

Information Summary and Recommendations

Music Therapy Sunrise Review

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THE SUNRISE REVIEW PROCESS

A sunrise review is an evaluation of a proposal to change the laws regulating health professions in Washington. The legislature's intent, as stated in Chapter 18.120 RCW, is to permit all qualified people to provide health services unless there is an overwhelming need for the state to protect the interests of the public by restricting entry into the profession. Changes to the scope of practice should benefit the public.

The Sunrise Act, RCW 18.120.010, says a health care profession should be regulated or scope of practice expanded only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

If the legislature identifies a need and finds it necessary to regulate a health profession not previously regulated, it should select the least restrictive alternative method of regulation, consistent with the public interest. Five types of regulation may be considered as set forth in RCW 18.120.010(3):

1. *Stricter civil actions and criminal prosecutions.* To be used when existing common law, statutory civil actions and criminal prohibitions are not sufficient to eradicate existing harm.
2. *Inspection requirements.* A process enabling an appropriate state agency to enforce violations by injunctive relief in court, including, but not limited to, regulation of the business activity providing the service rather than the employees of the business, when a service being performed for people involves a hazard to the public health, safety or welfare.
3. *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practices and, if required, a description of the service provided. A registered person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
4. *Certification.* A voluntary process by which the state grants recognition to a person who has met certain qualifications. Non-certified people may perform the same tasks, but may not use "certified" in the title.¹ A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
5. *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to people who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensed person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

¹ Although the law defines certification as voluntary, many health care professions have a mandatory certification requirement such as nursing assistant – certified, home care aides, and pharmacy technicians.

EXECUTIVE SUMMARY

Background and Proposal

The practice of music therapy is not regulated in Washington. A music therapist uses musical instruments and music making as therapeutic tools to rehabilitate a patient's normal living functions or improve quality of life through studying and promoting measurable change in the patient's behavior. Music therapists apply various music elements through live, improvised, adapted, individualized, or recorded music to address physical, emotional, cognitive, or social needs of the patient. They often work in collaboration with or by referral from a medical, mental health, occupational therapy, physical therapy, or other health care provider.

The Senate Health and Long-Term Care Committee requested a sunrise review of Senate Bill 6276, which would require any individual practicing music therapy or using the title of "music therapist" to be certified by the department. Senate Bill 6276 would require music therapists to complete a bachelor's degree program in music therapy and pass an examination based on core competencies of music therapy approved by the secretary prior to applying for a state credential.

The applicant has stated that regulation of music therapy is necessary to protect the public from misuse of terms and techniques; ensure competent practice; protect access to music therapy services by encouraging payment by third-party payers; recognize music therapy as a valid, research-based health care service; validate the profession in state, national, and international work settings; establish credentialing; and provide a method of addressing consumer complaints and ethics violations.

Recommendations

The department recognizes the therapeutic benefit of music to address the cognitive, emotional, physical, social, or functional needs of clients, and the value of music to comfort and aid those who are sick, injured, or dying. However, the department does not support the proposal to require state certification of music therapists.

The proposal does not meet the sunrise criteria because:

- The applicant has not identified a clear and easily recognizable threat to public health and safety from the unregulated practice of music therapy.
- The proposal does not articulate the public need for regulation or that regulation would ensure initial and continuing professional ability above the current requirements for nationally certified music therapists.
- The applicant has not demonstrated that the public cannot be effectively protected by other means in a more cost-beneficial manner.
- The proposal would place a heavy financial burden on the small pool of potential music therapy practitioners to cover the state's costs of regulating the profession.
- The proposal contains flaws that would prohibit the use of music-based therapy by other practitioners as well as Native American and other traditional healers may who use music to aid the sick, injured, or dying.

- The scope of practice in the proposal may prevent licensed health care professionals such as occupational therapists from using music therapy in their practice, and encroach on the scope of practice of other professions such as speech-language pathologists.

The department recognizes that the lack of a state credential may prevent music therapists from being employed in certain educational and state mental health facilities, or may prevent them from being compensated for services by insurance or some government programs. However, these potential barriers are not part of the sunrise review criteria.

SUMMARY OF INFORMATION

Background

Music therapists are skilled musicians who use music interventions to achieve therapeutic goals. They assess an individual's functioning through response to music; design music interventions and therapy sessions based on treatment goals, objectives, and the individual's needs; and evaluate and document treatment outcomes. The music therapist may be part of an interdisciplinary team including medical, mental health, occupational therapy, physical therapy, or educational professionals. A state credential is not required to practice music therapy.

Music therapists work in a variety of settings, including, but not limited to, hospitals and clinics, rehabilitative facilities, mental health centers, residential and day facilities for senior citizens or individuals with developmental disabilities, drug, alcohol, or correctional facilities, schools, or in private practice.

Bachelor's degrees in music therapy are available from 62 U.S. colleges and universities approved by the American Music Therapy Association (AMTA)² and accredited by the National Association of Schools of Music. The AMTA requires music therapy students to complete at least 1,200 hours of supervised clinical training and a six-month internship in a competency-based program. Music therapists who complete academic and clinical training are eligible to take a national exam offered by the Certification Board for Music Therapy (CBMT), and upon passage earn a Music Therapist-Board Certified (MT-BC) national certification.

Music therapists are not alone in providing therapeutic interventions through music. Music thanatologists,³ therapeutic musicians, music practitioners, clinical musicians, therapeutic harp practitioners, healing musicians, guided music and imagery/Bonny method practitioners, and others provide comfort to the ill, injured or dying, typically by playing music in hospitals, psychiatric units, hospices, residential facilities and other settings. Each music modality has a training program and some are credentialed or accredited by national organizations. Native American healers, traditional healers, and other cross-cultural healers use music, song, and instruments to support a person's or family's physical, mental, or spiritual health in hospitals, hospice, and other health facilities. In addition, some musicians play for the sick and dying with no stated therapeutic goal other than the person's relaxation and enjoyment.

A key difference between music therapy and other music modalities is that a music therapist uses music or musical instruments to rehabilitate normal functions of living or improve the quality of life through studying the effect of music on clients and promoting measurable changes in behavior or function. Other modalities use live or recorded music to provide an environment conducive to the client's healing or transition to death. Training levels also differ. A nationally certified music therapist completes a bachelor's degree program that may include classes in abnormal psychology, cognitive and behavioral psychology, counseling techniques, and behavioral management. Training in other music modalities varies from no formal training to graduate level educational programs.

² <http://www.musictherapy.org/careers/>. Searched by approved U.S. colleges and universities offering bachelor's degrees in music therapy. Accessed August 30, 2012.

³ Music thanatologists provide palliative care by playing the harp or singing to patients who are in transition to death.

Proposal for Sunrise Review

Senate Bill 6276, which proposed creating a certified music therapy credential, was introduced in the 2012 regular legislative session and was forwarded to the department for a sunrise review by the Senate Health and Long-Term Care Committee. The bill:

- Establishes the scope of practice of a music therapist;
- Provides practice and title protection;
- Establishes the requirements to qualify for a music therapy credential;
- Exempts the practice of other professions performing services within their respective scope of practice;
- Grants the secretary of health authority to approve music therapy education programs and examinations, and to adopt fees; and
- Names the secretary as the disciplinary authority for music therapy.

Public Participation and Hearing

The department received the request from the legislature to conduct this sunrise review on April 3, 2012, and received the applicant report on June 1, 2012. We notified interested parties of the sunrise review on June 12, 2012, and gave them an opportunity to provide written comments. A public hearing was held on August 20, 2012 in Tumwater, and the department provided an additional opportunity for written public comments through August 30, 2012. Here is a summary of the written and oral testimony we received:

The applicant – Music Therapy of Washington – described music therapists as skilled musicians who use musical interventions to achieve therapeutic goals with a client. Interventions include music improvisation, songwriting, lyric analysis, singing, playing music, or music listening. Goals may include pain management, coping skills, enhanced memory, physical rehabilitation, reducing depression, or working with social, emotional, or spiritual wellbeing.

The applicant described the music therapy treatment process as first assessing the client's functioning through responses to music or instruments. The music therapist develops treatment goals and objectives, designs therapy sessions, and implements music therapy interventions. The therapist continually evaluates the client's responses and adjusts interventions, and documents outcomes. Music therapists may work with a client independently or participate in the client's treatment as a member of an interdisciplinary team. Music therapists may work in a variety of facilities or settings, including, but not limited to, hospitals, rehabilitative centers, outpatient clinics, residential facilities, in the client's home or the music therapist's office. The applicant said individuals of all ages and various abilities may benefit from music therapy, including infants, children on the autism spectrum, people with developmental disabilities, patients suffering from chronic pain, stroke, Parkinson's disease or brain injury,⁴ individuals grieving or depressed, or those with Alzheimer's or other dementia disorders.

According to the applicant report and testimony at the sunrise hearing, regulation is needed to protect the public from harm due to misuse of terms and techniques of music therapy. The applicant stated there are a growing number of unqualified individuals in Washington claiming

⁴ See Appendix D, Applicant's power point at the sunrise public hearing August 20, 2012. Applicant noted that music therapy helped Arizona Rep. Gabriel Giffords regain partial speech function following her brain injury from a gunshot wound in January 2011.

to be music therapists who do not hold a music therapy degree or national certification. These individuals may misrepresent the music therapy profession, claim to be able to produce certain outcomes that are not evidence based, or may not have supervised clinical training to demonstrate competency and proficiency in the practice of music therapy.

The applicant described the degree requirements, supervised clinical experiences, and the internships music therapy students undergo before they may sit for the national examination offered by the CBMT.⁵ The applicant compared the academic rigor of a music therapy program with that required for nurses. CBMT certified music therapists must complete 100 hours of continuing education every five years to maintain their Music Therapist-Board Certified credential.

The applicant contends that state certification of music therapists would decrease confusion for the public and facilities seeking qualified music therapy practitioners, as opposed to other practitioners who employ music as a therapeutic modality. However, when asked at the hearing how the public or a potential employer could access information about a music therapist's national certification, the applicant said one could easily go on the www.cbmt.org website and enter the therapist's name to verify his or her Music Therapist-Board Certified certification. This was tested during the sunrise review process and is accurate. Verification of a national certification took less than one minute using the CBMT website.

The applicant said state regulation of music therapy is needed to recognize it as a valid, research-based health care service to validate the prominence of music therapy in state, national, and international work settings; establish education and examination requirements and a scope of practice in law; and to establish a procedure for addressing complaints or ethical violations.

Further, the applicant stated that state certification may allow music therapists to work in public schools and state mental health facilities that require staff to be state-licensed, certified or registered. State certification may also allow music therapists to be reimbursed for services, such as assessment of infants or toddlers with possible developmental delays under the federal Individual with Disabilities Education Act⁶, or listing as an "eligible provider" to contract for state reimbursement from the Health Care Authority (HCA). One mother who testified that music therapy helped her son with regressive autism regain language skills believed that state certification would help her get insurance to pay for music therapy treatments. However, it should be noted that state credentialing does not guarantee listing as an HCA-eligible provider – some Department of Health-credentialed professions, including East Asian medicine practitioners (listed by HCA as acupuncturists), naturopaths, and massage therapists, are specifically not eligible to be reimbursed as a HCA provider.⁷

The applicant described previous attempts to become regulated in Washington, including House Bill 3310 introduced in 2008⁸. However, the applicant incorrectly noted that a sunrise review was requested in 2008 but was denied because the department had not requested the review. The

⁵ <http://www.cbmt.org/>. Accessed April 24, 2012

⁶ [Federal Register Vol. 74, No. 188, 34 CFR Part 303](#). Department of Education – Early Intervention Program for Infants and Toddlers with Disabilities. "Qualified personnel" who may conduct an early intervention assessment of an infant or toddler must be state licensed, certified or registered.

⁷ WAC [182-502-0002](#) Eligible provider types and [182-502-0003](#) Non-eligible provider types.

⁸ <http://apps.leg.wa.gov/billinfo/summary.aspx?year=2007&bill=3310> . Accessed September 3, 2012

department cannot perform a sunrise review without the request of the House Health Care and Wellness Committee or Senate Health and Long-Term Care Committee as required by RCW 18.120.030.⁹

We received testimony and written support for the proposal from practicing music therapists, family members of individuals who received music therapy treatments, an music appreciation advocacy group, and several credentialed health professionals who have observed music therapists at work in hospitals, clinics, hospice, schools, and other treatment settings. These individuals described how music therapy improved clients' speech, cognition, mood, communication, anxiety, vital signs, or sense of wellbeing. They noted music therapy's effectiveness with various age groups and conditions. They did not indicate difficulty with patients accessing the services of a trained music therapist in most health care settings. However, two individuals provided examples of a public school district and Western State Hospital that they said would not employ a music therapist on staff due to lack of a state credential.

We also received and heard concerns from many practitioners who provide different forms of music-based therapy, including music thanatologists, therapeutic musicians, and clinical music practitioners. They said the scope of practice in the proposal would prevent them from assessing a client's needs, implementing music therapy plans, and evaluating outcomes. Some music practitioners were concerned that if the certified music therapists became eligible for payment by insurance or government programs as a result of the proposal, then hospitals and other facilities would stop using music practitioners who lack a state credential. At least one other music practitioner type stated that if music therapists become state certified they will ask the legislature for a separate certification. Other music-based practitioners noted that without regulation the public still has ample tools available to evaluate the qualifications of music therapists, that no significant harm had been shown from the lack of state regulation, and that the cost of regulating music therapists is underestimated.

We received comments from a psychologist, a speech-language pathologist, and an occupational therapist who were concerned that the proposal may prevent them from using music as a treatment modality, or could prevent Native American and others who use traditional songs, music or instruments from having access to people in health care facilities.

The Washington Occupational Therapy Association opposed the proposal and questioned the need to regulate music therapy. The association provided a comparison of the music therapy and occupational therapy scopes of practice and noted where there were apparent duplications or overlaps. The association suggested an amendment to Section 2 of SB 6276 that read: "No person may practice music therapy or represent oneself as a music therapist by use of any title unless certified as provided for in this chapter or licensed as an occupational therapist as defined by RCW 18.59.020(3)." The association questioned the cost of regulating music therapists versus its benefits, and whether the public's access to music therapy is currently restricted.¹⁰

The Washington Speech-Language-Hearing Association testified on its concerns about the proposed scope of practice, and whether music therapists are trained to support this scope.¹¹ It

⁹ RCW [18.120.030](#) . "After July 24, 1983, if appropriate, applicant groups shall explain each of the following factors to the extent requested by the legislative committee of reference."

¹⁰ See Appendix D, Public Hearing Summary.

¹¹ See Appendix D.

said speech-language pathologists are uniquely qualified to assess and treat communication disorders, and suggested that references to communication disorders in the scope of practice should be clarified, narrowed, or removed from the proposal. The American Speech-Language Association sent written comments with similar concerns.

Current Regulation and Practice

Music therapy is not regulated in Washington. There are several professions that use or may use music as a treatment modality or as an adjunct to treatment:

State-credentialed professions including, but not limited to:

- Psychologists
- Occupational therapists
- Speech-language pathologists
- Mental health counselors
- Marriage and family therapists
- Social workers
- Hypnotherapists
- Massage therapists

Non-state-credentialed professions:

- Music therapists
- Therapeutic musicians
- Music thanatologists
- Certified music practitioners
- Native American and other traditional healers
- Clinical musicians
- Therapeutic harp practitioners
- Healing musicians
- Guided music and imagery/Bonny method practitioners

There are no firm data on the number of potential certified music therapists. The applicant estimates that 45 music therapists in Washington have obtained a MT-CB credential and could qualify for state certification under SB 6276.¹²

National Certification

National certification for music therapists is available from the CBMT. Some music therapists may hold older designations as a registered music therapist (RMT), certified music therapist (CMT), or advanced certified music therapist (ACMT) issued by the American Association of Music Therapy or the National Association of Music Therapy. These two groups merged into the American Music Therapy Association (AMTA), and designees are listed on the National Music Therapy Registry. By 2020, AMTA will have phased out the AMT, CMT, and ACMT designations as well as the national registry. After this time, music therapists seeking national certification must obtain a MT-BC credential.

¹² See Appendix A, Applicant Report, submitted June 1, 2012.

There are national or international organizations that credential or accredit other music practitioners, including:

- Bedside harp (certified harp therapists)¹³
- Chalice of repose project (music thanatologists)¹⁴
- Clinical Musician's Home Study Course (advanced clinical musicians)¹⁵
- International Harp Therapy Program (certified therapeutic harp musicians)¹⁶
- International Healing Musician's Program (certified healing musicians)¹⁷
- Music for Healing and Transition Program (certified music practitioners)¹⁸
- National Standards Board for Therapeutic Musicians (which accredits the Clinical Musician Home Study Course, International Harp Therapy Program, and Music for Healing and Transition Program. They also list other music-based therapy programs as affiliates)¹⁹

Formal Education Options for Music Therapists

There are 62 accredited college or university programs in the U.S offering bachelor's degrees in music therapy, including Seattle Pacific University in Seattle and Marylhurst University in Marylhurst, Oregon. There are also other master's and doctoral programs in music therapy.

A bachelor's degree program approved by the American Music Therapy Association must offer 120 semester hours or equivalent. The curriculum must include 45 percent music foundations, 15 percent clinical foundations, 20 percent to 25 percent general education, 5 percent electives, and 15 percent music therapy. The 15 percent music therapy curriculum must include foundations and principles, assessment and evaluation, methods and techniques, psychology of music, music therapy research, influence of music on behavior, music therapy with various populations, and pre-internship and internship courses.²⁰

Four-year tuition at American Music Therapy Association-approved schools we researched ranged from more than \$28,350 at the University of North Dakota (state resident) to \$108,500 at Anna Maria College, in Massachusetts (non-resident).²¹

Costs for Music Therapy National Certification

The Certification Board for Music Therapists (CBMT) exam currently costs \$325, with retakes costing \$275.²² The online examination may be taken at sites around the country, including six locations in western Washington and four in eastern Washington.²³ Upon passage, the individual receives a MT-BC credential. Music therapists must complete 100 hours of continuing education every five years to maintain their MT-BC credential.

¹³ <http://www.bedsideharp.com/>. Accessed September 3, 2012.

¹⁴ <http://chaliceofrepose.org/music-thanatology/>. Accessed September 3, 2012.

¹⁵ <http://www.harpforhealing.com/>. Accessed September 3, 2012.

¹⁶ <http://www.harprealm.com/>. Accessed September 3, 2012.

¹⁷ <http://www.healingmusician.com/>. Accessed September 3, 2012.

¹⁸ <http://www.mhttp.org/>. Accessed September 3, 2012.

¹⁹ <http://www.therapeuticmusician.com/>. Accessed September 3, 2012.

²⁰ [Standards for Education and Clinical Training](#), AMTA website, accessed April 24, 2012.

²¹ Tuition costs obtained through random scan of AMTA-approved college web sites August 30, 2012.

²² <http://www.cbmt.org/examination/>. Accessed April 23, 2012.

²³ <http://www.goamp.com/displayTCList.aspx?pExamID=3423>. Accessed August 29, 2012.

Regulation of Music Therapy in Other States

Five states regulate music therapists.

Georgia enacted Senate Bill 414 creating a music therapy license in May 2012.²⁴ License applicants must complete an AMTA-approved bachelor's degree program in music therapy, complete 1,200 hours of clinical training, and provide proof of passing the CBMT exam. Licensees must complete 40 hours of continuing education every two years.

North Dakota passed laws licensing music therapists in 2011.²⁵ Music therapists must complete an educational program and examination approved by a new state Board of Integrated Health established to license health professions and act as the disciplinary authority. North Dakota licenses only music therapists holding a MT-CB credential or those listed on the National Music Therapy Registry as a RMT, CMT, or ACMT.

Nevada also enacted a music therapist licensure law in 2011.²⁶ A license applicant must have a bachelor's degree from an American Music Therapy Association-approved school and obtain a MT-CB credential prior to licensure. A licensed music therapist must complete 100 hours of continuing education every three years. The Nevada statute prohibits music therapists from providing psychological assessments, diagnosing any physical or mental disorders, and other medical diagnosis or treatment.

New York has recognized music therapy since 2005 as a subspecialty (as well as art, dance, drama, psychodrama and poetry therapies) under a *creative arts therapist* license.²⁷ A license applicant must complete a master's or doctoral level creative arts program, a state exam, and at least 1,500 hours of supervised experience, of which 1,000 hours must be directly with clients. New York allowed individuals who practiced creative arts therapy before January 1, 2006 to meet alternative licensure requirements.

Wisconsin registers music therapists who are certified, registered, or accredited by the CMBT, National Music Therapy Registry, American Music Therapy Association, or other state-approved body.²⁸ Wisconsin allows a music therapist to practice psychotherapy if he or she meets license requirements comparable to those for a clinical social worker, marriage and family therapist, or professional counselor.

²⁴ Senate Bill 414, Georgia Assembly, <http://apps.leg.wa.gov/billinfo/summary.aspx?year=2007&bill=3310>. Accessed September 3, 2012.

²⁵ Senate Bill 2271, North Dakota Century Code 43-59-02, 43-59-03 <http://www.legis.nd.gov/assembly/62-2011/documents/11-0700-01000.pdf>. Accessed, April 23, 2012

²⁶ Senate Bill 190, Nevada Revised Statute, Title 54. http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB190_R2.pdf. Accessed, April 23, 2012.

²⁷ Subpart 79-11, Creative Arts Therapy, New York Regulations of the Education Commissioner, Office of the Professions <http://www.op.nysed.gov/prof/mhp/subpart79-11.htm>. Accessed April 24, 2012.

²⁸ Section 440.03(14) Wisconsin Legislative Statutes. [https://docs.legis.wisconsin.gov/document/statutes/440.03\(14\)\(a\)1.a.](https://docs.legis.wisconsin.gov/document/statutes/440.03(14)(a)1.a.). Access April 24, 2012.

Definition of the Problem and Why Regulation is Necessary

Potential for Harm

According to the applicant's report and testimony at the hearing, regulation is needed to protect the public from harm due to misuse of terms and techniques of music therapy. The applicant stated that there are a growing number of unqualified individuals in the state claiming to be music therapists who do not hold a music therapy degree or MT-BC national credential. The applicant asserted that individuals may misrepresent the music therapy profession, may represent themselves as being able to produce certain outcomes that are not evidence based, or may have a lack of supervised clinical training to demonstrate competency and proficiency in the practice of music therapy.

Without music therapy training, the applicant's said, a person might bring music to a treatment situation that the client may not be ready for. The person may not have the skills to determine when a client might need a particular type of music, or to know when a music therapy intervention was doing more harm than good, such as when music played too fast or too slow might "disregulate" a client with autism. The applicant provided some anecdotal incidents potential harm that could not be verified, including:

- A nurse in a long-term care facility claimed to provide music therapy by playing piano and holding sing-a-longs with facility residents.
- A person claiming to be a music therapist programmed classical music recordings at the bedside of a young patient in a coma. The patient showed signs of agitation, increased heart rate and decreased oxygen saturation. When a trained music therapist consulted the youth's parents and changed the selections to his favorite music, "gangster rap," the boy's heart and oxygen rates stabilized, and he relaxed and fell asleep.
- A music therapist let her MT-BC credential lapse but continued to present herself as board certified.

The applicant did not provide information about specific situations in Washington involving individuals who present themselves as music therapists, but noted that without state credentialing there is no regulating body to which the public can submit complaints. According to the applicant, the CBMT, credentials more than 5,400 music therapists nationwide, and receives between 12 and 36 complaints per year.²⁹

Harm to the Public with Increased Regulation

The proposal would create a financial barrier for entry into the music therapy profession due to the small number of potential credential holders. RCW 43.70.250 requires that the cost of regulating a health profession be fully borne by the members of that profession.³⁰ Costs include processing credential applications (including confirming education, examination scores, and background checks), processing renewals, responding to inquiries, investigating complaints, taking enforcement action if needed, recordkeeping, and rule making. The department anticipates the number of music therapist disciplinary cases would likely be low. The applicant estimates there are about 45 potential music therapy credential holders in the state. Without historical data on music therapy to use to develop a cost comparison, the department looked at professions that have comparable credentialing requirements, low discipline rates, and a small number of

²⁹ See Appendix C, Applicant Report Follow Up.

³⁰ RCW [43.70.250](#)

credential holders. Genetic counselors, for example, licensed under chapter 18.290 RCW and chapter 246-825 WAC, have about 65 license holders and their annual license fee is \$300. The department's 2012 fiscal note for SB 6276 estimated credentialing fees for music therapists would be about \$250 per year.³¹

The proposal will likely prevent other practitioners from using music as a therapeutic modality. Section 2 of SB 6276 prohibits people from applying elements of the practice of music therapy without certification as a music therapist. Occupational therapists, music thanatologists, therapeutic musicians, harp for healing practitioners, and others, state that they apply assessment, therapy implementation, and evaluative elements from the music therapist's scope of practice in their existing practice to aid the sick, injured or dying through playing music. Several credentialed health providers – mental health, rehabilitative therapy, massage therapy professionals, and others – also use music as a treatment modality or as an adjunct to therapy. The proposal may inhibit their use of music as a treatment tool. In addition, it may prohibit recreational musicians from playing for the sick and dying with no stated therapeutic goal other than the person's relaxation and enjoyment.

³¹ SB 6276 Fiscal Note

<https://fortress.wa.gov/ofm/fnspublic/legsearch.asp?BillNumber=6276&SessionNumber=62>.

REVIEW OF PROPOSAL USING SUNRISE CRITERIA

The Sunrise Act RCW 18.120.010(2) states that the scope of a profession's practice should be expanded only when:

- Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

First Criterion: Unregulated practice can harm or endanger health or safety.

The proposal does not meet this criterion.

The applicants provided anecdotal incidents or generalized examples of harm that even if verified would not rise to the level requiring state regulation. Clients and the public may be harmed more because the proposal bars access to practitioners other than music therapists who employ music to aid and comfort the sick, injured or dying.

Access to music therapy is reduced if schools, mental health facilities, or infant-toddler early intervention programs bar hiring or paying therapists who are not state-credentialed. These barriers are better addressed by working with local, state, or federal agencies to change practices, rules, or laws, but are not incidents of harm related to the actual practice of music therapy.

Second Criterion: The public needs and will benefit from assurance of professional ability.

The proposal does not meet this criterion.

As noted by the applicant, the public can easily access the professional qualifications of nationally certified music therapists on the CBMT website. The education and training requirements proposed in SB 6276 for initial certification are identical to those required for national certification.

Regulation is not needed to ensure the qualifications of music therapists. Qualifications for a national music therapist credential are already standardized, with minimum education requirements set by the AMTA and an examination based on core competencies of music therapy administered by the CBMT. Music therapists seeking to maintain a CBMT credential must pay the costs of obtaining a music therapy degree, CBMT testing and continuing education. State certification would add an estimated \$250 or more per year to this cost without a corresponding increase in public benefit. The public might gain a small benefit from access to a music therapist's state credentialing and disciplinary history.

All practitioners of music-based therapy could benefit from increasing public awareness about the different therapy options available, training standards for each modality, practice applications and therapeutic benefits. This would reduce confusion and help clients, facilities and the general public make informed choices about which music practitioner best suits the client's needs. However, that is better accomplished through public education than creating state certification.

Third Criterion: Public protection cannot be met by other means in a more cost-beneficial manner.

The proposal does not meet this criterion.

The applicant has not shown a lack of public protection from the unregulated practice of music therapy. Anecdotal incidents of minor, temporary harm the applicant provided, even if verified, do not rise to a level of harm requiring state regulation. Most testimonials from clients, family members, and facilities indicated that clients, family members, and facilities have access to trained music therapists now. As noted at the sunrise hearing, the public, an employer or a facility could easily find a particular music therapist's qualifications and national certification status by going online to www.cbmt.org.

Qualifications for a national music therapy certification are already standardized and available from the CBMT. Adding the cost of state certification without increasing the quality or safety of the profession would be an unnecessary burden on music therapists. In addition, a CBMT certified music therapist must complete 100 hours of continuing education every five years. A continuing education requirement is not included in SB 6276. As a result, the proposed state certification would have arguably lower standards compared to what is required for a national certification.

DETAILED RECOMMENDATIONS TO THE LEGISLATURE

The department does not support the proposal to require state certification for music therapists. The department cannot support creating a barrier for the public to access music therapists, potentially preventing the practice of other music-based therapies, or restricting the practice of credentialed health professions who use music as a treatment modality, without documented evidence of “an overwhelming need for the state to protect the interests of the public by restricting entry into the profession.”

Rationale:

- *The applicant has not demonstrated a clear and easily recognizable threat to public health and safety from the unregulated practice of music therapy.*
- *The proposal would place a burden of state certification, renewal and fees on music therapists in addition to their existing formal training, national certification, and fees without a corresponding increase in public protection.*
- *The standards for maintaining a national music therapist certification exceed the standards in the proposal. The proposal would add additional burdens and cost of state certification without providing increased guarantees of competency or patient safety.*
- *The proposal contains serious flaws that would make it difficult to implement. It may reduce public access to other licensed and unlicensed practitioners, Native American healers, and other traditional healers who use music as a therapeutic tool to aid the sick, injured, or dying. The music therapist scope of practice may overlap or encroach on the practice of other credentialed health professions that use music as a therapy modality or an adjunct to treatment, including but not limited to rehabilitative therapists, mental health professionals, and massage therapists.*

REBUTTALS TO DRAFT REPORT

Differences between music therapist and other music practitioners

The applicant (Washington Music Therapy Task Force) said that when describing how music therapists and other music practitioners are different, the report should include that music therapists are trained in areas of abnormal psychology, cognitive and behavioral psychology, counseling techniques, and behavioral management, whereas other disciplines may not have the same types of training. The applicant noted that the difference in training is where harm may occur.

Department response

The department revised the section describing the differences between music therapists and other music practitioners to note that a nationally accredited music therapist must complete a bachelor's degree program that includes training in psychology, counseling and behavioral management, and that other music practitioners complete non-degree training programs specific to their modality. However, the department did not make other changes to the recommendations based on this comment.

Characterization of the 2008 attempts to obtain credentialed profession status

The applicant said the correct description of the action of House Bill 3310 in 2008, with regard to not receiving a Sunrise Review for music therapy at that time, would be to say the review was denied because the Department of Health could not institute the process without the request of the House Health Care and Wellness Committee.

Department response

The department revised the summary section to reflect that a 2008 request to initiate a sunrise review was denied because the department could not perform the process without the request of the House Health Care and Wellness Committee or Senate Health and Long-Term Care Committee.

Concerns raised by other professions about the music therapy scope of practice in SB 6276

The applicant said concerns raised by occupational therapists and speech and language pathologist regarding overlaps between the scopes of practice for those professions concerning the use of music in therapy and the scope of practice in SB 6276, would have been addressed in the legislative process. The applicant also noted that while some other music practitioners wanted language in the bill to protect their ability to practice, those practitioners did not oppose state credentialing of music therapists.

Department response

The department did not make any changes to the recommendations based on this comment, because the department must make recommendations on the bill as referred from the legislature, not on potential amendments.

State credentialing lowering standards regarding continuing education

The applicant disagreed with the department's analysis that the lack of continuing education (CE) in SB 6276 would lower current standards for music therapists, since CE is required for a music therapist to maintain national certification. They said, "We were informed that (CE would be included) in the rule making process after the passage of the bill. If the state of Washington adopted the Certification Board for Music Therapists' (CBMT) certifying criteria, it would automatically mean that continuing education or re-examination would be required for state certification since it is required for national certification."

Department response

The department did not change any recommendation as a result of this comment, since the department does not have authority to require members of a profession to complete continuing education unless directed by law. SB 6276 did not contain a continuing education requirement, nor did the bill require maintaining a CBMT certification as a condition for maintaining a state credential.

State credentialing of music therapy should not wait for substantial injury

Curtis Thompson of the King County Veterans Program Advisory Board questioned whether a number clients or patients should suffer substantial injury before the state acts to limit or regulate a profession. He said, "Do we need to wait for and allow blatant and extensive human suffering before eventually regulating life-caring/sustaining/preserving 'professions?'"

Department response

The department did not change any recommendation as a result of this comment. The sunrise criteria in RCW 18.120.010(2), states that the department must find that "unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable..." The department found that the anecdotal and generalized incidents of harm provided by the applicants did not meet these criteria.

Music thanatology school sends appreciation for the sunrise process

Therese Schroeder-Sheker of the Chalice of Repose-Music Thanatology Task Force thanked the department for the opportunity to participate in the sunrise review process. She said, "We have been...awed by the strength, clarity, thoughtfulness, fairness and care extended to everyone, to all voices and ideas, and to many different professional constituencies."

Department response

The department did not change any recommendation as a result of this comment, since the commenter did not suggest changes in the report.

Occupational therapist opposed to the proposal

Susan Drake, a licensed occupational therapist, opposed state credentialing of music therapists, saying the scope of practice in SB 6276 would infringe on the scope of practice for other

professions, creating problems and confusion. She said, “Music is so broad and valuable a modality that it should be available to all. What is the ‘misuse’ of music, after all? I do not see any danger posed to the public by allowing all people to use music therapeutically.”

Department response

The department did not change any recommendations as a result of this comment, since it is similar to comments by occupational therapists, a psychologist, and a speech and language pathology practitioner included in this report.

Appendix A

Applicant Report

Applicant Report Cover Sheet and Outline
Washington State Department of Health Sunrise Review

COVER SHEET

- **Legislative proposal being reviewed under the sunrise process (include bill number if available):**

HB 2522: Legislation requiring certification of Washington music therapists

- **Name and title of profession the applicant seeks to credential/institute change in scope of practice:**

Music therapy

- **Number of members in the organization:**

Music Therapy Association of Washington: 24

American Music Therapy Association: represents over 5,000 music therapists, corporate members and related associations world wide

Certification Board for Music Therapists: does not have members but instead has over 5,400 certificants who have met board-certification criteria

- **Approximate number of individuals practicing in Washington: 45**
- **Name(s) and address(es) of national organization(s) with which the state organization is affiliated:**

Applicant's organization: Certification Board for Music Therapists

Contact person: Dena Register, PhD, MT-BC, Regulatory Affairs Associate

Address: 506 E. Lancaster Ave., Suite 102, Downingtown, PA 19335

Telephone number: 800-765-2268 **Email address:** dregister@cbmt.org

Applicant's organization: American Music Therapy Association

Contact person: Judy Simpson, MT-BC, Director of Government Relations

Address: 8455 Colesville Road, Suite 1000, Silver Spring, MD 20910

Telephone number: 301-589-3300x105 **Email address:** Simpson@musictherapy.org

- **Name(s) of other state organizations representing the profession:**

Applicant's organization: Music Therapy Association of Washington

Contact person: Nancy Houghton, President

Address: 10989 Rolling Bay Walk NE; Bainbridge, WA 98110

Telephone number: (206) 371-5312 **Email address:** nhhoughton@msn.com

Applicant's organization: Washington State Music Therapy Task Force – a joint project with the Certification Board for Music Therapists and the American Music Therapy Association

Contact person: Patti Catalano

Address: 3715 204th CT NE; Sammamish, WA 98074

Telephone number: (425) 444-6893 **Email address:** pattic@musicworksnnw.org

OUTLINE OF FACTORS TO BE ADDRESSED

Please refer to RCW 18.120.030 (attached) for more detail. Concise, narrative answers are encouraged. Please explain the following:

(1) Define the problem and why regulation is necessary:

Music therapists in Washington are seeking state certification in order to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect access to music therapy services. State certification of music therapists would:

- ☐ Recognize music therapy as a valid, research-based health care service, on par with other therapy disciplines serving an equally wide range of clinical populations (e.g. speech-language pathology, occupational therapy).
- ☐ Validate the prominence of music therapy in state, national and international work settings for serving consumers of health- and education-related services.
- ☐ Establish educational and clinical training requirements for music therapists.
- ☐ Establish examination and continuing education requirements for music therapists.
- ☐ Establish music therapy scope of practice.
- ☐ Establish an ethics review procedure for complaints and potential ethical violations.

We also seek to gain:

- ☐ The inclusion of music therapy in state-wide legislation that protects consumers of music therapy;
- ☐ The ability for Washington residents and businesses to easily determine qualified music therapy practitioners;
- ☐ The ability for facilities interested in providing music therapy services to comply with state regulations in contracting with or employing certified music therapists.

Many existing state regulations require that education and healthcare providers hold official Washington state certification. Since music therapy is not certified by the state, qualified music therapists are frequently restricted from providing services within these settings. As a result, Washington state residents have difficulty accessing music therapy services within educational and healthcare facilities. Communication with state education and healthcare agencies emphasize that service provision procedures require official state recognition for Washington citizens to access services.

(2) The efforts made to address the problem:

Washington music therapists have been working since September 2007 to address the need for state recognition of the music therapy profession to protect the public and insure competent practice. Efforts thus far have included the introduction of music therapy licensure legislation (spring 2008), the introduction of music therapy certification legislation (winter 2012), the submission of a Sunrise Review application (summer 2008), and multiple meetings with state legislators and state agency officials. A detailed description of these efforts follows:

Meetings with staff from several education and health state offices were held in September 2007 to discuss the benefits of music therapy services, qualification of providers, and access to services within the structure of Washington programs. Departments included Early

Learning, Mental Health, DDD Waiver, Special Education Operations, and Aging and Disability Services. The common thread throughout all discussions in order for Washington residents to access music therapy services was the need for official state recognition of the profession, with possible acceptance of the existing board certification for music therapists.

Music therapy licensure legislation was introduced in January 2008 by Representative Darneille. Rep. Darneille, in turn, requested a Sunrise Review be completed. AMTA and CBMT attempted to submit a Sunrise Review to the Department of Health in July of 2008, but the review was not accepted because it had not been officially requested by the Department.

In March 2011, meetings were held with several state legislators to discuss the benefits of music therapy services, the difficulties Washington residents have accessing music therapy services, and the options for getting music therapy recognized by the state. The common thread, again, was that in order for Washington residents to access music therapy services and to be protected from unqualified individuals, official state recognition through a licensure program is needed. Although not included in the final budget bill, support from these Hill Day visits did result in the listing of music therapy services for individuals with developmental disabilities in proposed budget legislation.

Contacts made with legislators during the March 2011 visits resulted in several legislators expressing an interest in helping music therapists look at ways to achieve state recognition within the state of Washington. Rep. Darneille expressed willingness to sponsor a bill. In June 2011, Sen. Steve Conway (Vice Chair of the Health and Long Term Care Committee and of the 29th Legislative District) set up a meeting with state music therapists, Kathy Buchli (Counsel to the Health and Longterm Care Committee), and Brian Peyton (Director, Policy, Legislative & Constituent Relations, Department of Health, Washington State). Music therapists provided information for the state officials regarding music therapy and the need for state recognition. State officials and Sen. Conway shared information regarding the levels of state recognition and the process of the Sunrise Review.

A second meeting was scheduled in Olympia in which Ms. Buchli would share her review of other state's bills regarding music therapy state recognition as well as Washington State regulatory language that would affect the process. On July 19th, 2011, Sen. Conway, Kathy Buchli, and Brian Peyton met with music therapists and recommended meeting with Sen. Karen Keiser of the 33rd Legislative District (Chair of the Health and Long Term Care Committee) and Rep. Eileen Cody of the 34th Legislative District (Chair of the Health and Wellness Committee) to get their recommendations for the process. On July 26th, 2011, music therapists met with Sen. Conway, Sen. Keiser, Rep. Cody, Kathy Buchli and Brian Peyton. At that time it was recommended by Sen. Keiser and Rep. Cody that music therapists request a bill to establish a music therapy registry.

In August 2011, music therapists polled their colleagues in Washington State and respondents indicated support for pursuing state registration. In September 2011, music therapists contacted Kathy Buchli and informed her of the decision to pursue registry. In November 2011, Ms. Buchli sent a draft of a bill that reflected much of the language of the original licensure bill. Information was exchanged regarding updated language and in December 2011, Veronica Warnock, Session Counsel for the Health and Long Term Care committee, was assigned the music therapy draft and submitted bill language to music

therapists that reflected a change in status to a certification bill. In early January 2012, music therapists had a conference call with Ms. Warnock who indicated that if the draft could be agreed upon, the bill could be submitted for the 2012 Legislative Session. The following week the bill language was finalized and Brooke McKasson, music therapist from Tacoma, went to Olympia to gain signatures and support for the bill. SB 6276 was sponsored by Senators Conway, Keiser and Pridemore and it received its first reading on Jan. 16. It was referred to the Health and Long Term Care Committee and received a public hearing in the Senate Committee on Health and Long Term Care on February 1, 2012. A companion bill was sought from the House and HB 2522 was sponsored by Representatives Darneille, Van De Wege and Goodman. It was decided by Sen. Keiser that the bill should receive a Sunrise Review and Sen. Keiser made the request of the Department of Health in April 2012. The Department of Health notified the Washington State Music Therapy Task Force and requested a Sunrise Review report to be submitted by June 1, 2012.

(3) The alternatives considered:

Alternatives considered include title protection, state registration, or state licensure.

(4) The benefit to the public if regulation is granted:

Residents would be assured that individuals providing music therapy services are qualified clinicians who have met the education, clinical training, and national board certification examination requirements for the profession. Access to medically, behaviorally, or educationally necessary music therapy services would be improved, as residents would be able to locate qualified providers recognized by the state. Facilities interested in providing music therapy services would be able to comply with state regulations in contracting with or employing state recognized music therapists. Communication with state education and healthcare agencies emphasize that service provision procedures require official state recognition through a state certification or state license for Washington citizens to access services. To address these concerns, we are interested in the creation of a state certification for music therapists in the state of Washington.

(5) The extent to which regulation might harm the public:

There is no foreseeable harm to the public as a result of regulating this profession.

(6) The maintenance of standards:

This proposal would require the same national education, clinical training, examination, and recertification requirements currently in place to hold the MT-BC credential.

At the completion of academic and clinical training, students are eligible to take the national examination administered by CBMT, an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies. After successful completion of the CBMT examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC). To demonstrate continued competence and to maintain this credential, music therapists are required to complete 100 hours of continuing music therapy education, or to re-take and pass the CBMT examination within every five-year recertification cycle.

All music therapists receive education and training in how to comply with state and federal and facility regulations and accreditation.

(7) A description of the group proposed for regulation, including a list of associations, organizations, and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group, and whether the groups represent different levels of practice.

Music therapists actively apply various music elements through live, improvised, adapted, individualized, or recorded music to address physical, emotional, cognitive, and social needs of individuals of all ages. After assessing the strengths and needs of each client, qualified music therapists develop a treatment plan with goals and objectives and then provide the indicated treatment. Music therapists structure the use of both instrumental and vocal music strategies to facilitate changes that are non-musical in nature. Like other members of a rehabilitation team, music therapists collaborate with related professionals in providing interventions that meet the needs, capabilities, and interests of each patient.

Music therapy interventions can be designed to facilitate movement, increase motivation, promote wellness, manage stress, alleviate pain, enhance memory, provide emotional support, create an outlet for expression, improve communication, and provide unique opportunities for interaction. As members of the interdisciplinary team, music therapists frequently address similar treatment goals as other allied health therapists, such as occupational therapy, physical therapy, and speech therapy. What distinguishes music therapy from these other therapies, however, is the use of music as the therapeutic tool. The music therapy treatment plan is designed to help the client attain and maintain a maximum level of functioning using interactive music therapy strategies.

Music therapists work with children and adults with developmental disabilities, speech and hearing impairments, physical disabilities, psychiatric disorders, neurological impairments, and general medical illnesses, among others. Although music therapists work with over 40 different patient populations, a significant number of music therapists provide services for persons with autism and other developmental and learning disabilities, Alzheimer's disease, mental health needs, medical illnesses, and physical disabilities.

Music therapists work in many different settings including general and psychiatric hospitals, mental health agencies, physical rehabilitation centers, nursing homes, public and private schools, substance abuse programs, forensic facilities, hospice programs, and day care facilities. Typically, full-time therapists work a standard 40-hour workweek. Some therapists prefer part-time work and choose to develop contracts with specific agencies, providing music therapy services for an hourly or contractual fee. In addition, a growing number of clinicians are choosing to start private practices in music therapy to benefit from opportunities provided through self-employment.

American Music Therapy Association (AMTA)

8455 Colesville Road, Suite 1000

Silver Spring, MD 20910

T: 301-589-3300

F: 301-589-5175

www.musictherapy.org

AMTA represents over 5,000 music therapists, corporate members, and related associations worldwide. AMTA's roots date back to organizations founded in 1950 and 1971. Those two organizations merged in 1998 to ensure the progressive development of the therapeutic use of music in rehabilitation, special education, medical, and community settings. AMTA is committed to the advancement of education, training, professional standards, and research in support of the music therapy profession. The mission of the organization is to advance public knowledge of music therapy benefits and increase access to quality music therapy services. Currently, AMTA establishes criteria for the education and clinical training of music therapists. Members of AMTA adhere to a Code of Ethics and Standards of Practice in their delivery of music therapy services.

Certification Board for Music Therapists

506 East Lancaster Ave., Suite 102

Downingtown, PA 19335

T: 1-800-765-2268

F: 610-269-9232

www.cbmt.org

The Certification Board for Music Therapists (CBMT) is an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies (NCCA). The CBMT defines the body of knowledge that represents competent practice in the profession of music therapy, creates and administers a program to evaluate initial and continuing competence of this knowledge, and issues the credential of MT-BC to individuals that demonstrate the required level of competence. The NCCA 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. Approximately 5,400 music therapists hold the MT-BC credential and, because of its success, CBMT is regarded as a leader in the credentialing field.

Music Therapy Association of Washington

President: Nancy Houghton

E: nhhoughton@msn.com

www.musictherapywa.org

The music therapists in the state have formed the Music Therapy Association of Washington. This state network maintains a public website, communicates periodically through email, and hosts periodic educational workshops, primarily in the Seattle area. In addition, there is a **Washington State Music Therapy Task Force** that works in cooperation with AMTA and CBMT to advance advocacy and state recognition efforts of the music therapy profession and MT-BC credential required for competent practice.

Task Force contact: Patti Catalano

E: pattic@musicworks nw.org

T: (425)444-6893

There are approximately 45 eligible music therapists within the state. This number represents all levels of practice.

In late 2010 the American Music Therapy Association received a \$400,000 legacy gift from the Eleanor and Raymond Wilson Charitable Trust. **The Wilson Trust Music Therapy Project** aims to increase access to quality music therapy services to those in need primarily targeting the greater Puget Sound region. Other areas of Washington may benefit depending on the structure of partnerships and service recognition. This donation is intended to serve as a catalyst to "jump start" a host of music therapy programs and services. The contribution will be structured in a way to maximize the investment, develop partnerships, grow music therapy services, and promote sustainability.

(8) The expected costs of regulation:

This proposal is requesting state acceptance of the existing national board certification examination developed and administered by CBMT. No costs would be incurred by the state for development or administration of a new or separate exam. It is anticipated that administrative costs to process applications would be covered by the application and renewal fees.

(9) List and describe major functions and procedures performed by members of the profession (refer to titles listed above). Indicate percentage of time typical individual spends performing each function or procedure:

Music therapists are qualified to complete the following tasks independently, and when applicable, in conjunction with an interdisciplinary treatment team:

Music Therapy Assessment and Treatment Planning;
Music Therapy Treatment Implementation and Termination; and
Ongoing Evaluation and Documentation of Music Therapy Treatment.

For a complete listing of all items included within each of these categories, please refer to the CBMT Scope of Practice (attached).

Although work functions and procedures vary by clinical setting and job title, we estimate that most music therapists spend 60% of their time in direct service and 40% on administrative responsibilities (i.e., documentation, program development, research, continuing education, treatment team meetings, etc.).

RCW 18.120.030 Applicants for regulation -- Information.

After July 24, 1983, if appropriate, applicant groups shall explain each of the following factors to the extent requested by the legislative committees of reference:

(1) A definition of the problem and why regulation is necessary:

Music therapists in Washington are seeking state certification in order to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect access to music therapy services. State certification of music therapists would:

- ☐ Recognize music therapy as a valid, research-based health care service, on par with other therapy disciplines serving an equally wide range of clinical populations (e.g. speech-language pathology, occupational therapy).
- ☐ Validate the prominence of music therapy in state, national and international work settings for serving consumers of health- and education-related services.
- Establish educational and clinical training requirements for music therapists.
- Establish examination and continuing education requirements for music therapists.
- Establish music therapy scope of practice.
- Establish an ethics review procedure for complaints and potential ethical violations.

We also seek to gain:

The inclusion of music therapy in state-wide legislation that protects consumers of music therapy;

The ability for Washington residents and businesses to easily determine qualified music therapy practitioners;

The ability for facilities interested in providing music therapy services to comply with state regulations in contracting with or employing certified music therapists.

Many existing state regulations require that education and healthcare providers hold official Washington state certification. Since music therapy is not certified by the state, qualified music therapists are frequently restricted from providing services within these settings. As a result, Washington state residents have difficulty accessing music therapy services within educational and healthcare facilities. Communication with state education and healthcare agencies emphasize that service provision procedures require official state recognition for Washington citizens to access services.

(a) The nature of the potential harm to the public if the business profession is not regulated, and the extent to which there is a threat to public health and safety;

There are a growing number of unqualified individuals in the state claiming to be music therapists who do not hold a music therapy degree from an accredited institution or carry the national credential of Music Therapist-Board Certified (MT-BC). This potential harm to the public includes misrepresentation of the music therapy profession, as these individuals hold themselves out to the public as being able to produce outcomes that are not based upon evidence-based practice; and, these individuals show a substantial lack of supervised clinical training and feedback to promote and ensure ethical practice.

The current lack of music therapy certification in the state leaves Washington residents at-risk for negative social, emotional and economic consequences due to the inability of an untrained individual having no experience or understanding of the assessment, treatment planning, implementation and documentation processes. For example, a nurse at a long-term

care facility claimed to do “music therapy” by playing the piano for sing-a-longs for the residents. While qualified to address a number of physical issues, she is not trained to select or manipulate particular musical elements to elicit specific desired responses nor is she trained to handle the social or emotional responses that those individuals may have in response to musical stimuli. Financial implications for constituents include untrained individuals charging a variety of fees with the inability to document measurable outcomes as a result of scientifically based treatment.

Music therapists often work with vulnerable populations (e.g. persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). Therefore, it is imperative to regulate this profession within the state in order to safeguard members of the public who may be less able to protect themselves. A person claiming to be a music therapist, but who does not have the appropriate academic and clinical could potentially cause significant health and/or safety risks.

The potential for harm could be recognized when a non-qualified individual claiming to be a music therapist does not comply with federal and state statutes and regulations, (i.e., HIPAA regulations) safeguarding client privacy. Additionally, potential for harm exists if a non-qualified individual provides inappropriate applications of music therapy interventions that could cause physical or emotional harm, or if the individual participated in unethical practice that could be harmful to the public and consumers in general. For example, a qualified music therapist working in the Neonatal Intensive Care Unit is trained to administer both live and recorded music interventions to assist both the infant and family. This training includes understanding of acoustical principles (effected by the playing of music in an isolette), appropriate levels of sound (i.e. decibel levels) and amount of time exposed to music. Additionally music therapists are trained to read behavioral and empirical (i.e., vital signs) cues of the infant that indicate infant distress. Without state certification of music therapists, it is difficult to identify music therapists who were in compliance with state regulations, which is essential for public protection.

(b) The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners, indicating typical employers, if any, of practitioners in the health profession; and

Consumers will benefit from formal state recognition of music therapy, as state recognition will improve access to services provided by qualified professionals. Many existing state regulations require that education and healthcare providers hold an official Washington state license or certification. Since this type of recognition is not established for music therapy, qualified board certified music therapists are frequently restricted from providing services within these settings. As a result, Washington state residents have difficulty accessing music therapy services within educational and healthcare facilities. Typical employers can include hospitals, public and private schools, nursing homes, mental health facilities, rehabilitation treatment centers, correctional facilities, hospice programs, and community day centers. Communication with state education and healthcare agencies emphasize that service provision procedures require official state recognition through a state license or certification for Washington citizens to access services. To address these concerns, we are interested in the creation of a state certification for music therapists in the state of Washington.

(c) The extent of autonomy a practitioner has, as indicated by:

Board certified music therapists are qualified to complete the following tasks independently, and when applicable, in conjunction with an interdisciplinary treatment team:

Music Therapy Assessment and Treatment Planning;
Music Therapy Treatment Implementation and Termination; and
Ongoing Evaluation and Documentation of Music Therapy Treatment.

For a complete listing of all items included within each of these categories, please refer to the CBMT Scope of Practice (attached).

(i) The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment; and

Currently, a music therapist is bound to the allowable actions, judgments, and procedures outlined in the profession's Standards of Clinical Practice (attached) and Code of Ethics (attached), and the national credential examination's Scope of Practice (attached) and Code of Professional Practice (attached).

All music therapists are qualified to conduct music therapy assessments, develop and implement music therapy treatment plans, evaluate and document response to music therapy interventions, and contribute to multidisciplinary treatment team reports and meetings.

(ii) The extent to which practitioners are supervised;

Some music therapists work independently in private practice and some are employed in an educational or healthcare setting. Access to, and requirements for, supervision vary depending upon the clinical setting and facility policies and procedures. It is common practice for physicians to order music therapy in medical settings or when making a referral to a self-employed music therapist. Other settings and situations allow for referrals from a wide variety of practitioners.

For example, when employed by a healthcare facility, Therapy Service Department Directors may supervise music therapists, and peers often include physical therapists, occupational therapists, and speech/language pathologists. In educational settings, music therapists are usually supervised by Special Education Administrative Directors with peers in related services as listed above. For clinicians in private practice, supervision opportunities are available through state, regional, and national conferences.

(2) The efforts made to address the problem:

Washington music therapists have been working since September 2007 to address the lack of recognition of the music therapy profession. Efforts thus far have included the introduction of music therapy licensure legislation (spring 2008), the introduction of music therapy certification legislation (winter 2012), the submission of a Sunrise Review application (summer 2008), and multiple meetings with state legislators and state agency officials. A detailed description of these efforts follows:

Meetings with staff from several education and health state offices were held in September 2007 to discuss the benefits of music therapy services, qualification of providers, and access to services within the structure of Washington programs. Departments included Early

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In August 2011, music therapists polled their colleagues in Washington State and respondents indicated support for pursuing state registration. In September 2011, music therapists contacted Kathy Buchli and informed her of the decision to pursue registry. In November 2011, Ms. Buchli sent a draft of a bill that reflected much of the language of the original licensure bill. Information was exchanged regarding updated language and in December 2011, Veronica Warnock, Session Counsel for the Health and Long Term Care committee, was assigned the music therapy draft and submitted bill language to music therapists that reflected a change in status to a certification bill. In early January 2012, music

therapists had a conference call with Ms. Warnock who indicated that if the draft could be agreed upon, the bill could be submitted for the 2012 Legislative Session. The following week the bill language was finalized and Brooke McKasson, music therapist from Tacoma, went to Olympia to gain signatures and support for the bill. SB 6276 was sponsored by Senators Conway, Keiser and Pridemore and it received its first reading on Jan. 16. It was referred to the Health and Long Term Care Committee and received a public hearing in the Senate Committee on Health and Long Term Care on February 1, 2012. A companion bill was sought from the House and HB 2522 was sponsored by Representatives Darneille, Van De Wege and Goodman. It was decided by Sen. Keiser that the bill should receive a Sunrise Review and Sen. Keiser made the request of the Department of Health in April 2012. The Department of Health notified the Washington State Music Therapy Task Force and requested a Sunrise Review report to be submitted by June 1, 2012.

(a) Voluntary efforts, if any, by members of the profession to:

(i) Establish a code of ethics; or

(ii) Help resolve disputes between practitioners and consumers; and

Music therapists in Washington follow the American Music Therapy Association (AMTA) Standards of Clinical Practice (**attached**) and Code of Ethics (**attached**), as these documents describe therapist responsibilities and relationships with clients and other professionals involved in client treatment. In addition, any person representing himself or herself as a board certified music therapist shall practice within the Scope of Practice and adhere to the CBMT Code of Professional Practice (attached). Any complaints made by the public against a board certified music therapist should be brought to the attention of CBMT for investigation and possible disciplinary action as defined by the CBMT Code of Professional Practice.

(b) Recourse to and the extent of use of applicable law and whether it could be strengthened to control the problem;

No existing laws address the issue of protecting the public from unqualified individuals misrepresenting themselves as music therapists. Public access to music therapy services by qualified professionals in health and education settings is not able to be addressed under current statutes or regulations.

(3) The alternatives considered:

Alternatives considered include title protection, state registration, or state licensure.

(a) Regulation of business employers or practitioners rather than employee practitioners;

Regulating business employers and other practitioners would not be in the best interest of protecting the public as these entities do not have the knowledge to determine the standard of care or clinical competency that state certification would provide.

(b) Regulation of the program or service rather than the individual practitioners;

Regulation of programs and services would not insure consumer protection to the extent required in healthcare and educational settings. Since music therapists maintain individual board certification, each individual practitioner is required to meet national education,

clinical training, and credentialing requirements regardless of the type of program in which they work. We are asking the state to formally recognize these existing national requirements for each individual practitioner.

(c) Registration of all practitioners;

The concern with registration is that this option does not insure the greatest level of protection for the public. In addition, healthcare and educational settings typically require state certification or licensure. It is our understanding that individuals on a state registry would not be obligated to verify continuing education requirements. Therefore, this method of recognition would not adequately protect the public.

(d) Certification of all practitioners;

A state certification would provide the necessary recourse for consumers and employers to verify competent clinicians, understand the scope of practice, and report unethical behavior and practice.

(e) Other alternatives;

Title protection was another alternative that was investigated. Unfortunately, title protection alone does not provide the level of quality assurance necessary to protect the public and often creates confusion due to the wide variety of populations music therapists serve.

(f) Why the use of the alternatives specified in this subsection would not be adequate to protect the public interest; and

The alternatives listed above do not adequately provide the level of public protection that is required in the healthcare and educational settings in which music therapists provide services. In addition, meetings with state agency officials and state legislators indicate that state certification may be the only way for Washington residents to safely and successfully access music therapy services.

(g) Why licensing would serve to protect the public interest;

The public needs additional assurance through certification of music therapists so that they are protected from the misuse of terms and techniques by unqualified individuals and to insure competent practice. Washington citizens would be assured that individuals providing music therapy services are qualified clinicians who have met the education, clinical training, and examination requirements for the profession. Certification will prevent the incidence of unqualified individuals having access to clients' confidential information and potentially compromising clients' health and wellness issues.

(4) The benefit to the public if regulation is granted:

Residents would be assured that individuals providing music therapy services are qualified clinicians who have met the education, clinical training, and national board certification examination requirements for the profession. Access to medically, behaviorally, or educationally necessary music therapy services would be improved, as residents would be able to locate qualified providers recognized by the state. Facilities interested in providing

music therapy services would be able to comply with state regulations in contracting with or employing state recognized music therapists. Communication with state education and healthcare agencies emphasize that service provision procedures require official state recognition through a state certification or state license for Washington citizens to access services. To address these concerns, we are interested in the creation of a state certification for music therapists in the state of Washington.

(a) The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation;

State recognition in the form of certification would effectively decrease confusion for those seeking services, as consumers would be able to locate qualified providers through the state. There are a large number of non-credentialed individuals claiming to practice music therapy who could cause harm as they do not have the necessary education and clinical training to assess, develop and implement interventions as outlined in the CBMT Scope of Practice for board certified music therapists **(attached)**. This is confusing to the general public and these individuals do not always represent themselves accurately. State certification would assist potential employers in identifying music therapists who have met the state required education, clinical training, and board certification.

(b) Whether the public can identify qualified practitioners;

Certification by the state that recognizes the standards currently in place for the profession of music therapy would provide the public with a well-defined, easily accessed method of determining qualified practitioners.

(c) The extent to which the public can be confident that qualified practitioners are competent:

All board certified music therapists receive education and training in how to comply with state and federal and facility regulations and accreditation. They are able to conduct assessments, draft and incorporate goals and objectives into treatment plans, specify procedures and define expected treatment outcomes, evaluate and make appropriate modifications and accommodations, and document this process utilizing standard tools. The CBMT Scope of Practice **(attached)** ensures that MT-BCs are able to optimize program plans of other disciplines and establish principles of normal growth and development. They are trained to meet priority needs of clients during crisis intervention, comply with infection control requirements, and incorporate medical precautions.

(i) Whether the proposed regulatory entity would be a board composed of members of the profession and public members, or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification, or licensure, including the composition of the board and the number of public members, if any; the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension, and nonrenewal of registrations, certificates, or licenses; the promulgation of rules and canons of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken against practitioners; and how fees would be levied and collected to cover the expenses of administering and operating the regulatory system;

We are proposing that the music therapy certification program be administered by the Department of Health. Since the number of music therapy practitioners is relatively small in comparison with other health professions, there could be a five member Advisory Council comprised of three music therapists, one physician, and one public member that reports to a larger existing board within the Department that regulates related healthcare professions. This Advisory Council would assist with the development of regulations and could serve as a resource for any questions the Department receives in the administration of the certification. Members of the Music Therapy Advisory Council would serve without compensation. In addition, the Department could utilize existing professional documents such as the AMTA Code of Ethics (**attached**), the CBMT Scope of Practice (**attached**), and the CBMT Code of Professional Practice (**attached**) in the development of regulations.

The Department would collect the applications, review for completeness, contact CBMT for verification, process payments, and issue the certifications.

Additional information related to this issue is provided below in response to Question 6(b)(ii).

(ii) If there is a grandfather clause, whether such practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date;

We are not seeking a grandfather clause as a part of this proposal.

(iii) The nature of the standards proposed for registration, certification, or licensure as compared with the standards of other jurisdictions;

This proposal would require the same education, clinical training, and board certification exam standards currently in place to obtain the MT-BC credential in the United States.

(iv) Whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions; and

The Department would be authorized to enter into reciprocity agreements with other jurisdictions as the profession of music therapy requires the same education, clinical training and board certification standards to obtain the MT-BC credential in the United States. There are currently three states which have recently passed music therapy licensure legislation. All three states, Nevada, North Dakota, and Georgia require the MT-BC credential for licensure applicants.

(v) The nature and duration of any training including, but not limited to, whether the training includes a substantial amount of supervised field experience; whether training programs exist in this state; if there will be an experience requirement; whether the experience must be acquired under a registered, certificated, or licensed practitioner; whether there are alternative routes of entry or methods of meeting the prerequisite qualifications; whether all applicants will be required to pass an examination; and, if an examination is required, by whom it will be developed and how the costs of development will be met;

Those who wish to become music therapists must earn a bachelor's degree (based on 120 semester hours or its equivalent) or higher in music therapy from one of over 70 AMTA

approved colleges and universities. These programs require academic coursework and 1,200 hours of clinical training, including a supervised internship. The academic institution takes primary responsibility for providing students with the entire continuum of clinical training experiences with a representative range of client populations in diverse settings. Qualified supervision of clinical training is required and coordinated or verified by the academic institution. An academic institution, AMTA, or both may approve internship programs. Clinical supervisors must meet minimum requirements outlined by AMTA Education and Clinical Training Guidelines (**attached**). In exceptional cases, 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.

In the state of Washington, Seattle Pacific University has an AMTA approved music therapy program, which offers a bachelors degree in music therapy. Whidbey General Hospital offers an AMTA National Roster Internship Program.

At the completion of academic and clinical training, students are eligible to take the national examination administered by CBMT, an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies. After successful completion of the CBMT examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC). To demonstrate continued competence and to maintain this credential, music therapists are required to complete 100 hours of continuing music therapy education, or to re-take and pass the CBMT examination within every five-year recertification cycle.

We are proposing that all individuals who have successfully completed an AMTA-approved music therapy education program, clinical training requirements, and passed the CBMT board certification exam will be eligible to apply for the state music therapy certification. We are not proposing alternate routes of meeting these prerequisite requirements.

Since this proposal is requesting state recognition of the existing national board certification examination developed and administered by CBMT, no costs would be incurred by the state for development or administration of a new or separate exam.

(vi) What additional training programs are anticipated to be necessary to assure training accessible statewide; the anticipated time required to establish the additional training programs; the types of institutions capable of providing the training; a description of how training programs will meet the needs of the expected work force, including reentry workers, minorities, placebound students, and others;

At this time, no additional training programs have been proposed. The music therapy bachelor's degree curriculum at Seattle Pacific University is currently serving as the AMTA-approved academic program in the state. Other colleges and universities interested in offering an AMTA-approved music therapy degree program are directed to contact the AMTA National Office to request music therapy degree information.

The time required to establish new degree programs varies significantly due to individual school procedures, but program proposals typically receive association approval and begin accepting students within three years from initial inquiry.

The AMTA Standards for Education and Clinical Training **(attached)** provide a detailed description regarding training program requirements. The following information is a brief overview of the information from the Standards related to Question (4)(c)(vi).

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.

Only academic institutions accredited or affirmed by National Association of Schools of Music (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 seek affirmation by NASM through the alternative review process.

All music therapy programs in branch campuses or extension programs must meet all NASM Standards for Branch Campuses and External Programs.

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.

The Association encourages diversity among institutions and programs and respects the operational integrity within academic and clinical training programs.

Institutions are encouraged to be innovative both in education delivery and financially.

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.

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.

(d) Assurance of the public that practitioners have maintained their competence:

Competence would be maintained through strict documentation of existing CBMT requirements, which includes clearly defined continuing education, adherence to the CBMT Code of Professional Practice **(attached)** or re-examination and completion of remedial coursework.

(i) Whether the registration, certification, or licensure will carry an expiration date; and

Certification would be renewed once every 5 years.

(ii) Whether renewal will be based only upon payment of a fee, or whether renewal will involve reexamination, peer review, or other enforcement;

Certified individuals must provide proof of continuous board certification for the previous state certification cycle. In addition, certified individuals must present documentation of successful completion of 100 Continuing Music Therapy Education (CMTE) units during the 5-year cycle. To assist with maintaining the state certification, there are multiple state, regional, and national offerings that serve as continuing education opportunities for board certified music therapists. Many courses are provided through live, interactive workshops, but there are also audio and web conference presentations, online courses, and self-directed specialized trainings available nationwide to meet the needs of all board certified music therapists.

(5) The extent to which regulation might harm the public:

There is no foreseeable harm to the public as a result of regulating this profession.

(a) The extent to which regulation will restrict entry into the health profession:

With board certification being a nationally recognized credential currently required of all music therapists, this state certification would not restrict entry into the profession. Nationally board certified music therapists who migrate from other states would be eligible to apply for the Washington certification as they would have met the requirements for practice.

(i) Whether the proposed standards are more restrictive than necessary to insure safe and effective performance; and

These standards meet the same high quality standards required of related healthcare professions and healthcare and education accrediting agencies and are not more restrictive than necessary to protect the public.

(ii) Whether the proposed legislation requires registered, certificated, or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification, and licensure when the other jurisdiction has substantially equivalent requirements for registration, certification, or licensure as those in this state; and

Board certified music therapists moving to Washington from other states will be eligible to apply for the Washington music therapy certification without having to meet any additional requirements. Since this proposal is based on acceptance of the existing national music therapy board certification credential, all music therapists holding that credential, regardless of state of residence, will meet the requirements and be eligible for this certification.

(b) Whether there are similar professions to that of the applicant group which should be included in, or portions of the applicant group which should be excluded from, the proposed legislation;

No other professions need to be included in this proposed certification as it is specifically designed to recognize board certified music therapists.

(6) The maintenance of standards:

This proposal would require the same national education, clinical training, and exam requirements currently in place to obtain the MT-BC credential.

CBMT currently develops, maintains, and updates a Scope of Practice **(attached)** for the profession of music therapy. Every five years a practice analysis is completed in cooperation with a team of experts in the field, surveyed certificants, and CBMT's testing firm, Applied Measurement Professionals (AMP). It is from this process that the current SOP is developed which details the tasks necessary to practice competently to ensure consumer protection. The five content outline areas, essentially performance domains, encompass the certificants' scope of practice.

Additionally, the AMTA provides the standards for academic and clinical training of prospective music therapists, on which eligibility to sit for the CBMT Board Certification Examination is based. These are based on the AMTA Professional Competencies, which provide a definition of the current entry-level skills of a music therapist who has completed either a bachelor's degree or its equivalent in music therapy. All AMTA-approved bachelor's degree training programs incorporate these competencies in their music therapy curriculum. These competencies are periodically revised to reflect the growth of the professional knowledge base as music therapy clinical and research activities expand.

(a) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or enforce standards, or a code of ethics; and

National standards and professional requirements established by the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) provide the necessary documents for creating formal recognition of the profession at the state level. These documents include:

AMTA

Standards for Education and Clinical Training
Code of Ethics
Standards of Clinical Practice
Professional Competencies
Advanced Competencies
Levels of Practice

CBMT

Scope of Practice
Code of Professional Practice

(b) How the proposed legislation will assure quality:

We are seeking recognition of an existing national examination-based credential in order to protect the public from misuse of terms and techniques and to insure competent practice. Many of the system responsibilities required for implementation and enforcement of the certification could be completed in coordination with CBMT.

Any person representing himself or herself as a board certified music therapist shall practice within the CBMT Scope of Practice **(attached)** and adhere to the CBMT Code of Professional Practice **(attached)**. Any complaints made by the public against the Board

Certified Music Therapist should be brought to the attention of the Department of Health for investigation and possible disciplinary action.

(i) The extent to which a code of ethics, if any, will be adopted; and

We recommend that music therapists recognized by the state of Washington abide by the existing CBMT Code of Professional Practice (**attached**), which is a requirement of all board certified music therapists. In addition, music therapists in Washington who are members of the American Music Therapy Association (AMTA) should also follow the AMTA Code of Ethics (**attached**) and Standards of Clinical Practice (**attached**.)

(ii) The grounds for suspension or revocation of registration, certification, or licensure;

We are proposing that the state utilize procedures similar to that of the Certification Board for Music Therapists (CBMT) as grounds for suspension or revocation of state certification. Applicable portions of the CBMT Code of Professional Practice are included below

1. Obtaining or attempting to obtain certification or recertification by a false or misleading statement or failure to make a required statement; fraud or deceit in an application, reapplication, representation of event/s, or any other communication to the CBMT.
2. Misrepresentation of the CBMT certification or certification status.
3. Failure to provide any written information required by the CBMT.
4. Habitual use of alcohol or any other drug/substance, or any physical or mental condition which impairs competent and objective professional performance.
5. Failure to maintain confidentiality as required by law.
6. Gross or repeated negligence or malpractice in professional practice, including sexual relationships with clients, and sexual, physical, social, or financial exploitation.
7. Limitation or sanction (including but not limited to revocation or suspension by a regulatory board or professional organization) relating to music therapy practice, public health or safety, or music therapy certification or recertification.
8. The conviction of, plea of guilty or plea of nolo contendere to a felony or misdemeanor related to music therapy practice or health/mental health related issues as listed in the section on criminal convictions in Section II of this document.
9. Failure to timely update information to CBMT.

(7) A description of the group proposed for regulation, including a list of associations, organizations, and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group, and whether the groups represent different levels of practice; and

Music therapists actively apply various music elements through live, improvised, adapted, individualized, or recorded music to address physical, emotional, cognitive, and social needs of individuals of all ages. After assessing the strengths and needs of each client, qualified music therapists develop a treatment plan with goals and objectives and then provide the indicated treatment. Music therapists structure the use of both instrumental and vocal music strategies to facilitate changes that are non-musical in nature. Like other members of a

rehabilitation team, music therapists collaborate with related professionals in providing interventions that meet the needs, capabilities, and interests of each patient.

Music therapy interventions can be designed to facilitate movement, increase motivation, promote wellness, manage stress, alleviate pain, enhance memory, provide emotional support, create an outlet for expression, improve communication, and provide unique opportunities for interaction. As members of the interdisciplinary team, music therapists frequently address similar treatment goals as other allied health therapists, such as occupational therapy, physical therapy, and speech therapy. What distinguishes music therapy from these other therapies, however, is the use of music as the therapeutic tool. The music therapy treatment plan is designed to help the client attain and maintain a maximum level of functioning using interactive music therapy strategies.

Music therapists work with children and adults with developmental disabilities, speech and hearing impairments, physical disabilities, psychiatric disorders, neurological impairments, and general medical illnesses, among others. Although music therapists work with over 40 different patient populations, a significant number of music therapists provide services for persons with autism and other developmental and learning disabilities, Alzheimer's disease, mental health needs, medical illnesses, and physical disabilities.

Music therapists work in many different settings including general and psychiatric hospitals, mental health agencies, physical rehabilitation centers, nursing homes, public and private schools, substance abuse programs, forensic facilities, hospice programs, and day care facilities. Typically, full-time therapists work a standard 40-hour workweek. Some therapists prefer part-time work and choose to develop contracts with specific agencies, providing music therapy services for an hourly or contractual fee. In addition, a growing number of clinicians are choosing to start private practices in music therapy to benefit from opportunities provided through self-employment.

American Music Therapy Association (AMTA)

8455 Colesville Road, Suite 1000

Silver Spring, MD 20910

T: 301-589-3300

F: 301-589-5175

www.musictherapy.org

AMTA represents over 5,000 music therapists, corporate members, and related associations worldwide. AMTA's roots date back to organizations founded in 1950 and 1971. Those two organizations merged in 1998 to ensure the progressive development of the therapeutic use of music in rehabilitation, special education, medical, and community settings. AMTA is committed to the advancement of education, training, professional standards, and research in support of the music therapy profession. The mission of the organization is to advance public knowledge of music therapy benefits and increase access to quality music therapy services. Currently, AMTA establishes criteria for the education and clinical training of music therapists. Members of AMTA adhere to a Code of Ethics and Standards of Practice in their delivery of music therapy services.

Certification Board for Music Therapists

506 East Lancaster Ave., Suite 102

Downingtown, PA 19335

T: 1-800-765-2268

F: 610-269-9232

www.cbmt.org

The Certification Board for Music Therapists (CBMT) is an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies (NCCA). The CBMT defines the body of knowledge that represents competent practice in the profession of music therapy, creates and administers a program to evaluate initial and continuing competence of this knowledge, and issues the credential of MT-BC to individuals that demonstrate the required level of competence. The NCCA 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.

Approximately 5,400 music therapists hold the MT-BC credential and, because of its success, CBMT is regarded as a leader in the credentialing field.

Music Therapy Association of Washington

President: Nancy Houghton

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www.musictherapywa.org

The music therapists in the state have formed the Music Therapy Association of Washington. This state network maintains a public website, communicates periodically through email, and hosts periodic educational workshops, primarily in the Seattle area. In addition, there is a **Washington State Music Therapy Task Force** that works in cooperation with AMTA and CBMT to advance advocacy and state recognition efforts of the music therapy profession and MT-BC credential required for competent practice.

Task Force Contact: Patti Catalano

E: pattic@musicworksNW.org

T: (425) 444-6893

There are approximately 45 eligible music therapists within the state. This number represents all levels of practice.

In late 2010 the American Music Therapy Association received a \$400,000 legacy gift from the Eleanor and Raymond Wilson Charitable Trust. **The Wilson Trust Music Therapy Project** aims to increase access to quality music therapy services to those in need primarily targeting the greater Puget Sound region. Other areas of Washington may benefit depending on the structure of partnerships and service recognition. This donation is intended to serve as a catalyst to "jump start" a host of music therapy programs and services. The contribution will be structured in a way to maximize the investment, develop partnerships, grow music therapy services, and promote sustainability.

(8) The expected costs of regulation:

This proposal is requesting state acceptance of the existing national board certification examination developed and administered by CBMT. No costs would be incurred by the state for development or administration of a new or separate exam. It is anticipated that administrative costs to process applications would be covered by the application and renewal fees.

(a) The impact registration, certification, or licensure will have on the costs of the services to the public; and

The impact of certification on the costs of services to the public would be minimal, if at all, as fees for certification would likely not be significant enough to warrant raising therapy rates. Adding certification for music therapists creates the potential for increased access to services, additional employment opportunities, and support of students studying in the music therapy program at Seattle Pacific University. All of these factors are considered to have a positive impact for residents of the state, as access to quality services will increase as the profession is officially recognized.

(b) The cost to the state and to the general public of implementing the proposed legislation.

Cost to the state and the general public would likely be minimal, as it would not require the creation of an entire board. Because of the small number of MT-BCs currently working in the state, this certification could be managed with a part-time staff liaison that utilizes the information from CBMT in order to process licensure. Additionally, certification could positively impact the costs of services for Washington residents. There is a potential for decreased out-of-pocket expenses for those receiving services as facilities confidently identify and employ therapists who have met the state requirements for professional practice. There could be improved reimbursement for music therapy services by private and federal third-party payers, thereby decreasing the costs assumed by the state.

(c) The cost to the state and the members of the group proposed for regulation for the required education, including projected tuition and expenses and expected increases in training programs, staffing, and enrollments at state training institutions.

There are no anticipated additional costs to the state with the creation of state certification regarding education and clinical training programs. The costs to member of the profession for education and clinical training will remain the same. The only new cost to members will be the application and certification fees.



American Music Therapy Association

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AMTA Advanced Competencies

Preamble

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 both a professional level and an advanced level.

In November 2005 the AMTA Assembly of Delegates adopted the *Advisory on Levels of Practice in Music Therapy*. The 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: based on the AMTA *Professional Competencies* acquired with a baccalaureate degree in music therapy or its equivalent, which leads to entrance into the profession and Board Certification in Music Therapy.

Advanced Level of Practice: based on the AMTA *Advanced Competencies*, which is defined as 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. A music therapist at an Advanced Level of Practice has at least a bachelor's degree or its equivalent in music therapy, a current professional designation or credential in music therapy (i.e., ACMT, CMT, MT-BC, or RMT), professional experience, and further education and/or training (e.g., receiving clinical supervision, a graduate degree, and/or advanced training). It is anticipated that in the future music therapists at the Advanced Level of Practice will hold at least a master's degree in music therapy that includes advanced clinical education. The advanced music therapist demonstrates comprehensive understanding of foundations and principles of music, music therapy, treatment, and management in clinical, educational, research, and/or administrative settings.

Following the adoption of the *Advisory on Levels of Practice in Music Therapy*, AMTA appointed a Task Force on Advanced Competencies, which was charged with developing competencies for the Advanced Level of Practice as outlined in the Advisory. The Advisory describes four domains for the Advanced Level of Practice: Professional Growth, Musical Development, Personal Growth and Development, and Integrative Clinical Experience. The general headings and subheadings of the proposed Advanced Competencies have been reorganized to provide a better understanding of the context of these competencies, not only within the music therapy profession, but also beyond it for other constituencies. It is acknowledged that the advanced music therapist may not demonstrate competence in each of the areas of the *Advanced Competencies*, but would instead demonstrate acquisition of the majority of these competencies, with most, if not all, in the area(s) of his/her practice (e.g., clinical, supervisory, academic, research).

The *Advanced Competencies* provide guidelines for academia, both in regards to qualifications for university/college faculty and in setting standards for master's degree programs in music therapy. The AMTA *Standards for Education and Clinical Training* specify standards for academic faculty 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 or graduate level. Such qualifications for faculty require a music therapist practicing at an Advanced Level of Practice. The AMTA *Standards for Master's Degrees* state that "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.” The *Advanced Competencies* will also serve to guide the development of standards for the doctoral degree in music therapy, which shall focus on advanced competence in research, theory development, clinical practice, supervision, college teaching, and/or clinical administration.

The *Advanced Competencies* also provide guidelines for the Advanced Level of Practice in clinical, supervisory, administrative and research settings, as well as in government relations work dealing with such issues as state licensures and employment practices. Music therapists with master’s degrees and other professional requirements are being granted state licensures in the creative arts therapies (music therapy) and related disciplines in some states.

The initial version of the *Advanced Competencies* was adopted by the AMTA Assembly of Delegates in 2007 and was viewed as a work in progress. Following feedback from a number of sources, including the National Association of Schools of Music (NASM), a revised version is being submitted in 2009 for AMTA approval.

In conclusion, the *Advanced Competencies* serve as a vision for the further growth and development of the profession in issues related to advanced education and training, and more specifically, the relationship of these competencies to advanced degrees, education and training requirements, levels of practice, professional titles and designations, and various state licensures, based on current and future trends.

AMTA ADVANCED COMPETENCIES

I. PROFESSIONAL PRACTICE

A. Theory

- 1.1 Apply comprehensive knowledge of the foundations and principles of music therapy practice.
- 1.2 Synthesize comprehensive knowledge of current theories and deduce their implications for music therapy practice and/or research.
- 1.3 Differentiate the theoretical or treatment orientations of current models of music therapy.
- 1.4 Identify theoretical constructs underlying various clinical practices and research approaches.
- 1.5 Understand emerging models and trends in music therapy.
- 1.6 Apply current literature in music therapy and related fields relevant to one's area(s) of expertise.

B. Clinical Practice

2.0 Clinical Supervision

- 2.1 Establish and maintain effective supervisory relationships.
- 2.2 Promote the professional growth, self-awareness, and musical development of the supervisee.
- 2.3 Apply theories of supervision and research findings to music therapy supervision.
- 2.4 Design and implement methods of observing and evaluating supervisees that have positive effects on music therapy students and professionals at various levels of advancement and at different stages in the supervisory process.
- 2.5 Analyze the supervisee's music therapy sessions in terms of both the effects of specific musical, verbal, and nonverbal interventions and the musical and interpersonal dynamics and processes of the client(s)-therapist relationship.
- 2.6 Use music to facilitate the supervisory process.
- 2.7 Apply knowledge of norms and practices of other cultures to the supervisory process.
- 2.8 Evaluate the effectiveness of various approaches and techniques of supervision.
- 2.9 Evaluate the effects of one's own personality, supervisory style, and limitations on the supervisee and the supervisory process and seek consultation when appropriate.

3.0 Clinical Administration

- 3.1 Adhere to laws and occupational regulations governing the provision of education and health services, particularly with regard to music therapy.
- 3.2 Adhere to accreditation requirements for clinical agencies, particularly with regard to music therapy.
- 3.3 Employ music therapy reimbursement and financing options.
- 3.4 Develop effective staffing patterns for the provision of music therapy services.
- 3.5 Develop effective recruiting and interviewing strategies for student and professional applicants.
- 3.6 Develop policies and procedures for staff evaluation and supervision.
- 3.7 Utilize management strategies to establish and maintain effective relationships and a high level of motivation among staff.
- 3.8 Integrate music therapy staff and programs into the agency's service delivery systems.
- 3.9 Design methods for evaluating music therapy programs and service delivery.

4.0 Advanced Clinical Skills

- 4.1 Apply comprehensive knowledge of current methods of music therapy assessment, treatment, and evaluation.
- 4.2 Utilize comprehensive knowledge of human growth and development, musical development, diagnostic classifications, etiology, symptomatology, and prognosis in formulating treatment plans.
- 4.3 Understand the contraindications of music therapy for client populations served.
- 4.4 Understand the dynamics and processes of therapy from a variety of theoretical perspectives.
- 4.5 Utilize the dynamics and processes of various theoretical models in individual, dyadic, family, and group music therapy.
- 4.6 Design or adapt assessment and evaluation procedures for various client populations.
- 4.7 Utilize advanced music therapy methods (e.g., listening, improvising, performing, composing) within one or more theoretical frameworks to assess and evaluate clients' strengths, needs, and progress.
- 4.8 Design treatment programs for emerging client populations.
- 4.9 Employ one or more models of music therapy requiring advanced training.
- 4.10 Utilize advanced verbal and nonverbal interpersonal skills within a music therapy context.
- 4.11 Assume the responsibilities of a primary therapist.
- 4.12 Relate clinical phenomena in music therapy to the broader treatment context.
- 4.13 Respond to the dynamics of musical and interpersonal relationships that emerge at different stages in the therapy process.
- 4.14 Fulfill the clinical roles and responsibilities of a music therapist within a total treatment milieu and in private practice.
- 4.15 Apply advanced skills in co-facilitating treatment with professionals from other disciplines.
- 4.16 Demonstrate comprehensive knowledge of client rights.
- 4.17 Understand the differential uses of the creative arts therapies and the roles of art, dance/movement, drama, psychodrama, and poetry therapy in relation to music therapy.
- 4.18 Apply creative processes within music therapy.
- 4.19 Employ imagery and ritual in music therapy.
- 4.20 Understand and respond to potential physical and psychological risks to client health and safety.

C. College/University Teaching

- 5.1 Design academic curricula, courses, and clinical training programs in music therapy consistent with current theories, research, competencies, and standards, including those for national accreditation and program approval.
- 5.2 Utilize current educational resources in music therapy (e.g., equipment, audio-visual aids, materials, technology).
- 5.3 Draw from a breadth and depth of knowledge of clinical practice in teaching music therapy.
- 5.4 Establish and maintain effective student-teacher relationships.
- 5.5 Communicate with other faculty, departments, and administration regarding the music therapy program and its educational philosophy.
- 5.6 Develop standards and procedures for admission and retention that support educational objectives consistent with the policies of the institution.
- 5.7 Utilize various methods of teaching (e.g., lecture, demonstration, role-playing, group discussion, collaborative learning).
- 5.8 Supervise and mentor students in clinical training, supervision, teaching, and research.

- 5.9 Advise and counsel students with regard to academic and professional matters.
- 5.10 Design and apply means of evaluating student competence, both internal (e.g., proficiency exams) and external (e.g., evaluations from clinical training supervisors).
- 5.11 Utilize internal, external, and self-evaluations to monitor the effectiveness of academic courses and programs in meeting educational objectives.

D. Research

- 6.1 Perform comprehensive literature searches using various indices to identify gaps in knowledge.
- 6.2 Translate theories, issues, and problems in clinical practice, supervision, administration, and higher education into meaningful research hypotheses or guiding questions.
- 6.3 Apply quantitative and qualitative research designs according to their indicated uses.
- 6.4 Conduct advanced research using one or more research approaches (e.g., historical, philosophical, qualitative, quantitative.)
- 6.5 Acknowledge one's biases and personal limitations related to research.
- 6.6 Write grant proposals for funding research.
- 6.7 Conduct research according to ethical principles for protection of human participants, including informed consent, assessment of risk and benefit, and participant selection.
- 6.8 Collect and analyze data using appropriate procedures to avoid or minimize potential confounds.
- 6.9 Collaborate with others in conducting research.
- 6.10 Use various methods of data analysis.
- 6.11 Interpret and disseminate research results consistent with established standards of inquiry.
- 6.12 Evaluate scholarly and student research regarding research questions or problems, methods, procedures, data collection, analysis, and conclusions.

II. PROFESSIONAL DEVELOPMENT

A. Musical and Artistic Development

- 7.1 Reproduce, notate, and transcribe musical responses of clients.
- 7.2 Compose music, including songs, in various styles to meet specific therapeutic objectives.
- 7.3 Provide spontaneous musical support for client improvisation.
- 7.4 Improvise in a variety of musical styles.
- 7.5 Utilize a wide variety of improvisatory techniques for therapeutic purposes.
- 7.6 Design music listening programs for therapeutic purposes.
- 7.7 Use different methods of musical analysis for client assessment and evaluation.
- 7.8 Adapt and select musical material for different musical cultures and sub-cultures.
- 7.9 Apply advanced skills in the clinical use of at least two of the following: keyboard, voice, guitar and/or percussion.
- 7.10 Utilize extensive and varied repertoire of popular, folk, and traditional songs.

B. Personal Development and Professional Role

- 8.1 Utilize self awareness and insight to deepen the client's process in music therapy.
- 8.2 Identify and address one's personal issues.
- 8.3 Apply the principles of effective leadership.
- 8.4 Use personal reflection (e.g., journaling, artistic involvement, meditation, other spiritual pursuits).

- 8.5 Recognize limitations in competence and seek consultation.
- 8.6 Practice strategies for self care.
- 8.7 Selectively modify music therapy approaches based on knowledge of the roles and meanings of music in various cultures.
- 8.8 Work with culturally diverse populations, applying knowledge of how culture influences issues regarding identity formation, concepts of health and pathology, and understanding of the role of therapy.
- 8.9 Understand how music therapy is practiced in other cultures.
- 8.10 Apply current technology to music therapy practice.
- 8.11 Adhere to the AMTA Code of Ethics and Standards of Clinical Practice using best professional judgment in all areas of professional conduct.

Endnotes

The Task Force gratefully acknowledges the previous work of Kenneth Bruscia (1986) in identifying “Advanced Competencies in Music Therapy.” The ideas Bruscia expressed served as a basis for these competencies.

Members of the Task force on Advanced Competencies were Jane Creagan, Michele Forinash (Chair), Gary Johnson, Cathy McKinney, Christine Neugebauer, Paul Nolan, Marilyn Sandness, and Elizabeth Schwartz.

Reference

Bruscia, K. (1986). Advanced competencies in music therapy. *Music Therapy*, 6A, 57-67.

Glossary

advanced level of practice - the practice of music therapy wherein the therapist, applying the integration of in-depth theories, research, treatment knowledge, musicianship, clinical skills, and personal awareness, assumes a central role using process-oriented or outcome-oriented music therapy methods to address a broad spectrum of client needs.

advanced training - learning of a comprehensive approach to, or model of, music therapy intended for broad and in-depth clinical application. The training occurs over an extended period of time; includes both didactic instruction and extensive, supervised clinical application; and results in the acquisition of a number of advanced competencies. Advanced training typically requires the master's degree as a prerequisite or co-requisite of the training program. Examples include, but are not limited to, Analytic Music Therapy, Bonny Method of Guided Imagery and Music, Nordoff Robbins Music Therapy.

construct – a working hypothesis or concept.[1](#)

dynamics - forces that interplay in the mind as a manifestation of purposeful intentions working concurrently or in mutual opposition. These forces can include the patterns of actions and reactions within the music, therapist and client triangle, as well as within groups.[2](#)

knowledge - facts or ideas acquired by study, investigation, observation, or experience.[4](#)

model - a. comprehensive approach to assessment, treatment, and evaluation which includes theoretical principles, clinical implications and contraindications, goals, methodological guidelines and specifications, and the use of procedural sequences and techniques.[5](#)

musical responses – the musical actions or reactions of a person in response to external or internal stimuli and the physiological, affective, motor, cognitive, or communicative responses to musical stimuli.

primary therapist - whether in an individual private practice or working within a team approach, the person who facilitates the therapeutic work of the highest importance.

process - a sequence of conscious and unconscious events leading to some change or alteration in the state of a dynamic system that includes the client, the music, and the music therapist.⁶

supervision - usually referred to as clinical, or music therapy, supervision. This educational relationship consists of an on-going consultation with another health care professional about the supervisee's emerging role or continued growth as a clinician. Clinical supervision provides support for the supervisee for the purpose of development as a music therapist.

understanding – knowledge of or familiarity with a particular thing; skill in dealing with or handling something.⁷ Perception and comprehension of the nature and significance of.⁸

[1] Merriam-Webster. (2006-2007). *Merriam-Webster's online dictionary*. Retrieved January 31, 2007, from <http://www.m-w.com/cgi-bin/dictionary>

[2] Adapted from Cameron, N., & Rychlak, J. F. (1985). *Personality development and psychopathology: A dynamic approach* (2nd ed). Boston: Houghton Mifflin Company.

[3] Merriam-Webster. (2006-2007). *Merriam-Webster's online dictionary*. Retrieved January 31, 2007, from <http://www.m-w.com/cgi-bin/dictionary>

[4] Adapted from Merriam-Webster. (2006-2007). *Merriam-Webster's online dictionary*. Retrieved January 31, 2007, from <http://www.m-w.com/cgi-bin/dictionary>

[5] Bruscia, K. (1998) *Defining music therapy* (2nd ed.). Gilsum, NH: Barcelona Publishers, p.113.

[6] Adapted from Colman, A. M. (2006). A dictionary of psychology. In *Oxford Reference Online*. Retrieved September 29, 2006 from <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t87.e6674>

[7] *Dictionary.com Unabridged* (v 1.1). Retrieved January 31, 2007, from Dictionary.com website: <http://dictionary.reference.com/browse/understanding>

[8] understanding. (n.d.). *The American Heritage® Dictionary of the English Language, Fourth Edition*. Retrieved January 31, 2007, from Dictionary.com website: <http://dictionary.reference.com/browse/understanding>



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AMTA CODE OF ETHICS

(Revised 11/09)

Preamble

The members of the American Music Therapy Association, Inc., hereby recognize and publicly accept the proposition that the fundamental purposes of the profession are the progressive development of the use of music to accomplish therapeutic aims and the advancement of training, education, and research in music therapy. Music therapy is an allied health profession and clinical process, facilitated by a music therapist, in which music is used within a therapeutic relationship to address physical, psychological, cognitive, social, spiritual, or palliative care needs of individuals or groups. Our objectives are to determine and utilize music therapy approaches that effectively aid in the restoration, maintenance, and improvement in mental and physical health. To that end, we believe in the dignity and worth of every person. We promote the use of music in therapy, establish and maintain high standards in public service, and require of ourselves the utmost in ethical conduct.

This Code of Ethics is applicable to all those holding the MT-BC credential or a professional designation of the National Music Therapy Registry and professional membership in the American Music Therapy Association. This Code of Ethics is also applicable to music therapy students and interns under clinical supervision. We shall not use our professional positions or relationships, nor permit ourselves or our services to be used by others for purposes inconsistent with the principles set forth in this document. Upholding our right to freedom of inquiry and communication, we accept the responsibilities inherent in such freedom: competency, objectivity, consistency, integrity, and continual concern for the best interests of society and our profession. Therefore, we collectively and individually affirm the following declarations of professional conduct.

1.0 Professional Competence and Responsibilities

- 1.1 The MT will perform only those duties for which he/she has been adequately trained, not engaging outside his/her area of competence.
- 1.2 The MT will state his/her qualifications, titles, and professional affiliation(s) accurately.
- 1.3 The MT will participate in continuing education activities to maintain and improve his/her knowledge and skills.
- 1.4 The MT will assist the public in identifying competent and qualified music therapists and will discourage the misuse and incompetent practice of music therapy.
- 1.5 The MT is aware of personal limitations, problems, and values that might interfere with his/her professional work and, at an early stage, will take whatever action is necessary (i.e., seeking professional help, limiting or discontinuing work with clients, etc.) to ensure that services to clients are not affected by these limitations and problems.
- 1.6 The MT respects the rights of others to hold values, attitudes, and opinions that differ from his/her own.
- 1.7 The MT does not engage in sexual harassment.

- 1.8 The MT accords sexual harassment grievants and respondents dignity and respect, and does not base decisions solely upon their having made, or having been the subject of, sexual harassment charges.
- 1.9 The MT practices with integrity, honesty, fairness, and respect for others.
- 1.10 The MT delegates to his/her employees, students, or co-workers only those responsibilities that such persons can reasonably be expected to perform competently on the basis of their training and experience. The MT takes reasonable steps to see that such persons perform services competently; and, if institutional policies prevent fulfillment of this obligation, the MT attempts to correct the situation to the extent feasible.

2.0 General Standards

- 2.1 The MT will strive for the highest standards in his/her work, offering the highest quality of services to clients/students.
- 2.2 The MT will use procedures that conform with his/her interpretation of the Standards of Clinical Practice of the American Music Therapy Association, Inc.
- 2.3 Moral and Legal Standards
 - 2.3.1 The MT respects the social and moral expectations of the community in which he/she works. The MT is aware that standards of behavior are a personal matter as they are for other citizens, except as they may concern the fulfillment of professional duties or influence the public attitude and trust towards the profession.
 - 2.3.2 The MT refuses to participate in activities that are illegal or inhumane, that violate the civil rights of others, or that discriminate against individuals based upon race, ethnicity, language, religion, marital status, gender, sexual orientation, age, ability, socioeconomic status, or political affiliation. In addition, the MT works to eliminate the effect on his or her work of biases based upon these factors.

3.0 Relationships with Clients/Students/Research Subjects

- 3.1 The welfare of the client will be of utmost importance to the MT.
- 3.2 The MT will protect the rights of the individuals with whom he/she works. These rights will include, but are not limited to the following:
 - right to safety;
 - right to dignity;
 - legal and civil rights;
 - right to treatment;
 - right to self-determination;
 - right to respect; and
 - right to participate in treatment decisions.
- 3.3 The MT will not discriminate in relationships with clients/students/research subjects because of race, ethnicity, language, religion, marital status, gender, sexual orientation, age, ability, socioeconomic status or political affiliation.
- 3.4 The MT will not exploit clients/students/research subjects sexually, physically, financially or emotionally.
- 3.5 The MT will not enter into dual relationships with clients/students/research subjects and will avoid those situations that interfere with professional judgment or objectivity (e.g., those involving competitive and/or conflicting interests) in their relationships.
- 3.6 The MT will exert caution in predicting the results of services offered, although a reasonable statement of prognosis and/or progress may be made. The MT will make only those claims to clients concerning the efficacy of services that would be willingly submitted for professional scrutiny through peer review, publication in a professional journal, or documentation in the client's record.

- 3.7 The MT will offer music therapy services only in the context of a professional relationship and in a setting which insures safety and protection for both client and therapist. The MT will avoid deception in representations of music therapy to the public.
- 3.8 The MT will inform the client and/or guardian as to the purpose, nature, and effects of assessment and treatment.
- 3.9 The MT will use every available resource to serve the client best.
- 3.10 The MT will utilize the profession's Standards of Clinical Practice as a guideline in accepting or declining referrals or requests for services, as well as in terminating or referring clients when the client no longer benefits from the therapeutic relationship.
- 3.11 In those emerging areas of practice for which generally recognized standards are not yet defined, the MT will nevertheless utilize cautious judgment and will take reasonable steps to ensure the competence of his/her work, as well as to protect clients, students, and research subjects from harm.
- 3.12 Confidentiality
 - 3.12.1 The MT protects the confidentiality of information obtained in the course of practice, supervision, teaching, and/or research.
 - 3.12.2 In compliance with federal, state and local regulations and organizational policies and procedures, confidential information may be revealed under circumstances which include but are not limited to:
 - a. when, under careful deliberation, it is decided that society, the client, or other individuals appear to be in imminent danger. In this situation, information may be shared only with the appropriate authorities, professionals or others. The client is made aware of this when possible and if reasonable.
 - b. when other professionals within a facility or agency are directly related with the case or situation.
 - c. when the client consents to the releasing of confidential information.
 - d. when compelled by a court or administrative order or subpoena, provided such order or subpoena is valid and served in accordance with applicable law.
 - 3.12.3 The MT informs clients of the limits of confidentiality prior to beginning treatment.
 - 3.12.4 The MT disguises the identity of the client in the presentation of case materials for research and teaching. Client or guardian consent is obtained, with full disclosure of the intended use of the material.
 - 3.12.5 All forms of individually identifiable client information, including, but not limited to verbal, written, audio, video and digital will be acquired with the informed client or guardian consent and will be maintained in a confidential manner by the MT. Also, adequate security will be exercised in the preservation and ultimate disposition of these records.
 - 3.12.6 Information obtained in the course of evaluating services, consulting, supervision, peer review, and quality assurance procedures will be kept confidential.
- 4.0 Relationships with Colleagues**
- 4.1 The MT acts with integrity in regard to colleagues in music therapy and other professions and will cooperate with them whenever appropriate.
- 4.2 The MT will not offer professional services to a person receiving music therapy from another music therapist except by agreement with that therapist or after termination of the client's relationship with that therapist.

4.3 The MT will attempt to establish harmonious relations with members from other professions and professional organizations and will not damage the professional reputation or practice of others.

4.4 The MT will share with other members of the treatment team information concerning evaluative and therapeutic goals and procedures used.

5.0 Relationship with Employers

5.1 The MT will observe the regulations, policies, and procedures of employers with the exception of those that are in violation of this code of ethics.

5.2 The MT will inform employers of conditions that may limit the effectiveness of the services being rendered.

5.3 When representing the employer or agency, the MT will differentiate personal views from those of the profession, the employer, and the agency.

5.4 The MT will provide services in an ethical manner and will protect the property, integrity, and reputation of the employing agency.

5.5 The MT will utilize the agency's facilities and resources only as authorized.

5.6 The MT will not use his/her position to obtain clients for private practice, unless authorized to do so by the employing agency.

6.0 Responsibility to Community/Public

6.1 The MT will strive to increase public awareness of music therapy.

6.2 The MT engaged in a private practice or business will abide by federal, state and local regulations relevant to self-employment including but not limited to professional liability, registering and maintaining a business, tax codes and liability, confidentiality and reimbursement.

7.0 Responsibility to the Profession/Association

7.1 The MT respects the rights, rules, and reputation of his/her professional association.

7.2 The MT will distinguish personal from professional views when acting on behalf of his/her association. The MT will represent the association only with appropriate authorization.

7.3 The MT will strive to increase the level of knowledge, skills, and research within the profession.

7.4 The MT will refrain from the misuse of an official position within the association.

7.5 The MT will exercise integrity and confidentiality when carrying out his/her official duties in the association.

8.0 Research

8.1 The MT establishes a precise agreement with research subjects prior to their participation in the study. In this agreement, the responsibilities and rights of all parties are explained, and written consent is obtained. The MT explains all aspects of the research that might influence the subject's willingness to participate, including all possible risks and benefits. The MT will avoid any deception in research.

8.2 Participation of subjects in music therapy research will be voluntary. To ensure ethical research practices, appropriate authorization will be obtained from the subjects involved (or specified and/or legal guardians) and the facility's Institutional Review Board or other

- similar consulting agency. The subject is free to refuse to participate or to withdraw from the research at any time without penalty or loss of services.
- 8.3 The MT is ultimately responsible for protecting the welfare of the research subjects, both during and after the study, in the event of after effects, and will take all precautions to avoid injurious psychological, physical, or social effects to the subjects.
- 8.4 The MT will store data, including written, audio, video, digital, or artistic media, in a secure location accessible to the researcher and authorized members of the research team. The researcher and authorized members of the research team will determine a set period of time after completion of the study by which all research data must be shredded or erased. The researcher or the research team may apply for a waiver allowing creation of a database given informed consent of participants.
- 8.5 The MT will be competent in his/her research efforts, being cognizant of his/her limits.
- 8.6 The MT will present his/her findings without distortion and in a manner that will not be misleading.
- 8.7 **Publication Credit**
- 8.7.1 Credit is assigned only to those who have contributed to a publication, in proportion to their contribution.
- 8.7.2 Major contributions of a professional nature made by several persons to a common project will be recognized by joint authorship.
- 8.7.3 Minor contributions such as editing or advising, will be recognized in footnotes or in an introductory statement.
- 8.7.4 Acknowledgment through specific citations will be made for unpublished as well as published material that has directly influenced the research or writing.
- 8.7.5 The MT who compiles and edits for publication the contribution of others will publish the symposium or report under the title of the committee or symposium, with the therapist's name appearing as chairperson or editor among those of the other contributors or committee members.
- 9.0 Fees and Commercial Activities**
- 9.1 The MT accepts remuneration only for services actually rendered by himself or herself or under his or her supervision and only in accordance with professional standards that safeguard the best interest of clients and the profession.
- 9.2 The MT will not take financial advantage of a client. The MT will take into account the client's ability to pay. Financial considerations are secondary to the client's welfare.
- 9.3 Private fees may not be accepted or charged for services when the MT receives remuneration for these services by the agency.
- 9.4 No gratuities, gifts or favors should be accepted from clients that could interfere with the MT's decisions or judgments.
- 9.5 Referral sources may not receive a commission fee, or privilege for making referrals (fee-splitting).
- 9.6 The MT will not engage in commercial activities that conflict with responsibilities to clients or colleagues.
- 9.7 The materials or products dispensed to clients should be in the client's best interest, with the client's having the freedom of choice. The MT will not profit from the sale of equipment/materials to clients. Charges for any materials will be separate from the bill for services.

10.0 Announcing Services

- 10.1 The MT will adhere to professional rather than commercial standards in making known his or her availability for professional services. The MT will offer music therapy services only in a manner that neither discredits the profession nor decreases the trust of the public in the profession.
- 10.2 The MT will not solicit clients of other MT's.
- 10.3 The MT will make every effort to ensure that public information materials are accurate and complete in reference to professional services and facilities.
- 10.4 The MT will avoid the following in announcing services: misleading or deceptive advertising, misrepresentation of specialty, guarantees or false expectations, and the use of the Association's logo.
- 10.5 The MT will differentiate between private practice and private music studio in announcing services.
- 10.6 The following materials may be used in announcing services (all of which must be dignified in appearance and content): announcement cards, brochures, letterhead, business cards and the internet. The MT may include the following on these materials: name, title, degrees, schools, dates, certification, location, hours, contact information, and an indication of the nature of the services offered.
- 10.7 Announcing services through the mail (to other professionals), a listing in the telephone directory, or the internet (i.e., email, website) are acceptable. No advertisement or announcement will be rendered in a manner that will be untruthful and/or deceive the public.

11.0 Education (Teaching, Supervision, Administration)

- 11.1 The MT involved in teaching establishes a program combining academic, research, clinical, and ethical aspects of practice. The program will include a wide range of methods and exposure to and application of current literature.
- 11.2 The MT involved in education and/or supervision will use his/her skill to help others acquire the knowledge and skills necessary to perform with high standards of professional competence.
- 11.3 Theory and methods will be consistent with recent advances in music therapy and related health fields. The MT involved in education will teach new techniques or areas of study only after first undertaking appropriate training, supervision, study, and/or consultation from persons who are competent in those areas or techniques.
- 11.4 The MT involved in the education of students and internship training will ensure that clinical work performed by students is rendered under adequate supervision by other music therapists, other professionals, and/or the MT educator.
- 11.5 The MT involved in education and/or supervision will evaluate the competencies of students as required by good educational practices and will identify those students whose limitations impede performance as a competent music therapist. The MT will recommend only those students for internship or membership whom he/she feels will perform as competent music therapists and who meet the academic, clinical, and ethical expectations of the American Music Therapy Association, Inc.
- 11.6 The MT involved in the education of students and internship training will serve as an exemplary role model in regard to ethical conduct and the enforcement of the Code of Ethics.

- 11.7 The MT involved in education and training will ensure that students and interns operate under the same ethical standards that govern professionals.

12.0 Implementation

12.1 *Confronting Ethical Issues*

- 12.1.1 MT's have an obligation to be familiar with this Code of Ethics.
- 12.1.2 When a MT is uncertain whether a particular situation or course of action would violate this Code of Ethics, the MT should consult with a member of the Ethics Board.
- 12.1.3 A MT will not disobey this code, even when asked to do so by his/her employer.
- 12.1.4 The MT has an obligation to report ethical violations of this Code by other MT's to the Ethics Board.
- 12.1.5 The MT does not report or encourage reporting of ethics grievances that are frivolous and are intended to harm the respondent rather than to protect the public and preserve the integrity of the field of music therapy.
- 12.1.6 The MT cooperates in ethics investigations, proceedings, and hearings. Failure to cooperate is, itself, an ethics violation.
- 12.1.7 Grievances may be reported by any individual or group who has witnessed an apparent ethical violation by a Music Therapist.
- 12.1.8 Neither the Chair nor any other member of the Ethics Board will take part in the informal or formal resolution procedures if s/he has a conflict of interest.

12.2 *Informal Resolution of Ethical Violations*

- 12.2.1 Upon observing or becoming aware of alleged violations of this Code of Ethics by an MT (hereinafter referred to as the respondent), the observer will consult first with the respondent involved and discuss possible actions to correct the alleged violation when such consultation is appropriate for the resolution of the ethical violation. The MT should document these efforts at informal resolution. In some instances, the individual consultation between the observer and the respondent may be either inappropriate or not feasible. In such instances (which may include, but are not limited to: sexual harassment, fear of physical retaliation, and imminent threats to the observer's employment), the observer should file a formal grievance with an explanation of the reason why individual consultation was not appropriate or feasible.

12.3 *Formal Resolution of Ethical Violations*

- 12.3.1 If an apparent ethical violation is not appropriate for informal resolution or is not resolved through consultation, the observer (herein referred to as the grievant) will submit a written report (herein referred to as the grievance) describing the alleged violation(s) to a member of the Ethics Board. The written report will consist of the following: (a) a signed, dated summary, not longer than one page, of the principle allegations (hereinafter referred to as the charge) against the respondent; (b) a thorough explanation of the alleged violation(s); (c) a summary of informal resolution attempts, when such have been made; and (d) collaborative documentation, including signed statements by witnesses, if available.
- 12.3.2 The grievance must be made within one year of the last instance of the alleged violation(s) of this code.
- 12.3.3 Upon receipt of the grievance by the member of the Ethics, the member in consultation with the Ethics Chairperson and the Executive Director of AMTA

will advise the MT respondent, in writing and within 45 days, that an ethics grievance has been made against him/her. Included in this notification will be a copy of the signed charge. The Ethics Board member will invite the respondent to submit a written defense within 60 days, including corroborative documentation and/or signed statements by witnesses, if available.

- 12.3.4 The Ethics Chairperson, or his/her designee from the Ethics Board, will conduct an initial inquiry into the grievance to confirm (a) the seriousness of the charge and (b) the possibility of resolution of the issue without a formal hearing.
- 12.3.5 After the initial inquiry, the Ethics Chairperson or designee may, at his or her discretion, negotiate a resolution to the grievance that will be presented in writing to the grievant and the respondent. If both parties agree to this resolution, they will sign and abide by the terms therein stated.
- 12.3.6 The initial inquiry by the Ethics Chairperson or designee, and negotiated attempts at a resolution, will be conducted within 45 days following receipt of the respondent's defense.
- 12.3.7 If agreement to a negotiated resolution is not reached, or if 45 days have passed following receipt of the respondent's defense, the Ethics Chairperson will initiate the formal procedure. At that time the Ethics Chairperson will inform in writing the Ethics Board, the Executive Director of AMTA, the President of AMTA, the grievant, and the respondent that the formal hearing procedure has begun and appoint a chair for the hearing panel.
- 12.4 *Group Grievances*
 - 12.4.1 If the Ethics Chairperson or designee receives more than one grievance related in a substantive way against the same party, the chair or designee may choose to combine the grievances into a single grievance, as long as there is no objection to such combination by the individual grievants. In this instance, the procedure heretofore established will remain the same.
 - 12.4.2 If two or more individuals report a grievance against the same party, they may report a group grievance. This will be handled as a single grievance, following established procedures.
 - 12.4.3 An employing agency may charge a MT with a violation of this Code of Ethics in the same manner as an individual grievant does so. The employing agency will appoint a representative to function in the role of grievant.
- 12.5 *Corrective Actions*
 - 12.5.1 If the individual takes no corrective action within the designated time-limit, the panel chair will reconvene the hearing panel to determine recommended sanctions to the Board of Directors for action. Possible sanctions may include, but are not limited to:
 - (a) permanent or time-specific withdrawal of an individual's membership in the Association;
 - (b) rehabilitative activity, such as personal therapy;
 - (c) a binding agreement by the respondent to conform his/her practice, education/training methods, or research methods to AMTA rules and guidelines;
 - (d) a written reprimand;

- (e) recommendation to the National Music Therapy Registry or the Certification Board for Music Therapists (as appropriate) for the withdrawal of professional designation or credential. The MT may appeal the decision of the Ethics Board to the Judicial Review Board.

AMERICAN MUSIC THERAPY ASSOCIATION

LEVELS OF PRACTICE IN MUSIC THERAPY

ADOPTED NOVEMBER 18, 2005

AMENDED NOVEMBER 22, 2008

**History and Rationale for Delineating
Levels of Practice in
Music Therapy**

When the Commission on Education and Clinical Training made its recommendations to the Association, some of the recommendations in its 2000 report to the Assembly of Delegates were not adopted in the *Standards for Education and Clinical Training* and were appended to that document as “Issues for Future Consideration.” The Commission also recommended changes in the organizational structure, to include committees on Program Approval and Internship Roster, as well as an Overview Committee. The Overview Committee was to be charged with internal and external monitoring of standards, considering competency requirements, examining trends and needs, giving advice concerning the Association’s role and responsiveness in the areas of education and training, and acting as liaison to the Certification Board for Music Therapists (CBMT) and other outside agencies. The 2001 report of the Implementation Task Force supported the changes in the organizational structure recommended by the Commission.

In 2001 the Assembly of Delegates charged a Task Force on Organizational Restructuring to develop this new structure. In 2002, the Assembly adopted the proposed new organizational structure, which included an Education and Training Advisory Board. This board was created to serve as a visionary body to advise, inform, and make recommendations to the American Music Therapy Association (AMTA) on issues related to music therapy education and training. It was charged to analyze policy issues that focus on standards and professional competencies for advanced levels of education and training; and more specifically, the relationship of these standards and competencies to advanced degrees, education and training requirements, levels of practice, professional titles and designations, and various state licensures.

In carrying out these charges, the Education and Training Advisory Board was to address the “Issues for Future Consideration.” Prior to its first meeting in November 2003, the Advisory Board reviewed a comprehensive packet of published literature, AMTA documents, and AMTA internal reports related to music therapy education and training from 1960 to the present. At the meeting, the Advisory Board discussed the literature and then focused on the prioritization of tasks. The Advisory Board determined that it was necessary to delineate levels of practice in music therapy in order to provide the foundation for the development of advanced competencies. From its inception, the Advisory Board worked according to one fundamental principle: that no recommendation would be forwarded to the Association unless it was unanimous.

After much discussion, the Advisory Board agreed that defining levels of practice in music therapy was a top priority for the profession as well as a foundation for other high priority tasks. Each Advisory Board member then researched and wrote a paper from her/his respective area of expertise related to this topic.

Differential levels of music therapy clinical practice have been described for decades in the music therapy literature (Bruscia, 1989, 1998; Gfeller & Thaut, 1999; Maranto, 1993; Scartelli, 1989; Standley, 1989; Wheeler, 1983). Suggested levels have been based on types of goals, depth and extent of services, and/or independence of the music therapist. Gfeller and Thaut, Scartelli, and Standley related levels of practice

to educational preparation. The Commission on Education and Clinical Training (AMTA, 1999) similarly suggested that while the Bachelor's degree is designed to impart Professional Competencies for music therapy practice, the Master's degree could prepare the music therapist to work at a more advanced level, "depending on the clinical components of the degree program" while the doctoral degree would not only provide competence in research, teaching, and supervision, but also advanced competency in a "specialization area in music therapy."

The clinical music therapy literature describes several music therapy models that require substantial training and expertise beyond the AMTA Professional Competencies. These models include Analytical Music Therapy (AMT; Priestly, 1994), the Bonny Method of Guided Imagery and Music (BMGIM; Grocke & Bruscia, 2002), and Nordoff-Robbins Music Therapy (NRMT; Nordoff & Robbins, 1977). Several authors have described other treatment approaches that represent advanced or highly specialized clinical practice (e.g., Austin, 2001; Gfeller, 2001) or advanced areas of practice such as supervision (e.g., Forinash, 2001) and education and training (e.g., Wheeler, 2003; Wigram, Pedersen, & Bonde, 2002). Still others have modeled a level of practice beyond the Professional Competencies by developing methods of assessment (e.g., Coleman & Brunk, 1999; Wigram, 2000) or by proposing theories of music therapy (e.g., Kenny, 1989; Thaut, 2000).

The urgency of the need for AMTA to define levels of music therapy practice has increased with recent legislative and regulatory actions in several states that have specified how and under what circumstances music therapists may practice. By defining levels of music therapy practice, AMTA will be prepared proactively to partner with state legislatures and regulatory bodies in the development of occupational regulations that affect music therapy services.

Defining levels of practice in music therapy serves as the foundation toward achieving the following objectives for the Association:

1. Identify advanced competencies, both global and in areas of specialization, along with analysis of existing professional competencies
2. Develop education and clinical standards for graduate degree programs
3. Support the Academic Program Approval Committee in reviewing AMTA approved academic programs that are reapplying for AMTA program approval, as well as new programs applying for initial approval
4. Provide information for government relations work dealing with state licensures and employment practices (e.g., job descriptions, salaries, populations, scope of practice).
5. Support efforts in seeking reimbursement and financing of MT services
6. Support public relations efforts in professional recognition and perception of music therapy by other professions and the public
7. Support efforts in continuing education by providing a framework for defining what constitutes specialized trainings, advanced trainings, and other types of continuing education opportunities
8. Provide a basis for developing advanced professional designations and/or credentials
9. Support research efforts in music therapy
10. Stimulate continued growth of music therapists and the profession

In November 2004 the Advisory Board began its deliberations on defining levels of practice, which continued through a mid-year retreat in July 2005. Following the retreat, the Advisory Board issued the following Advisory on Levels of Practice for consideration by the AMTA Board of Directors, Assembly of Delegates, Regions, and membership.

Preamble

This Advisory distinguishes two Levels of Practice within the music therapy profession. In presenting a framework for these Levels of Practice, the Advisory Board has described characteristics, preparation, and skills within four domains for each of two levels of practice. For the advanced level, types of experiences that may lead to an advanced level of practice also are offered.

In making a distinction between professional practice and advanced professional practice, the Advisory Board recognizes that music therapy practice exists on a developmental continuum. This continuum represents both breadth and depth in levels of practice and may be viewed from the perspective of a “gestalt,” where the whole is greater than the sum of its parts. Considering this developmental continuum, the Advisory Board felt that Abraham Maslow’s (1971) principles of human development closely matched our perception of the field and its members; that is, professional music therapists are always in a process of “becoming.” Moreover, the Advisory Board acknowledges that a music therapist may practice at an advanced level in a specific role or with a specific population; however, the level of practice may shift when the therapist takes on a distinctly different role or serves a different population , e.g., from clinician to supervisor or from developmental disabilities to mental health.

In deliberating about levels of practice, the Advisory Board debated what to label the level of practice needed to enter the profession as a practitioner. At the present time, AMTA has a document entitled “Professional Competencies” and CBMT grants a “professional” credential. For now, the Advisory Board has chosen to use the term “professional” to remain consistent with current terminology; however, the terminology may be subject to change in response to internal and external influences.

Professional Level of Practice

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.

Central to the Professional Level of Practice are the characteristics of the music therapist practicing at this level. This section presents characteristics of the professional music therapist and how these contribute to professional practice.

Professional Growth

Professional growth includes the development of knowledge, skills, and abilities through education, supervision, and other professional experiences. At this level, the music therapist pursues continuing education, receives supervision, participates in a supervisory relationship, demonstrates understanding of his/her role within the organizational structure of the treatment setting, and actively seeks continued development within that structure. The therapist practices within the scope of professional preparation.

Musical Development

Musical development is the acquisition of music knowledge, aesthetic sensitivity, and skills relevant to music therapy, and the application of those skills to clinical practice. At this level, the music therapist uses music and music experiences to elicit musical and extramusical responses from clients and to support progress toward treatment goals.

Personal Development of the Therapist

Personal development involves becoming self-aware and actively seeking to further develop the self. At this level, the music therapist observes and is aware of her/his own feelings, behaviors, and limitations in order to respond therapeutically to client behaviors. S/he may actively seek personally challenging and enriching experiences in order to facilitate personal growth.

Clinical Experience

Clinical experience involves provision of music therapy services within the context of a treatment team. At this level, the music therapist utilizes music therapy techniques to meet clients musically and clinically. The music therapist demonstrates basic knowledge of assessment, treatment, documentation, and evaluation; communicates empathy and establishes therapeutic relationships; and demonstrates understanding of ethical principles and current standards of practice.

Advanced Level of Practice

Advanced Level of Practice is 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. A music therapist at an Advanced Level of Practice has at least a Bachelor's degree or its equivalent in music therapy, a current professional designation or credential in music therapy (i.e., ACMT, CMT, MT-BC, or RMT), professional experience, and further education and/or training (e.g., receiving clinical supervision, a graduate degree, and/or advanced training). It is anticipated that in the future music therapists at the Advanced Level of Practice will hold at least a Master's degree in music therapy that includes advanced clinical education. The advanced music therapist demonstrates comprehensive understanding of foundations and principles of music, music therapy, treatment, and management in clinical, educational, research, and/or administrative settings.

Central to the Advanced Level of Practice are the characteristics of the music therapist practicing at this level. This section presents characteristics of the advanced music therapist and how these contribute to advanced practice.

Professional Growth

Professional growth includes the development of music therapy-related knowledge, skills, and abilities through education, supervision, and other professional experiences. Education includes formal coursework, graduate degree programs, and continuing education directly related to and integrated into music therapy practice. Supervision includes observation and feedback, case consultation, and/or mentorship of music therapy practice provided by a clinical supervisor, an advanced colleague, or a graduate educator. The advanced music therapist understands major theories of clinical supervision, provides supervision, and serves as a clinical model for the supervisee. Other professional growth experiences include informal, professionally related activities, such as teaching at conferences and institutes. The advanced music therapist understands issues involved in standards, policies and procedures for clinical practice, clinical supervision, clinical administration, college/university teaching, and research. Listed below are possible ways to enhance professional growth.

Educational options include but are not limited to

- Completion of graduate degree program
- Completion of institute-based advanced training (AMT, BMGIM, NRMT)
- Graduate level courses
- Completion of continuing education credits through conferences, workshops/institutes
- Remaining current with the music therapy literature and integrating it into teaching, supervision, research and clinical practice

Supervision options include but are not limited to

- Consultation
- On-the job clinical supervision
- Contracting for private clinical supervision
- Peer supervision
- Clinically oriented in-services
- Supervised clinical experiences as part of a graduate degree program

Other professional growth options include but are not limited to

- Participation in professional committees and task forces

- Government and public relations activities on behalf of music therapy
- Publishing scholarly articles, books, monographs, etc.
- Teaching music therapy
- Professional presentations about music therapy
- Supervision of music therapy interns
- Volunteering with an unfamiliar population

Musical Development

Musical development is the broadening and deepening of both the music therapist's relationship to music and her/his musicianship relevant to music therapy, and the integration of both into clinical practice. The advanced music therapist designs and conducts music experiences that are primarily process-oriented. S/he applies complex and spontaneous manipulation of multiple musical elements to facilitate and work with client responses.

Ways in which music therapists may develop musically include but are not limited to

- Actively working to broaden repertoire in response to clinical need
- Taking lessons to broaden and deepen musical skills and musicality
- Active involvement in music outside of the clinical setting (e.g., composing; attending concerts; listening to music; moving to music; or making music in bands, orchestras, choirs, houses of worship, community theaters)
- Reflecting on the way music affects people and communities emotionally, cognitively, interpersonally, spiritually, and physically
- Familiarizing oneself with various genre of music and their cultural contexts (e.g., multicultural, multi-denominational, hip-hop/rap, country/western) while recognizing one's own cultural limitations
- Expanding skill using various forms, structures and techniques (e.g., improvisation, jazz, drumming, music technology, movement, additional styles)

Personal Growth and Development

Personal growth is the deepening awareness and actualization of the self. The advanced music therapist is aware of the role of the self and its effect on both the client and the therapeutic process. The advanced music therapist is aware of the role of self in relation to one's own personal issues, which may affect the client and therapeutic process. The advanced music therapist integrates knowledge with empathy and is aware of resources and limitations, both personal and situational.

Ways in which music therapists may grow personally include but are not limited to

- Personal music therapy (e.g., AMT, BMGIM)
- Personal therapy (e.g., counseling, other arts therapies, psychotherapy)
- Involving oneself in new personal challenges and self-growth experiences (e.g., travel to or study of different cultures, dance classes, retreats)
- Personal growth groups (e.g., dream work, support groups, 12-step groups)
- Engagement in challenging life experiences that enhance understanding of the human condition
- Living a lifestyle that includes expression, reflection, and self-awareness (e.g., journaling, arts, meditation, other spiritual pursuits)

Integrative Clinical Experience

Integrative clinical experience is professional practice in music therapy of sufficient duration and depth to gain a comprehensive understanding of the clinical process of the client and the therapist's impact on that process. Through such experiences the music therapist moves beyond didactic knowledge to integrate rationale, theories, treatment methods, and use of self to enhance client growth and development. Based on a comprehensive understanding and integration of theories and practices in assessment, treatment, evaluation, and termination, the advanced music therapist takes a central and independent role in client treatment plans.

Given a growth motivation and a conducive work environment, clinical experiences that lead to this integration include professional activities such as

- Treatment and analysis of client progress over time
- Providing music therapy interventions within a clinically based research protocol
- Interaction with treatment team members and milieu
- Sufficient experience with many clients to recognize patterns
- Reflecting on and interpreting the clinically relevant actions of both client and self
- Partnering with the client in therapeutic process
- Collaboration and sharing with colleagues and mentors
- Assimilating relevant literature into clinical practice
- Research activities that further enhance the treatment process

Summary

This document represents an initial framework of Levels of Practice in Music Therapy. The Advisory Board envisions that Advanced Competencies will emerge from the Advanced Level of Practice and recommends that a Task Force now be appointed to develop those Competencies. The Advisory Board recognizes that the Advanced Level of Practice actually encompasses more than one level. In the future, the multiple layers within the advanced level will need to be clarified further as they emerge. The Advisory Board urges the Association to be proactive in delineating and disseminating Levels of Practice to external regulatory bodies before they define them for us.

References

- American Music Therapy Association. (1999). *Final report and recommendations of the Commission on Education and Clinical Training of the American Music Therapy Association*. Silver Spring, MD: Author.
- Austin, D. (2001). In search of the self: The use of vocal holding techniques with adults traumatized as children. *Music Therapy Perspectives*, 19, 22-30.
- Bruscia, K. E. (1989). The content of music therapy education at undergraduate and graduate levels. *Music Therapy Perspectives*, 7, 83-87.
- Bruscia, K. E. (1998). *Defining music therapy* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Coleman, K. A., & Brunk, B. K. (1999). *SEMTAP: Special education music therapy assessment process handbook*. Grapevine, TX: Prelude Music Therapy.
- Dvorkin, J. (1982). Piano improvisation: A therapeutic tool in acceptance and resolution of emotions in a schizo-affective personality. *Music Therapy*, 2, 53-62.
- Forinash, M. (Ed.). (2001). *Music therapy supervision*. Gilsum, NH: Barcelona Publishers.
- Gfeller, K. (2001). Aural rehabilitation of music listening for adult cochlear implant recipients: Addressing learner characteristics. *Music Therapy Perspectives*, 19, 88-95.
- Gfeller, K., & Thaut, M. H. (1999). Music therapy in the treatment of mental disorders. In W. B. Davis, K. E. Gfeller, & M. H. Thaut (Eds.), *An introduction to music therapy: Theory and practice* (2nd ed., pp. 89-117). Boston: McGraw-Hill.
- Grocke, D. E., & Bruscia, K. E. (2002). *Guided Imagery and music: The Bonny method and beyond*. Gilsum, NH: Barcelona Publishers.
- Kenny, C. B. (1989). *Field of play: Guide for the theory and practice of music therapy*. Atascadero, CA: Ridgeview Publishing.
- Maranto, C. D. (1993). *Music therapy: International perspectives*. Pipersville, PA: Jeffery Books.
- Maslow, A. H. (1971). *The farther reaches of human nature*. New York: Viking Press.
- Nordoff, P., & Robbins, C. (1977). *Creative music therapy: Individualized treatment for the handicapped child*. New York: John Day.
- Priestly, M. (1994). *Essays on analytical music therapy*. Phoenixville, PA: Barcelona Publishers.
- Scartelli, J. (1989). A rationale for levels of certification in music therapy. *Music Therapy Perspectives*, 7, 93-95.
- Standley, J. M. (1989). A prospectus for the future of music therapy: Education standards, requirements, and professional designations. *Music Therapy Perspectives*, 7, 103-107.
- Standley, J. M. (2003). *Music therapy with premature infants: Research and developmental interventions*. Silver Spring, MD: American Music Therapy Association.
- Thaut, M. H. (2000). *A scientific model of music in therapy and medicine*. San Antonio, TX: IMR Press.
- Wheeler, B. (1983). A psychotherapeutic classification of music therapy practices: A continuum of procedures. *Music Therapy Perspectives*, 1(2), 8-16.
- Wheeler, B. L. (2003). First international symposium on music therapy training: A retrospective examination. *Nordic Journal of Music Therapy*, 12(1), 54-66.
- Wigram, T. (2000). A method of music therapy assessment for the diagnosis of autism and communication disorders in children. *Music Therapy Perspectives*, 18, 13-22.
- Wigram, T., Pedersen, I. N., & Bonde, L. O. (2002). *A comprehensive guide to music therapy*. London: Jessica Kinglsey.



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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.

AMTA Professional Competencies

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 non-symphonic 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. Keyboard Skills

- 4.1 Accompany self and ensembles proficiently.
- 4.2 Play basic chord progressions (I-IV-V-I) in several keys.
- 4.3 Sight-read simple compositions and song accompaniments.
- 4.4 Play a basic repertoire of traditional, folk, and popular songs with or without printed music.
- 4.5 Harmonize and transpose simple compositions.

5. Guitar Skills

- 5.1 Accompany self and ensembles proficiently.
- 5.2 Employ simple strumming and finger picking techniques.
- 5.3 Tune guitar using standard and other tunings.
- 5.4 Perform a basic repertoire of traditional, folk, and popular songs with or without printed music.
- 5.5 Harmonize and transpose simple compositions in several keys.

6. Voice Skills

- 6.1 Lead group singing by voice.
- 6.2 Communicate vocally with adequate volume (loudness).
- 6.3 Sing a basic repertoire of traditional, folk, and popular songs in tune with a pleasing quality.

7. Percussion Skills

- 7.1 Accompany self and ensembles proficiently.
- 7.2 Utilize basic techniques on several standard and ethnic instruments.
- 7.3 Lead rhythm-based ensembles proficiently.

8. Non-symphonic Instrumental Skills

- 8.1 Care for and maintain non-symphonic and ethnic instruments.
- 8.2 Play autoharp or equivalent with same competence specified for guitar.
- 8.3 Utilize electronic musical instruments.

9. Improvisation Skills

- 9.1 Improvise on percussion instruments.
- 9.2 Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.
- 9.3 Improvise in small ensembles.

10. Conducting Skills

- 10.1 Conduct basic patterns with technical accuracy.
- 10.2 Conduct small and large vocal and instrumental ensembles.

11. Movement Skills

- 11.1 Direct structured and improvisatory movement experiences.
- 11.2 Move in structural rhythmic and improvisatory manners for expressive purposes.
- 11.3 Move expressively and with interpretation to music within rhythmic structure.

B. CLINICAL FOUNDATIONS

12. Exceptionality

- 12.1 Demonstrate basic knowledge of the potentials, limitations, and problems of exceptional individuals.
- 12.2 Demonstrate basic knowledge of the causes and symptoms of major exceptionalities, and basic terminology used in diagnosis and classification.
- 12.3 Demonstrate basic knowledge of typical and atypical human systems and development (e.g. anatomical, physiological, psychological, social.)

13. Principles of Therapy

- 13.1 Demonstrate basic knowledge of the dynamics and processes of a therapist-client relationship.
- 13.2 Demonstrate basic knowledge of the dynamics and processes of therapy groups.
- 13.3 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.

14. The Therapeutic Relationship

- 14.1 Recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process.
- 14.2 Establish and maintain interpersonal relationships with clients that are conducive to therapy.
- 14.3 Use oneself effectively in the therapist role in both individual and group therapy, e.g. appropriate self-disclosure, authenticity, empathy, etc. toward affecting desired behavioral outcomes.
- 14.4 Utilize the dynamics and processes of groups to achieve therapeutic goals
- 14.5 Demonstrate awareness of one's cultural heritage and socio-economic background and how these influence the perception of the therapeutic process.

C. MUSIC THERAPY

15. Foundations and Principles

- 15.1 Demonstrate basic knowledge of existing music therapy methods, techniques, materials, and equipment with their appropriate applications.
- 15.2 Demonstrate basic knowledge of principles, and methods of music therapy assessment and their appropriate application.
- 15.3 Demonstrate basic knowledge of the principles and methods for evaluating the effects of music therapy.
- 15.4 Demonstrate basic knowledge of the purpose, intent, and function of music therapy for various client populations.
- 15.5 Demonstrate basic knowledge of the psychological and physiological aspects of musical behavior and experience (i.e. music and affect; influence of music on behavior; physiological responses to music; perception and cognition of music; psychomotor components of music behavior; music learning and development; preference; creativity).
- 15.6 Demonstrate basic knowledge of philosophical, psychological, physiological, and sociological bases for the use of music as therapy.
- 15.7 Demonstrate basic knowledge of the use of current technologies in music therapy assessment, treatment, and evaluation.

16. Client Assessment

- 16.1 Communicate assessment findings and recommendations in written and verbal forms.
- 16.2 Observe and record accurately the client's responses to assessment.
- 16.3 Identify the client's appropriate and inappropriate behaviors.
- 16.4 Select and implement effective culturally based methods for assessing the client's assets, and problems through music.
- 16.5 Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development.
- 16.6 Identify the client's therapeutic needs through an analysis and interpretation of music therapy and related assessment data.
- 16.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding assessment.

17. Treatment Planning

- 17.1 Select or create music therapy experiences that meet the client's objectives.
- 17.2 Formulate goals and objectives for individuals and group therapy based upon assessment findings.
- 17.3 Identify the client's primary treatment needs in music therapy.
- 17.4 Provide preliminary estimates of frequency and duration of treatment.
- 17.5 Select and adapt music consistent with strengths and needs of the client.
- 17.6 Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.
- 17.7 Select and adapt musical instruments and equipment consistent with strengths and needs of the client.
- 17.8 Organize and arrange the music therapy setting to facilitate the client's therapeutic involvement.
- 17.9 Plan and sequence music therapy sessions.
- 17.10 Determine the client's appropriate music therapy group and/or individual placement.
- 17.11 Coordinate treatment plan with other professionals.
- 17.12 Demonstrate knowledge of professional Standards of Clinical Practice regarding planning.

18. Therapy Implementation

- 18.1 Recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur.
- 18.2 Provide music therapy experiences to
 - 18.2.1 Change nonmusical behavior;
 - 18.2.2 Assist the client's development of social skills;
 - 18.2.3 Improve the client's sense of self and self with others;
 - 18.2.4 Elicit social interactions from the client;
 - 18.2.5 Promote client decision making;
 - 18.2.6 Assist the client in increasing on task behavior;
 - 18.2.7 Elicit affective responses from the client;

- 18.2.8 Encourage creative responses from the client;
- 18.2.9 Improve the client's orientation to person, place, and time;
- 18.2.10 Enhance client's cognitive/intellectual development;
- 18.2.11 Develop or rehabilitate the client's motor skills;
- 18.2.12 Offer sensory stimulation that allows the client to use visual, auditory, or tactile cues;
- 18.2.13 Promote relaxation and/or stress reduction in the client.
- 18.3 Provide verbal and nonverbal directions and cues necessary for successful client participation.
- 18.4 Provide models for appropriate social behavior in group music therapy.
- 18.5 Utilize therapeutic verbal skills in music therapy sessions.
- 18.6 Communicate to the client's expectations of their behavior.
- 18.7 Provide feedback on, reflect, rephrase, and translate the client's communications.
- 18.8 Assist the client to communicate more effectively.
- 18.9 Sequence and pace music experiences within a session according to the client's needs and situational factors.
- 18.10 Conduct or facilitate group and individual music therapy.
- 18.11 Implement music therapy program according to treatment plan.
- 18.12 Promote a sense of group cohesiveness and/or a feeling of group membership.
- 18.13 Create a physical environment (e.g. arrangement of space, furniture, equipment, and instruments) that is conducive to effective therapy.
- 18.14 Develop and maintain a repertoire of music for age, culture, and stylistic differences.
- 18.15 Recognize and respond appropriately to effects of the client's medications.
- 18.16 Establish closure of music therapy sessions.
- 18.17 Establish closure of treatment issues.
- 18.18 Demonstrate knowledge of professional Standards of Clinical Practice regarding implementation.

19. Therapy Evaluation

- 19.1 Recognize and respond appropriately to situations in which there are clear and present dangers to the client and/or others.
- 19.2 Modify treatment approaches based on the client's response to therapy.
- 19.3 Recognize significant changes and patterns in the client's response to therapy.
- 19.4 Revise treatment plan as needed.
- 19.5 Establish and work within realistic time frames for evaluating the effects of therapy.
- 19.6 Review treatment plan periodically within guidelines set by agency.
- 19.7 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
- 19.8 Demonstrate knowledge of professional Standards of Clinical Practice regarding evaluation.

20. Documentation

- 20.1 Produce documentation that accurately reflect client outcomes and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.
- 20.2 Document clinical data.
- 20.3 Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.
- 20.4 Communicate orally with the client, parents, significant others, and team members regarding the client's progress and various aspects of the client's music therapy program.
- 20.5 Document and revise the treatment plan and document changes to the treatment plan.
- 20.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, and evaluation.
- 20.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding documentation.

21. Termination/Discharge Planning

- 21.1 Inform and prepare the client for approaching termination from music therapy.
- 21.2 Establish closure of music therapy services by time of termination/discharge.
- 21.3 Determine termination of the client from music therapy.
- 21.4 Integrate music therapy termination plan with plans for the client's discharge from the facility.
- 21.5 Assess potential benefits/detriments of termination of music therapy.
- 21.6 Develop music therapy termination plan.
- 21.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding termination.

22. Professional Role/Ethics

- 22.1 Interpret and adhere to the AMTA Code of Ethics.
- 22.2 Adhere to professional Standards of Clinical Practice.
- 22.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.
- 22.4 Accept criticism/feedback with willingness and follow through in a productive manner.
- 22.5 Resolve conflicts in a positive and constructive manner.
- 22.6 Meet deadlines without prompting.
- 22.7 Express thoughts and personal feelings in a consistently constructive manner.
- 22.8 Demonstrate critical self-awareness of strengths and weaknesses.
- 22.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.
- 22.10 Treat all persons with dignity and respect, regardless of differences in race, religion, ethnicity, sexual orientation, or gender.
- 22.11 Demonstrate skill in working with culturally diverse populations.
- 22.12 Apply laws and regulations regarding the human rights of the clients.
- 22.13 Respond to legislative issues affecting music therapy.

- 22.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.
- 22.15 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).

23. Interdisciplinary Collaboration

- 23.1 Demonstrate a basic understanding of the roles and develop working relationships with other disciplines in the client's treatment program.
- 23.2 Communicate to other departments and staff the rationale for music therapy services and the role of the music therapist.
- 23.3 Define the role of music therapy in the client's total treatment program.
- 23.4 Collaborate with team members in designing and implementing interdisciplinary treatment programs.

24. Supervision and Administration

- 24.1 Participate in and benefit from supervision.
- 24.2 Manage and maintain music therapy equipment and supplies.
- 24.3 Perform administrative duties usually required of clinicians (e.g. scheduling therapy, programmatic budgeting, maintaining record files).
- 24.4 Write proposals to create and/or establish new music therapy programs.

25. Research Methods

- 25.1 Interpret information in the professional research literature.
- 25.2 Demonstrate basic knowledge of the purpose of historical, quantitative, and qualitative research.
- 25.3 Perform a data-based literature search.
- 25.4 Apply selected research findings to clinical practice.

REFERENCES

- Alley, J. M. (1978). Competency based evaluation of a music therapy curriculum. *Journal of Music Therapy*, 11, 9-14.
- Braswell, C. Maranto, C.D., & Decuir, A. (1979a). A survey of clinical practice in music therapy, Part I: The institutions in which music therapist's work and personal data. *Journal of Music Therapy*, 16, 2-16.
- Braswell, C. Maranto, C.D., & Decuir, A. (1979b). A survey of clinical practice in music therapy, Part II: Clinical Practice, education, and clinical training. *Journal of Music Therapy*, 16, 50-69.
- Braswell, C. Maranto, C.D., & Decuir, A. (1980). Ratings of entry skills by music therapy clinicians, educators, and interns. *Journal of Music Therapy*, 17, 133-147.
- Bruscia, K., Hesser B., & Boxill, E. (1981). Essential competencies for the practice of music therapy. *Music Therapy*, 1, 43-49.
- Certification Board for Music Therapists. (1988). Job re-analysis survey of music therapy knowledge and skills.
- Jensen, K. L., & McKinney, C. H. (1990). Undergraduate music therapy education and training: Current status and proposals for the future. *Journal of Music Therapy*, 18, 158-178.
- Lathom W.B. (1982). Survey of current functions of a music therapist. *Journal of Music Therapy*, 19, 2-27.
- McGuire, M.G. (1994). *A survey of all National Association for Music Therapy clinical training directors*. Unpublished manuscript. Author.
- McGuire, M.G. (1995). *A survey of all recently registered music therapists*. Unpublished manuscript. Author.
- McGuire, M.G. (1996a). *Determining the professional competencies for the National Association for Music Therapy: Six surveys of professional music therapists in the United States, 1990-1996*. Paper presented at the Eighth World Congress of Music Therapy and the Second International Congress of the World Federation of Music Therapy, Hamburg, Germany.
- McGuire, M.G. (1996b). *A survey of all American Association for Music Therapy and National Association for Music Therapy educators*. Unpublished manuscript. Author.
- McGuire, M.G., Brady, D., Cohen, N., Hoskins, C., & Kay, L. (1996). *A document in process: Music Therapy Professional Competencies*. A presentation at the Joint Conference of the American Association for Music Therapy and the National Association for Music Therapy, Nashville, TN.
- Maranto, C.D., & Bruscia, K.E. (1988). *Methods of teaching and training the music therapists*. Philadelphia: Temple University.
- Maranto, C.D., & Bruscia, K.E. (Eds.) (1988). *Perspectives on music therapy education and training*. Philadelphia: Temple University.
- National Association for Music Therapy. (Various dates). Surveys conducted from 1991 through 1996.
- Petrie, G.E. (1989). The identification of a contemporary hierarchy of intended learning outcomes for music therapy students entering internships. *Journal of Music Therapy*, 26, 125-139.
- Petrie, G.E. (1993). An evaluation of the National Association for Music Therapy Undergraduate Academic Curriculum: Part II. *Journal of Music Therapy*, 30, 158-173.
- Reuer, B.L. (1987). *An evaluation of the National Association for Music Therapy curriculum from the perspectives of therapists, and educators of therapists in view of academic,*

- clinical, and regulatory criteria*. Unpublished doctoral dissertation, The University of Iowa.
- Sandness, M.I., McGuire, M.G., & Cohen, N. (1995) *Roundtable Discussion: The process of implementing the NAMT Professional Competencies into the academic curriculum*. A presentation at the National Association for Music Therapy Conference, Houston, TX.
- Scartelli, J. (October-November, 1994). *NAMT Notes*, pp.1, 3.
- Taylor, D.B. (1984). Professional music therapists' opinion concerning competencies for entry-level music therapy practitioners. *Dissertation. Abstracts International*, 43. 8424243.
- Taylor, D.B. (1987). A survey of professional music therapists concerning entry level competencies. *Journal of Music Therapy*, 24, 114-145.

Revised 11/30/08

STANDARDS FOR EDUCATION AND CLINICAL TRAINING



Adopted 2000
Revised 2010

AMTA STANDARDS FOR EDUCATION AND CLINICAL TRAINING

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*, and *National Roster 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.
- 2.4 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

- 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 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. 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** 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.
- 3.2.4** 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. Internship sites may choose to establish both university-affiliated internship(s) and a national roster internship program so long as the internship site stays within the standards set by the National Roster Internship Guidelines. The internship supervisor shall make final acceptance decisions regarding applicants for their internship, regardless of whether the internship has been approved by the academic institution or the Association.
- 3.2.5** University-affiliated internship programs must meet all AMTA standards of the Clinical Training Component and Qualifications for Clinical Supervisors in this document, as well as AMTA Guidelines for Distance Learning (if applicable). These programs will be reviewed in conjunction with academic program approval or re-approval by the Association. University-affiliated internships must be designed so that the music therapy intern spends at least half of the internship hours at one or more placements under the direct supervision of a credentialed music therapist who regularly provides professional music therapy services at that placement(s). For any portion of the internship when there cannot be a music therapist on site, the student must have a credentialed music therapist providing direct supervision under the auspices of the university. Direct supervision includes observation of the intern's clinical work with feedback provided to the intern.

3.2.6 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.
- 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 week 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).

3.2.7 The internship program shall have its own competency-based evaluation system to determine whether each intern has attained required AMTA competencies. The internship program shall also solicit intern site evaluations for quality assurance purposes. These evaluations shall be forwarded to the intern's academic institution.

3.2.8 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.

3.2.9 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 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.

3.2.10 Existing 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 a supervised clinical component, defined as one or more music therapy fieldwork experiences that focus on clients and require post-internship, graduate training.

NB: All master’s degrees in music therapy must include a supervised clinical component beyond the completion of the 1200 hours of clinical training required for acquisition of the *AMTA Professional Competencies* and concurrently with or following completion of graduate music therapy courses. It is strongly advised that the student receive direct supervision under the auspices of the University in either on-site or consultative form. Such supervision must be provided by a music therapist who has acquired advanced clinical 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 therapy, 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 12 semester hours or the equivalent of graduate credits 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 12 semester hours or the equivalent of graduate credits 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.

6.2 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.

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. Additional full or part-time faculty may be required depending upon student enrollment in each degree program and teaching loads.

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 and/or internship programs for approval upon initial application and review, and every ten years thereafter in conjunction with the NASM accreditation/affirmation review.

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 seek affirmation by NASM through the alternative review process.

7.3 Grandfathering

- 7.3.1** All academic institutions previously approved by AAMT and NAMT shall maintain their approval status with AMTA during the transition from previous standards to the standards set forth herein. AMTA-approved academic programs in institutions that did not offer degrees or majors in music and that did not hold NASM accreditation or affirmation at the time the AMTA standards were originally adopted are eligible to re-apply for AMTA approval according to the standards without seeking NASM accreditation or affirmation. AMTA-approved academic programs in institutions that did offer degrees or majors in music at the time the AMTA standards were originally adopted but do not currently hold NASM accreditation or affirmation must apply for NASM accreditation or affirmation in order to maintain AMTA approval.

8.0 Guidelines for Distance Learning

Rationale: Technology is rapidly becoming integrated into all aspects of our daily lives. The utilization of technology in education in university teaching is a natural step. With this in mind, it is imperative that the American Music Therapy Association (AMTA) formulate guidelines for distance learning in education. Technology beyond the posting of syllabi, course outlines, and use

as a communication device, is currently being used in 50% of music therapy undergraduate and 58% of graduate programs in the United States (Keith & Vega, 2006). Of those undergraduate training programs, 45% of these programs use face-to-face instruction and use technology only for discussions and online assignments. American Music Therapy Association receives a significant number of requests from prospective music therapy candidates who are unable to move geographically to institutions with AMTA approved music therapy programs. The AMTA Academic Program Approval Committee has received applications for new program approval for distance learning programs and is therefore in need of standards and guidelines for its program approval process. Institutions are encouraged to be innovative both in education delivery and financially. It is recognized that with the rapid changes in technology, these standards and guidelines will require flexibility and will be in a continued state of development.

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 Hours of Face-to-Face Instruction

Distance learning programs should specify how much face-to-face instruction will occur per course, if any. Such courses are often referred to as “hybrid courses” (also known as blended or mixed mode courses) in which a significant portion of the learning activities have been moved online. Faculty need to be knowledgeable about modules and course management systems specific to their college/university, different file types, browsers, broadcasting systems, etc., and continue to keep updated with new technology.

8.4.2 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.

8.4.3 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.

8.4.4 Admission

Admission will be in compliance with each university’s admission policies and procedures for music therapy programs.

8.4.5 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.

8.4.6 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. Course syllabi should indicate the AMTA Professional Competencies and/or Advanced Competencies (whichever if applicable) that will be addressed in the course(s) and how these competencies will be evaluated using distance learning methods.

8.4.7 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.

8.4.8 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.

8.4.9 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; ACMT; CMT; RMT).

8.4.10 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.

8.4.11 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.

8.4.12 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.

ACMT: "Advanced Certified Music Therapist" is a designation formerly given by the American Association for Music Therapy.

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: Appropriate music therapy credentials or designations include three designations that were issued by the former Associations—RMT or Registered Music Therapist, CMT or Certified Music Therapist, and ACMT or Advanced Certification in Music Therapy; and the MT-BC or Music Therapist-Board Certified, which 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.

CMT: “Certified Music Therapist” is a designation formerly given by the American Association for Music Therapy.

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.”

RMT: Registered Music Therapist is a designation formerly given by the National Association for Music Therapy.



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STANDARDS OF CLINICAL PRACTICE

Preamble

Definition

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Further Clarification:

- *“Clinical & evidence-based”*: There is an integral relationship between music therapy research and clinical practice.
- *“Music interventions”*: The process is “purpose-driven” within a productive use of musical experience based on the AMTA Standards of Clinical Practice.
- *“Individualized goals within a therapeutic relationship”*: This process includes assessment, treatment planning, therapeutic intervention, and evaluation of each client.
- *“Credentialed professional”*: Each credential or professional designation (i.e., MT-BC, RMT, CMT) requires a set of professional competencies to be fulfilled and maintained according to established professional standards.
- *“Approved music therapy program”*: A degreed program with AMTA approval and NASM accreditation.

Music therapy services are rendered by credentialed *Music Therapists, clinicians who are professional members of the American Music Therapy Association Inc. (AMTA). Although music therapy services exist in diversified settings, there is a core of common procedures and considerations stated formally as standards of general practice for all Music Therapists. Additional standards that are germane for particular clientele are delineated herein for ten areas of music therapy service: 1) addictive disorders, 2) consultant, 3) developmental disabilities, 4) educational settings, 5) geriatric settings, 6) medical settings, 7) mental health, 8) physical disabilities, 9) private practice, and 10) wellness practice. These ten areas reflect current music therapy services, but should not be interpreted as strict limits that would prevent development of new areas for music therapy.

Concomitant with the AMTA Code of Ethics, these Standards of Clinical Practice are designed to assist practicing Music Therapists and their employers in their endeavor to provide quality services. The Music Therapist will utilize *best professional judgment in the execution of these standards. The AMTA's Standards of Clinical Practice Committee is charged with periodic revision to keep these standards current with advances in the field.

* Starred (*) items are listed in the Explanatory Notes located at the end of the document.

Introduction

Standards of Clinical Practice for music therapy are defined as rules for measuring the quality of services. These standards are established through the authority of the American Music Therapy Association, Inc. This document first outlines general standards which should apply to all music therapy practice. Following these General Standards are specific standards for each of the ten areas of music therapy service. These serve as further delineations of the General Standards and are linked

closely to them. This close relationship is reflected in the numbering system used throughout this document. For example, section 4.0 regarding implementation in the General Standards ends with standard 4.7. The standards on implementation in Mental Health begin with 4.8 and supplement the General Standards with others that are specific to mental health settings. **Thus, the reader should read the General Standards first, and have them in hand when reading the specific standards.**

GENERAL STANDARDS

In delivery of music therapy services, Music Therapists follow a general procedure that includes 1. referral and acceptance, 2.*assessment, 3. program planning, 4. implementation, 5. documentation and 6. termination. Standards for each of these procedural steps are outlined herein and all Music Therapists should adhere to them in their delivery of services. Exceptions must be approved in writing by the Standards of Clinical Practice Committee. Decisions affecting the quality of services should be based on the best professional judgment of the Music Therapist with regard to client ratio and caseload, as well as the frequency, length, and duration of sessions. The Music Therapist will allocate time needed to execute responsibilities such as administration, in-service, and services relating to client care in order to provide quality, direct client service.

The recipient of music therapy services may be called by a variety of terms, depending on the setting in which therapy is rendered--e.g., client, consumer, patient, resident, or student. Such diversity of terminology is reflected in this document.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

- 1.1 A client may be a candidate for music therapy when a psychological, educational, social, or physiological need might be ameliorated or prevented by such services.
- 1.2 A client may be referred for an initial music therapy assessment by:
 - 1.2.1 a Music Therapist
 - 1.2.2 members of other disciplines or agencies
 - 1.2.3 self
 - 1.2.4 parents, guardians, advocates, or designated representatives
- 1.3 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. *Screening may be used as a part of this process.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist at the onset of music therapy services.

- 2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills, and musical preferences.
- 2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, social class, family experiences, sexual orientation, gender identity, and social organizations.

- 2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.
- 2.4 All interpretations of test results will be based on *appropriate norms or criterion referenced data.
- 2.5 The music therapy assessment procedures and results will become a part of the client's file.
- 2.6 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.
- 2.7 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

3.0 Standard III - Program Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

- 3.1 Help the client attain and maintain the maximum level of functioning.
- 3.2 Comply with federal, state, and facility regulations.
- 3.3 Delineate the type, frequency, and duration of music therapy involvement.
- 3.4 Contain *goals that focus on assessed needs and strengths of the client.
- 3.5 Contain *objectives which are operationally defined for achieving the stated goals within estimated time frames.
- 3.6 Specify procedures, including music and music materials, for attaining the objectives.
 - 3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.
- 3.7 Provide for periodic *evaluation and appropriate modifications as needed.
- 3.8 Optimize, according to the *best professional judgment of the Music Therapist:
 - 3.8.1 The program plans of other disciplines.
 - 3.8.2 Established principles of normal growth and development.
- 3.9 Change to meet the priority needs of the client during crisis intervention.
- 3.10 Comply with infection control procedures.

- 3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

- 4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.
 - 4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.
 - 4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.
 - 4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.
- 4.2 Use methodology that is consistent with recent advances in health, safety and infection control practices.
- 4.3 Maintain close communication with other individuals involved with the client.
- 4.4 Record the schedule and procedures used in music therapy programming.
- 4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.
- 4.6 Incorporate the results of such evaluations in subsequent programming.
- 4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, program plan, and ongoing progress in music therapy in a manner consistent with federal, state, and facility regulations.

- 5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.
- 5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.
- 5.3 In all documentation relating to music therapy services, the Music Therapist will:
 - 5.3.1 Write in an objective, professional style based on observable client responses.
 - 5.3.2 Include the date, signature, and professional status of the therapist.
 - 5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.
- 5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.
- 5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

- 5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

- 6.1 Further optimize the goals of the individualized music therapy program plan.
- 6.2 Coordinate with the individualized program plans of other services received by the client.
- 6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.
- 6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

- 7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas.
- 7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.
- 7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VII – Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

ADDICTIVE DISORDERS

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clientele who have addictive disorders. The Music Therapist will adhere to the General Standards of Clinical Practice, as well as the specific standards for clients with addictive disorders described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele who have addictive disorders is the specialized use of music to restore, maintain, and improve mental, physical, and social-emotional functioning.

1.0 Standard I - Referral and Acceptance

1.2.5 Members of a treatment team

2.0 Standard II - Assessment

2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address the following areas:

- 2.8.1 Emotional status
- 2.8.2 Motor development (fine, gross, perceptual-motor)
- 2.8.3 Developmental level
- 2.8.4 Independent functioning and adaptive needs
- 2.8.5 Sensory acuity and perception
- 2.8.6 Attending behaviors
- 2.8.7 Sensory processing, planning, and task execution
- 2.8.8 Substance use or abuse
- 2.8.9 Vocational status
- 2.8.10 Reality orientation

- 2.8.11 Educational background
- 2.8.12 Coping skills
- 2.8.13 Infection control precautions
- 2.8.14 Medical regime and possible side effects.
- 2.8.15 Mental status
- 2.8.16 Pain tolerance and threshold level
- 2.8.17 Spatial and body concepts
- 2.8.18 Long and short term memory
- 2.8.19 Client's use of music

4.0 Standard IV - Implementation

- 4.8 Include family member participation in the treatment plan when appropriate.
- 4.9 Disclose information to the patient and the patient's family consistent with the physician's judgment and discretion in accordance with regulations when appropriate.
- 4.10 Disclose information consistent with the treatment team's recommendations in accordance with federal, state, and local confidentiality regulations.

6.0 Standard VI - Termination of Services

- 6.5 At the time of termination of services, document an evaluation of the client's functional abilities in the following areas: physiological, affective, sensory, communicative, social-emotional, and cognitive functioning.

7.0 Standard VII - Continuing Education

- 7.1.1 The Music Therapist will maintain knowledge of current developments in research, theory, and techniques concerning addictive disorders and related areas.
- 7.1.2 Related areas may include, but need not be limited to, family systems theory and 12 step programs, such as Alcoholics Anonymous, Narcotics Anonymous and Adult Children of Alcoholics.

CONSULTANT

These Standards of Clinical Practice are designed specifically for the Music Therapist working as a consultant in various settings such as educational, psychiatric, medical, and rehabilitation facilities and with professionals of other disciplines. The Music Therapist consultant will adhere to the General Standards of Clinical Practice as well as the specific standards for consultative music therapy services described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

The music therapy consultant may provide services to other professionals in music therapy and related disciplines and to others directly involved with the client. The consultant may also provide resource information regarding music therapy techniques and materials or may design music therapy programs for clientele in various settings.

1.0 Standard I - Referral and Acceptance

- 1.4 The Music Therapist consultant will establish a written contract which details the services and responsibilities of both the consultee and the consultant.

- 1.5 The Music Therapist consultant will adopt a fee schedule that is fair and appropriate for professional services rendered.

DEVELOPMENTAL DISABILITIES

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clientele who have, or are at risk for developmental disabilities. The Music Therapist will adhere to the General Standards of Clinical Practice as well as the specific standards for clients with developmental disabilities described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music Therapy with clientele who have, or are at risk for developmental disabilities is the specialized use of music to improve or maintain functioning in one or more of the following areas: motor, physiological, social/emotional, sensory, communicative, or cognitive functioning.

2.0 Standard II - Assessment

- 2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's adaptive functioning and developmental levels to address the following areas:
 - 2.8.1 Motor functioning
 - 2.8.2 Sensory processing, planning, and task execution
 - 2.8.3 Emotional status
 - 2.8.4 Coping skills
 - 2.8.5 Infection control procedures
 - 2.8.6 Attending behaviors
 - 2.8.7 Interpersonal relationships

7.0 Standard VII - Continuing Education

- 7.1.1 Related areas may include, but need not be limited to, psychopharmacology, neurology, psychology, physiology, special education, early childhood education and early intervention.

EDUCATIONAL SETTINGS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in educational settings. The Music Therapist will adhere to the General Standards of Clinical Practice as well as the specific standards for educational settings described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy in publicly-funded educational settings for students with disabilities may be defined as the use of music as a medium for assisting the students in meeting defined educational goals and objectives. In providing this service, the Music Therapist works closely with all members of the treatment team. Music therapy in other educational settings may also encompass a broader range of therapeutic goals.

2.0 Standard II - Assessment

- 2.2.1 The Music Therapist should be a member of the team which writes the student's *individual plan.
- 2.8 The music therapy assessment should be individualized according to the student's level of functioning.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the individual plan.

4.8 Evaluation must be made in terms of goals and objectives stated in the student's individual plan.

7.0 Standard VII – Continuing Education

7.1.1 Related areas may include, but need not be limited to psychopharmacology, neurology, psychology, physiology, special education, early childhood education and early intervention.

GERIATRIC SETTINGS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in settings with geriatric clients. The Music Therapist will adhere to the General Standards of Clinical Practice and the specific standards for geriatric settings described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele in geriatric settings may be defined as the specialized use of music with emphasis on the development, restoration or maintenance of each individual at the highest possible level of functioning.

2.0 Standard II - Assessment

2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address the following areas:

- 2.8.1 Motor skills.
- 2.8.2 Reality orientation
- 2.8.3 Emotional status
- 2.8.4 Spatial and body concepts
- 2.8.5 Long and short term memory
- 2.8.6 Attending behaviors
- 2.8.7 Infection control precautions
- 2.8.8 Sensory acuity and perception
- 2.8.9 Independent functioning and adaptive needs
- 2.8.10 Coping skills.

7.0 Standard VII - Continuing Education

7.1.1 Related areas may include, but need not be limited to, sensory processing, planning, and task execution; sensitivity training, specific diagnoses, and issues involved in death and dying, grief, loss, and spirituality.

MEDICAL SETTINGS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in medical settings. The Music Therapist will adhere to the General Standards of Clinical Practice and the specific standards for medical settings described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy for clientele in medical settings is the specialized use of music in sites which may include, but need not be limited to, those designated as medical-surgical, pediatric, palliative care, obstetrics, rehabilitation, and wellness care.

1.0 Standard I - Referral and Acceptance

- 1.3.1 Note: Some medical settings may require a physician's order for music therapy services.

2.0 Standard II - Assessment

- 2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address the following areas:
- 2.8.1 Emotional/psychosocial
 - 2.8.2 Coping skills
 - 2.8.3 Infection control precautions
 - 2.8.4 Activity status, pre-operative and post-operative
 - 2.8.5 Attitude toward surgery and/or medical procedures
 - 2.8.6 Cardiac precautions
 - 2.8.7 Impact of surgery and/or loss of body function on self-image
 - 2.8.8 Medical equipment precautions
 - 2.8.9 Medical regime and possible side effects
 - 2.8.10 Mental status
 - 2.8.11 Pain tolerance and threshold levels
 - 2.8.12 Postural restrictions
 - 2.8.13 Scheduling requirements, coordination with other medical treatments
 - 2.8.14 Support during medical procedures

4.0 Standard V - Implementation

- 4.8 Include family member participation in the treatment plan when appropriate.
- 4.9 Disclose information to patient and family members consistent with the physician's judgment and discretion and in accordance with hospital regulations.

5.0 Standard V - Documentation

- 5.3.4 The documentation of the referral will include confirmation of physician orders when applicable.
- 5.3.5 The Music Therapist will complete a discharge summary based on the treatment team's protocol.
- 5.6.1 The Music Therapist will provide written documentation of music therapy services for patients based on the treatment team's protocol.

6.0 Standard VI - Termination of Services

- 6.5 Include consultation with the attending physician and/or other treatment team members regarding termination of music therapy services when appropriate.

7.0 Standard VII - Continuing Education

- 7.1.1 Related areas may include, but need not be limited to, basic medical terminology, pharmacology, and issues involved in death, dying, trauma, grief and loss, and spirituality.
- 7.1.2 Some form of personal counseling for the Music Therapist is recommended.

MENTAL HEALTH

These Standards of Clinical Practice are designed for the Music Therapist working with clientele who require mental health services. The Music Therapist will adhere to the General Standards of

Clinical Practice as well as the specific standards described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele who require mental health services is the specialized use of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social/emotional, affective, communicative, and physiological functioning.

1.0 Standard I - Referral and Acceptance

1.2.5 Members of a treatment team

2.0 Standard II - Assessment

2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address the following areas:

- 2.8.1 Motor functioning
- 2.8.2 Sensory processing, planning, and task execution
- 2.8.3 Substance use or abuse
- 2.8.4 Reality orientation
- 2.8.5 Emotional status
- 2.8.6 Vocational status
- 2.8.7 Educational background
- 2.8.8 Client's use of music
- 2.8.9 Developmental level
- 2.8.10 Coping skills
- 2.8.11 Infection control precautions

7.0 Standard VII - Continuing Education

- 7.1.1 Related areas may include, but need not be limited to, mental health disorders, specific areas of dysfunction, diagnostic knowledge, psychotherapy, treatment approaches including music, leisure education, administrative skills, and psychopharmacology.
- 7.1.2 Some form of *personal counseling for the Music Therapist is recommended.

PHYSICAL DISABILITIES

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clients who have physical disabilities. The Music Therapist will adhere to the General Standards of Clinical Practice as well as the specific standards for clients with physical disabilities described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clients who have physical disabilities is the specialized use of music to help attain and maintain maximum levels of functioning in the areas of physical, cognitive, communicative, and social/emotional health.

1.0 Standard I - Referral and Acceptance

1.4 Music therapy may be indicated when an individual's well-being is affected by congenital factors, trauma, injury, chronic illness, or other health-related conditions.

2.0 Standard II - Assessment

2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address the following areas:

- 2.8.1 Motor skills
- 2.8.2 Sensory processing, planning, and task execution
- 2.8.3 Emotional status
- 2.8.4 Vocational status
- 2.8.5 Coping skills
- 2.8.6 Infection control precautions
- 2.8.7 Activity status
- 2.8.8 Impact of surgery &/or loss of body function on self-image
- 2.8.9 Medical regime & possible side effects
- 2.8.10 Mental status
- 2.8.11 Postural restrictions

- 2.8.12 Spatial & body concepts
- 2.8.13 Sensory acuity & perception
- 2.8.14 Independent functioning & adaptive needs
- 2.8.15 Pain tolerance and pain level

3.0 Standard III - Program Planning

- 3.11 Comply with established principles in areas such as facilitation, positioning, sensory stimulation, and sensorimotor integration.

6.0 Standard VI - Termination of Services

- 6.5 Include a description of methods, procedures, and materials used, such as adaptive devices and behavioral techniques.

PRIVATE PRACTICE

These Standards of Clinical Practice are designed specifically for the Music Therapist working in private practice. The Music Therapist will adhere to the General Standards of Clinical Practice and the specific standards for private practice described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

1.0 Standard I - Referral and Acceptance

The Music Therapist responds to a referral or request for services and accepts or declines a case at his or her own professional discretion.

- 1.4 The Music Therapist will provide acknowledgment to the referral source.
- 1.5 Prior to or at the onset of service delivery, the Music Therapist will enter into a mutually acceptable service contract with the client or their designated representative. The contract will include:
 - 1.5.1 Frequency of sessions
 - 1.5.2 Length of each session
 - 1.5.3 Projected length of music therapy services
 - 1.5.4 Terms of payment for services
- 1.6 The Music Therapist will adopt a fee schedule which is fair and appropriate for professional services rendered.

2.0 Standard II - Assessment

- 2.8 The music therapy assessment will include the client's current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address areas pertinent to each specific client in treatment.

5.0 Standard V - Documentation

- 5.6 Periodic evaluation will be sent to the referral source when appropriate.
- 5.7 The Music Therapist will document:
 - 5.7.1 Each session with the client
 - 5.7.2 The client's payment for services

7.0 Standard VII - Continuing Education

- 7.1.1 The Music Therapist in private practice will maintain knowledge of current developments in research, theory, and techniques concerning the specific clients receiving music therapy services.

WELLNESS

These Standards of Clinical Practice are designed specifically for the Music Therapist working with individuals seeking *personal growth. The Music Therapist will adhere to the General Standards of Clinical Practice and the specific standards for wellness described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy in wellness involves the specialized use of music to enhance quality of life, maximize well being and potential, and increase self-awareness in individuals seeking music therapy services.

1.0 Standard I - Referral and Acceptance

The Music Therapist responds to a request for services and accepts or declines at his or her own professional discretion.

- 1.4 The Music Therapist and client will agree upon services to be rendered prior to or at the onset of delivery. The agreement will include:
 - 1.4.1 Frequency of sessions
 - 1.4.2 Length of each session
 - 1.4.3 Projected length of music therapy services
 - 1.4.4 Terms of payment for services
- 1.5 The Music Therapist will adopt a fee schedule which is fair and appropriate for professional services rendered.

2.0 Standard II - Assessment

Assessment in this practice area is process oriented and is negotiated by the Music Therapist and the client.

3.0 Standard III - Program Planning

The Music Therapist will prepare a program plan based on the agreement for services.

4.0 Standard IV - Implementation

Communication with others will be contingent upon client consent when appropriate.

5.0 Standard V - Documentation

The Music Therapist will document in a manner consistent with client agreement.

EXPLANATORY NOTES

Appropriate norms or criterion-referenced data - Standardized tests, whose interpretations are based on data derived from "normal" populations, are generally not beneficial for program planning. Such tests should be used with caution. Criterion-referenced assessments, designed with the client's

level of functioning in mind, are usually more helpful in determining both the strengths and weaknesses of the client.

Assessment - The process of determining the client's present level of functioning. Screening may be incorporated into this process.

Best professional judgment - The Music Therapist's use of current knowledge that exists in music therapy and related fields in making decisions regarding the provision of music therapy services.

Developmental disabilities - Refers to one or more conditions of childhood or adolescence which interfere with normal development and or adaptive functioning (e.g., autism, mental retardation, sensory/motor/physical/cognitive impairments). Defined (PL 95-682) as chronic mental or physical impairment manifested before age 22. Results in substantial functional limitations in three or more areas of life activities: self care; learning; mobility; self direction; economic sufficiency; receptive and expressive language; capacity for independent living. Requires lifelong individually planned services.

Evaluation - The review of a client's status in reference to the program plan goals, with consideration given to the appropriateness and/or necessary modification of the plan.

Goal - A projected outcome of a treatment plan. Goals are often stated in broad terms, as opposed to objectives which are stated more specifically.

Individual plan - A program of therapeutic or educational intervention, e.g. IEP (Individual Educational Plan)/ITP (Individual Treatment Plan)/IFSP(Individualized Family Service Plan) (/ISP (Individual Service Plan) /IHP (Individual Habilitative Plan), which focuses on the specific needs and strengths of the individual client.

Music Therapist - Professional Music Therapists who hold the professional credential MT-BC or the professional designation RMT (Registered Music Therapist), CMT (Certified Music Therapist) or ACMT (Advanced Certified Music Therapist). Further information on credentials and designations is available from the Certification Board for Music Therapists (CBMT) or the National Music Therapy Registry (NMTR)

Objective - One of a series of progressive accomplishments leading toward goal attainment; may include conditions under which the expected outcome occurs.

Personal Counseling - Opportunities for personal growth, awareness, and self-care. Seeking these opportunities plays an important role in the therapist's ability to provide ongoing quality service.

Personal Growth - Seeking to maintain or enhance quality of life.

Safety – Avoidance of harm through structuring care processes, supplies, equipment and the environment to reduce/eliminate client and staff injuries, infection, and care errors. A safe auditory environment includes protecting clients from continued exposure to loud sounds. For example, continued exposure to sound levels above 85 dB TWA (Time Weighted Average) for more than 8 hours can result in hearing loss (2002) Occupational Safety and Health Centers for Disease Control and Prevention (<http://www.cdc.gov/niosh/98-126a.html> accessed: 8-1-02).

Screening – An intake procedure wherein the music therapist meets with the client to determine whether or not formal assessment and treatment are indicated.

Spirituality & Cultural Background - An interrelationship among a client's musical experiences, personal belief system, and cultural background, which may be influenced by the client's geographical origin, language, religion, family experiences, and other environmental factors.

Please feel free to reproduce these Standards of Clinical Practice. **However, the standards for specific areas of music therapy services are not to be reproduced separately.**

Adopted: Nov. 11, 1982. Revised: Nov. 21, 1987; Nov. 18, 1988; Nov. 21, 1992; Apr. 17, 1998; November 18, 1999, Nov. 1, 2002, Nov. 21, 2003, Nov. 20, 2004, Nov. 20, 2005., Nov. 14, 2009



CBMT Scope of Practice

From Practice Analysis Study, 2008

Effective April 1, 2010

I. Assessment and Treatment Planning: 40 items

A. Assessment

1. Observe client in music or non-music settings.
2. Obtain client information from available resources (e.g., documentation, client, other professionals, family members).
3. Within the following domains (e.g., perceptual, sensory, physical, affective, cognitive, communicative, social, and spiritual), identify the client's:
 - a) functioning level.
 - b) strengths.
 - c) areas of need.
4. Identify client's:
 - a) active symptoms.
 - b) behaviors.
 - c) cultural and spiritual background, when indicated.
 - d) issues related to family dynamics and interpersonal relationships.
 - e) learning styles.
 - f) manifestations of affective state.
 - g) music background, skills.
 - h) preferences.
 - i) stressors related to present status.
5. Document intake and assessment information.
6. Evaluate the appropriateness of a referral.
7. Identify the effects of medical and psychotropic drugs.
8. Review and select music therapy assessment instruments and procedures.
9. Adapt existing music therapy assessment instruments and procedures.
10. Develop new music therapy assessment instruments and procedures.
11. Create an assessment environment or space conducive to the assessment protocol and/or client's needs.
12. Engage client in music experiences to obtain assessment data.
13. Identify how the client responds to different types of music experiences (e.g., improvising, recreating, composing, and listening) and their variations.
14. Identify how the client responds to different styles of music.
15. Identify how the client responds to the different elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).

B. Interpret Assessment Information and Communicate Results

1. Evaluate reliability and presence of bias in information from available resources.
2. Identify factors which may impact accuracy of information gathered during assessment (e.g., precipitating events, medications, health considerations).
3. Draw conclusions and make recommendations based on

analysis and synthesis of assessment findings.

4. Acknowledge therapist's bias and limitations in interpreting assessment information (e.g., cultural differences, clinical orientation).
5. Communicate assessment findings and recommendations in oral, written, or other forms (e.g., video, audio).

C. Treatment Planning

1. Involve client in the treatment planning process, when appropriate.
2. Consult the following in the treatment planning process:
 - a) clinical and research literature and other resources.
 - b) client's family, caregivers, or personal network, when appropriate.
 - c) other professionals, when appropriate.
3. Coordinate treatment with other professionals and/or family, caregivers, and personal network when appropriate.
4. Evaluate how music therapy fits within the overall therapeutic program.
5. Consider length of treatment when establishing client goals and objectives.
6. Establish client goals and objectives.
7. Select or design a data collection system.
8. Create environment or space conducive to client engagement.
9. Consider client's age, culture, music background, and preferences when designing music therapy experiences.
10. Create music therapy experiences that address client goals and objectives.
11. Select and adapt musical instruments and equipment consistent with treatment needs.
12. Select and prepare non-music materials consistent with music therapy goals and clients' learning styles (e.g., adaptive devices, visual aids).
13. Plan music therapy sessions of appropriate duration and frequency.
14. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity).
15. Design programs to reinforce goals and objectives for implementation outside the music therapy setting.
16. Document treatment plan.

II. Treatment Implementation and Termination: 60 items

A. Implementation

1. Develop a therapeutic relationship by:
 - a) building trust and rapport.
 - b) being fully present and authentic.
 - c) providing a safe and contained environment.
 - d) establishing boundaries and communicating expectations.
 - e) providing ongoing acknowledgement and reflection.
 - f) recognizing and managing aspects of one's own feelings

- and behaviors that affect the therapeutic process.
- g) recognizing and working with transference and countertransference dynamics.
- 2. Provide music therapy experiences to address client's:
 - a) ability to empathize.
 - b) ability to use music independently for self-care (e.g., relaxation, anxiety management, redirection from addiction).
 - c) adjustment to life changes or temporary or permanent changes in ability.
 - d) aesthetic sensitivity and quality of life.
 - e) agitation.
 - f) anticipatory grief.
 - g) emotions.
 - h) executive functions (e.g., decision making, problem solving).
 - i) focus and maintenance of attention.
 - j) generalization of skills to other settings.
 - k) grief and loss.
 - l) group cohesion and/or a feeling of group membership.
 - m) impulse control.
 - n) interactive response.
 - o) initiation and self-motivation.
 - p) language, speech, and communication skills.
 - q) memories.
 - r) motor skills.
 - s) musical and other creative responses.
 - t) neurological and cognitive function.
 - u) nonverbal expression.
 - v) on-task behavior.
 - w) participation/engagement.
 - x) physical and psychological pain.
 - y) physiological symptoms.
 - z) reality orientation.
 - aa) responsibility for self.
 - ab) self-awareness and insight.
 - ac) self-esteem.
 - ad) sense of self with others.
 - ae) sensorimotor skills.
 - af) sensory perception.
 - ag) social skills and interactions.
 - ah) spirituality.
 - ai) spontaneous communication/interactions.
 - aj) support systems.
 - ak) verbal and/or vocal responses.
- 3. Utilize the following music therapy treatment approaches and models to inform clinical practice:
 - a) behavioral.
 - b) developmental.
 - c) improvisational.
 - d) medical.
 - e) music and imagery.
 - f) neurological.
- 4. Integrate the following theoretical orientations into music therapy practice:
 - a) behavioral.
 - b) cognitive.
 - c) holistic.
 - d) humanistic/existential.
 - e) psychodynamic.
 - f) transpersonal.
- 5. To achieve therapeutic goals:
 - a) apply the elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).
 - b) apply a variety of scales, modes, and harmonic progressions.
 - c) arrange, transpose, or adapt music.

- d) compose vocal and instrumental music.
- e) employ active listening.
- f) provide visual, auditory, or tactile cues.
- g) use creativity and flexibility in meeting client's changing needs.
- h) improvise instrumentally and vocally.
- i) integrate movement with music.
- j) provide verbal and nonverbal guidance.
- k) provide guidance to caregivers and staff to sustain and support the client's therapeutic progress.
- l) mediate problems among clients within the session.
- m) identify and respond to significant events.
- n) use song and lyric analysis.
- o) utilize imagery.
- p) employ music relaxation and/or stress reduction techniques.
- q) use music to communicate with client.
- r) apply standard and alternate tunings.
- s) apply receptive music methods.
- t) sight-read.
- u) exercise leadership and/or group management skills.
- v) utilize a varied music repertoire (e.g., blues, classical, folk, jazz, pop) from a variety of cultures and sub-cultures.
- w) employ functional skills with:
 - 1) voice.
 - 2) keyboard.
 - 3) guitar.
 - 4) percussion instruments.
- x) select adaptive materials and equipment.
- y) share musical experience and expression with clients.
- z) empathize with client's music experience.
- aa) observe client reactions.

B. Safety

1. Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
2. Recognize the potential harm of music experiences and use them with care.
3. Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
4. Observe infection control protocols (e.g., universal precautions, disinfecting instruments).
5. Recognize the client populations and health conditions for which music experiences are contraindicated and adapt treatment as indicated.
6. Comply with safety protocols with regard to transport and physical support of clients.

C. Termination and Closure

1. Assess potential benefits and detriments of termination.
2. Determine exit criteria.
3. Inform and prepare client.
4. Coordinate termination with a client's overall treatment.
5. Provide a client with transitional support and recommendations.
6. Help client work through feelings about termination.
7. Address client needs during staffing changes (e.g., therapist leaves job, job transfer, leave of absence).

III. Ongoing Documentation and Evaluation of Treatment: 15 items

A. Documentation

1. Develop and use data-gathering techniques and forms.
2. Record client responses, progress, and outcomes.

3. Employ language appropriate to population and facility.
4. Document music therapy termination and follow-up plans.
5. Provide periodic treatment summaries.
6. Adhere to internal and external legal, regulatory, and reimbursement requirements.
7. Provide written documentation that demonstrates evidence-based outcomes related to addressed goals/interventions.

B. Evaluation

1. Identify information that is relevant to client's treatment process.
2. Differentiate between empirical information and therapist's interpretation.
3. Acknowledge therapist's bias and limitations in interpreting information (e.g., cultural differences, clinical orientation).
4. Continually review and revise treatment plan, and modify treatment approaches accordingly.
5. Analyze all available data to determine effectiveness of therapy.
6. Consult with other music therapists.
7. Consult with other non-music therapy professionals.
8. Communicate with client or client's family, caregivers, or personal network.
9. Make recommendations and referrals as indicated.
10. Compare the elements, forms, and structures of music to the client's and to the therapist's subjective experience and/or reactions to them.

IV. Professional Development and Responsibilities: 15 items

A. Professional Development

1. Assess areas for professional growth and set goals.
2. Review current research and literature in music therapy and related disciplines.
3. Participate in continuing education.
4. Engage in collaborative work with colleagues.
5. Seek out and utilize supervision and/or consultation.
6. Expand music skills.
7. Develop and enhance technology skills.
8. Conduct or assist in music therapy research.
9. Participate in music therapy research.

B. Professional Responsibilities

1. Document all treatment and non-treatment related communications.
2. Maintain and expand music repertoire.
3. Respond to public inquiries about music therapy.
4. Conduct information sharing sessions, such as in-service workshops, for professionals and/or the community.
5. Communicate with colleagues regarding professional issues.
6. Work within a facility's organizational structure, policies, and procedures.
7. Maintain client confidentiality within HIPAA privacy rules.
8. Supervise staff, volunteers, practicum students, or interns.
9. Adhere to the CBMT Code of Professional Practice.
10. Fulfill legal responsibilities associated with professional role (e.g., mandated reporting, release of information).
11. Practice within scope of education, training, and abilities.
12. Acquire and maintain equipment and supplies.
13. Engage in business management tasks (e.g., marketing, payroll, contracts, taxes, insurance).
14. Prepare and maintain a music therapy program budget.
15. Prepare accountability documentation for facility administration and/or local, state, and federal agencies.
16. Maintain assigned caseload files (e.g., electronic, digital,

audio, video, hard copies) in an orderly manner.

17. Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy.

The CBMT Scope of Practice was developed from the results of the 2008 Practice Analysis Study. The CBMT Scope of Practice defines the body of knowledge that represents competent practice in the profession of music therapy and identifies what an MT-BC may do in practice. Continuing Music Therapy Education credits must relate to an area identified in the CBMT Scope of Practice. This new Scope of Practice will first be utilized as the source of reference for recertification requirements and test specifications on April 1, 2010.

Certification Board for Music Therapists
506 East Lancaster Avenue, Suite 102
Downingtown, PA 19335
800-765-2268
Info@cbmt.org / www.cbmt.org



THE CERTIFICATION BOARD
FOR MUSIC THERAPISTS

506 E. LANCASTER AVENUE, SUITE 102 DOWNINGTOWN, PA 19335
PHONE: 800-765-CBMT (2268) | 610-269-8900 FAX: 610-269-9232
WEBSITE: WWW.CBMT.ORG

CBMT CODE OF PROFESSIONAL PRACTICE

PREAMBLE

The CBMT is a nonprofit organization which provides board certification and recertification for music therapists to practice music therapy. The members of the Board of Directors comprise a diverse group of experts in music therapy. The Board is national in scope and blends both academicians and clinicians for the purpose of establishing rigorous standards which have a basis in a real world practice, and enforcing those standards for the protection of consumers of music therapy services and the public.

The CBMT recognizes that music therapy is not best delivered by any one sub-specialty, or single approach. For this reason, the CBMT represents a comprehensive focus. Certification is offered to therapists from a wide variety of practice areas, who meet high standards to the Practice of Music Therapy. To the extent that standards are rigorously adhered to, it is the aim of the CBMT to be inclusive, and not to be restrictive to any sub-specialty.

Maintenance of board certification will require adherence to the CBMT's Code of Professional Practice. Individuals who fail to meet these requirements may have their certification suspended or revoked. The CBMT does not guarantee the job performance of any individual.

I. COMPLIANCE WITH CODE OF PROFESSIONAL PRACTICE

As a condition of eligibility for and continued maintenance of any CBMT certification, each certificant agrees to the following:

A. Compliance with CBMT Standards, Policies and Procedures

No individual is eligible to apply for or maintain certification unless in compliance with all the CBMT standards, policies and procedures. Each individual bears the burden for showing and maintaining compliance at all times. The CBMT may deny, revoke, or otherwise act upon certification or recertification when an individual is not in compliance with all the CBMT standards, policies, and procedures. Nothing provided herein shall preclude administrative requests by the CBMT for additional information to supplement or complete any application for certification or recertification.

B. Notification

The individual shall notify the CBMT within sixty (60) days of occurrence of any change in name, address, telephone number, and any other facts bearing on eligibility or certification (including but not limited to: filing of any criminal charge, indictment, or litigation; conviction; plea of guilty; plea of nolo contendere; or disciplinary action by a licensing board or professional organization). A certificant shall not make and shall correct immediately any statement concerning the certificant's status which is or becomes inaccurate, untrue, or misleading.

All references to 'days' in the CBMT standards, policies and procedures shall mean calendar days. Communications required by the CBMT must be transmitted by certified mail, return receipt requested, or other verifiable methods of delivery when specified. The certificant agrees to provide the CBMT with confirmation of compliance with the CBMT requirements as requested by the CBMT.

C. Property of the CBMT

The examinations and certificates of the CBMT, the name Certification Board for Music Therapists, and abbreviations relating thereto are all the exclusive property of the CBMT and may not be used in any way without the express prior written consent of the CBMT. In case of suspension, limitation, revocation, or resignation from the CBMT or as otherwise requested by the CBMT, the individual shall immediately relinquish, refrain from using, and correct at the individual's expense any outdated or otherwise inaccurate use of any certificate, logo, emblem, and the CBMT name and related abbreviations. If the individual refuses to relinquish immediately, refrain from using and correct at his or her expense any misuse or misleading use of any of the above items when requested, the individual agrees that the CBMT shall be entitled to obtain all relief permitted by law.

II. APPLICATION AND CERTIFICATION STANDARDS

In order to protect consumers of music therapy services and the public from harm and to insure the validity of the MT-BC credential for the professional and public good, CBMT may revoke or otherwise take action with regard to the application or certification of a certificant in the case of:

A. Ineligibility for certification, regardless of when the ineligibility is discovered;

B. Failure to pay fees required by the CBMT;

C. Unauthorized possession of, use of, or access to the CBMT examinations, certificates, and logos of the CBMT, the name 'Certification Board for Music Therapists', and abbreviations relating thereto, and any other CBMT documents and materials;

D. Obtaining or attempting to obtain certification or recertification by a false or misleading statement or failure to make a required statement; fraud or deceit in an application, reapplication, representation of event/s, or any other communication to the CBMT;

- E. Misrepresentation of the CBMT certification or certification status;
- F. Failure to provide any written information required by the CBMT;
- G. Failure to maintain confidentiality as required by law;
- H. Gross or repeated negligence or malpractice in professional practice, including sexual relationships with clients, and sexual, physical, social, or financial exploitation;
- I. Limitation or sanction (including but not limited to revocation or suspension by a regulatory board or professional organization) relating to music therapy practice, public health or safety, or music therapy certification or recertification;
- J. The conviction of, plea of guilty or plea of nolo contendere to a felony or misdemeanor related to music therapy practice or public health and safety;
- K. Failure to timely update information to CBMT; or
- L. Other violation of a CBMT standard, policy or procedure as outlined in the CBMT Candidate Handbook, Recertification Manual, or other materials provided to certificants.

III. ESTABLISHMENT OF SPECIAL DISCIPLINARY REVIEW AND DISCIPLINARY HEARING COMMITTEES

- A. Upon the recommendation by the Chair, the CBMT Board of Directors may elect by a majority vote (i) a Disciplinary Review Committee and (ii) a Disciplinary Hearing Committee, to consider alleged violations of any CBMT disciplinary standards set forth in Section III.1-12 above or any other CBMT standard, policy, or procedure.
- B. Each of these Committees shall be composed of three members drawn from CBMT certificants.
- C. A committee member's term of office on the committee shall run for three years and may be renewed.
- D. A committee member may serve on only one committee and may not serve on any matter in which his or her impartiality or the presence of actual or apparent conflict of interest might reasonably be questioned.
- E. At all times during the CBMT's handling of the matter, the CBMT must exist as an impartial review body. If at any time during the CBMT's review of a matter, any member of the CBMT Disciplinary Review Committee, Disciplinary Hearing Committee, or Board of Directors identifies a situation where his or her judgment may be biased or impartiality may be compromised, (including employment with a competing organization), the member is required to report such matter to the Executive Director immediately. The Executive Director and Board Chair shall confer to determine whether a conflict exists, and if so, shall replace the member.
- F. Committee action shall be determined by majority vote.
- G. When a committee member is unavailable to serve due to resignation, disqualification, or other circumstance, the Chair of CBMT shall designate another individual to serve as an interim member.

IV. REVIEW AND APPEAL PROCEDURES

A. Submission of Allegations

- i. Allegations of a violation of a CBMT disciplinary standard or other CBMT standard, policy or procedure are to be referred to the Executive Director for disposition. Persons concerned with possible violation of CBMT's rules should identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible with available documentation in a written statement addressed to the Executive Director. The statement should identify by name, address and telephone number the person making the information known to the CBMT and others who may have knowledge of the facts and circumstances concerning the alleged conduct. Additional information relating to the content or form of the information may be requested.
- ii. The Executive Director shall make a determination of the substance of the allegations within sixty (60) days and after consultation with counsel.
- iii. If the Executive Director determines that the allegations are frivolous or fail to state a violation of CBMT's standards, the Executive Director shall take no further action and so apprise the Board and the complainant (if any).
- iv. If the Executive Director determines that good cause may exist to question compliance with CBMT's standards, the Executive Director shall transmit the allegations to the Disciplinary Review Committee.

B. Procedures of the Disciplinary Review Committee

- i. The Disciplinary Review Committee shall investigate the allegations after receipt of the documentation from the Executive Director. If the majority of the Committee determines after such investigation that the allegations and facts are inadequate to sustain a finding of a violation of CBMT disciplinary standards, no further adverse action shall be taken. The Board and the complainant (if any) shall be so apprised.
- ii. If the Committee finds by majority vote that good cause exists to question whether a violation of a CBMT disciplinary standard has occurred, the Committee shall transmit a statement of allegations to the certificant by certified mail, return receipt requested, setting forth:
 - a. The applicable standard;
 - b. Of facts constituting the alleged violation of the standard;
 - c. That the certificant may proceed to request: (i) review of written submission by the Disciplinary Hearing Committee; (ii) a telephone conference of the Disciplinary Hearing Committee; or (iii) an in-person hearing (at least held annually proximate to the annual meeting of the CBMT) for the disposition of the allegations, with the certificant bearing his or her own expenses for such matter;
 - d. That the certificant shall have fifteen (15) days after receipt of such statement to notify the Executive Director if he or she disputes the allegations, has comments on available sanctions, and/or requests a written review, telephone conference hearing, or in-person hearing on the record;

- e. That, in the event of an oral hearing in person or by phone, the certificant may appear in person with or without the assistance of counsel, may examine and cross-examine any witness under oath, and produce evidence on his or her behalf;
- f. That the truth of allegations or failure to respond may result in sanctions including possible revocation of certification; and
- g. That if the certificant does not dispute the allegations or request a review hearing, the certificant consents that the Committee may render a decision and apply available sanctions. (Available sanctions are set out in Section V, below.)

iii. The Disciplinary Review Committee may offer the individual the opportunity to negotiate a specific sanction in lieu of proceeding with a written review or hearing. The individual may ask the Disciplinary Review Committee to modify its offer, and the Committee may do so in its sole discretion. Any agreed-upon sanction must be documented in writing and signed by CBMT and the individual. If the individual is unwilling to accept the Disciplinary Review Committee's offer, the requested review or hearing will proceed as provided below.

C. Procedures of the Disciplinary Hearing Committee

i. Written Review. If the individual requests a review by written briefing, the Disciplinary Review Committee will forward the allegations and response of the individual to the Disciplinary Hearing Committee. Written briefing may be submitted within thirty (30) days following receipt of the written review request by the Disciplinary Hearing Committee. The Disciplinary Hearing Committee will render a decision based on the record below and written briefs (if any) without an oral hearing.

ii. Oral Hearing. If the individual requests a hearing:

a. The Disciplinary Review Committee will:

- (1) forward the allegations and response of the certificant to the Disciplinary Hearing Committee; and
- (2) designate one of its members to present the allegations and any substantiating evidence, examine and cross-examine witness(es) and otherwise present the matter during any hearing of the Disciplinary Hearing Committee.

b. The Disciplinary Hearing Committee shall then:

- (1) schedule a telephone or in-person hearing as directed by the certificant;
- (2) send by certified mail, return receipt requested, a Notice of Hearing to the certificant. The Notice of Hearing will include a statement of the time and place selected by the Disciplinary Hearing Committee. The certificant may request a modification of the date of the hearing for good cause. Failure to respond to the Notice of Hearing or failure to appear without good cause will be deemed to be the individual's consent for the Disciplinary Hearing Committee to administer any sanction which it considers appropriate.

c. The Disciplinary Hearing Committee shall maintain a verbatim audio and/or video tape or written transcript of any telephone conference or in-person hearing.

d. The CBMT and the certificant may consult with and be represented by counsel, make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements, and present written briefs as scheduled by a Disciplinary Hearing Committee.

e. The Disciplinary Hearing Committee shall determine all matters relating to the hearing or review. The hearing or review and related matters shall be determined on the record by majority vote.

f. Formal rules of evidence shall not apply. Relevant evidence may be admitted. Disputed questions of admissibility shall be determined by majority vote of the Disciplinary Hearing Committee.

iii. In all written reviews and oral hearings:

a. The Disciplinary Hearing Committee may accept, reject, or modify the recommendation of the Disciplinary Review Committee, either with respect to the determination of a violation or the recommended sanction.

b. Proof shall be by preponderance of the evidence.

c. Whenever mental or physical disability is alleged, the certificant may be required to undergo a physical or mental examination at the expense of the certificant. The report of such an examination shall become part of the evidence considered.

d. The Disciplinary Hearing Committee shall issue a written decision following the hearing or review and any briefing. The decision shall contain factual findings, legal conclusions, and any sanctions applied. The decision of the Disciplinary Hearing Committee shall be mailed promptly by certified mail, return receipt requested, to the certificant. If the decision rendered by the Disciplinary Hearing Committee is that the allegations are not supported, no further action on them shall occur.

D. Appeal Procedures

i. If the decision rendered by the Disciplinary Hearing Committee is not favorable to the certificant, the certificant may appeal the decision to the CBMT Board of Directors by submitting a written appeal statement within thirty (30) days following receipt of the decision of the Disciplinary Hearing Committee. CBMT may file a written response to the statement of the certificant.

ii. The CBMT Board of Directors by majority vote shall render a decision on the appeal without oral hearing, although written briefing may be submitted by the certificant and CBMT.

iii. The decision of the CBMT Board of Directors shall be rendered in writing following receipt and review of any briefing. The decision shall contain factual findings, legal conclusions, and any sanctions applied and shall be final. The decision shall be transmitted to the certificant by certified mail, return receipt requested.

iv. A Director may not: (a) review a matter at the appeal stage if he/she heard the matter as a member of the Disciplinary Hearing Committee; (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest.

v. In all reviews:

- a. The Board of Directors may affirm or overrule and remand the determination of the Disciplinary Hearing Committee.
- b. In order to overturn a decision of the Disciplinary Hearing Committee, the individual must demonstrate that the Committee's decision was arbitrary or capricious [e.g., was inappropriate because of: (a) material errors of fact, or (b) failure of the Disciplinary Review Committee or the Disciplinary Hearing Committee to conform to published criteria, policies, or procedures]. Proof is by preponderance of the evidence.

V. SANCTIONS

A. Sanctions for violation of any CBMT standard set forth herein or any other CBMT standard, policy, or procedure may include one or more of:

- i. Mandatory remediation through specific education, treatment, and/or supervision;
- ii. Written reprimand to be maintained in certificant's permanent file;
- iii. Suspension of board certification with the right to re-apply after a specified date;
- iv. Probation;
- v. Non-renewal of certification;
- vi. Revocation of certification; and
- vii. Other corrective action.

B. The sanction must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the individual and deterrence of similar conduct by others. The sanction decision may also take into account aggravating circumstances, prior disciplinary history, and mitigating circumstances. No single sanction will be appropriate in all situations.

VI. SUMMARY PROCEDURE

Whenever the Executive Director determines that there is cause to believe that a threat of immediate and irreparable harm to the public exists, the Executive Director shall forward the allegations to the CBMT Board. The Board shall review the matter immediately, and provide telephonic or other expedited notice and review procedure to the certificant. Following such notice and opportunity by the individual to be heard, if the Board determines that a threat of immediate and irreparable injury to the public exists, certification may be suspended for up to ninety (90) days pending a full review as provided herein.

VII. PERIOD OF INELIGIBILITY FOLLOWING REVOCATION

If certification is revoked based on noncompliance with the Code of Professional Practice, then the individual is automatically ineligible to apply for certification or re-certification for the periods of time listed below:

A. In the event of a felony conviction directly related to music therapy practice or public health and/or safety, no earlier than seven (7) years from the exhaustion of appeals or release from confinement (if any), or the end of probation, whichever is later:

B. In any other event, no earlier than five (5) years from the final decision of revocation. After these periods of time, eligibility will be considered as set forth in CBMT's Eligibility Review and Appeal Policy.

After these periods of time, eligibility will be considered as set forth in CBMT's Eligibility Review and Appeal Policy.

VIII. CONTINUING JURISDICTION

CBMT retains jurisdiction to review and issue decisions regarding any matter which occurred prior to the termination, expiration, or relinquishment of certification.

ADOPTED: FEBRUARY 8, 1997
EFFECTIVE DATE: JANUARY 1, 1998
REVISED: FEBRUARY 7, 1998
REVISED: FEBRUARY 8, 2001
REVISED: OCTOBER 4, 2011

Appendix B

Request from Legislature and Proposed Bill



Washington State Senate

Olympia Office:
PO Box 40433
Olympia, WA 98504-0433

Senator Karen Keiser
33rd Legislative District

(360) 786-7664
TTY: 1-800-635-9993
Toll-Free Hotline: 1-800-562-6000
E-mail: karen.keiser@leg.wa.gov

April 2, 2012

Mary Selecky, Secretary
Washington State Department of Health
PO Box 47890
Olympia, WA 98504

Dear Secretary Selecky-

I write to day to ask the Department of Health to conduct a Sunrise Review under RCW 48.47 regarding certification of Music Therapists. Attached you will find a copy of the legislative proposal concerning this issue.

Music therapy helps individuals advance physically and cognitively. Those who have a limited ability to communicate can develop, regain, or retain speech through music therapy. Music therapy based programs help keep older adults who struggle with memory loss, dementia, and other physical and cognitive illnesses at home longer, which delays the need for in-patient care and reduces the burden on state resources.

Music therapists are not currently certified in Washington State. Certification may make a difference by increasing access to those who would benefit from music therapy, ensuring that practicing music therapists have adequate education, help consumers identify qualified music therapists and assist in ensuring that people see a qualified board-certified music therapist.

In the last session legislation was introduced to address certification. I believe further review of the appropriateness such certification is warranted and It is with that in mind that I am requesting this review and would be available to help you in whatever way you may need.

Patti Catalano represents the applicant group and can be reached at Pattic@musicworksnw.org and 425-644-0988.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Keiser", written over a horizontal line.

Senator Karen Keiser, Chair
Senate Health and Long Term Care Committee

SENATE BILL 6276

State of Washington 62nd Legislature 2012 Regular Session

By Senators Conway, Keiser, and Pridemore

Read first time 01/16/12. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to certification of music therapists; amending RCW
2 18.130.040 and 18.120.020; and adding a new chapter to Title 18 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** The definitions in this section apply
5 throughout this chapter unless the context clearly requires otherwise.

6 (1) "Department" means the department of health.

7 (2) "Music therapist" means a person certified to practice music
8 therapy under this chapter.

9 (3) "Music therapy" means:

10 (a) The assessment of a client's emotional well-being, physical
11 health, social functioning, communication abilities, and cognitive
12 skills through responses to musical stimuli;

13 (b) The development and implementation of treatment plans, based on
14 a client's assessed needs, using music interventions including music
15 improvisation, receptive music listening, song writing, lyric
16 discussion, music and imagery, music performance, learning through
17 music, and movement to music; and

18 (c) The evaluation and documentation of the client's response to
19 treatment.

1 (4) "Secretary" means the secretary of the department or the
2 secretary's designee.

3 NEW SECTION. **Sec. 2.** No person may practice music therapy or
4 represent oneself as a music therapist by use of any title unless
5 certified as provided for in this chapter.

6 NEW SECTION. **Sec. 3.** (1) An applicant applying for certification
7 as a certified music therapist shall file a written application on a
8 form or forms provided by the secretary setting forth under affidavit
9 such information as the secretary may require, and proof that the
10 candidate has met the following qualifications:

11 (a) Successful completion of a bachelor's degree or higher from an
12 academic program in music therapy; and

13 (b) Successful completion of examination based on core competencies
14 of music therapy administered by a public or private agency or
15 institution recognized by the secretary as qualified to administer the
16 examination.

17 (2) The secretary shall establish by rule what constitutes adequate
18 proof of meeting the criteria.

19 (3) Applicants are subject to the grounds for denial of a
20 certification under chapter 18.130 RCW.

21 NEW SECTION. **Sec. 4.** Nothing in this chapter may be construed to
22 prohibit or restrict the practice by an individual who is:

23 (1) Licensed, certified, or registered under the laws of this state
24 and performing services within the authorized scope of practice;

25 (2) Employed by the government of the United States while engaged
26 in the performance of duties prescribed by the laws of the United
27 States; or

28 (3) A regular student in an educational program approved by the
29 secretary, and whose performance of services is pursuant to a regular
30 course of instruction or assignments from an instructor and under the
31 general supervision of the instructor.

32 NEW SECTION. **Sec. 5.** In addition to any other authority, the
33 secretary has the authority to:

1 (1) Adopt rules under chapter 34.05 RCW necessary to implement this
2 chapter;

3 (2) Establish all certification and renewal fees in accordance with
4 RCW 43.70.250;

5 (3) Establish forms and procedures necessary to administer this
6 chapter;

7 (4) Determine minimum education requirements and evaluate and
8 designate those educational programs from which graduation will be
9 accepted as proof of eligibility to take a qualifying examination for
10 applicants for certification;

11 (5) Certify applicants who have met the requirements for
12 certification and to deny certification to applicants who do not meet
13 the requirements of this chapter, except that proceedings concerning
14 the denial of certification based upon unprofessional conduct or
15 impairment is governed by the uniform disciplinary act, chapter 18.130
16 RCW;

17 (6) Determine which states have credentialing requirements
18 equivalent to those of this state and issue certificates to individuals
19 credentialed in those states without examination;

20 (7) Hire clerical, administrative, investigative, and other staff
21 as needed to implement this chapter; and

22 (8) Maintain the official department record of all applicants and
23 certified individuals.

24 NEW SECTION. **Sec. 6.** Applications for certification must be
25 submitted on forms provided by the secretary. The secretary may
26 require any information and documentation that reasonably relates to
27 the need to determine whether the applicant meets the criteria for
28 certification provided for in this chapter and chapter 18.130 RCW.
29 Each applicant must pay a fee determined by the secretary under RCW
30 43.70.250. The fee must accompany the application.

31 NEW SECTION. **Sec. 7.** The secretary must establish by rule the
32 procedural requirements and fees for renewal of a certification.
33 Failure to renew invalidates the certification and all privileges
34 granted by the certification.

1 NEW SECTION. **Sec. 8.** The uniform disciplinary act, chapter 18.130
2 RCW, governs unlicensed practice, the issuance and denial of a license,
3 and the discipline of persons licensed under this chapter. The
4 secretary is the disciplining authority under this chapter.

5 **Sec. 9.** RCW 18.130.040 and 2011 c 41 s 11 are each amended to read
6 as follows:

7 (1) This chapter applies only to the secretary and the boards and
8 commissions having jurisdiction in relation to the professions licensed
9 under the chapters specified in this section. This chapter does not
10 apply to any business or profession not licensed under the chapters
11 specified in this section.

12 (2)(a) The secretary has authority under this chapter in relation
13 to the following professions:

14 (i) Dispensing opticians licensed and designated apprentices under
15 chapter 18.34 RCW;

16 (ii) Midwives licensed under chapter 18.50 RCW;

17 (iii) Ocularists licensed under chapter 18.55 RCW;

18 (iv) Massage operators and businesses licensed under chapter 18.108
19 RCW;

20 (v) Dental hygienists licensed under chapter 18.29 RCW;

21 (vi) East Asian medicine practitioners licensed under chapter 18.06
22 RCW;

23 (vii) Radiologic technologists certified and X-ray technicians
24 registered under chapter 18.84 RCW;

25 (viii) Respiratory care practitioners licensed under chapter 18.89
26 RCW;

27 (ix) Hypnotherapists and agency affiliated counselors registered
28 and advisors and counselors certified under chapter 18.19 RCW;

29 (x) Persons licensed as mental health counselors, mental health
30 counselor associates, marriage and family therapists, marriage and
31 family therapist associates, social workers, social work associates--
32 advanced, and social work associates--independent clinical under
33 chapter 18.225 RCW;

34 (xi) Persons registered as nursing pool operators under chapter
35 18.52C RCW;

36 (xii) Nursing assistants registered or certified under chapter
37 18.88A RCW;

(xiii) Health care assistants certified under chapter 18.135 RCW;
(xiv) Dietitians and nutritionists certified under chapter 18.138 RCW;
(xv) Chemical dependency professionals and chemical dependency professional trainees certified under chapter 18.205 RCW;
(xvi) Sex offender treatment providers and certified affiliate sex offender treatment providers certified under chapter 18.155 RCW;
(xvii) Persons licensed and certified under chapter 18.73 RCW or RCW 18.71.205;
(xviii) Denturists licensed under chapter 18.30 RCW;
(xix) Orthotists and prosthetists licensed under chapter 18.200 RCW;
(xx) Surgical technologists registered under chapter 18.215 RCW;
(xxi) Recreational therapists (~~((under chapter 18.230 RCW))~~) under chapter 18.230 RCW;
(xxii) Animal massage practitioners certified under chapter 18.240 RCW;
(xxiii) Athletic trainers licensed under chapter 18.250 RCW;
(xxiv) Home care aides certified under chapter 18.88B RCW; (~~and~~)
(xxv) Genetic counselors licensed under chapter 18.290 RCW; and
(xxvi) Music therapists certified under chapter 18.--- RCW (the new chapter created in section 11 of this act).
(b) The boards and commissions having authority under this chapter are as follows:
(i) The podiatric medical board as established in chapter 18.22 RCW;
(ii) The chiropractic quality assurance commission as established in chapter 18.25 RCW;
(iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and licenses and registrations issued under chapter 18.260 RCW;
(iv) The board of hearing and speech as established in chapter 18.35 RCW;
(v) The board of examiners for nursing home administrators as established in chapter 18.52 RCW;
(vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;

(vii) The board of osteopathic medicine and surgery as established in chapter 18.57 RCW governing licenses issued under chapters 18.57 and 18.57A RCW;

(viii) The board of pharmacy as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;

(ix) The medical quality assurance commission as established in chapter 18.71 RCW governing licenses and registrations issued under chapters 18.71 and 18.71A RCW;

(x) The board of physical therapy as established in chapter 18.74 RCW;

(xi) The board of occupational therapy practice as established in chapter 18.59 RCW;

(xii) The nursing care quality assurance commission as established in chapter 18.79 RCW governing licenses and registrations issued under that chapter;

(xiii) The examining board of psychology and its disciplinary committee as established in chapter 18.83 RCW;

(xiv) The veterinary board of governors as established in chapter 18.92 RCW; and

(xv) The board of naturopathy established in chapter 18.36A RCW.

(3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses. The disciplining authority may also grant a license subject to conditions.

(4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the Uniform Disciplinary Act, among the disciplining authorities listed in subsection (2) of this section.

Sec. 10. RCW 18.120.020 and 2010 c 286 s 14 are each amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Applicant group" includes any health professional group or organization, any individual, or any other interested party which proposes that any health professional group not presently regulated be regulated or which proposes to substantially increase the scope of practice of the profession.

1 (2) "Certificate" and "certification" mean a voluntary process by
2 which a statutory regulatory entity grants recognition to an individual
3 who (a) has met certain prerequisite qualifications specified by that
4 regulatory entity, and (b) may assume or use "certified" in the title
5 or designation to perform prescribed health professional tasks.

6 (3) "Grandfather clause" means a provision in a regulatory statute
7 applicable to practitioners actively engaged in the regulated health
8 profession prior to the effective date of the regulatory statute which
9 exempts the practitioners from meeting the prerequisite qualifications
10 set forth in the regulatory statute to perform prescribed occupational
11 tasks.

12 (4) "Health professions" means and includes the following health
13 and health-related licensed or regulated professions and occupations:
14 Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic
15 under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW;
16 dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW;
17 dispensing opticians under chapter 18.34 RCW; hearing instruments under
18 chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and
19 funeral directing under chapter 18.39 RCW; midwifery under chapter
20 18.50 RCW; nursing home administration under chapter 18.52 RCW;
21 optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter
22 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and
23 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine
24 under chapters 18.71 and 18.71A RCW; emergency medicine under chapter
25 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses
26 under chapter 18.79 RCW; psychologists under chapter 18.83 RCW;
27 registered nurses under chapter 18.79 RCW; occupational therapists
28 licensed under chapter 18.59 RCW; respiratory care practitioners
29 licensed under chapter 18.89 RCW; veterinarians and veterinary
30 technicians under chapter 18.92 RCW; health care assistants under
31 chapter 18.135 RCW; massage practitioners under chapter 18.108 RCW;
32 East Asian medicine practitioners licensed under chapter 18.06 RCW;
33 persons registered under chapter 18.19 RCW; persons licensed as mental
34 health counselors, marriage and family therapists, and social workers
35 under chapter 18.225 RCW; dietitians and nutritionists certified by
36 chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW;
37 ((and)) nursing assistants registered or certified under chapter 18.88A

1 RCW; and music therapists certified under chapter 18.--- RCW (the new
2 chapter created in section 11 of this act).

3 (5) "Inspection" means the periodic examination of practitioners by
4 a state agency in order to ascertain whether the practitioners'
5 occupation is being carried out in a fashion consistent with the public
6 health, safety, and welfare.

7 (6) "Legislative committees of reference" means the standing
8 legislative committees designated by the respective rules committees of
9 the senate and house of representatives to consider proposed
10 legislation to regulate health professions not previously regulated.

11 (7) "License," "licensing," and "licensure" mean permission to
12 engage in a health profession which would otherwise be unlawful in the
13 state in the absence of the permission. A license is granted to those
14 individuals who meet prerequisite qualifications to perform prescribed
15 health professional tasks and for the use of a particular title.

16 (8) "Professional license" means an individual, nontransferable
17 authorization to carry on a health activity based on qualifications
18 which include: (a) Graduation from an accredited or approved program,
19 and (b) acceptable performance on a qualifying examination or series of
20 examinations.

21 (9) "Practitioner" means an individual who (a) has achieved
22 knowledge and skill by practice, and (b) is actively engaged in a
23 specified health profession.

24 (10) "Public member" means an individual who is not, and never was,
25 a member of the health profession being regulated or the spouse of a
26 member, or an individual who does not have and never has had a material
27 financial interest in either the rendering of the health professional
28 service being regulated or an activity directly related to the
29 profession being regulated.

30 (11) "Registration" means the formal notification which, prior to
31 rendering services, a practitioner shall submit to a state agency
32 setting forth the name and address of the practitioner; the location,
33 nature and operation of the health activity to be practiced; and, if
34 required by the regulatory entity, a description of the service to be
35 provided.

36 (12) "Regulatory entity" means any board, commission, agency,
37 division, or other unit or subunit of state government which regulates

1 one or more professions, occupations, industries, businesses, or other
2 endeavors in this state.

3 (13) "State agency" includes every state office, department, board,
4 commission, regulatory entity, and agency of the state, and, where
5 provided by law, programs and activities involving less than the full
6 responsibility of a state agency.

7 NEW SECTION. **Sec. 11.** Sections 1 through 8 of this act constitute
8 a new chapter in Title 18 RCW.

--- END ---

Appendix C

Applicant Follow Up

1. Do music therapists diagnose conditions?

It is not within a music therapist's scope of practice to diagnose conditions. Music therapists are trained to interpret the results of and develop a music therapy treatment planning strategy for clients based on the following types of music therapy assessment processes:

(from the Certification Board for Music Therapist's (CBMT) Scope of Practice)

I. Assessment and Treatment Planning

A. Assessment

1. Observe client in music or non-music settings.
2. Obtain client information from available resources (e.g., documentation, client, other professionals, family members).
3. Within the following domains (e.g., perceptual, sensory, physical, affective, cognitive, communicative, social, and spiritual), identify the client's:
 - a) functioning level.
 - b) strengths.
 - c) areas of need.
4. Identify client's:
 - a) active symptoms.
 - b) behaviors.
 - c) cultural and spiritual background, when indicated.
 - d) issues related to family dynamics and interpersonal relationships.
 - e) learning styles.
 - f) manifestations of affective state. music background, skills. preferences.
 - g) stressors related to present status.
5. Document intake and assessment information.
6. Evaluate the appropriateness of a referral.
7. Identify the effects of medical and psychotropic drugs. Review and select music therapy assessment instruments and procedures.
8. Adapt existing music therapy assessment instruments and procedures.
9. Develop new music therapy assessment instruments and procedures.
10. Create an assessment environment or space conducive to the assessment protocol and/or client's needs.
11. Engage client in music experiences to obtain assessment data.
12. Identify how the client responds to different types of music experiences (e.g., improvising, recreating, composing, and listening) and their variations.
13. Identify how the client responds to different styles of music. Identify how the client responds to the different elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).
14. Identify how the client responds to different styles of music.
15. Identify how the client responds to the different elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).

There is no part of the music therapy assessment process that involves diagnosing conditions.

2. Are clients of music therapy typically referred from other providers, who have already made a diagnosis and identified a need for this type of treatment?

Clients are typically referred for music therapy services by other service providers, parents or loved ones, or through self-referral. This distinction is most often determined by the clinical setting. For example, in schools, referrals usually come from the interdisciplinary team: parents; classroom teachers; and other professionals involved in that child's education. Clients have direct access to music therapists in private practice, sometimes with a referral and sometimes without.

Generally speaking, a referred client has already received a diagnosis or is in the process of being diagnosed by a professional that is trained to diagnose.

3. Are music therapists trained to recognize when a client should be referred to a mental health counselor or other professional?

Yes, a music therapist is trained to recognize when a client should be referred to another service provider, whether it be a mental health counselor, an occupational therapist, a physical therapist, or other appropriate professional. This is indicated within our Scope of Practice:

(from the CBMT's Scope of Practice)

III. Ongoing Documentation and Evaluation of Treatment

B. Evaluation

- 5. *Analyze all available data to determine effectiveness of therapy.*
- 9. *Make recommendations and referrals as indicated.*

IV. Professional Development and Responsibilities

B. Professional Responsibilities

- 11. *Practice within scope of education, training, and abilities.*

4. Are music therapists trained to recognize suicidal ideation in clients so they can refer them to the appropriate health care provider?

Yes, music therapists are trained to recognize and report to the appropriate providers when a client exhibits signs indicating harm to self or others.

5. Do music therapists receive clinical training in diagnosing conditions or illnesses?

Music therapists are not trained to diagnose conditions or illnesses. According to the education and clinical training standards outlined by the American Music Therapy Association (AMTA), a music therapy training program is designed to impart entry-level competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles:

Musical Foundations

Music Theory

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

Clinical Foundations

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

Music Therapy

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

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

Electives

There is no part of the music therapy training program that involves learning how to diagnose conditions.

6. **Please tell us more about working with vulnerable populations. For instance, how often do music therapists work independently with mentally challenged or mentally ill clients? Are the music therapists working in collaboration with the other providers? (See 10)**

Music therapists work across the lifespan with a variety of client groups including both healthcare and education settings. Many of these client groups can be considered vulnerable populations (e.g. persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness):

Developmental Disabilities

Including, but not limited to, Down Syndrome, Autism Spectrum Disorders, Rett Syndrome, Fragile X Syndrome, Cerebral Palsy

Acute or Chronic Illnesses or Pain

Including, but not limited to, HIV/AIDS, cancer, Multiple Sclerosis, burns, surgeries

Impairments or Injuries due to Aging or Accidents

Including, but not limited to, stroke, Alzheimer's disease or other dementias, Traumatic Brain Injury, Parkinson's.

Hearing, Visual, or Speech Impairments

Multiple Impairments

Terminal Illnesses

Hospice and palliative care

Learning Disabilities

Including, but not limited to, math, language, or motor difficulties

Mental Illnesses

Including, but not limited to, Post-Traumatic Stress Disorder, schizophrenia, Bipolar Disorder, depression, emotional/behavioral disorders, substance abuse

Health and Wellness Issues

Including, but not limited to, cardiac care and well seniors

Humans respond to music, and music used systematically by a qualified music therapist has the ability to elicit a number of responses (physical, social, emotional, behavioral) regardless of age or ability level. Music therapists work both independently and frequently collaborate with related professions. It is very common for music therapists to provide co-treatment with other allied health professions, such as physical therapy, occupational therapy, speech language pathology, social work, and mental health counselors. According to a national survey by Register (2003), more than 90% of MT-BCs indicated that they collaborate with other related education or health professionals. The opportunity to collaborate and co-treat is often dependent on the clinical setting. Behavioral health settings promote collaboration between music therapists and psychologists, social workers, and mental health counselors. Most healthcare settings provide opportunities for music therapists to interact as treatment team members in collaboration with nursing staff and physicians. Education settings allow collaboration with teachers, special educators, administrators, and other related service providers. The complementary nature in which music therapists provide services in healthcare and education settings offers the potential to enhance the services and outcomes for clients and their families.

7. In section (1)(a), to what extent does the example on pages 9-10 of the application, or similar instances, represent a threat or harm to public health or safety?

As indicated in section (1)(a) of our application, there are a growing number of unqualified individuals claiming to be music therapists who do not hold a music therapy degree from an accredited institution or carry the national credential of Music Therapist-Board Certified (MT-BC). This potential harm to the public includes misrepresentation of the music therapy profession, as these individuals hold themselves out to the public as being able to produce outcomes that are not based upon evidence-based practice; and, these individuals show a substantial lack of supervised clinical training and feedback to promote and ensure ethical practice.

The threat of harm can be characterized as either a medical nature or a mental health nature. This first example relates to medical harm and involves an individual misrepresenting him- or herself as a music therapist who does not have the necessary training to produce outcomes based on evidence-based, safe, and ethical practice:

I (a music therapist) was working in a major children's hospital when one of the PICU doctors called me in to consult on a case. There was a young teenager who ran his snowmobile into a tree and suffered a traumatic brain injury. He was in a stage of coma where he was extremely agitated. His parents consulted with someone who claimed to be a music therapist, but was not. That person programmed music for them to play at their child's bedside to help him relax. The result of that music was increased agitation, increased heart

rate (to dangerous levels), and decreased oxygen saturation rates. This necessitated increased sedation medication which can have negative side effects.

Luckily, our doctors knew to call in the qualified staff (me) to consult on the case. They were playing some beautiful Mozart concerto when I came in. The child was in restraints and writhing on his bed. When I asked the mother if her son liked classical music and if that would have been his music of choice to relax to prior to the accident, she replied, "Oh no. He hates classical music!" I asked them to turn the music off, but his agitation continued. I asked what music he would relax to and his parents refused to tell me because they were ashamed. Once I explained that we could deal with his poor musical taste after recovery and explained why we would be using music purposefully and cited some research, they were on board. His sister revealed that he liked to relax to gangster rap. His mother said that this was unimaginable to her, and frankly to me too, but for this child, that is what would work. So, after conducting further assessment, I set up a music listening program specifically for him. As soon as I started playing the music that would work to help him relax, he let out a huge sigh and visibly relaxed. His heart rate lowered to normal in less than three minutes and his oxygen saturation rate went from 82% to 96% and remained stable. He was able then to relax and fall asleep without further sedation medication, allowing his body and brain to focus on healing.

The second example highlights the potential mental health harm that can happen when someone does not have the necessary supervised music therapy clinical training and feedback. Please note that the music therapist was working as part of an interdisciplinary mental health team:

While working with a seriously ill patient who was suffering from the same condition that killed her father, my (music therapy) intern at the time had an interesting experience. That patient had a particularly difficult week and truly deserved a break. The (treatment) team thought that she also needed to refocus on those things that bring her happiness. So, the intern brought in the book and song "Sunshine on my Shoulders" by John Denver. About half way through the song, the patient broke down into uncontrollable sobbing. As it turns out, that is the song that her father used to sing to her every night.

Luckily, a music therapist is trained and able to deal with instances such as this and it actually turned out for the best as she had not grieved the loss of her father. It ended up being a cathartic experience for that patient. If it had been a music volunteer or someone else with out proper training, that patient would not have been able to come to catharsis, rather they would have been left in a state of despair. Later that day, the psychologist called me thanking me for helping this patient begin her grief process.

8. Please provide information and numbers of actual complaints about unqualified individuals purporting to provide music therapy services? If any such complaints allege harm to a client/patient, please describe the alleged harm.

To our knowledge there have been no official complaints made in the state of Washington regarding unqualified individuals purporting to provide music therapy services. This is in large part due to there being no mechanism in the state at this time for reporting or tracking such complaints.

Reports from the public indicate that there are individuals falsely claiming to be music therapists without evidence of the nationally recognized education, clinical training, or board certification

determined by the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT). These members of the public report receiving unprofessional, invasive, and poor quality treatment and interventions from these unqualified individuals. In addition, several musicians and music educators across the state identify themselves both verbally and in writing as “Music Therapists”. These individuals have offered to provide “music therapy” yet have no education or clinical training in the profession. For example, a nurse at a long-term care facility claimed to do “music therapy” by playing the piano for sing-a-longs for the residents. Furthermore, there are also people who misrepresent themselves as a board certified music therapist when they do not hold the credential. For example, there is a man in California who was arrested for nursing home fraud. He was a board certified music therapist at one time and continues to advertise that he is board certified. There is another instance of a woman who was board certified, let her certification lapse, then forged her original certificate to make it look current for her employer.

These types of misrepresentation issues are tracked and responded to by the AMTA and CBMT, generally in the form of a letter of support outlining a music therapist’s education, clinical training, and board certification requirements. According to the CBMT, the number of these types of issues has increased over the past 9 years from approximately 12 complaints a year to approximately 36 complaints a year. Furthermore, the types of complaints filed against MT-BCs over the past 10 years include:

Sexual Offender (3)

Fraudulent records: Medicaid or Medicare, or forged contracts with facilities (4)

Fraudulent certificate (1)

Employer/Employee issues, not submitting required paperwork, unfair work practices, ethics issues (3)

Inappropriate boundaries: with professor/student, therapist/client (5)

Working outside Scope of Practice (2)

We can assume, though, that the actual number of instances is greater given that the public in general does not realize they can report these types of issues to AMTA and CBMT. Furthermore, although the public can report these cases to AMTA and CBMT, these organizations do not have jurisdiction to take any further action than to send a letter of support. Unfortunately, this does not always go far enough to protect the public.

- 9. Please cite the federal or Washington state rules (Washington Administrative Code) or laws that require healthcare providers to hold state certification for state residents to access the provider’s services, and the settings to which these rules/statutes are applicable.**

State

Chapter 246-12 WAC

Administrative procedures and requirements for credentialed health care providers

246-12-001—Purpose and scope.

The rules in this chapter are intended to ensure consistent application of administrative procedures and requirements for licensure, certification and registration of health care practitioners credentialed under the Uniform Disciplinary Act (RCW [18.130.040](#)), except those credentialed under chapter [18.73](#) RCW (emergency medical services). Within the rules there are several references to additional requirements which may be unique to a profession.

Examples are the renewal cycle, fees, continuing education or competency requirements. Refer to individual profession's laws and rules for further guidance and information. Health profession laws and rules are available in public libraries and in publications by the department of health.

Chapter 182-502 WAC

Administration of medical programs — providers

182-502-0002—Eligible provider types.

The following healthcare professionals, healthcare entities, suppliers or contractors of service may request enrollment with the Washington state department of social and health services to provide covered healthcare services to eligible clients. For the purposes of this chapter, healthcare services includes treatment, equipment, related supplies and drugs.

Chapter 48.44 RCW

Health care services

48.44.015—Registration by health care service contractors required — Penalty.

(1) A person may not in this state, by mail or otherwise, act as or hold himself or herself out to be a health care service contractor, as defined in RCW

[48.44.010](#) without first being registered with the commissioner.

Chapter 18.130 RCW

Regulation of health professions—uniform disciplinary act

18.130.010—Intent

It is the intent of the legislature to strengthen and consolidate disciplinary and licensure procedures for the licensed health and health-related professions and businesses by providing a uniform disciplinary act with standardized procedures for the licensure of health care professionals and the enforcement of laws the purpose of which is to assure the public of the adequacy of professional competence and conduct in the healing arts.

It is also the intent of the legislature that all health and health-related professions newly credentialed by the state come under the Uniform Disciplinary Act.

Further, the legislature declares that the addition of public members on all health care commissions and boards can give both the state and the public, which it has a statutory responsibility to protect, assurances of accountability and confidence in the various practices of health care

Federal

Individuals with Disabilities Education Act, Part C, Section 303.31 regarding qualified personnel who are eligible to provide early intervention services:

“Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.”
(Federal Register, September 28, 2011, p. 60251)

Individuals with Disabilities Education Act, Part B, Section 300.156 regarding related services personnel qualifications:

“(a) *General*. The SEA must establish and maintain qualifications to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained, including that those personnel have the content knowledge and skills to serve children with disabilities.

(b) *Related services personnel and paraprofessionals*. The qualifications under paragraph (a) of this section must include qualifications for related services personnel and paraprofessionals that—

(1) Are consistent with any State approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services; and

(2) Ensure that related services personnel who deliver services in their discipline or profession—

(i) Meet the requirements of paragraph (b)(1) of this section; and

(ii) Have not had certification or licensure requirements waived on an emergency, temporary, or provisional basis;”

(Federal Register, August 14, 2006, p. 46772)

**Medicare and Medicaid Programs; Programs of All-Inclusive Care for the Elderly (PACE)
Section 460.64 Personnel qualifications for staff with direct participant contact:**

“(a) *General qualification requirements*. Each member of the PACE organization's staff that has direct participant contact, (employee or contractor) must meet the following conditions:

(1) Be legally authorized (for example, currently licensed, registered or certified if applicable) to practice in the State in which he or she performs the function or action;

(Federal Register, December 8, 2006, pgs. 71334 and 71335)

**US Code: TITLE 42 - CHAPTER 7 - SUBCHAPTER XIX –
Section 1396r. Requirements for nursing facilities**

(d)(4)(A): A nursing facility must operate and provide services in compliance with all applicable Federal, State, and local laws and regulations (including the requirements of section 1320a-3 of this title) and with accepted professional standards and principles which apply to professionals providing services in such a facility.

10. To what extent do music therapists typically provide services independently compared to providing services in coordination with a licensed mental health, a medical professional, or as part of an interdisciplinary health team.

Music therapists frequently collaborate with other allied health professionals, including mental health and medical professionals, as part of an interdisciplinary health or education team. For example, Akiko Ketron, MT-BC, collaborates with physicians, psychiatrists, nurses, social workers, and other therapists in her work at the Regional Behavioral Health Center at Auburn Regional Medical Center. Together, this multidisciplinary team works at provide care for older adults with emotional or cognitive health issues.

Washington State Music Therapy Task Force
Sunrise Review for Certification for Music Therapists, SB 6276
Comments and Responses to the Sunrise Review Hearing and Initial Public Comment
Period
August 30, 2012

We appreciate this opportunity to respond to comments, testimony, and questions revealed in the initial public comment period as well as the Sunrise Review Hearing for SB 6276 – Certification for Music Therapists.

Music Therapy Data Collection and Assessments: Music therapy assessments take many different forms and may include different elements depending on the therapeutic setting. All music therapy assessments include a review of client history, origin of disabilities, medical or psychosocial issues, current therapeutic strategies and existing goals, and are largely composed of a comparison between client responses during music and during regular activities that do not normally include music.

Music therapy in a mental health institution, for example, will involve an assessment of a client's mood and behavior as contrasted in a music setting and a non-music setting. Music therapy in a setting with geriatric patients with dementia will involve an assessment of the client's attention span, relatedness, eye contact, mood and behavior as contrasted in a music setting and a non-music setting.

Music therapy in the public schools is partially governed by federal guidelines, as it is considered a related service. The evaluator looks for significant or unique differences in client performance when music based prompts are used, on specific objectives as described in the student's Individual Education Plan. Peer interaction, interactions with teachers, expressive and receptive communication, and ability to focus and follow directions may all be part of a music therapy assessment.

Music therapists are required to demonstrate competency in the following areas related to data collection and assessment:

Client Assessment:

- 16.1 Communicate assessment findings and recommendations in written and verbal forms.
- 16.2 Observe and record accurately the client's responses to assessment.
- 16.3 Identify the client's appropriate and inappropriate behaviors.
- 16.4 Select and implement effective culturally based methods for assessing the client's assets, and problems through music.
- 16.5 Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development.

16.6 Identify the client's therapeutic needs through an analysis and interpretation of music therapy and related assessment data.

16.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding assessment.

Treatment Planning:

17.1 Select or create music therapy experiences that meet the client's objectives.

17.2 Formulate goals and objectives for individuals and group therapy based upon assessment findings.

17.3 Identify the client's primary treatment needs in music therapy.

17.4 Provide preliminary estimates of frequency and duration of treatment.

17.5 Select and adapt music consistent with strengths and needs of the client.

17.6 Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.

17.7 Select and adapt musical instruments and equipment consistent with strengths and needs of the client.

17.8 Organize and arrange the music therapy setting to facilitate the client's therapeutic involvement.

17.9 Plan and sequence music therapy sessions.

17.10 Determine the client's appropriate music therapy group and/or individual placement.

17.11 Coordinate treatment plan with other professionals.

17.12 Demonstrate knowledge of professional Standards of Clinical Practice regarding planning.

Documentation:

20.1 Produce documentation that accurately reflect client outcomes and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.

20.2 Document clinical data.

20.3 Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.

20.4 Communicate orally with the client, parents, significant others, and team members regarding the client's progress and various aspects of the client's music therapy program.

- 20.5 Document and revise the treatment plan and document changes to the treatment plan.
- 20.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, and evaluation.
- 20.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding documentation.

Music Therapy and Peer Reviewed Research: Evidenced-based practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care (Sackett, 2002). Music and music therapy research is available through many peer reviewed journals, including the *Journal of Music Therapy*, *The New York Academy of Sciences Annals*, *Perceptual and Motor Skills*, *Neuroscience Letters*, and *NeuroImage*. Such research publishes both the distinctive nature of using music alone as an intervention in health care, as well as music with combined therapies including but not limited to occupational therapy, speech/language pathology, physical therapy, and psychotherapy. Published peer reviewed research in music therapy spans over 60 years in the United States. In the most recent 20 years, an explosion of research activity blossomed along several important lines of work. Music therapists conduct research drawing upon a range of methods and research designs. Ultimately, the design of research is driven by the nature of the research question and the aims of the study.

There are several recent Cochrane Reviews regarding music therapy interventions among patients with medical issues.

RECENT PUBLISHED COCHRANE REVIEWS INCLUDE:

- Music for stress and anxiety reduction in coronary heart disease patients (Bradt & Dileo) (published 2009)
- Music therapy for end-of-life care (Bradt & Dileo) (published 2009)
- Music therapy for acquired brain injury (published, 2010) (Bradt, Magee, Dileo, Wheeler, McGilloy)
- Music interventions for mechanically ventilated patients (Bradt, Dileo, & Grocke) (published 2010)

UPCOMING REVIEWS INCLUDE:

- Music interventions for improving psychological and physical outcomes in cancer patients (Bradt, Dileo, Grocke & Magill) (published 2011)
- Music for pre-operative anxiety (Dileo & Bradt) (in progress)

RESULTS ACCORDING TO OUTCOME

- Heart rate: Music consistently lowers heart rate in cardiology, cancer and mechanically ventilated patients
- Respiratory rate: Music lowers respiratory rate in cardiology, cancer and mechanically ventilated patients although effects are variable.
- Systolic and Diastolic Blood Pressure: Music consistently reduces systolic and diastolic blood pressure in cardiology and cancer patients
- Anxiety: Music significantly and consistently lowers anxiety in MI patients and mechanically ventilated patients, inconsistently in cancer patients
- Pain: Music can have small to moderate effects on pain in cardiology and cancer patients, but this is not always consistent.
- Mood: Music significantly and consistently improves mood in cancer patients
- Quality of Life: Music therapy significantly and consistently improves quality of life in oncology and terminally ill patients.
- Gait: Significant and consistent favorable effects are observed for a specific music therapy intervention (Rhythmic Auditory Stimulation or RAS) on gait velocity, cadence, stride length, and stride symmetry.
- Global state: Music therapy, as an addition to standard care, helps people with schizophrenia to improve their global state and may also improve mental state and functioning if a sufficient number of music therapy sessions are provided.
- Communication: Music therapy interventions are favorable in helping children with autistic spectrum disorder improve their communication skills.

Music Therapy and Practice Restriction:

Example #1

From the Washington Administrative Code regarding service providers for psychiatric and inpatient treatment facilities. Relevant sections are **bolded**.

WAC 388-865-0229

Inpatient services.

The regional support network must develop and implement age and culturally competent services that are consistent with chapters [71.24](#), [71.05](#), and [71.34](#) RCW. The regional support network must: Ensure that all service providers or its subcontractors that provide evaluation and treatment services are **currently certified by the mental health division and licensed by the department of health**; Consumers listed:

(a) State psychiatric hospitals:

(i) Western state hospital;

(ii) Eastern state hospital;

(iii) Child study and treatment center.

(b) Community hospitals;

(c) Residential inpatient evaluation and treatment facilities licensed by the department of health as adult residential rehabilitation centers; and

(d) Children's long-term inpatient program.

How these regulations impacted Washington resident Jim Couture, MA, MT-BC: “In 2007 I applied for an advertised Music Therapy position at Western State Hospital. But since this was a therapist position it required state certification or registration. I had been on the state hiring list since 2003 as a Recreation Specialist and had also applied for Recreation Therapist (unsuccessfully without CTRS). But the only position recognized by the state in 2007 on the application was CTRS. I was unable to apply because the state did not recognize / register / certify MT-BCs. Melissa Gunter-Green, MT-BC had made the request to hire a music therapist but did not realize one could not be hired without recognition. Here is the AMTA announcement:

Posted 1/17/07

Job title: Music Therapist Board Certified

Hours: Full-time (40 hr)

Salary: Negotiable

Facility: Western State Hospital (Lakewood, WA)

Qualifications: MT-BC

Population: Inpatient psychiatric adults

Starting date: February 2007

Description of position: Western State Hospital is a 1000 bed inpatient psychiatric hospital who serves patients court ordered for treatment. The Director of Rehab would supervise all rehab staff hospital wide and be a key person in active treatment. Contact information: Western State

Hospital, 9601 Steilacoom Blvd SW Lakewood, WA 98498 253-582-8900 Dr. Andrew Phillips or Melissa Gunter-Green, MT-BC”

Example #2

Washington resident Wendy Zieve, MT-BC, was restricted from participating at a School Services Fair to promote music therapy and advertise her business because state regulations did not include Music Therapy as a provider in school settings, even though it is considered a related service under the Federal Individuals with Disabilities Education Act (IDEA) Legislation. This policy had an effect not only on Wendy’s business and livelihood, but also in effect denied access to music therapy services to children with special needs who might have benefitted greatly from this treatment option.

Examples of Misrepresentation of Music Therapy:

Submitted by Jim Couture, MT-BC, articles found in the local newspaper:

1. Songwriting Works article that describes the process as "music therapy." The designation comes from the reporter, not the facilitators. I have worked with this group and they do fine work, though it does overlap with techniques we as music therapists would also use. The article also describes how they have been working on a "Tool Kit" to use music in the home between older adults and caregivers, something beyond even their scope of songwriting. The use of the term music therapy is misleading to the public in this context.

2. An announcement of a public talk, with \$5 cost, about music therapy and psycho-acoustics with CDs available. A Google search reveals this person to be a harp therapist and KinderMusik educator who is a music therapy student. If that is true, it is still misleading to the public as advertised.

3. "Music Therapy" turns up as a category at the Mind Body Spirit Directory for Washington website <http://www.bodymindspiritdirectory.org/WA> which includes a link to <http://soundings.com>, a "new age" recording company in Bellingham, WA. Another misleading category.

Submitted by Patti Catalano, MT-BC, after completing a music therapy Google search for Washington State:

4. “**Welcome to Waves Music Therapy**, an independent company based in Seattle, Washington, offering the very best in music therapy!

Music heals! We use brainwave entrainment, featuring monaural tones, to safely and gently guide your brain into various brain states. Through ‘*frequency following*’ your brain waves naturally align to the tones in our programs, giving you a stronger, more focused state of mind.

Music therapy is an inexpensive yet effective therapy for many disorders including: Seasonal Affective Disorder (SAD), Attention Deficit Disorder (ADD), chronic pain, fibromyalgia and sleep disorders. Brain wave therapy can also reduce stress, headaches, migraines, insomnia and irritability. Our therapies promote relaxation, concentration, creativity and top performance. Professional audio engineer and musician, Katy Kavanaugh, is the creator of Waves Music Therapy. Her research in audio, led her to discover the positive benefits of music therapy. With her extensive audio background, Katy has created high quality music therapies encompassing a wide range of benefits. She hopes everyone will enjoy the effects of brain wave therapy and her custom programs.” Although this company calls themselves a music therapy company, they are not trained to offer music therapy.

5. On the Autism Support Network website, it states: “Musical Therapy for Autism Seattle WA - Musical therapy for autism helps autistic patients with social skills, language comprehension and more. See below for local music therapists in Seattle that give access to therapy which has effects such as non-communicative speech reduction and echolalia reduction as well as advice and content on art therapy for autism and how to find music therapists for autism.” None of the companies listed on the page actually offered music therapy.

Responses to Washington Occupational Therapy Association’s (WOTA)

Testimony and Questions: We appreciate the work that WOTA’s legislative committee and lobbyist have been doing with us to learn from each other as well as work on amended language that protects the scope of practice of the Occupational Therapist in Washington State. We look forward to continued dialogue with WOTA as well as through our national associations. To that end, a clarification is in order. The language printed in the August 20, 2012 testimony of WOTA for the Sunrise Review Hearing of SB6276/HB2522 Certification of Music Therapists was not the amended language approved by the applicant group and WOTA representatives. It was suggested language submitted by the occupational therapists in January 2012, but was not acceptable to music therapists because it in essence allowed occupational therapists to call themselves music therapists.

The Senate Hearing in which the bill was heard took place on February 1, 2012, not January 23, 2012 as indicated on the testimony. The Music Therapy Task Force was approached by Mark Gjurasic on January 27 with a request for more information regarding the bill. Immediately prior to the February 1, 2012 testimony given by the music therapists, WOTA representative Rose Racicot and the American Music Therapy Association’s Director of Government Relations Judy Simpson gave verbal approval to Patti Catalano of the Washington State Music Therapy Task Force to amend the suggested language. The amended language with additional hand written words acceptable to all parties was submitted at the Senate Hearing, is in the file for SB6276 Testimony, and a scanned copy is attached. Ms. Racicot communicated approval of this amended

language to Mr. Gjurasic. This language would not only protect occupational therapists but would also protect other allied health professionals as well.

Similarities Between the Scope of Practice of Music Therapy and Occupational Therapy

Music therapists frequently address similar treatment goals as other allied health therapists, such as occupational therapists. These types of service overlaps reinforce the treatment goals addressed and could hasten the therapeutic benefit to the patient. Collaboration with and between healthcare professionals support best outcomes and will serve in the best interest of Washington residents. What makes music therapy unique and distinguishes it from other therapies is the use of music as the therapeutic tool. The music therapy treatment plan is designed to help the client attain and maintain a maximum level of functioning using interactive music therapy strategies.

Furthermore, a major trend in healthcare is consumer choice. Consumers need and want choices in their healthcare treatment options. Certifying music therapists would provide Washington state residents access to another type of service that can enhance their treatment plan. When clients are given the choice, collaboration with and between professionals support best outcomes.

If these similarities are drawn between our two professions' scope of practice, and the Department of Health has seen fit to regulate Occupational Therapy for the health and safety of Washingtonians, then it could be argued that Music Therapy should also be regulated. Within these situations, vulnerable clients can be harmed if the therapist is untrained and uncertified and not held accountable for their actions.

WOTA's questions/comments from the Sunrise Review Hearing on August 20, 2012 are as follows:

1. How does the proposed scope of practice for Music Therapists in the Sunrise Review application reconcile with their national AMTA documents of professional competencies, code of ethics and standards of practice, which are much broader in nature? WOTA is concerned that the broad scope of practice wording may be misinterpreted.

Misinterpreted by whom? The music therapy scope of practice outlined in the applicant's Sunrise Review application is in line with our national educational, clinical training, and scope of practice standards identified by the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT). The Washington State Music Therapy Task Force has worked closely with representatives from AMTA and CBMT to insure that the high quality standards for board certified music therapists are maintained in this state certification.

2. The therapy concepts outlined in the proposed Music Therapy certification bill sound very similar to concepts that are in our Occupational Therapy profession. For example, both professions may use music as a therapeutic modality with students with autism and use the term Sensory Integration as a description for therapeutic practices.

As mentioned above in the "Similarities Between the Scope of Practice of Music Therapy and Occupational Therapy" section, music therapists do frequently address similar treatment goals as other allied health therapists. The same can be said for similarities in treatment goals between speech/language pathologists, occupational therapists, physical therapists, and other specialists who work with populations in need of multiple therapy services. Since this bill is not designed to protect the use of music but rather protect the term "music therapy," it does not limit the use of music by other professions.

Therapy concepts overlap in many professions, but the implementation of each concept and the combination of concepts is unique to each profession's education, clinical training, and scope of practice. For example, several professions address communication-related goals, but the theoretical framework underlying them and the interventions used to address them will be different for the occupational therapist, the music therapist, and the speech-language pathologist. These types of service overlaps reinforce the treatment goals addressed and could hasten the therapeutic benefit to the client. Collaboration with and between healthcare professionals support best outcomes and will serve in the best interest of Washington residents. Many referrals for music therapy services are made because other members of the treatment team have exhausted their options for helping the client. Music therapists have a great deal of success reaching those clients for whom other treatments have been unsuccessful or limited. Having music therapy as a treatment options aligns with the consumer's need for and desire for choices in their healthcare treatment options.

3. How would patient care be affected by the certification of Music Therapists?

Patient care can only be improved if Washington creates state certification of music therapy. It will improve access to music therapy services and will mandate that these services be of high quality and be performed by qualified professionals.

4. What is the cost of this regulation versus the benefits? Will this be confusing to clients who already receive OT services which may overlap with Music Therapy goals?

We anticipate that the benefit to the public will outweigh the costs, if there are any. We anticipate that the impact of state certification on the costs of services to the public would be minimal. Adding state certification for music therapists creates the potential for increased access to services, additional employment opportunities, and support of students studying in the music therapy program at Seattle Pacific University. All of these factors are considered to have a positive impact for residents of the state, as access to quality services will increase as the profession is officially recognized.

If working with the understanding that client choice and access to services is of paramount importance, then any confusion between an overlap in services is a moot point. As mentioned earlier, service overlaps can reinforce the lessons imparted to the clients and could hasten the adoption of the therapeutic benefit. Furthermore, any potential confusion should be clarified by the individual therapist—occupational, music, or otherwise—whose professional responsibility involves describing their treatment goals, interventions, theoretical framework, and outcomes in a way that is understood by the client.

5. How is access to Music Therapy currently restricted?

Please see the above section labeled: Music Therapy and Practice Restriction as well as Examples of Misrepresentation of Music Therapy

Response to Speech/Language Pathology (SLP) claims regarding Communication Disorders:

The Music Therapy Scope of Practice addresses communication differently than SLPs and does not infringe on the SLP Scope of Practice. Since music is a non-verbal form of communication,

it would be impossible for music therapists to not address communication within client treatment. To state speech-language pathologists are the only professionals able to address client communication is not true and would restrict multiple groups of professionals in the state (e.g. occupational therapists) that deal with client communication in treatment. Just as music therapists do not own music, no one profession owns communication. Board certified music therapists (MT-BCs) typically collaborate and/or consult with SLPs in order to design a treatment plan that is appropriate for the client. It is also very common for music therapists to receive referrals from speech-language pathologists who feel that a client is unable to make adequate progress in speech therapy alone.

Jim Couture, MA, MT-BC has a certificate in vocal pedagogy that involves techniques for assessing and remediating vocal singing difficulties. Training included vocal anatomy, phonetics and various techniques as well as issues of the aging voice. One the three instructors was an expert PhD speech therapist. These are skills a music therapist with a special interest in the voice would have.

He has collaborated many times with SLPs in the hospital setting. His role as a music therapist was to assist speech therapy clients with Parkinson's, traumatic brain injury and geriatric issues to achieve goals set by the speech therapist. As such he was an adjunct therapist working with clients who responded well to music interventions that involved vocal exercises such as singing, diction and melodic intonation, all designed to assist clients to improve the quality of their speech communication. A typical example would be assisting a client who cannot speak fluidly, but who is able to learn to sing words and phrases as a form of communication.

Respectfully Submitted,

Washington State Music Therapy Task Force

Patti Catalano, MM, MT-BC, Music Works Northwest, Bellevue, WA

Wendy Woolsey, MA, MT-BC, Adjunct Professor, Music Therapy Program Seattle Pacific University

Jim Couture, MA, MT-BC - Director, Encore! Adult Day Care & Arts and Minds Early Memory Loss Program – Port Angeles, WA

Carlene Brown, PhD, MT-BC, Associate Professor & Chair, Music Department
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Brooke McKasson, MT-BC, Tacoma, WA

Wendy Zieve, MA, MT-BC, Sno-King Music Therapy Services, Shoreline, WA

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Language proposed regarding changes for occupational therapists from CBMT and AMTA legislative advisors:

Below please find recommended amendment language we hope you will consider for SB 6276. We believe this more accurately reflects the intent of our practices, while not restricting OTs or other related professionals from using music. We believe this language will protect OTs as they implement "non-music therapy" methods, such as AIT, Listening Therapy, and Interactive Metronome.

This language could be added in Section 4 as Numbers 1 and 2, with existing language from Numbers 2 and 3 being re-numbered as 3 and 4.

Nothing in this chapter may be construed to prohibit or restrict the practice, services, or activities of the following:

1) Any person licensed in another profession or personnel supervised by a licensed professional in this State performing work incidental to the practice of his or her profession or occupation, if that person does not represent himself or herself as a certified music therapist.

*, including the
use of
music,*

2) Any person whose training and national certification attests to the individual's preparation and ability to practice his or her profession, if that person does not represent himself or herself as a certified music therapist.

1/31/2012

Appendix D

Public Hearing Summary

And Participant List

Music Therapist Sunrise Hearing August 20, 2012 Summary

Kristi Weeks opened the hearing at 9:00 AM. She introduced herself as Director of Legal Services and Legislative Liaison at the Department of Health, and also introduced Andy Fernando, Legislative and Rules Supervisor and Sherry Thomas, coordinator of the sunrise review process.

She next introduced the hearing panel, who will help to ensure we have all the information we need to make a sound recommendation.

- Miranda Bayne, Staff Attorney in our Health Systems Quality Assurance Division.
- Micah Matthews, Research and Education Manager for the Washington State Medical Commission.
- Peter Beaton, Economist in our Policy, Legislative and Constituent Relations Office.

Ms. Weeks stated today's hearing is for the proponents to make their presentation, and for opponents and other interested parties to comment on the proposal. Panel members and department staff will ask questions during the proponents' presentation and public testimony. She added that the recommendations in our report will be based in part on this hearing. The report is expected to go to the Secretary of Health for approval in October.

Ms. Weeks asked participants to please keep in mind during their presentations and testimony that the sunrise process has statutory criteria they should try to stick to as much as possible. This is not a legislative hearing, so political arguments or other factors outside the criteria will not help or hurt the proposal under review. It is the legislature's job to take those into account; they have specifically asked the department to look at certain criteria. It will be Ms. Weeks' job to try to keep the hearing within the time limits as well as the limits of the review.

Ms. Weeks explained the department typically holds two or three of these hearings each year, and we have been able to identify some strategies for holding a productive hearing:

- This hearing is being recorded and testimony will be shared with interested parties. Because it is important the recording is clear for future listeners, she asked that participants follow these two rules:
 1. Use the microphone when speaking. This includes panel members.

2. Please do not call out information from the audience. The person at the podium should not solicit information from colleagues in the audience.
- She reminded participants if their points have already been made by previous speakers, they do not need to repeat their testimony. Indicating agreement with previous speakers will get their positions on record.

Introduction of Applicant(s)

Ms. Weeks then asked the applicants to come up to present their proposal. She reminded them there is a 30 minute limit we provided them so there is sufficient time for panel questions and for others to testify. She stated the department has received a lot of information from various sources about the value of music therapy, so value is not as issue. She asked the applicants to please use their time to focus on the sunrise criteria that are in the law and how the proposal addresses those criteria.

Patti Catalano

Ms. Catalano presented first for the applicants. The applicants' PowerPoint is attached at the end of this hearing summary. She stated they will be presenting what music therapy is, what makes them unique, and why they should be certified.

Ms. Catalano is the music therapy program manager at Music Northwest in Bellevue. She was joined by Dr. Carlene Brown from Seattle Pacific University, Director of Music Therapy and Chair of the music department. Her research interests are in the use of music to control pain, which is a specialty of hers. She is a reviewer on the topic of music for pain relief for the International Cochrane Pain and Palliative Care Group. And Wendy Woolsey, who is also a board certified music therapist in Washington. Her specialty is Parkinson's, working with post-adoption services, and communicative disorders. She is also on the adjunct faculty of Seattle Pacific University.

She stated they are aware music is used by many professionals, and is a universal language owned by no one. They want to look at how music therapy is defined in this state. Wendy Woolsey came up to present.

Ms. Woolsey began with what music therapy is. It is the clinical and evidence-based use of music interventions to accomplish non-musical individualized goals used within a therapeutic relationship. That relationship is with a music professional that has completed an approved music therapy program and has been certified by the Certification Board for Music Therapists (CBMT). Music therapists are first and foremost highly skilled musicians who use music interventions to achieve therapeutic goals. Interventions include music improvisation, song writing, lyric analysis, the singing and playing of music, as well as music listening with individualized therapeutic goals. Goals include pain management, improving coping skills, enhancing memory, working on social, emotional and spiritual well-being, physical rehabilitation, depression, etc.

The role of a music therapist is to first assess functioning through musical responses, which includes music and instrument preferences. From the assessment, they develop treatment plans with goals and objectives, design the therapy session for individuals and groups based on their needs, and implement

music therapy interventions. They are constantly evaluating responses to treatments and adjusting their implementation as they go. They document client outcomes and participate as a member of the interdisciplinary team.

They do this in a variety of settings such as rehabilitative facilities, medical hospitals, outpatient clinics, private practice, etc. (See Slide 6 of the PowerPoint for complete list.) Ms. Woolsey explained who can benefit from music therapy, people of all ages and all abilities, from infants in the intensive care unit to preschoolers to kids with autism and other developmental disabilities to teenagers to people with neurological disabilities. Music therapists work with kids who have been adopted and are working on issues of loss at detachment. They work with older adults with Alzheimer's and other forms of dementia and those with psychiatric disorders. They also work with those in correctional facilities, and with grief and loss. There are parents of children who have been helped by music therapy who will testify later.

She then passed it to Dr. Carlene Brown. Dr. Brown introduced herself as associate professor and chair of the music department of Seattle Pacific University. She is also the director of the music therapy program, which was accredited in August of 2009. She spoke about education and training of music therapists. She explained music therapists are trained at the undergraduate and graduate levels through a comprehensive, rigorous curriculum from the program approved by the American Music Therapy Association (AMTA) and accredited by the National Association of Schools of Music (NASM). They also complete a minimum of 1,200 hours of supervised clinical training that includes a six-month internship in a competency based program.

Upon completion of academic and clinical training, graduates are eligible to sit for the certification exam to earn the Board Certified Music Therapist (MT-BC) credential. They are required to complete 100 hours of continuing education in every five-year cycle to maintain the MT-BC credential. The bottom line is that a music therapy student is first and foremost a musician. They have four years to gain competency on a professional level on what it means to be a musician. They study music extensively during those four years, including music history, theory, etc. and understand the elements of music and how to manipulate it, what it means to work with melody or rhythm, dynamics or tone, tempo. The rigor is first, being a musician. Their minimum competency level requires three instruments, sometimes four.

Students have about 140 competencies before they leave SPU. First is around being a musician, and the second is around clinical foundation. They take a number of classes in anatomy and physiology, several in psychology such as cognitive or developmental psychology, abnormal and adolescent psychology. They must also have communications. Then there are the core music therapy courses that students take around their third and fourth years. They must understand what it takes to use music functionally with different clients. They might take a class on music in special education. She teaches a course in music in medicine and her area of interest for research is in pain management. In addition to this training, music therapy students are required to have 180 practicum hours. Some of her colleagues at the hearing are out in the field working with music therapy students to understand what it means to work with different populations. Before earning the MT-BC they must still do a six-month internship at an AMTA approved site. They must then sit for the three-hour certification exam and pass it before earning the title MT-BC. They must complete the 100 hours of continuing education to maintain the credential.

Qualifications are unique due to the requirement to be a professional trained musician in addition to training and clinical experience in practical applications of biology, anatomy, psychology, and the social

and behavioral sciences. They actively create, apply, and manipulate various music elements through live, improvised, adapted, individualized, or recorded music to address physical, emotional, cognitive, and social needs of people of all ages. In contrast, when other disciplines report using music as a part of treatment, it involves specific, isolated techniques within a pre-determined protocol, using one pre-arranged aspect of music to address specific and limited issues. This differs from music therapists' qualifications to provide interventions that use all music elements in real time to address issues across multiple developmental domains concurrently.

She used an example of some SPU students working at Swedish Hospitals. Dr. Gordon Irving is the medical director for the pain and headache center. He and a pain specialist are actively trying to get music therapy at Swedish. They are working with their students to understand what it means to use music with pain patients. The MS unit was also interested in music therapy and recently instituted a practicum site with them.

Another example is the Experience Music Project (EMP) hosted with them a music therapy camp for children with autism. Parents gave great feedback and many stated it was the first time their child had been able to be part of a camp. EMP loved it because they were able to diversify their population.

Every music therapy experience is with a board certified therapist at that level of training. She tells her students their closest colleagues in terms of the rigor of the program are nursing students. Many think they are interested in this field until they see what it takes to get there.

She used Congresswoman Gabby Giffords' story of how music therapy was part of her treatment plan that helped with cognition, speech, and movement. Her music therapist who was also a brain injury specialist used singing to help her recapture her speech.

Patti Catalano came back up to take over the presentation at this point. She explained why they are seeking regulation of music therapy. She stated it is to protect the public from harm due to misuse of terms and techniques. They use specific training that allows them to determine reactions of clients, read when changes need to occur, and make sure they provide appropriate closure so the client is at a safe spot. Without the training, someone might have a situation where music brings a client to a situation they may not be ready for. They might not have the skills to determine when a client might need to be led back out, or have a different type of music. She gave an example of some of her clients with autism get "disregulated" if the music is way too fast or way too slow. She needs to be able to determine where they are physiologically and emotionally so they can be in a state ready to learn. If their state is disregulated and too high or too low, etc., they cannot be ready to learn.

They need to ensure competent practice through their training and curriculum that is accredited. They want to know from state to state that the training and exam is consistent. They also want to protect access to music therapy services. She said when they met with state agencies; regulations often require state certification for education and health care. If they don't have that state credential, there are restrictions in service delivery.

Over the last decade in a half, music has been heavily researched by neuroscientists, music therapists, and other scientists. According to Dr. Patel, a neuroscientist in San Diego, our brains light up like a Christmas tree when we're processing harmony. She said they now know that the image we had of music only being

activated on one side of the brain is too simplistic and inaccurate. She said we can see changes in our brains and in our bodies and way of being with music. Certification would also validate the prominence of music therapy in state, national and international work settings. Currently music therapists are listed as a related service with the Department of Education. They are on Medicaid and Medicare, Medicare Perspective payment system and they are recognized as an allied health service with the general services administration. They wish we had that in Washington so our citizens could access their services fully.

Certification would establish educational and clinical training requirements, examination and continuing education, a scope of practice and an ethics review procedure. One of their requirements for continuing education is to have ethics training every five year cycle.

Further gains include protecting consumers of music therapy, that residents can easily determine qualified therapists, and that facilities wanting to provide music therapy can comply with state regulations in employing them.

She briefly described their timeline of working for certification (See slide 16 for timeline). The initial draft bill from the Senate Health and Long-Term Care Committee called for registration, but later drafts changed it to a certification. Ms. Catalano wrapped up by stating that the benefits to certification are that music therapy providers are qualified clinicians with the education, clinical training and national board certification requirements for the profession. There would be improvements in access to services and facilities would be able to hire music therapists and comply with state regulations regarding hiring of health care and education providers.

She asked whether they feel they are the only people who can use music in Washington – absolutely not. They know many of their colleagues use music beautifully within their professions. They do not own music nor do others. Music is a universal language which makes it powerful. People can communicate musically in ways they cannot verbally. They want to define what music therapy is and who is eligible to practice. It is only through defining and regulating it that we can ensure residents have complete access to services and that when they ask for music therapy services, they know they are getting what they asked for.

Panel Questions

Miranda Bayne stated that she heard them say harm is related to access to music therapy services in a variety of settings, but she also heard music therapy is approved by Medicare and Medicaid. She asked the applicant to clarify.

Ms. Catalano responded it's on the newest assessment for nursing homes as one of the services. It is done along with recreation therapy there. There is a prospective payment system that is used, but not all can acquire it through them. It is listed as a related service through the Department of Education for IDEA legislation. It is included in the "shopping list" of services, not listed specifically. Their intent was stated to say there are other services your child may potentially benefit from, but they have to follow the same criteria as speech-language pathology, occupational therapy, and physical therapy that they must be proven as educationally beneficial. If proven, then the service should be provided in the school setting. What they are finding is that without it being specifically listed, school districts are not actively seeking

out music therapy. There are a few districts that have allowed some in a few schools. A few children's IEPs list music therapy for their child, which has been honored by some school districts but not others.

Ms. Bayne asked whether they are positing that if music therapists were certified, the schools wouldn't be able to deny music therapy.

Ms. Catalano replied that they have been told by different state agencies that they need that state recognition in order for them to list music therapy on the codes. That's where there would be more accessibility of services.

Peter Beaton stated that his review of the documents shows him it is great what music therapists do. He asked about page 10 of the applicant report that states since this type of regulation is not available for music therapy, there are frequently therapists who cannot provide the services in certain settings. Is there a long list of examples of where you are currently prevented from providing services?

Ms. Catalano replied that she has some specific examples she has dealt with. She stated that last school year there was a PTA who wanted to provide music therapy services for a developmental preschool program. They proposed it to the interim head of the department of special education at the school district with parental support and agreement the parents would fund it. The school district denied the proposal even though they wouldn't have to pay for it. What it came down to was after the parents gave pushback the district finally agreed but made it clear this would not be the school district providing music therapy. There was some friction with the school district regarding the use of the IEP and including music therapy.

Mr. Beaton asked about hospitals, nursing homes, mental health facilities, treatment centers, etc. whether there were more examples of access issues. Ms. Catalano said they will follow up about that.

Micah Matthews asked if the applicants could speak to instances of harm to patients. Ms. Catalano stated since there is no recognition of music therapy there is no board to report complaints to. They have anecdotal stories in state and specific examples out of state.

Mr. Matthews asked her to provide those stories. Ms. Catalano said she would follow up later in the hearing.

Ms. Bayne asked again about the issue of harm. In the report it said a person claiming to be a music therapist but does not have the proper training could potentially cause significant health and safety risks. What is the health risk of a person using music who is not a music therapist?

Dr. Brown replied she teaches a class called psychology of music, which is her background, physiological and psychological effects of music. She talks to her students about, can music hurt. If it can heal, can it hurt? A trained music therapist will understand the power of music and have respect for it, creating a sound environment. Not everyone responds to sound the same way. A trained music therapist would understand you can't just put on an iPod, especially for a vulnerable individual. A lot of her research is dedicated to if you are in a medical facility and a physician asks for an iPod for a patient and wonders whether it would hurt them. She stated they need to understand what it would do to the patient physiologically as well as psychologically. That is what this training is about, how does rhythm affect an individual, and how do you choose music, realizing someone could decide for her what would relax her in a hospital without asking her. She is a classically trained musician and she tells her students if she was in

a hospital and someone looked at her chart and noticed she was a musician and would love a certain piece of music; there are several pieces that would elevate her heart rate immediately. They would not know any better. Her students need to know the power of music and that they can uplift but they can also hurt.

Ms. Bayne asked a follow up question that on the one hand they want to protect themselves from the people who want to call themselves music therapists without training. On the other hand it seems like they are attempting to ensure facilities and employers can recognize what their training is and access their services. She stated she understands the title protection but asked what certification gets them in terms of helping the potential client to know they have that training. She said they have the board certification, so what's the difference.

Ms. Woolsey replied that it's not only title protection but protecting the public because there are people who will represent themselves to their clients as music therapists. They feel like they are getting a trained music therapist with the certification and degree and a scope of practice. It protects the public because when someone is asking for a music therapist; that is what they are getting.

Mr. Beaton asked about physiological responses aside from heart rate that they use to gauge the therapy is working.

Dr. Brown said it depends on the setting and on the client. There are many variables one takes into consideration. First and foremost they ask the person. They never assume. If they can get direct feedback, that is ideal. There are other ways to rate pain. They can also get information from family members. That is information gathering that can be used to assess. They work with social workers, educators, etc. to have as complete a picture as possible to understand what goals they need so work toward using music to get there. She said they are constantly evaluating what they are doing to make sure there is no harm.

Mr. Matthews asked the applicants to detail more about the 180 hours of clinical training, what classes are required. He also asked whether they work with other allied health professionals to make sure they are not doing harm in their areas of specialty.

Dr. Brown stated psychology of music. She said they are evidence-based and there is literature on that. The 180 hours as an undergraduate that is completely supervised by her colleagues. The students may go out one day a week working side by side with people like Patti Catalano to understand the process. But before they can designate themselves as music therapists there is the six-month clinical training, which is full-time. They are music therapy interns during that time. Once they have demonstrated competency and proficiency in a number of areas, they are eligible to take the exam. They must pass the exam before they are a board certified music therapist.

Ms. Woolsey added there are also the core music classes they must complete, as well as abnormal psychology, music theory and history.

Mr. Beaton asked for more specificity on bodily responses besides heart rate. What does it mean?

Dr. Brown said they can go back and look at data on pain responses such as respiration and heart rate to see whether someone is tense or in a relaxation mode. Ms. Woolsey added an example of a music therapist often working with physical therapists on gait training for seniors or people suffering from stroke or Parkinson's. They can see physiologically what the response to music is to the rhythm as well as

the music that can be monitored and changed if necessary to a more effective gait pattern. She said they can do it with a metronome, but what music adds to it is structure. They have found gait training is not whether you can get from point A to point B but how a person is getting there in his or her stride. When going from point A to B, if it was simply getting to those points, it wouldn't matter. But what they are seeing is how the gait becomes an effective pattern, creating less risk for falling for these patients. People with Parkinson's can use this to get out of a "freeze" or stop them from freezing. If they learn words along with a melody, they can use it outside of therapy to get out of the freeze. They can also measure infant responses to music through neural imaging so now they can measure brain response to music.

Ms. Catalano read a story of harm that a music therapist had shared with them that they had included in their proposal documents. The music therapist was working in a major children's hospital when one of the PICU doctors called him or her in to consult on a case. There was a young teenager who ran his snowmobile into a tree and suffered a traumatic brain injury. He was in a stage of coma where he was extremely agitated. His parents consulted with someone who claimed to be a music therapist, but was not. That person programmed music for them to play at their child's bed side to help him relax. The result of that music was increased agitation, increased heart rate (to dangerous levels), and decreased oxygen saturation rates. This necessitated increased sedation medication which can have negative side effects.

Luckily, the doctors knew to call in the qualified staff (music therapist) to consult on the case. They were playing some beautiful Mozart concerto when the music therapist arrived. The child was in restraints and writhing on his bed. When the mother was asked if her son liked classical music and if that would have been his music of choice to relax to prior to the accident, she replied, "Oh no. He hates classical music!" The music therapist then asked them to turn the music off, but his agitation continued. He or she asked what music he would relax to and his parents refused to say because they were ashamed. Once it was explained they could deal with his poor musical taste after recovery and explained why they would be using music purposefully and cited some research, the parents were on board. His sister revealed he liked to relax to gangster rap. His mother said this was unimaginable to her, but for this child, that is what would work. So, after conducting further assessment, a music listening program was set up specifically for him. As soon as the music started playing that would work to help him relax, he let out a huge sigh and visibly relaxed. His heart rate lowered to normal in less than three minutes and his oxygen saturation rate went from 82% to 96% and remained stable. He was able then to relax and fall asleep without further

Ms. Bayne asked about the third criterion regarding cost benefit. She said she read somewhere in the materials that there are 45 music therapists in Washington. In terms of covering regulatory costs, she stated the applicant had said it will be covered by licensing fees. She asked whether the applicant considered discipline costs, whether they could cover high enough licensing fees for everything including discipline. She warned that one large disciplinary case could raise licensing costs substantially.

Ms. Catalano said they are aware the fees must cover everything.

Mr. Matthews gave some examples of licensing fees, stated that a large percentage of the fees are due to discipline, and asked what a reasonable fee would be for the applicant for such a small number of practitioners.

Ms. Catalano wondered how this is all figured. Ms. Weeks stated they should really consider this a warning that small professions can end up with very high licensing fees because they are shared by so few

practitioners. She gave the example of genetic counselors, a newly licensed group with a similar number (around 50) and their fees are around \$450 per year, so they need to look at whether their proposal is cost-effective.

Ms. Catalano said that will definitely be a consideration.

Mr. Beaton asked for a better example showing unregulated practice can clearly endanger public health, safety and welfare to meet the criterion.

Ms. Catalano said it is difficult to find these since there is nobody to report problems to. They only have anecdotal evidence or information from other states. She reiterated that care must be taken with music because there are physiological responses. Improper training can cause harm. They need to know who is providing the service.

As an example of physiological changes that occur, she told a story of her mother-in-law recently being in the ICU under distress. She watched her mother-in-law's O₂ and heart rate stats closely because she knew she needed lower heart rate to decrease the distress.

Ms. Bayne stated the board certified music therapists have a higher level of education and knowledge and do a different level of work than the thanatologists and others. She asked whether the concern is that others are representing themselves as music therapists or those bringing music into other types of treatment don't know the difference. Or is there a large problem with representation by non-qualified people calling themselves music therapists?

Ms. Catalano responded there are different levels of care in Washington, many using passive music and watching for physiological and emotional responses. She stated they have a different level of training, and include active music making in their practice, as well as having an internship and clinical training.

Ms. Bayne tried to clarify if music therapists were certified, would it stop some treatment settings from hiring someone who is not a music therapist, or whether it is an educational issue between the different types of music professions.

Ms. Catalano stated if they are doing music therapy it is a problem. There may be a harpist at the bedside, a trained musician playing for ambient music, while the music therapist is working with a client, so it can be confusing. They want the facilities to know they are getting music therapy.

Ms. Bayne asked wouldn't the person hiring them know the difference and know to look for certification? She asked what certification gets them in terms of that person understanding what a music therapist has that another type of music professional does not. She asked what certification does to protect those people from unregulated practice.

Dr. Brown stated validation from the state would matter. A degree program says something, and so would the state be saying that with certification. Everyone can use music but when you say you are a board certified music therapist, it should mean something and we are asking for recognition of that.

Ms. Catalano added that when a hospital hires a therapeutic musician or music therapist, it is dependent on their goals. If certification leads to things like reimbursement, that will also help hospitals and others recognize they should hire specific music professionals for different goals. Reimbursement will help

hospitals provide more services if they can recoup their costs. Services can be expanded because they will be able to afford them.

Ms. Bayne stated the need for reimbursement doesn't tell us how unregulated practice leads to harm.

The applicants asked whether it would be helpful to provide a list of people who have represented themselves as music therapists who are not. Ms. Weeks replied only if it will show harm.

Mr. Matthews asked whether the national board has a mechanism to verify certification status.

Ms. Catalano stated they do, and it is very simple. There is an area on their website, www.cbmt.org, under Certification, and Status. By entering the person's name they can easily verify their certification status.

Mr. Matthews asked how that would be more difficult for an organization hiring a music therapist to make sure their certification is current.

Ms. Catalano stated it comes back to educating on what they are getting, what is validated. The AST does go out to educate different settings on what music therapy can do for them. It is really the education piece.

Mr. Matthews agreed they should continue to educate people.

Ms. Catalano stated she is constantly educating people and are continuing to grow. There were four new music therapists that have moved into Washington recently.

Public Testimony

Roger Pawley, Snohomish County Music Project

Mr. Pawley is executive director of the music project. They support the legislation. He is not a musician or music therapist so is coming at this from a business perspective. He was asked a few years ago to join the Everett Symphony to try to save it. They couldn't save it but they came up with a new organization (Snohomish County Music Project) with an expanded mission of advocacy for music education. There hadn't been a music program in their area for 25 years. They are connecting with different groups to keep music programs in their schools.

The other initiative was that the community's nonprofits needed help raising money. They came up with a benefit orchestra and helped senior services raise a lot of money. Their mission is to use the power of music to inspire people to do good in their community. It became very clear music therapy would address many issues in the community and they realized they should bring music therapy into their mission. They are designing a program to bring music therapy to veterans, youths, seniors with dementia and depression. They are committed to increasing accessibility. There should be more than 45 music therapists in our state.

He told a story about the Everett Herald running a recent editorial called Hate Music and a Shooting, about the Wisconsin shooting and whether music caused it. Can we blame music for people's actions? He wrote a letter agreeing with the position that was published and he asked whether we can harness the power of music for good things. Music therapists are doing that.

He stated they urge support for this proposal for the health and safety of the community. They deserve to have the same recognition as other mental health professionals and the music project wants to be able to hire music therapists.

Regarding dangers, he asked wouldn't they be the same as any other mental health professional, for example a patient with PTSD or adjudicated youth in a therapeutic environment with a trained mental health professional, but in this case they are using music. He asked don't we want someone who is qualified and certified. We don't depend on the real estate association to credential real estate agents in the state.

Mark Gjurasic, Washington Occupational Therapy Association (WOTA)

He began by stating their testimony was submitted to the department prior to the hearing. Although WOTA supports the use of music therapists and acknowledges their benefit, they have some concerns. They oppose the legislation and the need for regulation for certification. They have concerns with the scope of practice in the proposal which overlaps with the occupational therapist (OT) scope in RCW 18.59. Many OTs use music as a modality in their practice. WOTA supports professional regulation that benefits the consumer; however they do not support this legislation. They offered amendment to protect OTs' right to use music in their practice. They believe the amendment would have been adopted if the bill had passed out of the committee.

Here is the amendment language: New section 2, no person may practice music therapy or represent oneself as a music therapist by use of any title unless certified as provided for in this chapter or licensed as an occupational therapist as defined by RCW 18.59.020(3)."

Since this hearing, WOTA has continued dialogue with the music therapists at both the local and national level to more closely study their proposed Scope of Practice and educational background.

To illustrate the scope of practice concerns, Mr. Gjurasic offered a table of a side by side comparison of defined practice areas in both Music Therapy and Occupational Therapy which look startlingly similar (attached at the end of this hearing summary). Mr. Gjurasic also added the following questions from WOTA on the sunrise proposal:

1. How does the proposed scope of practice for Music Therapists in the Sunrise Review application reconcile with their national AMTA documents of professional competencies, code of ethics and standards of practice, which are much broader in nature? WOTA is concerned that the broad scope of practice wording may be misinterpreted.
2. The therapy concepts outlined in the proposed Music Therapy certification bill sound very similar to concepts that are in our Occupational Therapy profession. For example, both professions may use music as a therapeutic modality with students with autism and use the term Sensory Integration as a description for therapeutic practices.
3. How would patient care be affected by the certification of Music Therapists?
4. What is the cost of this regulation versus the benefits? Will this be confusing to clients who already receive OT services which may overlap with Music Therapy goals?
5. How is access to Music Therapy currently restricted?

WOTA is interested in continuing dialogue to make sure all concerns are addressed and the needs of the public are best served.

Claudia Walker

Ms. Walker stated she was a music therapist for 30 years and was certified. She is now in the field of music thanatology and is representing this field today. She job-shares at the Everett Providence Regional Medical Center as a music thanatologist and she works with hospice patients in the community. She said she also represents eight other thanatologists in Washington. They are monitoring this legislation as a potential example for their profession for the future.

Their concerns about the proposal are more about the precedent it sets rather than the proposal itself since they do not represent themselves as music therapists. They are concerned the case for regulation must be convincing. While they agree with the value of music therapy, they have concerns the proposal doesn't make a compelling case because:

- There are ample tools available to evaluate the qualifications of music therapists for employers and the public.
- No significant harm has been demonstrated nor has evidence been provided showing music therapists have been shut out of employment.
- Costs of the proposal are underestimated. The state cannot delegate oversight and so would take on significant responsibility which would require the need to hire staff.

She reiterated they are not opposed to regulation but they do not feel the proposal makes the case for regulation at this time.

Cheryl Zabel, Music for Healing and Transition

She started by stating she is not a music therapist and would never presume to call herself one. She said they are music practitioners. They are also concerned with the bill's language that may restrict their ability to practice within the scope of their work. She read a letter from her executive director, Melinda Gardener, Chair of the Executive Board of the Sound and Music Alliance (SAMA), a 501c6, Not-for-Profit professional membership and trade organization. She said this letter was written at the direction of SAMA's Executive Board.

SAMA is a nonprofit professional membership organization bringing together those who believe that the conscious use of sound and /or music with positive intentionality has a place in healthcare, education, art, wellness and care for the environment. SAMA represents an array of disciplines, such as acousticians, caregivers, clinicians, educators, musicians, physicians, practitioners, researchers, and therapists.

The Executive Board of SAMA fully supports the desire of the Music Therapy profession to seek state licensing or state certification, and to regulate the use of their professional title, *Music Therapist*.

She stated they find that certain language in the bill has the potential of preventing other extensively-educated professionals who use music and sound as a modality for treating clients from practicing their profession and making a living in Washington.

She gave the following examples:

Section 1, # 3, defines what Music Therapy means. These sections also define some of the skills of other professionals, and are not unique to Music Therapy which has already been addressed to some extent today.

- The assessment of a client's emotional well-being, physical health, social functioning, communication abilities and cognitive responses to musical stimuli.
- The development and implementation of treatment plans based on a clients assessed needs, using music interventions including music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music and movement to music.
- The evaluation and documentation of the client's response to treatment.

Section 10 of the bill defines the terms "health profession," "certification," and "practitioner" solely in terms of state regulation. There are many disciplines that grant the title "practitioner" and confer "certification," that are not governed by state law but are governed by national accrediting or certification boards. In addition, the public, other health professionals, including the healthcare facilities that hire them, accept them as legitimate and respected professions.

She stated this letter was signed by a number of professionals and submitted to the department. She added she personally works 15-17 hours per week providing therapeutic music at bedsides at three hospices and skilled nursing facilities, not as a music therapist. She is constantly assessing and evaluating what music is appropriate for the patients, whether an elderly memory care patient or a critically ill patient. They are trained to monitor how the music is affecting the patient and they constantly adjust it to meet their needs. She also provides music in a thanatology role, assisting a patient in letting go in the final stages of life. She stated they are certified through their own organizations with standards of ethics. She wants to ensure these are recognized in the music therapy legislation so their practice is not restricted.

Someone on the panel asked for Ms. Zabel to identify her title. She replied Certified Music Practitioner, and that she would never presume to use the title music therapist. She said the public does call her a music therapist all the time and she is continuously correcting them and educating them to know the difference in training and what care is being provided.

Ms. Weeks asked what her certifying body is. Ms. Zabel replied the National Standards Board for Therapeutic Musicians. This board oversees the Music for Healing and Transition Program, in which she was trained and certified. She is the area coordinator for Washington.

Judy Anderson, Harp for Healing

She stated she is not at the hearing as an official representative, but is a clinical musician intern in a program for playing music at the bedside. Her profession is also certified by the National Standards Board for Therapeutic Musicians. She has worked for over a dozen years in the medical and legal fields, working with the physically and mentally disabled. As an active member of the bar association in California, she stated she is well aware of what labels mean. She stated she understands why they are

seeking this certification, but her concern is that a hospital reading the law may decide to play it safe and if someone is not certified, they won't let them play music at the bedside.

Ms. Anderson related a story from seven years ago as her father was dying in a hospice. She said when he was asleep she walked around and saw many lonely people and she was concerned about that. She ended up involved in this program. She wanted to emphasize the differences in their professions. They do not engage with the patients (she hasn't begun practicing yet because she's getting ready to start an internship). They are not therapists. They play live music. She stated the examples earlier about harm were with recorded music. Since they are playing live they can observe the patient and can often ask the patient if they want to hear music. They pay attention to patient reactions. Their first goal is to do no harm so they pay attention and are taught what to look for in the monitors. This is not interactive. They are in the background playing. If the patient falls asleep, that is a victory because it shows they are relaxed and that probably their pain is decreased. They don't have treatment or therapy plans or goals. They just hope to make the patient feel better.

The way the bill is written is confusing. She suggested the addition of a simple addendum. If she wants to go into a hospital and play for a family member, would they stop her under this bill? She understands what certification means, but suggests the addition of the following language:

This law is not meant to apply to those who play music for patients without engaging in treatment or therapy. Family members, bedside musicians, therapeutic musicians and others playing at the bedside of patients without therapeutic interaction are excluded from the requirements of this law.

She just wants to make sure these people in hospices who can do a lot of good are not excluded from doing their work.

Melissa Johnson, Washington Speech-Language-Hearing Association

Ms. Johnson stated they have concerns about the broad scope of practice, specifically around the language in SB 6276, the communication disorder language in the definition section. It allows the assessment of communication disorders. Speech-language pathologists (SLPs) are uniquely qualified to assess and treat communication disorders. This bill includes a broad range of items under communication disorders. They don't think the education of music therapists supports this broad scope of practice. The SLP has a master's degree or doctoral degree, certification through ASHA, their national counterpart, and testing that goes along with it. They are concerned that leaving that language doesn't support the education a music therapist receives. They ask that the section be clarified, narrowed, or removed from the bill.

Micky Stewart

Ms. Stewart stated she is at the hearing as an expert in autism, not because she has been through a credentialed program as an MD, OT, speech therapist, or music therapist, but because she lives 24 hours a day with a teenager who needs constant adult supervision due to his autism. She stated she wanted to address the question of harm. Her child has been dismissed from speech therapy because the therapist could not deal with his behavior. He runs away, out of a therapy setting. He

hits. In addition to harm that could be done to her term through “disregulating,” which is over-excitement or inability to help him calm himself, harm can be done in restraining him. Harm can also be done to the practitioner if they don’t know how to deal with her child.

She has worked in medical facilities and with various practitioners. In this legislation there is a bit of a turf war. She said it was interesting to her when the speech-language therapists have said they aren’t really qualified. Speech therapists and OTs both do feeding therapy. As a parent and a person looking for qualified practitioners, she doesn’t think there should be only one practitioner whose territory it is to do these things exclusively.

She also stated one therapy does not work for all patients. For example, one medication doesn’t work for all patients with asthma. She has found that they have been able to reach their son through music. Her child has regressive autism, meaning he had language and other skills and lost them. The first time her out-of-state mother-in-law heard her grandson speak was when Ms. Stewart began the lyrics of a song and stopped and her son would sing the rest of the lyrics. Music reaches him. Rhythm reaches him. If he is disregulated he can jump on a small trampoline and calm down. If they are driving in a car and he is hitting the seat in front of him and they ask him to sing, he calms down.

Her concern is that she has a professional working with her son who understands his disorder and how to help him progress. Speech-therapists may ask a student to repeat something. Eye contact is a concern for children with autism because they don’t look at you when they speak. However, if her son is playing an instrument and needs to see when it is his turn, for example on the drums, he needs to take his cue from the other people playing music with him. He needs to pay attention so he doesn’t get criticized and in order to remain a part of that group, he must pay attention. It’s a painless way of learning some lessons for him.

As a parent she is concerned because when the panel asked about certification earlier, it seemed like everyone is certified, the thanatologists, the healing harpists, etc. She said it’s hard as a member of the public to figure out who does what. Also, there are a lot of people who want her money. Part of her job is separating the skilled from the unskilled people. Recognition from the state would help, and would help her in paying for services. As a parent, it is expensive to have a child with autism. Any help she can get through insurance paying for music therapy, or those who can get it paid through Medicaid, would be a great service.

She believes music and music therapy are fundamental to helping her child progress. She would like to see as much recognition as possible. When she hears people talk about the cost in regulating this, she stated there is already a mechanism in place, for example the medical board that oversees physicians in Washington. She says she is very comfortable in saying that music therapy has changed her son’s life. She would like to see other parents and children have that opportunity and she would like help in paying for it. State recognition makes a difference to her.

Ms. Weeks gave next steps in the process:

- There is an additional 10-day written comment period starting today through August 30 at 5:00 for anything you feel has not been addressed.
- We will share an initial draft report with interested parties in September for rebuttal comments. Those of you participating today will receive the draft as long as we have contact information for you.
- We will incorporate rebuttal comments into the report and submit it to the Secretary of the department for approval in October.
- Once the Secretary approves the report, it is submitted to the Office of Financial Management for approval to be released to the legislature. OFM provides policy and fiscal support to the Governor, legislature, and state agencies.
- It will be released to the legislature prior to legislative session, and will be posted to our Web site once the legislature receives it.

Participants

Applicants

Patti Catalano,
Wendy Woolsey
Carlene Brown

Pro

Wendy Zieve, music therapy
Roger Pawley, Snohomish County Music Project
Brook McKasson, music therapy
Nancy Houghton, Music Therapy Association of Washington
Micky Stewart, son with autism
Emily Muren, MT-BC and parent of child with disability

Con

Mark Gjurasic, Washington Occupation Therapist Association (oppose/concerns)

Concerns

Claudia Walker, music thanatology
Judy Anderson, Harp for Healing
Melissa Johnson, Washington Speech-Language-Hearing Association

MUSIC THERAPY: WASHINGTON STATE SUNRISE REVIEW

Washington State Music Therapy Task Force
August 20, 2012

Introduction to Music Therapy

Music Therapy is:

- **the clinical and evidence-based use of music interventions**
- **to accomplish individualized goals within a therapeutic relationship**
- **by a credentialed professional who has completed an approved music therapy program.**

What do music therapists do?

**Music therapists
are *highly skilled musicians*
who use music interventions
*to achieve therapeutic goals.***

Therapeutic Goals...such as...

- Pain Management
- Improve coping skills
- Social, emotional, and spiritual support
- Facilitate and improve expression
- Decrease restlessness & agitation
- Enhance memory
- Assist in physical rehabilitation

Research in music therapy supports its effectiveness in a wide variety of healthcare and educational settings.

The role of a music therapist..

Assess functioning through musical responses

Develop treatment goals and objectives

Design music therapy sessions for individuals and groups based on client needs

Implement music therapy interventions

Evaluate response to treatment

Document client outcomes

Participate as member of interdisciplinary treatment team

Where do Music Therapists work?

- **Rehabilitative facilities**
- **Medical hospitals**
- **Outpatient clinics**
- **Psychiatric hospitals**
- **Day care treatment centers**
- **Agencies serving persons with developmentally disabilities**
- **Community mental health centers**
- **Senior centers**
- **Nursing homes**
- **Hospice programs**
- **Drug and alcohol programs**
- **Correctional facilities**
- **Group homes**
- **Schools**
- **Private practice**

Who Can Benefit from Music Therapy?

Infants→Preschoolers→School-aged→Teens→
Adults→Older Adults→People of all ages!

Developmental disabilities, speech and hearing impairments, physical disabilities, neurological impairments, medical illness, gerontology, autism, psychiatric disorders, Alzheimer's disease, hospice

Persons in correctional facilities; persons experiencing crisis, trauma, grief and other mental health issues

Education & Clinical Training

- Music therapists are trained at the **undergraduate** and **graduate levels**, completing a **comprehensive and rigorous curriculum** from a music therapy program **approved by the American Music Therapy Association (AMTA)** and **accredited by the National Association of Schools of Music (NASM)**.
- Music therapists complete a minimum of **1200 hours** of **supervised clinical training** including a **six-month internship** in a competency based program.

Board Certification

- Upon completion of academic and clinical training, graduates are eligible to sit for the **certification exam** to earn the Board Certified Music Therapist (**MT-BC**) credential.
- Continuing Education: **100 hours of continuing education** in every five-year cycle thereafter must be completed in order to maintain the nationally accepted professional credential of MT-BC.

How are we different from other disciplines?

- **Qualifications are unique** due to the requirements to be a **professionally trained musician** in addition to training and **clinical experience in practical applications** of biology, anatomy, psychology, and the social and behavioral sciences.
- Music therapists **actively create, apply, and manipulate various music elements** through live, improvised, adapted, individualized, or recorded music to address physical, emotional, cognitive, and social needs of individuals of all ages.

How are we different from other disciplines?

In contrast, when other disciplines report using music as a part of treatment, it involves specific, isolated techniques within a pre-determined protocol, using one pre-arranged aspect of music to address specific and limited issues.

This differs from music therapists' qualifications to provide interventions that **utilize all music elements in real-time** to address issues across **multiple developmental domains concurrently**.

Music Therapy in the News

Congresswoman Gabby Giffords suffered a brain injury – she has relearned how to talk, partly credited to working with music therapists.



Why regulate music therapy?

It is necessary to regulate...

- **To Protect the public** from harm due to misuse of terms and techniques
- **To insure competent practice**
- **To protect access** to music therapy services

Current challenges...

- **Existing State Regulations** require official state certification for education & healthcare
- No state recognition means **restrictions in service delivery**
- Therefore, state residents have **difficulty accessing services**

What would certification do?

- **Recognize** music therapy as a valid, research-based health care service
- **Validate** the prominence of music therapy in state, national and international work settings
- **Establish** educational and clinical training requirements
- **Establish** examination and continuing education requirements
- **Establish** music therapy Scope of Practice
- **Establish** an ethics review procedure

Further gains

- Including music therapy in state-wide legislation that protects consumers of music therapy
- Washington residents and businesses can easily determine qualified music therapists
- Facilities wanting to provide music therapy services can comply with state regulations in employing music therapists

Attempts to address the problem – a timeline

September,
2007

January,
2008

July, 2008

- Meetings with state agency officials indicated a need for state recognition – Depts. of Early Learning, Mental Health, DDD Waiver, Special Education Operations, Aging and Disability Services
- Music Therapy licensure introduced (Rep. Darneille)
- Sunrise Review not done – required official request from DOH

Timeline continued...

2008 - 2011

March, 2011

June, 2011

July, 2011

- Music Therapy State Recognition Task Force – Local Advocacy work
- **Music Therapy Hill Day – Olympia**
 - Legislators signed on for bill sponsorship
- Sen. Steve Conway, 29th LD facilitated meetings with Health & Long-Term Care Committee & Department of Health
- Chairs of Health & Long-Term Care Committee, and Health Care & Wellness Committee recommend bill for registry

Timeline continued...

August, 2011

- Poll of Washington State music therapists by task force → support for pursuing state registration

September, 2011

- Task Force contacted Counsel for Health & Long-Term Care Committee to pursue registry

November, 2011

- Draft of bill sent to Task Force for review by Counsel for Health & Long-Term Care Committee

Timeline to certification...

December,
2011

January,
2012

- Bill draft sent to Task Force by Counsel reflecting certification instead of registry
- Bill language agreed upon and submitted for 2012 Legislative Session
- SB 6276 sponsored by Sen. Conway, Keiser & Pridemore
- HB 2522 companion bill sponsored by Reps. Darneille, Van De Wege & Goodman

Timeline to certification...

February,
2012

- Music Therapists testify in public hearing for SB 6276 – Certification for music therapists

- Sen. Keiser decides bill should be submitted for a Sunrise Review

- Sen. Keiser requests Sunrise Review from the DOH who notified Task Force

April, 2012

June 1, 2012

- Task Force submits the Sunrise Review Report

Benefits to the public through certification

- Music Therapy Providers are qualified clinicians with the education, clinical training & national board certification requirements for the profession
- Improvement of access to services
- Facilities can hire music therapists and comply with state regulations regarding hiring of healthcare/education providers

Q & A



Thank you!



Appendix E

Written Comments

Music Therapist Sunrise
Public Comments
August 30, 2012

Comments Received Prior to Hearing

I am writing with a concern about the above mentioned bill. The current language would exclude the other practitioners and this means I cannot practice my livelihood. As a Certified Clinical Musician, I have studied with one of 3 national programs, all certified by the National Standards Board, to play at the bedside to assist in stabilizing vital signs and to play at hospice. We are trained in the use of various keys, harmonics, tempos and whether or not the music is familiar in order to assist individuals. We have standards of practice and training in ethics, hospital protocol, and hospice. We do not do the same things that music therapists do.

I do not wish to prevent music therapists from becoming licensed if that's what they want. But please, do not use exclusive language.

If I can provide any further information, please let me know. I have asked Sable Shaw of the National Standards Board to send you some information.

Beth Cachat

This email is in regards the certification of Music Therapists in the state of Washington. I am a practicing speech-language pathologist in outpatient, acute hospital, and inpatient rehab settings. I have had the opportunity to work in co-treatment sessions with music therapy for adults and children with a variety of diagnoses. I have seen patients drastically improve in speech, language, cognition, and pragmatics after the addition of music therapy to treatment. I have seen the positive effects of music therapy through many experiences such as a nonverbal woman post stroke miraculously singing the chorus to "Amazing Grace" initiated by the MT or a child with severe autism who finally made eye contact while playing with drums under the direction of the MT. Music therapy change behaviors, attitudes, and progress in treatment. More importantly it significantly change the lives of people who needed help.

Lauren F. Allen, M.S. CCC-SLP

I have read the proposed bill, I believe music can be beneficial, and believe in state recognition and licensing of health professions as a protection of the public, first and foremost. I wish to ad my support of senate bill 6276.

Gary Vigeant

I am a licensed psychologist with 20 years in clinical practice. I have a specialty in complex trauma with very seriously injured adults and adolescents. I use music in my practice to help ground patients who are overwhelmed or numbed during the work which is painful and difficult. According to these proposed regulations, I wouldn't be able to use or describe the music in my practice. Surely this is not intended. I should be able to use music and describe the use of music in my practice without running afoul of a credential that is at a lower level of training than my own.

In addition to my clinical psychological credentials, I studied piano for 9 years, and bring my ipad to my office to play musical recordings. I utilize Native American song, drum, and stories. On occasion, I also

play piano for various purposes including grounding, resourcing, education, and to facilitate the ventilation of emotions nonverbally, telling of a story or metaphor for healing purposes, etc.

Please be aware of unintended consequences regarding the use of music for those well qualified to use it in the context of their other practices and license. Music can augment a great many interventions and need not be a stand alone intervention.

Respectfully submitted, -Sandra
Sandra Paulsen, Ph.D

This proposed legislation is not about working for *a safer and healthier Washington*. It is about money and control. This puts Big Government and Big Medicine in charge of Music Therapy, with is one of the last bastions of private practice. Private practitioners will find it impossible in all but the most select cases to comply with the burdensome mandates that will be attached to certification that favors state and corporate medicine. We have already seen this happen with similar changes to the Counselors Licensing and Hypnotherapy Certification. The number of Counselors in practice dropped from about 16,000 to 10,000 soon after the new certification became effective. (Formerly, many counselors chose to work part time, without expensive facilities, providing more options for clients in terms of therapies and costs. - And absolute confidentiality. With the loss of almost 40% of Registered Counselors, this left an underserved client population who now have restricted care options.) Licensing music therapists as health care providers will (eventually) allow the state to obtain reimbursement under a socialized medical system. It is no secret that such a system is not cost-effective. Since a music therapy program requires very little in the way of medical resources, it would be a goldmine for enhancing revenue collection to support other under-funded programs.

Also, ask yourself what the alleged justification is for these changes. Have there been complaints and grievances about unprofessional conduct? Are practitioners or clients dissatisfied with the *status quo*? *Qui bono*? (Who benefits... follow the trail of money.)

Where does much knowledge of Musical Therapy originate? Is it ironic that tribal healers and aborigines (digeridoo) would be considered unqualified to practice (or even teach/speak in a free and open manner without choosing their words very carefully) under proposed changes?

Dr. Benjamin Rush, one of the signers of the constitution, reportedly said this about the Constitution around 1787:

"The Constitution of this Republic should make special provision for medical freedom. To restrict the art of healing to one class will constitute the Bastille of medical science. All such laws are un-American and despotic. ... Unless we put medical freedom into the constitution the time will come when medicine will organize into an undercover dictatorship and force people who wish doctors and treatment of their own choice to submit to only what the dictating outfit offers."

Dennis and Norene

I am a Certified Therapeutic Harp Practitioner who graduated from the International Harp Therapy Program in 2000. I am writing to you because I would like you to be aware of the community of therapeutic musicians of which I am a part.

I am not a music therapist. May I please offer a definition, as described by the National Standards Board for Therapeutic Musicians, of a music therapist and a therapeutic musician:

“The music therapist uses musical instruments and music making as therapeutic tools primarily to rehabilitate the normal functions of living and improve quality of life through studying and promoting measurable changes in behavior. A therapeutic musician uses the artistic application of the intrinsic elements of live music and sound to provide an environment conducive to the human healing process.”

In WA SB 6276, it is very important that there is no language in the bill that is exclusive, that inadvertently limits therapeutic musicians from practicing their profession within the perimeters and guidelines we have established for ourselves in our particular therapeutic music trainings and under the guiding auspices of the National Standards Board for Therapeutic Musicians.

May I please use myself as an example to demonstrate to you the course of study, internship and CEU requirements and the actual practice I have done as a therapeutic musician to give you an overview and understanding of what one therapeutic musician has done to become and remain certified:

- Over an 8 month time period, I took 3 one-week modules in 3 different sites. Course of study in part included music development, psychology, hospital etiquette, death/dying, intunement and healing and hospice and hospital experiences.
- Fourth module of a 90 hour internship done over 10 months. I played therapeutic harp in a hospital in surgical service and rehab.
- Once certified, I have provided 430 service hours of therapeutic harp music in a hospital where I played in the Skilled Nursing Unit, Sub-Acute Rehab, waiting room lobbies, Neuro ICU, Cardio ICU, and Neuroscience unit. I also played therapeutic harp at an assisted living community, providing 143 service hours over a period of a year.
- I would also like to add that I am a classically trained musician (BA in music) and have studied harp for 20 years.
- CEU requirements to remain certified: 20 hours for each 2 year period. Examples in part include 30 hours of hospice training, 2 units of the Sacred Art of Living/Dying program, hospital pastoral care workshop on dementia, delusion and coma, medical terminology and private harp lessons.

I am trained to play at the bedside for the ill and dying, and at nurses' stations. I currently play therapeutic harp music on units (not in patients' rooms) to bring a relaxing and soothing presence to the often stressed staff, family members and patients in the units for which I play. The harp repertoire I may choose from may include Celtic, medieval, classical, popular, world music, improvisational or modal music. The choice of repertoire is guided by the needs of the space for which I play, to provide a calming presence in the environment I am in. This is not entertainment or a performance. It is functional music that serves a specific purpose.

Thank you for giving me the opportunity to share information with you about therapeutic music. I hope that this will help you understanding the importance of creating language in WA SB 6276 that is inclusive and that does not deny therapeutic musicians the right to practice their profession.
Barbara Broderick

I am writing to you to express my concerns with Senate Bill 6276, regarding the state certification of music therapists. I have no objection to nationally certified music therapists asking for state certification. My concern, after reading the bill, is that the current wording may prohibit hospitals, hospices and other businesses that care for the ill and dying from employing other types of medical music practitioners who have different kinds of certifications than music therapists. The example I'll use is my husband, Ron Pilcher. Ron works for Evergreen Hospice Center in Kirkland, Washington as a contracted certified Music-thanatologist. His job description involves playing prescriptive, palliative music for hospice patients with harp and voice. He sees patients for various issues such as physical pain, mental, emotional or spiritual suffering, respiratory compromise, sleep deprivation, depression and anxiety. His training as a

music-thanatologist involves reviewing the patient's history, taking vital signs and creating prescriptive music in the moment at the patient's bedside in response to that individual's specific and unique needs. He is referred to those patients by social workers, nurses, doctors and family members who see the positive effects these music-thanatology vigils can have, and many times is asked to work with individuals who are not responding well to other types of treatment such as medication. Ron earned his Certification in Music-thanatology (post Bachelor of Music degree) from the Chalice of Repose Project (CORP) in Mount Angel, Oregon. It was a rigorous 3-year program involving musical, spiritual, clinical and academic studies which was followed by a nine month internship and then a six month residency at Evergreen Hospice Center, where he is now employed.

Will Ron still be able to keep his job if SB 6276 is passed as currently written? I completely understand the Music Therapy Association of Washington wanting only certified candidates to be hired for music therapist jobs, but will this bill prevent hospitals and hospices from hiring other kinds of certified musician-clinicians like music-thanatologists? While there is some overlap in methodologies between the two there are also many differences between them, which is why they each have their own credentialing programs. If there is any possibility that the passage of this bill will result in Ron no longer being able to play for patients because he is not a certified music therapist, I urge you to consider adding language to the bill that will protect other types of certified musical deliveries that are currently in use in Washington. I believe it will benefit the people in our state to continue having both music therapy and music-thanatology available to them, with the care being administered by highly trained, certified personnel in both cases.

Thank you very much for reading my email. For more information about Music-thanatology, visit <http://chaliceofrepose.org>.

Linda Pilcher

We are writing to you as Music-Thanatologists*, a field separate from Music Therapy, and we are monitoring this legislation as a potential example for us in the future, while evaluating the pros and cons of seeking state government regulation of our profession.

Our concerns about this proposal are more about the precedent than about its application to our profession. Since we do not present ourselves as music therapists, this does not apply directly to us.

To the extent that it could provide a precedent for government regulation of the use of music in healthcare settings, we are concerned that the case be convincing. While affirming the value of Music Therapy we feel the proposal as written has certain deficiencies.

The proposal, in our view, does not make a compelling case for the necessity of the State to regulate the healthcare profession of Music Therapy:

1. There are ample tools available to the general public and to potential employers to evaluate the qualifications of a music therapist. They are the same tools as provided in this proposal. It is not necessary for the State to intervene.
2. A significant harm to the public has not been demonstrated in the proposal, nor has evidence of certified music therapists bearing the credential MT-BC, being shut out of employment.
3. The cost of state government regulation of the profession is underestimated in the proposal. The proposal suggests delegating oversight responsibility to the certifying board of the proposers (CBMT), but the State cannot eschew the responsibility and will have to create an effective oversight mechanism. The language of SB-6276 recognizes that the DOH would take on significant responsibility and authorizes hiring of staff at DOH to accomplish this. We think this is realistic but a compelling case for expenditure has not been made.

Again, we are not opposed to the concept of State regulation of the healthcare profession but for the reasons stated, we do not feel this proposal realistically projects the costs nor demonstrates the necessity of State intervention at this time.

Claudia Walker CM-Th

on behalf of the certified Music-Thanatology colleagues practicing in Washington State:

Jeri Howe CM-Th, Cynthia Dudgeon CM-Th *President, MTAI*, Roberta Rudy CM-Th, Lyn Miletich CM-Th, Donna Madej CM-Th *Certification Committee Chair, MTAI*, Betty Barber CM-Th, Catharine Drum-Scherer CM-Th *Vice President MTAI*, Julia Smith CM-Th

My name is Maria Jokela, and I am a long term care professional writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

As a local long term care professional and Parkinson's support group facilitator, I see how beneficial music therapy improves the overall wellness of the demographic we serve. In an environment which can often be overwhelming with clinical facts and issues, music therapy (when made available) allows a more personal and relatable way to combat difficulties associated to aging and/or declining health.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my facility and I would like to see others have the same access to services.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Maria Jokela

As the Washington Area Coordinator for the Music for Healing and Transition Program, I would like to offer the following comments during this Public Open Comment period:

The Music for Healing and Transition Program is one of several affiliated programs accredited by the National Standards Board for Therapeutic Musicians,
www.therapeuticmusician.com
www.mhnp.org

A complete list of other accredited organizations is listed on their website at the following link:
<http://www.therapeuticmusician.com/styled-4/index.html>

As a Certified Music Practitioner through the Music for Healing and Transition Program, we do not call ourselves Music Therapists and take great pains to correct misconceptions by the general public (on a daily basis). We don't want to interfere with the Music Therapists if they want to license themselves, but we are concerned that the language in the proposed legislation will prevent other clinical musicians from earning a living – this is very important since Washington law prevents one group from usurping another's income without grave reason. As a result, we are communicating the following information to you.

First, as a Certified Music Practitioner®, I personally work 15 - 17 hours a week, with 3 hospices, and 10 skilled nursing facilities in the Pierce/Thurston/Mason county area. Plus with a few Medicaid patients, paid by their guardians. This is how I make my living, in the most fulfilling way, bringing a healing and nurturing environment via live harp and song to the bedside of those critically and chronically ill as well as to hospice patients. I am enlisting the help of some of those organizations, who will be emailing you under separate cover about the benefits their patients have experienced through this important service.

Second, my background as a Certified Music Practitioner® encompasses the following:

1. I went through the Music for Healing and Transition Program (MHTP) certification program that that is a 501c3 Not-for-Profit, which has trained musicians to serve patients at the bedside since 1995.
Website: www.mhttp.org
2. I am NOT a Music Therapist, but a clinical musician, specifically trained as a Certified Music Practitioner®
3. I have been required to meet medical and musical competencies, working within a specific Scope of Practice and Ethical Code.
4. MHTP has trained and certified 650 musicians, including 48 who are employed in the state of Washington.
5. I use the language Certified Music Practitioner®, to designate my certification level.

Third, the following information gives a great summary overview of the differences and benefits of therapeutic music versus Music Therapy. It is a direct copy from the FAQs page of the NSTBM website, and reads as follows:

Frequently Asked Questions about Therapeutic Music

(from the NSBTM website: <http://www.therapeuticmusician.com/styled/index.html>)

1. What does a therapeutic musician do?

A therapeutic musician uses the inherent healing elements of live music and sound to enhance the environment for patients in healthcare settings, making it more conducive to the human healing process.

2. What is the difference between a music therapist and a therapeutic musician?

The music therapist uses musical instruments and music making as therapeutic tools primarily to rehabilitate the normal functions of living and improve quality of life through studying and promoting measurable changes in behavior. A therapeutic musician uses the artistic application of the intrinsic elements of live music and sound to provide an environment conducive to the human healing process.

3. What is therapeutic music?

Therapeutic music is an art based on the science of sound. It is live acoustic music, played or sung, specifically tailored to the patient's immediate need, which brings music's intrinsic healing value to the bedside of the ailing.

4. What does healing mean?

We define healing as movement toward mental, physical, emotional and spiritual wholeness.

5. Who benefits from therapeutic music?

Those who commonly benefit are persons experiencing life's transitions such as birthing and dying, and

those experiencing terminal illness, injury, chronic illness and/or disease. Music may affect the listener physiologically, emotionally, mentally, and/or spiritually.

6. Where do therapeutic musicians work?

Therapeutic musicians work in a wide variety of healthcare settings. They work primarily at the bedside of patients in clinical environments including hospice, hospitals, high skilled nursing facilities, treatment centers and nursing homes. In the hospital they may work in areas that include pre-op, recovery, ambulatory care, ER, SICU, ICU, NICU, pediatric and psychiatric units.

7. Who is qualified to practice therapeutic music?

Persons who complete the approved therapeutic musician curricula and independent study from an accredited training program are qualified to practice as therapeutic musicians.

8. What is the National Standards Board for Therapeutic Musicians?

The National Standards Board for Therapeutic Musicians is a governing body for accredited programs that graduate therapeutic musicians. Its purpose is the development and advancement of the profession of bedside therapeutic music.

9. What are some misconceptions about therapeutic music?

A common misconception is that there is only one type, or style, of music that is beneficial for all patients. This is false. Each patient has unique needs, and the patient circumstances determine the type of music used. Other misconceptions are that therapeutic musicians are para-music therapists, merely entertainers, or have not received sufficient training. These are all false. Therapeutic musicians are certified through extensive training programs, which provide high-quality training and hold high standards for each graduate.

10. Is there research to support therapeutic music?

Although the documented effects of music on mood and physiology date back to the ancient Greeks and more recently to the Renaissance, today the effectiveness of music as a healing modality has been well documented in music therapy, music-medicine, nursing, psychology, and scientific literature.

Recently several controlled studies have been published which demonstrate the efficacy of live, therapeutic music in decreasing pain and anxiety and regulating heart rhythms.

11. How are therapeutic musicians paid?

Each healthcare facility funds therapeutic music differently. Funds may come out of a particular department's budget, or from the facility's foundation, auxiliary, special fund, or through a grant. Many therapeutic musicians work as employees and in private practice.

12. How is therapeutic music practiced in hospice?

Therapeutic music is used in hospice to provide support for the physical, emotional, spiritual and mental conditions of the dying and their loved ones.

13. What is a typical therapeutic music session like?

The therapeutic musician is trained to assess the patient's behavior, condition and communication in order to meet the patient's immediate need with appropriate therapeutic music.

14. What is the future of therapeutic music?

Since the inception of the therapeutic music field in the early 1990s, hundreds of well-trained and certified graduates are serving humanity and making a difference in the "comfort care" of the patients. An increasing number of healthcare facility administrators recognize the benefits that therapeutic music brings to their patients.

Please keep me posted of any and all public hearings. I will forward all information from you to the other Washington Certified Music Practitioners® and the NSBTM Legislative Action Committee. Please expect to hear from them as well as from other clinical musicians with descriptions of their training and scope of work.

We fully support the efforts of Music Therapists to obtain a legal certification framework for their specific profession. Please assure that this legislation does not hinder the abilities of other therapeutic musicians to continue in our work to serve the ill and dying.

Cheryl Zabel, Certified Music Practitioner, Harp/Song

My name is Wendy Zieve, and I am a board certified music therapist writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

I have seen in my practice that music therapy techniques have been effective with many individuals for whom other techniques have not worked. In particular, those who are non-verbal, such as those with autism, dementia, or stroke patients.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for many types of disabilities and I would like to see access to services in our state.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Wendy Zieve MA, MT-BC, Board Certified Music Therapist

My name is Barbara Wolff and am both a parent and grandparent of children who have benefited greatly from music therapy. I am in support of SB 6276.

When first introduced to the idea of adding music therapy to other therapies for our children, I was hesitant. I am now confident that music therapy has contributed greatly to their progress.

My daughter was adopted overseas at age 22 months. As a result, we have no medical history. However, because we had raised two healthy children to adulthood, we knew immediately that our daughter had neurological difficulties.

She has been seen by several professionals and participated in numerous therapies since age two. Music therapy has added a new dimension to her ability to concentrate, think ahead and plan. The music therapist is extremely knowledgeable and professional.

My child now uses the piano to calm herself and has joined the music club at school.

My grandson, who is profoundly autistic and non verbal has clearly benefited from music therapy in ways that are apparent but difficult to describe.

When he returns to class after his session, he is quite happy and often more calm for the rest of the school day. This is not always the case with his other therapies. This may seem a minor observation but to him, his teachers and family, it is significant.

In summary, I believe that certification is essential for music therapists.

Please contact me if you have any questions. Barbara S Wolff

I am writing with regard to Senate Bill 6276. I have read the bill and appreciate the need for such a law. I certainly understand the need for basic qualification for people calling themselves music therapist.

I do have a concern, however. The law may inadvertently exclude others from playing music at the bedside of patients, including family members and bedside musicians. Bedside musicians, also known as therapeutic musicians, play music at the bedside of sick, injured, and dying patients without engaging in therapy. They can also play in emergency rooms, neonatal units, post-op recovery, and maternity wards, as well as nursing homes and for those in hospice care.

Playing live music at the bedside can help stabilize heart and breathing rates, calm patients, and reduce pain. For those who are dying, it can make the transition easier. There are training programs, certified by the National Standard Boards of Therapeutic Musicians. <http://www.therapeuticmusician.com/>

I have just finished the first half of the Harp for Healing program. The next section is playing at the bedside for patients in hospitals and in nursing homes. I will then be a Certified Clinical Musician. In that position, we do not do therapy and we do not interact with the patient, other than asking them if we can play and letting them know we can stop or play a different type of music if they request. This is very different from therapists who engage interactively with patients and have a treatment plan and specific goals. Bedside musicians merely play music to try to calm a patient, reduce pain, and help stabilize heart rhythm and breathing. We play for about 20 minutes with no expectations for specific results.

The law is clear that it applies to those engaging in therapy. However, some medical professionals and hospital administrators might not want to take the risk and will exclude everyone from playing music at the bedside of a patient, including family members, if they do not have the requirements called for in this bill. Therefore, I would propose a simple addition to the law to clarify the difference. For example:

“This law is not meant to apply to those who play music for patients without engaging in treatment or therapy with the patient. Family members, bedside musicians, therapeutic musicians and others playing at the bedside of patients without therapeutic interaction are excluded from the requirements of this law.”

If you have any questions about therapeutic musicians, please feel free to contact me.

Judy Anderson, J.D.

I am a Certified Therapeutic Harp Practitioner, having graduated from the International Harp Therapy Program (IHTP). This certification process meets the National Standards Board for Therapeutic Musician (NSBTM) requirements and specifically uses the harp as the key instrument.

I currently provide bedside harp music for patients within the Group Health Hospice system, offering comfort care to not only the patient, but often to family members present, staff involved in the patient's care, and occasionally even to their pets that are present.

As I understand it, the Music Therapy Association is proposing legislature (SB 6276) to establish certification guidelines for Music Therapists. As a retired Registered Dietitian, I do recognize the need for certification and regulations to "first do no harm" within the healthcare setting.

Within the related area of healthcare there are multiple levels of education and training, i.e. MD, Physician's Assistant, Nurse Practitioners as Primary Care providers, RNs, LPNs, LVNs, in the Nursing Care, RDs and Dietetic Technicians in Nutrition Support etc. Within the area of Music Support there is also room for, as well as need, to provide this therapy/comfort/palliative care, at the different levels of training and expertise. As the son of one of my recent patients said to me within this discussion, "we need more end of life comfort care, not less".

It is of great concern that SB 6276 may in fact limit bedside music care to only Music Therapists, which would effectively eliminate many individuals that are highly skilled and trained from offering palliative and comfort care. Multiple Hospice and Long Term Care Facilities currently employ Certified Music Practitioners, like myself, in the state of Washington. They would lose their livelihood, as well as the tremendous desire to provide this end of life care.

Please do consider the impact of Senate Bill 6276.

Cynthia Golfus

My name is *Dennis Kaperick*, and I am a board certified Music Therapist writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

I have practiced music therapy at Western state Hospital for over thirty years. I have worked with every patient population and I have allied with all professional disciplines at WSH. Prior to this experience, I used music therapy with juvenile parolees in a pilot project after school program. Music therapy is a unique and valuable intervention in the therapy setting.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I know music therapy is important for my *patients* and I would like to see others have the same access to services.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Dennis Kaperick MM, MT-BC

It has come to my attention that some legislation is being proposed in WA state regarding the practice of Certified Music Practitioners and Music Therapists. We are lucky to have several Certified Music Thanatology Practitioners volunteering with our hospice program and I am concerned that this proposed legislation does not inhibit their practice in any way. These skilled professionals have gone through

extensive training to be certified in their Music Practitioner profession, which is very different than that of Music Therapists. It is extremely important not to lump the two categories together in making decisions regarding educational and training requirements, and that all be afforded the opportunity to provide their respective services within their given training. Thank you for your consideration.

Sherry Kraft, M.S., HOSPICE VOLUNTEER PROGRAM SUPERVISOR
Home Health & Hospice Services, Group Health Cooperative

My name is Nancy Houghton, MA, MT-BC and I am writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I work as a board-certified music therapist and a professor of music therapy at Seattle Pacific University. As a professional in the field I feel it is very important for music therapists to receive certification through Washington State.

As president of the Music Therapy Association of Washington, I have been privileged to be part of the growth of our profession in Washington State. A recent grant award has helped us start many new sites and reach out to many people who did not have access to services. The state certification will ensure the integrity of our work as it continues to grow and spread in our state. Consumers and health administrators will benefit immensely.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to ensure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Nancy H Houghton, MA, MT-BC, Certified Neurologic Music Therapist
President, Music Therapy Association of Washington
Seattle Pacific University music therapy faculty

Please accept this letter as advocacy for Music Therapist Certification in the state of Washington.

As the parent of a special needs child, I am writing in support of SB 6276, as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with several board-certified music therapists and would like to share with you why I think it is crucial for music therapists to receive certification through Washington State.

My son has benefited greatly from his work with certified music therapists. In addition to enjoying the general benefits of music, rhythm, beat, etc., he has gained language skills, improved turn-taking ability, increased fine motor skills, and has increased his use of word recall/working memory via music therapy.

Music therapy offers a unique treatment modality for children with various needs, yet meets those needs in fun, meaningful ways. Music therapy differs greatly from general music classes in that the therapist is able to integrate a child's individual needs into thoughtful, balanced therapy goals, which target those individual needs. Music (song, instruments, voice, etc.) is the tool the music therapist uses to achieve goals and help a child progress. While most children enjoy music, only a trained music therapist can structure the music experience to provide *therapeutic benefit* during that enjoyment. Therapy goals cannot and should not be developed by general music professionals. Therefore, certification lends credibility to the professional, confidence to the parent, and appropriateness to the entire music therapy experience.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. The more we support state certification, the more therapists will be drawn to our state and the more services by those credentialed, competent providers will be offered to state residents. Music therapy is important for my child and I would like to see others have the same access to quality, reliable, credentialed professionals.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Vicki Boardman

As a Certified Clinical Musician and a founder the Music for Healing and Transition Program, I would like to offer the following comments during this Public Open Comment period:

The Music for Healing and Transition Program and the Clinical Musician's Program are two of several affiliated programs accredited by the National Standards Board for Therapeutic Musicians:

www.therapeuticmusician.com

A complete list of other accredited organizations is listed on the website at the following link:

<http://www.therapeuticmusician.com/styled-4/index.html>

Cerifited graduates of these nationally accredited programs do not call ourselves Music Therapists (we are Clinical Musicians and Music Practitioners, and may be referred to as "therapeutic musicians"), and we take great pains to correct misconceptions by the general public about the important differences in our titles. We are concerned that the language in the proposed legislation will prevent certified accredited clinical musicians and music practitioners from earning a living. As a result, we are communicating the following information to you.

Clinical Musicians and Music Practitioners are exquisitely well trained to use specifically therapeutic music one-on-one with patients in hospitals, hoispices, care homes and private homes. We work hard to meet specific medical and musical competencies, working within the Scope of Practice and Ethical Codes of the National Standards Board for Therapeutic Musicians.

The difference between a Music Therapist and a Music Practitioner or CLinical Musician is that a Music Therapist uses music as a tool in interactive therapy, while a Music Practitioner or Therapeutic Musicians uses music as the therapy itself. This allows us to play, often with impressive results, for patients who are not able to take part in interaction (such as comatose, post-operative, highly medicated, and very ill patients. This slight but important difference between us and Music Therapists means that both they and we are well utilized in medical facilities because we serve two separate functions within the same realm of need.

We fully support the efforts of Music Therapists to obtain a legal certification framework for their specific profession, but please assure that this legislation does not hinder the work of Clinical Musicians and Music Practitioners. Not only is it our livelihood, but it makes a positive difference in the lives of innumerable patients.

Laurie Riley, CMP, CCM

I am a Certified Music Practitioner and Advisor to students in the Music for Healing and Transition

Program. I am reiterating Executive Director, Melinda Gardiner's clarification of MHTP's mission of Certified Music Practitioners as different from Music Therapists.

Please follow through with the importance of this request.

Thank you for providing this opportunity to offer comments on the proposed 2012 twin bills, Washington State HB2522 and SB6276.

Some brief background information about MHTP:

MHTP is a 501c3 Not-for-Profit educational organization, incorporated in Texas in 1994, and designated a 501c3 by the IRS in 1995. Since 1995, MHTP has trained 648 musicians and has granted them the professional title of *Certified Music Practitioner*[®] (CMP), designating that they are qualified to serve competently as therapeutic musicians in healthcare facilities. CMPs provide therapeutic music to individual patients, and create a healing environment for the patient. Please visit our website for more information on MHTP, at: www.mhtp.org

In order to receive the title of Certified Music Practitioner[®], students complete a broad spectrum of class-work, are evaluated on their course work comprehension, are assessed for appropriate musicianship and therapeutic presence, complete an extensive internship in healthcare facilities, and must demonstrate that they have met specific competencies. Students must also agree to work within the parameters of both the Scope of Practice and Ethical Code for CMPs.

Of our 648 graduates, there are currently 48 Certified Music Practitioners[®] in Washington State. Many of them are employed by multiple hospices, hospitals, nursing homes and other healthcare facilities.

Certified Music Practitioners[®] may not, and do not, use the title Music Therapist.

The Music for Healing and Transition Program, Inc. is accredited by the National Standards Board for Therapeutic Musicians (NSBTM), meeting the training Standards, Scope of Practice and Ethical Code required by that Board for programs training therapeutic musicians. For more information on the NSBTM please view its website at: www.therapeuticmusician.com

Comments on the Bill:

1. The Board of Directors of the Music for Healing and Transition Program, Inc. completely supports the desire of the Music Therapy profession to seek state licensing or certification, and to regulate the use of their professional title, *Music Therapist*.
2. We find that certain language in the bill has the potential to prevent Certified Music Practitioners[®], and other extensively-educated therapeutic musicians, such as Certified Music Thanatologists, from practicing their profession and making a living in the state of Washington. Some examples:
 - Section 1, # 3, defines what Music Therapy means. These sections ALSO define some of the skills of Certified Music Practitioners[®] and are not unique to Music Therapy:
 - a. "The assessment of a client's emotional well-being, physical health, social functioning, communication abilities and cognitive responses to musical stimuli."
 - b. "...using music interventions including receptive music listening."
 - c. "The evaluation and documentation of the client's response to treatment."
3. Section 10: The bill defines the terms "health profession," "certification," and "practitioner" solely in terms of state regulation. There are many disciplines that grant the title "practitioner" and confer "certification," that are not governed by state law but are governed by national accrediting or certification Boards. In addition, the public, other health professionals, and

the healthcare facilities that hire them to serve patients accept them as legitimate and respected professions.

The MHTP Board of Directors respectfully and strongly requests that any language in the bill that could be interpreted in a way that prevents other competent practitioners from making a living be revised.

Thank you very much for consideration of these comments.

Sheryl Akaka
Certified Music Practitioner
Music for Healing and Transition Program, CMP Advisor

My name is Krista Mercier, and I am a music teacher and member of Sigma Alpha Iota writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with Wendy Woolsey (also a member of SAI), a board-certified music therapist and I believe that it is very important for music therapists to receive certification through Washington State.

SAI is a professional women's music fraternity and one of our national objectives this year has been to increase the awareness in the community for Music Therapy. I have seen and heard firsthand the powerful affects that music therapy can have on patients. It is an incredibly healing and powerful therapy.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is so important to our community.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Krista Mercier

This letter is to praise Encore in Port Angeles, and Jim Couture, the director, for all the kind help he gives to his constituents daily. His smiling and gentle demeanor puts everyone at ease the minute they enter, and his music gives them a chance to sing or dance or just listen. It's enjoyable to watch and to see how much the participants enjoy being there.

Elizabeth Kelly

My name is David Knott, and I am a music therapist-board certified writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I currently work as a board-certified music therapist (MT-BC) at Seattle Children's Hospital and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

The field of music therapy has a long history of research and professional development that has lead us to the present state of practice. Discoveries in neuroscience have led to music therapy protocols that can help those that have had strokes relearn to walk

http://csaweb125v.csa.com/discoveryguides/music_rx/review.pdf regain speech skills after a brain injury
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002088.pub2/abstract> and help lessen negative

consequences of some psychological distress

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004025.pub3/abstract> . While other music-oriented approaches exist, they do not have the same academic requirements, supervised training and ongoing continuing education and independent oversight that is required of an MT-BC, Music Therapist - Board Certified credential. Ongoing oversight by the Certification Board for Music Therapists (www.cbmt.org), our nationwide, independent credentialing body, ensures MT-BC's adhere to recognized standards of practice.

A common misconception about music therapy is that it is "just playing music for people." And while some sessions do appear to be just that, consideration of an individual's preferences and ongoing response to the intervention guide a music therapist's approach. Additionally, the provision of a receptive music experience is often just the beginning for an individual receiving music therapy treatment. The assessment process and, when possible, inclusion on or coordination with an interdisciplinary team allows the MT-BC the opportunity to create a treatment plan that may include more active uses of music (such as the Rhythmic Auditory Stimulation protocol in use for gait training, as referenced above) to motivate an individual in their rehabilitation process and in some cases provide the galvanizing neural stimulus that makes their recovery possible. Of course playing music for an individual after their stroke may be comforting and supportive, but if music interventions can be provided that challenge, inspire, prime and time that same individual's motor planning areas to achieve better outcomes in their efforts to walk again, the MT-BC is practitioner most prepared and capable of enacting that treatment plan.

This is where we need the help of the legislature. MT-BC's need state recognition in order to distinguish our profession, insure competent practice and improve access to services, thus continuing to move both the science and art of music therapy forward while providing our clients with the most efficient and effective therapeutic uses of music to meet their individualized goals.

David Knott, MT-BC

My name is Margi Ahlgren, and I am a the daughter of an elderly music therapy participant, writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

My mother, who has dementia, attends a day program where music therapy is integrated. She not only enjoys the music, but her demeanor improves along with her cognitive functioning. Were it not for her pleasant behaviors, I would not be able to keep her living at home with me.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my mother, and I would like to see others have the same access to services.

Margi Ahlgren

My name is Jane Witmer, and I am an occupational therapist writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

Each summer, Wonderland Developmental Center in Shoreline, WA holds a summer camp for pre-school aged children with special needs who would not otherwise get special services during the summer break from school. Wendy Zieve, music therapist, led therapeutic music groups during two sessions of our camp program this summer. Her knowledge and training in music, combined with her knowledge of how to meet the wide variety of special needs among the campers, allowed each camper to benefit to the best of their abilities during the groups. Wendy's activities supported campers in learning important skills like taking turns, working together, and playing their own part in a group effort. All of the skills were nurtured in a fun and playful setting using music and music principles as a framework. Wendy's skill as a music therapist was very apparent and crucial to the success of the group.

Washington State Music Therapists have been working toward state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, ensure competent practice, and protect and improve access to music therapy services. It is imperative for all Washington State residents to have access to services provided by qualified, credentialed professionals. I believe music therapy is extremely beneficial for the children served by my agency and I would like to see others have the same access to this valuable service.

Jane Witmer, MS OT/L

My name is Ken Pendergrass, and I am a music educator writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

I have been teaching elementary school music since 2002 in Seattle Public Schools. I currently teach in the Central District of Seattle and serve three distinct kinds of students at my school: 1) Special Education students diagnosed with Autism; 2) General Education students, 89% who qualify for free and reduced lunch and are represented by 12 different language groups; and 3) Advanced Placement Program students. In regards to the first two groups of students, Music Therapy workshops and professional development opportunities provided by qualified and certificated Music Therapists are the *only* resources that have given me the tools to effectively reach these students.

My college education, preparation and certification to become a public school music teacher really only prepared me to serve the third group of students who typically come to school ready to learn and have strong family support. The majority of the students I serve, do not have these advantages when it comes to learning music. Music Therapy and access to qualified Music Therapists helps me look at the physical, emotional and mental needs of my students and adapt the curriculum to meet those unique needs.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my students and I would like to see others have the same access to services.

Ken Pendergrass
Thurgood Marshall Elementary School, Music Specialist

Greetings from Salmon Creek! As the manager of Spiritual Care at Legacy Salmon Creek Medical Center, I am writing in support of SB 6276 as it goes through the Sunrise Review Process with the State

of Washington Department of Health. During the past decade, I have worked with board-certified music therapists serving in clinical settings. As with any professional serving in a clinical setting in our communities, it is important for music therapists to receive certification through Washington State.

Legacy Salmon Creek Medical Center opened seven years ago. During that time, we have had a couple of board-certified music therapists serve in the hospital setting, providing music therapy in ICU, NICU, Family Birth and general medical and surgical units. This past year we had a board-certified music therapist offering music therapy on our adult medical and surgical units each week as a volunteer. Patients, family members, nurses, physicians and other clinical staff all noted how music therapy reduced anxiety and stress, decreased pain and provided increased emotional and spiritual support. The music therapists who have served here are trained to provide a range of genres in music and to address care needs of patients from diverse backgrounds. More than one patient noted that the provision of music was the most helpful, comforting and healing service provided in the hospital. At times, medical and clinical staff as well as family members joined in singing together with the music therapist, increasing communication and understanding for all involved. Moreover, as patients near the end of life, the additional care of music therapy and music thanatology provide comfort and peace.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to insure competent practice by trained professionals, and to protect and improve access to music therapy services. In the future, we hope that all Washington State residents have access to services provided by qualified, credentialed professionals.

Thank you for your time and consideration. Please note this letter is attached as a document. Please do not hesitate to contact me if you have any questions or concerns.

Rev. Gwen Morgan, MDiv, BCC | Supervisor, Spiritual Care | Legacy Salmon Creek Medical Center

My name is Karen Nestvold, and I the Development Manager and voice faculty member at Music Works Northwest in Bellevue, writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. Music Works is the only community music school in the state with a music therapy program. I have worked with the board-certified music therapists on staff here, and I think it is very important for all music therapists to receive certification through Washington State.

The clients who come to Music Works for music therapy services face a variety of challenges, from autism to Down's Syndrome and other neurologic and physical disorders. The board-certified music therapists here provide high quality treatment, through both one-on-one and group sessions. We have even started a choir for some of our music therapy clients, and others have enrolled in camps and classes with music students who do not face the same challenges. This interaction enriches the experience for all.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for the clients who come to Music Works, and I would like to see others have the same access to services.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Karen Nestvold, Development Manager and Voice Faculty Member

My name is Wendy Woolsey, and I am a board certified music therapist and adjunct faculty at Seattle Pacific University in the Music Therapy Department writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked as a board-certified music therapist for over 17 years and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

SB 6276 will increase access to music therapy services and ensure people are seen by a qualified music therapist. Over 44 music therapists in Washington provide a variety of services in facilities such as nursing homes, schools, hospitals, hospices, group homes, pre-schools, and adult day programs. Music therapy addresses a variety of goals. A music therapist uses melody to increase the sucking response in premature infants so they can be discharged from neonatal intensive care, songs and rhythm to access speech when the speech center of the brain is damaged like the music therapy services congresswoman Giffords received, and rhythm to coordinate or initiate movement in someone with Parkinson's disease so they feel safe walking across the street. Music therapists use songs to access memories in people with Alzheimer's so they can have quality moments with loved ones or use music to decrease anxiety and pain prior to surgery. We write songs to assist a child learn to count money, read or learn to tell time and music therapists assist terminally ill in composing songs to leave as legacy to their spouse and children. Many disciplines use music which is great. We are asking that certification be required for those who call themselves music therapists to insure they have the education, training and continuing education as defined by the American Music Therapy Association and Certification Board for Music Therapists so Washington consumers will have access to music therapy services by a qualified music therapist.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals.
Wendy Woolsey, MA, MT-BC

My name is Anne Vitort, and I am a board-certified music therapist writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

I have been a music therapist for about a year and a half. I am in private practice in Vancouver, WA. I have worked with clients in hospice, hospital, long-term care and memory care. I have also worked with children with developmental disabilities. The results I have seen have been amazing. Clients respond to music in ways other therapies cannot achieve. I have seen children with autism smile and talk when involved in music therapy. I have seen people with Alzheimer's sing familiar songs, I have seen people with Parkinson's move with ease and rhythm. I have seen people on hospice care and their families connect through music where words have failed them.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is a tremendously important service and I would like to see others have access to services.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

My name is Mickey Stuart. I am a parent writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. In the past I have worked with several board-certified music therapists. At this time I would like to share my experiences and why I think it is important for music therapists to receive certification through Washington State.

I have a 14-year old minimally-verbal son who has been fighting regressive autism. Music has provided the avenue for him to continue to learn and use language. After he lost his ability to speak we brought him back by singing his favorite songs but leaving out the last word of each line. Slowly but surely he began to fill in the blanks, then he started singing entire songs by himself.

Singing helps him regulate his behavior too. If he is engaged in inappropriate activities we ask him to sing to us. Music moves him away from misbehavior and calms bursts of temper. Furthermore, we have seen how rhythmic activities can help calm him, allowing him to focus on the task at hand.

My only regret is that our school district does not employ a skilled Music Therapist to work with my son and his differently-abled peers. I think they need music as part of the curriculum on a daily basis.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to extend the competent practice of Music Therapy techniques and improve access to their services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is crucial to my son's continued development and well-being. The possibilities are endless. I would like to see others, whatever their challenges, have access to Music Therapy as well.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Mickey Stuart

If the American Music Therapy Association wishes to license their graduates in Washington State, that is their privilege. However, they do not have the right to use language that would deny employment of graduates of other therapeutic music training organizations.

Our concern is that the definition of who is eligible to practice therapeutic music in Washington might be limited to "music therapists" only. There are many graduates of other therapeutic music organizations that are well qualified in this area.

If the legislature chooses to license therapeutic musicians, then ALL therapeutic musicians employed by healthcare institutions must be a part of the planning, not just graduates of one organization.

As a graduate of the Music for Healing and Transition Program, Inc. I work as a Certified Music Practitioner for three hospices in the Kitsap - Tacoma area - Franciscan Hospice, Multicare/Good Samaritan Hospice, and Hospice of Kitsap County.

I do not call myself a music therapist, and inform others so that they understand that i am a Certified Music Practitioner.

Just a brief history.

1. It has been widely documented that music has been used therapeutically for thousands of years.
2. In the United States, the **Music Therapy Association** www.musictherapy.org was created in 1950,

originally as a means of teaching musicians to assist soldiers returning from WWII with PTSD. Graduates of the program are MT-BC Music Therapist, Board Certified.

Since 1950 there have been many other therapeutic music training organizations who have nationally certified their graduates to work in hospitals, hospices, skilled nursing facilities, etc. We are all very careful to call ourselves by our correct titles and to urge our employing organizations not to call us music therapists. Here are a few training organizations:

3. **The Music for Healing and Transition Program** - www.mhttp.org This is the organization through which I was certified. Graduates are Certified Music Practitioners (CMP). In the Seattle area there are CMPs working for Multicare/Good Samaritan Hospice, Franciscan Hospital, St. Francis Hospital, St. Clare Hospital, Highline Hospital and other healthcare organizations.
 4. **Bedside Harp** - www.bedsideharp.com Graduates are Certified Harp Therapists This is the organization that certified the musician who heads up therapeutic music at Harrison Hospital in Bremerton.
 5. **The Clinical Musician's Home Study Course** - www.laurieriley.com Graduates are Advanced Clinical Musicians. Another of this program is employed by Harrison Hospital.
 6. **Chalice of Repose Project** - www.chaliceofrepose.org Graduates are Certified Music Thanatologists. The Providence Hospital system has Music Thanatologists on staff.
 7. **International Harp Therapy Program** - www.harprealm.com Graduates are Certified Therapeutic Harp Therapists.
 8. **International Healing Musician's Program** - www.healingmusician.com Graduates are Certified Healing Musicians. Several in the Seattle area employed by Multicare/Good Sam Hospice and St. Francis Hospital.
 9. **Healing Harps** - www.healingharps.org Graduates are Professional Service Musicians.
 10. Other therapeutic musician training organizations are **Gentle Muses, Healing Musician's Center, and Vibroacoustic Harp Therapy**. These are only a few of the better known groups.
- Cordially, Carole Glenn, CMP

My name is Carla Carnegie, and I am a music therapist writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. As a board-certified music therapist, I would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

As a fairly new professional in the field, I live and work in the Spokane area, where most of the professionals, and general populace are not familiar with what a music therapist is, does, or can accomplish in the lives of their loved ones. Most believe it is a “new” idea, since they have not seen it practiced. However, for the facilities that have hired me to provide music therapy services for their clients with dementia and Alzheimer’s disorders, they are pleased and amazed at what is observed and accomplished through the relationship of client/music therapist. A client that is not verbal, nor responsive to most interaction, becomes responsive in facial and body language, rhythmically moving hands, arms and feet to the beat of the music with medium level prompts, and continuing the rhythm beyond the initial prompting on her own. Another client that seldom speaks or expresses thoughts, tells a story that all the other clients can enjoy and have some kind of relationship to, through the musical experience the music therapist presents. These are but two reasons having a music therapist as part of the treatment team is benefiting the clients to fulfill their potential, and to help maintain domains of function.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my elder clients, and I would like to see others have the same access to services.

1. *As a Certified Music Practitioner® through the Music for Healing and Transition Program, Cheryl Zabel went through a certification program that that is a 501c3 Not-for-Profit, training musicians to serve patients at the bedside since 1995.*
2. *Cheryl Zabel is not a Music Therapist, but a clinical musician specifically trained as a Certified Music Practitioner®*
3. *Cheryl Zabel is required to meet medical and musical competencies, working within a specific Scope of Practice and Ethical Code.*
4. *The Music for Healing and Transition Program (MHTP) has trained and certified 650 musicians, including 48 who are employed in the state of Washington.*
5. *They use the language "Certified Music Practitioner®"*
6. *Cheryl Zabel is employed by Multicare Hospice as an Independent Contractor.*
7. *Describe what service has been provided (e.g. therapeutic music at bedside for hospice patients):*
8. *Approximate number of hours per month:*
9. *How this has helped the patient(s):*
10. *Any other comments:*

Multicare/Good Samaritan Hospice currently contracts with 5 therapeutic music practitioners to provide comfort to terminally ill patients who reside in their personal homes, adult family homes or residential facilities. The musicians provide a much needed service for our patients and their families who are experiencing losses including physical and mental limitations, loss of independence and spiritual needs. Music is provided at bedside for our hospice and palliative care patients in a variety of forms including voice, harp, guitar, and keyboard. Therapeutic musicians bring comfort with intent by customizing live music to the individual patient-following the rhythms of breathing and also providing memory enhancement for our patients.

The approximate number of hours provided per month from our therapeutic musicians range from 15-30. Our music practitioners receive 15-20% of our comfort therapy referrals every month.
Margaret Winczewski , Multicare

My name is Kris McGrew and I am a parent writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

We began taking our autistic son, Grady, to music therapy as he had show an extreme interest and love of music from the time he was an infant. He seems to find comfort in the rhythms and melodies of music which do a fantastic job of soothing Grady. Furthermore, music is the only area where we have been told that Grady is developing typically as a normal child. The structure of the therapy matched with his love of music has allowed him to feel good about himself and be proud of his progress. Much of his and other autistic children's' frustrations are with their inability to make progress. The therapy has been priceless for his happiness. He literally runs from the car to the front door of the facility and starts getting prepared for his therapy session the night before. Of all the therapy that Grady receives, we have seen the most happiness from him during his music therapy.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I

think music therapy is important for my son and I would like to see others have the same access to services.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Kris McGrew

I am writing in support of excluding therapeutic musicians from the DOH certification of music therapists as proposed in SB 6276.

I am currently enrolled in the clinical home study program, Harp for Healing, which will give me the title Certified Music Practitioner. There are several programs like this accredited by the National Standards Board for Therapeutic Musicians (NSBTM). NSBTM is the governing body for these accredited programs that graduate therapeutic musicians. Its purpose is to promote the development and advancement of the professional bedside therapeutic musician. Therapeutic musicians are not music therapists.

Therapeutic musicians use live music as a service to enhance the environment in healthcare settings by playing *passively* either at the bedside or elsewhere in the facility for patients, their families and staff. Therapeutic music enhances the healing process and comforts those in pain, under stress or in the dying process.

By comparison, music therapists use musical instruments and music making as tools to rehabilitate normal life functions by studying and promoting changes in behavior and by working *actively* one-on-one with patients.

Therapeutic musicians should be excluded from the provisions of SB 6276 because they are not mental health practitioners. They enhance environments for healing and transition. Therapeutic musicians also undergo an educational process designed particularly for those in pain, therefore language of SB 6276 should allow a continuation for them to play at the bedside.

Monica Schley, harpist

As a harpist, I am a 2002 music practitioner graduate of the Music for Healing and Transition Program who has been on contract with Good Samaritan Hospice for the purpose of providing comfort to those in need. Please, I encourage you to give careful consideration to what Melina Gardner and others representing MHTP have requested with respect to inclusionary language in the currently proposed music therapy legislation. Thank you for your time.

Markey Sandhop

I am writing in regards to the bill SB 6276 relating to certification of Music Therapists.

I do not want to interfere with the Music Therapists ability to protect their credentialing or to promote professional licensing by the state, but I am concerned that the language in the bill may prevent me from earning a living, practicing my profession, and serving my patients. I have heard that in other states similar bills have inadvertently affected other clinical musicians (who are not Music Therapists) to practice their profession.

I am not a Music Therapist, but a clinical musician, specifically trained as a Certified Therapeutic Harp Practitioner. I graduated from the International Harp Therapy Program, a certification program based at San Diego hospice, training musicians to serve patients at the bedside. I am required to meet medical and musical competencies, working within a Scope of Practice and Ethical Code. As a contractor with

Assured Hospice of Jefferson and Clallam Counties, as well as Jefferson Healthcare, I offer therapeutic music at the bedside for hospice patients, to help facilitate states of comfort, relaxation, and support, and to help improve overall quality of life.

Thank you for understanding the need to ensure that this bill not interfere with the ability of my colleagues and I to practice our profession and serve our patients.

Shannon Ryan

I am a Certified Music Practitioner® through the Music for Healing and Transition Program, and a Certified Harp Therapy Musician through the International Harp Therapy Program, and went through intensive clinical and music training to serve the patient at the bedside since 1995, with therapeutic music. I am not a Music Therapist, but a therapeutic musician specifically trained to use music and the various elements of music to address the immediate need of the patient. I am required to meet clinical and musical competencies, working within a specific Scope of Practice and Ethical Code, and more to become certified. There are approximately one thousand certified practitioners of therapeutic music in the US. Forty-eight are employed in the state of Washington. I have personally worked in Seattle in healthcare facilities such as Baily-Bouchey House, Providence Medical and Virginia Mason.

I eventually became executive director for the Music for Healing and Transition Program between 1999-2003, and now am director of the Healing Musician Center which specializes in continuing education opportunities for graduates of programs accredited through the National Standards Board for Therapeutic Musicians.

Healthcare organizations have realized that therapeutic music at the bedside can:

- Augment pain management of the terminally ill
- Relieve anxiety of the chronically ill
- Accelerate physical healing of post-surgery and injured patients
- Ease the delivery process of the birthing mother
- Facilitate the transition process of the dying
- Reduce stress & blood pressure of the chronically ill
- Relieve body and mental tension of pre-operative patients.

I appreciate you taking this under consideration to reword the text in SB 6276. Thank you.

Stella Benson, CMP, CTHP, National Standards Board for Therapeutic Musicians
Advisory Board

I'd like to lend my support for music therapy certification. Last year my kids got to experience music therapy at their elementary school in Seattle through MusicWorks Northwest. We had a wonderful experience at the school with our music therapist through MusicWorks Northwest. The special education kids loved it and learned a lot from it. I think it's really important to have someone who is college educated with a degree in music therapy and board certified working with the kids as a music therapist. Without that background, training, and skill-set I don't think the service would be as professional, or even accepted as a program in the public schools.

Janet Wickersheim

I serve as Chief Nursing Officer for Harrison Medical Center and am writing you today regarding Senate Bill (SB) 6276. While Harrison supports the intent of SB 6276, if the proposed legislation pertaining to

the credentialing of music therapists is passed in its current form it could have a significant impact on Harrison Medical Center's ability to provide compassionate and comforting care to its patients. It would also significantly impact our staff who provide therapeutic music to our patients.

Since 2006, therapeutic musicians and drum circle facilitators have provided evidence-based services to thousands of Harrison's patients, visitors, and staff. Portions of the Senate Bill and Sunrise Review Applicant Report contain language that could adversely impact other music and sound healthcare professionals by limiting or prohibiting their role in patient care. Such restrictions would be to the detriment of patients who benefit from music and sound interventions some of which may overlap with that of music therapists. So, unless modified, SB 6276 could restrict or eliminate patients' access to these healing services.

Below are just two examples of the value of therapeutic music as it is received by patients, their loved ones and our staff members. I hope you will reconsider specific portions of SB 6276; specifically those restrictions regarding credentialing of music therapists.

Specific comments regarding the impact of care provided by Harrison's music therapists...

6/6/2012 – *“Dear Ms. Enns, Thank you so much for visiting my brother, in room 368 yesterday. Your Shenandoah and Danny Boy made his day. He has been somewhat depressed and very ill with an infection and you certainly cheered him up. I appreciate it so much”.*

8/9/2012 - *“I played for an elderly man who is very hard of hearing, but who had played the violin. His family asked me to get very close to him so he could hear, and he seemed frustrated that he couldn't hear the harp very well. As I played he reached out and gently laid his hand on the harp post, and smiled and said “I can feel that!” He held the harp as I played various songs, and then he asked for a hymn. As I played the hymn, he started to cry, and his wife encouraged him to “just let it out”, and she held his hand and she cried a little too. Afterwards he held my hand and thanked me several times, saying “You made my day!”, and she said I had played all his favorite songs. She said “You couldn't have come to a better room!”*

Cynthia M. May RN, MSN, Chief Nursing Officer

I am writing to show my support of Music Therapists and certification at the state level. The amount knowledge, education, time and dedication it takes to become a certified Music Therapist, is something that should be protected and acknowledged. For individuals who did not earn this title, the misuse of terms and techniques could have a negative impact on understanding for clients. I have seen the benefits of a qualified Music Therapist, and how she has become part of an interdisciplinary team. I am available to answer further questions you may have.

Abby Huberty CTRS (Certified Therapeutic Recreation Specialist)
Fort Vancouver Convalescent Center

My name is Susan Tyler, and I am a parent writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapist to receive certification through Washington State.

During his fifth year, I watched my son increasingly withdraw socially and retreat into his own world. He was diagnosed with PDD-NOS. Now six, he has spent the last few months in weekly music therapy. Our music therapist is impressive. She's great about incorporating goals my son is working on in speech and O.T. The musical activities she uses are individualized and adapted throughout each session to engage and encourage participation. I am amazed at the progress he has made. He is talking significantly more,

and he is interacting more with other kids. Today he sang me a song! I wish we had resources to continue longer as well as to provide music therapy to my other child with neurological issues.

I understand Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my children and I would like to see greater access to services. I also think state certification would help preserve and promote the therapeutic value of music therapy, as opposed to recreational music.

Susan Tyler

I am a parent of a 17 year old boy, Seth, who recently suffered a severe traumatic brain injury. I would love to come testify on behalf of the music therapist, but due to the care my son requires I cannot. Please accept this as my plea to recognize music therapy as a state certified service. Referencing SB 6276 Sunshine Review Process with the Washington State Board of Health.

After 18 days at Tacoma General Hospital my son was discharged to Seattle Children's Hospital for 7 weeks of rehab. He was unable to roll over, was incontinent of bowel and bladder and very verbally abusive. He suffered a slight hearing loss as well as the loss of most of his vision. No one could reach him. His recreational therapist invited David Knott, the hospital's board certified music therapist, to come and play for him. Music had been a big part of Seth's life. As soon as David started playing the ukelele, Seth calmed down. We were able to communicate with him and he even asked for his instrument. David had opened a door with the music. I believe Seth's recovery started then. Unfortunately, Seth only received music therapy once a week. My wish is that it would be made available more frequently. Maybe with certification maybe more money would be available for more therapy. I don't doubt that Seth would have done even better with more music therapy.

I think it is important to have qualified, board certified music therapist. State certification would improve the likelihood of receiving quality music therapy.

Sheri Barronian

My name is Shannon Baker-Spoor, and I am the Manager of Therapeutic Programming at Auburn Regional Medical Center Behavioral Health Units, inpatient and outpatient services. I am writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a Board-Certified Music Therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

I have employed Music Therapist the last 13 years of my professional career in our Behavioral Health Program where we work with advanced Alzheimer's patients and older adults who are challenged by Depression or other life changing events. The music therapists that I have experience with are clinically focused and work from various therapeutic models. The music is their medium but it is their ability to assess and provide effective interventions that move individuals from acute discomfort emotionally and physically to stable psych, as well as overall quality of life. The music therapist also provides milieu management, functions as a central entity in treatment team planning with an interdisciplinary focus. Our music therapists have also been sought out to provide treatment in our New Acute Rehab Unit as there is evidenced based practice that Board Certified Music Therapist can provide a positive and significant impact on the patient's neurological healing and rehabilitation.

Washington State Music Therapist have been working towards state certifications with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all

Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my program and the client's we serve at Auburn Regional Medical Center. I would like to see others have the same access to services.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions.

Shannon Baker-Spoor, LICSW
Manager of Therapeutic Programming
Auburn Regional Medical Center

I am writing with concern about legislation that is currently being considered that could potentially devastate my career. I am a Certified Healing Musician. I received my certification through the International Healing and Transition Program in 2004. This program required me to complete coursework in medical and musical areas as well as a number of client hours – playing for people who were sick or dying. After completing the requirements and receiving my certification I have been working as an independent contractor for two hospices, one hospital and some private pay clients for eight years now. I understand that the intent of the legislation was to protect music therapists' credentials, but that the way it was written it does not acknowledge or exempt other music modalities. I understand that as written this legislation may take away my opportunities for gainful employment and my services to those who are sick and dying and in need of comfort. Of particular concern is wording in 6276 Sections 3 a, b and c that could cause legal problems for myself and others. Please consider rewriting this legislation so that it only refers to music therapists and not to those of us who have a different type of service or clinical purposes for music, such as that of therapeutic musicians. These are different roles with different training and career paths and should not be confused and lumped together.

The benefits for my clients and their families has been wide-spread, from easing pain and anxiety, to helping to work through grief. I've had people say that they hadn't been able to process their grief until my visit, that their spouse hadn't slept that deeply in years, that their pain was gone for the first time in weeks, that they felt loved, that they hadn't relaxed like that in years, their blood pressure is lower, etc. A caregiver at a facility I visited said she could tell when I had been there as my very anxious patient was so much calmer for days after my visit. I could give you so many stories of the benefits of my work, but I must end this to send it in by the deadline. Please reword the legislation so that I can continue to help these patients who are sick and dying.

Bonnie Steinkamp, Certified Healing Musician

My name is Dr. Carlene J. Brown, MT-BC and I am Associate Professor and Chair of the Music Department at Seattle Pacific University. I am also the Director of the SPU Music Therapy Program – the first and only undergraduate degree program in the state of Washington. I am writing this letter in support of **SB 6276** as it goes through the Sunrise Review Process with the State of Washington Department of Health.

As a Board-Certified Music Therapist I can speak directly to the impact that certification will have upon our community. I am training students at SPU to meet national standards and be prepared to sit for the national board exam. The program is extremely rigorous and requires unique skill sets that go far beyond being a good musician. The field of music therapy is an allied health field; I tell my students that their closest colleagues on campus are nursing students.

During their academic training they must complete 180 hours of clinical work in practicum sites in the Puget Sound region. I have been working closely with social service agencies, medical facilities, school systems, etc. that are extremely interested in having a music therapy student work with their clients. I am

asked regularly by agency professionals if the students' training is recognized by the state of Washington. It is unfortunate that the answer is no.

The work of music therapists is being recognized by a number of facilities, such as Seattle Children's Hospital, Swedish Hospital, the Caroline Kline Galland Homes, Seattle Children's Home, YWCA Angeline's, Seattle Public Schools, and many others. The administrators of these facilities understand and appreciate the level of training required in the field of music therapy.

State certification will matter not only for Washington State Music Therapists but also for the growing number of agencies wanting to employ a music therapist. Having clear, distinct, state-wide guidelines will ensure that services provided will meet a standard of training.

Carlene J. Brown, Ph.D., MT-BC, Associate Professor and Chair, Director, Music Therapy Program, Seattle Pacific University

My name is Ramona Holmes, and I am a university music education professor writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

Music educators work with all students, including many students with special needs. My university music education students need to be ready to meet the federal standards in the Individuals with Disabilities Education Act (IDEA) and the even more powerful Washington state curriculum guidelines which require that special education students specifically have music available for them. To prepare my music education students for this task, I have routinely included board certified music therapists as part of my Music in Special Education class. These specialists have added in-depth guidance for my students by providing specific strategies, adapted materials and focused curriculum that they can apply in the classroom. Fortunately, at Seattle Pacific University, we now have a full Music Therapy program, so my students have the opportunity to work side by side with music therapy students and board certified music therapists. These music therapists have a breadth of knowledge that form a life line for music educators. While P-12 music educators need to be ready to teach choral, instrumental and general music from Medieval to current, various genres, from here and around the world with materials that meet the developmental needs of pre-school through high school, they are not always ready for the range of special needs that a board certified music therapist can treat. The chance to work with a board certified music therapist helps them design the most appropriate curriculum to work with the wide range of students with special needs in their music classes

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my university music education students and I would like to see others have the same access to services.

Dr. Ramona Holmes, Seattle Pacific University Music Department

I am writing in support of SB 6276 which calls for Certification for Music Therapists. I have been a music therapist since 1979 and have lived and worked in the Seattle area for the past 25 years. I recently returned to school and received my Master's in Neurologic Music Therapy. In the interim between acquiring my Bachelor's degree and my Master's degree, I have seen the profession of music therapy grow by leaps and bounds. Always an important facet in working with children, music therapy has been a related service for children in special education since the early inception of the federal laws regulating

education for children with special needs in the late 1970s and continues to be a related service under the IDEA legislation that governs special education now. Research has also grown by leaps and bounds and because of advances in neuroimaging, we can actually see how music effects our brain processing. What we've known for years has been verified by these advanced techniques - music is uniquely powerful in helping us make changes in our lives.

In spite of music therapy's long history, with its more contemporary roots evolving after World War II in VA hospitals over 65 years ago, music therapy has been a more recent addition on the Washington scene. Music therapists have worked for the last 30 years in the area but it has only been in the past few years that a music therapy degree program was offered at Seattle Pacific University. I have worked in private practice, gerontology, and in a community music school. During that time what I have seen is that accessibility to services is key for families in need of services. Currently it is often based on an ability to pay rather than need based. Therefore many families go without services. The effect is Washington State families are underserved because they must pay out of pocket. State certification improves accessibility to services because state education and healthcare agencies that require state recognition for service provision will then be able to include music therapy in that service provision.

Along with access to services, Washington state residents and agencies must be able to identify who is eligible to provide music therapy services. This happens through certification because through the certification process, the educational and clinical training requirements, the examination requirements, and the continuing education requirements for the music therapist will be determined. Proper training protects the public from harm due to misuse of terms and techniques. Proper training ensures the recipient of services and their families that the music therapist is qualified and working within the music therapy scope of practice.

Music therapists understand that many people use music within their practice. Certification of music therapy does not limit the use of music. We know that music belongs to everyone. What certification does is clearly identify what music therapy is and who is eligible to practice it.

Thank you for facilitating the Sunrise Review process. We appreciate being a part of this process and look forward to helping Washington State residents understand what music therapy is and how it fits into the healthcare field.
Patti Catalano, MM, MT-BC

My name is Ellen McKamey, and I am a Licensed Certified Occupational Therapy Assistant writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have worked with a board-certified music therapist and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

Music is a powerful medium for affecting the mood and focus of the clients I work with in Mental Health at Western State Hospital. The person I have seen most proficient at using it is a board-certified music therapist. In addition to a thorough understanding of the effects of music, a music therapist comes equipped with a clinical understanding of the needs of the clients I serve, making him (or her) far more proficient than simply a musician, or a therapist using music. I have seen clients' attention span lengthened, movement improve and memory come alive. One of the biggest effects is a change in mood that brings the client into engagement in the therapy process instead of the chronic withdrawal of many mentally ill patients.

Additionally the Music Therapist is a competent clinician who can work well with a treatment team, and make excellent assessments of a client's needs. Like any other therapist working in this setting, they carry

their share of charting, leading groups, seeing clients individually, making recommendations for treatment, and setting up programming for clients.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my clients, and the programming I implement and I would like to see others have the same access to services.

Ellen McKamey

My name is Carla Carnegie, and I am a music therapist writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. As a board-certified music therapist, I would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

As a fairly new professional in the field, I live and work in the Spokane area, where most of the professionals, and general populace are not familiar with what a music therapist is, does, or can accomplish in the lives of their loved ones. Most believe it is a “new” idea, since they have not seen it practiced. However, for the facilities that have hired me to provide music therapy services for their clients with dementia and Alzheimer’s disorders, they are pleased and amazed at what is observed and accomplished through the relationship of client/music therapist. A client that is not verbal, nor responsive to most interaction, becomes responsive in facial and body language, rhythmically moving hands, arms and feet to the beat of the music with medium level prompts, and continuing the rhythm beyond the initial prompting on her own. Another client that seldom speaks or expresses thoughts, tells a story that all the other clients can enjoy and have some kind of relationship to, through the musical experience the music therapist presents. These are but two reasons having a music therapist as part of the treatment team is benefiting the clients to fulfill their potential, and to help maintain domains of function.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for my elder clients, and I would like to see others have the same access to services.

Carla Carnegie, MT-BC



August 15, 2012

Ms. Sherry Thomas
Department of Health
310 Israel Road SE
Tumwater, WA 98501

Dear Ms. Thomas:

On behalf of the American Speech-Language-Hearing Association (ASHA), I submit these comments in regard to the current sunrise review for certification of music therapists. ASHA is the professional, scientific, and credentialing association for more than 150,000 members and affiliates who are audiologists, speech-language pathologists and speech, language, and hearing scientists – 2,782 of whom reside in Washington.

In an April 2, 2012, letter to the Department of Health (DOH), Senator Karen Keiser states that music therapists (MT) help individuals with limited communication abilities “develop, regain, or retain speech through music therapy.” Further, in the proposed legislation, Senate bill 6276, page 1, definitions section, it states that music therapy includes the assessment of “...communication abilities...” We do not believe that MTs are educated and trained to assess, treat, and remediate communication disorders.

Speech-Language Pathologists are Professionals Trained to Assess and Treat Communication Disorders

Speech-language pathologists (SLPs) are uniquely educated and trained to assess and treat speech, language, hearing, swallowing, balance, and cognitive communication disorders in children and adults. These services help children acquire language and enable individuals to recover essential skills to communicate about their health and safety, to safely swallow adequate nutrition, and to have sufficient attention, memory, and organization to function in their environments.

SLPs complete a comprehensive education program and must meet rigorous standards of practice which include the following.

- A master’s or doctoral degree with 75 semester credit hours in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology
- A minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, with the supervision provided by individuals holding the ASHA Certificate of Clinical Competence (CCC)
- A passing score on a national examination administered and validated by the Educational Testing Service
- Completion of a supervised Clinical Fellowship (CF) to meet the requirements of the Certificate of Clinical Competence, the recognized standard in the field
- State licensure (SLPs are licensed in all 50 states and the District of Columbia)
- Completion of 30 hours of professional development activities every 3 years

Scope of Practice

In its proposal to the DOH, the music therapists reference a number of documents including the Certification Board for Music Therapy (CBMT) Scope of Practice. This document broadly defines music therapy and states that MT can assess sensory, physical, cognitive, and communication abilities. We believe that a profession's scope of practice is limited to specific competencies acquired through education, training, and practical experience. For example, SLPs are trained to address a broad scope of communication disorders which would include swallowing. However, music therapists do not acquire the skills necessary to assess and treat communication disorders in their prescribed program of study and subsequent clinical training. SLPs on the other hand are the only professionals uniquely qualified and trained to evaluate and treat communication disorders.

Certification vs. Licensure

In the sunrise review, on page 9, it is indicated that certification will provide protections to the public. Full protections can only be provided under licensure with a licensure board to address any disciplinary issues that may arise.

We believe that—while speech-language pathology licensure provides consumer protection and a mechanism by which incompetent and/or unethical practitioners may be removed from practice—certification is the fundamental standard among major health professions and the most widely recognized symbol of competency for speech-language pathology professionals in this country. Whereas, licensure is important to legally perform our work, certification is important for internal professional recognition and external accountability.

While the CBMT scope indicates that MTs can assess and treat individuals with a wide range of disorders, we believe that SLPs are the only professionals that can appropriately assess and plan treatment for individuals with communication disorders. Therefore, we urge you reject the proposal to certify MTs with a broad scope of practice as defined in the current proposal.

Thank you for the opportunity to submit comments. Should you have any questions or need further information, please contact Eileen Crowe, ASHA's director of state association relations, at ecrowe@asha.org or by phone at 301-296-5667; or Janet Deppe, ASHA's director of state advocacy, at jdeppe@asha.org.

Sincerely,



Shelly S. Chabon, PhD, CCC-SLP
2012 ASHA President

cc: Martin Nevdahl

Margaret Howard
6225 76th Street SE
Snohomish, WA 98290
July 31, 2012

Washington State Department of Health
310 Israel Road SE
Tumwater, WA 98501

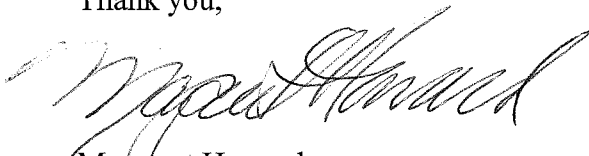
To Whom It May Concern:

I am writing you today regarding the state certification of Music Therapists.

I am on the board of directors for Snohomish County Music Project, a local organization that believes in the therapeutic value of music. Through our Music as Medicine program, we recently put together a pilot project called Music Futures. Music Futures is a free music program for drug and alcohol addicted youth in Snohomish County. We provide the opportunity for these youth to come together once a week and learn to play music under the guidance of community mentors and a Music Therapist. The impact on these youth has been nothing short of transformative. With the help of our volunteers and our therapist, these children are leaving the margins of our society and becoming integrated into something positive and prosocial. They are also beginning to heal and regain the confidence that they lost throughout their walks with addiction.

Our state needs to support certification of Music Therapists. It is important not only for the continuance of services for impacted individuals, but also for the consistency and regulation of those services. I cannot speak for the general population, but I know that when making choices for providers for services to my core population, I look for professionals who are licensed and certificated. Best practice for my clients in any therapy or treatment must be intentional and educated. Supporting certification of music therapists supports better services for this fragile population.

Thank you,



Margaret Howard

Sherry Thomas, Policy Coordinator
Washington State Department of Health
Health Systems Quality Assurance

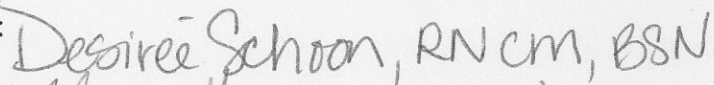
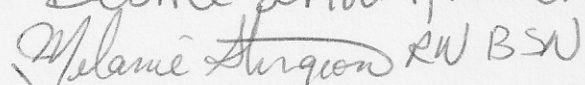
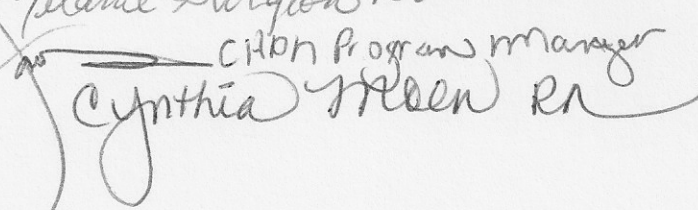
Re: SB 6276

Dear Ms. Thomas:

The signatures on this letter are from supervisors and employees who currently work directly with a certified music-thanatologist at *Evergreen Hospice Center in Kirkland, Washington*, a *King County Public Hospital*. We wish to express our concern with language contained in a bill currently under consideration by the Washington State Legislature that could potentially limit and restrict music-thanatology from being used as a modality in the care of our patients. Senate Bill 6276 addresses state certification of Music Therapists and the language of this bill narrowly defines the use of music as a clinical modality. Because music-thanatologists earn their credentials through successful completion of a three-year graduate level program specifically designed to address the needs of those in Hospice care, we feel that this bill should not restrict either the hiring of or clinical practice of music-thanatologists.

We find that music-thanatology in many cases is an effective means of reducing pain, fear, anxiety, agitation, restlessness, the need for opioids; slowing heart and respiratory rates, supporting deep sleep or relaxation, emotional or spiritual catharsis, and processing their thoughts and feelings. We have seen the effectiveness of music-thanatology as a clinical modality and want to be able to continue to offer it to our hospice patients. It is patients who will suffer if they are denied access to care that brings them relief, and music-thanatology is an important resource for our hospice team. We have no objection to Music Therapists seeking state certification, but not at the expense of losing other professional clinical modalities that have been proven through evidence based practice.

Sincerely:

 Desiree Schoon, RN CM, BSN Nurse case manager
 Melanie Sturgeon RN BSN
 Cynthia Allen RN
CIRN Program Manager

Sherry Thomas, Policy Coordinator
Washington State Department of Health
Health Systems Quality Assurance

Re: SB 6276

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Sincerely:

Hope Weckin, MD (Hope Weckin, MD) Evergreen Hospice Medical Director
Diane Fiumara RN (Diane Fiumara) Program Manager Hospice
Lynn Frair (Lynn Frair) manager
Christine Clement (Christine Clement) - Manager
MSW, LICSW
Carol Williams RN, CHPN - staff hospice RN
Melinda Papert RN - Interim Director
Ann Marie O'Sullivan ARNP
Carol Barber, LICSW, MSW Lane J. Bolton RN BSN Hospice
Jean Calvert RN CHPN
Rebecca Fumich MSW, Hospice Social Worker
Melissa Lubatti - Coordinator - Hospice Volunteers

KATHARINE J. WILMERING, MSW PMHNP BC
SeaChange Psychotherapy Services
1900 N. Northlake Way, Ste. 127
Seattle, WA 98103-9051
632-9522 (ph)/(877-883-1876 (fax) / www.kwilmering.com

August 16, 2012

Sherry Thomas
Health Systems Quality Assurance
Office of the Assistant Secretary
310 Israel Road
Tumwater, WA 98504-7850

Re: Proposed Music Therapist Certification: HB 2522

Dear Ms. Thomas:

I am concerned about the wording of this bill. On the one hand, I am happy to see music therapists get title recognition, since it will open the door to insurance reimbursement and other support for music therapy. On the other hand, I want to make sure that you know that some practitioners provide professional services that the bill lists as being specific to music therapists.

Some of us are employed to play music at the bedside of people who are sick or dying, either in health care facilities or in the patient's home. Our intensive training and certification involves assessing the patient's needs and playing music that moves them to a calmer and more comfortable state of mind and body. After consultation with health care staff, we might bring a harp into a willing patient's room, note their grimaces of pain or look of anxiety, and pick music that we know from our training will increase their comfort. In the patient record we will document the intervention and results. Similarly, we can help a patient and family through the dying process. We do not make diagnoses or intervene in any way beyond that as a music therapist would. Please see mhtp.org for a description of our training and scope of practice.

The second group, closely related, are music thanatologists, who play more specifically for dying patients and their families. See http://www.mtai.org/index.php/what_is .

Third are GIM (Guided Music and Imagery / Bonney Method) practitioners, who go through rigorous training in a method pioneered by one of the early music therapists. Not all have degrees as music therapists. <http://www.ami-bonnymethod.org/>

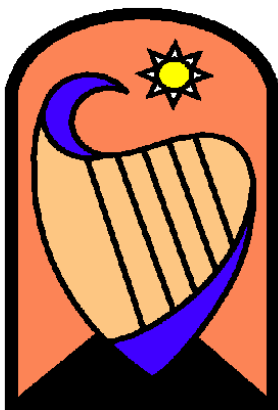
Fourth are certified cross-cultural music practitioners. We have years of training in using chants and sounds from an array of cultures around the world to support physical, mental, and spiritual health and bring the multicultural lens to the work in a way often neglected by traditional music therapy.

Fifth are Native American healers who use the traditional interventions of singing, music, and drumming in their ceremonies with the sick.

We are careful not to identify ourselves as “music therapists” and, perhaps more importantly, do not feel a need to. I would appreciate your clarifying the language of this bill so that we may continue to practice in the safe and effective ways we have done for decades.

Sincerely,

Kathy Wilmering, MSW PMHNP BC
1900 N Northlake Way Ste 127
Seattle WA 98103-9051



The Music for Healing and Transition Program, Inc.

P.O. Box 127, Hillsdale, NY 12529 • 518-325-5546 • mhtp@mhtp.org

August 6, 2012

Dear Ms. Thomas:

Thank you for providing this opportunity to offer comments on the proposed 2012 twin bills, Washington State HB2522 and SB6276.

I am the Executive Director of the Music for Healing and Transition Program, Inc. (MHTP), and am writing to you at the direction of MHTP's Board of Directors.

Some brief background information about MHTP:

MHTP is a 501c3 Not-for-Profit educational organization, incorporated in Texas in 1994, and designated a 501c3 by the IRS in 1995. Since 1995, MHTP has trained 648 musicians and has granted them the professional title of *Certified Music Practitioner*[®] (CMP), designating that they are qualified to serve competently as therapeutic musicians in healthcare facilities. CMPs provide therapeutic music to individual patients, and create a healing environment for the patient. Please visit our website for more information on MHTP, at: www.mhtp.org

In order to receive the title of Certified Music Practitioner[®], students complete a broad spectrum of class-work, are evaluated on their course work comprehension, are assessed for appropriate musicianship and therapeutic presence, complete an extensive internship in healthcare facilities, and must demonstrate that they have met specific competencies. Students must also agree to work within the parameters of both the Scope of Practice and Ethical Code for CMPs.

Of our 648 graduates, there are currently 48 Certified Music Practitioners[®] in Washington State. Many of them are employed by multiple hospices, hospitals, nursing homes and other healthcare facilities.

Certified Music Practitioners[®] may not, and do not, use the title Music Therapist.

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The Music for Healing and Transition Program, Inc. is a 501c3 Not-for-Profit educational organization. According to IRS regulations, financial support is tax-deductible as a charitable donation.

The Music for Healing and Transition Program, Inc. is accredited by the National Standards Board for Therapeutic Musicians (NSBTM), meeting the training Standards, Scope of Practice and Ethical Code required by that Board for programs training therapeutic musicians. For more information on the NSBTM please view its website at: www.therapeuticmusician.com

Comments on the Bill:

1. The Board of Directors of the Music for Healing and Transition Program, Inc. completely supports the desire of the Music Therapy profession to seek state licensing or certification, and to regulate the use of their professional title, *Music Therapist*.
2. We find that certain language in the bill has the potential to prevent Certified Music Practitioners[®], and other extensively-educated therapeutic musicians, such as Certified Music Thanatologists, from practicing their profession and making a living in the state of Washington.

Some examples:

Section 1, # 3, defines what Music Therapy means. These sections ALSO define some of the skills of Certified Music Practitioners[®] and are not unique to Music Therapy:

- a. “The assessment of a client’s emotional well-being, physical health, social functioning, communication abilities and cognitive responses to musical stimuli.”
 - b. “...using music interventions including receptive music listening.”
 - c. “The evaluation and documentation of the client’s response to treatment.”
3. Section 10: The bill defines the terms “health profession,” “certification,” and “practitioner” solely in terms of state regulation. There are many disciplines that grant the title “practitioner” and confer “certification,” that are not governed by state law but are governed by national accrediting or certification Boards. In addition, the public, other health professionals, and

the healthcare facilities that hire them to serve patients accept them as legitimate and respected professions.

The MHTP Board of Directors respectfully and strongly requests that any language in the bill that could be interpreted in a way that prevents other competent practitioners from making a living be revised.

Thank you very much for consideration of these comments.

Sincerely,

Melinda Gardiner, RN, CMP

Executive Director

For the Music for Healing and Transition Program, Inc. Board of Directors

THE CAROLINE KLINE GALLAND HOME

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FAX: (206) 722-5210
www.klinegalland.org

CHIEF EXECUTIVE OFFICER

Jeffrey D. Cohen

ADMINISTRATOR

Min An, ARNP

MEDICAL DIRECTOR

Scott Pollock, MD

Sherry Thomas, Policy Coordinator

Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas:

My name is Lenya Treewater. I am a Board-Certified Dance/Movement Therapist overseeing the supervision of creative arts therapy (CAT) practicum students and other CAT interns. I am writing in support of SB 6276 as it goes through the Sunrise Review Process with the State of Washington Department of Health. I have supervised many music therapy students and would like to share with you my experience and why I think it is important for music therapists to receive certification through Washington State.

Kline Galland is home to many people in various stages of dementia. I usually have two students each quarter, at various levels in their training. But even with the newest students I am constantly impressed with their training, and their willingness to work with seniors with dementia - a very challenging population. Through my association with Seattle Pacific I know the education and fieldwork that is involved in training a music therapist. It is comparable to the training I received as a dance/movement therapist. I consider it a privilege to supervise these students, who have added so much to our programming.

Washington State Music Therapists have been working towards state certification with state agencies and legislators to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect and improve access to music therapy services. This is important to ensure that all Washington State residents have access to services provided by qualified, credentialed professionals. I think music therapy is important for the residents in my facility and I would like to see others have the same access to services.

Sincerely,



Lenya Treewater, MA, BC-DMT

Internship Coordinator

Kline Galland Home

lenyat@klinegalland.org

August 6, 2012

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Dear Ms. Thomas:

Thank you for providing this opportunity to offer comments on the proposed 2012 twin bills, Washington State HB2522 and SB6276.

I am the Chair of the Executive Board of the Sound and Music Alliance (SAMA), a 501c6, Not-for-Profit professional membership and trade organization. I am writing to you at the direction of SAMA's Executive Board.

Some brief background information:

The Sound and Music Alliance is a nonprofit professional membership organization bringing together those who believe that the conscious use of sound and /or music with positive intentionality has a place in healthcare, education, art, wellness and care for the environment. SAMA represents an array of disciplines. Among them are: acousticians, caregivers, clinicians, educators, musicians, physicians, practitioners, researchers, and therapists. See www.soundandmusicalliance.org

Comments on the Bill:

- 1) The Executive Board of the Sound and Music Alliance, Inc. fully supports the desire of the Music Therapy profession to seek state licensing or state certification, and to regulate the use of their professional title, *Music Therapist*.
- 2) We find that certain language in the bill has the potential of preventing other extensively-educated professionals who use music and sound as a modality for treating clients from practicing their profession and making a living in the state of Washington.

Some examples:

Section 1, # 3, defines what Music Therapy means. These sections ALSO define some of the skills of other professionals, and are not unique to Music Therapy:

- (a) "The assessment of a client's emotional well-being, physical health, social functioning, communication abilities and cognitive responses to musical stimuli."
 - (b) "The development and implementation of treatment plans based on a clients assessed needs, using music interventions including music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music and movement to music."
 - (c) "The evaluation and documentation of the client's response to treatment."
- 3) Section 10: The bill defines the terms "health profession," "certification," and "practitioner" solely in terms of state regulation. There are many disciplines that grant the title "practitioner" and confer "certification," that are not governed by state law but are governed by national accrediting or certification Boards. In addition, the public, other health professionals, including the healthcare facilities that hire them, accept them as legitimate and respected professions.

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Barbara Reuer, PhD
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Billie Thompson, PhD
Jeffrey Thompson, DC
Christina Tourin, CTHP, MT

Thank you very much for consideration of these comments as part of your deliberations on the bills.

Sincerely,

Melinda Gardiner

Registered Nurse, Certified Music Practitioner®; Music for Healing and Transition Program, Inc.

mhttp@mhttp.org

Sheila Allen –

Occupational Therapist; Pediatric Therapeutics

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Music Thanatologist; Chalice of Repose Project

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Jeff Strong

Clinician, Artist; Strong Institute

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Music-Thanatology Practitioners and Students, Residing in the State of Washington
Chalice of Repose Project Faculty

Sharon Murfin: sharonmurfin@gmail.com

Ron Pilcher: rmpilcher@frontier.com

Jessica Ryan: jessica_a_ryan@msn.com

Colin Lee: colinleeph@yaho.ca

Therese Schroeder-Sheker: phoebe51@chaliceofrepose.org

Ken Thorp: k.t@earthlink.net

August 11, 2012

Washington State Department of Health
Sunrise Review: Certification of Music Therapists, SB 6276

To the DOH sunrise review board:

We first learned of SB 6276 and the proposed legislation for certification of music therapists in late July 2012. We are writing because we have grave concerns about the scope of this legislation. As written, it could be read to allow only "music therapists" certified under the legislation to use music as a modality of care in health care settings. The language of SB 6276 should be modified to more clearly define "music therapy," and to ensure that other recognized and highly regarded professional fields are not precluded from practicing in the State of Washington.

You will find 6 signatures at the end of this letter. As collaborative authors, in a unified voice, we each write in different roles and capacities: student, university faculty members and educators, clinical practitioners, physician. All of us share the fact that we have substantive educational and professional resumes, and write to you in professional maturity. We are not writing you as uninformed non-professionals.

We are all concerned with the language of SB 6276. Three of us are residents of the State of Washington; three of us are music-thanatology practitioners; one is a music-thanatology student with both undergraduate and graduate degrees; two are senior music-thanatology faculty members with multiple degrees and more than two decades of clinical and pedagogical experience; one is a physician who has served as medical director and professor for the music-thanatology educational program for 15 years; one is an educator and clinician of a prominent music therapy university program. All of us have deep personal and professional interests in fairness, and in ensuring that music-thanatologists will be able to continue practicing in this state.

We understand the need and interest of music therapists in the State of Washington to protect their own delivery systems, and we wholeheartedly support their objections to people misappropriating the term "music therapy" or "music therapist." However, the language of SB 6276 in its current form casts too broad a net. If this legislation prevents other professional fields that use the agency of music from practicing in the State of Washington, this would result in harm to the public.

In this statement, we describe why we are concerned with the language of SB 6276 in its current form.

Music-Thanatology Framework:

In February of 1992, after 19 years of research and development, music-thanatology as originated and pioneered by the Chalice of Repose Project mainstreamed medicine as a palliative medical modality. It was anchored in and integrated through hospital and hospice systems. That designation and

accomplishment – to be welcomed as a medical modality – is substantive and historically significant. Since that time, music-thanatology has been offered as a standard component of end-of-life care in every psycho-social setting where the dying are to be found: hospitals, hospices, long term care facilities, etc. Its expert practitioners have cared for the needs of tens of thousands of dying patients over the decades.

In September of 2012, having completed four consecutive decades of work, music-thanatology's history, as pioneered by the Chalice of Repose Project (with offices in Oregon, Minneapolis and other cities), is distinguished by numerous awards, publications, television documentaries and foundation grants. The field has its own history, definition, scope of practice, institute, university anchored curriculum, faculty, lexicon of terms, clinical foci, expert practitioners, field placements, clinical internships, clinical residencies, specific competencies and proficiencies, oral and written examinations, publications, newsletters, conferences, continuing education opportunities and requirements, comprehensive clinical data base designed for research, and professional academy. Its expert practitioners refer to themselves as music-thanatologists, and are extremely respectful and aware of the term music therapist. They do not misappropriate this term and have no history of the misappropriation of the term.

This letter is not the appropriate place or forum to describe the clinical theory of music-thanatology or its curriculum or any of the other details related to delivery or implementation. It is our goal however to identify for you a fundamental fact. There is a difference between music therapy and music-thanatology. The former is a rehabilitative work and the latter is entirely based on end-of-life palliative care. The two disciplines serve entirely different patient constituencies and its practitioners have different clinical focus and education. Without exception, the patients music-thanatologists receive are all actively dying; there is no hope of cure. All music-thanatology patient referrals come only from within hospital and hospice or long term care facility systems, and are ordered by staff physicians, nurses, social workers and chaplains. These referrals are given to the music-thanatologist on staff who is part of the interdisciplinary palliative care team, often referred to as the IDT team. Music-thanatologists serve patients with a terminal diagnosis with a prognosis of six months or less, and all patient referrals have a DNR, DNAR, AND or similar status.

Without the uses of additional medications, and with the benefit of music-thanatology delivery of prescriptive music, which is palliative, many patients experience marked pain relief as evidenced by: decreased pulse rate and heart beat; stabilized breathing patterns; change in body temperature; deep restorative sleep; emotional, mental or spiritual release; profound relaxation and decreased requests for even opioid derivative pharmaceuticals. The music thus delivered helps people to die differently than they would have had they died without this modality. It is especially helpful for those who are morphine intolerant. To deny patients this possibility because the current language of the SB 6276 proposal is a little too broad would be a tragedy for all concerned: patients, their surviving loved ones, hospital staff providers and administrators. It would also deny serious, educated individuals who are qualified practitioners a right to livelihood. It is apparent that the work of music-thanatology has no relationship to music therapy. Music therapy has historically described itself as a behavioral science, and serves many patient constituencies throughout the full spectrum of life, yet is focused on and concerned with rehabilitation. Music therapists work to help bring people back into the fullness of life. In contrast, music-thanatology is completely oriented to the dying process, and always has been. The focus is supporting patients in this culminating transition of a human life.

Chalice of Repose Project Educational Curriculum

In order to work with the dying with prescriptive music, a very particular graduate level reflective formation, education, orientation and expertise is developed over time. In our shared opinion, we also note that music-thanatology has a spiritual dimension for practitioners: they consider the work a vocation as well as a profession.

Music-thanatology students are engaged in a rigorous, three-year curriculum of study and praxis. For example, one of the signatories below completed the one-year prerequisite program in Contemplative Musicianship in 2011. This prerequisite program grounds students in the essential framework required for the practice of music-thanatology. The curriculum for the two-year Music-Thanatology Program, in which she is now enrolled, includes a variety of authors and instructors from multiple disciplines within medicine and the humanities. The curriculum embodies a rubric that develops five kinds of inter-disciplinary, cross-disciplinary and multi-disciplinary educational and formational tracks: 1) musical; 2) academic; 3) clinical; 4) medical; 5) and spiritual.

In order to complete all the program requirements of the music-thanatology program, all students, regardless of previous education and background, must successfully complete 36 extremely detailed and challenging modules, at one month intervals, and later successfully complete clinical musical reviews in order to qualify to enter clinical internship. Then, students enter into a supervised clinical internship, which lasts approximately 9 months depending upon the patient census and referral flow; write a thesis, and successfully complete comprehensive exams. Only then will an individual be publicly acknowledged by faculty, peers and the professional academy as professionally competent to practice in this field.

As music-thanatologists, we and our colleagues practice music-thanatology. We would not practice music therapy, as we are not trained in that discipline. We do want to state for the record however, that there are a small number of practitioners nationwide who have been board certified as music therapists who later enrolled in a music-thanatology educational program, and thus will be legitimately recognized as practitioners of both modalities: music therapy and music-thanatology. However, when a practitioner has dual credentials, they still do not mix modalities. They do not practice two modalities concurrently – this would be a contraindication and would ignore music-thanatology scope of practice parameters.

Concerns with Broad Language of SB 6276

The definition of "music therapy" in SB 6276 could be read to preclude anyone but music therapists certified by the Certification Board of Music Therapists from using music in health care settings or using music as a modality of care. Anyone deemed to be practicing "music therapy" without such certification could be charged with a gross misdemeanor for a first offense (364 days in jail and/or \$5000 fine), and a Class C felony for a second offense. See RCW 18.130.190.

One of the rationales the Association of Music Therapists offers in support of their request for state licensure is that it is necessary to protect the public, because unqualified practitioners holding themselves out as music therapists can cause actual harm to patients. This is a valid rationale and is not disputed by any faculty members, peers or music-thanatology practitioners. However, we do not feel that practitioners of music-thanatology should be prevented from practicing in end-of-life care programs, nor should the initiative of music therapists prevent hospital and hospice employers from making competent administrative decisions about their own hires for patient care, whether salaried employees or contract.

On a personal note, students and faculty all experience a deep and genuine vocational call to practice music-thanatology in care of the dying. We certainly do not want to be charged with a crime for practicing in this state or any state as a music-thanatology professional, particularly since the pioneers have been doing so for almost 40 years.

Preventing the Practice of Music-Thanatology Would Harm the Public

If SB 6276 passes into law as written and music-thanatologists are prevented from working in medical settings in the State of Washington, the public would be denied the real and profound benefits that music-thanatology offers. We remain very respectful of our music therapy colleagues, and note that one can deduce from the materials they submitted to the legislature that care of the dying is not their primary focus

or even an area of specialty. While some music therapists might employ some music therapy methodologies that are considered palliative, their clinical focus is not care of the dying. The focus and orientation of the three year study in which music-thanatology students engage and commit themselves is entirely devoted to learning the clinical uses of prescriptive music in care of the dying. Music-thanatologists should not be precluded from serving the dying in the State of Washington.

Request that the Definition of "Music Therapy" be Modified to Eliminate Ambiguity and to Make Clear that Music-Thanatologists May Continue to Practice in the State of Washington

It may well be that those who drafted SB 6276 did not intend it to prevent the practice of music-thanatology in the State of Washington. As written, however, the definition of "music therapy" in the bill is so broad that it could be interpreted that way. The definition should be written more precisely and more narrowly, to make clear that professions such as music-thanatology that use music in clinical care settings are not outlawed.

We request that professionals in the music-thanatology field be allowed to participate in a revision of the language defining "music therapy" in the proposed legislation.

Sincerely,

Sharon Murfin, music-thanatology practitioner and senior faculty member, Chalice of Repose Project, and resident of Washington

Ron Pilcher, music-thanatology practitioner and resident of Washington

Jessica Ryan, music-thanatology student and resident of Washington

Therese Schroeder-Sheker, Chalice of Repose Project founder and senior faculty member, resident of Oregon

Ken Thorp, physician, radiologist, medical director and senior faculty member, Chalice of Repose Project Clinical Practice, resident of Michigan

Colin Andrew Lee, certified music therapist, department chair and practicing music therapist, Wilfred Laurier University, resident of Toronto, adjunct faculty, Chalice of Repose Project

Jim Couture, MA, MT-BC
719 E. 11th St.
Port Angeles, WA 98362
8/2/12

Sherry Thomas, Policy Coordinator
Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas,

My name is Jim Couture. I am a board certified music therapist and director of Encore! Adult Day Center and Arts & Minds Memory Wellness Program. I am writing in support of certification of music therapists in Washington State.

At Encore! we use music therapy to help clients engage in the creative process to stimulate many areas of the brain and body, maximize abilities, access memories and utilize functional skills in a social setting.

By participating in planned, targeted music experiences clients live the best quality of life at home at the least expense to families and government programs for as long as possible.

Our clients cope with low vision, hearing impairment, mental health issues, developmental disability, Multiple Sclerosis, Alzheimer's disease, aphasia, stroke, Cerebral Palsy, and other challenging personality, physical and behavioral issues. But they all engage in the creative music process guided by a credentialed health professional - me.

At the center one may observe clients engaged in singing, lyric reading, drumming, rhythmic exercise, creative movement, cognitive music experiences, music games, song writing, music history, literature and theory, relaxation and stress management, music performance, reminiscence with and through music, choreographed movement, improvisation, the assessment process and discussion of related research.

I have been practicing as a credentialed music therapist for over thirty years. This has meant that agencies and organizations that have hired me have employed someone who has been well trained and qualified to provide the best therapeutic, evidence-based practice possible for their clients. It has also meant that these agencies and organizations would only hire a certified or licensed professional.

It is my desire that every citizen of Washington State have access to the services of a qualified, board certified music therapist should that therapeutic approach be recommended or requested.

Respectfully submitted,

Jim Couture, MA, MT-BC

(Second page includes photos from the center. All clients have signed release forms.)

Music Therapy at Encore! Adult Day Center



The table on the next six pages was submitted with the following message:

I am sending you this overview comparison at the request of Beth Cachat. It helps in understanding the different areas of music service providers.

Sable Shaw

DRAFT -- Therapeutic Music Services At-A-Glance -- DRAFT

An Overview of Music Therapy, Therapeutic Bedside Music Programs, and Music Thanatology

Over time, the number of practitioners using music in therapeutic ways has grown. This growth has occurred nationwide with certain pockets of the country having higher concentrations of one type of practitioner over another. This document provides a brief side by side summary of key elements among three practices. Some of these practices are younger in terms of formalizing their work and training, compared to others. Some of these practices are narrow in scope representing more of a specific service modality while others represent a defined profession with considerably wider scope. Common to all of these practices is the use of music to benefit the clients served.

Therapeutic Music Profession or Modality □	Music Therapy  AMERICAN MUSIC THERAPY ASSOCIATION	Music-Thanatology  and The Chalice of Repose Project®, Inc., The Voice of Music-Thanatology™	Music for Healing and Transition  National Standards Board for Therapeutic Musicians
Short Description □	Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. (AMTA, 2005)	Music-thanatology is a professional field within the broader sub-specialty of palliative care. It is a musical/clinical modality that unites music and medicine in end of life care. The music-thanatologist utilizes harp and voice at the bedside to serve the physical, emotional and spiritual needs of the dying and their loved ones with prescriptive music. Prescriptive music is live music that responds to the physiological needs of the patient moment by moment.	Therapeutic music is an art based on the science of sound. It is live acoustic music specifically tailored to the patient's immediate needs. A therapeutic musician uses the inherent healing elements of live music and sound to enhance the environment for patients in healthcare settings in order to facilitate the healing process.
Theoretical Framework □	Varied & multiple theoretical frameworks employed (e.g., cognitive, humanistic, behavioral,	Music-thanatology is a contemporary field rooted in ancient contemplative and spiritual traditions. It has developed over the past three decades	Therapeutic music is music that can or may restore health or help the process of healing. The World Health Organization defines health as: "...a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." Therapeutic music helps the process of

	psychodynamic, etc.)	through the foundational work of Therese Schroeder-Sheker .	healing through a mechanism known as entrainment, in which the individual responds to the vibratory elements of music – intention, rhythm, harmony, melody, tonal color – eventually resonating with them. The healing effects of therapeutic music include, but are not limited to: stabilizing physical-physiologic functions, reducing pain or anxiety, releasing emotions, and helping the process of dying.
Client Assessment Process Treatment Planning Documentation Re-assessment Process	✓ Formalized and Standardized ✓ ✓ ✓	✓ Formalized & Nonstandardized - No Observational assessment is an ongoing process: before, during and after therapeutic music is played.	✓ Formalized& Nonstandardized - No Subjective and objective assessment as well as multi-level processes (??) that deepen perceptual awareness. Observational assessment is an ongoing process: before, during and after therapeutic music is played.
Practice Setting(s)	Varied settings including: psychiatric and medical hospitals, rehabilitative facilities, outpatient clinics, day care treatment centers, agencies serving developmentally disabled persons, community mental health centers, drug and alcohol programs, senior centers, nursing homes, hospice programs, wellness centers, correctional facilities, halfway houses, schools, and private practice	At bedside in homes, hospitals and/or hospice facilities.	Including, but not limited to, hospital units, home and in-patient hospice, skilled nursing homes as well as other settings where music can be delivered directly to individual patients. Other settings might include: massage, reiki, dental and chiropractic practices, etc..
Population(s) Served	neonatal (NICU) services, special education & early intervention, physical or sensory impairment, mental health & psychiatric, developmental disabilities, autism spectrum disorders, well adults & wellness,	Any person with a terminal diagnosis or actively dying.	Any person, of any age, who might benefit from therapeutic music. This includes patients, families and the care- team.

	medical inpatient, dementia & Alzheimer's, neurologic disorder, rehabilitation & habilitation services, hospice and palliative care		
Professional Organization	American Music Therapy Association (AMTA), a 501(c)(3). Website: www.musictherapy.org	The Music-Thanatology Association International (MTAI) stands as an independent professional organization and certifying body for music-thanatology worldwide. The American Academy of Music-Thanatology Professionals maintains recognition of Chalice of Repose Project® trained music-thanatologists.	The National Standards Board for Therapeutic Musicians (NSBTM) www.therapeuticmusician.com
Year Founded	Founded in 1998 as a union of the National Association for Music Therapy (founded in 1950) and the American Association for Music therapy (founded in 1971).	MTAI incorporated in 2003. Music-thanatology, as a profession in the U.S., was founded by Therese Schroeder-Sheker in 1973 along with her Chalice of Repose Project®, a 501(c)(3) nonprofit.	1994
Professional Journal(s)	<i>Journal of Music Therapy</i> <i>Music Therapy Perspectives</i> Published by AMTA	<i>Journal of the MTAI</i> launched in 2009. Articles typically appear in journals such as the <i>American Journal of Hospice & Palliative Medicine</i> and <i>Spirituality and Health International</i>	<i>The Harp Therapy Journal</i> , <i>The Music Practitioner</i> and other program releases
Who is qualified to practice?	Persons who complete one of the approved college music therapy curricula (including an internship) are eligible to sit for the national examination offered by the Certification Board for Music Therapists.	Certification is granted by MTAI based on demonstration of the professional standards for competency. Training programs are at Lane Community College, Portland, OR and through the Chalice of Repose Project®.	A person who has completed a therapeutic musician training program curricula and independent study. The NSBTM has set Standards for the profession, and has currently accredited four training programs that meet the Professional Standards.
Requirements for program admission	Meet college admission requirements plus audition on primary instrument	Demonstration of proficiency on an instrument, preferably harp. Basic understanding of music theory, including reading and notating music. Program application and interview process.	18 years or older (with rare exceptions), with appropriate references and required musical ability

Undergraduate degree awarded	Min. Credit Hrs. Requirement: 120 credit Typical Credit Hrs: 130 *Liberal Studies: 36 *Core Courses: 89 *Behavioral/NatScience: 18 *Oral Skills & Electives ~72 entry level degree programs in U.S. Note: Equivalency programs available for persons with other related degree(s)	Not applicable. However, trainees may come with experience and education in many possible disciplines.	Not applicable. However, trainees may come to an NSBTM approved training program with a degree(s), experience and other related skills and training. Four approved non-degree training programs: • Clinical Musician Home Study Course • Music for Healing and Transition Program • International Harp Therapy Program • International Healing Musician's Program
Non-degree training program and certification	Examples of Specializations/Certificates: *NICU MT – Neonatal Intensive Care Music Therapist *NMT – Neurologic Music Therapist, and Fellowship Awarded *FAMI – Fellow of the Association for Music and Imagery	The two training programs vary slightly but generally include a two year non-degree program. Online and onsite training components used. *CMP – Contemplative Musicianship Program *MTH – Music-Thanatologist *CM-TH – Certified Music-Thanatologist	Each accredited training program uses a different certification: *CCM – Certified Clinical Musician for the Clinical Musician Home Study Course, *CMP – Certified Music Practitioner for the Music for Healing and Transition Program, *CTHP – Certified Harp Therapy Practitioner the International Harp Therapy Program *CHM – Certified Healing Musician for the International Healing Musician's Program.
Classroom training hrs:	5,850 – 5,940 hrs	600 hrs	80 hours or equivalent
Clinical Practicum, Fieldwork, and Internship hrs:	1,200 hrs Internship roster available at AMTA	300 hrs	Minimum 45 hours of direct individual bedside musical delivery. Excludes patient, staff & family consultation or meetings, documentation, or between-patient time in the facility.
Graduate degree programs? Master's	✓ ✓	- Planned	- -

Doctoral	✓	-	-
Code of Ethics?	✓	- Unpublished-	✓
Standards of Practice?	✓	✓	✓
Credentialing and Designation	Music Therapist, Board Certified (MT-BC) The Certification Board for Music Therapists (CBMT), an independent organization, is the only organization to certify music therapists to practice music therapy in the U.S. Since 1986 it has been fully accredited by the National Commission for Certifying Agencies (NCCA). CBMT administers credentialing and the Board examination. Website: www.cbmt.org	- Training programs award certifications endorsed by MTAI, noted above in program certifications.	- NSBTM approves certifications, noted above in program certifications.
Continuing Professional Education	✓ 100 contact hrs. for every 5 yr. Board Certification cycle	- Planned as part of American Academy of Music-Thanatology Professionals and The Chalice of Repose Project®	✓
Quality Assurance	Music therapists participate in quality assurance reviews of clinical programs within their facilities. In addition, AMTA provides several mechanisms for monitoring the quality of music therapy programs which include: Standards of Practice, a Code of Ethics, a system for Peer Review, a Judicial Review Board, and an Ethics Board	-	Accreditation review conducted by NSBTM
Designations	*ACMT, CMT or RMT are listed on the National Music Therapy Registry (NMTR) and indicate international and former/older training designations. The MT-BC is officially recognized by AMTA and the NMTR will eventually be phased out.	-	-
Licensure	Some limited licensure, varies by	No state licensure	No state licensure

	state. MT-BC recognized as authoritative credential in many states.		
Service reimbursement	 Limited and variable by type of third party payer. Includes some Medicaid waivers.	No insurance or Medicaid/Medicare reimbursement. Funded privately, by grants and hospital or hospice foundations, etc. Also may be salaried and incorporated into a related position.	No insurance or Medicaid/Medicare reimbursement. Funded privately, by grants and hospital or hospice foundations, etc. Also may be salaried and incorporated into a related position.
For more information	Contact the American Music Therapy Association at 301-589-3300 www.musictherapy.org 8455 Colesville Rd., Ste 1000 Silver Spring, MD 20910	www.chaliceofrepose.org www.mtai.org http://lanecc.edu/ce/music/index.htm	www.therapeuticmusician.com



August 20, 2012

TO: **Department of Health**
310 Israel Road SE, Room 152/153
Tumwater, Washington 98501

RE: **Certification of Music Therapists - SB6276/HB2522**
Public Hearing and comments

FROM: **Washington Occupational Therapy Association (WOTA)**

Thank you for the opportunity to provide comment on the current Sunrise Review process for proposed Certification of Music Therapists, SB6276/HB2522.

Although WOTA supports the work of music therapists in our community and the benefit to clients, we have concerns about **the need for regulation of music therapists through certification**. We also have concerns that **the Scope of Practice outlined by AMTA has significant overlap with the Scope of Practice of Occupational Therapy**. In fact, many Occupational Therapists use music as a therapeutic modality in their everyday practice.

WOTA supports state regulation for health professions to protect consumers from harm. However, **as the bill is currently proposed and drafted, WOTA does not support this legislation (SB6276/HB2522)**.

In order to protect our right to use music in our practice, WOTA offered the following amendment on SB6276 which was accepted by the Music Therapists at the legislative hearing on Jan 23, 2012:

"NEW SECTION. Sec. 2. No person may practice music therapy or represent oneself as a music therapist by use of any title unless certified as provided for in this chapter or licensed as an occupational therapist as defined by RCW 18.59.020(3)."

Since this hearing, WOTA has continued dialogue with the Music Therapists at both the local and national level to more closely study their proposed Scope of Practice and educational background.

To illustrate the Scope of Practice concerns, the table below offers a side by side comparison of defined practice areas in both Music Therapy and Occupational Therapy which look startlingly similar:

MUSIC THERAPY (See reference list below).	OCCUPATIONAL THERAPY (See reference list below)
"assist client's social skills and social interactions, decision-making, assist client in increasing task behavior, improve orientation person place or time, develop or rehab motor skills, ..."	"Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction."
"address physical, emotional, cognitive and social needs for individuals of all ages. Music therapy helps individuals advance physically and cognitively.."	"Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life."
"...within the following domains (e.g. perceptual, sensory, physical, affective, cognitive, communicative, social, and spiritual)"	"Participation in activities and occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance. Participation in meaningful activities and occupations enhances health, well-being, and life satisfaction."
"to facilitate movement, increase motivation, promote wellness, manage stress, alleviate pain, enhance memory, provide emotional support, create an outlet for expression, improve communication, and provide unique opportunities for interaction"	"Occupational therapy services enable clients to engage (participate) in their everyday life activities in their desired roles, contexts and environments, and life situations."

In reference to the Sunrise Review Hearing on August 20, 2012, **WOTA's questions/comments are the following:**

1. How does the proposed scope of practice for Music Therapists in the Sunrise Review application reconcile with their national AMTA documents of professional competencies, code of ethics and standards of practice, which are much broader in nature? WOTA is concerned that the broad scope of practice wording may be misinterpreted.
2. The therapy concepts outlined in the proposed Music Therapy certification bill sound very similar to concepts that are in our Occupational Therapy profession. For example, both professions may use music as a therapeutic modality with students with autism and use the term Sensory Integration as a description for therapeutic practices.
3. How would patient care be affected by the certification of Music Therapists?
4. What is the cost of this regulation versus the benefits? Will this be confusing to clients who already receive OT services which may overlap with Music Therapy goals?
5. How is access to Music Therapy currently restricted?

WOTA is interested **in continuing dialogue with the Music Therapists** through both our national and state associations to make sure all concerns are addressed and the needs of the public are best served. Thank you for this opportunity to comment.

If you have further questions, please contact:

Mark Gjurasic, WOTA lobbyist, at 360-481-6000 or mgjurasic@comcast.net OR

Rose Racicot, WOTA Legislative Committee, at contact info below.

Sincerely,

Rose M. Racicot, MS, OTR/L

Occupational Therapist

on behalf of Washington Occupational Therapy Association (WOTA)

Legislative Committee

rmmracicot@gmail.com

206-242-8275

Reference Documents for above include:

AOTA Scope of Practice document:

<http://www.aota.org/Practitioners/Official/Position/40617.aspx?FT=.pdf>

AMTA's professional competencies, code of ethics, CBMT documents and Sunrise Review

Application: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/MusicTherAppRpt.pdf>

Comments Received After Hearing

I am a certified Music Practitioner residing in the state of Washington and would like to add comments of my experiences playing for sick or dying patients and the benefits of my abilities and training. I play the Hammered Dulcimer.

In the hospital setting I have been able to help exhausted people sleep when little or nothing else has worked. By matching their breathing I can calm or wake people, by changing the music. Many times I have been able to lower blood pressure & regulate heart beat. It's amazing what mode, beat and vibration can do to our bodies.

One significant instance was when in ICU, the nurse needed to perform a cut down procedure to a very anxious and exhausted patient. I was playing in the corner of the room. The patient was able to bear the procedure well and afterward went promptly to sleep, which was good, but the most significant thing was what the nurse said afterward. It helped him to perform the procedure in a better way. He was calmed also. many times the nurses have asked me to come play in their area because of the calm it brings besides what it does to the patient.

Live music works on our bodies in a way recorded music can't.

With dying patients, I have their relatives who, years later, still thank me for helping there loved one be released. One had been off life support of any kind for 2 weeks but his body was still hanging on. I played 2 sessions for him and he passed just shortly after the second.

I am very thankful for the ability and training I have received to be able to help these people.
Linda Higginbotham CMP

On behalf of the Washington Speech-Language-Hearing Association (WSLHA), I am commenting on the proposal to certify music therapists currently undergoing a sunrise review at the Department of Health (Department). WSLHA is the professional association representing speech-language pathologists and audiologists across Washington. WSLHA has concerns on the proposed scope of practice for music therapists, as outlined in SB 6276. Specifically, we are concerned that the proposed scope of practice includes the assessment of “communication abilities.” We believe that the music therapy education does not support the inclusion of communication disorder assessment in their scope of practice.

As you know, speech-language pathology is defined as “the application of principles, methods, and procedures related to the development and disorders, whether of organic or nonorganic origin, that impede oral, pharyngeal, or laryngeal sensorimotor competencies and the normal process of human communication including, but not limited to, disorders and related disorders of speech, articulation, fluency, voice, verbal and written language, auditory comprehension, cognition/communication, and the application of augmentative communication treatment and devices for treatment of such disorders (RCW 18.35.010(18) (emphasis added).

The education and training an SLP receives clearly supports this scope of practice and establishes SLPs as the professionals who are uniquely qualified to assess communication disorders. An SLP must have a master's degree or a doctorate degree from an approved speech-language pathology program, which includes completion of supervised clinical practica experiences, and have completed an approved postgraduate clinical fellowship professional work experience (RCW 18.35.040(2)).

The advanced education and training an SLP receives supports their scope of practice outlined above, which includes the evaluation and treatment of communication disorders. In contrast, the entry level

education cited in the applicant's report does not support the level of education and training necessary for a music therapist to evaluate and treat communication disorders. This education focuses on musical foundations, clinical foundations, music therapy, and general education, not on the specific education and training for the evaluation and treatment of communication disorders.

WSLHA respectfully requests that the Department reject the broad scope of practice included in the applicant's request for certification.

Martin Nevdahl, MS, CCC-SLP, President

The Music for Healing and Transition Program (MHTP) submits the following as optional wording to be added to the Music Therapists' bills:

"This law is not meant to apply to those who are not Music Therapists, but who sing or play music for patients without a specific music therapy treatment plan. Family members, bedside musicians, therapeutic musicians, music thanatologists and others offering music at the bedside of patients are excluded from the requirements of this law."

We also think that the definition in the law of what music therapists do is a problem unless there is wording added that specifies that other professionals may use some of the listed musical approaches as well.

Thank you for your help with this!

Cheryl Zabel, Certified Music Practitioner, Harp/Song

Music for Healing and Transition Program Washington Area Coordinator

To: Sherry Thomas
Washington State Department of Health
Health Systems Quality Assurance

Dear Ms. Thomas,

On July 27th I sent you a letter addressing my concerns about SB 6276 and the possibility that it's broad wording could negatively impact my husband's current employment at a hospice center in Washington. My letter is now part of the public record, which I appreciate, but I have come to realize that I mistakenly circulated one inaccurate statement in it and now appreciate the opportunity to correct it publicly. The Chalice of Repose Project School of Music-Thanatology has had a long history which has included changing needs and growth over decades. This organization has always provided a certificate of completion upon successful completion of all their music-thanatology educational requirements. However, upon inquiry, I discovered that the Chalice of Repose Project does not describe itself as a certifying agency. I also have come to understand that the Chalice of Repose Project adopted the criteria published by the National Commission for Certifying Agencies and the Accreditation Body of the Institute for Credentialing Excellence at www.credentialingexcellence.org/ncaa. The NCCA affirms that accrediting agencies must be independent from the agencies that provide training courses and from faculty members who teach these courses, in order to avoid conflicts of interest. Correctly stated, my husband has earned his professional credentials from the Chalice of Repose Project School of Music-Thanatology and is now employed at Evergreen Hospice Center in Kirkland, Washington where he works as a professional music-thanatologist and delivers prescriptive music for hospice patients. Thank you for allowing me to correct myself, and please consider rewording SB 6276 so it will allow state certification of music therapists without adversely impacting the livelihoods of other types of professional musician-clinicians currently working in our state.

Sincerely,

Linda Pilcher
2708 120th Dr NE
Lake Stevens, WA 98258
425-334-0618

CC: The Chalice of Repose Project School of Music-Thanatology Faculty and Board of Directors.

Music-Thanatology Practitioners and Students, Residing in the State of Washington
Chalice of Repose Project Faculty

Sunrise Review on Music Therapist Certification: Comments in response to submissions and testimony presented at hearing on August 20, 2012

Sharon Murfin: sharonmurfin@gmail.com

Ron Pilcher: rmpilcher@frontier.com

Jessica Ryan: jessica_a_ryan@msn.com

Colin Lee: colinleephhd@yahoo.com

Therese Schroeder-Sheker: phoebe51@chaliceofrepose.org

Ken Thorp: k.t@earthlink.net

August 27, 2012

Dear Ms. Thomas:

Request for amendment to language of proposed legislation

Several organizations have presented concerns about the language of proposed SB 6276 as it is currently written. In testimony presented at the hearing on August 20, 2012, music therapy representatives acknowledged that many professions use music. They stated it was not their intention to impact those professions, and that they were not taking the position that music therapists were the only ones who could use music.

However, if the language passes into law as written, a Practice Board will review disciplinary cases in light of the statutory language. The statutory language will govern adjudication, not verbal expressions of intent in this review hearing. To clarify the intent and ensure this legislation does not impact other professions, the language needs to be modified. At a minimum, SB 6276 should not proceed through the legislative process until the language has been revised, with review and input from professions and organizations that are impacted.

Inaccurate representations of the methods of other professions in testimony of music therapist representatives

During the testimony of the music therapist representatives, they displayed a slide stating that music therapy "provides interventions that utilize all music elements in real-time," while the use of music in other disciplines "involves specific, isolated techniques within a pre-determined protocol, using one pre-arranged aspect of music to address specific and limited issues." Speaking for Chalice of Repose Project music-thanatology practice, this is an inaccurate representation of how our music-thanatology associates deliver music in clinical settings.

CORP music-thanatologists deliver prescriptive music, live at the bedside of a patient. Each delivery is unique and dynamic, addressing the unique needs and circumstances of the dying person. It is always real-time using all musical elements; it is never "pre-arranged." We wish to correct the inaccurate portrayal of how other professions such as music-thanatology work with music.

Inaccurate information in the chart "Therapeutic Music Services At-A-Glance"

One of the files containing comments submitted prior to the hearing is a compilation of many comments received, and the last item in this file is a chart labeled "*Therapeutic Music Services At-A-Glance*." The author of this chart is not identified, and the chart contains many inaccuracies. We identify the following inaccuracies as examples of how this chart misrepresents the practicum of music-thanatology. This is not

a comprehensive analysis of all inaccuracies; these examples are simply representative of the kinds of omissions and misstatements that concern us.

- The section labeled "Short Description" describes music therapy as evidence-based. Music-thanatology is also an evidence-based field, but the chart omits this important information. This omission is misleading, as it implies that music therapy is the only evidence-based field and that music-thanatology is not.
- The section labeled "Clinical Assessment Process" indicates that music-thanatologists do not engage in documentation. This is not an accurate statement. Music-thanatologists associated with the Chalice of Repose Project program are trained in clinical documentation and documentation methodology. By contractual obligation, CORP student interns and CORP professionals chart in hospital and hospice records, and maintain high standards of documentation in all clinical work. This historical documentation practice began in 1992, and has without exception been maintained for twenty years.

Sincerely,

Sharon Murfin, music-thanatology practitioner and senior faculty member, Chalice of Repose Project, and resident of Washington

Ron Pilcher, music-thanatology practitioner and resident of Washington

Jessica Ryan, music-thanatology student and resident of Washington

Therese Schroeder-Sheker, Chalice of Repose Project founder and senior faculty member, resident of Oregon

Ken Thorp, physician, radiologist, medical director and senior faculty member, Chalice of Repose Project Clinical Practice, resident of Michigan

Colin Andrew Lee, certified music therapist, department chair and practicing music therapist, Wilfred Laurier University, resident of Toronto, adjunct faculty, Chalice of Repose Project

August 27, 2012

Ms. Sherry Thomas
DOH Sunrise Review Board
State of Washington

Re: SB6276 Music Therapy Proposal

Dear Ms. Thomas,

We are writing you jointly to express our appreciation for both the testimony and response possibilities which are part of the SB6276 legislative process. We would like to express our concern however about one detail. In the series of written comments submitted by many individuals and groups prior to the August 20th and later posted on line and available for the public record, we note one troubling irregularity.

Without exception, all commentators provide signature and affiliation, so readers can become informed about the speaker or speakers. There is one exception to this in the final document titled: *"Therapeutic Music Services at a Glance."*

This document presents a chart with a series of columns with abbreviated descriptions about different fields, organizations, modalities etc. However, this chart appears to have been composed by an individual or group who failed to contact the organizations which they described. They did not seek confirmations from the organizations cited regarding accuracy prior to the submission of this document to the DOH, and this spoke as representatives of such agencies without permission. One of the two signatories below (Melinda Gardiner) had the opportunity of seeing this document as it circulated prior to submission to you and wrote to some colleagues on July 25, 2012 advising that it was inappropriate to send it in this condition to the DOH but somehow it was submitted anyway.

The process of anonymous submission and un-attributed authorship coupled with the lack of accuracy has impactful results. These inaccuracies are misleading, and do not seem to aid your legislative process of collating dependable information. Inaccuracies work to the detriment of some agendas while advancing others.

It is our understanding that these comments might remain part of public record, and if that is the case, we hope that the document described may be removed from the permanent record till such time as respectful remedy will prevent the public from becoming misinformed.

Thanking you for your time and consideration. Sincerely,

Melinda Gardiner

Executive Director,
Music for Healing and Transition Program
Email: mhtp@mhtp.org

Therese Schroeder-Sheker

Academic Dean,
The Chalice of Repose Project
Email: phoebe51@chaliceofrepose.org

Appendix G

Rebuttals to Draft Recommendations

Rebuttals to Draft Recommendations

Thank you for sending us the link to this comprehensive document as timely update. We will read the entire document with care, but we did read your formal recommendations on pages 2 and 15. We appreciate the tremendous work you and your department have already extended to all concerned, locally and nationally, and thank you for the opportunity to send in additional rebuttals by October 4 if we feel they are needed to represent music-thanatology or assist you or the public in gaining a fuller perspective. We have been awed by the opportunity to participate in this process, and awed by the strength, clarity, thoughtfulness, fairness and care extended to everyone, to all voices and ideas, and to many different professional constituencies.

We thank you, very sincerely and appreciatively,
Therese Schroeder-Sheker, on behalf of the Chalice of Repose Project Music-Thanatology Task Force

As a licensed Occupational Therapist in Washington, I do NOT support state certification of music therapists. This may infringe on our scope of practice, as well as that of other professions, creating problems and confusion. Music is so broad and valuable a modality that it should be available for all. What is "misuse" of music, after all? I do not see any danger posed to the public by allowing all people to use music therapeutically. Also, as your draft points out, there is an easy method of finding out credentials of a particular music therapist for any organization or agency who wishes to know the qualifications of an applicant. Thank you for accepting our input.
Susan Drake, MA, OTR/L

It appears that the 'Sunrise' approach would choose to have some number of 'victims' of a healthcare practice suffer substantial injury in order to accumulate sufficient legislative momentum before acting to limit or regulate future protections of the public. This would be a process that could and likely would take years to set in motion. I can only hope the political process will not driven by the special business interests like the very recent journalists revelations of the adult mental health care fiasco by the California corporation claiming that they are not accountable to DSHS. Do we need to wait for and allow blatant and extensive human suffering before eventually regulating life-caring/sustaining/preserving 'professions'? The people of Washington do not need yet another 'loop hole' allowing the profitable and 'legal' abuse of our fellow humans, family, and loved ones.

Thank you in advance and Best Wishes,
Curtis Thompson
DAV Trained and Certified Veteran Service Officer (VSO)
King County Veterans Program Advisory Board
WDVA Veterans Legislative Liaison Committee (VLC)
NAMI Eastside Volunteer - AUSA and DAV Lifetime Member
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**Washington State Music Therapy Task Force
Sunrise Review for Certification for Music Therapists, SB 6276
Rebuttal Comments and Responses to the Sunrise Review Draft
October 4, 2012**

We would like to thank the Department of Health for recognizing “the therapeutic benefit of music to address the cognitive, emotional, physical, social, or functional needs of clients, and the value of music to comfort and aid those who are sick, injured or dying” as well as the differences between music therapy training and practice and other modalities who use music. We appreciate the Department of Health’s suggestion that local, state, or federal agency practices, rules or laws be addressed to increase access to music therapy and that adding state certification would be an unnecessary burden on music therapists at this time. The DOH’s recognition of the national MT-BC professional credential for music therapists as “already standardized, with minimum education requirements set by the AMTA and an examination based on core competencies of music therapy administered by the CBMT” and thus not in need of state regulation confirms the high standards of training and practice for music therapists.

In light of the recommendation of the Department of Health, we would like to submit clarification comments addressing the information summary and recommendations by the Department of Health.

Within the summary of information, the review draft states “the key difference between music therapy and other music modalities is that a music therapist uses music or musical instruments to rehabilitate normal functions of living or improve the quality of life through studying the effect of music on clients and promoting measurable changes in behavior or function. Other modalities use live or recorded music to provide an environment conducive to the client’s healing or transition to death.” When considering how music therapy and other music disciplines are trained, the differences should be taken into consideration as well as the similarities. In addition to being trained musicians, music therapists are also trained in areas of abnormal psychology, cognitive and behavioral psychology, counseling techniques and behavioral management. This is where the element of “harm” truly comes into play. Thorough training takes time and many hours of hands-on practice, as provided for in a degreed program such as music therapy.

As noted by the summary, the correct terminology describing the action of House Bill 3310 in 2008 in not receiving a Sunrise Review at that time is better reflected in saying the review was denied because the Department of Health could not institute the process without the request of the House Health Care and Wellness Committee. In 2011 we reviewed the process in our work with state legislators and the Department of Health in order to follow the appropriate procedures as required by law and were informed that any request must formally come from the chairperson of House Health Care and Wellness Committee or the Senate Health and Long Term Care Committee.

The comprehensive nature of healthcare suggests that there will be some overlap in scope of practice items among comparable professions. Furthermore, this common ground among different professions provides options that best serve the diverse needs of clients. For example, both Occupational Therapy and Speech and Language Pathology address feeding issues. When therapists address similar treatment goals through the lens of their own specialized training, the therapeutic benefit for the patient is enhanced. Had SB 6276 passed out of committee during the legislative session in February 2012, it most likely would have already included amended language that would address the concerns of other disciplines regarding the safety of their use of music in their treatment. Amended language was submitted during the hearing of the bill. Concerns such as overlapping scopes of practice and practice protection can be handled during the processing of the bill before passage. In fact, many of the therapeutic musicians who sent in testimony and who testified were not AGAINST certification for music therapists. They supported it as long as exemption language could be included to protect their ability to practice.

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Under the third criterion on page 14 of the Recommendations document, it is stated that the proposed state certification would have arguably lower standards compared to what is required for a national certification because the continuing education requirement is not included in SB 6276. In email correspondence to our committee on November 17, 2011 from the counsel to the Senate Health and Long Term Care Committee, we were advised that “part of the regulatory process is to have the department determine what is the best method of regulation and what those qualifications are.” We were informed that this would happen in the rule making process after the passage of the bill. If the state of Washington adopted the Certification Board for Music Therapists certifying criteria, it would automatically mean that continuing education or re-examination would be required for state certification since it is required for national certification.

We understand the parameters of the sunrise review criteria and process and appreciate that the department recognizes that the lack of a state credential is a barrier to services in certain educational and state facilities. We look forward to continuing our education of state and local agencies as well as collaboration with our healthcare colleagues to improve understanding of and accessibility to music therapy services for the people of Washington.

Respectfully Submitted,

Washington State Music Therapy Task Force

Patti Catalano, MM, MT-BC, Music Works Northwest, Bellevue, WA

Wendy Woolsey, MA, MT-BC, Adjunct Professor, Music Therapy Program Seattle Pacific University

Jim Couture, MA, MT-BC - Director, Encore! Adult Day Care & Arts and Minds Early Memory Loss Program – Port Angeles, WA

Carlene Brown, PhD, MT-BC, Associate Professor & Chair, Music Department
Director, Music Therapy Program, Seattle Pacific University

Brooke McKasson, MT-BC, Tacoma, WA

Wendy Zieve, MA, MT-BC, Sno-King Music Therapy Services, Shoreline, WA