# Spring 2015 Report from the Master's Level Entry (MLE) Subcommittee Regional Conference Presentations

Welcome everyone to the MLE Subcommittee presentation. This presentation is being given at each of the 7 regional conferences.

Last fall the MLE Subcommittee introduced a proposed new model of music therapy education and clinical training. The purpose of this presentation is to present information regarding the proposed new model, share our evaluation of this model, and begin to gather your thoughts, ideas, and questions.

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

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

The MLE Subcommittee has undertaken various tasks in the process of exploring a proposed move to Master's Level Entry for the profession. Briefly the Subcommittee:

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

# **Education Models Examined**

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

Based on town hall meeting comments, website inquiries, the Educators and Internship Directors/Supervisors forum and NASM commentary, we felt an examination of educational models was an important task. We used our definition of a 21<sup>st</sup> century music therapist and a list of <u>essential</u> <u>considerations</u>/core values for the profession that we developed as guiding principles.

We envisioned the  $21^{st}$  century music therapist as someone trained to use the elements of music to both assess, and based on assessed need, treat. We felt the  $21^{st}$  century music therapist needed to know how to use the therapeutic process or possess therapeutic skills. Furthermore, we felt the music therapist should demonstrate self-awareness, be able to translate and apply research to clinical practice, demonstrate empathic understanding of the therapeutic process, and be able to participate as an integral team member.

#### ESSENTIAL CONSIDERATIONS/CORE VALUES

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

A list of ESSENTIAL COMPONENTS/CORE VALUES also guided our work. Let me give you the full statement for each of these 8 Considerations or Values.

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

# 4 Premises

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

In this process we identified Four Premises that guided our work:

- 1. The body of knowledge for entry level professional competency continues to grow and create concern for adequate training of future music therapists within the undergraduate curriculum. The concern was expressed in the Educator's & Internship Directors/Supervisors forum.
- 2. A move to requiring Master Level studies is a paradigm shift that reaffirms the profession's dedication to the needs and welfare of those needing music therapy today and into the future. Like other professionals we want well-trained music therapists.

### 4 Premises

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

- 3. This paradigm shift is rooted in quality service delivery for diverse and growing client needs and evidence-based practice. A person with a Master's degree may be better prepared to meet the needs of a diverse and growing client population and provide evidence-based treatment.
- 4. Given the powerful nature of assessing and treating human conditions with the music medium, high expectations required of entry-level music therapists' musicianship and agile manipulation of music elements must grow to meet the  $21^{\rm st}$  Century needs of clients.

We ultimately examined six models. Three of the models were introduced in the *Moving Forward* advisory presented by ETAB, a fourth emerged from the Educator's and Internship Directors/Supervisors Forum in October 2012. We also felt we needed to include the current AMTA educational model and that became the fifth model in our investigation, and a sixth was introduced by one of the Subcommittee members. Working with these models we identified themes, made projections, and synthesized our perspectives.

# Models 1-3

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

Models #1-#3: The title of each model evaluated appears on the screen and I will briefly add some additional information for each one.

# #1. One institution – Bachelor's leading to a required Master's degree in Music Therapy

The Bachelor's degree in Music Therapy would be phased out, and prerequisite courses would be included in another baccalaureate degree in music. Core music therapy and advanced level courses would be taught in the Master's program. Students would need to obtain the Master's degree in music therapy before being eligible to sit for the Board Certification Exam.

# #2. Two institutions – Bachelor's program formally affiliated with Master's program; Master's required

Current AMTA-approved Bachelor's degree programs in music therapy could continue to offer undergraduate courses in basic foundations of music therapy, but this would not be a baccalaureate degree nor a concentration titled "music therapy." Students would need to obtain the Master's degree in music therapy before being eligible to sit for the Board Certification Exam.

**#3.** Master's degree in Music Therapy is entry level degree for the profession Core music therapy and advanced level courses would be taught in the Master's program. Students would need to obtain the Master's degree in music therapy

before being eligible to sit for the Board Certification Exam. Prerequisites for the Master's program would be: 1) completion of a Bachelor's degree in music; 2) development of functional music skills in piano, voice, guitar, percussion; 3) completion of an Introduction to Music Therapy course with observation of music therapy sessions; and 4) completion of Psychology courses.

# Models #4-#6

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

# MODEL #4. Two-tiered process – Bachelor's earned and eventual Master's in Music Therapy required

Students earning a bachelor's degree would have <u>provisional</u> entry level certification and would practice at an entry level. The curriculum would consist of courses currently taught in the undergraduate program. To continue to practice as a music therapist and have advanced certification, a master's degree would be required, and the student would have a number of years (10 years suggested) to earn a master's degree in music therapy. This model is similar to that of a beginning teacher receiving a provisional teaching certificate initially and then eventually earning a professional certificate.

### MODEL #5. Bachelor's in Music Therapy is entry level degree (current model)

Students earn a Bachelor's degree in Music Therapy after 4-4.5 years on campus followed by approximately a 6 month internship, total of 4.5-5 years. Completion of the degree (and internship) is required before the student can obtain the credential and work as a professional music therapist. Knowledge, skills and abilities in music therapy, music, and human behavior and development are the focus of these years. Experience is gained in pre-internship (clinical practicum) and internship work.

# MODEL #6. Pre-Music Therapy Bachelor's Degree leads to Required Master's in Music Therapy

The pre-music therapy Bachelor's degree would consist of foundational music courses (such as Introduction to Music Therapy; and study of piano, guitar, and voice) along with non-music courses (e.g., Abnormal Psychology). This **would not** be a "minor" in music therapy. The Master's Degree would include music therapy courses with different populations, courses in research, assessment, ethics, improvisation, neuroscience, along with clinical practicum experiences, a specialization, and a final project/thesis. Guitar and piano proficiencies would be completed as part of graduate requirements. Clinical experience would remain 1200-1300 hours but would be divided differently.

# Proposed new model developed

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

Guided by our Premises and the list of core considerations/values, we worked to find a model that would best prepare the  $21^{\rm st}$  century music therapist. We felt each of the 6 models had strengths and limitations.

Over the course of our deliberations a new model of education for music therapists began to take shape. This proposed new model would require music therapists to earn a Bachelor's degree in Pre-Music Therapy followed by a Master's in Music Therapy degree before being eligible to sit for the certification exam. The proposed new model was presented in a report to the Board of Directors last fall.

#### Motion

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

#### Motion

In September the Board of Directors passed a Motion charging the subcommittee to gather feedback on the proposed model. The Motion and Rationale are on the Handout.

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

### and Rationale

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

#### Rationale:

Subsequent to study over the past five years, first by ETAB and then the MLE Subcommittee appointed by the Board of Directors, a report and proposed new model for education and clinical training is ready for review and feedback from the AMTA Assembly of Delegates and membership. The MLE Subcommittee report submitted 9-18-14 recommends that the entry level to music therapy practice be moved to the Master's level effective January 1, 2025, dependent upon discussion, feedback, data collection, and successful passage by the Assembly of Delegates at a later time. Consequently, if passed, in accordance with CBMT standards, eligibility to sit for the MT-BC exam would require completion of an AMTA-approved Master's degree (coursework and clinical training).

AMTA-approved Bachelor's Degree in Music - the Major or Concentration is Pre-Music Therapy<sup>2</sup>

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

The second page of your Handout contains the listing of content areas or courses for each degree in the model. This **Proposed New Model** begins with an **AMTA-approved¹ Bachelor's Degree in Music – the Major or Concentration is Pre-Music Therapy²**. (Recommended range of semester hours: 120-130). Content areas are divided among four categories.

#### **Core Music Training in:**

Music theory & aural skills Ensembles

Music history World music

Conducting & orchestration/arrangement Primary instrument/voice to level of senior recital (7-8 semesters of study)

#### **Functional Musicianship:**

Variety of genres and styles taught Voice, piano, guitar, percussion classes

Intro to songwriting/composition 
Intro to improvisation

Music technology included

#### Core of MT training:

Intro to MT, including study of the Code of Ethics and Standards of Practice<sup>3</sup>
Psych of music, including intro to music and the brain

MT lab classes that include observation, assisting, leadership training, song leading. When these are offered will need to be specified (100 hours of observation, etc. recommended)

### Non-music courses/areas of study

Human growth and development General and abnormal psychology Exceptional children Anatomy and physiology Biology

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

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

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

(Recommended range of semester hours 48-60)

#### **Pre-competence<sup>4</sup> for entrance into the Master's program:**

Competence in functional music skills Competence in applied music (instrument) skills

Music Foundations Content Areas: Clinical improvisation

Clinical songwriting and lyric analysis Receptive/re-creative/expressive MT

Music Therapy Content Areas: Advanced Psych of Music (Music Neuroscience)

Research in MT History and philosophy of MT

Theories/approaches/frameworks of MT Clinical populations and techniques

Ethics Therapeutic relationship

Practica/internship(s) Thesis/project

Standards of Practice including: Assessment, Treatment planning, Implementation,

Documentation, Evaluation, and Termination

**Related Content Areas:** Verbal therapy and counseling skills

Statistics Psychopathology/DSM 5

Research methodologies: qualitative, quantitative, mixed, IRB

SWOT Analysis - STRENGTHS (internal, positive factors)

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

To consider the proposed new model <u>from various perspectives</u>, the Subcommittee completed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. A SWOT analysis is frequently the first step in a market analysis. Our SWOT analysis enabled subcommittee members to reflect on various aspects of the proposal. This exercise also led to the completion of a SWOT analysis of the current Bachelor's level education model, and <u>you are encouraged to review that SWOT analysis of the Bachelor's Level Entry (BLE) in the November 2014 MLE Progress Report, which is on the AMTA Website.</u>

As we <u>begin to</u> look at the analysis on <u>this slide and</u> the following slides, we know it is true that a strength can also be a weakness.

SWOT Analysis - **STRENGTHS**: (internal, positive factors)

- 1. Longer time to develop musicianship/functional musical skills
- 2. Expanded educational time contributes to maturity of entry level therapist
- 3. UG coursework will focus on functional and applied music skill along with preparatory skill development; enables student to focus on these foundational skills separately vs. simultaneously
- 4. G coursework will focus on therapeutic and music therapy skill development

#### STRENGTHS cont.

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

#### **STRENGTHS** cont.

- 5. Clinical training will begin with observation, assisting, and non-MT music leading in UG and will be fully integrated into G level courses; this model allows room to explore ways to integrate the internship experience
- 6. G level work can generate more research to contribute to evidence-based practice
- 7. Transfer or equivalency students can complete pre-MT degree and go on to earn Master's
- 8. Resources we already have UG and G programs as well as internships in place
- 9. There are already UG programs interested in establishing pre-MT degrees

#### STRENGTHS cont.

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

SWOT Analysis - STRENGTHS: (internal, positive factors) cont.

- 10. New undergrad programs approved this year as well as schools planning to submit degree applications have stated that moving to masters would not be a problem for them
- 11. May increase retention of music therapists over the long-term and prevent burnout since MT's will be better trained which could counter the fear of a decreased workforce
- 12. Retention of music therapists over the long term could provide increase in AMTA membership
- 13. Practicing MTs will have greater level of skill and knowledge entering the field

#### WEAKNESSES: (internal, negative factors)

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

#### **WEAKNESSES:** (internal, negative factors)

- 1. Students cannot work as a professional MT-BC between UG and G degree programs and will not be able to bring experiences gained from work to their G program
- 2. Financial hardship created without the possibility to work after UG as a professional music therapist or while pursuing G
- 3. May be difficult for UG students to identify with a "pre" major
- 4. Pre-MT students may earn the UG degree, but not the G degree, and could join ranks with labor substitutes (those using music without the MT-BC)

#### WEAKNESSES CONT.

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

#### **WEAKNESSES:** cont.

- 5. Campuses may be challenged if they need to modify UG curriculum or degree program, G curriculum or degree program, meet new staffing needs, or recruit at the UG level
- 6. Internships may need to modify for G level students
- 7. Internship credits will be at the graduate credit price
- 8. Additional years in school to get degree and credential will increase cost to students and may create more financial barriers than we already have
- 9. Added time to get degree and credential may contribute to burnout

#### WEAKNESSES cont.

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

#### **WEAKNESSES:** (internal, negative factors) cont.

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

#### OPPORTUNITIES: (external, positive factors)

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

#### SWOT – **OPPORTUNITIES:** (external, positive factors)

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

#### OPPORTUNITIES cont.

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

#### **OPPORTUNITIES** cont.

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

#### OPPORTUNITIES cont.

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

#### **OPPORTUNITIES:** (external, positive factors) cont.

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

THREATS: (external, negative factors)

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

**THREATS:** (external, negative factors)

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

#### THREATS cont.

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

#### THREATS cont.

- 6. Universities prefer having undergrad programs that lead to a credential. AMTA will have to convince UG administrators of the necessity of going to the MLE and that AMTA is not just "leveling up" the Bachelor's degree
- 7. Fewer MTs entering workforce each year may reduce CBMT certificant and AMTA membership numbers resulting in fewer clients having access to beneficial services
- 8. Expectations are employers will pay higher wages for Master's level MTs, and if they cannot or will not, employers may turn to labor substitutes

#### THREATS cont.

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

**THREATS:** (external, negative factors) cont.

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

# **Current Tasks**

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

#### **Current Tasks:**

Discussion of this model began at the AMTA annual conference with presentations to the Assembly of Delegates and membership. Feedback and discussion will continue at each 2015 Regional conference this spring. Notes will be taken to record comments, questions or feedback.

In addition, we are planning to survey educators and internship directors to gain more specific information about all levels of the educational process.

We will analyze feedback and additional data collected and will submit an updated report to the Board at its 2015 Mid-Year meeting.

Responding to the request for greater representation on the Subcommittee and additional people to facilitate the varied work of the Subcommittee, four new members were recently approved by the Board of Directors. The addition of 3 new members ensures that each region has a person on the subcommittee. Also added were educators from public colleges, a person who has music therapy management experience, and a person who has experience as an Associate Dean of Music. The new members are Ron Borczon, Michelle Hairston, Ed Kahler, and Eve Montague.

All the members of the MLE Subcommittee are listed on the bottom of your

handout, and please feel free to contact any of us.

### **Future Investigations**

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

Over the last few years the MLE Subcommittee has observed that as we investigated, worked with or formulated information, additional questions always emerged from our work. These additional questions are pointing the way for future investigations. There are several questions needing answers and issues to investigate.

To begin, State Authorization for Distance Education may be required for internship placements outside of the home state of the educational program. Some educational programs have had a fee assessed in order to send an intern to a clinical training program in that state.

AMTA-Approved programs. Questions to be addressed include: 1) What are current caps on graduate school enrollment or the impact on teaching assistantships or University clinics since no longer will MT-BCs be returning to campus for a Master's degree?, & 2) What is the impact on schools for which there are barriers to offering a master's degree and the impact on retention rates if a proposed MLE is adopted?

Student Issues – What is the impact of student debt load?

## **Future Investigations**

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

Market & Economic Analysis. Topics to be investigated may include: identifying labor substitutes in the marketplace, determining the impact of the MLE on job security of positions, estimating the impact of the proposal on the number of credentialed music therapists during transition and following, estimating the impact on the number of professional and student members of AMTA, and estimating the impact on diversity of practitioners.

External questions include: What are challenges to secure NASM passage of a proposal, the impact of State Recognition and State Regulation and possible Unintended Consequences within Schools of Music?

Additional SWOT analyses may also be needed.

I (we) thank you for your attention, and at this time we welcome your questions.