

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)

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.

Master's Level Entry (MLE): Town Hall Meeting

Mary Ellen Wylie PhD, MT-BC
President, AMTA

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

Education and Training Advisory Board (ETAB)

- 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.
- Produced two papers
 - Core Considerations (11/2010)
 - Moving Forward (11/2011)

Town Hall Meetings

- Held spring 2012
- All 7 regional conferences
- Forum for members to comment or ask questions

AMTA Subcommittee on Master's-level Entry

- MLE Subcommittee appointed May 2012
- Comprised of AMTA board members and ETAB representatives, plus the Director of Professional Programs
- Continues further exploration and investigation into the Master's Level Entry

Master's Level Entry (MLE): The MLE Subcommittee Presents An Update



Background,
Current Work,
Future Tasks

Background:

Education and Training Advisory Board (ETAB)

“A Visionary Board”

- “. . . advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training.”
- Discussion of MLE began w/in the profession before AMTA existed (mid-90s)

Background

- It first came to focus in ETAB in 2008:
 - ETAB completed a thorough review of documents and literature dating back nearly 20 years, resulting in ETAB writing the papers:
 - Core Considerations (11/2010)
 - Moving Forward (11/2011)

Background

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)

Background

- Board of Directors held extensive discussions at the 2011 annual conference
- Town Hall Meetings needed
- Held at Regional conferences in the Spring of 2012
- Opportunity for members to comment

Creation of Board Subcommittee on Master's-Level Entry

- Chaired by President Wylie
- 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
 - The Director of Professional Programs
- Members: Amy Furman, Bryan Hunter, Ronna Kaplan, Christine Neugebauer, Angie Snell, Jim Borling, Cynthia Briggs, and Jane Creagan

Charge of Board Subcommittee on Master's-Level Entry

- Based primarily on membership feedback, questions, and concerns the Subcommittee charge was to:
 1. Analyze the data accrued to date: including (but not necessarily limited to) the town hall meeting responses, CBMT response, NASM response, and website inquiries.
 2. Delineate additional questions and information needed for the Association to make a fully informed decision.
 3. Develop a plan to answer the questions and obtain the information needed.
 4. Make a recommendation for events at the 2012 conference related to MLE.

MLE Subcommittee

Summer 2012 Projects

- Began an Analysis of Town Hall Meeting comments
 - A summary of comments was developed with themes identified and recorded
- Investigated Allied Health Professions
 - Subcommittee members made contact with professional associations and/or key figures within the organization

Allied Health Professions-Questions Posed

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...?
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?

Selected Allied Health Professions

- Social Work
- Physical Therapy
- Occupational Therapy
- Nursing
- Speech Language Pathology
- Recreational Therapy

TOWN HALL MEETINGS

- Participant comments were recorded
- Certain topics were mentioned at all Town Hall Meetings
- Will summarize comments about:
 1. State Recognition
 2. Impact on Educational Programs
 3. Experience of Students
 4. Workforce Issues
 5. The proposed Model

STATE RECOGNITION AND REIMBURSEMENT

- Many statements focused on obtaining state recognition and/or licensure first before a move to Master's level entry
- Reimbursement needed
 - Some proposed we may not receive higher rates of reimbursement with a Master's
 - Some are currently not receiving higher rates of reimbursement with a Master's degree

STATE RECOGNITION AND REIMBURSEMENT

- Confusion about relationship between licensure and a Master's degree
- Judy Simpson, Director of Government Relations, provided comments, and made several points.
 1. Master's degree is not required for state licensure.
 2. Master's degree is not required for reimbursement.
 3. Reimbursement is tied to recognition of the profession and credential.
 4. Other professions had state recognition 1st before moving to a post-baccalaureate degree.
 5. After state recognition is achieved the demand for services increases. Would a Master's level entry limit the number of MT-BCs in the workforce?

IMPACT ON EDUCATIONAL PROGRAMS

- 44% focused on the undergraduate degree with statements and questions:
- The undergraduate degree provides a foundation.
- The undergraduate program is full and it is a challenge to teach all the competencies.
- Will current undergraduate programs be discontinued?
- If there is no Bachelor's degree in MT what will be the prerequisite for a Master's?
- Will current undergraduate programs be revamped?
- Will current Master's degree programs would need to be revamped?

IMPACT ON EDUCATIONAL PROGRAMS

- Other questions:
 - What is the cost to programs?
 - What is the timeline?
 - How will music skills be adequately developed?
- Need to determine how many campuses could not move to a Master's program
- Expressing support of the proposal a number of people said we should be proactive and move forward on the change

EXPERIENCE OF STUDENTS

- Concern expressed regarding the cost to students in time and money
- People commented on logistics related to the internship:
 - how many hours
 - readiness of students
 - who qualified to be a clinical training director
 - when will the internship take place
- Several students felt 6 years would allow time to expand their skills and knowledge base

WORKFORCE ISSUES

- Comments focused on salaries and employment
 - Could agencies afford Master's level MTs.
 - Would jobs be lost to lower paying music practitioners?
 - Salaries of Bachelor's level and Master's level clinicians - salary did not increase with a Master's degree.
- Size of the workforce
 - Concerns about workforce retention
 - Questions asked about having enough qualified educators

WORKFORCE ISSUES

- Remaining comments related to clinical practice
 - Success of clinicians with only a Bachelor's degree
 - What happens to those clinicians that have a Master's in another field?

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

- Comments expressed confusion about some aspect of the model or asked for more detail about the model
- Preparation of students mentioned
- The Equivalency – eliminate it versus keeping it
- Asked what other professions have done
- Currently some Master's programs allow for specialization, would that continue

THE MODEL

- Gaining clinical experience valuable for some in lieu of getting a Master's degree
- Support for the proposal, felt it would bring respect, others felt respect is earned by each individual
- Some proposed new ideas: have an MT assistant program or award the credential with the Master's degree

AMTA Master's Level Entry Forum for Educators and Internship Directors/Supervisors

Bryan Hunter, Ph.D., LCAT, MT-BC

Christine Neugebauer, MS, LPC, MT-BC

Co-Chairs

Sponsored by the AMTA Board of Directors

Sub-Committee on MLE

October 11, 2012

1:30-5:30 pm

AMTA Annual Conference

St. Charles, Illinois

PURPOSE of the Forum

- **Interactive session for educators and internship directors and supervisors (National Roster or University-Affiliated)**

STRUCTURE of the Forum

- **Formal presentations and small group discussions focused on developing and analyzing information needed for the association to make an informed decision.**

Educators and Internship Directors/Supervisors Forum

- Open invitation via AMTA E-news
- 14 people from across the country
- Presented five minute power point presentations on their perspective

Over 100 people participated in the small group discussions that followed. Each of the groups compiled a group report into power point slides which were presented at the end of the discussion.

- 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?**
- 4. Is there a model for education and clinical training not yet articulated?**

SUMMARY—In both the formal presentations and the small group discussions a wide continuum of opinions was expressed including:

- 1. Both support for and opposition to moving to MLE now.**
- 2. Potential support for moving to MLE, but only after further study of possible effects on: workforce, students, universities, and clients.**
- 3. Support for close examination of education and clinical training for the 21st century, regardless of MLE decision.**

SUMMARY—CONT'D.

- 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 were 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.**

CONCLUSION of Forum

If you have further questions regarding the forum please contact—

Bryan Hunter or Christine Neugebauer

All of the forum presentations and small group power point presentations will be available on the AMTA website.

NASM NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC

- The National Association of Schools of Music (NASM) is an accreditation body for schools of music in colleges and universities throughout the U.S.
- AMTA requires NASM accreditation as part of the degree program approval process, because it is an indication that the school or department of music has met a certain standard of excellence.
- NASM and AMTA have had a long and positive collaborative relationship about AMTA degree program standards.

NASM MEETING

- AMTA Executive Director Dr. Andrea Farbman and Director of Professional Programs Jane Creagan met with Sam Hope, Executive Director, and Karen Moynahan, Associate Director, of NASM to ask for their input from their perspective as an accreditation body.
- Director Hope and Associate Director Moynahan provided comments that were consultative in nature and intended to point out the critical importance of advancing the music therapy profession while taking great care not to damage elements needed for its success.

NASM MEETING

- NASM posed two questions:
 1. “If change is desirable, after full reflection and consultation, what is the specific nature of the change to be made?”
 2. How can the change decided upon be made operational without producing the kinds of unintended consequences and collateral damage that could harm the larger effort of the profession, especially over the long term?”

POINTS TO CONSIDER

1. The music therapy profession needs to maintain a good rapport with administrative leaders of all levels at institutions of higher education

POINTS TO CONSIDER

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.

POINTS TO CONSIDER

3. The music therapy profession needs to maintain conditions of comity and mutual support among qualified practitioners

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.

POINTS TO CONSIDER

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.

NASM RECOMMENDATIONS

1. Develop a list of conditions that the music therapy profession absolutely must maintain to sustain and develop its efforts over time.
2. Move and advance, but do so in an organizational culture that focuses on understanding and managing risk, to find a way forward that works on many levels and for many people.

NASM RECOMMENDATIONS

- **SUMMARY:** “The keys are an understanding of the big picture, the elements within it and their relationships; dedication to realistic analyses; flexibility; creativity in matching decisions to goals perhaps in non-traditional ways; patience to develop needed consensus within and across the various constituencies involved; and constant diplomacy.”

NEXT STEPS—Continued Analysis

- INFORMATION DISSEMINATION
 - E-News
 - AMTA website postings
- INFORMATION ANALYSIS
 - May – Conference Call of the Subcommittee
 - June – Meeting in Baltimore
 - Consider information needed from AMTA or others
 - Deliberation of education and clinical training model(s)

Voices of the MLE


A 2013 Review

Presented by
MLE Subcommittee Members
Mary Ellen Wylie
Bryan Hunter
Angie Snell

Background

- ▶ Discussion of move began in mid-1990's
- ▶ 2008 – Education and Training Advisory Board (ETAB)
- ▶ ETAB produced the papers:
 - Core Considerations (11/2010)
 - Moving Forward (11/2011)

Background

- ▶ Town Hall Meetings needed
 - ▶ Held at each Regional conference in the Spring of 2012
 - ▶ Opportunity for members to comment
- 

Background

- ▶ April 2012 – Board of Directors formed the Subcommittee on Master’s–Level Entry
- ▶ Chaired by President Wylie
- ▶ Comprised of:
 - Four additional **Board members**, one of whom is an **Assembly Representative** selected by the four Board delegates
 - Two additional **ETAB members** selected by ETAB
 - The **Director of Professional Programs**

Background – MLE Members

▶ From the Board:

- Amy Furman
- Bryan Hunter
- Ronna Kaplan
- Christine Neugebauer

▶ From the Assembly:

- Angie Snell

▶ From ETAB:

- Jim Borling
- Cynthia Briggs

▶ Director of Professional Programs:

- Jane Creagan

▶ Student

- Marcus Hughes

Charge to the MLE Subcommittee

1. To **analyze the data . . .** including the Town Hall meeting responses, CBMT response, NASM response, and website inquiries.
2. To **delineate additional questions and information** needed for the Association to make a fully informed decision.
3. To develop a **plan to answer the questions** and obtain the information needed.
4. To make a recommendation for **events at the 2012 conference** related to MLE.

2012 Conference Events

- ▶ Concurrent Session given by members of MLE Subcommittee
 - ▶ Town Hall Meeting occurred
- 

2012 Conference Events

- ▶ AMTA Master's Level Entry Forum for Educators and Internship Directors/Supervisors
 - ▶ Interactive session for educators and internship directors and supervisors
 - ▶ Formal presentations and small group discussions
- 

2012 Conference Events


- ▶ Presentations

- 14 people created 5-minute presentations

- ▶ Small group discussion

1. What did you hear that this group thinks is critically important for the Association?
2. What are the top three benefits?
3. What are the top three challenges?
4. Is there a model for education and clinical training not yet articulated?

2012 Conference Events - Opinions expressed

- Some supported and others opposed moving to MLE now.
 - Potential support for moving to MLE, but only after further study of the possible effects on: workforce, students, universities, and clients.
 - Support for close examination of education and clinical training for the 21st century, regardless of MLE decision.
- 

2012 Conference Events – Opinions cont.

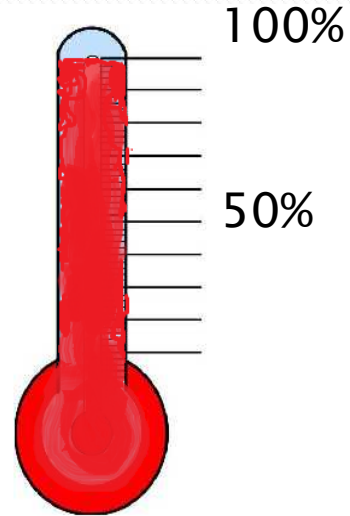
- A concern that the master's degree cannot be both entry level and advanced at the same time.
- Consistent support for retaining the bachelor's degree Possibilities included:
 - a) retaining it as is,
 - b) using it as a pre-master's degree, and
 - c) re-branding it as something related,
 - e. g., a bachelor's of music in human services.

2012 Conference Events

- ▶ A number of proposals were for a clear two-tiered education model (bachelor's, master's) tied to provisional entry level certification for entry level practice (bachelor's) followed by required master's and advanced certification to continue practice.

Charge - To recommend events at the 2012 Conference


100% complete



Analyze the Data Accrued

- ▶ Questions on website
 - ▶ Town Hall meeting questions, comments, and suggestions
- 


Analyze the Data Accrued

- ▶ Town Hall Meetings
 - ▶ Music therapy students and professionals
 - ▶ Topics emerged
 - State Recognition
 - Impact on Educational Programs
 - Experience of Students
 - Workforce Issues
 - The proposed Model
- 

Analyze the Data Accrued

- ▶ **State Recognition and Reimbursement**
- ▶ Confusion about relationship between obtaining a master's and licensure
- ▶ Judy Simpson explained
 1. A Master's degree is not required to obtain state licensure
 2. A Master's degree is not required to obtain reimbursement.


Analyze the Data Accrued

- ▶ 2nd topic - Impact of the MLE on **educational programs**
 - ▶ Undergraduate degree:
 - Will current programs be discontinued?
 - Undergraduate provides a foundation.
 - The undergraduate program is full and a challenge to teach.
 - ▶ Revamp the undergraduate program?
 - ▶ Revamp the current Master's program?
- 

Analyze the Data Accrued

- ▶ Other questions regarding educational programs
 - What is the cost to programs?
 - What is the timeline?
 - How will music skills be developed?
- ▶ Need to determine how many campuses could not move to a Master's program

Analyze the Data Accrued

- ▶ **Students** - cost in time and money
 - ▶ Logistics of the internship
 - ▶ Students felt 6 years would allow time to expand skills and knowledge base
- 


Analyze the Data Accrued

- ▶ 4th topic - **workforce issues**
- ▶ Salaries and employment
 - Affordability of Master's MTs.
 - Jobs lost to music practitioners?
 - Salary level issues
 - Size of the workforce
 - Sufficient number of educators and clinicians
 - Concerns about workforce retention

Analyze the Data Accrued

- ▶ **The model**
- ▶ Confusion about the model or asked for detail
- ▶ Issues
 - Preparation of students
 - Prerequisite for Master's degree
 - The Equivalency
 - What have other professions have done?
 - Would specializations continue?

Analyze the Data Accrued

- ▶ Support for the proposal, feeling it would bring respect
 - ▶ Others felt respect is earned by each individual
 - ▶ Some proposed new ideas: have an MT assistant program or award the credential with the Master's degree
- 

Analyze
the data
accrued
– CBMT

Letter of
March 9,
2012


After review, . . . we are reminded that certification programs such as CBMT are focused on measuring competency in professional practice. Certification industry standards . . . expect us to maintain some distance from educational decisions and educational accreditation and approval bodies. For this reason, CBMT will refrain from issuing an official position on the matter at this time.

Analyze the
data
accrued –
NASM


NASM Executive
Director
Sam Hope &
Associate Director
Karen Moynahan
asked
2 questions

- ▶ 1) If change is desirable, . . . what is the specific nature of the change to be made?
- ▶ 2) How can the change decided upon be made operational without producing the kinds of unintended consequences and collateral damage that could harm the larger effort of the profession, especially over the long term?

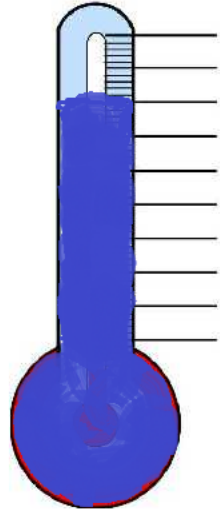
Analyze the data accrued – NASM

- ▶ Communicate and consult with college and university administrators at all levels
 - ▶ Take a realistic look at challenges higher education faces
 - ▶ Communicate and consult with our members
- 

Analyze the data accrued – NASM

- ▶ Create standards against which to evaluate any proposal
 - ▶ “Move and advance, but do so in an organizational culture that focuses on understanding and managing risk, to find a way forward that works on many levels and for many people.”
- 

Analyze the Data Accrued




80%
complete

Another Charge

- ▶ *Delineate additional questions and information needed and develop a plan for gathering information and answering questions.*
- ▶ 4 tasks identified
- ▶ 1st task – consider the impact of the proposal on **institutions or organizations**

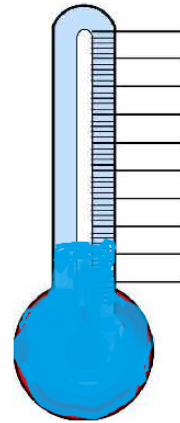
Task #1

Institutions and Organizations

- ▶ Impact on AMTA
 - ▶ Impact on CBMT
 - ▶ Approval by NASM
- 


Task #1 – Institutions and Organizations

- ▶ Initial stage
- ▶ 25% complete



Task #2


Allied health professions investigation

- ▶ What have other professions done?
 - ▶ List of questions developed
 - ▶ Examined professions that moved to the graduate level entry
 - ▶ Included some professions that have not moved to graduate level
- 


Allied health professions investigation

- ▶ **Art Therapy**
- ▶ **Child Life** (has begun process to move to Master's)
- ▶ Counseling
- ▶ Nursing
- ▶ **Occupational Therapy**
- ▶ **Physical Therapy**
- ▶ Social Work (started with Masters and then added Bachelor's)
- ▶ **Speech & Language Pathology**
- ▶ Therapeutic Recreation
- ▶ **Australian Music Therapy Association**
- ▶ Canadian Association for Music Therapy

Allied health professions investigation

- ▶ Why did the profession move to the graduate degree for entry into the field?
 - ▶ Mature clinicians needed
 - ▶ Autonomy
 - ▶ Complex curriculum
 - ▶ Demands of clinical practice
- 

Allied health professions investigation


- ▶ Challenges
 - ▶ OT lost 4 programs
 - ▶ Having both an undergraduate degree and graduate degree for practice creates confusion
 - ▶ OT had to convince their accreditation agency to accept the change
- 

Allied health professions investigation

How long
did move to
a graduate
level entry?

- ▶ PT & OT – over 20 years
- ▶ Art Therapy – about 21 years
- ▶ Child Life – projects it will take 12 years
- ▶ Australian Music Therapy Association – 8 years

Allied health professions investigation

- ▶ Asked how move to the graduate level affected clinical training or the internship?
 - ▶ Occupational Therapy – internship as at the undergraduate level.
 - ▶ 24 week fulltime clinical experience
- 

Allied health professions investigation
Internship Models
Number of Hours

- ▶ AMTA – 1200 total internship hours
- ▶ Pre-internship-180 & Internship-900
- ▶ Art therapy-600
- ▶ Rehab Counseling-100 + 500
- ▶ BSW-400 & MSW-900
- ▶ SLP-25 + 375
- ▶ Australia-1040
- ▶ Canada-1000

Allied health professions investigation

Gathered information on the size of the professional organization

<u>Profession</u>	<u>Members</u>
Art	5,000
Child Life	5,000
Counseling	54,000
Nursing	500,000


Allied health professions investigation

<u>Profession</u>	<u>Members</u>
Occupational Th.	44,000
Physical Therapy	80,000
Social Work	140,000
Speech Language	166,700
Therapeutic Rec.	2,100

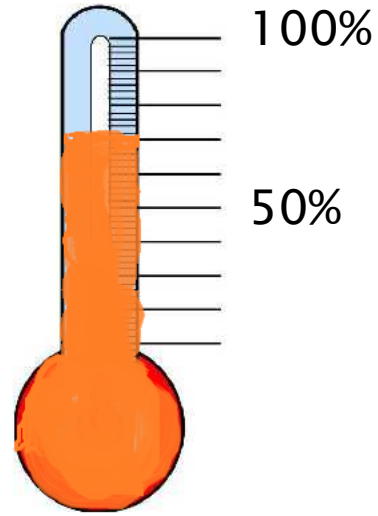
Allied health professions investigation

<u>Profession</u>	<u>Members</u>
Australian Assoc.	480
Canadian Assoc.	850

Allied health professions investigation

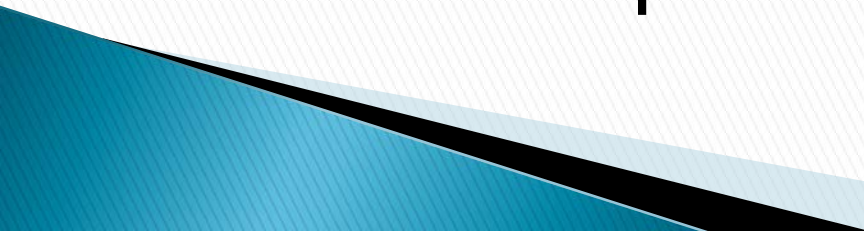
- ▶ Observations
 - ▶ No pattern to evolution of a profession's educational requirements
 - External issues
 - Internal issues
 - ▶ Professions continue to change
- 

Allied health professions investigation




70%
complete

Core Values

- ▶ 8 Essential Needs of the profession
 - ▶ 1. A sufficient number of qualified music therapists.
 - ▶ 2. Clinical training programs that meet the needs of diverse students.
 - ▶ 3. Educational programs that meet the needs of diverse students.
 - ▶ 4. An integrated and autonomous relationship with CBMT.
- 

Core Values

5. Professionals with functional music skills and knowledge of music.
 6. Professionals trained in critical thinking, problem solving, active listening, reasoning, communication, counseling skills and social perceptiveness.
 7. Education and clinical training defined by competencies that are consistent with current and emerging models and practices.
 8. Consideration given to levels of practice and specializations in music therapy practice.
- 

Core Values

- ▶ Definition of a 21st century music therapist
- ▶ 1. Possesses excellent musicianship
 - On their applied (primary) instrument
 - On functional instruments
 - Has knowledge of music

Core Values

2. Is trained to use the elements of music to assess, and based on assessed need, treat using the elements of music

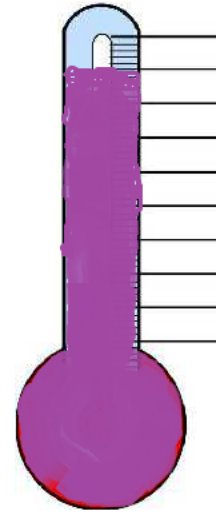
3. Is able to use the therapeutic process or possesses therapeutic skills of

- ▶ Self-awareness
- ▶ The ability to translate and apply research to clinical practice
- ▶ Empathic understanding of the clinical milieu
- ▶ An integrative understanding of the therapeutic process
- ▶ Being an integral team member

Core Values


Needs of the Profession and Definition of a 21st century music therapist

- ▶ 90% Complete



Educational Models

- ▶ ETAB offered models
 - ▶ Model suggested in Educators & Internship Directors forum

 - ▶ MLE selected 5 models
 - ▶ Began with list of pros and cons of each
- 

- ▶ **Model #1: Bachelor's–Master's sequence at one institution.**
- ▶ No Bachelor's in music therapy, prerequisite courses taken under different degree title
- ▶ **Pros**
- ▶ Time to develop musical skills
- ▶ Maturity of students
- ▶ Continuity from Bachelors to Master's

Educational Models

- ▶ **Cons – Model #1**
- ▶ Cost to obtain a Master's
- ▶ Fewer graduates entering the workforce
- ▶ Loss of work experience obtained between earning degrees
- ▶ Uncertainty about Specializations
- ▶ Adverse effects on transfer or equivalency students
- ▶ May not solve full curriculum problem

Educational Models

- ▶ **Model #2 – Affiliated bachelor’s–master’s sequence at two institutions**
- ▶ Current undergraduate programs remain & affiliate with graduate programs
- ▶ No bachelor’s in music therapy
- ▶ Affiliations facilitate admission to graduate program

Educational Models

- ▶ **Affiliated bachelor's–master's sequence at two institutions**
- ▶ **Pros**
- ▶ **No loss of current undergraduate programs**
- ▶ **May work for transfer and equivalency students**
- ▶ **Specializations possible**
- ▶ **Benefit from having different professors**

Educational Models

▶ Cons of Model #2

- ▶ Harder to recruit freshmen
- ▶ Where in the model are practicum and internship experiences
- ▶ Additional work to create affiliations

Educational Models

- ▶ **Model #3 – Entry level master’s degree in music therapy**
- ▶ **Master’s courses address Professional and some Advanced competencies**
- ▶ **Clinical foundation and music foundation courses taken as an undergrad**
- ▶ **Review of AMTA competencies needed**

Educational Models

▶ Pros of Model #3

- ▶ Potential enhancement of master's degree
- ▶ Elimination of equivalency could be a pro or con

▶ Cons

- ▶ Loss of current undergraduate programs
- ▶ Challenge to verify entering students meet prerequisite skills or competencies
- ▶ No pre-internship clinical practicum experiences

- ▶ 4th model –Two–tiered education model
- ▶ Bachelor's degree earns student provisional entry level certification
- ▶ Similar Bachelor's curriculum
- ▶ Master's degree in music therapy required to continue to practice as a music therapist & gain advanced certification after a specified number of years

- ▶ **Pros of Model #4**
- ▶ Master's an advanced degree
- ▶ Financial benefit to bachelor's level
MT
- ▶ Clinical experience at both levels
- ▶ Advanced certification beneficial
- ▶ Possibility of on-line programs

- ▶ **Cons**
- ▶ Enforcement
- ▶ CBMT creates 2 exams?
- ▶ Confusion with two levels of practice and certification

▶ #5 Model – Current Model

- ▶ Bachelor's degree in music therapy
- ▶ Completion of coursework and internship
- ▶ Earning degree leads to credential

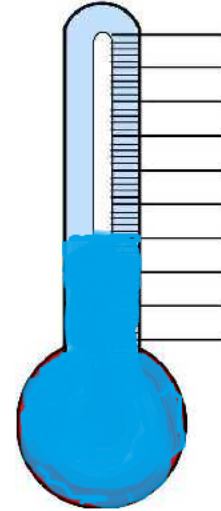
Educational Models

- ▶ **Cons of Model #5**
- ▶ Full curriculum
- ▶ Inconsistent music skills of interns
- ▶ Educators challenged to integrate academic and clinical work
- ▶ Confusion about difference between a bachelor's and master's degree
- ▶ Inconsistency in grad programs
- ▶ Need for better research skills

Educational Models

Consideration of educational models

- ▶ 40% complete



Further discussion, summation, & debate needed

Future

- ▶ Continue information gathering
- ▶ Communicate with members
- ▶ Feel free to contact us

Thank you



Update for Educators and Internship Directors

Presented by the Master's Level
Entry (MLE) Subcommittee
November 2014

Update for the Assembly of Delegates

Presented by the Master's Level
Entry (MLE) Subcommittee
November 2014

Background

- **MLE Subcommittee formed in 2012**
- **Charged by the Board of Directors to explore the proposal to move to Master's Level Entry for the profession**
- **Worked on several tasks**

Education models

- One task that needed continued work
- Our definition of a 21st century music therapist and our core values for the profession guided us
- Examined models introduced by various individuals

4 Premises

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

Models 1-3

- **MODEL #1 One institution – Bachelor's leading to a required Master's degree in Music Therapy**
- **MODEL #2 Two institutions – Bachelor's program formally affiliated with Master's program; Master's required**
- **MODEL #3 Master's degree in Music Therapy is entry level degree for the profession**

Models #4-#6

- **MODEL #4. Two-tiered process – Bachelor's earned and eventual Master's in Music Therapy required**
- **MODEL #5. Bachelor's in Music Therapy is entry level degree (current model)**
- **MODEL #6. Pre-Music Therapy Bachelor's Degree leads to Required Master's in Music Therapy**

Proposed new model developed

- Preparation of the 21st century music therapist
- Trained to use the elements of music to both assess and treat
- Knowledge of the therapeutic process
- Able to translate and apply research to clinical practice

Motion

- . . . report which includes a proposed new model of Education and Clinical Training, for feedback for a one-year period an updated report submitted to the Board at its 2015 Mid-Year meeting.

and Rationale

- . . . a report and proposed new model for education and clinical training is ready for review and feedback from the AMTA Assembly of Delegates and membership. The MLE Subcommittee report . . . recommends that the entry level to music therapy practice be moved to the Master's level effective January 1, **2025**, dependent upon discussion, feedback, data collection, and successful passage by the Assembly of Delegates Consequently . . . eligibility to sit for the MT-BC exam would require completion of an AMTA-approved Master's degree
-

Proposed New Model: AMTA-approved Bachelor's Degree in Music - the Major or Concentration is Pre-Music Therapy²

- **Core Music Training in:** theory, history, world music, ensembles, primary instrument, etc.
- **Functional Musicianship:** voice, piano, guitar, etc.; Intro to songwriting and improvisation; variety of genres taught, etc.
- **Core of MT training:** Introduction to MT, Psych of Music, MT lab courses
- **Non-music courses/areas of study:** Psychology, Anatomy and Physiology, & Exceptional Children courses

AMTA-approved Master's Degree in Music Therapy leading to Eligibility for Board Certification Examination

- **Pre-competence for entrance into the Master's program:** Competence in functional music skills and applied music (instrument) skills
- **Music Foundations Content Areas:** Clinical improvisation, Songwriting, Receptive/re-creative/expressive MT
- **Music Therapy Content Areas:** Advanced Psych of Music (Music Neuroscience), Research, History and philosophy, Clinical populations, etc.
- **Related Content Areas:** Statistics, Research methodologies, and Verbal therapy and counseling skills

SWOT Analysis - Strengths (internal, positive factors)

- 1. Longer time to develop music & functional skills**
- 2. Expanded educational time contributes to maturity**
- 3. Focus of UG coursework on functional and applied music skill along with preparatory skill development**
- 4. Focus of G coursework on therapeutic and music therapy skill development**
- 5. Clinical training will begin with observation assisting, and non-MT music leading in UG and will be fully integrated into G level courses**
- 6. G level work can generate more research to contribute to evidence-based practice**

SWOT Analysis - Strengths cont.

7. Transfer or equivalency students can complete pre-MT degree
8. We have UG and G programs & internships in place
9. There are already UG programs interested in establishing pre-MT degrees
10. New undergrad programs approved & schools planning to submit degree applications have stated that moving to masters would not be a problem for them
11. Retention of music therapists over the long-term may increase and prevent burnout since MT's will be better trained
12. Retention of MTs could increase AMTA membership
13. Practicing MTs will have greater level of skill and knowledge entering the field

WEAKNESSES: (internal, negative factors)

- 1. Students cannot work as a professional MT-BC between UG and G degree programs**
- 2. Financial hardship created without the possibility to work after UG as a professional MT or while pursuing G**
- 3. May be difficult for UG students to identify with a “pre” major**
- 4. Pre-MT students may earn the UG degree, but not the G degree, and join ranks with labor substitutes**
- 5. Challenge to campuses if they need to modify UG or G curriculum or degree programs, meet new staffing needs, or recruit at the UG level**
- 6. Internships may need to modify for G level students**
- 7. Internship credits will be at the graduate credit price**

WEAKNESSES: (internal, negative factors) cont.

8. Additional years in school will increase cost to students

9. Added time to get degree and credential may contribute to burnout

10. Additional time and cost may reduce # of MTs entering workforce each year

11. Impact of #10 above on diversity within the field. Analysts say limited access to profession through increased credentialing can impact new potential recruits, the underrepresented and disadvantaged individuals.

12. Void created by lack of music therapists may be filled by lesser trained therapeutic musicians

13. Competition due to limited numbers of G programs as well as internships

OPPORTUNITIES: (external, positive factors)

- 1. Master's level may set us apart from other musicians claiming to provide therapeutic music**
- 2. We will provide better quality of services to the clients we serve**
- 3. Some employers prefer MTs with Master's degree now for employment**
- 4. After earning a Master's the MT will be able to acquire true specializations or advanced practice training**
- 5. Well-trained MTs may contribute to projected need for healthcare workers**
- 6. UG and G degree programs will be approved by AMTA**
- 7. CBMT retains one Scope of Practice**

OPPORTUNITIES: (external, positive factors) cont.

8. We have a good working relationship with CBMT, e.g. State Recognition Plan

9. Individuals or others within and outside of MT can provide specialized training for music therapists

10. Employers, the public, and other healthcare professionals will need to be educated about the new level for entry into the profession

11. Changes that affect MT have and are taking place (e.g., state regulation); & other allied health professions have moved to the G level

12. There may be an increase in UG pre-MT programs since this is already a trend and new G programs may result due to the demand

THREATS: (external, negative factors)

- 1. Campuses currently offering degrees will need to be notified in a timely fashion**
- 2. Proposed changes will need to be approved by NASM Assembly**
- 3. AMTA will need to work with CBMT to determine if change impacts Scope of Practice**
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- 5. Campuses may refuse to change to new UG degree and/or add G degree resulting in closure of programs**
- 6. Universities prefer having undergrad programs that lead to a credential. UG administrators will need to be convinced of the necessity of going to the MLE and that AMTA is not just “leveling up” the Bachelor's degree**

THREATS: (external, negative factors) cont.

- 7. Fewer MTs entering workforce each year may reduce CBMT certificant and AMTA membership numbers**
- 8. Expectations are employers will pay higher wages for Master's level MTs, and if they cannot or will not, employers may turn to labor substitutes**
- 9. Competition for jobs with lower wage therapeutic musicians**
- 10. Competition from creative arts therapists, other musicians or other allied health professions will continue and MTs need to know how to [others] about the risks of lesser-trained musicians providing services**
- 11. A risk analysis needed to outline potential financial impact on AMTA and gather trend data**
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SWOT Analysis of Current Model - Remain BLE

STRENGTHS & WEAKNESSES

1. No loss of academic programs
2. No change to clinical training model
3. Same number of MTs yearly entering the field
4. MTs will be able to attain professional clinical experience prior to getting a master's degree
5. Less years in academia = decreased cost
6. AMTA/CBMT/NASM already have resources in place for this model

1. Musicianship and functional skills may continue to be underdeveloped in some entry-level MTs
2. We will continue to have to put all the coursework and internship into 4.5 years as the knowledge base continues to grow
3. Some BLE people may not be mature enough for the role of therapist in certain clinical situations
4. Graduating at the BLE and discovering one's limited skill base may lead to burnout
5. Model may have to be revamped to sufficiently provide quality MT services in a rapidly changing world

Future

- **Discussion of this model**
- **Sessions at each 2015 Regional conference**
- **Survey of educators and internship directors**
- **Report to Board of Directors at 2015 Mid-Year**

Comments or Questions regarding . . .

- **Four Premises (p. 69)**
- **Proposed New Model (p. 66)**
- **SWOT (pp. 78-80)**
- **Outstanding Questions (p. 75)**
- **Other**

* A PROGRESS REPORT

Presented by the Master's Level Entry (MLE)
Subcommittee

November 2014

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- * Charged by the Board of Directors to explore the proposal to move to Master's Level Entry for the profession
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* WEAKNESSES CONT.

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* **WEAKNESSES cont.**

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THREATS cont.

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* **SWOT Analysis of Current BLE Model**

* Current BLE Model - WEAKNESSES

1. Musicianship and functional skills may continue to be underdeveloped in some entry-level MTs
2. We will continue to have to put all the coursework and internship into 4.5 years as the knowledge base continues to grow
3. Some BLE people may not be mature enough for the role of therapist in certain clinical situations
4. Graduating at the BLE and discovering one's limited skill base may lead to burnout
5. Model may have to be revamped to sufficiently provide quality MT services in a rapidly changing world

* Current BLE Model - OPPORTUNITIES

1. No need to drastically change AMTA education & clinical training documents
2. AMTA/CBMT can maintain primary strategic priority toward state recognition
3. Students will be able to start career after the BLE, enhancing the marketability of the degree
4. Specialized trainings may continue to grow and expand as more MTs are demanding additional training in certain areas

* Current BLE Model - 9 THREATS

1. Ability of various client populations to access quality treatment may be impaired by MTs entering the work force who will not have the adequate clinical and musicianship skills
2. Undergraduate level does not elicit research which may hinder evidence-informed practice
3. The strong musicianship of other therapeutic music practitioners may result in MTs losing potential positions to these practitioners
4. MTs with only BLE training may not be able to serve as primary therapists in some agencies and institutions

* THREATS cont.

5. We could potentially “lose” some MTs who choose to get a Master’s in another related health profession such as SLP, counseling, etc.
6. Public may continue to be confused by differences between BLE, MTs who have a graduate degree in MT, and Master’s Equivalency MTs
7. There may continue to be “pre-MT programs” being developed in various places with AMTA unable to monitor curriculum and quality
8. The number of professionals may continue to remain even without some kind of change...need to figure out what the primary reason for MTs leaving the profession
9. There may not be another opportunity for MT to move to MLE (which will already be a long process) and by then, it could be too late

- * Discussion of this model
- * Sessions at each 2015 Regional conference
- * Survey of educators and internship directors
- * Report to Board of Directors at 2015 Mid-Year

* Future

**Spring 2015 Report
from the
Master's Level Entry (MLE)
Subcommittee**

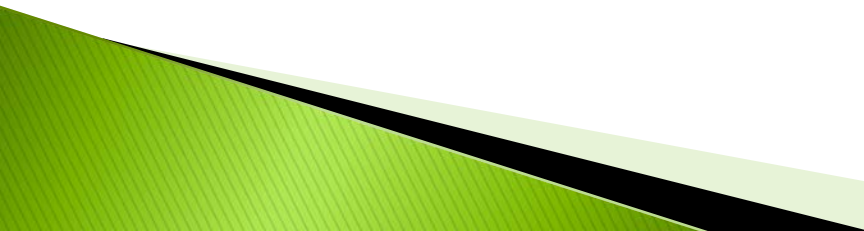
Regional Conference Presentations




Tasks undertaken to explore a proposed move to Master's Level Entry for music therapists

- ▶ Analyzed town hall meeting and website comments
- ▶ Investigated educational changes or educational models
- ▶ Gave presentations
- ▶ Developed a set of core values
- ▶ Began a process to collect information on the impact of such a change
- ▶ More recently the Subcommittee:
 - Evaluated six education models
 - Introduced a proposed new model of education and clinical training

Education Models Examined

- ▶ Examined models introduced by various individuals
 - ▶ Our definition of a 21st century music therapist and our core values for the profession guided us
 - Trained to use the elements of music to both assess and treat
 - Knowledge of the therapeutic process
 - Able to translate and apply research to clinical practice
- 


ESSENTIAL CONSIDERATIONS/CORE VALUES

1. We need a sufficient number of qualified music therapists to meet the demand
 2. Clinical training programs meeting the needs of diverse students
 3. Educational programs meeting the needs of diverse students
 4. An integrated and autonomous relationship with CBMT.
 5. Professionals with functional music skills and knowledge of music
 6. Professionals trained in critical thinking, problem solving, active listening, communication
 7. Education and clinical training defined by competencies
 8. Consideration given to levels of practice and specializations in music therapy practice
- 


4 Premises

1. The body of knowledge for entry level professional competency continues to grow and create concern for adequate training of future music therapists within the undergraduate curriculum,
2. A move to requiring Master Level studies is a paradigm shift that reaffirms the profession's dedication to the needs and welfare of those needing music therapy today and into the future,


4 Premises

3. This paradigm shift is rooted in quality service delivery for diverse and growing client needs and evidence-based practice,
 4. Given the powerful nature of assessing and treating human conditions with the music medium and the high expectations required of entry-level music therapists, musicianship and agile manipulation of music elements must grow to meet the 21st Century needs of clients.
- 


Models 1–3

- ▶ **MODEL #1** One institution – Bachelor’s leading to a required Master’s degree in Music Therapy
 - ▶ **MODEL #2** Two institutions – Bachelor’s program formally affiliated with Master’s program; Master’s required
 - ▶ **MODEL #3** Master’s degree in Music Therapy is entry level degree for the profession
- 


Models #4-#6

- ▶ **MODEL #4. Two-tiered process – Bachelor's earned and eventual Master's in Music Therapy required**
 - ▶ **MODEL #5. Bachelor's in Music Therapy is entry level degree (current model)**
 - ▶ **MODEL #6. Pre-Music Therapy Bachelor's Degree leads to Required Master's in Music Therapy**
- 

Proposed new model developed

- ▶ Definition, Premises, and considerations/values guided our work
 - ▶ Each model had strengths and limitations
 - ▶ New model emerged
 - ▶ Earn a Bachelor's degree in Pre-Music Therapy followed by a Master's in Music Therapy degree
- 

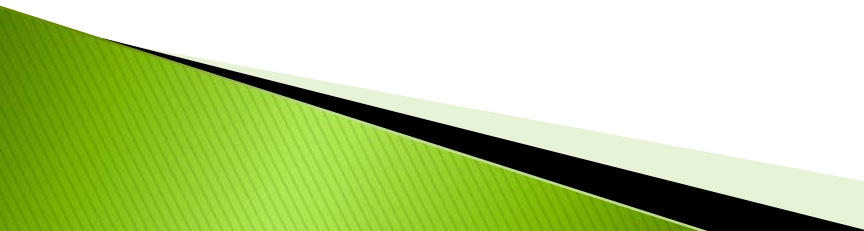
Motion

- ▶ . . . the Board recommends the public release of the MLE Subcommittee report which includes a proposed new model of Education and Clinical Training, for feedback for a one-year period. The public feedback along with additional data collected by the MLE Subcommittee will be analyzed and an updated report submitted to the Board at its 2015 Mid-Year meeting.
- 


and Rationale

- ▶ . . . a report and proposed new model for education and clinical training is ready for review and feedback from the AMTA Assembly of Delegates and membership. The MLE Subcommittee report . . . recommends that the entry level to music therapy practice be moved to the Master's level effective January 1, 2025, dependent upon discussion, feedback, data collection, and successful passage by the Assembly of Delegates Consequently . . . eligibility to sit for the MT-BC exam would require completion of an AMTA-approved Master's degree


AMTA–approved Bachelor’s Degree in Music – the Major or Concentration is Pre–Music Therapy²

- ▶ **Core Music Training in:** theory, history, world music, ensembles, primary instrument, etc.
 - ▶ **Functional Musicianship:** voice, piano, guitar, etc.; Intro to songwriting and improvisation; variety of genres taught, etc.
 - ▶ **Core of MT training:** Introduction to MT, Psych of Music, MT lab courses
 - ▶ **Non–music courses/areas of study:** Psychology, Anatomy and Physiology, & Exceptional Children courses
- 


AMTA–approved Master’s Degree in Music Therapy leading to Eligibility for Board Certification Examination

- ▶ **Pre–competence for entrance into the Master’s program:** Competence in functional music skills and applied music (instrument) skills
 - ▶ **Music Foundations Content Areas:** Improvisation, Songwriting, Receptive/re–creative/expressive MT
 - ▶ **Music Therapy Content Areas:** Advanced Psych of Music (Music Neuroscience), Research, History and philosophy, Clinical populations, etc.
 - ▶ **Related Content Areas:** Statistics, Research methodologies, and Verbal therapy and counseling skills
- 


SWOT Analysis – STRENGTHS (internal, positive factors)

1. Longer time to develop music & functional skills
 2. Expanded educational time contributes to maturity
 3. Focus of UG coursework on functional and applied music skill along with preparatory skill development
 4. Focus of G coursework on therapeutic and music therapy skill development
- 


STRENGTHS cont.

5. Clinical training will begin with observation assisting, and non-MT music leading in UG and will be fully integrated into G level courses
 6. G level work can generate more research to contribute to evidence-based practice
 7. Transfer or equivalency students can complete pre-MT degree
 8. We have UG and G programs & internships in place
 9. There are already UG programs interested in establishing pre-MT degrees
- 


STRENGTHS cont.

10. New undergrad programs approved & schools planning to submit degree applications have stated that moving to masters would not be a problem for them
 11. Retention of music therapists over the long-term may increase and prevent burnout since MT's will be better trained
 12. Retention of MTs could increase AMTA membership
 13. Practicing MTs will have greater level of skill and knowledge entering the field
- 


WEAKNESSES: (internal, negative factors)

1. Students cannot work as a professional MT–BC between UG and G degree programs
 2. Financial hardship created without the possibility to work after UG as a professional MT or while pursuing G
 3. May be difficult for UG students to identify with a “pre” major
 4. Pre–MT students may earn the UG degree, but not the G degree, and join ranks with labor substitutes
- 


WEAKNESSES CONT.

5. Challenge to campuses if they need to modify UG or G curriculum or degree programs, meet new staffing needs, or recruit at the UG level
 6. Internships may need to modify for G level students
 7. Internship credits will be at the graduate credit price
 8. Additional years in school will increase cost to students
 9. Added time to get degree and credential may contribute to burnout
- 


WEAKNESSES cont.

10. Additional time and cost may reduce # of MTs entering workforce each year
 11. Impact of #10 above on diversity within the field. Analysts say limited access to profession through increased credentialing can impact new potential recruits, the underrepresented and disadvantaged individuals.
 12. Void created by lack of music therapists may be filled by lesser trained therapeutic musicians
 13. Competition due to limited numbers of G programs as well as internships
- 


OPPORTUNITIES: (external, positive factors)

1. Master's level may set us apart from other musicians claiming to provide therapeutic music
 2. We will provide better quality of services to the clients we serve
 3. Some employers prefer MTs with Master's degree now for employment
 4. After earning a Master's the MT will be able to acquire true specializations or advanced practice training
- 


OPPORTUNITIES cont.

5. Well-trained MTs may contribute to projected need for healthcare workers
 6. UG and G degree programs will be approved by AMTA
 7. We have a good working relationship with CBMT, e.g. State Recognition Plan
 8. Individuals or others within and outside of MT can provide specialized training for music therapists
- 


OPPORTUNITIES cont.

9. Employers, the public, and other healthcare professionals will need to be educated about the new level for entry into the profession
 10. Changes that affect MT have and are taking place (e.g., state regulation); & other allied health professions have moved to the G level
 11. There may be an increase in UG pre-MT programs since this is already a trend and new G programs may result due to the demand
- 


THREATS: (external, negative factors)

1. Campuses currently offering degrees will need to be notified in a timely fashion
 2. Proposed changes will need to be approved by NASM Assembly
 3. AMTA will need to work with CBMT to determine if change impacts Scope of Practice
 4. On-line Master's in MT programs may need to change or revise curriculum
 5. Campuses may refuse to change to new UG degree and/or add G degree resulting in closure of programs
- 


THREATS cont.

6. Universities prefer having undergrad programs that lead to a credential. UG administrators will need to be convinced of the necessity of going to the MLE and that AMTA is not just “leveling up” the Bachelor’s degree
 7. Fewer MTs entering workforce each year may reduce CBMT certificant and AMTA membership numbers
 8. Expectations are employers will pay higher wages for Master’s level MTs, and if they cannot or will not, employers may turn to labor substitutes
- 


THREATS cont.

9. Competition for jobs with lower wage therapeutic musicians
 10. Competition from creative arts therapists, other musicians or other allied health professions will continue and MTs need to know how to [others] about the risks of lesser-trained musicians providing services
 11. A risk analysis is needed to outline potential financial impact on AMTA and gather trend data
 12. We may be challenged to get full support from membership and from administrators of educational programs and clinical training programs.
- 


Current Tasks

- ▶ Discussion of the proposed model
 - ▶ Sessions at each 2015 Regional conference
 - ▶ Survey of educators and internship directors
 - ▶ Report to Board of Directors at 2015 Mid-Year
 - ▶ Additional members added to the Subcommittee
- 

Future Investigations

- ▶ Impact of State Authorization
 - ▶ Capacity of AMTA–Approved programs
 - 1) Current caps on enrollment
 - 2) Impact on assistantships or retention rates
 - ▶ Curriculum Issues – Internship Models for graduate level
 - ▶ Student Issues – impact of student debt load
- 

Future Investigations

- ▶ **Market & Economic Analyses Needed**
 - Labor substitutes
 - Job security
 - # of MT-BCs during transition and after
 - Impact on membership of AMTA
 - Diversity of practitioners
 - ▶ **External Questions**
 - NASM passage of a proposal
 - Impact of State Recognition and Regulation
 - Unintended consequences
 - ▶ **Additional SWOT Analyses**
- 

MLE 2016 Survey: A Preliminary Report

Presented by members of the Master's Level
Entry (MLE) Subcommittee
March and April 2016

Why a Survey?

- ▶ Our charge
- ▶ 1. To analyze the data accrued to date including: the Town Hall meeting responses, CBMT response, NASM response, and website inquiries.
- ▶ 2. To delineate additional questions and information needed for the Association to make a fully informed decision.
- ▶ 3. To develop a plan to answer the questions and obtain the information needed.
- ▶ 4. To make a recommendation for events at the 2012 conference related to MLE.
- ▶ Focus is on #2 and #3

Purpose of the Survey

- ▶ To gather information about music therapy educational programs and music therapy internship programs
- ▶ To assess perspectives of music therapy educators and internship supervisors concerning moving to the MLE

Survey Development

- ▶ Questions were based on input, feedback or questions from members
- ▶ Separate surveys for educators and internship supervisors
- ▶ Valuable feedback from:
 - ▶ MLE Subcommittee members & Board of Directors
 - ▶ AMTA Research Committee
 - ▶ 2 members of Academic Program Approval Committee
 - ▶ 2 members from Association Internship Approval Committee
 - ▶ 2 outside reviewers

Survey Distribution

- ▶ IRB approval
- ▶ Sent February 10th & returned by February 29th
- ▶ One survey to educational program directors and fulltime faculty members
- ▶ Second survey sent to National Roster internship supervisors
- ▶ Program directors supplied names and email addresses of University Affiliated internship supervisors used
- ▶ Over 90 University Affiliated internship supervisors will be sent the survey

Preliminary Data - Return Rate

Participants		Return Rate
Education Program Directors	N=76	100%
Fulltime MT Faculty	N=66	89%
National Roster Intern Supervisors	N=123	88%

Description of Educators

Institution Type	Program Directors # Responding (%)	Fulltime Faculty # Responding (%)
Public College/University	39 (53%)	22 (44%)
Private College/University	34 (47%)	28 (56%)

Educators cont.

- ▶ Length of time teaching grouped by years?

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

- ▶ MT programs in development?
 - ▶ 64% indicated no
 - ▶ 26% (19) indicated a Master's was in development

Education Information

- ▶ On average 121 semester credits are required for a degree
- ▶ Students complete an average of 6 semesters or 7 quarters of study on their primary instrument
- ▶ About half of campuses require a senior experience
- ▶ About 25% (17 of 70) require a senior recital on the primary instrument

Time to Prepare Students

- ▶ **Is There adequate time to teach the current body of music therapy knowledge?**
 - ▶ 39 program directors (57%) selected agreed & 29 (43%) disagreed
 - ▶ 19 fulltime faculty members (46%) agreed & 22 (54%) did not
- ▶ Total 58 educators agreed & 51 disagreed
- ▶ 64% of program directors and 53% of fulltime faculty felt seniors demonstrated professional maturity

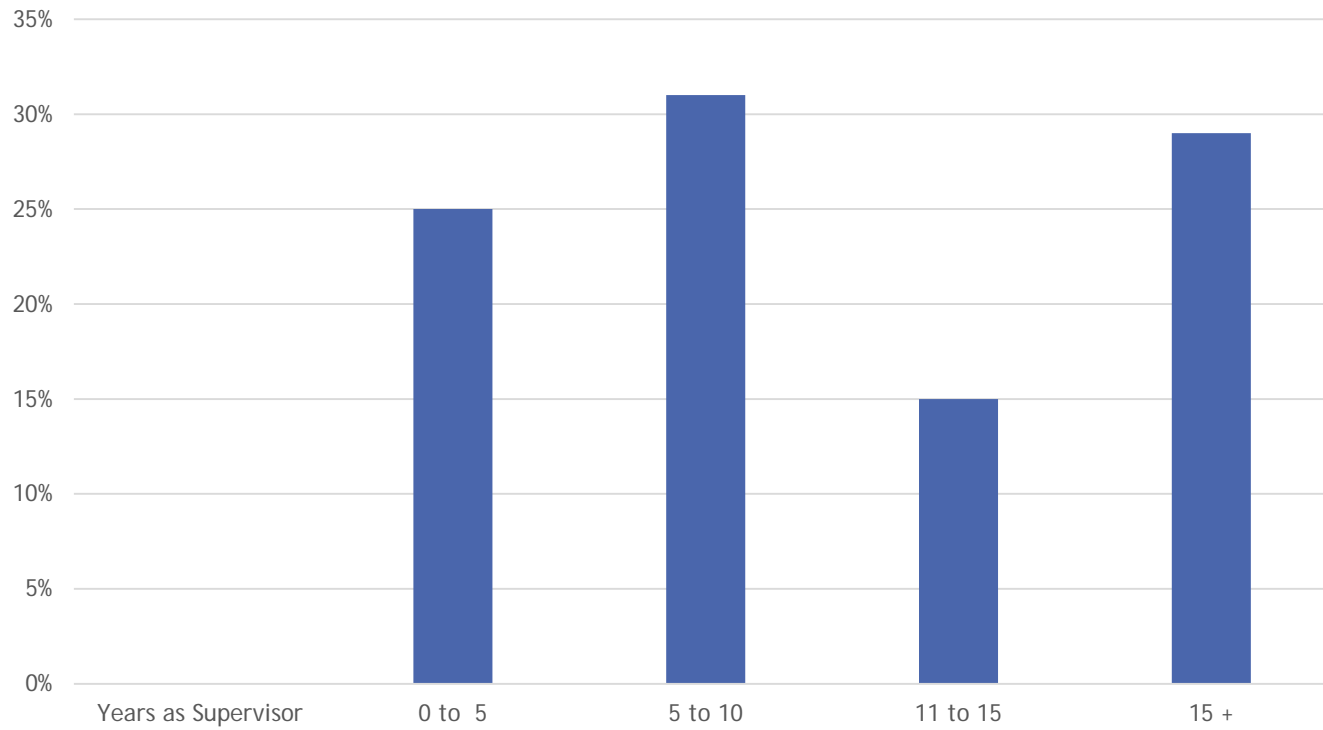
Education - Functional Music Skills

- ▶ Educators rated the functional music skills of graduating seniors
- ▶ 5 point scale: poor, fair, average, good, or excellent

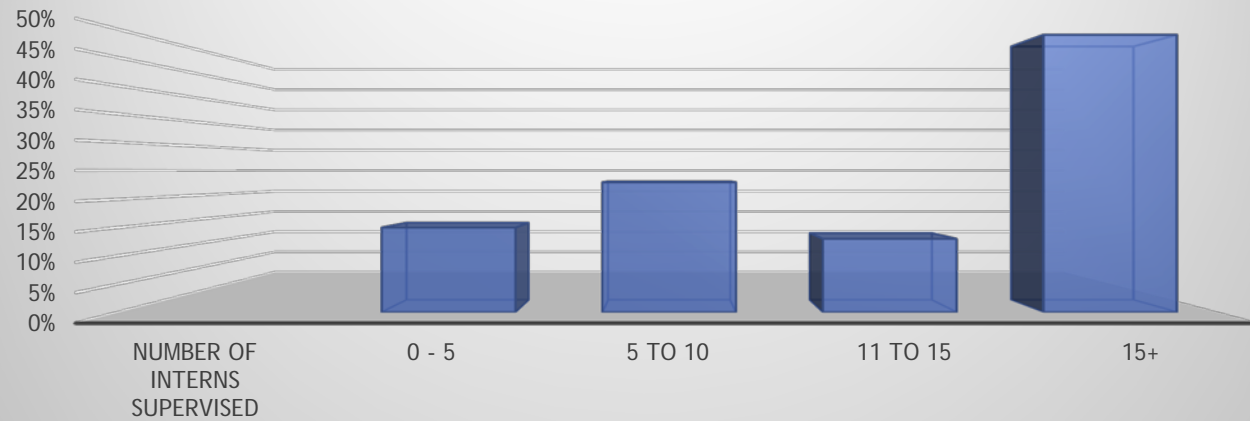
<u>Functional skill</u>	<u>Pro. Dir.</u>	<u>Faculty</u>
Piano	2.91 (average)	2.95 (average)
Guitar	3.55 (good)	3.46 (good)
Percussion	3.13 (average)	3.17 (average)
Voice	3.61 (good)	3.37 (average)

Internship Supervisors

Years as Supervisor



Number of Interns Supervised



	Pro. Dir.	Faculty	Int. Sup.
Piano	2.91 (average)	2.95 (average)	2.75 (average)
Guitar	3.55 (good)	3.46 (good)	3.35 (good)
Percussion	3.13 (average)	3.17 (average)	3.01 (average)
Voice	3.61 (good)	3.37 (average)	3.63 (good)

Internship Supervisor Ratings

- ▶ 108 supervisors responded
- ▶ By the end of the internship interns had developed:
 - a) professional maturity (102 or 94%)
 - b) critical thinking (104 or 96%)
 - c) communication (103 or 95%)
 - d) ethical thinking (101 of 93%)
 - e) application of music therapy research (95 or 88%)
 - f) application of theory-based knowledge to clinical practice (102 or 94%)

What % of interns needed to extend the internship?

- ▶ 64% of supervisors said no interns needed an extension
- ▶ 36% of supervisors indicated <25% or fewer interns needed an extension
- ▶ Reasons for extension:
 - 1) Lack of professional maturity,
 - 2) Weakness in the ability to apply theory-based knowledge to practice, and
 - 3) Tied for third—issues with communication skills and issues with critical thinking skills.

Reported Percentage of Undergraduates Earning a Graduate Degree

MASTER'S IN		MUSIC THERAPY		ANOTHER FIELD	
		Pro. Dir.	Faculty	Directors	Fac.
< 25%		59%	44%	46%	49%
25%-50%		16%	15%	16%	7%
51%-75%		7%	1%	4%	2%
> 75%		0%	3%	1%	0%
Don't Know		21%	34%	32%	41%

Employment of Undergraduates

- ▶ 81% of program directors and 76% of fulltime faculty members indicated more than $\frac{3}{4}$ of grads were employed in music therapy
- ▶ 84% of internship supervisors also indicated $\frac{3}{4}$ or more of graduates were employed in music therapy
- ▶ 85% of internship supervisors indicated 25% or fewer of their interns chose not to enter the music therapy profession

Master's Degree Programs

- ▶ 33 program directors (46%) taught at campuses offering a Master's degree in music therapy
- ▶ One question asked are there caps on the number of students who can be admitted to a Master's degree program?
- ▶ 9 program directors reported having a cap on enrollment
- ▶ 2 of those directors indicated they were limited to 5 or less new graduate students per year

Master's Degree Programs cont.

- ▶ Average number of new students entering Master's degree programs each year was reported to be 9
- ▶ Half of program directors & faculty (52% & 47%) indicated the graduate school acceptance rate was 75% or greater

Master's degree programs cont.

- ▶ Educators rated the professional maturity of students earning a Master's
- ▶ 85% of educators indicated $\frac{3}{4}$ of students possessed the professional maturity necessary to interact therapeutically in most clinical settings
- ▶ 80% of program directors indicated 75% or more of Master's level graduates were employed

Do you support the MLE?

	YES	NO	UNSURE
Program Directors	46%	32%	22%
Fulltime Faculty	53%	35%	12%
Intern Supervisors	50%	22%	27%

Do you feel the proposed model is viable?

- ▶ 53% of educators and 67% of internship supervisors agreed the proposed model was viable
- ▶ Those who DID NOT consider the model viable

Model	Prog. Dir.	Faculty	Intern Sup.
Current model: Bachelor's degree entry	14 (44%)	9 (47%)	11 (42%)
Two-tiered: Bachelor's degree followed by a required Master's	9 (28%)	7 (37%)	9 (35%)
Other:	9 (28%)	3 (16%)	6 (23%)

Preliminary Observations

- ▶ Good set of data with which to work
- ▶ Approximately half of educators and internship supervisors, or roughly 50%, favor moving forward on the MLE while approximately 25% of educators and internship supervisors are not in favor of MLE and 25% are unsure at this time

Update - NASM

- ▶ June 2015 meeting with Board of Directors and Karen Moynahan, Executive Director of NASM
- ▶ Ideas regarding the MLE were exchanged
- ▶ NASM will work with AMTA on whatever direction the Association decides is best for the profession

Update - NOT YET INVESTIGATED

- ▶ Subcommittee originally had 11 questions
- ▶ Questions were put into categories
- ▶ Small workgroups of the Subcommittee have begun to address questions

NOT YET INVESTIGATED cont.

- ▶ Some questions have been addressed in the surveys
 - ▶ e.g., caps on graduate school enrollment
- ▶ Some questions will involve some exploration
 - ▶ e.g., identify potential labor substitutes
- ▶ Other questions are broad and will involve investigation on several levels

Future Work

- ▶ Analysis of all survey data
- ▶ “Not Yet Investigated” questions
- ▶ Long-term goal - a report for the Board of Directors

Subcommittee Members

Ron Borczon

Bryan Hunter

Jim Borling

Ed Kahler

Cynthia Briggs

Eve Montague

Jane Creagan

Christine Neugebauer

Amy Furman

Ronna Kaplan


Michelle Hairston

Angie Snell

Marcus Hughes

Mary Ellen Wylie (Chair)

THANK YOU



2016 MLE Subcommittee Presentation

November

AMTA Annual Conference

Sandusky, Ohio



Focus of the Presentation

- To introduce you to Pro Bono Analytics
- To report on the educational preparation of undergraduates and equivalency only students
- To report on the current views of educators and internship supervisors on Master's Level Entry



Volunteer organization

Institute for Operations Research and the Management Sciences (INFORMS)

Application of advanced analytical methods to help make better decisions

Volunteers assist nonprofit organizations

Pro Bono Analytics

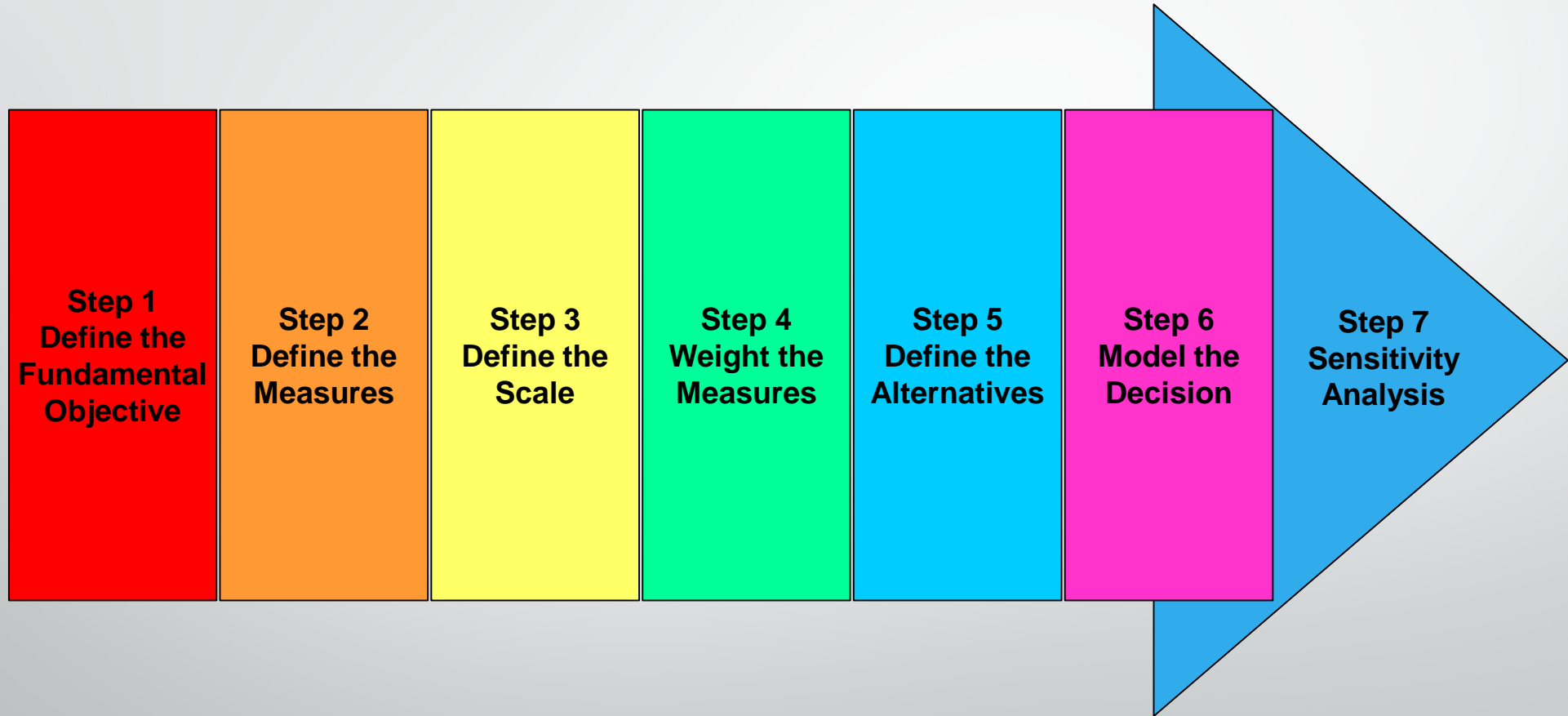
- Adam Clark – our coach
- Pro Bono Workgroup
 - MLE members Amy Furman, Angie Snell, Jane Creagan, Bryan Hunter, and Mary Ellen Wylie
- Decision model



Pro Bono Analytics

- 7 step analysis method
- Goal – creation of a decision model

Decision Analysis



Step 1

Step 1, Define our goal


The goal of the Pro Bono Workgroup is to ensure that credentialed music therapy professionals are skilled musicians and competent clinicians with the required theoretical understanding to apply music therapy to the best benefit of the patient in the ever-innovating field of music therapy, while not levying undue financial burden on the practitioner, client or other stakeholders.

Working on Step 2, *Define the Measures*

- Ideal characteristics of a successful education program identified
- Music Skills Competency is one characteristic
- A rating scale is under development as a measure of this characteristic



Surveys



Surveys – Background Information

- Survey of music therapy educators and internship supervisors needed
- Current status of music therapy education
- Views on Master's level entry

Survey Information

- Survey of music therapy educational Program Directors (PD) and Fulltime Faculty (FF) members
- Survey of National Roster (NR) and University Affiliated (UA) supervisors
- Stephen Demanchick from Nazareth College

Response Rate by Group

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

Purpose

- To gather information on:
 - The current status of educational and internship programs in the U.S.
 - The educational preparation of undergraduates and equivalency only students
 - The post-internship employment or educational activity of students
 - The current views of educators and internship supervisors on Master's Level Entry

Educational Preparation

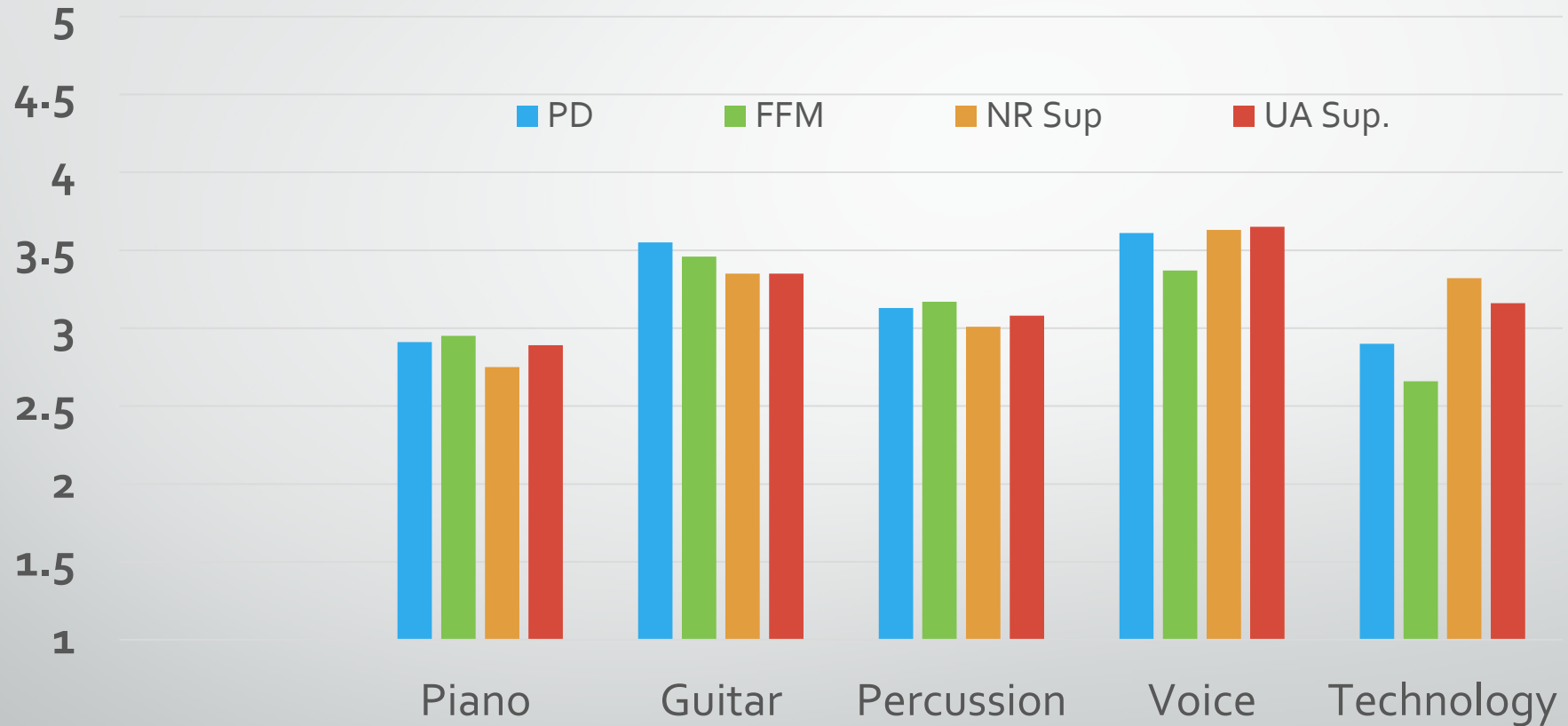
- Focus = preparation of undergraduates and equivalency only students
- Functional music skills
- Professional maturity (self-awareness, authenticity, and empathy)
- Prerequisite clinical foundation skills (therapeutic applications, principles and relationships)

Educational Preparation

Functional Music Skills

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

Mean Rating of Functional Skills by Group



Educational Preparation

- Do undergraduate or equivalency only students demonstrate professional maturity?
- PDs (64%) and FFs (53%) felt 76-100% of concluding seniors or equivalency only students did demonstrate professional maturity
- Professional maturity = self-awareness, authenticity, and empathy

Educational Preparation

- Internship supervisors rated interns' prerequisite clinical foundation skills (therapeutic applications, principles and relationships)
- Ratings of NR and UA supervisors similar
- 85% of NR and 86% of UA supervisors rated skills at the start of the internship as average, good, or excellent

% of Supervisors indicating interns acquire entry level skills

	NR	UA
• 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%

Educational Preparation

- Differences observed between Bachelor's/Equivalency only interns and Equivalency/Master's interns
- 60% of NR and 56% of UA observed differences
- 20% indicated they had not, and 25% or less were unsure

Educational Preparation

- Differences between Bachelor's or Equivalency only interns and Equivalency/Master's interns
- Over half indicated "yes" differences observed, and they were asked to explain
- Explanations fell within 12 categories
- 9 categories identified Master's/Master's Equivalency students as more advanced in some area

9 Categories

1. More emotional maturity and/or life experience (56 responses)
2. Deeper understanding of concepts, applications, and/or theory (24 responses)
3. More competent musically/better musicianship (13 responses)
4. More self-awareness and/or awareness of their environment and/or client (10 responses)
5. More professionalism (9 responses)
6. Better communication/ verbal processing skills (8 responses)
7. More confidence/ self-assuredness (7 responses)
8. More independent compared to undergraduate (7 responses)
9. Better critical thinking skills (3 responses)

3 Categories

- Master's Equivalency students were less developed
 1. Have a lack of knowledge or clinical skills and/or are less prepared (19 responses)
 2. Have less developed functional music skills (9 responses)
 3. Did not have enough time to learn/train/ gain experience or have less pre-internship clinical experience than UG students. (7 responses)



Master's Level Entry Views

Views on the Proposed Master's Level Entry

Do you support a move to Master's Level Entry?

	<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 Sup.	69%	12%	19%

Explanation for answer

- “yes” support move to Master’s Level Entry. Reasons:
 1. More preparation of students is needed/more time to prepare (14 responses)
 2. The current curriculum is full (11 responses)
 3. Other professionals in allied health or the creative arts are required to have a Master’s degree (9 responses)
 4. Graduates will be more mature (5 responses)
 5. It will benefit clients (3 responses)

Explanation for answer

- “no” to move to Master’s Level Entry. Reasons:
 1. It will result in fewer graduates and people in the workforce (6 responses)
 2. The current curriculum is rigorous and may only need some revisions (6 responses)
 3. The cost of MLE (5 responses)
 4. The proposed model has flaws (4 responses)
 5. We need state recognition or licensure first (4 responses)

Explanation for answer

- 15 educators selected “unsure”
 1. Impact on the workforce and salaries
 2. State recognition needed
 3. They could see the pros and cons of a move to the MLE
 4. A multi-level of music therapy practice is needed
 5. There are issues with the proposed model

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

Reasons to Not Support MLE	PDs	FFs	NR Sup.	UA Sup.
1 st MLE may result in higher educational expenses by adding two more years of graduate tuition.	2.	3.	1.	2.
2 nd 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 rd There are no guarantees that Master's level MTs would earn higher incomes than present Bachelor's level MT-BCs.	5.	4.	2.	5.
4 th The present undergraduate degree is adequately training competent music therapists.	6.	5.	6.	1.

Information Needed to Reach a Decision

- 22% of PDs and 12% of FF educators selected “unsure”
- 3 themes were identified in their comments
- 60% of comments focused on curriculum issues
- 17% of comments were directed toward wages, increased student debt or credibility
- 22% of comments were miscellaneous



Information Needed to Reach a Decision

- 43% requested more information about the model
- 25% commented on cost of graduate degree
- 18% requested more research

Future Work

- Continue to summarize and analyze survey data
- Presentations at AMTA conference
- Presentations at regional conferences in 2017
- Summer retreat in 2017

2017 Timeline

- **January** Work on analysis/summary of surveys
- **February** Create MLE presentation for regional conferences. Pro Bono Workgroup completes its work and Decision Model completed
- **March** Presentations at regional conferences. MLE works with Decision model
- **April** Presentations at regional conferences. Work on analysis/summary of surveys
- **May** Finish report from surveys. Plan June meeting.
- **June** MLE retreat
- **August--October** Work on a final report to the Board of Directors.
- **November** Present report to the Board. Presentations for the Board of Directors, Assembly of Delegates and members.

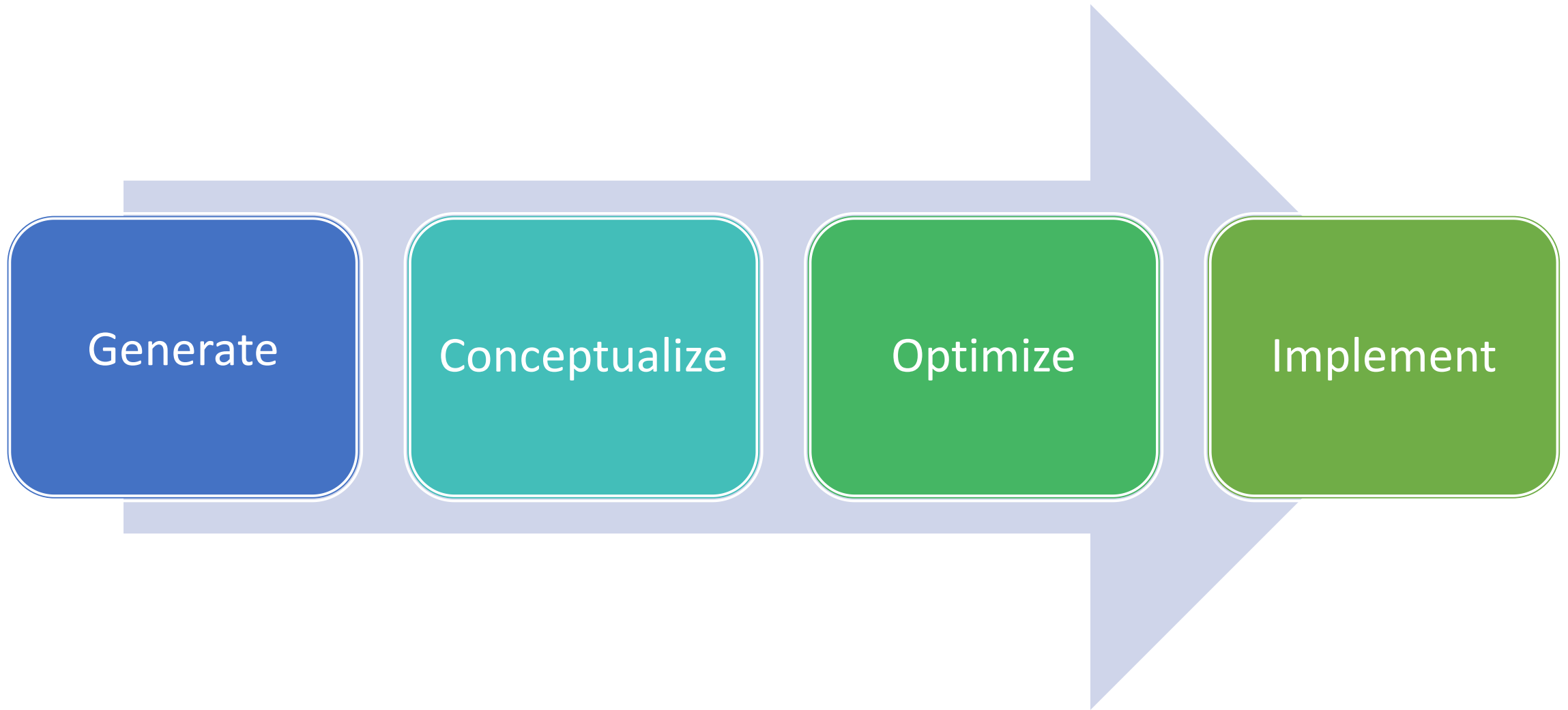
MLE Subcommittee Members

- Ron Borczon
 - Jane Creagan
 - Marcus Hughes
 - Ronna Kaplan
 - Angie Snell
- Jim Borling
- Amy Furman
- Bryan Hunter
- Eve Montague
- Mary Ellen Wylie (Chair)
- Cynthia Briggs
- Michelle Hairston
- Ed Kahler
- Christine Neugebauer

Sharing What We Have
Learned:
Report of the MLE
Subcommittee

March and April 2017

Simplex Thinking and Creative Problem Solving



Focus of the Four Stages

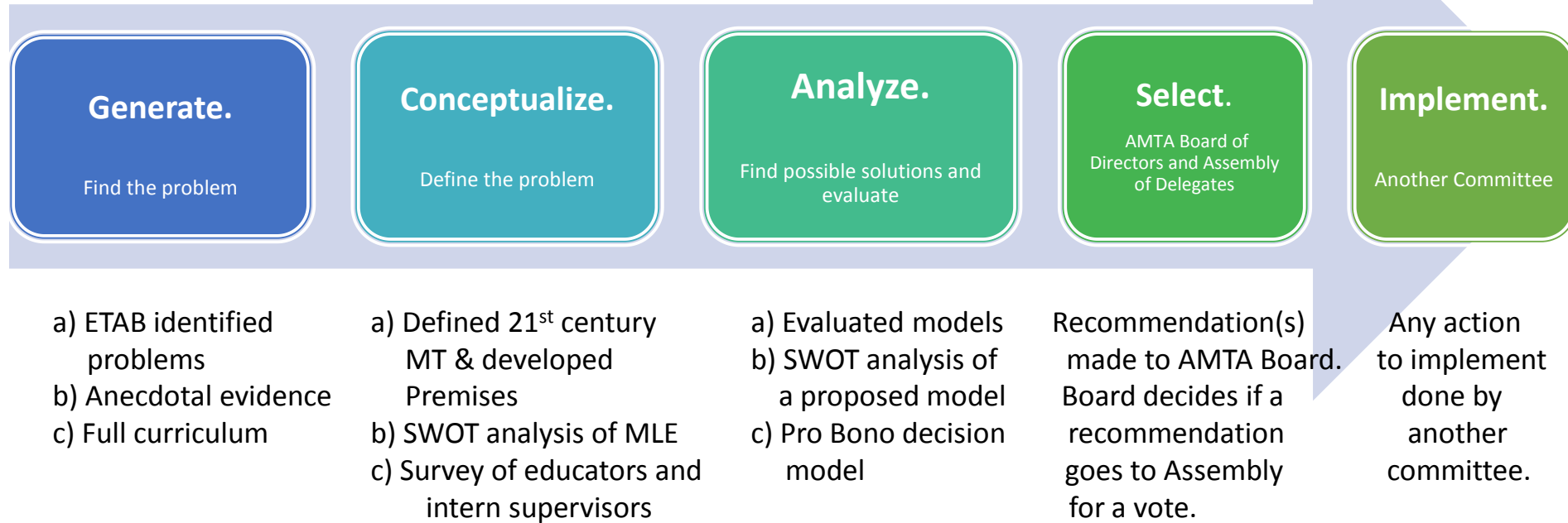
Generate
Find the Problem

Conceptualize
Get ideas &
Define the
Problem

Optimize
Turn ideas into
solutions &
Evaluate the
Solutions

Implement
Accept a Plan
and Take Action

The MLE Process



Surveys

- Survey of music therapy educators and internship supervisors
- Current status of music therapy education
- Educational preparation
- Survey of music therapy educational Program Directors (PD) and Fulltime Faculty (FF) members
- Survey of National Roster (NR) and University Affiliated (UA) supervisors

Educational Preparation

- Focus = preparation of undergraduates and equivalency only students
- Do undergraduate or equivalency only students demonstrate professional maturity?
- Professional maturity = self-awareness, authenticity, and empathy
- Over half of educators (64% & 53%) felt 76-100% of concluding seniors or equivalency only students did demonstrate professional maturity
- Functional music skills

Educational Preparation

Functional Music Skills

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

Educational Preparation

- Internship supervisors rated interns' prerequisite clinical foundation skills (therapeutic applications, principles and relationships)
- Ratings of NR and UA supervisors similar
- 85% of NR and 86% of UA supervisors rated skills at the start of the internship as average, good, or excellent

% of Supervisors indicating interns acquire entry level skills

	NR	UA
• 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%

Educational Preparation

- Differences observed between Bachelor's/Equivalency only interns and Equivalency/Master's interns?
- 60% of NR and 56% of UA observed differences
- Explanations for differences fell within 12 categories
- 9 categories identified Master's/Master's Equivalency students as being more advanced in some areas
 1. More emotional maturity and/or life experience (56 responses)
 2. Deeper understanding of concepts, applications, and/or theory (24 responses)

Views on the Proposed Master's Level Entry

Do you support a move to Master's Level Entry?

	<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 Sup.	69%	12%	19%

Explanation for “yes” answer

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.

Explanation for “yes” answer

Maturity

- The increasing number of challenging populations served by music therapists demands a maturity level not always present in undergraduate students.

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.

Explanation for “no” answer

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.

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.

Experience

- Master’s level entry does not allow sufficient clinical experience before master’s study.

Explanation for “no” answer

Financial

- A smaller work force could potentially reduce AMTA membership, negatively effecting its finances.

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.

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

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PRO BONO WORKGROUP UPDATE



Volunteer organization

Institute for Operations Research and the Management Sciences (INFORMS)

Application of advanced analytical methods

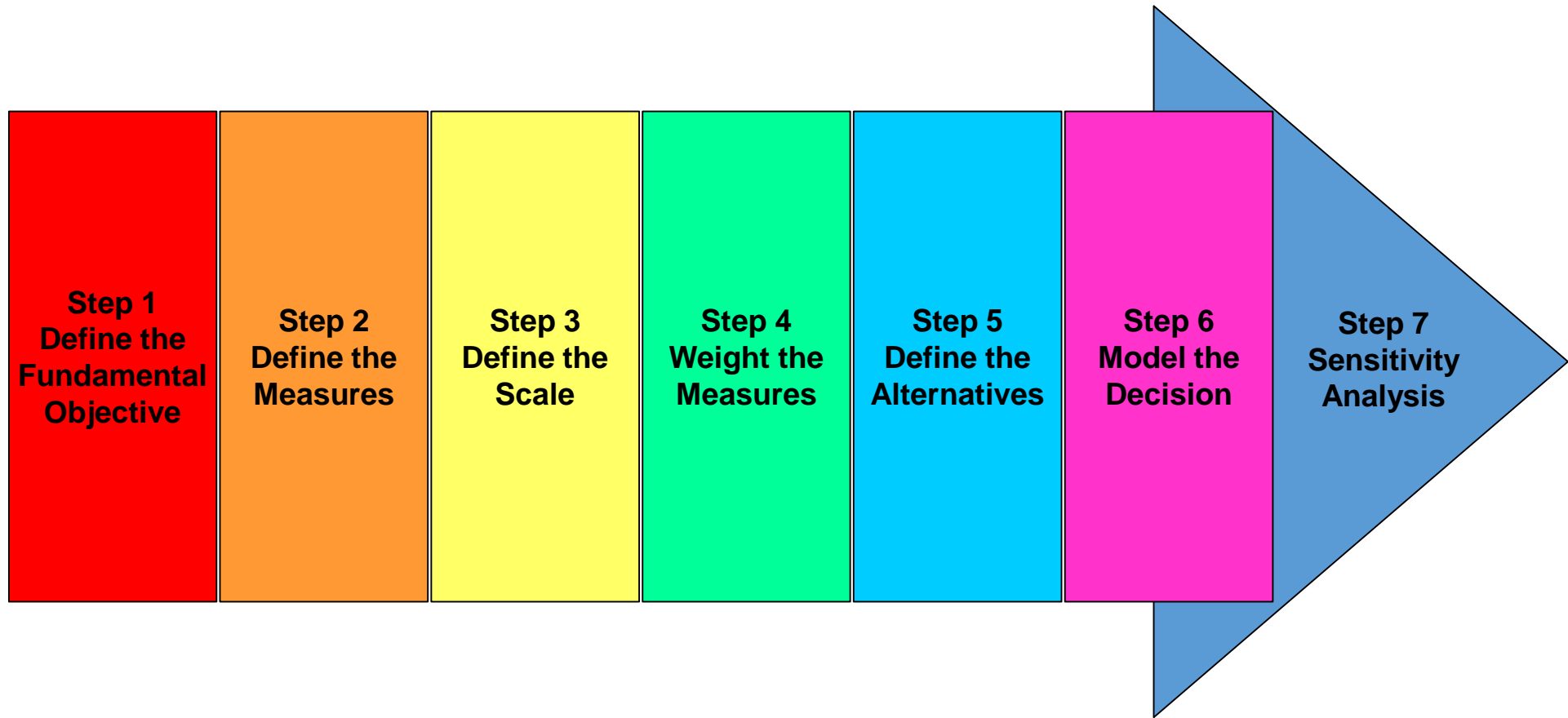
Volunteers assist nonprofit organizations

Adam Clark – our volunteer coach

Pro Bono Analytics

- The Decision process is a 7 step process
- Decision model will be created
- MLE documents used by Adam to create steps
 - definition of the 21st century music therapist
 - list of Essential Components/Core Values
 - SWOT analysis of a proposed education model
 - preliminary data from our surveys

Decision Analysis Steps



Step 1, Define the fundamental objective or in our method the goal

The goal of the Pro Bono Workgroup is to ensure that credentialed music therapy professionals are skilled musicians and competent clinicians with the required theoretical understanding to apply music therapy to the best benefit of the patient in the ever-innovating field of music therapy, while not levying undue financial burden on the practitioner, client or other stakeholders.

Step 2, Define the Measures

- Eight characteristics of an education program were identified

8 Characteristics:

1. Music Skills Competency
2. Clinical Skills Competency
3. External Perceptions
4. Financial Burden
5. Length of Program
6. Access for Professionals to Qualified Educational Programs
7. Location of Academic Program
8. Cost of Music Therapy to Patients and Stake Holders

Step 3, Define the Scale

- A rating scale was developed as a measure of the each characteristic
- Different rating scales used

Step 4, Weight the Measures

- Pair-wise Comparisons used
- Determined which characteristics was more important than others
- Clinical Skills Competency ranked #1

Step 5, Define the Alternatives

- Further data is gathered
- For example, Financial Burden is a characteristic
- Discussed information gathered on the cost of an undergrad and graduate degree and of student loan debt from websites such as “Mapping Your Future.”

Access for Professionals to Qualified Education Programs

- A good educational program must be accessible to potential professionals of many diverse backgrounds including those across geographic regions, socio-economic, race, gender, etc.
- There needs to be enough graduate level opportunities to place all of the bachelor's level students in a program.

Access to Educational Programs: 80 Schools with MT Degree Programs



Access to Educational Programs: 39 Schools with Master's Programs



Final Steps

Step 6, Model the Decision

- Weighted scores for each characteristic computed

Step 7, Sensitivity Analysis

- Adam will complete this step and coach the workgroup in the use of the model
- A final report will be created

2017 Timeline

- **March** Presentations at regional conferences. MLE works with Decision model
- **April** Presentations at regional conferences. Pro Bono Decision Model final report completed.
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- **June** MLE treat. Outline of final report for 2017.
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