see Figure 8. Percentage of Undergraduates Earning a Graduate Degree).

Figure 8. Reported Percentage of Undergraduates Earning a Graduate Degree

| | In Music Therapy | | In Another Field | |
|-------------|------------------|-----|------------------|-----|
| | PD | FAC | PD | FAC |
| <25% | 59% | 44% | 46% | 49% |
| 25-50% | 16% | 15% | 16% | 7% |
| 51-75% | 7% | 1% | 4% | 2% |
| >75% | 0% | 3% | 1% | 0% |
| Do not know | 21% | 34% | 32% | 41% |

- It is notable about 1/4 of educators did not know how many of their undergraduate students went on to earn a Master's degree in either music therapy or another field.
- On average, about half of educators indicated that in the last 5 years 1/4 or less of their undergraduates earned a Master's degree in music therapy or another field.

Caps on enrollment were examined at campuses offering a Master's degree in music therapy.

- A majority of PD (75%) and FF (64%) indicated there were no caps on enrollment at their campus.
- Twenty-seven percent of educators (N=9) reported caps on Master's level enrollment at their campus, and the number of students admitted each year varied from less than 5 to more than 20 (see Figure 9. Number of Students Admitted Per Year).

Figure 9. Number of Students Admitted Per Year:

| | 0-5 | 5-10 | 10-15 | 15-20 | >20 |
|----|-----|------|-------|-------|-----|
| PD | 22% | 22% | 11% | 22% | 22% |
| FF | 8% | 33% | 17% | 33% | 8% |

The average number of students admitted to Master's degree programs each year was reported to be 9, and the range was 2-25. About half of the PD and FF (52% & 47%) indicated 75% or more of graduate school applicants were accepted into their program.

Educators were also asked to rate the professional maturity (e.g. self-awareness, authenticity and empathy) of students finishing a Master's program or equivalency only.

- 91% of PD and 78% of FF indicated 3/4 of students graduating with a Master's degree or equivalency possessed the professional maturity necessary to interact therapeutically in most clinical settings.

Internship supervisors were asked if they observed differences between Bachelor's/Equivalency (Bach/Eq) interns and Equivalency/Master's (Eq/Mast) interns. Furthermore, they were asked to explain if they chose "yes" or "unsure" in response to the question.

- Just over half of supervisors (60% of NR and 56% of UA) indicated they had observed differences, 20% of supervisors indicated they had not, and 25% or less (19% NR and 25% UA) indicated they were unsure. Respondents who indicated they observed differences were also asked to explain their answer.
- Comments and explanations appeared to fall within 12 categories. Nine of those categories identified Eq/Mast students as displaying more advancement in some area or skill. Those 5 categories with the greatest number of responses were in order:
 - 2) emotional maturity and/or life experience (56 responses)
 - 3) a deeper understanding of concepts, applications, and/or theory behind therapeutic interventions (24 responses)
 - 4) more competent musically and/or shows more musicianship (13 responses)
 - 5) better self-awareness and/or awareness of their environment/client (10 responses)
 - 6) more professionalism (9 responses)

- In contrast, in three out of the 12 response categories participants indicated Eq/Mast students were weaker than Bach/Eq students, and that the Eq/Mast students:
 - 1) lacked knowledge or clinical skills and/or were less prepared (19 responses)
 - 2) lacked functional music skills (9 responses)
 - 3) did not have enough time to learn/train/ gain experience or had overall less pre-internship clinical experience than UG students. (7 responses)
- 47 people selected the “unsure” response, and the majority of respondents (77%) said they had only supervised either undergraduate or graduate students and had no point of comparison.
- Responses suggest Equivalency/Master’s students were more advanced, but a number of respondents felt strongly that Equivalency/Master’s students lacked skills or were not as prepared. Equivalency students specifically had a lack of development due to time constraints of their education.

Post-Internship Employment of Undergraduate/Graduate/Equivalency Students

Educators were asked what was the approximate employment rate in music therapy in the last two years of undergraduate students, and data suggests employment rates are good.

- A high percentage of educators (81% of PD and 76% of FF) indicated the employment rate of undergraduate students was 75% or more.
- Also, a high percentage of educators (84% of PD and of FF) indicated the employment rate of graduate students was 75% or more.

Although employment rates appear to be good, not all concluding interns secure a music therapy job. Internship supervisors were asked to indicate what factors may have influenced the inability of interns to obtain music therapy employment after finishing the internship. An analysis of the numerous comments submitted revealed several factors:

1. Returned to school (31)
2. Changed professions (16)
3. Pursued other work (14)
4. Lack of local jobs (13)
5. Got married/started family (12)
6. Lack of motivation (maturity) (10)
7. Lack of flexibility (4)

Summary of Survey Data Regarding Education and Training

The Question:

What are the views and thoughts of educators and internship supervisors regarding the question of master's level entry for the profession?

Current Views of Educators' and Internship Supervisor's on Master's Level Entry

The Subcommittee wanted to know the views of educators and internship supervisors on the proposed Master's Level Entry. Participants were asked if they supported a move to Master's Level Entry. A total of 343 people responded to this question by indicating yes, no or unsure. About half of all educators (46% & 53%) said yes, about one-third of all educators said no, and less than one-quarter were unsure. More than half of internship supervisors said yes, less than one-quarter said no, and about one-quarter said unsure.

| | <u>YES</u> | <u>NO</u> | <u>UNSURE</u> |
|-----------------------------------|------------|-----------|---------------|
| Program Directors | 46% | 32% | 22% |
| Fulltime Faculty | 53% | 35% | 12% |
| National Roster Supervisors | 50% | 22% | 27% |
| University Affiliated Supervisors | 69% | 12% | 19% |

Respondents were invited to provide any explanation for the option they selected, and additional statements were given for all three options. Some participants wrote longer explanations that addressed more than one topic; therefore, written responses were subdivided to reflect the various topics of their comments. A qualitative analysis of the comments in support of the MLE was conducted and three themes emerged from the data:

1. Curriculum – There is a need for graduate education comparable to other related health professions to insure competent evidence-based practice, including depth work, and to improve professional recognition of music therapists amongst professionals, the public, and clients.
2. Maturity – The increasing number of challenging populations served by music therapists demands a maturity level not always present in undergraduate students.
3. Skills (competencies) – The amount of clinical and musical skills and knowledge (competencies) to practice music therapy at the entry level has grown beyond what can be taught in an undergraduate curriculum.

Respondents also offered comments to explain their opposition to MLE. A qualitative analysis of the comments in opposition of the MLE was completed and five themes emerged from the data:

1. Credentialing
 - The focus should be on state recognition/licensure at this time.
 - There is support for credentialing two levels of practice, with a requirement to eventually be credentialed for advanced practice.
2. Curriculum
 - The current bachelor's curriculum is adequate for current entry level practice. The focus should be on making the teaching of competencies consistent across undergraduate programs.
3. Experience

- Master's level entry does not allow sufficient clinical experience before master's study.
- 4. Financial
 - A smaller work force could potentially reduce AMTA membership, negatively affecting its finances.
- 5. Workforce
 - There is concern that Master's Level Entry will result in fewer students entering music therapy because of increased costs and length of study, and potential inaccessibility to master's programs. Fewer students could result in workforce reduction and possible use of workforce replacements.

Educators and internship supervisors who answered unsure to the question do you support the MLE were asked to indicate what information was needed to reach a decision. The “unsure” answer was selected by 22% of PDs and 12% of FF educators. If there was more than one content area in a response it was divided and responses were put into the appropriate area. Comments were grouped according to three themes: 1) curriculum, 2) financial/credibility, and 3) miscellaneous.

- 60% of the respondents offered comments about curriculum issues that ranged from what would happen to the undergraduate degree to asking what the graduate degree would look like, or offering a remark about the internship.
- 17% percent of respondents' comments were about financial questions such as would wages increase? or what would be the increase in debt of graduate students?
- The final 22% of comments were labeled miscellaneous because they did not fit the first two areas and included requests for more information or the statement that no more information is needed.

Internship supervisors were asked to respond to the same question. Twenty-six responses were given by NR supervisors and 23 by UA supervisors. Of the total 49 responses by internship supervisors, 21 (43%) consisted of “Don't Know” or offered an unrelated opinion or comment to the question. The remaining 28 responses can be grouped into a few themes.

- Twelve responses (43%) requested more information about the model, with specific questions about curriculum or the internship.
- Cost was the underlying theme in seven comments (25%) with respondents asking for information on the time and money needed to earn a Master's degree as well as on employment and salaries after earning the graduate degree.
- The third most frequent request (by 5 people) was for research. One person suggested the music therapy research base needed to be developed first before pursuing MLE.
- Others asked that MTs who currently have a Master's be polled or that clinicians be surveyed.
- Others indicated they needed to know the reason or justification for the change.
- The final group of responses fell into an “Other” category and included the need for details of implementation, information on whether or not this is the right time for a change, or a request that a 2-year music therapy assistant course/program be developed.

The number one issue for educators was the curriculum whereas the number one issue for internship supervisors was the model. Finances was in the second position for both educators and internship supervisors.

Both educators and internship supervisors were asked to provide comments regarding potential challenges of the proposed MLE model. A qualitative analysis summary of the written comments resulted in several categories of potential challenges (n.b. * indicates this item was shared by educators and internship supervisors). The challenges offered by Educators were:

1. * Necessary curriculum changes (25 responses)
2. * Potential program closure/lack of administrative support (24)
3. * Potential enrollment decrease (22)
4. * Additional tuition costs (13)
5. Need for additional faculty (8)
6. * Workforce reduction (7)
7. * Need for public relations/advocacy regarding changes (5)

Internship supervisors also identified challenges, and they provided a greater number of challenges.

1. * Potential enrollment decrease (39)
2. * Additional tuition costs (29)
3. Impact on the status of current bachelor's level therapists and internship supervisors (27)
4. Lack of salary for master's level training (25)
5. * Workforce reduction (24)
6. * Necessary curriculum changes (19)
7. * need for public relations/advocacy regarding changes (14)
8. * Potential program closure/lack of administrative support (11)
9. Lack of member support (8)
10. Redesigning clinical portion of the curriculum (6)

Educators and internship supervisors were also asked how a move to the proposed MLE model would positively or negatively affect their program. A qualitative analysis summary of educator and internship supervisor comments identifying positive outcomes are listed below.

| Categories of Positive Outcomes | |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Educators | Internship Supervisors |
| 1. Can do the transition (37) | 1. Better equipped clinicians (62) |
| 2. Growth in current master's programs (7) | 2. Increase in intern maturity (18) |
| 3. Changes needed in both undergraduate and graduate programs (4) | 3. General positive regard (9) |
| 4. Increase in the nature of student applicants, stronger and more focused (3) | 4. Ability to do depth work (5) |
| | 5. Increased perception of parity in education by other related professions (4) |

Likewise, a qualitative analysis summary of educator and internship supervisor comments identifying negative outcomes are listed below. Five categories were identified by educators and internship supervisors, however, the nature of the categories differed.

| Categories of Negative Outcomes | |
|------------------------------------------------------------------|---------------------------------------------------|
| Educators | Internship Supervisors |
| 1. Decrease in enrollment (18) | 1. No negative effects (31) |
| 2. Potential program closure/lack of administrative support (15) | 2. Decrease in enrollment (20) |
| 3. Need for more faculty (9) | 3. Lack of salary for master's level training (5) |
| 4. Necessary curriculum change (4) | 4. Impact on bachelor's level supervisors (4) |
| 5. Additional tuition cost (1) | 6. Workforce reduction (4) |

Finally, survey respondents were asked to identify, from a list of 12 options, the top 6 reasons for supporting the MLE. Six reasons did not receive a rating from all four groups of respondents; therefore, only those items receiving a rating from all four groups are listed in Chart #1. There were five items ranked by all groups, and they are listed in order. The complete Chart #1, with the ratings for all items is in Appendix D in Part 3.

Chart #1. Ranking of Top Reasons by Group

| Reasons to <u>Support</u> MLE | PDs | FFMs | NR Sup. | UA Sup. |
|-----------------------------------------------------------------------------------------------------------------------|------------|-------------|----------------|----------------|
| 1. Moving the profession to MLE has the potential to produce higher quality music therapists. | 1. | 1. | 1. | 2. |
| 2. Obtaining a 48-60 hours Master's degree is consistent with the requirement of related allied health fields. | 2. | 4. | 3. | 1. |
| 3. MLE may allow for a greater depth of clinical skills that will benefit the clients. | 4. | 2. | 2. | 3. |
| 4. The level of education offered by MLE has potential to improve students' understanding of the therapeutic process. | 3. | 3. | 4. | 4. |
| 5. Graduate level students may demonstrate greater professional maturity in their clinical work. | 5. | 5. | 5. | 5. |

As can be seen there was some uniformity in rankings. "Moving the profession to MLE has the potential to produce higher quality music therapists" was the top choice by 3 out of the 4 groups, and all four groups ranked "Graduate level students may demonstrate greater professional maturity in their clinical work" as fifth.

Respondents were also asked to identify, from a list of 12 options, the top 6 reasons for not supporting the MLE. Only four statements received a ranking from all four groups, and those statements are listed below in Chart #2. The complete Chart #2, with the ratings for all items is in Appendix D in Part 3.

Chart #2: Ranking of Top Reasons by Group

| Reasons to <u>Not Support</u> MLE | PDs | FFMs | NR Sup. | UA Sup. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|--------------------|--------------------|
| 1. MLE may result in higher educational expenses by adding two more years of graduate tuition. | 2. | 3. | 1. | 2. |
| 2. MLE appears to be an extension of the Bachelor's degree and would simply be moving undergraduate training to the graduate level. | 1. | 1. | 5. | 3. |
| 3. There are no guarantees that Master's level MTs would earn higher incomes than present Bachelor's MT-BCs. | 5. | 4. | 2. | 5. |
| 4. The present undergraduate degree is adequately training competent music therapists. | 6. | 5. | 6. | 1. |

Charge #4 to MLE Subcommittee

Summary

The fourth charge to the MLE Subcommittee was to *make a recommendation for events at the 2012 AMTA conference related to MLE (e.g., potential educator/internship director summit/retreat, town hall meeting)*. Recommendations for events were not only made, but members of the Subcommittee facilitated two concurrent session presentations and a Faculty Forum. A concurrent session was presented by Jim Borling and Mary Ellen Wylie to share information on three current projects of the Subcommittee: 1) an investigation of allied health professions to learn of their move to master's level practice, 2) a preliminary report on the themes that emerged from the spring regional Town Hall Meetings, and 3) sharing information or ideas within letters received from NASM and CBMT. The same team also led a Town Hall Meeting to continue gathering comments from members (see Part IV for all conference presentations).

The biggest event for the Subcommittee was the “AMTA Master’s Level Entry Forum for Educators and Internship Directors/Supervisors” produced by Bryan Hunter and Christine Neugebauer. The forum promoted interaction between AMTA educators and internship directors and supervisors (National Roster or University Affiliated), the constituents who would be largely responsible for implementing change related to master’s level entry into the music therapy profession. The forum consisted of formal presentations and small group discussions focused on “developing and analyzing information needed for the association to make an informed decision.”

Fourteen people briefly presented their perspectives on MLE, and small group discussions followed. Over 100 people participated in the small groups; each small group had a leader and a scribe who compiled the group’s report into a presentation at the end of the discussion. Four questions were used as a starting point for the group discussions:

- 1) What did you hear that this group thinks is critically important for the association in making this decision?
- 2) What are the top three benefits?
- 3) What are the top three challenges? and
- 4) Is there a model for education and clinical training not yet articulated? The power point slides from the 14 presentations along with slides from the 10 small discussion groups are in Part IV, Power Point Presentations.

A wide continuum of opinions was expressed in both the formal presentations and the small group discussions including:

1. Both support for and opposition to moving to MLE now.
2. Potential support for moving to MLE, but only after further study on possible effects on: the workforce, students, universities, and clients.
3. Support for close examination of education and clinical training for the 21st century, regardless of the MLE decision.
4. A fairly common concern that the master’s degree cannot be both entry level and advanced at the same time.

5. Consistent support for retaining the bachelor's degree in some form regardless of the MLE decision. Possibilities included: A) retaining it as is, B) using it as a pre-master's degree, and C) re-branding it as something related, such as a bachelor's of music in human services.
6. A number of proposals for a clear two-tiered education model (bachelor's, master's) tied to provisional entry level certification (for entry level practice) followed by required advanced certification to continue practice.

The forum for Educators and Internship Directors/Supervisors provided important information for the MLE Subcommittee to use in their discussions and investigations and led us to an investigation of education models. Comments collected at the Town Hall Meeting also suggested we needed to examine the educational process.

Recommendations for Future Considerations

From the MLE Subcommittee Retreat, June 27-30, 2017, Rochester, NY
Submitted to the AMTA Board of Directors 9-5-2017

Introduction

The MLE Subcommittee originally created 12 recommendations to give to the AMTA Board of Directors. These recommendations were offered as future considerations. Some recommendations referred to Assembly of Delegates action and some did not. The MLE Subcommittee knows not all recommendations can be addressed at the same time, but it is hoped they will be considered in future planning. Recommendation #1 can be found in Part 1 of this report, and the other 11 are below. Recommendations #2 through #12 were approved by unanimous consent. Rationale statements are included with each recommendation.

Recommendation #2

The MLE Subcommittee recommends to the people planning the Faculty Forum at the 2017 Annual conference that they consider inviting Joy Schneck to share information regarding CBMT longitudinal exam trends and the certification exam process.

Rationale:

- Data from the CBMT shows a decline in the pass rate for first-time test takers over the last 10 years. As of the first quarter of 2017, the pass rate for first-time test takers is 70%.
- CBMT data suggests that music therapy education is not leading clinical practice as is expected.
- CBMT data suggests an urgent review is needed regarding the lack of consistency across academic programs with regard to student performance on the exam.
- Educators and Internship Supervisors need to be aware of these trends.

Recommendation #3

The MLE Subcommittee recommends that President Geiger consider inviting CBMT Executive Director Joy Schneck to give a presentation to the Board of Directors in November, in order to share information presented to the MLE Subcommittee June 28, 2017.

Rationale:

- Data from the CBMT shows a decline in the pass rate for first-time test takers over the last 10 years. As of the first quarter of 2017, the pass rate for first-time test takers is 70%.
- CBMT data suggests that music therapy education is not leading clinical practice as is expected.
- CBMT data suggests an urgent review is needed regarding the lack of consistency across academic programs with regard to student performance on the exam.
- Educators and Internship Supervisors need to be aware of these trends.

Recommendation #4

The MLE Subcommittee recommends, that in conjunction with Angie Snell, President Geiger consider inviting CBMT Executive Director Joy Schneck to give a presentation to the

Assembly of Delegates in November in order to share information presented to the MLE Subcommittee June 28, 2017.

Rationale:

- Data from the CBMT shows a decline in the pass rate for first-time test takers over the last 10 years. As of the first quarter of 2017, the pass rate for first-time test takers is 70%.
- CBMT data suggests that music therapy education is not leading clinical practice as is expected.
- CBMT data suggests an urgent review is needed regarding the lack of consistency across academic programs with regard to student performance on the exam.
- Educators and Internship Supervisors need to be aware of these trends.

Recommendation #5

In the event Recommendation #1 passes the Assembly of Delegates in 2018, the MLE Subcommittee recommends the AMTA Board of Directors appoint an MLE Implementation Committee to identify the administrative, clinical, and academic issues that must be considered to guide a move to Master's Level Entry (MLE) and develop policies and procedures for these issues.

Rationale:

- The move to MLE will be complicated and take time because students, academic programs, music therapists, business owners, contractors, employers, clients and families, CBMT, and the professional organization will be affected.
- An Implementation Committee is needed to develop a timeline and coordinate the transition, because no current AMTA committee, officer, or National Office staff member has the time and resources to implement such a change.

Recommendation #6

In the event Recommendation #1 passes the Assembly of Delegates in 2018, the MLE Subcommittee recommends that an Implementation Committee (as noted in recommendation #5) collaborate with the AIAC Committee to examine internship models and structures.

Rationale:

- The current model of internship will need revisions.
- The AIAC has already been charged by the BOD to look at the current model of internship and make recommendations for a sustainable, 21st century model(s) of internship that meets the needs of educational institutions.
- An Implementation Committee will need to identify and work with those AMTA Standing Committees working on MLE related charges.

Recommendation #7

In the event Recommendation #1 passes the Assembly of Delegates in 2018, the MLE Subcommittee recommends an advisory group be created to provide support to academic programs, for faculty development during the transition, and as additional programs may be added or programs deleted.

Rationale:

- Faculty members will need support as programs are created or eliminated
- Sharing of information and resources along with advising from experienced individuals could help the creation of new programs and aide in increasing the number of master's and doctoral level programs in order to meet the demand created by an MLE model of education.
- An advisory group could aide in improving communication and collaboration between academic programs across the country, assist academic programs in the transition to the new model, and trouble-shoot issues that may come up during the transition.

Recommendation #8

The MLE Subcommittee recommends that SAAB coordinate communication with the students at all levels to ensure accurate information regarding the status of MLE.

Rationale:

- Should MLE pass, students completing their education during this transition process would be one of the groups potentially most at risk for spread of incorrect information or for misinterpreting information related to the transition to a Master's level entry. A coordinated effort between AMTA, SAAB, and campuses could aide in disseminating accurate information to students and answering questions or concerns raised.
- Should MLE pass, an emphasis on open communication between students and the association via the SAAB could work to maintain and strengthen a positive relationship with students and create an avenue to express concerns and opinions throughout the transition process.

Recommendation #9

Regardless of the outcome regarding Recommendation #1, the MLE Subcommittee recommends that a side-by-side review of the Professional and Advanced Competencies also include the CBMT Domains to ensure there is alignment and consistency between the AMTA Competencies and the Certification Board Domains.

Rationale:

- The Professional and Advanced competencies need continual review to help determine which competencies are appropriate for undergraduate education and which for graduate education.
- There is evidence of incongruence between CBMT Domains and the AMTA Professional and Advanced Competencies.

Recommendation #10

Regardless of the outcome regarding Recommendation #1, the MLE Subcommittee recommends that the AMTA Board of Directors create a committee to address the issue of inconsistencies in clinical skills and clinical musicianship skills across academic programs.

Rationale:

- There is an immediate need to determine which of the Professional and Advanced competencies or Board Certification Domains are not being addressed in curricula or clinical training.

- There is an immediate need to determine where inconsistencies occur in academic programs that result in students not being prepared for the internship or the board certification exam. Specifically, are these inconsistencies in the teaching, student demonstration of, and/or faculty monitoring of clinical skills and/or clinical musicianship skills?

Recommendation #11

Regardless of the outcome regarding Recommendation #1, the MLE Subcommittee recommends that APAC consider adding, to the criteria considered for program re-approval, the CBMT exam pass rate for each educational program.

Rationale:

- An academic program's pass rate on the certification exam may be a source of objective information regarding the program's success in teaching the content of the AMTA Competencies and the CBMT Domains.

Recommendation #12

Regardless of the outcome regarding Recommendation #1, the MLE Subcommittee recommends that AMTA establish standards for education and clinical training in Doctoral degree programs.

Rationale:

- Due to approaching retirements, there will be a need to replace a large number of faculty.
- The pool of qualified program directors will need to be increased, particularly if new programs are added.

Summary and Conclusion

The topic of Master's Level entry into the music therapy profession, as noted in Part I of this report, is longstanding. The question has received focused attention for the past nine years, beginning in 2008 with the ETAB discussion and continuing for the past five years with the MLE Subcommittee. This report represents the most extensive review of this topic to date. The Subcommittee endeavored to answer all the questions raised as thoroughly as possible given the time, personnel, and financial resources available. The Subcommittee readily acknowledges that not all answers are complete, or that even all the right questions have been asked.

The question of MLE is clearly a complicated one, due to the breadth and depth of skill sets needed in both music and in therapy for a competent music therapist to practice. The required combination results in clinical musicianship focused on music as the primary agent of change. Thus, the requisite education and clinical training of a music therapist is unique, and begins with music education long before a person considers music therapy as a career.

Concerns regarding the adequacy of current music therapy education and clinical training have been expressed throughout this investigation, including ETAB reports, at Town Hall meetings, during the 2012 Educator and Internship Directors Forum, and in the MLE survey of music therapy educators and internship supervisors. Those concerns are supported by the CBMT data in Part I, which indicates that clinical practice is advancing, but not, primarily, as the result of education and clinical training. Regardless of whether or not AMTA moves to MLE, this is an issue that must be addressed.

An overview of all the information gathered and analyzed indicates that the AMTA members are divided with no clear indication of what this division suggests. Part I contains clearly articulated rationale for moving forward including the CBMT data which indicates an advancement in clinical practice beyond the time and scope of a bachelor's degree. Likewise, Part I contains clearly articulated rationale documenting opposition due to potential challenges such as increased costs to students, accessibility to graduate programs, and impact on the workforce.

Regardless of the ultimate disposition, it is the sincere hope of the MLE Subcommittee that the five years of investigation documented in the four parts of this report will serve as a foundation for a rigorous and informed discussion of this important question. Finally, we would encourage discussants to keep in mind the four premises and definition of a 21st century music in Part I, which were adopted unanimously by the MLE Subcommittee in 2014.