



Dear Music Therapist:

Thank you for your interest in establishing an internship program at your facility. The documents in this packet will provide the details and procedures for establishing an AMTA National Roster internship program:

- ◆ National Roster Internship Application
- ◆ National Roster Internship Guidelines
- ◆ Standards for Education and Clinical Training
- ◆ AMTA Professional Competencies
- ◆ Association Internship Approval Committee List
- ◆ Philosophy of the Music Therapy Program
- ◆ Sample Form: Intern Evaluation Form

Please complete the entire Internship Application, save as a PDF file and EMAIL to Creagan@musictherapy.org. Incomplete applications will not be reviewed. On the last page of the application, "Responsibilities of the Internship Director," please check the box to signify you understand and accept the responsibilities of the role of Internship Director. This will serve as your signature. The sample forms can be used as is, or you can use them as a guide to developing your own forms.

Regarding Letters of Support/ Recommendation (page 2 of application, letter G), they can be scanned and sent as attachments with your application, or faxed (301-589-5175, or mailed. If the letters are being faxed or mailed let me know at the time you email the application.

The Standards for Education and Clinical Training includes a description of clinical training as it relates to pre-internship and internship. They are included in this packet to so you can familiarize yourself with them and see how they relate to you as a potential Internship Director.

The AMTA Professional Competencies are used by all AMTA approved schools in their curricula, and internship programs use the document to identify which competencies are addressed during the internship.

Feel free to contact me if you have any questions.

Sincerely,

Jane P. Creagan, MME, MT-BC

Director of Professional Programs



National Roster Internship Guidelines

Revised 2017

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A. GENERAL REQUIREMENTS

1.0 ELIGIBILITY OF SETTINGS

Any facility, group of facilities, or private practice that provides music therapy services, is dedicated to using music in a therapeutic manner, and retains a music therapist who meets the AMTA requirements for Internship Director (see section B1.1) is eligible to apply for a National Roster internship program.

2.0 LENGTH OF INTERNSHIP

- 2.1 The student affiliation or internship shall last for a minimum of 900 hours or any greater length of time needed to fulfill the clinical training requirement of 1200 hours.
- 2.2 When a student is unable to demonstrate required exit level competencies, additional hours of internship may be required of the student by the internship program in consultation with the academic institution.
- 2.3 Internship experience may be discontinued as a result of direct violation of facility personnel policy and procedures.
- 2.4 Each internship program must have a policy and procedures document concerning the dismissal of an intern that is reviewed with each entering intern during the orientation process.
- 2.5 When an intern's performance in the internship is unsatisfactory in any way, the internship director, intern and academic program director and/or academic faculty will review the internship agreement and make any necessary changes to address the specific problem areas.
- 2.6 An intern may elect to resign from the internship with written notification to the Internship Director and Academic Program Director in accordance with university and facility policies and procedures.

3.0 RATIO OF QUALIFIED MUSIC THERAPISTS TO INTERNS

- 3.1 For each supervising music therapist employed full time, no more than two (2) interns may be in training at any given time. This same ratio applies for those sites with both National Roster approval and University affiliation when interns from both programs are at the site simultaneously.
- 3.2 For each part-time supervising music therapist, only one (1) intern may be in training at any given time.

4.0 APPLICATION & APPROVAL PROCESS FOR NATIONAL ROSTER INTERNSHIPS

To be listed on the AMTA National Roster, the internship program must be approved by the AMTA Association Internship Approval Committee. Steps for approval are:

- 4.1 Complete National Roster Internship application. Applications are available from the national office.
- 4.2 Email the completed application materials to: *Jane Creagan, MME, MT-BC at Creagan@musictherapy.org*
 - 4.2.1 For *international* applications email completed materials in English to the above address.
- 4.3 When application materials are received by National Office, a tracking number will be assigned and the applicant will be notified.
- 4.4 National Office will *ONLY* forward complete application materials to the Association Internship Approval Committee for review. If information is missing, the application will not be forwarded to the Association Internship Approval Committee and the applicant will be contacted by National Office.



- 4.5 Additional information, and/ or clarification of application materials may be requested by the Association Internship Approval Committee.
- 4.6 When review of application materials is completed, and approved, the Association Internship Approval Committee chairperson will notify the applicant and an official approval letter will be issued by the AMTA Executive Director. Copies will be sent to the Association Internship Approval Committee chairperson, Association Internship Approval Committee regional representative, and the CEO of the site.
- 4.7 If review of application materials is completed and the application is *NOT* approved, the applicant will be notified by the Association Internship Approval Committee chairperson and an official letter will be issued outlining rationale for the committee's decision.
- 4.8 Unless the internship site has an established affiliation with the intern's university, it is not eligible to accept interns or applications until official approval has been granted by AMTA.
- 4.9 Sites listed on the current AMTA National Roster, plus subsequent addenda on file in the AMTA national office, are considered approved by AMTA.
- 4.10 National Roster Internship approval is contingent upon submission of updated information about the internship program, including all staff changes as they occur and submission of an annual report to the national office and regional representative.
- 4.11 In the event that all National Roster Internship Guidelines cannot be met, an exception request may be initiated at the time of application. (See section 5.0 Instructions for Submitting Exceptions).

5.0 INSTRUCTIONS FOR SUBMITTING EXCEPTIONS

- 5.1 When the National Roster Internship Guidelines cannot be met, an exception request may be initiated by a site which is applying for national roster approval, or as needed by an existing national roster internship site.
 - 5.1.2 Email the exception request to: *Jane Creagan, MME, MT-BC at Creagan@musictherapy.org*
 - 5.1.3 For exception requests from *international* sites, email the request, in English, to the above address.
- 5.2 When the exception request is received by National Office, a tracking number will be assigned and the internship director will be notified.
- 5.3 Additional information and/or clarification of application materials may be requested by the Association Internship Approval Committee.
- 5.4 When review of request is completed, and approved, the Association Internship Approval Committee chairperson will notify the Internship Director and an official approval letter will be issued by the AMTA Executive Director. Copies will be sent to the Association Internship Approval Committee chairperson, and the Association Internship Approval Committee regional representative.
- 5.5 If review of request is completed and the exception is *NOT* approved, the applicant will be notified by the Association Internship Approval Committee chairperson and an official letter will be issued outlining the rationale for the committee's decision.

6.0 SUPERVISION AND INTERN EVALUATION

Internships are always under continuous, qualified on-site supervision. Supervision plans will be included in internship agreements with the internship director, student and the academic faculty.



6.1 Supervision

Supervision includes, but is not limited to, formal and informal observation and interaction in the areas of: direct patient contact, evaluation and documentation, treatment planning, supervision, participation in interdisciplinary didactic sessions, team involvement, participation in training sessions, and staff relationships.

- 6.1.1 Each intern will receive a minimum of one hour of individual consultation per week with the supervising music therapist.
- 6.1.2 Each intern will receive an average of four hours per week of observation and constructive feedback with the supervising music therapist.
- 6.1.3 While group consultation is highly encouraged as an adjunct to individual consultation, it will not replace the requirements of section 6.1.
- 6.1.4 For internship programs structured at less than 40 hours per week, the hours for supervision, consultation and observation should be adjusted accordingly (for example 30 minutes of weekly consultation per 20 hours per week).

6.2 Evaluations

Intern evaluation and intern's self-evaluation content is based on the AMTA Professional Competencies. Evaluations of the intern must be completed by at least the mid point and at the conclusion of the internship. Evaluations will include specific reference to expected level of performance in the areas of Music Foundations, Clinical Foundations, and Music Therapy per the internship agreement.

- 6.2.1 Copies of the midterm and final evaluations of the intern and the intern self-evaluation must be submitted to the intern's academic setting.
- 6.2.2 A separate intern site evaluation is initiated by the internship director at the conclusion of the internship (for sample evaluation, see Attachment B). Note: the final evaluation of the intern must be completed before the intern's site evaluation is submitted to the internship director for review.
- 6.2.3 Copies of the site evaluation are then sent to the academic faculty and the Association Internship Approval Committee regional representative.

7.0 CHANGES IN AN ESTABLISHED PROGRAM

The AMTA National Office must be notified in the event of significant changes within a national roster internship program.

- 7.1 For a change of an Internship Director, the following information shall be submitted to the national office:
 - 7.1.1 Date the former Director will be terminating
 - 7.1.2 Applicant Director's vita
 - 7.1.2.1 Education (schools, degrees, equivalencies and dates)
 - 7.1.2.2 Internship (place and dates) attended
 - 7.1.2.3 List facilities and inclusive dates (month, year) of all professional music therapy service beyond internship including present position. Specify whether full-time or part-time, and the number of hours per week.
 - 7.1.3 Statement of agreement signed by the applicant director with internship philosophy and program structure as they currently stand, or written revisions.



- 7.1.4 Submit agreement signed by the applicant director, of “Responsibilities of the Internship Director Statement.”
- 7.1.5 Provide two letters of recommendation bearing signatures of the authors for the applicant Director, which address, although are not limited to, the following:
 - 7.1.5.1 Evidence of effective use of music in a therapeutic manner
 - 7.1.5.2 Professional qualities and characteristics
 - 7.1.5.3 Verbal and written communication skills
 - 7.1.5.4 Leadership skills
- 7.1.6 List of interns in training when change will occur, including name, university, and date internship commenced.
- 7.1.7 Copies of correspondence to academic setting(s) of interns in progress notifying them of proposed change.
- 7.2 For a change in Supervising Music Therapist, the following information shall be submitted to the national office by the Internship Director:
 - 7.2.1 Letter of recommendation by Internship Director bearing signature of the author
 - 7.2.2 Proposed supervising music therapist vita
 - 7.2.2.1 Education (schools, degrees, equivalencies and dates)
 - 7.2.2.2 Internship (place and dates) attended
 - 7.2.2.3 List facilities and inclusive dates (month, year) of all professional music therapy service beyond internship including present position. Specify whether full-time or part-time, and the number of hours per week.
- 7.3 When an internship program chooses not to accept applications for internship for up to one year their status may be changed from “Active” to “Inactive” upon written notification to the national office.
- 7.4 Any other substantive program changes shall be submitted to the National Office by the Internship Director.

8.0 REMOVAL FROM THE NATIONAL ROSTER

- 8.1 When an internship director anticipates that the site will remove its name from the National Roster, s/he will provide written notice to the AMTA Executive Director, the Academic Program Directors for all interns involved, and the Association Internship Approval Committee Regional Representative. The Internship Director will arrange for all students currently in the program to complete their internships.
 - 8.1.1 In the event that the program must close before current interns have completed their internships, it is the responsibility of the Internship Director to assist the Academic Director and intern in locating suitable placement.
 - 8.1.2 Students who have been accepted for future internships and their academic settings must be notified of the closing as soon as possible.
- 8.2 To reinstate an internship program, the facility must submit a new application for approval.

B. INTERNSHIP DIRECTOR



1.0 REQUIREMENTS

- 1.1 In accordance with the Standards for Education and Clinical Training, the Internship Director must meet the following criteria:
 - 1.1.1 Holds an appropriate professional credential or designation in music therapy
 - 1.1.2 Holds a bachelor's degree in music therapy or its equivalent
 - 1.1.3 Has at least two years of full time clinical experience in music therapy or its equivalent in part time work
 - 1.1.4 Has one year of experience working in the internship setting
 - 1.1.5 Pursues continuing education relevant to his/her clinical and supervisory responsibilities
 - 1.1.6 Demonstrates the following: all entry-level competencies, effectiveness as a music therapy clinician in at least one area of practice, general understanding of the supervisory needs of internship students and entry level skills in supervision
- 1.2 Additional Association Requirements
 - 1.2.1 Currently a professional member of AMTA with the exception of graduate student members of AMTA meeting all other requirements.
 - 1.2.2 Employed/self employed in one or more settings for a minimum of 20 hours per week
 - 1.2.3 Completion of one 5 hour CMTE workshop on Music Therapy Intern supervision or other documented supervision training.
- 1.3 Any exception to these requirements must be approved by the Association Internship Approval Committee. All transactions related to the exception:
 - 1.3.1 Must be initiated by the applicant Internship Director
 - 1.3.2 Must be submitted to the Association Internship Approval Committee in compliance with Section A, Subsection 5.0 for final disposition.

2.0 RESPONSIBILITIES

- 2.1 Internship Director shall be directly responsible for the following (these responsibilities shall not be delegated):
 - 2.1.1 Apprising applicants and academic faculty of all site-specific administrative requirements including, but not limited to, legal affiliation agreements, criminal background checks, health and drug screenings, and any related fees.
 - 2.1.2 Reviewing applications, selecting music therapy interns and communicating with students.
 - 2.1.3 Working jointly with academic faculty to develop internship agreement based upon the needs and abilities of each intern, and assign supervisory responsibilities to qualified music therapy staff. (NOTE: Other professional staff may provide support in the training process which is not specifically related to music therapy skills).
 - 2.1.4 Planning, implementing, and monitoring program requirements.
 - 2.1.5 Providing a viable role model either personally or through other qualified music therapists on staff (leading music therapy sessions which the interns can observe and/or co-lead).
 - 2.1.6 Reviewing and signing (co-signing) all evaluations of the intern.



- 2.1.7 Developing organizational charts (lines of supervision).
- 2.1.8 Maintaining communication with academic faculty as specified in the internship agreement.
- 2.1.9 Apprising the National Office and Regional Representative of updated information about the internship program, including all staff changes as they occur and submission of an annual report.
- 2.1.10 Communicating information to interns regarding on-going seminars, conferences, workshops, and community resources.
- 2.1.11 Assuring adequate time to integrate all aspects of the internship.
- 2.1.12 Initiating any and all exceptions (Section A, Subsection 5.0).
- 2.1.13 Maintaining knowledge of current facility personnel and department standards, policies and procedures, the CBMT Code of Professional Practice and the AMTA official documents: Standards of Clinical Practice, organizational structure, Code of Ethics, National Roster Internship Guidelines, and Professional Competencies.
- 2.1.14 Monitoring and acting upon any non-compliance issues that may arise.
- 2.1.15 Following established policy and procedure regarding dismissal of interns.

3.0 REGULATIONS FOR INTERNSHIP APPLICATIONS

- 3.1 The Internship Director shall not make acceptance decisions more than one year in advance.
- 3.2 The Internship Director shall notify in writing all applicants of acceptance or rejection in a timely manner.
- 3.3 The Internship Director shall notify the applicant's academic faculty in writing, that the applicant has accepted the internship, when it will begin, target date for formulating the internship agreement, status of the legal affiliation agreement, and all other site requirements as applicable. A copy of this letter shall be sent to the regional representative of the Association Internship Approval Committee (AIAC).
- 3.4 The Internship Director may offer an internship to another applicant if no response has been received within one month, and attempts to locate the individual have not been successful.
- 3.5 In order to maintain client confidentiality, the Internship Director shall not request audio/video tapes that include any session material involving clients.

4.0 VERIFICATION OF INTERNSHIP

Upon request by the intern, the Internship Director will provide a letter of verification stating successful completion of internship.

- 4.1 Must bear original signature of the Internship Director approved by AMTA
- 4.2 Must contain inclusive dates of internship
- 4.3 Must contain data for one intern only

C. SUPERVISING MUSIC THERAPIST

1.0 REQUIREMENTS

- 1.1 In accordance with the Standards for Education and Clinical Training, the supervising music therapist must meet the following criteria:
 - 1.1.1 Holds an appropriate professional credential or designation in music therapy



- 1.1.2 Holds a bachelor's degree in music therapy or its equivalent
- 1.1.3 Has at least two years of full time clinical experience in music therapy or its equivalent in part time-work.
- 1.1.4 Has one year of experience working in the internship setting
- 1.1.5 Pursues continuing education relevant to his/her clinical and supervisory responsibilities.
- 1.1.6 Demonstrates the following: all entry-level competencies, effectiveness as a music therapy clinician in at least one area of practice, general understanding of the supervisory needs of internship students and entry level skills in supervision.
- 1.2 Additional Association Requirements
 - 1.2.1 Currently a professional member of AMTA with the exception of graduate student members of AMTA meeting all other requirements.
 - 1.2.2 Completion of one 5-hour CMTE workshop on Music Therapy Intern supervision or other documented supervision training.
- 1.3 Any exception to these requirements must be approved by the Association Internship Approval Committee. All transactions related to the exception:
 - 1.3.1 Must be initiated by the applicant Internship Director
 - 1.3.2 Must be submitted to the Association Internship Approval Committee in compliance with Section A, Subsection 5.0 for final disposition.

2.0 RESPONSIBILITIES

- 2.1 Lead and co-lead music therapy activities that the intern can observe.
- 2.2 Provide an average of four hours per week of formal and informal observation and constructive feedback of assigned intern.
- 2.3 Provide a minimum of one hour per week of individual consultation with each assigned intern.
- 2.4 For internship programs structured at less than 40 hours per week, the hours for supervision, consultation and observation should be adjusted accordingly (for example 30 minutes of weekly consultation per 20 hours per week).
- 2.5 Maintain regular communication with Internship Director and other professional staff involved in the training of the intern.
- 2.6 Complete midterm and final evaluation of assigned intern(s).

D. *STUDENTS/INTERNS*

1.0 ELIGIBILITY FOR INTERNSHIP

Must have acquired all competency-based prerequisites for internship (including both coursework completion and clinical experience) required by both the AMTA approved college/university and the internship program, prior to beginning the internship.

2.0 APPLICATION AND ACCEPTANCE PROCEDURES

- 2.1 Upon recommendation from the faculty advisor, a student can initiate the application process for a national roster internship.
 - 2.1.1 Request information on AMTA approved National Roster Internship Programs prior to requesting an application.



- 2.1.2 Request, complete and submit necessary application materials.
 - 2.1.2.1 No more than four active applications may be in progress at any one time
 - 2.1.2.2 Once an active application has been withdrawn or declined, another application may be submitted to an additional facility.
- 2.1.3 Applications may not be submitted more than 12 months prior to the date the applicant will be eligible for internship. Internship Directors must not make acceptance decisions more than one year in advance.
- 2.1.4 Each application for internship must be accompanied by a letter from the director of music therapy from the applicant's academic setting. This letter must verify that the Academic Program Director anticipates that competency-based prerequisites for internship (including both coursework completion and clinical experience) will have been demonstrated.
- 2.2 Consider acceptance responses with academic faculty and together make a decision about the internship placement.
- 2.3 Accept or decline each offer for internship, in writing, bearing original signature, within one month of receipt of that offer. The acceptance offer will be rescinded if no response is received.
- 2.4 Once a letter of acceptance has been sent to an internship program, the student must notify, in writing, bearing original signature all other internship programs at which they have an active application.
- 2.5 Must notify the academic faculty when an internship has been accepted.
- 2.6. Once accepted, the student, faculty advisor, and internship director formulate an internship agreement for the internship itself. The content and format of each agreement may vary according to the situation and parties involved. This internship agreement is made for each student prior to beginning the internship program and shall include documentation of successful completion of competency-based prerequisites for internship (including both coursework completion and clinical experience).
- 2.7. Students who complete an internship at a facility that is not approved by AMTA or the academic institution will not receive academic credit for the internship.

3.0 INTERN RESPONSIBILITIES

- 3.1 Adhere to AMTA National Roster Internship Guidelines, internship program personnel requirements, policies and procedures.
- 3.2 Adhere to AMTA Standards of Clinical Practice and Code of Ethics.
- 3.3 Seek feedback and clarification through regular communication with supervising music therapist and Internship Director.
- 3.4 Report non-compliance with AMTA National Roster Internship Guidelines. Follow procedures detailed in Section F Non-Compliance Procedures.
- 3.5 An intern may elect to resign and/or withdraw from the internship with written notification to the Internship Director and the academic setting in accordance with university and facility policies and procedures.
- 3.6 Maintain regular communication with the academic faculty, as indicated by the internship agreement.
- 3.7 Complete a midterm and final "intern self evaluation" and final "intern site evaluation"



- 3.8 Request a “Welcome to the Professional World” packet from the National Office at the mid-point of the internship.
- 3.9 Six months following the internship, complete the post internship site evaluation and send it to the Association Internship Approval Committee regional representative.

E. ACADEMIC FACULTY

1.0 RESPONSIBILITIES

In accordance with the Standards for Education and Clinical Training, the Academic Faculty will:

- 1.1 Assist student with internship selection and application process
 - 1.1.1 Provide a letter of verification that competency-based prerequisites for internship (including both coursework completion and clinical experience) will have been demonstrated prior to the commencement of internship
 - 1.1.2 Assist student with initiating application process for a national roster internship
 - 1.1.3 Consider acceptance responses with the student and together make a decision regarding internship placement.
 - 1.1.4 Once the student is accepted, initiate internship agreement with the student and internship director prior to or upon commencement of the internship. This internship agreement should describe the student’s level of performance at the initiation of the internship and expected level of performance upon completion of the internship. It may also include other pertinent information such as: the length of the internship, competency objective, the student’s work schedule, supervision plan, role responsibilities of each party, liability and insurance issues, and so forth. The content and format of each internship agreement may vary according to the situation and parties involved. The internship agreement is required for AMTA national roster internship programs.
- 1.2 Maintain continuous communication throughout the internship with student and Internship Director/Supervisor as indicated by the internship agreement.
- 1.3 Monitor internship agreement through review of mid term and final evaluations, intern’s self evaluations and intern's site evaluation.
- 1.4 Verify, in consultation with the internship director, successful completion of internship per internship agreement.

F. PROCEDURES FOR REPORTING NON-COMPLIANCE

1.01.1.

1.0 PROCESS

Upon observing or becoming aware of alleged violations of the AMTA National Roster Internship Guidelines, an individual shall:

- 1.1 Consult with the supervising music therapist involved and discuss possible actions to correct the alleged violation. If the supervising music therapist is not the Internship Director, the next step, if not satisfied, would be to consult with the Internship Director.
 - 1.1.1 If corrective action is not taken, it is the responsibility of the supervising music therapist, intern, or other individual observing the alleged violation, to submit a written report to the Association Internship Approval Committee Chairperson. The written report will consist of the following: A thorough explanation of the alleged violation (s) of the National Roster Internship Guidelines and a summary of the resolution attempts when such have been made.



An additional copy shall be sent from the Association Internship Approval Committee Chairperson, via registered mail, to the individual against whom the allegation has been made. All correspondence will be noted as confidential.

- 1.2 The Association Internship Approval Committee shall, upon receipt of the description of the violation as described in 1.1.1, investigate, review, consult with all appropriate committees if applicable, and jointly make a decision regarding the resolution of the alleged violation. A copy of this decision shall be sent to all principals by the AMTA Executive Director.
- 1.3 When an internship program is found to be out of compliance with the Internship Guidelines, the AMTA Executive Director will notify the Internship Director of the specific problem(s) giving a time period for correction. A copy will be sent to the facility administrator, the Association Internship Approval Committee Chairperson, and the Association Internship Approval Committee Regional Representative.
 - 1.3.1 Internship Director will notify the academic faculty of any possible impact on pending intern start dates and copy AMTA Executive Director and the Association Internship Approval Committee Regional Representative on the correspondence.
- 1.4 Within the stated time period, Internship Director will provide written documentation to the Association Internship Approval Committee indicating, 1) problem has been corrected or 2) problem has not been corrected.
 - 1.5 If the problem has been corrected within the stated time period, the Association Internship Approval Committee will notify the AMTA Executive Director of its' recommendations, who will in turn notify the Internship Director and academic faculty that internship program will continue uninterrupted.
- 1.6 If the problem has not been corrected within the stated time period, the Association Internship Approval Committee will notify the AMTA Executive Director who will initiate the process of closing the program as follows:
 - 1.6.1 Notify facility administrator that AMTA approval of the program has been discontinued giving effective date, with copies to the Internship Director, Association Internship Approval Committee Regional Representative and academic faculty of intern (s) in residence at the time of program closing.
 - 1.6.2 Advise Internship Director of procedures to be followed as stated in Section A subsection 8.0 *Removal from the National Roster*.



AMTA STANDARDS FOR EDUCATION AND CLINICAL TRAINING

Adopted 2000

Revised 2020

Preamble

The American Music Therapy Association, Inc., aims to establish and maintain competency-based standards for all three levels of education (bachelor's, master's, and doctoral), with guidelines for the various curricular structures appropriate to different degrees, as defined by the National Association of Schools of Music (NASM). Using this competency-based system, the Association formulates competency objectives or learning outcomes for the various degree programs, based on what knowledge, skills, and abilities are needed by music therapists to work in various capacities in the field. Academic institutions should take primary responsibility for designing, providing, and overseeing the full range of learning experiences needed by students to acquire these competencies, including the necessary clinical training.

A bachelor's degree program should be designed to impart professional level competencies as specified in the *AMTA Professional Competencies*, while also meeting the curricular design outlined by NASM. Since education and clinical training form an integrated continuum for student learning at the professional level, academic institutions should take responsibility not only for academic components of the degree, but also for the full range of clinical training experiences needed by students to achieve competency objectives for the degree. This would include developing and overseeing student placements for both pre-internship and internship training.

A master's degree program should be designed to impart selected and specified advanced competencies, drawn from the *AMTA Advanced Competencies*, which would provide breadth and depth beyond the *AMTA Professional Competencies* that are required for entrance into the music therapy profession. At this level the degree should address the practice of music therapy wherein the music therapist applies and integrates a comprehensive synthesis of theories, research, treatment knowledge, musicianship, clinical skills, and personal awareness to address client needs. The curricular design would be appropriate to the degree title, per agreement between AMTA and NASM.

The doctoral degree should be designed to impart advanced competence in research, theory development, clinical practice, supervision, college teaching, and/or clinical administration, depending upon the title and purpose of the program. AMTA will work with NASM in the delineation of the doctoral degree in music therapy.

Academic institutions and internship sites should take primary responsibility for assuring the quality of their programs, jointly and/or separately. This is accomplished by regular, competency-based evaluations of their programs and graduates by faculty, supervisors, and/or students. The Association will assure the quality of education and clinical training through its approval standards and review procedures. The Association encourages diversity among institutions and programs and respects the operational integrity within academic and clinical training programs.

In implementing these standards, the Association shares the beliefs that education and clinical training are not separate processes, but reflect a continuum of music therapy education; that education and clinical training must be competency based at all levels; that education and clinical training must be student centered; and that education and clinical training must exist in a perspective of continuous change to remain current. The Association also believes in the importance of music as central to music therapy and that music study must be at the core of education and clinical training.



The Association's standards are based on a vision of the future for music therapy education and clinical training. In establishing and maintaining these standards, it has a responsibility related to education and clinical training in relationship to the outside world that includes clients, professionals of other disciplines, and settings. The Association's relationships with the outside world include the identification of levels of professional practice and training, interface with professionals of other disciplines and with their professional associations, involvement with regulatory entities, and alliances in the private sector. The Association works from a philosophy of inclusiveness that embraces a wide range of approaches and a broad base of therapeutic models including uses of music for persons with disabilities and disease, as well as those who desire music therapy for health, wellness, and prevention. The Association must therefore give academic institutions and clinical training programs the flexibility they need to simultaneously meet student needs, market needs, client needs, and quality standards.

The Association believes it can maintain high quality in education and clinical training while it provides for maximum flexibility in the ways professional standards and competencies are implemented. It also believes that standards can be implemented in ways that prevent overregulation and micromanagement. Quality assurance for education and clinical training must be accomplished at the local level, managed by the academic faculty at the academic institutions and the music therapy supervisors at clinical training sites rather than solely by the Association. The Association shall use these competency-based standards as the basis for evaluating academic and clinical training programs and awarding its approval.

These standards must be viewed along with the Association's *Professional Competencies*, *Advanced Competencies*, *Standards of Clinical Practice*, *Advisory on Levels of Practice in Music Therapy*, *Code of Ethics*, *Policies and Procedures for Academic Program Approval*, *National Roster Internship Guidelines* and *University Affiliated Internship Guidelines*. In addition, academic programs in music therapy should refer to the *NASM Handbook* for general standards and competencies common to all professional baccalaureate and graduate degree programs in music, as well as specific baccalaureate and graduate degree programs in music therapy. Academic institutions and clinical training programs have the responsibility for determining how their programs will impart the required professional and/or advanced competencies to students (i.e., through which courses, requirements, clinical training experiences, etc.). The standards have been designed to allow institutions and programs to meet this responsibility in ways that are consistent with their own philosophies, objectives, and resources. All AMTA-approved academic and clinical training programs will strive to attain these standards.



AMTA STANDARDS FOR EDUCATION AND CLINICAL TRAINING

1.0 GENERAL STANDARDS FOR ACADEMIC INSTITUTIONS

- 1.1 Only regionally accredited, degree-granting institutions awarding at least the bachelor's degree may offer an academic program in music therapy eligible for program approval by the Association.
- 1.2 The Association will grant academic program approval only when every music therapy curricular program of the applicant institution (including graduate work, if offered) meets the standards of the Association. *NOTE: This policy excludes doctoral degree programs in music therapy until such time as AMTA and NASM have worked together to delineate the doctoral degree in music therapy.*
- 1.3 The administrative section of the academic institution housing the music therapy unit shall have a clearly defined organizational structure, with administrative officers who involve music therapy faculty at the appropriate level of decision making and who provide the necessary support systems for effective implementation of the program.
- 1.4 The music therapy unit shall be administratively organized in a way that enables students to complete the program and accomplish its educational objectives within the designated time frame.
- 1.5 The academic institution shall have the space, equipment, library, technology, and instrument resources necessary to support degree objectives.
- 1.6 The rationale and objectives of each music therapy degree program offered by the academic institution shall be clearly defined, responsive to significant trends and needs in the profession, and consistent with clinical and ethical standards of practice.
- 1.7 The degree title shall be consistent with educational objectives and curricular requirements of the program.
- 1.8 The music therapy unit shall have criteria and procedures for admission that reflect the abilities and qualities needed by the student to accomplish degree objectives. The unit shall also have criteria and procedures for determining advanced standing and transfer credit.
- 1.9 The music therapy unit shall have criteria and procedures for determining student retention, and specifying conditions for dismissal. These shall reflect the level of competence expected of students at various stages during and upon completion of the program.
- 1.10 The music therapy unit shall take primary responsibility for academic advisement and career counseling of all music therapy majors.
- 1.11 The music therapy unit shall conduct periodic evaluation of its programs and graduates according to competency objectives of each degree program. The results of these evaluations shall be used as the basis of program development, quality control, and change.
- 1.12 **All music therapy programs in branch campuses or extension programs must meet all NASM Standards for Branch Campuses and External Programs.**
- 1.13 **All programs approved by the Association that offer distance learning programs must meet NASM Standards for Distance Learning and the AMTA Guidelines for Distance Learning.**

2.0 STANDARDS FOR COMPETENCY-BASED EDUCATION

- 2.1 The Association shall establish and maintain competency-based standards for ensuring the quality of education and clinical training in the field. Specifically:



- 2.1.1 The Association shall establish educational objectives for academic and clinical training programs that are outcome specific. That is, the standards shall specify learning outcomes, or the various areas of knowledge, skills, and abilities that graduates will acquire as a result of the program.
 - 2.1.2 The Association shall formulate and update these competency objectives based on what knowledge, skills, and abilities are needed by graduates to perform the various levels and types of responsibilities of a professional music therapist. As such, the standards must continually reflect current practices in both treatment and prevention, illness and wellness; embrace diverse models, orientations and applications of music therapy; address consumer needs; and stimulate growth of the discipline and profession.
 - 2.1.3 The Association shall use these competency-based standards as the basis for evaluating academic and clinical training programs and awarding its approval.
- 2.2 The Association shall establish curricular structures for academic programs based on competency objectives and title of the degree. A curricular structure gives credit distributions for broad areas of study that must be included in each degree type (e.g., for the M.M. degree, 40% in music therapy, 30% in music, 30% in electives). These curricular structures shall be consistent with those outlined by NASM.
- 2.3 Academic institutions shall design degree programs in music therapy according to the competency objectives required or recommended by AMTA and the appropriate curricular structure.
 - 2.3.1 Course syllabi should indicate the *AMTA Professional Competencies* and/or *Advanced Competencies*, whichever are applicable, that will be addressed in the course(s) and how these competencies will be evaluated.
- 2.4 Internship programs shall be designed according to competency objectives delineated by the Association, and in relation to the competency objectives addressed by affiliate academic institutions.
- 2.5 The academic institution and internship program shall evaluate students of its programs according to the competency requirements established by AMTA, and shall use the evaluation in determining each student's readiness for graduation.

3.0 STANDARDS FOR BACHELOR'S DEGREES

3.1 Academic Component

- 3.1.1 The bachelor's degree in music therapy (and equivalency programs) shall be designed to impart professional competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles, as specified in the *AMTA Professional Competencies*. A program of academic coursework and clinical training that gives students who have degrees outside of music therapy the equivalent of a bachelor's degree in music therapy may be offered post-baccalaureate. For equivalency programs combined with the master's degree, all AMTA Standards for Master's Degrees must be met.
- 3.1.2 In compliance with NASM Standards, the bachelor's degree in music therapy shall be divided into areas of study as follows (based on 120 semester hours or its equivalent). *Please note that the following outline of content areas listed below is not intended to designate course titles.*



Musical Foundations (45%)

Music Theory
Composition and Arranging
Music History and Literature
Applied Music Major
Ensembles
Conducting
Functional Piano, Guitar, Percussion, and Voice
Improvisation

Clinical Foundations (15%)

Exceptionality and Psychopathology
Normal Human Development
Principles of Therapy
The Therapeutic Relationship

Music Therapy (15%)

Foundations and Principles
Assessment and Evaluation
Methods and Techniques
Pre-Internship and Internship Courses
Psychology of Music
Music Therapy Research
Influence of Music on Behavior
Music Therapy with Various Populations

General Education (20-25%)

English, Math, Social Sciences, Arts,
Humanities, Physical Sciences, etc.

Electives (5%)

- 3.1.3** The academic institution shall take primary responsibility for the education and clinical training of its students at the professional level. This involves: offering the necessary academic courses to achieve required competency objectives, organizing and overseeing the student's clinical training, integrating the student's academic and clinical learning experiences according to developmental sequences, and evaluating student competence at various stages of the program.
- 3.1.4** The music therapy unit shall evaluate each student's competence level in the required areas prior to completion of degree or equivalency requirements.



3.2 Clinical Training Component

NOTE: Please refer to the National Roster Internship Guidelines (https://www.musictherapy.org/careers/national_roster_internship_guidelines/) or the University-Affiliated Internship Guidelines for policies and procedures regarding internships.

3.2.1 The academic institution shall take primary responsibility for providing students with the entire continuum of clinical training experiences with a representative range of client populations across the lifespan in diverse settings. Toward that end, the academic institution shall establish and maintain training and internship agreements with a sufficient number and diversity of field agencies that have the client population, supervisory personnel, and program resources needed to train interns and/or provide pre-internship clinical training experiences. Qualified supervision of clinical training is required and coordinated or verified by the academic institution.

3.2.2 The academic institution shall design its own clinical training program, including types of pre-internship and internship requirements, the number of hours for each placement, the variety of client types involved, and whether internship sites will be approved by the Association, the academic institution, or both. These pre-internship and internship experiences shall be designed, like academic components of the program, to enable students to acquire specific professional level competencies. At least three different populations should be included in pre-internship training. A qualified, credentialed music therapist must provide direct supervision to the pre-internship student, observing the student for a minimum of 40% of pre-internship clinical sessions. (See Qualification Standards for definition of pre-internship supervisor.) Direct supervision includes observation of the student's clinical work with feedback provided to the student. The academic institution shall describe the design of its clinical training program in the application for approval or re-approval by the Association.

NOTE: Academic course hours that include role-playing or instructing students in music skills, session planning, documentation, and related skills for hypothetical clinical sessions in music therapy may not be utilized as clinical training hours.

3.2.3 The academic program will have clear and transparent policies regarding the requirement for immunizations, background checks, and drug screens for students. The requirements as well as the processes and potential consequences of noncompliance should be published and readily accessible to current and potential students.

3.2.4 Internship, here defined as the culminating, in-depth supervised clinical training at the professional level, may be designed in different ways: part or full time, in one or more settings, for varying periods or time frames, and near or distant from the academic institution. Internships are always under continuous, qualified supervision by a credentialed music therapist. (See Qualification Standards for definition of internship supervisor.) Each internship shall be designed or selected to meet the individual needs of the student. This requires joint planning by the academic faculty, the internship supervisor, and the student, as well as continuous communication throughout the student's placement.

3.2.5 Internship programs may be approved by an academic institution, the Association, or both. Academic institutions will maintain information about affiliated internship programs that they have selected and approved for their own students, and the Association will maintain a national roster of all AMTA-approved internship sites open to any student from any academic institution. Please refer to the National Roster Internship Guidelines (https://www.musictherapy.org/careers/national_roster_internship_guidelines/) or the University-Affiliated Guidelines for policies and procedures on establishing an internship program. The internship supervisor shall make final acceptance decisions regarding



applicants for their internship, regardless of whether the internship has been approved as a university-affiliated placement or national roster.

3.2.6 University-affiliated internship programs must meet all university-affiliated guidelines for policies and procedures regarding internships.

3.2.7 The academic institution shall develop an individualized training plan with each student for completion of all facets of clinical training based on the AMTA competencies, student's needs, student's competencies, and life circumstances. The various clinical training supervisors will work in partnership with the academic faculty to develop the student's competencies and to meet the individualized training plan. It is recommended that this training plan for clinical training shall include specification of placements, minimum hours in each aspect of clinical training including both pre-internship and internship experiences, and the roles and responsibilities of the student, the qualified on-site supervisor, and the academic faculty. A written internship agreement will also be made between the student, internship supervisor, and the academic faculty to describe the student's level of performance at the initiation of the internship. The academic faculty will assume responsibility for the initiation of the internship agreement with the intern and the internship director. The internship agreement shall include

- The academic institution's evaluation of the student's level of achievement on each of the AMTA Professional Competencies based on information gathered from music therapy faculty, recent supervisors, written evaluations of clinical work, and the student.
- The number of clinical training hours the student has completed (≥ 180) and the minimum number of hours required for internship (≥ 900) to a total of ≥ 1200 .
- The starting and estimated ending dates of the internship. For national roster sites, these are provided by the internship director. For university-affiliated sites, these dates are determined in conjunction with both the site(s) and the academic institution.
- Any academic requirements the student must fulfill for the University during internship. The signature of the internship director on the internship agreement signifies that these requirements may be reasonably completed over and above the site's requirements of the intern.

All parties will participate in the formulation of the agreement which should be completed by the end of the first month of the internship. The agreement will carry the signatures of the academic faculty involved in assessing student competence, the internship director, and the student.

The internship agreement may also include other pertinent information, such as the length of the internship; the student's work schedule; the supervision plan; role and responsibilities of each party; and health, liability, and insurance issues. The content and format of each internship agreement may vary according to the situation and parties involved. This internship agreement is required for both the university affiliated and AMTA national roster internship programs. These individualized training plans and internship agreements are separate and distinct from any affiliation agreements or other legal documents that delineate the terms of the relationship between the university and the clinical training site(s).

3.2.8 Please refer to the National Roster Internship Guidelines (https://www.musictherapy.org/careers/national_roster_internship_guidelines/) or the University-Affiliated Internship Guidelines for policies and procedures regarding competency-based internship evaluation..



- 3.2.9** Every student must complete a minimum of 1200 hours of clinical training, with at least 15% (180 hours) in pre-internship experiences and at least 75% (900 hours) in internship experiences. Clinical training is defined as the entire continuum of supervised field experiences, including observing, assisting, co-leading, leading, and assuming full responsibility for program planning and music therapy treatment implementation with clients. It is recommended that hours of clinical training include both direct client contact and other activities that relate directly to clinical sessions in music therapy. Such experiences also may include time in group and individual supervision of client sessions, session planning, and documentation for clients.

Academic institutions may opt to require more than the minimum total number of hours, and internship programs may opt to require more hours than the referring or affiliate academic institution. In addition, when a student is unable to demonstrate required professional level competencies, additional hours of internship may be required of the student by the academic institution in consultation with the internship supervisor.

- 3.2.10** The internship must be satisfactorily completed before the conferral of any music therapy degree or completion of a non-degree equivalency program. The student must have received a grade of C- or better in all foundational music therapy courses in order to be eligible for internship. The academic institution has the ultimate responsibility to determine whether these requirements have been successfully met.

NOTE: Foundational coursework related to the professional competencies must be completed prior to beginning internship. If an academic program chooses to offer coursework concurrent with internship, the course content should be integrated with the internship and provide an in-depth examination of topics related to the internship experience.

- 3.2.11** Existing National Roster internship sites already approved by the Association shall maintain their approval status pending adherence to the National Roster Internship Guidelines.

4.0 STANDARDS FOR MASTER'S DEGREES

The purpose of the master's degree programs in music therapy is to impart advanced competencies, as specified in the *AMTA Advanced Competencies*. These degree programs provide breadth and depth beyond the *AMTA Professional Competencies* required for entrance into the music therapy profession.

4.1 Curricular Standards

Each graduate student in a master's degree program is expected to gain in-depth knowledge and competence in both of the following areas. These areas may be addressed in either separate or combined coursework as deemed appropriate.

- 4.1.1** Music Therapy Theory (e.g., principles, foundations, current theories of music therapy practice, supervision, education, implications for research);
- 4.1.2** Advanced Clinical Skills: In-depth understanding of the clinical and supervisory roles and responsibilities of a music therapist. Advanced clinical skills are acquired through one or more clinical component (s) supervised under the auspices of the institution. These clinical component(s) are defined as substantive music therapy fieldwork experiences that focus on clinical practice and occur after the 1200 hours of required clinical training and acquisition of the AMTA Professional Competencies. Students in advanced clinical training courses should demonstrate a depth of understanding of relevant and advanced clinical approaches, theoretical frameworks, and/or advanced clinical supervisory theories and techniques. Each institution must specify the minimum required number of hours and the method of



supervision. Students must be evaluated based on the AMTA Advanced Competencies.”

In addition, each graduate student in a master’s degree program is expected to gain in-depth knowledge and competence in one or more of the following areas:

- 4.1.3 Research (e.g., quantitative and qualitative research designs and their application to music therapy practice, supervision, administration, higher education);
- 4.1.4 Musical Development and Personal Growth (e.g., leadership skills, self-awareness, music skills, improvisation skills in various musical styles, music technology);
- 4.1.5 Clinical Administration (e.g., laws and regulations governing the provision of education and health services, the roles of a clinical administrator in institutions and clinical settings).

4.2 Curricular Structures

- 4.2.1 Practice-Oriented Degrees. These degrees focus on the preparation of music therapists for advanced clinical practice.
- 4.2.2 Research-Oriented Degrees. These degrees focus on the preparation of scholars and researchers in music therapy, preparing graduates for doctoral study.
- 4.2.3 Degrees Combining Research and Practice Orientations. These degrees focus on the simultaneous development of the ability to produce research findings and utilize, combine, or integrate these findings within the practice of music therapy.
- 4.2.4 Graduate education requires the provision of certain kinds of experiences that go beyond those typically provided in undergraduate programs. These include opportunities for active participation in small seminars and tutorials and ongoing consultation with faculty prior to and during preparation of a final project over an extended period of time.
- 4.2.5 A culminating project such as a thesis, clinical paper, or demonstration project is required.
- 4.2.6 Master’s degree programs include requirements and opportunities for studies that relate directly to the educational objectives of the degree program, including supportive studies in music and related fields.
- 4.2.7 Within master’s degree programs, academic institutions are encouraged to develop graduate level specialization areas and courses on advanced topics based on faculty expertise and other resources available at the institution. Therefore, the curriculum and the requirements of each program must be tailored to the resources available, the mission of the institution, and the contribution they aspire to make to the profession of music therapy.
- 4.2.8 At least one-half of the credits required for the master’s degree must be in courses intended for graduate students only. A single course that carries both an undergraduate and a graduate designation is not considered a course intended for graduate students only. To obtain graduate credit, students enrolled in a single course that carries a separate undergraduate and graduate designation or number must complete specific published requirements that are at a graduate level. Distinctions between undergraduate and graduate expectations must be delineated for such courses in the course syllabi. Only courses taken after undergraduate courses that are prerequisite to a given graduate program may receive graduate credit in that program.
- 4.2.9 Students entering the master’s degree without the bachelor’s degree in music therapy and/or the MT-BC credential must take a minimum of 30 semester hours or 45 quarter hours graduate credits toward advanced competence in addition to and beyond any courses needed to demonstrate *AMTA Professional Competencies*.



- 4.2.10** A master's degree in music therapy must include a minimum of 12 semester hours or 18 quarter hours of graduate credits in music therapy in addition to and beyond any courses needed to demonstrate the *AMTA Professional Competencies*. These courses must be intended for graduate students only and should not carry designations for both graduate and undergraduate students.

4.3 Degree Formats and Titles

- 4.3.1** Master of Music degree places advanced music therapy studies within a musical context: 40% music therapy, 30% music, and 30% electives in related areas. The studies in music may include coursework in diverse areas (e.g., performance, ethnomusicology, advanced musicianship, and analysis). The electives consist of supportive studies in related areas that bear directly on the specific educational objectives of the degree program.
- 4.3.2** Master of Music Therapy degree places advanced music therapy studies within a disciplinary context of theory, research, and practice in music therapy: 50% music therapy and 50% electives. The electives consist of supportive studies in related areas that bear directly on the specific educational objectives of the degree program.
- 4.3.3** Master of Arts or Master of Music Education degree places advanced music therapy studies within the context of creative arts therapies, expressive therapies, psychology, counseling, social sciences, education, arts, and/or humanities: 40% music therapy, 30% specialization field, and 30% electives. The electives consist of supportive studies that bear directly on the specific educational objectives of the degree program.
- 4.3.4** Master of Science degree places advanced music therapy studies within the context of medicine, allied health, and the physical sciences: 40% music therapy, 30% science specialization, and 30% electives. The electives consist of supportive studies that bear directly on the specific educational objectives of the degree program.
- 4.3.5** Master's degrees in music therapy may be designed additionally to prepare certified professionals for state licensure.

5.0 STANDARD FOR DOCTORAL DEGREES

The doctoral degree shall impart advanced competence in research, theory development, clinical practice, supervision, college teaching, and/or clinical administration, depending on the title and purpose of the program. Requirements for the doctoral degree must remain flexible to ensure growth and development of the profession. The academic and clinical components of each doctoral degree must be formulated by the institution according to student need and demand, emerging needs of the profession, faculty expertise, educational mission of the institution, and the resources available. Admission of candidates for doctoral degrees in music therapy should require at least three years of full-time clinical experience in music therapy or its equivalent in part-time work. Doctoral students who have less than five years full-time clinical experience in music therapy or the equivalent in part-time experience should be encouraged to acquire additional experience during the course of the doctoral program. AMTA and NASM will work together in the delineation of the doctoral degree in music therapy.

6.0 STANDARDS FOR QUALIFICATIONS AND STAFFING

The following are minimal qualification standards to be used by academic institutions when hiring faculty, selecting clinical supervisors, making placements, and approving their own internship programs, and by the Association in endorsing internship programs for the national roster. These standards shall be upheld by the Association through its initial and periodic reviews of academic institutions and internship programs on the national roster, rather than through authorization of individual faculty and supervisors.



6.1 Academic Faculty

6.1.1 Undergraduate Faculty: An individual employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing a music therapy program at the undergraduate level.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a master's degree in music therapy or related area, with a minimum of transcribed graduate credits equivalent to 12 semester hours in music therapy beyond the undergraduate equivalency requirements;
- Has at least three years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her teaching responsibilities;
- Demonstrates the following: mastery of all professional level and applicable advanced competencies in music therapy; effectiveness as a music therapy clinician in at least one area of practice; the ability to teach and clinically supervise undergraduate students; and the ability to organize and administer an undergraduate music therapy program.

6.1.2 Graduate Faculty: An individual employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing music therapy programs at the master's and/or doctoral level.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a master's degree in music therapy or related area, with a minimum of transcribed graduate credits equivalent to 12 semester hours in music therapy beyond the undergraduate equivalency requirements. A doctorate is preferred.
- Has at least five years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her teaching responsibilities;
- Demonstrates the following: mastery of all professional level and applicable advanced competencies in music therapy; effectiveness as a music therapy clinician in at least one area of practice; the ability to teach and clinically supervise graduate students; ability to guide graduate research; and the ability to organize and administer a graduate music therapy program.

6.1.3 Adjunct Faculty: An individual employed by a college or university to teach specific courses in music therapy on a part-time basis.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least two years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her teaching responsibilities;
- Demonstrates specific competencies appropriate to the teaching assignment.

6.1.4 Academic Program Director (or equivalent institutional title): An individual employed full-time by the university with primary responsibilities for directing/coordinating the music therapy program. These responsibilities may be assumed by an existing undergraduate or



graduate music therapy faculty member. For undergraduate programs, the program director must meet the requirements for Standard 6.1.1. For graduate programs, the program director must meet the requirements for Standard 6.1.2. Their degrees, credentials, and experience reflect the degree program(s) that they are managing. The Academic Program Director:

- Is accountable for upholding the educational and clinical training standards of the music therapy program
- Is accountable for upholding the *AMTA Standards for Education and Clinical Training* and the *AMTA Code of Ethics*.
- Receives, responds to, and distributes communication from AMTA regarding program status to appropriate music therapy faculty and administration.
- Is responsible for monitoring and communicating eligibility of music therapy students for internship via a letter of eligibility.
- Is responsible for monitoring and communicating eligibility of music therapy students to register for the CBMT exam.

6.2 Clinical Supervisors

6.2.1 Pre-internship Supervisor: An individual who has a clinical practice in music therapy (either private or facility-based) and supervises students in introductory music therapy clinical training (variously called fieldwork, practicum, pre-clinical, etc.).

- Holds an appropriate professional credential or designation in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least one year of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her clinical and supervisory responsibilities;
- Demonstrates the following: all professional level competencies; effectiveness as a music therapy clinician in at least one area of practice; general understanding of the supervisory needs of pre-internship students, and professional level skills in supervision.

NOTE: In an exceptional case, a student may have an on-site supervisor or facility coordinator who may not be a music therapist but holds a professional, clinical credential (e.g., OT, nurse, special educator, etc.). Under these circumstances, the student must have a credentialed music therapist as a supervisor under the auspices of the university. A pre-internship supervisor (a credentialed music therapist) must provide direct supervision to the student, observing the student for a minimum of 40% of pre-internship clinical sessions. Direct supervision includes observation of the student's clinical work with feedback provided to the student.

6.2.2 Internship Supervisor: An individual who has a clinical practice in music therapy (either private or institutional) and supervises students in the final field experiences required for the music therapy degree or equivalency program.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least two years of full-time clinical experience in music therapy or its equivalent in part-time work;



- Has sufficient experience working in the internship setting as defined in the *National Roster Internship Guidelines* or by the university program.
- Pursues continuing education relevant to his/her clinical and supervisory responsibilities;
- Demonstrates the following: all professional level competencies; effectiveness as a music therapy clinician in at least one area of practice; general understanding of the supervisory needs of internship students, and established skills in supervision.

6.3 Staffing

6.3.1 Academic institutions shall have a minimum of one full-time faculty position in music therapy for each degree program offered. If an equivalency program is offered in an institution without a degree program in music therapy, the institution shall have a minimum of one full-time faculty position in music therapy who meets the standards for academic undergraduate faculty stated in Standard 6.1.1. Additional full or part-time faculty may be required depending upon student enrollment in each degree program and teaching loads. AMTA suggests an undergraduate student/faculty ration of no more than 20:1 with a lower ration for program directors.

7.0 STANDARDS FOR QUALITY ASSURANCE

7.1 Differential Roles

7.1.1 *The academic institution and internship site shall take primary responsibility for assuring the quality of their programs, jointly and/or separately. This shall be accomplished by regular, competency-based evaluations of its programs and graduates, by faculty, supervisors, and/or students. Each academic institution and internship program shall develop its own system of evaluation, and shall use the results as the basis for program development, quality assurance, and program change.*

7.1.2 AMTA shall assure the quality of education and clinical training by: a) establishing and maintaining standards of excellence for education and clinical training in the field; and b) using these standards as evaluative criteria for granting its approval to academic institutions and internship programs.

7.1.3 AMTA shall consider academic institutions program approval upon initial application. If approved, programs will complete a status update at three years, then will be eligible for re-approval one year after the next NASM accreditation/affirmation review. In order to provide support or follow-up related to the Standards, the Academic Program Approval Committee may request materials from a program between reviews.

7.2 National Association of Schools of Music (NASM)

7.2.1 Only academic institutions accredited or affirmed by NASM are eligible to apply for AMTA approval. Schools that are eligible for NASM membership must be accredited by NASM. Schools that are ineligible for NASM accreditation must obtain a Statement of Affirmation from NASM through the Alternative Review Process for music therapy programs. Correspondence will be noted as confidential.

7.3 Online Learning Components

7.3.1 Hours of Face-to-Face Instruction in Music Therapy Programs: Academic institutions must provide as much clarity as possible about residency requirements for incoming students in promotional materials for any music therapy program that offers any part of its curriculum in online instruction.



7.3.2 Hours of Face-to-Face Instruction in Music Therapy Courses: For any course with online instruction, academic institutions must specify in the catalog the schedule of seated face-to-face, online synchronous, and asynchronous course activities.

7.3.3 Academic Faculty Training: Academic institutions shall describe how all music therapy faculty are prepared for and supported in teaching online or hybrid courses as defined by NASM when applying for online program approval and during subsequent reviews. Faculty and other instructors need to be knowledgeable about learning management systems specific to their college/university, as well as related technology and best practices used in online learning.

8.0 Guidelines for Distance Learning

8.1 Definition:

The National Association of Schools of Music (NASM) defines distance learning as learning that “involves programs of study delivered entirely or partially away from regular face-to-face interactions between teachers and students in classrooms, tutorials, laboratories, and rehearsals associated with course work, degrees, and programs on the campus.... Programs in which more than 40% of their requirements are fulfilled through distance learning will be designated as distance learning programs....

The distance aspect of these programs may be conducted through a variety of means, including teaching and learning through electronic systems. ...”

8.2 Standards Applications

The American Music Therapy Association requires that all AMTA approved music therapy programs meet the NASM standards for distance learning: “Distance learning programs must meet all NASM operational and curricular standards for programs of their type and content. This means that the functions and competencies required by applicable standards are met even when distance learning mechanisms predominate in the total delivery system.” (NASM) The American Music Therapy Association also requires that baccalaureate, equivalency, and master’s degree programs in music therapy meet AMTA Standards for Education and Clinical Training when such programs meet the above criteria for distance learning. All new distance learning programs that meet the above criteria must apply for AMTA academic program approval even if the existing degree/equivalency program already has AMTA program approval.

8.3 General Standards

There are several NASM standards that must be fully addressed before a music therapy program initiates a distance learning format. They include the following:

8.3.1 Financial and Technical Support. “The institution must provide financial and technical support commensurate with the purpose, size, scope, and content of its distance learning programs.” (NASM)

8.3.2 Student Evaluations “Specific student evaluation points shall be established throughout the time period of each course or program.” (NASM)

8.3.3 Student Technical Competence and Equipment Requirements. “The institution must determine and publish for each distance learning program or course (a) requirements for technical competence and (b) any technical equipment requirements. The institution must have means for assessing the extent to which prospective students meet these requirements before they are accepted or enrolled. The institution shall publish information regarding the availability of academic and technical support services.” (NASM)



8.3.4 Distance Learning vs. Traditional Learning. “When an identical program, or a program with an identical title, is offered through distance learning as well as on campus, the institution must be able to demonstrate functional equivalency in all aspects of each program. Mechanisms must be established to assure equal quality among delivery systems.” (NASM)

8.3.5 Student Instructions, Expectations, and Evaluation. “Instructions to students, expectations for achievement, and evaluation criteria must be clearly stated and readily available to all involved in a particular distance learning program. Students must be fully informed of means for asking questions and otherwise communicating with instructors and students as required.” (NASM)

8.4 Guidelines for Music Therapy Programs

- 8.4.1 Office Hours**
The course instructor may fulfill office hours either by posting virtual office hours or by instituting a policy of responding to student needs within a 48-hour time frame.
- 8.4.2 Support Services**
The methods and technological requirements for online learning should be published (e.g., Discussion Board on Blackboard, webinars, Skype, etc.). It is suggested that each course of study devote time to teaching the use of technology in the program. The program shall publish information regarding the availability of academic and technical support services. Any online courses outside of music therapy that are available for support should also be indicated. Provisions for using library resources should be published.
- 8.4.3 Admission**
Admission will be in compliance with each university’s admission policies and procedures for music therapy programs.
- 8.4.4 Residency Requirement and Transfer Credits**
If the university has a “residency requirement,” such a requirement will be honored by the music therapy programs. Furthermore, music therapy core courses and clinical training from AMTA approved institutions will be eligible for transfer as determined by the university’s policies and evaluation of student competencies. The number of credit hours that can be taken at another educational institution and in what areas should be indicated to the student at the time of admission.
- 8.4.5 Music Therapy Courses**
Music therapy programs must meet the curricular structures as outlined in the AMTA Standards for Education and Clinical Training. Academic faculty should determine what learning should be done in residence as opposed to online and how this must be implemented. Course syllabi should clearly provide the course outline and assignments to indicate what each course entails, including the technological requirements and the online course management systems. Means of evaluation of the student’s work at periodic times throughout the course must be provided in the syllabi.
- 8.4.6 Academic Faculty**
Academic faculty teaching music therapy courses must meet AMTA standards for academic faculty. These guidelines for distance learning apply to all baccalaureate, equivalency, and master’s degree programs in music therapy. Administering an online program and teaching online courses will require a significant amount of time over and beyond the credits awarded for the course. Load issues and overload issues should be taken into account when designing the program and distributed in a fair and equitable way to the music therapy faculty.



8.4.7 Music

Competencies

Each student's music competencies in performance and functional music skills will be evaluated prior to acceptance into a distance learning program and upon completion of the program will meet AMTA standards stated in the Professional Competencies and/or Advanced Competencies (whichever is applicable to the degree/equivalency programs). This includes competencies in functional keyboard, guitar, voice, percussion, and improvisation. Music competencies may be evaluated through face-to-face auditions, web-based conferencing juries, or through videotaping. Credit for functional music skills may be acquired either at the college/university offering the program or transferred in from other academic institutions. Requirements for meeting any deficiencies in these areas must be specified in a plan for the student's remediation and continued evaluation. Methods of evaluating musical proficiencies long distance must be specified.

8.4.8 Clinical

Training

The pre-internship and internship learning experiences for students should meet all AMTA standards for clinical training. Pre-internship field experiences may be established through distance learning. There should be legal contracts and/or affiliation agreements for these distance learning relationships which specify the roles and responsibilities of the academic faculty, pre-internship supervisors, internship supervisors, and the student. The music therapy faculty/staff at the academic program site (full-time or adjunct) should provide training and supervision for the on-site pre-internship and (if applicable) university affiliated internship clinical training supervisors and serve as a liaison between the academic program and the pre-internship/internship clinical training program(s). All clinical training supervisors must meet the AMTA "Standards for Qualifications and Staffing" for Pre-internship Supervisor and Internship Supervisor (whichever is applicable), including that of holding an appropriate professional credential or designation in music therapy (e.g., MT-BC)

8.4.9 Online

Supervision

Online supervision may be provided for the clinical supervisors along with site visits by the academic faculty. Supervision for the student's clinical training experiences includes individual supervision of the student by the qualified music therapist at the host site, as well as supervision by the academic faculty. Feedback of the student's clinical work can be provided to academic faculty through such means as audio-visual media and other forms of technology and telecommunications to evaluate the student's clinical competencies. Please note that the issues related to client confidentiality must be addressed.

8.4.10 Group

Supervision

Group supervision may also be provided through online discussion boards such as those found in Blackboard and/or live-time webinars with faculty and students. Please note that the issues related to client confidentiality must be addressed.

8.4.11 Related

Coursework

The music therapy program should state explicitly whether courses that are required outside of the music therapy program (e.g., psychology, statistics or other research courses) are also available in distance-learning format.

Keith, D. & Vega, V. P. (2006) A survey of online courses in music therapy. Unpublished manuscript.



GLOSSARY OF SELECTED TERMS

AAMT: The American Association for Music Therapy was one of the two former organizations that merged to form the American Music Therapy Association.

Academic Institution: A college or university offering music therapy degree program(s).

Academic Faculty: The full-time, part-time and adjunct teaching professionals in an academic institution that have responsibility for instruction, research, and service as per academic institution policies. Academic faculty members have responsibility for the music therapy academic program(s).

Accreditation (NASM): The process whereby a private, governmentally authorized agency grants public recognition to an academic institution that meets standards of quality for higher education in a particular field, as determined through initial and subsequent periodic reviews. In the field of music, the National Association of Schools of Music (NASM) is the only authorized accrediting agency empowered to accredit academic institutions offering music degrees in any area in the United States. Thus, NASM accreditation (or “NASM membership”) signifies that *all* the music degrees offered by an academic institution have been evaluated by NASM and found to be consistent with national standards. *Please note the following differences between NASM accreditation, NASM affirmation, and AMTA approval:* NASM *accredits* an academic institution based on the quality of all of its music degree programs; NASM *affirms* an institution ineligible for NASM accreditation, based on the adequacy of its music resources for music therapy programs; AMTA *approves* an academic institution based on the quality of its music therapy programs only. See respective definitions.

Affirmation (NASM): NASM offers an alternative review process for music therapy programs that are ineligible to apply for NASM accreditation (e.g., in an institution in a foreign country). The alternative review process leads to a statement of affirmation from NASM assuring that the institution and its music programs provide a context for and qualitative outcome by the music therapy program consistent with NASM standards. Academic institutions that meet NASM standards and receive such affirmation are not “accredited” members of NASM. *Please see under “Accreditation (NASM)” for an explanation of the differences between NASM accreditation, NASM affirmation, and AMTA approval.*

AMTA: The American Music Therapy Association is the organization formed by the unification of AAMT and NAMT.

Appropriate Music Therapy Credential or Designation: The MT-BC or Music Therapist-Board Certified, is the professional credential in music therapy granted in the United States. An appropriate music therapy credential or designation could also include a professional designation or credential from a country other than the United States.

Approval of Academic Institutions: Approval is a process whereby the professional association in music therapy grants public recognition to an academic institution for its degree (and/or equivalency) programs in music therapy. Approval is granted when the degree program meets the Association’s standards of quality, as determined through initial and periodic review by the Association. *Please see under “Accreditation (NASM)” for an explanation of the differences between NASM accreditation, NASM affirmation, and AMTA approval.*

Approval of Internship Sites: Internship approval by AMTA is the process by which AMTA determines that an internship site meets its standards of quality and grants public recognition to that fact. The Association maintains a national roster of approved internship sites for use by approved academic institutions and their students. Academic institutions also may approve and individually affiliate with internship sites. These university-affiliated internship programs will be reviewed in conjunction with academic program approval or re-approval by the Association.



Approval Review Process: The entire sequence of procedures established by AMTA for the evaluation of an academic institution or internship site. The “review” typically involves application by the academic institution or internship site using established forms, a process of evaluation by designated committees within the Association according to the standards and criteria for approval established by the association, and procedures for communication and appeal.

Board Certification: The credential of Music Therapist-Board Certified (MT-BC) is initially obtained by successful passage of the national board certification examination designed and administered by the Certification Board for Music Therapists (CBMT). Each certificant must re-certify every five years. Re-certification may be accomplished either through re-examination or through accrual of appropriate continuing education as specified by CBMT.

CBMT: The Certification Board for Music Therapists.

Clinical Training: Clinical training is the entire continuum of supervised field experiences, including observing, assisting, co-leading, leading, and assuming full responsibility for program planning and music therapy treatment implementation with clients. This continuum includes all experiences formerly called observations, fieldwork, field experience, practicum, pre-clinical experience, and internship. For the sake of clarity, clinical training has been conceived as having two main components: pre-internship and internship. Pre-internship training consists of all the various practical field experiences taken by a student in conjunction with music therapy coursework as pre-requisites for internship placement. This may include experiences formerly called observations, practica, fieldwork, pre-clinical placements, etc. The internship is the culminating, in-depth supervised clinical training experience in a degree program in music therapy (or its equivalent) that leads to the achievement of the professional competency objectives.

Competency-Based Education in Music Therapy: An approach to higher education and clinical training which has the following components: 1) the specification of student competencies or learning outcomes that serve as educational objectives for the program; 2) the distribution of these competency objectives into a developmentally sequenced curriculum of instruction, study, and/or practical training, 3) the design of specific courses and practical or field experiences to meet designated competency objectives, and 4) methods of quality assurance based on student competence upon completion of the program. The inventory entitled the *AMTA Professional Competencies* lists the professional competencies and the *AMTA Advanced Competencies* lists the advanced competencies.

Credential: Please see “Appropriate Music Therapy Credential or Designation.”

Equivalency Program: A program of academic coursework and clinical training that gives students who have degrees outside of music therapy the equivalent of a bachelor’s degree in music therapy. Like the bachelor’s degree, an equivalency program is designed to impart professional level competencies in music therapy and to prepare the student to begin professional practice. Usually, the equivalency program consists of all core music therapy courses at the undergraduate level, all clinical training requirements, plus any pertinent courses in other fields (e.g., abnormal psychology). In those academic institutions offering a bachelor’s degree, the student usually earns undergraduate credit for these equivalency courses, while in some that only offer the master’s degree, students earn graduate credit for the same courses. It should be noted that an equivalency program is always regarded as professional level, regardless of the level of credit awarded for the coursework.

Internship: The culminating, in-depth supervised clinical training experience in a professional level degree program (or its equivalent) in music therapy.

Music Therapy Unit: The academic department, section, division, or subdivision within a college or university that takes administrative and programmatic responsibility for the music therapy degree(s) offered (e.g., a department of music therapy, a music therapy section within the department of music education, a music therapy program within the division of arts).



MT-BC: Music Therapist-Board Certified. Also see Board Certification.

NAMT: The National Association for Music Therapy was one of the two former organizations that merged to form the American Music Therapy Association.

NASM: The National Association of Schools of Music is the sole agency designated by the government to accredit music schools in the USA. (Refer to “Accreditation.”)

Pre-internship: Pre-internship training is constituted by clinical training experiences conducted in conjunction with academic work in music therapy that are prerequisites for internship placement. This may include experiences formerly called observations, practica, fieldwork, pre-clinical placements, etc. Pre-internship experiences include both direct client contact and other activities that relate directly to clinical sessions in music therapy.

Professional Designation: Please see “Appropriate Music Therapy Credential or Designation.”



AMTA PROFESSIONAL COMPETENCIES

Preamble to AMTA Professional Competencies

The American Music Therapy Association has established competency-based standards for ensuring the quality of education and clinical training in the field of music therapy. As the clinical and research activities of music therapy provide new information, the competency requirements need to be reevaluated regularly to ensure consistency with current trends and needs of the profession and to reflect the growth of the knowledge base of the profession. The Association updates these competencies based on what knowledge, skills, and abilities are needed to perform the various levels and types of responsibilities to practice at a professional level.

In November 2005 the AMTA Assembly of Delegates adopted the *Advisory on Levels of Practice in Music Therapy*. This Advisory, which was developed by the Education and Training Advisory Board, distinguishes two Levels of Practice within the music therapy profession: Professional Level of Practice and Advanced Level of Practice. This Advisory describes the Professional Level of Practice as follows:

A music therapist at the Professional Level of Practice has a Bachelor's degree or its equivalent in music therapy and a current professional designation or credential in music therapy (i.e., ACMT, CMT, MT-BC, or RMT). At this level, the therapist has the ability to assume a supportive role in treating clients, collaborating within an interdisciplinary team to contribute to the client's overall treatment plan.

The *AMTA Professional Competencies* are based on music therapy competencies authored for the former American Association for Music Therapy (AAMT) by Bruscia, Hesser, and Boxhill (1981). The former National Association for Music Therapy (NAMT) in turn adapted these competencies as the *NAMT Professional Competencies* revised in 1996. In its final report the Commission on Education and Clinical Training recommended the use of these competencies, and this recommendation was approved by the AMTA Assembly of Delegates in November 1999. The *AMTA Professional Competencies* has had several minor revisions since its adoption in 1999.

A. MUSIC FOUNDATIONS

1. Music Theory and History
 - 1.1 Recognize standard works in the literature.
 - 1.2 Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.
 - 1.3 Sight-sing melodies of both diatonic and chromatic makeup.
 - 1.4 Take aural dictation of melodies, rhythms, and chord progressions.
 - 1.5 Transpose simple compositions.
2. Composition and Arranging Skills
 - 2.1 Compose songs with simple accompaniment.
 - 2.2 Adapt, arrange, transpose, and simplify music compositions for small vocal and nonsymphonic instrumental ensembles.
3. Major Performance Medium Skills
 - 3.1 Perform appropriate undergraduate repertoire; demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.
 - 3.2 Perform in small and large ensembles.
4. Functional Music Skills



- 4.1 Demonstrate a basic foundation on voice, piano, guitar, and percussion.
 - 4.1.1 Lead and accompany proficiently on instruments including, but not limited to, voice, piano, guitar, and percussion.
 - 4.1.2 Play basic chord progressions in several major and minor keys with varied accompaniment patterns.
 - 4.1.3 Play and sing a basic repertoire of traditional, folk, and popular songs with and without printed music.
 - 4.1.4 Sing in tune with a pleasing quality and adequate volume both with accompaniment and a capella.
 - 4.1.5 Sight-read simple compositions and song accompaniments.
 - 4.1.6 Harmonize and transpose simple compositions in several keys.
 - 4.1.7 Tune stringed instruments using standard and other tunings.
 - 4.1.8 Utilize basic percussion techniques on several standard and ethnic instruments.
- 4.2 Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.
- 4.3 Improvise on pitched and unpitched instruments, and vocally in a variety of settings including individual, dyad, small or large group.
- 4.4 Care for and maintain instruments.
- 5. Conducting Skills
 - 5.1 Conduct basic patterns with technical accuracy.
 - 5.2 Conduct small and large vocal and instrumental ensembles.
- 6. Movement Skills
 - 6.1 Direct structured and improvisatory movement experiences.
 - 6.2 Move in a structured and/or improvisatory manner for expressive purposes.

B. CLINICAL FOUNDATIONS

- 7. Therapeutic Applications
 - 7.1 Demonstrate basic knowledge of the potential, limitations, and problems of populations specified in the Standards of Clinical Practice.
 - 7.2 Demonstrate basic knowledge of the causes, symptoms of, and basic terminology used in medical, mental health, and educational classifications.
 - 7.3 Demonstrate basic knowledge of typical and atypical human systems and development (e.g., anatomical, physiological, psychological, social.)
 - 7.4 Demonstrate basic understanding of the primary neurological processes of the brain.
- 8. Therapeutic Principles
 - 8.1 Demonstrate basic knowledge of the dynamics and processes of a therapist-client relationship.
 - 8.2 Demonstrate basic knowledge of the dynamics and processes of therapy groups.
 - 8.3 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.
- 9. The Therapeutic Relationship
 - 9.1 Recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process.
 - 9.2 Establish and maintain interpersonal relationships with clients and team members that are appropriate and conducive to therapy.
 - 9.3 Use oneself effectively in the therapist role in both individual and group therapy, e.g., appropriate self-disclosure, authenticity, empathy, etc. toward affecting desired therapeutic outcomes.
 - 9.4 Utilize the dynamics and processes of groups to achieve therapeutic goals



9.5 Demonstrate awareness of the influence of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation on the therapeutic process.

C. MUSIC THERAPY

10. Foundations and Principles

Apply basic knowledge of:

- 10.1 Existing music therapy methods, techniques, materials, and equipment with their appropriate applications.
- 10.2 Principles and methods of music therapy assessment, treatment, evaluation, and termination for the populations specified in the Standards of Clinical Practice.
- 10.3 The psychological aspects of musical behavior and experience including, but not limited to, perception, cognition, affective response, learning, development, preference, and creativity.
- 10.4 The physiological aspects of the musical experience including, but not limited to, central nervous system, peripheral nervous system, and psychomotor responses.
- 10.5 Philosophical, psychological, physiological, and sociological basis of music as therapy.
- 10.6 Use of current technologies in music therapy assessment, treatment, evaluation, and termination.

11. Client Assessment

- 11.1 Select and implement effective culturally-based methods for assessing the client's strengths, needs, musical preferences, level of musical functioning, and development.
- 11.2 Observe and record accurately the client's responses to assessment.
- 11.3 Identify the client's functional and dysfunctional behaviors.
- 11.4 Identify the client's therapeutic needs through an analysis and interpretation of assessment data.
- 11.5 Communicate assessment findings and recommendations in written and verbal forms.

12. Treatment Planning

- 12.1 Select or create music therapy experiences that meet the client's objectives.
- 12.2 Formulate goals and objectives for individual and group therapy based upon assessment findings.
- 12.3 Identify the client's primary treatment needs in music therapy.
- 12.4 Provide preliminary estimates of frequency and duration of treatment.
- 12.5 Select and adapt music, musical instruments, and equipment consistent with the strengths and needs of the client.
- 12.6 Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.
- 12.7 Create a physical environment (e.g., arrangement of space, furniture, equipment, and instruments that is conducive to therapy).
- 12.8 Plan and sequence music therapy sessions.
- 12.9 Determine the client's appropriate music therapy group and/or individual placement.
- 12.10 Coordinate treatment plan with other professionals.

13. Therapy Implementation

- 13.1 Recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur.
- 13.2 Provide music therapy experiences that address assessed goals and objectives for populations specified in the Standards of Clinical Practice.
- 13.3 Provide verbal and nonverbal directions and cues necessary for successful client participation.
- 13.4 Provide models for and communicate expectations of behavior to clients.
- 13.5 Utilize therapeutic verbal skills in music therapy sessions.



- 13.6 Provide feedback on, reflect, rephrase, and translate the client's communications.
- 13.7 Assist the client in communicating more effectively.
- 13.8 Sequence and pace music experiences within a session according to the client's needs and situational factors.
- 13.9 Conduct or facilitate group and individual music therapy.
- 13.10 Implement music therapy program according to treatment plan.
- 13.11 Promote a sense of group cohesiveness and/or a feeling of group membership.
- 13.12 Develop and maintain a repertoire of music for age, culture, and stylistic differences.
- 13.13 Recognize and respond appropriately to effects of the client's medications.
- 13.14 Maintain a working knowledge of new technologies and implement as needed to support client progress towards treatment goals and objectives.
- 14. Therapy Evaluation
 - 14.1 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
 - 14.2 Establish and work within realistic time frames for evaluating the effects of therapy.
 - 14.3 Recognize significant changes and patterns in the client's response to therapy.
 - 14.4 Recognize and respond appropriately to situations in which there are clear and present dangers to the client and/or others.
 - 14.5 Modify treatment approaches based on the client's response to therapy.
 - 14.6 Review and revise treatment plan as needed.
- 15. Documentation
 - 15.1 Produce documentation that accurately reflects client outcomes and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.
 - 15.2 Document clinical data.
 - 15.3 Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.
 - 15.4 Effectively communicate orally and in writing with the client and client's team members.
 - 15.5 Document and revise the treatment plan and document changes to the treatment plan.
 - 15.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, evaluation, and termination.
- 16. Termination/Discharge Planning
 - 16.1 Assess potential benefits/detriments of termination of music therapy.
 - 16.2 Develop and implement a music therapy termination plan.
 - 16.3 Integrate music therapy termination plan with plans for the client's discharge from the facility.
 - 16.4 Inform and prepare the client for approaching termination from music therapy.
 - 16.5 Establish closure of music therapy services by time of termination/discharge.
- 17. Professional Role/Ethics
 - 17.1 Interpret and adhere to the AMTA Code of Ethics.
 - 17.2 Adhere to the Standards of Clinical Practice.
 - 17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.
 - 17.4 Accept criticism/feedback with willingness and follow through in a productive manner.
 - 17.5 Resolve conflicts in a positive and constructive manner.
 - 17.6 Meet deadlines without prompting.
 - 17.7 Express thoughts and personal feelings in a consistently constructive manner.
 - 17.8 Demonstrate critical self-awareness of strengths and weaknesses.
 - 17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.
 - 17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation.



- 17.11 Demonstrate skill in working with culturally diverse populations.
- 17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality.
- 17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice.
- 17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.
- 17.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).
- 17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity.
- 18. Interprofessional Collaboration
 - 18.1 Demonstrate a basic understanding of professional roles and duties and develop working relationships with other disciplines in client treatment programs.
 - 18.2 Communicate to other departments and staff the rationale for music therapy services and the role of the music therapist.
 - 18.3 Define the role of music therapy in the client's total treatment program.
 - 18.4 Collaborate with team members in designing and implementing interdisciplinary treatment programs.
- 19. Supervision and Administration
 - 19.1 Participate in and benefit from multiple forms of supervision (e.g., peer, clinical).
 - 19.2 Manage and maintain music therapy equipment and supplies.
 - 19.3 Perform administrative duties usually required of clinicians (e.g., scheduling therapy, programmatic budgeting, maintaining record files).
 - 19.4 Write proposals to create new and/or maintain existing music therapy programs.
- 20. Research Methods
 - 20.1 Interpret information in the professional research literature.
 - 20.2 Demonstrate basic knowledge of the purpose and methodology of historical, quantitative, and qualitative research.
 - 20.3 Perform a data-based literature search.
 - 20.4 Integrate the best available research, music therapists' expertise, and the needs, values, and preferences of the individual(s) served.

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CERTIFICATION
BOARD FOR
MUSIC
THERAPISTS

SCOPE OF MUSIC THERAPY PRACTICE

Preamble

The scope of music therapy practice defines the range of responsibilities of a fully qualified music therapy professional with requisite education, clinical training, and board certification. Such practice also is governed by requirements for continuing education, professional responsibility and accountability. This document is designed for music therapists, clients, families, health and education professionals and facilities, state and federal legislators and agency officials, private and public payers, and the general public.

Statement of Purpose

The purpose of this document is to define the scope of music therapy practice by:

1. Outlining the knowledge, skills, abilities, and experience for qualified clinicians to practice safely, effectively and ethically, applying established standards of clinical practice and performing functions without risk of harm to the public;
2. Defining the potential for harm by individuals without formalized music therapy training and credentials; and
3. Describing the education, clinical training, board certification, and continuing education requirements for music therapists.

Definition of Music Therapy and Music Therapist

Music therapy is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. A music therapist is an individual who has completed the education and clinical training requirements established by the American Music Therapy Association (AMTA) and who holds current board certification from The Certification Board for Music Therapists (CBMT).

Assumptions

The scope of music therapy practice is based on the values of non-maleficence, beneficence, ethical practice; professional integrity, respect, excellence; and diversity. The following assumptions are the foundation for this document:

- **Public Protection.** The public is entitled to have access to qualified music therapists who practice competently, safely, and ethically.
- **Requisite Training and Skill Sets.** The scope of music therapy

practice includes professional and advanced competencies.

The music therapist only provides services within the scope of practice that reflect his/her level of competence. The music therapy profession is not defined by a single music intervention or experience, but rather a continuum of skills sets (simple to complex) that make the profession unique.

- **Evidence-Based Practice.** A music therapist's clinical practice is guided by the integration of the best available research evidence, the client's needs, values, and preferences, and the expertise of the clinician.
- **Overlap in Services.** Music therapists recognize that in order for clients to benefit from an integrated, holistic treatment approach, there will be some overlap in services provided by multiple professions. We acknowledge that other professionals may use music, as appropriate, as long as they are working within their scope.
- **Professional Collaboration.** A competent music therapist will make referrals to other providers (music therapists and non-music therapists) when faced with issues or situations beyond the original clinician's own practice competence, or where greater competence or specialty care is determined as necessary or helpful to the client's condition.
- **Client-Centered Care.** A music therapist is respectful of, and responsive to the needs, values, and preferences of the client and the family. The music therapist involves the client in the treatment planning process, when appropriate.

Music Therapy Practice

Music therapy means the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapists develop music therapy treatment plans specific to the needs and strengths of the client who may be seen individually or in groups. Music therapy treatment plans are individualized for each client. The

goals, objectives, and potential strategies of the music therapy services are appropriate for the client and setting. The music therapy interventions may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention, and movement to music. Music therapy clinical practice may be in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational areas. Standards of practice in music therapy include:

- Accepting referrals for music therapy services from medical, developmental, mental health, and education professionals; family members; clients; caregivers; or others involved and authorized with provision of client services. Before providing music therapy services to a client for an identified clinical or developmental need, the music therapist collaborates, as applicable, with the primary care provider(s) to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client, the music therapist collaborates, as applicable, with the client's treatment team;
- Conducting a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the music therapist collects systematic, comprehensive, and accurate information to determine the appropriateness and type of music therapy services to provide for the client;
- Developing an individualized music therapy treatment plan for the client that is based upon the results of the music therapy assessment. The music therapy treatment plan includes individualized goals and objectives that focus on the assessed needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives;
- Implementing an individualized music therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client;
- Evaluating the client's response to music therapy and the music therapy treatment plan, documenting change and progress, and suggesting modifications, as appropriate;
- Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, physician, or other provider of health care or education of the client, family members of the client, and any other appropriate person upon whom the client relies for support;
- Minimizing any barriers to ensure that the client receives music therapy services in the least restrictive environment;
- Collaborating with and educating the client and the family, caregiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs; and
- Utilizing appropriate knowledge and skills to inform practice including use of research, reasoning, and problem solving skills to determine appropriate actions in the context of each specific clinical setting.

Music therapists are members of an interdisciplinary team of healthcare, education, and other professionals who work collaboratively to address the needs of clients while protecting client confidentiality and privacy. Music therapists function as independent clinicians within the context

of the interdisciplinary team, supporting the treatment goals and co-treating with physicians, nurses, rehabilitative specialists, neurologists, psychologists, psychiatrists, social workers, counselors, behavioral health specialists, physical therapists, occupational therapists, speech-language pathologists, audiologists, educators, clinical case managers, patients, caregivers, and more.

Music therapy-specific assessment, treatment planning, and implementation consider diagnosis and history, are performed in a manner congruent with the client's level of functioning, and address client needs across multiple domains.

Potential for Harm

Music therapists are trained to independently analyze client non-verbal, verbal, psychological, and physiological responses to music and non-music stimuli in order to be clinically effective and refrain from contraindicated practices. The music therapist implements ongoing evaluation of client responses and adapts the intervention accordingly to protect the client from negative outcomes.

Music therapists use their knowledge, skills, training and experience to facilitate therapeutic, goal oriented music-based interactions that are meaningful and supportive to the function and health of their clients. These components of clinical practice continue to evolve with advances in basic science, translational research, and therapeutic implementation. Music therapists, therefore, participate in continued education to remain competent, know their limitations in professional practice, and recognize when it is appropriate to seek assistance, advice, or consultation, or refer the client to another therapist or professional. In addition, music therapists practice safely and ethically as defined by the AMTA Code of Ethics, AMTA Standards of Clinical Practice, CBMT Code of Professional Practice, CBMT Board Certification Domains, and other applicable state and federal laws. Both AMTA and CBMT have mechanisms by which music therapists who are in violation of safe and ethical practice are investigated.

The use of live music interventions demands that the therapist not only possess the knowledge and skills of a trained therapist, but also the unique skill set of a trained musician in order to manipulate the music therapy intervention to fit clients' needs. Given the diversity of diagnoses with which music therapists work and the practice settings in which they work independently, clinical training and experience are necessary. Individuals attempting to provide music therapy treatment interventions without formalized music therapy training and credentials may pose risks to clients.

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and competencies such as, but not limited to:

- Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
- Recognize the potential harm of music experiences and use them with care.
- Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
- Observe infection control protocols (e.g., universal precautions, disinfecting instruments).

- Recognize the client populations and health conditions for which music experiences are contraindicated.
- Comply with safety protocols with regard to transport and physical support of clients.

Definition of Governing Bodies

AMTA's mission is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world. AMTA strives to improve and advance the use of music, in both its breadth and quality, in clinical, educational, and community settings for the betterment of the public health and welfare. The Association serves as the primary organization for the advancement of education, clinical practice, research, and ethical standards in the music therapy profession.

AMTA is committed to:

- Promoting quality clinical treatment and ethical practices regarding the use of music to restore, maintain, and improve the health of all persons.
- Establishing and maintaining education and clinical training standards for persons seeking to be credentialed music therapists.
- Educating the public about music therapy.
- Supporting music therapy research.

The mission of the CBMT is to ensure a standard of excellence in the development, implementation, and promotion of an accredited certification program for safe and competent music therapy practice. CBMT is an independent, non-profit, certifying agency fully accredited by the National Commission for Certifying Agencies (NCCA). This accreditation serves as the means by which CBMT strives to maintain the highest standards possible in the construction and administration of its national examination and recertification programs, ultimately designed to reflect current music therapy practice for the benefit of the consumer.

CBMT is committed to:

- Maintaining the highest possible standards, as established by the Institute for Credentialing Excellence (ICE) and NCCA, for its national certification and recertification programs.
- Maintaining standards for eligibility to sit for the National Examination: Candidates must have completed academic and clinical training requirements established by AMTA.
- Defining and assessing the body of knowledge that represents safe and competent practice in the profession of music therapy and issuing the credential of Music Therapist-Board Certified (MT-BC) to individuals that demonstrate the required level of competence.
- Advocating for recognition of the MT-BC credential and for access to safe and competent practice.
- Maintaining certification and recertification requirements that reflect current practice in the profession of music therapy.
- Providing leadership in music therapy credentialing.

The unique roles of AMTA (education and clinical training) and CBMT (credentialing and continuing education) ensure that the distinct, but related, components of the profession are maintained. This scope of music therapy practice document acknowledges the

separate but complementary contributions of AMTA and CBMT in developing and maintaining professional music therapists and evidence-based practices in the profession.

Education and Clinical Training Requirements

A qualified music therapist:

- Must have graduated with a bachelor's degree (or its equivalent) or higher from a music therapy degree program approved by the American Music Therapy Association (AMTA); and
- Must have successfully completed a minimum of 1,200 hours of supervised clinical work through pre-internship training at the AMTA-approved degree program, and internship training through AMTA-approved National Roster or University Affiliated internship programs, or an equivalent.

Upon successful completion of the AMTA academic and clinical training requirements or its international equivalent, an individual is eligible to sit for the national board certification exam administered by the Certification Board for Music Therapists (CBMT).

Board Certification Requirements

The Music Therapist – Board Certified (MT-BC) credential is granted by the Certification Board for Music Therapists (CBMT) to music therapists who have demonstrated the knowledge, skills, and abilities for competence in the current practice of music therapy. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism and competence by interested agencies, groups, and individuals. The MT-BC credential may also be required to meet state laws and regulations. Any person representing him or herself as a board certified music therapist must hold the MT-BC credential awarded by CBMT, an independent, nonprofit corporation fully accredited by the National Commission for Certifying Agencies (NCCA).

The board certified music therapist credential, MT-BC, is awarded by the CBMT to an individual upon successful completion of an academic and clinical training program approved by the American Music Therapy Association (or an international equivalent) and successful completion of an objective written examination demonstrating current competency in the profession of music therapy. The CBMT administers this examination, which is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice. Both the practice analysis and the examination are psychometrically sound and developed using guidelines issued by the Equal Employment Opportunity Commission, and the American Psychological Association's standards for test validation.

Once board certified, a music therapist must adhere to the CBMT Code of Professional Practice and recertify every five years through either a program of continuing education or re-examination.

By establishing and maintaining the certification program, CBMT is in compliance with NCCA guidelines and standards that require certifying agencies to: 1) have a plan for periodic recertification, and 2) provide evidence that the recertification program is designed to measure or enhance the continuing competence of the individual.

The CBMT recertification program provides music therapists with guidelines for remaining current with safe and competent practice and enhancing their knowledge in the profession of music therapy.

The recertification program contributes to the professional development of the board certified music therapist through a program of continuing education, professional development, and professional service opportunities. All three recertification categories are reflective of the Practice Analysis Study and relevant to the knowledge, skills and abilities required of the board certified music therapist. Documentation guidelines in the three categories require applying learning outcomes to music therapy practice and relating them to the CBMT Board Certification Domains. Integrating and applying new knowledge with current practice, developing enhanced skills in delivery of services to clients, and enhancing a board certified music therapist's overall abilities are direct outcomes of the recertification program. To support CBMT's commitment of ensuring the competence of the board certified music therapist and protecting the public, certification must be renewed every five years with the accrual of 100 recertification credits.

NCCA accreditation demonstrates that CBMT and its credentialing program undergo review to demonstrate compliance with certification standards set by an impartial, objective commission whose primary focus is competency assurance and protection of the consumer. The program provides valuable information for music therapists, employers, government agencies, payers, courts and professional organizations. By participating in the CBMT Recertification Program, board certified music therapists promote continuing competence and the safe and effective clinical practice of music therapy.

AMTA and CBMT created this document as a resource pertinent to the practice of music therapy. However, CBMT and AMTA are not offering legal advice, and this material is not a substitute for the services of an attorney in a particular jurisdiction. Both AMTA and CBMT encourage users of this reference who need legal advice on legal matters involving statutes to consult with a competent attorney. Music therapists may also check with their state governments for information on issues like licensure and for other relevant occupational regulation information. Additionally, since laws are subject to change, users of this guide should refer to state governments and case law for current or additional applicable materials.

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Certification Board For Music Therapists

506 East Lancaster Avenue
Suite 102
Downingtown, PA 19335
Tel. 800-765-CBMT (2268)
Fax 610-269-9232
www.cbmt.org

American Music Therapy Association

8455 Colesville Road, Suite 1000
Silver Spring, MD 20910
Tel. 301-589-3300
Fax 301-589-5175
www.musictherapy.org



AMTA ASSOCIATION INTERNSHIP APPROVAL COMMITTEE

2021

(Contact Committee members for mailing addresses)

SOUTHWESTERN

Temporarily Vacant

MID-ATLANTIC

Susan Glaspell, MT-BC
Springfield Hospital Center
W- (410) 970-7188
Email: susan.glaspell@maryland.gov

MIDWESTERN

Kim Hawkins, MS, MT-BC
U of Iowa Hospitals & Clinics
W- 319-353-8568
Email: Kimberly-hawkins@uiowa.edu

SOUTHEASTERN

Chrissy Watson, MT-BC
Star Center, Inc.
W: (731) 554-5148
M: (919) 274-8070
Email: chrissy.watson@star-center.org

GREAT LAKES

Kay Luedtke-Smith, MT-BC
Private Practice
H (952) 938-4367
Email: kaysmith3254@gmail.com

NEW ENGLAND

Brian Jantz, MA, MT-BC
Berklee College of Music
W (617) 448-1186
Email: bjantz@berklee.edu

WESTERN

Leanne Wade, PhD, MT-BC
Innovative Music Solutions
H: (209) 471-6632
Email: leanneaiac@gmail.com

CO-CHAIRPERSON

Eve Montague, MSM, MT-BC
New England Village
W (781) 781-856-3251
Email evemontague@verizon.net

COUNCIL COORDINATOR

Alejandra Ferrer, PhD, MT-BC
Belmont University
W (615) 460-5408
Email: Alejandra.ferrer@belmont.edu

CO-CHAIRPERSON

Lauren DiMaio, PhD, MT-BC
Texas Women's University
H & W (704)-977-7427
Email: ldimaio3@TWU.edu

Sample Forms

Evaluation of Student Competencies-SAMPLE FORM

Rating Scale:

- 1- No knowledge or skill in this area
- 2- Minimal knowledge or skill in this area
- 3- Adequate knowledge or skill in this area
- 4- Above average knowledge or skill in this area
- 5- Outstanding knowledge or skill in this area

MUSIC FOUNDATIONS

Music Theory and History

- 1) ____-Recognize standard works in the literature.
- 2) ____-Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.
- 3) ____-Sight-sing melodies of both diatonic and chromatic makeup.
- 4) ____-Take aural dictation of melodies, rhythms, and chord progressions.
- 5) ____-Transpose simple compositions.

Composition and Arranging Skills

- 1) ____-Compose songs with simple accompaniment.
- 2) ____-Adapt, arrange, transpose, and simplify music compositions for small vocal and nonsymphonic instrumental ensembles.

Major Performance Medium Skills

- 1) ____-Perform appropriate undergraduate repertoire; demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.
- 2) ____-Perform in small and large ensembles.

Functional Music Skills

- 1) ____-Demonstrate a basic foundation on voice, piano, guitar, and percussion.
- 2) ____-Lead and accompany proficiently on instruments including, but not limited to, voice, piano, guitar, and percussion.
- 3) ____-Play basic chord progressions in several major and minor keys with varied accompaniment patterns.
- 4) ____-Play and sing a basic repertoire of traditional, folk, and popular songs with and without printed music.
- 5) ____-Sing in tune with a pleasing quality and adequate volume both with accompaniment and a capella.
- 6) ____-Sight-read simple compositions and song accompaniments.
- 7) ____-Harmonize and transpose simple compositions in several keys.
- 8) ____-Tune stringed instruments using standard and other tunings.
- 9) ____-Utilize basic percussion techniques on several standard and ethnic instruments.
- 10) ____-Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.
- 11) ____-Improvise on pitched and unpitched instruments, and vocally in a variety of settings including individual, dyad, small or large group.
- 12) ____-Care for and maintain instruments.

Conducting Skills

- 1) ____-Conduct basic patterns with technical accuracy.
- 2) ____-Conduct small and large vocal and instrumental ensembles.

Movement Skills

- 1) ____-Direct structured and improvisatory movement experiences.
- 2) ____-Move in a structured and/or improvisatory manner for expressive purposes.

CLINICAL FOUNDATIONS

Therapeutic Applications

- 1) ____-Demonstrate basic knowledge of the potential, limitations, and problems of populations specified in the Standards of Clinical Practice.
- 2) ____-Demonstrate basic knowledge of the causes, symptoms of, and basic terminology used in medical, mental health, and educational classifications.
- 3) ____-Demonstrate basic knowledge of typical and atypical human systems and development (e.g., anatomical, physiological, psychological, social.)
- 4) ____-Demonstrate basic understanding of the primary neurological processes of the brain.

Therapeutic Principles

- 1) ____-Demonstrate basic knowledge of the dynamics and processes of a therapist-client relationship.
- 2) ____-Demonstrate basic knowledge of the dynamics and processes of therapy groups.
- 3) ____-Demonstrate basic knowledge of accepted methods of major therapeutic approaches.

The Therapeutic Relationship

- 1) ____-Recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process.
- 2) ____-Establish and maintain interpersonal relationships with clients and team members that are appropriate and conducive to therapy.
- 3) ____-Use oneself effectively in the therapist role in both individual and group therapy, e.g., appropriate self-disclosure, authenticity, empathy, etc. toward affecting desired therapeutic outcomes.
- 4) ____-Utilize the dynamics and processes of groups to achieve therapeutic goals
- 5) ____-Demonstrate awareness of the influence of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation on the therapeutic process.

MUSIC THERAPY FOUNDATIONS

Foundations and Principles

Apply basic knowledge of:

- 1) ____-Existing music therapy methods, techniques, materials, and equipment with their appropriate applications.
- 2) ____-Principles and methods of music therapy assessment, treatment, evaluation, and termination for the populations specified in the Standards of Clinical Practice.
- 3) ____-The psychological aspects of musical behavior and experience including, but not limited to, perception, cognition, affective response, learning, development, preference, and creativity.

- 4) ____-The physiological aspects of the musical experience including, but not limited to, central nervous system, peripheral nervous system, and psychomotor responses.
- 5) ____-Philosophical, psychological, physiological, and sociological basis of music as therapy.
- 6) ____-Use of current technologies in music therapy assessment, treatment, evaluation, and termination.

Client Assessment

- 1) ____-Select and implement effective culturally-based methods for assessing the client's strengths, needs, musical preferences, level of musical functioning, and development.
- 2) ____-Observe and record accurately the client's responses to assessment.
- 3) ____-Identify the client's functional and dysfunctional behaviors.
- 4) ____-Identify the client's therapeutic needs through an analysis and interpretation of assessment data.
- 5) ____-Communicate assessment findings and recommendations in written and verbal forms.

Treatment Planning

- 1) ____-Select or create music therapy experiences that meet the client's objectives.
- 2) ____-Formulate goals and objectives for individual and group therapy based upon assessment findings.
- 3) ____-Identify the client's primary treatment needs in music therapy.
- 4) ____-Provide preliminary estimates of frequency and duration of treatment.
- 5) ____-Select and adapt music, musical instruments, and equipment consistent with the strengths and needs of the client.
- 6) ____-Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.
- 7) ____-Create a physical environment (e.g., arrangement of space, furniture, equipment, and instruments that is conducive to therapy).
- 8) ____-Plan and sequence music therapy sessions.
- 9) ____-Determine the client's appropriate music therapy group and/or individual placement.
- 10) ____-Coordinate treatment plan with other professionals.

Therapy Implementation

- 1) ____-Recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur.
- 2) ____-Provide music therapy experiences that address assessed goals and objectives for populations specified in the Standards of Clinical Practice.
- 3) ____-Provide verbal and nonverbal directions and cues necessary for successful client participation.
- 4) ____-Provide models for and communicate expectations of behavior to clients.
- 5) ____-Utilize therapeutic verbal skills in music therapy sessions.
- 6) ____-Provide feedback on, reflect, rephrase, and translate the client's communications.
- 7) ____-Assist the client in communicating more effectively.
- 8) ____-Sequence and pace music experiences within a session according to the client's needs and situational factors.
- 9) ____-Conduct or facilitate group and individual music therapy.
- 10) ____-Implement music therapy program according to treatment plan.
- 11) ____-Promote a sense of group cohesiveness and/or a feeling of group membership.
- 12) ____-Develop and maintain a repertoire of music for age, culture, and stylistic differences.
- 13) ____-Recognize and respond appropriately to effects of the client's medications.

14) ____ -Maintain a working knowledge of new technologies and implement as needed to support client progress towards treatment goals and objectives.

Therapy Evaluation

- 1) ____ -Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
- 2) ____ -Establish and work within realistic time frames for evaluating the effects of therapy.
- 3) ____ -Recognize significant changes and patterns in the client's response to therapy.
- 4) ____ -Recognize and respond appropriately to situations in which there are clear and present dangers to the client and/or others.
- 5) ____ -Modify treatment approaches based on the client's response to therapy.
- 6) ____ -Review and revise treatment plan as needed.

Documentation

- 1) ____ -Produce documentation that accurately reflects client outcomes and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.
- 2) ____ -Document clinical data.
- 3) ____ -Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.
- 4) ____ -Effectively communicate orally and in writing with the client and client's team members.
- 5) ____ -Document and revise the treatment plan and document changes to the treatment plan.
- 6) ____ -Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, evaluation, and termination.

Termination/Discharge Planning

- 1) ____ -Assess potential benefits/detriments of termination of music therapy.
- 2) ____ -Develop and implement a music therapy termination plan.
- 3) ____ -Integrate music therapy termination plan with plans for the client's discharge from the facility.
- 4) ____ -Inform and prepare the client for approaching termination from music therapy.
- 5) ____ -Establish closure of music therapy services by time of termination/discharge.

Professional Role/Ethics

- 1) ____ -Interpret and adhere to the AMTA Code of Ethics.
- 2) ____ -Adhere to the Standards of Clinical Practice.
- 3) ____ -Demonstrate dependability: follow through with all tasks regarding education and professional training.
- 4) ____ -Accept criticism/feedback with willingness and follow through in a productive manner.
- 5) ____ -Resolve conflicts in a positive and constructive manner.
- 6) ____ -Meet deadlines without prompting.
- 7) ____ -Express thoughts and personal feelings in a consistently constructive manner.
- 8) ____ -Demonstrate critical self-awareness of strengths and weaknesses.
- 9) ____ -Demonstrate knowledge of and respect for diverse cultural backgrounds.
- 10) ____ -Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation.
- 11) ____ -Demonstrate skill in working with culturally diverse populations.
- 12) ____ -Adhere to all laws and regulations regarding the human rights of clients, including confidentiality.

- 13) ____ -Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice.
- 14) ____ -Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.
- 15) ____ -Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).
- 16) ____ -Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity.

Interprofessional Collaboration

- 1) ____ -Demonstrate a basic understanding of professional roles and duties and develop working relationships with other disciplines in client treatment programs.
- 2) ____ -Communicate to other departments and staff the rationale for music therapy services and the role of the music therapist.
- 3) ____ -Define the role of music therapy in the client's total treatment program.
- 4) ____ -Collaborate with team members in designing and implementing interdisciplinary treatment programs.

Supervision and Administration

- 1) ____ -Participate in and benefit from multiple forms of supervision (e.g., peer, clinical).
- 2) ____ -Manage and maintain music therapy equipment and supplies.
- 3) ____ -Perform administrative duties usually required of clinicians (e.g., scheduling therapy, programmatic budgeting, maintaining record files).
- 4) ____ -Write proposals to create new and/or maintain existing music therapy programs.

Research Methods

- 1) ____ -Interpret information in the professional research literature.
- 2) ____ -Demonstrate basic knowledge of the purpose and methodology of historical, quantitative, and qualitative research.
- 3) ____ -Perform a data-based literature search.
- 4) ____ -Integrate the best available research, music therapists' expertise, and the needs, values, and preferences of the individual(s) served.

Once completed, please submit this form to the intern's academic director. By signing below, you verify that all above responses honestly reflect current skills and competencies displayed by the intern.

Student Signature: _____ Printed Name: _____

Date: _____

Faculty Signature: _____ Printed Name: _____

Date: _____

Individualized Intern Contract

Intern:

School:

MT Faculty Advisor:

Internship Director:

Length of Internship: 1040 hours

The intern must complete a minimum of 1200 hours of clinical training with at least 180 hrs in pre-internship experiences and with at least 1020 hrs in internship experiences.

The intern has completed at least 180 hours in pre-internship experiences.

The intern needs to complete a minimum of 1020 hours in internship experiences.

Starting date:

Projected completion date:

Intern's Work Schedule:

Compensation & Benefits:

Internship Director Responsibilities:

The Internship Director will provide the following supervision and support of the intern:

- Develop an individualized contract in partnership with the intern and academic faculty no later than the end of the first month of the internship.
- Provide the intern with a thorough orientation, including facility tour, review of AMTA documents, the CBMT Code of Professional Practice, applicable Policies and Procedures of the Site, and Intern Dismissal Policies.
- Provide viable music therapy role model for intern.
- Assign other professional staff (rehabilitation therapists) to provide support in the training process.
- Establish and coordinate a network of supportive professional contacts.
- Provide the intern with one hour of individual consultation per week.
- Provide the intern with an average of four hours per week of observation and constructive feedback.
- Complete and review midterm and final evaluations with the music therapy intern.
- Communicate information to the intern regarding ongoing seminars, conferences, workshops, and community resources.
- Provide the intern with a site evaluation to be completed at the end of the internship and review with intern.
- Maintain continuous communication with the intern and his/her academic faculty.

- Initiate performance improvement plans with the intern and academic faculty, when necessary.

Intern Responsibilities:

The intern will...

- Adhere to AMTA National Roster Internship Guidelines, internship program personnel requirements, policies and procedures.
- Adhere to AMTA Standards of Clinical Practice and Code of Ethics.
- Seek feedback and clarification through regular communication with supervising therapist and/or Internship Director.
- Maintain regular communication with the academic faculty via monthly reports, and possibly e-mails and calls when needed.
- Complete all written requirements of the internship.
- Observe, co-lead, and lead music therapy sessions as specified in the Clinical Training Plan.
- Complete a midterm and final “intern self evaluation” and final “intern site evaluation”.
- Request a “Welcome to the Professional World” packet from the National Office at the mid-point of the internship.
- Six months following the internship, complete the post internship site evaluation and send it to the Clinical Training Committee regional representative and the Academic Faculty.

Academic Faculty Responsibilities:

The Academic Faculty will:

- Complete initial evaluation of student’s professional competencies no later than the first day of the internship.
- Assist student and Internship Director with completion of individualized contract. Contract should be completed no later than the end of the first month of the internship.
- Maintain continuous communication throughout the internship with student and Internship Director via monthly student reports, feedback on written evaluations, and possibly one/two site visits.
- Monitor contractual agreement through review of mid term and final evaluation, intern self evaluation, and intern’s site evaluation.
- Verify, in consultation with the ID, successful completion of internship per contractual agreement.

Student Competency Needs:

(Based upon academic faculty’s assessment of student’s competencies; to be completed collaboratively by faculty, student, and ID)

Music Foundations needs:

Clinical Foundations needs:

Music Therapy needs:

Student's Improvement Plan:

(To be completed collaboratively by faculty, student, and ID; write in objective form and include level of performance expected at mid-term and final evaluation; identify method of evaluation, evaluator, and role of evaluator)

Music Foundations:

Clinical Foundations:

Music Therapy:

By signing below, I the intern, acknowledge that I have read the contract and understand that I must fulfill it in order to successfully complete my internship.

Intern's Signature _____ **Date** _____

By signing below, I the Academic Faculty, acknowledge that I have read the contract and will provide support to the intern during his/her internship as stated in the contract and abide by AMTA standards and guidelines.

Faculty Signature _____ **Date** _____


By signing below, I the Internship Director, acknowledge that I have read the contract and will provide support to the intern during his/her internship as stated in the contract and abide by AMTA standards and guidelines.

ID Signature _____ **Date** _____

By signing below, I the Intern Supervisor, acknowledge that I have read the contract and will provide support to the intern during his/her internship as stated in the contract and abide by AMTA standards and guidelines.

Supervisor Signature _____ **Date** _____

Shalom Park
Music Therapy Safety Guidelines/ Policy and Procedure during COVID-19

Subject: Music Therapy, Safety Guidelines during COVID-19	Effective Date: 3.31.20
Revision Date: 6.1.20	Approved By:  6.3.20

Policy: Music Therapy is considered an essential service at Shalom Park, and therefore the organization has designated music therapists and music therapy interns as essential staff. The safety of Shalom Park Elders, employees, and interns continues to be of the utmost importance during the time of the COVID-19 global pandemic. The following procedures are to be followed at this time to ensure the safety of those providing as well as receiving music therapy services at Shalom Park.

Procedure: In response to CMS and Colorado State mandated/recommended protocols for COVID-19 precaution, the music therapy department must adhere to the following protocols while delivering services:

- MTs and MTIs will not come in to work and will notify their supervisor immediately if experiencing any of the following symptoms:
 - Fever/chills
 - Cough
 - Shortness of breath
 - Sore throat
 - Headache/body ache
 - Loss of sense of smell
 - Vomiting/diarrhea
- Music Therapists (MTs) and Music Therapy Interns (MTIs) will undergo temperature and COVID-19-related symptom screening before beginning their shift.
- MTs and MTIs will participate in COVID-19 screening as required/requested by Shalom Park.
- MTs and MTIs must wear a face mask and appropriate PPE as provided and deemed necessary by Shalom Park. Face masks are a requirement while on Shalom Park grounds.
- MTIs will NOT be required to have direct physical contact with a person with a suspected or confirmed case of COVID-19
- MTs and MTIs will receive and participate in regular in-service trainings/evaluations related to handwashing and infection control protocol upon hire and on a regular basis as deemed necessary by CMS and state guidelines.
- **MT's and MTIs will follow proper infection control protocol when delivering services, including (but not limited to):**
 - Maintaining physical distancing guidelines as much as possible when interacting with Elders.

- Washing hands before and after direct Elder contact and/or when entering and leaving an Elder's room
- Wearing a face mask while interacting with Elders.
- Providing a face mask to an Elder if they are actively singing in a common area.
- Utilizing EPA approved sanitization guidelines for the sterilization of instruments, props, and any other devices used during therapy.
- Sanitizing instruments/devices before and after each session.
- Utilizing only non-porous musical instruments that can be properly sterilized between each session.
- If conducting group music therapy (as approved by MT director and infection control preventionist), the members in the "small group" shall NOT exceed 8 in a single gathering, including MT/MTI's.
- The recommended 6 feet of social distancing will be implemented for any group gathering as much as possible. This may result in restructure of the gathering format, using microphone for hearing-aids, etc.
- When possible, have each Elder participating in the small group session (as approved by MT director and infection control preventionist) clean their hands before and after the session to eliminate contact and infection risk.
- When in doubt, pause the session and consult supervisor to make sure there are no risks before implementing the session.

*** This guideline is subjected to change and may be edited as the organization discovers more about the COVID-19 situation and as is mandated/recommended by measures for SNF.**



B. Philosophy Statements: Please note that this is your opportunity to demonstrate your professional writing competence. Check for appropriate grammar, spelling, and cohesion of thought. Please cite any references to outside material or information using APA format.

What is the philosophy of your music therapy program? In your own words, discuss your views about how and why music is effective as a therapeutic modality. Include your beliefs regarding the value of music in your personal music therapy approach to client treatment, clinical techniques, uses of music, and/or theoretical models. Describe how you, as a therapist, determine client needs/goals/ objectives during the planning and implementation phases of treatment. How do you perceive the role of the client during sessions? Describe the nature of music and the role that it plays in your personal treatment style. Mention specific theoretical frameworks and describe how and why those models are used/integrated into your clinical practice. How do these theories and frameworks shape your own clinical interactions?

In your own words, discuss your views about how and why music is effective as a therapeutic modality. Include your beliefs regarding the value of music in your personal music therapy approach to client treatment, clinical techniques, uses of music, and/or theoretical models.

The efficacy of music as a therapeutic modality is inherent in its ability to be changed. Music can be crafted and molded in endless ways, therefore making it possible for every person to access music and have transformative, human-centered experiences. I believe that these experiences can occur across the lifespan. I believe music is motivating and accessible to everyone. I believe that music creates community and empowers the individual to participate, express themselves and contribute to their community. I believe, as a music therapist, it is my job and duty to make music accessible to all individuals, to provide opportunities for human connection and to celebrate abilities regardless of perceived limitations. I believe that all individuals can participate in music experiences in which they can grow, learn, maintain, and develop skills. I believe that through these music experiences, bridges are built, and lives are transformed.

After working as a professional music therapist for over 7 years, both as an independent contractor and member of a team, I have had countless opportunities to see and experience the power of music in clinical settings. As an independent contractor, I provided groups for a special education collaborative ranging from pre-school to high school. As part of a team of music therapists providing contractual services in a large metropolitan area, I serve a client base with a wide variety of strengths, skills and needs. Currently, I am working with infants and toddlers, children, adolescents, adults, and seniors with varying levels of abilities in both group and indi-



vidual settings. Through having this invaluable experience, I have been challenged on a daily basis to produce a multitude of ways to use music in a therapeutic setting. Interventions that I have used include the use of live music for structured and unstructured songwriting, improvisation, recording, movement to music, and sensory stimulation and the use of recorded music for music sharing, lyric analysis and team building opportunities.

Roman Music Therapy Service's vision is to create connections and build community for people of all ages and abilities, now and for generations to come. I believe in this mission and work hard to create music experiences that create community for all ages and abilities. I believe music therapists have the opportunity to create music experiences where all ages and abilities are welcomed and supported. Our mission is serving others through transformative, human-centered music making. Our team is connected by our shared values about music, music therapy and human-centered care. As part of a strategic planning retreat in 2015, the following belief statements were formed:

We Believe:

- Making music transforms lives.
- Music connects people.
- Everyone can make music.
- Making music builds bridges and creates community.
- Music therapy celebrates abilities and allows us to see beyond limitations.
- Music therapy provides a safe space to be who you are.
- As music therapists, it's our job and responsibility to make music accessible to people of all ages and abilities.
- Inclusive opportunities allow people to be music makers, to belong, to contribute, and to connect with others.
- Music making is a form of communication that fosters expression and understanding.
- Music can be used as a tool, empowering people in their daily lives.



In addition to these foundational beliefs, my music therapy approach includes:

- Creative musical experiences that are client driven.
- Goals and treatment plans that are music centered and meet the client's needs.
- Consideration of long term humanistic goals.
- Meaningful goal driven work centered in carefully created music interventions that can be planned, improvisational or a combination of both.

My personal approach to music therapy has found harmony when combined with the vision, mission and belief statements of Roman Music Therapy Services. My core belief that all humans are connected and deserve every opportunity to become their best selves is shared among everyone at Roman Music Therapy Services, and I am able to grow on a daily basis because of this belief. I have found that my unique approach to and implementation of music therapy is rewarded, supported and enhanced through working as part of the Roman Music Therapy team. The belief that *music* is at the center of building community, of working together to achieve greatness, both for ourselves as well as our clients, is rejuvenating to say the least. I thrive within this supportive and challenging environment, where I have the opportunities to move beyond my *own* perceived limitations and be part of an organization that is a pioneer in the world of music therapy.

Describe how you, as a therapist, determine client needs/goals/ objectives during the planning and implementation phases of treatment. How do you perceive the role of the client during sessions? Describe the nature of music and the role that it plays in your personal treatment style. Mention specific theoretical frameworks and describe how and why those models are used/integrated into your clinical practice. How do these theories and frameworks shape your own clinical interactions?

Describe how you, as a therapist, determine client needs/goals/ objectives during the planning and implementation phases of treatment.

At Roman Music Therapy Services, the music therapist collects information to develop the assessment over the first 2-3 sessions. Prior to the third session, a draft of a treatment plan is created to go over with the client, group members, caregivers and/or family members. Following this discussion and collaboration, a final draft of the treatment plan is finalized and should be ready for implementation by the fourth session.



During the assessment process, the music therapist assesses the clients strengths, skills and needs and develops a treatment plan based on those unique findings. Prior to having a first session, best practices dictates that it is important to obtain as much background information as possible. When possible, a conversation and collaboration with individual client or group of clients will help determine the goals for the initial session. If the client(s) cannot speak for themselves, a conversation with a caregiver, teacher, friend, and/or relative is conducted to learn more about the clients strengths and areas of need. Using this information as part of the assessment gives the therapist a greater ability to be prepared when they encounter their client(s) on that first day. Information obtained based on these interviews and the therapist's own observations are combined and correlated into a narrative assessment form including medical concerns, behaviors, physical, verbal, and cognitive abilities, social skills, background information, strengths, interests, current challenges, reason for music therapy referral and observations and session plans recorded by the therapist for the first three sessions. This information is then used to design a unique treatment plan with one longterm goal written in humanistic, aspirational terms and three to four specific challenging and achievable objectives.

When developing initial session plans, I strive to design interventions that lead from and involve the client(s) strengths and interests first. As the therapeutic relationship develops, interventions are modified to include more pronounced areas of growth for the individual or group. Additionally, I try my best to never underestimate my clients, the motivation that comes from making music and the human connection that is created and solidified through these relationships and experiences.

How do you perceive the role of the client during sessions?

The client is the center of therapeutic process and the one who ultimately makes the decisions surrounding the process of their treatment plan. During each session, they have the opportunity to take on various roles including a leader, follower, creator, receiver and contributor. These roles can fluctuate within a session and these roles represent my hope for my clients: to be present in the music with the therapist through active or passive engagement.



As a leader, the client controls the flow of the session and the therapist follows. This role gives opportunities for self-advocacy, building confidence and self-esteem, and to take on a greater sense of responsibility in a safe space. In a group setting, an example of this would be leading the group by demonstrating a movement or way to play an instrument. During an individual session, the client may decide what the elements will be for every experience within a session, they may choose the instrumentation and/or lyrics for a song being written.

When the client takes on the role of follower, they are gaining strength in patience and self-regulation while learning new skills through structured and unstructured interventions. This role could be taken on during a therapeutic instrument lesson where the therapist is relaying specific skills, techniques or theory to the client. In a group setting, being able to let another group member lead part of an intervention or take a turn first, gives the client the experience of following a peer's lead, and not just that of an authoritative figure.

As the creator, through improvised and structured songwriting, the client has the opportunity to process and express their thoughts, emotions and experiences. With support from a music therapist, the client identifies the musical elements that helps them connect to the expression of those events. This can occur through improvisation in the moment or over time through the orchestration, melody and lyric development of a song. In either process, the client decides which elements are appropriate for their personal musical creation.

As a receiver, a client is not actively making music, but instead, they are passively accessing the music provided by the music therapist to achieve their transformation. For example, an elderly client or a client in hospice may be sleeping when the music therapist arrives for a session. The music therapist can still create a musical container of support to help regulate breathing and heart rate by providing live music while they sleep. The client does not need to be a music-maker to benefit from the intervention.

As a contributor, the client has the opportunity to actively collaborate with the music therapist and other group members when applicable. This role provides avenues for the development of



social skills, tolerance, patience, acceptance and further building of the therapeutic relationship. Being part of a team comes to mind when thinking of collaborating. As part of a music therapy group, the client is essential to the musical ensemble created through active or passive music-making. Whether it is playing an instrument, suggesting a dance move or supporting a peer through social interactions, the unique perspective of the client is accepted and validated by their peers and therapist alike. Additionally, the client has opportunities to contribute to the acceptance and validation of others through their own participation in suggestions made by other group members.

*Describe the **nature of music** and the **role** that it plays in **your personal treatment style**.*

Music is naturally engaging, flexible, adaptive and accessible. Music is wrapped around and linked to our memories throughout the lifespan. Music is a form of communication that connects people regardless of perceived differences. Music allows humans to enter into a shared space and build connections that transcend space and time. In everyday life, music enhances how we process our emotions, thoughts, expressions and movements. For all of these reasons, within a session, music becomes a bridge leading to the possibility of transformation for the people I serve. My personal treatment style is similar to the essence of music, in that it is always changing and adapting to meet the needs, enhance dignity and increase the quality of life for my clients. Depending upon their unique strengths and needs, I develop and implement goal-centered structured or unstructured music-based interventions. I strive to be continually aware of timbre, instrumentation, volume, pace, age appropriateness and subject matter when developing and implementing these music-based interventions.

Mention specific theoretical frameworks and describe how and why those models are used/integrated into your clinical practice. How do these theories and frameworks shape your own clinical interactions?

My clinical practice is shaped by theoretical frameworks such as a humanistic and client-centered approach, Existential Psychology, specifically Victor Frankl's "Logotherapy", the Nordoff Robbins Approach, Elizabeth Schwartz's Developmental Approach and Meredith Pizzi's Community Music Therapy Approach.



I operate from a humanistic and client-centered approach and believe that the development of a strong therapeutic relationship is paramount for success within any therapeutic setting. Through this trust and mutual respect comes sincere human connections and eventual transformation. Through client-centered interventions, I support and enhance upon the role(s) the client's decide to embrace within each session, but perhaps more importantly, I provide a human connection through the development, maintenance and growth of the therapeutic relationship. By providing a space filled with genuineness, acceptance and empathy, as in the humanistic theories presented by Carl Rogers, I can help the client self-actualize and discover their own unique, powerful, beautiful and/or "ideal self" (McLeod, 2007).

Regardless of circumstance, it is my belief that all humans yearn for meaning in their lives. Basic assumptions of Logotherapy include:

1. Life has meaning under all circumstances.
2. People have a will to meaning.
3. People have freedom under all circumstances to activate the will to meaning and to find meaning (Frankl, 1959)

I believe that music can be the transformative factor in which one can discover their personal meaning in the moment based on the Logotherapy "Meaning Triangle" comprised of "creativity, experiencing and change of attitude" (Viktor Frankl's 'Logotherapy,' goyourownway.org). Within a music therapy session, these 3 factors can be considered a basis for a treatment plan. One is immersed in an environment of creativity, where self-expression is validated and accepted, giving one the experience of human connection through musicking, which creates the potential for transformation or a change of attitude. With this belief in mind, I can then draw upon the Nordoff-Robbins approach which "focuses on awakening an inborn musicality in every client in order to develop his/her full potential as a human being" (Kim, 2004, p1). Everyone can make music and everyone has the right to strive towards reaching their highest potential. Through accessible improvisational and/or structured music-based interventions, the client is able to access and



process this inner meaning, decidedly moving toward their full potential. By using this approach, the client remains the leader or guide in their therapeutic journey and the therapist supports and enhances this journey. I may provide challenges and opportunities for growth, but the client will decide when they are ready to make the next step in their adventure. When approaching music therapy with this perspective, one must have patience and trust in the long process that is the development of genuine communication. One must be willing to wait for the client's initiation(s) of communication and find ways to support the client in establishing, maintaining and continuing the development of a strong enough sense of trust to interact and grow within the music therapy setting.

Approaching each client with respect, empathy and genuineness requires the therapist to take on the responsibility of being informed of not only the client's diagnosis and history, but of where the client may fall developmentally. Elizabeth Schwartz's Developmental approach includes 5 stages of development: Awareness, Trust, Independence, Control and Responsibility. Although Shwartz's approach is written to follow that of early childhood development, it is arguable that these developmental stages occur within a therapeutic relationship and throughout the lifespan, therefore becoming applicable to all persons, regardless of their age.

As individuals move through these developmental levels, interventions and overall clinical approach are modified to meet the clients ever-changing strengths and needs. Growth can be vertical, moving through all five stages of development over time; or it can be horizontal, expanding within one realm of development. In cases of horizontal development, we can still help broaden their experience within awareness, even though they might not make it to trust. By using these developmental markers as a reference, I am better able to assess and decipher my client's strengths and needs as they move through the therapeutic process.

I realize that all of my clients are part of a unique set of communities and I have the opportunity to bridge their work in music therapy to their greater world. In addition to my clients' input, I can include and collaborate with family, caregivers, teachers and others within their communities. Through this, I am afforded greater opportunities to make work within the music therapy frame-



work extend beyond a weekly, biweekly or even monthly session. In community-based music therapy, "the ultimate goal is to reach a level of understood and incorporated responsibility, in which all citizens and participants of the community recognize their influence on and responsibility to the others in the community (Pizzi, 2016 p.18)." Utilizing a community-based approach allows carryover to become standard in the implementation of the treatment plan, helping surrounding members of the client's community understand how to help the client feel accepted and validated while being able to successfully contribute to and be part of their greater world.

The complexity of the human condition calls for the music therapist to continually draw upon several clinical theories and approaches within their therapeutic practice. Knowledge gained through clinical experience and study broadens the therapist's perspective, intuition and efficacy as a clinician. As we serve a rainbow of clients, we must be prepared to change our approach and intervention to match the uniqueness of each client and community we serve. The diversity of our approach strengthens our ability to follow our client's lead, look beyond diagnosis, symptoms and/or perceived limitations and experience them as a whole person.

References:

Frankl, V. (1959). *Man's Search for Meaning*. Boston: Beacon Street.

McLeod, S (2014). *Carl Rogers*. Retrieved from
<http://www.simplypsychology.org/carl-rogers.html>

Pizzi, M. (2016). *Re-Imagining Music Therapy: Articulating a Framework for Building Social Capital through Music Therapy*(Unpublished Dissertation). Suffolk University, Boston.

Schwartz, E. (2008). *Music Therapy and Early Childhood: A Developmental Approach*. Gilsum, NH: Barcelona Publishers.



Unknown Author (2015). *Victor Frankl's Logotherapy*. Retrieved from <http://www.goyourownway.org/GOYOUROWNWAY/DOCUMENTS/EMOTIONAL%20WELLBEING/VICTOR%20FRANKL%20%26%20LOGOTHERAPY.pdf>



What is your philosophy regarding training interns? In your own words, describe your beliefs about how interns effectively learn skills in clinical practice. Include statements regarding your style and approach, the methods of training you intend to employ, what you consider to be the most important aspects of a successful internship experience. What is the role of music in your philosophy of intern training? How would or could you use music to develop your intern's music skills, interactions skills, leadership skills, and other skills included in *the AMTA Professional Competencies*? Write three (3) sample goals with corresponding objectives. Indicate three (3) *AMTA Professional Competencies* and write one goal for each competence. Write a corresponding objective related to intern skill development for each goal. Please cite the *AMTA Professional Competence* used to formulate the goal. State the philosophical basis for how you would address the skill development of the intern through the use of such goals and objectives. Include information about how supervising music therapists will accommodate intern development.

In your own words, describe your beliefs about how interns effectively learn skills in clinical practice. Include statements regarding your style and approach, the methods of training you intend to employ, what you consider to be the most important aspects of a successful internship experience.

I believe interns effectively learn skills in clinical practice by independently facilitating individual and group music therapy sessions combined with individual supervision with a Board Certified Music Therapist. My supervision style is person-centered, humanistic and fluid, allowing it to become more in connection with the learning style, skills and strengths of each intern. My approach includes positive feedback, reflective listening, opportunities for creative expression and providing resources. I am aware of professional and personal boundaries and am comfortable with referring to therapeutic services for personal issues.

My methods of training include observation, co-facilitating sessions, and independent service delivery with and without observation by supervisor. These experiences give the intern the opportunity to immediately become involved in developing clinical skills while being engaged in different roles. Because the intern will experience various perspectives, the ability to engage in thoughtful conversations and questions with the supervisor will increase. A long term project due at the end of internship (determined by supervisor and intern) will serve as a tangible learning experience. Assigned supplemental reading, intervention development, and repertoire expansion will be assigned according to the strengths and needs of the intern. Opportunities for continuing education during group supervision will provide additional information and clinical knowledge for the intern. I also believe that it is important for the intern to engage in self-reflection and



self-care, for it will help the intern increase their awareness of self and how it can and may influence their clinical work. Self-reflection will be conducted through journal entries, (which the intern can choose to share or not), and self-evaluations, which will be shared and discussed with their supervisor 3 times during the internship (beginning, middle and end). The intern will also develop a plan for self-care during the internship to prevent burnout.

At Roman Music Therapy Services, supervision is an integral part of our culture as a company. Supervision is divided into three tiers: Full-staff, small group and individual. Full-staff supervision meetings occur weekly, and involve topics surrounding continuing education, shout-outs to team members, business goals, and administrative news. Small group supervision meetings occur bi-weekly, generally have 3-5 music therapists and are designed to dig into and explore the clinical work of the music therapists. Individual supervision for all music therapists occurs on a monthly or as-needed basis with the Senior Clinical Supervisor. These opportunities are all in addition to the required hour of individual supervision with the intern's direct supervisor.

We believe it is imperative to have direct clinical experience coupled with individual and group clinical supervision. I believe that a positive relationship between a supervisor and intern is a vital portion of the internship experience. When trust is established, the intern is encouraged to process their experience with greater depth, in turn helping them grow and develop confidence and skills as a music therapist.

What is the role of music in your philosophy of intern training? How would or could you use music to develop your intern's music skills, interactions skills, leadership skills, and other skills included in the AMTA Professional Competencies?

Music will be used for professional and personal development throughout the internship experience in a multitude of modalities so that the intern can develop the musicianship skills necessary to best suit the needs of their clients. Because we work with a broad spectrum of clients ranging from birth through end of life care, provide staff presentations/development meetings for several businesses in our community, and take part in numerous music-based community events, the intern will have opportunities to develop and apply their skills as a musician, leader



and clinician in several clinical and professional settings. The intern will also have opportunities to lead and participate in interventions with staff during group supervision. Feedback from supervisors combined with self-reflection will assist the intern in identifying key areas of strength and those that need further development so that they reach an skill level of an entry-level professional according to the AMTA Professional Competencies.

Music therapy experiences will be processed independently, in individual supervision, and in group supervision. A music journal will be kept by the intern to reflect their experience over time. The intern will participate in and lead musical experiences during group supervision. The intern will also have opportunities to participate in community concerts, open mics, and drum circles.

Conclusion:

My passion for the music therapy field has led me on a winding road leading toward helping others experience and embrace the world of music therapy as clients, students and human beings. Having been an Internship Director for one intern and a supervisor to one other thus far, I find myself, once again, humbled by the power of music and the passion of those who choose to pursue music therapy as a profession.

I believe that the time spent in an internship is one of transition from the student to the professional. The coursework is done, the practicums are done. Now is the time for personal reflection, growth and the solidification of what it means to be a professional music therapist. As a supervisor during this period of time, I take on different roles including the supporter, enhancer, challenger, and eventually, a colleague. While my role as a supervisor will continually fluctuate during the internship, this is, ultimately, the intern's journey towards becoming an independent and confident professional.



Sample Goals & Objectives

Competency:

4.2 Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.

Goal: Clinical Skills

The Music Therapy Intern will demonstrate creativity in the development of goal-driven musical materials in order to increase skills in a clinical setting according to AMTA competency 4.2.

Objective 1:

Music Therapy Intern will adapt a variety of songs for appropriate clinical use to match client's needs by carefully selecting instruments and lyric substitutions when clinically appropriate.

Objective 2:

Music Therapy Intern will create original musical compositions and experiences for specific client needs when clinically appropriate.

Objective 3:

Music Therapy Intern will implement improvisation as an intervention in group and individual sessions based on client needs.

Rational:

Music Therapy Intern will gain musical skills and the ability to develop goal driven interventions through musical assignments and direct clinical sessions.

Supervision Support:

Supervisor will support intern with resources and examples of various musical experiences designed for a variety of populations. Additionally, the supervisor will help intern brainstorm modifications to developed interventions.

Competencies:

17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.

17.4 Accept criticism/feedback with willingness and follow through in a productive manner.

17.5 Resolve conflicts in a positive and constructive manner.

17.6 Meet deadlines without prompting.

17.7 Express thoughts and personal feelings in a consistently constructive manner.

17.8 Demonstrate critical self-awareness of strengths and weaknesses.

Goal: Professional Behavior

Music Therapy Intern will utilize the supervisory relationship as a professional music therapist in order to further develop the professional and clinical skills necessary to func-



tion as an independent music therapist in a professional setting according to AMTA competencies 17.3-17.8.

Objective 1:

Music Therapy Intern will reflect upon and articulate session observations in clinical supervision conversations at least once per week.

Objective 2:

Music Therapy Intern will ask appropriate questions regarding training, observations, sessions, and music therapy experiences in weekly individual and group supervision.

Objective 3:

Music Therapy Intern will utilize and accept feedback and suggestions provided by supervisor and music therapists in supervision and observations.

Rational:

Music Therapy Intern will learn professional skills through consistent weekly individual and group supervision with internship supervisor and music therapists on the Roman Music Therapy Services Team.

Supervision Support:

Supervisor will support intern through scheduled supervision time, access to various resources, and model appropriate behavior to support intern's professional growth.

Competencies:

12.2 Formulate goals and objectives for individual and group therapy based upon assessment findings.

Goal: Treatment planning

Music Therapy Intern will demonstrate the development and implementation of treatment plans in order to develop the clinical skills needed to develop and implement unique treatment plans as a professional music therapist according to AMTA professional competency 12.2.

Objective 1:

Music Therapy Intern will document client progress through clinical documentation for every session provided.

Objective 2:

Music Therapy Intern will develop appropriate treatment plans with goals and objectives based on client strengths and needs for every group and individual client.

Objective 3:

Music Therapy Intern will create and utilize music-based interventions designed to address client goals and objectives with various clientele.

Rational:

Music Therapy Intern will learn clinical skills through supervised hands-on clinical work.



ROMAN MUSIC THERAPY SERVICES

Supervision Support:

Supervisor will support intern through sharing resources and examples for treatment plan development. Supervisor will develop goals and objectives with intern to establish clinical writing skills.

Music Therapy Internship Orientation Checklist

Prior to First Day

- ☐ Send Acceptance letter to student
- ☐ Send Acceptance letter to AIAC representative
- ☐ Send Acceptance letter to Academic Advisor
- ☐ Background Check & Fingerprinting (Completed prior to first day)
- ☐ Mantoux testing (Completed prior to first day)
- ☐ Send Welcome Packet to Intern (outlining administrative requirements, repertoire, anticipated start date/midterm date/end date)
- ☐ Start Date:
- ☐ Mid Term Evaluation Date:
- ☐ Anticipated (could change for many reasons) Last Day:

General Facility Orientation

- ☐ Tour of building
- ☐ General Orientation of Volunteers
- ☐ Attend Annual Review Day
- ☐ Department descriptions & organizational chart
- ☐ Facility mission, vision and values

Intern Introductions

- ☐ Introductions to Therapeutic Recreation Team
 - ☐ Therapeutic Recreation Director & Volunteer Coordinator
 - ☐ Activity Assistants
- ☐ Introductions to facility administrator, department managers and other pertinent staff
 - ☐ Administrator
 - ☐ Director of Nursing
 - ☐ Director of Social Services
 - ☐ Dietary Director
 - ☐ Director of Human Resources
 - ☐ Environmental Services Director
 - ☐ Health Information Management Director
 - ☐ Admissions Director
 - ☐ Marketing Director
 - ☐ Chaplain
 - ☐ Dietician
 - ☐ Assistant Director of Nursing (LTC & TCU)
 - ☐ Aegis Therapy Director

Office Orientation

- ☐ Desk space
- ☐ Available office supplies
- ☐ Phone system

Facility Policies & Regulations

- ☐ Schedule & Signing in book
- ☐ Attendance expectation, holidays, sick/call-in procedure
- ☐ Name Tag
- ☐ Dress Code
- ☐ Parking
- ☐ Printer & Copymachine
- ☐ Tablet use

- ☐ Infection control policies
- ☐ HIPPA & privacy policy
- ☐ Resident bill of rights & vulnerable adults
- ☐ Incident reporting & mandated reporting
- ☐ Appropriate use of technology
- ☐ Login credentials
- ☐ Dismissal policy
- ☐ Supervision & line of authority
- ☐ Non-Smoking facility policy

Department Practices, Policy & Procedures

- ☐ Instrument storage and maintenance
- ☐ Scheduling & activity calendar
- ☐ Special events, dine-ins, outings
- ☐ Gathering process

Documentation

- ☐ Point of Care Documentation
- ☐ MT documentation for 1:1s & small groups
- ☐ MT Assessment forms
- ☐ Introduction to MDS assessment process

Internship Expectations & Orientation

- ☐ Assignments
- ☐ Timeline and expected progression of internship
- ☐ Supervisor availability & contact 4 hours of informal supervisor after orientation phase
- ☐ Weekly supervision meetings 1 hour a week, closed door minimum
- ☐ Skills Labs
- ☐ Song Check-in's
- ☐ Evaluations
- ☐ Internship Agreement
- ☐ AIAC Representative Contact information

AMTA Documents

- ☐ Standards of Clinical Practice
- ☐ National Roster Internship Guidelines
- ☐ Clinical Training Guidelines
- ☐ Scope of Music Therapy Practice
- ☐ Code of Ethics
- ☐ Professional Competencies

Intern Signature

Date

Internship Director Signature

Date

AMTA Internship Approval Committee (AIAC) Regional Representative Contact Information:

Insert correct name and info

SAMPLE FORM

Music Therapy Academic Program Evaluation

(Name of School) will monitor the efficacy of the music therapy academic program, to ensure adequate academic knowledge and competency-based entry level professional clinical skills have been achieved by all graduating students with the degree, (Degree name). The Music Therapy Academic Program Evaluation is designed to meet the needs of music therapy faculty, non-music therapy faculty, clinical supervisors, students and/or graduates of the music therapy program. Specific areas of assessment include:

- Students, Music Foundations, Clinical Foundations and Music Therapy Academic knowledge, Skills Achievement
- Student Frequency of Competency-Based Music Therapy Skills
- Student Internship and Pre-Internship Clinical Training Preparedness
- Student Internship and Pre-Internship Effectiveness of Clinical Training Sites
- Graduate Achievement of the *CBMT Board Certification Domains*
- () ■ Graduate Professional Placement within the Professional Setting
- Graduate Perception of Music Therapy Academic Program

The Music Therapy Academic Program Evaluation is to be completed each academic school year by music therapy faculty, non-music therapy faculty, clinical supervisors, students and/or graduates of the music therapy program. The evaluation is confidential and utilized by the Director of Music Therapy to identify areas of program strength, opportunities to implement new curriculum, enhancement of specific areas of defects and utilization of professional graduate statistics for program recruitment.

Music Therapy Academic Program Evaluation Graduate/Student

Name of School: _____ Date: _____

Title of Respondent: _____ Graduate _____ Student _____
Student Classification: _____ Freshman
_____ Sophomore
_____ Junior
_____ Senior

Profession of Respondent: _____

Graduation Year: _____ Are you a board certified music therapist? _____ Yes _____ No

The Music Therapy Academic Program Evaluation questions are designed to assess the perception, satisfaction and usefulness the academic program was to you as a student. Please choose the right option to share your views about the program:

Curriculum

Do you feel that you were provided a well-rounded music therapy education curriculum?

- Yes
- **No**
- I Do Not Know

Do you feel that you received adequate knowledge and practice in your music foundation skills?

- Yes
- **No**
- I Do Not Know

Do you feel that you received adequate knowledge and practice in your clinical foundation skills?

- Yes
- **No**
- I Do Not Know

Do you feel that you received adequate knowledge and practice in your music therapy foundation skills?

- Yes
- **No**
- I Do Not Know

0 Do you feel that your functional music skills for guitar meet your needs as a music therapist?

- Yes
- No
- I Do Not Know

Do you feel that your functional music skills for piano meet your needs as a music therapist?

- Yes
- No
- I Do Not Know

Do you feel that your functional music skills for percussion meet your needs as a music therapist?

- Yes
- **No**
- I Do Not Know

Do you feel that your functional music skills for voice meet your needs as a music therapist?

- ()
- Yes
 - **No**
 - I Do Not Know

Do you feel that you were provided adequate opportunities within the academic setting to apply and gain *AMTA Professional Competencies*?

- Yes
- **No**
- I Do Not Know

Clinical Training

Do you feel that you were provided a well-rounded music therapy pre-internship clinical experience?

- Yes
- **No**
- I Do Not Know

Do you feel that you received adequate knowledge and practice with at least three populations served by music therapists?

- 0
- Yes
 - **No**
 - I Do Not Know

Do you feel that direct supervision and feedback enhanced your pre-internship and internship clinical skills?

- Yes
- **No**
- I Do Not Know

()

Do you feel that you were provided adequate opportunities within the clinical setting to apply and gain *AMTA Professional Competencies*?

- Yes
- **No**
- I Do Not Know

Do you feel confident that you could work with any populations outlined in the **AMTA** Standards of Clinical Practice?

- Yes
- **No**
- I Do Not Know

Clinical Supervisors

Do you feel that your pre-internship clinical supervisor(s) provided you adequate observation, implementation and feedback in relationship to your clinical work?

- Yes
- **No**
- I Do Not Know

0

Do you feel that your pre-internship clinical supervisor(s) fostered opportunities to apply and gain **AMTA Professional Competencies**?

- Yes
- No
- I Do Not Know

Do you feel that your internship clinical supervisor(s) provided you adequate observation, implementation and feedback in relationship to your clinical work?

- Yes
- **No**
- I Do Not Know

Do you feel that your internship clinical supervisor(s) fostered opportunities to apply and gain **AMTA Professional Competencies**?

- **Yes**

- **No**
- I Do Not Know

Academic Faculty

Do you feel that the music therapy academic faculty supported you throughout the academic program?

- Yes
- **No**
- I Do Not Know

Do you feel that the music therapy academic faculty was assessable via phone, email and/or face-to-face?

- Yes
- **No**
- I Do Not Know

Do you feel that the music therapy academic faculty maintained record of completed course work, total clinical hours earned and development and achievement of AMTA Professional Competencies?

- Yes
- No
- I Do Not Know

Academic Program

Overall, do you feel that the music therapy academic program prepared you well to function as an entry-level professional in the field of music therapy?

- Yes
- **No**
- I Do Not Know

Overall, do you feel that you have gain entry-level AMTA Professional Competencies?

- Yes
- **No**
- I Do Not Know

Overall, would you recommend this music therapy academic program to students interested in seeking the degree, Bachelor of Music in Music Therapy?

- Yes
- **No**
- I Do Not Know

Please feel free to share comments in regards to the music therapy academic program at(Name of School)

**Music Therapy Academic Program Evaluation
Faculty/Staff/Clinical Supervisors**

Name of School: _____ Date: _____

Title of Respondent: _____

Profession of Respondent: _____ Faculty (Music Therapy)
_____ Faculty (Non Music Therapy)
_____ Staff
_____ Clinical Supervisors

The Music Therapy Academic Program Evaluation questions are designed to assess the perception, satisfaction and usefulness the academic program was for music therapy students. Please choose the right option to share your views about the program:

Curriculum

Do you feel that we provided a well-rounded music therapy education curriculum?

- Yes
- **No**
- I Do Not Know

Do you feel that students receive adequate knowledge and practice in music foundation skills?

- Yes
- **No**
- I Do Not Know

Do you feel that students receive adequate knowledge and practice in clinical foundation skills?

- Yes
- **No**
- I Do Not Know

Do you feel that students receive adequate knowledge and practice in music therapy foundation skills?

- Yes
- **No**
- I Do Not Know

Do you feel that functional music skills for guitar meet student's needs as a music therapist?

- Yes
- No
- I Do Not Know

0

Do you feel that functional music skills for piano meet student's needs as a music therapist?

- Yes
- **No**
- I Do Not Know

Do you feel that functional music skills for percussion meet student's needs as a music therapist?

- Yes
- **No**
- I Do Not Know

Do you feel that functional music skills for voice meet student's needs as a music therapist?

- Yes
- **No**
- I Do Not Know

Do you feel that students are provided adequate opportunities within the academic setting to apply and gain **AMTA Professional Competencies**?

()

- Yes
- **No**
- I Do Not Know

Clinical Training

Do you feel that students are provided a well-rounded music therapy pre-internship clinical experience?

- Yes
- **No**
- I Do Not Know

Do you feel that students received adequate knowledge and practice with at least three populations served by music therapists?

- Yes
- **No**
- I Do Not Know

()

Do you feel that direct supervision and feedback enhances student's pre-internship and internship clinical skills?

- Yes
- No
- I Do Not Know

Do you feel that students are provided adequate opportunities within the clinical setting to apply and gain *AMTA Professional Competencies*?

- Yes
- No
- I Do Not Know

Do you feel confident that students could work with any population outlined in the AMTA Standards of Clinical Practice?

- Yes
- No
- I Do Not Know

Clinical Supervisors

Do you feel that pre-internship clinical supervisor(s) provided adequate observation, implementation and feedback in relationship your clinical work?

()

- Yes
- **No**
- I Do Not Know

Do you feel that pre-internship clinical supervisor(s) fostered opportunities to apply and gain *AMTA Professional Competencies*?

- Yes
- **No**
- I Do Not Know

Do you feel that internship clinical supervisor(s) provided adequate observation, implementation and feedback in relationship to clinical work?

- Yes
- **No**
- I Do Not Know

Do you feel that internship clinical supervisor(s) fostered opportunities to apply and gain *AMTA Professional Competencies*?

()

- Yes
- No

- I Do Not Know

Academic Faculty

Q

Do you feel that the music therapy academic faculty supports students throughout the academic program?

- Yes
- **No**
- I Do Not Know

Do you feel that the music therapy academic faculty is assessable via phone, email and/or face-to-face to students?

- Yes
- **No**
- I Do Not Know

Do you feel that the music therapy academic faculty maintains record of student's completed course work, total clinical hours earned and development and achievement of AMTA Professional Competencies?

- Yes
- No
- I Do Not Know

Academic Program

0

Overall, do you feel that the music therapy academic program prepares students well to function as an entry-level professional in the field of music therapy?

- Yes
- **No**
- I Do Not Know

Overall, do you feel that students have gain entry-level AMTA Professional Competencies?

- Yes
- **No**
- I Do Not Know

Overall, would you recommend this music therapy academic program to students interested in seeking the degree, Bachelor of Music in Music Therapy?

- Yes
- **No**
- I Do Not Know

()

Please feel free to share comments in regards to the music therapy academic program at (Name of School)

()

()

Week 6

Start Time	Time Blocks
8:00 AM	30m

Intern Observe

Intern Co-lead w/MT-BC

Intern Lead

Total MT Hours: 15.5

MT-BC Observe

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 AM	Prep/Planning	Prep/Planning	Prep/Planning	Prep/Planning	Interdisciplinary Team Meeting
8:30 AM					
9:00 AM	Travel	Travel	Travel	Creative Arts Group (1 hr)	
9:30 AM	Elem School Session (1 hr)	Elem School Session (1 hr)	Pediatric Sessions (2 hrs)		
10:00 AM					Group Supervision
10:30 AM	Travel	Travel		Creative Arts Group (1 hr)	
11:00 AM	Individual Session (45 min)	Elem School Session (1 hr)			
11:30 AM					
12:00 PM	Lunch	Lunch		Lunch	Lunch
12:30 PM					
1:00 PM	I/DD Group Session (1 hr)	Individual Session (1 hr)	Memory Care Group (1 hr)	Individual Session (30 min)	Supervision Time (1 hr)
1:30 PM				Travel	
2:00 PM		Travel	Travel	Stroke Group (1 hr)	Assignments/ Documentation/ Planning and Prep
2:30 PM	Individual Session (30 min)	Recovery Group (1 hr)	Individual Session (30 min)		
3:00 PM	Individual Session (30 min)		Individual Session (30 min)	Travel	
3:30 PM		Travel			
4:00 PM	Documentation	Documentation	Documentation	Autism Group (1 hr)	
4:30 PM					

Week 13

Start Time	Time Blocks
8:00 AM	30m

Intern Observe

Intern Co-lead w/MT-BC

Intern Lead

Total MT Hours: 15.5

MT-BC Observe

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 AM	Prep/Planning	Prep/Planning	Prep/Planning	Prep/Planning	Interdisciplinary Team Meeting
8:30 AM					
9:00 AM	Travel	Travel	Travel	Creative Arts Group **(1 hr)**	
9:30 AM	Elem School Session (1 hr)	Elem School Session **(1 hr)**	Pediatric Sessions (2 hrs)		
10:00 AM					
10:30 AM	Travel	Travel		Creative Arts Group **(1 hr)**	
11:00 AM	Individual Session **(45 min)**	Elem School Session (1 hr)			
11:30 AM					
12:00 PM	Lunch	Lunch		Lunch	Lunch
12:30 PM			Travel		
1:00 PM	I/DD Group Session **(1 hr)**	Individual Session **(1 hr)**	Memory Care Group (1 hr)	**Indiv Session (30 min)**	Supervision Time (1 hr)
1:30 PM				Travel	
2:00 PM		Travel	Travel	Stroke Group (1 hr)	Assignments/ Documentation/ Planning and Prep
2:30 PM	Individual Session (30 min)	Recovery Group (1 hr)	**Indiv Session (30 min)**		
3:00 PM	Individual Session (30 min)		**Indiv Session (30 min)**	Travel	
3:30 PM		Travel			
4:00 PM	Documentation	Documentation	Documentation	Autism Group **(1 hr)**	
4:30 PM					

Week 22

Start Time	Time Blocks
8:00 AM	30m

Intern Observe

Intern Co-lead w/MT-BC

Intern Lead

Total MT Hours: 15.25

MT-BC Observe

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 AM	Prep/Planning	Prep/Planning	Prep/Planning	Prep/Planning	Interdisciplinary Team Meeting
8:30 AM					
9:00 AM	Travel	Travel	Travel	Creative Arts Group (1 hr)	
9:30 AM	Elem School Session **(1 hr)**	Elem School Session **(1 hr)**	Pediatric Sessions **(2 hrs)**		
10:00 AM					
10:30 AM	Travel	Travel		Creative Arts Group (1 hr)	
11:00 AM	Individual Session (45 min)	Elem School Session **(1 hr)**			
11:30 AM					
12:00 PM	Lunch	Lunch		Lunch	Lunch
12:30 PM					
1:00 PM	I/DD Group Session (1 hr)	Individual Session (1 hr)	Memory Care Group **(1 hr)**	**Indiv Session (30 min)**	Supervision Time (1 hr)
1:30 PM				Travel	
2:00 PM		Travel	Travel	**Stroke Group (1 hr)**	Assignments/ Documentation/ Planning and Prep
2:30 PM	**Indiv Session (30 min)**	Recovery Group **(1 hr)**	**Indiv Session (30 min)**		
3:00 PM	**Indiv Session (30 min)**		**Indiv Session (30 min)**	Travel	
3:30 PM		Travel			
4:00 PM	Documentation	Documentation	Documentation	Autism Group **(1 hr)**	
4:30 PM					

Intern's Evaluation of their Internship Experience

- Accept the completed Site Evaluation form AFTER giving the intern his/her/they final evaluation.
- Send a copy to the student's school and regional AIAC Representative

Name: _____
School/Academic Advisor: _____ **Date of**
Internship: _____ **Regional**
Representative: _____

Ranking Scale:

1=strongly agree

2=mildly agree

3=neither agree nor disagree 4=mildly disagree 5=strongly disagree N/A=not applicable

Directions: Read each statement and determine the degree with which you agree or disagree with each statement. Note that evaluation of each item involves determining whether the experiences were provided as stated in the Clinical Training Proposal and the quality of such experiences.

I. Provisions for Orientation

1. _____ My orientation to the agency/facility was provided to me and was adequate for my needs.
2. _____ My orientation to facility personnel and department standards, policies, and procedure was provided to me and was adequate for my needs.
3. _____ My orientation to AMTA Standards of Practice, organizational structure, Code of Ethics, National Roster Internship Guidelines, the AMTA Professional Competencies and the CBMT Code of Professional Practice were provided to me and were adequate for my needs.
4. _____ My orientation included specifying acknowledgment of expectations and competencies, where interns do not fall under facility policies and procedures, and was adequate for my needs.
5. _____ My internship plan set realistic expectations for my training needs.

Comments about the orientation phase of the internship:

II. Provisions for the music therapy experience

1. _____ My internship provided me with adequate observational experiences.
2. _____ My internship provided me with adequate co-leading experiences.
3. _____ My internship provided me with adequate session leading experiences.

Comments on the music therapy experience:

III. Provisions for records and progress notes

1. _____ My internship provided me with experiences in record keeping and progress notes that were adequate for my needs.
2. _____ My schedule allowed adequate time to complete records, progress notes, and other documentation.

Comments on records, progress notes, assessments, treatment plans, attendance records, discharge summaries, annual/monthly reviews, and other documentation:

IV. Provisions for intern's self-awareness and professional growth

1. _____ My internship provided me with opportunities for self-awareness and professional growth that were adequate for my needs.
2. _____ My self-awareness and professional growth assignments were helpful.
3. _____ My opportunities for self-awareness and professional growth included establishing my own goals and plans.
4. _____ My goals for self-awareness and professional growth were met.
5. _____ My internship allowed me opportunities to develop my own

personal style.

Comments on intern self-awareness and professional growth:

V. Provisions for observation of intern sessions and providing feedback

1. _____ My internship provided me with opportunities for formal and informal observation that were adequate for my needs.
2. _____ My opportunities for informal observation were adequate for my needs.
3. _____ My opportunities for formal observation (in groups) was adequate for my needs.
4. _____ My formal and informal observations averaged at least four hours per week (or was adjusted accordingly for part time hours)

Comments on formal and informal observation:

VI. Provisions for supervision

1. _____ My internship provided me with supervision that was adequate for

my needs.
2. _____ My supervision time per week averaged at least one hour (or was

adjusted accordingly for part time hours)

3. ____ Supervision was available outside the scheduled supervision time if I needed extra assistance.
4. ____ My supervision meetings included discussion of items/input which I prepared in advance for feedback, clarification and assistance.

Comments on supervision:

VII. Provisions for administrative skills

1. ____ My internship provided me with examples and/or experiences in administrative skills which were adequate for my needs.

Comments on administrative skills:

VIII. Provisions for special requirements

1. ____ My internship provided me with special requirements that were adequate for my growth and development as a music therapist.

Comments on special requirements:

IX. Provisions for academic training

1. ____ My academic training prepared me to meet the entrance requirements/entry level skills for this internship placement.
2. ____ My academic training prepared me to use music in a therapeutic manner.
3. ____ My academic instruments.
4. ____ My academic
5. ____ My academic
6. ____ My academic responsibly.
7. ____ My academic clients.

8. _____ My academic

opinions verbally.

9. _____ My academic

10. _____ My academic

opinions in writing.

11. _____ My academic requirements in my

training prepared me to play accompaniment

training prepared me to adapt and create activities. training prepared me to plan activities and sessions. training prepared me to act professionally and

training prepared me to act in an ethical manner with training prepared me to express my professional

training prepared me to write using standard grammar. training prepared me to express my professional

training prepared me to meet the documentation internship.

12. _____ My academic training prepared me to deliver music therapy services according to the AMTA Standards of Practice.

13. _____ My academic training prepared me to effectively structure and lead sessions.

14. _____ My academic training prepared me to deliver music therapy services to three or more clinical populations.

15. _____ My academic training prepared me to develop a personal music therapy philosophy and theory of practice.

16. _____ My academic training prepared me in time management skills and the ability to prioritize tasks.

Comments on academic training:

Problem areas identified:

Procedures to address problem areas: (To be filled out by internship director)

Additional Comments:

Internship Director: _____

Date: _____

Music Therapy Intern _____
Date: _____

Adapted from: ALAC site evaluation form; Linda M. Wright, MS, RMT-BC; revised: 1/89, 7/01, 11/03 (11/06)

MUSIC THERAPY INTERNSHIP AGREEMENT

This agreement is made between *(student name)*, student at *(name of school)*, *(Internship Director name)*, internship director at *(facility)*, and *(academic faculty name, school)* to describe the student's level of performance at the initiation of the internship and the expected student's level of performance in demonstrating the required exit-level competencies at the end of the internship. Furthermore, it identifies the responsibilities of each party for the duration of the clinical training experience.

I. Intern's Level of Performance

The student's level of performance at the initiation of the internship has been identified in the Slippery Rock University document, "Evaluation of Student Competencies/Internship Agreement". The expected level of performance at the end of the internship is that of entry level professional competence in all areas.

II. Intern Responsibilities

- A. Adhere to AMTA National Roster Internship Guidelines; internship program personnel requirements, policies, and procedures (including time frame and assignments); and university internship requirements.
- B. Adhere to AMTA Standards of Clinical Practice and Code of Ethics.
- C. Seek feedback and clarification through regular communication with the supervising music therapist, the Internship Director, and the academic faculty.
- D. Complete a mid-term and final "intern self-evaluation" and final "intern site evaluation".
- E. Comply with the health status requirements of the facility, including but not limited to physical examinations, vaccinations, and health screening requirements for tuberculosis and measles.
- F. Be responsible for procuring professional liability insurance at student's own expense. The university is prohibited from purchasing insurance.
- G. Request a "Welcome to the Professional World" packet from the AMTA National Office at the mid-point of the internship.
- H. Six months following the internship, complete the post internship site evaluation and send it to the Association Internship Approval Committee regional representative.

III. Internship Director and/or Supervising Music Therapist Responsibilities

- A. Work jointly with academic faculty to develop internship agreement based upon the needs and abilities of the intern.
- B. Adhere to the AMTA National Roster Internship Guidelines and Code of Ethics.
- C. Provide a viable role model.
- D. Maintain continuous communication with academic faculty through email, phone, or mail correspondence, including the submission of mid-term and final evaluations.
- E. Protect the confidentiality of student records as dictated by the Family Educational Rights and Privacy Act (FERPA) and release no information absent written consent of the student unless required to do so by law.

IV. Academic Faculty Responsibilities

- A. Adhere to the AMTA Standards for Education and Clinical Training and Code of Ethics.
- B. Maintain continuous communication throughout the internship with student and Internship Director / Music Therapy Supervisor.
- C. Monitor internship agreement through review of mid-term and final evaluation, intern self evaluation, and intern site evaluation.
- D. Verify, in consultation with the internship director, successful completion of internship per internship agreement.

The following parties agree to the terms identified in this Music Therapy Internship Agreement:

_____ (student)	_____ (date)
_____ (internship director)	_____ (date)
_____ (academic faculty)	_____ (date)

(see next page for Evaluation of Student Competencies/Internship Agreement)

**SLIPPERY ROCK UNIVERSITY
MUSIC THERAPY**

**EVALUATION OF STUDENT COMPETENCIES/
INTERNSHIP AGREEMENT**

Student Name _____ **Date** _____

Internship Placement _____

Internship Supervisor _____ **Telephone** _____

AMTA Approved _____ **University-Affiliated** _____

of Pre-internship hrs. earned _____ **Minimum # of internship hrs. needed** _____

The student's skills in the following areas are assessed prior to beginning the internship as follows:

Course grades will be assigned as follows:

4 = exceeds professional entry level competence

4 = A

3 = professional entry level competence

3 = B

2 = below professional entry level competence

2 = C

1 = not competent

1 = D/F

0 = not observed

Any areas designated with a 2 or lower rating will need to be accomplished by the end of the internship period.

FOUNDATIONS

<u>COMPETENCY</u>	<u>PRE- INTERNSHIP</u>	<u>POST- INTERNSHIP</u>	<u>COMMENTS</u>
MUSIC FOUNDATIONS			
Music Theory	_____ (grade)	_____	
Music History	_____ (gr.)	_____	
Major Performance Skills	_____ (gr.)	_____	
Conducting Skills	_____ (gr.)	_____	
Improvisation Skills	_____	_____	
Movement Skills	_____	_____	
CLINICAL FOUNDATIONS			
Exceptionality	_____	_____	
Principles of Therapy	_____	_____	

	PRE-RATING	POST-RATING	COMMENTS
Therapeutic Relationship	_____	_____	
Human Anatomy	_____ (gr.) _____		
MUSIC THERAPY FOUNDATIONS			
Theoretical foundations/principles	_____	_____	
Client Assessment	_____	_____	
Treatment Planning	_____	_____	
Evaluation of Therapy	_____	_____	
Termination/Discharge Planning	_____	_____	
Professional Ethics	_____	_____	
Interdisciplinary Collaboration	_____	_____	
Research Methods	_____	_____	

MUSIC THERAPY IMPLEMENTATION / CLINICAL SKILLS

COMPETENCY

CLINICAL SKILLS

Gives clear directions	_____	_____	
Leads activities effectively	_____	_____	
Provides appropriate pacing	_____	_____	
Ability to re-direct behavior	_____	_____	
Provides appropriate behavioral management	_____	_____	
Is responsive to client behavior	_____	_____	
Able to create and administer an assessment test	_____	_____	
Demonstrates reflective listening	_____	_____	
Uses appropriate reinforcement	_____	_____	
Creates and implements appropriate session structure	_____	_____	
Able to lead a music-based discussion	_____	_____	

Areas to be Addressed During Internship

MUSICAL SKILLS

Sings on pitch _____

Has strong vocal quality _____

Able to give correct starting pitch _____

Ability to compose client-specific songs _____

Memorizes materials _____

Uses effective song leading techniques _____

Shows facility on guitar _____

Provides appropriate guitar accompaniment _____

Ability to transpose music _____

Shows ability to use piano/keyboard as accompaniment _____

Shows ability to use a variety of percussion instruments _____

Use of other instruments/major _____

Shows ability to create new materials _____

Uses a variety of musical genre/world music _____

Demonstrated ability in piano improvisation _____

Ability to implement movement experiences _____

Areas to be Addressed During Internship

DOCUMENTATION

Ability to communicate in writing	_____	_____
Ability to communicate verbally	_____	_____
Ability to set realistic long-term goals	_____	_____
Ability to set appropriate behavioral objectives and/or outcomes	_____	_____
Ability to summarize work	_____	_____
Ability to use professional writing style	_____	_____

Areas to be Addressed During Internship

PROFESSIONAL BEHAVIOR

Is punctual	_____	_____
Relates well to clients	_____	_____
Relates well to staff/family	_____	_____
Accepts and uses supervision well	_____	_____
Is responsible	_____	_____
Demonstrates professionalism	_____	_____

Areas to be Addressed During Internship

Additional Comments / Learning Objectives

Pre-internship Evaluation

Evaluator

Student

Date