

# Master's Level Entry (MLE): A Dialogue

Mary Ellen Wylie PhD, MT-BC  
President, AMTA

Jim Borling MM, MT-BC  
Chair-elect, ETAB

# Education and Training Advisory Board (ETAB) A Visionary Board

From the AMTA Bylaws

- \* Education and Training Advisory Board:

The Education and Training Advisory Board advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training.

# History of MLE Development

- \* Discussion of MLE began w/in the profession before AMTA existed (mid-90's)
- \* It first came to focus in ETAB in 2008
- \* It came from a thorough review of documents and literature dating back nearly 20 years and resulted in the papers:
  - Core Considerations (11/2010)
  - Moving Forward ( 11/2011)

# Support from Within AMTA

Both the

The Academic Program Approval Committee (APAC)

and

The Association Internship Approval Committee (AIAC),

the two committees related to educational issues most affected by the level of entry, unanimously endorsed the proposal to move to master's entry

(Fall, 2011)

# Creation of AMTA Subcommittee on Master's-level Entry-1

- \* After regional Town Hall Meetings, Spring 2012, a subcommittee of AMTA board members and ETAB representatives continued further investigation into this process of MLE.

*Chaired by President Wylie and comprised of four additional board members, one of whom is to be an assembly representative selected by the four board delegates, two additional ETAB members selected by ETAB, and the Director of Professional Programs*

# Creation of AMTA Subcommittee on Master's-level Entry-2

- \* This investigation was based primarily on membership feedback, questions, and concerns. In part, we addressed the following:
  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.

# MLE Subcommittee Summer 2012 Projects

- \* Survey of Allied Health Professional
  - \* Subcommittee members made contact with professional associations and/or key figures within the organization
- \* Analysis on Town Hall Meeting comments
  - \* A summary of comments was developed with themes identified and recorded

# Questions for Health Professions Professional Organizations-1

1. What prompted you...?
2. What challenges were encountered?
3. What mistakes were made...?
4. Was a consultant hired...?
5. What was the timeline for this move...?



# Questions for Health Professions Professional Organizations-2

6. What are your major settings...?
7. Impact on internships?
8. Any change professional clinical practice?
9. Economic impact...?
10. Did membership dip...?
11. Did this impact reimbursement fees for service?

# Social Work

## *General Comments*

- \* An advanced degree has become the standard for many positions
- \* The MSW is typically required for positions in health settings and is required for clinical work as well
- \* Some jobs in public and private agencies also may require an advanced degree in social service policy or administration
- \* Supervisory, administrative, and staff training positions typically require an advanced degree

# Social Work

## *State of Texas-1*

- \* The profession of social work in Texas has a 3 tier system of licensure
- \* Each level is regulated and has specific levels of practice
- \* Practice of MSW: may work in an agency employment setting under clinical supervision

# Social Work

## *State of Texas-2*

- \* Practice of Clinical Social Work:

The practice of clinical social work requires applying specialized clinical knowledge and advanced clinical skills in assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions and addictions, including severe mental illness and serious emotional disturbances in adults, adolescents, and children.

# Social Work

- \* Practice settings include:
  - \* Private practice
  - \* Behavioral health
  - \* Social service/family
  - \* General health
  - \* Schools K-12

# Social Work

- \* The Master's degree came before the BSW
- \* Practice areas include:
  - \* Mental Health
  - \* General Health
  - \* Child Welfare/Family
  - \* School Social Work
  - \* Aging

# Occupational Therapy-1 (AOTA)

- \* 1985-86: AOTA Exec Board recommended a move to post-bac entry is in the best interest of the profession
- \* 1997: Commission on Education (COE) Entry-Level Task Force was formed to further explore (holding open forums and town halls)
- \* 1998: An extensive membership survey revealed a 75% endorsement to move to post-bac

# Occupational Therapy-2 (AOTA)

- \* Accreditation Council for Occupational Therapy Education (ACOTE-the accrediting body for the AOTA) published its position that

given the demands, complexity, and diversity of contemporary occupational therapy practice, the forthcoming educational standards are most likely to be achieved in pos-bac degree programs. (1998)



# Occupational Therapy-3 (AOTA)

- \* ACOTE wrote to the chief executive officer, dean, and program director of each institution housing an OT program to request their input regarding the impact a move to post-bac for OTs would have on their institutions. (91 of 99 institutions responded)
- \* Only 2 indicated an inability to move to post-bac
- \* Most felt the move could occur over approx 5 years

# Occupational Therapy-4 (AOTA)

- \* October 2004: the National Board for Certification in Occupational Therapy (NBCOT), the certifying body for OT, voted to support the profession's decision to move to post-bac degree entry by January 1, 2007

# Occupational Therapy-5 (AOTA) “What prompted...”

- \* 1999 Motion: The preparation of future occupational therapy professionals at the baccalaureate level threatens the ability of therapists to maximize their contribution to society because that level no longer adequately reflects the complexity of the knowledge base that has, in fact, emerged from the practice of current master clinicians.

# Occupational Therapy-5.5 (AOTA) “What prompted...”

- \* Preparing therapists at the post-baccalaureate level means those entering the profession will be positioned to take on expanded responsibilities, assume leadership roles, and be players in arenas not only where services are provided, but also where decisions are made.

# Occupational Therapy-6 (AOTA)

- \* From 130 OT programs at the time, 4 programs closed rather than transition (currently there are 150+ programs)
- \* Practitioner salaries reflect supply/demand more than degree level
- \* While this move did increase graduate student loan debt, the change had little, if any, impact on membership and clients. It did, however, increase the profession's ability to participate in interdisciplinary forums as an equal

# Occupational Therapy-7 (AOTA)

- \* Susan Graves, Assistant Director of Accreditation

“If we hadn’t made the move we would have been left out”. She also mentioned that it was controversial at the time but now the overall consensus is that it was the right move for the profession, especially on being on par educationally with other members of the health care team.

# Occupational Therapy-8 (AOTA)

- \* 1999: Director of AOTA Education Department general comments about “Resolution J”:
  - \* To remain competitive in today’s health care environment
  - \* Post-bac is consistent with current trends in other related professions

# Occupational Therapy-9 (AOTA)

## “Resolution J” Continued:

- \* More easily delineate between professional and technical education
- \* New graduates are expected to have a level of clinical decision making that used to be reserved only for experienced clinicians



# Occupational Therapy-10 (AOTA)

- \* Commission on Education (COE) Conclusion:

The fact that there are specific arenas or areas of concern does not constitute a rationale strong enough to prevent the change. It instead means that for such a change to be successful, the concerns must be addressed along the way.

# Physical Therapy

## *History-1*

- \* A Vision Statement endorsed by the American Physical Therapy Association (APTA) House of Delegates in June 2000 states that by 2020 physical therapy services will be provided by doctors of physical therapy...
- \* Major advances in medical care have led to an increase in depth of knowledge and level of skill required of physical therapists.

# Physical Therapy *History-2*

## **The Evolution of Physical Therapy Education**

- \* 1900-1930: Establishing of Certificate Programs
- \* 1930-1950: Transition from Certificate to Bac Programs
- \* 1950-1980: Bac Degree as Educational Standard
- \* 1980-Present: Transition to Post-bac Degree

# Physical Therapy *History-3*

## **1980-Present: Transition to Post-bac degree**

- \* Initial attempts to upgrade were met with considerable resistance
- \* Though a resolution passed in 1990, the decision met with strong opposition for the next decade (from members and academic institutions)

# Physical Therapy *History-4*

- \* 1999: the APTA House of Delegates required that all entry-level programs be post-bac in order to meet the needs of a more comprehensive and complex practice.
- \* 1992: USC initialed the first post-professional DPT program in the United States.

# Nursing

## *General Comments-1*

- \* The AMTA sub-committee has only begun to investigate nursing.
- \* Finding responses from nursing to our questions may take some time because of the various educational paths or levels.

# Nursing

## General Comments-2

### **Registered Nurse Training**

Registered nurses typically take one of three education paths:

1. Bachelor's of Science Degree in Nursing (BSN)
2. Associate's Degree in Nursing (ADN)
3. Diploma from an approved nursing program
4. RNs must be licensed

# Nursing

## General Comments-3

### **Advanced Practice Registered Nurses (APRNs)**

1. May work independently or in collaboration with physicians
2. May provide primary care
3. May prescribe medications

**APRNs require at least a Master's Degree**



# Nursing General Comments-4

## **Institute of Medicine (IOM) Report**

- \* The Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public
- \* Established in 1970, the IOM is the health arm of the National Academy of Sciences

# Nursing General Comments-5

## **Institute of Medicine (IOM) Report**

- \* By 2020, all nurses must be BSN
- \* By 2015, all advanced practice nurses must have doctorate (DNP)
- \* While not currently required, these are 'highly suggested' from the IOM

# Speech-Language Pathology (SLP)

## *General Information*

### **Speech Pathology Education and Training Requirements**

A master's degree in speech pathology, commonly known as speech-language pathology (SLP), is the basic requirement to practice in all states. Many speech pathologists also obtain certification, and most states require licensing.

# Speech-Language Pathology (SLP)

## *General Information*

### **Speech Pathology Education and Training Requirements**

- \* Graduate programs in speech pathology are offered at the master's and doctoral degree level
- \* A master's degree in speech pathology is the most common degree in this field
- \* A master's is the minimum requirement for obtaining professional certification and state licensure ([www.bls.gov](http://www.bls.gov))

# Town Hall Summary-1

All comments from the Spring Regional Town Hall Meetings were reviewed and general categories for analysis were identified. While it is beyond the scope of this presentation to view all comments, we do believe that the following captures the general intent of membership statements.

# Town Hall Summary-2

- \* Members do support “life-long” learning or continued learning to advance the individual and the profession
- \* There are concerns, however, about how universities will do this:
  - \* What will the master’s look like? (specializations?, levels of practice?)
  - \* How are other professions doing this?
  - \* We still have work to do in identifying UG vs Grad skills
  - \* What type of UG degree will be needed? Four years of skills/musical skills seem important

# Town Hall Summary-3

- \* Will master's truly be an advanced degree?
- \* Will opportunity for specialization at master's disappear?
- \* How will the equivalency be impacted?
- \* Will a master's in a related field be sufficient (sp ed, counseling)?

# CBMT Response-1

(from a letter to Cynthia Briggs, Chair, ETAB and  
Jim Borling, Chair-elect, ETAB)

- \* The Certification Board for Music Therapists (CBMT) appreciates receiving the two advisories created by the Education and Training Advisory Board (ETAB) regarding Master's Level Entry into the profession. We agree this change will have significant impact for CBMT as the credentialing body and appreciate our input being sought. (3/9/12)



# CBMT Response-2

Certification industry standards and the National Commission for Certifying Agencies (NCCA) Standards for the Accreditation of Certification Programs expect us to maintain some distance from educational decisions and educational accrediting and approval bodies...

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.

# CBMT Response-3

We can say that typically a certification organization would follow an educational accreditation decision and the customary approach would be to apply the Master's requirement only to future candidates, not retroactively to current bachelor MT-BCs... but we cannot make any concrete statements until the results of the AMTA process are finalized.

# NASM Response

(from a letter to Exec Director Farbman and  
Director Creagan)

As you requested, I write to provide a set of analytical points addressed in our discussion. In doing so, it is important to make clear that these are not official positions of NASM, but rather staff reflections based on knowledge and experience gained over the years.  
(3/14/12)

Samuel Hope  
Executive Director  
National Association of Schools of Music

# NASM Response -1

1. The music therapy profession needs to maintain a good rapport with administrative leaders in institutions of higher education.
2. The music therapy profession needs to have a sufficient number of programs to prepare the number of music therapists needed to serve current and developing needs in the field.

# NASM Response -2

3. The music therapy profession needs to maintain conditions of comity and mutual support among qualified professionals.
4. The music therapy profession needs a sufficient number of institutions to continue offering music therapy education and training programs that produce eligibility for career entry.

# NASM Response -3

5. The music therapy profession needs the continuing understanding and support of administrators of music programs in higher education. Music administrators work in relationship to the efforts of the music unit, but also in relation to the larger institution and its administrators.
6. The music therapy profession needs to take into account realities about the relationship between possible credential-level change and NASM accreditation of UG and graduate music therapy programs.