[00:00:03.680] - Jennifer Hicks

Welcome to the Commission on the Education and Clinical Training of 21st Century Music Therapists' 2020 AMTA National Conference Presentation "Update from the 21st Century Commission: Where We Are Now."

[00:00:20.410]

I am Jennifer Hicks, one of the co-chairs for the Commission. I completed my bachelor's degrees in music therapy and music education with a minor in psychology at Wartburg College in Iowa in 1996. I completed my internship at Allentown State Hospital in Pennsylvania and have been board certified since 1997. I have worked as a professional in Pennsylvania, Iowa, Arizona and now Minnesota with a wide variety of clients.

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I am currently the owner of Joyful Noises LLC, where I specialize in working with adults and older adults with mental health and substance use disorders. And I'm the founder of MT Mentor, a membership group providing mentorship and peer supervision for music therapy students and professionals. I'm also finishing up my thesis to complete my master's in music therapy degree at Augsburg University here in Minnesota.

[00:01:16.060]

Donna.

[00:01:21.140] - Donna Polen

Hi, everybody, I'm Donna Polen. I am co-chair of the commission with Jen. I am in Rochester, New York. I'm a native New Yorker. I did my undergraduate study at SUNY Fredonia and my internship at a large New York state agency serving adults with developmental disabilities. I've been board certified since board certification and I also am a licensed creative arts therapist in New York state. My primary work is as a clinician serving adults with intellectual and developmental disabilities.

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I also have done consulting in public school districts. I'm adjunct faculty at Nazareth College of Rochester in their campus clinic and adjunct at SUNY Fredonia teaching clinical piano improvisation in their master's program. I'm also an internship supervisor and professional supervisor.

[00:02:23.960] - Jennifer Hicks

Thank you, Donna. Daniel.

[00:02:27.500] - Daniel Tague

Hello, everyone, and thank you for coming to our presentation. I'm Daniel Tague. I chair the music therapy department at Southern Methodist University in Dallas, Texas. I recently came from Shenandoah University at Virginia, and before that I was finishing up a PhD at Florida State. I did my previous schooling for my Masters at University of Kansas and am originally from Texas, where I did private practice work and also have practiced clinically in Florida and Georgia and Virginia.

[00:03:01.310]

And very happy to be with you here today.

[00:03:03.710] - Jennifer Hicks

Thank you, Danielle. Jennifer.

[00:03:08.030] - Jennifer Jones

Hello, everybody, I am Jennifer Jones. I am currently the program chair at Western Illinois University, where I've been teaching undergraduate music therapy students for 15 years. I got my bachelor's degree in music therapy from Tennessee Tech University in Cookeville, Tennessee. I went into clinical practice at that point in mental health, inpatient mental health, and continued that work working in Tennessee and in Florida when I did my master's in music therapy at Florida State.

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Post master's, I went into developmental disability and worked for five years either with young children in early intervention zero to three or at at the time, an ICFMR. The term is now dated if you have kept up, and the facility is now closed and all of our residents have moved to community homes. But I worked there as a music therapist for three years prior to entering college teaching at Tennessee Tech for two years. Trip to Florida to do my PhD at Florida State. And then I've been in Illinois since. So I did my internship in Pennsylvania. I worked in Tennessee, Florida, and now an educator in Illinois.

[00:04:17.990] - Jennifer Hicks

Thank you, Jennifer. Betsey.

[00:04:29.070] - Betsey King

Hi, everybody, I'm Betsey King, and I've been board certified as a music therapist since 1984. I got my equivalency masters at Southern Methodist University in Dallas, Texas, the southwestern region. I completed my internship in inpatient psych. Then I worked for 16 years in that area in full time contract

work, in private practice, at a hospital with most of my hours spent in neuro rehab and in a public school district.

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Then, having been an adjunct professor at Southern Methodist University, I began to teach there full time and I was there for four years, starting in 2000. In 2004, I moved to Lawrence, Kansas, the Midwestern region, Midwest region, where I studied and completed my Ph.D. at the University of Kansas. And since 2006, I've been here in the Mid-Atlantic region in Rochester, New York, a professor in the undergraduate and graduate programs at Nazareth College and a supervisor in our on campus clinic in the areas of neuro rehab and working with elders with dementia.

[00:05:36.150] - Jennifer Hicks

Thank you, Betsey. Jane.

[00:05:45.020] - Jane Creagan

Hello, everyone, my name is Jane Creagan. I'm coming to you from Silver Spring, Maryland. I am currently the director of professional programs for AMTA and an ad hoc member of the Commission. I earned my bachelor's degree in music therapy from Anna Maria College in 1981 and my master's degree from the University of Connecticut in 1985. I have worked in Florida, D.C. and Maryland, and my clinical work was with children and young adults with developmental disabilities.

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I'm happy to be here presenting today.

[00:06:16.380] - Jennifer Hicks

Thank you, Jane. And Ron.

[00:06:19.800] - Ron Borczon

Hi, Ron Borczon. I graduated from Florida State with a degree in music therapy in 1978 and then another degree with a certificate in guitar performance in 79. I completed my Masters at the University of Louisiana, Lafayette, in 1981. In 1984 I came to California and started the music therapy program at California State University. Northridge. In 1996, developed the Music Therapy Wellness Clinic, where I still practice in the clinic today, as well as practicing in two different drug and alcohol rehabilitation centers in Malibu.

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I've written two books about music therapy, "Music Therapy: A Fieldwork Primer" and "Music Therapy: Group Vignettes." I was also on the Master's Level Entry Subcommittee. I'm currently still the director of music therapy at Cal State Northridge, and I'm also developing the music therapy program at Biola University.

[00:07:25.770] - Jennifer Hicks

Thank you, Ron.

[00:07:32.580] - Ron Borczon

I'm going to tell you a little bit about the history and formation of our Commission. In 2018, the AMTA board of directors did not support the recommendation in the final report of the master's level entry subcommittee to move to master's level entry by 2030.

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However, the board of directors did support the additional recommendations from the MLE subcommittee for further exploration of current and future education and clinical training of music therapists through the creation of a Commission.

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A task force from the AMTA board of directors appointed by then-president Amber Weldon-Stephens and led by then-President-elect Deb Williams, created the Commission on the Education and Clinical Training of the 21st Century Music Therapists. The board of directors charged the commission to:

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identify inconsistencies within degree programs to support clinical practice in a changing world,

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identify inconsistencies among and between national roster and university affiliated internship programs,

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recommend changes to enhance current education and clinical training practices,

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support the ongoing efforts to increase state recognition of the MT-BC credentials,

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and support efforts to encourage diversity and inclusion in the profession.

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The AMTA task force appointed five voting members to the commission, along with AMTA Director of Professional Programs Jane Creagan, as an ex officio non-voting member. Six additional voting members were elected by the AMTA Assembly of Delegates.

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The Commission. Here's a picture from our retreat in 2019. I am on the committee, Ron Borczon, Jane Creagan, CharCarol Fisher, Jen Hicks, who you've met already, who is a co-chair, Feilin Hsiao, Jennifer Jones, Betsey King, Marisol Norris, Donna Polen, who's also in this presentation as co-chair, Tracy Richardson, Cori Snyder, and Daniel. Dena Register, CBMT Regulatory Affairs Advisor, and Judy Simpson, AMTA Director of Government Relations, serve as ad hoc members available for consultation.

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The President of AMTAS serves as our student liaison. Fiona Riso fulfilled this role in 2020. And Naomi Davis is joining us for the year ahead.

[00:10:41.230] - Donna Polen

OK, I'm going to cover some of the highlights from our first year, which was last year, 2019. The Commission began its work officially on January one of 2019. We meet a lot, we meet at least monthly by video conference, sometimes more often. We do extensive work online, both through email, but more through Slack. It's our online work platform.

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So in 2019, our very early work, we had a lot of focused discussions on the following topics. We talked about identity, our individual identity, as well as collectively. We talked about education, all of these, again, were both our individual education journeys and also for the profession. We talked about musicianship. Clinical training, again, our own and in the profession. And exploring our own professional identities and biases.

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We did these discussions, both in our meetings online and also through a variety of reflections documents. We set up documents for each of the five points in the charge that Ron mentioned earlier and

one for each of the three points defining the 21st century music therapist as identified by the MLE subcommittee. And I'm going to share those three main points.

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The MLE subcommittee definition of the 21st century music therapist is as follows: "21st century music therapist needs to possess excellent musicianship on their applied primary instrument, on functional instruments and has knowledge of music."

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The second point: "21st century music therapist needs to be trained to use the elements of music to assess (systematic versus random process) and based on assessed need, treat using the elements of music."

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And the third point: "The 21st century music therapist needs to be able to use the therapeutic process or possess the therapeutic skills of self-awareness, the ability to translate and apply research to clinical practice, to have empathic understanding of the clinical milieu, to have an integrative understanding of the therapeutic process and be an integral team member."

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We also spent extensive amounts of time reviewing historical documents, current AMTA and CBMT guidance documents and relevant publications. We've been doing a lot of reading.

[00:13:36.460] - Daniel Tague

Thanks, Donna. We were very fortunate to be able to have an actual retreat in person, which I was fortunate enough to host here in Dallas in 2019. And so we met in July on the campus of SMU. And this is in addition, of course, to the times that we meet online.

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And any time we're able to meet in person at conferences, some of the things that we were able to do at this retreat when we're together. This was very early after we were created, and so we were able to create our website, get the page set up on AMTA, the Facebook group, Twitter, Instagram, all of which have been key tools for us to reach out to you, which you'll hear about later.

[00:14:23.670]

We also at that point determined that we would be gathering information from a lot of different sources, including the two big questions that we had out all last year.

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The first question, "How do you envision music therapy evolving in the 21st century?" As well as, "What do you want this commission to know?" And those are the two big questions that we reported on for regional conferences.

[00:14:57.320] - Betsey King

So one of the first topics of our discussion at the retreat was communication, we very much wanted it to be a two-way street, and it became a top priority to hear from as many constituents as possible and in particular, to hear from all of us music therapists and music therapy students, not just AMTA members.

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We all agreed that our first task was to listen. So to that end, we developed those two questions and sought as many ways as possible to get them out to everyone we wanted to hear from. We created a Google form with space for open-ended feedback on the two main questions, as well as our five charges.

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The next task was to get feedback from as many people as possible. So we added a QR code for direct and easy access to the Google form, and we handed out cards with the code and all of our other contact information. We had a link put directly on the front page of AMTA. We posted on multiple social media platforms, including Facebook and Twitter and Instagram. We sent a direct mail to all the music therapists on the CBMT mailing list and we provided, in that email we gave them the background information on the Commission in case they hadn't heard about it and provided a link to the Google form. And then we reached out to all the regions and sent material for their newsletters and websites and social media and then presented at all the regional conferences, many of which, as you know, were conducted virtually.

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At the national conference in Minneapolis, we hosted a booth in the exhibit hall where we put up a computer so that you could sit down and write your responses to the questions right there. And we made presentations to the Assembly and at various business meetings. We took any opportunity throughout the four days to advertise our outreach and get people linked to the form. In short, we looked at every way we could think of to allow all music therapists and music therapy students to tell us what was important and what they wanted the future to look like.

[00:17:12.050] - Jane Creagan

We received over two hundred and seventy initial responses to the Google form, now totaling over three hundred twenty. These included responses from all seven regions and around the world, responses from both AMTA members (sixty-five percent) and non-members (thirty-five percent). Responses from students, professionals, educators, researchers and business owners. I would also like to note that social media threads were added as a single response in order to maintain the continuity of the discussion.

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Themes emerged from the analysis of our two main questions.

[00:17:51.140]

We looked at all of the feedback we received through the Google forms, emails and social media posts and used thematic analysis to generate codes and then some overall themes that we are going to share with you all today. These included data from the first two hundred and seventy responses after which two questions were removed from the form. However, space was left for you to continue to share feedback on our five charges.

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The overall themes indicate a need for number one, elevating the profession. This was the most mentioned of all. Comments included the sense that the profession needs to elevate its profile in order to create better access and secure the future of the profession. Many different aspects contribute to elevating the profession, including better research, more efficient and effective professional governance, and more well-defined clinical practice.

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Creating a sustainable workforce was another theme that emerged. There is a need that, it was felt there was a need to create a substantial workforce for music therapists in terms of sufficient pay, reasonable caseload, funding for services and recognition in the working environment.

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The third theme was cultural diversity and cultural intelligence in all its forms. Comments here were it was expected that we would develop more diversity in theory, practice and demographics in an effort to better serve our clients and work towards elevating the profession. And a quote from one person was "a unified field, which has diversity in practice but can agree on basic tenants for the sake of professional growth and stability."

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Now there were overall themes for education and clinical training.

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So the first one was transforming the education and clinical training model. Many people felt that the current educational model is insufficient and will require broad restructuring at all levels and in all aspects. This includes admissions, skill expectations, scope and specializations.

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The second theme that emerged was improving quality in education and clinical training preparation. Many people expressed that there are inadequacies in student outcomes, particularly in areas such as fundamental music and clinical skills and basic clinical understandings. And I will read one quote from an internship director who said, "It's discouraging to see the vast differences in the academic and clinical training students that they receive prior to internship. There are many similarities, particularly lacking guitar skills. But students come to us with such different experiences that it can be really challenging to figure out what they need."

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And the third theme that emerged was increasing consistency in education and clinical training requirements. Excuse me, clinical training program requirements. Many people felt that there were inconsistencies in curriculum across the schools and degree programs, so bachelors versus masters versus equivalency, in such areas as therapeutic orientation, fundamental skills and counseling techniques.

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And then we have the themes emerged from the analysis of the five charges education, clinical training, diversity, state recognition and other. So we looked back at all of the feedback that we received through the Google forms, emails and social media posts and used thematic analysis to generate codes. And it created the themes from our charges.

[00:21:45.310] - Betsey King

So first of all, I we worked on the education themes and we drew from all of the comments, not ones just necessarily focused particularly on education. And here are the themes that we discovered.

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First one, consistent competency outcomes. This is the, this was the largest and most prominent of the themes. There is too much disparity, respondents told us, in the competencies that students demonstrate as they enter internships or the workforce. AMTA's education and clinical training programs must ensure that entry-level music therapists have the requisite ability in clinical musicianship, therapeutic practice and

professional skills. Some of the codes that led this theme were musicianship, guitar, piano, percussion, vocal, and technology skills, professional preparation, and an awareness of all of the philosophical orientations in music therapy, regardless of the school that they attended. Also, faculty preparation to be able to teach effectively and oversight by AMTA to make sure that schools are attending to these consistent competency outcomes. As one person wrote, "As a national roster internship supervisor, I see a staggering range of abilities in applicants out of every competency area. Some are extremely proficient at a wide range of instruments, while some are barely functional, if at all. Some have a strong understanding of different methods and theories and even an awareness of how they might factor into different needs, while others cannot adequately identify a single theory that they know. While variation between students is inevitable given individual differences, the level of preparedness that application applicants present is so variable as to make it difficult to structure application requirements."

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The second theme that was prominent was overhauling music therapy education. This is what people told us. Music therapy education needs more than updated competencies or a different internship model, it needs to be reimagined from the ground up with difficult decisions about what is possible in an undergraduate degree, what masters level education is meant to accomplish, and where equivalency programs and certificates fit in. Some of the codes that we saw consistently: Lots of people mentioning the MLE decision and discussion. Many people, including some mentioning MLE, in emphasizing that revising undergraduate music therapy curriculum is an urgent issue. And equivalency masters problems came up quite a bit. And then also a discussion with many people of postgraduate certificates and possibly tiered certification. These were all codes that led to the overall theme of overhauling music therapy education. One respondent wrote, "As the declining passing rate of the board exam indicates, the knowledge base of our field is becoming increasingly difficult to teach at the survey level we currently are. There is only so much credit load we can assign students. There is only so much learning that can occur within those credit loads. And there is a limit to the depth, agile thinking and creative engagement of 18 to 20 year olds. We are increasingly putting the next generation of music therapists in danger of burnout because they are jack of all trades and masters of none. And most importantly, we are putting our clients at risk by receiving subpar clinical services that may only approximate best practices."

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The third education theme that came forward was clinical musicianship. Our respondents told us a music therapy degree needs to be founded on clinical and functional musicianship with a reduction in the requirements of the performance-based curricula in which music therapy programs often reside. The representative codes that led to this theme, you might imagine, focus on guitar and piano, percussion, an emphasis on reading lead sheets, and other ways of learning music other than the traditional reading of staves, and being able to learn songs quickly as a music therapist must. Clinical improvisation was obviously mentioned quite a lot and then studying music history, but studying the music, the history of the music that we most often are going to use in sessions and the music that we might need for an expanded base of diverse clientele. One respondent wrote, "I think we are going to need to look much more closely

at the skills that differentiate us from other musicians that are in health care settings and make sure that we are fully addressing those differences in our education and training. Our current educational training model and AMTA documents do not provide enough focus on functional and clinical musicianship, which are the unique skills of our trade."

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The fourth theme, diversity. Our respondents told us music therapy urgently needs greater diversity, both in its educational standards and in its practitioners. Music therapy education must include more inclusive admission standards, more diverse musical experiences, and an emphasis on cultural awareness and humility. Some of the codes that led to this were people talking about are, we coded people talking about admission standards and admissions barriers, recruitment, the cost of education, looking at possibly more programs in state schools, an expanded and diversified music history and theory curriculum, emphasis on musics that don't get enough emphasis like rap and hip hop, and cultural sensitivity and cultural awareness in treatment planning. One respondent wrote, "While I believe strong musicianship is crucial for music therapy, it doesn't look the same in every person. And we have, for the most part, a cookie-cutter approach to this." And another person wrote, "Students must have the time and energy to devote to hip hop, rock and its many derivatives, country, bluegrass, jazz and blues, et cetera. These, I argue, are the musics and musical genres and styles that music therapists work primarily with on a daily basis. Students struggle mightily to know and understand the range of popular music possibilities of the 20th century because the traditional curriculum treats these musics as adjunct rather than primary."

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And then the fifth theme that came from our coding of the responses was business skills and entrepreneurship. Music therapy education should recognize that current music therapists need business and entrepreneurial skills and include them in the curriculum.

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Some of the things mentioned in the responses: business planning, types of understanding the different types of positions, employment versus contract, for example, building in insurance reimbursement, how to make, how to promote, how to do advocacy and make good presentations, and understanding employee rights. One person wrote, "There is a severe lack of education regarding the different types of music therapy positions, working as an independent contractor versus being an employee, working as a music therapist at a facility with a salary, etc. In our experience, this has been a huge detriment to students. We believe that including more business education or education of different types of positions that exist in music therapy and not just focusing on ideal full time music therapy jobs in a single facility would help to retain students and lessen burnout in the long run."

[00:30:01.320] - Jennifer Hicks

Thank you, Betsey. I just want to add one quick note that you will start to see some of these emerging themes highlighted in yellow. That means that is a theme that you will see appear in another category as well. And so we are sharing with you today the emerging themes for each of the charges, plus that "other" category. Next steps will include starting to look at the emerging themes that appear in all of the feedback and putting that together. And so as a beginning point of sharing that with you, we wanted to just highlight a few of the areas that start to appear over and over in more than one category. So you will see those highlighted in yellow.

[00:30:45.340] - Jennifer Jones

And before I go on to clinical training, I want to throw it back to Betsey and have her tell us who was on her data analysis team.

[00:30:54.730] - Betsey King

Working with me on the data analysis was Feilin Hsiao and Ron Borczon.

[00:31:02.530] - Jennifer Jones

Great. And I am Jennifer Jones and my colleagues were Cori Snyder and Tracy Richardson. So I am clinical training.

[00:31:13.380]

So the first one I called the three C's: curriculum, competency, and change. And it was a rather large category that had many facets of our clinical education in it. So you can already start to see that. You heard about curriculum in education. You're also hearing about curriculum in clinical training, because, in fact, it is one continuous set of skills that we teach and learn. So part of the things that contribute to curriculum, competency, and change was define what functional means for various aspects of musicianship, master's programs should include advanced training, standards of practice include music technology, such as recording, software making, and rap therapy, we need an improved understanding of cultural awareness, and adopting a broader understanding of music and future music therapists need courses in core content. These were just two examples: in medical like entrainment and in neurological understanding parts of the brain. So because of the wide variety of topics that went into this, we have everything from musicianship and one quotation was, "I expect an entry-level music therapist to have strong vocal guitar or piano skills." Another comment was, "The field should move to a master's level entry." Another was, "Persons with a variety of musical backgrounds need accepted into programs. Classical music should be privileged. Coursework needs to be rewritten to reflect these standards of practice." So it sounds familiar because you heard some of the same things in the education, but participants were writing about these ideas in clinical training.

[00:33:06.440]

So the next one, the next largest one was inconsistency in practicum across universities. And this made sense because that was the charge and it is in clinical training. The inconsistency in practicum across universities is vast. We heard that from educators, from clinicians themselves as well as internship directors. This includes pretty much every aspect of how we are currently dealing with practicum: number of placements, the diversity, the clinical population diversity, client contact hours, supervisor qualifications, the level of university faculty involvement with practicum supervisor, settings, the onset of practicum in a degree program, first year versus third year, and student readiness. When is a music therapy student ready to do practicum and do clinical work? And overall, we kept hearing that we need to clear guidelines and adherence to guidelines would be essential. So some of the quotes that associated with this was, "Define the one hundred and eighty hours of practicum, especially what is direct client service hours and what is non-direct hours. Define what is not an acceptable practicum site. Define standards." We heard define a whole lot with different aspects of our data that we had. One says fewer practicum, but more hours, and the next person said more practicum with real clients, right. So it was kind of hard to pinpoint other than it involves everything, placements, hours, supervisors and the clients.

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And the bridging theme that goes, quote that goes between these two was this particular quote. I'm going to read it. "I previously mentioned program directors 'handing off' difficult students to internship programs. This results in strained relationships between programs and internship directors, the latter of whom is now asked to rehabilitate a difficult student. This forces the internship to act as gatekeeper. Now, the student who has spent four years in school and has potentially relocated must either go back to their university and start again or end their progress. That is a financial hardship."

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And financial concerns was probably the theme that was the most clear to put in a box because it was all about pay and money and cost. So financial concerns were a big one. Unpaid internships and unpaid labor were are a significant center concern. Unpaid internships creates financial hardships on students and in particular reduces diversity in the field. Unpaid labor was one we hadn't really heard before. We heard a lot about unpaid internships and people were describing unpaid labor as practicum supervisors, internship supervisors, and the fact that students are delivering music therapy services through practicum and is essentially unpaid labor. So it's difficult for clinical practice to develop in college towns because of the need for clinical training sites. Eliminate costs for tuition for internship. Understand the relationship of credit hours and financial aid during internship. And particularly it is difficult for students, especially nontraditional students, with their own families to intern for six months without pay. This person wrote, "I feel like this prevents our profession from including people with more diverse backgrounds."

[00:37:09.020]

And the next one, yes, improve standards for internship and increased accountability. The word standardization came up a lot in internship, and it included administrative structures such as applications,

forms, templates, deadlines, having those be available to internships. And clinical training features. What does the internship look like? There's such a diversity. Should there be diverse populations within the internship experience? What's the timeline from observing to having your own caseload as an intern? What are the competency expectations at entry? You've heard that in the education. What should students be able to do at the entry point and then what should they be able to do at the exit point of internship? To have that more clearly defined, increased accountability included two groups, both AMTA oversight of internship and accountability of the internship directors. And we were kind of surprised at how many times people were asking for templates for different forms associated with the process of internship. And it came up quite a bit. One that, this does come up under the standards that we put under internship in this category was the internship timeline. And there were some diversity on when people wanted the internship to occur during the undergraduate degree. Several wanted it to be within the four years rather than the end of four years of coursework to do more extended hour practicum. Some wanted it to be shorter, reduce it to 700 to 800 hours, one wanted two three-month rotations, and specifically to reduce supervisor burden. We had conflicting information from some people say eliminate this model. Others say keep it, right. So we really didn't come to a clear space from the data on a unified internship model. But just lots of concerns, particularly about student readiness and how internships could be more consistent across sites.

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Then the last two that are on here were fewer in number, but still very important, particularly supervision, required training is necessary for clinical supervisors and less to mandate it, but more to provide opportunity for supervisors to learn and to have that support, because effective relationships and ongoing support between clinical supervisors and university faculty is essential for student development. I mean, probably the most concerning quote that that we have in this data set and really could apply in different ways was this one. "The inconsistency in academic programs results in the lack of competence in professionals who in turn train the next generation." And so we have a perpetuating cycle that is concerning, that we are definitely considering as really important. So that's why I kept supervision on here, even though it wasn't a frequent category.

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And the last one, again, not a lot of codes, but important was support from AMTA, particularly to clinical training and internship, but also to new professionals. And I think that statement of being a new professional and then ultimately training other students very quickly in your career kind of went together with providing more supports for new professionals, business owners and communication, having better communication between the association and in particular, national roster internships. And you can see that was highlighted. So you're going to see it again somewhere else. So that is clinical training.

[00:41:11.280] - Daniel Tague

Thanks, Jennifer, I worked on finding the themes for the charge on diversity with Marisol Norris and CharCarol Fisher. We had one hundred and fifteen individual entries in this category and over 60 codes. And then as a review, we developed codes directly from the text. Then we grouped those codes into similar categories and then used those codes in each category to find representative themes. And so for each theme, I'm going to share the title that we gave it, the description and a representative quote.

[00:41:51.920]

As you can see, not surprisingly, our first statement's highlighted in yellow: increase diversity. And so this theme was increase the cultural diversity of music therapy student and professional bodies. It's very simple. It's not complicated, but some of the things that people said about this category one person said, "I hope the profession continues to evolve with an emphasis on expanding the diversity of our field." Another person said, "Increased focus on making music therapy training appealing and accessible to students from a variety of cultural backgrounds not currently dominant in our field." And so we've seen this theme come up repeatedly and we'll continue to do so.

[00:42:37.910]

I think the next category that we found was in education and training. And this category includes diversifying the music therapy curriculum to reflect broad music therapy repertoire, cultural competence training, and diversity methods and practice, create music therapy pipelines for marginalized communities, and increase access by adjusting acceptance criteria, including that classical training requirement, decreasing program cost and financial barriers to internships we seem to hear, we've heard that one before, supporting underrepresented minority institutions, and creating alternate routes to professional certification. One of the people in this category said, "Our standards for primary instruments are incredibly Western based and white, being primarily orchestral, wind, band in nature, not allowing for banjo, rapping, or other traditional regional instruments to be primary instruments." And so we see this as an important category with lots of codes included in that one.

[00:43:51.150]

The next category that we have is professional development and training. In this category, we found the theme of increased cultural intelligence and competence of music therapists through reflexive continuing education and supervision that includes awareness and knowledge of systems, personal bias, and cultural identity, increased cultural competence throughout their professional career. And some of the things that they mentioned in this theme were to increase cultural competence by training in cultural backgrounds, figuring out how one's own culture impacts one's work as a therapist, getting professional supervision on diversity related topics, and also having some kind of organized official equity and diversity training and having that be required. One of the quotes from this category, somebody said, "Increased training and how to meet the needs of individuals and communities from a variety of cultural backgrounds, cultural referring to more than just ethnic backgrounds, a term inclusive of socioeconomic status, sexual class, gender identity, etc."

[00:45:11.630]

So the next category is organizational body. I know this is a strange title, but it's large. As you can see, this category had the most codes inside of it, but they all kind of relate to our organization. Right. So create an organizational environment where all members feel respected, valued, and included, demonstrate a commitment to diversity, equity, and inclusion within the organizational structures, policies, and culture by expanding representation of marginalized groups within the professional and leadership body, reducing levels of cultural harm to marginalized members, creating transparency within communication and ensuring conferences that are financially accessible while adjusting standards of practice and recertification to reflect nuances of cultural competence, and require diversity training. Like I said, this category and theme had the most codes of any category, but they're all related to our organizational body. One of the people said for this category, "Broader diversity in leadership, financially support members who are willing to serve. The financial barrier impacts who can serve decreasing diversity, especially like things on the board."

[00:46:38.660]

We also had an "other" category. This category didn't have a lot of codes and comments, but they were scattered throughout. And so really a small but noticeable number of responses indicated the view that racial diversity, while important, was not necessarily the most important thing to focus on first. And they also wanted to see a diversity of philosophy and other demographics promoted. So it's kind of a catch all that there is quite a variety of thought out there.

[00:47:08.420]

But as you can see, in general, increasing diversity overall is extremely well represented in our feedback from our Google form.

[00:47:27.380] - Donna Polen

OK, thank you, Daniel. I'm going to share with you the themes that are emerging regarding state recognition. The other members of my group on this were Judy Simpson, who's the director of government relations for AMTA and Dena Register, who is a CBMT regulatory affairs adviser, and they are ad hoc members of the Commission. I was very grateful for their help in this area.

[00:47:59.660]

So the first theme that emerged was formal professional recognition. And in this, for the purposes of this analysis, this was defined as licensure, excuse me, title protection, and state or national recognition. A few significant quotes that people offered regarding professional, formal professional recognition. "I feel licensure is key to protecting our professional identity and defining our scope of practice at the state level." Another comment was that "formal professional recognition is key to growth in the 21st century,"

and another person said they feel it is "essential for the longevity of the profession to get recognition from all 50 states."

[00:48:51.380]

The next theme was adequate pay for music therapists, so this is highlighted in yellow, you've heard this before, I think, especially in the clinical training themes that were emerging. So in this section, people were talking about pay sources for music therapists. They mentioned waiver funding, insurance reimbursement, and seeking funding sources for clinical services as related to increased professional recognition. Some of the codes besides the terms here, also people mentioned Medicare, Medicaid and different funding source sources, again for client services. And I wanted to just point out that in all of the discussions among the commission, we're looking at our charges and meeting with other key groups and speaking with constituents. We are always keeping the client uppermost in our mind because all of this adequate pay for music therapists is so you can survive as a music therapist to serve the client. Some significant quotes in this section included, "We need licensure so that more people can afford music therapy. Right now, we are catering mostly to those who can afford it." "It's time that we are financially compensated for the services we provide." And, "As mentioned above, fighting for licensure, professional understanding and insurance billing for our clients should be huge areas of focus for the music therapy profession as a whole. It all begins with state recognition."

[00:50:37.410]

The third theme that emerged also in yellow, improved communication. In this area, people were speaking about communication with other professions and other professionals, as well as within the profession of music therapy. Some people also expressed a desire for more task force communication and national and international advocacy. Some of the codes also were connection with legislators and the public and the community. Some significant quotes here. "We need more education on how to approach government officials that make decisions on health care coverage." "The state task forces need to connect more with members of AMTA and with music therapists who are not members." "You need to look for more ways to collaborate and listen to allied health professionals and therapeutic musicians, even though we may disagree." And someone else commented that "doing presentations about music therapy to different organizations to educate them about what a music therapist can bring to the world is important."

[00:51:53.640]

The next theme, and this was a really big one, professional identity. And you've heard this mentioned in other areas so specific to state recognition, people spoke about professional identity as learning how to advocate and having this be part of the education and clinical training process, recognition of the MT-BC credential, having a more clearly defined scope of practice, and educating MT-BCs about it. There were references to evidence based practice and research as related to the self concept of music therapy practice. There were a lot of references to levels of practice as well as master's level entry as they relate

to various perspectives within the profession, about how we are perceived and accepted by the public. Codes here again: a more defined scope of practice, how to advocate recognition of our qualifications, additional research and evidence based practice, implications for multitiered license. And again, master's level entry was mentioned. And some quotes the people shared. "We need to recognize ourselves first before asking the state to recognize us." Another person said, "An important focus needs to be on the rigorous research and evidence behind music therapy rather than anecdotal stories in order to provide an objective and grounded basis for why state licensure is a necessity." And someone else shared, "To me, increased specialization is part of the solution. Part of me agrees when speech language pathologists criticize our scope of practice and the board certification domains. These documents are broad and encompass an amount of material that no therapist could individually master in practice."

[00:53:54.480]

And then the final theme in state recognition: funding for advocacy. So, again, we're talking about money and advocacy. So this theme has the least amount of codes and comments, but encompasses all comments related to a need for increases in funding, specifically for individual task forces or staffing through AMTA to assist.

[00:54:24.480]

Some of the significant quotes here, "More support from AMTA to help with the process, funding for both task forces and staffing through national office, being proactive rather than reactive, and less dependence on the service of volunteers, specifically state task force members." Somebody said, "It's hard for overworked music therapists to find time to actively pursue state recognition, especially since the amount of information and support from AMTA is limited." And the final comment I wanted to share is that "anything that can be done at a regional or national level to support states in these efforts is very important."

[00:55:09.680] - Jennifer Hicks

Thank you, Donna. You will notice as we head into our "other" category that you are going to see many of these common themes emerge. And while we highlighted a few in yellow, you're also starting to see them appear in the data from other categories, too. So, for example, advocacy is also under professional identity. Funding is also under advocacy. Many of these are closely connected. And advocacy is going to be our first theme in the other category as well.

[00:55:38.780]

And as we begin to explore the themes that emerged in this category, I would like to take a moment to thank Fiona Riso, your current (at the time that we're presenting this) and past (as of the national conference) president of AMTAS for helping with the data analysis for the feedback in this category.

[00:55:56.700]

So under the theme of advocacy in this category, respondents expressed concerns regarding the misrepresentation of music therapy and the need for continued advocacy, not only in the United States but also around the world.

[00:56:12.260]

Suggestions for future advocacy included crafting a more consistent, concrete definition of music therapy, calling on celebrities and those outside the field of music therapy to advocate for us, and having a presence at conferences for related fields. And a couple of direct quotations from you all related to this theme are, "I feel half my job at times is defending my profession," as one individual wrote, and as another person said, "I believe that music therapists need to agree on what music therapy is and is not. Until we do this, it is impossible for others outside our field to understand it. I believe having a more focused definition of the field would solidify music therapy's place on the health care team and eliminate some of the territorialism that we often see with our current broad and ill-defined definition of the field," which you just heard Donna speak about as well when it comes to state recognition. "It would also allow us to better focus our education and clinical training efforts." And so, again, all of these themes we're starting to see weave together amongst our charges.

[00:57:25.150]

The next theme that emerged from the "other" data was around the sustainability of our profession and organization, again, a theme that you've already seen appear in other categories as well. Respondents expressed concern regarding the high amount of student debt, particularly related to the high costs of undergraduate and graduate tuition. And as you've already heard, discussed unpaid internships and the low starting salaries for music therapists. Other concerns that emerged in this category included job development, retainment, and the overall satisfaction and perception of job-related experience versus education. Gratitude was also expressed in this category for organizational volunteers, with the suggestion that more support be provided them. In addition, one respondent stated that it can also be difficult sometimes to get involved in leadership and help to make these changes. One of the quotes that stood out in this category was this, "Student debt. We have to keep this in mind at all times. Any overall lower-paying profession like ours has to keep this at the center of discussions when it comes to tuition, paying for unpaid internship costs, and how to get through the first years of loan repayment with low paying jobs."

[00:58:52.080]

The next theme that emerged in this "other" category was around communication, another topic that you've already heard mentioned. And what you shared with us was the need for communication, including to non-AMTA members, and the need for updated technology to better communicate and provide resources. The need for better communication related to accessing clinical and outreach resources was also noted. And here are a couple of direct quotations for this theme. One individual wrote, "I think

technology has a great role to play in music therapy. Specifically, the national website needs some attention. I think it would also be great to stop printing the Journal of Music Therapy and treat it as an online publication. Printed copies can be sent out per request, but overall, online access would be a cost saver. I'd love to see more audio friendly versions of existing resources. I learn aurally and trying to get through research articles is tough when I have to read them out loud. I would love to see an audio database of articles or audio book style."

[01:00:02.690]

The next theme that emerged from your feedback related to supervision. And here respondents stated that supervision should be required and more accessible, particularly for new professionals, and noted the increasing number of graduate-level trained music therapists with specific knowledge in these areas who can provide these services. As one individual wrote, "Supervision should not stop at the end of your internship. Professional supervision should be mandated for the first few years of practice under a provisional certification similar to other helping professionals." Another person wrote, "I would be interested in seeing a growth in accessibility of music therapy mentorship and supervision for professionals. In my first year as a professional, I felt lost in trying to find support, specifically guidance that did not come with a supervision fee, "here we're seeing cost again, "and was easily accessible. I built this over time by participating in leadership and creating spaces for peer supervision. Not every person will be comfortable initiating these spaces or leading in order to feel connected. Accessible professional supervision would be worth investigating."

[01:01:14.260]

And then the final theme that emerged in this category was around specialization. And respondents suggested creating a system for recognizing specializations and clinical expertise and research. One respondent also suggested requiring specialized CMTE trajectories to develop specific areas of competency. As one individual said, "We have peers with 25 years of experience in development within the subset of hospice music therapy, many of whom have extensive training in guided imagery and music, spiritual and cognitive psychological support, psychosocial intervention sets, archetypal interpretation, and musical skills well beyond the emerging master's level entry professional yet are valued at an undergraduate bachelor level without clearly receiving the value of specialization and skill. And they voice feeling marginalized. This approach might help support a process toward certificate value, which is often used in other countries."

[01:02:18.560]

And so you'll also see, as these themes are emerging, solutions are starting to emerge as well. And the Google form that we're using, and we'll mention this in a moment, is also evolving so that as we start to bring these themes that we've gotten from your feedback together, that we can continue to reach out to you for more solutions, for more suggestions as we continue to move forward.

[01:02:45.110] - Jennifer Jones

Whew!

[01:02:47.120] - Jennifer Hicks

Exactly. Everybody take a nice big inhale, exhale out.

[01:02:55.440] - Jennifer Jones

Yes, I've been on the inside of all that information, so I still find it to be a little bit overwhelming. So I imagine if this is the first time you've heard all of that, that's a lot. The good news is this is being recorded and you can go and study up later. But here's a few of our second year highlights and we're not done with the year yet. So we have more to come.

[01:03:16.660]

We have accomplished this data analysis of both the two questions and these comments related specifically to the five charges. Seeing that we were recording this the month before our conference, we are just to the point of seeing the intersection of all of this, although that's happened to us before. I'll tell the story of our retreat where we divided into clinical training and education. And we went off to separate rooms and we brainstormed all of our topics. We came back two hours later and we talked about the same things because there is kind of a fluidity to all of this.

[01:03:55.270]

So thankfully, we've been able to give presentations to each of the regions, either in person if it happened early in March or online, even throughout the summer. So we're happy that we've been able to distribute this information to you and we'll be able to distribute this as well after conference.

[01:04:16.320]

Other highlights, we are continuing to reach out. As Jennifer just mentioned, the Google form is still going to be active. We're just going to reshape what questions we're putting out there.

[01:04:26.630]

We are continuing with our student liaison, having moved from Fiona now to Naomi and really finding that relationship important to us.

[01:04:36.520]

We are still reading and collecting, and as we go through all of our contacts with our reach outs, we discover a unique curriculum someone's providing and they graciously share it with us or somebody has a new tool for advocacy or like, can we take that, too? Because all of these missions for the Commission, they all come together. Right.

[01:05:01.990]

And there's a lot of people beyond our group that are doing important work that interweaves with what we're doing. Yeah, so we have met with several groups and we will continue to. So we started with Ken Aigen and Bryan Hunter to talk to us about unification and how some of the early conversations were on merging different educational and clinical training models. We have met with APAC, the Academic Program Approval Committee. We've met with the Association Internship Approval Committee. We've met with the Competency Review Task Force, and we've met with the Diversity, Equity and Inclusion Committee. And we have more to come. We are not through reaching out, but we realize a lot of the work is being done by a lot of people. So we're grateful for them sharing all of their information.

[01:06:01.650] - Jennifer Hicks

And as we continue to move forward, we're constantly in this process of creating our timeline, our roadmap to guide us each step of the way based on your feedback, and that is really important to us.

[01:06:14.850]

And we are going to continue, as Jennifer said, to meet with related stakeholders to make sure that we are continuing to gather data from all of you who are doing such important work for the association, as well as through other organizations that are connected. And we recently had a meeting with someone who is connected with NASM. We are continuing to reach out to those related stakeholders too and we're going to integrate this information as well as the other recent surveys and resources.

[01:06:46.950]

As Jennifer noted, we have an entire Google Drive filled with all sorts of resources and continue to seek those out. And so if you have some to share with us, please do (and we'll talk about that in a moment) so that we can review the current education and clinical training internship programs. We know what we have now. And then really identify the strategies to increase diversity and inclusion and to support state recognition as we are working to create that consistency in our education and clinical training.

[01:07:16.530]

And of course, we're going to keep checking in with all of you throughout this process. And so it's important to us that you know how you can share your feedback with us, whether you are a member of AMTA or not, whether you are a student or a professional or retired, whether you are a business owner,

whether you are a faculty member, whether you are a graduate student, wherever you're at in your music therapy journey, we want to hear from you.

[01:07:43.710]

And so, as we've noted, that Google form still is active and we'll be sharing with you, I'm guessing in the question time after this what the current questions are on that Google form because they're evolving. We want to make sure that this is a living document based on your feedback that continues to evolve as we analyze that feedback and continue to move forward.

[01:08:04.010]

You are also welcome to email us at any time. And you'll note that all email addresses and the Google form are on the Commission page on the AMTA website. And so if you go to the main page at musictherapy.org, you will find a quick link on the left side of the page to the 21st Century Commission. And on there you'll find our email addresses, the link for that Google forum. That is also the place where the recording of this presentation will be. The recording of our regional presentation is on there currently, and that is really that hub for all the updated information about us.

[01:08:40.880]

You, of course, can also connect with us on social media. Our Facebook group is listed under our full name, the Commission on the Education and Clinical Training of 21st Century Music Therapists. And our Instagram and Twitter handles are @MTcommission.

[01:08:57.100]

One note as we finish up with this part of the presentation, if you'll be entering the session for CMTE credit, the number is 2082. I'll say that again, 2082.

[01:09:15.190]

Thank you so much for making the time to join us today and for sharing the wisdom of your experiences with us as we seek to move the profession forward together.

[01:09:26.960]

For those of you joining us live today, we will now take the remainder of our time to answer the questions that you might have.