



***AMERICAN MUSIC THERAPY
ASSOCIATION***

***BOARD OF DIRECTORS'
MID-YEAR BOARD BOOK
June 22 - 24, 2018***

***BALTIMORE, MARYLAND
FINAL W/EXTRA REPORTS as of JUNE 29, 2018***

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DRAFT AGENDA
AMTA Board of Directors' Mid-Year Meeting
June 22-24, 2018
Baltimore, MD
(Revised 6/19/18)

Friday, June 22, 2018

- | | | |
|-------------------|--|--|
| 4:00 pm – 4:30 pm | Welcome & Team Building
Meeting Overview
Approval of Agenda
Approval of Minutes | Amber Weldon-Stephens |
| 4:30 pm – 5:15 pm | Board Orientation II – Building an Effective Team
1. Responsibilities of Non-profit Boards
a. Conflict of Interest Statement
b. Whistleblower Policy
2. Employees
3. Effective Planning
5. Knowledge-Based Governance
6. Obligations of Leadership
7. Robert's Rules of Order | Amber Weldon-Stephens

Jennifer Geiger
Deb Benkovitz Williams
Angie Snell
Amber Weldon-Stephens
Bryan Hunter |
| 5:15 pm – 6:15 pm | Oxford University Press Publisher's Report | Michael Blong & Barb Else |
| 6:15 pm – 7:15 pm | DINNER Meet & Greet | |
| 7:15 pm – 7:30 pm | Break | |
| 7:30 pm – 8:00 pm | Transition Committee Update | Jennifer Geiger
Karen Schuler, Managing Director, Raffa |
| 8:00 pm – 8:30 pm | Conferences/Communications
Vice President
Vice President Elect | Al Bumanis & Cindy Smith
Kristen O'Grady
Wendy Woolsey |
| 8:30 pm – 9:00 pm | Association Highlights | Andi Farbman & Amber Weldon-Stephens |

Saturday, June 23, 2018

- | | | |
|-------------------|--|--|
| 8:00 am – 9:00 am | Board Orientation III—Building Financial Acumen
1. Finances, Budget
2. Financial Responsibilities, IRS Requirements | Alicia Clair & Ed Kahler
Andi Farbman |
| | Update on AMTA FY 2018 Budget
Budget planning for FY 2019 | Alicia Clair & Andi Farbman
Ed Kahler |

9:00 am – 10:00 am	Financial Action Plan Update Small Group Work	Alicia Clair & Andi Farbman Ed Kahler
10:00 am – 10:15 am	BREAK	
10:15 am – 11:15 am	Government Relations Scholarships & Grants	Judy Simpson & Rebecca Preddie Rebecca Preddie
11:15 am – 11:45 am	Council on Professional Practices	Natalie Generally Kirk
11:45 am – 12:00 pm	Membership & IT	Angie Elkins
12:00 pm – 1:00 pm	LUNCH	
1:00 pm – 2:00 pm	Executive Director Evaluation (Executive Session for full Board) Board Self-Assessment	Amber Weldon-Stephens Deb Benkovitz Williams
2:00 pm – 2:30 pm	Council on Education and Clinical Training Professional Programs	Eric Waldon Jane Creagan
2:30 pm – 3:30 pm	Master’s Level Entry Regional Town Hall Analysis	Amber Weldon-Stephens Angie Snell, Mike Silverman Lori Gooding, Gary Verhagen
3:30 pm – 3:45 pm	BREAK	
3:45 pm – 5:00 pm	MLE Discussion	Amber Weldon-Stephens
5:00 pm – 5:30 pm	Council on Association Services	Michele Forinash
5:30 pm – 6:00 pm	Research, Journals, ASD	Barbara Else
6:00 pm – 6:30 pm	Officer Reports Past President (Nominating Committee, Transition Committee) Historian (Lifetime Achievement Awards)	Jennifer Geiger Bryan Hunter
6:30 pm	DINNER	

Sunday, June 24, 2018

8:00 am – 8:45 am	Officer Reports, Continued President Elect (Proposed Bylaw Revisions Ethics Board; ETAB; JRB; SAAB, MTBO, Pediatric Task Force) Speaker of the Assembly	Deb Benkovitz Williams Angie Snell
8:45 am – 9:00 am	Regional President Representative	Andrea Dalton
9:00 am – 9:15 am	CBMT Update	Lori Lundeen Smith
9:15 am – 9:45 am	Review & Action: FY 2019 Budget	Alicia Clair Ed Kahler
9:45 am – 10:00 am	AMTA Document Review	Amber Weldon-Stephens
10:00 am – 10:15 am	BREAK	
10:15 am – 10:45 am	Continue AMTA Document Review	Small Groups
10:45 am – 11:15 am	Old Business 1. Music Therapy Informed Music Listening Workgroup 2. NCCATA and NOAH 3. Lifetime Achievement Awards	Amber Weldon-Stephens
11:15 am – 11:45 am	New Business	Amber Weldon-Stephens
12:00 pm	Adjournment	

OFFICER REPORTS

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING-JUNE 22-24, 2018
PRESIDENT'S REPORT
Amber Weldon-Stephens, EdS, LPMT, MT-BC**

Action Items:

- 1. Review of the 2017 annual evaluation of the Executive Director**
- 2. Motion:** To appoint the following members to the 2018-2019 Executive Personnel Committee: Amber Weldon-Stephens, Jennifer Geiger, Angie Snell, Alicia Clair, Ed Kahler and Deb Benkovitz Williams as Chair.

My sincere gratitude is extended to every Board member, National Office Staff, AMTA consultant and invited guests for dedicating this weekend to the work of the American Music Therapy Association. Many details needed to fall into place within extremely busy summer schedules and family responsibilities to bring this dedicated group of professionals together.

It has been an honor to serve as the AMTA President over the past 6 months. I have served in many leadership capacities and I can honestly say, this position would be impossible without the guidance and support of Andi Farbman, Deb Benkovitz Williams and Jennifer Geiger. The duties of the President as outlined in the bylaws can be viewed at the following link: <https://www.musictherapy.org/members/bylaws/>

LEADERSHIP

With the announcement of Executive Director Andrea Farbman's retirement, I knew the 2018-2019 Board of Directors had a momentous responsibility facing it. Starting in January, the Board of Directors has participated in monthly video conference calls using Zoom technology. This has allowed for increased and efficient meetings and an element of personal engagement with the Board while appointing committee leadership, task force and workgroups. The process of the AMTA Executive Director Search is underway. Raffa, PC. has been secured as our search firm, with Karen Schuler as our project lead. She will be working directly with Past President Jennifer Geiger, Chair of the Transition Committee. Members of the Transition Committee include: Amber Weldon-Stephens, Deb Benkovitz Williams, Angie Snell, Michael Silverman, Alicia Clair and Ed Kahler.

Additionally the Stakeholder Committee guidelines were approved:

https://www.musictherapy.org/music_therapy_matters_monthly_-_march_2018/ and members include: Chair, Amy Furman, Wendy Woolsey, Natalie Generally Kirk, Piper Laird, Jean Nemeth, Joke Bradt, Cathy McKinney, Meganne Masko, Blythe LaGasse, Robin Edwards, Sara Cannon, Annette Whitehead-Pleaux, and Penny Brill. The membership survey designed by this committee launched to members on May 8, 2018 with the results to be reviewed by Raffa and the Stakeholder Committee then sent to the Transition Committee and finally sent to the Board of Directors.

By the time the Board of Directors actually meets face-to-face, they will have had 6 Board meetings; and many have participated in multiple meetings of the Transition and Stakeholder committees. I am extremely grateful to Jennifer Geiger and Amy Furman for their dedicated leadership with their respected committees. And thank you to Dianne Wawrzusin for her time and talents with the additional minutes. I am also grateful to Amy Furman for her role as the AMTA representative with NCCATA. Her focused attention on the needs of NCCATA and the needs of the Stakeholder Committee are to be applauded.

As President I had the honor of attending 4 of the 7 regional conferences this spring: Southwestern Region in Lubbock, TX; Southeastern Region in Chattanooga, TN; Great Lakes Region in Ypsilanti, MI; and the New England Region in Westbrook, CN. The common thread throughout my visits was the amazing music therapists who work hard every day to make a difference in their clients' lives and promote the profession of music therapy. Thank you for the gracious welcome I received at each conference and for treating me like royalty as we created unforgettable memories together.

Thank you to Deb Benkovitz Williams, Jennifer Geiger and Andrea Dalton for presenting the State of the Association in my stead. I am looking forward to attending the Mid-Atlantic, Western, Midwestern and Southeastern regional conferences in the spring of 2019.

In addition to supplying a report for their Board book, FaceTime allowed me to participate in the spring meeting of the CBMT Board of Directors as an invited guest on April 20th while I was at the NER regional conference. I was invited to attend the Canadian Association of Music Therapy conference at the end of May in Newfoundland, but my schedule did not allow for my attendance. I sent my wishes for a successful conference and am hopeful to attend the CAMT conference next year.

Per the “Timeline and Procedures: Annual Evaluation of the AMTA Executive Director” (Appendix A), the Executive Personnel Committee is comprised of the “President, President Elect, Past President, Treasurer, and Speaker of the Assembly or Presidential designee.” As Chair, I compiled ratings and comments submitted by the Board of Directors at the annual conference in November, completed the evaluation process in December, and scheduled a call with the Executive Personnel Committee and the Executive Director in January (but it had to be postponed until April). During the Mid-Year meeting, I will share the results with the Board. I am pleased to report that the Executive Director received an excellent evaluation. In preparation for this discussion, please refer to the “Executive Director Job Description” (Appendix B).

To prepare for the 2019 annual review of the Executive Director, the Executive Personnel Committee will need to be appointed with Deb Benkovitz Williams serving as Chair, as she will lead the process with our new Executive Director.

Motion: To appoint the following members to the 2018-2019 Executive Personnel Committee: Amber Weldon-Stephens, Jennifer Geiger, Angie Snell, Alicia Clair, Ed Kahler and Deb Benkovitz Williams as Chair.

Following approval for funding from the 2016-2017 Board of Directors, the Ethics Board (EB) participated in a retreat at Converse College in January 2018. The Ethics Board consists of 8 AMTA members: Barbara Bastable, Debra Dacus, Jennifer DeBedout, Jamie George, Kevin Hahn, and Jennifer Sokira along with Carol L. Shultis and Jan Schreibman as co-chairs. The EB began the work of changing the procedures for mid-level grievances and rewriting the Code of Ethics. Built on the foundation of years of consideration and discussion, review of codes from other allied health professions, intense “think-tank” deliberations and several months of small group work, the Ethics Board is preparing a draft of a revised Code of Ethics. This code will be an aspirational code, written to help each music therapist understand the standards we believe to be desirable, that we strive to uphold. The EB also spent a considerable amount of time discussing sexual misconduct, harassment, discrimination and bullying. These behaviors are unacceptable within a professional relationship and are the responsibility of each one of us.

The Ethics Board developed a statement to reinforce this standard:

Reports of sexual misconduct have flooded our news and our society’s consciousness. The Ethics Board of AMTA would like to remind members that sexual misconduct along with all forms of harassment, discrimination and bullying are prohibited by the AMTA Code of Ethics (see sections 1.7, 1.8, 2.3.2, and 4.5) and the music therapist “works to eliminate the effect of biases based on these factors on his or her work.” (2.3.2) We have procedures in place to address such concerns should they arise. The Ethics Board members are available for counsel prior to the grievances being filed. All contacts are held in strict confidence and will be handled per our current procedures. (See section 13 regarding resolution.)

Following a charge from the 2016-2017 Board of Directors, a Music Therapy Business Owners Task Force has been formed to address the needs, best practices and ethical and business practice challenges of Music Therapy Business Owners. The co-chairs of this Task Force are Meredith Pizzi and Hakeem Leonard. Please see their report for further details.

APPOINTMENTS

A considerable amount of time and thought was spent on nominations for appointed positions. Since January, the Board reviewed and approved appointees to the Board of Directors, and all reappointments of committee chairs/co-chairs as well as new appointments. Welcome new Board members: Andrea Dalton, Michele Forinash, Natalie Generally Kirk, Lori Gooding, Gary Verhagen, Eric Waldon and Wendy Woolsey. Welcome to new Committee leaders: Betsey King, Becky Engen, Scott Horowitz, Melody Schwantes, Soo-Jin Kwoun, Jennifer Hicks, Courtney Biddle, and Jan Schreibman. A complete listing of the Board of Directors, Standing Committees and Additional Boards can be found at the end of this Board Book.

Additional appointments include: Financial Advisory Committee members and Chair, Treasurer Alicia Clair; Autism Spectrum Disorders Strategic Priority Work Group and co-chairs Todd Schwartzberg and Jennifer Whipple; Pediatric Work Group members and co-chairs Marial Biard and David Knott; Music Therapy Informed Music Listening Work Group co-chairs Regina Dennis and Erin Spring; Arthur Flagler Fultz Research Fund Chair, Michele Forinash; Scholarship Committee Chair, Suzanne Heppel; and the Awards Committee Chair, Jean Nemeth. A special thank you to Amy Furman for her leadership as our AMTA NCCATA representative and to Ronna Kaplan as chair of NCCATA. Discussions have continued with Todd Fraizer, Chair of the National Organization for Arts in Healthcare (NOAH). I am hopeful to have a discussion with Todd prior to our Mid-Year meeting with updates to share. Ronna Kaplan invited Todd Fraizer to join NCCATA on a call during their meeting in Chicago in April. Please refer to Amy Furman's report (Appendix E) for further details. We are extremely fortunate to have these dedicated professionals serving our association!

COMMUNICATION

As President, I have the honor of writing the "Presidential Perspectives" column each month in *Music Therapy Matters Online Monthly*. I have chosen to spotlight different members of the Board of Directors, additional Boards and committee leadership to give the members a glimpse of the work done by the volunteers of our Association. I would like to thank Bryan Hunter, AMTA Historian, and Carol Shultis and Jan Schreibman, Ethics Board Co-Chairs for their submissions thus far.

In closing, as mentioned earlier in this report, the support of Andi Farbman, Jennifer Geiger and Deb Benkovitz Williams is invaluable to my efforts and overall state of mind. I am extremely grateful to my family for their unending support as there are days that are completely dedicated to AMTA. My passion for people, my faith and the profession of music therapy propels me forward to serve and move us upward and onward!

November 2017

APPENDIX A – WELDON-STEPHENS

TIMELINE AND PROCEDURES ANNUAL EVALUATION OF THE AMTA EXECUTIVE DIRECTOR

Timeline:

Mid-Year Meeting – President appoints the Executive Personnel Committee (herein referred to as Committee) and appoints the Chair. In the first year of the Board’s term, the President Elect chairs the committee and is mentored by the Past President. In the second year the President appoints the President Elect or another designee as Chair.

3 weeks before annual meeting/conference – Executive Director submits a self-evaluation for the Assembly/Board Book via the Annual Report of the Executive Director.

Board of Directors receives via email a sample copy of the evaluation materials (job description, evaluation form) prior to the annual conference.

Annual meeting/conference or November 20 (whichever comes first) – Evaluation materials are distributed to the Board of Directors.

Conclusion of Annual Conference/November 24 (whichever comes first) – Evaluation materials are returned to the Chair of the Committee.

December 10 – Chair completes a preliminary report that includes summary numerical data and comments from respondents and distributes summary materials to the Committee.

December 15 – Chair creates an Evaluation Letter for the Executive Director based on summary data and feedback received from the Committee and sends copy to Committee and Executive Director.

January 15 – Chair convenes a call of the Executive Personnel Committee to discuss the evaluation results and the letter prior to the call with the Executive Director

January 20 – Executive Director meets with the committee via conference call to discuss results of the evaluation, plan future goals, and make a recommendation regarding compensation. (Note: on even years, the call will occur with the prior terms officers and will include the people in the new positions.)

Evaluation Policy and Process:

As outlined in the Bylaws (Article XVII, Sections 1-4), the Executive Director's performance and compensation shall be reviewed annually by representatives of the AMTA Board of Directors. In order to perform the review, the President convenes the Executive Personnel Committee consisting of the President, President Elect, Past President, Treasurer, and Speaker of the Assembly or Presidential designee, to conduct an evaluation of the performance of the employee. By the end of the year under review, the Committee shall submit the results of the evaluation to the Executive Director. The Committee shall discuss the results with the Executive Director at a time agreed upon by all parties.

The Committee will review previous performance evaluations, distribute evaluation forms and essential materials to those involved in the process, collect and compile results, and make suggestions for improvement. The evaluation process consists of three essential elements: (1) self-evaluation of the AMTA Executive Director as reported in the Annual Report of the Executive Director, (2) survey of elected and appointed members of the AMTA Board of Directors, and (3) narrative summary. The Committee will distribute to the Board of Directors the following: (a) a cover letter explaining the process, (b) the job description of the AMTA Executive Director, (c) the evaluation form, (d) a current copy of the Executive Director's Summary of Activities and Performance Evaluation Comments or the Executive Summary prepared for the Board of Directors Annual Meeting, and (e) an envelope.

November 2017

Procedures:

1. The AMTA President convenes the Executive Personnel Committee to carry out the evaluation procedures.
2. The Committee asks the Executive Director to provide written self-evaluation materials (the Annual Report of the Executive Director prepared for the Annual Meeting Board of Directors Book, and/or other materials as directed by the Board). The Executive Director will forward the materials to the Chair or Chair's designee of the Committee for the purpose of providing them with the evaluation materials.
3. The Committee prepares a cover letter for the evaluation process explaining evaluation procedures to the Board of Directors. Information regarding the confidentiality of responses, the value of comments, and specific reference to the nominal quality of the ranking scale shall be included. The form will contain an optional signature line so respondents who wish to be identified may do so. Since the evaluation form was not designed for statistical analysis, the numbers and ranking scale are meant only for the gathering of descriptive information.
4. The Committee fills in the appropriate information on the evaluation form for the period of review: a return deadline, name of the person to whom the completed survey is to be sent, and contact information.
5. Evaluation materials and forms will be distributed to members of the Board of Directors. The Chair of the Committee will be responsible for gathering evaluation forms and materials.
6. A preliminary report will be prepared, which will include summary numerical data and all comments from respondents, and the summary will be distributed to Committee members for review and feedback. The President or a Presidential designee, in conjunction with the Committee, shall prepare the Evaluation Letter.
7. After the Executive Director receives the Evaluation Letter, the Committee will meet with the Executive Director to discuss the results of the evaluation and plan appropriate goals for the next year.
8. In addition, the actual evaluation forms will be made available to the Executive Director. These forms will be given to the Executive Director following a teleconference meeting with the Committee and the Executive Director to discuss the results of the evaluation.

Revised February 1999

Revised December 2003

Revised November 2011

Revised September 2012

Revised November 2015

APPENDIX B – WELDON-STEPHENS

AMERICAN MUSIC THERAPY ASSOCIATION Executive Director Job Description

I. Position Title: Executive Director

II. Reports to: Board of Directors

III. Basic Function: The Executive Director shall be the principal employee of the Board of Directors as specified in the employment contract. The Executive Director shall transact much of the business of the Association in the name of the President and of the Board of Directors. The Executive Director hires and supervises all association staff and consultants.

Duties and Responsibilities

A. ADMINISTRATION & SUPERVISION--ensuring that national office and staff resources are available to fully implement the AMTA mission.

1. Manages day-to-day operation of Association and National Office.
2. Hires, supervises, coordinates, and evaluates National Office staff, consultants and volunteers; fills staff vacancies as needed.
3. Oversees routine procedural processing of materials related to functions of the organization and adheres to policies and procedures as determined by the Board of Directors and Assembly of Delegates.
4. Is authorized to negotiate and enter into legally binding agreements on behalf of the Association, seeking input and reporting such agreements to the Executive Committee and/or Board of Directors.
5. Supervises arrangements for meetings of the Board of Directors, conferences of the Association, and other miscellaneous meetings.
6. Serves as ex officio member of the Board of Directors, the Assembly of Delegates, and all Standing Committees and Councils without the right to vote.
7. Serves as business manager for all official publications of the Association. Serves as editor of selected publications.
8. Assures that accurate minutes and records of the actions of the Board of Directors and Assembly of Delegates are recorded and disseminated to the appropriate parties and are readily accessible.

9. Facilitates communication and seeks adherence to Association policies at the national, regional, and state levels.
10. Reports regularly to the President, Executive Committee, Board of Directors, or committees of the Board of Directors, as appropriate, on the performance of the Association.
11. Advises officers of the Association on regulations regarding taxes, legal liability, non-profit status, and legality and propriety of Association policy and procedural documents.
12. Assists elected and appointed officers in the discharge of their responsibilities.
13. Alerts the Board of Directors as other needs arise and suggests appropriate actions for consideration by the Board.
14. Oversees Association's website and National Office computer information systems, including hardware and software.

B. FISCAL MANAGEMENT & OVERSIGHT—providing financial guidance, leadership and oversight and assisting the Board of Directors with its fiduciary responsibilities.

1. Works with Treasurer, Budget Team and Financial Advisory Committee to develop annual budgets; seeks approval from the Board of Directors.
2. Closely monitors and analyzes annual budget as compared with actual expenses throughout the year. Proposes budgetary revisions as needed.
3. Ensures adherence to authorized expenditures and auditing regulations. Oversees check writing, bank accounts, and investments.
4. Completes and files all necessary Association tax and business reports, especially as related to AMTA's tax exempt status.
5. Promotes and investigates potential sources of revenue inside and outside the Association.
6. Provides assistance to Board-led development efforts.

C. MEMBER & ASSOCIATION RELATIONSHIPS—effectively working with the many individuals and groups inside and outside the Association to ensure that the work of the association is implemented.

1. Maintains continuing contacts with elected and appointed officers of the Association, the Board of Directors, and within and between standing committees and the Assembly of Delegates.
2. Provides direct assistance to each region related to the general administration of regional business and IRS documents under the AMTA tax umbrella.
3. Confers with individual members when appropriate.
4. Maintains relationships with officers and executives of other related associations and organizations concerned with issues relevant to AMTA.
5. Maintains relationships with employees and individuals or firms that furnish services to the Association and monitors the terms and effectiveness of the services provided.

**D. PROFESSIONAL LEADERSHIP & PERSONAL QUALITIES—
demonstrating a commitment to the mission and priorities of AMTA.**

1. Represents Association as a spokesperson at designated meetings and conferences, and with key officials, inside and outside of the Association, in concert and cooperation with the Board of Directors
2. Demonstrates commitment to the Association's programs.
3. Assists Association leaders with leadership development.
4. Identifies and brings to the attention of the Board, issues related to the Association's mission that need to be addressed.
5. Demonstrates leadership skills and qualities such as excellent verbal and written skills, good judgment, and loyalty.
6. Pursues professional development and other opportunities to enhance performance.
7. Regularly produces high quality work.
8. Remains enthusiastic about and committed to the Association's mission.
9. Functions well in a crisis situation.

Revised 6/27/2015

APPENDIX C – WELDON-STEPHENS

2017 Evaluation of the AMTA Executive Director										
Administration & Supervision		5	4	3	2	1	N/A	Mean	# Respond	
Explains AMTA policy and legal issues										
Makes decisions in accordance with the Bylaws										
Articulates personnel activities and needs										
Fills personnel vacancies										
Supervises National Office staff										
Supervises Association consultants/contractors										
Utilizes time well										
Manges AMTA journals' business activities										
Manages computer system and AMTA database										
Makes arrangements for and ensures accurate record keeping of meetings of the Board of Directors, Assembly, or other groups or committees										
Fiscal Management & Oversight		5	4	3	2	1	N/A	Mean	# Respond	
Oversees budget development										
Monitors & analyzes annual budget										
Insures audit is conducted and analyzed										
Analyzes and synthesizes budgetary information										
Discusses and explains tax or business reports										
Collaborates with Treasurer										
Works closely with Financial Advisory Com.										
Responds to time-sensitive financial matters, involving Executive Committee and/or Board										
Negotiates favorable contracts										
Manages association cash flow										
Consults with Association attorneys										
Consults with accountants										
Oversees conference planning and budget										

Board, Member & Association Relationships	5	4	3	2	1	N/A	Mean	# Respond				
Works closely with officers and Board members												
Is aware of & sensitive to member needs and concerns												
Provides assistance to leaders & groups, such as Council Coord., Task Forces, & Ethics Board												
Communicates with members												
Is aware of & sensitive to regional needs & concerns												
Targets relevant new individuals and/or organizations related to AMTA's mission												
Builds & maintains relationships with related associations and organizations												
Works closely with CBMT officials												
Trouble-shoots issues of concern within and outside the music therapy profession												
Professional Leadership & Personal Qualities	5	4	3	2	1	N/A	Mean	# Respond				
Demonstrates commitment to the mission of AMTA												
Demonstrates commitment to the improvement of AMTA												
Maintains knowledge of current developments within & outside the music therapy profession												
Maintains knowledge of current developments in non- profit and Association management												
Works as spokesperson on behalf of AMTA												
Demonstrates crisis management skills												
Demonstrates professional verbal and written communication skills												
Demonstrates interpersonal skills, such as open mindedness, sensitivity, judgment, & integrity												
Accepts constructive criticism												
Presents a professional appearance												
Takes initiative in completing assignments												
Demonstrates quality work												
Legend												
5 = Outstanding	4 = Above Average	3 = Average	2 = Needs Strengthening	1 = Poor	N/A = rater stated not applicable							



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APPENDIX D – WELDON-STEPHENS

CONFLICT OF INTEREST POLICY

The standard of behavior at the American Music Therapy Association is that all staff, volunteers, and board members scrupulously avoid conflicts of interest between the interests of the American Music Therapy Association on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purposes of this policy are to protect the integrity of the American Music Therapy Association's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members. Upon or before election, hiring or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room for discussion and will not be permitted to vote on the question.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

Signed: _____ Date: _____



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APPENDIX E - WELDON-STEPHENS

Whistleblower Policy (taken from the Goodwill Industries Policy)

Purpose:

The American Music Therapy Association (AMTA) will maintain the highest ethical standards in the conduct of all business affairs. AMTA will comply with all applicable laws and regulations and expects its Board of Directors, volunteers, and employees to conduct business in accordance with the letter and spirit of relevant laws and refrain from dishonest or unethical conduct.

The intent of this policy is that each employee will, during both working and non-working hours, act in a manner that will inspire public trust in their integrity, impartiality and devotion to the best interest of AMTA, its program participants, customers and community citizens.

Policy:

1. A whistleblower as defined by this policy is an employee of AMTA who reports an activity that he/she considers to be illegal or dishonest to the Executive Director, President or Treasurer. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.
2. Examples of illegal or dishonest activities are violations of federal, state, or local laws; billing for services not performed or for good not delivered; or other fraudulent financial reporting; or the reporting of OSHA or other safety law violations.

If an employee has knowledge of or a concern of illegal, dishonest or fraudulent activity, the employee is to contact the Executive Director, President or Treasurer. The employee must exercise sound judgment to avoid baseless allegations. An employee who intentionally or knowingly files a false report of wrongdoing will be subject to disciplinary action up to and including termination.

APPENDIX F – WELDON-STEPHENS

NATIONAL COALITION OF CREATIVE ARTS THERAPIES ASSOCIATIONS

Annual Meeting, May 5, 2018 Embassy Suites O'Hare/Rosemont

Amy Furman, MM, MT-BC AMTA Representative

At President Weldon-Stephens request I continue to serve as the AMTA representative to NCCATA.

The Board of the National Coalition of Creative Arts Therapies Associations ([NCCATA](#)) met for the annual meeting in Chicago. Founded in 1979 and now a 501(c)(3), NCCATA is an alliance of the six creative arts therapies (CATs). Each of the professions was represented in Chicago by organization Presidents or designees.

American Art Therapy Association ([AATA](#)) Christianne Strang
American Dance Therapy Association ([ADTA](#)) Margaret Migliorati
American Music Therapy Association ([AMTA](#)) Amber Weldon-Stephens /Amy Furman rep
American Society of Group Psychotherapy and Psychodrama ([ASGPP](#)) Steven Durost
National Association for Poetry Therapy ([NAPT](#)) Nicholas Mazza/ Geri Chavis rep
North American Drama Therapy Association ([NADTA](#)) Laura Wood

The NCCATA Executive team is comprised of Chair Ronna Kaplan, MA, MT-BC, Chair-Elect/Secretary Nadya Trytan, MA, RDT/BCT, and Treasurer Mark Beauregard, MA, RDT-BCT, LCAT.

The NCCATA dues remain at \$850 per organization.

MISSION: To further the creative arts therapies through facilitation of collaborative advocacy, research and education.

VISION: To promote education, wellness, and healing through the creative arts and to increase access to quality creative arts therapies, in order to serve the public.

Licensure discussion: There was discussion around state licensing and possible collaboration among the CATs. This grew out of questions about pursuing something similar to the LCAT in other states. Judy Simpson, AMTA Director of Government Relations, and Leslie Armeniox, ADTA Secretary participated by Skype and provided information and expertise on this topic. An important clarification was understanding the criteria for a license is the certification not the level of education. In addition, AATA and AMTA spoke to limitations in the current LCAT model.

National Organization of Artists in Health Care (NOAH) continues to be an important area for NCCATA to monitor. Past AMTA Board Books and NCCATA reports provide background on concerns and issues e.g. Artist in Health Care Certification. Last year at the first NOAH conference a panel of CATs presented. The two proposals submitted for this year were not accepted. This year's theme is *Reimagining the Future of Arts in Health*. There were 84 proposals for 28 presentation times.

It was reported that the NOAH Board feels the standards are ready for review and the hope is to send out a survey about the recommend standards in June. The standards will be sent to members and the White Paper group which includes Ronna and Donna Betts, Past President of ADTA. At this time on the website the Code of Ethics and Standards for Arts in Health Professionals page reads "coming soon...". The white paper *Arts, Health and Well-being in America (September 2017)* is available at: <https://thenoah.net/about/arts-health-and-well-being-in-america-a-white-paper/>

NCCATA is collaborating on a session Consulting, Collaboration, and Credentialing: Psychologists Partnering with Creative Arts Therapist at the American Psychological Association conference Division 10 which is [Society for the Psychology of Aesthetics, Creativity, & the Arts](#). Jennifer Geiger will be representing AMTA and Ronna Kaplan will represent NCCATA.

Conferences: Now a tradition, member associations are encouraged to send a board member or representative to CAT conferences with no registration charge. I attended portions of the NAPT conference: *Poetry Therapy in a Changing World: Pathways to Growth, Healing, and Social Justice this spring.*

American Art Therapy Association November Oct 31-Nov 4, 2018 Miami, Florida

American Dance Therapy Association Oct 11-14, 2018 Salt Lake City, Utah

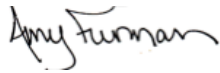
American Music Therapy Association November 15-18, 2018 Dallas, Texas

American Society of Group Psychotherapy and Psychodrama April, 2019 Manchester, NH

National Association for Poetry Therapy April 26-29, 2018 Chaska, MN

North American Drama Therapy Association October 25 - 28, 2018 Kansas City, MO

Respectfully submitted,



Amy Furman, MM, MT-BC



**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING-JUNE 22-24, 2018
PAST PRESIDENT'S REPORT
Jennifer Geiger, MA, MT-BC**

Action Item:

MOTION: To approve the Nominating Committee for the 2019 Officers' Election chaired by Jennifer Geiger.

AMTA Bylaws, Article IV, Section 8:

"The Immediate Past President assists the President as requested and provides continuity in the administration of the Association..."

As an elected officer, it is an honor to continue to serve members of AMTA as Past President. I serve in a number of ways outlined below and work closely with the AMTA leadership team: President **Amber Weldon-Stephens**, President Elect **Deb Benkovitz Williams** and Executive Director **Dr. Andrea Farbman**. I have participated in weekly leadership calls; all Board calls/video conferences; and Transition and Stakeholder Committee calls/video conferences. I provided the State of the Association Address on behalf of President Weldon-Stephens at the WRAMTA conference in Ontario, CA. With **Ron Borczon**, I also supported WRAMTA President **Kymla Eubanks** during the Town Hall discussion on the topic of Master's Level Entry. Additionally, I am a member of the Financial Advisory Committee chaired by Treasurer **Alicia Clair**. Thus far, the activity level for this term of the Board of Directors is unprecedented!

Executive Committee

Per Bylaws, Article VI:

Section 6. An Executive Committee of the Board of Directors consisting of the President, President Elect, Immediate Past President, Secretary/Treasurer, Speaker of the Assembly, and Executive Director (ex officio) is charged with transacting time-sensitive business in the name of the Board of Directors and reporting such transactions to the Board of Directors.

Executive Committee members Amber Weldon-Stephens, Amy Furman, Alicia Clair, Angie Snell and I engaged in work during the transition of the 2016-17 and 2018-19 Boards due to the [retirement announcement](#) of the Executive Director. After the 2017 election results were announced, Deb Williams joined in the work. We met regularly to review a Board-approved Search Timeline and Guidelines for the Stakeholder Committee, as well as to determine search firm finalists for the current Board to review and consider.

Executive Personnel Committee

Per Bylaws, Article XVII:

Section 4. The Executive Director is reviewed annually by the Board of Directors. Contractual arrangements between the Executive Director and the Board of Directors provide for evaluation of work, resignation, dismissal, salary, length of term, and other essentials of the position.

Per the "Timeline & Procedures: Annual Evaluation of the Executive Director" at Mid-Year, "the President appoints the Executive Personnel Committee and the Chair. In the first year of the Board's term, the President Elect chairs the committee and is mentored by the Past President." Our practice has been to engage members of the Executive Committee in this work: Amber Weldon-Stephens, Amy Furman, Alicia Clair, Angie Snell, Deb Williams and me. The aforementioned individuals reviewed the 2017 evaluation with the Executive Director earlier this year.

Transition Committee

In early February, the Board of Directors voted to employ the firm of Raffa, PC to direct the search and transition process. The following members of the Search Committee were approved: **Amber Weldon-Stephens, Deb Williams, Alicia Clair, Ed Kahler, Angie Snell, Michael Silverman** and me as Chair. Within a month, the work with Raffa Managing Director, **Karen Schuler** began. Beyond the search, this process is comprised of three phases: Prepare, Search and Onboard. Because of this breadth of work, we asked the Board to consider a change of name for our committee as this is more of a transition process rather than solely a search. I prepared information about [our progress](#) and introduced the Guidelines for the Stakeholder Committee.

The Board approved the [Stakeholder Committee](#) on April 15th which is chaired by **Amy Furman**. Their work resulted in a [survey](#) which was made available on May 8th and widely distributed by Raffa via e-mail to over 7500 MT-BCs (with appreciation to CBMT Executive Director **Joy Schneck** for their assistance and support), by **Angie Elkins** to all graduate and undergraduate student members, and posted on multiple social media accounts to promote maximum input during this Executive Director transition. Special gratitude to National Office staff **Angie Elkins** and **Jenny McAfee** for their assistance in posting information.

The input from the surveys will be aggregated by Raffa after May 16th and shared with those involved in the search. It is anticipated that the input will inform portions of the Position Profile. This will be made available in early June to launch the search. The time between hiring Raffa, completing all the necessary tasks required, and launching the search is approximately 3 months.

The Transition Committee has met 5 times since their appointment via video conference; we have 3 more meetings scheduled prior to the Mid-Year meeting. The morning of the Board of Director's Mid-Year meeting, the Transition Committee will meet with Karen Schuler in person to review the Communications Plan, Timeline, and, likely, resumes of potential candidates to assist us in determining the attributes we seek in our next Executive Director. An updated timeline of the process will be shared with the Board at the Mid-Year meeting.

Nominating Committee

Per Bylaws, Article XI:

Section 1. In a regular or special election, a nominating committee appointed by the President with the approval of the Board of Directors presents the Board of Directors with a slate of two names for each seat on the Board of Directors becoming vacant in any election year or at the time of any special election. These names must be submitted by the first meeting of the Board of Directors at the annual meeting in the even-numbered year of the 2-year election cycle. Nominations may be made from the floor during a business meeting at the annual meeting in the even-numbered year of the 2-year election cycle.

It is common practice within the association to have the Past President serve as Chair of the Nominating Committee. Assuming you would like for me to serve in this way, I will bring forth names of individuals for the Board's consideration to serve in this important capacity.

Follow-up

One of the things I am enjoying as Past President is observing areas of progress and growth for the profession of music therapy. In particular, I am delighted to see the work of the Competencies Review Task Force, co-chaired by **Kamile Geist** and **Ed Kahler**, move forward. And I am thrilled by the availability and accessibility of the AMTA Archives online, thanks to the efforts of **Bill Davis** and his team at Colorado State University. There are so many individuals who contribute their time, talents and energy to AMTA for the benefit of the music therapy profession and the clients we serve. I am grateful.

APPENDIX A - GEIGER

AMTA STAKEHOLDER COMMITTEE

Amy Furman, MM, MT-BC Chair

Thank you to the Regional Presidents and SAAB chair for their work to quickly nominate and elect the representatives to this committee. Approved by the AMTA Board of Directors on 4-15-18 the committee held an initial call on 4-16-18 to discuss items for inclusion on a member survey and how to ensure as many music therapists and students both members and non-members would be aware of the survey and the opportunity to participate.

Working with Raffa a draft was developed for on-line review and editing by the committee. A second call was held on 4-30-18. Feedback from this call was integrated by Past President Geiger and myself. After an opportunity for additional committee review the survey was sent to the AMTA Board for review.

The *AMTA Survey to Support Executive Director Transition* was launched on the AMTA Latest News the week of May 7th. Additional social media included AMTA Facebook where it was shared 45 times, eNews and regional newsletters. A letter and survey link was sent to the organizers of all of the Networking Groups listed as meeting at the 2017 conference asking them to encourage their members to participate in the survey.

An emailing to the CBMT list of 7,500 MT-BCs was utilized to ensure everyone, member and non-member, were aware of the opportunity to participate in the survey. Thank you to Angie Elkins for sending out the survey information to 1,197 AMTA student and graduate student members.

At the close of the survey on 5-16-18 there were a total of 1,679 participants. The analysis is now being completed. The Stakeholder Committee will meet on 5-21-18 to review the information and prepare a report for the Transition Committee and the Board.

Thank you to all the members of the Stakeholder Committee for their participation.

Wendy Woolsey (Vice President Elect)

Natalie Generally (Council Coordinator)

Piper Laird (Assembly Delegate)

Meganne Masko (Great Lakes Region)

Joke Bradt (Mid-Atlantic Region)

Blythe LaGasse (Midwestern Region)

Jean Nemeth (New England Region)

Cathy McKinney (Southeastern Region)

Robin Edwards (Southwestern Region)

Sara Cannon (Western Region)

Rachel Quirbach (Undergraduate Student)

Garrett Weeks (Graduate Student)

Annette Whitehead-Pleaux (AMTA member representing diversity/multiculturalism)

Penny Brill (community representative/musician)

Executive Director Search Update: Survey Launch We Want to Hear from YOU: AMTA Survey

AMTA is seeking a new Executive Director as Dr. Andrea Farbman is retiring after 30 years of service. As part of the search process we want to hear from you about your hopes for the organization and the Executive Director transition. Working with Raffa, a national search firm that specializes in founder or long-tenured non profit executive transitions, the AMTA Board has developed a search process outlined on the website. A Stakeholder Committee comprised of members elected by their regions, AMTAS, or appointed by the president has worked closely with Raffa staff to generate this survey.

We invite you to take the “AMTA Survey to Support Executive Director Transition.” The responses are completely confidential and go directly to Raffa. All professionals and students, regardless of AMTA membership status, are encouraged to participate as we would like maximum input toward this important work. Most importantly – **this survey is open to all music therapists and music therapy students** regardless of membership status or level of practice. Feel free to share the survey link with your colleagues and fellow students.

Please complete the survey by **Wednesday, May 16th (5:00 pm EST)**

You can follow the process of the AMTA Executive Director Search through regular updates posted on the AMTA website at www.musictherapy.org. As the search and transition work progresses, we are following two key principles:

1) Using AMTA’s mission and strategic plan to guide the leadership skills, experience, and attributes that will best serve the organization; and 2) utilizing a process that is tailored to our organization, values, and culture.

The AMTA’s Stakeholder Committee thanks you in advance for taking time to respond and participate.

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS MID-YEAR MEETING - JUNE 22-24, 2018
PRESIDENT ELECT REPORT
Deborah Benkovitz Williams, MSW, LSW, MT-BC**

AMTA Bylaws Article IV, Section 7: The duties of the President Elect are:

“The duties of the President Elect are to assist the President as requested, to study the duties of the President in anticipation of assuming the responsibilities of the Presidency, and to assume all duties of the President in case of resignation, disability, or absence of the President. In addition, the President Elect studies the Bylaws and related literature for the purpose of proposing revisions to these documents where such revisions are necessary to keep the documents current and responsive to the aims, objectives, and purposes of the Association. The President Elect also serves as communication liaison from the Board of Directors to the Education and Training Advisory Board, the Ethics Board, the Judicial Review Board, and the Student Affairs Advisory Board.”

Action Item:

- 1) I recommend that the Board of Directors review the revision to the Bylaws prior to submission to the AMTA membership at the first business meeting.

Ongoing Duties:

- Continue to assist the President as requested by providing information and feedback.
- Participate in scheduled conference calls with the President, Executive Director, Executive Committee, Board of Directors, Financial Advisory Committee and Council Coordinators.
- Review the Bylaws and related documents for continuity and clarity.

Summary of activities since January 1, 2018:

- Participate in weekly calls with the President, Executive Director, and Immediate Past President, as well as regular meetings with the Financial Advisory Committee, the Executive Committee, and the Board of Directors.
- Serve on the Transition Committee and participate in regular meetings and conference calls.
- Serve as liaison between the Ethics Committee, Judicial Review Board, Student Affairs Advisory Board, Educational Training and Advisory Board, the Pediatric Work Group, the Music Therapy Business Owners task force, and the Board of Directors.

Board of Directors Liaison for:

- **Educational Training and Advisory Board (ETAB)**, chaired by Elizabeth Schwartz, is requesting approval of new wording in their mission statement (see ETAB report). The requested changes do not affect the AMTA Bylaws, and more closely reflect the relationships between ETAB and the CBMT and NASM. ETAB is also requesting approval and support for a phone/video conference with the purpose of furthering the current work of ETAB.
- **Ethics Board**, is co-chaired by Carol Shultis and Jan Schreiber. President Weldon-Stephens has been working closely with the Ethics Board. Please see the President’s report and the full Ethics Board report for detailed information.
- **Judicial Review Board** is chaired by Julie Andring. Please see her report for more information.

- **Students Affairs Advisory Board (SAAB)**, chaired by Jeffrey Wolfe, has been very active in promoting advocacy, increasing awareness in communities, states, and regions, regarding the definition and value of music therapy. Additionally, SAAB asks the AMTA BOD to explore the feasibility and financial costs associated with AMTAS becoming a nonprofit subsidiary under AMTA’s 501©3 status.
- **Pediatric Music Therapy Work Group**, co-chaired by Marial Biard and David Knott, has been working toward several goals with the intent of increasing awareness of the pediatric population’s needs, related research, and best practice for young clients/patients. A survey is being completed to identify and outline best approaches to pediatric music therapy and other relevant information. The report is expected to be ready for presentation and possibly publication in the fall of 2018.
- **Music Therapy Business Owners (MTBO)**, a new task force co-chaired by Meredith Pizzi and Hakeem Leonard, is in the process of forming their committee. They will focus on the practices, needs, successes and opportunities for music therapy business owners, with the goal of providing information and resources.

Please see individual reports for more detailed information.

Proposed Bylaws change:

Article IV

Section 13. The Regional President Representative serves as a conduit to the regions and other regional presidents particularly in communications regarding issues related to the regions, providing feedback from the Board of Directors to the regions and from the regions to the Board of Directors.

Proposed change:

Section 13. The Regional President Representative serves as a conduit to the regions and other regional presidents particularly in communications regarding issues related to the regions, *connecting leadership with those affected by disasters*, providing feedback from the Board of Directors to the regions and from the regions to the Board of Directors.

Rationale: The task of “*responding to disasters*” was added to the responsibilities of the Regional President Representative a year ago. The additional language being proposed will update and accurately reflect the responsibilities of the Regional President Representative.

Respectfully submitted,

Debbie

Deborah Benkovitz Williams, MSW, LSW, MT-BC

Neonatal Intensive Care Unit Music Therapist

President-Elect of the AMTA

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING- JUNE 22-24, 2018
VICE PRESIDENT'S REPORT
Kristen O'Grady, MA, LCAT, MT-BC**

Per Article IV, Section 9 of the AMTA Bylaws, "The Vice President serves as the program chairperson for annual conferences during his or her term in office. This officer presides in the absence of the President, President Elect, and Immediate Past President, and succeeds to the Presidency in the case of disability or resignation of the President, President Elect, and Past President. A vacancy in the office of Vice President is filled by the Vice President Elect."

The conference team hit the ground running and we are well on our way to planning another high quality and successful educational opportunity for the membership. This year, we will celebrate a milestone in our profession: the 20th anniversary of the formation of the American Music Therapy Association, as well as 68 years of music therapy! This year's theme, "Music Therapy for a Growing World" was selected to honor our past, yet set our sights on the ways we need to continue to grow and change for our future. As our understanding of the world around us continues to grow, our role as music therapists must do the same. This conference will highlight critical issues in our society as they intersect with our field. I invite attendees to ponder these questions during their time at conference: How will you add your voice to our community? What conversations do we, as a music therapy community, need to be having? How will you take this opportunity to advance our practice? The most important aspect of conference is the development of a cutting-edge, well-rounded conference program. We hope to have educational offerings that will appeal to music therapists at all stages of practice. I am excited about what this program will hold as we move into the concurrent session selection process!

On March 1-3, 2018, I traveled to Dallas with Cindy Smith, Al Bumanis and Jane Creagan to conduct our first site visit. This year's conference will be located in the Hyatt Regency Dallas, a stunning 28-story hotel located in downtown Dallas, just minutes from the West End section of the city. The high rise nature of the hotel gives way to expansive views of the city. When we arrived at the hotel, we were greeted by the on-site events planning staff. Each member of this dedicated staff is ready to make our conference an extraordinary educational and enjoyable experience. For a more detailed account of the conference site, please reference Al Bumanis and Cindy Smith's report.

While in Dallas, we were privileged to meet with members of the local committee. Local Co-Chairs Mary Altom and Daniel Tague, along with an ever-growing list of local committee members are ready to help make our visit to Dallas memorable. From connections with local businesses and restaurant recommendations, to social media and instruments, this dedicated team of volunteers is ready to ensure that your conference experience is everything you have come to expect. I am honored to work with such an enthusiastic group and look forward to seeing how plans continue to unfold in the coming months.

The 2018 national conference is starting to take shape! We are developing many exciting new events which will enhance the conference experience. Through the work of Laurie Keough, in her role as former chair of the Continuing Education Committee, AMTA is now approved to offer continuing education credits from New York State LCATs!! Qualifying sessions will be noted in the program based on presenter credentials. Here are just a few things you can look forward to this year:

Pre-conference Institutes, Specialty Trainings and CMTEs (all information subject to change):

Monday, November 12, 2018

- Level I Bonny Method of GIM—Nicki Cohen (through Thursday)

Tuesday, November 13, 2018

- Introduction to DIRFloortime for Music Therapists—John Carpente (through Thursday)

Wednesday, November 14, 2018

- Music Therapy Assisted Childbirth (Part 2—Experiential)—Mary DiCamillo
- Music Therapy Assessment: Global Perspectives and Contemporary Issues-- Eric Waldon, Gustavo Gattino, Wendy Magee, Daniel Thomas, Stine Lindahl Jacobsen, John Carpente, Thomas Wosch, Sanne Storm

- Music Therapy in the NICU Training—Jayne Standley
- Whole Person, Whole Life: A Comprehensive View of Music Therapy in Pediatric Palliative Care (Institute generously sponsored by the Each One Counts Foundation)—Shawna Vernise, chair
- Music Therapy & Trauma: Preparedness, Response and Resilience: Joy Allen, Laura Beer, Barb Else, Brian T. Harris, Jennifer Sokira, Jennifer Townsend, Heather Wagner, Becky Wellman
- Introduction to Vocal Psychotherapy—Diane Austin, Jenny Hoi Yan Fu and Allison Reynolds
- Texas Sized Music Skills: Music Therapy Interventions Influenced by Texas Musicians—Peter Meyer, Robert Groene, Alan Turry, Tracy Richardson, Destiny Henn, Leah Nelson
- Music Therapy and Substance Abuse Treatment—Judith Pinkerton
- The Ethical Music Therapist: Decision Making for a Growing World—Jennifer Geiger, Eric Waldon, Wendy Woolsey
- Music Therapy Experts in Special Education—Mary Altom, Kathleen Coleman, Patina Jackson, Cathy Knoll and Mary Lawrence

Thursday, November 15, 2018

- Lessons for Everyone from Hospice Music Therapy: Lisa Kynvi
- Early Childhood Music Therapy Practices: A Music Together Approach—Carol Ann Blank and Andrew Knight
- Utilizing Music as a Primary Source of Intervention: Experiential in Nordoff-Robbins Music Therapy—Alan Turry and Jacqueline Birnbaum
- Advantages and Applications of a Brain Influence Approach to Music Therapy Practice—Dale Taylor, Lisa Gallagher, Hope Young and Janice Lindstrom
- Isn't it just a drum? A cultural exploration of djembes and congas—R. Deemeko Freeman
- Beyond Accompaniment: Instrumental Techniques for Playing, Teaching & Utilizing the Ukulele in the Clinical Setting—Stephanie Epstein
- Promoting the Value of Phase I Research in NICU Music Interventions— Deanna Hanson-Abromeit, Helen Shoemark, Amy Smith, Kara Caine
- An Internship Curriculum Prototype: Developing Training Modules to Ensure Professional Competency—Jason Willey and April Westover Mounts
- A Toolbox: Developing Multisensory and Body Awareness in Populations with Multiple Disabilities—Roberta S. Adler
- Verbal Techniques for Group Music Therapists—Corey Oliver
- Songwriting: Enhancing Quality of Life for Older Adults—Carol Shultis and Karen Jasko
- Performance Wellness: A Proactive, Creative, Multi-Modal Approach to Manifesting Healing in Performance in Daily Life—Allegra Themmen-Pigott
- Stroke Rehabilitation: Using Music Therapy for Return to Function—Dwyer Conklyn
- Music Therapy for Recovery from Child Abuse: Assessment, case conceptualization and treatment— Tania Cordobes and Cara Hamlyn
- Conducting Clinical Research: A guide through the research process—Annie Heiderscheit, Nancy Jackson and Kathy Murphy
- Cultivating Cultural Awareness and Competence in Music Therapy—Anastasia Canfield and Yue Wu
- The Definitive Guide to the SEMTAP: Special Education Music Therapy Assessment Process—Betsey King and Kathleen Coleman
- Collaborating with CCC-SLPs: Two MT-BC/CCC-SLPs Share Insights and Strategies to Support a TEAMwork Approach—Lori Lundeen-Smith and Jennifer Buhrmann
- Supervising the National Roster Intern—Lauren DiMaio, Eve Montague, Susan Glaspell, Kimberly S. Hawkins, Brian Stephen Jantz, Kay LaRae Luedtke-Smith, Della Molloy-Daugherty, Manal R. Topozada, Christina Watson

Friday, November 16, 2018

- Advocacy Boot Camp—Judy Simpson, chair
- Music and the PTS Brain in Military Veterans—Mack Bailey
- Music Therapy as Bridge Builder in a Divided & Conflicted World—Barbara Dunn
- Moments of Meeting in Clinical Improvisation: Musical Intersubjectivity—Florence Ierardi

Saturday, November 17, 2018

- AMTA Leadership Academy—Meredith Pizzi, chair
- Songwriting for Self-Care: Process, Product, and Practice—Natalie Wlodarczyk
- Analytical Music Therapy-Oriented Supervision (AMTOS)—Seung-A Kim
- Inversions and Voice Leading: Secret Ingredients for Effective and Interesting Piano Improvisation—Suzanne Sorel

Sunday, November 18, 2018

- Ethical Practice for the Music Therapist in End of Life & Bereavement Care— Lauren DiMaio, Noah Potvin, Alexa Economos and Rachelle Norman
- LGBTQAI+ Identities and Music Therapy— Annette Whitehead-Pleaux, Beth Robinson, Freddy Perkins, Leah Oswanski, Lisa Kynvi, Maureen Hearn, Spencer Hardy, Michele Forinash, Amy Donnenwerth
- SOS, APAC: Interpreting the Standards for Education and Clinical Training—Rebecca Engen and Betsey King
- Drums Alive Golden Beats Instructor Training—Hachya H. Franklin and Dorie A. Phillips

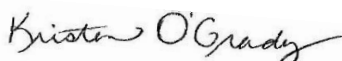
Highlights and Special Events

- Special Friday night concert by Kechi—Friday, November 16, 2018
- Latin Dance Party: Hosted by the Latin American Music Therapist Network—Friday, November 16, 2018
- AMTAS National Passages event—Thursday, November 15, 2018
- Back by popular demand: Yoga/Mindfulness/Meditation space will be open throughout the conference!
- Plenary session featuring Dr. Deforia Lane and Dr. Andrea Farbman—Reflecting on our past and growing our future
- Special events to celebrate the 20th anniversary of AMTA
- “Conference Chair Presents” sessions which will further develop the conference theme
- New and improved MTeX talk series
- Food trucks to provide enhanced lunch options
- And more to come...

As a VP in the first year of the term, I could not dream of navigating this process without the national conference team. It goes without saying that Al Bumanis and Cindy Smith are irreplaceable. The wealth of knowledge and expertise that they bring to conference planning is unmatched. They are available and supportive through each and every question that I have. I would also like to extend gratitude to VP-elect Wendy Woolsey. Wendy has jumped into this process with both feet. She has taken on the task of perfecting out MTeX offerings to better align with the traditional TEDx talks. I have valued Wendy’s perspective and ideas throughout this process.

It continues to be an honor to serve in this capacity and I look forward to further developing the conference experience over the next several months.

Respectfully submitted,



Kristen O’Grady, MA, LCAI, MT-BC
Vice President
American Music Therapy Association

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING-JUNE 22-24 2018
VICE PRESIDENT ELECT'S REPORT
Wendy Woolsey, MA, MT-BC**

It has been my privilege to support Vice President O'Grady and join the conference planning team already working diligently to organize the 2018 conference in Dallas, Texas. I continue to study the process and procedures in place, assist and learn in preparation of assuming the role of Vice President.

I have been participating in weekly conference calls with Vice President O'Grady, Al Bumanis and Cindy Smith as we prepare for the 2018 conference. My specific contributions include participating in the blind review process of CMTE and session proposals. I have also been tasked with the further development of MTE, the TEDx style presentations. After reviewing proposals we will identify the MTE presenters and support the development of their TED Talk style presentations. I will be working with our video professional to provide a professional aesthetic and record MTE for future learning opportunities.

As Vice President Elect I also serve on the Stakeholder's Committee. It has been my pleasure to work with professionals from every region as we identify the values of members and non-members and gather information to aid in the search of our next AMTA Executive Director. Please see the Stakeholder's Committee Chair report submitted by Chair, Amy Furman, for further information.

It is a pleasure working with Vice President, Kristen O'Grady, Al Bumanis and Cindy Smith. I look forward to continuing preparations as we work to provide you valuable opportunities to gain knowledge on evidence based practice, network, earn continuing education credits and engage in learning opportunities to support "Music Therapy for a Growing World."

Respectfully Submitted,

Wendy Woolsey, MA, MT-BC

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING – JUNE 22 – JUNE 24, 2018
SPEAKER OF THE ASSEMBLY OF DELEGATES' REPORT
Angela M. Snell, M.S.Ed, MT-BC

Article VII. Assembly of Delegates

Section 1. An Assembly of Delegates, hereinafter referred to as the Assembly, is the legislative and policy-making body of the Association. The Assembly receives and acts upon legislation from the general membership, the Council Coordinators, the Board of Directors, and its own members.

Section 2. The Assembly is composed of professional members elected by and from the regional organizations within the Association. The number of delegates in the Assembly is in proportion to the number of national professional members in the respective regions. Each region has a minimum of two delegates. The exact number of delegates from each region is established by the Board of Directors for each election year prior to the regional meetings. The size of the Assembly is established by the Board of Directors within a numerical range of 60 to 70 delegates.

Section 3. The regional organizations elect their delegates prior to the national meeting in odd-numbered years.

Section 4. For each delegate position authorized, the region elects a primary and an alternate delegate, the alternate to function in the event of the unavailability of the primary delegate.

Section 5. The delegates' term of office is 2 years to coincide with the terms of the national officers. The limits of consecutive terms may be set at each region's discretion.

Section 6. The Assembly, at the national conference held in an odd-numbered year, elects four members to serve on the Board of Directors and then elects one of these four to serve as Speaker of the Assembly and one of these four to serve as the Assistant Speaker of the Assembly. The term on the Board coincides with the 2-year term of the national officers. The Assembly also elects four alternate delegates, an alternate to function in the event of the unavailability of a primary delegate. Assembly delegates and alternate delegates may not serve concurrently in any other office on the Board of Directors. In the event of the resignation of a primary delegate from the Board, the alternate with the highest number of votes will succeed to the position, and the person with the next highest number of votes will succeed to the alternate delegate position.

Section 7. The Speaker of the Assembly is the presiding officer of the Assembly of Delegates and, with the President and the Assistant Speaker, prepares the agenda for the Assembly meetings, with approval of the Board of Directors. The Assistant Speaker presides at its meetings in the absence of the Speaker. A vacancy in the Speaker's position is filled by the Assistant Speaker. A vacancy in the Assistant Speaker's position is filled by the Assembly at its next meeting. (AMTA, 2017)

Report Overview

- I. 2018 AMTA Conference: Tentative Assembly Meeting Dates/Times**
- II. Speaker Activities and Assembly Leadership Teams**
- III. Assembly Bylaws Task Force Update**
- IV. Assembly Delegates Facilitate Member Feedback to the Board: MLE Subcommittee Final Report**
- V. Final Items**

I. 2018 AMTA Conference: Tentative Assembly Meeting Dates/Times

At this time, the Assembly of Delegates and AMTA Business meetings at the 2018 AMTA Conference in Dallas, Texas are **tentatively** scheduled as follows:

DATE	TENTATIVE TIMES Assembly of Delegates Meetings 2/3 needed for a Quorum	TENTATIVE TIMES AMTA Business Meetings 2/3 needed for a Quorum
Thursday, November 15	1:30 p.m. – 5:30 p.m.	
Friday, November 16	7:30 a.m. – 9:00 a.m.	10:30 a.m. – 12:00 p.m.
Saturday, November 17	11:15 a.m. – 1:15 p.m.	4:45 p.m. – 5:45 p.m.

Assembly Delegates make every effort to attend all of the meetings in order to assure the full representation promised to the membership and to meet the quorum requirements outlined in the AMTA Bylaws Article X. Those who are unable to attend are instructed to notify their Regional President as early as possible so an Alternate Assembly Delegate can be notified to fill the vacancy. It will be important for the Alternate Delegate to have access to the Board Book and background information regarding agenda items. In addition to coordinating Alternates to fill known Delegate absences, Regional Presidents are encouraged to have some unassigned Alternates sit in the public viewing section for each of the Assembly meetings in case an unexpected Delegate absence occurs. All Alternates are welcome and encouraged to attend Assembly Meetings. Delegates also are required to attend the AMTA Business Meetings, again to assure representation and to meet quorum requirements so Association business can be conducted.

It is the responsibility of all Assembly Delegates to read the Board Book and be prepared for the Assembly Meetings. The Speaker will send out an agenda prior to the conference with as much notice as possible to keep delegates apprised of the upcoming issues slated for discussion and votes. Issues often come from committee and board meetings taking place at the conference. Thus, some items will not appear on the initial agenda.

II. Speaker Activities and Assembly Leadership Teams

There has been a significant increase in the amount of work being conducted by AMTA, the Board of Directors, the Assembly Representatives to the Board and the Regional Assembly Delegations for this first half of 2018. This is largely due to the timing of Board action items related to the Final Report of the MLE Subcommittee (See Section IV of this report) and the Executive Director search. Teamwork, engagement, and outreach are the themes of our collective work. Speaker activities since the 2017 Conference in St. Louis include the following: 1. Coordinating meetings and action items with the Assembly Representatives, Regional Presidents, and the Assembly Bylaws Task Force (ABTF); 2. Service on the AMTA Board of Directors; AMTA Executive Committee, AMTA Executive Personnel Committee, AMTA Financial Advisory Committee (FAC), and the AMTA Transition Committee (related to the Executive Director Search); 3. Appointments for the 2018-2019 Assembly (Parliamentarian and ABTF member renewals/replacement); 4. Coordinating Assembly Representative Alternates to assure positions are covered for meetings and votes in the event of an absence; 5. Ongoing communication and collaboration with the Speaker Leadership Team, Assembly Delegates and Alternates, President Weldon-Stephens and her Leadership Team, Executive Director Farbman, AMTA Regional Presidents and the AMTA Regional Presidents Representative Dalton, ABTF members, AMTA members, and prospective AMTA members. From January to May 2018 there have been five to eight phone or video conference call meetings per month, along with related emails and tasks between meetings.

Assembly Representatives' Full Engagement in the Executive Director Search

Thank you to President Weldon-Stephens and her leadership team who have coordinated a detailed effort to assure a smooth and professional search process for the next AMTA Executive Director. Monthly meetings have been predetermined for the year, with some spans of time involving additional meetings. Again, teamwork is allowing the regular work of the Board to continue simultaneous to the Executive Director search. Each of the Assembly Representatives has had input into the timeline and selection of a professional search firm. Each Representative serves in various capacities to support the Board in developing each critical step of the process (member survey, preparation of public announcements, committee work, transparency measures, and ongoing member outreach and engagement). I am in awe of the depth and dedication of all elected and appointed members of our association. I am especially honored to have an incredible Assembly Leadership Team, Regional Presidents, and Delegates/Alternates who collaborate and share the workload in expert fashion. Thank you to all Delegates, Alternates, members, and prospective members who participated in the Stakeholder Committee Member Survey. I encourage all members to stay engaged in this process by monitoring the AMTA website, responding to AMTA communications, and reaching out to their Assembly Representatives, Delegates, and Board members. This will ensure a successful search for a candidate who can build upon the successes of Executive Director Farbman and the combined efforts of our growing AMTA organization.

Speaker Leadership Team

The 2018-19 Assembly Delegate Representatives serving on the AMTA Board of Directors listed below have been actively engaged in the work of the Board of Directors through phone and video conference-call meetings, the email voting process, and committee work. When email votes are introduced, President Weldon-Stephens facilitates and encourages discussion prior to each vote by establishing a “Clarification Period”. During the Clarification Period, Board members post any questions, thoughts, and clarifications to the entire voting Board so each motion has a chance to be explored and debated. Assembly Delegate Representatives are required to monitor their email inbox for this type of time-sensitive board activity.

Assembly Delegate Representatives

Angela M. Snell – Speaker of the Assembly (snellmusictherapy@gmail.com)
Michael Silverman – Assistant Speaker of the Assembly (silvermj@umn.edu)
Lori Gooding – Assembly Delegate at Large (lgooding@fsu.edu)
Gary Verhagen – Assembly Delegate at Large (gtverhagen@verizon.net)

Following is a list of the Assembly Delegate Representative Alternates for the 2018-19 term of service. The Speaker of the Assembly proactively forwards Board conference call dates and times to each of these alternates. On rare occasions when a Representative knows they have an unavoidable meeting time conflict, a Representative Alternate is called to fill the temporary vacancy in the order they were elected. Additionally, I strive to have at least two Alternates on standby for each Board conference call in the event of an unplanned absence. Thank you to each of these alternates who are actively serving in this capacity for each of the Board conference call meetings. And, on behalf of the Speaker Leadership Team, I extend a special thank you to Delegate Karen Miller who served briefly as a Representative Alternate. Congratulations and much success to her as she moves from the SWR to the GLR for a new position at Indiana Wesleyan University! Carolyn Moore (SWR) moves into Karen’s alternate spot. Thank you to both Karen and Carolyn.

Assembly Delegate Representative Alternates

Piper Laird (piper.riehlelaird@bannerhealth.com)
Andrea Dalton (andreadaltonmtbc@gmail.com)
Spencer Hardy (spencerhardymusictherapy@gmail.com)
Carolyn Moore (Cxd042@shsu.edu)

Linda Bosse has accepted the position of Parliamentarian for the 2018-19 Assembly of Delegates, as appointed by the Speaker of the Assembly. Linda has served the Assembly in this capacity since 2014. As noted further below in this report, Linda also serves as a consultant on the ABTF. Her thorough knowledge of Robert’s Rules of Order, the AMTA Bylaws, and the history of the Assembly of Delegates is highly valued. Thank you to Linda for her continued service in this role.

Parliamentarian for the Assembly of Delegates

Linda Bosse (LindaBosseMT@aol.com)

Below are the current members of the ABTF. Refer to Section III of this report for an update on the activities of the Task Force.

Assembly Bylaws Task Force

Task Force Chair: Angie Snell, Speaker of the Assembly (snellmusictherapy@gmail.com)
MAR: Donna Polen (MARAssemblyChair@gmail.com), Gary Verhagen (gtverhagen@verizon.net)
GLR: Cindy Ropp (cropp@ilstu.edu), Debbie Bates (dsbates@neo.rr.com)
Western: Piper Laird (piperriehle@aol.com)
Midwestern: Andrew Knight (ajknightmtbc@gmail.com)
New England: Caryl Beth Thomas (Carylbeth.Thomas@state.ma.u)
Southeastern: Carmen Osburn (ceosburn@muw.edu)
Southwestern: Ed Kahler (ekahler@mail.wtamu.edu)
Linda Bosse, Assembly Parliamentarian, serves as a nonvoting consultant to the Task Force (LindaBosseMT@aol.com)

The Regional Assembly Delegations have been essential to member outreach before, during, and after the 2018 regional conferences. See Section IV of this report for highlights of their role in gathering important member feedback for the Board of Directors on the Final Report of the MLE Subcommittee.

The 2018-2019 Assembly of Delegates

Great Lakes Region (16 delegates) Debbie Bates, GLR President (dsbates3@gmail.com)

Mid-Atlantic Region (15 delegates) Mike Viega, MAR President (maramtapresident@gmail.com)

Midwestern Region (6 delegates) Andrew Knight, MWR President (ajknightmtbc@gmail.com)

New England Region (5 delegates) Judy Engel, NER President (judyengel@gmail.com)

Southeastern Region (8 delegates) Christine Leist, SER President (leistcp@appstate.edu)

Southwestern Region (5 delegates) Christine Neugebauer, SWR President (ctneugebauer@outlook.com)

Western Region (9 delegates) Kymla Eubanks, WR President (kymla.eubanks@gmail.com)

Total Delegates for 2018-2019 = 64 (43 = a 2/3 quorum)

Thank you to all those listed above for their active service and representation of the membership thus far this term. All Assembly Delegates, Alternates, and members are encouraged to be in contact with the Assembly Delegate Representatives and Representative Alternates to maximize member representation at the Board level.

III. Assembly Bylaws Task Force Update

The work of the Assembly Bylaws Task Force (ABTF) continues as discussed at the 2017 AMTA Conference in St. Louis, Missouri. The ABTF is tasked with reviewing Article VII of the AMTA Bylaws in order to make recommendations regarding the Assembly of Delegates' roles, responsibilities, and the relationship between the Board and the Delegates. To promote continuity in the progression of the work done thus far, the Assembly passed a motion November 18, 2018 to retain the ABTF members who are not members of the 2018-2019 Assembly of Delegates. Members of the Task Force are recommended to the Speaker by the Regional Presidents. The ABTF welcomes SER Delegate Carmen Osburn to the Task Force as Cathy McKinney steps down. The ABTF is grateful to Cathy for her historical knowledge of the Assembly and her dedicated work during the first year of the ABTF.

The Task Force continues to meet through video conferencing. The group will meet again June 14, 2018 to follow up on subgroup action tasks from the May meeting. Tasks are associated with the following inter-related topics: roles, clarifying Bylaws words/phrases, nonprofit rules, flow of business, and delegate and member engagement.

As always, in order to more fully benefit by our collective brain power, delegates and members are encouraged to review the Bylaws language (<http://www.musictherapy.org/members/bylaws/>) and contact any of the Task Force members with your thoughts, questions, and suggestions. Contact information is listed above in Section II of this report. Thank you to those serving on this Task Force.

IV. Assembly Delegates Facilitate Member Feedback to the Board: MLE Subcommittee Final Report

The Board is currently in the informational gathering stage with reference to the content of the MLE Subcommittee Final Report (See the full MLE report at https://www.musictherapy.org/careers/mle_considerations/). Grassroots input is essential to this process, thus the Board asked the Speaker to activate the regional delegations to coordinate membership outreach to facilitate essential and timely feedback before the Mid-Year Board Meeting.

The Assembly Representatives Leadership Team collaborated with the Regional Presidents and Andrea Dalton, AMTA Regional Presidents Representative, to develop a uniform way to gather responses to the following question put forth by the Board of Directors: *What additional considerations would you like the Board to consider before the Board makes a decision on the MLE Final Report?* This team determined that a PowerPoint template could guide each region in delivering and gathering information in a consistent fashion while allowing flexibility for personalization for unique regional needs. Special emphasis was placed upon providing more than one way for members to submit verbal or written feedback, including public and private options.

Each region agreed to hold a Town Hall or concurrent session on the topic at their 2018 conferences. Much gratitude to the regional conference planners for their flexibility and innovation in fitting this into their local event schedules. The WR had the earliest conference March 1-3, 2018. Special thank you to Kymla Eubanks, WR President, Jennifer Geiger, AMTA Past President and WR member for collaborating with the Assembly Representatives to put together and pilot a PowerPoint for use at regional conferences. As stated at each regional presentation: With as little bias as

possible, the goal of the PowerPoint presentation was to provide an outline of report contents (to inform), to allay fears/concerns about fast movement (because there is no decision on the report recommendation), and to solicit feedback for further consideration from members. Andrew Knight, MWR President, attended the WR conference and MLE session, allowing him to provide further feedback on the PowerPoint and prepare for the MWR MLE session held March 17, 2018. The Assembly Representatives and Regional Presidents (and including MAR Assembly Chair Donna Polen) provided further input after the MWR conference. The resulting PowerPoint can be viewed in **APPENDIX A** attached to this report. Note that slides 7, 8, and 9 were added after the WR and MWR conferences.

Kudos to the Regional Presidents and their Assembly Delegations for facilitating these sessions, assigning designated people to transcribe verbal and written feedback, and serving as contacts for members on this topic. The raw data collected thus far can be found in **APPENDIX B** attached to this report. Note that each entry is reflected as the transcribers dictated without editing in order to avoid unintentionally altering the meaning of member feedback. The Assembly Representatives are using this data to do a PowerPoint presentation to the Board at the Mid-Year Meeting. Thank you to the efforts of many throughout this process.

V. Final Items

Additional Mid-Year Agenda Items

Two items passed by the Assembly Saturday, November 18 at the 2017 conference are on the Mid-Year Board Agenda for updates and discussion. The language from the 2017 Assembly *Draft Motions* read as follows:

MOTION: *Resolve, that the Assembly tasks the Delegate Representatives to the Board of Directors to share the concerns of the Assembly with the Board of Directors regarding the requirement that members of State Task Forces on Occupational Regulations be members of AMTA, and to request postponement of the new guideline for requiring membership.*

Author, Donna Polen. The motion carried.

MOTION: *Resolve, that the Assembly request that the Board of Directors task the Council Coordinators to review all policies, procedures and guidelines to ensure that they adequately address issues of harassment.*

Author, Gary Verhagen. The motion carried.

Communication

Communication on all levels continues to be a priority in order to build upon the accomplishments of previous bodies of Assembly Delegates. While much is still developing and in process, I expect a full agenda for the Assembly at the 2018 November conference in Dallas, Texas. I will continue to send Speaker Quick Takes to keep the Delegates and Alternates updated and alert. Many Delegates have expressed gratitude for these communications. People have especially requested to receive information regarding any weighty subjects or action items slated for the Assembly meetings in Dallas as soon as possible so they can be fully informed and ready to represent the membership with high standards.

Open communication is encouraged and facilitated on an ongoing basis between the Assembly Representatives to the Board of Directors, the Assembly of Delegates, and AMTA members. On behalf of myself, Assistant Speaker Silverman, Assembly Delegates at Large Gooding and Verhagen, thank you to the many who call, write and approach us regarding questions, problems, and ideas that keep us moving forward.

It is an honor to serve with such knowledgeable music therapists who share the same passion for music therapy! It truly takes teamwork, engagement, and outreach to continue to strengthen AMTA's mission "...to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world."

Respectfully Submitted,

Angela M. Snell, M.S.Ed, MT-BC

Speaker of the Assembly

snellmusictherapy@gmail.com

734.693.2763

APPENDIX A – SNELL
2018 Regional Conference PowerPoint Template
MLE Town Halls and Concurrent Sessions

Note: The below PowerPoint was utilized at each 2018 regional conference. Slides 7, 8, and 9 were added after the WR and MWR conferences in collaboration with the Assembly Representatives and Regional Presidents.

<p style="text-align: center;">Master’s Level Entry (MLE) Final Report</p> <p style="text-align: center;">_____ Region Assembly Delegates (name), _____-AMTA President</p>		<p style="text-align: center;">(Region)-AMTA Assembly Delegates</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>DELEGATES</p> <p>1. Name delegate _____ (state) (email.....)</p> <p>2.</p> <p>3-</p> <p>4-</p> <p>5-</p> <p>6.</p> <p>7-</p> <p>8.</p> </td> <td style="width: 50%; vertical-align: top;"> <p>ALTERNATES</p> <p>1. Name alternate ____ (state) (email.....)</p> <p>2.</p> <p>3-</p> <p>4-</p> <p>5-</p> <p>6.</p> <p>7-</p> <p>8.</p> </td> </tr> </table>	<p>DELEGATES</p> <p>1. Name delegate _____ (state) (email.....)</p> <p>2.</p> <p>3-</p> <p>4-</p> <p>5-</p> <p>6.</p> <p>7-</p> <p>8.</p>	<p>ALTERNATES</p> <p>1. Name alternate ____ (state) (email.....)</p> <p>2.</p> <p>3-</p> <p>4-</p> <p>5-</p> <p>6.</p> <p>7-</p> <p>8.</p>
<p>DELEGATES</p> <p>1. Name delegate _____ (state) (email.....)</p> <p>2.</p> <p>3-</p> <p>4-</p> <p>5-</p> <p>6.</p> <p>7-</p> <p>8.</p>	<p>ALTERNATES</p> <p>1. Name alternate ____ (state) (email.....)</p> <p>2.</p> <p>3-</p> <p>4-</p> <p>5-</p> <p>6.</p> <p>7-</p> <p>8.</p>				

<p>-MLE Report Completed</p> <p>-Subcommittee Discharged</p> <p>-Seeking Feedback</p>	<ul style="list-style-type: none"> • The purpose of this presentation is to seek feedback from regional members. • What additional considerations would <u>you</u> like the Board to consider before the Board makes a decision on the MLE Final Report? 	<p style="text-align: center;">MLE Report Facts</p> <ul style="list-style-type: none"> • The report is complete, the result of 5 years of focused information gathering • The report and all of its related contents is publicly accessible at www.musictherapy.org • The Subcommittee has been discharged • There have been no decisions made regarding the question of Master’s Level Entry to the music therapy profession.
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<p style="text-align: center;">There have been no decisions made regarding the question of Master’s Level Entry.</p> <p style="text-align: center;">https://www.musictherapy.org/careers/mle-considerations/</p>	<p style="text-align: center;">MLE Report Contents: 4 Parts</p> <ul style="list-style-type: none"> • Part I <ul style="list-style-type: none"> • Background, Principles, Retreat update, CBMT Information, Recommendation #1 • Part II <ul style="list-style-type: none"> • Four Charges to the MLE Subcommittee, Information & Recommendations • Part III <ul style="list-style-type: none"> • References, Timelines, Appendices • Part IV <ul style="list-style-type: none"> • PPT Presentations since 2012
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APPENDIX A, CON'T. – SNELL
Page 2

MLE Report:
5 Areas that
drew
Constituent
Comments at
Town Halls

- 1: Impact on Educational Programs
- 2: Impact on Students and the Internship
- 3: Employment or Workforce Issues
- 4: State Recognition and Reimbursement
- 5: MODEL: What Would a Master's Entry Program Look Like?

MLE Report:
Recommendations

The MLE Subcommittee recommends to the AMTA Board of Directors that we transition to Master's Level Entry into the profession by 2030.

The motion passed with 8 yes votes and 6 no votes.

MLE Report:
Additional
Recommendations

- The MLE Subcommittee provided 11 additional recommendations for future consideration as part of their report.
- The first 3 of these, related to reviewing CBMT data on examination trends, have been completed.
- The remaining recommendations will be considered based on future decisions on the main recommendation.

FACTS

- While the final report has been received by the Board, **no decision on the question of Master's Level Entry has been made.**
- Discussion at regional conferences is being sought for additional feedback.

Assembly of
Delegates:

Goals for
Member
Outreach

- Promote accurate information & open communication
- Provide members the opportunity to provide feedback
- Maximize listening opportunities so ideas and concerns are heard
- Assure safe listening venues so all are comfortable voicing their thoughts

Town Hall
Guidelines

- Please be respectful of different perspectives
- Keep comments within 2 minutes to allow as many people to speak as possible
- Let others speak before approaching the microphone a 2nd time
- Submit any comments in writing that weren't mentioned today

APPENDIX A, CON'T. – SNELL

Page 3

What additional considerations would you like the Board to consider before the Board makes a decision on the MLE Final Report?

Written feedback may be provided to your Assembly Delegates

Please submit additional comments or questions to:

Regional online link

APPENDIX B – SNELL

2018 Regional Conference Member Feedback on the MLE Subcommittee Final Report Raw Data

Responses to the following question forwarded by the Board of Directors were collected by the Regional Presidents and their Assembly Delegations at 2018 Regional Conference Town Halls and Concurrent Sessions. See the PowerPoint template used for these sessions in APPENDIX A.

QUESTION: *What additional considerations would you like the Board to consider before the Board makes a decision on the MLE Final Report?*

NOTE: Each entry is reflected as the transcribers dictated, without editing in order to avoid unintentionally altering the meaning of member feedback. This data is being further reviewed and evaluated. Thank you to the efforts of the Regional Presidents and Assembly Representatives throughout this process.

**Western Region Concurrent Session 8:30 – 9:30 a.m. Friday, March 2, 2018
Reported by Kymla Eubanks, WR-AMTA President**

<p>WR 1. How will MLE impact the growth of music therapy as a profession? Also, what is the likelihood of MLE increasing wages for music therapists enough to pay the student loans in order to pursue this further education? I'm concerned that the availability of music therapy jobs will shrink due to higher cost of a master's level clinician.</p>
<p>WR 2. My support of MLE is contingent on HOW it's rolled out, which I'm not confident has been thought through. As an internship director, I have students applying to my internship at undergraduate levels, but particularly the master's equivalency students who are grossly underprepared for interns. How can we make sure that students are prepared if even at this level are already under prepared to enter the field??</p>
<p>WR 3. What will be the undergraduate requirements to enter a master's program in music therapy and will these be standardized across institutions nationally? For example, might one institution accept a master's candidate with no formal undergraduate music history but outstanding skills, and another institution take the stance that an undergraduate must have had certain core courses?</p>
<p>WR 4. Have we taken a specific look at the Art Therapy / Dance/Movement Therapy requirements? They seem to be closer to us in our work than PT/OT.</p>
<p>WR 5. Why is this conversation of "should we" NOT paired with the "how should we?" Why are we talking about if we should move to MLE without exploring how? Are we going to decide to do this and then take the next 10 years to figure out how? That is irresponsible. I would have liked to see the board look at the how and the infrastructure for implementing this giant cultural shift BEFORE deciding to move forward. Please be and think proactively. Not reactively. Thanks.</p>
<p>WR 6. How this impacts those with graduate degrees in other fields</p>
<p>WR 7. I think this would be devastating for the profession. I believe there will be less people going into the profession which is directly the opposite of the mission of the organization. In asking other music therapists about this none of them would have gone into music therapy if it was a master's level entry. Please do not send this to the assembly as many on that body do not really represent their regions but rather their own particular interests.</p>
<p>WR 8. Requiring a master's education as a necessity for entry level music therapists will make the field grow even smaller and is unneeded and impractical in the state of California. Also, there is no significant difference in pay for practicing music therapists with a bachelors vs masters in California.</p>
<p>WR 9. I'm against this change. The college tuition is very expensive and adding the master degree would discourage people to enter this field. It would have an impact the number of students pursuing a MT degree. We could add more hours of internship to strengthen professional skills.</p>
<p>WR 10. How would music therapy programs at universities be affected by the change? Would smaller university programs be supported in growing into masters level programs? Programs that have contributed to the profession for decades should not be lost due to this change. AMTA should support programs to continue through the change in whatever ways possible.</p>

WR 11. It would be detrimental to our field of helping people if a master's degree were required to practice music therapy.
WR 12. At this time, the detriments to the profession and clients appear to greatly outweigh the benefits. If MLE is adopted, some MT programs will close, the numbers of people entering the profession will be reduced, MT pay is unlikely to rise, and clients will not necessarily receive better services. AMTA and CBMT efforts would be better spent on seeking State Recognition and Licensure, rather than making it more difficult for new professionals and undergraduate programs.
WR 13. I would like to know specifics about the grandfathering practice. How would this impact effect practicing BA level therapists
WR 14. I live on the west coast. My plan was to go to master's in MT when I finished my BA. However there was no school around where I live. At the time I was a single mom. As a music therapist I couldn't make my living. I couldn't go. Now if I want to go to get a master's, I can, but the situation is not changing much. First of all, can you make living just as a music therapist? I have three other jobs. There is no school around your place and you can't be a board certified MT unless you have master's, I think the current schools that offer only BA will lose students. In my opinion, MT should be master's level. However I saw many board certified music therapists but they didn't have the ability to do therapy in my internship. Even if you change the BC level up to master's level, it doesn't mean the quality of therapists will increase.
WR 15. The cost of a master's degree will take years to be offset by salaries in our region. There are very few MT jobs available in SW Washington state as it is, and if we require investment in an advanced degree to practice, I'm afraid the cost-benefit analysis just won't pencil out.
WR 16. Pay. Are employers/facility directors willing to pay us (MTs) compatible pay based on whether or not we have a master's degree vs without one? Where is the evidence for this? I have an MA in music therapy and currently only make \$5/hr than when I just had my Bachelors. Also, living in the Central Valley of CA I can tell you that while most other healthcare professionals are impressed that I and other MTs have our Masters degrees, they really don't care if we have one or not, as long as we are Board-Certified. In my opinion, the focus should be on licensing/title protection rather than Masters level entry at this point.
WR 17. Lack of master programs will make the degree more desirable, therefore more respect for the profession and more job availability
WR 18. I think it should only transition to MLE when working with certain populations. I understand that other professions do this as well. For example, social workers can work with certain populations when having a bachelor's degree and can work with other populations when having a master's degree.
WR 19. How many students who received a bachelors in music therapy wouldn't be able to pay for a master's program and depended on being able to work with a bachelors they spent over 100 grand on
WR 20. I would like an answer to the question: What problems in our profession will a move to Master's Level Entry solve? Until we determine that, it seems pointless to move forward, and I don't believe the report provided clear enough direction nor an answer to that question.
WR 21. We have so few entering the profession. To mandate this will deter more.
WR 22. That other closely allied professions (like Art Therapy) already require a master's as part of their training and certification process and work places that employ both may run into difficulty via Human Resources when working up equitable job descriptions and pay profiles.
WR 23. Equivalency students who spent the same amount on their certificate as would be spent on a master's degree, under the impression a master's was not required for entry into the field. A master's program was not available locally for me, but I would have sought another option if the MLE considerations had been clear from the outset.
WR 24. To Whom It May Concern, Thank you for your consideration and all of the work that has gone into this process. We take this very seriously and hope to find a way to create a higher standard for our field. Please consider the following: - We need to hold ourselves at a higher standard as music therapists. - We are in the medical field and our peers should be viewed as occupational therapists, physical therapists, speech therapists, nurses, and doctors. All of these professions have an MLE requirement and/or doctoral requirement (They also have paid internships!). - Creating an MLE will force people to do more research, thesis work, and graduate projects which will help advance the science behind the profession and establish a deeper validity for therapeutic

application. - This will also create higher salaries for MTs which should closely mirror our peers in the medical field (ie: OT, PT, ST, etc). - This will create more jobs as people become more aware of the wide range of services that music therapy can provide. - We need to create an opportunity for MTs with bachelor's degrees to obtain a master's degree that is cost effective yet comprehensive and appropriate. This program needs to be outlined before votes are cast for the MLE initiative so that we don't alienate the music therapists that have been in the field for decades. If we have this in place, we may have more congruency and support from people who previously have not supported MLE. - We need to step away from what serves us as individuals and look at what will serve the future of music therapy with the highest possible standards. - We need to step out of our music therapy shoes and ask ourselves: "If I am taking a loved one to see a music therapist, would I prefer to take them to someone with a bachelor's degree or a master's degree?" We need to stay client focused and MLE falls in line with this thought process. (From 2 current MT master's students)

WR 25. Thank you for this compilation of the reports. It was most helpful. While I understand the argument that ALL populations addressed with music therapy deserve the best possible care from a well-informed music therapist, I disagree that translates to "masters level training." If there were not effective bachelor's level therapists out there, then our profession would not have grown as it has. Recently, where I live, there was a day-treatment facility for adults with developmental disabilities that previously had employed a bachelor's level music therapist who, because the therapist had moved, advertised for a high-school graduate who could "lead music groups that addressed physical and social goal" areas for their clients. This was even when there are other therapists in our area. The facility was trying to save money by getting a high school grad to do the job. If this is happening now, how much more do you think it will happen if a therapist with a master's degree is all there is? I really believe that if MLE is implemented with no tiered practice levels, access to music therapy will decrease overall. Because our field has grown, we do need training implemented for more populations--this is true. But, because there is an increased need for music therapists overall, I strongly believe that a tiered, or specialization system, at least temporarily, is imperative.

WR 26. Why wait until 2030? Can this transition be done earlier?

**Midwestern Region Concurrent Session 12:30 – 1:30 p.m. Saturday, March 17, 2018
Reported By Andrew Knight, MWR-AMTA President**

MWR 1. Comment 1: My concern is whether on multiple levels we can financially be repaid for the cost of having a masters. Heard from a lot of business owners concerned if they can charge more or if their clients can pay more. I am also concerned about the number of music therapists in my area of about 20 counties and am the only one and can't serve them because of family. Diversity is concern because we a very diverse group of people providing services. Other professions have a set pay scale based on degree level and have an idea of what they will make based on their degree levels. We need to answer more questions before moving forward. As a parent of a college student we also need to look at the financial barriers that can occur with interest as far as tax advantages from the time we start accruing interest from graduate school to working. We need to at look financially at how all these pieces come together.

Comment 2: How do our numbers (compensation) compare to other comparable related fields what was the critical mass that PT's made the decision. Heard that some of reasons that there are too many people in the field, want to write their own scripts. What were the markers in other fields to shift to higher degree entry? How much of the membership had been pulled to make these decisions? There needs to be a few more pieces in place if long term this is where we are going.

MWR 2. Comment 1: CO has reimbursement thru Medicaid waiver, my hope would be that we can continue this, and we are fortunate that this occurs and we all have master's degrees which helps to make our practice sustainable. OT, ST colleagues are considering going to doctoral level entry, and if we want to be respected and considered on the same plane as other allied health professionals, and we want them to work with us, if they are going to move to a higher degree level like Physical Therapists, then I can't possibly imagine that we will be able to contribute as equals with our amount of knowledge and research being paid on equal footing in any way if our field is a bachelors level entry and all three of those fields go to Doctorate level entry. This is a concern for me as a person who works along these other professionals. I don't think this would be a good representation for our field, so I would say yes.

<p>Comment 2: Looking at the ABA therapists, a field that exploded, they have pounded really hard and advocated for masters level entry and they have passed us up as far as Medicaid waivers and they are a much younger field. Now they are on core Medicaid and were not. That concerns me, as we are we falling behind.</p>
<p>MWR 3. More concerned about the board not having a plan for the plan, which makes me nervous. Feels that all this due diligence has taken a lot of time, maybe this should have been discussed and decided. Plan for the decision for yes or no. Is that the board decision to make, shouldn't that be the members? Also wanted to know how much of the membership has been pulled in this decision?</p>
<p>MWR 4. Recently took certification test and applying for jobs after a 15 year gap in employment. There is a misrepresentation of other professions such as Recreation therapists being used as music therapists at some facilities. Until we get licensure and standardized, and know that other professionals can't use the title as a MT, our current wages do not support master's level. I can't support myself at 56 being offered \$14 per hour. (<i>Another member made a comment in response to this statement clarifying the differences between certification and education levels.</i>)</p>
<p>MWR 5. Comment 1: Wants clarification on how all the entities that are included in the MLE report regarding information on pass rates from the CBMT exam, practice analysis, and education. Clarification on how CBMT and AMTA are related and unrelated.</p> <p>Comment #2: Feels that a primary premise is that that education is inadequate, we can't teach everyone what they need to know in 4 years to be competent. There is different knowledge of how we train interns across the board and is also based on the internships directors' knowledge base.</p>
<p>MWR 6. <i>A member discussed pass rate discrepancies, how the competencies don't inform the board certification exam.</i></p>
<p>MWR 7. <i>Another member also discussed how the passing rate/cut scores work and why pass rates have dropped due to the increase in the cut scores.</i></p>
<p>MWR 8. Comment 1: We need to start thinking about master's level competency being industry driven. We shouldn't just think about our personal feelings, but rather how this decision will drive our profession in 5 - 10 - 15- 30 years down the road. We need to think about our sustainability. There will be pros and cons, regardless of what decision is made, however we also should be thinking is this becoming an industry standard to have a master's degree. This is the feedback I am hearing from my students who are looking for jobs.</p>
<p>MWR 9. [Earlier member] is saying important things about standardized test, and people don't really know this knowledge and it can be a personal burden to people and a huge financial challenge when they fail (the certification board). This is information that the membership and student need to be more informed about the nuances of how these decisions are made (when it comes to the testing scores). Concerned that maybe we have gotten too distant on these issues.</p>
<p>MWR 10. Comment 1: Have we surveyed people who hire MT's what they need and prefer? Do they prefer experience, do they prefer masters? Curious if we have asked potential employers of music therapists what qualifications they are expecting and looking for.</p>
<p>MWR 12. Comment 2: We are not ready to move forward on this, it's not fully functional, I think yes long term this is where we are going, however there are more things that need to be put in place before we move forward.</p> <ol style="list-style-type: none"> 1. Subcommittee was very divided, 8 to 6 tells me there were lots of disagreement about it 2. All of the other questions and comments brought up here seems to mean there are other things at play besides just education. That it might limit the number of people in our field; and since this first discussion, I have went back to get my masters and I feel that I was as clinical prepared before I did that as I am now, and feel that I did very good work as bachelors trained therapists. I don't feel like I have enough definitive information in this report to say YES, flip everything on its head and say yes.
<p>MWR 13. Do we know how many schools we will loose and how many programs will close? With that, there is a universal decrease in funding for higher education funding now and am concerned that "adjunctivitis" will occur, meaning per class rate resulting in less quality instruction for students. Adjunct is not a sustainable career, especially if you are also working full-time to supplement income.</p>
<p>MWR 14. Trying to understand if we are trying to increase numbers in music therapy and those in the profession, wouldn't it be more of a roadblock to make it harder to get a music therapy degree. It's hard to get people to go into teaching, if you are already in a position, making it harder to get the degree seems to be a roadblock, especially for those that don't have easy access to education/college. Age diversity matters, going back to school for a master's may be a lot more difficult for some professionals who are older in the mid-forties - fifties to go back to school.</p>

Southwestern Region Concurrent Session 8:00 – 8:50 p.m. Saturday, April 7, 2018
Reported by Christine Neugebauer, SWR-AMTA President

SWR 1. Put MLE document report on the front page of the website.
SWR 2. The 8/6 vote does not show confidence of moving forward.
SWR 3. Some facilities would not pay any more in salary to move to the MLE.
SWR 4. Some facilities would not pay any more in salary to move to the MLE.
SWR 5. This move would harm several of the academic programs. SWRAMTA has only two master programs.
SWR 6. A four year degree does not give enough time to get everything done. Students are not passing the exam.
SWR 7. Research is very difficult to address at the bachelor’s degree, need to look at a two-tier model.
SWR 8. VA has just changed the pay scale model that a BM would only be paid at a G7. A master’s would start at a G11 which is much better pay. This is a change.
SWR 9. Need to wait until there are more states with licensure.
SWR 10. FF and discussions with NASM have begun to address the needs to increase skills, domains, and competencies don’t much – how are we addressing.
SWR 11. Need to voice all concerns to the delegates.
SWR 12. Student perspective: feels university adequately prepared and ready to work. There are friends who did not feel their internship prepared them so a Master’s degree for them would be better but need to make sure internships are at a higher level. There are inconsistencies.
SWR 13. The credentials give such credibility.
SWR 14. Can members receive separate emails and not put it within other documents.

Southeastern Region Town Hall Meeting 2:15 – 3:15 p.m. Thurs., April 12, 2018
Reported by Christine Leist, SER-AMTA President

SECTION ONE: COMMENTS SHARED AT THE MICROPHONE AT 4/12/18 MLE TOWN HALL MEETING.
SER 1.1 Would this decrease the diversity of the profession? Diversity concerns for those practicing music therapy as well as availability of academic and financial resources.
SER 1.2 Member made note of Child Life council decision to rescind master’s level entry requirement originally planned.
SER 1.3 We would like to focus on undergraduate training to be more standardized and increase the quality of current programs where possible; also concerns of increased debt.
SER 1.4 Comparable fields (PT, OT) have 100,000 membership, MT less than 8000 membership; expressed concerns that the efforts of the smaller membership may not have the reach/effect of the larger memberships. Recommend increased focus on state recognition
SER 1.5 Good idea MLE, need to lay groundwork and current timeline is not achievable What we can do now: advocate for our field, increase state recognition, Create stable workforce, create more PhD to teach master’s level, bulk up!
SER 1.6 Member stated five and a half years ago she underwent training as an international student, if requirement is across the board, international students would be deterred, decreasing diversity.
SER 1.7 Primary population is female, often child/family care provider and less mobile/able to move for jobs, MLE would further hamper opportunities for female MTs.
SER 1.8 Member experienced the advanced training she participated in was not fairly recognizing bachelor's level MT, expectation of Masters for MT practice to be valid.
SER 1.9 Have we investigated other MT organizations internationally for their experience/successes of MLE?
SER 1.10 Solution is not more education More debt, less opportunities for scholarships, will seek higher salaries Job market will not be able to match Other music practitioners (non MT) may move into job
SER 1.11 PhD personnel not in place for student programs if MLE takes place Member asks what do administrators think? (university, workplace)

SER 1.12 Wide variety of experiences in training exists in undergrad and graduate level; member would like to see more standardization in education and training prior to considering MLE
SER 1.13 Some pushback from co-tx professions that we don't have master's level Can undergrad equip us for a handful of populations? Then master's be available for specialized population?
SECTION TWO: COMMENTS SUBMITTED IN WRITING AT 4/12/18 MLE TOWN HALL
SER 2.1 Will my salary increase? I have to pay \$60,000 more to get a master's degree to get paid only \$600 more? What about the people that don't do music undergrad? The quality of music therapists would plummet. The standards would lower and we would have less experience. This is outrageous. What if I want to start a family? I would have to go back to school to get a master's degree because I had a child. You say you want to grow the numbers of therapists, but this would scare people away. People would fail out of grad.
SER 2.2 I think that if MLE is supported or is passed that AMTA regional conferences would need to be able to offer additional benefits to individuals from disadvantaged or who may not be able to afford MLE. Discounted conference and other programs, scholarships, etc. It would need to be an extensive offering to those that something that the AMTA could advertise once they are able to offer funds.
SER 2.3 Would this affect scope of practice between master's level therapists and non? How would this affect the number of accredited music therapists in the organization? Would current therapists with no masters eventually be required to acquire a master's? How will this affect the growth of the field?
SER 2.4 I am about to get my bachelor's degree. If I go back in 10-20 years for my masters, will the classes I take be easier than today's master's program since there will be completely new therapists? Also, with many states not having licensure what would stop students with a pre-music therapy degree practicing besides our code of ethics? (Since AMTA members are only under code of ethics).
SER 2.5 There appears to be a lack in supervised, practical education on the bachelor's level leading to music therapists who do not feel or practice completely up to appropriate standards. (At my internship, I realized my educational deficits and heard the same story many times). However, the quality of application of theory is what needs improvement (stricter supervision of practica, more variety of practica, etc.) not just "more education." There are many students who are very well equipped to practice at a bachelor's level. That quality of education just needs to be standardized and tightened.
MLE could also add such a cost to education that diversity could go down and we're already limited.
SER 2.6 <ol style="list-style-type: none"> 1. What involvement has CBMT had with the MLE discussion? How will they be involved as we move forward? 2. Impact on current undergrad degree program 3. How are universities going to provide opp. for student funding 4. Membership impact when people are in school for long 5. What are NASM's thoughts about MLE in terms of approval and coursework 6. What is the marketplace value of a master's degree MT by client population vs. cost of master's degree 7. Retirement #'s (PhD – academic) could leave us with shortage of peers to be outside reviewers for faculty seeking tenure.
SER 2.7 <ul style="list-style-type: none"> -Impact on Job Force- with MLE, we could potentially decrease our numbers instead of increasing them. -Impact on Bachelor's only programs. The number of Universities offering MT programs could decrease. -Cost benefit- salaries are not commensurate with MLE, lowered interest because of cost of training/time in training vs. salary.
SER 2.8 <ul style="list-style-type: none"> -The unintended effects on enrollments of NASM/AMTA approved academic programs. -The unintended effects on a diverse student population. -The potential financial burden implied with additional years of study (depending on the model chosen).
SER 2.9 Board certified music therapists should be grandfathered in. Will less people choose to be music therapists if it requires more schooling?
SER 2.10

<p>-Many places are in need of Music Therapy services that won't have access to them until our numbers increase. If it takes more time for our students to graduate, it will take more time to provide services in new locations.</p> <p>-If we increase the cost of education necessary to practice, it could potentially hurt the diversity in the profession, and our profession is already not very diverse.</p>
<p>SER 2.11 There are so many jobs and need for services that aren't being filled already (due to lack of available MTs), MLE would delay more therapists from entering the field, potentially making that problem worse.</p>
<p>SER 2.12 While I would like for music therapy to be considered on the same professional level as OT, PT, etc., but I am also concerned with the lack of masters programs available for music therapy. I attend the University of Georgia, which is considered the #2 school in the country for music therapy and yet we don't have a master's program. Additionally, it is insane that we only have 11 states that require licensure. Essentially, I just think that music therapy needs to be more widely recognized and available as a master's degree. Additionally, while I said that I want to be on the same level as PT and OT, we won't even get paid nearly as much.</p>
<p>SER 2.13</p> <p>-Because students are currently able to enter the profession with a bachelor's degree, they are able to gain clinical experience and practical knowledge necessary to delve into deeper theoretical practice.</p> <p>-If MLE is implemented, how will that affect when or whether internship is implemented as part of training?</p>
<p>SER 2.14</p> <p>-Increase the number of master level programs around the country before making a master's degree a requirement.</p> <p>-Update numbers more frequently about this decision, especially those of us who are students.</p> <p>-Notify students when a new master's program is started and provide the opportunity to apply for scholarships.</p> <p>-Have a program that is inclusive of <u>internship along with master's degree</u>, make it part of the degree as an assistantship.</p>
<p>SER 2.15</p> <p>-How will it effect current practicing MT-BC's who don't have a master's?</p> <p>-How will it effect current Bachelor's level MT Ed. programs without the resources to develop a master's program?</p> <p>-Isn't this "putting the cart before the horse?" Don't we need licensure in all states before we make this change? I think we will be pricing ourselves out of the market.</p>
<p>SER 2.16</p> <p>There needs to be more Master's programs established at schools with music therapy before students are required to have a master's degree in order to practice. The financial aspect should also be considered for music therapists in that there needs to be a bigger demand – thus better income for music therapists to be able to even afford more schooling. * The main focus should be licensure in all 50 states first.</p>
<p>SER 2.17</p> <ol style="list-style-type: none"> 1. How might we retain a meaningful bachelor's level preparation that prepares for practice at an "activity" level? (see Wheeler levels) 2. Do we really have the pedagogical and research knowledge to accurately differentiate level of practice to allow #1 to exist? 3. Can we create more thorough process for [illegible] that addresses student deficiencies when identified pattern/ [illegible] arise? 4. How/when/where will MTs who are entry-level master's degree really be more prepared than current well-practiced bachelor's students? 5. How/when/where will newly [illegible] MTs with master's degrees gain more advanced training to the breadth and depth of their knowledge and [illegible] <p>We need to address so many [illegible] – BUT is master's level entry the solution?</p>
<p>SER 2.18 MLE should not be considered until Music Therapy is recognized in <u>all</u> 50 states on the same level as PT, OT, and ST and also makes the same/similar pay as those professions. Right now it is difficult to afford on current MT salaries. <u>Also</u>, there should be more support from AMTA in bringing graduate programs to thriving music therapy undergraduate programs. If there has been a music therapy degree at a university for 50 years, it should have a graduate program.</p> <ul style="list-style-type: none"> - Maybe make the internship <u>part</u> of the master's degree - Create MT assistantships to help pay for the degree (like other majors) – TA positions - More internships with stipends.

- State licensure should come first.
SER 2.19 A Masters level degree is not even offered at UGA, a program that is a top 2 nd in the nation, 50 years running, yet underfunded. I would love to go back for my Masters, but have so much debt from undergrad that I could not afford 2 degrees under an MT salary. I propose dual degree programs at UGA offered through the school of music. This could offer students both bachelors and masters in 4 or 5 years depending on credits. If a MLE is required in the future, we need to be able to pay off our debt while still earning our masters.
SER 2.20 If a bachelor's-master's model is used, would bachelor's graduates be required to go to school immediately, or would there be a period of time before completion is required? I personally find the experience of work before grad school to be a valuable experience for focusing on one's skills, strengths, and weaknesses.
SER 2.21 <ol style="list-style-type: none"> 1. What happens for persons who have Master's degrees in other fields? 2. Consider the implications for equivalency/transfer MT and 2nd degree students – specifically enough training and education.
SER 2.22 - Would it be possible for individuals to study MT in undergraduate schooling, and complete only 1 or 2 year MA program – similar to equivalency. That might be a way to decrease opposition for MLE. * We didn't want this legislature to decrease diversity. Scholarship opportunities <u>NEED</u> to be pervasive enough to fund them to succeed successfully through a possible <u>FOUR</u> years of school. - Work-ed exchange programs and other creative solutions need to be researched.
SER 2.23 Will current programs who offer music therapy undergraduate programs but not masters be able to remain viable and an option for students who may want to attend universities and colleges that offer both?
SER 2.24 <ol style="list-style-type: none"> 1. People who are already board-certified – would they be grandfathered? 2. Standard undergrad and master's curriculum across the board. 3. Will we lose prospective students?
SER 2.25 Will <u>current</u> MT-BCs be grandfathered in? How will CBMT standardize undergraduate and master's curriculum across the board? How will AMTA/CBMT recruit more music therapy students if enrollment drops as a result of MLE? What happens to programs with no masters programs?
SER 2.26 Revision and standardization of the undergraduate degree to make MTs more prepared as MT-BC instead of adding more school to fix a current issue?
SER 1.40 <ol style="list-style-type: none"> 1. Impact on current undergraduate degree programs in MT 2. Plan for <u>how</u> universities will be able to create additional graduate MT programs 3. Projected impact on <u>attenuation</u> of membership in AMTA 4. CBMT involvement <u>obtained</u> before decision made. 5. What is NASM's opinion on the feasibility and impact of this 6. What is the market place value of a Master's degree by client field in <u>comparison</u> to the cost of a graduate education
SER 2.27 <ol style="list-style-type: none"> 1. What will be the impact on <u>ALL</u> of the extant undergraduate programs? 2. What will this do to stem the decrease? Because people who have only the BMT. What will it take to implement this. 3. This seems to be entirely driven by schools with masters only. Therefore, it seems politically driven <u>NOT</u> academically.
SER 2.28 <ol style="list-style-type: none"> 1. It would be nice to take time to develop the state task force/licensure 1st, putting time and effort into this effort. This seems to be a logical 1st step of the process. 2. We need to examine the data regarding # of Ph.D. faculty who are retiring (within next 5-10 years) and # of Ph.D. candidates from the past 5 years to determine if we have appropriate faculty for this type of transition. 3. What are upper administrators' (provosts/presidents/deans) perspectives of graduate programs of possibilities of programs at their institutions?
SER 2.29 As a new professional I do <u>not</u> think that MLE is the best idea for our profession. Retention is already an issue with our profession. I believe MLE will make this problem worse. An alternative could be to offer specialized master's degrees rather than the multiple certifications that are offered. The certifications are brief and

not as intense as undergraduate courses. By putting so much energy towards this, I believe we are fighting against ourselves rather than advocating for our field.

SER 2.30

1. The subcommittee asked program directors whether their university would be open to developing a master's program. Has this question been asked of the administrators (the actual decision-makers)?
2. What are the projections for the number of doctorate degree MT-BCs we will need to sustain master degree university programs? Doctorate degrees are increasingly being required for tenure-track positions.

SER 2.31

-I think they would need to consider financials.
-What if an individual pays for an additional 2 years of masters and they don't receive that back in their annual pay?
-I don't believe it needs to be a standard for this field. I think it may be more beneficial in certain cases to get a masters in a more specialized part of the field like special ed., mental health, etc.

SER 2.32

-Will the salary of a music therapist increase to reflect the credential of a masters?
-To obtain a master's degree it is very expensive on top of a Bachelors. I know many people in debt from their undergrad that can barely afford loan payments on a music therapy salary. Adding an average of \$20,000 to that will make the career undesirable.

SER 2.33

-Making financial and educational resources available to MT students to ensure completion of training.
-Job availability for MTs with adequate salary to reflect master's degree and education
-Allowing graduate students to vote?
-Will students need to wait until end of school to intern and become certified?

SER 2.34 Making sure the decision is coming from a data-driven perspective versus primarily aspirational.

SER 2.35 The emphasis on therapy at the undergraduate level (equal music and music therapy education)

SER 2.36

-Survey high-school students to see if they would consider going to a school for that long, for music therapy. Is there even enough advocacy for high school students to even know about music therapy?

SER 2.37

-How they intend to market it to potential students. If this is a 4 year music ONLY degree w/ 2 years of Music Therapy after, the students brought in may be a few. Also, would it be strictly performance based? I would not have come to music therapy if that were the case.

SER 2.38 Combine AMTA/CBMT. Require EVERY MT to be AMTA members.

SER 2.39 The pay for a masters in MT does not reflect the amount of education a student pays for.

The field will not grow due to limitations.

People who have a bachelors and have been in the field for years may not be able to go back to school. Someone can work in the field who only took 2 years and not the important 4 years of MT. The time period between a bachelors and masters degree is CRUCIAL. It is a time for experience in the field before beginning research.

SER 2.40

-Concerns of a "pre-music therapy" degree and job prospects for those who choose not to continue with the program after earning a Bachelor's.

-Longevity of work in the profession/number of students who would choose the profession with increased education requirements.

SER 2.41 Receiving a bachelor's degree in music therapy allows for more debriefing time, processing time, and overall time to discover if MT is where they want to be. What happens when someone arrives for their Master's and regrets it because they didn't have time to fully process MT? It also discredits the value of a master's degree and the master's level will then become the same level as a bachelor's degree.

SER 2.42

-Being able to get a bachelor's degree then a graduates degrees then a graduates degree, allows us to have an opportunity to work with multiple therapists who may have different philosophies and views. If we start the MLE then students would work with the same students and board certified therapists for all 6 years.

-I feel that students who want to get a master's degree in another field such as OT, PT, speech, or psychology should also be considered if the student wants to work as a MT. (with just the expanded knowledge of an OT).

Hoping this would include OT, PT, Speech, and Psychology

SER 2.43 What to consider as reviewing for final MLE Report

- (-) How would advanced study and development of the profession look? If MA is “overeducated” for pay, PhD [illegible] to research and teaching, what about advancing practice?
- (-) How about current Bach. Level clinicians feeling pressured for Masters, but those are “entry level” programs
- (-) Decrease in #s vs. access and proliferation of non-MTs in states with licensure
- (-) Decreased diversity? Increased time and cost could limit efforts to increase diversity among professionals also decrease in international students
- (+) Professional parity
- (-) Timing – put efforts into licensure and reimbursement as well as standardizing the undergraduate and equivalency programs – expanding internship sites
- (-) MLE requires PhD faculty and cannot support existing programs
- (-) Developmental time for personal growth in therapy cut down as expected to dive into clinicals
- (+) Weed out students not as musically strong
- (+) Benefits as a whole and represents in field
- (+) Financial options for internship because of added ed. costs
- (-) Love idea, but profession is not ready – lay groundwork and revisit

***APAC**

Standardizing amount of training and defining supervision

- (-) Increased cost of education and necessarily increased income
- (+) MLE likely \emptyset specialized as current masters programs allow
- (-) Employers are not requesting nor would they support increased salary for grad degreed employee. Have MTs been surveyed to see how many require an MA?
- (+) Can I be prepared to serve all populations without the grad education?
 - Consider a split level program with limitations to practice

SER 2.44

1. If we begin MLE, we need to make sure that MLE schools offer sufficient ways for non- BA/music majors to still train and join the field (e.g. post-bach. options for “pre-MT” coursework that can be tied into master’s programs)
2. Down the road, this may be useful as a benefit for the field – But, is this the most useful item for us to direct time/energy/resources right now? For instance, would it potentially be more useful to direct these resources toward working on state licensure in all states and [illegible] reimbursement with all carriers and gov’t coverage types? Then, once these items are underway, we can decide on whether MLE is also a useful direction for the field.

SER 2.45 The financial situation of current and future music therapist who man not be able to obtain a master’s degree. Would an MM be required in Music Therapy or could a master’s in a different field suffice for students with BM in Music Therapy.

SER 2.46 I think that MLE could eventually be great for the profession - although the particulars of what the Bachelor’s and Master’s entail might be better placed on state licensure, so as to continue building the profession until MLE is more of a viable option. * This comment comes prior to me reading the report.

SER 2.47

1. It is irrelevant if ‘like’ professions practice at the master’s level. That is not a legitimate argument.
2. The entry level pay for clinicians will not go up automatically because we have raised the level of education
3. We will lose educational programs that do not/are unable to adjust their curriculum
4. Will bachelors level internship directors be “appropriate” to supervise master’s level interns?
5. The suggested curriculum

SER 2.48 I am concerned that the MLE would lead to either decreased richness/rigor of MT education (with more of a master’s equivalency style model) or increased barriers for entry (requiring a certain bachelor’s degree plus an MT masters). Also: MLE is not required for individual employers to require a master’s if they want.

SER 2.49

1. Only two years of practicum at the masters level is not sufficient
2. This proposed MLE program is strikingly similar to the current equivalency programs and I have seen less than competent music therapists emerge from these programs

<ol style="list-style-type: none"> 3. We do not have enough diversity in our field. This will make a MT agree inaccessible to minorities and we <u>cannot</u> afford to do that. 4. 4 years of no real MT in a bachelors will turn off potentially brilliant MTs 5. This will be lowering the standard for a master's degree, I fear getting a masters will be less of a challenge and education will suffer. 6. With a masters being standard, there is less opportunity to excel. Right now, we have master's degree and Phd to seek for higher knowledge. 7. We are attempting to make MT more credible, but are lowering the standards of MT Master's, making MT less quality. 8. There are <u>better</u> options (Becky Engen has all of these suggestions) 9. I like my cramped MT Bachelor's program. I feel like I've had a pretty close to perfect 4 years, and I feel prepared 10. If they're worried about people being unprepared, up the required # of practicums for undergrad 11. We need <u>bachelor's degree reform</u>. There are so many required classes w. nothing to do with MT
<p>SER 2.50 From a Junior MT major: The resources that minority, future Music Therapy majors/Music Therapists will need to afford such level of education; the bachelor's degree is more accessible for all to pursue the career path for now. Making it Master's Level Entry will dwindle away potential Music Therapists who can reach minority populations easier than those who cannot.</p>
<p>SER 2.51 The higher need for state recognition and training MTs <u>faster</u>. PT and OT are ~120,000 far more than ~7-8,000 MT. Address this first before considering MLE. Also implications/changes to internship process</p>
<p>SER 2.52</p> <ol style="list-style-type: none"> 1. An analysis of differences of pay between the different education levels. (Current differences) 2. AMTA <u>must</u> do a feasibility study with all the factors considered.
<p>SER 2.53 If we take the stance that MLE would give our profession credibility in the multidisciplinary world, our bachelors and/or masters level creditation should be <u>more</u> standardized. There are too many differences in programs thus causing many therapists being unprepared for the field.</p>
<p>SER 2.54 MLE for music therapy would put music therapists on the same playing field as related professions such as OT and SLP.</p>
<p>SER 2.55 As a newer professional looking at the future of the profession I feel MLE is absolutely essential other professions oppose our legislation because we are not MLE.</p>
<p>SER 2.56 Please consider not implementing MLE @ this time as we need to focus on reimbursement and licensure. We need to establish our profession as is w/ entry level being master's. Also, please consider those that have obtained and paid for a master's degree – <u>grandfathering in those that have not is perceived as unfair!</u></p>
<p>SER 2.57 I second all of the comments on taking care of state licensure first. The field is not ready. Doing internship is hard enough.</p>
<p>SER 2.58 -Cost of graduate level schooling -Decreased overall # of MT-BCs due to lack of financial resources</p>
<p>SER 2.59 The cost of a master's program far exceeds the cost-benefit of getting the pay to compensate. (It can take many years to pay back loans and compromises QOL w/ accrual of debt).</p>
<p>SER 2.60 I am concerned about the cost to the student. I think the cost may be a deterrent to entering the profession.</p>
<p>SER 2.61 It is important to understand that temporarily it will hurt the profession. In the <u>LONG</u> Run it will help by increasing the pool of qualified music therapists.</p>
<p>SER 2.62 Regulation in curriculum, limited master's program. Increased cost for MT-BC, anyone grandfathered in. <u>Changing what MT-BC means and what that is.</u></p>
<p>SER 2.63 We should consider MLE as an investment. We do not have the professional capital to justify the risk of this investment yet. In any foreseeable effort of MLE to <i>build</i> professional capital, it likely undermines its cause. For example, take the claim: MLE would increase respect and awareness - Many want to be respected as OTs and PTs are. Unless we build awareness through advocacy, quality science, LICENSURE, and frankly, time of existence- <i>before</i> we make the move to MLE - why would we assume that the new MLE field of MT, with likely decreased numbers of MTs overall and MTs from diverse backgrounds, would automatically gain respect?</p>

<p>Another claim: WE WANT TO MAKE MORE MONEY, and MLE would ensure that. We hate to say it, and we aren't in MT for money, but we have to take care of ourselves and our families. The student loan debt vs. MT income would be <i>staggering</i> for decades. The amount of privilege required for an MT in the MLE atmosphere (to not take on lifelong debt) is untenable and not aligned with our values. The list of these paradoxical efforts is endless at this time (a MLE field with ONE Phd program in the country?) Hopefully we can transition to MLE someday. But the MT with a master's level of professional capital doesn't put a dent in a return on investment. The MT climate is one of good will - we risk a lot to enter this field and help others. Let's not hurt ourselves with the prohibitive expense of premature MLE.</p>
<p>SER 2.64 -consistency/standardization of curriculum across the country -availability/accessibility of master's programs -financial commitment/resources</p>
<p>SER 2.65 -availability of master's programs -standardization of curriculum? Regulated?</p>
<p>SER 2.66 1. Should we be working more for licensure before MLE or MLE before licensure? 2. Will MLE deter individuals w/ great potential from pursuing music therapy? 3. Can AMTA give more scholarships?</p>
<p>SER 2.67 If MLE is passed a [illegible] doctorate then needs to be considered for those who want an "advanced degree" in our field. I know master's level is advanced degree but now all MTs would [illegible] training level. A degree not focused on mostly research and academic teaching (Phd) should be considered.</p>
<p>SER 2.68 Current students should be able to participate in the decision-making process. Although they will be grandfathered in, MLE will have an impact on future students' finances, which requires significant decision-making. Will MLE deter HS students from pursuing MT? Also, will current master-level practitioners be required to complete additional education to maintain their status as holders of advanced degrees? I propose a 5 year Bachelor + Master's program, similar to some college engineering programs. Perhaps specialties (such as medical) could require advanced degrees, but put that gatekeeping practice on MT programs and hospitals during the hiring/employment practice.</p>
<p>SER 2.69 Higher entry level requirements would put us on par with other fields in healthcare, and that's wonderful. For more music therapists who are already board certified at the bachelor's level, would they be grandfathered in? Would they be required to get a master's at some point? Would there be any opportunity for financial assistance for those individuals if needed?</p>
<p>SER 2.70 Music therapy as a field already struggles with diversity – MLE could become another barrier to entry for low-income students, students of color, and students who must care for family members during education.</p>
<p>SER 2.71 -Are we putting cart before horse? -If consistent quality of practice is the issue (i.e., ensuring that all MT are trained to the same level of competency), is MLE the best way to address this? Are there ways to strengthen current ed/training in universities so that we can <u>ensure</u> that the <u>competencies</u> are <u>adequately</u> addressed at all institutions? Versus universities just being interested in #s/enrollment vs. <u>quality</u> graduates.</p>
<p>SER 2.72 Can we get some educational debt forgiveness if we get our doctorate to teach?</p>
<p>SER 2.73 -My biggest concern as a student is that music therapy isn't a career for everyone. I have enjoyed getting to "try out" music therapy as I learn. If I had to get my masters, it would obviously change the undergrad coursework. -My other concern is the lack of PhDs in our field. We need more Drs to teach masters level courses. Maybe a loan forgiveness or something would incentivize the professionals. -MLE would ultimately leave people with too much education, not enough experience. It's a problem in many fields and MT doesn't need any more obstacles. -Potentially, a program to create a time frame to get your master's degree – similarly to teachers' degrees. -You <u>NEED</u> to figure out (and release) the specifications on how the undergrad & grad. programs will change and how specialized they'll be -Is anyone <u>PRO MLE</u>? I haven't heard anything like that yet.</p>
<p>SER 2.74 I support a master's entry level, with specialized qualifications for particular areas of focus (i.e. populations: mental health, autism, hospice, etc.)</p>

<p>My current job requires a master's degree and helped my salary be higher than it would have been. I also feel much better prepared entering the field with a masters. It's true that access to the field would decrease. However, hopefully with a stronger foundation of committed clinicians, we could grow eventually even larger as a profession (since we aren't keeping our new professionals very long). Ultimately, I appreciate the research indicating greater longevity in fields with higher education requirements.</p>
<p>SER 2.75 -Perhaps investing more in existing bachelor's programs to continue growing the field of MT before moving forward with MLE. -Access to international students</p>
<p>SER 2.76 -MT in comparison to allied professions -Consult current administrators -What increases access to MT?</p>
<p>SER 2.77 I'm concerned that there are not enough masters programs to accommodate the transition. Additionally, there are not enough professors to teach. This seems like a great idea, but not yet. We need more MTs before we can limit ourselves anymore. We don't even have licensure figured out for each state, so why would we make it even harder to become a music therapist?</p>
<p>SER 2.78 As a school that starts our program freshmen year. It allows students a cheaper time efficient opportunity to try out MT and decide if you don't or do like the field. Also to have to wait until masters to get a job is for some too late. And for students grandfathered in they potentially will be forced into a masters which isn't always necessary.</p>
<p>SER 2.79 My concern for not starting in music therapy until MLE is that you won't see if music therapy is for you until grad school. People will have had at least four years of school before they get to experience if music therapy is for them. I also don't think there would be enough professors and this puts more of a financial burden on students.</p>
<p>SER 2.80 How will this affect the growth of our field?</p>
<p>SER 2.81 -Will continuing education credits differ accordingly? -Those who graduate in 2018, will masters in other subjects carry the same weight (counseling, psychology)?</p>
<p>SER 2.82 What is required now for a bachelor's level entry versus current master's level coursework entry. How the two can work together to create requirements for bachelor's degrees to be accepted into a master's level program.</p>
<p>SER 2.83 Please take careful consideration of the placement of internship with the degree/certification process. I currently strongly support a move to <u>all</u> National Roster Internship sites to further ensure stability and standards across our profession.</p>
<p>SER 2.84 How could you support growth of MT-BCs without MM? Can undergraduate programs that are more thorough be applied as an example for other undergraduate programs that aren't as thorough to be more appropriate for licensure?</p>
<p>SER 2.85 Is there considerable difference between the quality of services provided of MTs with bachelor's degrees and master's degrees?</p>
<p>SER 2.86 How will this affect the diversity of our field and the accessibility of education?</p>
<p>SER 2.87 I would like consideration given to the fact that a master's would be required for an unlicensed profession in many states.</p>
<p>SER 2.88 I'm worried that the average MT does not make enough money to get a masters. A consideration of licensure for the field would be beneficial.</p>
<p>SER 2.89 How would master's equivalency programs be affected?</p>
<p>SER 2.90 The MLE group has submitted their report with a majority in favor. Send the proposal to the Assembly so that committees can begin to develop revisions to the education and clinical training standards.</p>
<p>SER 2.91 Cost of obtaining master's degree vs. increase of salary. Will hiring companies be able to pay increased salary? What happens to Master Level Equivalency program if master's level entry becomes new standard? Will the Master Level Program be more specific to population?</p>
<p>SER 2.92 Other fields requiring MLE or above don't have bachelor degrees (i.e. no Bachelor in PT). Would Bachelor degrees in MT no longer be awarded? Like MT assistants (PTA's)</p>
<p>SER 2.93 -Would less people be likely to pursue a career in the field? Due to cost, time placement of internship</p>

<p>-Graduate school is a chance for professionals to specialize training. Would this opp. be lost? -I believe art therapists have multiple credentials based on how far they've obtained education. Is this possible for us?</p>
<p>SER 2.94 What considerations would be made for international students, paying for 4 vs. 6 yrs visas. Think \$.</p>
<p>SER 2.95 Please consider the need for having practicum and clinical experience all throughout the schooling experience, not just in the latter pieces. This is often where students find whether MT is something they want to do or not. What a real-world waste to spend several yrs in general music only to find MT isn't for you.</p>
<p>SER 2.96 Taking away the bachelor's degree seems hard to imagine since if this is implemented someone with a non-music undergrad can come in with barely any music skills and become a music therapist.</p>
<p>SER 2.97 What implications does this have for MT's who have or will receive graduate masters degree in non-MT fields (OT, SLP, special ed, etc.)?</p>
<p>SER 2.98 State recognition across the U.S. (licensure) before MLE</p>
<p>SER 2.99 Even with MLE, it may prove difficult to increase services and expand the profession without first attaining licensure, better access to reimbursement sources, and more access to university funded MT scholarships.</p>
<p>SER 2.100 Please consider the lack of <u>consensus</u> with 8-6 vote in the MLE group who studied this issue intensely. Going forward with the major upheaval seems short-sighted.</p>
<p>SER 2.101 I think requiring MLE down the road would be a possible idea for our profession. Currently, Music Therapy salary does not reflect a requirement for a master's degree. Also having a undergrad in music is a necessity to be successful in this profession. A 2 year graduate degree is not enough education to fully develop a person to be ready for music therapy.</p>
<p>SER 2.102 Requiring a Master's degree in Music Therapy would defeat all of the hard work of equipped MT-BCs with undergraduate degrees who lapse on completing recertification. It also would discourage Music Therapists from getting a different master's degree to specialize within the field.</p>
<p>SER 2.103</p> <ol style="list-style-type: none"> 1) Impact on current undergraduate programs, will universities support this? 2) CBMT needs to be involved before a decision is made 3) Listen and take into account NASM comments 4) What will happen to the numbers of practicing music therapists?
<p>SER 2.104</p> <ul style="list-style-type: none"> - Shouldn't we be working on getting state licensure and recognition <u>before</u> MLE? - Would undergrad be required to be in Music Therapy if MLE passes? - Would the MLE turn away future music therapists? More debt, more schooling?
<p>SER 2.105 If we have MLE and keep Bachelor MT education we <u>will</u> increase people giving amateur MT services. Has this been safeguarded or discussed?</p>
<p>SER 2.106 The current bachelor's level programs don't seem consistent and I'm not sure adding 2 more years will secure the quality/skills</p>
<p>SER 2.107</p> <p>-How do we ensure high quality in our current programs before we tag on 2 more years? As an intern supervisor, definitely seen a decline in student quality. -Focus on licensure in each state first</p>
<p>SER 2.108</p> <p>-? [illegible] Review current educational 4 yr programs are of <u>equal</u> high level quality (How many are not up to par) ? If MLE, must we have Bachelor in Music [illegible] Need increased access to funding before MLE Need focus to state recognition not MLE 1st</p>
<p>SER 2.109</p> <ul style="list-style-type: none"> - Currently – many MT jobs do <u>not</u> require or <u>want</u> MLE. If we go MLE, these jobs will phase out. - MLE will close many Bachelor programs (current ones) We don't have enough clinicians now, this will make education more difficult to achieve. High school students now, often choose <u>not</u> to pursue MT because the college program is not a cost effective school near their residences. - Rather than MLE, perhaps it's time to review MT Assistants (Like PT, OT, etc) and provide a "tiered" level job market.

<ul style="list-style-type: none"> - Do we know current MT jobs – what is percentage requiring MLE now? If we have MLE, how many current jobs will be filled by MT if the current non-mastered MT vacates the position?
<p>SER 2.110 How will this affect our numbers? At a time when we need more MT's, this could mean have less. MT is still less recognized than our peer professions, which can make it difficult to attract and retain students.</p>
<p>SER 2.111</p> <ul style="list-style-type: none"> -Consider the rising costs of graduate school as compared with level of income for entry level professionals. - Consider other methods of setting training levels and supervision programs that aren't as costly, similar to fields of social work etc. required continued hours of professional supervision – instead of masters requirement – which does nothing for actual clinical expertise.
<p>SER 2.112</p> <ul style="list-style-type: none"> -The expense it will add to students to become an MT while not guaranteeing an increase in pay. Students will go into greater debt without making more money -The efforts AMTA will have to use to focus on this while still managing licensure efforts -The quality of undergraduate programs should be improved before adding in a masters. As an internship supervisor, there is a huge difference in quality of students coming in from different schools.
<p>SER 2.113</p> <ul style="list-style-type: none"> - Before we move to MLE, we should strive for recognition in each state (registry/licensure/etc). Without, MLE seems pointless because the advocacy in each state is not there. - There's not enough MT-BCs for the demand already. MLE may hinder this be limiting access. - Revise professional competencies first. Some advanced competencies should be required as just professional competencies, as professional competencies are not enough currently.
<p>SER 2.114</p> <ul style="list-style-type: none"> - If AMTA wants more music therapists, why make it more difficult to gain the MT-BC credential? - * IF there's an issue with the preparation of music therapy students, that issue needs to be solved at the undergraduate level. Students that aren't prepared enough to pass the exam shouldn't be pushed towards a master's degree; students in any field that pursue a master's should be doing so because they have already achieved a level of excellence at the undergraduate level. - Is there not concern that the number of current MT-BC's will actually decrease if MLE is passed?
<p>SER 2.115</p> <ul style="list-style-type: none"> - How is the curriculum and how are the competencies going to reflect MLE? Versus Bachelor level? - How will this impact the PhD level? - Will this effect our retention or the growth of our field where we are already struggling to fill in positions? - Currently, many interns and students at the graduate equivalency level struggle clinically applying concepts learned. - CBMT involvement and collaboration?
<p>SER 2.116</p> <ol style="list-style-type: none"> 1. How would a MLE actually push our education forward? What additional coursework would be included that makes that degree any more reputable or advanced than the 4-year bachelor degree? 2. MLE will slow down even more our ability to push out MT-BC's due to additional schooling. We are already struggling to grow as a field due to our numbers. 3. Clinically, we notice more issues with master's-equiv students than we do Bachelor's. 4. CBMT needs to be involved before a decision is made 5. Academic programs that only include bachelors will...?
<p>SER 2.117 There are other things that should be prioritized before MLE. AMTA should be streamlining the undergraduate programs, advocating for state licensure, and establishing a baseline to build upon in the future. We should be supporting our current students and giving future MT's enough time to learn all of the necessary information. Also, there aren't enough MT-BC's at this moment. By having the MLE it would limit the number of graduating students even more.</p>
<p>SER 2.118</p> <ul style="list-style-type: none"> -If a Music Therapist with a Higher Level degree in a related field is trying to begin their career, could the higher level degree in the related field be enough for meeting the need for MLE? Extend # of internships instead?? -If a current MT-BC feels like their current knowledge is lacking and they do not have a Master's, could regional universities offer these MT-BC's some Master's level courses in areas of weakness for a fee of some type to go towards a MT research fund?

SECTION THREE: COMMENTS SUBMITTED ONLINE VIA GOOGLE DRIVE SURVEY SENT TO MEMBERS

SER 3.1 Although there are details to be determined regarding education standards and clinical training, let's get on with it! It's past time for MLE for our profession.

SER 3.2 I am concerned about compensation (salary wise) with the additional expense of schooling for new MT's. My hospital system (which does help me pay for dues) does not consider that a reason for a salary adjustment.

SER 3.3 Need for additional faculty/budgetary support. Timeline for curricular revision to existing undergraduate music therapy programs. Justification to administration for the inevitable drop in enrollment numbers to existing undergraduate music therapy programs.

SER 3.4 I do not believe that changing the program to a MLE is a good idea. Financially this will affect people. This will also affect those who have families and may not be able to work out a doable schedule for this program. The other problem I see with MLE is students will not receive experience to really make a decision as to if they really want to be a music therapist. Being able to experience clinical as a freshman allows students to truly see and decide if music therapy is right for them. I also believe that having students take four years of music to improve one's music skills will not necessarily improve their music skills level. That is a personal/individual problem because students may not be practicing as much as it is required to improve their everyday music and music therapy skills. If your concern is whether or not the students are proficient musically then provide students with a test much like a recital or audition to see where they are musically. Have the students come in at a set time and have them perform for the faculty and test their knowledge of their instrument(s), how they would use their instrument(s) in a music therapy session, what would be the best intervention they would use and how would they use it for each instrument and each intervention. Grade each section on a number scale of 1-5 or 1-10. One being the worse grade and five or ten being the best one can do in each section. If the student does not show improvement then they will have to provide weekly video recordings of their practice habits along with a written chart of their practice schedule. With the video and the schedule this will provide evidence of the students' musical improvement and skills. After either one semester or a year if the student failed the test then they can retake it after their probation time. If the student borderline passes the exam, then they will still have to provide a video and schedule but they will also have to take a course to help them in areas where they are weakest. If the student passes without any problems then they can move on to another portion of their music skills to continue improving. As far as trying to compete with OT, PT and Speech Therapy you're comparing apples with oranges. Even though we may work with these therapies, we, I believe, have a more intense program because of all the course we have to take within our major. Should Music Therapist be required to have a master's degree in the future. Of course we should but going about it this way will backfire. It almost seems as if you are trying to weed out "bad music therapist" or those who may not fit your idea of what a music therapist should look and act like. This I believe will lead to losing possibly the best music therapists ever. I really think the board needs to really reconsider approving this bill; as you are making the wrong decision by agreeing to this without fully understanding the repercussions it will have on current students as well as future students who really want to become music therapists.

SER 3.5 All of the other creative arts therapies (i.e. art therapy, dance/movement therapy, etc.) are master's entry level, making it uneven playing field. All the creative arts therapy should be on the same playing field despite discipline.

SER 3.6 I have not seen as much discussion on how moving to Masters Level Entry will potentially affect third-party reimbursement. This is listed as one of the reasons that Physical Therapy, as a profession, moved to post-baccalaureate training. Would moving to MLE potentially increase access to services for clients who cannot pay out-of-pocket?

SER 3.7 Notify membership of the same information multiple times to ensure accurate dissemination of information moving forward and to quell misinformation.

SER 3.8 As an internship director since 2011, I can say that the interns that have had the most success at my site have all been master's equivalency students who had to complete both their undergraduate and graduate level courses before applying to internship. They've also passed the board exams with flying colors and found employment as a music therapist quickly. Second to those students would be undergraduate students with strong academic records. Lastly are the equivalency students who only complete their undergraduate requirements before applying to internship. These students, in my opinion, appear to have the hardest time stepping up to the

demands of learning new repertoire, creating and implementing effective interventions, and adjusting to the overall burden of a full clinical caseload. The time and experience of completing all of the undergraduate requirements, then completing and comprehending the clinical research of master's level courses, playing piano and guitar and singing functionally in clinical settings for years - not semesters, and completing at least 6 practica are necessary for clinical competence to enter any sort of therapeutic practice. I 100% feel that a student should compete a master's degree before being eligible to sit for the board examination.

SER 3.9 I think it should be taken into consideration that extra years of schooling create a tremendous amount of debt burden, and then students are sent off into a highly difficult job market when it comes to music therapy services. Many, many people and employers have never even heard of our field, and in NC, I found that there were very few full time jobs available. I think the focus should be on refining the undergraduate curriculum to have a stronger balance between psychology and biology foundations, building awareness, increasing advocacy, and gaining licensure for music therapy, rather than on extra years of schooling when a potential employer can already tell you that they 'already have plenty of volunteer musicians' even when you explain that you have a 4 year degree, a 1200+ hour internship, and national board certification and explain the differences. I think graduate studies should be elective until music therapy gains more traction and awareness in the SER of the country.

SER 3.10 I wholeheartedly support Master's level entry. I am currently an Equivalency student, and I for one cannot imagine trying to cram all of this into my undergraduate degree. Getting a music degree, which only requires one primary and maybe a secondary instrument, is hard enough. Asking an undergrad to achieve mastery of theory, history, piano, guitar, voice, percussion, other various instruments, cultural competency, therapeutic skills and knowledge of psychology and medical terminology is complete insanity. We aren't robots! I have no doubts that the Equivalency degree was the right path for me, as it allowed me to fully master piano and the theoretical knowledge to efficiently learn new instruments. My undergrad in performance meant that I could enter graduate education with my full focus on the non-musical requirements of competent music therapy practice. Doing both at the same time would have been a recipe for burnout, at best merely sufficient and surface-level practice. While a move to Master's level entry will certainly shrink the pool, it will be a pool of quality, more-than-competent therapists.

SER 3.11 I would very much like to see a formal problem statement. What EXACTLY is the problem that the AMTA is attempting to solve by considering this step? Much discussion in the report revolved around the internal perception of competence and excellence as defined by music therapy professionals. I saw little to no data regarding how the marketplace regards the competence of the average music therapist. I mean, are potential customers declining to employ a music therapist because they don't feel they are competent enough? Does the AMTA know for sure it is losing potential business because MTs are not regarded as true professionals? What is the compelling reason for implementing a major re-vamping of the educational model if the "outside world" is not clamoring for it? Yes, as a profession, we should always be striving for higher standards, and the Four Premises (page 8 of Part 1) are worthy of serious consideration, but I don't see where the 'paradigm shift' notion is coming from, frankly. Why not have a forum where the opposing sides directly debate the best way to resolve the potential dilemmas of going ahead with the MLE proposal? If solutions aren't available in answer to the "no" points, the whole she-bang may crash and burn.'

SER 3.12 I would like to reiterate all the previous concerns in the various MLE reports and committee hearings for many previous years. My first concern is that MLE meetings appear to be a systematic desensitization to the idea of moving forward with a MLE profession rather than considering all the negative consequences that it strains on the music therapy job market. One of the main survey data points to consider from the MLE data is that surveyed respondents believed that masters prepared students were more musically competent than bachelor's level. I am confused how students with less years of clinical training in equivalency masters degrees have more musical competence? Most masters programs focus on research agenda and therapeutic competencies and I have not heard musicianship being the main concern of programs. I believe musicianship will be severely lacking the new majority of students coming less prepared, with less years of coursework to compete in the job market against other music practitioners (i.e. CMP, Music thanatologists, etc). Ultimately, I think we are setting students and future professionals up for significant financial failure with a MLE. We are increasing the burden of attending more college and taking on more student loans, considering more students will be entering the programs, leaving less opportunities for scholarships. These same students will not be making substantially more money when they enter the workforce, crippling them with debt. Those professionals will be seeking more income from employers, which will turn the market to the other music practitioners that will be positioned to undercut the increased demand for higher wages these therapists will seek (because they'll be trying to pay off their student loans for an increased amount of time). This is going to further contribute to the student debt crises across the US and the international community and students will not be exceptionally prepared to handle the

issues that come with this territory. Also, ultimately, the job market is not demanding this - they are demanded better trained therapists. This means existing programs should spend more time with the students they admit. More 1:1 clinical training - not students that are coming to internship that have never been observed in person by any MT-BC, or have no live observation experiences with MT-BCs. This is ultimately an education problem that is not fixed by adding more school to keep up with the Jones' (i.e. SLP, PT, OT, etc). Serious attention in the form of checks and balances need to be placed on current educational institutions. Internship directors need to be better at confronting and reporting institutions that are ill-preparing students. Educational institutions need to be more selective so that they can offer better ratio of education and supervision to the students that want to enter our profession. The solution is NOT more education for education's sake. I understand there are some, very few in my opinion, benefits to the MLE but ultimately I think this absolutely cripples the job market for music therapists in the future. I don't think schools are going to be equipped for this, I think new professionals will be less prepared to enter the workforce, professionals will be straddling increased amount of debt, and I think the job market will turn to cheaper alternatives. The issue needs to be addressed from an educational basis and through the legislative efforts of government relations and the state-task forces. Signed a concerned music therapist (and AMTA member)

SER 3.13 During the town hall about MLE at the SER conference, I was surprised that our clients were not mentioned even one time. To me, this debate boils down to two ethical obligations: one is for the ideal to provide the best possible services to our clients; the other is to continue, advance, and sustain the profession, including recognizing especially the financial, historical, and educational barriers inherent in historic oppression and marginalization. I believe the ideal for our field is MLE. However, to effectively implement MLE, we must as a profession fully acknowledge, address, and support incoming and new music therapists saddled with debt and/or few role models that look like them (i.e. people of color, first generation college students) and how to make this journey easier for them. I'm happy to elaborate or clarify if necessary.

SER 3.14 As a student attending conference it was interesting to listen to the different perspectives in the SER-AMTA region regarding the MLE possible decision. However, I wanted to contribute my perspective here on a couple of things. There were many arguments regarding the readiness of students being more equipped if starting at the masters level instead of the bachelors, however coming from a school that (quite unusually) allows 4 years of practicum experience in a wide ranging group of clients, I and my fellow students are living examples of feeling very equipped and ready to take on internship and do it successfully from the start. Even though we were taught at the bachelor's level. Having those four years of experience, we have grown tremendously in our maturity of handling situations as well as how we work with different populations. What that says to me is that while the problem is evidently at the bachelor's level for the majority in terms of readiness, that is where the problem needs to be fixed. You can't start at the end and fix the problem, you have to start at the beginning, the bottom and work your way through. Trying to fix by starting at the masters level would only hit the surface of what is a deep rooted issue. But even more importantly, the suggested idea is that if you start Music therapy at the masters level, and there are students who decide in high school that they want to do music therapy no questions (rather than those who end up in it after doing a different bachelors) than it makes most sense for those ready for MT to do the four years of music (maybe performance, music anything) to get the skills needed to enter music therapy masters as a stronger musician. But let me tell you, music performance, whether just doing the major as a means to get to masters mt, or doing it to major and make a career out of, takes a completely different personality type than a typical music therapy student has. It's a cut throat field and a tough major to work through because of the competitive nature. Where as music therapy is more of an empathetic community based field. People have your back and you cultivate ideas together. Basically, both fields are passionate about their work, but one is passionate towards personal growth and gain, and the other is passionate towards community growth and service to others, from what we have seen even in our own department of music and music therapy. Even in my small school, the music therapy majors and music majors are completely different types of people because you have to be as the jobs demand differently. So in your argument that taking that time will make a more well rounded musician, maybe true, but it certainly won't help the personality and mature growth side of becoming an empathetic problem solving music therapist and I think you would see a completely different wave of people entering the field if only at masters level then there is now and not in a good way. And I speak from personal experience, if I had not gone and majored in music therapy at the bachelors level, and instead my only option was doing the music route first, you would have had 1 less passionate and aspiring music therapy student advocating and spreading her love for the career she wants to dedicate her life to, and that would be a terrible shame. Don't lose people for the common cause, losing even 1 passionate person is a horrible loss to the field we love and a disservice to our clients and the people who depend on us. We all want MT to grow and succeed. MLE might be the way in the late future, but first we have to fix our foundation. Thank you for your time and consideration.

Mid Atlantic Region Plenary Session 2:00 – 2:50 p.m. Friday, April 13, 2018
Reported by Mike Viega, MAR-AMTA President

SECTION ONE: COMMENTS SHARED AT THE MAR PLENARY SESSION
MAR 1.1 I work in a rural area of PA with no MT school in the area. A local college is interested in starting a MT degree program. When they learned about MLE, they seemed disheartened and no longer spoke of starting a major. This should not be a barrier for prospective MT programs; seems a barrier to diverse students
MAR 1.2 Consideration for the Board of Directors – obtain the most up to date info from CBMT that is comparable to the MLE subcommittee – pass rate and percentage of schools that have a pass rate. Get the most up to date information closer to the November meeting
MAR 1.3 Agree with spirit of MLE. It would put us on the same level. Less than 15 years to 2030. What steps would be taken to ensure there would be enough programs available and what would be done to help undergrad programs grow and be successful in becoming Masters. What steps can we take to make sure there are enough jobs for everyone with a Masters and how will it be cost effective.
MAR 1.4 I teach at a MAR University – miss the piece of music skills at undergrad level. We have not done enough to solve the issues of musical skills at bachelor level. Like to see a true effort - is NASM accreditation appropriate for MT and are programs actually teaching music skills. His experience as both educator and internship supervisor is that it is a battle.
MAR 1.5 I am a business owner – MMT, LPC – undergrad work was able to bill through insurance through Medical Assistance. Many restrictions with this. When got Master’s degree nothing changed with restrictions. Medical vs mental health billing – it is confusing. In order to bill under MH, had to get her LPC and then MT was a treatment modality. If we get Master’s requirement, we must also have the licensure. Went from \$60 an hour to competing at \$97 for hour session. We have to be able to pay for student loan debts.
MAR 1.6 I’m in my internship now – wondering should I get my master’s degree. Want to make sure I have money to pay loans. From student perspective – is MLE worth it? Want to make sure I have a job and am able to pay my bills.
MAR 1.7 We must keep the focus on the patients – what they need from us regardless of what direction we go. We must stay focused on them.
MAR 1.8 I have a concern with additional years. In grad program but will this be an opportunity to take undergrad and extend into grad. Or will this water down grad programs.
MAR 1.9 I am an LPC & MT – wants to thank MLE, is an agency owner, wants to encourage being a medically reimbursable field. It is in our scope of practice that we do not meet to get medical reimbursement. She is a supervisor for MFT, LPCs, MTs, SWs, and there is a divide between mental health and medical reimbursement. Her concern – the comparison didn’t include that we were comparing to medically reimbursable fields. Association of Child Life Professionals has already decided to move to MLE. We get stunted with salaries. If we had medical reimbursement, salaries would be more available. Hope that people continue to discuss this topic. Who are these additional professions that hold other licenses, and where we could go as the MT profession.
MAR 1.10 Originally against MLE, because she saw other people being discouraged due to attending more school, with the example being that MDs and PTs still received their degrees knowing they would need extra schooling, as MLE is going to become the norm soon. But how will it work for those of us who have an undergrad degree moving forward?
MAR 1.11 Strongly in favor of MLE to best serve our clients, but MLE needs to include more than just culturally responsive workshops, but programming. What can MT do to mitigate the consequences to moving towards MLE? There may be a higher economic burden to access the profession.
MAR 1.12 Grad teaching assistant – Pro MLE; feels strongly about gatekeeping strategies. She commented that the board consider that if people are investing more \$ towards grad degree, then we as a profession need to have more rigorous gatekeeping strategies (like allied healthcare counterparts).
MAR 1.13 Pro-MLE. Also is aware of all changes in healthcare/insurance in our country, but also noted that all of that could look really different in 2030. Stated that by not recommending/moving forward, AMTA would essentially be making a decision already. This could change reimbursement and licensing, and there already are changes being proposed.
MAR 1.14 Has been following the MLE dialogue for a decade since undergrad, noticed that it was happening at the ‘adult’ table and continued watching; she is requesting more transparency – not just learning about updates from conference, but at all times throughout the year.

MAR 1.15 Along with thinking about reimbursement and insurance, we have to increase our advocacy efforts for our profession. Tara is an MT in a school setting, she is not required to have a master's degree, she serves on the related services team with OT/PT/SLP, and they don't all fully understand what MT is and for the students, and may not see the value. Big supporter of MLE because that would put more value on what we do as MTs and other people will see that small component, even if they don't have the whole understanding of what we do. We're going to have to fight harder against volunteer musicians; that could come up more when there is MLE. We should learn how to explain what we do as opposed to volunteer musicians. How are we going to move forward in advocacy efforts, and how to advocate for ourselves (the board should consider this).

MAR 1.16 Concern with the additional years. Currently enrolled in a grad program, but will MLE have the opportunity to take an undergraduate program and extend it to the graduate level? Or will rich undergrad programs stay in place and go even farther in that graduate degree and cause a MT to be more reflective, rather than watering it down over the course of undergrad?

MAR 1.17 Moved into an administrative position because she was overqualified. Has undergrad in MT, but working on masters. LTC/geriatrics – our facilities we work with are not seeing the importance of having qualified professional staff working with our vulnerable individuals. In favor of MLE, but also having moments of giving space in between undergrad and grad degree – opportunity to try new things, being dependent on my job, having the space to reflect, fortunate to have diverse internship and fieldwork placements. Torn on the idea behind MLE – how do we make sure people are getting diversity in placements; we have struggles with finding supervision, schools finding it hard to have supervisors. For example, she wasn't able to take on students because not enough time to give proper supervision to students. How do we make sure we're supporting growth while we transition and challenging/echoing the advocacy on a state based level so that people aren't over-qualified.

MAR 1.18 Prior to voting on MLE, AMTA should resolve the NASM issue. NASM requirements are reducing the number of students who apply to MT programs.

SECTION TWO: COMMENTS SUBMITTED TO MAR BY EMAIL POST-CONFERENCE

MAR 2.1

I write to say that I think establishing a requirement for a Master's Degree in Music Therapy is, frankly, unnecessary and will provide hardship for many upcoming new Music Therapists. How I wish that the committee spent their time and energy focusing on the recognition of Music Therapy as a viable treatment modality rather than adopting plans to add more costly schooling onto an interested young person who plan to enter a still low paying, still mostly unrecognized medical profession.

While the field of Music Therapy has come a long way since I was an undergrad in the 1980's, the majority of the population still does not know what it is and with minimal third party reimbursement, the pay is just not there. There is an art therapist in my department who makes a decent wage, but she has a Master's Degree and, at 44 years old, she is paying off a high monthly student loan. She has four kids and she must work full time in order to pay her bills.

I have been lucky to work as a music therapist for over 35 years. At one point in my career, I was making a pretty decent "per hour" rate as a music therapist, part time, in a facility who was experiencing financial cut backs. They cut my hours in half, which forced me to leave, only to take a full time position that barely matched what I made as a part time therapist. I supplemented my income by doing per diem work with IMNF and Dr. Connie Tomaino where I was paid a decent therapist wage.

My point is that, until there is recognition of this profession on a larger scale and reimbursement by third party payers and salaries that support the payback of the extra schooling involved, what is your motivation for requiring a Master's Degree? The therapist would "know more"? There are already requirements for continuing education that are, themselves, costly and way more involved than in many professions. Rather than require a master's why not reevaluate the Bachelor's program and more effectively prepare the therapists from that level? Perhaps lengthen the internship time and have internship supervisors really train and supervise student interns rather than utilize them for cheap labor providing "activities" for the population they are serving.

I have taken the CBMT exam each end of my certification cycle. Why? Raising a family and working full time, I didn't have the luxury to go to conferences, workshops, etc. I couldn't afford it time wise or financially. Now I have just taken the test for the last time and must accrue CMTEs. Researching this, I will spend probably in the range of \$3000 over the next four years to satisfy the requirements for recertification. I am near to retirement and I have wondered, knowing what the salaries are, how have the young people been doing it? We are also in an LCAT state, New York. These young people coming up today have also had to satisfy achieving the LCAT which is an expensive credential to obtain (MORE STUDENT LOANS) and the jobs

associated with it are not high paying. When the LCAT came out I researched getting it myself. With the loans I would have had to obtain (that is, if I could even find a program around me, there are so few) and knowing the salaries for Music Therapy I found that, this close to retiring, it wasn't worth it because I would still be paying student loans in my retirement years.

My daughter graduated with a Bachelor's in education three years ago and she is a 7th grade math teacher. Her starting salary three years ago was \$5,250 higher than my full time salary as a Music Therapist and I have been working in the profession over 35 years. I now make more than she does because I am a Director now, but when she graduates next Saturday with her Master's, she will again, make more.

In closing. It is so lovely that you want our profession to be just that, professional. You want well trained music therapists providing good care and treatment. But requiring that future students obtain a Master's Degree is, I do not believe, the way to get this done. Until the rest of the world catches up to value what we provide, to saddle the young people of today with all of the additional requirements with no financial reward is really disheartening. I am glad to soon be retiring and not currently becoming a Music Therapist. In my day, I put myself through college working multiple jobs and taking student loans. I could see a light at the end of the tunnel where I would get a job, pay my loans and work my craft. But the upcoming students will be saddled with additional burdens I never had only to take positions with low pay as compared to what they have to pay back. If I were a student today, I couldn't do it.

Many thanks and best wishes to future Music Therapy students.

MAR 2.2

Good morning,

In regards to the move towards master's level entry into the field of music therapy, I have some concerns, as a clinical supervisor and one who has hired, recruited, and trained music therapists in a geriatric setting for a number of years.

If we change to master's level entry, facilities such as the one where I work (public sector, geriatric, psychiatric, and generally hiring entry-level music therapists), that are unable to pay a higher starting salary, will likely hire cheaper options (i.e., recreation therapists or activity therapists) instead, and/or music therapists that they hire will likely be unable to manage the payments on their student loan debt (it was a huge struggle for me and for others I know, with just the bachelor's level student loan debt and a starting salary).

Also, financially it is often a large strain on students and their parents just to complete the 6-9 months of internship that is usually unpaid or with a minimal stipend... requiring graduate school in addition to this would have been completely out of the question financially for me at that point.

However, I feel that the internship time was a vital necessity and a strength of our training requirements, that would not have prepared us for the workforce as well if it had been stretched out while we were still taking other classes or just like another practicum.

In addition, to address a slightly different perspective and situation, in my experiences with new hires and training and supervising them in their positions at this facility, it's been consistent that new music therapists who have just the master's level equivalency training have been less clinically prepared and have less understanding of the therapeutic process, documentation, and evidence-based practice than new music therapists who have just the bachelor's level training in music therapy.

This said, I understand the pressures on academia of trying to squeeze a lot of information and proficiency in many areas into a very limited amount of time, but I also have observed consistently that music therapy new graduates have a very high-quality education and preparation for the field/clinical foundation that sets them above competitors working with the elder age group (i.e., recreation therapists and activity therapists).

I also feel that it is vitally important that we, as a profession, don't expect new graduates to have the same expertise as seasoned therapists - a basic foundation is indeed sufficient, and our continuing education processes that are in place ensure that music therapists are continually growing and learning and developing further expertise and clinical skills.

Thank you for your time and consideration of these thoughts. I would welcome any feedback or additional thoughts for consideration from you as well, or any questions or requests for clarification of these perspectives and experiences.

Respectfully,

Music Therapist-Board Certified

Psychosocial Rehabilitation Supervisor

Great Lakes Region Town Hall Meeting 12:15 – 1:15 p.m. Friday, April 13, 2018
Reported by Debbie Bates, GLR-AMTA President

SECTION ONE: COMMENTS SHARED AT THE GLR TOWN HALL SESSION	
A. GLR NOTE TAKER 1	B. GLR NOTE TAKER 2
GLR 1.A Consider impact of MLE on clients we now serve – including complexity of trauma	GLR 1.B (educator) <i>Employment consideration. Clients have complex issues. Are we considering the impact of the complexity of clients served and the world we live in?</i>
GLR 2.A Read NASM concerns – doesn't feel any of their concerns were addressed and may not be able to be but believes accrediting body's concerns should be addressed	GLR 2.B <i>Executive Board, please read through past documents. Not sure if any questions first posed by NASM have been addressed. It does not appear so in the report.</i>
GLR 3.A How does it affect clients? How can it improve the clinical world?	GLR 3.B (educator)— <i>Reviewed the slide with the 5 considerations most often brought up by constituents. The report does not address how MLE affects clients in the clinical world.</i>
GLR 4.A Speaking on clinical side – brought up Child Life plans for 2025 but was informed it was rescinded	GLR 4.B (educator)— <i>Speaks from clinical perspective—consider the decision of Child Life Specialists (which another audience member said was rescinded)</i>
GLR 5.A From Public R1 university administration view: state appropriations dropped 3.5% - Consider: Drop out rates, tuition revenue, and need to increase enrollment to ensure academic success \$43,000 required for tuition fees - students will need to pay off loans Will increase to over \$88,000 annual salary that will be needed for in-state graduate tuition students Current average salary is \$51,000 Consider ROI = Return On Investment 465 degrees in 2016-17 for undergrads, 15 grads, and 1 PhD - now have 59 faculty members – would need 330 – In U. S. average is 1 faculty/10 music majors in all music units – although AMTA does not require this, some require instructors to have higher degree than degree offered 7% of membership have PhDs = about 100 Currently have 10 open searches Scarcity of faculty needed to move to MLE Would impact ability to get research money – After 4 years NIH did not renew arts-based \$1.5 million grants due to low number proposals – had 2 awarded to music therapists – Sheri Robb and Joke Bradt	GLR 5.B (Administrator of an academic unit and researcher) She will email comments to President Bates (not all figures and opinions are recorded here!) 1) <i>There has been a decrease (3.5M) in state appropriations and an increase in fees and tuition. Increased enrollment is necessary. In state tuition (in IN) is \$43,000/year. On average a \$59,000 salary is needed to cover a 0.7 debt ratio. An \$88,000 salary is needed for a grad degree to cover a 0.7 debt ratio. Out of state tuition is 3 times in-state.</i> 2) <i>2017-2020 NASM recommends a 10:1 student-faculty ratio. With these figures, we should have 330 faculty members, but only currently have 59 faculty. The higher Education Commission promotes that faculty should have a higher degree than what they are teaching (a doctorate to teach Master's Level courses). There are 100 PhDs in AMTA. Currently, there are 10 open University faculty positions. We are limited in the number of PhD's to lead programs and competitively apply for grants. MLE would decrease degrees, available to the privileged few who can afford an advanced degree. There would be less research; less services.</i>
GLR 6.A 2030 may seem like a long way off to be ready but longer may be needed	GLR 6.B <i>2030 may seem like a long time, but would the Executive Board consider a longer period?</i>
GLR 7.A Spent lot of years in hospital – nurses could be model – LPNs, RNs, and specialties pay gradations for each degree – consider ranking for MTs. Serves on Illinois Board of Regulation with other music	GLR 7.B (clinician, previous rep to the Illinois Professional Regulations Board) <i>has worked in a hospital. Consider nurses as a model—LPN, RN, specialties. The medical profession understands pay</i>

<p>therapists and psychologists – In discussions the CBMT Domains were attacked because of term <i>assessment</i> which = diagnosis in their terminology – Recommend Geriatrics and Intellectual and Developmental Disabilities be separated out for MT. Social Workers get no training with Geris and IDD – MTs could be experts.</p>	<p><i>grades/distinctions. Undergrads do fantastic work. Can there be a ranking like this in the MT profession? She mentioned that there are already issues with “assessment with diagnosis” ...we do not diagnose as other professions do in their scope of practice.</i></p>
<p>GLR 8.A Teaching over 35 years – was Speaker of the Assembly, on the Board and served on the Commission. We need an extra bonus certificate – helps in seeking grants for programs – Women in music therapy college faculty positions have compressed salaries – Need to differentiate where people can go for top 5 schools that specialize in Autism, for Older Adults</p>	<p>GLR 8.B (educator, 35+ years) <i>We need an extra Master’s or certificate re: specific areas of service. She is concerned that salaries are low. Females in academia are not rewarded for their talents. More attention to reimbursement, more recognition. Not crazy about all the letters people add. We don’t differentiate where top specialty areas are...get the basic work done to increase salaries.</i></p>
<p>GLR 9.A Speaking for self – Like Nursing, teachers get paid different money amounts for higher degree – but in many places that has changed and is no longer true</p>	<p>GLR 9.B (educator)—<i>consider the model for teachers. In many states, they are hired with an undergraduate degree and are given a number of years to get a Master’s degree.</i></p>
<p>GLR 10.A Consensus decision was used to merge the 2 associations – AAMT and NAMT – urges Board not to use simple majority vote but to use consensus</p>	<p>GLR 10.B <i>asks for there to be a consensus, not a majority re: moving to MLE.</i></p>
<p>GLR 11.A Students are being offered positions at \$15 and \$16/hour – getting a Master’s in MT only to go back to a low wage is not a similar situation to what Nursing has which offers more money for the extra education. Some have salaries of \$40,000 and \$34,000 for starting jobs – MTs willing to accept lower wages to work in field they love and in which they are trained – can’t afford it – will lose not gain MTs</p>	<p>GLR 11.B (clinician) (against recommendation) <i>She works with new MT’s who are offered \$15-\$17/hour. They cannot pay off undergraduate loans. This is asking people to pay for a master’s degree to make a low wage. There are poor raises (not a covered or reimbursable benefit in facilitates). She believes MT’s will be lost; not gained.</i></p>
<p>GLR 12.A</p> <ol style="list-style-type: none"> 1. CBMT exam measures Domains not the AMTA Competencies 2. CBMT cut score is affected by master’s equivalency students who take graduate level courses 3. Recent decision and rationale of Child Life Specialists to rescind their move should be reviewed by the Board. 4. 29 % cut since 2008 in Minnesota in Education budget – hurt MT – affects diversity, student debt, and academic mission 	<p>GLR 12.B (educator)—</p> <ol style="list-style-type: none"> 1) <i>CBMT information—CBMT domains vs. Competencies are incongruent. Glad AMT has formed a workgroup to look at this.</i> 2) <i>Exam cut point—the students who are taking graduate degree courses and then the CBMT test may have likely raised the cut off score. It does not reflect a pure undergraduate level taking the test. The Board should consider this.</i> 3) <i>Study the recent decision made by Child Life Specialists to rescind their request to be MLE.</i> 4) <i>Consider decreased state appropriations to state schools in recent years. There has been a 29% cut in MN, resulting in higher tuition.</i>
<p>GLR 13.A Happy in her position and has been able to grow as a music therapist and person – has had \$20,000 increase in salary in last 14 years. Hospice in which she works has 24 MTs in the GLR – some have master’s and some don’t and that does not affect salaries – for her to get a Master’s would not affect her salary. What about MTs who got a Master’s in another field? Would they need to get a second Master’s?</p>	<p>GLR 13.B (14 year clinician, speaking against proposal). <i>Her salary has increased \$20,000 since she started. Hospice has 24 MT’s in GLR—some have BM, some have MMT...no pay difference.</i></p>
<p>GLR 14.A FOR MLE but questions the timing and appropriateness. Look at other options – levels like PTs with asst. levels</p>	<p>GLR 14.B (business owner/clinician) <i>She questions the timing and appropriateness. PT and ST have</i></p>

	<i>“assistant” levels. Consider other levels of training. Can we push this off until later?</i>
GLR 15.A Requests Board consider some form of longevity or years served to count toward Master’s	GLR 15.B (educator, private practitioner) <i>Would the Board look at longevity/years served “towards a Master”?</i>
GLR 16.A 15 years under Medicaid Waiver in Indiana – no rate increase in 15 years since it was added. Has been able to create diverse programming with other funding so has had salary increase. Another Consideration: look at ABA field model with RBTs – can get insurance reimbursement to work within ABA structure if supervised by ACABA – RBT requires 40 clock hours for course work and an exam	GLR 16.B (NW IN Clinician—works with Medicare waivers) <i>There has been no increase in payment by Waivers in 15 years. Some businesses have expanded to other pay to help them survive. IN won’t care about MLE in terms of rate of pay. She said she got her Master’s to improve herself; not for a pay increase. MBCBA’s, RBT’s, Behaviors Analysis—look at these models to increase reimbursement rather than increased reimbursement from MLE.</i>
GLR 17.A Medicaid Waiver and private contracts – Getting a Master’s would not move her business forward – For Reimbursement she wants to pay herself more – would spend the money for Counseling Master’s	GLR 17.B (IN MT, Private practice clinician relying on Medicare Waivers and contracts)— <i>She doesn’t see MLE moving reimbursement. She is considering a Master’s degree in a related (non-MT) area.</i>
GLR 18.A Won’t change in Indiana – other 2 women are fantastic – RN = full bachelor’s (was challenged with explanation of BSN later) and have C N A and C M A, not undergrad degree levels. Diversity of workforce and people with whom we work would be affected. Which clients will we not be able to serve in the workforce ethically? Clarification: Can get RN without Bachelor’s degree – with Bachelor’s degree it is a BSN for the RN	GLR 18.B (educator)— <i>agrees IN will not increase waiver rates. Nurses have several levels of degrees (CAN, LPN, RN, MA) Additionally, which clients will not be served by someone who looks like them (due to increased costs that would occur with MLE). Will MLE decrease diversity in our profession?</i>
GLR 19.A Legislators in Indiana say 120 hours is max for all degree programs and each student must take 15 credits and be on track to continue	GLR 19.B (educator)— <i>IN legislators decided all degree programs have 120 hours of credits. All students need 15 to continue financial aid each semester. Legislators are controlling education, including decreasing state appropriations.</i>
GLR 20.A Speaking personally – excited the 40 – some percent have Master’s degree or higher – Illinois is hit by opposition- Getting Master’s Degree won’t necessarily stop this opposition . Needing Master’s on Counseling or Special Ed because that’s what you need/desire	GLR 20.B (educator—against the recommendation) <i>(From the PowerPoint slide....) 46% of our profession have a Master’s or higher! We are going in the right direction because of efforts and discussion! Has concerns about the Master’s ENTRY requirement.</i>
GLR 21.A Student perspective – was a Master’s equivalency student – had a degree already, took advanced classes, then did internship where people used different terminology. Doctors can choose to go into Fellowship for specialized areas of study	GLR 21.B <i>From a student’s perspective--she knew she didn’t have clinical skills when going right to a Master’s degree straight from a Bachelor’s without any clinical experience professional. She talked about being in an internship only after her graduate studies. Consider the model of working on a fellowship for one year, much like the medical profession.</i>
GLR A.22 Advanced Ed and Advanced Opportunities provide options to choose Master’s outside MT. Looking at benefits supervision can provide is helping it. In 12 years of clinical work has always had MT supervision – looking for some of those gaps to be filled in.	GLR 22.B (clinician) <i>Received own master’s degree close to facility where she worked. She also mentioned that supervision is beneficial to promote better practice and “fill in the gaps”.</i>
GLR A.23 Don’t know what I am FOR or AGAINST. Like renovating a house – Rip up the floor and you find a lot more is there Voice for undergrad – SLP told	GLR 23.B (educator) <i>Undergraduates are tired; their curriculum is packed. Is this (MLE) the best solution? Not sure if this is the answer.</i>

<p>her she couldn't use her undergrad students in a summer grant but she lined up the clinical training to show what her students had and the SLP admitted it was greater than the training her Master's students had</p>	
<p>GLR 24.A Support research, important to propel field forward. Feel pessimistic – what clients will not get services because Master's Level MTs are not there? Clients will just get SLPs who get reimbursement.</p>	<p>GLR 24.B (clinician) <i>MLE will help us gain validity, although she is a little pessimistic. What clients will not get services from a Master's MT, in terms of cost (\$) to the client?</i></p>
<p>Noted by note taker A: Straw Poll Unsure: 31 or 32 For MLE: 1 Against MLE: 23</p>	<p>Noted by note taker B: Straw Poll Unsure: 32 For MLE: 1 Against MLE: 23</p>
<p>SECTION TWO: COMMENTS SUBMITTED TO GLR BY EMAIL POST-CONFERENCE</p>	
<p>GLR 2.1 The first two items relate to information provided by CBMT, which was used to arrive at the MLE subcommittee's 8-6 vote (which I do not believe constitutes an overwhelming majority).</p> <ol style="list-style-type: none"> 1. The first item concerns CBMT Domains versus AMTA Competencies. As an academic program director, I am responsible for teaching the competencies. It is important to recognize that the Certification exam evaluates prospective Board Certified MTs based on the domains, not the AMTA competencies. This incongruence is a major problem, and I am grateful that AMTA has created a workgroup to investigate competencies, advanced competencies, and the CBMT domains. I ask the Board consider information from this important work group's report. 2. The second item concerns cut off scores of the Board Certification Exam. MA EQ students take graduate level coursework before they take the exam. In their report, CBMT noted that all graduate level coursework occurs after the internship for MA EQ students. This is NOT the case and thus will result in higher cutoff scores. Approximately 37% of all MTs have a graduate degree and many of these are MA EQ students. Therefore, due to the graduate coursework taken before the exam, MA EQ students are increasing the cutoff scores and it is not fair to compare them to - or even have them take the same exam - as undergraduate students who have not had graduate level coursework. Therefore, I ask the Board to consider how this might raise cutoff scores on the exam. 3. For my third item, I would like for the board to study the recent decision and rationale made by the Association of Child Life Professionals to rescind their request to move to MLE. 4. For my 4th and final item, I would like the Board to consider the shrinking state appropriations for higher education as they relate to public universities. For example, since 2008, Minnesota legislators have cut state funding to the University of Minnesota by 29%. These dramatic cuts result in higher tuition for students and thus negatively impact the diversity of the student body. Therefore, I would like the Board to consider the multifaceted ways that higher tuition may impact our profession's diversity, student debt and return on academic investment, and AMTA's mission (which is to advance public knowledge of music therapy benefits and to increase access to quality music therapy services in a rapidly changing world). 	
<p>GLR 2.2 Dear AMTA Executive Board Members, These comments are slightly updated from the ones I made during the GLR town hall in Michigan this past April. As an administrator for a music academic unit and a researcher at a very high-research intensity (aka R1) public university, there are 3 main ideas I want to highlight that I hope will add to the growing list of concerns and consequences surrounding a Master's Level Entry for music therapists. I hope the Board takes these into consideration as they make decisions regarding the MLE Task Force Recommendations.</p> <p>Limited Cost/Benefit Ratio for Students Studying Music Therapy State appropriations for public institutions have dropped on average 3.5% over the last 10 years. This drop has necessitated increases in tuition and fees. State appropriations are awarded based on metrics such as persistence</p>	

to degree (or low drop outs), credit hour production (tuition revenue) and awarded degrees. Therefore, it is beneficial to the unit and campus to increase enrollment and support student success.

Decreases in state appropriations have necessitated increases in tuition and the national conversation has centered around the ROI (return on investment) for a college education. Currently, for example, at IUPUI an undergraduate degree for an in-state student will cost around 43 thousand dollars (tuition and fees only). The loans on the total amount for this degree will require an annual salary of at least 59K for a 0.7 debt to income ratio. 39.5 K salary will mean 15% of your monthly income will be used to pay the 494.85 monthly bill. This is a debt to income ratio of 1.1. If you add a graduate degree to this, the annual beginning salary will need to be over 88K for the 0.7 debt to income ratio. This is for an instate student. Out of state tuition is similar to private school tuition. At IUPUI out of state tuition is approximately 3 times in state. The average salary for music therapists is 51K. I believe we need to consider the ethics of requiring an education that will be affordable to few and lead to substantial debt and low ROI.

Low Faculty Capacity to Train Graduate Music Therapists and Carry Out High Level Research

Second, part of the mission of the Association is to increase accessibility to quality music therapy services.

According to the National Association for Schools of Music 2017-2018 HEADS data, there were 3,309 undergraduate music therapy majors in the US, with 465 degrees conferred AY 2016-2017. There were only 151 music therapy graduate students earning degrees and one PhD. The average student to faculty ratio in music units is 1 faculty per 10 music majors students for all music units, (50th percentile is 8.8). This means at the very least, there should be 330 music therapy faculty members (not accounting for graduate students). According to the AMTA workforce analysis there are 59 music therapy faculty, other higher estimates of faculty numbers still fall far short in the needed qualified faculty to teach graduate students.

The Higher Learning Commission, which accredits colleges and universities in a 19 state region, requires instructors have a degree higher than the degree being offered. Thus, moving to a masters-level entry will require universities hire doctorally-prepared faculty to carry out the academic and Association missions of educating individuals capable of providing quality music therapy services. According to the AMTA membership survey, approximately 7% of the membership (n=100) have doctoral degrees. There are currently 10 open university faculty positions. Thus, there is a significant scarcity in the number of qualified faculty required to accommodate a move to MLE. Additionally, the lack of doctorally-prepared music therapists significantly decreases our ability to compete at the highest levels for research funding that would support evidence-based best practices. For example: We were all very excited that the NIH put forth a call for proposals for research exploring the mechanisms of arts-based therapies, a mechanism that provided 1.5 million dollars for each awarded study. After 4 years, the NIH did not renew this call due to lack of competitive grant applications. (Note: 2 music therapists were awarded grants from this mechanism, Robb & Bradt).

Thus, the increased costs of moving to MLE will significantly reduce the number of individuals seeking education as a music therapist and be available to the privileged few. This will further reduce the numbers of degrees, causing a reduction in educational programs. This vacuum in capacity will likely be filled by music practitioners and music volunteers. Finally, the inability to engage in high level research will reduce our ability to influence policy decisions that would ultimately decrease access to services.

The Decision to Move to MLE Needs to be a Unanimous Decision

Given the high stakes in this decision, it is extremely important that a consensus is reached before moving forward. This is the same standard that NAMT and AAMT used when combining organizations and academic standards. The letter from the NASM Executive Director clearly identifies the need for a high degree of consensus. The fact that the MLE subcommittee vote was nearly 50/50 is highly problematic.

I appreciate all of the hard work that has gone in to studying the MLE issue. I understand that it has taken a long time and has been very difficult. Thank you for considering my thoughts.

Northeast Region Town Hall Meeting Thursday, April 19, 2018

Reported by Judy Engel, NER-AMTA President

NOTE

NER reported their member feedback grouped in the following topic areas: 1. Do It; 2. Grandfathering; 3. Master's Degree in Field; 4. Not Enough Detail; 5. Cost; 6. Schools & bachelor's Degree; 7. Voting; 8. Time Table; 9. Globalization / Diversity; 10. Expansion; 11. CBMT; and 12. Licensure.

NER SECTION ONE: Do It
NER 1.1 Why can't we just do this! (Mastery Level Entry). Other related-service professionals have master's level entry (OT, PT, Art Therapists, etc.). Why don't we? This would raise the bar for our profession and give us more credibility. Not to mention, going through a master's program is very enriching!
NER 1.2 We need a master's to stay current and continuing education is important. The concern is the cost of master's level.
NER 1.3 For the elevation of music therapy as a professional therapeutic discipline it is necessary to move to MLE. This necessity is a direct result of the great evidenced-based work that supports music therapy. We are growing; this is a growing pain. This is great, and this will not be easy to work through, but we will come out stronger for it.
NER 1.4 We have no choice – we <u>need</u> to move to master's level. We vote yes and then figure out the way to make it work.
NER 1.5 Music therapists are working with diverse clientele with a variety of complex clinical needs. It is becoming difficult to achieve minimum competence levels in an undergraduate field. In my opinion, minimum competence isn't enough. In order to improve clinical competence and quality of services to our clients, it is necessary for the entry level of practice to be at master's level of education. It will take time and solid leadership to find the way through the change, but ultimately, I have confidence that the profession will adapt and move forward stronger than ever.
NER SECTION TWO: Grandfathering
NER 2.1 It is common practice for new graduates to work under their employer's Certification for a period of time while waiting to take the MT-BC exam. Once the MLE is in effect, how will the grandfathering in process affect these music therapists?
NER 2.2 Will currently certified MT-BCs be grandfathered in?
NER 2.3 If the MLE is passed, how would the grandfathering process work? Would all current MT-BCs without a master's degree be required to get a master's degree in order to practice MT? Or would MT-BCs with a certain number of years of experience as a music therapist be excused from being required to get a master's degree?
NER SECTION THREE: Master's Degree in Field
NER 3.1 If the MLE becomes in play I'd like to see a 4 + 1 (undergraduate + masters) where the 1 can be in a field related to music therapy and enrich the field.
NER 3.2 In MLE, will the master's degree need to be in MT or can it be in a related field?
NER 3.3 There is a difference between completing a graduate level degree in your early twenties versus your thirties. Has the committee considered continuing the current model of allowing individuals with a bachelor's degree to sit for the CBMT exam with a requirement of MT-BC starting a master's degree within five years? (example of five years is similar to the education requirements for Massachusetts educators in the public-school system.) Younger students may struggle with where to focus their studies and preferred track (clinical vs. research) which may be better developed with several years of working in the field.
NER 3.4 Would MLE effect dual master's programs? Ex. MMT & CMHC or Expressive Arts Therapies.
NER SECTION FOUR: Not Enough Detail
NER 4.1 Re: making the decision to move to MLE, I feel is a BIG YES! However, without knowing the <u>HOW</u> , saying "yes" feels very unsettling and makes me say "I am not sure."
NER 4.2 If there aren't guidelines and policies to the MLE I don't think we should be coming to a definite yes or no.
NER 4.3 A vote has a lot of implications. A yes vote without knowing how the system will look going forward is voting blind. Everyone is clearly concerned about all the pieces of this. The focus on just this limited yes/no vote is like voting without information. An ignorant or uninformed voter is potentially a dangerous vote for the future. You want to know that the discipline is <u>going to not only continue but be of high quality</u> .
NER 4.4 What is the plan to survey university affiliated internship supervisors, national roster supervisors, and business owners on their view of MLE?

NER 4.5 Would MLE be specifically aimed towards certain populations?
NER 4.6 Point of clarification: The MLE subcommittee has finished their work and the final MLE report and has been submitted to the AMTA board. The board may choose to create future task force / committees to further study or release the report for vote by the AMTA assembly.
NER SECTION FIVE: Cost
NER 5.1 Has mixed feelings. The concern is the cost of master's level. Projected cost by 2030 with 4.5-5.0% increase in tuition each year would be close to \$100,000/year. Concerned that salary would not cover this expense. Don't want people to shy away because of the cost of education.
NER 5.2 Having a master's degree does not mean I can currently bill more services. This means, for me, a MLE does not mean a higher salary for my staff.
NER 5.3 Has the economic state of the country been considered? Will the move to MLE raise the cost of services?
NER SECTION SIX: Schools & bachelor's Degree
NER 6.1 There are already a limited number of music therapists and number of schools that offer music therapy programs; I am worried that it will significantly impact us in a negative way.
NER 6.2 If the MLE passed, what would happen to the bachelor level programs and their graduates? What would bachelor level graduates be qualified for?
NER 6.3 If MLE were adopted, would AMTA support an undergrad degree in clinical musicianship as a pre-requisite? How will clinical musicianship be prioritized?
NER SECTION SEVEN: Voting
NER 7.1 Who will be eligible to vote?
NER 7.2 Do we (professionals, interns, students, AMTA members) get to vote not just with a board, but personally / individual?
NER 7.3 There is no place for us to vote. This town hall isn't to convince us or to state the board's opinion. So, in the end...the decision could still be made with no democracy. We'd like to vote for our future. This conference's title is "Uniting in Diversity" bringing together the individuals of the music therapy community. LET US VOTE!
NER 7.4 My further thought is in regard the vote of our assembly members. I realize that the delegates are supposed to take into account the opinions of the AMTA membership as a whole. But in the case of an educational issue such as MLE, I believe it is impossible for a majority of AMTA members to support a vote for a new system since the majority of the members are products of an undergraduate system. It is not reasonable to expect this group to have a positive outlook on a change of our pedagogical system.
NER SECTION EIGHT: Time Table
NER 8.1 How was the year 2030 decided on for the recommendation?
NER 8.2 What is the time table for putting this to a vote?
NER 8.3 As an employer of MT-BCs, it often takes me 3-6 months to find an employee. I have heard numerous employers state the same. Would MLE expand this time table?
NER 8.4 What is the time table?
NER SECTION NINE: Globalization / Diversity
NER 9.1 What considerations have been taken into account about the international impact of MLE? How does this impact globalization of MT?
NER 9.2 Have there been considerations for the diversity / inclusion impact? Socioeconomic considerations for future students?

<p>NER 9.3 The cost of MLE limits the amount of diversity we bring in. We can't expand our field if we try to advance it before that happens. Yes, medical fields, SLP, OT etc. are master's level, but those professionals are already well established.</p>
<p>NER SECTION TEN: Expansion</p>
<p>NER 10.1 We are a very small, growing field. I am concerned we will sacrifice expansion for advancement. Does expansion = advancement? We cannot advance without expanding.</p>
<p>NER 10.2 Would MLE open up master's programs to non-music performance undergrads? I think, if so, this is a wonderful reason to consider it because it would enrich and expand the field to dedicated music therapists that did not have the opportunity for a music performance or music ed. degree.</p>
<p>NER 10.3 It seems like nurses, PTs and OTs had been seen as crucial in health care and educational settings prior to their shift to master's level or doctoral level entry. Currently, music therapists are not seen as crucial staff members of these institutions. I think we need to consider the current state of our profession when we make this argument.</p>
<p>NER SECTION ELEVEN: CBMT</p>
<p>NER 11.1 Regardless of Bachelors/master's degree, we all must pass the standard of CBMT. Why not advance/alter the test instead of adjusting educational criteria?</p>
<p>NER 11.2 Since every 2 years we need to complete a certain amount of CMTE hours or sit for the board exam, if one did not meet the required hours and did not have a masters, would you still get an opportunity to sit for the exam?</p>
<p>NER 11.3 It was brought up that our pass rate for CBMT has declined. However, we are comparing apples to oranges. The number of questions required to pass has changed. It seems like MLE looks at the pass rate as a reason for the change when it isn't as big of an issue as presented.</p>
<p>NER 11.4</p> <p>The CBMT exam has gotten increasingly more difficult to pass and the CBMT exam cut off score has increased gradually. This is happening because the tasks (skills and knowledge) of a minimally competent MT have been increasing in number and complexity, and the exam and the cut off score must be tied to the ability to be competent upon entering the work force. It is the job of CBMT to analyze the tasks of a minimally competent music therapist in order to set the standards of skill and knowledge for our field.</p> <p>At the same time, the statistical evidence from CBMT shows that the fail rate is increasing significantly and this shows that we, music therapy educators, are not able to give students the skills and knowledge they need to pass the CBMT exam with its raised bar of competence. Our educational system MUST be responsive to the rising bar of competencies required by the profession which means we need the MLE in place.</p> <p>In summary: the CBMT exam cut off score must rise in response to clinical practice and therefore, the educational system must be expanded in order to be responsive to the rise in cut off score and the rising bar for professional skills. (As the director of a music therapy program, I have known this, without statistics, for the last decade. Now I see that the CBMT statistics support what I already knew about my own program.) More students are failing the exam. Financially, I believe it is irresponsible not to move to MLE since the number of students spending money for the undergraduate degree is increasing, but more of those students fail the exam.</p>
<p>NER SECTION TWELVE: Licensure</p>
<p>NER 12.1 Would MLE assist in the licensure in various states? i.e. would it help us obtain licensure?</p>
<p>NER 12.2 Is the committee taking into consideration the various university degree requirements for masters' programs along with differing state requirements?</p>
<p>NER 12.3 Do all music therapists in NY state have to have a master's degree (LCAT) to practice currently? Is the LCAT a master's degree or just state licensure?</p>

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MEETING—June 22-24, 2018
HISTORIAN/PARLIAMENTARIAN'S REPORT
Bryan Hunter, PhD, LCAT, MT-BC**

In my role as Historian and Parliamentarian I assist the President, Executive Director, Board of Directors, Assembly of Delegates and the Association as requested, particularly on matters where a historical perspective is useful or parliamentary clarification needed. I stand ready to assist any board member with historical perspective or parliamentary assistance. In addition, I serve on the Board's Financial Advisory Committee, Audit Committee, and on the former MLE Sub-Committee and Succession Planning Committee.

As a former member of the MLE Sub-Committee I participated, at the invitation of MAR President Mike Viega, in the MAR conference session regarding the MLE Sub-committee report.

Outgoing archivist, Dr. Bill Davis, has informed us that the new link to the AMTA Archives is ready to be launched. The archive material that has been digitized to date, can now be accessed online through this link. This development in our archive assets is very exciting. Amber and Andi have asked me to work with Bill, incoming archivist Lindsey Wilhelm and Wendy Woolsey on a plan for releasing and celebrating this new milestone. I will have a planning call with this group before we meet at mid-year.

At the request of MTP editor Tony Meadows, Ken Aigen and I have co-authored an article about unification to be published this year as part of the 20th anniversary celebration of AMTA. In the article we mentioned the financial challenge of advocating for music therapy when only one third of the MT-BCs are professional members of AMTA. Ken was shocked to learn of this fact, and he suggested that we might use the article as an opportunity to reach out to all MT-BCs regarding membership during this celebration period. Any suggestions from the Board on ways we might do this would be welcome!

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING-JUNE 22-24 2018
ARCHIVIST'S REPORT
LINDSEY WILHELM, PhD, MT-BC**

AMTA Archive Update: November 19, 2017-May 18, 2018

Since the last report in November of 2017, the online Guide to the Records of the AMTA has been completed (3/28/2018) and an active link was sent to Dr. Farbman, Jennifer Geiger, and Amber Weldon-Stephens. The online finding aid (<https://lib2.colostate.edu/archives/findingaids/manuscripts/mmta.html>) includes links to materials and recordings which were digitalized thanks to the funding specific to the archive project. A working group, chaired by Bryan Hunter and including Wendy Woolsey, William Davis, and Lindsey Wilhelm, has been formed by President Amber Weldon-Stephens to coordinate the public launch of the online Archives.

Dr. Farbman has requested that the AMTA Board Books from 1998 – 2003 be digitalized and all board books be added to the online Archive. In addition, materials donated to the AMTA archive continue to grow and are being inventoried and organized for the second accession of the AMTA archives. Generous contributions from individuals and regions continue to support the completion of the collections from NAMT, AAMT and AMTA. Funding specific to the archive project, as available, will be used to support graduate student assistance with these projects.

Archive Funding Ideas:

With the public launch of the online archives it is worth considering ideas for ongoing funding of the growing AMTA Archive project: (Note: some of these ideas have been presented in previous reports)

- Naming rights to the digital display
- A contribution in the memory of an important member of the music therapy profession
- A “Generations” Sponsorship where donations could be made toward the processing of materials from a specific decade
- A Past Presidents sponsorship or perhaps a President’s Scholarship to a student who would work under my supervision to help with processing
- A new video to showcase the importance of preserving our fascinating history and need for more donations

I am very grateful for the support of the AMTA Board of Directors, Dr. Farbman and staff of AMTA and look forward to continuing to develop our historical resources.

Respectfully Submitted,

Lindsey Wilhelm, AMTA Archivist
May 14, 2018

SUPPLEMENTAL REPORTS

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING, JUNE 22-24, 2018
COUNCIL ON EDUCATION AND CLINICAL TRAINING REPORT
Eric G. Waldon, PhD, MT-BC, Council Coordinator
November 2017 – May 2018**

The Council on Education and Clinical Training is comprised of three Standing Committees. The Academic Program Approval Committee (APAC) is newly co-chaired by Rebecca Engen, Ph.D., MT-BC and Betsey King, Ph.D., LCAT, MT-BC. The Association Internship Approval Committee (AIAC) is co-chaired by Lauren DiMaio, MMT, MT-BC and Eve Montague, MT-BC. The Continuing Education Committee is newly co-chaired by Julie Andring, Ph.D., MT-BC and Charlie Seaman, MM, MT-BC. This report is a recapitulation of information found in those standing committees' reports (*italicized*) with additional information and clarification provided by me (Council Coordinator Addenda).

I would like to thank the committee chairs for their reports and I look forward to working with them during the current term. Additionally, I would like to express my gratitude for being asked to serve in this capacity.

Submitted for your review,

Eric G. Waldon, Ph.D., MT-BC
Council Coordinator, Education and Clinical Training
May 18, 2018

Action Items: There are currently no action items from these committees.

**The Academic Program Approval Committee
Mid-Year Board Meeting Report**

Date: May 12, 2018

Reporting Period: November 2017 to May 12, 2018

Co-Chairs:

Rebecca Engen, Ph.D., MT-BC
Betsey King, Ph.D., LCAT, MT-BC

engenr@queens.edu
bking2@naz.edu

Members:

Melita Belgrave, Ph.D., MT-BC (at-large)
Alejandra Ferrer, Ph.D., MT-BC (at-large)
Laura Brown, Ph.D., MT-BC (at-large)
Vacant (at-large)
Vacant (at-large)
Vacant (at-large)

Lalene Kay, MM, ACC, MT-BC (Great Lakes)
Suzanne Sorel, DA, LCAT, MT-BC (Mid-Atlantic)
Melanie Harms, Ph.D., MT-BC (Midwest)
Heather Wagner, Ph.D., MT-BC (New England)
Carmen Osborne, MA, MT-BC (Southeastern)
Mike Zanders, Ph.D., MT-BC (Southwest)
Christine Korb, MM, MT-BC (Western)

Action Items:

None.

Goals:

1. To support the establishment and maintenance of standards of excellence for education and clinical training in the field through collaboration with appropriate association bodies (e.g., other national committees and the Education and Training Advisory Board).
2. To utilize these standards as evaluative criteria for recommending approval for academic institutions upon

initial application and review, and every ten years thereafter in conjunction with the NASM accreditation/affirmation review.

Tasks:

1. Review application materials for new baccalaureate/equivalency programs and graduate programs in a timely manner and make recommendations regarding approval to the AMTA Board of Directors.

Approved: University of Dayton – new graduate program

New Programs Under Review: Four (4) new undergraduate programs and one (1) new graduate programs are in review.

2. Determine year of review for AMTA approved academic programs reapplying for AMTA approval based on scheduled reviews by NASM for accreditation/affirmation, and for any exceptions determine the year of review by AMTA.

Ongoing. Nothing new to report.

Council Coordinator Addendum: The committee is currently using a comprehensive spreadsheet which includes the name, state, degree programs, and next NASM /AMTA review year to keep track of all AMTA-approved programs to assist with the APAC review schedule.

3. Review application materials for AMTA approved baccalaureate/equivalency programs and graduate programs reapplying for AMTA approval according to the *Standards for Education and Clinical Training*, and make recommendations regarding approval to the AMTA Board of Directors.

Two (2) undergraduate programs in review for re-approval.

Re-approval reviews scheduled for 2018: Six (6) undergraduate and six (6) graduate.

4. In the case of any deferrals of AMTA approval for academic programs or any adverse decisions regarding approval, follow the AMTA procedures for the review of such deferrals and/or adverse decisions.

Ongoing. Nothing to report at this time.

5. Provide consultation services as needed to academic programs in regard to AMTA approval.

Ongoing. Nothing to report at this time.

6. Coordinate committee activities with other committees and the Education and Training Advisory Board as needed.

Ongoing. Nothing to report at this time.

7. Coordinate committee activities for AMTA approval review with NASM accreditation/affirmation as needed, and monitor NASM accreditation/affirmation status of all AMTA approved music therapy programs.

Nothing to report at this time; see NASM notes on program re-approvals and new program approvals.

8. Review policies and procedures for academic program approval and make recommendations to appropriate Association bodies for any new policies or procedures, including standards and professional competencies for music therapy education and clinical training.

Ongoing. Nothing to report at this time.

Other:

1. *This has been a transition period with Betsey King and Rebecca Engen taking over as co-chairs for Kamile Geist and Christine Leist. The new co-chairs thank Jane Creagan for her invaluable help during this time.*
2. *Regional representatives have communicated to the committee co-chairs that they are continuing to hear concerns regarding university-affiliated internships (UA). APAC had already recognized the need for more detailed UA information in the new and re-approval applications and approved the addition of several items to the applications at its meeting last November. Now, to address current concerns about recently approved programs, the co-chairs, along with Jane Creagan, will be asking programs approved in the past 2 years to provide the additional UA information which was added to the application process.*
3. *Other concerns that regional representatives have conveyed indicate that it is time for APAC to move forward with an idea that has been discussed at recent meetings but not implemented: a liaison for each approved program who can check in with schools during the ten-year period between reviews – either with concerns or to provide help and guidance. The policies for such a system are not yet in place, so this will be on the agenda for our November meeting.*

Council Coordinator Addendum: The committee is currently in the process of identifying candidates to fill the three vacant at-large positions which would be submitted to the Board for approval at a later time.

Respectfully submitted,

Betsey King, Ph.D., LCAT, MT-BC
Rebecca Engen, Ph.D., MT-BC
AMTA Academic Program Approval Committee

**Association Internship Approval Committee
Mid-Year Board Meeting Report**

Date: May 15, 2018

Reporting Period: November 2017 to May 15, 2018

Co-Chairs:

Lauren DiMaio, Ph.D, MT-BC
Eve Montague, MSM, MT-BC

dimaio@queens.edu
evemontague@verizon.net

Members:

Manal Topozada, MA, MT-BC/L (Western)
Della Daugherty-Molloy, MT-BC (Southwestern)
Kimberly Hawkins, MS, MT-BC (Midwestern)
Kay Luedtke-Smith, MT-BC (Great Lakes)

Chrissy Watson, MT-BC (Southeastern)
Susan Glaspell, MT-BC (Mid-Atlantic)
Brian Jantz, MT-BC (New England)

Action Items:

None.

Goals:

1. To establish, maintain and improve standards for the training of music therapists participating in AMTA programs on the National Internship Roster.
2. To encourage and assist persons in their clinical preparation for music therapy practice.

Tasks:

1. To review the National Roster Internship Guidelines and internship documents and make recommendations for revisions.

The members of the AIAC continue to review the National Roster Internship Guidelines to determine the need for revisions. AIAC recommended that the Supervising Music Therapist be required to complete the AIAC Supervision CMTE or a similar course in order to be listed as a Supervising Music Therapist for a NR (National Roster) site. Section C, 1.0, Requirements, 1.2 Additional Association Requirements, 1.2.2 Completion of one 5 hour CMTE workshop of Music Therapy Intern supervision or other documented supervision training was voted and approved by the Assembly.

This requirement is effective for new Supervising Music Therapists as of January 1, 2018. We recommend and encourage all current Supervising Music Therapists to take the supervision course (or something similar) at the next opportunity.

2. To review and make recommendations regarding the quality of internship programs.

The Internship Director listserve remains offline. It has been challenging for committee members to commit to the maintenance of a listserve. We will continue to keep this on our meeting agendas.

The AIAC co-chairs send updates to all National Roster Internship Directors at the email addresses registered with AMTA.

3. To review and approve applications for new internship programs.

Since November 20, 2017, the committee has approved seven (7) applications, and approved three (3) exception requests; ten (10) applications are currently in review, with four (4) of those applications back with the originator for revision; one (1) application was withdrawn; one (1) application was denied; four(4) sites became inactive.

Other business during this period includes approval of supervising music therapists and new Internship Directors at National Roster internship sites, and approval of supervisors for maternity leave at one site.

4. To formulate, update, and implement continuing music therapy education for internship directors/supervisors.

The free Supervising the Music Therapy Intern CMTE will again be available for members at the National Conference in November, 2018.

The Supervising CMTE was also offered regionally at the Western, Midwestern Southeastern, Great Lakes, and Mid-Atlantic conferences.

5. To provide support and assistance to students pursuing or involved in internship.

The AIAC chairperson and regional representatives respond to all inquiries, concerns, and questions offered by students when contacted. We had 2 interns requiring new placements due to changes in ID (Internship Director) and/or inactivation of site. Currently, we are consulting with an academic advisor concerning issues of quality with a National Roster Internship site. Additionally, we addressed issues of marketing with a NE site.

6. To revise the current internship supervision model in the National Roster Internship Guidelines to address increasing issues regarding facility supervisors and administrators, internship directors, and supervision training in National Roster Internship programs.

After creating and analyzing a survey, that was disbursed to all National Roster Internship Directors, it appears that most internship directors believe the internship design can be improved upon and recommended combining both UA and NR into one model. Also from the survey, most internships have had no issues with state licensure

or state authorization.

Council Coordinator Addendum: Consulted with Jane Creagan about the extent to which quality of UA internship is already being addressed by APAC and whether this would fall outside the charge for AIAC.

We also recognize that this task will look and feel differently should the MLE go forward.

7. To develop a multi-year plan for discussion at the annual meeting to address the potential shortage of National Roster internship sites.

The committee will look at the data from the annual reports (each NR site) and compile numbers. As of May 14, 2018, 85 internship sites have completed the annual report. AIAC and APAC will coordinate information regarding need and availability.

We surveyed the Internship Directors by adding questions to the NR annual report, which was sent to 166 IDs. Eighty-five IDs have completed the report so far. From the 85 participants, it was reported that there were 55 unfilled slots in 2017. When asked if the internship directors felt there are enough national roster internship sites, 46% stated "Yes" and 41 % stated "No". For those who stated "No," 32 participants shared their reasons. The top reasons included: Feedback from professor/students (8 participants); trend of students taking start dates farther out from completion of academic coursework (6 participants); limitations such as not able to leave the state (4 participants); and limitations of settings/populations (4 participants).

Respectfully submitted,

Lauren DiMaio, Ph.D, MT-BC and Eve Montague, MSM, MT-BC
Co-Chairs, Association Internship Approval Committee

CONTINUING EDUCATION COMMITTEE Mid-Year Report 2018

Date: May 11th 2018

Reporting Period: November 17th 2018 to May 11th 2018

Co-Chairs:

Julie Andring, PhD, MT-BC
Charlie Seaman, MM, MT-BC

jamusictherapy@optonline.net
CSeamanMT@gmail.com

Members:

Kellee Covial Hansen, MT-BC (Great Lakes)
Bernadette Skodack, MT-BC (Great Lakes)
Vacant (New England)
Jennifer Townsend, MMT, MT-BC (Southwestern)
Rebekah Stewart, MA, MT-BC (Midwestern)
Emily Polichette, MM, SCMT, MT-BC (Western)
Clare Arezina, MME, MT-BC, CCLS (Mid-Atlantic)
Natalie Generally Kirk, MMEd, LPMT, MT-BC
(Southeastern)
Amy Calderon (AMTAS)

Goals:

1. To ensure that the continuing education courses offered by AMTA adhere to the guidelines established by the Certification Board for Music Therapists.
2. To promote the value of board certification and strive to provide continuing education opportunities that meet the educational needs of the members of AMTA.

Task Updates:

1. To proctor and oversee continuing education offerings at the annual AMTA national conference.

41 CMTEs were offered during the Annual Conference in November 2017, including 14 Intensive Pre-Conference Sessions and 11 free CMTEs.

2. To contribute a list of potential topics for standardized self-study modules and to solicit suggestions for potential topics from regional members.

Ongoing.

3. To send recommendations for “best of the region” CMTE presenters to the co-chairs by late-January.

In process, Regional Reps have been submitting suggestions for CMTEs based on CMTEs that were successful at regional conferences.

Tasks:

1. To keep ongoing records of conference continuing education courses, including sign-in sheets, completed measures of learning, evaluations, and each presenters’ course objectives and resumes. Prepare and submit summary reports to CBMT and AMTA.

Co-Chair Andring will be archiving this information. The process through which this is being done is being evaluated for accuracy, feasibility and ease of use.

2. To send compiled data on evaluations for conference CMTE courses to the presenter, the Vice-President, the AMTA office and CBMT.

In process of being completed electronically by Co-Chair Andring for the November 2017 conference.

3. To serve as a liaison to CBMT & to complete the approved provider status renewal application form to maintain AMTA’s status as an approved provider.

Ongoing

4. To serve on the AMTA Conference Committee and assist the AMTA Vice President with selection of CMTE courses.

Co-Chair Andring will be participating in rating CMTE session proposals for content as part of the conference proposal review committee for the 2018 Conference. A second reviewer, a member of the CEC Committee, will be added this year to help review submissions for completeness.

5. To develop a list of potential topics for the creation of standardized self-study modules for use as pre-approved continuing education.

National Office Staff handling all E-courses.

6. To update the AMTA-CEC web site as needed.

Ongoing

7. To consult with individuals wishing to offer CMTE sessions through AMTA.

Current Co-Chairs have not been contacted by individuals.

8. To serve as CEC representative on the AMTA Education & Training Advisory Board.

Co-Chair Seaman will be participating in ongoing work as a part of ETAB.

Other:

The CEC co-chairs would like to thank the National Office Staff and the AMTA Board for their continued work related to CMTEs and improving the efficiency of the processes.

Respectfully submitted,

Julie Andring, PhD, MT-BC
Charlie Seaman MM, MT-BC
Co-Chairs, AMTA Continuing Education Committee

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING - JUNE 22-24, 2018
COUNCIL ON PROFESSIONAL PRACTICES REPORT
Natalie Generally Kirk, MMed, LPMT, MT-BC, Council Coordinator**

The Council on Professional Practices is comprised of five standing committees: Government Relations, Reimbursement, Standards of Clinical Practice, Research, and Technology. Committee chairs and co-chairs have submitted the following reports with updates on actions taken on charged tasks. Please review their complete reports, which provide an update on committee actions since the 2017 Annual Report.

Action Items: At the writing of this report there is one Action Item coming forward from the **Standards of Clinical Practice Committee**. The action item is:

1. The Standards of Clinical Practice Committee has requested feedback from the Board of Directors on the full draft of proposed revisions to the *AMTA Standards of Clinical Practice* that will be presented to the Assembly of Delegates in November 2018 for approval.

Government Relations Committee Report

Date: May 2018

Committee Members:

Co-Chair – Judy Simpson (National Office)
Great Lakes – Nancy Swanson
Midwest - Emily Wangen
New England – Nicole O'Malley
Southwest – Suzanne Heppel

Co-Chair – Rebecca Preddie (National Office)
Mid-Atlantic – Amy Rodgers Smith
MAR GR-elect – CJ Shiloh
Southeast – Rachel Coon-Arnott & Kirby Carruth
Western – Karla O'Hagan Hawley

Report:

Goal: To increase access to quality music therapy services through monitoring and responding to state and federal legislation that impacts music therapy practice and/or impacts healthcare and education service delivery to current and future music therapy clients.

Tasks:

1. Serve as a direct resource to the regions for both federal and state government relations and advocacy issues.
Committee members continue to communicate with Co-Chairs when responding to government relations opportunities and concerns. Committee members are included in email communications to state task forces within their region. We welcome the following new representative in 2018: SER-Kirby Carruth! Many thanks to Jamie George (SER) for her many years of committee service!

Representatives from SWR and MAR attended national Arts Advocacy Day events in Washington, D.C. earlier this year. Committee members plan to encourage AMTA members from all regions to consider participation in the 2019 Arts Advocacy Day.
2. Contribute to state recognition operational plan presentations at the regional and state level.
Committee members have participated in or supported advocacy training sessions and events, Hill Days, or legislative and agency committee presentations/testimony/meetings in the following states: Florida, Illinois, Iowa, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, Washington, and West Virginia.

States that have had active music therapy specific legislation (i.e., Program Funding, Title Protection, License) in 2018 include: Illinois, Iowa, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Pennsylvania, Ohio, and Utah.

3. Provide government relations updates during state meetings and regional conferences.
Regional conferences included GRC reports from committee members and updates from State Task Force members. GLR hosted an advocacy CMTE and advocacy meet and greet; MAR hosted an advocacy breakfast; MAR and WR offered a professionalism and ethics in advocacy session; Committee members continue to contribute GR updates to regional newsletters and websites. Co-Chairs assist with editing committee members' regional reports as requested.
4. Serve on state task forces or assist with identifying candidates for state recognition advocacy work.
All of the Government Relations Committee members participate in state task force advocacy.

Reimbursement Committee Report

Date: May 2018

Committee Members:

Co-Chair – Judy Simpson (National Office)
Great Lakes – Kyle Fleming
New England – Thomas Hayden
Western – Kate Harris
Southwest – Kate Harrison

Co-Chair – Rebecca Preddie (National Office)
Mid-Atlantic – Joy Allen
Southeast – Jennifer Walker Puckett
Midwest – Sarah Thompson
Student Representative – Elizabeth Sharp

Report:

Goal: To increase access to music therapy services by increasing the percentage of music therapy services receiving reimbursement.

Tasks:

1. Respond to questions from members within respective regions regarding payment options for music therapy services in various healthcare and education settings and report reimbursement challenges and successes to committee co-chairs.
Welcome to new WR rep, Kate Harris! Many thanks to Angie Kopsky (WR) for her years of service to the committee! Committee representatives provide assistance to members in navigating reimbursement options for a variety of clinical settings and with various third-party payers. Committee members continue to monitor, respond, and re-direct questions posted through social media to available AMTA resources. In response to state-specific reimbursement questions, national office staff is working with the State Recognition National Team to develop resources that align diagnostic codes, procedure codes, music therapy interventions, and related evidence.
2. Increase music therapists' basic knowledge of the process of reimbursement and financing for music therapy services.
Efforts to educate members about reimbursement is completed through state and regional presentations and meetings. Committee continues to collect helpful materials for posting on AMTA website. National Office staff reorganizing website reimbursement information for clinician, student, and general public access.
3. Implement action plan to complete long-term goals of the reimbursement strategic priority.

Committee participated in bi-monthly conference calls and email communication to facilitate project completion.

Document repository being used to collect reimbursement resources to share with members.

Reimbursement Webinar recently recorded with plans to make it available on the association website in summer of 2018. Webinar topics designed to assist members understand important details regarding the reimbursement process.

Contributed questions to graduate research project reimbursement survey, in collaboration with the state recognition team. Survey recently distributed to music therapists currently receiving third party payments. Committee members to distribute to additional individuals identified as having success with music therapy reimbursement. Survey intended to gather data on reimbursement details that will assist with increasing music therapy access and will also assist with state recognition efforts.

Standards of Clinical Practice Committee Report

Date: May 2018

Committee Members

Ellary Draper, PhD, MT-BC (Chair, Southeastern)	Gabrielle Banzon, MT-BC (Southwestern)
Wendy Krueger, MT-BC (New England)	TBA (Southeastern)
Helen Dolas, MS, MT-BC (Western)	Whitney Ostercamp, MT_BC (Midwestern)
Jennifer Fiore, PhD, MT-BC (Great Lakes)	Ava Marvin (Student Representative)
Bob Miller, MS, MT-BC (Mid-Atlantic)	

Action Item: To revise the language of the Standards to align with existing AMTA and CBMT documents.

Report:

Goal: To develop, assess, and update the *AMTA Standards of Clinical Practice*.

Tasks:

1. To review and revise the *AMTA Standards of Clinical Practice* document and recommend revisions to reflect applicability to current practice (on-going task).

The committee has continued to examine and revise the Standards to align with existing AMTA and CBMT documents. We have met via conference call and have completed a full draft of what we propose sending to the Assembly of Delegates in November 2018 for approval. We welcome feedback from the Board prior to sending the document forward. The draft is attached.

2. The Board has charged the *AMTA Standards of Clinical Practice* to review and consider refining the AMTA definition of music therapy, using the 3rd edition of *Defining Music Therapy*, other sources in collaboration with the Government Relations staff.

The committee has been working on the new draft of the Standards; we plan to work on this task once we complete the revisions to the Standards.

3. To ensure that the *AMTA Standards of Clinical Practice* reflect the highest quality of treatment and services in music therapy (on-going task).

The committee is continuing to review and monitor any revisions made in our organizations' documents to ensure the *AMTA Standards of Clinical Practice* are up-to-date.

4. To inform AMTA members of the work of this committee via regional and national publications, conferences, and the Members Only section of the AMTA website (on-going task).

Communication with members is on-going.

Research Committee Report

Date: May 2018

Committee Members

Cindy Colwell (Midwestern) – Committee Chair	Nicki Cohen (Southwestern)
Gene Ann Behrens (Mid-Atlantic)	Eric Waldon (Western)
Annie Heiderscheit (Great Lakes)	Vacant (New England)
Andrea Cevasco-Trotter (Southeastern)	Jonathan Tang (Student Representative)

Report:

Goals:

1. To encourage and promote research of all types of research methodology in music therapy.
2. To take complete responsibility for the research sessions at national conference.
3. To develop and implement a variety of ongoing educational opportunities and supportive mechanisms to assist novice and experienced researchers/clinicians to develop research projects and programs.

Tasks:

1. Investigate specific ways to educate the profession regarding current music therapy research.
(*Ongoing*)
2. Identify those areas of practice lacking supportive research documentation.
(*Ongoing*)
3. Serve as an adjunct committee to the conference program committee in organizing research presentations at the annual nation conference.
(*Ongoing*)
4. To develop and implement a variety of ongoing educational opportunities and supportive mechanisms to assist novice and experienced researchers/clinicians to develop research projects and programs.
(*Ongoing*)

Discussion and Committee Discussion Items:

Research Poster Session

- decision to continue online survey format yet discontinue abstract
- discussion about processes for selection oral sessions and student award
- discussion about specifically requesting information related to IRB approval process and asking for a statement to be included on the actual poster
- continue scavenger hunt

Research Committee presents... (concurrent sessions)

- discussion of continuing to align research sessions with MTR2025 goals
- discussion of possible focus areas:
 - clinician-based research
 - theory building

- being consumers of, and critical readers of research
- successful collaboration between clinicians and researchers
- converting thesis to paper, mentoring for publication

Committee Action Items to be continued via email:

1. Solidify processes for research poster sessions (student awards, oral sessions)
2. Determine processes for expanding committee membership to include clinician-researcher
3. Initiate website revisions
4. Review of Research Committee information within Council Coordinator Handbook
5. Determine topics and presenters for Research Committee Presents....
6. Consider sponsoring a CMTE
7. Discuss cooperative work with Workforce Development and Retention Committee
8. Format for discussion of research opportunities at regional conferences
9. Discussion of Dreams, Visions, and Future roles of the Research Committee

Information Dissemination from National Conference 2017

Research Poster Session

- 60 submissions sent to committee members for review
- New online submission format was piloted this past year
- Posters were groups by the seven goals outlined at MTR2025

Oral Session

- Carolyn Moore, Sam Houston State University: The Effect of a Music-Movement Intervention on Arousal and Cognitive Flexibility in Older Adults with and without Mild Neurocognitive Disorder
- Jason Keeler and Edward Roth, Western Michigan University: The Neurochemistry and Social Flow of Singing: Bonding and Oxytocin
- Julia Sims, The University of Kansas: A Phenomenological Examination of Imposter Phenomenon in Music Therapy Students
- Andrei Gladkowski and Gene Ann Behrens, Elizabethtown College: Status of Music Therapists' Involvement in Medical Research

Student Awards (Music Therapy Perspectives)

- Undergraduate Award:
Olivia Bergh: bergh119@umn.edu
Effects of music therapy in the form of patient preferred live music on mood and pain in patients on a solid organ transplant unit: A randomized pilot study
University of Minnesota
- Undergraduate Award: Honorable Mention:
Bethany Wentling: wentlingb@etown.edu
Case study of early childhood trauma: Supporting self-regulation and expression using a neurobiological approach to music therapy
Elizabethtown College
- Graduate Award:
Carolyn Moore: cxd042@shsu.edu
The effect of a music-movement intervention on arousal and cognitive flexibility in older adults with and without mild neurocognitive disorder
Sam Houston State University |

Please note that there were two outstanding undergraduate submissions this year. Olivia Bergh received the award, but we also awarded an honorable mention to Bethany Wentling, and she will submit a 250 word abstract to MTP as an acknowledgement.

Clinician Research Grant:

- Seven proposals were submitted Spring 2017. Reviewer scores were compiled and award recipient proposal name was submitted to Rebecca Preddie at National Office.
- 2017 Clinician Research Grant was awarded to: Lindsey Zehren: Exploring the effects of harmonica playing on respiratory control and swallow quality of life in persons with PD
- CRG proposal will be revised for next submission cycle for 2018-2019; language in the proposal will be revised to clearly articulate the need for the faculty researcher to provide access to an IRB and to help clinician researcher through the approval process

Research Committee Presents Series:

Title: *Conducting Clinical Based Research: A Guide through the Research Process*

Abstract: Presenters will guide participants through a step by step process of identifying an area of interest, how to formulate research question(s), determining research methodology, exploring feasibility of implementing the study in the clinical environment, and determining potential collaborators or mentors, identifying necessary supports needed to execute the study, and potential resources.

Presenters:

Annie Heiderscheid, Ph.D., MT-BC, LMFT

Nancy Jackson, Ph.D., MT-BC

Kathy Murphy, Ph.D., MT-BC

Title: *The Peer Review Process for Qualitative Research Manuscripts*

Abstract: Evaluation of qualitative research manuscripts poses unique challenges including lack of generalized evaluation criteria and varying opinions on what elements ought to be present in a qualitative report. A panel of experienced peer reviewers will discuss common problems encountered in this process and provide examples from actual studies regarding how issues were addressed in practice.

Presenters: Ken Aigen, DA, MT-BC, LCAT, Nordoff-Robbins Music Therapist

Title: *The Art of Peer Review: Crafting Reviews for Quantitative Research Manuscripts*

Abstract: The peer review process helps to assess validity and quality of original articles for publication, and improve quality of published research. This panel session focuses on development of peer reviewer skills including how to approach the review process, tips for writing effective reviews, and the use of reporting guidelines to inform and structure evaluation of quantitative research manuscripts.

Presenter: Sheri Robb, PhD, MT-BC

Title: *Ethics and Music Therapy Research: New Considerations*

Abstract: Technology has dramatically changed the nature of research. The internet provides major communication venues utilized in music therapy research. This lecture will identify ethical issues currently challenging music therapy research.

Presenter: Nicki Cohen, PhD, MT-BC, Texas Women's University

Technology Committee

Date: May 2018

Committee Members:

Midwestern: Kristin N. Veteto (Chair)

Midwestern: Rachel See

Southeastern: Kim Bell

Mid-Atlantic: Noa Elimelech

Southwestern: Alison Etter

New England: Cassandra Mulcahy

Western: Spencer Hardy

Great Lakes: Julie Palmieri

Student Rep: Grace Chiasson

Report:

Goals:

1. To educate the AMTA membership on the current clinical technology resources, practices, and applications in use by its members;
2. To serve as a technology resource for AMTA members;
3. To promote technology-related events and training at AMTA national and regional conferences;
4. To support the membership of the AMTA in their uses of current and emerging clinical and related technologies.

Tasks:

1. Develop lists of specialists to contact in each of the regions regarding the current uses of technology in clinical music therapy practice.
No news to report.
2. Explore connections with technology vendors and suppliers with the aim of increasing member awareness and identifying potential technology vendors for regional and annual national conferences.
No news to report.
3. Develop or solicit a proposal for a concurrent session on clinical or related technology for the AMTA Annual National conference and submit it to the Conference Program Committee.
No news to report.
4. Identify high priority topics for a potential Technology CMTE or Institute at the AMTA Annual National Conference.
This is an ongoing task.
5. Develop and collect informational videos on clinical or related technology to disseminate through both public and private member-only forums.
This is an ongoing task.

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING, JUNE 22-24, 2018
COUNCIL ON ASSOCIATION SERVICES' REPORT
Michele Forinash, DA, LMHC, MT-BC, Council Coordinator**

The Council on Association Services is comprised of seven standing committees: Clinical Practice Networking Committee, Diversity and Multicultural Committee, Interprofessional Collaborative Resources, International Relations, Membership, Professional Advocacy, and Workforce Development and Retention. There have been some changes in leadership and membership since the 2017 annual conference. We are working to use the current titles of the committees as some have changed. I have had meetings with all committee chairs, and co-chairs and have enjoyed learning or remembering ☺ what they focus on. The Diversity and Multicultural Committee has asked for action items to be addressed by the Board. This committee is still working towards clarity about their tasks. It is a pleasure to be back on the Board after many years.

Action Items – The Multicultural and Diversity Committee has action items listed below.

Clinical Practice Networking Committee

Members:

Claire Ghetti
Lee Anna Rasar
Gabriela Ortiz
Katie Just
TBD
Elizabeth Haley
Marial Biard
Kathrine Lee
Katie Schroeder

Region:

Chair
Great Lakes Region
Mid-Atlantic Region
Mid-Western Region
New England Region
Southeastern Region
Southwest Region
Western Region
AMTAS Representative

Report:

Goal: To provide coordination for networking and mentoring opportunities for practitioners working in a range of settings and with different populations, and to foster communication between committees and with professionals in related fields.

Tasks and Progress:

1. To develop networking opportunities to support music therapists working with a broad range of populations;

Regional representatives assisted in organizing, facilitating and bringing innovation to networking events that were held in every region during regional conferences this spring. Participant totals ranged from 30 to greater than 196, with greatest attendance when a meal was provided. Regional reps report that events run most smoothly when there is good communication between the rep and the regional conference planners, when there are skilled facilitators available to help structure dialogue, and when the events are held unopposed. The SW region successfully hosted a novel "Wild West"-themed Happy Hour networking event with live music, and several regions added tables with new foci, for example, the MAR included neurodiversity, cultural reflexivity and community music therapy. Regional reps will share their successes and feedback with other committee members to help improve regional and national events.

2. To host a round table with cash luncheon at the annual national conferences and organize networking opportunities at the regional conferences to further expand the development of clinical populations' sub-groups;

The CPN Committee hosted a successful Networking Luncheon at the 2017 AMTA National Conference in St. Louis. The event included 14 networking tables facilitated by CPN committee members along with members of the Standards of Clinical Practice Committee. Attendance was slightly lower than the previous year, which may be due to the high number of meetings held concurrently, but participants reported benefitting from the opportunity for face-to-face networking and support.

3. To identify various structures that enable mentoring for music therapists working with a broad range of populations;

At our annual meeting, our committee discussed the possibility of trialing a mentorship program in one or more regions, as a way to pilot test such initiatives. SW and MAR are currently exploring options for initiating a mentoring program on a pilot basis, in dialogue with CPN committee members.

4. To inform AMTA members of the work of the committee via regional and national publications as well as on the *Members Only* section of the AMTA website.

Regional representatives promoted the national and regional CPN luncheons using social media including regional Facebook pages, population-specific music therapy social media groups, and Twitter. Regional representatives reported back to their respective regions at national and regional business meetings.

Other: We thank the Board of Directors for considering our suggestion to devote a single concurrent session timeslot exclusively to networking activities. Although the BOD cannot support such a suggestion at this time, we hope that other initiatives that would help establish an unopposed time for networking will be supported.

Respectfully submitted, Claire Ghetti, Chair

Diversity and Multiculturalism Committee

Members:

<i>Name</i>	<i>AMTA Region</i>
Peter Meyer	GLR
Marisol Norris	MAR
Maria Gonsalves Schimpf	Midwestern
Natasha Thomas	SER
Kamica King	SWR
Beth Robinson	Western
Unknown	NER
Melita Belgrave	Co-Chair
Seung-A Kim	Co-Chair

Action Items:

The DMC has several requests listed below.

- The committee would like to amend task 2A. It currently reads
 - Task 2a: Gather and catalogue information (develop baseline) on how much training and resources are currently offered (track presentations relating to multiculturalism and diversity in MT at both regional and national conferences, assess training given in undergrad and grad programs, internship, etc.) and then **explore the possibility and feasibility of adding a**

required course on multiculturalism and diversity in undergraduate training.

- We would like to change the language to **required competency**, as we are competency based in our education and not course base.
- Task 2e 1 and 2 states that the “DMC will work with conference committees to (1) ensure a given percentage of CMTE and concurrent sessions contain information related to cultural and/or diversity training; (2) make recommendations for pre-conference or CMTE courses”;
 - The committee would like assistance in connecting with the appropriate people at AMTA to discuss options for the 2018 conference as it relates to this task.
- Task 2f states that the DMC “will provide additional information for other committees as they address multiculturalism and diversity issues.”
 - The DMC would like assistance with connecting with the research committee and other committees where shared and updated language would be appropriate.
- **Name Change**
Current Name: Diversity and Multiculturalism Committee
 - *Proposed Name: Diversity, Equity, and Inclusion Committee*
 - Rationale: The committee feels that the new name better reflects the spirit and nature of the committee and the goals and tasks assigned to the committee. We believe that the proposed name change goes beyond being aware of our diversity in the field of music therapy, to making sure that all voices are equal and included.
- **Additional Member**
We would like to add an at-large member.
 - Rationale: As we begin to delve into the more complex tasks it would be helpful to have another member to share the workload. By adding an at-large member we can open that position to other AMTA members who have expressed interest in joining the committee.
- **Revised Goals and Tasks**
 1. Change language in Goal 2
 - Current Language: Goal 2: To increase diversity and multiculturalism training and resources for AMTA members.
 - Proposed Language: *Goal 2: To increase diversity, equity, and inclusion training and resources for AMTA members.*
 - Rationale: The language change to include equity and inclusion reflects the proposed name change of the committee.
 2. Change language in Task 2g
- Current Language: Task 2g: Create a “Diversity Awareness Resources” section/forum and an online resource database (including a roster of the different diversity categories among music therapy professionals registered within AMTA and certified by CBMT, podcasts and other appropriate social media channels).

- - Proposed Language: *Task 2g: Create a Diversity Awareness Resources section/forum and an online resource database (including a roster of the different affinity groups among music therapy professionals registered within AMTA and certified by CBMT, podcasts and other appropriate social media channels).*
 - Rationale: Delete the quotations as they aren't needed. Change language from diversity categories to affinity groups as this is reflective of current language used in other settings outside of AMTA.

Report:

This year the co-chairs of the committee has created a year-long plan for completing tasks related to Goal 1, 2, and 4. The co-chairs categorized tasks as short range (to be completed by May 2018), medium range (to be completed between June – September 2018), and long range (to be completed between October – December 2018). Remaining tasks not covered this year will be addressed in 2019.

Goal 1: To encourage increased diversity within the population of music therapy professionals and students in the US.

Task 1a: Periodically gather information on the diversity of music therapy professionals and students in the US.

2019 task

Task 1b: Identify the various diversity groups within AMTA and CBMT. Identify their mission and progress so far (e.g., Team Rainbow, Black student and professional meeting at conference, international students, listserve for MTs who are visually impaired, etc.)

The DMC explored various diversity groups within AMTA through social media, and/or membership in the diversity group. Four groups were identified: 1) Black Music Therapy Network, 2) Cantonese Music Therapy Network, 3) Latin American Music Therapy Network, and 4) Team Rainbow. Each group has mission statement listed and meets at conference. The committee will continue to monitor this task.

Goal 2: To increase diversity and multiculturalism training and resources for AMTA members.

Task 2a: Gather and catalogue information (develop baseline) on how much training and resources are currently offered (track presentations relating to multiculturalism and diversity in MT at both regional and national conferences, assess training given in undergrad and grad programs, internship, etc.) and then explore the possibility and feasibility of adding a required course on multiculturalism and diversity in undergraduate training.

The DMC gathered baseline information on training offered at the 2017 national conferences and 2018 regional conferences.

National Conference Presentations 2017

5 CMTEs, 18 concurrent sessions, 2 MTex sessions, 3 research posters, and 10 Global Perspectives sessions

GLR Conference Presentations 2018

2 CMTEs, 5 concurrent sessions, 1 research poster, and 1 keynote speaker

MAR Conference Presentations 2018

3 CMTEs and 15 concurrent sessions

MWR Conference Presentations 2018

1 CMTE, 4 concurrent sessions, 1 research poster, and 1 passages presentation

SER Conference Presentations 2018

1 concurrent session

SWR Conference Presentations 2018

1 CMTE, 4 concurrent sessions, and 1 SWAMTA student organization keynote speaker

WR Conference Presentations 2018

3 concurrent sessions

The DMC will assess training in undergraduate and graduate programs as a medium range project.

Task 2b: Study other organizations that already have successful resource databases in order to determine and to recommend the best method for pooling, disseminating, monitoring, and updating content.

Medium-range project (June - September 2018)

Task 2c: Create a survey to ask MT professionals and students what type of diversity resources would be beneficial to them as potential CMTEs, concurrent sessions, and other training/education methodologies.

2019 Task

Task 2d: Potentially create diversity related training modules for university programs and clinical training directors at national roster internship sites.

2019 Task

Task 2e: Work with conference committees to (1) ensure a given percentage of CMTE and concurrent sessions contain information related to cultural and/or diversity training; (2) make recommendations for pre-conference or CMTE courses; (3) regularly offer a panel regarding multiculturalism and diversity in MT; and/or (4) create a series of roundtable discussions at regional and national conferences regarding specific diversity topics.

2e3: At the 2017 national conference, the DMC presented 2 concurrent sessions. Additional information on the number of additional sessions offered on topics related to diversity and multiculturalism is listed under task 2A.

Task 2e 1 and 2 Medium range project

Task 2f: Provide additional information for other committees as they address multiculturalism and diversity issues.

Medium-range and Long-range project

Task 2g: Create a “Diversity Awareness Resources” section/forum and an online resource database (including a roster of the different diversity categories among music therapy professionals registered within AMTA and certified by CBMT, podcasts and other appropriate social media channels).

2019 Task

Task 2h: Post reports of committee action on the Members Only section of the AMTA website.

Medium-range project

Goal 3: To provide a support system, including tools and resources, for music therapy professionals and students from minority groups.

Task 3a: Gather information on current discrimination support and other support available to music therapists/students from minority groups.

Task 3b: Create a roster of and then resource page or link on the AMTA website explaining the different diversity categories among music therapy professionals registered within AMTA and certified by CBMT.

Task 3c: Develop and update resources for music therapists and students in minority groups.

Task 3d: Create marketing information for the above resources so music therapy professionals and students will be aware of them.

All Tasks in Goal 3 will be addressed in 2019

Goal 4: To monitor and recommend revisions to AMTA documents to achieve conformity to accepted language concerning diversity and multiculturalism.

Task 4a: Explore arts-based and non arts-based organizations’ diversity initiatives, then create recommendations for AMTA.

The DMC explored diversity initiatives for American Dance Therapy Association, North American Drama Therapy Association, Creative Arts Therapists of Color, National Association of Social Workers, American Physical Therapy Association. We will continue to work on making recommendations based on the findings from the various organizations.

Task 4b: Compose up-to-date guidelines for diversity inclusive language in professional documents; define accepted language concerning diversity and multiculturalism and/or identify the standards on which conforming criteria will be based.

Long-range project

Task 4c: Develop a strategy to facilitate long-term monitoring of all official AMTA documents, including thorough review, submission of recommended revisions to appropriate AMTA personnel, and a schedule for recurring reviews.

Long-range project

Interprofessional Collaborative Resources Committee Report

Members:

Meganne Masko Co-Chair

Scott Horowitz, Co-Chair

Ann Hannan (Great Lakes)

Amanda Sehr (Southwestern)

Tatyana Martin (Mid-Atlantic)

Caitlin Hyatt (New England)

Faith Halverson-Ramos (Midwestern)

Sara Breyfogle (Southeastern)

Tara Brinkman (Western)

Vacant (Student Representative)

Goals:

1. To interpret the music therapy profession to other professionals, disciplines and organizations in the United States.
2. To interpret attitudes and opinions of these groups toward the music therapy profession and its services.
3. To identify, encourage, maintain and make recommendations regarding relationships between AMTA and other professional organizations.

Tasks and Progress:

1. Revision of the AMTA fact sheets.

This is an ongoing task. The committee created the template for content in the new fact sheets at the national conference in November, 2017. Since that time, with data from the Certification Board for Music Therapists, we've prioritized the fact sheets based on percentage of MT-BCs working with specific clinical populations. We are currently focused on Hospice, Older Adults, Intellectual and Developmental Disabilities, Adult Behavioral Health, and Child/Adolescent Behavioral Health. We've completed additional literature searches, and our goal is to have these initial fact sheets completed by the end of July for submission to the AMTA national office.

2. Creation of an Interprofessional Education survey for AMTA-approved programs.

We are working on a survey to send to the program directors of AMTA-approved programs to get a sense of the types, and levels, of involvement of music therapy programs in interprofessional education curricula and courses. This survey is nearing completion and will be submitted to the IUPUI institutional review board so that the anonymized results can be disseminated to the music therapy community.

International Relations Committee

Members

- Soo-Jin Kwoun Co-Chair (Midwestern)
- Melody Schwantes, co-chair
- Roberta Kagin (Great Lakes)
- Flossie Ierardi (Mid-Atlantic)

- Soo-Jin Kwoun (Midwestern)
- Meg Capen (New England)
- Jonathan Tang (Southeastern)
- Yu-Ling Chen (Southwestern)
- Kazumi Yamaura (Western)

Goal 1: To facilitate awareness of international opportunities and events by AMTA members and the inclusion of international perspectives of music therapy in AMTA.

Task 1: To inform AMTA members about and encourage attendance and presentations at WFMT events and conferences of related organizations in other countries via regional and/or AMTA publications and the general access area of the AMTA web site: Music Therapy Around the World and on the Web.

<http://www.musictherapy.org/about/listserv/>

Committee is working with WFMT to increase communication and disseminate information from/about WFMT to AMTA membership. Committee members include announcements about international conferences in regional newsletters with a link to World Federation for Music Therapy web site. Further, Bronwen Landless from WFMT is sent a brief update for the MAR business meeting. She said that World Music Therapy Day on March 1 had a strong online presence and generated a reach of over 1,000,000 people.

Task 2: To share international experiences in AMTA publications & presentations, and organize the Global Perspectives Session at AMTA Conference.

We are currently in process of restricting the Global Perspectives session at the AMTA conference. We will be peer reviewing submissions and allowing space for posters and oral presentations.

We have submitted a proposal for a panel presentation at the national conference in hopes of generating dialogue among professionals as to best practices for music therapists working with short-term international service programs.

Task 3: To provide additional information for other committees as they deal with international issues.

With regard to the aforementioned panel presentation, we anticipate this will be the beginning of a sustained dialogue among professionals in our committee and across other committees within AMTA.

Goal 3: To assist international students.

Task 4: To facilitate the exchange of international opportunities among professionals

Susanne taught for a week in January at ArteZ Institute for the Arts in Enschede, the Netherlands, and her colleague from ArteZ taught at Berklee in a lovely faculty exchange. AMTA might be interested in exploring these types of possibilities.

We do know that many of our members will be presenting at upcoming international conferences over the next few months.

Task 6: To be a resource for international students (e.g. provide educational information, strategies, peer mentoring opportunities, personal support).

The committee needs to identify the student representative.

Ongoing: committee members encourage student participation in music therapy student Facebook pages. Students appear to make use of the Facebook page.

Task 7: To support international students who are returning to their countries of origin (e.g. music therapy advocacy, transitional support).

No update at this time.

Goal 4: To facilitate awareness of music therapy among disciplines, organizations and professionals in other countries.

Continued: Committee representatives are working on communication with music therapy associations in other countries. Some members will communicate with organizations in their home countries (South Korea, Taiwan, Japan). Other members have contacts in Norway, Sweden, Germany.

Annual: The committee makes significant efforts to welcome international guests at the AMTA conference. We will continue with stickers for ID badges at the conference, indicating languages spoken. The chair annually receives a list of international registrants and will send an email invitation to the Global Perspectives Session.

Goal 5: To work with national conference planners to insure inclusion of events that represent a diverse

ethnic music focus.

Task 5: To collaborate with regional and national conference chairs to integrate diverse ethnic music traditions into conference programs.

Ongoing. Committee representative of host region is tasked with encouraging conference planners (or monitoring conference planning) to assure inclusion of diverse musical traditions. Committee representatives do so for regional conferences. Yu-Ling Chen reported that the SWR had Kechi Okwuchi as a performer for our regional conference closing. Although she has been staying in the States for years, she is Nigerian. She was one of the two survivors in the Sosoliso Airlines Flight 1145 crash on December 10, 2005 and a finalist at the twelfth season of America's Got Talent in 2017.

Task 9: To encourage and develop conference proposals that relate to clinical work with English (as a second language) learners, clients and families of diverse backgrounds.

The SER had two presentations (one concurrent session and one poster) representing clients from diverse backgrounds.

Addendum:

The following are international music therapy service opportunities for students, interns, and professionals. Meg Capon submitted these as a part of her report for NER. They have been included here to highlight some of the ways that students, interns, and professionals are engaging in international service opportunities in the NER. We also are aware of other opportunities for these types of programs throughout the regions. These types of experiences provide students and professionals with a vital opportunity to directly engage with individuals from various culture and customs. However, we are not currently aware of best practices in our profession for working with short-term service learning programs in particular. When our committee met for a virtual meeting in March, we discussed whether there should be guidelines or best practices for international service experiences within our professional organization or within training programs. As highlighted in Tasks 2 and 3 above, the IRC would like to open up dialogue about best practices at the AMTA national conference. We have submitted a concurrent session proposal.

- Karen Wacks' program, Bogota, Colombia, South America

This initiative was to assess the possibilities of using music therapy techniques that can be incorporated into the reintegration process within Colombia for excombatants and victims of the conflict. In this experiential learning approach, students apply the techniques they learn in the classroom while working in ACR centers; the hotspots where predominant problems and issues show themselves in Colombia. They will also have opportunities to interact with local clinicians to learn first-hand about PTSD, the process of reintegration and the various stages involved. Further, they will interact with the local community to further understand the process and the role of music.

This initiative evolved into a 9-month university-affiliated internship that began in April 2018 in partnership with SONO Center for Music Therapy, a non-profit community center that provides music therapy services in the community and in hospitals. Dr. Mark Ettenberger, director of the program, partners with Berklee to train music therapy interns.

- Africa, Brooke Wilder <https://www.ubuntumt.org/>

Brooke Wilder, MT-BC is thrilled to be returning to Africa for her third time with Ubuntu. She is honored to serve as a co-founder and is committed to ensuring Ubuntu provides sustainable, lasting programs for the people of East Africa. Brooke graduated in 2014 from Berklee College of Music's music therapy program, and currently works as an independent contractor. Her work is primarily focused on children with special needs and trauma, but she also works with the geriatrics community in Veterans affairs, and Alzheimer's and dementia care.

Her work with Ubuntu is rooted in her belief that we are all innately musical beings, and can heal from music. This belief drives her to continue to advocate for music therapy services where they are needed most, and she hopes to someday see a world where services are accessible to all.

- Cara Smith <https://www.umoaglobal.org/>

Cara is a Berklee music therapy intern at University Hospitals in Cleveland, Ohio. She travels with a team of therapists to East Africa to develop music therapy community programs.

Umoja is the Swahili word for "unity." Founded in 2014 Umoja Community Music Therapy strives to bring sustainable music therapy services to underserved populations globally. Currently our work is based in East Africa, we have served communities throughout Kenya and Uganda. With a focus on female empowerment, Umoja trains women as community music therapists and partners them with community organizations who seek music therapy services. These newly trained music therapists will use their knowledge to heal and bring together their local communities.

Last year I traveled with eight students to Kenya. We worked in orphanages and met musicians from all over; we had master classes and learned about music from an East African context. I began to see that certainly the practice and theory of music therapy can be generalized to different areas, but what that trip really highlighted was the shared exchange and collective global connection. We had something to offer but also a lot to learn. The way music is used in Africa is a wonderful model for music therapy. We look at the elements of music—call and response, polyrhythm—and we look at community and how music is used to bring a community together. That's what we do in music therapy. So it was really great to reconnect with those roots. We as therapists end up working in hospitals and nursing homes with such a diverse group, so it's imperative that we begin to expand our own understanding of how music in other cultures is being used.

- Colombia Field Service Feasibility Study - July 2015 - Sponsors: Private funding - Berklee Trustee and Colombian Government: Agency for Colombian Reintegration (ACR); Mercy Corps – this is ongoing and now developed into an international internship for Berklee

The objective of this initiative is to assess the possibilities of using music therapy techniques that can be incorporated into the reintegration process within Colombia. In this experiential learning approach, students apply the techniques they learn in the classroom while working in ACR centers; the hotspots where predominant problems and issues show themselves in Colombia. They will also have opportunities to interact with local clinicians to learn first-hand about PTSD, the process of reintegration and the various stages involved. Further, they will interact with the local community to further understand the process and the role of music. This 5-week program involves direct service, an assessment process and a plan for sustainability once the service-learning component is completed.

Team: Berklee Music Therapy majors: Ana Maria Villa and Esteban Roa Fuentes; Professors Karen Wacks & Kimberly Khare, Senior Vice President of Institutional Advancement, Cindy Link

- Exploring Opportunities in Kenya: An Ongoing Project for Expanding Music Therapy as a Practice and Career Choice: Nairobi and Kakamega Sponsors: Global Youth Grooves; individual funding

For the 3rd year in a row, Global Youth Groove (GYG) brought a group of Berklee College of Music students, faculty and staff to Kenya for a music-focused cultural exchange program. The group seeks to teach and perform Western music and learn about Kenyan musical traditions while interacting with youth, adults, students and local musicians. Music Therapy Group Leader is student Cara Smith who aims to explore the role of music therapy in Kenyan culture and life and seek opportunities to practice and educate music therapy in different institutions and settings.

Team: Berklee Music Therapy alum and students: Cara Smith, Brooke Wilder, Brooke Hatfield, Melanie Cuevanes, Rachel Postma; Sam Lutomia

- Kathleen Howland

For the past 5 years, I have provided over 20 sessions at the Panama Jazz Festival Music Therapy Symposium. This has been an effort to seed professional music therapy services in both Central and South America.

In March of 2018, I went to India with Brian Harris to do a two-day workshop on Neurologic Music Therapy as the guests of the Neurology Foundation and Parkinson's disease society of India. Our work resulted in one job for a Berklee alum who will be working toward developing services. Research ideas have been exchanged and look very promising. In July of 2018, I will travel to Chile to present on music therapy for neurologists in both academia/research and clinical practice.

- Suzanne Hanser

As Secretary of the International Association for Music and Medicine, I attended their international conference in Beijing last summer, and will be at the Barcelona conference in June. It would be great for AMTA to "sponsor" or otherwise collaborate with IAMM. I intend to put in a bid to host the summer 2020 conference at Berklee in Boston. IAMM publishes the journal, *Music & Medicine*, and this is another forum for potential collaboration.

In China, I spoke about music therapy at the Beijing Cancer Hospital, and I brought together faculty from the Central Conservatory of Music - where they train music therapists - on a panel to inform the hospital staff about field work and internship possibilities. A Berklee-trained MT-BC is on the hospital staff.

- Lisa Summer

The head of the Shenyang Department of Psychiatry, in collaboration with a music therapist, has designed a study to research the efficacy of my method, Resource-oriented Music and Imagery, with depressed clients. In December I gave a three-day seminar: Introduction to Resource-oriented Music and Imagery and I will return in May 2018 to train her research team.

Membership Committee Mid-Year Report

Members:

- Angie Elkins (Co-Chairperson)
- Jennifer Hicks (Co-Chairperson)
- OPEN (New England Region)
- Sarah Pitts (Southeastern Region)
- Ming Yuan Low (Mid-Atlantic Region)
- Rachael Lawrence-Lupton (Great Lakes Region)
- Lorissa Ann McGuire (Midwestern Region)
- Tiffany Laur (Southwestern Region)
- Risa Isogawa (Western Region)
- Alyssa Ott (Student Representative)

Goals:

1. To insure the growth and development of AMTA by determining ways to increase membership.
2. To promote the value of all categories of AMTA membership.
3. To evaluate the needs of AMTA members.

Tasks:

1. To conduct annual membership drives at the national and regional levels (minimum of two per year).
2. To encourage and coordinate membership drives with AMTAS.
3. To promote the value of membership in publications, inside and outside of the profession.
4. To update reports of committee action on the Members Only Section of the AMTA website.

Report:

On a national level, we completed our first membership campaigns of the year with our "**30 Days of Membership**" and "**Win It Wednesdays**" contests, highlighting the "**Each Note Counts**" responses we received at the 2017 AMTA national conference. Five very grateful people (all professional music therapists) won 2018 membership in the contest, and many more individuals shared their input on what

membership means to them across all of our social media platforms. We will continue to focus our **Membership Monday posts** on the “Each Note Counts” contributions for the rest of the year.

In addition to our Membership Monday posts, our plans for the rest of the year include the following:

- Continued use of **#EachNoteCounts** and **#WeAreAMTA** across all of our social media platforms.
- Celebration of both the 20th anniversary of AMTA and the 68th anniversary of the music therapy profession with a **special logo**.



- Compilation of a list of **membership assistance and scholarship programs** for offered by regions.
- Sharing of the new Membership in AMTA section of the **website** with an extensive list of member benefits, video testimonials, and PowerPoint presentations (<https://www.musictherapy.org/members/benefits/>).

On a regional level, we are honored to share with you the following updates:

- **New England Region**
 - The committee **representative position is currently vacant** as of March 2, 2018.
 - A **calling drive** was implemented at the end of December and early January with help from scholarship recipients. During this calling drive, attempts were made to contact 128 non-members.
 - From that drive, it was discovered that several numbers were not in service or the number was incorrect. These were noted in the contact information spreadsheet. Many non-members did not answer the telephone; several messages were left. One music therapist reported just recently joining. Four non-members expressed interest in joining in January and two non-members requested the link to the Membership Support/Pay-It-Forward Scholarship application.
 - A collaboration with the **NER Membership Support Committee** yielded 12 new members to AMTA and the New England Region. Last year’s program yielded 24 new members; however, committee turnover, a committee member moving out of state, and an ill committee member caused difficulty disseminating information to the NER membership in a timely manner. Several new committee members are being recruited at this time, along with a new Membership Committee Representative.
 - During **regional conference**,
 - AMTA-NER members were given “**NER Rocks**” stickers to be placed on their badges, in the hopes that non-members would inquire about the stickers, providing the perfect opportunity to discuss “why I’m an AMTA member.”
 - NER-AMTA offered a “**Members-Only**” **5 credit CMTE for FREE** to all AMTA members.
 - Three professional conference **scholarships** were awarded to NER-AMTA members.
- **Southeastern Region**
 - They will be having their **spring calling drive** soon. In order to maximize this campaign, they are looking at new ways to focus their efforts, including using data/responses from previous calling drives, requesting volunteers and assistance from state organizations

- who have existing relationships with music therapists in the state, and promoting service CMTE and discounts as incentives for participation.
- The membership committee has been sharing the AMTA **social media posts** as well as posting in various MT forums and sharing with state organizations scholarship opportunities for conference and membership as well as membership benefits. They will be continuing to share Membership Benefit Monday posts from AMTA as well as to post membership benefits. The committee has also been posting graphics and information from the national team as well as requesting information to be posted in the regional newsletter.
 - There has been increased communication between the membership committee and the **regional BOD**. BOD members have noted the benefits of passing along information from the national team so that BOD members can better assist the committee with membership initiatives and support efforts to improve and promote membership in the region.
 - The committee is working with the regional BOD and student organization to find ways to encourage **student membership** within the region. Other regions have focused on student membership with hopes of increased professional membership later on. The committee sent several proposals to the BOD for their discussion and approval. At the regional conference the BOD approved the use of current membership funds in this year's budget for student membership scholarships. The committee is hoping to work more with the student organization after conference and into the summer in order to increase scholarship opportunities and other initiatives to promote membership in students. We hope that these efforts will assist with students becoming members as professionals and instilling the importance of membership early in careers.
 - **Mid-Atlantic Region**
 - As their position is an elected position, they have changed their region's **bylaws** to fully describe the responsibilities of this position. The membership has voted and approved of the following change:
 - The **Vice President for Membership** shall succeed to the presidency in case of the resignation of the President, President-Elect, and the Vice President for Conference Planning; chair the Regional Services Council; serve as regional representative to the Membership Committee of the AMTA; maintain official statistical records of the membership for the Mid-Atlantic Region; correspond with members on related matters; correspond with the national Director of Membership Services to facilitate the transmission of information to the regional members; coordinate professional scholarships; highlight membership contributions; coordinate emergency crisis response efforts; attend Regional Executive Board meetings; establish and/or maintain a handbook outlining job responsibilities; submit an annual written report at the regional conference; and carry out such other duties as may be assigned by the President or the Executive Board.
 - As this position has expanded in terms of responsibilities, they will be looking into creating a **committee** to address the wide scope of services available to their membership.
 - The MAR membership **recruitment efforts** have changed from a calling process to a service process. They hope that by adding more services to the members, they can truly be a resource to their region's music therapists (members and non-members), therefore giving potential members more reason to join AMTA and MAR-AMTA.
 - So far, in addition to their expansive existing scholarships and funding opportunities, they have added a new scholarship in their efforts towards diversity, equity, and inclusiveness - **The Mid-Atlantic Region Scholarship for Racial Minority Students**. They are also collaborating with crisis experts within MAR and the ad-hoc diversity, equity, and inclusiveness committee to create **emergency crisis response resources** for music therapists in their region.
 - **Great Lakes Region**

- They are starting their newest phone campaign sparked from their recent regional conference, building on #EachNoteCounts and focused on **#composingcommunity**. They've had a few people reach out to start the **calling drive** piece, which connects volunteers with non-member music therapists in their communities, and will be doing an official **social media** launch this month.
- **Midwestern Region**
 - The Midwest Region is just beginning their first **calling drive** of the 2018 membership year. They plan to target Kansas, Missouri, and possibly Colorado in their calling drive campaign. They have several volunteers ready to begin making calls. Additionally, they had a successful **regional conference** where membership was addressed when awarding their recipient of the **Membership Scholarship**.
- **Southwestern Region**
 - They kicked off their **Membership Calling Drive** at the SWAMTA regional conference.
 - They made copies of Membership booklet, membership application forms, and other informative handouts provided by Angie Elkins and created sign-up sheets listing three "50 calls for \$50 off AMTA membership opportunities" and space for others to sign up for ten names.
 - They set up a table next to registration and manned it during registration and between sessions to solicit volunteers.
 - They purchased **customized guitar picks and pencils** from Oriental Trading that said, "Each Member Counts #WEAREAMTA" to use as incentives in soliciting volunteers.
 - During the SWAMTA Business Meeting, they announced the membership drive and made a plea for volunteers reminding them that making calls can count toward service hours for CMTEs.
 - Three volunteers signed up for 50 names, and they had enough volunteers sign up to take ten names that they might even make it through their entire list!
 - Two volunteers have reported back with the results of their efforts.
 - So far, most non-members have not answered their phones, but messages have been left. One has indicated he/she will join and two have stated they will "think about it."
 - They have presented the idea of their region providing **membership assistance stipends** through an application process to their SWAMTA Board, and they believe it is being considered for next year to be budgeted for appropriately.
- **Western Region**
 - They will be contacting the Board to develop a **membership assistance program**, either by offering scholarships to be awarded or creating a work-study type of program in which the member receiving financial assistance will volunteer for WR events or needs.
 - They will be beginning **membership calls** after gathering more volunteers, focusing on cities with larger # of MTs in WR at this time.

We as a committee continue to believe that a large and diverse membership family benefits the organization and gives our music therapy profession a stronger and more vibrant voice on a regional, national, and global level. The multitude of benefits offered to members are designed to provide support for and increase the expertise of student and professional music therapists so that they can learn or continue to provide quality music therapy to those they serve. We are grateful for all of the representatives on this committee and thank them for their hard work, enthusiasm, and support as we work to further AMTA's mission "to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world" (American Music Therapy Association, 2018).

American Music Therapy Association. (2018). *Music therapy makes a difference*. Retrieved from <https://www.musictherapy.org/>

Professional Advocacy Committee Mid-Year Report - 2018

Members:

Co-Chairs: Emily Bevelaqua, MMT, MT-BC & Leslie Henry, MM, MT-BC
New England Region - Jennifer DeBedout, MM, MT-BC
Great Lakes Region - Jessica DeVillers, MA, MT-BC
Mid Atlantic Region - Tracy Wanamaker, MEd, MT-BC
Mid West Region - Kelli McKee, MA, MT-BC
South West Region - Rebecca McCoy, MT-BC, AP-BC
Western Region - Kalani Das, MT-BC
South East Region - Sharon Graham, MM, MT-BC

Goals:

- To advocate for the professional representation of the field of music therapy.
- To assist membership in responding to misrepresentation of music therapy in the media and in public.

Tasks:

1. To educate membership regarding the evaluation of representations of music therapy in the public and various forms of media.

- Updated version of committee information and resources on the AMTA website including, a decision tree format determining course of action specific to state, music modalities infographics and sample advocacy letters.

2. To disseminate committee information to membership via conferences, newsletters, publications and to AMTA members only and regional websites.

- Presentations at: GLR conference by Jessica DeVillers, NER conference by Jennifer DeBedout and Emily Bevelaqua, WR conference by Kalani Das

3. To assist and monitor member's responses to advocacy issues, by monitoring and responding to misrepresentation of music therapy.

October 1, 2017 - May 11, 2018

- NER

There were 3 items of misrepresentation during this time period. 1 has been resolved, 2 are still being dealt with on a regional level.

- MAR

There were 5 items of misrepresentation during this time period. 2 are still in process and 3 have been handled and remain monitored within the region.

- GLR

There were 5 items of misrepresentation during this time period. 1 has been resolved and 4 are in process within the region.

- MWR

There were no reported issues during this time period.

- WR

There were 5 items of misrepresentation during this time period. 2 have been resolved, 2 are still being dealt with on a regional level, 1 is being forwarded to National Office.

- SER

There were 3 items of misrepresentation during this time period. 2 have been resolved and 1 is still being dealt with on a regional level.

- SW

There was 1 item of misrepresentation during this time period. This item is still in process on a regional level.

- National Office

There were 3 items of misrepresentation that were handled by PAC co-chairs in collaboration with National office during this time period. All 3 are still in process or being monitored.

Summary:

Misrepresentation cases were comprised of a variety of topics including product claims, unprofessional behavior on social media, volunteer music positions being called music therapy, newspaper and other media misrepresentation. Overall the committee is seeing improvement of information being reported, less reported cases, and members sharing improved confidence with advocacy.

4. To compile a resource file of responses.

The co-chairs continue to maintain a AMTA Professional Advocacy google drive account where advocacy issues can be reported and organized by region. These documents are shared with committee members who can review and update as needed.

5. To update reports of committee action on the Members Only section of the AMTA website.

The committee is providing review of all documents currently on the AMTA website for update and revision reflective of member needs.

**Workforce Development and
Retention Committee**

Members:

Courtney Biddle NER Co-Chair
 Gretchen Chardos-Benner, SER Co-Chair
 Sarah Gagnon NER
 BriAnne Weaver SER
 Feilin Hsiao Western
 Tara O'Brien MAR
 Grant Howarth SWR
 Kelly Carlson - MWR
 Jessica Fletcher - GLR

The committee was polled before the report was put together so that the committee could understand the tasks set forth by AMTA and to give opinions on the relevance and importance of these tasks.

Goal 1: To increase awareness of music therapy as a career choice

On a scale of 1 to 5 with 1 being of least importance, the committee members voted 3 - 62.5%, 4 - 2.5%, and 5- 25%)

Task 1: Research various online and offline outreach opportunities that target high school students (i.e. majoringinmusic.com). Make contact regarding appropriate content about music therapy to sites with incorrect/incomplete information. Maintain on a yearly basis.

This will be updated annually.

62.5% want to continue with this, 25% want to discard, and 12.5% selected other and wrote to ask colleges and universities to become more involved in this process.

Task 2: Contact music departments and/or career counselors in selected Junior Colleges in each region and provide information concerning music therapy as a career and university programs in their area offering a music therapy program.

Each member of the committee has been asked to research junior/community colleges within 50 miles of schools with music therapy programs in their particular region.

Midwest and Southwest Region have completed this task, for other regions, this task is still ongoing. A database has been made and members continue to work on this task.

50% want to continue with this task, 25% want to discard, 12.5% would like to ask for further clarification from AMTA with this task, and 12.5% want to allow local accredited colleges to filter and provide the appropriate information.

Task 3: If available, obtain a list of Junior Colleges that offer an intro course in music therapy and begin a dialogue with them about music therapy as a career and universities in their area offering a music therapy degree.

A small, incomplete list of junior/community colleges has been created. This task will be given greater attention once the database in Task 2 is completed.

62.5% want to continue with this task, 25% want to ask AMTA for further clarification with this task, and 12.5% want to discard this task.

Task 4: Work cooperatively with both national and regional conference planners to offer a workshop/track for High School students interested in music therapy to be offered at National and Regional Music Therapy Conferences. Invite local guidance counselors, high school music educators, parents, and high school students to participate in the workshop/track.

Members of the committee helped to facilitate this during the 2017 national conference in St. Louis by mailing letters to area high schools and the director of the Missouri Music Educators Association. During the national conference, a panel discussion was held with 2 students, 2 clinicians, and 2 educators. 2 high school students came to this presentation.

Southeast Region did not have a high school day at their conference due to many issues with the conference being rescheduled and being only on weekdays.

New England Region held a high school day at their regional conference, and mailed invitations to over 50 area high schools. The students were invited to breakfast, a panel discussion, and participation in the plenary session. No students came. Many schools in Connecticut were on spring break at this time.

Great Lakes Region's high school event was more of a presentation than a panel. Eight students signed up and six of those came (which was especially impressive given that the event took place at 7:00am on a Saturday!) The students and parents were able to attend the early morning presentation about what music therapy is and ask questions of the presenters, another GLR rep, and Jessica Fletcher. The high school participants and their parents were also invited to stay for 2 concurrent sessions after the presentation.

Western Region I hosted the information session (Western Region) on Saturday (3/2) for students from local high schools and community colleges. Email invitations were sent out to 30 music band directors and 300 guidance counselors from high schools within the 30-mile radius of Ontario, CA, as well as 25 music departments of community colleges in Southern California. Ten students RSVPed, however, only 6 showed up (maybe weather related). Most of them are community college students. Participating students received an introduction to the field of music therapy in a panel discussion with 2 undergraduate music therapy students, 2 clinicians/graduate students, and 3 professors. They also explored the exhibit hall and internship fair.

62.5% want to continue with this task, 25% want to discard this task, 12.5% think it is beneficial but that we are using a lot of energy and resources for a very limited attendance/interest

Task 5: Identify and document the current Music Therapy presence at state music education all-state conferences by connecting with regional presidents and affiliate relations committee members.

The WDR Committee has continued to table this task awaiting responses from regional presidents and Affiliate Relations Committee chair(s).
50% want to discard this task, 25% would like further clarification from AMTA, 12.5% want to continue with this task, and 12.5% want to allow local college programs to recruit students at state music education conferences.

Goal 2: To explore the potential of developing a retention plan

On a scale of 1 to 5 with 1 being of least importance, the committee members voted 2 - 12.5%, 3 - 12.5%, and 5- 75%)

Task 1: Investigate current workforce retention plans and strategies for other related professions (rehabilitative therapies and creative arts therapies)

This task was completed as stated in the Fall 2016 report.

87.5% want to continue this task, 12.5% want to discard this task.

Task 2: Research the last five year trends in the Music Therapy Profession and ascertain if there are any common identifiers and trends related to the retention of professionals in the AMTA organization and the professional workforce. Consider AMTA and CBMT documents.

Not addressing at this time.

100% want to continue this task.

Task 3: Through surveys or other available data, conduct workforce research to identify the number of board certified music therapists who are currently employed full time or part time, seeking employment, working outside of clinical practice, or not currently working outside of the home. Identify whether or not music therapists are looking for more work in the field, or not.

Not addressing at this time.

75% want to continue this task, 12.5% want to discard this task, 12.5% would like to see something about retention in the AMTA workforce survey

Task 4: Develop recommendations for the AMTA Board of Directors to address workforce development issues regarding the need of a retention plan and present to the AMTA BOD.

Not addressing (directly) at this time, but all tasks in Goal 2 seem to culminate to this one.

75% want to continue with this task, 25% want to discard this task.

Goal 3: To create channels for communication with the AMTA Membership regarding topics of workforce development and retention

Not addressing at this time.

On a scale of 1 to 5 with 1 being of least importance, the committee members voted 1 - 12.5%, 3 - 12.5%, 4 - 25% and 5- 50%)

Task 1: Create a forum for members to submit ideas regarding workforce development and retention through the committee page on the website.

37.5% want to continue with this task, 25% want to discard this task, 12.5% want to continue but think the AMTA website is not the place for this, 12.5% want to discard due to website inefficiency, and 12.5% think this is a good idea, but unsure of having the resources to monitor the discussion and think that the website is not easiest way to reach people.

Task 2: To update reports of committee action on the Members Only Section of the AMTA website.

Report: Courtney Biddle has been appointed as the new co-chair as Kyle Wilhelm has stepped down. The committee thanks Kyle for his work and dedication of many years on this committee. Gretchen Chardos-Benner continues to serve as co-chair. There have also been 2 new members of the committee as we welcome BriAnne Weaver of the SER and Sarah Gagnon of the NER. A conference call was held in late February between Courtney Biddle, Gretchen Chardos-Benner, and Michele Forinash, our new Council Coordinator. We spoke about the different tasks that this committee has been working on as well as Michele's role with our committee. A suggestion during this phone call was around the topic of diversifying our workforce, specifically, how do we as a committee recruit, assist, and support minority students to join the field.

There has been more progress toward the tasks, especially Goal 1: Task 4 as many regions have held high school information sessions at regional conference. In addition, the database of junior/community colleges continues to be updated.

87.5% want to continue with this task, 12.5% feel that the inefficiency of website and lack of interest make this redundant.

In addition, the committee members were asked if the committee's tasks reflected the AMTA website's definition of the Workforce Development and Retention Committee which is to facilitate dissemination of accurate and up to date information on music therapy to members and consumers of AMTA.

37.5% responded not sure, 12.5% responded yes, 12.5% responded no, 12.5% responded that the goal should be updated to focus on retention issues, 12.5% think that it is close, but it needs to be clarified, and 12.5% feels that this should be more for an education or advocacy committee.

SPECIAL REPORTS

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING, JUNE 22-24, 2018
AMTA-Pro Podcast Series and AMTA Info-Pods
Overview and Progress Report – May, 2018
prepared by Cathy Knoll, MA, MT-BC

AMTA-Pro is a series of podcasts encompassing a broad range of topics and speakers. The podcasts feature compelling conversations with music therapists from across the country, professionals who work with a wide variety of populations and in different clinical, education, and training settings. AMTA-Pro is an exclusive “member only” service, an incentive for music therapists—professionals and students alike—to join AMTA. With the exception of some special episodes for public view, AMTA-Pro podcasts are archived and only available to AMTA members who access the service by clicking on AMTA-Pro link on the homepage of the AMTA website.

AMTA contracts the services of Cathy Knoll and Dwight Knoll to produce the AMTA-Pro podcast series with technical assistance from AMTA’s Angie Elkins. Cathy oversees the project, schedules recording sessions with podcast speakers, conducts interviews with podcast speakers, and develops the landing pages and text segments of all the podcasts. Cathy’s son, Dwight Knoll, conceived the concept of the AMTA-Pro podcasts and is the technical director, working in partnership with Cathy and each podcast speaker to record and produce the podcasts, and working closely with Angie Elkins to post the podcasts and maintain the series.

In October, 2018, we will extend invitations to potential AMTA-Pro podcast speakers, all of whom are presenting sessions/specialized trainings/special events at the 2018 AMTA conference. We will schedule recording sessions with about a dozen speakers or groups of speakers and will record their podcasts at the upcoming 2018 AMTA conference in November. These podcasts will be prepared for release monthly beginning in January, 2019. We are also prepared to produce AMTA-Pro podcasts throughout the year if an occasion arises.

We are completing the tenth year of AMTA-Pro podcasting.

- Since the series began in 2009, over 105 AMTA-Pro podcasts have been posted, and all remain available to AMTA members.
- Just under 200 board certified music therapists have shared their expertise and insights along with 6 invited guest speakers and just under 50 MT students.
- Topics include ethics, research, education, intern supervision, nonprofit music therapy agencies, advocacy, career opportunities and challenges, funding for music therapy services, interprofessional health care education, reimbursement, and MT licensure. We have a comprehensive series about career development providing resources and cutting edge timely advice in the event of unexpected career challenges.
- Some AMTA-Pro podcasts provide interesting insights into the careers and lives of music therapy pioneers and leaders including Florence Tyson, Paul Nordoff, Clive Robbins, Olin G Parker, Ken Bruscia, Deforia Lane, Alicia Clair, Barbara Reuer, and Connie Tomaino.
- In other podcasts, music therapy clinicians and researchers share information about a broad range of settings including, among other things, hospitals and medical centers, inclusive classrooms, acute care psychiatric settings, wound care clinic, mental health units, public schools, NICU, hospice and palliative care, community music schools, neo-natal intensive care, child welfare system and foster care, homeless centers, forensic psychiatric hospitals, music therapy clinics, arts clinics, military hospitals and rehabilitation centers, senior care centers, assisted living facilities, senior daycare facilities, wellness centers, and private homes.
- Music therapists in the AMTA-Pro podcasts talk about their work, research, and music therapy interventions with individuals of all ages diagnosed with eating disorders, Alzheimer’s, stroke rehabilitation, cancer, intellectual and developmental disabilities, autism, burn injuries and wounds, strokes, speech and language challenges, PTSD, substance abuse, TBI, Parkinson’s, hearing impairments, homelessness, survivors of violence, and more.

- Several of our music therapy colleagues have spoken in AMTA-Pro podcasts about their need for music therapy during a heart transplant, after being diagnosed with Parkinson's, or while dealing with cancer.

On a personal note, I must say this project has really opened my eyes to the depth, breadth, and intensity of the daily work of my music therapy colleagues. I learn something new every time we record a new AMTA-Pro podcast, and am glad we are capturing some snapshots of our far-reaching profession.

AMTA-Pro Podcasts for the 2018 AMTA Membership Year

AMTA-Pro podcast in January, 2018

What IS Mindfulness Anyway?

with Anne B. Parker, MA, MHSA, MT-BC

Mindfulness has become a popular trend in business, education, and health care but is often misunderstood. In this AMTA-Pro podcast, our music therapy colleague Anne Parker takes a look at mindfulness from various perspectives to understand how it can positively impact our practice as music therapists. Anne was the featured speaker at the Carol Bitcon Memorial Lecture at the 2017 AMTA Conference in St. Louis, Missouri based on her experience as a music therapist for 40 years and as a student and teacher of mindfulness for over 20 years.

AMTA-Pro podcast in February, 2018

Moving Forward with MTP

with Laura Beer, Ph.D., MT-BC; Jennifer D. Jones, Ph.D., MT-BC; Noah Potvin, Ph.D., MT-BC

Music Therapy Perspectives, AMTA's peer-reviewed journal speaking to clinical practice, was launched in the 1980s and is moving forward at a dizzying pace. In this AMTA-Pro podcast, MTP's incoming Editor-in-Chief, Dr. Laura Beer, along with Associate Editors Dr. Jennifer Jones and Dr. Noah Potvin, discuss AMTA's partnership with Oxford University Press, highlighting a variety of avenues for music therapists and the broader audience to access the content of MTP in new and unique ways. The editorial team encourages clinicians, researchers, and even students to write and submit articles. The MTP Mentorship service is available to help MT-BCs craft the beginning of an idea into an article to share with other clinicians. MTP's new Clinical Portraits section provides a forum for articles about exploratory research, emerging treatment practices and protocols, unique client populations, and new strategies for teaching or supervising students and interns. Listeners of this AMTA-Pro podcast also learn about a variety of online platforms – Facebook, Twitter, Instagram, YouTube blogs, and virtual issues – designed to increase dissemination of MTP content, encourage interaction with researchers and clinicians, and, ultimately, further the practice of music therapy.

AMTA-Pro podcast in March, 2018

Ethics of Online MT Research

with Nicki Cohen, Ph.D., MT-BC

As the nature of research moves toward online resources and methods, music therapists must take time to explore the ethics of online research. Our colleague Nicki Cohen, a member of the AMTA Research Committee, takes time in this AMTA-Pro podcast to share insights and considerations related to ethics and music therapy research. Using specific examples, Nicki discusses basic ethical principles, a brief history of unethical landmark research that resulted in legislation, and the advantages and disadvantages of online research methods. She overviews types of online research methods as well as viable software options for online interview and online surveys. As Nicki says in the podcast, ethics in online music therapy research is simply a matter of "being honest and respectful to the participants and being honest and respectful when reporting the results of your research." This AMTA-Pro podcast provides practical guidelines for doing just that.

AMTA-Pro podcast in April, 2018

MT in Schools: Laws & Court Decisions

with Alice-Ann Darrow, Ph.D., MT-BC; Judith Jellison, Ph.D.; Mary Adamek, Ph.D., MT-BC

Laws passed by the US Congress and Supreme Court decisions ensure quality educational services for students with disabilities. Recently, the Every Student Succeeds Act (ESSA) and the Supreme Court case, *Endrew F. v. Douglas County School District* emerged as landmark events significantly impacting special education services. In this AMTA-Pro podcast, Alice-Ann Darrow, Judith Jellison, Mary Adamek overview the recent legislation and court decisions, identify ways to advocate for music therapy services in schools based on the legislative and court actions, and share valuable resources critical for staying informed about updates regarding special education services and music therapy.

AMTA-Pro podcast in May, 2018

MT and the Community

with Ellary Draper, Ph.D., MT-BC; Helen Dolas, MS, MT-BC; and Grant Hale, MT-BC

Music therapy naturally allows individuals of all ages with intellectual and developmental disabilities and autism to develop necessary skills for integrating into the community and to maximize their quality of life through living, learning, work, and leisure. The speakers in this AMTA-Pro podcast describe three innovative music therapy programs providing unique opportunities for inclusion and meaningful community engagement for individuals with special needs. Dr. Ellary Draper talks about inclusive pop choirs formed in collaboration between high school choral directors and the University of Alabama Music Therapy Program. These choirs, designed specifically to include students with mild, moderate, and severe disabilities alongside their typical peers, perform regularly in the community and serve as practicing sites for undergraduate music therapy and music education students. Our MT colleague Helen Dolas shares information about the Able ARTS Work, founded in 1982, which provides education and life-skills coaching to children, adolescents and adults with developmental disabilities. Professionals use pioneering, evidence-based therapeutic techniques tailored to meet individual needs and goals of participants at the Creative Health and Wellness Clinic and the Mobile Arts program of Able ARTS Work. Music therapist Grant Hales describes his unique ArtBeat Radio program, a potpourri of short podcasts featuring the thoughts, music, and creativity of adults with disabilities and musicians in the greater LA area. The goal of ArtBeat Radio is to explore the myriad ways in which the resident artists of Able ARTS Work can make their unique voices heard by engaging the ever-expanding virtual world.

AMTA-Pro podcasts to be released in the second 6 months of 2018

Preventative Model of MT for Children in a Limited Resource Community with Elizabeth Schwartz and Varvara Pasiali

Music & Harm - What We Know and What We Need to Know with Brea Murakami and Daniel B. Goldschmidt

Conducting Clinical Research: A Guide Through the Research Process with Annie Heiderscheit, Nancy Jackson, and Kathleen Murphy

Music Therapy in Burn Treatment with Kechi and Christine Neugebauer

Neuroscience & ASD - Focus on Cognition with Blythe LaGasse

Advanced Music Planning Resources from AMTA Music Listening Workgroup with Dale Taylor

AMTA InfoPods

The AMTA InfoPods are succinct, to-the-point audio segments covering topics that currently require a great deal of staff time on the phone every day as they answer the same questions over and over. Although AMTA will definitely continue personal contacts and conversations, these InfoPods will be available 24/7 at key locations on the AMTA website, giving interested parties access to basic information and answers to frequently asked questions, allowing the AMTA staff and volunteers more time to have in-depth conversations with callers who need additional information. Current AMTA InfoPods are *Music Therapy Career Options* by Jane Creagan, *Music Therapy Education Requirements* by Jane Creagan, *Music Therapy on Your Child's IEP* by Judy Simpson, *Music Therapists Involved in Disaster & Trauma* by Barb Else, *Responding to Misrepresentation of Music Therapy* by Judy Simpson, *AMTA Scholarships and Grants* by

Rebecca Preddie. We will continue building this library of InfoPods based on recommendations from the AMTA staff and from the AMTA Board.

AMTA-Pro Podcasts since January, 2009

AMTA-Pro podcasts in 2009

Circle Time in Early Childhood - Managing Behaviors in Music Therapy Groups

with Cathy Knoll

An experienced music therapist examines the challenges of managing behavior in circle time groups of young children, and outlines six tried-and-true strategies for minimizing disruptive behaviors while maximizing the benefits of group therapy.

Music Therapy Reimbursement

with Judy Simpson

AMTA's Director of Government Relations provides helpful information about the primary sources of healthcare reimbursement and about how these sources might be used to pay for music therapy, as well as a step-by-step guide to obtaining reimbursement.

Keys to Effectively Facilitating Groups of Adults

with Mary J. Morreale

Mary Morreale, a board-certified music therapist shares some basic principles of facilitating groups of adults that have proven successful in her practice over the years. The audio discussion of this AMTA.Pro symposium covers these topics: I. Know your leadership style and skills. II. Know your group. III. Know your material. IV. Know your plan. V. An example from the field.

Medical Music Therapy

with Michele Erich

Michele Erich shares valuable information gained from twelve years on the staff of the Healing Arts Network, an integrative therapy program at the New Hanover Regional Medical Center in North Carolina Michele shares descriptions of effective music therapy interventions in four medical settings: pediatric procedural support, cancer center, adult intensive care unit, and palliative care as well as details about successful strategies for creating music therapy programs in hospitals, including networking, selling the concept to administrators, staff, and customers, scouting out creative funding options, and taking systematic steps to sustain the program.

Music Therapy and Alzheimer's Disease

with Larisa McHugh

Larisa McHugh, Music Therapist and Internship Director at Bethany Village, describes effective music therapy interventions and methods for fostering meaningful relationships with individuals diagnosed with Alzheimer's disease or dementia living in memory supported care. She also shares some compelling stories highlighting the impact of music therapy on the quality of life of her friends in the Memory Support Center.

Music Therapy and Eating Disorders

with Annie Heiderscheit

In this AMTA-Pro podcast, Dr. Heiderscheit shares her insights and experiences as a clinical music therapist at The Emily Program, an outpatient eating disorder treatment program, where she provides music therapy in the residential, intensive and outpatient settings.

Detective Work in Music Therapy

with Gloria McDaniel

Gloria McDaniel has 27 years of experience in a large metropolitan school district near Houston, Texas, working with students from 3 to 21 years old with a wide variety of abilities and exceptionalities. In this AMTA-Pro podcast, Gloria discusses the necessity of intense detective work in music therapy, watching for subtle clues that help therapists discern the needs of individuals and develop effective strategies and interventions to meet those unique needs. Gloria also talks about the need to sniff out evidence and follow

leads to develop new music therapy positions or to expand programs. Her persistent detective work helped launch the music therapy program in her school district in 1982 and has led to the expansion of that program this fall in spite of economic restraints.

Stroke Rehabilitation: Continuum of Care

with Sarah Thompson and Sarah Johnson

In this AMTA-Pro podcast, music therapists Sarah Johnson and Sarah Thompson discuss the role of music therapy in the continuum of care in stroke rehabilitation from the perspective of in-patient and out-patient services. They walk through the process, beginning with initial assessment, and moving through treatment and discharge, following the progress of a 60-year-old stroke patient.

Music Therapy for Wellness and Peace-Building

with Christine Stevens

Christine Stevens has developed music therapy programs using drumming for survivors of Hurricane Katrina, Ground Zero, and Columbine High School. Most recently, Christine led the first drum circle training in a war-zone in northern Iraq. Through Remo's HealthRHYTHMS and her company, UpBeat Drum Circles, Christine leads training programs in how to facilitate group empowerment drumming. She is the author of *The Healing Drum Kit* and *The Art and Heart of Drum Circles*.

AMTA-Pro LiveReports 1, 2, 3, and 4

AMTA-Pro LiveReport is a series of podcasts featuring ideas, comments, and opinions from music therapists attending the 2009 conference of the American Music Therapy Association in San Diego, California.

[LiveReport 1](#). This first LiveReport includes short conversations with Andrew Knight, Louise Steele, and Kristen Sena, and closes with a Daughters of Harriet chant by five music therapists.

[LiveReport 2](#). Listen to Jodi Levine talking about the rewards of working with older people, and to hear Janice Harris telling of the perils of mixing handbells with a frustrated non-verbal person. This LiveReport segment ends with compelling insights from Kathy Lorenzato's work at a pediatric hospital.

[LiveReport 3](#). Comments and insights from our music therapy colleagues, Melissa Keys Wagner, Robin Rio, Lisa Jackert, Allegra Thermen, and Kimberly Sena Moore.

[LiveReport 4](#). The final edition of 2009 LiveReports features interesting thoughts from music therapy professionals Rachelle Norman, Susan Miller, and Jennifer Jones. This series closes with a clever Goodbye Song composed by our music therapy colleague, Joe Pinson, based on input from one of his clients who was rather obsessed in languages.

AMTA-Pro Special Edition

12 Job Solutions segments posted in March, 2009

1. [AMTA at Your Service](#). On the behalf of AMTA, Executive Director Andi Farbman welcomes AMTA members to the Special Edition of AMTA.Pro Symposium series. The purpose of the Job Solutions symposium and other AMTA resources is to provide members with cutting-edge, timely advice and assistance during challenging times. Andi describes a wealth of resources in this audio discussion.

2. [Real Life Examples of Meeting Challenges Head-On](#). Almost twenty years ago, Amber Weldon-Stephens established a successful music therapy program in a large school district with ten music therapists on staff and a long-standing music therapy internship. Suddenly, that program faces significant cuts in staff and services, and Amber's interns find themselves looking at an uncertain future. Amber takes just 8 minutes to describe some specific steps she is taking to meet these challenges head-on rather than buckling under the cuts.

3. [Moving Forward in Good Times and Bad](#). Cathy Knoll shares six specific strategies for a successful career, no matter the circumstances. The recommended pro-active steps emerged from Cathy's bumpy 40-year journey as a music therapist.

4. [Unemployment Lessons: VOLUNTEER](#). In this 3-minute conversation, Tom Dolan, Associate Director of Texas Tech University at Abilene shares unemployment lesson of volunteering as a long term investment in your career.

5. [MT-BC Speak-UP #1](#). Several dozen music therapists sent e-mail messages to economy@musictherapy.org in response to a call in the AMTA eNews for input about the impact of the economy on their jobs. Let's check in to see what some of our colleagues around the country have to say.

This Job Solutions segment features comments from these music therapists: Kevin Krivanec, Alie Chandler, Gloria McDaniel, an MT-BC who owns a clinic in Florida, and Justine Hancock-Marsh, 6. Unemployment Lessons: TARGETED NETWORKING. Tom Dolan takes 4 minutes to share valuable tips for targeted networking. Don't just add names to your network. Know the decision-makers and get on their radar.

7. MT-BC Speak-UP #2. Listen and learn from your fellow music therapists from around the country – some just finishing internship and others with many years of experience - who sent career status reports to economy@musictherapy.org. This symposium segment features comments from an experienced therapist in Pennsylvania, a music therapist working in hospice, a music therapist working with early recovering addicts and alcoholics, music therapy intern Michelle Westfall, a music therapist working in the psych unit of an acute care community hospital, and Janice Harris.

8. Stimulating Your Own Economy. Kathleen Coleman shares nine specific strategies for jump-starting your own economy. These ideas were developed from her journey as a music therapist for the past 28 years.

9. From the AMTA Thrive Guide. In this segment of the Job Solutions special edition symposium, music therapist Barb Else shares some excerpts and thoughts from the AMTA Thrive Guide.

10. AMTA StudentSpeak. Cara McBurney, Krysta Davis, Klayci Peck, Lydia Pratt, and Paul Todd, music therapy students at West Texas A&M University, chat informally about the future of music therapy as a career.

11. Unemployment Lessons: SUDDEN JOB LOSS. What do you do if you suddenly lose your job? Tom Dolan shares five steps to take immediately should you receive a pink slip.

12. Resources for Music Therapists. Check out some free career-related materials for professionals, interns, and students -valuable resources proven to impact careers of music therapists and related professionals over the past decades. ALSO – a chance win a free professional study course.

AMTA-Pro podcasts in 2010

Music Therapy and the Brain: Treating Cognitive Dysfunctions

with Dale Taylor, PhD, MT-BC

Dr. Dale Taylor welcomes his music therapy colleagues to the discussion via an AMTA-Pro podcast about music therapy and the brain as it relates to treating clients with cognitive dysfunctions. The podcast focuses on principles of music therapy and the brain that are applicable to the treatment of cognitive dysfunction in specific disease categories often encountered in music therapy. Dr. Taylor shares research and observations touching on four questions of musical influence: 1. Does music change neural impulse patterning in the brain? 2. Does music activate the whole brain? 3. Does music initiate or facilitate neural plasticity in the brain? 4. What music should be used with patients/clients with cognitive dysfunctions?

Music Therapy Students Look Into the Future

with AMTAS president Ellyn Hamm and MT student leaders

During the 2010 AMTA conference in Cleveland, AMTAS president, Ellyn Hamm, gathered over a dozen music therapy student leaders for a conversation with music therapist Cathy Knoll about the future of our profession. The diverse group of undergraduate and graduate students, representing various AMTA regions, discussed individual career goals, thoughts about the role of AMTA in their professional careers, and their vision of the potential for music therapy to impact individual lives in many different ways in the future. This AMTA-Pro podcast captures the informal, yet intriguing conversation among future leaders in the field of music therapy.

The 2010 Carol Hampton Bitcon Lecture

with Alan Solomon and Ken Medema

The inaugural lecture in the Carol Hampton Bitcon Series at the 2010 AMTA conference in Cleveland featured Honorary Life Members Alan Solomon and Ken Medema in a unique blend of music, history, and audience involvement in *Pioneers, Generations, & Memories: Music Therapy's Diamond Anniversary*. Enjoy listening to this AMTA-Pro podcast as Alan Solomon captures the spirit of celebration for a full-house of music therapists, ranging from undergraduate students to therapists with up to 50 years of experience.

Ken Medema: The Music Therapist's Music Therapist

Ken Medema encapsulates the pure essence of the theme of the 2010 AMTA conference in Cleveland – Rock out of the Past, Roll into the Future – by lighting fires in the hearts of music therapy clinicians, educators, researchers, interns, and students at the inaugural Carol Hampton Bitcon Lecture Series. Listen as Ken shares his music, his experience as a music therapist clinician and advocate, and his extraordinary gift for improvising songs based on stories shared by music therapists across the past 6 decades. The finale of Ken Medema's lively musical event features the voices, hand-clapping, and toe-tapping of many hundreds of music therapists rockin' and rollin' into the future.

Music for My Micro-Preemie Daughter

with Robin Spielberg

Valerie was born prematurely, and immediately immersed into a world of monitors, lights, and alarms in neonatal ICU. But her critical first days as a one-pound "micro-preemie" (born at 23 weeks, 5 days) also included music from her mother, Robin. Valerie survived and thrived, and, over the years, her mom's music has helped her with other challenges in life and school. Now Valerie is a beautiful young lady – inside and out – with musical talents of her own. Listen to this AMTA-Pro podcast by Valerie's mother, Robin Spielberg, telling the story of Valerie's rocky start in life and the impact music and music therapy has had on the whole family.

Music Therapy in Daughter's Battle with Cancer

with Jefri Franks

The world stood still for Jefri Franks when she heard the diagnosis of non-Hodgkin's lymphoma for her daughter, Heather. In the months following that discovery, Allison, music therapist for the oncology unit at Children's Mercy Hospital in Kansas City, Missouri, walked with Heather and her family, helping them find outlets and insights. Jefri was kind enough to share some highlights of that journey, and her thoughts about music therapy. Not only is Jefri Heather's mom, but she also has 28 years experience in health care marketing. Her professional credentials and her personal experience with music therapy makes Jefri a particularly valuable resource for music therapy professionals.

Music Therapy in Inclusive Classrooms

with Jean Nemeth

Jean Nemeth, MA, MT-BC contracts music therapy services to public schools in Connecticut, working with students in a variety of classroom formats from pre-school through high school. In this AMTA-Pro Podcast, Jean informally discusses one approach to structuring music therapy sessions in inclusive classrooms, including integrated preschool (60/40) and full inclusion elementary classes.

Music Therapy in Wellness: An Integrative Paradigm

with Anne B. Parker

Anne Parker is the Supervisor of the Wellness Department at Miraval Resort, Tucson, AZ – an internationally renowned wellness and health resort. After over 15 years of professional experience in general, psychiatric, and rehabilitation hospitals, Anne has focused the last 15 year of her professional work in a wellness model working with applications of music therapy with clients undergoing cancer treatment, dealing with chronic illness including stress disorders, as well as mental health issues, and life transitions of all kinds. In this podcast, Anne presents a wellness model and its integration with music therapy, particularly drawing from theoretical approaches and research in the areas of mindfulness and positive psychology.

A Therapeutic Collaboration Using Music, Movement and Storytelling

with Marcia J. Lajoie

Marcia J. Lajoie is a music therapist and music educator at Massachusetts Hospital School serving children age 7-22 with multiple disabilities. Beyond holding traditional music therapy groups and individual sessions, she has formed a relationship with the Hospital School's Pain Management Team to offer alternative strategies for patients. This AMTA-Pro podcast begins with an informal conversation with Pain Management Team members talking about the evolution of the group. The podcast continues with an excerpt from an actual session illustrating the collaboration between professionals with guided meditation storytelling accompanied by improvised music. Following the brief session excerpt, music therapist Marcia Lajoie shares some observations from that session and about the therapeutic collaboration.

Building Bridges Between Neuroscience and Music Therapy

with William W. Sears Distinguished Lecturer, Dr. Aniruddh Patel

The William W. Sears Distinguished Lecturer at the annual AMTA conference in San Diego in November, 2009 was Aniruddh Patel, PhD. The William Sears Memorial Fund was established in memory of a National Association for Music Therapy leader whose membership dated back to the Association's formative years in the early 1950s. The mission of the Sears Memorial Fund is to advance the knowledge of music therapy through distinguished speakers who are authorities in a field of interest to music therapy.

Sound Healing and its Relation to Music Therapy

with Barbara J. Crowe

Barbara J. Crowe, Director of Music Therapy at Arizona State University, has had a long-term interest in music therapy theory and the other uses of sound and music for health and healing. In this AMTA-Pro podcast, Barbara provides an overview of some of the many sound healing practices and addresses their relationship to music therapy. She also provides guidance about working collaboratively and positively with individuals from some of these other disciplines.

Psychiatric Music Therapy: Interventions in Acute Care Settings

with Michael J. Silverman

Michael J. Silverman, director of music therapy at the University of Minnesota, is a member of the research staff at the University's Medical Center where he provides clinical services and conducts research. In this AMTA podcast, he talks about interventions he utilizes in acute care psychiatric settings.

Music Therapy and Wound Care

with John Abel

John Abel serves as both music therapist and rehab therapy supervisor at Wesley Woods Hospital of Emory Healthcare in Atlanta, Georgia. In this acute care geriatric rehab hospital, John conducts group and individual music therapy sessions with individuals experiencing a variety of physical, emotional and cognitive challenges, and he supervises other therapists, rehabilitation techs, and administrative staff. In this AMTA-Pro podcast, John describes the development of a successful partnership between the music therapist and the wound care staff at the hospital. Click to listen to the podcast, and check out the short video description of this program below the outline.

Teens in Crisis; General Hospital's Inpatient Mental Health Unit

with Bridget Doak

Bridget Doak has 25 years clinical experience in music therapy and has been an adjunct instructor of music therapy at Augsburg College for 14 years. This AMTA-Pro podcast focuses on her experience providing music therapy for adolescents in crisis who are clients in an inpatient mental health program located in a large general hospital.

LiveReport from the Southwestern Region

This AMTA-Pro LiveReport is from the Southwestern AMTA regional conference in Amarillo, Texas in March, 2010. You can hear the sounds of the conference in the background as several dozen music therapy professionals and students share brief, informal comments during the conference while zipping from session to session, building their skills and sharpening their expertise in the vital, growing field of music therapy.

Music Therapy: Catalyst for Speech and for Language

with Betsey King

Betsey King, an assistant professor at Nazareth College in Rochester, NY, has extensive experience in music therapy practice and research related to speech and language rehab. This AMTA-Pro podcast focuses on music therapy applications addressing challenges encountered in speech and language therapy, especially the unique characteristics of aphasia, apraxia, and dysarthria.

AMTA-Pro podcasts in 2011

Music Therapy Trailblazer

with Connie Tomaino

Our music therapy colleague, Dr. Concetta Tomaino, is the Executive Director and co-founder of the Institute for Music and Neurologic Function (IMNF) and the Senior Vice President for Music Therapy at Beth Abraham Family of Health Services. Connie is a world-renowned speaker, author, researcher, and clinician, and she is even the subject of the movie, "The Music Never Stopped." In this AMTA-Pro podcast, Connie tells the intriguing story of her journey in music therapy, traveling a road filled with some surprising twists and turns over the years. Her story illustrates the value of following your heart, taking bold steps, and staying true to music therapy.

Making it Work: MT-BC and Small Business Owner

with Meredith Pizzi

Meredith Roman Pizzi is a board-certified music therapist. She is also a small business owner, the founder and director of a growing, thriving business, Roman Music Therapy Services in Greater Boston and Eastern Massachusetts area. In this AMTA-Pro podcast, Meredith shares tips and strategies for making it work, excelling both as a therapist and a business person.

Making Research Relevant in Music Therapy Practice and Advocacy

with Deb Burns, Barb Else, Tony Meadows, and Kendra Booth

This AMTA-Pro podcast is an informal interview with the facilitators of the AMTA Research Institute at the 2010 AMTA conference in Cleveland Ohio. The informative Research Institute – Making Research Relevant in Music Therapy Practice and Advocacy – included free registration and CMTE credits to MT-BC's and featured facilitators Dr. Debra Burns and Barbara Else as well as invited speakers, Dr. Tony Meadows and Kendra Booth. Listen to the podcast and click on the pdf below to access the Research Institute booklet, filled to the brim with information and resources.

Maggie's Music Therapy Journey

with Kristen Nelson

Maggie walked some rugged paths during her stays at the University of Iowa Children's Hospital, but her music therapist, Kirsten Nelson, was there every step of the way. In this AMTA-Pro podcast, Kirsten shares the compelling story of Maggie's journey through life and her experiences with music therapy in pediatric palliative care. Kirsten serves pediatric inpatients by referral, is the Internship Director at the hospital, and is a member of the newly formed Pediatric Palliative Care Core team.

Music Therapy Internship Directors - Shaping the Future

with MJ Landaker, Christine Neugebauer, Amber Weldon-Stephens, Lisa Swanson, and Ellen Rayfield

Five music therapy internship directors working in a wide range of clinical settings gathered around the AMTA-Pro microphone during the 2010 AMTA Conference in Cleveland to share their experiences and insights gained from training many dozens of future board-certified music therapists over the years. The resulting AMTA-Pro podcast – a lively conversation and idea exchange – features experienced clinicians Mary Jane Landaker, MME, MT-BC, Christine Neugebauer, MS, MT-BC, LPC, Amber Weldon-Stephens, EdS, MT-BC, Lisa Swanson, MMT, MT-BC, and Ellen Rayfield, LCPC, MT-BC.

Music Therapy Cancer Survivors Share Insights

with Megan Peterson and Lelia Huber

During a meeting of the executive board of AMTAS at the November, 2010 AMTA conference in Cleveland, two music therapy student leaders discovered they shared something in common – both are cancer survivors. In this informal, impromptu conversation with their fellow music therapy students, Lelia Huber, a senior at University of Alabama, and Megan Peterson, a senior at Colorado State University, share compelling insights based on their personal experiences as music therapy majors diagnosed with cancer.

Nonprofit Music Therapy Agencies

with Judith Pinkerton and Kate Harrison

The Southwestern Region of AMTA is the sponsor of this AMTA-Pro podcast featuring an informal conversation between Judith Pinkerton and Kate Harrison about their thriving, nonprofit music therapy agencies. Kate launched the Music Therapy Center of Houston just two years ago, and Judith's Center for Creative Therapeutic Arts in Las Vegas is "20 years young." Talking with AMTA-Pro podcast host Cathy Knoll, Judith and Kate share experiences and insights about agency structure, services, funding, interns, staff, and potential for future growth for their agencies and for nonprofit music therapy agencies in general.

"Intro to MT" Course Taught at Community College

with Linda Bosse

After 30-plus years clinical experience, music therapist Linda Bosse "retired" and embarked on some new adventures in the field. She became a visiting lecturer at Berklee College of Music and adjunct faculty at Anna Maria College. In 2007, she started working as adjunct faculty at Naugatuck Valley Community College, teaching a Fundamentals of Music course each semester and an Introduction to Music Therapy course each year. Because the course is well received among students, this AMTA-Pro podcast allows Linda to share what she has learned and to encourage her colleagues to consider teaching similar courses in local community colleges and other higher education settings.

Alicia Clair: Reflections, Insights, and Stories

with Alicia Clair

This AMTA-Pro podcast features music therapist Dr. Alicia Clair, Professor and Director of Music Education and Music Therapy at University of Kansas. In this informal conversation, Dr. Clair reflects on factors and events in her life that sparked her interest in dementia care and eventually led to a career in music therapy. Dr. Clair shares compelling insights and experiences from her professional journey as a clinician, researcher, author, professor, and active participant in AMTA.

AMTA-Pro podcasts in 2012

Barbara Reuer: Music Therapy Mover and Shaker

with Barbara Reuer

Music therapy took an unexpected turn in San Diego, CA when Dr. Barbara Reuer moved into town. In this AMTA-Pro podcast, Barb talks about innovative programs, the expansion of music therapy services in the community, the "business" of music therapy, and the thrill of training new therapists. She also shares some heartfelt stories about ways in which music and therapy have touched her life. The text segment of this AMTA-Pro podcast includes more information about Barb's work as well as links to the websites of her music therapy programs.

Music Therapy from Different Angles

with Debbie Dacus

Debbie Dacus has viewed and experienced music therapy from several different angles. She has 25 years of clinical experience in various settings, including a multiple disability rehabilitation clinic, metroplex public schools, and her private clinic specializing in music therapy services for children diagnosed with autism and other disabilities. Debbie has published several books and coauthored several music therapy resources, and is currently preparing to teach at the university level. In her "spare" time, Debbie is a professional singer. In this AMTA-Pro podcast, Debbie shares compelling stories from her daily work and talks with AMTA-Pro host, Cathy Knoll, about lessons learned from her experiences in music and in music therapy over the years.

The Winding Path to a Music Therapy Career

with Deforia Lane

In this AMTA-Pro podcast, Dr. Deforia Lane shares the compelling story of her career as a music therapist, a journey that actually began when she was in kindergarten. After a rather shaky and uncertain start during her college years, Deforia went on to develop new music therapy programs for children with intellectual and developmental disabilities. When she was diagnosed with cancer in the 1980's. Deforia's exposure to hospitals during treatment revealed the need for music therapy in the medical setting. She began volunteering,

then, in 1984, started a program at University Hospitals Case Medical Center that continues to thrive and grow today. Tune in and be inspired.

Fulton County Schools: Music Therapy Since 1991

with Amber Weldon-Stephens and colleagues

About a dozen music therapists gathered around the AMTA-Pro podcast microphone during the AMTA conference in Atlanta to talk about their work in the public schools in Fulton County, Georgia. The Fulton County music therapy program started in 1991 under the direction of Amber Weldon-Stephens, and continues to expand and to impact not only the lives of the students, but also teachers, classroom aids, therapists, families, and the community as a whole. Click to listen to this lively conversation, and check the text for information about the speakers, about the structure of the music therapy program in the Fulton County Schools, the website connection, and about other details of interest.

Music Therapy in the NICU, Part 2

with Lori Gooding, Darcy Walworth, and Jayne Standley

The second in a 2-part series of AMTA-Pro podcasts about music therapy in neonatal ICU, features music therapists Lori Gooding, Darcy Walworth, and Jayne Standley. The experienced professionals discuss many aspects of current practice, the breadth of issues music therapists encounter in NICU, the broadening scope of services, the growing research agenda, and the eminent explosion in demand for music therapy services in NICU settings around the country. They also share excitement about research results and personal observations of the "miracle" of music in therapy as it impacts infants, parents, and medical staff.

Music Therapy in the NICU, Part 1

with Jessy Rushing, Andrea Cevasco, and Olivia Swedberg Yinger

This AMTA-Pro podcast, the first of a 2-part series, features a lively conversation between three experienced professionals talking about their work as music therapists in neonatal intensive care units (NICU). The podcast speakers - Jessy Rushing, Andrea Cevasco, and Olivia Swedberg Yinger - provide insight into the significant impact of music therapy on the infants in NICU as well as on the staff and parents. The panel talks about the types of services music therapists can provide, and exchanges ideas about some of the challenges and rewarding moments music therapy professionals may encounter in NICU settings. The discussion and clinical stories are of interest to music therapists, not matter their area of clinical expertise or experience.

Music Therapy in Hospice and Palliative Care

with Lauren DiMaio, Russell Hilliard, and Natalie Wlodarczyk

Three music therapists with experience in different aspects of hospice and palliative care gathered around the AMTA-Pro microphone to talk about the state-of-the-art of music therapy in this growing field. After each music therapist took time to describe their clinical work, the group members – Lauren DiMaio, Russell Hilliard, and Natalie Wlodarczyk – had a lively conversation about the exciting possibilities for expansion of music therapy in hospice and about the complex ethical dilemmas that often arise in care for people of all ages dealing with a wide variety of end-of-life issues. Each therapist also told heartwarming stories about music as therapy, touching patients, families, and staff in meaningful ways as individuals approach the end of life.

Adults with ID/DD: Music Therapy for Life

with Donna Polen, Julie Andring, and Laurie Farnan

Check out the latest release in the AMTA-Pro podcast series featuring three music therapists - Donna Polen, Julie Andring, and Laurie Farnan - sharing compelling clinical stories and thoughtful insights based on decades of experience in music therapy for adults with intellectual and developmental disabilities (ID/DD.) Join these experienced professionals as they discuss different models of service delivery as well as challenges that arise as services, funding, and living arrangements evolve for this population. The clinical stories in this podcast vividly illustrate the importance of music therapy in the daily lives and long-term well-being of many adults and older adults with intellectual and developmental disabilities.

Nevada State Senator Takes Stand on Music Therapy

with Judith Pinkerton and Moises Denis

Music therapist Judith Pinkerton and Nevada State Senator Moises Denis talk about the complex process and interesting journey they followed for obtaining state licensure for music therapists. Their discussion provides inspiration for music therapists working for licensure in other states as well as helpful tips for successfully moving legislation through the process. This AMTA-Pro podcast ends on a surprising and inspiring musical note. More information about the process, a short video of that surprising musical note, and a copy of the Senate Bill – SB 190 – along with other helpful information is included in the text section of the podcast.

Ken Bruscia: AMTA's 2011 Sears Distinguished Lecture Series Speaker

The American Music Therapy Association presented Kenneth E. Bruscia, PhD, MT-BC as The William W. Sears Distinguished Lecture Series Speaker at the annual AMTA conference in Atlanta, Georgia in November, 2011. Dr. Bruscia's lecture, "Ways of Thinking in Music Therapy," is an analysis of various ways of thinking about the respective roles of music, therapist, and client, and how these roles are configured in different models and styles of music therapy practice. Dr. Bruscia specifically addresses the implications of the question he posed during his lecture: Can we better serve our clients by moving from "one-way" thinking to more "integral" thinking? This AMTA-Pro podcast includes both the audio and video versions of Dr. Bruscia's lecture as well as a detailed discussion outline. Keep in mind the hour-long video takes a bit of time to download. Please note that Dr. Bruscia's final comments are not included in the audio and video segments because technical difficulties during the original recording in Atlanta cut the recordings short.

Journey Toward a Career in Music Therapy

with Anastasia Canfield and Bryant Williams

Music therapists enter the field for a variety of reasons. In this AMTA-Pro podcast, two music therapy students, both seniors at Texas Woman's University, describe the diverse paths they took coming into the field as well as interesting experiences along the way that have equipped them for the journey through internship and into successful professional careers. AMTA-Pro podcasts coming soon include Dr. Ken Bruscia's Sears Lecture as well as conversations about media tools and techniques, about music therapy in hospice, NICU, and public schools, and the inside story of state licensure in Nevada.

AMTA-Pro Podcasts in 2013

Music Therapy in Community Music Schools

Eve Montague, Maria Batista-Hancock, and Ronna Kaplan

Don't miss this lively conversation between three of our music therapy colleagues, all directors of music therapy programs in community music schools, talking about innovative music therapy programs and services for individuals as well as for social service, medical, and education agencies in their communities. Because there are about one hundred community music schools around the country, and only twenty have music therapy services, possibilities for establishing new music therapy programs abound. In this AMTA-Pro podcast, Eve Montague shares insights based on her experience of starting up a new music therapy program in the prestigious South Shore Conservatory in Massachusetts. Maria Batista-Hancock talks about the quality services provided by nine music therapists at the Hochstein Music School in Rochester, New York as well as some exciting new initiatives. Ronna Kaplan describes the music therapy program at The Music Settlement in Cleveland, Ohio which started in 1966 under the leadership of Louise Steele, and continues today with twelve music therapists providing innovative services impacting the lives of a number of children and adults facing a wide range of life's challenges.

Music Therapy for Older People

Anne Lipe, Betsey King, and Laurie Keough

The AMTA-Pro podcast for July, 2013, Music Therapy for Older People, begins with our colleague Dr. Anne Lipe sharing an overview of music therapy with older adults, including the history of music therapy services with this diverse population, the impact of the 1991 hearing before the U.S. Senate Special Committee on Aging on the growth of music therapy services and research, and the broad range of possibilities for music therapy services across the spectrum for older people living independently in the community, individuals in assisted living and adult day care, and people living in long-term care facilities. The second part of this podcast features the work of music therapists Dr. Betsey King and Laurie Keough in a privately funded music

therapy demonstration project for individuals living in the community who are diagnosed with Alzheimer's. The project, which has since been replicated, not only resulted in the documentation of, among other things, a decrease in agitation and perseveration of words and phrases as well as an increase in social interaction for the participants, but also confirmed the validity of assessment-based small-group and individual music therapy as a cost-effective service significantly impacting quality of life. This podcast ends with an informal discussion of the exciting possibilities for growth in music therapy services for older people in the community and in long-term care.

Music Therapy with Military Service Members

with Rebecca Vaudreuil

In addition to her work with other populations, board-certified music therapist Rebecca Vaudreuil provides group and individual music therapy to military service members diagnosed with PTSD, TBI, physical injuries, substance abuse, chemical dependency, and other challenges. In this AMTA-Pro podcast, Rebecca gives us an overview of the role of music therapy and the structure of services provided to all branches of the military in inpatient programs as well as in Wounded Warrior Battalion transition and community reintegration programs. She describes real life situations illustrating the value of music therapy professionals and interns teaming up with recreation therapists, volunteers, family members, recording artists, and the San Diego community in order to provide effective and life-changing experiences for military service members. The text section of this AMTA-Pro podcast includes links to videos featuring songs written by and/or performed by people involved in group and individual music therapy.

Music Therapists Surviving Cancer

Music therapists Ashley Taylor, Lisa Gallagher, Megan Peterson, Carolyn Bowes, Heather Lantry, Faith Halverson-Ramos, and JoAnn Jordan gathered around the AMTA-Pro microphone. What do these colleagues have in common? All have experienced cancer from different viewpoints. Some are in active treatment, some are celebrating "cancer-versaries", some are clinicians working with individuals diagnosed with cancer, and some have family members with cancer. In this podcast, they talk briefly about some challenges related to their cancer, and they share some thoughtful insights and suggestions for music therapists working with people diagnosed with cancer.

Music Therapy and Parkinson's

with Megumi Azekawa, Jeanne Quam, and Steve Quam

Three music therapists gathered around the AMTA-Pro microphone for an hour, and the resulting podcast is nothing short of amazing. Music therapists Megumi Azekawa, Jeanne Quam, and Steve Quam experience Parkinson's from three vastly different perspectives. Megumi is involved in the clinical and music therapy research aspect; Steve lives inside Parkinson's after being diagnosed with the condition; and Jeanne experiences Parkinson's from the perspective of spouse and care partner. All three music therapists share insights, experiences, and wisdom of great value to their colleagues. Megumi talks about her clinical work with a singing and vocal exercise music therapy group for individuals with PD based on her thesis study. Jeanne provides insights from the care partner perspective. Of particular interest is Steve's conversation about the impact of Parkinson's on his ability to play flute, and his cross-country trips to raise awareness of Parkinson's - trips taken via bicycle!

Music Therapy Research

with Laura Brown

Dr. Laura Brown takes a brief break from teaching music therapy students at Western Illinois University for an AMTA-Pro Podcast interview about her research into the impact of music on emotional processing in the social interaction of children diagnosed with autism. This is the first step in a line of research that will inform music therapy practice for individuals with autism. Laura also talks about the role of research in clinical music therapy, the need for continuing to build on the research foundation in music therapy, and the exciting possibilities for the future of music therapy.

Music Therapy with Medically Fragile Infants

with Amy Smith

Amy Smith, a Certified Child Life Specialist and Board Certified Music Therapist, works in the Neonatal Intensive Care Unit at Children's Memorial Hermann Hospital in Houston, Texas. In this AMTA-Pro Podcast,

Amy describes situations she encounters in her daily work and ways in which music therapy interventions impact the infants and their families during these critical days. For example, she discusses ways in which music can help parents connect with their little ones, normalize interactions, develop family rituals and familiar routines in the hectic hospital atmosphere, help their baby reach developmental milestones even when chronically ill, and celebrating in the midst of stress. Amy's experience and insights are valuable to all music therapists, and a call for continued research and advances in clinical practice for music therapy with medically fragile infants.

AMTA-Pro podcasts in 2014

Music Therapy and Infant-Directed Singing

with Shannon de l'Etoile

Tune into this AMTA-Pro podcast to learn of the research of our music therapy colleague Shannon de l'Etoile related to infant-directed singing and infant self-regulation. In this conversation, recorded at the AMTA conference in November, 2013, Dr. de l'Etoile talks about the universal nature of mothers singing to their infants and the resulting benefits of maintaining attention and leading the infant to a comfortable state of arousal. She discusses her clinical work in this area and the series of studies that led her to focus on the impact of infant-directed singing when either the mother or the infant is at risk and not responding to the interaction, research that has far-reaching implications for music therapy. Shannon also takes time during this podcast to overview the outstanding music therapy program at University of Miami Frost School of Music.

Music Therapy in Early Brain and Child Development

with Becky Wellman

The American Academy of Pediatrics Initiative released in 2013 stems from continued research about the impact of early support and development on prevention of later health issues. The AAP Initiative, intended to transform pediatric practice, focuses on the first 1000 days of life as most critical in brain development. In this AMTA-Pro podcast, music therapist Dr. Becky Wellman talks about the parallels between the AAP Initiative and music therapy practice. She informally shares examples of ways in which music therapists working with children in their first three years often design music therapy interventions and sessions to encourage positive, interactive parenting and to address the five areas emphasized in the AAP Initiative, i.e., reading, rhyming, routine, reward, and relationship.

Music Therapy with Foster Care Youth

with Mike Zanders

Dr. Michael Zanders, an assistant professor of music therapy at Texas Woman's University, began working with the child welfare system some years ago. Many of his recent publications and presentations focus on music therapy with foster care youth. In this interesting AMTA-pro podcast, Dr. Zanders talks about his work with children and adolescents in the CPS foster system and he provides an informal, brief review of his qualitative research examining the personal and musical lives of adolescents with foster care experience. This innovative research certainly has implications for music therapy research, theory, and practice for adolescents in foster care, a promising new field of practice for music therapists.

The A Capella Voice

with Elizabeth Schwartz

Beth Schwartz talks in this podcast about developing, expanding, and exploring our voices as a therapeutic tool. Every music therapist uses his or her voice in clinical work whether it is humming to an infant in the NICU or adjusting the timbre and intonation of a speaking voice in verbal processing. Because music therapists do not always receive specific vocal training for using the voice as a clinical instrument, Beth found it necessary to create some basic, practical tips and techniques for helping music therapy students find and expand their own clinical voice. She shares some examples and specific techniques in this AMTA-Pro podcast in hopes of opening a discussion on the importance of helping all music therapists add specific vocal practices, techniques, and understandings to their clinical knowledge and repertoire.

Roots of Music Therapy: An Interview with Dr. Olin G. Parker

After returning from service in WWII, Olin Parker continued his education at University of Kansas, studying with Dr. E. Thayer Gaston and other pioneers in the field of music therapy. In 2013, Dr. Parker is Professor

Emeritus of Music and Associate Director Emeritus of the Hugh Hodgson School of Music at University of Georgia. He continues to be active in AMTA at age 91, and to teach some college classes, a career in higher education he started 49 years ago. In this AMTA-Pro podcast, Dr. Parker talks with one of his former music students, Amber Weldon-Stephens, and with music therapist, Cathy Knoll, about events in the late 1940's that resulted in the birth of music therapy as a profession, about his interactions with Dr. E. Thayer Gaston and other pioneers in the field, and about his interesting experiences over the past decades. Dr. Parker provides intriguing insights about our profession and amusing anecdotes about music therapy.

AMTA-Pro podcasts in 2015

Defining the Therapeutic Function of Music

with Deanna Hanson-Abromeit

Music is a complex intervention strategy, thus the characteristics of the music are important to therapeutic outcomes. Greater clarity for the role of the musical elements in therapeutic outcomes is desired; yet few strategic methods support the description of the musical elements in the development of treatment interventions. In this AMTA-Pro podcast, Dr. Deanna Hanson-Abromeit overviews an article published in *Music Therapy Perspectives*, Volume 33, "A Conceptual Methodology to Define the Therapeutic Function of Music." The article proposes an ante-hoc worksheet to articulate the Therapeutic Function of Music (TFM) Plan. This worksheet helps the music therapist organize the relationship between the treatment goal, theoretical framework and musical elements in order to define the purpose and intent of each musical element. The result is a theory-based synthesis of the music as a whole for therapeutic intervention. The TFM Plan will benefit music therapy with stronger explanations of the therapeutic effect of music, generate consistent application of music characteristics for therapeutic response, support predictable outcomes, and foster a specialized understanding of music as a therapeutic medium differentiated from other professionals using music-based interventions.

Music Therapy @ The Bridge

with Jennifer Ayers-Moore, Sam Merton, and Kamica King

Have you read the book or seen the movie, *The Soloist*? Did you meet Nathaniel Ayers, the subject of the movie, when he jammed with Al Bumanis at the AMTA conference several years ago? Did you know that, as a result of that connection with Nathaniel Ayers, a music therapy program has been launched at The Bridge, a cutting-edge homeless recovery center in downtown Dallas? Did you know that the music therapy program is an integral part of the Behavioral Health Care services at The Bridge serving many individuals who are dealing with mental illness and/or chemical dependency? This AMTA-Pro podcast features a conversation with some of the key players in the process of launching this music therapy program. Nathaniel Ayers' sister, Jennifer Ayers-Moore talks about her brother's study at Julliard, the impact of schizophrenia on his life, their introduction to music therapy by Al Bumanis at an AMTA conference, and her interest in having music therapy services implemented in homeless recovery services around the country. Sam Merton, CAO at The Bridge, continues the podcast conversation with a brief history and overview of the innovative homeless recovery services offered at The Bridge for thousands of individuals, many of whom are dealing with mental illness or chemical dependency. Board certified music therapist Kamica King tells AMTA-Pro listeners how the music therapy program unfolded at The Bridge and plans for expanding music therapy services. This podcast conversation is just one example of the impact of teamwork on expanding music therapy services for individuals in homeless recovery programs as well as numerous other populations and clinical settings.

Music-Centered Music Therapy

with Ken Aigen

Music therapists recognize our clients often want the same thing from music therapy as all people want from music: an essentially musical experience that meets an inborn need. In music-centered thinking, musical experiences are not merely tools to nonmusical ends, but can also serve as appropriate goals of music therapy. In this AMTA-Pro podcast, Dr. Ken Aigen talks about two main topics: a critique of some aspects of the conventional wisdom about the nature of music therapy (as embodied in the tenets of evidence-based practice), and a discussion of some of the attributes of an alternative vision of music therapy known as music-centered music therapy.

Music Therapy in Journey from Illness to Health

with Suzanne Hanser and Jeniris González

Although each person's experience with illness is different, their initial discomfort and concerns increase as the signs and symptoms of illness emerge. The path from illness to health moves past that initial onset state through the phases of diagnosis, acceptance, treatment, recovery, rehabilitation, and re-entry to the world of the healthy. AMTA-Pro podcast speakers, Dr. Suzanne Hanser and Jeniris González, overview of the role music therapy can play in each stage of the journey from the onset of illness to a new healthy identity. They also discuss some evidence-based music therapy strategies for the management of stress, pain, unpleasant symptoms, response to illness, and treatment side effects, while enhancing the quality of life. The text section of this podcast provides resources and samples of songwriting and other interventions as well as templates for a music listening log, for songwriting, and for planning effective music interventions in each stage of the journey from illness to health.

Understanding Military Culture

with Becky Jo Watson

After earning the rank of Captain in the United States Navy and serving for 25 years, Becky Jo Watson retired and earned her MT-BC status. She recently sat down in front of the AMTA-Pro microphone to share her experiences and unique insights in an effort to help her music therapy colleagues understand military culture in order to better serve active duty military members and veterans. In this AMTA-Pro podcast, Becky talks about the pressing need for more music therapy services, and she shares 7 C's - basic principles for music therapists to consider when developing music therapy services and strategies for contributions to readiness, rehabilitation, recovery, and wellness among America's military populations, both active duty service members and veterans. This informative AMTA-Pro podcast compliments the AMTA E-course, Music Therapy and Military Populations, based on a 2014 status report presented by the American Music Therapy Association about music therapy treatment, programs, research, and practice policy. The briefing report presents exemplary model programs and highlights the strong foundation of published research and evidence to inform practice.

International Perspectives from Music Therapy Students

Dr. Dena Register challenged some of her music therapy students in her Current Trends in Music Therapy class at the University of Kansas to explore music therapy from the international perspective. The resulting topics for their individual projects included, among others, eating disorders from a global perspective, music therapy trends in disaster response, instruments around the world, music therapy and environmental noise in ICU, and development of MT in three Asian countries. The students shared the results of their projects in a session at the 2014 AMTA conference in Louisville, KY. Tune into this AMTA-Pro podcast featuring Fatima Chan, Emilyjane Eichman, Cole Eisenmenger, Bing Li, Katie Martin, Alison Smiley, and Rachel Zarich as they overview their conference session about diverse topics of interest to music therapy professionals.

Storytelling in Music Therapy

with Ron Borczon

Throughout history, people have been inherently drawn to telling and listening to stories, and music enhances the experiences. In this AMTA-Pro podcast, Ron Borczon, Director of Music Therapy at California State University Northridge and of the Music Therapy Wellness Clinic, provides some compelling insights about music in storytelling, and shares some experiences in his clinical work. Ron talks about various aspects of the art of storytelling, the symbolic nature of the story, the listening environment, the role of music in the storytelling experience, and the different levels of processing stories with clients in music therapy group and individual sessions. Podcast listeners learn about using stories and myths in music therapy, and hear some thought-provoking stories accompanied by music, percussion, and an enchanting zither.

Neuroplasticity Model of Music Therapy

with Elizabeth Stegemoller

Why does music therapy work? In this AMTA-Pro podcast, Dr. Elizabeth Stegemoller talks informally to her music therapy colleagues about the neuroplasticity model of music therapy. She discusses the impact of music on critical dopamine production, about the Hebbian Principle, and about the value of the clear signal

of music as opposed to noise. Elizabeth discusses practical application of the principles in the neuroplasticity model as used in music therapy for individuals with Parkinson's. She talks about music's role in cortical remapping and building alternative pathways that reroute an individual's control over their movement. Once the alternative pathways are in place, the music therapist fades the musical stimuli, allowing the individual with Parkinson's to function more independently. The neuroplasticity model of music therapy needs further research, but gives us some insights into that ever-present question, "Why does music therapy work?"

Music Therapy & Adolescents with ASD

with John Carpentre

Dr. John Carpentre takes time in this AMTA-Pro podcast to share some insights gained from his work with teenagers diagnosed with autism at the Rebecca Center for Music Therapy housed at Molloy College in New York. Guided by principles of the DIR Floor Time Model in tandem with Nordoff-Robbins music therapy, John involves the youngsters in music-making experiences - joining together with the band - to foster social-emotional development. In this informal podcast, John, founder and director at the Rebecca Center, talks about the progress made by two adolescent students when actively involved in making music with the music therapist.

AMTA-Pro podcasts in 2016

Generalizing Music Therapy to Home Life

with Ronna Kaplan

How can music therapy's impact be maximized in the home environment? What steps can a music therapist take to help music therapy clients and their caregivers generalize what they have learned in music therapy to their everyday life? In this AMTA-Pro podcast, experienced music therapy clinician Ronna Kaplan discusses time-tested and family-approved" areas of concentration in music therapy sessions that then translate and transfer to home. The case examples covers three areas of focus that arise daily for individual music therapy clients and their families and caregivers, i.e., music therapy for learning, for living, and for the love of music.

Can Music Support Emotion Regulation Development?

with Kimberly Sena-Moore

Emotion Regulation (ER) development occurs in early childhood. Music therapists encounter many clinical populations who experience barriers to healthy ER development for a variety of reasons. In this AMTA-Pro podcast, our music therapy colleague Dr. Kimberly Sena Moore reports results from a mixed methods feasibility study exploring the impact of a music-based intervention on ER development. She discusses the implications of the research findings in relation to how they influence clinical music therapy practice and future research. Emotion Regulation (ER) development occurs in early childhood. Music therapists encounter many clinical populations who experience barriers to healthy ER development for a variety of reasons. In this AMTA-Pro podcast, our music therapy colleague Dr. Kimberly Sena Moore reports results from a mixed methods feasibility study exploring the impact of a music-based intervention on ER development. She discusses the implications of the research findings in relation to how they influence clinical music therapy practice and future research.

Funding Music Therapy through Philanthropy

with Annie Heiderscheit and Jana Koppula

Philanthropy is a viable funding source for music therapy programs. Based on their experience in successfully funding and expanding a pediatric hospital-based music therapy program through philanthropy, Dr. Annie Heiderscheit and Jana Koppula are particularly aware of the importance of understanding the complex aspects of donor relationships in order to build and maintain a philanthropically funded program. Their conversation in this AMTA-Pro podcast includes examples of building successful donor relationships, gathering and presenting data to donors, and addressing donor expectations. The experience and expertise of these two music therapy colleagues is helpful to music therapists who are considering pursuing philanthropy as a source for funding music therapy services in any clinical setting.

Forensic Psychiatric Hospital: Music Therapy & Art Therapy

with Alison Etter and Jaimie Peterson

The unique goals of court-committed adults are being addressed in interesting ways by the team of music therapist Alison Etter and art therapist Jaimie Peterson in a forensic psychiatric hospital. In this AMTA-Pro podcast, Etter and Peterson describe a number of creative collaborative interventions giving their clients opportunities to be involved in a performances, exhibits, broadcasts, and publications. The wide-ranging and diverse therapeutic experiences are designed to increase personal connections, reduce stigma, encourage interaction and communication, facilitate leadership and cooperation, and provide opportunities for creative expression through music and art.

Music Therapy Goals from a Musical Perspective

with Brian Abrams, Kathleen Murphy, Noah Potvin, and Laurel Young

Music in therapy can be viewed not as a "tool" to be "used," but as a guiding principle informing an underlying ethos and driving the work in its entirety. In this understanding, music therapy is construed through an artistic lens, in which the value of the work is understood according to such criteria as experiential depth, narrative coherence, personal meaningfulness, and expressive beauty. In this way of understanding the work, the client's musical constitution, as well as the music therapist's clinical musicianship, extend themselves to all corners of the therapy. This understanding extends to the targeted outcomes of the work (goals) as well. In this AMTA-Pro podcast, a group of experienced music therapy professionals - Brian Abrams, Kathleen Murphy, Noah Potvin, and Laurel Young - converse about several informed perspectives on ways in which both music therapy processes and goals can be understood in terms of music.

Music Therapy for Adults with IDD, Part 1

with Jennifer Jones, Nicole Rivera, and Todd Schwartzberg

The growing need for music therapy services for adults with IDD (intellectual and developmental disabilities), including ASD (autism spectrum disorder), calls for more research, forums, and publications in our field. In this AMTA-Pro podcast, the first of a 2-part series, speakers Jennifer Jones, Nicole Rivera, and Todd Schwartzberg encourage a renewed profession-wide emphasis on the unique needs of this expanding population. They begin that process by talking briefly about the history of music therapy with these adults and providing an overview of available publications and research. They summarize two descriptive studies and talk through case examples with a special focus on post-high school transitions, adults with Autism Spectrum Disorder, and the unique needs of older adults with IDD.

Music Therapy for Adults with IDD, Part 2

with Ellen Rayfield

The second podcast in this two-part "Music Therapy for Adults with IDD" AMTA-Pro series features an insightful conversation with experienced music therapy clinician, Ellen Rayfield. After 30+ years providing services as an MT-BC and LPC in psychiatric facilities, Ellen switched gears and began working with adults with intellectual developmental disabilities (IDD). Right away, she became aware of the need for more music therapy resources, especially since intellectual and developmental disabilities begin in childhood and last for many decades, requiring life-long intervention and support. In this podcast, Ellen shares her observations about adults with IDD, describes the agency's services and her music therapy program, and talks about her interactions with and responses of clients in group and individual music therapy. The first podcast in this two-part "Music Therapy for Adults with IDD" AMTA-Pro series features speakers Jennifer Jones, Nicole Rivera, and Todd Schwartzberg who talk about the history of music therapy with adults with IDD, provide an overview of available publications and research, and summarize two descriptive studies as well case examples. All speakers emphasize the need for more music therapy research, forums, publications, and profession-wide emphasis on the unique needs of the expanding population of adults with IDD.

Music Therapy Practicum: Intergenerational Choirs

Music therapy students and graduate teaching assistants from Drury University and University of Missouri-Kansas City gathered around the AMTA-Pro podcast microphone to describe their work with an intergenerational choir as a practicum experience. They describe various aspects of the music therapy treatment process, including assessment, session planning, data collection, co-treatment, supervision, and various interventions. Dr. Melita Belgrave, UMKC music therapy professor, joins in the conversation to provide information about the background and overall structure of the intergenerational choir practicum experience. The text section of this AMTA-Pro podcast includes brief bios of the speakers as well as a

valuable 24-page resource packet compiled by Dr. Belgrave, Dr. Alice-Ann Darrow, and Dr. Natalie Wlodarczyk, professors who implement intergeneration choir practicums in their university programs at UMKC, Drury University, and Florida State University.

ASD Resources for Music Therapists

with Marcia Humpal

In this AMTA-Pro podcast, our music therapy colleague, Marcia Humpal, chair of AMTA's Strategic Priority on Music Therapy and ASD, tells us about the wealth of resources related to music therapy and Autism Spectrum Disorder available on the AMTA website. Humpal provides an overview of the fact sheets, research, annotated bibliographies, reports, toolkits, brochures, journal articles, training modules, and other resources resulting from time and expertise of the Strategic Priority group and many AMTA members working with individuals with ASD. Some resources are specifically for families and caregivers, some for professionals in related fields, and many for music therapists.

Counseling Micro-Skills for Music Therapists

with Lori Gooding

Music is such a powerful tool in the therapeutic process, a tool that can be intertwined with basic counseling skills to make interpersonal connections while building rapport, empathy and respect. In this AMTA-Pro podcast, our music therapy colleague, Dr. Lori Gooding, discusses research, clinical examples, and application of specific counseling micro-skills such as non-verbal interaction, authentic phrases, supportive statements, minimal encouragers, humor, and more. She talks about ways in which music therapists can use the techniques to impact the therapeutic conversation, diffuse difficult situations, and help reframe words and perspectives in individual, group, and family therapy.

Heart Transplant for MT-BC

with Beth Beathard

Sometimes music therapists hone their clinical skills and expertise through first hand experience. That was, indeed, the case for board certified music therapist Beth Beathard who had only worked 6 months as an MT-BC before she had the first of many serious life-threatening heart events. After 18 difficult months, her medical condition deteriorated to the point of needing a heart transplant. In this compelling AMTA-Pro podcast, Beth describes the physical and emotional challenges she experienced during those months, shares some thoughts about her "self-directed" music therapy, and talks about her personal and professional growth in the seven years since her transplant. Beth's rocky journey led her from depression, fear and anxiety into a place of hope and sincere gratitude, along with a solid contract for music therapy in a senior living center and the exciting possibility of hospital-based music therapy services for transplant patients. Beth's AMTA-Pro podcast is being released the week of February 14 – National Donor Day – in celebration of her successful heart transplant and re-entry into her career as a music therapist.

Music Therapy for Survivors of Violence

with Sandi Curtis

Violence against women is recognized by the World Health Organization as a serious and pervasive healthcare issue internationally. In this AMTA-Pro podcast, Dr. Sandi Curtis, music therapy professor and clinician, talks about the need for music therapists to be well informed about the latest in research and clinical strategies for helping victims recover and thrive. She talks about her clinical work over the years and challenges her colleagues to get involved. The prevalence of the problem indicates all music therapists will most likely encounter survivors of violence in their daily work. Awareness of the challenges and knowledge of evidence-based approaches equips music therapists to provide sensitive, evidence based, effective services for women survivors of violence.

Therapeutic Musicians and Music Therapists

with Dee Sweeney and Judy Simpson

Both music therapists and therapeutic musicians provide services in health care settings. In 2015, there were 5,000 hospitals with over 1 million beds, 16,000 nursing homes with 2 million beds, and 5,800 hospices serving 1 million people. Given there are about 6,500 board certified music therapists and 1,200 therapeutic musicians, and because we all want music available to all these people, it is advisable to recognize the continuum of services and to collaborate rather than compete to increase overall access. This AMTA-Pro

podcast features representatives from both groups - Dee Sweeney of the National Standards Board for Therapeutic Musicians (NSBTM) and Judy Simpson of the American Music Therapy Association (AMTA) - conversing about the similarities and differences between music therapy and therapeutic music, and encouraging their colleagues to learn more about both professions. Judy and Dee offer solid recommendations for educating colleagues, administrators, and clients about both music therapy and therapeutic music, and for facilitating conflict resolution when misunderstandings arise. They also discuss specific ways to foster cooperation and explore possible collaborative projects between the two professions.

AMTA-Pro Podcasts in 2017

Interprofessional Education and Music Therapy

with Andrew Knight, Meganne Masko, and Eric Johnson

Interprofessional Health Care Education is being implemented in a growing number of universities, allowing students, clinicians, and professors in various health care professions to learn about other areas and to experience collaboration. This AMTA-Pro podcast features two music therapy educators, Dr. Andrew Knight of Colorado State University and Dr. Meganne Masko of Indiana University-Purdue University along with Eric Johnson, MD of University of North Dakota, all three of whom have teamed up with other health care professionals in three different universities. These knowledgeable colleagues discuss the growth of IPE (Interprofessional Education), their experiences and observations over the years, and the possibilities for the future. The text section of this AMTA-Pro podcast includes access to a comprehensive handbook with details about Interprofessional Health Care Education program structure, course curriculum, grants, and research, as well as implications for music therapy practice.

Nordoff-Robbins Music Therapy

with Alan Turry and Jacqueline Birnbaum

This historic photograph of Paul Nordoff and Clive Robbins “musicizing” with a young lady captures the spirit and impact of our daily work as music therapists. Music therapy colleagues Dr. Alan Turry and Jacqueline Birnbaum sat down at the AMTA-Pro microphone to explore the history and practice of Nordoff-Robbins music therapy, and to share songs and stories illustrating the music-centered approach to therapy where elements of music, active listening, creativity, flexibility, and interactive music-making are used in the clinical process. Among other things, Alan and Jackie tell of Paul Nordoff’s music therapy with Johnny and with Edward, clinical stories accompanied by historic recordings from Nordoff’s work in the 1950s. This AMTA-Pro podcast begins and ends with Alan and Jackie making music and includes examples of the co-creative partnership of music and therapy, e.g., the therapist’s observations of each individual’s interaction with and response to all the elements of music when developing customized music therapy sessions. The text section of this AMTA-Pro podcast includes additional resources, photographs and other information.

Single-Session Music Therapy in Acute Mental Health

with Michael Silverman

Dr. Michael Silverman specializes in music therapy for adults with mental illnesses and substance abuse disorders. In this AMTA-Pro podcast, he talks about single-session music therapy for individuals dealing with complex problems with complicated solutions. Although single-session psychiatric treatment is not ideal under these circumstances, it is a reality more often than not. But progress is evident when Michael uses high-quality, customized live music to develop connections and when he helps individuals remain realistic and focused as they develop solutions and identify resources available to them in the short term and in the community. Illness management and recovery is an established, evidenced-based treatment emphasizing functional management of the disease and promoting recovery. Michael provides a concise and clear overview in this podcast of educational music therapy interventions, research literature, and how to expediently engage patients in treatment in acute care mental health settings.

DBT-Informed Music Therapy

with Abby Dvorak, Lindsey Landeck, Marie Lesiak, and Deborah Spiegel

The speakers in this AMTA-Pro podcast - Abby Dvorak, Lindsey Landeck, Marie Lesiak, and Deborah Spiegel - have extensive clinical experience working with Dialectical Behavior Therapy (DBT) and music therapy. Dialectical Behavior Therapy is an active treatment model building skills in four key areas: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. The speakers talk in

depth about ways DBT can enhance an MT-BC's music therapy practice as well as how music therapy may enhance and support DBT skills training in the clinical setting. These experienced MT-BCs demonstrate some clinical interventions in the podcast and discuss research applications for music therapy and Dialectical Behavior Therapy. The text section of this AMTA-Pro podcast includes a detailed list of resources about DBT and music therapy as well as bios of the speakers.

Unanticipated Findings of Music Therapy Pilot Study

with Sheri Robb and Amanda Henley

Active Music Engagement (AME) is a music-based play intervention designed to address parent and young child cancer treatment-related distress. Positive results from earlier research based on therapist-led interventions led to the next step of translating Active Music Engagement for parent delivery to increase accessibility and sustainability. Music Play Kits were designed for parents to share with their children and enjoy making music together while the music therapist stepped back into a coaching role. Although the pilot study yielded positive results for the children and parents in many areas in this model, one unexpected finding emerged. Parents actually indicated a need for greater support from the music therapist and a preference for therapist-led interventions. Our AMTA-Pro podcast speakers, Sheri Robb and Amanda Henley, discuss the research and clinical practice implications of these findings, and they share details about the continuation of this study with research funded by a \$1.4 million National Institutes of Nursing Research grant. This latest research project, involving 15 Board-Certified Music Therapists, 12 Certified Research Associates, and 4 Site-Primary Investigators/Project Managers across three sites, is studying the effect of play interventions, such as active music engagement and storybook programs, on health outcomes in young children ages 3 to 8 undergoing chemotherapy treatment and their parents.

Florence Tyson: Music Therapy Visionary

with Ken Aigen, Christopher Bandini, and Jeffrey Friedberg

Florence Tyson was a trailblazing music therapist who began her work in the 1950s with the Musicians' Emergency Fund in New York City. Recognizing the need for outpatient treatment for individuals with mental illness, Florence created the Music Rehabilitation Center to provide arts-based community services, thereby decreasing the need for inpatient treatment. In the early 1960s, the agency's name was changed to the Creative Arts Rehabilitation Center and moved to 51st street in the theater district on the edge of Times Square. Until the mid-1990s, CARC was a space dedicated solely to providing music, art, dance, drama, and poetry for people with mental illness. In this AMTA-Pro podcast, three of Florence's colleagues - Ken Aigen, Christopher Bandini, and Jeffrey Friedberg - share compelling stories about their work at the CARC, and about the significant impact of CARC and Florence Tyson on the lives of scores of individuals with mental illness as well as on the staff and community.

Music Therapy Licensure in Oregon

with Jodi Winnwalker, Lillieth Grand, Angie Kopshy, and Chris Korb

As of January 1, 2016, music therapy is a licensed profession in Oregon. The bill reads, "A person may not practice music therapy, assume or use any title, words or abbreviations, including the title or designation 'music therapist,' that indicate the person is authorized to practice music therapy unless the person is licensed. Only those agencies with qualified personnel may claim to offer music therapy services." In November, 2016, four members of the Oregon State Government Relations Task Force - Jodi Winnwalker, Lillieth Grand, Angie Kopshy, and Chris Korb - gathered around the AMTA-Pro microphone to talk about the steps taken to achieve this ambitious goal. Beginning in 2007 with AMTA's Judy Simpson's issue of a Call to Action, the efforts of dozens of music therapists in Oregon, working with the guidance of government relations experts from AMTA and CBMT, resulted in Oregon licensure in 2016. The podcast speakers talk about that process, and they overview the necessary follow-up of the licensing legislation while encouraging music therapists in other states to step up to the plate and work diligently toward licensure.

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING, JUNE 22-24, 2018
AMTA E-courses
Overview and Progress Report
prepared by Cathy Knoll, MA, MT-BC
May, 2018

The AMTA E-courses are a series of self-study e-courses available on the AMTA website for music therapists and other professionals. The user-friendly format of the self-paced AMTA E-courses allows participants to listen and learn on their own schedule, sharpening their professional knowledge and skills in various aspects of music therapy practice and applying basic principles to their own practice. All AMTA E-Courses are approved by CBMT for CMTE credits from AMTA, a CBMT Approved Provider. The core of the AMTA E-courses is the audio presentation comprised of topical segments where the instructor(s) discuss various aspects of the e-course subject matter. AMTA E-course workbooks include background material, a detailed discussion outline, references, links, supplementary materials, and other valuable resources for the participants. AMTA E-course participants follow a two-step process to earn CMTE credits: (1) listen to the audio discussion and review the workbook, and then (2) submit a CMTE Evaluation electronically.

AMTA contracts the services of Cathy Knoll and Dwight Knoll to produce the AMTA E-course series with technical assistance from Angie Elkins. Cathy oversees the project, working with the e-course instructors to develop their topic, write the outline and script for audio discussion, record their audio segments, write and edit the workbook, and gather supplementary resources. Cathy produces the e-course workbook, writes the CMTE instructions, objectives, and evaluation, works with Angie Elkins to develop the Landing Page for each AMTE E-course, works with Angie Elkins to gather information required to submit the AMTA E-courses to CBMT for approval, and coordinates other details of the project. Cathy's son, Dwight, conceived the concept and developed the basic format for the AMTA E-courses. He is the technical director for the project, working in partnership with Cathy and the e-course instructors to record and produce the e-courses, working on technical details with Angie Elkins, and advising Cathy on the e-courses in general and about new developments in the field of on-line learning.

AMTA E-courses currently available

Complete details about each of the AMTA E-courses currently available to music therapy professionals, students, interns, and others can be found here:

http://www.musictherapy.org/careers/continuing_music_therapy_education/ The exceptional quality of these e-courses is indicated by the overwhelmingly positive responses of the e-course participants on the CMTE Evaluation forms for all the e-courses.

LGBTQ+ Topics Explored

by Amy Donnenwerth, Spencer Hardy, Lisa Kynvi, Leah G. Oswanski, Beth Robinson, and Annette Whitehead-Pleaux

This self-study AMTA E-Course features content from published materials and past presentation of six members of Team Rainbow, a group of LGBTQ+ ally music therapists founded in 2008. Topics include terms and definitions, an overview of the 2012 study: *Music therapists' attitudes and actions regarding the LGBTQ community: A preliminary report*, information about intersectionality and straight privilege, information on gender and transgender issues, an overview of LGBTQ+ history and LGBTQ+ musicians, LGBTQ+ ally development, and an overview of the 2012 publication, *Lesbian, gay, bisexual, transgender, and questioning: Best practices in music therapy*. Each chapter has an audio segment accompanied by a written chapter. The appendices section includes information about symbols, a document about heterosexual privilege, an ally self-assessment, the gender unicorn file, and other resources.

Note: At the time this report was written – May, 2018 – the launch of this AMTA E-course was pending, waiting for the final e-course workbook cover design and edit as well CMTE-status approval from CBMT. We appreciate the contributions of all the speakers to this e-course as well as the assistance of AMTA staff member Barbara Else with the details of the workbook and with the complicated copyright issues.

Self-Care for Music Therapists: Insights from Experienced MT-BCs

by Deforia Lane, Rachele Norman, Marcia Humpal, Russell Hilliard, Lisa Gallagher, Blythe LaGasse, Amber Weldon-Stephens, Ed Gallagher, Ami Kunimura, Cathy Knoll, and Amy Smith

NOTE: In 2017, the *Self-Care for Music Therapists* e-course was a complimentary member benefit for every member of AMTA.

Self-Care for Music Therapists: Insights from Experienced MT-BCs is a practical resource to help music therapists explore the topic of self-care by listening and learning from the personal and professional experiences of their music therapy colleagues. Because music therapists have such different personalities and vastly different experiences in our daily lives, and because we all approach our professional careers from different perspectives, self-care is a topic best addressed from several different angles. We invited eleven experienced music therapists to provide 10-15 minute audio segments talking about self-care from their viewpoint, sharing a few tips and telling some stories about keeping their lives centered in the midst of the ups and downs of their music therapy career.

Personalized Music Listening & Music Therapy: Ready Access to Favorite Tunes

by Jennifer Geiger, Emily Christensen, Regina Dennis, Dale Taylor, and Leslie Henry

Participants in this AMTA E-course, *Personalized Music Listening and Music Therapy: Ready Access to Favorite Tunes*, will learn in general about personalized music listening for people in care facilities and specifically about several Music & Memory programs facilitated by board certified music therapists. The e-course includes information about research demonstrating the value of preferred music listening programs as well as cautions and safe procedures. The MT-BCs teaching this AMTA E-course share information about programs they have facilitated, and they provide guidelines for creating a personalized music listening program and for working with a Music & Memory certified facility. Participants in this e-course will learn information and creative ideas for board certified music therapists to use when developing programs to help people in care facilities gain ready access to their best-loved tunes.

Medical Music Therapy: Building a Program

by Dr. Lori Gooding

The purpose of this AMTA E-course, *Medical Music Therapy: Building a Program*, is to provide an overview of the steps involved in proposing, building, and eventually expanding a medical music therapy program. E-course participants will learn how to propose a program and review important points to consider during the process, including (a) supportive data, (b) tips for developing a strategic plan, (c) key points for administrators and decision-makers, (d) elements of an effective proposal, (e) persuasive advocacy and education strategies, and (f) detailed considerations for setting up, evaluating, and expanding the music therapy program. Information presented in this AMTA E-course in conjunction with the research literature and available resources provides a solid platform necessary to develop or expand a music therapy program in a medical setting.

MT Intern Supervision: Training E-course for Intern Supervisors

by Jane Creagan and the Association Internship Approval Committee

MT Intern Supervision, a self-study e-course designed to provide information to anyone interested in learning more about the music therapy internship process, and to provide official training for board certified music therapists interested in supervising music therapy students in AMTA internship programs. Successful completion of this e-course also provides 5 CMTE credits approved by CBMT, and fulfills the requirement for internship supervision training for National Roster Internship Directors. The instructors for this AMTA E-course are members or former members of AMTA's Association Internship Approval Committee (AIAC), teaching the curriculum they developed for internship supervision training required for National Roster Internship Directors. Clinical internship, a degree requirement for the bachelor's degree in music therapy, is a capstone experience requiring music therapy students to apply the clinical skills they learned in the classroom. The clinical internship has been an important part of music therapy education since the early years of the profession. Music therapists who are intern supervisors and their places of employment which host the internship opportunities provide a very valuable service to the profession of music therapy by training students, an important step toward a long and rewarding professional career in music therapy. Whether you are just interested in learning more about the internship process, or are beginning to explore the possibility

of becoming an intern supervisor, or are completing your National Roster Internship Application by taking this e-course as training required for becoming a music therapy intern supervisor, we extend our best wishes to you.

Disaster Response for Music Therapists: Core Principles of Psychological First Aid

by Barbara Else

The *Disaster Response for Music Therapists* e-course provides an overview of Psychological First Aid (PFA) and the core elements of the PFA certification course adapted from the American Red Cross and the Medical Reserve Corps/US Homeland Security. Participants learn the specifics of these core elements and hear case examples of adaptive music therapy strategies, considering how they address components of PFA, particularly preparedness, response, and recovery. PFA is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short and long-term adaptive functioning. It is for use by disaster responders including first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams (CERT), Medical Reserve Corps, and the Citizens Corps in diverse settings.

Music Therapy Reimbursement: Sources and Steps to Success

by Judy Simpson

AMTA's Director of Government Relations, Judy Simpson, teaches the fundamentals of reimbursement in practical terms, helping E-course participants build a solid foundation of knowledge about multiple reimbursement sources, about public and private third party payment systems, and about the specific steps required to access coverage. E-course participants will discover how the process of funding music therapy can vary by clinical setting, client diagnosis, and payment source, and will learn industry terminology, procedural coding information, billing forms, and other key elements of reimbursement. This AMTA E-course equips each listener with the knowledge and tools that make it possible to secure funding for making top-quality music therapy services more accessible to individuals of all ages in a variety of clinical settings.

Music Therapy and Dementia: Protocols for Managing Problem Behaviors

by Dr. Alicia Clair

The *Music Therapy and Dementia* e-course includes detailed descriptions of behavior issues, theoretical framework, and operating principles for music therapy interventions, as well as step-by-step details about music therapy protocols to facilitate predictable outcomes when addressing problem behaviors resulting from dementia.

Music Therapy and Military Populations

The *Music Therapy and Military Populations* AMTA E-course is based on a 2014 status report titled, *Music Therapy and Military Populations: A Status Report and Recommendations on Music Therapy Treatment, Programs, Research, and Practice Policy* presented by the American Music Therapy Association in 2014. It is a briefing paper for military leadership, military support personnel, federal government officials, representatives of arts and other related organizations, music therapy professionals, and non-profit policy makers. The information provides the groundwork to improve access to music therapy services among military populations and to inform strategic plans for expanded and prioritized implementation of music therapy programs, research, and practice policy in the military. This AMTA E-course allows board certified music therapists an opportunity to earn 3 CMTE credits approved by the Certification Board for Music Therapists by reading the briefing paper and submitting the required CMTE Evaluation form. This landmark report discusses the profession of music therapy with a focus on both active duty service members and veterans, and explores the music therapy profession's rich, enduring contributions to readiness, rehabilitation, recovery, and wellness among America's military populations. The white paper presents exemplary model programs and highlights the strong foundation of published research and evidence to inform practice. Recommendations contained in the paper span research, policy, and program development. Fascinating and important research in music therapy interventions on topics affecting today's service members and their families is active and growing among various related populations. It is critically important for this research to be tested, replicated and conducted with service members and veterans. Recommendations in the area of practice policy include a call for an updated review of federal job classifications that enable board certified music therapists to provide music therapy interventions.

Music Therapy in Early Childhood: Meaningful Music from Infancy to Kindergarten

by Marcia Humpal, Ronna Kaplan, and Amy Furman

The *Music Therapy in Early Childhood* e-course features the work of three music therapy clinicians with many decades of experience working with young children. First, Marcia Humpal talks in chapters 1 through 4 about music therapy for infants and toddlers, exploring the manner in which very young children learn through play, and discussing considerations for planning effective music therapy for little ones. In chapters 5, 6, and 7, music therapist Ronna Kaplan talks about music therapy in preschool groups, using examples from her experiences at The Music Settlement and community outreach programs, and providing details about the Hierarchical Model of Music Therapy and the Art Integration Model. Music therapist Amy Furman talks in Chapters 8, 9, and 10 about the application of music in therapy for young children in the public schools, based on her extensive experience in the Minneapolis Public Schools. Amy provides numerous examples of programmatic and IEP-specific music therapy in preschool and kindergarten classrooms. Chapter 11 features Ten Take-Away Points, and Chapter 12 contains numerous supplemental resources. Among other helpful links, references, and other materials in Chapter 12 is a valuable bonus - a complimentary copy of the 62-page booklet from the well-received 2011 AMTA Institute, "Developmental Approaches to Early Childhood Music Therapy," featuring Marcia Humpal, Dr. Rebecca Wellman, Elizabeth Schwartz, and Dr. Darcy Walworth.

Advocacy for Music Therapy: Engage in the Process

by Judy Simpson

Advocacy for music therapy is something we are all involved in every day as we provide quality services to our clients, as we continue our educations and sharpen our skills, as we read new research and new approaches to clinical practice, and as we talk to families, staff members, caregivers, community members, stakeholders, and decision makers. Advocacy is an ongoing process. Whether we are striving to expand our own services, to develop new jobs in our community, to expand the reach of music therapy in our area or state, or increase the general awareness of our profession, each music therapist can play a role in the process. In this AMTA E-course - "Advocacy for Music Therapy: Engage in the Process" - AMTA's Director of Government Relations, Judy Simpson, MT-BC, teaches the fundamentals of music therapy advocacy in practical terms, helping e-course participants build a solid foundation of knowledge and skills. This AMTA E-course equips each listener with the information and tools required for being an effective advocate for music therapy with the goal of making top-quality music therapy services more accessible to individuals of all ages in a variety of clinical settings.

Ethics & Copyright: An Overview for Music Therapists

by Barbara Else

Understanding the essential components of U.S. copyright law and intellectual property is an important part of music therapy clinical practice. Similarly, it is essential that music therapists understand some basic concepts and terms about licensing and proper use of protected works in music therapy practice. Copyright law in the U.S. has historical and legal ties to intellectual property law in England and Europe. Copyright law and intellectual property are dynamic legal and societal concepts influenced by our values, culture, technology, politics, policy, artists, and ethics. The laws governing copyrights aim to balance the interests of both the public and the copyright owners. The purpose of copyright; therefore, is to improve society through the advancement of knowledge by fostering creativity, developing wisdom, supporting democracy, disseminating knowledge, and enriching the public domain. Technological advances, including digital and online technology, create challenges for music therapists that require vigilance and care to maintain the law and abide by the rights of creators of protected works. At the same time, the law aims to allow the possibility for others to use and enjoy protected works. The main mechanisms in place to use protected works involve obtaining permission, typically via a variety of licensing mechanisms, depending on the purpose. This course fulfills requirements by the Certification Board for Music Therapists for earning three CMTE credits focusing specifically on ethics in each 5-year recertification cycle.

AMTA E-courses in production

(1) **MTs Experiencing Disaster.** Barb Else is gathering tips and insights from about a dozen music therapists based on their personal experiences in working around disasters and in disaster recovery. The e-course will

be grounded on the core principles and theoretical framework of music therapy in disaster relief and recovery. To date, the following music therapists have contributed their expertise and experiences with significant natural disasters or personal disaster: Ron Borczon, Angie Elkins, Gloria McDaniel, Lori Gooding, Kimberly Sena Moore, Jennifer Townsend, Marial Biard, Blythe LaGasse, Marta Hernandez, Marta Mabel Ortiz, Tony Santiago, and Anne Parker.

(2) **MT for an MT.** Long-time music therapy clinician Debbie Dacus suddenly found herself on the receiving end of music therapy services when she unexpectedly experienced a significant stroke incident. Not knowing his MT colleague had experienced a stroke, Kyle Friedrich, MT-BC was surprised when he received a referral for music therapy services for Debbie Dacus at a sub-acute rehabilitation hospital. Debbie survived her stroke and is making good progress in her rehabilitation. She and Kyle are planning an AMTA E-course from their unique perspectives of music therapy for a music therapist.

Recommendations for the AMTA E-courses

1. We recommend AMTA consider providing another AMTA E-course as a complimentary AMTA member benefit in the 2019 membership year. It would be particularly beneficial to offer one of the e-courses of broad interest to all AMTA members – students, interns, new professionals, and professionals with many years of experience. Our recommendation for this gift for AMTA members is Judy Simpson’s *Advocacy for Music Therapy* e-course or Judy’s *Music Therapy Reimbursement: Sources and Steps to Success* e-course.

2. Currently, the potential market for the AMTA E-courses is *very* narrow – appealing only to board certified music therapists who are currently in need of CMTE credits. Few other potential customers will pay attention to these e-courses since the upfront fee includes the CMTE fee. We recommend changing the pricing structure in order to capture the attention of ALL music therapists, not just those who currently need CMTE credits, so more will consider purchasing e-courses in order to sharpen their clinical and professional skills. For example, people could purchase an AMTA E-course for \$30.00 and, if MT-BC chose to earn the 3 CBMT-approved CMTE credits, they would pay a \$120.00 CMTE Fee.

3. We highly recommend AMTA develop a systematic, dynamic, and ongoing marketing campaign to inform music therapists and other professionals about the availability of the AMTA E-courses. For example, one AMTA E-course could be featured each month in the Music Therapy Matters newsletter and on the AMTA Facebook page. These top-notch self-study e-courses have the potential of being a major source of income for AMTA while at the same time offering exceptional resources to professionals, students and interns. AMTA has access to a large pool of established, experienced, well-known instructors who are willing to donate their time and expertise to teach an e-course. But, unless we market the AMTA E-courses and let people know about their availability, all these great resources will just languish in our AMTA on-line store.

4. Because active and ongoing recruitment of e-course instructors results in an expanded library of top-quality professional resources, we recommend AMTA continue recruiting music therapists with expertise in clinical and professional areas of interest to music therapists and other professionals to develop additional AMTA E-courses.

Overview AMTA E-course Development

Note: This is the introductory information we provide to all potential speakers/instructors for the AMTA E-courses.

AMTA E-courses are similar to conference presentations or CMTE courses in that the instructor(s) addresses one specific topic related to music therapy research, clinical practice, education and training, or other realm. The difference between an e-course and a live session is that the learner in an AMTA E-course receives a pdf workbook along with a link to the audio discussion for self-study on their own time and at their own pace. The learner listens to audio segments while following a discussion outline and other written resources in the e-course workbook. A learner who wants to earn CMTE credits submits a CMTE evaluation that requires some assignments verifying participation in the e-course.

E-course topics. We recommend expanding the market of the AMTA E-courses to include not only MT-BCs wanting CMTE credits, but also music therapy professionals, interns, and students wanting to sharpen skills and expand their knowledge base. We might also market AMTA E-courses to other professionals. So we encourage people to think creatively about our "deep & wide" profession in order to come up with specialized topics of interest to our MT colleagues and other potential audiences.

E-course timeframe. In keeping with CBMT's format for CMTE courses, AMTA E-courses can be based on 150 minutes of contact time for a 3-credit e-course or on 250 minutes of contact time for a 5-credit e-course. In general terms, this is how the contact time is allocated for a 3-credit e-course: 15 minutes for reading the introduction & conclusion in the workbook and the chapter about earning CMTE credits, 110 minutes (divided into 7 or 8 segments) for listening to the audio discussion while following the discussion outline in the e-course workbook, and 25 minutes for completing the e-course assignments and CMTE Evaluation.

E-course audio recording. The main focus of the learning experience in AMTA E-courses is the audio discussion. An e-course can be recorded by a single instructor, by several instructors who record at the same time and in the same location, or by several instructors who record specific units of the e-course in different locations. Dwight & Cathy can record audio segments at a national or regional conference, and the instructor can finalize the other segments of the e-course to send to Cathy after the conference.

E-course content. It should be noted that AMTA E-course instructors must provide some key components for Cathy and Dwight to produce their e-courses. We are happy to provide any assistance, opinions, or advice along the way.

The audio segment of the AMTA E-course requires:

1. A relevant, focused, timely topic of interest to music therapy professionals, interns, students, and/or other professionals.
2. A well-organized presentation of the topic divided into chapters that allow for audio segments of about 15 to 20 minutes.
3. A quality audio recording of each chapter's discussion that captures and maintains attention of the listener.

Cathy will organize, compile, edit, and produce the AMTA E-course workbook with assistance from Dwight. Instructors must provide this information for the workbook:

1. A written introduction of the topic to be included in the workbook.
2. A discussion outline - with as much detail as the instructor wants to provide - for each chapter.
3. A written conclusion to be included in the workbook.
4. A formally developed bibliography of all references in the workbook outline and in the audio discussion.
5. A resource section and appendices if applicable.
6. A list of CMTE learner objectives based on 2014 CBMT Board Certification Domains.
7. Biography and photo of instructor(s)

Three final points.

- (1) AMTA E-course instructors may be asked to provide information for publicity and marketing.
- (2) Over time, instructors will be asked to provide updates in content, resources, and other information as needed to keep the AMTA E-course current.
- (3) Cathy and Dwight will provide support and input during the AMTA E-course production process, beginning with brainstorming about topics and instructors through each step until launch.

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' ANNUAL MEETING - JUNE 22 – 24, 2018
AUTISM SPECTRUM DISORDER STRATEGIC PRIORITY WORK GROUP
Co-Chairs, Jennifer Whipple, PhD, MT-BC, and Todd Schwartzberg, MEd, MT-BC

Dear AMTA Board of Directors:

Since our annual report, our committee has been quite busy with their action steps and we want to continue to thank the AMTA Board of Director's, Barb Else and President Amber Weldon-Stephens for your ongoing support.

We would like to request permission to create a Strategic Priority on Music Therapy and ASD Facebook page, where each committee member serves as an administrator in order to share pertinent information relating to our committee tasks with the public. This will ensure that accurate information stemming from the committees is being disseminated broadly and in a timely manner.

Below are the current committee assignments:

Collaboration & information-sharing with Autistic Self-Advocates and organizations serving the ASD community and their families

Jennifer Gossett
Ronna Kaplan
Cathy Knoll
Jackie Birnbaum
Casey DePreist
CJ Shiloh

Funding

Ericha Rupp
CJ Shiloh

Research

Laura Brown
Eugenia Hernandez-Ruiz
Nicole Rivera
Todd Schwartzberg
Rebecca West
Jennifer Whipple

Maintaining and updating ASD section of the AMTA website (and translating fact sheet and articles)

Todd Schwartzberg
Jennifer Whipple

Our collaboration subcommittee helped organize our regions, during their regional conference to host a breakout session, roundtable discussion, or other event that was to be focused on learning from parents of and individuals with Autism Spectrum Disorder. A survey was then sent to the attendees to get their perspectives on the impacts of this discussion. We will be submitting a proposal for a Research Oral Presentation for the 2018 AMTA annual conference. The collaboration subcommittee continues to gather resources that will be compiled by Jennifer and Todd to aid community outreach and collaboration.

Our funding subcommittee is currently working on finalizing a survey that will be sent to Judy Simpson and then out to our AMTA colleagues to better learn what funding and access to services looks like in each state. We have submitted a proposal for a concurrent session regarding funding and access to services for individuals with ASD at the AMTA annual conference. If accepted, findings of the survey will be shared at that time.

Our research committee is engaged in a systematic review of published articles and how they are (or are not) aligned with various aspects of the National Autism Center's Findings and Conclusions. We will submit a proposal for the Research Poster Session of the AMTA annual conference to present findings

With Barbara Else and Angie Elkins, we have updated the language on the MT and ASD Strategic Priority page of the AMTA website. In addition, we once again request permission to establish a Facebook group for this strategic priority. (A group format allows the priority members to be administrators and also allows for various safeguard settings on what can and cannot be posted, how, and by whom.) The concern of the priority group members is that our work ceases to be meaningful if it is not disseminated in a timely fashion and

through a medium that is commonly accessed and allows alerts (i.e., Facebook vs the AMTA Strategic Priority web page). In updating information on the AMTA Strategic Priority web page recently, we discovered that previous MT and ASD Strategic Priority groups have used Twitter for this purpose. For a variety of reasons, we do not plan to use Twitter at this time. Instead, we propose we lay out clear parameters for what can and cannot be posted by Strategic Priority members on a Facebook page, thereby empowering group members and honoring their recognized expertise in the field, while avoiding any additional barriers within a posting process that might deter members from using this medium. We are working to establish a vibrant community of knowledge sharing, especially in light of the recent CDC release regarding the increase in estimated prevalence of ASD.

As we have stated in previous reports, other committee plans include: completing the committee tasks, meeting in person at national conference 2018 and developing a session, research oral presentation, and research poster for both national conference 2019 and regional conferences 2019. We tentatively aim to have our committee work completed at the end of 2018.

We look forward to updating the BOD at the annual meeting regarding the work our committee completes during the Summer and Fall.

Respectfully submitted,

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Therapy and Autism Spectrum Disorder
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Email: schwa155@umn.edu

Certification Board for Music Therapists
506 East Lancaster Avenue, Suite 102 Downingtown, PA 19335 1-800-765-2268
CBMT Chair Report to AMTA Board of Directors – May, 2018
Lori Lundeen-Smith, MS, CCC-SLP, MT-BC

It is my privilege to represent CBMT at the 2018 mid-year meeting of the AMTA Board of Directors once again, and I thank you sincerely for the invitation. The CBMT Board of Directors was pleased to welcome President Amber Weldon-Stephens during our spring 2018 meeting. She joined us via Facetime from the NER conference, and we valued the opportunity to talk with her and to receive updates regarding the exciting work going on at AMTA. The CBMT Board extends hearty congratulations to AMTA during this 20th Anniversary year of the Association, and the 68th anniversary of our profession. As well, we recognize Executive Director Andrea Farbman's 30 years of dedicated leadership as she approaches her retirement in December. The year 2018 also marks the 35th Anniversary of CBMT and our esteemed Executive Director Joy Schneck's 25th year with CBMT. Please join us as we celebrate at the AMTA Conference in Dallas this fall. We will gather to celebrate these significant accomplishments with cake and festivities at the CBMT booth in the Exhibit Hall.

Certificants: As of May 17, 2018, there are now 7,716 board certified music therapists. In comparison, there were 7,494 certificants in November 2017. Because of recertification, a percentage of certificants, 20% of each cycle, expire each June and December. In December, 241 expired, which slows overall total growth even though so many new certificants are added each year.

Examinees: As of May 17, 2018, we have administered 520 examinations this year. This includes both new candidates and those retaking the exam following a failed attempt. In 2017, we administered a total of 1,293 examinations.

Exam Pass Rates: For all candidates tested since the Board Certification Domains (BCD) was updated in 2015, the first-time pass rate is 70.6% and the pass rate of all tested is 58.5%. In the last year, from 4/1/2017 to date, the first-time pass rate is 73.2% and the overall pass rate is 57.6%. The first-time pass rate is increasing. The overall rate of all candidates tested is affected by the high number of retakes, which are allowable every 30 days.

Newly Certified: As of May 17, 2018, 315 were newly certified since January 1, 2018. In 2017, 718 individuals were newly certified throughout the year.

Approved Providers (APs): We have had an increase of 10 Approved Providers since the fall report, bringing us to a total of 106. Seven APs are offering Specialty Courses. We are seeing a steady increase in on-line courses and web-based self-study options.

Renewals: This year marked the renewal of the original transitionally certified group from 1985. Their cycle ended in December 2017 and they recertified at 79%. In June of 2017 the next most recent cycle ended and 81% of that group recertified. Recertification rates for all groups remain high. The current recertification renewal rate per cycle averages around 80%. The last 6 cycles have averaged around 80-82%. We attribute the high level of certificant renewal to an ever-increasing degree of awareness of certification, employers who require the MT-BC credential, and the state recognition plan.

Regional Conferences: CBMT staff members once again traveled to all AMTA regional conferences this past spring. We find that many current and future certificants take time to visit the CBMT booth to seek out information and ask questions face-to-face. Each region is extremely welcoming to us, and the staff look forward to this opportunity to dialogue with music therapists and music therapy students.

New Continuing Education Committee Members and Exam Committee Members; Board Appointment for the Disciplinary Hearing Committee: Since last report, Amy Robertson and Virginia Kallay were each appointed to the Continuing Education Committee for a 3-year term (18-20). Terry Blaine, Anita Louise Markland, and Jeanne Nicholas-Nye were each appointed to the Exam Committee for a three-year term (18-20), as well. A board appointment for the Disciplinary Hearing Committee, following Wendy Woolsey's election to the position of AMTA Vice-President Elect, is currently under consideration.

Upcoming Willingness to Serve Call for Nominations: A Willingness to Serve Call for Nominations will go out this spring for upcoming openings on the Board of Directors (Smith and DiCamillo's terms conclude at the end of 2018) and the Continuing Education Committee (Galley's term also ends in 2018). Nominations will also be sought for openings and service on the Practice Analysis Committee which will commence in 2019.

Recertification Process Revisions: The CBMT Continuing Education Committee and the Board of Directors have nearly completed work on policy and process revisions for recertification. We are in the development stages of a database revision in order to be more usable and streamlined for certificant and approved provider use, as well. The release of the recertification revisions and the new database program will be coordinated together and are projected to be ready in the fall of 2018.

Regulatory Affairs: CBMT is continually grateful for the effective work that has resulted from our partnership with AMTA in the area of regulatory affairs. Dena Register and Kimberly Sena Moore, CBMT's Regulatory Affairs staff members, along with Judy Simpson and Maria Fay, AMTA's Government Relations team, provide a marvelous example of collaboration as well as strong leadership for local task force members. We salute their persistence in educating the public, music therapists, legislators, and other interested parties as our two organizations seek to support state recognition and licensure efforts for the purpose of increasing access to music therapy services for individuals across the country.

Spring 2018 and Fall 2018 CBMT Board of Directors Meetings: The CBMT Board held a very productive spring meeting in Santa Barbara, California. We plan to meet once again in California (location to be determined) October 19th through 21st for our fall meeting. President Weldon-Stephens is cordially invited to join us!

Louisiana HB 748: The CBMT BOD recently joined with over 40 other concerned organizations, spearheaded by ICE (Institute for Credentialing Excellence), to amend Louisiana House Bill 748. This bill would have banned the use of the term certification within the state unless it was used in conjunction with licensure and would have restricted the use of certification as a prerequisite to licensure law unless there was empirical evidence of harm due to the absence of the certification requirement. The concern was that the passage of this bill could have been replicated in other states, thus posing a risk to voluntary certification programs across the country. The coalition was successful in alleviating concerns and amending HB 748 and also amending a related bill with similar language, HB 372, which created the Occupational Licensing Review Commission within Louisiana to supervise occupational licensing boards.

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING – JUNE 22-24, 2018
COMPETENCIES REVIEW TASK FORCE (CRTF)**

Submitted by: Kamile Geist and Edward Kahler – Co-Chairs

Members of CRTF: Kamile Geist, Edward Kahler (Co-Chairs), Jane Creagan, Della Daugherty, Deanna Hanson-Abromeit, Laurie Keough, Piper Laird, Tracy Richardson, Vicki Vega, and Gary Verhagen

Action Items for BOD: None at this time.

Charge from AMTA BOD to the CRTF:

The goal of this task force is to review both the Professional and Advanced Competencies for consistency. An additional charge was added in November 2017 to review the CBMT Board Certification Domains and compare that document to the AMTA competencies.

CRTF Activities to Date:

We had 3 conference calls with the full CRTF to date. The co-chairs and Jane Creagan met as needed to prepare for the CRTF conference calls and to solidify tasks.

Conference Call 1: January 15

- The task force met to discuss their charge from AMTA and to prepare for Task 1 which was the review of the Board Certification Domains
- Each task force member was assigned a section of the CBMT domains to review
- The task was for each member to see if there were any corresponding Professional and/or Advance Competencies related to each domain area.

Conference Call 2: February 12

- The CRTF completed Task 1 and discussed the results during the conference call
- The discussion of the results led to a number of questions regarding the CBMT Domains and the procedures for test item selection.
- The task force decided to invite Joy Schneck from CBMT to the next conference call to discuss these questions.

Conference Call 3: May 1

- The CRTF met with Joy Schneck and discussed the questions about the domains, test items, and how they relate to the current bachelors curriculum, specifically, the knowledge base to take the exam
- The CRTF then agreed to move to Task 2- Review of the Competencies
- The task force members will each select 2-3 people to serve with them as they review assigned sections of the Professional Competencies. This is expected to be completed by June 1, 2018.
- They will review their section assigned in the Professional Competencies, noting relevance, clarity, and how each compares to the Advanced Competencies.
- The task force will meet in late July to review each person's findings
(see below) and will reconvene in late July to discuss the progress on this task.

Task Force Tasks during July to October 2018/ National Conference

It is expected that the CRTF will need July through October of 2018 to review and revise with at least 1 more conference call in order to bring a 1st draft with discussion points to their meetings which will take place during the annual AMTA conference in November. During their meetings at the annual conference, the CRTF will continue to review in depth the results of the reviews over the past year. The task force will also plan next steps in order to complete the charges from the AMTA BOD.

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING –JUNE 22- 24, 2018
EDUCATION AND TRAINING ADVISORY BOARD
Elizabeth K. Schwartz, MA, LCAT, MT-BC, Chair**

ACTION ITEMS:

- ETAB respectfully requests approval of the following proposed change to the wording of the ETAB mission statement as displayed on the AMTA website: *The Education and Training Advisory Board of the American Music Therapy Association was formed in 2003 and serves as a visionary body to advise, inform, and make recommendations to AMTA on issues related to music therapy education and training.* (1) *This board examines policy issues that focus on professional standards and the relationship of these standards to education and training. ETAB is informed* (2) *by policies and procedures of the National Association of Schools of Music and the Certification Board for Music Therapists, as well as other bodies within AMTA. In addition, the board stays abreast of trends* (3) *relevant to music therapy education and training*
Rationale: (1) This change eliminates specific language of areas previously addressed by ETAB (advanced degrees, advanced competencies, levels of practice, professional titles, and state licensure) and allows for greater focus on determining current issues for ETAB attention.
(2) Eliminate ‘works in cooperation with’ and changes to ‘is informed by’ to reflect the actual relationship between ETAB and NASM and ETAB and CBMT.
(3) Eliminate ‘in health care and will evaluate technological advances that may provide alternative methods for’ in order to allow for greater focus on determining current issues for ETAB attention.
- ETAB respectfully requests approval of support from AMTA for an ETAB member phone and/or video conference to be scheduled pre-conference with the purpose of furthering the current work of ETAB.

I. Current ETAB Membership:

The Education and Training Advisory Board (ETAB) consists of six appointed members; the chairs of the three committees on the Council on Education and Clinical Training, and the Director of Professional Programs for AMTA, who is ex-officio without the right to vote. The current ETAB members are listed below. Beth Schwartz assumed the Chair of ETAB beginning in January, 2016. At the November 2017 meeting ETAB voted to have Beth Schwartz continue as Chair until the end of 2018.

- A. At-Large members with term number and term end date:
Doug Keith (2) 2018 Beth Schwartz (2) 2018 Connie Tomaino (1) 2019
Robin Rio (2) 2020 Annette Whitehead-Pleaux (1) 2020 Tracy Leonard-Warner (1) (2021)
- B. AMTA Committee Chairs/Co-chairs:
Rebecca Engen-APAC Lauren DiMaio-AIAC Charles Seaman-CEC
- C. AMTA Director of Professional Programs:
Jane Creagan

II. Master’s Level Entry (MLE) Subcommittee:

Jim Borling, past ETAB member and past Chair-ETAB, served on the MLE subcommittee through the end of 2018.

III. ETAB Appointments:

At the November 2017 meeting, ETAB voted to have Tracy Leonard-Warner join ETAB as an at-large member with her first term beginning in January, 2018.

IV. Future Work of ETAB:

ETAB members continue their work on analyzing and synthesizing responses solicited from noted scholars around the globe as part of an in-depth and comprehensive survey of ideas on music therapy theory with the intent of compiling a document on a “Music Therapy Body of Knowledge” and

possible identification of a core set of principles common to all areas, levels, and modes of music therapy practice as it pertains to music therapy education and training.

ETAB will meet during its regularly scheduled meeting times during the 2018 AMTA conference.

V. **ETAB Description from AMTA By-Laws -as a Reminder:**

a. The Education and Training Advisory Board advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training.

Respectfully Submitted,

Beth

Elizabeth K. Schwartz, MA, LCAT, MT-BC
Chair, Education and Training Advisory Board
May 18, 2018

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING –JUNE 22-24, 2018
ETHICS BOARD**

Carol Shultis, PhD, LPC, MT-BC, and Janice Schreibman, MM, CCLS, MT-BC, Co-Chairs

The Ethics Board wishes to express its appreciation for the valuable support offered by the Board of Directors. Since last fall's national conference, we have made plans to address concerns discussed at conference, met in retreat for 3 days to begin the task of rewriting the AMTA Code of Ethics in an aspirational model, and been afforded the privilege of using the Zoom account to hold follow-up meetings to continue our work after the January retreat. We have also drafted documents in response to our training at national conference and fielded many ethics questions and concerns.

The Ethics Board has been working to address the charge received from the Board of Directors in December –

MOTION: to charge the Ethics Board to investigate models of aspirational codes of ethics and codes of conduct; to explore rationale for revising the entire Code of Ethics; and to provide this information to the Executive Director for lawyer investigation, identifying areas of urgent need (e.g., sexual harassment). PASSED

As a result of our January retreat we have already created a significant amount of the aspirational code of ethics and continue to work on it, seeking to send a draft to the Board of Directors in the next few months, after review by Andrea Farbman and John Hazard.

An outline of the format for the new Code of Ethics includes:

- Preamble and Purpose;
- Core Values;
- Principles and Guidelines;
- Ethical Decision-Making Model(s);
- Ethical;
- Glossary; and
- References.

To provide some context for understanding the intent of this aspirational code, a portion of the Purpose section of the new code includes the following statements:

“This Code describes the highest ideals for music therapists as an aspirational guide to help in the day-to-day decision-making process. The Code provides a framework for how to be a music therapist and how to do music therapy. This Code is intended to equally educate and guide music therapists in ethical practice, as well as inform those outside the profession. A Code of Ethics cannot describe every possible situation but offers the music therapist guidelines for ethical decision-making. Music therapists are encouraged to seek supervision or assistance as needed.”

It is relevant to note that the Ethics Board has received questions and feedback from members asking about the inclusion of supervision, self-care and dignity within the past few months and we have been able to assure those members that these topics are being addressed.

This new code is based on a set of core values with accompanying principles and guiding statements. Here is a sample of the Principles and Guidelines section drafted in February and March and discussed on our Zoom calls. There are additional guidelines and all of this is being reviewed, revised and checked against the current code of ethics to assure we do not miss an important topic and/or to reduce redundancy across principles.

1. Respect dignity and rights of all

1.A. Music therapists will provide quality client care regardless of the client's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.B. Music therapists will identify and recognize their personal biases, avoiding discrimination and in relationships with clients, colleagues and others in all settings.

1.C. Music therapists will respect, acknowledge and protect the rights of all clients, including the right to safety, right to dignity, right to legal and civil rights, right to treatment, right to choose a provider, right to self-determination; right to respect, and right to participate in treatment decisions.

2. Act with compassion

2.A. Music Therapists shall act with the best interest of clients in mind at all times.

2.B. Music Therapists will extend compassion to self when faced with feelings of inadequacy or failure.

2.C. Music Therapists will practice self-kindness and mindfulness.

3. Be accountable

Accountability is the acknowledgment and assumption of responsibility for actions, decisions, and policies including the administration and implementation of the music therapy scope of practice.

The act of being accountable encompasses the obligation to report, explain, and be answerable for resulting consequences. Accountability is valued as a means to establish trust and strengthen professional and client-based relationships. The music therapist will be honest, fair, accurate, respectful, timely, and maintain privacy in all interactions.

3.A. Music therapists shall fulfill their legal and professional obligations, including applicable local, state, and federal laws and regulations.

3.B. Music therapists shall promote behaviors and business practices that benefit patients/clients, society, and the profession.

-Music therapists shall provide comprehensive, accurate, and objective information when representing the profession, including credentials, education, and experience.

3.C. Music therapists shall promote practice environments that support autonomous and accountable professional judgments.

- Therapists shall refrain from business practices, that prevent music therapists from fulfilling professional obligations to patients/ clients.

4. Demonstrate integrity and veracity

4.A. Music Therapists will demonstrate truthfulness in all interactions while using discernment and judgement while contemplating potential outcomes.

4.B. Music Therapists shall use resources available to them to enhance and better their practice (i.e. peer supervision).

4.C. Music Therapists will protect confidential client information and will disclose only with consent or as required by law.

5. Strive for excellence

5.A. Music therapists will achieve and maintain professional competence through learning and personal growth and will encourage their colleagues to do the same.

5.B. Music therapists will use caution, critical thinking and strong consideration of the best available evidence when incorporating new and evolving interventions and technologies into their practice.

5.C. Music therapists will learn and integrate strategies of self-awareness and the effects of secondary traumatic stress on professional wellness and effectiveness.

We have also been working on a Confidentiality Agreement to be used with Ethics Board members and for those with whom we consult. This will soon be ready for legal review.

Co-chair Jan Schreibman found and shared with AMTA president Amber Weldon-Stephens a model for a code of conduct for conference. We encourage the conference team to create a similar statement for AMTA. See <http://alamw14.ala.org/statement-of-appropriate-conduct>

The Ethics Board created a statement in response to the concerns regarding sexual misconduct and other inappropriate interactions among colleagues. The statement was shared with the membership in March via Music Therapy Matters along with a reminder of the statement in the Ethics Board in the Spotlight section in the May issue. Plans for the future include a video statement to be placed on the AMTA website.

Ethics Board Statement: Reports of sexual misconduct have flooded our news and our society's consciousness. The Ethics Board of AMTA would like to remind members that sexual misconduct along with all forms of harassment, discrimination and bullying are prohibited by the AMTA Code of Ethics (see sections 1.7, 1.8, 2.3.2, and 4.5) and the music therapist "works to eliminate the effect of biases based on these factors on his or her work." (2.3.2) We have procedures in place to address such concerns should they arise. The Ethics Board members are available for counsel prior to the grievances being filed. All contacts are held in strict confidence and will be handled per our current procedures. (See section 13 regarding resolution.)

The Ethics Board also continued to respond to member concerns, questions, and complaints. A simple accounting of the day-to-day business of the Ethics Board reveals inquiries dealing with 16 specific sections of the code (some several times by different complainants), fourteen (14) inquiries related to business practices (most frequently 4.2, 5.6 and 10.2 – 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. 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. 10.2 The MT will not solicit clients of other MT's). Section 9.8 was also referenced and a reply was crafted and reviewed by Andrea Farbman in light of her conversations with John Hazard. (9.8 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.) There were also sixteen (16) general questions.

Sadly, the Ethics Board also dealt with two concerns related to section 1.7 (1.7 The MT does not engage in sexual harassment.). In one case the respondent was not an AMTA member and thus we have no jurisdiction. The Ethics Board provided support and resources to the grievant in this case. In the second case, the grievant was seeking support and desired to make it known that the incident occurred but did not wish to pursue a formal complaint. A member served as a sounding board and offered support to grievant.

Some of the complaints involved complex cases, taking months of communication back and forth between and among the grievant, the respondent and the Ethics Board member. In several cases, lawyers were engaged by one party in the discussion, requiring the Ethics Board member to seek legal advice from the AMTA counsel. The Co-chairs (separately and together in some cases) advised and consulted with the Ethics Board member involved, with Andrea Farbman who frequently consulted the John Hazard to help guide our response. John also offered counsel when a member's lawyer inquired about section 9.8 (9.8 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.) The most common questions being fielded by the Ethics Board are related to business practices and often involve non-compete clauses (questionable that these are enforceable), and alleged pirating of clients or contracts. The current code

statements are not really helpful in these cases, thus providing us with additional motivation to complete the aspirational code.

In addition to these specific cases listed above, each member of the Ethics Board fields questions from members and non-members by phone, email and at conferences and meetings. We endeavor to offer education, support and clarification of processes in these informal encounters and encourage members to send specific grievances to the hushmail address. Ethics Board members also sometimes reach out to MTs who write about ethical concerns on Facebook pages. One of the informally resolved cases this year originated in a FB group contact. (This is not a formal policy, but if a member of the Ethics Board sees a concern, she/he may choose to respond.)

Ethics Board members continue to serve our membership through our day-to-day responses to inquiries and our larger projects, especially the current work on the new aspirational Code of Ethics.

This report is offered as a summary of the work that has been done in the past six months. We look forward to our continued work together in service of the association and its members.

Respectfully submitted,

Carol L. Shultis
Co-chair, Ethics Board

Jan Schreibman
Co-chair, Ethics Board

AMERICAN MUSIC THERAPY ASSOCIATION
2018 MID-YEAR BOARD MEETING REPORT – JUNE 22-24, 2018
JOURNAL OF MUSIC THERAPY
Sheri L. Robb, PhD, MT-BC, Editor-in-Chief
May, 2018

Editorial Board Members

Members of the Editorial Board serve as primary reviewers for manuscript submissions, and in an advisory capacity to the editors and the journal. Special thanks to our Editorial Board members for generously sharing their time and expertise with the profession through this important service activity.

New Editorial Board Members

In June 2018, pending AMTA Board of Director approvals, we will welcome nine new editorial board members from around the world, including the United Kingdom, Australia, Spain, Japan, and the United States. They offer a wide range of clinical and methodological expertise, and we are so pleased they have agreed to share their time and talents.

Current Editorial Board Members

Below is a full list of Editorial Board Members, including their service terms.

Associate Editors:

Susan M. Perkins, Statistical Editor
Indiana University
Indianapolis, IN

Felicity Baker, Associate Editor
The University of Melbourne
Melbourne, Australia

Helen Shoemark, Associate Editor
Temple University
Philadelphia, PA

Kimberly Sena Moore, Associate Editor Communications
University of Miami
Miami, FL

Andrew Knight, Associate Editor Book Reviews
Colorado State University
Ft. Collins, CO

Editorial Board Members (Current Service Term):

Newly Appointed Members are still pending AMTA Board of Directors approval.

Kenneth Aigen (2014-2019)
New York University
New York, NY

Orii McDermott (2017-2022)
University of Nottingham
Nottingham, United Kingdom

Andrea Cevasco-Trotter (2014-2019)
The University of Alabama
Tuscaloosa, AL

Katrina Skewes McFerran (2017-2022)
The University of Melbourne
Melbourne, Australia

Amy Clements-Cortés (2014-2019)
University of Toronto
Toronto, Ontario, Canada

Michael Silverman (2014-2019)
University of Minnesota
Minneapolis, MN

Shannon de l'Etoile (2014-2019)
University of Miami
Coral Gables, FL

Elizabeth Stegemoller (2014-2019)
Iowa State University
Ames, IA

Cochavit Elefant (2017-2022)
University of Haifa
Mount Carmel, Haifa, Israel

Lauren Stewart (2017-2022)
Goldsmiths, University of London
United Kingdom

Michele Forinash (2017-2022)
Lesley University
Cambridge, MA

Christian Gold (2017-2022)
GAMUT, Uni Research Health
Bergen, Norway

Deanna Hanson-Abromeit (2014-2019)
University of Kansas
Lawrence, KS

Stine Lindahl Jacobsen (2017-2022)
Aalborg University
Aalborg, Denmark

Jennifer Jones (2014-2019)
Western Illinois University
Macomb, IL

Gunter Kreutz (2017-2022)
Carl von Ossietzky University
Oldenburg, Germany

A. Blythe LaGasse (2014-2019)
Colorado State University
Ft. Collins, CO

Jin Hyung Lee (2017-2022)
Ewha Womans University
Seoul, Korea

Xueli Tan (2017-2022)
Lesley University
Cambridge, MA

Giorgos Tsiris (2017-2022)
Queen Margaret University
Nordoff Robbins Scotland
Edinburgh, United Kingdom

Michael Viega (2017-2022)
State University of New York (SUNY)
New Paltz, NY

Eric Waldon (2014-2019)
University of the Pacific
Stockton, CA

Olivia Swedberg Yinger (2014-2019)
University of Kentucky
Lexington, KY

Rebecca Zarate (2017-2022)
Lesley University
Cambridge, MA

Journal Publication Schedule

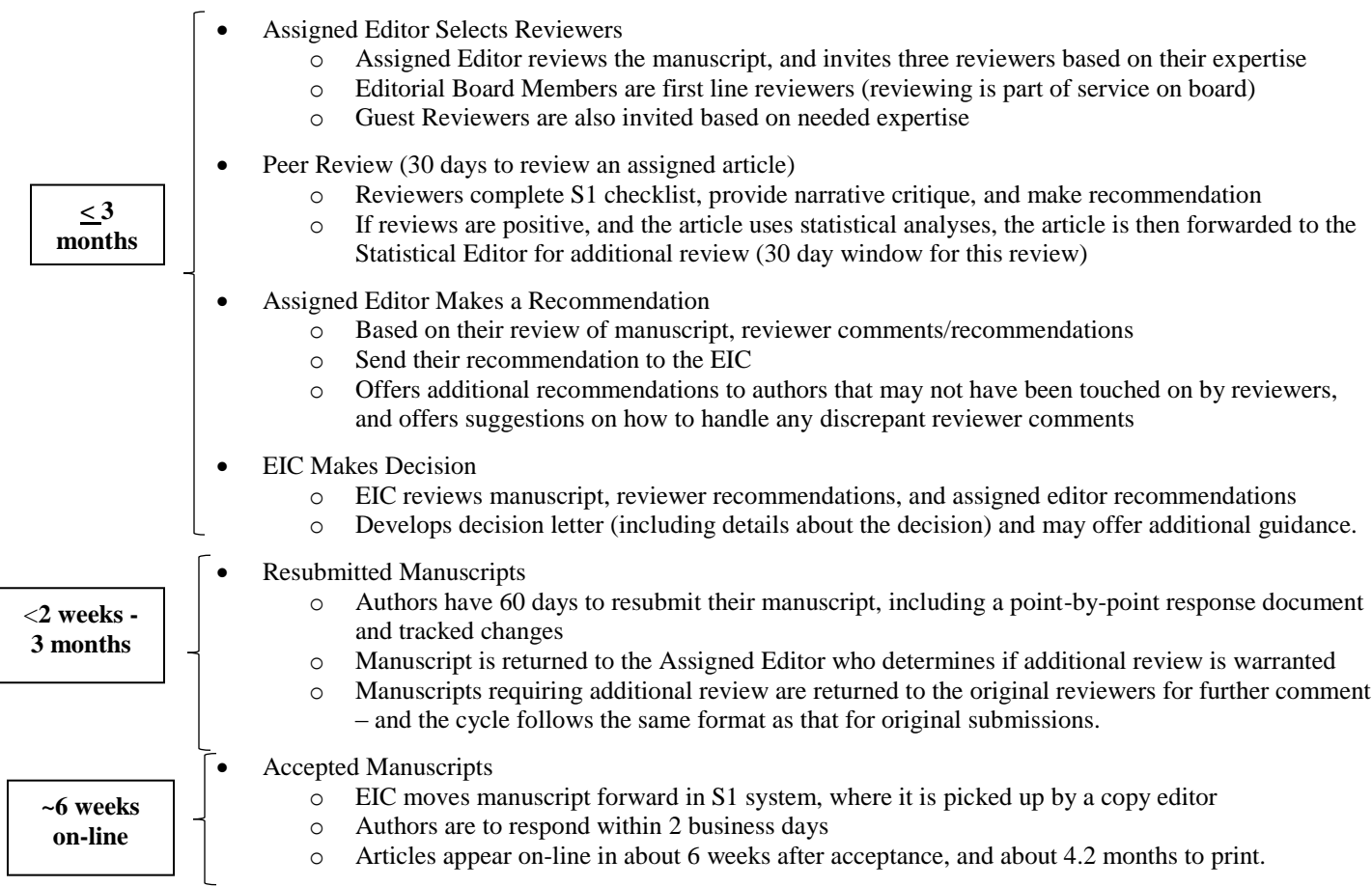
The journal publishes four issues annually. Most articles appear on-line ahead of print about 6 weeks following acceptance, and in print about 125 days or 4.2 months following acceptance.

Review Process

For those who are new to the board, here is an outline of the JMT review process and timeline:

1-2
weeks

- Author Submits Manuscript Through Scholar One (S1) System.
- Editor-in-Chief (EIC) completes Initial Screen using S1 Checklist (one of three decisions made):
 - Article Assigned to Self or an Associate Editor
 - Returned to Author: to address errors in formatting and/or missing content prior to editor assignment/peer review
 - Returned to Author: not selected for peer review due to article not being well aligned with journal mission statement, content criteria, and/or significant concerns about quality. Authors are provided detailed information about what informed the decision.



Submission Activity (2017 – Full Year Data)

In 2017, we received 113 manuscript submissions (73 new manuscript submissions, 2 book reviews, and 38 revised manuscript submissions). Of the 73 new submissions, 39 were declined at the time of initial screening because they did not meet the journal mission, content, or submission criteria. The remaining 34 articles were sent out for peer review. During 2017, final publication decisions were made for 32 articles (18 accepted; 12 declined). Based on these data, the current acceptance rate for the *Journal of Music Therapy* is about 56 percent.

The table below summarizes annual submission rates (new articles only) and corresponding acceptance rates. As you can see, our submission and acceptance rates continue to rise.

Annual New Manuscript Submission and Acceptance Rates

Year	Submission Rate*	Acceptance Rate
2017	73	56%
2016	67	56%
2015	61	54%
2014	53	40%
2013	50	44%
2012	45	29%
2011	73	29%

*This is the number of newly submitted manuscripts; this number does not include revised manuscript submissions.

Submission Activity (2018, Jan. 1 – May 8, 2018)

To date, we have received 25 new submissions. Of the 25 new manuscripts received, 17 were declined at the time of initial screening because they did not meet the journal mission, content, or submission criteria. The remaining 8 manuscripts were sent out for peer review. Currently, there are 18 manuscripts under review or revision.

Timeline for Publication Decisions

Our goal is to provide timely decisions to submitting authors regarding the status of their manuscript submission. In most cases, preliminary review and status regarding newly submitted manuscripts has been provided to submitting authors within 1-3 weeks of receipt, and working to improve turn-around at this time point. A majority of authors with manuscripts sent out for peer review are receiving their initial publication decision within 3 months from the date the manuscript was assigned to reviewers. Authors are notified when a decision is expected to fall beyond the 3-month window. Time to publication (i.e., from time of initial submission to acceptance) varies based on the number of reviews and amount of revision needed to bring the manuscript forward for final publication. Author requests for extensions also affect time to publication. Based on manuscripts accepted for publication in 2017 (n=18), about half required two revisions (n=8; 44%). Fewer required one (n=3; 17%), three (n=3, 17%), four (n=3; 17%), or five (n=1, 5%) revisions.

Journal Ranking

See Oxford University Press Publishers report for detailed information on Impact Factor and indicators of journal quality/ranking status.

Associate Editor-Communications Report (Kimberly Sena Moore)

- Following a strategy session at the 2017 AMTA conference, Noah Potvin, Associate Editor-Communications for *Music Therapy Perspectives*, and I worked to combine forces and merge all journal-related social media channels into single accounts with the handle @AMTAResearch. Planning occurred in December 2017 and January 2018, and joint accounts on Instagram and Twitter were launched in mid-January 2018.
- Developed and launched *JMT Take 3*, a video series providing 60-second highlights of JMT research from journal authors themselves. This will be offered as an optional promotional opportunity to all JMT authors. To date, three videos have been launched. They are hosted on YouTube (https://www.youtube.com/channel/UCQDXnsAoN0ghpz_OLPBHesA), shared through the joint JMT/MTP social media accounts, and made available on a landing page on the OUP website (<https://academic.oup.com/jmt/pages/videos>).
- Invited JMT authors Candice Boggan and colleagues to draft and submit a blog post based their January 2018 publication. The post, titled “Acknowledging identity, privilege, and oppression in music therapy,” was published March 15, 2018: <https://blog.oup.com/2018/03/identity-privilege-oppression-music-therapy/>
- Collaborated with Noah Potvin on a virtual issue highlighting the top 8 most impactful music therapy research articles of 2017. The issue, released by OUP as part of 2017 AMTA conference promotions, highlighted articles from JMT and MTP considered impactful during the year based on numbers of reads and Altmetric scores.
- Continue to prepare and disseminate journal content through the shared JMT/MTP social media accounts on Instagram (<https://www.instagram.com/amtaresearch/>, 494 followers), Twitter (<https://twitter.com/AMTAResearch>, 137 followers), and Facebook Page “AMTA Music Therapy Research” (<https://www.facebook.com/AMTAResearch/>, 1,617 likes and 1,702 follows). Content creation and dissemination is an ongoing project, and content scheduling occurs in collaboration with Noah Potvin. Current content regularly promotes recent journal activity and a #fromthearchives series highlighting older journal content.

Submitted by:

Kimberly Sena Moore, Ph.D., MT-BC
Associate Editor-Communications, *Journal of Music Therapy*

Associate Editor-Book Reviews (Andrew Knight)

In the last academic year, three book reviews have been accepted for publication. All three included at least one graduate student as an author, which is an important aspect of growing the scholarly writing culture for our field. All have also come from universities, so a focus for next year will be to ask clinicians to contribute to balance the input in terms of the utility of certain books. My hope is that JMT book reviews may read from a clinical usefulness perspective and not just which courses they might be good for in academia. Additionally, I hope to find a way to work with the Diversity and Multiculturalism Committee to investigate texts that might broaden the scope of what the JMT readership might find useful.

I continue to thank Sheri and the associate editors of JMT for their assistance and leadership, as well as the privilege of navigating this position for the second year.

Submitted by:

Andrew Knight, PhD, MT-BC
Associate Editor – Book Reviews, *Journal of Music Therapy*

Recent Activities

Completed

- November 2017, Peer Review Concurrent Sessions/Workshop Development. As a first step in developing a workshop focused on peer review we provided two research-sponsored sessions during the AMTA conference. Ken Aigen facilitated a session on peer review for qualitative manuscripts, and Sheri Robb will facilitate a peer review session focused on quantitative manuscripts. The longer-term goal is to create a more comprehensive workshop (many methodologies/manuscript types) that could be offered by the JMT/MTP board membership at regional, national, and international conferences.
- Nominations for Editorial Board members was initiated in January 2018, and pending AMTA Board of Director approval, we will appoint new editorial board members in June 2018.

In Progress

- 2018, Invited Article. Orii McDermott is lead author for a feature article that is co-authored by Thomas Wosch, Hanne Mette Oschsner Ridder, Brynulf Stige, Kendra Ray, and Felicity Baker. I invited them to co-author an article based on their Music Therapy World Congress panel presentation (Japan, 2017) where they discussed indirect music therapy. This special feature article will be published in 2018 (Issue 3 or Issue 4).
- 2018, Feature Issue. We continue to explore a joint feature issue across MTP/JMT.
- 2018, Expanding Journal Content. We continue to explore the expansion of journal content categories.

It continues to be a privilege to work together with our members, the JMT Editorial Board, Oxford University Press, and the AMTA to increase visibility of the journal, encourage/support author submissions, and advance the science and practice of music therapy. It has also been a joy to work and collaborate with Dr. Tony Meadows, Editor-in-Chief (EIC), *Music Therapy Perspectives*, incoming EIC Dr. Laura Beer, and MTP Associate Editors Drs. Jennifer Jones and Noah Potvin. I am equally grateful for the opportunity to work with JMT Associate Editors Drs. Felicity Baker, Helen Shoemark, Kimberly Sena Moore, and Andrew Knight, and Barb Else, Business Manager for the AMTA journals. The journal continues to grow and thrive because of your dedication, respectful collaboration, and generosity.

Respectfully Submitted,

Sheri L. Robb, Editor-in-Chief
Journal of Music Therapy

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING –JUNE 22-24, 2018
MUSIC THERAPY PERSPECTIVES
Dr. Tony Meadows, MT-BC, Editor
May 6, 2018**

Overview

The Editorial Board of *Music Therapy Perspectives* (MTP) has continued their steady review work in the first months of 2018. In total, 28 new and 14 revised submissions have been received since November 6th, 2017. This is larger than the same time period in 2017 (30 new/revised submissions).

Since her appointment as Editor-elect, Dr. Laura Beer and I have begun the transition process so she can assume Editor-in-chief duties January 1st, 2019. This has included ongoing dialogue about the management process, coordination of new editorial board appointments, and looking ahead with journal initiatives in 2019 and beyond. This has been productive, positive and enjoyable.

AMTA's agreement with OUP to increase the page numbers for volume 35(2) and 36(1 and 2) has addressed my ongoing concerns about article backlogs. Beginning volume 37, MTP should have closer to a 6-9 month time period between online (advanced access) and print.

In coordination with Dr. Sheri Robb and Barb Else, we held a very productive joint JMT MTP editors planning meeting with team members from Oxford University Press (Michael Blong and Chloe Miller) at the AMTA national conference last November. We discussed a broad range of topics, including marketing and social media initiatives. In doing so, we focused on ways Drs. Noah Potvin and Kimberly Sena-Moore (JMT) could expand their social media reach. Noah will address this in his report later in this document.

Under the guidance of Dr Brian Abrams, guest editor, MTP will include a special focus on music therapy and humanism, including a wide range of articles from US and European authors.

Finally, I thank Jim Borling, Mike Brownell, and Dr. Petra Kern for their years of dedicated service to the editorial board. Their terms ended December 31st, 2017. I congratulate and welcome Dr. Nicki Cohen, Dr. Feilin Hsiao and Edward (Todd) Schwartzberg as newly elected members of the editorial board as they begin their 6-year terms.

Current Editorial Board Members

Thank you to the current members of the editorial board for their ongoing work for the journal:

Jennifer D. Jones PhD, MT-BC Associate Editor

Laura Beer PhD, MT-BC Associate Editor

Noah Potvin PhD, MT-BC Associate Editor – Communications

Editorial Board:

Elaine Abbott PhD, MT-BC

Gene Behrens PhD, MT-BC

Melita Belgrave PhD, MT-BC

Jacqueline Birnbaum MA, MT-BC

Andrea Cevasco PhD, MT-BC

Nicki Cohen, PhD, MT-BC

Amy Clements-Cortes PhD, MT-BC

Rachel Darnley-Smith PhD, LGSM (MT)

Abby Dvorak PhD, MT-BC

Lillian Eyre PhD, MT-BC

Robert Groene PhD, MT-BC

Susan Hadley PhD, MT-BC

Yasmine Illiya, PhD, MT-BC

Nancy Jackson PhD, MT-BC

Ronna Kaplan MA, MT-BC

Blythe LaGasse PhD, MT-BC

Wendy Magee PhD, MT-BC

William Matney PhD, MT-BC

Paul Nolan MCA, MT-BC

Masako Otera PhD, MT-BC

Melody Schwantes PhD, MT-BC

Alan Turry DA, MT-BC

Mike Viega, PhD, MT-BC

Annette Whitehead-Pleaux MA, MT-BC

Natalie Wlodarczyk PhD, MT-BC

Editorial Board, cont'd.

Annie Heiderscheit, PhD, MT-BC

Journal Schedule and Content

The 2018 spring issue (Volume 36, Number 1) was mailed on time, and as planned. This contains a wide range of articles drawn from the accepted manuscript pool. Volume two will include a mini-focus on music therapy and humanism guest edited by Dr Brian Abrams. Production for volume two is on time, and the complete volume is expected to OUP by July 31st.

Submission Activity

For the 2017 submission period (November 6-May 6), 42 manuscripts have been submitted for review. Of those, 28 were new submissions and 14 revisions of previously submitted manuscripts. Table 1 provides a summary.

Manuscript Type	Original	Revised	Total
Clinical Practice	9	5	14
Book review	2	1	3
Research	9	8	17
Information sharing	1	0	1
Education and training	4	0	4
Student Research Award	3	0	3
Total	28	14	42

Table 1. Summary of Submission Activity

Table 2 provides a summary of journal statistics, including the average length of time to review submission, and the average length from submission to acceptance. The current acceptance rate for MTP is 82%.

Journal Statistics	MTD	Prior 12 Months
Avg. days from submission to first decision	0.0	42.3
Avg. Reviewer turnaround time (days) - Original	0.0	23.5
Avg. Reviewer turnaround time (days) - Resubmission	0.0	0.0
Avg. Reviewer turnaround time (days) - Revision	0.0	20.8
Avg. Time to Assign Reviewer (days) - Original	0.0	3.6
Avg. Time to Assign Reviewer (days) - Resubmission	0.0	0.0
Avg. Time to Assign Reviewer (days) - Revision	0.0	3.4
Avg. days from submission to final decision	0.0	63.7

Table 2. Summary of Journal Review Statistics.

Budget

Volume 35(1) was 140 pages. Volume 35(2) is expected to run at 140-150 pages. Thus, we expect the 2018 volumes to come in on budget.

Time to Print

We have addressed the long time-to-print times and expect that by January 2019 these will be closer to 6-9 months.

Associate Editors' Report

The focus for Associate Editor Dr. Jennifer Jones and Incoming-Editor-in-Chief Dr. Laura Beer in 2018 has been to bring the *Clinical Portraits* section to publication. We created guidelines for submission and, with the assistant of

EIC Dr. Meadows, are working with our liaison at Oxford to create a clear and succinct submission process for potential contributors.

At the national music therapy conference in St. Louis this past November, Associate Editor Dr. Jennifer Jones and Incoming-Editor-in-Chief Dr. Laura Beer coordinated a concurrent session for clinicians, students, and educators interested in publishing in MTP. The Sunday morning session had approximately 20 attendees. We reviewed the submission process, discussed the *Clinical Portraits* section, engaged in conversations about potential topics, and answered questions about the publication process. This was a fruitful session and one that could be offered on a biannual basis.

The collaborative process between the EIC and Associate Editors has continued into 2018. Dr. Beer has begun to train with Dr. Meadows on specific EIC processes.

Laura Beer, PhD, MT-BC
Jennifer D. Jones, PhD, MT-BC

Associate Editor - Communications

In January 2018, MTP and JMT integrated all social media accounts to @AMTAResearch on Facebook, Instagram, and Twitter. This has allowed for greater synergy in the format and scheduling of posts, and provided an overall smoother user experience when navigating content across both journals. To ensure MTP and JMT maintain their unique identities under these shared umbrellas, we have been emphasizing the hashtags #AMTA_MTP and #AMTA_JMT. Posts have highlighted past and present articles, provided updates about forthcoming issues, advertised MTP podcasts and Facebook Live broadcasts (detailed below), and provided reminders for signing up for alerts. Kimberly and I are still discussing best practices for using these accounts – particularly Twitter – in communicating with counterparts in closely related fields.

Since January, the second episode of the podcast *Perspective on Perspectives* – an interview with Doug Keith about his publication last fall – went live. Chloe Miller reported that the first episode with Kimberly Jones posted last fall had 167 listens which she reported as a “great number”. Without having any other reference point for an appropriate baseline, I’ll be taking my cue from Chloe and be using 150 listens as a baseline for the remainder of the year. I have also launched our Facebook Live broadcasts, with our first two broadcasts with Blythe LaGasse (1.9k views) and Helen Short (1k views). Given these numbers, I’ll be using 1k total views with between 25-50 viewers at the time of broadcast as baselines.

For the rest of the year, in addition to regular posts on our social media accounts 2-3 times per week, I am aiming to post one podcast episode and host one Facebook Live broadcast per quarter. The next scheduled podcast will be with Brian Abrams as the guest editor for the upcoming issue. The next Facebook Live broadcast has yet to be finalized, but I’m in communication with a couple of authors. Meghan Arthur has also agreed to write a blog post for the Oxford University Press blog related to her forthcoming article in the second issue this year.

Noah Potvin, PhD, MT-BC

Marketing Plan

Chloe Miller submitted her marketing plan for MTP, which was developed from our joint planning meeting at the AMTA national conference in November. As noted in her report to the AMTA Board of Directors, MTP received 72,978 full text downloads in 2017 (as on November 6th), an increase of over 90% from the same time period in 2016.

In closing, I am continually grateful for Laura, Jennifer and Noah’s work with the journal and the enduring energy of the editorial board as they engage in the review process. I am also grateful for the ongoing collaboration with Dr Sheri Robb and the editorial team at JMT. Along with our partners at OUP, the journal continues to grow and thrive.

Tony Meadows, PhD, MT-BC
Editor

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING – JUNE 22-24, 2018
JUDICIAL REVIEW BOARD
Julie Andring, PhD, MT-BC, Chair**

Old Business

The Judicial Review Board continues to work with the task of updating the by-laws and Appeals process. The Chair will summarize the questions and send them to the JRB members for thoughtful and more detailed comments. The feedback will then be presented to the new President Elect for consideration of changing or adding to the Bylaws or Appeals process document.

New Business

New Business is that Julie Andring is stepping out of being the Chair for JRB. Following Bylaws: Article IX, Section 2i:

The full Board elects its own Chairperson for a term of 2 years. The Chairperson may serve in this capacity for a maximum of three consecutive terms.

Communication with the JRB members is taking place; nominations are being solicited. A conference call would then be convened for discussion and election. The elected person would become the Chair of JRB. Julie will stay on the Board as a general member.

Membership

Membership of the Board has changed slightly. Ed Roth and Cindy Ropp resigned. Andrew Knight's term ended.

Sincerely Submitted,

Julie Andring
Chair of JRB

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING – JUNE 22-24, 2018
MUSIC THERAPY BUSINESS OWNERS' TASK FORCE
Meredith R. Pizzi, MPA, MT-BC and Hakeem Leonard, Ph.D., MT-BC, Co-Chairs**

This new task force has begun its work with the Co-Chairs approved by the Board of Directors. We are working with an initial slate of task force members that have been selected to provide diverse and representative experiences across business and non-profit entities, geographic settings, years of business experience, size of businesses, clients and populations served, and AMTA regions. We are currently in the process of receiving commitments from prospective task force members to be approved by the Board of Directors and plan to have more to report to the Board of Directors for the November Annual Meeting.

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING – JUNE 22-24, 2018
MUSIC THERAPY INFORMED MUSIC LISTENING WORK GROUP
Erin Spring, MM, MT-BC and Regina Dennis, MT-BC, Co-Chairs**

Action Item:

1. Consider the addition of new members to replace those leaving the workgroup, including representation from each AMTA region: Meredith Hamons (TX/SWR), Alison Brady (OH/GLR) (other new member names pending)

Work Group Members: Erin Spring (Co-Chair) (OH/GLR), Regina Dennis (Co-Chair) (NY/MAR), Emily Christensen (UT/WR), Dale Taylor (WI/GLR)

The workgroup members conducted two concurrent session presentations, one panel and one workshop, on Music Listening and related program topics at the AMTA National Conference in St. Louis. Robin Lombardo, Regional Director with Music & MemorySM, participated in the panel session with workgroup members moderated by Jennifer Geiger. At the AMTA Great Lakes Regional Conference in Ypsilanti, MI, members Dale Taylor and Erin Spring presented on developing a music plan of care, the tentative outline of the upcoming music listening recommendations and the inclusion of music in advanced directives. Emily Christiansen spoke to the Utah Commission on Aging in May 2018.

Additionally, in Wisconsin, Dale Taylor has been working with the Wisconsin Medical Society's (WMS) "Honoring Choices" program to promote the identification of music preferences in Advance Directives, called "Advance Music Playlist." Dr. Taylor will be monitoring its use and hopes to promote its inclusion in the national "Respecting Choices" curriculum. The Advanced Music Playlist was officially adopted by the WMS and announced on the AMTA website and is in process to be addressed in Music Therapy Matters and AMTA Podcast.

The Music and Memory workgroup has developed an evidence-based list of safe music listening guidelines. These are intended to provide guidance to individuals engaging in, or assisting others in, regular music listening to address physiological, psychological, communicative, behavioral, educational, and/or wellness goals. The guidelines will address the following categories of safe music listening considerations: Auditory Safety, Infection Control, Lyric Content, Physiological, Psychological and Cognitive, Communication and Sensory Health Considerations, Music Listening Safety Practices, Music Listening Frequency and Delivery, and Music Preference and Playlists. The draft of these guidelines will be discussed at National Conference with opportunities for feedback from members. A final draft will be submitted to AMTA for review after new members have had a chance to review and provide feedback.

Our goals continue to be:

- a. To support music therapists in consulting and conducting music listening programming.
- b. To encourage safe and responsible music listening practices for health and wellness.
- c. To facilitate increased advocacy, collaboration and communication between the music therapy profession and the public on music therapy and music listening practices.

Erin Spring & Regina Dennis
Co-Chairs

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING –JUNE 22-24, 2018
PEDIATRIC MUSIC THERAPY WORK GROUP
David Knott, MM, MT-BC and Marial Biard, MM, MT-BC, Co-Chairs

Co - Chairs: David Knott & Marial Biard
Steering Committee: Stephanie Epstein, Clare Arezina, Della Molloy-Daugherty, Amy Smith
Advisors: Dr. Sheri Robb & Dr. Claire Ghatti

This work group was established during the 2015 mid-year Board of Director's meeting to replace the Pediatric Music Therapy Task Force. The purpose of the pediatric work group (PWG) is to increase awareness and recognition of this specialized population, establish best practice models, and disseminate information to key stakeholders. To that end, the group has recently completed a survey (Fall 2017) focused on gathering information regarding organizational structure and scope of clinical practice of music therapists working in pediatrics. The group is now in the final stages of completing a formal review of the survey results in the form of a manuscript with the intention to disseminate the information via publication.

Current Work:

- Pediatric Medical Music Therapy benchmarking survey was completed and a manuscript, "Current Practice of Pediatric Music Therapy: A Survey of Music Therapists working with Hospitalized Infants, Children & Teens" is in the process of being finalized.
- Recently submitted to present, "Towards a Unified Approach: Current Pediatric Music Therapy Practice and Future Directions." Which will encompass part of the survey findings and one form of prioritization at AMTA national conference in Dallas.
- Marial Biard filled role of co-chair and the group is currently in a stage of reshaping with Clare Arezina added to the group and Kirsten Nelson withdrawing.

Action Plan:

- A. Members of work group completing final review of survey manuscript for publication and identifying best practice approaches to create an outline
- B. May 2018: Establish outline for best practice approaches within Pediatric MT.
- C. June 2018: Submit final edits for Manuscript.
- D. July 2018: Submit completed Manuscript for review and potential publication.
- E. August 2018: Potential embarking on literature review targeting pediatric medical music therapy.
- F. September – October 2018: Prepare for presentation (pending acceptance).

Respectfully submitted,
Marial Biard, MM, MT-BC
David Knott, MM, MT-BC

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING – JUNE 22-24,2018
REGIONAL PRESIDENT REPRESENTATIVE
Andrea Dalton, MA, MT-BC**

First, I would like to thank our Regional Presidents, who are all completing the first year of their terms: Debbie Bates, Judy Engel, Kymila Eubanks, Andrew Knight, Christine Leist, Christine Neugebauer and Mike Viega. We have had several engaging and enlightening discussions via email on topics that are relevant to all of the regions, and I have appreciated their thoughtfulness and dutifulness to their regional members.

One item of significance from the Regional Presidents is the discussion around sexual harassment and conference conduct. We plan to have a Zoom meeting in the coming months with the Ethics Board chairs to delve deeper into the topic, and several of the regions have already adopted language in their conference marketing and programs to address conference conduct expectations.

All of the regions held successful conferences this spring, with excellent attendance and full programs of innovative and inspiring topics. Many amazing music therapists were recognized with awards and scholarships at the regional conferences as well. The regions are already in the initial stages of planning for the 2019 regional conferences, with locations and dates either selected or close to confirmation. The regions all are in good financial standing, with ideas in process for increasing membership and supporting advocacy efforts. Please see the report from each Regional President for more detailed information from each region.

As the new Regional Presidents' Representative, I have made a concerted effort to be in regular communication with the Regional Presidents since the beginning of 2018, delivering information as needed and being available for any questions or issues as they arise. I assisted Rebecca Preddie to solicit scholarship reviewers, nominated by each Regional President, in order to ensure broad representation in consideration of the scholarships and awards from AMTA. Additionally, I assisted with communication to the Regional Presidents in the selection of the regional representatives to the Stakeholder Committee for the Executive Director search process.

I have also taken on the task of disaster response in my role as Regional Presidents' Representative. None of that work could be done without the attentiveness and expertise of Barb Else, who is always quick to respond when there is an event or concern, and to whom I am deeply grateful. Many thanks also to the Regional Presidents for alerting Barb and myself to disasters and other situations of concern, which has allowed us to provide information and support to all affected music therapists, whether they are a member of the Association or not.

It is an honor to serve the members of our Association as the Regional Presidents' Representative. I am looking forward to continuing to build relationships with the Regional Presidents and supporting their efforts in advocacy, membership development, diversity and inclusion, and establishing cultures of safety and respect.

In the spirit of service,



Andrea Dalton, MA, MT-BC



STUDENT AFFAIRS ADVISORY BOARD

MID-YEAR REPORT—5/18/2018

Jeffrey Wolfe, MM, MT-BC, Chairperson for SAAB
Deborah Williams, MSW, LSW, MT-BC, AMTA Board Liaison

Action Item:

The AMTAS E-Board would like to submit an action item: for the AMTA BOD to explore the possibility of AMTAS becoming a nonprofit subsidiary under AMTA's 501(c)3 status.

The Student Affairs Advisory Board (SAAB) has 21 members all of which were represented at the annual conference in St. Louis, MO in November 2017. All regional representatives and advisor positions are filled with active and dedicated students and colleagues. Current SAAB members include:

2018 AMTAS Executive Officers

President: Garrett Weeks
President Elect: David Farsetti
Vice President: Eternity Stallings
Secretary: Grace Ham
Treasurer: Melinda Glass
Parliamentarian: Kevin Bock

Regional Representatives

Great Lakes: Katie Fitch (Advisor) and Michelle Bingheim (President)
Mid-Atlantic: Jason Willey (Advisor) and Rachel Williams (President)
Midwestern: Amy Robertson (Advisor) and Ryan Smith (President)
New England: Kayla Daly (Advisor) and Alison Dagger (President)
Southeastern: Lorna Segall (Advisor) and Erika Lowenthal (President)
Southwestern: Marcus Hughes (Advisor) and KaLee French (President)
Western: Maya Zebly (Advisor) and Katie Rahn (President)

Jeffrey Wolfe, MM, MT-BC, SAAB Chair

It continues to be an honor to advise a dedicated, innovative, and energetic group of music therapy students as SAAB Chair. I would also like to thank the regional advisors for their active participation in quarterly meetings and supporting the students in what has been a very active and year full of growth. In the reports below you will see some highlights of the work that AMTAS has accomplished since our last report.

I want to thank last year's AMTAS board for an amazing job preparing for several events at the national conference, including the AMTAS 40th Anniversary Celebration. Thank you to the AMTA executive board, the AMTA office staff, and Dr. Andi Farbman for making the celebration dynamic. AMTAS was thrilled to award present the 40th Anniversary AMTAS Honorary Award to Dennis Carroccio for his service and visionary leadership as president of Alpha Mu, and Dr. Carol Shultis for her outstanding dedication and exemplary leadership as an AMTAS Advisor. AMTAS and SAAB have been very busy working on several new goals, derived out of several planning meetings over the course of the year. These include updating the SAAB/AMTAS mission statement, maintaining quarterly advisor meetings, extending the SAAB Guidebook, creating an advisor orientation manual, creating an action plan in coordination with the AMTA BOD and AMTA ethics board for supporting the students against harassment, streamlining, the Passage presenter mentoring program, making recommendation to the regions on best practices for AMTAS dues and regional e-board financial policies and procedures, and exploring the possibility of becoming a subsidiary of AMTA.

The 2017 AMTAS E-Board successfully facilitated the second national Passages conference at the AMTA conference in St. Louis, MO on Thursday, November 16th. There was a total of eighteen presenters, including professionals and educators for the Keynote internship panel. Passages was followed by an AMTAS 40th anniversary celebration reception. Thank you to the AMTA conference and local planning committee, the AMTA board of directors, the AMTAS E-Board, and student presenters for making this conference a success. I would also like to

thank all of the students who attended and helped out during the conference. I am looking forward to the 3rd annual Passages conference in Dallas.

It was an honor to coordinate the Gaston Research Award last year. I am still seeking nominations for a music therapist clinical and educator judge, and a non-music therapist researcher or clinician with research experience (in a related field). Nomination can be made by following the link on the homepage of the www.amtas.org page.

It has been an exciting year and I am looking forward to a lot of positive growth over the next several months.

AMTAS EXECUTIVE BOARD REPORTS

Garrett Weeks, AMTAS President

As AMTAS' President this year I have been working with each of our board members on revising scholarship dates as well as organizing our board. I have been working on videos for our Youtube account to inform our students who we are as a board and how they can help music therapists who are in need. Our meetings thus far have been productive and I believe that we will continue to accomplish great things this year.

David Farsetti, AMTAS President-Elect

As President-Elect, my main project has been coordinating the nomination process for the Student Representatives to the AMTA Standing Committees. To date, this process has included editing the Standing Committee Nomination Form, confirming which of last year's representatives were willing and able to serve again this year, and receiving and organizing the completed Nomination Forms. Due to a large number of nominees this year, the Executive Officers have created an additional step to the nomination process in order to distinguish exceptional nominees for selection. Supplemental items to the nomination form are currently being received from the nominees and the final selection of this year's Student Representatives will take place later this month.

Eternity Stallings, AMTAS Vice President

Since beginning my position as Vice President of the AMTAS Executive Board in January, I have received and updated passwords for the e-mail, Dropbox, Weebly, and all social media accounts. I updated the website with 2018 AMTAS Executive Board contact information, re-organized the official documents section. I published the 2018 Musette on the AMTA website in March. In April, I have continued to update the social media accounts, website, and scholarship information. For the social media accounts, I have created a "#Mtsmemesmonday" weekly post, which usually feature a funny picture meaning to relate to Music Therapy Students. These posts usually get over 100 likes each week and 5 or more followers are gained after each one. I have also encouraged students via social media to make their own submissions though none have been received.

Grace Ham, AMTAS Secretary

As Secretary of AMTAS, I fulfilled my normal duties of taking minutes for our past several executive board meetings and replied to any correspondence sent to the AMTAS secretary email account. I compiled our 2018 Musette by requesting blog submissions for our Executive Board officers and then sent it to our Vice President to post on our website, as well as upload it to the AMTAS DropBox. I also compiled our spring newsletter by requesting spring blog submissions from the regional presidents. This spring newsletter has been uploaded to DropBox and sent to the Vice President to be posted on the AMTAS website. I have requested from each regional president the contact information of the new incoming Executive Board of each region and their SAAB Advisor to add to our Master Contact list and am currently waiting for those to come in. From May to September, I will (1) continue to respond to emails, (2) take minutes of the AMTAS Executive Board Minutes, (3) update the Master Contact list, (4) possibly create more blog posts based on the regions' newsletter submissions, with topics such as fundraising, regional Passages, etc., (5) assist other officers as needed, and (6) keep in touch with other officers.

Melinda Glass, AMTAS Treasurer

In November, I submitted payment of \$100 for the Weebly online software account and was reimbursed through the previous treasurer by way of check.

In December, I had one meeting with the old AMTAS treasurer. We discussed responsibilities of the position, a plan for mailing supplies, and unfinished business. We decided to wait to meet again until I had the cash box, check book, and binder in my possession. During this time, I was also given contact information for AMTA board members who I may need to contact.

In January of the New Year, AMTA reached out to me for the purpose of updating information in the banking systems. I passed the relevant information to Dianne Wawrzusin, who then mailed out several bank statements. In February, I received two envelopes containing several bank statements and the third quarter report. I scanned the documents and uploaded them to the AMTAS account.

In March, I received another envelope containing bank statements, which I scanned and uploaded to our accounts. I emailed Dianne Wawrzusin in regard to the fourth quarter statements which had not arrived yet. She sent a digital scan which I uploaded to our accounts. I also contacted the old treasurer, as the cash box, check book, and binder had not arrived in the mail yet. Due to this, we were unable to take any merchandise to regional conferences to sell. In April, the cash box, check book, and binder finally arrived in the mail. I reorganized the binder and checked the cash box. I then cross referenced the checking book with each bank statement to ensure that all the scholarship checks had been cashed; all scholarship checks had been cashed by February of 2018.

I am currently working on fundraising ideas and other future projects.

Kevin Bock , AMTAS Parliamentarian

Since taking office this past November, I have begun to review the current version of the AMTAS bylaws and make notes of suggested revisions. The majority of these proposed changes pertain to the addition of a nondiscrimination clause to Article II of the bylaws and a more detailed description of the awards and their application processes found in Article XIII. The other executive officers of AMTAS will review my proposed bylaws changes at our next board meeting.

Prior to regional conferences, I emailed the regional parliamentarians with the updated AMTAS bylaws approved at the most recent AMTA conference and a guide to Robert's Rules of Order. Several regions have already given me the contact information for their newly elected parliamentarian and I have started to update the voting committee contact information. Once the updates are finalized, I will meet with the regional parliamentarians regarding the current AMTAS voting system and proposed changes to our bylaws.

REGIONAL SAAB REPORTS

Region: Great Lakes Region, Mara Alvarez, Outgoing GLR AMTAS President

SAAB Advisor's Name: Katie Fitch, MA, MT-BC

This year's conference was held in Ypsilanti, MI from Thursday, April 12th- Sunday, April 15th, 2018.

The regional project that was implemented this year was the Gift of Music Grant. It was launched in January of 2018 and funded a private practice within the region who was in need of up to \$400 in funds. We are pleased to have had seven applicants and awarded the fund to Director, Hilary Fredenburg, from Alliance Music Therapy.

On Saturday, April 14th, 2018, we cohosted an open mic night with the GLR conference planning committee. We had approximately 35 people in attendance and enjoyed a jam session with professionals while holding a fundraiser to raise money for next year's executive board.

Our executive board's main accomplishment this year was planning and hosting our annual passages at the Eagle Crest Resort in Ypsilanti, MI. We had four student speakers and two professional speakers provide fellow students and interns with enriching content and inspiring messages. In total, 50 individuals were in attendance.

Our region used our AMTAS grant to fund this year's gift of music grant.

2018-2019 GLR-AMTAS Executive Board:

President: Michelle Bingheim, me-bingheim@wiu.edu, (217) 257-8953

President Elect: Alvaro Rodriguez, aarodrig@pio.carrollu.edu, (414) 578-7564

Vice President: Courtney John, johncm@alverno.edu, (262) 483-5851

Secretary: Kara Schifano, joyfiddler@gmail.com, (216) 704-9169

Treasurer: Emily Perry, eperry15@mail.bw.edu, (937) 750-1196

Parliamentarian: Jodie Tan, j-tanqiuyu@wiu.edu, (309) 569-6079

Webmaster: Savana Schraeder, savanaschraeder98@gmail.com, (262) 332-0987

Region: Mid-Atlantic Region, Meghan Smith, Outgoing MARAMTAS President

SAAB Advisor's Name: Jason Willey, MMT, MT-BC

This spring, our regional conference was held in Pittsburgh, PA from April 12th-15th. At this conference, we were very excited to have Passages Featured Presentations done by students and new professionals in our region. Our treasurer designed and ordered coffee mugs with the MAR-AMTA logo that said "This Music Therapist runs on coffee" and we sold out after only two days!

Our regional project, the MARntor program, will be started in the upcoming year. In an effort to make this project as successful as possible, we took this past term to thoroughly plan our project and identify its goals and purposes. We have begun compiling lists of interested professionals, and the new executive board will be working on implementing this program in their 2018-2019 term.

At our Spring conference, we had two student business meetings, a Swap Shop event, and a scholarship and awards night. Our business meetings were a big success! We were able to approve a new budget protocol, in which the budget approval will take place before the budget is enacted. We also voted to approve a new Public Relations Officer, and elected our very first student to this position! We also shared and approved our new Core Values and Mission Statement for our student organization.

At our Swap Shop event, each school shared a multicultural song they prepared in the months leading to conference. These songs were also collected in PDF sheet music to be distributed to all students within the region. At the scholarship and awards night, we were able to give out two sophomore scholarships, two junior scholarships, three Jenny Schin Intern Scholarships, and two Club scholarships!

The recipients of the Sophomore scholarships were Fiona Riso (Temple University) and Emily Perry (Elizabethtown College). The Junior scholarships were awarded to Colleen McDonough (Temple University) and Jordan Budzinski (Duquesne University). The Jenny Schin Memorial Internship Scholarships were awarded to Meghan Smith (Temple University), Kenny Farinelli (Slippery Rock University), and Emma Martin (Slippery Rock University). The Club awards were given to the music therapy clubs at Slippery Rock University and Elizabethtown College. Our executive board also recognized two outstanding Chapter Representatives, Noelle Hensler (Nazareth College) and Celia Grove (Elizabethtown College).

2018-2019 MAR-AMTAS Executive Board:

President: Rachel Williams, MARAMTSPresident@gmail.com
President-Elect: Fiona Riso, MARAMTSPresidentElect@gmail.com
Vice President: Colleen McDonough, MARAMTSPresidentVice@gmail.com
Parliamentarian: A.J. Gadreau, MARAMTSPresidentParliamentarian@gmail.com
Treasurer: Darian Gold, MARAMTSPresidentTreasurer@gmail.com
Secretary: Amber Haer, MARAMTSPresidentSecretary@gmail.com
Government Relations: Ryan Davis, MARAMTSPresidentGovRelations@gmail.com
Public Relations: Olivia Bazanos, MARAMTSPresidentPublicRelations@gmail.com
Student Affairs Advisor: Jason Willey, MARAMTSPresidentAdvisor@gmail.com

Region: Mid-Western Region, Cody Ray, Outgoing MWRAMTAS President SAAB Advisor's Name: Amy Robertson, PhD, MT-BC

The regional conference occurred in Iowa City, IA, from March 16-18, 2018. The regional project consisted of the Cadenza 5k held at national AMTA conference at St. Louis, MO in Nov. 2018. This was also a fundraiser in addition to fundraising that occurred at the MWR-AMTAS Passages conference. The AMTAS regional support fund grant of \$250 was used to support the Cadenza 5K cost, including shirts, site fees, and snacks.

MWR-AMTAS awarded a scholarship to Jackie Hanson from Colorado State University, and awarded the music therapy students from Concordia University \$300.

2018-2019 MWR-AMTAS Executive Board*:

President: Ryan Smith, rysm1677@rams.colostate.edu or president.mrwamtas@gmail.com, 720-454- 2514
President Elect: Taylor Grooms, tgn7d@mail.umkc.edu or presidentelect.mrwamtas@gmail.com, 913-203-0353
Vice President: Kailey Campbell, kaileythepirate54@gmail.com or vicepresident.mrwamtas@gmail.com, 573-418-0545
Secretary: Jordan Marshall, jordankm16@gmail.com or secretary.mrwamtas@gmail.com, 636-980- 7242
Treasurer: Naomi Davis, naodavis@rams.colostate.edu or treasurer.mrwamtas@gmail.com, 719-209- 4126
Parliamentarian: Devon Abler, devon.abler@und.edu or parliamentarian.mrwamtas@gmail.com, 701-213-3706
*From now on, each MRWAMTAS officer has an organization specific email account following this format:
President.mrwamtas@gmail.com

Region: New England Region-AMTAS, Kayla McBrien, Outgoing President
SAAB Advisor's Name: Kayla Daly, MA, MT-BC

This year's regional conference: Uniting in Diversity, was held April 19-22 in Westbrook Connecticut. NER-AMTAS had our business meeting where we elected a new board, including a new role of parliamentarian. On April 7, we held our second annual open mic fundraiser. It was at the LOFT at Berklee College of Music and included raffle prizes and a bake sale. The feature performance was a local band called the Nate Chung Project. We raised \$220 which to go toward two conference scholarships.

Berklee College of Music has held a number of "mini conferences" throughout the spring semester for their music therapy students that were open to all.

This year, we have added the position of Parliamentarian to our board. It was previously a role included under the duties of the treasurer, but we have decided to make it its own position to strengthen our board.

We received a \$100 AMTAS Grant at national conference and used it to book the space, equipment and feature band for our open mic fundraiser.

Two \$75 memberships scholarships were given to Mellany Gomez (Anna Maria College) and Yu Jung (Zoey) Weng (Berklee College of Music). There were no Lesley University applicants.

At the NER-AMTAS business meeting during our regional conference, we raffled off two conference scholarships. The winners were David Nicholson from Berklee College of Music and Carolyn Artesani from Lesley University

2018-2019 NER-AMTAS Executive Board:

President	Alison Dagger	(802) 356-7059	adagger@lesley.edu
President-Elect	Shari Hallas	(857) 205-6367	shallas@lesley.edu
Anna Maria VP	Sonya DiPietro	(603) 203-8457	sedipietro@amcats.edu
Berklee VP	David Nicholson	(978) 303-7559	dnicholson@berklee.edu
Lelsey VP	Lionel Cheong	(857) 259-8303	lcheong@lesley.edu
Treasurer	Camryn Gallagher	(860) 817-4062	clgallagher@amcats.edu
Secretary	Carolyn Artesani	(207) 735-5506	artesani@lesley.edu
Advocacy Chair	Katelyn Sable	(603) 793-4191	kmsable@amcats.edu
Public Relations Chair	Brittany Leonard	(978) 590-0111	bleonar3@lesley.edu
Parliamentarian	Alex Ford	(925)324-8114	aford1@berklee.edu

Region: Southeastern Region, Erika Lowenthal, President
SAAB Advisor's Name: Lorna Seagall, PhD, MT-BC

Our 2018 regional conference took place April 11-13 in Chattanooga, Tennessee.

Our regional project for the 2017-2018 year focused on advocacy. Through our advocacy project students reached out to the community spending awareness of what music therapy is. The 2018-2019 region's project has not been decided yet. It is our hope to continue to do advocacy and also expand our project. We will update once we have more information about our regional project.

This past year the region has been able to award three scholarships to students to attend conferences. For the first time, we had a national conference scholarship that awarded one student half of the registration fee. The recipient of this scholarship was Nicole Morgan. We have also awarded two students scholarships that are equal to our early bird registration fee for the regional conference. The two recipients of this scholarship are Valerie Williams and Katherine Long. Lastly, we gave away an award for the price of a membership fee to encourage and help students become AMTA members. The winner of the giveaway this year was Tamia Yakes.

As always, we hold elections for new officers during our final student business meeting of regional conference. We are overjoyed to welcome the following students to the executive board of our region.

2018-2019 SER-AMTAS exec board:

President: Erika Lowenthal, University of Miami, amtas.ser@gmail.com, (248)-909-0660

President Elect: Issac Lugo, Queens University of Charlotte, amtas.ser.presidentelect@gmail.com, (305)903-5554

Treasurer: Traniqua Felton, East Carolina University, amtas.ser.treasurer@gmail.com, (252)-430-5515

Secretary: Grace Ham, East Carolina University, amtas.ser.secretary@gmail.com, (704)957-2031

Parliamentarian: Thalia, Dimitriou, Florida State University, amtas.ser.parliamentarian@gmail.com, (636)484-3651

Region: Southwestern Region, Kevin Bock, Outgoing President
SAAB Advisor's Name: Marcus Hughes, MM, MT-BC, LMT

The Southwestern region held our annual regional conference from April 4th through 7th in Lubbock, Texas. We were happy to have three student business meetings for the first time in order to accommodate a guest speaker, Kamica King, who presented on the importance of diversity and multiculturalism for student music therapists. At the final business meeting, SWAMTAS awarded a scholarship of \$250 to Aliya Gardea from West Texas A&M University and a scholarship of \$500 to Betsy Gifford from Sam Houston State University. Other conference highlights included a free CMTE session open to professionals and students presented by music therapists and representatives of the opera program at Texas Tech University.

Many students attended and participated in the annual Passages presentations which were held during conference on April 6th. Four students presented their original research or projects: Hanna Shin and Courtney Morgan from Southern Methodist University, Morgan Corona from Southwestern Oklahoma State University, and Carson White from West Texas A&M University. We are very proud to support the work of the students in our region and hope to expand our region's Passages in the future to incorporate presentations from new professionals as well.

This year, the regional student executive board challenged the region's universities to hold music therapy advocacy events and share the highlights on social media. There were many great advocacy events, particularly the music therapy awareness and advocacy weeks hosted by Southern Methodist University and West Texas A&M University. SMU started a tradition of annual music therapy awareness weeks on their campus with a drum circle, tabling outside of the student center, and a "Café SMUTY" open-mic night. WTAMU began their week with a Music Thera{tea} event, held "Music Therapy Fact or Fiction" games in the student center, and were even able to present a live music therapy session involving real clients that was open to the public. After the successful awareness and advocacy events this year, we hope that the universities will continue to advocate for our profession on their campuses and in their communities.

2018-2019 SWR-AMTAS Executive Board:

KaLee French, President – kalee.french@gmail.com, (432) 381-9561

Statia Sokol, President-Elect – statiaskol@yahoo.com, (817) 736-6551

Rachel Gan, Secretary – rgan@smu.edu, (817) 946-5761

Aliya Gardea, Treasurer – agarde03@gmail.com, (915) 471-4419

Ashtyn Owen, Parliamentarian – ashtynowens@yahoo.com, (915) 637-2310

Region: Western Region, Laura Torgeson, Outgoing President
SAAB Advisor's Name: Maya Zebly, MA, MT-BC

The Western Region Annual Conference occurred from February 26 - March 4

Prior to the Opening Ceremonies of the 2018 Western Regional Conference, WRAMTAS held a student oriented session (Called "Connections") for the students attending regional conference. This session included networking opportunities, student presentations, an internship panel, and key-note.

- i. **Networking Opporutnities:** Get-to-know-you games and team building exercises
- ii. **Student Presentations:** Given by Rachel Quirbach from ASU and Pam Richardson from USU
- iii. **Internship Panel:** Two current interns (Abi Christian and Julia Petrey-juarez) and two current internship directors (Barbara Reuer and Leah Cruz)
- iv. **Key-Note Speaker:** Kalani Das, MT-BC on "Advocacy in Music Therapy"

A Virtual Masterclasses was held on www.wramtas.org:

- b. **August:** Strategies to Protect Against Compassion Fatigue with Andrea Dalton, MA, MT-BC
- c. **October:** Guitar: Mindset, Practice Strategies, and Pro Strumming Tips with Matt Logan, MT-BC
- d. **November:** Taking Care of Your Voice with Derek Isetti, PhD, CCC-SLP
- e. **December:** Starting a Private Practice with Heather Overly, MT-BC
- f. **April:** Tips and Tricks for Passing the CBMT Exam with Kathrine Lee, MT-BC

The WR-AMTAS scholarships included the University Service Grant (\$300), awarded to Arizona State University Music Therapy Student Organization, and the Conference Scholarship (\$100), to Kate Comstock from California State University Northridge.

2018-2019 WR-AMTAS Executive Board:

President: Katie Rahn, wramtas.pres@gmail.com

President-Elect: Andrea Cliscagne, wramtas.preselect@gmail.com

Treasurer: Sarah Jarvis, wramtas.treas@gmail.com

Secretary: Livia Umeda, wramtas.sec@gmail.com

Media Relations Coordinator: Dayna Laramie, wramtas.mrc@gmail.com

Parliamentarian: Anna Jeffries Preston, wramtas.parl@gmail.com

REGIONAL REPORTS



**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING
JUNE 22-24, 2018
2018 Great Lakes Region Report
Debbie Bates, MMT, MT-BC, President**

REGIONAL ACTIVITIES (November 2017 – April 2018)

1. **GLR Conference:** More than 520 music therapists and music therapy students attended the 2018 regional conference, *Embracing Every Note: Celebrating Diversity in Music Therapy* in Ypsilanti, Michigan. Three institutes and nine CMTEs were offered. Natasha Thomas offered the keynote “Harmonic Diversity: Embracing Our Common Ground, Honoring Our Differences.” We honored Deb and Kevin Kuptz (Service), Todd Schwartzberg (Scholarly Activity), and Dr. Deforia Lane (Honorary Life) as 2018 award recipients. Educational or clinical programs and state organizations celebrating 25 year+ milestone anniversaries were also recognized: Eastern Michigan University (40 years), Western Michigan University (60 years), Alverno College (70 years), Association of Ohio Music Therapists (40 years), Wisconsin Chapter for Music Therapy (45 years), Michigan State University Community Music School (25 years).
2. **Strategic Planning:** Members of the Executive Committee reviewed the strategic planning vision statement and made updates. The Executive Committee spent time reviewing services and programs offered by the region and plan to conduct a member survey this summer.
3. **Committee Representative Changes:** We welcome Michelle Sieben (MN), Deborah Soszko (IL), and Hanna Uchytel (WI) as new state representatives on the GLR Executive Committee. Lindsey Doty (OH) and Kellee Hansen (MI) completed their terms as state representatives during our recent conference. Valerie Robinson, MT-BC and Alisha Snyder, MT-BC will serve as the new state representatives, respectively.
4. **Special Projects:** The GLR offers funds to support clinical or research projects. Funding is available in two categories: the MUSE Fund (**M**USical Instruments and supporting materials, clinical **S**ervices, **E**ducation) and the Research Fund. This year’s Research Fund was awarded to Dr. Roberta Kagin, MT-BC for her project *History of Music Therapy in Minnesota from 1940-Present*. The MUSE Fund was awarded to Abby Kikemm, MT-BC for the project, *Resource-Oriented Music Therapy with Adolescents in Foster Care*. We look forward to hearing about these projects at a future conference!
5. **Membership:** As of September 30, 2017, we have 836 members in the GLR, with 522 professional members and 211 student members (graduate and undergraduate). There are 8 Honorary Life members, 10 retired members, and 9 in other categories. The GLR offers a Member Support Fund to those GLR members who meet the requirements and submit an application for assistance with AMTA membership. Information is available on the GLR website.
6. **Communication:** *Voice of the Lakes*, the regional newsletter continues to be published three times per year and is available online at www.glr-amta.org. We are looking at ways to make this publication more reader-friendly. GLR officers are being encouraged to transition from personal to officer-based email addresses. This will help to ensure a smoother transition as individuals change office and also to preserve communication history.

STATE NEWS

Illinois: IAMT welcomed a new board: Deborah Soszko (President), Kristin Lindaman (Vice President), Rachel Epley (Treasurer), and Rozie Hornig (Secretary). A CMTE focused on private practice will be held in early June in Joliet and plans for the fall CMTE are underway. State recognition efforts are ongoing, with a senate sponsored-bill in the works.

Indiana: AIMT obtained pre-approved provider status from CBMT and redesigned their website. A Spring CMTE on advanced technology was held at IUPUI.

Michigan: The Michigan Music Therapists welcome a newly elected Executive Board: Alisha Snyder (President), Bernadette Skodack (Vice President), Laurel Rosen-Weatherford (Secretary), Pamela Buchkowski (Treasurer). They thank out-going board members Julie Palmieri and Lindsey Perrault for their service. A spring CMTE was not held due to hosting the 2018 GLR conference. A music therapy licensure bill has been drafted and awaits introduction in the House of Representatives. The Spring Memorial Scholarship was awarded to Andrew Dobry from Eastern Michigan University.

Minnesota: MTAM hosted Rachelle Norman, who presented “Ethical Music Therapy practice for the 21st Century” for their spring conference. MTAM presented several awards: Bridget Doak (Lifetime Achievement), Becky Pansch (Service), and Patricia Connors of St. Catherine University (Friend of Music Therapy). MTAM welcomed a new board at the beginning of 2018: Michelle Sieben (President), Stephanie Hubbard (President-Elect), Megan Druckrey (Vice President), Jessica Nagel (Secretary), Amber Stefan (Treasurer).

Ohio: AOMT’s newly elected officers are: Valerie Robinson (President), Briana Sanford (Vice President), Alison Brady (Treasurer), and Abby Klemm (Secretary). The state task force is pursuing licensure in Ohio. Plans are underway for a summer CMTE.

Wisconsin: WCMT’s new board took office in the early Spring. New officers are: Hanna Uchytel (President), Lynnae Sis (President-Elect), Lisa Paulson (Vice President), Tamra Fricke (Treasurer), Ellen Meyer (Secretary). A Spring CMTE on neurologic music therapy techniques was presented by Amy Schaack and Sarah Kolander. The Fall CMTE will be held on October 6 in Appleton WI. Amy Schaack was presented with the Music Therapist of the Year Award. Lauren Bednar and Anna Barker received the Founders Fund Student Scholarships.

Respectfully submitted,

Debbie Bates, MMT, MT-BC
President, Great Lakes Region of the American Music Therapy Association
330-858-3366
GLRAMTAPresident@gmail.com
<http://www.glr-amta.org>

Elected Officers

Debbie Bates, MMT, MT-BC	President	GLRAMTAPresident@gmail.com
Larisa McHugh, MA, MT-BC	Past President	GLRAMTAPastPresident@gmail.com
Rebecca Findley Barnard, MM, MT-BC	President-Elect	glr.president.elect@gmail.com
Melaine Pohlman, MT-BC	Vice President	mpohlmanmtbc@hotmail.com
Todd Schwartzberg, MEd, MT-BC	Vice President-Elect	schwa155@umn.edu
Stephanie Harris, MA, MT-BC	Treasurer	stephmt528@comcast.net
Jennifer Whitlow, MA, MT-BC	Secretary	president@indianamusictherapists.com

State Representatives

Deborah Soszko, MT-BC	Illinois	deborahsoszko@gmail.com
Kathy Williams, MA, MT-BC	Indiana	vicepresident@indianamusictherapists.com
Alisha Snyder, MT-BC	Michigan	alisha.snyder@gmail.com
Michelle Sieben, MT-BC	Minnesota	mcsieben@gmail.com
Valerie Robinson, MT-BC	Ohio	AOMTpresident@gmail.com
Hanna Uchytel, MT-BC	Wisconsin	President@musictherapywisconsin.org

Appointed Officers

Ed Roth, MM, MT-BC	Archivist	Edward.roth@wmich.edu
Andy Panayides, MMT, MT-BC	Editor	GLRAMTAEditor@gmail.com
Katie Fitch, MT-BC	Student Coordinator	Katiefitch@rivercitymusictherapy.com
Mara Alvarez	Student Representative	Alvareml@Alverno.edu
Julie Palmieri, MM, MT-BC	Website Coordinator	juliepalmieri@gmail.com

Standing Committees

Lalene Kay, MM, MT-BC	Academic Program Approval	lkay@bw.edu
Ann Hannan, MT-BC	Interprofessional Collaborative Resources	ahannan@iuhealth.org
Kay Luedtke-Smith, MT-BC	Association Internship Approval	Kaysmith3254@gmail.com
Kellee Coviak Hansen, MT-BC & Bernadette Skodack, MT-BC	Continuing Education	glr.ce.rep@gmail.com
Nancy Swanson, MA, MT-BC	Government Relations	nancy@musictherapyservices.us
Peter Meyer, MA, MT-BC	Diversity & Multiculturalism	pmeyer152@cs.com
Roberta Kagin, PhD, MT-BC	International Relations	kagin@augsborg.edu
Rachael Lawrence-Lupton, MA, MT-BC	Membership	rlawlupmtbc@gmail.com
Jessica DeVillers, MA, MT-BC	Professional Advocacy	devillersj@gmail.com
Kyle Fleming, MT-BC	Reimbursement	k.john.fleming@gmail.com
Annie Heiderscheit, PhD, MT-BC	Research	heidesc@augsborg.edu
Lee Anna Rasar, MMed, MT-BC	Clinical Practice Networking	rasarla@uwec.edu
Jennifer Fiore, PhD, MT-BC	Standards of Practice	jennifer.fiore@wmich.edu
Julie Palmieri, MM, MT-BC	Technology	juliepalmieri@gmail.com
Jessica Fletcher, MM, MT-BC	Workforce Development & Retention	fletchermtbc@gmail.com

Assembly of Delegates 2018-2019

Debbie Bates	Melaine Pohlman
Sharon Boyle	Lee Anna Rasar
Amy Furman	Tracy Richardson
Ed Gallagher	Todd Schwartzberg
Lisa Gallagher	Michael Silverman
Jennifer Jones	Angela Snell
Peter Meyer	Mary Stryck
Julie Palmieri	Jeff Wolfe

Alternates (listed alphabetically)

Rebecca Barnard	Jan Schreibman
Tanya Corso	Bernadette Skodack
Jennifer Fiore	Melissa Spiess
Allison Gunnink	Jody Stark
Kellee Hansen	Cindy Ropp
Kristin Lindaman	Lindsey Rossmiller
Terra Merrill	Lindsey Wright

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING- JUNE 22-24, 2018
Mid-Atlantic Region Report
Michael Viega, PhD, LCAT, MT-BC, President

Regional Conference Update

The 2018 MAR conference occurred on April 11th-14th, 2018 at the Sheraton Hotel in Station Square in Pittsburgh, PA. We had an estimate of 710 registered attendees and a revenue of \$85,108.25. Conference offerings include 2 Pre-Conference Institutes on Neonatal MT and hospice care, 12 CMTEs including two free CMTEs, and approximately 79 concurrent session presentations.

Our Conference Committee was dedicated to advancing diversity, equity, and inclusivity (DEI) in the MAR-AMT. This includes DEI tracks with invited speakers, and a free CMTE by the YWCA on racial bias. In addition, our Networking Luncheon has expanded to include topics such as Allies of Social Justice, Cultural Responsiveness, and a special table on Community Music Therapy with Viggo Krüger from the University of Bergen and [The Grieg Academy Music Therapy Research Centre](#). This year we also implemented the new Advanced and DEI tracks, both of which came from conference evaluation requests.

Next year's conference will be held in Reston, VA at the Hyatt. Dates are FRIDAY, 3/8- SUNDAY, 3/10, with PCI on Thursday, 3/7 and a possible National Hill Day on Wednesday, 3/6. Our local co-chairs are Rebecca Sowers and Gary Verhagen.

Voting Procedures

Our non-for-profit is based out of Delaware. We were recently made aware that Delaware does not allow voting to occur via emails. Our Executive Board has set up a video conferencing account using Zoom so that we can vote on issue that arise between our in-person Board meetings.

Finances

Our Region is fiscally sound:

1. Current Account Balances as of *March 29, 2018*:
2. Operating budget: \$57,422.25
3. Conference: \$55,418.89
4. Government Relations: \$8,600.62
5. Student: \$1,284.67
6. Vanguard/Liability Reserve: \$47,833.35

Our Board voted on a new budget for the 2018-2019 year to begin July 1st, 2018.

Special Elections and Vacancies

A special election was held during the spring for the following positions:

Vice President of Membership: Ming Yuan Low

Public Relations: Tara O'Brien

Past President: Julie Neil

Of note, is the vacancy that occurred with our Past President, when Gabby Ritter left our Region. Filling that seat through a special election, as directed by our Bylaws, uncovered the dilemma of how to nominate people for a position that is held through succession. This necessitates a change in our Bylaws that the Constitution and Bylaws Committee will work on for next Regional Conference.

We currently have three vacancies that need to be filled by Presidential Appointment. The first is Archivist, which is an Executive Board position (non-voting). The second is our Regional Representative to the AMTA Reimbursement Committee. The third is our Regional Representative to the AMTA Interprofessional Collaborative Resources Committee.

New Diversity, Equality, and Inclusiveness (DEI) Committee

The Executive Board has voted to support a new DEI ad-hoc committee lead by co-chairs Marisol Norris and Jenny Swanson. The committee is charged to establish goals and members, to respond to any issues/concerns that arise within the year, and to report at our next meeting. The goal is to make this a standing committee for MAR-AMTA through changes in our Constitution by next Regional Conference.

Regional Communication & Website

We have appointed a new Website Coordinator Erin Lunde who is supervised by our Public Relations Chair, Tara O'Brian. Our regional newsletter, "Rx Music", is a flourishing publication that is completely online. We currently have 2766 subscribers and the newsletter is published four times per year.

Government Relations

Our Region continues to be very active in terms of State advocacy.

1. New York State has two bills (A10149 and S5264) both with sponsors. The Task Force has a Hill day scheduled for June 6th, 2018.
2. New Jersey has two bills (A2183 and S1687) with primary sponsors and additional signers.
3. Pennsylvania hosted a very successful Advocacy Breakfast and Task Force meeting at our Regional Conference. Senator Elder Vogel Jr., sponsor of Senate Bill SB1094, attended the PA Task Force meeting and Representative Eddie Pashinski, Representative Anita Kulik, and Democratic Chair for the House Licensure Committee, Harry Readshaw attended the Advocacy Breakfast.
4. Virginia has a successful Hill Day in February and they are discussing template bill language and seeking potential sponsors.
5. Delaware, Maryland, and West Virginia are in different stages of development regarding looking into licensure in their states.

Membership

We ended 1st quarter of the 2018 with a total of 705 MAR members. This is a 10-member decrease from previous year (1st quarter) and a 61- member decreases from 2016 Q1. We've seen a 21-member decrease in graduate students from the 2017 Q1. The largest increase was seen among our professional members (+12). Student membership remained flat (+1).

We have developed several new awards including the following:

1. **Janet C Murphy Scholarship:** Awarded to a student and professional this year
2. **The Mid-Atlantic Region Scholarship for Racial Minority Students:** The first award will be given next conference
3. **Pioneering Spirit Award:** Given to Benedikte Scheiby (see Good and Welfare below).

We continue to provide both student and professional members a large variety of scholarships for research, conference and financial support, and training scholarships.

It was determined that a document relating to disaster preparedness be created to promote resources available to the MAR membership. This document has been created and is available here:

https://docs.google.com/document/d/1mhixpBae-18Q00orTkTohTncTW3odd2tVDLliCdb_U/edit?usp=sharing

https://docs.google.com/document/d/1mhixpBae-18Q00orTkTohTncTW3odd2tVDLliCdb_U/edit

Student Affairs

MARAMTS continue to be very active in leadership, fundraising, and support. They held a very successful Student Leadership Academy at the Regional conference. In addition, they raised money for Momentum Choir of Western NY. Our PASSAGES conference in 2017 was held at Molloy College under the leadership of Tara O'Brien and Liz Ingram. One student and one new professional were asked to present their work at this year's Regional conference. 2018's PASSAGES Conference of the MAR is will be held at Radford University, in Virginia.

Good and Welfare

Finally, I would like to take a moment to recognize the passing of Benedikte Scheiby. A pioneering music therapist and psychotherapist, Benedikte was a trainer and practitioner of Analytic Music Therapy, having studied directly from its founder Mary Priestley. She was an adjunct faculty professor at NYU, as well as many other universities in our Region, and former Director of Intern Training and Supervision at the Institute for Music and Neurologic Function in the Bronx. She authored many articles and book chapter on her work in Analytic Music Therapy and psychotherapy, including a recently published tribute to Mary Priestley in the latest edition of *Music Therapy Perspectives*. For many people regionally, nationally, and internationally, Benedikte was a mentor, teacher, therapist, friend, and inspiration. Her impact on music therapy, and the lives she has touched, is immeasurable and infinite. Before she passed, the MAR-AMTA recognized Benedikte's legacy with our inaugural Pioneering Spirit Award, which will continue each year in her name; we will continue to celebrate and honor her contributions. Our deepest condolences go out to her family during this time of great loss.

Updated Board of Directors 2017-2018

Executive Officers

President: Michael Viega, PhD, LCAT, MT-BC
Immediate Past President: Julie Neal, MMT, MT-BC
President-Elect: Beth Deyermond, MA, MT-BC
Vice President for Membership: Ming Yuan Low, MT-BC
Vice President for Conference Planning: Jennifer Swanson, MMT, MT-BC
Vice President for Conference Planning-Elect: Laurent Faggiano, MS, LCAT, MT-BC
Government Relations Chair: Amy Rogers Smith, MT-BC
Government Relations-Elect: CJ Shloh, MT-BC
Treasurer: Brigitte Sutton, MA, MT-BC
Treasurer Elect: James Maxson, MM, MT-BC, LCAT
Public Relations Chair: Tara O'Brien, MT-BC
Student Affairs Advisor: Jason Willey, MMT, MT-BC
Student Representative: Colleen McDonough

Ex-Officio Officers

Recording Secretary: Shawna Vernasie
Newsletter Editor: Mark Ahola, MM, LCAT, MT-BC
Historian: Mark Ahola, MM, LCAT, MT-BC
Assembly Chair: Donna Polen, LCAT, MT-BC
Parliamentarian: Gary Verhagen, LCAT, MT-BC

Appointed Positions

Archivist: Vacant
Regional Event Planner: Elaine Kong, transitioning to Cassy Schoffstall
Continuing Education Coordinator: Clare Arezina
Regional Exhibits Coordinator:
DE: co-chairs: Keva Melvin & Gina Greeson
WV: Chair: Karla Holsclaw
VA: new co-chairs: Shelby Reynolds & Tracy Bowdish
MD: Niki Runge & Tatyana Martin
NJ: Paula Unsal PA: co-chairs: Michelle Muth & Nicole Hahna
NY: Chair: Donna Polen

MARAMTS Executive Board

President: Meghan Smith (Temple University)
President Elect: Rachel Williams (SUNY, Fredonia)
Vice President: Colleen McDonough (Temple University)
Parliamentarian: Elizabeth Ingram (Molloy College)
Secretary: Emma Martin (Slippery Rock University)

Treasurer: Ally LaVerdiere (Temple University)
Government Relations: Jake Mauersberg (Temple University)

National Committee Representatives:

Academic Program Approval
Interprofessional and Collaborative Resources
Association Internship Approval
Continuing Education
Workforce and Development Retention
Government Relations
International Relations
Membership
Professional Advocacy
Reimbursement
Research
Clinical Practice Networking
Standards of Clinical Practice
Technology
Judicial Review Board
Diversity, Equity, and Inclusion

Suzanne Sorel
Vacant
Susan Glaspell
Clare Arezina
Tara O'Brien
Amy Rodgers-Smith
Flossie Ierardi
Ming Yuan Low
Tracy Wanamaker
Vacancy
Gene Ann Behrens
Gabriella Ortiz
Bob Miller
Noa Ferguson
Leah Oswanski
Marisol Norris

2018-2019 MAR ASSEMBLY

Elaine Abbott
Mark Ahola
Clare Arezina
Gene Ann Behrens
Beth Deyermond
Nicole Hahna
Scott Horowitz
Flossie Ierardi
Anthony Meadows
Julie Neal
Leah Oswanski
Donna Polen
Brigette Sutton
Gary Verhagen
Michael Viega

ALTERNATES (in order of being called)

Andrea Hunt
Tracy Wanamaker
Kate Myers-Coffman
Robert Miller
Melanie Walborn
Laurie Keough
Katie Myers
Maria Montserrat Gimeno
Joni Milgram-Luterman
Mary Claire Holliday
Bryan Muller
Carol Ann Blank
Tom Gerni
Joshua Schrader

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING - JUNE 22-24, 2018
Midwestern Region Report
Andrew Knight, PhD, MT-BC, President

President – Andrew Knight, Ph.D., MT-BC
Past President – Andrea Dalton, MA, MT-BC
President Elect – CharCarol Fisher, MA, MT-BC
Vice President – Kirsten Meyer, MA, MT-BC
Vice President-Elect – Leslie Jones, MMT, MT-BC
Secretary – Abbey Dvorak, Ph.D., MT-BC
Treasurer - Emily Olschki, MA, MT-BC

Appointed Officers:

Archivist - Lindsey Wilhelm, Ph.D., MT-BC
SAAB – Amy Robertson, Ph.D., MT-BC (New)
Online Media Coordinator - Andrew Knight, Ph.D., MT-BC (Regional Website: www.mw-amta.com)
Social Media Coordinator - Amanda Sciarabba, MT-BC

2018-19 Assembly of Delegates

Andrea Dalton
Andrew Knight
CharCarol Fisher
Blythe LaGasse
Deanna Hanson-Abromeit
Rachelle Norman

Alternates:

Kirsten Meyer
Kirsten Nelson
Kara Mills-Groen
Elizabeth Stegemöller
Andy Edmundson
Faith Halverson-Ramos

MWR-AMTAS Board of Directors

President – Ryan Smith, CSU
President Elect – Taylor Grooms, UMKC
Vice President – Kailey Campbell, UMKC
Secretary – Jordan Marshall, Drury
Treasurer – Naomi Davis, CSU
Parliamentarian – Devon Abler, UND
Past President –Cody Ray, Drury

Committee Representatives:

Government Relations- Emily Wangen, MT-BC
Research- Cynthia Colwell, Ph.D., MT-BC
Continuing Education- Rebekah Stewart, MA, MT-BC
Workforce Development and Retention- Kelly Carlson, MA, MT-BC
Professional Advocacy- Kelli McKee, MA, MT-BC
Interprofessional Collaborative Resources- Faith Halverson-Ramos, MA, LPC, MT-BC
Reimbursement- Sarah Thompson, MM, MT-BC, CBIS
Clinical Practice Networking- Katie Just, MT-BC
Technology- Rachel See, MA, MT-BC
Academic Program Approval- Melanie Harms, Ph.D., MT-BC
Association Internship Approval Committee- Kimberly Hawkins, MT-BC
Standards of Clinical Practice- Whitney Ostercamp, MA, MT-BC
International Relations- Soo-Jin Kwoun, Ph.D., MT-BC
Judicial Review Board- Abbey Dvorak, Ph.D., MT-BC
Membership- Lorissa McGuire, MT-BC
Multiculturalism and Diversity- Maria Gonsalves Schimpf, MA, MT-BC

Action Items:

There are no requested action items for the Board of Directors at this time.

Board News:

We are pleased to celebrate outstanding work in the region at our regional conference. This year in Iowa City, we reflected on the profession using the theme “Earth, Wind, Fire, & Flood: Movin’ and Groovin’ Through Change.” This theme recognized the building of the University of Iowa Voxman Music Building after flooding damaged the old Voxman facility. To highlight this theme, we were pleased to host Barbara Else from AMTA to keynote our opening session on disaster response and preparation for music therapists.

Our research award went to Dr. Abbey Dvorak from the University of Kansas and our service award recognized Sandy Jackson of Missouri. We have increased our membership scholarship and conference scholarship totals to better support regional members as well. I was pleased to award presidential commendations to Barb Else for her amazing work throughout the world in disaster response, and also to a panel of “Music Therapy Legends/Titans.” Drs. Mary Adamek, Alice Ann Darrow, Kate Gfeller, and William Davis delighted the audience at the awards ceremony with stories, advice, and commentary on the field.

The student award went to Jackie Hanson of Colorado State University, and the MWRAMTAS president, Cody Ray from Drury, awarded a special recognition and funds to welcome the newest academic program to our region, Concordia University in Nebraska.

The 2019 regional conference will be held in Kansas City, Missouri, and we will complete the transition in officers with this conference. Kirsten Meyer was 1st Vice President in the previous administration and agreed to stay on as Vice President when we changed bylaws from having a 1st and 2nd VP to having a VP and a Vice President-Elect. Leslie Jones is serving as the VPE and will transition fully in the role for leading this conference with assistance from Kirsten. The Board of Directors presented Kirsten with a recognition award and tokens of our appreciation at the opening session, thanking her for her efforts in staying on in the transition.

Finances: The Midwestern region continues to be in good financial standing. The regional conference was a financial success, and our spending continues to be aligned with our budget.

Respectfully Submitted,
Andrew Knight, PhD, MT-BC

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING - JUNE 22-24, 2018
New England Region Report
Judy Nguyen Engel, MM, MT-BC, President

MEMBERSHIP

As of April 2018, our current membership consists of: 208 NER members. With 125 professional members, 74 student members, and 9 members in the 'others' category. A collaboration with the NER Membership Support Committee yielded 12 new members to AMTA and the New England Region.

The executive board has continued to encourage and promote the value of membership in both NER and AMTA, supported by our Membership Support Committee and our Financial Committee.

TREASURY

An internal audit was conducted in January 2018 and led by Treasurer Rebekah DeMieri, and two executive Board members, **Jennifer Sokira**, Past President and **Judy Engel**, President.

Student funds continue to be managed by the student organization treasurer, with oversight provided by both the Treasurer and our Student Affairs Advisory Board representative, Kayla Daly.

The New England Region continues to be fiscally sound, maintaining a minimum of six months' operating expenses in our savings account which also saw another increase due to a profitable conference. Our budget meeting will take place in late June 2018 with the goal of maintaining a balanced budget and continuing to fund our NER Member Support Program with both fundraised and additional funds from the 2018 conference. The executive board continues to take seriously their role as the region's financial stewards and maintaining the region's financial health.

The New England Region's Financial Committee continues to help support the Membership Support Program. The Financial Committee, Chair **Dorothy Stapleton** and committee members **Erin Murphy**, **Marissa Scott**, **Courtney Biddle**, and **Bekah Demieri** were very active this quarter.

The many endeavors include: "Jeans in January", Donation/PayPal button on the website, Amazon Smile, and Barefoot Books. At this year's conference, the fundraising efforts included, a 50/50 Raffle, The NER Songbook (complete with songs written by our own members), a restaurant fundraiser, the Craft Table, and the Instrument Yard Sale. The committee welcomes new ideas for fundraisers as well as new members to the committee who are committed to fundraising for NER.

The Membership Support Committee, Chair: **Marissa Scott** was busy this quarter. A calling drive was implemented at the end of December and early January with help from 2017 Pay-It-Forward scholarship recipients. The Membership Support Program in its 2nd year supported 12 applicants to the Pay-It-Forward Scholarship Program and we were fortunate to be able to award all 12 applicants with scholarships. We were expecting a much larger group of applicants, however the committee faced some challenges that are currently be worked on; including a co-chair stepping down from this committee and one members moving out of the region.

The plan for the Membership Support Committee is to utilize past Pay-it-Forward recipients to give back by serving NER and find ways to highlight their skill set. The main priority is to find at least three willing committee members, to increase marketing, and to promote the benefits of being an AMTA and NER member.

Student Involvement

The former NER-AMTAS President, **Kayla McBrien**, reports this year's regional conference: Uniting in Diversity, was held April 19-22 in Westbrook Connecticut. NER-AMTAS conducted their business meeting where the Board elected a new board, including a new role of Parliamentarian. This Parliamentarian role was a newly added position, originally it was tasked as the Treasurer's role, however the NER-AMTAS Board felt strongly it should be a separate role.

The NER-AMTAS' second annual open mic fundraiser was held at the LOFT at Berklee College of Music and included raffle prizes and a bake sale. The feature performance was a local band called the Nate Chung Project. NER-AMTAS raised \$220 which will go toward two student conference scholarships.

As part of the student series of “mini conferences, Berklee College of Music hosted several events throughout the spring semester for their music therapy students that were open to all.

Several grants and scholarship opportunities were made available: a \$100 AMTAS Grant at national conference was given and used as scholarship monies, in addition to what we raised at our fundraiser. Two \$75 membership scholarships were given to Mellany Gomez (Anna Maria College) and Yu Jung (Zoey) Weng (Berklee College of Music). There were no Lesley University applicants. At the NER-AMTAS business meeting during our regional conference, we raffled off two conference scholarships. The winners were David Nicholson from Berklee College of Music and Carolyn Artesani from Lesley University. Alison Dagger, President has just begun her tenure and will work alongside **Kayla Daly** for a smooth transition. **Kayla Daly** is also providing leadership and mentorship that is proving quite effective to the Student Leadership of NER-AMTAS.

REGIONAL CONFERENCE

Our 2018 Spring Conference was a success! Thanks to our Vice-President, **Courtney Biddle** and Vice-President Elect, **Channing Shippen**. There were 213 total registrants at the lovely Water’s Edge Resort in Westbrook, CT. The theme, Uniting in Diversity celebrated the uniqueness of our small but mighty region. A few highlights; we hosted President **Weldon-Stephens**, provided the NER expanded leadership with an Educational Board Retreat organized by President-Elect **Adrienne Flight** and **Emily Bevalaqua**, provided a FREE members-only CMTE, hosted a Plenary with Tom Sweitzer titled: Music Got Me Here, had a thoughtful and well attended MLE Town Hall titled: Your Future. Our Future, and Team Rainbow hosted a wonderful inclusive reception. Both Courtney Biddle and Channing Shippen will continue to use cost saving and member-centered decisions to benefit the NER membership.

STRATEGIC PLANNING

The Strategic Planning committee, including Past President Jennifer Sokira, Assembly Delegate Heather Wagner, President Judy Engel and Assembly Delegate Eve Montague, and President-Elect **Adrienne Flight** will consult with the NER Expanded Leadership to evaluate the current strategic plan, devise the new strategic plan for 2018-2019, and to ensure alignment of regional activities to the plan. The NER Strategic Plan will focus on goals to improve member engagement and further develop fiscal responsibility. The committee will also be discussing formalizing procedures for future strategic planning.

PRESIDENTAL APPOINTMENTS

The NER Board has seen less membership engagement and several committee representative positions have been vacant. The NER Board focused much of its effort in recruiting and engaging members throughout the regional conference. An NER Membership Table was used as a social hub to engage members and non-members along with providing NER specific information, freebies, and promoting some NER fundraising efforts. A few Board members also led a concurrent session titled “You are Qualified” which was well attended. The goal of the concurrent session was to encourage membership, answer questions about the Board, and get members to join the Board.

The following appointments were approved by the Board, after conference:

Muse Newsletter: Amanda Goff

Interprofessional Collaboration Representative: Caitlin Hyatt

Research Representative: Joy Allen

NER Historian: Kate Lamoureux

Standards of Clinical Practice: Wendy Krueger

Workforce Development and Retention: Sarah Gagnon

OTHER ACTIVITIES

A Bylaw change was unanimously voted and agreed upon at the general business meeting on April 20, 2018, to Article VII. Section 1 of our Bylaws. This section outlines who is eligible to participate in the annual internal audit, and the change allows members at-large to participate in the annual internal audit, increasing member access to this process, and further providing transparency. The change was effective on April 21, 2018.

It now reads: The Auditing Committee shall consist of: (a) the Treasurer and at least two professional AMTA members (one Executive Board member and one member at-large, or two Executive Board members); or (b) the Treasurer and an accountant. The Auditing Committee shall audit the Treasurer’s books at the end of the fiscal year, July 1 to June 30, and shall report findings to the Executive Board and the region.

NER LEADERSHIP

Executive Board voting members

Past President Jennifer Sokira, jen@ctmusictherapy.com

President Judy Engel, judynengel@gmail.com

President- Elect Adrienne Flight, adrienneflight@gmail.com

Vice President Courtney Biddle, courtneymtbc@gmail.com

Vice President-Elect Channing Shippen, channing.shippen@gmail.com

Treasurer Rebekah DeMieri, bekah.demieri@gmail.com

Secretary Kari O'Briant, kari.obriant@gmail.com

ASSEMBLY DELEGATES, voting members

Judy Engel (seated president), judynengel@gmail.com

Heather Wagner, heatherwagner.mtbc@gmail.com

Eve Montague, evemontague@verizon.net

Joy Allen, joyallen@berklee.edu

Meredith Pizzi, mpizzi@romanmusictherapy.com

Alternate Assembly Delegates-(in order of being called)

Emily Bevelaqua, emily@ctmusictherapy.com

Julie Andring, Jmusictherapy@optonline.net

EXPANDED LEADERSHIP-non-voting members

NER-AMTAS President Alison Dagger, adagger@lesley.edu

NER-AMTAS President-Elect Sherri Hallas, shallas@lesley.edu

Webmistress Cassandra Mulcahy, cassandra.musictherapy@gmail.com

Newsletter Editor Amanda Goff, aagoff88@gmail.com

Social Media Coordinator Jennifer DeBedout, musicblooms@gmail.com

Judicial Review Julie Andring, Jmusictherapy@optonline.net

Heather Wagner, heatherwagner.mtbc@gmail.com

Financial Committee Chair: Dory Stapelton, dories1220@sbcglobal.net

Courtney Biddle, Erin Murphy, Bekah DeMieri, Marissa Scott

Membership Support Committee Chair: Marissa Scott, marissa@thesonatinacenter.com

Shannon Flaherty, Meredith Pizzi

Standing Committee Representatives:

Academic Program Approval Heather Wagner, heatherwagner.mtbc@gmail.com

Association Internship Approval Eve Montague (chair), evemontague@verizon.net

Brian Jantz, bjantz@berklee.edu

Clinical Practice Networking- VACANT

Diversity & Multiculturalism-VACANT

Continuing Education Julie Andring, (chair) jmusictherapy@optonline.net

Continuing Education Representative- VACANT

Government Relations Nicole O'Malley, nicolemtbc@yahoo.com

Historian, Kate Lamoureux, kjlamoureux@gmail.com

International Relations Meg Capen, meg.capen@gmail.com

Interprofessional Collaboration, Caitlin Hyatt, caitlin@medrhythmstherapy.com

Membership, VACANT

Professional Advocacy Emily Bevelaqua (chair), emily@ctmusictherapy.com

Jennifer DeBedout (representative), musicblooms@gmail.com

Reimbursement Thomas Hayden, tomhayd@gmail.com

Research Joy Allen, joyallen@berklee.edu

Stakeholder Committee Jean Nemeth, MNemeth670@aol.com

Standards of Clinical Practice Wendy Krueger, wendykrueger.mtbc@gmail.com

Student Affairs Advisor Kayla Daly, kayladaly@wcetherapy.com

Technology Cassandra Mulcahy, cassandra.musictherapy@gmail.com

Workforce Development & Retention Courtney Biddle (chair), courtneymtbc@gmail.com

Sarah Gagnon (representative) sarah.gagnon@gmail.com



**AMERICAN MUSIC THERAPY ASSOCIATION.
BOARD OF DIRECTORS' MID-YEAR MEETING-JUNE 22-24, 2018
Southeastern Region Report
Christine P. Leist, PhD, MT-BC, President**

SER-AMTA Regional Report

Reporting Period: November 19, 2017 to May 11, 2018

Action Items: None

Regional Conference 2018

The 2018 SER-AMTA annual conference was held in Chattanooga, Tennessee April 11 – 13, 2018 at the Embassy Suites Hotel. The theme was *Chaos to Creativity*. The conference included one institute, five CMTE courses, 25 concurrent sessions, 20 research posters, and eight student conference sessions. Several awards were given at the annual Awards Luncheon:

Professional Service Award: Carmen Osburn

Professional Service Award; Rachel Coon-Arnott

Spirit Award: University of Georgia

Special Recognition Award for Internship (AIAC) and Professional Practice Award: Betsy Neal

Internship Scholarships: Morgan Brazeau (Appalachian State University) and Annie Roberson (University of Alabama)

A Town Hall about Masters Level Entry was held at the conference. Participants were invited to share their thoughts at the Town Hall, through live Zoom broadcast, or by an online survey. The comments gathered have been shared with the AMTA.

Conference information continues to be handled online, and our green approach is both well received and cost effective. We continue to use the services of a professional organization (Conference Direct) to locate conference sites that are appealing to members but cost-conscious. We would like to thank Austin Robinson who continues to serve as the Regional Conference Chair.

Regional Conference 2019

The 2019 SER-AMTA annual conference will be held April 3 – 6, 2019 at a location yet to be determined. Several locations are being investigated with the assistance of Conference Direct.

Finances

The organization continues to be financially sound, and budgetary matters, including investment accounts, have been well-managed. We would like to thank Kally Ramminger for her service as Treasurer. At the 2018 SER-AMTA conference, the Board of Directors (BOD) passed a balanced budget for fiscal year 2018 – 2019. Decreasing line item amounts in targeted areas enabled the BOD to add a new line item for disaster relief, increase the state advocacy fund, and increase the regional insurance and legal costs fund. Membership benefits such as the Membership Assistance Program and the International Project Grant will be continued for the 2018 – 2019 fiscal year.

Regional Communications Newsletter, Website, and Email

Communication is maintained in the region through the newsletter, the website, direct email, and Facebook (*Southeastern Region of the American Music Therapy Association*). Our regional newsletter, the *Quodlibet*, continues to be distributed online with minimal requests for paper copies. (One paper copy per issue is maintained for archival purposes.) Members are notified via direct email when the new edition is available online, and announcements are posted on the regional website. This process continues to be managed by our 2nd Vice President, Andrea VerBurg.

Disaster Response

The SER Past President, Lori Gooding, continues to coordinate disaster response for the SER. In this role, the Past President works with national and international representatives from AMTA and the World Federation to coordinate and/or disseminate disaster response information. As noted previously, the BOD voted to add a funded line item to the 2018 – 2019 budget.

Membership

The SER continues to encourage music therapists and students in the region to become AMTA members. The SER Membership committee is chaired by Sarah Pitts. The committee continues to promote membership via a number of initiatives, including phone drives. Several regional membership benefits are offered to our members, including the International Project Grant, Membership Assistance Program, and conference discounts.

Government Relations

Rachel Coon-Arnott and Kirby Carruth serve as co-chairs of this committee. Thanks to Jamie George who stepped down as Co-chair. State Updates: *North Carolina's* licensure bill, HB192 has passed through the House of Representatives. A Hill Day is planned for May 31, 2018. At the regional conference, the SER-AMTA Board of Directors approved a donation of \$500 to AMTA in recognition of their support of the NC Task Force and its licensure efforts. *South Carolina* is currently educating students about the need for licensure and how to be advocates for music therapy. *Florida* hopes to get a bill sponsored in the next year. *Alabama, Louisiana, and Tennessee* are in the beginning stages of state recognition. They are gathering information about music therapists in the state and building relationships with legislators. *Georgia* has completed the second two-year cycle since licensure. The task force has been addressing issues of misrepresentation in the state by reaching out to facilities and explaining music therapy and educating about our scope of practice. Misrepresentation issues are investigated by the Secretary of State.

AMTA Awards Committee

The SER-AMTA submitted the following names to the AMTA for service on the Awards Committee: Stephanie Bolton, Laura Bryan, Sarah Bunn, Sheri Clark, Rebekah Tarplin, Audrey Reynolds, and Anna Ward. All are 2018 professional members of the AMTA.

SER-AMTA Membership Assistance Program (MAP)

The SER-AMTA awarded three membership assistance grants in 2018. One award was 75% of the professional membership rate and two awards were 50% of the professional membership rate. The names of the recipients are kept confidential among the members of the MAP review committee.

SER-AMTA Board of Directors' Projects for 2018-2019

- Promote and encourage AMTA membership. Coordinators: Sarah Pitts and Beth Collier
- Investigate and propose a new conference scholar program for members to assisting with SER-AMTA conference registration fees and/or CMTE fees. Coordinator: Carmen Osburn
- Investigate and propose a new option for an online platform for continuing education programs, meetings, and other activities of the region. Coordinator: Beth Collier
- Update the region's logo so it better represents our region, i.e. including the territories and outlying areas in the Atlantic Ocean and is more modern in its appearance. A professional graphic designer who is a relative of a BOD member has offered to donate design services for the region. Coordinator: Christine Leist
- Vote on and appoint a new Registered Agent to serve the region. The individual must be a resident of Tennessee. Coordinator: Christine Leist
- Vote on and appoint a new representative to the AMTA Diversity & Multiculturalism committee. Coordinator: Christine Leist
- Vote on and appoint a new representative to the AMTA Standards of Clinical Practice committee. Coordinator: Christine Leist

Regional Leadership

The 2017-2019 officers have been in office since April 1, 2017 except where indicated in parentheses. At the 2018 SER-AMTA annual conference, the membership voted to include the Regional Conference Chair as a non-voting member of the BOD.

SER-AMTA Board of Directors (2017-2019):

President: Christine Leist (NC), leistcp@appstate.edu
President-Elect: Carmen Osburn (MS), ceosburn@muw.edu
1st Vice President: Beth Collier (GA), beth@collier.net
2nd Vice President: Andrea VerBurg (GA), andrea@thegeorgecenter.com
Secretary: Yvonne Glass (TN), Yvonne.marie.glass@gmail.com
Treasurer: Kally Ramminger (GA), rammingerk@gmail.com
Past President: Lori Gooding (FL), lgooding@fsu.edu
SER-AMTAS President: Lauren Viljamaa (UGA), lauren.viljamaa@gmail.com (until 4/13/18)
Erika Lowenthal (UMiami), amtas.ser@gmail.com (after 4/13/18)

Non-Voting Members of the BOD:

Government Relations Co-Chairs: Rachel Coon-Arnott (GA), 119rachel@gmail.com
& Kirby Carruth (GA), government@ser-amta.org
Historian/Archivist: Michele Gregoire (FL), gregoire@flagler.edu
Regional Conference Chair: Austin Robinson (KY), austin@edgemusictherapy.com (after 4/13/18)
Student Advisor: Lorna Segall (KY), lorna.segall@uky.edu
SER-AMTAS President-Elect: Erika Lowenthal (UMiami), amtas.ser@gmail.com (until 4/13/18)
Issac Lugo, amtas.ser.presidentelect@gmail.com (after 4/13/18)

The 2018-2019 Assembly Delegates and Alternates are listed below. The list of alternates is different from the 2017 SER-AMTA Annual Report because two of the alternates had to step down from their positions due to AMTA membership issues. One chose to join as a graduate student member. The other alternate did not have 2017 or 2018 AMTA membership and has not responded to several forms of inquiry so her name was removed from the list. Two new alternates were appointed by the President consistent with the SER-AMTA By-Laws.

Assembly Delegates (2018-2019):

Christine Leist (President), leistcp@appstate.edu
Carmen Osburn (President-Elect), ceosburn@muw.edu
Cheryl Benze, cheryl.benze@uky.edu
Andrea Cevasco-Trotter, amtrotter@ua.edu
Lori Gooding, lgooding@fsu.edu
Cathy McKinney, mckinneych@appstate.edu
Cheryl Stephenson, csstephenson@gmail.com
Olivia Yinger, olivia.yinger@uky.edu

Assembly Alternates (2018-2019):

Rebecca Engen, engendr@queens.edu
Roy Joyner, rjoynermtbc@gmail.com
Dianne Gregory, dgregory@fsu.edu
Alejandra Ferrer, alejandra.ferrer@belmont.edu
Stephanie Bolton, sbolton1@gmail.com
Freddy Perkins, perkinsfd@gmail.com
[Gretchen Chardos-Benner, director@piedmontmusictherapy.com](mailto:Gretchen.Chardos-Benner.director@piedmontmusictherapy.com)
Victoria Vega, vpvega@loyno.edu

In addition to our term-based leadership, we also have a number of individuals who serve in an ongoing manner as SER representatives to various AMTA committees. We have had four changes to the SER-AMTA representatives to AMTA committees since November 2017. Recent representative changes are indicated with an asterisk below. All four stepped down due to other commitments within the organization. We are expecting two more changes in the next six weeks. One representative is moving to another region this summer. The other was not a member in 2017 or 2018 and has not responded to various forms of inquiry.

Academic Program Approval: Carmen Osburn (MS), ceosburn@muw.edu
Association Internship Approval: Chrissy Watson (TN), chrissymtbc@gmail.com
Clinical Practice Networking – Elizabeth Haley (MS), ehaleymtbc@gmail.com

Continuing Education: Natalie Generally (NC), natalie@smallstepsmusicllc.com
Diversity and Multiculturalism Committee: Natasha Thomas (LA), natasha.mtbc@gmail.com
Government Relations: Rachel Coon-Arnott (GA), 119rachel@gmail.com & *Kirby Carruth (GA),
government@ser-amta.org
*International Relations: Jon "J. T." Tang (FL), tang.jon@gmail.com
*Interprofessional Collaborative Resources: Sara Breyfogle (GA), sbreyfogle@hospicesavannahhelps.org
Membership: Sarah Pitts (GA), sepitts9@gmail.com
Professional Advocacy: Sharon Graham (FL), sharon@musictherapyfl.com
Reimbursement: Jennifer Walker-Puckett (GA), therabeatmusic@gmail.com
Research: Andrea Cevasco-Trotter (AL), amtrotter@ua.edu
Standards of Clinical Practice: Vacant – The President has contacted several individuals about serving as the
representative to this committee. The AMTA chair is aware of the situation.
Technology: Kim Bell (LA), kbellmtbc@yahoo.com
*Workforce Development & Retention: BriAnne Weaver (FL), musictherapy@ascfl.org

In addition, Cathy McKinney (NC) is representing the region on the AMTA Stakeholder Committee. She was appointed by the President with approval of the BOD following a BOD ballot and vote.

All individuals holding termed or appointed leadership positions in the SER-AMTA are current year members of the AMTA.

Respectfully Submitted,



Christine P. Leist, PhD, MT-BC
President, SER-AMTA (2017-2019)

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTOR'S MID-YEAR MEETING-JUNE 22-24, 2018
Southwestern Region Report
Christine Neugebauer, MS, MT-BC, LPC, President**

REGIONAL ACTIVITIES (November 2017 – May 2018)

1. **SWR 2018 Conference:** The conference was held in Lubbock, TX (April 4-7) with approximately 244 attendees. Overall, the conference was a success both professionally and financially. Our CMTEs included a unique Ethics CMTE free to AMTA members incorporating an operatic work by composer and music therapy advocate, **Todd Frazier**, followed by an esteemed discussion panel. Invited conference guests included **Dr. Blythe Lagasse** who facilitated a pre-conference neurodevelopmental institute, **Dr. Deforia Lane** who provided the keynote, and **Kechi Okwuchi**, who shared her own story with music therapy and musical journey on AGT at the closing session. This year Methodist Hospital in Houston again provided a \$10,000 sponsorship which went toward education and other conference expenses. Covenant Children's (Lubbock, TX) also provided sponsorship to support Kechi Okwuchi's travel and accommodations. Overall, we made over \$17,000 in profit. We also want to thank AMTA President, **Amber Weldon-Stephens**, for being our special conference guest. We appreciated her association address and positive energy. Please enjoy the photo of her below as she visited the famous Lubbock attraction, Prairie Dog Town:



2. **Awards/Recognitions:** This year **Marial Biard** received a Harmony Award in Service and **Robert Krout** received the Mary Toombs Rudenberg Lifetime Leadership Award. Congratulations to both of these outstanding members in our region!
3. **SWR 2019 Conference:** We are currently in the planning stages for 2019 regional conference which will be held in Austin, TX.
4. **Harvey/Disaster Response:** Music therapist, **Marial Biard**, continues to plan and coordinate "Harvey Healing Days" in the Houston-area community. The next one is scheduled on June 16th at a Salvation Army Shelter. We appreciate the ongoing work of those music and creative arts therapists involved in making these events possible for those impacted by Harvey.
5. **Advocacy:** We provided funds to send two members, **Suzanne Heppel** and **Jennifer Townsend**, to attend Arts Advocacy Day in Washington DC. Both members were impressed and found the experience to be highly beneficial. We'd like to thank **Judy Simpson** for the amazing work that she does on behalf of our profession!

Our Texas State Task force continues to work hard on advocacy efforts sending consistent notifications and updates on calls for action relevant to music therapy.

6. **Membership:** As of March 31, 2018, we have a total of 252 members including 157 professional members, 68 student members, 18 graduate student members, 5 honorary life members, 2 retired members, and 2 affiliate members. Our board currently has a membership task force led by **Carolyn Moore**, President-Elect. We continue to keep membership recruitment/retention and membership engagement at the core of our strategic initiative.
7. **Assembly Delegates:** We have two changes to our assembly delegate roster. **Debbie Dacus** has requested to serve as an alternate due to her new appointment to the ethics board. **Della Molloy-Daugherty** will now serve as a full delegate. Also, **Karen Miller** will be moving out of our region this year for a new faculty position in Indiana. **Mary Lawrence** will now assume the role as full delegate and has also accepted to serve as the assembly delegate representative to the regional board of directors. On behalf of SWAMTA, we want to express our sincere appreciation to **Karen Miller** for her dedication to students and outstanding service to members in our region over the years. We wish her the best on her new journey...she will forever be a friend of SWAMTA!
8. **Stakeholder Committee:** The board unanimously approved the appointment of **Dr. Robin Edwards**, MT-BC to serve as the regional representative to the AMTA stakeholder committee.
9. **Scholarship Reviewers:** Five members of our region were selected to serve as AMTA scholarship reviewers: **Janice Lindstrom, Janice Dvorkin, Cathy Breckenridge, Lupe Flores, and Jennifer Voss.**
10. **Changes to Regional Newsletter:** We held a contest for regional members to rename the regional newsletter that was previously called, *The Red River Valley*. **Patina Jackson** was the winner and will receive complimentary registration at next year's regional conference in Austin. The new name of the newsletter will be *The Quarter Note*. Thank you to Karen Sholander for her creative efforts in engaging members with this fun contest. Click on this link for access to our newsletters:
<https://swamta.wildapricot.org/resources/Documents/Newsletters/RRV%20Final%20Spring%20%202018.pdf>
11. **Bylaws changes:** Several bylaws changes were presented, voted upon and approved at our regional conference general business meeting. Approved changes are below:

ARTICLE III. Membership

Section 5

Previous

Retired professional membership shall provide the same rights and privileges as those for Professional membership. This membership status will be available as long remains eligible by meeting the standards for this category established by AMTA.

Approved Change

Retired professional membership shall provide the same rights and privileges as those for Professional membership. This membership status will be available as long as **the member** remains eligible by meeting the standards for this category established by AMTA.

ARTICLE IV. Officers

Section 2

Previous

The elective officers of the Region will be President, President-Elect, Immediate Past President, Vice-President, Vice-President-Elect, and Secretary. The President-Elect is elected to serve two (2) years as President-Elect, two (2) years as President and two (2) years as Immediate Past President. The Vice-President Elect is elected to serve two (2) years as Vice-President-Elect and two (2) years as Vice-President. Elected officers shall assume their office on June 1 of odd numbered years and will continue in office for two (2) years or until the next election, unless otherwise stated.

Approved Change

The elective officers of the Region will be President, President-Elect, Immediate Past President, Vice-President, Vice-President-Elect, and Secretary. The President-Elect is elected to serve two (2) years as President-Elect, two (2) years as President and two (2) years as Immediate Past President. The Vice-President Elect is elected to serve two (2) years as Vice-President-Elect and two (2) years as Vice-President. Elected officers shall assume their office on June 1 of odd numbered years and will continue in office for two (2) years, **ending on May 31**, or until the next election, unless otherwise stated.

ARTICLE XII. Amendments

Section 1

Previous

These Bylaws may be amended at any general membership business meeting held at the Annual Regional Conference by a two-thirds (2/3) affirmative vote of the members present, with students receiving 1/3 vote. The proposed amendments must be submitted in writing to that membership at least twenty-four (24) hours prior to the meeting.

Approved Change

These Bylaws may be amended at any general membership business meeting held at the Annual Regional Conference by a two-thirds (2/3) affirmative vote of the members present, with students receiving 1/3 vote. The proposed amendments must be submitted **either electronically or** in writing to that membership at least twenty-four (24) hours prior to the meeting. **All approved bylaw amendments will take effect immediately unless a proviso is presented as a motion and approved.**

Section 2

Previous

The Bylaws may be amended by a mail vote solicited from the total membership of the Region, the amendments having been submitted to that membership in writing at least four (4) weeks before the vote is due, as necessary for changing, adopting, or repealing an amendment, with students receiving one-third (1/3) vote.

Approved Change

The Bylaws may be amended by a **U.S. mail, electronic mail, or electronic survey** vote solicited from the total membership of the Region, the amendments having been submitted to that membership in writing at least four (4) weeks before the vote is due, as necessary for changing, adopting, or repealing an amendment, with students receiving one-third (1/3) vote. **All approved bylaw amendments will take effect immediately unless a proviso is presented as a motion and approved.**

SWAMTA Officers and Committee Representatives

Board of Directors, voting members:

President Christine Neugebauer, MS, MT-BC, LPC

Past President June Pulliam, MT-BC

President Elect Carolyn Moore, PhD, MT-BC

Vice President Diane Powell, MT-BC

Vice President Elect Mary Altom, MT-BC

Secretary Esther Craven, MT-BC

Assembly Delegate Representative Mary Lawrence, MT-BC

SWAMTAS President KaLee French from WTAMU

Board of Directors, non-voting members:

Treasurer Amy Rogers, MT-BC

Government Relations Representative Suzanne Heppel, MT-BC

Continuing Education Jennifer Townsend, MMT, MT-BC

RRV Editor Karen Sholander, MT-BC

SAAB Representative Marcus Hughes, MA, MT-BC, LMT

Website Administrator Christina Stock, MT-BC

Publicity Director Veronica Butler, MT-BC

Parliamentarian Ed Kahler, PhD, MT-BC

SWAMTA Officers and Committee Representatives, cont'd.

Committee Appointments:

Academic Program Approval: Mike Zanders, PhD, MT-BC

Association Internship Approval: Della Molly-Daugherty, PhD MT-BC

Continuing Education: Jennifer Townsend, MMT, MT-BC

Diversity: Kamica King, MT-BC

Government Relations: Suzanne Heppel, MT-BC

International Relations: Yu-ling Chen, PhD, MT-BC

Interprofessional Collaborative Resources: Amanda Sehr, MT-BC

Judicial Review Board: Kathleen Coleman, MM, MT-BC

Membership: Tiffany Laur, MT-BC

Professional Advocacy: Rebecca McCoy, MT-BC

Reimbursement: Kate Harrison, MT-BC

Research: Nicki Cohen, Ph.D., MT-BC

Clinical Practice Networking: Marial Biard, MA, MT-BC

Standards of Clinical Practice: Gabrielle Banzon, MA, MT-BC

Technology: Alison Etter, MT-BC

Workforce Development and Retention: Grant Howarth, MT-BC

Assembly Delegates for 2018 & 2018

Christine Neugebauer, MS, MT-BC, LPC, Carolyn Moore, PhD, MT-BC, Ed Kahler, PhD, MT-BC, Della Molloy-Daugherty, PhD, MT-BC, Mary Lawrence, MT-BC

Assembly Delegate Alternates for 2018 & 2019

Debbie Dacus, MM, MT-BC, Marcus Hughes, MA, MT-BC, LMT, Kathleen Brown, BMEd, MT-BC, Morgan Wood, MT-BC, Jennie Turner, MT-BC

Respectfully Submitted,



Christine Neugebauer, President
Southwestern Region of the American Music Therapy Association

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING - JUNE 22-24, 2018
Western Region Report
Kymla J. Eubanks, MM, MT-BC, President**

Hello AMTA Board of Directors,

It is an honor to serve our region as President. Here are a few highlights of the past several months in WRAMTA.

Conference:

The 2018 Western Region conference was held in Ontario, California, with Institutes and Trainings beginning February 26, 2018, and the conference running March 1-3, 2018. For the first time, we utilized a hotel and a convention center (dual locations) for meetings. Our attendance was our highest regional conference attendance ever in WRAMTA history! Christine Stevens provided our Keynote speech and our Institute. In a long-planned effort to provide our regional members with increased value for membership, we held 2 free CMTEs at the 2018 conference. We were at max capacity for our first ever free Ethics CMTE. The second free CMTE was the Internship Supervision CMTE. We generated over \$5000 in marketing revenue at the 2018 regional conference.

At this conference, our region announced almost \$4500 in professional and student scholarships and grants.

WRAMTAS Community Service Grant – Arizona State University Music Therapy
Student Organization
Celeste Poll Student Conference Scholarship – Kate Comstock
Wilhelmina Harbert Professional Conference Scholarship – Patricia Blair
Intern Scholarship – Kate Comstock (California State University- Northridge)
Intern Scholarship – Kelsey Hall (Utah State University)
Intern Scholarship – Katelyn Crandall (Utah State University)
New Professional Grant – Veronica Paine – “Options Guitar Choir: Building Skills to
Improve our Lives”
Professional Development Grant – Lillieth Grand – Instrument Inventory for New
Internship Program

The 2019 Western Region conference will return to a very successful and familiar location in Portland, OR, March 25 – 31, 2019. We are excited to welcome the Neurologic Music Therapy training as our primary institute for this conference.

Other Events in the Western Region:

In early May 2018, Barb Else from national office has been in touch with our Natural Disaster Liaison, Becky Wellman regarding the very recent volcanic activity on the Big Island of Hawaii. We only know of one music therapist, non-AMTA member, living on the island, and Barb reached out to them in early May immediately after the activity.

In April 2018, WRAMTA member Judith Pinkerton accepted an award from the American Country Music Awards Lifting Lives honoring a music therapist locally in the Las Vegas area where their awards ceremony was held this year. Judith was asked to shoot a short commercial with the ACM depicting a music therapy session in a pediatric hospital setting.

In early June 2018, the WRAMTA Board will hold a virtual mid-year meeting with the local committee for the 2019 conference and the VP-elect (conference planner) on-site at the conference location in Portland, OR. The board continues to highlight and focus on the WRAMTA Strategic Plan which has developed into the WRAMTA “Vivid Vision” incorporating feedback from members regarding where we would all like to see the region over the next several years.

2017-2019 Board of Directors

Past-President: Tim Ringgold, MT-BC
President: Kymla J. Eubanks, MM, MT-BC
President-elect: Leanne Wade, M.Div., Ph.D., MT-BC
Vice President-elect: Holly Mead, MM, MT-BC
Vice President: Carly Brambila, MT-BC
Secretary: Candice Bain, MT-BC
Treasurer: Kevin Hahn, MM, MT-BC
WRAMTAS President: Katie Rahn
(non-voting board members):
Parliamentarian: Bill Dluhosh, MT-BC
Media Relations Coordinator: Shelbe White, MM, MT-BC
Continuing Education Director: Emily Polichette, MM, MT-BC
Government Relations Committee Representative: Karla Hawley, MEd., MT-BC
WRAMTAS President-elect: Andrea Cliscagne

WRAMTAS Board of Directors:

President: Katie Rahn (University of the Pacific)
President-elect: Andrea Cliscagne (University of the Pacific)
Secretary: Livia Umeda (University of the Pacific)
Parliamentarian: Anna Jeffries Preston (University of the Pacific)
Treasurer: Sarah Jarvis (Arizona State University)
Media Relations Coordinator: Dayna Laramie (Arizona State University)

Current Assembly Delegates (2018-2019):

Eric Waldon, Ph.D., MT-BC
Kevin Hahn, MM, MT-BC
Kymla Eubanks, MM, MT-BC
Melita Belgrave, Ph.D., MT-BC
Piper Laird, MM, MT-BC
Ron Borczon, MT-BC
Spencer Hardy, MT-BC
Becky Wellman, Ph.D., LPMT, MT-BC
Leanne Wade, M. Div., Ph.D., MT-BC

Alternates (2018-2019):

Helen Dolas, MS, MT-BC
Tara Brinkman, MT-BC
Lillieth Grand, MS, MT-BC
Angie Kopshy, MM, MT-BC
Emily Polichette, MM, SCMT, MT-BC
Christine Korb, MM, MT-BC
Kerry Leavell, MM, LPC, MT-BC
Rachel McCauley, MT-BC
Sarah Pavis, MT-BC

AMTA Regional Committee Representatives (2018-2019):

Academic Program Approval Committee – Christine Korb, MM, MT-BC
Interprofessional Collaborative Resources Committee – Tara Brinkman, MT-BC
Association Internship Approval Committee – Manal Topozada, MA, LPMT, MT-BC
Clinical Practice Networking Committee – Kathrine Lee, MT-BC
Continuing Education Committee – Emily Polichette, MM, SCMT, MT-BC
Diversity and Multiculturalism Committee – Beth Robinson & Melita Belgrave, Ph.D., MT-BC
Government Relations Committee – Karla Hawley, MEd, MT-BC

International Relations Committee – Kazumi Yamaura, MT-BC
Interprofessional Collaborative Resources Committee – Tara Brinkman, MT-BC
Judicial Review Committee- Piper Laird, MM, MT-BC
Membership Committee – Risa Isogawa, MT-BC
Professional Advocacy Committee – Kalani Das, MT-BC
Reimbursement Committee – Kate Harris, MT-BC/L
Research Committee – Eric Waldon, Ph.D., MT-BC
Standards of Clinical Practice Committee – Helen Dolas, MS, MT-BC
Student Affairs Advisory Board – Maya Zebley, MA, MT-BC
Technology Committee – Spencer Hardy, MT-BC
Workforce Development and Retention Committee – Feilin Hsiao, Ph.D., MT-BC

Respectfully submitted,

Kymla J. Eubanks, MM, MT-BC
President, WRAMTA

NATIONAL OFFICE REPORTS

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING
MID-YEAR REPORT
AMTA EXECUTIVE DIRECTOR
Andrea H. Farbman, EdD
Baltimore, MD
May, 2018**

- I. COMMENTARY & HIGHLIGHTS**
- II. ACTION ITEMS SUMMARY**
- III. ASSOCIATION SERVICES & MANAGEMENT**
- IV. ASSOCIATION PERSONNEL**
- V. ASSOCIATION FINANCES**
- VI. NATIONAL MUSIC THERAPY REGISTRY**
- VII. FUTURE PRIORITIES**

APPENDICES

Appendix A: Membership History and Workforce Commentary

Appendix B: Investment Summary

**MID-YEAR REPORT
AMTA EXECUTIVE DIRECTOR
Andrea H. Farbman, EdD
May, 2018**

I. COMMENTARY & HIGHLIGHTS

Commentary

In reviewing highlights of the last few meetings, we have had a lot to celebrate—in 2016 the 25th Anniversary of the Senate Hearing, “Forever Young: Music & Aging,” an extraordinary historic event that many view as a turning point for the recognition of music therapy in America (1991-2016) and, in addition, (in 2017) the evolving “Sound Health” partnership between Dr. Francis Collins, Director of NIH; Deborah Rutter, CEO of the John F. Kennedy Center for the Performing Arts; and renowned soprano, Renée Fleming, as Artistic Advisor At Large and an ambassador for the Kennedy Center. Our partnering with these three individuals and organizations was clearly another major turning point for our profession in terms of underscoring the scientific credibility of music therapy, as well as emphasizing its cultural and artistic significance. An article in the Journal of the American Medical Association, explains the collaboration: June 27, 2017, JAMA article <https://jamanetwork.com/journals/jama/article-abstract/2630954>

In addition to those mentioned above, AMTA’s partnerships with Ben Folds, Drs. Dan Levitin, Charles Limb, Nina Kraus, and Ani Patel, all of whom participated in the Kennedy Center weekend, were solidified and deepened. In the past year since the Kennedy Center event, renewed relationships with these scientists have yielded results such as the symposium recently hosted by Nina Kraus, which you will read about in Barb Else’s report. Follow-up with Dr. Emmeline Edwards, Director of Extramural Research for NIH’s Center for Complementary and Integrative Health, has resulted in additional collaborative opportunities through NIH and various related conferences.

And now the American Music Therapy Association and our profession have the distinct honor of having Renée Fleming as our Artist Spokesperson to advocate and elevate the music therapy profession. Ms. Fleming has embarked upon lectures and tours of hospitals and healthcare facilities to spread the word about the efficacy and value of music therapy and its unique contributions to health and well-being.

https://www.musictherapy.org/ren%C3%A9e_fleming_named_artist_spokesperson/ Ms. Fleming partnered with music therapists, Dr. Sheri Robb and the Indianapolis Symphony Orchestra and Dr. Cheryl Dileo at Temple University, to deliver lectures. Many events were packed into her busy touring schedule last year and this year prior to her engagement on Broadway in the musical “Carousel” <http://carouselbroadway.com/>, for which she has received a Tony nomination. The symbolism of having Renée Fleming, one of the most beloved and renowned sopranos in the world, advocating for the scientific connections between music and health and highlighting the value of music therapy as a medical

intervention is exactly what AMTA has been striving for all these many years. To have someone with her musical acumen, intelligence and curiosity, and caring, speaking on our behalf, fulfills one of our greatest hopes in terms of implementing our mission to “increase access to quality music therapy services....”

I met with Renée’s assistant in New York City in May to coordinate plans and review next steps. We will be posting more of Renée’s music therapy efforts in the coming months.

Two personal highlights for me this year have been my participation in graduate student projects. The first one was an in-depth research project conducted by an MT-BC studying for a master’s degree in organizational psychology. It involved an extensive study about the reasons that members volunteer, using a wide array of qualitative methods. The bottom line of what the researcher found was that most AMTA members got involved because someone asked them. This is not a startling conclusion but an important one. The researcher will be participating in the Leadership Academy to discuss her findings. A second project involved a qualitative study about the unification of NAMT and AAMT for which the student was well-prepared and articulate. It was energizing to be involved with such stellar students!

Personal Observations from Washington, D.C.

As this administration unfolds its legislative and budgetary priorities, it has been difficult to cope with the impact they have had and will have on the populations we serve and on the provision of music therapy. The toll of program and budgetary cuts on vulnerable populations is difficult to understand and digest, and, because of its magnitude and scope, it has been paralyzing at times. One *New York Times* columnist, Roxane Gay, offered some advice.

In her “Ask Roxane” opinion column in the *New York Times*, author and feminist, Roxane Gay’s response to an inquiry, “Am I Terrible for Not Doing More?” provides insightful and timely words of wisdom to many who have asked this question, particularly this year.

My point is, there is a lot going on in the world. There is a lot going on in my world. There is a lot going on in your world. This is the nature of life. We try to find ways to balance taking care of ourselves and our families, with caring about the world we live in and the greater good. Sometimes, we will fall short in one of these areas. Sometimes we will fall short in all of these areas. Most of the time, we do the best we can....

What you describe in your letter is not apathy. You aren’t indifferent to the current state of the world. You are human, a woman trying to balance your own needs with doing good in the world, and right now, your own needs are winning out. Take the time you need. There is no shame in that so long as you remember to extend your empathy as far as you can when your emotional stores have replenished.

<https://www.nytimes.com/2018/04/20/opinion/sunday/ask-roxane-activism-idealism-apathy.html>

Roxane’s comments about “doing the best we can” and about self-care have resonated with all of us at the national office. Her description of “compassion fatigue” also describes something that is faced by a lot of our members because of their capacity for empathy; during times like these, compassion fatigue is often heightened. We are offering support and

resources (such as our E-Course on Self-Care) to members who have contacted us, as well as practical advice in articles in AMTA's "Music Therapy Matters." We feel strongly that emphasizing the importance of self-care is a pressing need for our members and an important role for AMTA.

Infrastructure and Sustaining Highlights

Infrastructure investment means developing and improving basic physical and organizational structures needed for the efficient and effective operation of an organization.

Seven-Year National Office Lease Extension, 2019-2026

As a reminder, our current lease term began in October 2011 and runs through December 31, 2018. Our square foot costs dropped from approximately \$33.50 in our previous lease to \$29.50 for the first year with the average cost over the seven years of the lease being \$32.20, which is \$1.30 per square foot less than what we were paying through September 2011. We received 3 months of free rent, which is valued at \$26,238, and an additional improvement allowance of \$30,000 for painting, carpeting and shelving. If we had remained under our current terms with a 3% overhead cost escalator, the total amount spent over the seven years would have been hundreds of thousands of dollars more.

Our latest seven-year lease extension, from 2019-2026, was completed in December, 2017. It includes 4 months of free rent, which is valued at \$30,400, along with free painting, carpet shampooing and a new refrigerator and dishwasher. This new renewal will also save AMTA thousands of dollars over the course of the lease, which is an excellent benefit, especially given the rising status and associated costs with downtown Silver Spring. Please note that the free rent savings amount will not appear in our operational budget because it must be dealt with using standard accounting practices in our annual audit; it will involve amortizing the savings over the course of the new lease period.

I am gratified to retire from AMTA with a very tenant-favorable lease to continue the same level of comfort, security, and professionalism in our home of 27 years in the downtown Silver Spring area, which is easily accessible to members and guests via the Metro or the Capital Beltway.

Journals and OUP Partnership Renewal-2019-2025

Last year, in 2017, we carefully monitored the implementation of the new online platform of Oxford University Press, which included intensive staff time on the part of Angie Elkins, Barb Else, and Tawna Grasty to troubleshoot problems. Now that the system has been functioning for over a year, we are delighted with the increased access and functionality provided by this user-friendly online platform.

We are pleased to announce that the new Editor in Chief for *Music Therapy Perspectives* is Dr. Laura Beer who began her "shadowing period" in 2018 and will assume the EIC on January 1, 2019.

Our biggest challenge this year has been securing a new Editor in Chief (EIC) for *JMT*. As you know from the May board meeting, the Board approved a plan that responds to the expansion and growth of the *JMT*. The new plan includes a narrowed focus for the Editor in Chief to allow him/her to focus on the vision and mission of the journal, to assign reviews to Associate Editors, and to continue to think creatively and work collaboratively to expand and improve the *JMT*. Since the Associate Editors will be responsible for all reviews, the new plan includes two additional Associate Editors added to our existing ones—Drs. Shoemark and Baker. Finally, in order to coordinate journal logistics, a new paid position of “Managing Editor” will be added. The plan includes expanding Barb Else’s role as Business Manager into a wider range of administrative responsibilities as the Managing Editor. This new model, incorporating a Managing Editor, is standard for many social science journals.

The plan and revised advertisements will be posted widely in the beginning of June and those involved in the EIC search, Drs. Adamek and Forinash and staff liaison, Barb Else, have agreed to redouble their efforts. In addition, the current Editor in Chief, Dr. Sheri Robb, will actively be recruiting for two additional Associate Editors and will coordinate with EIC efforts to ensure that all qualified candidates are informed about available journal leadership options. N.B. *JMT*’s Communications Editor, Dr. Kimberly Sena Moore, and *JMT*’s Book Review Editor, Dr. Andrew Knight, will remain in place.

It is our hope that we can have these new *JMT* positions filled this summer so that the transition and orientation process can begin as soon as possible.

Ongoing Highlights: Advancing, and Safeguarding, and Preserving

AMTA has always pro-actively fought to advance, protect, safeguard, and preserve the integrity and legitimacy of the Music Therapy profession, and to ensure that our organization is the “go to” organization for the general public, and for music therapy professionals and students alike. AMTA’s actions to protect and safeguard music therapy have grown more challenging due to internet and social media outlets and because of the speed at which information is received and processed. Additionally, some “information” on the web and some that is disseminated through social media can be misleading at the least, and inaccurate and incorrect at the worst. On one hand, these technologies provide unlimited opportunities and, on the other hand, they provide serious quality control and management challenges. AMTA works diligently to preserve the veracity of music therapy on many levels.

AMTA Advancing & Safeguarding

- **AMTA Social Media Coordinator—Kim Bell’s expanded role**
- **Government Relations (federal and state levels)**
- **Music Therapy Research 2025 (MTR 2025) Implementation**
- **Wilson Trust Music Therapy Initiative**
- **Increase in Matters Requiring Legal Counsel**
- **Oversight of Apps Related to Music Therapy**
- **Local Involvement with Members**
- **Safeguarding AMTA’s Logo**

- **National Endowment for the Arts—Creative Forces Initiative: Music Therapy & Military Populations**
- **National Organization for Arts & Health & Artists in Healthcare “Certification”**

AMTA Preserving

- **Archives**
- **Financial Action Plan**
- **Organizational Sustainability Planning**

Advancing & Safeguarding

The first three topics under “advancing & safeguarding” are straight forward. Serving as our Social Media Coordinator, Kim Bell has effectively been monitoring relevant social media trends and concerns so that AMTA can be responsive and timely. The reports from our Government Relations Department, under the superb leadership of Judy Simpson and Rebecca Preddie, speak volumes (and they need volumes to detail all that they are doing for AMTA members and our profession) about the value of membership and why being part of AMTA is one of the few ways to see that our profession moves forward in the best light possible. The implementation of MTR 2025 is discussed in Barb Else’s report. We are making steady progress; I see this initiative as “ongoing” because as soon as it is “completed” there is more to do!

The remaining topics are discussed individually.

Wilson Trust Music Therapy Initiative

We are proud of the successful Wilson Trust programs and services funded by AMTA, resulting from the original donation to AMTA in 2010 focusing on increasing access to music therapy services in the Puget Sound area. We are well positioned to determine the final needs and priorities and chart our course for the remaining money, which is approximately \$150,000. You can review the updated details in Barb Else’s report.

Increase in Matters Requiring Legal Counsel

As of the end of May, there were approximately six matters for which we sought counsel from the AMTA attorney, John Hazard. This is an unprecedented number of issues for which we have simultaneously sought his assistance. Several are related AMTA-approved academic programs. The remainder are ethics code issues that are ambiguous and potentially involve legal matters. Some of those relate to business practices. Is this sharp increase a coincidence or are there trends that are noteworthy? I think it is a little of each. There is some coincidence about the number of cases. And, as the civility within our society decreases, it appears that business issues between MT-BCs are growing in complexity and difficulty. We will note an increase in legal fees for this fiscal year and, most likely, for the next fiscal year.

Oversight of Apps Related to Music Therapy

Leslie Henry, Co-Chair of the Professional Advocacy Committee (PAC), contacted the leadership team to raise questions and concerns about the growing number of App developers who are showing interest in developing “music therapy-related or music therapy-informed” Apps. Some of these projects reflect total ignorance about music therapy as a healthcare profession and others are partnering with MT-BCs. Interestingly enough, some who are partnering with MT-BCs are not necessarily demonstrating an understanding and respect for the therapeutic process and for music therapy techniques. I will review some of the latest issues related to this topic at the mid-year meeting. One comment Angie Elkins had is that some issues raised by Apps are similar to those raised in years past by the many CD and Mp3 producers who wanted to create “music therapy” CDs for a particular population.

Leslie Henry recommends that the Board consider charging a committee (perhaps the PAC) to create a plan to explore guidelines/protocols to work with music-based Apps that overlap with music therapy, fully cognizant that as our profession grows, we are attracting investors and developers who are interested in “profiting” from music therapy.

Local Involvement with Members

AMTA actively engages with members around the country to support program and job development in fulfillment of our mission. When it is closer to home, we often “roll up our sleeves” and get involved. In the DC area, that has been the case with many organizations. Recently, AMTA has partnered with two such organizations, the Levine School of Music in DC (Leanne Belasco, Director of Music Therapy) and A Place to Be Music Therapy in Middleburg, VA (Tom Sweitzer, Co-Executive Director). AMTA arranged a lecture-concert with AMTA Spokesperson, Robin Spielberg, for the Levine community, which was a tremendous success and gave Levine a unique opportunity to promote music therapy in the community. Likewise, AMTA has continued to work closely with Tom Sweitzer on the promotion of the film about his music therapy work with Forrest Allen, “Music Got Me Here.”

Safeguarding AMTA’s Logo

Given how easily it is to secure an organization’s logo, AMTA is often in the position of “policing” the use of our trademarked logo on sites that have no relationship to AMTA or even those that do. In the vast majority of cases, whether or not the organization has a relationship with AMTA, their use of our logo is most likely unauthorized. Recently, a particularly egregious instance was brought to our attention, i.e., the use of the AMTA logo as support for a particular music-listening program with whom we have had a problematic relationship. They were using it to endorse their program. We notified them to “cease and desist” the unauthorized use and they agreed immediately.

NEA Creative Forces--Music Therapy & Military Populations

AMTA’s main military activity is with music therapists working in the VA and with the Creative Forces Initiative of the National Endowment for the Arts as well as other military programs with Americans for the Arts. We have assisted NEA with the development of numerous positions around the country as well as with recruitment of qualified MT-BCs.

<https://www.arts.gov/partnerships/creative-forces>

In addition, as you recall from the annual Board report, music therapy was well represented at NEA's September Research Summit. NEA, through Americans for the Arts, recently posted a contract position for a Director of Research. We are following that new position closely.

A series of town hall-type summits were held around the country; one of which was in Washington, DC, and attended by Rebecca Preddie, Federal Programs Analyst. You can read about the summit and an additional research meeting in her report.

We look forward to continued collaborations to increase access to active duty, Veterans, and families.

National Organization for Arts in Health

As you know, I attended the inaugural annual meeting of NOAH (National Organization for Arts in Health) last fall in Austin (2017). At that time the NOAH whitepaper on the "Arts, Health, and Well-Being in America" (September, 2017) <https://thenoah.net/about/arts-health-and-well-being-in-america-a-white-paper/> was released.

Since that meeting, NCCATA and AMTA have tried to facilitate communication with NOAH by continuing to offer a joint non-voting seat on our boards and to offer assistance from the CATs. NOAH has not agreed to any of our offers. It is difficult to know what NOAH is doing as they do not have minutes of their Board meetings, stating that they are mainly held in "Executive Session." Future collaborative efforts are yet to be determined.

We remain concerned about the status of their "certification" for artists in healthcare, which requires no training. A separate organization, known as the "Artists in Healthcare Certification Commission," houses the exam but has not been active. We have been told that NOAH is drafting Ethics and Standards but we've had no opportunities for input; they are reiterating that these documents are "taking longer than anticipated," which is what we have been told for several years, actually pre-dating NOAH. It is our hope that an open dialogue will evolve.

Preserving

Archives

The preservation of AMTA's archives began with its inception in 1996 and the unification of AAMT and NAMT in 1998. We were honored to have our archives established by and under the meticulous care of Dr. William Davis at Colorado State University; and we are pleased to welcome Dr. Lindsey Wilhelm, also on faculty at CSU, as our new Archivist. Her report can be found in the Board book. Our Historian, Dr. Bryan Hunter, will report at the mid-year meeting on a plan to launch the online access to our archives.

To facilitate the digitization of our collection, an effort has been underway to raise at least \$30,000 for the archives; we currently have approximately \$8,000 remaining from the nearly

\$15,000 that was raised to date. We need the fundraising efforts to continue so that our preservation of vital music therapy resources can continue.

I have been in touch with Dr. Ken Bruscia who requested permission to reprint a dozen or so articles from the old NAMT Yearbooks. Ken and I are discussing publishing a joint resource between Barcelona Publishing and AMTA and allocating the net profits to the archive fund.

Financial Action Plan (FAP)

Special thanks to Treasurer Clair and Treasurer-in-Training Ed Kahler for providing the necessary leadership to refine and implement our Financial Action Plan described in the Treasurer's report. The FAP is extensive and beginning to bear fruit. Its current priorities include: 1) Membership Growth, 2) Publications and 3) Legacy Giving. The FAP engages Board members and others in the fiscal success of AMTA and lays the groundwork for long-term financial planning.

Speaking of publications, Treasurer Clair, along with Drs. LaGasse and Knight, and Assistant Assembly Speaker Silverman, along with Dr. McFerran, fulfilled a huge challenge from the previous board related to generating new publications as a win-win for the association and its members.

Clair et al.'s new intro book is going to "rock the music therapy world" in its depth, breadth, and present-day content. Likewise, the McFerran & Silverman research text will aid new music therapy investigators in their quests to define research questions. Kudos to these Board members for delivering on the challenge to create new resources while increasing and diversifying new revenue streams.

Treasurer Clair, is to be commended for her long-standing and tireless leadership with the development and implementation of the FAP. We look forward to the leadership of Dr. Ed Kahler and to the contributions of Board members for the 2018-2019 term.

II. ACTION ITEMS SUMMARY

The following lists selected priorities requiring discussion and action by the Board of Directors at the 2018 mid-year meeting. This list is not all-inclusive, rather it is a selection. Additional action items are identified throughout the Board book in the reports of Officers, Council Coordinators, Committees, staff and consultants, and others.

Financial

- Review FY 2018 Year to Date figures**
- Discuss/Approve FY 2019 Budget**
- Review Treasurer's report and Board responsibilities related to the "Financial Action Plan"**
- Review AMTA Investments**
- Consider specifications for the Belli Family donation received 12/16**

Professional Issues

- Review Implementation Progress for Music Therapy Research 2025 (MTR 2025)
- Review Status of AMTA-approved academic program fees
- Determine next steps for collaborating with NOAH and monitoring “Artists in Healthcare Certification”
- Consider timeline and next steps for Master’s Level Entry report
- Review progress on collaboration with CBMT for the State Recognition Operational Plan
- Consider motion related to levels of training for musicians
- Act on Professional Programs action items

Association Management & Conferences

- Review success of Electronic Voting for 2018-2019 Election
- Review AMTA National Office new lease renewal term
- Review OUP new Contract Renewal term
- Continually Assess AMTA Website User Experiences and update accordingly
- Review new plan for JMT
- Review Conference Site for 2019 and 2020; options for the future
- Review Conference Staffing Needs and Resources

Electronic Voting Implementation for 2018-2019 Elections

Many thanks to Past President Amy Furman, former chair of the nominating committee, and to Angie Elkins and Dianne Wawrzusin, for getting us launched with electronic voting through “Balloteer.” We experienced a secure system that resulted in reduced costs because of not having to “mail” ballots and reduced administrative time because of not having to physically count ballots. Some staff time was spent with manually fixing some email issues for members. We are in the process of analyzing the impact on the voter response rate.

III. ASSOCIATION SERVICES & MANAGEMENT

- Total Membership Number Remains Nearly the Same, Increases in Professional Members and Student Members as of 5/1/18
 - ❖ Increase in Professional members by 19
 - ❖ Increase in Student members by 38
 - ❖ Decrease in Graduate Student members by 68

As of 5/1/18, the total membership number is 3,330 (as compared to 3,342 in 5/1/17).

Our experience over the years has proven that we are dependent on the Membership Committee for Regional and other targeted Membership Drives; personal contact is meaningful, though laborious. We look forward to this Board’s investment in a targeted membership project (see Financial Action Plan). For membership history and workforce commentary, see Appendix A.

➤ **AMTA Works for Regions**

There are many ways that AMTA, as a national organization, works to support its seven regions. Support includes, of course, all of the IRS tax filings and insurance processing, which are extremely extensive, as well as the routine handling of dues and payment plans (e.g., as you will read in the Membership report, not all members complete paying for their dues under the payment plan; however, AMTA considers them members and pays the Regions their percentage of the dues amount), mailing lists, contract reviews, and assistance with regional conferences. In the last two years, AMTA was called upon by multiple regions to review contracts and make recommendations, some on an emergency basis as they were preparing to begin the regional conferences; analyze state non-profit statutes; assist with establishing a system to track government relations costs; and various other administrative and financial matters, requiring many hours of staff time provided free-of-charge to our regions.

To streamline and facilitate the quarterly transfer of dues to the Regions (and AMTAS), we instituted electronic transfers in the first quarter of this fiscal year. This service was initiated because a number of checks were not getting deposited on a timely basis or at all and the national office was spending an inordinate amount of time tracking down delivery receipts and re-issuing checks. AMTA is currently absorbing the cost and staff time to execute the quarterly transfers as we evaluate its effectiveness. So far, the Regions have embraced this new process, which involves more staff time.

In addition, as Regions institute new conference registration online systems, additional work is sometimes required by national office staff because members know that they can call the national office and a “live” person answers the phone. Whereas the online registration system implemented by the Mid-Atlantic Region initially generated calls to the national office, that has since been ironed out. Many thanks to the MAR for streamlining its conference registration process, which was “smooth sailing” this year!

We continue to respectfully request, that every regional conference webpage, and conference registration form and ad, list a contact phone number for members to call to respond to their questions and reduce the problems they encounter.

➤ **AMTA Publishing Revenue**

AMTA Publications continue to be an ever-growing resource for advancing the profession, as well as a source of revenue. This is a great contribution to the intellectual property of our profession and to our operating revenue. We surpassed our goal of \$240,000 in FY 2009 and exceeded \$270,000 for FY 2010. The trend of increasing revenue, however, declined in FY 2011 and FY 2012; and yet we still achieved around \$230,000, which is a sizable amount. In FY 2013, however, we increased publications revenue by 7% resulting in more than \$245,000 with only one new monograph. Sales significantly lagged behind projections in FY 2014: we had \$182,000 with a budgeted amount of \$240,000. We decreased the budget to \$195,000 in FY 2015. We completed FY 15 with total revenue in publications of \$187,477. We reached \$186,672 in FY 16. However, our year-end total as of June, 2017 was \$136,443, significantly

less than anticipated, with a budget of \$173,000. As of March 31, 2018, we have achieved \$131,407 with a budget of \$160,000.

We need to continuously monitor the impact of the used book market, the rental text book market, and eBooks, so that we can predict future revenues more accurately and so that we can publish more contemporary options. We are excited about the 3rd edition of the Music in Special Education text, as well as the new intro text and research text being coordinated by Treasurer Clair and Assistant Speaker Silverman, respectively, as part of the Financial Action Plan. They promise to be win-win for students, professors, and professionals alike! In addition, data from the recent publications survey sent to educators as part of the FAP, provides direction on the needs and how to proceed.

*Top 11 best-selling books in FY 2017 as of 6/30/17= \$113,730
(83% of the overall publications income):*

- Introduction to Music Therapy, Davis, Gfeller & Thaut = \$42,115
- Music in Special Education, Adamek & Darrow = \$20,309
(new 3rd edition published in March 2018)
- Music & Older Adults, Clair = \$7,483
- Medical Music Therapy—Gooding = \$6,955
- Music Techniques, Standley & Gooding = \$6,254
- Medical Music Therapy, Abromeit = \$6,158
- Introduction to Approaches in Music Therapy, Darrow ed. = \$5,743
- Music Therapy and Geriatric Populations, Darrow et al. = \$5,702
- Effective Clinical Practice—Mental Health, Crowe & Colwell = \$4,853
- Early Childhood—Humpal = \$4,649
- Medical Music Therapy—Pediatrics-Abromeit & Colwell = \$3,509

Now that all of the back content for our journals is online, we are delighted by the easy access; but we no longer have any revenue from the Research Jump drive, which brought in anywhere between \$10,000 - \$20,000. We are, however, accruing “pay per view” and single copy revenue, which has been temporarily diminished by our termination of the contract with ProQuest.

AMTA’s Library (most recent first)

March 2018 (FY 2018)

“Music and Special Education” third edition, Adamek & Darrow

October 2014 (FY 2015)

MEDICAL MUSIC THERAPY: BUILDING A COMPREHENSIVE PROGRAM

Edited, Lori Gooding, PhD, MT-BC, Florida State University
[replaced Jayne Standley’s “Medical Music Therapy” (2005)]

July 2013 (FY 2014)

BRIGHT START MUSIC: DEVELOPMENTAL PROGRAM FOR PARENTS AND TEACHERS OF YOUNG CHILDREN.

Edited, Darcy DeLoach, PhD, MT-BC, University of Louisville

September 2012 (FY 2013)

THE SOUNDS OF EMERGING LITERACY: MUSIC-BASED APPLICATIONS TO FACILITATE PREREADING AND WRITING SKILLS IN EARLY INTERVENTION

Edited, Dena Register, PhD, MT-BC, West Virginal University; Jane Hughes, MM, Retired-Leon County Schools, Tallahassee, Florida; Jayne M. Standley, PhD, MT-BC, Florida State University

Published Summer 2011 (FY 2012)

MUSIC THERAPY AND GERIATRIC POPULATIONS: A HANDBOOK FOR PRACTICING MUSIC THERAPISTS AND HEALTHCARE PROFESSIONALS

Melita Belgrave, PhD, MT-BC; Alice-Ann Darrow, PhD, MT-BC; Darcy DeLoach, PhD, MT-BC; Natalie Wlodarczyk, PhD, MT-BC

Published Fall 2010 (FY 2011):

“Premature Infants & Music Therapy” second edition, Standley & DeLoach

“Adults in Medical Settings” monograph series—Hanson-Abromeit & Colwell

➤ **E-Courses & Marketing**

As of March 31, 2018, the total revenue for E-Courses was \$12,670. We have eleven top-notch E-Courses currently available and others nearing completion, including one covering LGBTQ+ topics. For the past two years, a new E-Course has been free to members as a benefit of membership. As more educators adopt these courses for their classes, we expect the revenue to significantly increase. See the Financial Action Plan and Cathy Knoll’s report for details on new courses and future plans.

There is a pressing need to market the E-Courses. We recognize that the E-Courses have not realized their full potential as a member benefit and because there has not been a focus on marketing them. We plan to develop a marketing plan to maximize communication about the courses as well as revenue.

➤ **Journal Circulation and Subscriptions**

As of May 6, 2018, the total circulation numbers for JMT and MTP are presented in the tables that follow.

Our OUP representative, Michael Blong, will present a current publisher’s report at the mid-year Board meeting.

Here is an explanation of the categories from OUP:

The most important thing to keep in mind is the distinction between three key subscription categories: 1) traditional institutional, 2) migrated, and 3) consortia.

1. **Traditional institutional** subscriptions are full-rate subscriptions to the journals. These are broken down by type of subscription:
 - a. Online-only
 - b. Print
 - c. Print + Online or Combined

2. **Migrated** subscriptions are subscriptions that were previously traditional institutional subscriptions, but the library has converted their subscription as the journals are now part of our consortia package. Though they are now part of our consortia agreements, migrated subscriptions are still invoiced at the full-rate subscription price. This is because the library previously had a full-rate subscription. (This is the arrangement that publishers made with librarians so they can take advantage of consortia arrangements and journals can continue to maintain previous income levels). Migrated subscriptions are all online-only.
3. **Consortia** subscriptions are new online-only subscriptions to the journal that are the result of our consortia package. These are institutions that have access to the journals at a discounted rate.

Consortia

Consortia are groups of libraries that purchase whole collections of journal content, as opposed to purchasing on a title-by-title basis. They only receive online access to content and are required to maintain full-rate subscriptions to any title to which they are already subscribed (these are identified as “migrated” subscriptions in the figures and tables below). This provides libraries the opportunity to make more content available to their patrons than they would as an individual library, and it provides the journals with additional sales that might have been otherwise unrealized. Consortia agreements are an increasingly important source of readership and revenue as traditional institutional subscriptions decline, but should be viewed in the context of additional points of access and not be considered equivalent to traditional institutional subscriptions in either circulation or revenue.

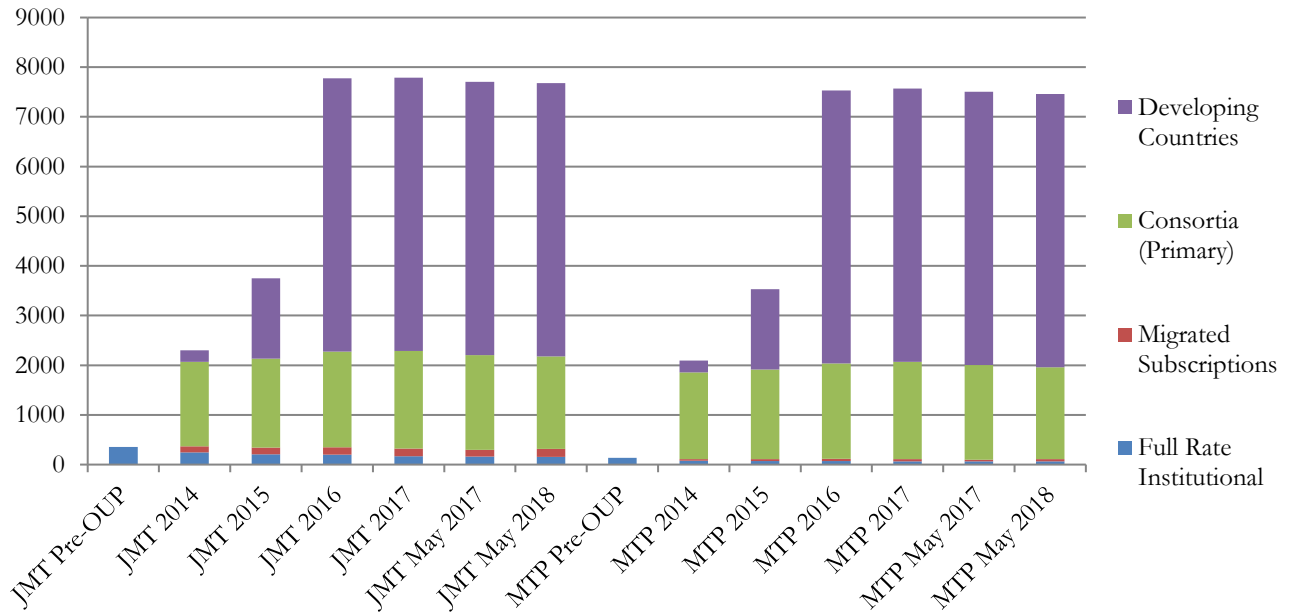
Developing Countries Initiatives

OUP participates in a number of free or heavily reduced developing country access initiatives, and we include *Journal of Music Therapy* and *Music Therapy Perspectives* in these arrangements. We review the participant country list annually, and use the World Bank’s economies rating every year to make sure that all countries within the lower and lower middle levels are able to access our content free or at a reduced rate (usually 95%). OUP continues to increase its content availability to developing countries, reaching more than **1,700** sites in 2013. In addition to providing content to developing countries, we work with partners, such as Research4Life, to provide the technological infrastructure so that readers can access the content.

Michael Blong and I worked together to derive the 2019 subscription rates. OUP recommended a small price increase for JMT and MTP. Printing, paper, and distribution costs will go up in 2019, so a small price increase is needed to offset higher expenses. According to OUP, library budgets are growing, and librarians are prepared to see higher journal prices. With the strong online usage that JMT and MTP are experiencing on the OUP platform, OUP marketing staff is convinced that the journals will continue to be seen as a value to libraries. AMTA, therefore, agreed to a minimal increase for 2019 rates for JMT and MTP.

Circulation Update – 5/6/18

2018 Circulation Totals by Journal



<i>JMT</i>						
Access Type	2014	2015	2016	2017	May 2017**	May 2018*
Institutional						
Print Only	205	151	123	101	98	86
Online Only	35	44	63	61	59	62
Print & Online	4	14	11	7	7	9
Total Full Rate Institutional	244	209	197	169	164	157
Consortia Sites						
Migrated Subscriptions	121	133	150	156	134	157
Primary Consortia Sites	1,704	1,789	1,927	1,963	1,905	1,865
Total Sites with Consortia Access	1,825	1,922	2,077	2,119	2,039	2,022
Developing Countries	234	1,619	5,500†	5,500†	5,500†	5,500†
TOTAL	2,303	3,750	7,774†	7,788†	7,703 †	7,679†

*As of May 6, 2018

** As of May 9, 2017

†2016 introduced a change in the Developing Countries model whereby OUP now offers its entire journal collection to participating institutions, reaching over 5,500 sites in over 100 countries. Due to this, *JMT* and *MTP* are both available for online access across these 5,500 sites; however, as this is not an “opt-in” service, there may be sites that have access that do not actually use the journals.

Access Type	<i>MTP</i>					
	2014	2015	2016	2017	May 2017**	May 2018*
Institutional						
Print Only	68	43	40	29	28	24
Online Only	9	22	26	32	31	36
Print & Online	1	6	6	5	4	6
Total Full Rate Institutional	78	71	72	66	63	66
Consortia Sites						
Migrated Subscriptions	33	37	42	43	37	44
Primary Consortia Sites	1,747	1,805	1,919	1,959	1,903	1,848
Total Sites with Consortia Access	1,780	1,842	1,961	2,002	1,940	1,892
Developing Countries	234	1,619	5,500†	5,500†	5,500†	5,500†
TOTAL	2,092	3,532	7,533†	7,568†	7,503†	7,458†

*As of May 6, 2018

** As of May 9, 2017

†2016 introduced a change in the Developing Countries model whereby OUP now offers its entire journal collection to participating institutions, reaching over 5,500 sites in over 100 countries. Due to this, *JMT* and *MTP* are both available for online access across these 5,500 sites; however, as this is not an “opt-in” service, there may be sites that have access that do not actually use the journals.

➤ **Scholarships & Fultz Fund & Clinician Research Grant**

AMTA is proud to administer 20 scholarship/grant funds, all of which are coordinated by Rebecca Preddie. Thanks to Susie Heppel, the new Chair of the Scholarship Committee and to Michele Forinash, Chair of the Fultz Committee.

The coordination and management of our 20 scholarships and grants is a large staff task for which AMTA receives no overhead expenses. A big thanks to Rebecca Preddie. And thanks to the Board for acknowledging the amount of staff time required to administer these funds and passing a motion to institute a policy of requiring overhead costs for any new scholarships or grants.

➤ **Affinity Programs**

Beginning in FY 2005, we established an affinity program with Amazon.com. AMTA receives 5% of purchases made from buyers who use the AMTA Amazon icon on our website to purchase goods from Amazon, which amounted to just over \$1,000 as of 6/30/17. In addition, selected AMTA publications are being sold on Amazon.com. Though Amazon demands highly discounted prices for its purchase of our books, the worldwide exposure is well worth the partial loss of revenue. Based on recent orders, it appears that our sales through Amazon are increasing. We also participate in “Amazon Smile.”

Finally, AMTA receives an annual stipend from AON/HPSO, which is the company that AMTA recommends to members for liability insurance coverage. Judy Simpson will be pursuing other liability insurance options for members that may impact the annual stipend.

➤ **Combined Federal Campaign (CFC)**

The Combined Federal Campaign (CFC) is the official workplace giving campaign of the Federal government. The mission of the CFC is to promote and support philanthropy through a program that is employee focused, cost-efficient and effective in providing Federal employees the opportunity to improve the quality of life for all.

As the world's largest and most successful annual workplace giving campaign, each year, more than 300 CFC campaigns throughout the country and internationally help to raise millions of dollars. Pledges made by Federal civilian, postal and military donors during the campaign season support more than 18,000 eligible non-profit organizations that provide health and human service benefits throughout the world. The Director of OPM has designated to the Office of CFC Operations (OCFCO) responsibility for day-to-day management of the CFC. See—www.opm.gov/cfc/

The vast majority of CFC designated charities participate as national organizations as members of national Federations. Since 2007, AMTA has participated in the CFC as part of a grouping of mental health-related non-profits. Dianne Wawrzusin serves as AMTA's CFC liaison with the *Mental Health and Addiction Network* (www.mhane.org) and submits the annual application and corresponding paperwork on behalf of AMTA. To maintain our participation, AMTA is required to submit numerous non-profit documents, and extensive reports for review and approval on an annual basis.

The Combined Federal Campaign, (CFC) launched its new donor pledge website, opening up the campaign's ability to accept online pledges for participating charities. Federal employees may now visit <https://www.facebook.com/CombinedFederalCampaign/> There is a brand new, centralized giving portal for all potential CFC contributors across the nation. Federal employees can now pledge volunteer service hours to participating nonprofit organizations. OPM now has authorization to solicit donations from Federal retirees during CFC's open season.

AMTA must provide a document that describes our services in at least 15 states over the prior three years. For the 2018 CFC application, the relevant years were 2015, 2016 and 2017. This document must clearly reflect national or international service. To meet the tests of the CFC, AMTA must:

- Explain how the services contributed to the health and welfare of the benefiting people or organizations
- Describe the services that were delivered
- List the locations where the services were provided
- State when the services in each location were offered
- List or describe the individuals or organizations that benefited from the services.

Past AMTA services, which have been included in the annual application packet, included Disaster response training, Arthur Flagler Research Fund Award, Library of Congress: Music & the Brain Series, Research Symposium: Improving Access and Quality: Music Therapy Research 2025," Arts Advocacy Day on Capitol Hill, drafted testimony & coordinated member presentation for US Senate Health, Education, Labor and Pension

(HELP) Committee, Reimbursement trainings, AMTA National conferences, and managing the Wilson Trust Music Therapy Project.

AMTA's application for the 2018 CFC included AMTA's collaboration with the Kennedy Center's public event, *Sound Health: Music and the Mind*, held on June 2-3, 2017.

It is important to note that the Office of Personnel Management instituted a new application fee and a listing fee for the 2018 campaign based upon an organization's Total Revenue (Form 990 page 1, line 12). AMTA's Total Revenue falls under the \$1 million and up category, which meant we paid a \$400 application fee in addition to a \$1,755 listing fee. (If the organization is not ultimately approved by the government, the Mental Health & Addiction Network (MHANe) - the Federation that AMTA applies through refunds the \$400 application fee. The listing fee is charged once an organization is approved for the campaign. It is also important to note that for the 2018 CFC, the Mental Health & Addiction Network charges 3% of an organization's received donations. AMTA's previous participation with the CFC did not involve these additional charges.

AMTA received our approval letter on August 8, 2017 from The US Office of Personnel Management to confirm our participation in the Fall 2017 CFC. AMTA was notified by the Mental Health and Addiction Network (MHANe) that they recently received the estimated totals from the government for the 2017 CFC and are in the process of preparing the pledge reports and getting their board to approve them. AMTA's gross pledges for the 2017 CFC (without any fees withheld) totaled \$1,936. The campaign was down nearly 40% this past year, due to getting an extremely late start as the government struggled to implement its new technologies. This late start led to AMTA receiving a refund in full of both the CFC 2018 Application Fee (\$400) and the Listing Fee (\$1,755) from the MHANe! The Mental Health and Addiction Network (MHANe) hopes to see a stronger campaign in 2018, as the campaign should start as it normally does in September.

The 2017 CFC ran through January 12, 2018. AMTA has not received any pledges to date.

AMTA has received the following 2016 CFC payments:

Payment #1 (\$696.33) – July 13, 2017

Payment #2 (\$1,160.81) - November 2017

Payment #3 (\$1,885.04) January 2018

Payment #4 (\$200.47) April 2018; and, if needed, late summer 2018.

AMTA received the following 2015 CFC payments:

Payment #1 (\$835.38) – July 2016

Payment #2 (\$2,093.27) - October 2016

Payment #3 (\$2,211.73) - January 2017

Payment #4 (\$1,759.10) – April 2017

Payment #5 (\$362.54) – April 2018

It is important to note that there are pledges made that donors do not fulfill. Some federal workers change jobs, pass away or otherwise cannot meet their pledge totals (estimated at

17%). Additionally, for the 2015 CFC, the MHANe Board approved a 3% fee on the adjusted pledge amount (Gross Pledges less 17%) of (\$255.82). Taking this percentage fee into account, the actual total amount distributed was \$7,262.02.

Although the 2016 pledges projected amounted to \$7,689.58, there is a projection of (\$1,307.22) not being received due to fees charged by CFC processing offices and pledges that donors do not fulfill. Additionally, for the 2016 CFC, the MHANe Board's 3% fee on the adjusted pledge amount (Gross Pledges less 17%) came to (\$191.47). The actual total amount distributed between July 2017- April 2018 was \$3,942.65.

It is important to note the downward trend in total pledges received. When the decreased pledge amount is coupled with the application fee (\$400), the listing fee (\$1,755), the 3% processing fee, plus the cost of staff time to prepare and submit the application, consideration should be given from a financial basis as whether or not to continue being a part of the CFC campaign. In considering this decision, it is important to note that participation in the CFC does, however, provide the federal work force with exposure to music therapy and AMTA. N.B. Estimates of federal employees include over 2 million individuals plus millions of active duty military personnel, contracts, and grantees.

On September 12, 2017, the *Washington Post's* weekly column, "Federal Diary," addressed a new report that shows some notable changes in federal employee giving. Marshall Strauss, chief executive of the *Workplace Giving Alliance* stated in an email to his board of directors that federal donors clearly reacted to the election of Trump in 2016, providing several charities with a sizable Anti-Trump bounce in their pledge results. Straus reported that the American Civil Liberties Union was up almost 400 percent in comparison with its 2015 CFC results. The Southern Poverty Law Center saw its pledge number jump by 345 percent, and the National Resources Defense Council saw its pledge total jump 180 percent. The report stated that "organizations focused on civil rights and environmental protection saw some of the biggest increases in pledges in 2016," which presumably reflect "a perception that these topics would lack support from the new administration."

For additional information on the Combined Federal Campaign (CFC) please visit the Workplace Giving Alliance (www.wg-alliance.org).

➤ **Investing in AMTA's Infrastructure**

Recent Upgrades: Email Server, New Firewall, Phone Hardware and Voicemail Software; Replacement laptops as desktops, New Tablets, New Copier, and New Postage Machine

The decisions we made about all of the technological upgrades have been "spot on," resulting in improved productivity in the national office. Each decision has afforded us increased functionality while saving money. We are on the second wave of replacing our desktop computers with laptops that can be used in the office or on travel. Angie has been invaluable with keeping us up to speed with functioning and up to date computers. [See Angie's report for more details.]

We also have a new fax machine (after 20 years), and a recent Pitney Bowes postage machine, both of which have greatly increased function without much additional cost. We also replaced the Canon copier with a new Xerox model to increase functionality and efficiency and reduce some costs. We are constantly reassessing the functionality of our equipment. In most cases, we have no choice but to replace the machines because new parts are often no longer available. The staff is very appreciative of all the upgraded equipment and how it eases the speed with which they can serve members and other customers.

➤ Member Connections—Disaster Relief and A Personal Touch—
AMTA Expresses Thoughtfulness, Compassion & Congratulations

AMTA Expresses Thoughtfulness

The AMTA national office staff continuously responds to the births, deaths, illnesses, retirements, and miscellaneous important events in the lives of our members.

Since the 2017 Annual November meeting, we were saddened by the loss of music therapist, Benedikte Scheiby. According to the NYU website, Benedikte held a Master's degree in both Music Therapy and Music Education and was a certified and licensed Creative Arts Music Psychotherapist. She was an adjunct faculty professor at NYU in Music Therapy and had been the Director of Intern Training and Supervision at the former Institute for Music and Neurologic Function in the Bronx where she had trained dozens of music therapy interns. Benedikte had a private practice in Music Therapy in midtown Manhattan. She had published many peer reviewed articles, book chapters, a book, interactive Wellness CDs and a DVD focusing on research in the area of Analytic Music Therapy training and clinical practice. Benedikte presented workshops both nationally and internationally on Analytical Music Therapy.

Benedikte's "name will be forever connected with Analytical Music Therapy (AMT) a branch of music therapy infused with psychoanalytic thinking developed by Mary Priestley in England and carried on by Benedikte in the United States and beyond." Benedikte "understood implicitly that success in therapy can result only from a strong therapeutic relationship. Unconditional positive regard was her default state of being."

Music therapist, Dean Olsher, wrote in *Psychology Today* that Benedikte was a "figurative mother to a sizable number of music therapists in the greater New York area and scattered around the globe." She was a multifaceted individual who left more than one single legacy. "The people whose lives she touched and changed all carried her words inside them." Olsher noted that Benedikte spoke a handful of specific phrases that she would use at the end of a session. Most notably he shared that "when I hear Benedikte's voice helping me to be a better therapist, and they are frequent, she reminds me that you are your own best teacher." She will be missed.

On behalf of AMTA, the national office staff acknowledges events with a personal touch. We keep a supply of greeting cards on hand to offer either congratulations or a note of support. On occasion, staff travel to memorial services for members we have lost. Dianne Wawrzusin is an expert at assembling personalized care packages for members, their

families and their children. We have received notes of thanks for reaching out to members who appreciate that they felt embraced by the larger AMTA community. Here are a few excerpts:

“Thanks for the lovely flowers that you sent to my wife’s memorial service – very thoughtful and much appreciated.” – from a long-time AMTA member, 4/18

- ❖ **Earlier this year, I was a public health graduate student working on a thesis concerning Alzheimer's disease and music and was really fortunate to have been helped by you (Dianne)!**

Thank you so much for the info you graciously shared with me and for helping me connect with other wonderful people as well! I have gotten many responses back, and I've also been asked to send Barb Else warm greetings from Prof. Ridder in Denmark.

I value all that I learned in the process, and I am immensely grateful for all of the help and info and contacts that you sent my way. Thank you so, so much for taking the time to do all of that for me. I truly appreciate it.

- ❖ **Thanks so much for the sweet card congratulating us on our new baby boy! We are excited!**
- ❖ **Your card and package arrived on a day that I was weary from this long medical journey our little son travels. What a blessing to know that after all this time I had not been forgotten and that others are still praying for our miracle boy. Your gift and your thoughtfulness moved me to tears. I thank you for your love, support, and most of all your faithful prayers.**
- ❖ **I have been home from the hospital now for a little over 2 months but I haven't forgotten about the support AMTA showed for me while I was in the hospital. These thoughtful gestures reminded me of how blessed I am to work in a profession with such supportive colleagues.**

Disaster Response Update

The magnitude of disasters over the past few years has continued to be exceptional and tragic in so many ways. We appreciate the increased coverage for disasters by Deb Williams in 2017 and now, Andrea Dalton, current Regional President Representative, and Barb Else. As you will read in their reports, a few situations—man-made and natural—have arisen this year. And with increasingly atypical weather patterns, we continue to be vigilant so we can be poised to assist members and others in need. Over the past decade, we have been fortunate to have Barb monitoring these often urgent and life-threatening situations for our membership in the US and working in collaboration with the World Federation of Music Therapy to assist music therapists around the world. Thanks to Andrea Dalton for seamlessly continuing on with disaster relief as part of the Regional President Representative's tasks.

On a more personal note, it's not just that AMTA assists during these difficult situations; it's the care and kindness that has been shown to our members and other music therapists (you do not have to be an AMTA member to receive assistance) over so many years. Dianne also adds to the team with lovely personalized care packages. We are so grateful for Barb's, Andrea's and Dianne's skills in this never-ending area of need.

IV. ASSOCIATION PERSONNEL

Intensifying & Expanding Workload

On the occasion of the 68th anniversary year of our association(s) and AMTA's 20th anniversary, and in light of many transitions, it is incumbent on the entire leadership of AMTA, especially the Board of Directors, to look inward and continuously question our path; to look outward and analyze trends; and to integrate looking inward and outward as we set priorities and plan for a healthy, robust, and dynamic future for music therapy and AMTA.

Because the Board is the sole (soul) fiduciary agent, responsible for overseeing our association and determining long-range goals and objectives, it is crucial for me as the Executive Director to reiterate concerns I have included in my written and oral reports for many years—the staff workload continues to expand at a troubling rate. And the national office staff and consultants continue to be stretched beyond their limits. This is not a new situation but it needs to be reiterated to keep it on the Board's radar.

We have seen huge increases in:

- **misrepresentations of “music therapy” in print, online, and throughout Social Media outlets;**
- **matters that involve consultation with AMTA attorneys;**
- **education, clinical training, and research inquiries;**
- **clarifying confusion about music therapy in general and AMTA programs and policies in particular, based on content generated on Social Media outlets**
- **state recognition and regulation activity and targeted opposition;**
- **assistance with music therapy program development and financing/reimbursement**
- **federal legislative coalition participation, heightened stress with the amount of policies, programs, and regulations being rescinded daily;**
- **website requests and online order fulfillment; and**
- **the complexity and increasing expense of conference site selection and planning.**

Simply put, we require additional, sustainable revenue to expand staff resources to meet the demands facing the members of our association and in order to fulfill our mission.

We should be proposing significant increases in part-time and full-time staff positions to satisfy this rapidly increasing demand from members and consumers alike. Though we have had two consecutive years with sizable surpluses, i.e., in FY 16 and FY 17, both years' surpluses have been buoyed by one-time donations and an unrealized investment gain in FY 17. However, these surpluses are not stable enough to hire the staff we need and the FY

18 budget, which included another deficit, does not promise that stability either. Per the Treasurer's report and related financial materials, including the FAP, plans are underway to stem these deficit tides. The reality, however, is that we have not reached a regular and stable sizeable surplus sufficient to afford/sustain the additional staff positions we need.

It is especially important for the Board to keep in mind that the need is there, it is unfilled, and the staff remain stretched!

In addition to these selected association highlights listed, please remember the many other AMTA ongoing activities including routine office administration; managing bank accounts and investments; hiring and supervising staff; preparing and analyzing financial materials; fulfilling requests from Regional officers and officials, members, and others; generating letters of support for members' grant requests, program development proposals, and academic promotion applications; responding to government relations inquiries; publishing MTM Online newsletters, ENewses, journals, and other publications; conference management; responding to public education requests; continuous Website updating; ongoing maintenance of all computer, office and other related equipment; and other miscellaneous tasks.

➤ Personnel Stability

In transitioning to my retirement and reviewing the longevity of staff, the Board is seeing first-hand how our association has grown and prospered because of the stability and long-term dedication of its staff members. In addition, AMTA has been spared the expense of replacing personnel, as well as the time it takes to get new staff oriented and "up to speed." Our most recent part-time hire was a rehire--our part-time office assistant, Jenny McAfee, who worked for us previously, returned in August of 2015. Our "most recent" full-time hire is Judy Simpson at 19 years!!

• **National Office Staffing Status**

The current staff structure of the AMTA National Office as of May 1, 2018, includes nine full-time professionals (two of whom work 35 hours a week and one who works around 30+ hours per week), one part-time staff assistant, and seven part-time consultants.

Amongst the National Office contingent of 17 staff and consultants, half are Board Certified Music Therapists.

Executive Director (Andi Farbman - 30 years)

- **five music therapists (MT-BCs) functioning as:**
 - ❖ **Director of Communications and Conferences**
(Al Bumanis - 27 years)
 - ❖ **Director of Government Relations (Judy Simpson - 19 years)**
 - ❖ **Director of Membership and Information Systems Manager (Angie Elkins - 21 years)**
 - ❖ **Director of Professional Programs (Jane Creagan - 29 years)**
 - ❖ **Administrative Services Coordinator/Office Manager**
(35 hours) (Dianne Wawrzusin – 12 years in this position)

- Government Relations Associate (Rebecca Preddie – 15 years full time employee—full time GR since 2009—9 years)
- Senior Administrative Assistant— (30-35+ hours per week) (Tawna Grasty – 11 years)
- Membership & Meetings Associate (35 hours per week) (Cindy Smith – 20 years)
- Office Assistant (15-20 hours per week) (Jenny McAfee – 3 years)

Consultants

- ❖ part-time Senior Research and Policy Advisor and Special Projects consultant; Wilson Trust National Project Manager; Journals' Consultant, and Government Relations consultant (MT-BC) (30+ hours per week) (Barbara Else)
- ❖ part-time Information Specialist and Social Media Coordinator (MT-BC) (40-60 hours per month) (Kimberly Bell)
- ❖ part-time Government Relations Specialist (MT-BC) (40 hours per month) (Maria Hricko Fay)
- ❖ part-time Special Education Legal consultant (3-5 hours per month) (Myrna Mandlawitz)
- ❖ part-time Wilson Trust Regional Manager (MT-BC) (1-2 days per month) (Patti Catalano)
- ❖ part-time financial management consultant CPA (1-2 days per month) (Susan Hughes-replaced Char Patterson in September of last year but we are searching for a replacement for her as she is taking a full-time job.)
- ❖ part-time document and storage specialist (5-10 hours per month) (Travis Smith)

- STAFF HIGHLIGHTS (in alphabetical order):

- ◆ Al Bumanis, MT-BC, Director of Communications and Conferences [27 Year Veteran]

For twenty-seven years, ever since he rolled up his sleeves and came to work a month before his start date to help with the Senate Hearing on Music Therapy & Aging in 1991, we have had the distinct honor and pleasure of working with Al. AMTA has benefited greatly from his mastery of conference planning principles and logistics, as well as his congenial and collegial working style. As the hotel and hospitality industry rebounds from the lagging economy, hotel selection and contract negotiations have become costlier and more complex. The market clearly favors the hospitality industry these days. We should all be glad that we have the team of Al and Cindy on our side! Additionally, the exponential increases of electronic and social media have enlarged his workload tremendously as he strives to fulfill our mission of educating the public about music therapy. Al has scores of web-based articles to evaluate every day!

- ◆ Jane Creagan, MME, MT-BC, Director of Professional Programs [29 Year Veteran]

We owe Jane a great deal of thanks for exceptional and tireless work. Jane’s “extra work” over and above her committees includes working with the Education and Training Advisory Board as well as many “as needed” tasks. She provides historical context and sage advice, while she continues to manage hundreds of career inquiries, new academic program inquiries, the academic reapproval process, clinical training site approval process, and the many individual inquiries from students, interns, and professors. Her technical assistance work in terms of the increased number of labor-intensive education and clinical training inquiries has expanded. NMTR queries have increased again due its impending closure in 2020; and Jane has done well with these inquiries. Jane spends a significant portion of every day patiently answering questions and providing guidance to AMTA-members, education and clinical training directors/administrators, exhibitors, and many prospective students and parents. On top of all of her “professional program” responsibilities, Jane and Cindy are a terrific sponsorship team, succeeding in securing conference sponsorship each year and Jane and Tawna manage the Exhibit Hall with aplomb! Thanks to Jane for nearly three decades of commitment.

◆ Angie Elkins, MT-BC, Director of Membership Services

***** [21 Year Veteran]*****

Angie is always busy with the multiple aspects of her job--the demands keep increasing as does her skill set. Her job defines high level “multi-tasking.” We are fortunate to have someone of her caliber and expertise to coordinate our growing technology needs, especially an MT-BC. Given all of our additional infrastructure replacements and computer upgrades every year, it is clear that Angie’s job never ends in a “rapidly changing national office.” Additionally, Angie has been working with the Membership Committee, the Board, and AMTA staff to continuously generate new ways to encourage and promote membership in AMTA, even after all these years. She is also managing production aspects of special events at the annual conference. Angie’s graphic design skills and IT expertise are major assets for AMTA. As cyber security threats grow daily, Angie has to keep current AND educate staff about ways to protect AMTA’s data and online presence—a real and relentless challenge! Angie creatively completes many AMTA design projects, such as the preliminary and final conference programs; and publications such as the new introduction to music therapy text. In some fundamental way, Angie is integrally involved in every office project. She’s either assisting with computer software, doing graphics or desktop publishing, processing the invoices or bills, or updating the web site. AMTA is privileged to have Angie as a member of our team.

◆ Tawna Grasty, BFA, Staff Assistant (30+ hours per week)

*****[11 Year Veteran]*****

Tawna came to AMTA with years of experience as a graphic designer and media assistant. She manages office reception functions, including answering the phones, sending out orders, responding to inquiries, as well as supervising our staff assistant. Two additional challenges, i.e., the increased usage of online purchasing with our database system and annual publications sales, keep Tawna extra busy. She continues to initiate “Pop-Up” sales on the website. Tawna’s organizing skills are matched by her judgment and integrity. She is the consummate customer service representative and her judgment always excels. Additionally, she is assisting with numerous AMTA graphic design projects, including

many of our newest e-Courses, books, and fliers. Each year Tawna assumes additional responsibilities at the annual conference, such as hosting the AMTA Village and Exhibits, freeing up Jane to attend to related committees and task force meetings.

◆ **Jennifer McAfee, Staff Assistant (part-time) [3+ year]**

Jenny returned to the AMTA fold (August '15). Jenny handles the phones, product orders, and the many daily administrative tasks with a contagious smile. As one of the first faces a visitor sees, and the first voice a caller hears, Jenny represents us extremely well! In addition, Jenny has been instrumental in compiling, “Music Therapy Matters Online” for the third year. She also uses music in her other professional venture as a dance studio owner--how fitting!

◆ **Rebecca Preddie, Federal Programs Analyst/Scholarships & Grants Coordinator [15 Years full-time of which 9 have been full-time GR]**

We are fortunate to have Becky’s enthusiasm and competence with multiple and varied responsibilities. In her role as our Federal Programs Analyst, she has established herself and music therapy in the DC-based national health, education, and disability communities, and has been a great help to Judy. She has done an excellent job in representing AMTA and has become a leader within coalitions such as CCD and HPN, as well as with members of the administration and Congress. Her analysis of what is relevant for AMTA members is extremely helpful. This year continues to be especially challenging with the current administration and the toll it is taking on the programs and services for the populations we serve. On top of Becky’s federal policy work, she coordinates all AMTA scholarship and grant programs—20 in all. A big “thanks” to Becky for her continued service and for her competent handling of our many scholarships and grants.

◆ **Judy Simpson, MT-BC, Director of Government Relations [19 Year Veteran]**

With an ever-growing number of active state task forces this year, Judy is busier than is humanly possible! This year has been another hugely busy legislative season and it hasn’t ended. You will see details and photos of impressive Hill Days, advocacy training and active legislative work in Judy’s report. I’ve asked her to contemplate what our *capacity* is for state legislative activity because we cannot simply increase the workload every year; there is a breaking point. Judy’s leadership has always shone, whether it was when she served as a volunteer as Council Coordinator and as the Vice President or in her nineteen years as a staff member. Following another year of escalating state regulatory initiatives with many nights of conference calls, Judy remains active presenting CMTEs and assisting states with Hill Days. She also again chaired the Americans for the Arts’ Health Task Force and authored the issue brief for Arts Advocacy Day. Her Reimbursement e-Course is a great resource for members and educators. One of our biggest challenges is to manage Judy’s workload and provide additional support. To ease a small piece of her pie, we hired Maria Hricko Fay three years ago as a part-time (roughly 40 hours per month) government relations specialist. Maria has been very helpful and yet the workload is growing. In addition, Rebecca Preddie manages federal issues and Barb Else occasionally assists with research requests from legislators, but that’s only the “tip of the iceberg.” You will see the

amount and depth of her work in the areas outlined in her report. AMTA is extremely fortunate to have Judy as a member of our team.

♦ **Cindy Smith, Membership & Meetings Associate [35 hours per week]**

****[20 Year Veteran]****

Cindy has functioned in the role of membership associate and accounts receivable staffer for twenty years. She also handles many membership issues and assists with conference planning. Because of her efficiency and “can do” attitude, she is also our Meetings Associate, providing support to AI with an expanding number of conference planning tasks, as well as managing conference registration. Cindy is doing the majority of the site visits for future conferences, which eases AI’s travel schedule. Cindy’s conference planning and management skills are excellent. Cindy’s calm manner is an inspiration to all of us. She is always willing to help out and lend a hand and does so with such tact and diplomacy. We are thrilled to celebrate having Cindy on our team.

♦ **Dianne Wawrzusin, MM, MT-BC, Administrative Services Coordinator**

[12 Years in this position (service to AMTA dates back more than 30 years)]

Dianne’s responsibilities include the vast majority of office administrative functions, CFC coordinator, being the assistant to the Executive Director; and creating ALL the Board, Assembly, and Business minutes. She completes tasks with competence and enthusiasm and has an exemplary work ethic. Dianne assists board members, regional officials, and me with whatever is needed. One of her most admired skills is assembling care packages for members who experienced illnesses or disasters or have something to celebrate. When she knows there are kids in the family she always includes some treat for them too! She also continues to provide additional staff assistant support as needed. We are fortunate that Dianne is flexible enough to meet our needs. She is an extremely knowledgeable professional about the association and music therapy. Dianne has worked for the association in both part-time and full-time roles starting in 1988.

Government Relations Specialist

Maria Hricko Fay, LSW, LCAT, MT-BC and Fellow of the Association for Music and Imagery, joined the AMTA team in spring of 2015 in the part-time consultant position of Government Relations Specialist. Maria previously served on the Mid-Atlantic Regional Executive Board as Government Relations Chair, working closely with AMTA and CBMT on the State Recognition Operational Plan. A Master’s Degree in Social Work is where Maria was introduced to the impact that social policy has on clients’ access to services. Maria works closely with Judy Simpson, AMTA Director of Government Relations, and Dena Register and Kimberly Sena Moore, CBMT Regulatory Affairs staff. Her work includes responding to many government relations emails, arranging and participating in conference calls, assisting with and attending Hill Days and Advocacy Trainings, and representing the profession through a variety of state and national advocacy events.

Information Specialist & Social Media Coordinator

Kim Bell has worked as a consultant-information specialist for AMTA since 2006. For more than 10 years, she has responded to or referred AMTA emails to the appropriate staff person. She typically works an hour or more every day, including weekends, so that

requests for information can be responded to quickly. Additionally, because of her expertise, she replies to more in-depth questions, especially related to IEP matters and technology. Kim’s responsibilities were expanded last year to include becoming AMTA’s Social Media Coordinator. In that role, she both monitors and creates social media content for AMTA. She is totally reliable and a joy to work with.

Senior Consultant & Special Projects Coordinator

Barb Else began working as a consultant doing special projects for AMTA in 2005. She has continued for 13 years to work effectively and efficiently off site, as well as working on-site annually for several weeks as needed. Her time increased in FY 2015 because of her leadership with “Music Therapy Research 2025.” As you will see from her report of her overall activity, she is spearheading the implementation of MTR 2025, the publishing partnership with Oxford University Press, the Wilson Trust Music Therapy Initiative; and working on strategic priorities, selected government relations inquiries, research queries, conference special events, and numerous disaster responses. She has donated many in-kind hours. She is an absolutely indispensable asset to AMTA and our profession. Her grasp of issues, analytical skills, and dedication are rare for any employee, let alone for a consultant. And the speed with which she completes assignments is laudable. We appreciate our long-term consulting relationship with Barb and all that she gives to AMTA.

A SPECIAL THANK YOU AND HEARTFELT APPRECIATION & GRATITUDE TO THE NATIONAL OFFICE STAFF & CONSULTANTS FOR THEIR CONTINUED SERVICE AND COMMITMENT TO AMTA AND TO THE MUSIC THERAPY PROFESSION.

I KNOW THE BOARD JOINS ME IN APPLAUDING THE EFFICIENCY, RESOURCEFULNESS, PRODUCTIVITY, AND DEDICATION OF THE NATIONAL OFFICE STAFF.

• **FUTURE STAFFING NEEDS TO CONSIDER**

- 1) **Contingency Fund for staffing needs on an as-needed basis. In prior years, we had several thousand dollars extra in the staff line to use for temporary staffing needs based on long-term staff absences, special projects, etc. This fund should be between \$3,000-\$5,000.**
- 2) **Consideration of a Music Therapy Policy Fellowship for a recent music therapy graduate to work full-time in the national office for 6-9 months learning government relations and professional practice policy issues. Stipend and housing/per diem to be determined.**

V. ASSOCIATION FINANCES

(See report of AMTA Treasurer and Financials Documents provided in the Board book for detailed analyses)

▪ **FY 2018 Year to Date Status**

FY 2018 Budget included \$1,753,000 in Revenue and \$1,829,000, resulting in a deficit of (\$76,000), having been increased twice—once in December and once in February. N.B. The revisions together added \$10,000.

As you can see from the March Year to Date figures in Column L, and the April Financial Statement in the Financial Section of the Board book, the bottom lines are showing surpluses as opposed to deficits. That being said, however, as of May, it is still too early to predict how FY 2018 will turn out because we have a disproportionate amount of expenses yet to come in for the year in the two remaining months; and we have the transition expenses as well. On the positive side, the expenses showing for the Wilson Trust Initiative will be allocated from the fund and removed from the operational budget at the time of audit preparations. The Financial Team believes that the approved deficit will be less than anticipated and that it is possible that there may be a surplus. The May Financial Statement will be prepared in mid-June and we will be prepared to provide an updated analysis and predictions at the mid-year meeting, which will also have an impact on our assumptions for FY 2019.

Detailed budget notes for each and every line item, along with eight years of year-end actual figures, are included in the Financial section of the Board Book. In addition, Budget Revenue and Expense Worksheets from 2011 - 2018 are included along with the FY 19 Budget.

- **FY 2019 Budget**

The Financial Advisory Committee met recently, on May 17th, to review and discuss the proposed budget. Following a discussion with questions and answers, the FAC unanimously endorsed the FY 19 Budget as proposed. The FY 19 Budget includes \$1,874,000 in income and \$1,956,500 in expenses with a deficit of (\$82,500). As compared to the FY 18 Budget, the revenue and expenses are 7% more and the deficit is 9% more. We all expressed dissatisfaction with recommending a deficit budget. However, we feel that it was the most conservative approach with the information we had and in recognition of many unknown factors related to the transition. Please note that continued attention must be devoted to the three priority areas of the Financial Action Plan to increase and diversify revenue streams. Additional FY 19 Budget details are available in Treasurer Clair's report.

- **AMTA (national and regional) & NMTR 990s**

The IRS 990 requirements and paperwork continue to grow in complexity. The questionnaires and data collection are time-consuming for Regional Presidents and Treasurers and national office staff alike. It is definitely taking more than twice as long as it used to. Because of the time lag of receiving regional 990s, completion of the group filing for FY 17 was delayed until 2018. Thanks to all the regional officials for their work on the Affiliate 990s, especially to the treasurers. And thanks to board members for reviewing and approving the latest AMTA 990.

- **Investment Portfolio**

I am in regular contact with our M & T Wealth Management Division representative, Joseph Class, to review our portfolio; we met last summer. The bottom line is that the market is improving. It was gratifying to accrue over \$40,000 in interest as well as nearly \$27,000 in unrealized gains in FY 2017. Now that we pay fees for management, our return is less than we had in previous years. When Mary Boyle and the Investment subcommittee were managing our portfolio, we did not pay fees for investment advice. In times like these

when the interest rates are low, having to pay approximately \$6,000 in annual management fees really cuts into the interest income.

The original projection for our long-term forecast for our portfolio, given our conservative guidelines, was a 6% annualized return, gross of fees. In reviewing our return from the inception of the account, our portfolio has returned 5.72% annualized revenue. The bottom line is that if we want a higher return, we would have to be more comfortable with an increased level of volatility, which has not been our conservative stance. I will review the latest portfolio statement, market trends, and the impact of legislative changes charitable giving at the mid-year meeting. (See Appendix B)

- **Wilson Trust funds**

Wilson Trust funds are housed in cash reserves. We have not invested the Wilson Trust funds in any short-term vehicle to accrue interest because of the related risk and not wanting to tie up the money for a long period of time.

- **Cash Flow Management**

AMTA has a line of credit with its bank for \$125,000 to deal with possible cash flow shortages. The cash flow is generally the lowest in the summer months in between dues and conference collections. We have not activated the line of credit since 2003 and we do not anticipate needing it in FY 2018.

- **Continuing Analysis of Ongoing & Future Financial Requirements**

Long-term financial planning is one of the Board's fiduciary responsibilities but implementation of that has been complicated and difficult. However, the Financial Action Plan includes some long-term plans that need to be implemented.

VI. NATIONAL MUSIC THERAPY REGISTRY

The number of NMTR registrants continues on a predictable and gradual downward path. As of May 1, 2018, there are 201 registrants and the member to non-member ratio is 37% members and 63% non-members, which is fairly standard for this time of year.

The rate of decline has decreased to about 8% annually. It is likely that the majority of registrants plan to remain on the registry until it ends, in less than two years, in 2020. The question remains whether there is anything else we can do with or for this group of music therapists.

Jane Creagan and I, acting as the Deputy Director and Executive Director of NMTR, respectively, convened our annual NMTR Board meeting this year. The NMTR Board consists of:

President: Elaine Abbott, PhD, MT-BC

Secretary: Nancy Perkins, MA, CMT

Treasurer: Caryl Beth Thomas, MA, LMHC, ACMT

The NMTR Board agreed to attempt to call all registrants to ensure that they understand that the Registry will be terminated on 1/1/20 and that AMTA membership is open to them and what that entails (for non-members). In addition, NMTR Board members will be available to answer questions that registrants may have.

Remaining tasks 1) to determine any ways for AMTA to meet the needs of the NMTR registrants and 2) how to replace the \$33,000 in income.

Please see Jane Creagan's reports for additional details.

VII. FUTURE PRIORITIES FOR JUNE-OCTOBER 2018

A. Targeted Priorities

- ✓ Hire new monthly accountant, CPA, or contract with a firm
- ✓ Continue overseeing OUP Publishing; closely monitor process for new JMT positions and develop restructuring plan
- ✓ Provide resources/support to Transition Committee, *as requested*
- ✓ Coordinate Spokesperson agenda and events with Renée Fleming, providing support and resources
- ✓ Follow-up with NIH & Kennedy Center's "Sound Health" Initiative
- ✓ Prepare for and Complete Annual Audit for FY 18
- ✓ Compile data for FY 18 IRS form 990s (AMTA's and Regions'); provide support and technical assistance to Regions for completion of 990s
- ✓ Evaluate and monitor implementation and improvements for Website and ongoing generation of new content and enhanced navigation
- ✓ Work with Treasurer and the Board to implement Financial Action Plan— Immediate and Long-Term Plans to include non-dues and non-restricted income
- ✓ Manage MTR 2025 follow-up and implementation
- ✓ Consider revisions for FY 2019 Budget in second quarter of 2019
- ✓ Continue to advocate for increasing access to music therapy in the military, provide technical assistance to newly developed MT programs, and assist NEA with the development of programs and positions

- ✓ **Manage and develop marketing plan to promote E-Courses**
- ✓ **Establish final priorities for Wilson Trust Music Therapy Initiative**
- ✓ **Monitor ‘certification’ efforts for artists in healthcare and progress of NOAH**
- ✓ **Oversee planning of future conferences**
- ✓ **Manage calls to remaining registrants on the National Music Therapy Registry; continually educate about NMTR closing as of January 1, 2020**

B. On-going Priorities

- ✓ **Monitor Membership Growth/Numbers**
- ✓ **Further develop alliances**
- ✓ **Pursue relationships with potential partners**
- ✓ **Expand Artist relations**
- ✓ **Expand medical partnerships and explore new ones**
- ✓ **Oversee Scholarship and Grant programs**
- ✓ **Manage cash-flow**
- ✓ **Oversee investments**
- ✓ **Oversee Clinical Training, Education, and Ethics**
- ✓ **Oversee future Conference Planning and Site Selections**
- ✓ **Oversee Government Relations Activities**
- ✓ **Oversee Fund-Raising Plans and Related Activities**

End of Executive Director’s Mid-Year Report 2018

APPENDIX A: Membership History and Workforce Commentary

Membership Analysis 1999-2016

In reviewing membership data dating back to the inception of AMTA in 1998, we reached a new historic peak year for total members as of 12/31/2016 with 4,104 members; the previous high point was 1999 due to unification and the World Congress. As of 12/31/99, the total professional membership equaled 2,745 as compared to the total for 12/31/16 of 2,274 resulting in a decline of 17%.

By comparison, the 12/31/99 total of undergraduate students (1,004) and graduate students (107) equaled 1,111 as compared to the 12/31/16 total of undergraduate students (1,228) and graduate students (441) of 1,669, representing an increase of 50%, due mainly to the increase in graduate students. The undergraduate student number has ebbed and flowed, reaching an all-time high of 1,228 as of 12/31/16; whereas the graduate student number has steadily increased, peaking in 2013 with 500; comparing the number of graduate students in 12/31/99 to 12/31/16, there is an increase of over 400%.

Commentary: Workforce Numbers & Access to Quality Music Therapy Services—Cause for Examination/Reflection

In every mid-year and annual Board report, an analysis and synthesis of membership data, financial information, and data from the National Music Therapy Registry (NMTR) and the Certification Board for Music Therapists (CBMT) are provided, examining trends retrospectively. In examining professional member numbers from Board books, it appears that the mean and median of the total number of professional members of AMTA/NAMT from 1992-2014 (excluding 1998 and 1999) hover around 2500.

At the 2014 mid-year meeting, Historian Bryan Hunter provided a few tables with pertinent data—one that depicted the number of CBMT certificants combined with the number of NMTR registrants as compared to the total number of AMTA professional members and a second table showing that the percentage of MT-BCs as compared to AMTA professional members has dropped from a high in 1999 of 65% to a low of 36% at the end of 2013.

Perhaps the most striking calculation, however, relates to access to qualified music therapists, which is simply the total number of certificants and registrants as of 10/1/1998, which was 4534, as compared to 10/1/16, which was 7256—a 60% increase.

Assisted by the data, how do we assess the workforce supply of those “qualified” to practice in 1998 as compared to today. Is a 60% increase good? is it bad? how does it compare to other similar professions? In scrutinizing the data, a number of questions arise, many of which are relevant for the MLE discussions:

- What is/are the implication(s) for the next 20 years given 60% growth in the past 18 years? How many of those with credentials or designations are practicing?
- What factors account for this level of growth?

- **Given the steady number of students who have graduated from AMTA-approved programs and the steady increase of MT-BCs, how much growth in new MT-BCs has occurred?**
- **What is the impact of music therapists taking time out for families?**
- **What is the impact of those leaving the profession to pursue another profession?**
- **What is the impact of those retiring from the profession?**
- **What are the most efficient and effective ways to grow the profession?**

In terms of the AMTA mission, the number of qualified active music therapists in the workforce is a primary focus. Further, answers to these questions are important data points for the MLE subcommittee’s research. Measuring the growth and workforce supply also are keys to the health and well-being of our profession. These numbers are not merely important for membership or income, they are keys to ensuring access to “quality music therapy services” as our mission charges us to do.

APPENDIX B AMTA INVESTMENTS



Selected Period Performance AMERICAN MUSIC THERAPY ASSOC. Account 1041271 Period Ending: 04/30/2018

Sector	Market Value	1 Month	Quarter to Date (1 Month)	Year to Date (4 Months)	1 Year	3 Years	5 Years	Inception to Date 12/01/2010
Total Fund	650,265	.05	.05	-.52	8.89	5.96	5.91	5.72
Equity	367,703	.39	.39	.22	14.72	8.85	10.64	9.78
S&P 500 Index		.38	.38	-.38	13.27	10.57	12.96	13.87
Fixed Income	203,933	-.65	-.65	-2.09	-.14	1.15	1.24	
Barclays Aggregate Bd		-.74	-.74	-2.19	-.32	1.07	1.47	2.56
Hedged Strategies	46,071	-.20	-.20	-.13	5.90			
Inflation Hedges	27,319	1.18	1.18	-.61	7.31	2.12	.84	
Cash & Currency	5,239	.10	.10	.36	.80	.33	.20	.15
Citigroup 3 Month Treas Bill		.14	.14	.48	1.16	.54	.34	.25

Portfolio Inception: 12/01/2010

* Data is on a trade date basis and includes income and accruals

* Returns greater than one year are annualized

* Unless otherwise noted, returns are gross of management fees

APPENDIX B AMTA INVESTMENTS



AMERICAN MUSIC THERAPY ASSOC.
Account: 1041271

Account Inception: **December 01, 2010**
As of: *April 30, 2018*

Portfolio Valuation

	ID	Units	Unit Cost	Total Cost	Price	Market Value (less Accrual)	Weight	Unit Income	Annual Income	Current Yield
Small Growth										
ISHARES S&P SM-CAP 600 GROWTH ETF	464287887	92	172.50	15,869.73	174.450	16,049.40	2.47	1.54	141.86	.9
MERIDIAN SM-CAP GROWTH FD CL I	589619824	1,060	14.25	15,114.66	16.840	17,856.48	2.75	.00	.00	.0
Total for Small Growth				30,984.39		33,905.88	5.22		141.86	.4
Small Value										
NUVEEN SMALL CAP VALUE FD-Y	670678200	400	25.77	10,306.25	25.910	10,362.24	1.59	.17	68.79	.7
Total for Small Value				10,306.25		10,362.24	1.59		68.79	.7
Large Growth										
ISHARES RUSSELL 1000 GROWTH ETF	464287614	342	114.77	39,250.41	136.450	46,665.90	7.18	1.55	529.07	1.1
Total for Large Growth				39,250.41		46,665.90	7.18		529.07	1.1
Large Value										
LSV VALUE EQUITY FUND STRATEGY	00758M634	1,084	21.21	22,995.47	28.290	30,678.33	4.72	.51	548.72	1.8
ISHARES RUSSELL 1000 VALUE ETF	464287598	79	116.88	9,233.16	120.340	9,506.86	1.46	2.70	212.91	2.2
Total for Large Value				32,228.63		40,185.19	6.18		761.63	1.9
Large Blend										
T. ROWE PRICE DIV GROWTH CL I	779546308	759	39.01	29,593.76	43.050	32,657.26	5.03	.61	462.74	1.4
WILMINGTON LARGE-CAP STRATEGY FUND-I	97181C415	2,809	16.29	45,760.68	21.980	61,735.93	9.50	.35	983.06	1.6
Total for Large Blend				75,354.44		94,393.19	14.53		1,445.80	1.5
International Blend										
WILMINGTON INTERNATIONAL FUND-I	97181C787	6,097	6.59	40,179.94	9.180	55,971.45	8.61	.10	615.81	1.1
Total for International Blend				40,179.94		55,971.45	8.61		615.81	1.1
Taxable Funds										
FEDERATED TOTAL RETURN BOND CL I	31428Q101	4,892	10.96	53,604.49	10.570	51,705.44	7.96	.34	1,677.86	3.2
WILMINGTON BROAD MARKET BOND FUND -I	97181C811	15,529	9.80	152,245.11	9.350	145,197.81	22.35	.22	3,463.01	2.4
Total for Taxable Funds				205,849.60		196,903.25	30.30		5,140.87	2.6
High Yield Bonds										
AMERICAN BEACON SIM HY-INS	024524282	683	9.80	6,693.64	9.590	6,551.72	1.01	.56	383.26	5.8
Total for High Yield Bonds				6,693.64		6,551.72	1.01		383.26	5.8

APPENDIX B AMTA INVESTMENTS



AMERICAN MUSIC THERAPY ASSOC.

Account: 1041271

Account Inception: December 01, 2010

As of: April 30, 2018

Portfolio Valuation

	ID	Units	Unit Cost	Total Cost	Price	Market Value (less Accrual)	Weight	Unit Income	Annual Income	Current Yield
Diversified Real Assets										
WILMINGTON REAL ASSET FUND-I	97181C431	1,867	13.38	24,990.21	14.630	27,318.69	4.20	.40	748.79	2.7
Total for Diversified Real Assets				24,990.21		27,318.69	4.20		748.79	2.7
Developed International Equity										
WCM FOCUSED INTL GROWTH FD	461418444	1,084	11.62	12,593.24	15.940	17,275.05	2.66	.07	77.37	.4
ISHARES CORE MSCI EAFE ETF	46432F842	794	57.63	45,760.67	66.640	52,912.16	8.14	1.70	1,346.62	2.5
Total for Developed International Equity				58,353.91		70,187.21	10.80		1,423.99	2.0
Emerging Market										
ISHARES CORE MSCI EMERGING	46434G103	282	44.61	12,579.39	56.850	16,031.70	2.47	1.33	376.19	2.3
Total for Emerging Market				12,579.39		16,031.70	2.47		376.19	2.3
Absolute Liquid Equity Hedge Low Net										
WILMINGTON GLOBAL ALPHA EQUITIES FD	97181C332	2,968	10.64	31,582.89	11.080	32,882.59	5.06	.13	376.90	1.1
Total for Absolute Liquid Equity Hedge Low Net				31,582.89		32,882.59	5.06		376.90	1.1
Absolute Liquid Relative Value										
AQR STYLE PREMIA ALT LV CL I	00191K823	1,248	10.72	13,370.91	10.570	13,188.07	2.03	.55	679.99	5.2
Total for Absolute Liquid Relative Value				13,370.91		13,188.07	2.03		679.99	5.2
Taxable Money Market Fds										
WILMINGTON TRUST BANK DEPOSIT SWEEP	822200002	5,234	1.00	5,233.56	1.000	5,233.56	.81	.01	75.89	1.5
WILMINGTON US GOVT MONEY MKT CL SLCT	97181C704	0	.00	.00	.000	.00	.00	.01	.00	.0
Total for Taxable Money Market Fds				5,233.56		5,233.56	.81		75.89	1.5
Total				586,958.17		649,780.64	100.00		12,768.84	2.0

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MIDYEAR MEETING
CONSULTANT'S REPORT
Barbara Else, MPA, LCAT, MT-BC
May, 2018**

**SUMMARY & HIGHLIGHTS
October 2017 – May 2018**

Action Items

1. Review progress of a plan to modify the JMT editorial structure and associated responsibilities of the Editor in Chief, Associate Editors, and a new position of Managing Editor.
2. A recommendation to flesh out areas of consideration related to online professional activity, including client referrals and online music therapy consultations. See: Section - Social Media and Online Professional Activity

In the past eight months, as part-time special projects consultant to AMTA, I've provided support at an average level of .53 Full Time Equivalent (FTE) with 734 consulting hours plus 65.5 *pro bono* hours valued at \$2,947.50 (using a reduced rate)¹. Relative to last year around this time, my consulting effort is slightly lower (5.7% or 42 hrs.). The small decrease is due to unpaid personal leave time. *Pro bono* hours are ~ 21% higher relative to last year at the same time and also includes a Give-a-Day donation of honoraria amounting to \$500 from the MWR speaking engagement. An additional Give-a-Day is anticipated for a speaking engagement in Chicago in May once the accounting books are closed shortly after the drafting of this midyear report.

Brief updates are provided on special projects and activities assigned to my consulting workload. There is a tracking process in place with the Executive Director to monitor the status of all tasks, including lower priority tasks in the work queue.

I. Priority Projects

- ❖ Journals and Publications
 - Editors In Chief (EICs) search committee update
 - Journals production
 - Oxford University Press Publishing Partner
 - Book publishing business management
 - Publication ethics
- ❖ Research
 - Strategic Priority on Research
 - Research Committee
 - Research support
 - Northwestern University Workshop (May)
 - NIH and Federal Research Activity
- ❖ Military and Veterans
- ❖ Social Media and Online Professional Activity
- ❖ Disaster Response and Coordination with Andrea Dalton, Regional Pres. Rep.

II. Brief Updates on Special Projects

- ❖ AMTA Wilson Trust Music Therapy Project
- ❖ Government Relations and Advocacy Support
- ❖ Staff Liaison for Autism Priority Task Force

¹ *Pro bono* hours generally reflect travel time, disaster services support, some state government relations activity, and serving as an AMTA representative at some smaller meetings.

- ❖ 2017 Conference and 2018 Conference Planning
- ❖ Other: Annual Report

Travel and Special Events for AMTA: Over the past eight months, I participated in five business trips on behalf of AMTA.

- In October 2017, just prior to the annual conference I attended and participated in the planning of the annual two-day publisher’s conference hosted by Oxford University Press for U.S. journal editors and societies. The Associate Editors of Communication, **Kimberly Sena Moore and Noah Potvin**, attended with me representing AMTA’s journals.
- I attended and provided full time staff support at the November 2017 Annual Conference in St. Louis, MO.
- I was on-site in the AMTA office in December for conference follow up, disaster support, and staff meetings.
- In mid-March, I drove to the University of Iowa to present a CMTE and serve as keynote speaker for the Midwest Regional Conference on AMTA’s disaster response program. Honorarium fees were sent to AMTA from Midwest Region as a Give-a-Day donation. See Appendix A.
- On May 11, 2018, I represented AMTA as a speaker at a one day workshop sponsored by **Dr. Nina Kraus** at Northwestern University with **Drs. LaGasse, Lane, Tomaino, and Stegemöller**.

Similar to recent past reports, I’ve included a few interludes throughout this report to reference and inspire the spirit of the 2018 conference theme, *Music Therapy for a Growing World*.

Music Therapy for a Growing World

Interlude 1

“Whatever harmonies of law

The growing world assume

Thy work is thine – the single note

From the deep chord which Hampden smote”

–From England and America in 1782 by Lord Tennyson

I. Priority Projects

❖ **Journals and Publications**

Editor In Chief (EIC) Search Committee Update. The incoming EIC for *Music Therapy Perspectives* (MTP), **Laura Beer**, began her orientation process with EIC, **Tony Meadows** this year. In cooperation with Oxford University Press (OUP), I assist with coordination for production orientation including Laura's on site orientation in Cary, NC at the OUP production center in late October, 2018 around the OUP Journal Days meeting. Orientation includes ScholarOne Editor role orientation as well as more detailed orientation to the production process and contacts at OUP. As a reminder, Laura's official new term of appointment begins January 1, 2019.

Concurrently, the search process for EIC for the *Journal of Music Therapy* (JMT) did not yield available applicants following several waves of outreach and recruitment in addition to the original announcement in more than a year's efforts. At the annual conference in St. Louis, potential candidates were contacted directly by the EIC Search Committee co-chairs, Drs. Adamek and Forinash. It was anticipated that this second wave of recruitment on the JMT side of the process would result in slightly staggered EIC terms between the two journals. There are some advantages with respect to planning, management, and orientation to stagger terms slightly and this plan may still proceed.

There reasons why the pool of applicants turned out to be unavailable or had to withdraw their interest in serving as EIC, though disappointing, are reasonable and logical. The potential candidates interested in the JMT EIC position generally fell into one of several categories. One cohort is a younger group of academically-based faculty deeply involved in teaching and/or research and working to establish and pass their promotion and tenure (P&T) process at their respective institutions. The second cohort is highly experienced and approaching, or at, retirement. These individuals were interested in possible co-EIC roles to assist with workload but none of these collaborations panned out. The third cohort consists of midcareer candidates at academic institutions but lacking institutional support for any release time around their already increased workloads (teaching, advising, research, and/or administrative).

Given this recruitment challenge and pressing timeline, a plan for managing JMT and the editorial peer review process was approved by the Board in late May. The aim of the plan is to support redistribution of a shared workload. The plan proposes a shift in the editorial team model to include additional section or associate editors, along with a managing editor. The managing editor functions are administrative and also involve a coordinating function in cooperation with the current Associate Editors for peer review (**Felicity Baker** and **Helen Shoemark**). The model, whereby section or additional associated editors are added, shifts peer review decisions to an expanded team, each one having the authority, responsibility, and accountability for manuscripts assigned to them. Noncontroversial incoming manuscript screening for appropriateness to the journal mission and scope as well as administrative processes (e.g., all required elements completed as specified in the instructions to authors), would be assumed by the managing editor. Leadership and vision for the strategic direction and special focus content areas remains with the EIC in cooperation with the editorial team and with the input of the Editorial Board members. This plan allows JMT to continue its normal functioning but distributes the workload assumed by the current EIC across section editors and to a managing editor. The budget impact and labor redistribution will be further detailed by **Andi Farbman** at the midyear meeting with the aim of being budget neutral. At this writing, the plan remains a work in progress and subject to adjustment in collaboration with the EIC and Executive Director.

Action Item #1

Review progress of a plan to modify the JMT editorial structure and associated responsibilities of the Editor in Chief, Associate Editors, and a new position of Managing Editor.

Journals production

AMTA's peer-reviewed journals continue to be highly active and on a growth projection. I allocate two days per month on journal support and operations; however, that effort increased a little over some months due to the EIC planning.

I continue to facilitate periodic production and technical calls as well as trouble shoot and track systems or customer questions. I serve as a resource to assist and respond to questions for the journals. I support the Associate Editors-Communications (**Sena Moore and Potvin**) in production of their blogs and serve as a reader for content. The social media channels across both journals were consolidated to simplify the reader experience and access to journal content using shared hashtags. Two new online features were launched. The first includes the launch of the "JMT Take 3" YouTube video series, which are brief summaries by authors of music therapy research findings published in JMT. The second are Facebook Live events featuring authors.

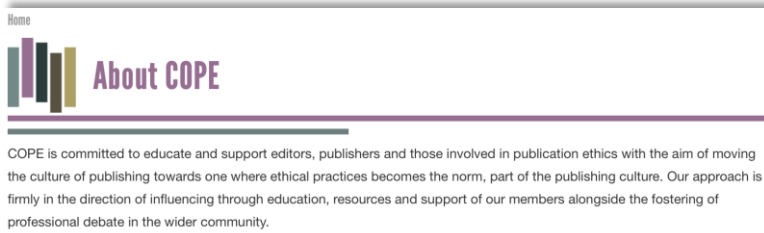


I am extremely grateful for the leadership of AMTA's journal Editors, **Drs. Robb and Meadows**, the Associate Editors, as well as the OUP production team. [See Editors' Journal reports and OUP Publisher's report presented on site at the AMTA Annual Board meeting.]

Oxford University Press Publishing Partner AMTA's partnership with Oxford University Press (OUP) is approaching the four-year point in December. **Andi Farbman** led the contract renewal discussions and I provided background research in that endeavor. **Dr. Farbman** recently wrapped-up the contract renewal process for a six-year extension.

I serve as general business manager for the journals, handling any weekly administrative items and supporting the EICs and Associate Editors. Just prior to the 2017 annual conference, I attended and participated in OUP's two-day seminar for Editors and Societies along with **Drs. Potvin and Sena Moore**. As a team, our focus concentrated on marketing and outreach for the journals' content in cooperation with the OUP marketing contact, **Chloe Miller**. This year I am serving on the 2018 seminar planning committee, which offers the benefit of having an extra attendee to the seminar from the AMTA journals' editorial team.

AMTA Book Publishing I helped coordinate the screening, review, prepublication agreements, and publishing for two donated manuscripts submitted to AMTA and in various stages of review and publication. I also contributed to segments of several chapters of the forthcoming introduction text on music therapy.



Publication Ethics AMTA's journals, as a benefit of the OUP partnership, hold membership in COPE or the Committee on Publication Ethics (publicationethics.org). In addition to access to an online library of resources on publication ethics, I've participated in online periodic webinars on topics in publication ethics, including case

discussions. As part of this process I've supported consultations with the journal editors when questions arise tied to publication ethics and for refinement of instructions to authors for topics such as declarations of conflict of interest, authorship, and dual publishing. This is an extremely important activity tied to the assurance of high quality, ethical journal content and activity.

❖ Research

Strategic Priority on Research, MTR2025. The 2017 annual conference included a fairly extensive suite of research-based sessions as well as an enhanced poster session with a scavenger hunt, the aim of which was to involve clinicians more intimately in the process of research dissemination. Posters were organized in rough alignment with MTR2025 recommendations and topics. I continue to provide briefings and online orientations to the publication process of MT research for practicing clinicians and journal clubs.

The policy-related recommendations in Phase I of MTR2025 are part of a short series of MTR2025 video and audio blogs in various stages of creation and editing. Some of these will post on the journals' webpage on the AMTA website and all will be openly available. Copies of MTR2025 symposium proceedings remain available for major events in government relations such as Arts Advocacy Day, Hill Days, legislator and administrator visits, and conferences. Board, Assembly, and general members of AMTA are encouraged to use the proceedings for/with their policy, teaching, and advocacy work.

Are elements of the MTR2025 proceedings included in your research, professional development plans, journal clubs, CMTE activity, and/or teaching syllabi? If so, let **Barb Else** know. You can email MTResearch2025@musictherapy.org

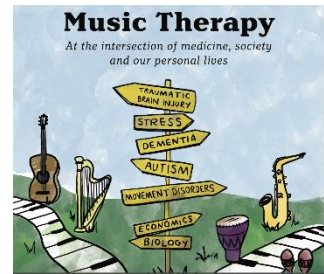
The final recommendation in Phase I that is yet to be tackled in a formal way is consumer involvement in research. This topic was raised by the ASD workgroup of MTR2025 and is being referred to the ASD Workgroup for consideration and follow up recommendations. The ASD workgroup is actively looking at this recommendation; however, the importance and nature of this recommendation extends to all populations and areas of research.

Research Committee. I serve as the staff liaison to the research committee, working with the Chair, **Cindy Colwell** for any items that require coordination outside the committee. The Research Poster Session for 2017 submissions used an online tool, which will be replicated in 2018. The "Research Committee Presents" series is designed and selected to align with MTR2025 and the planning for that series in 2018 is well under way with consideration to its link to MTR2025 recommendations.

Research support. Once a week or more, member and staff requests or external requests for research information, referrals, or consulting arrive at my desk. Most of the member and external requests are referred from the office staff, government relations, or **Kim Bell** who handles the info@musictherapy.org emails. There is usually an uptick in requests that corresponds to academic calendars, including honors high school students doing special projects. These are good opportunities to serve as an ambassador for the profession and refer, as needed, to MTs around the country.

I also provided research consultation to a small team and an MT-BC (**Ellen Cool**) proposing an applied research project on a perioperative protocol for patients undergoing spine surgery at a Magnet hospital in Buffalo, NY.

Northwestern University Workshop On May 11, 2018, I attended and presented at a one day workshop/seminar sponsored by Northwestern University and the Auditory Neuroscience Laboratory (www.BrainVolts.Northwestern.edu; <https://musictherapy.soc.northwestern.edu>) under the direction of neuroscientist, **Dr. Nina Kraus**. The purpose of the meeting was to raise awareness of trends in music therapy research and practice as it intersects collaborative research. The workshop aimed to increase collaborations for team science to advance the base of knowledge for helping individuals who may benefit from music therapy. The goal was to learn from leading practitioners and proponents of music therapy about selected clinical topics. Presenters included **Connie Tomaino, Blythe LaGasse, Elizabeth Stegemöller, and Deforia Lane**. Clinical issues relevant to clinicians, neuroscientists, surgeons, musicians, music therapists, and musicologists were discussed. The workshop was funded in cooperation with the Knowles Hearing Center, School of Communication, Bienen School of Music, NU Office of the President, NU Office of Research Development, NAMM Foundation, Interactive Metronome, Music Institute of Chicago, an D'Addario Foundation. AMTA provided sample journals, copies of MTR2025, and informational brochures for attendees. See Appendix B for meeting agenda.



NIH and Federal Research Activity I responded to requests for information in support of federal activity at the request of Government Relations staff, **Rebecca Preddie** or **Judy Simpson**, for Arts Advocacy Day; Federal Register comments tied to research, or federal committee and network research requests such as pediatric services and music therapy research, Veterans and military research (NEA Creative Forces, VA), or NIH requests for information. I am in the process of preparing a reference page with website information on where music therapy is most cited within all the institutes/centers at NIH. I also updated the AMTA website with information from the 2017-2018 Sound Health initiative and related research activity.

❖ **Military and Veterans**

NEA Creative Forces

In alignment with MTR2025 I continue to suggest the NEA/Creative Forces program consider recruiting a post-doctoral or graduate student/MT-BC, since there is high interest in research and program evaluation as a part of the Creative Forces program.

Veterans Affairs

I support AMTA requests for information regarding work with Veterans and service members. I also support referrals within and to MTs working in VA facilities. The concept of an organized team modeled and adapted after a state task force for MTs working within the VA system remains an active concept. This is important as job reclassifications are updated and occur for MTs (and other professions) within the VA employment system. The changes, essentially, lowered the entry GS level and salary, but raised entry level requirements at that grade level. Advocacy on behalf of MT-BCs within the VA system requires an adapted process such as suggested by the task force approach used across states. Due to impending leadership changes in the VA related to Recreation Therapy and the Creatives Arts Therapies, AMTA will be interacting with newly appointed leaders. **Rebecca Preddie** and I are carefully following these developments with the input of music therapists currently working in VA health facilities. The qualifications for the standard position are noted below.

Recreation/Creative Arts Therapy Series, 0638

Individual Occupational Requirements

Note: Employees currently assigned to positions in this occupational series as of September 2017 will be considered to have met the basic requirements for the position occupied.

Basic Requirements

Applicants must meet one of the following educational requirements:

A. Bachelor's or graduate/higher level degree in therapeutic recreation, art therapy, drama therapy, dance therapy, or music therapy;

OR

B. Bachelor's or graduate/higher level degree in a related field involving therapeutic emphasis or concentration that included at least 36 semester hours in therapeutic courses as described below:

a. 18 semester hours of therapeutic recreation courses; and

b. 18 semester hours that include a combination of abnormal psychology, physiology, human anatomy and development, disabilities and general recreation

Education must have been obtained from an accredited program recognized by the U.S. Department of Education (external link) at the time the degree was obtained.

Experience and Education Requirements for GS-7 and Above

In addition to meeting the basic entry qualification requirements, applicants must have specialized experience and/or directly related education in the amounts shown in the table below.

GRADE/

POSITIONS EDUCATION SPECIALIZED

EXPERIENCE

GS-7	1 year of graduate-level education or superior acad. achievement	1 year equivalent to at least GS-5
------	--	------------------------------------

GS-9	2 years of progressively higher level grad. ed. to master's degree or equiv.	1 year equivalent to at least GS-7
------	--	------------------------------------

GS-11	3 years of progressively higher level grad. ed. to a Ph.D. or equiv.	1 year equivalent to at least GS-9
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GS-12 and above		1 year equivalent to at least next lower grade level
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❖ Social Media and Online Professional Activity

The AMTA guidance statement on social media was published following final edits and review after provisional approval at the November 2017 annual conference. (See: https://www.musictherapy.org/members/amta_social_media_advisory/) Since then, additional topics have arisen tied to the topic of social media and online professional activity for Board consideration and with details to be provided at the midyear board meeting. These topics include online client/patient referral procedures and online clinical consultations including telehealth. Topics may apply to the scope of activity of multiple workgroups or committees such as the Music Therapy Business Owners, Ethics, and Technology.

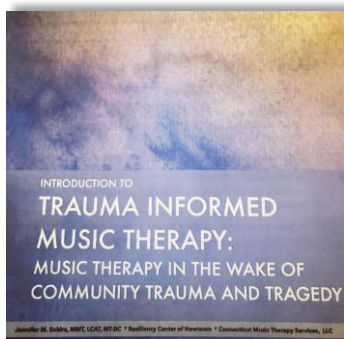
Action Item #2

A recommendation to flesh out areas of consideration related to online professional activity, including client referrals and online music therapy consultations. See: Section - Social Media and Online Professional Activity

❖ ***Disaster Response and Coordination with Andrea Dalton, Regional President Representative***

I direct and coordinate with **Andrea Dalton** disaster response activities and communications for disaster events affecting music therapy professionals and students. Andrea and I have regular contact, including an orientation call after her appointment in the role. I continue to keep an eye on events and triage event priority. Over the past 8 months, I've provided multiple disaster-related face to face and virtual trainings or briefings online and supported individuals and small teams in several locations throughout the U.S. These include follow-ups on the Houston flooding, Puerto Rico hurricane, and several spring storm events including severe weather in the upper plains and tornado events in the Midwest and far northeast this spring. Of the 22 school shootings in 2018, we've conducted welfare inquiries with MTs in the region or close to four of these events. Uncontrolled gun access brought into schools and in the presence of high risk children is, perhaps, the greatest danger for practicing clinicians today. Preparedness and vigilance is critical and any clinician employed by, or under contract with, schools (all levels) must know safety plans and participate in school drills.

Disaster Event Frequency: Multiple welfare inquiries are taking place during this spring season and around tornado activity. Follow up on Hurricanes Harvey, Irma, and Maria continued into the new year. Support and briefings were provided to individuals in California around a shooting and wildfire follow up and recovery. A death of a MT in Seattle area resulted in a consultation with the state association and individuals affiliated with Seattle Pacific University. AMTA contributed to the memorial event. The Florida mass shooting in Parkland resulted in an on-site CMTE on trauma-informed MT care led by **Jen Sokira** for 42 MTs and students in the Miami/Ft. Lauderdale area. The Hawaii volcano resulted in an advisory on air quality. See **Appendix C** on the air quality advisory and **Appendix D** for the objectives and agenda for the Florida CMTE sponsored by AMTA.



Jen Sokira, Florida, May 5, 2018

Secondary and Vicarious Stress: In recent speaking engagements on the topic of AMTA's disaster response program, a significant focus is on the prevention and management of secondary and vicarious stress. This is extremely important and in alignment with the scope of AMTA's disaster response since it focuses on the clinician members' health and well-being as well as that of first and second responders with frequent exposure to high stress events. It also has relevance to clinical practice involving trauma and post-traumatic stress response.

Music Therapy for a Growing World

Interlude 2

“Our population and our use of the finite resources of planet Earth are growing exponentially, along with our technical ability to change the environment for good or ill.” – Stephen Hawking

https://www.youtube.com/watch?v=7GEXrWf5CKQ&index=4&list=RDh1e17B_s27I

Pink Floyd - Talkin' Hawkin' (by Stephen Hawking)

II. Brief Updates on Special Projects

- ❖ AMTA Wilson Trust Music Therapy Project
- ❖ Other Government Relations and Advocacy Support
- ❖ AMTA Staff Liaison for Autism Priority Task Force
- ❖ 2017 Annual Conference and 2018 Conference Planning
- ❖ Other: Annual Report

❖ *AMTA Wilson Trust Music Therapy Project (WTMTP)*



The WTMTP is a legacy gift from the Eleanor and Raymond Wilson Charitable Trust. AMTA secured the award to advance access to quality music therapy services to those in need in the Puget Sound Region of Washington State. This region is defined as the area surrounding Puget Sound, and includes Seattle, Tacoma and Olympia as well as many smaller cities, suburbs, and rural areas. I manage the business aspects of the WTMTP and consult on guidance and direction with the advisory team consisting of **Jodi Winnwalker, Ronna Kaplan, Andi Farbman, and Piper Laird. Patti Catalano** serves as Regional Project Manager, working locally and maintaining contacts with service providers/agencies, music therapists, and Seattle Pacific University (SPU).

In the April timeframe, **Patti Catalano** was updated by the MT-BC serving the University of Washington Medical Center and which is partly funded by Wilson funds through their nonprofit Service League. The UW Medical Center attempted to take over the funds provided by the Service League. When UW couldn't do this, the hospital canceled the Service League's agreements with the hospital (gift shop, coffee shops, etc.). The MT-BC stated that they were trying to keep the art and MT programs going but were notified they would not be continued and end in August. Patti has contacted the lead at UW to for more details and to take action. The most recent area of consultation and support for potential Wilson Trust funds is at a community nonprofit (Child Haven) serving special needs and at risk youth who experienced abuse, homelessness, and/or neglect. Patti is advising on a proposal for a possible funding request given demonstration of funding sustainability for a regular full-time clinician. A clinician in western Washington, outside the Puget Sound region, was advised regarding the scope of the WTMTP and her request for possible MT services expansion in a western Washington regional hospital was referred for other resources and financing information.

❖ *Other Government Relations and Advocacy Support*

I provided written comment on behalf of AMTA to *Federal Register* requests for comment. I provided general support and suggestions to the Minnesota Task Force during that state's legislative session and helped write and edit a type of sunrise application tied to the licensure bill. I serve as an occasional team member for facilitating Task Force calls with the MN task force and in an adapted role in exploring the timing and strategy for advocacy for federal MT

employees in VA facilities. In situations where lobbyist activity in opposition to most forms of state recognition may possibly cross over to other states active in music therapy recognition and licensure, I notify the national advisory team, **Judy Simpson, Dena Register, Kimberly Sena Moore, and Maria Faye**, to coordinate a response and strategy for success. I participate and/or coordinate calls that intersect research, policy, and advocacy, working with **Judy Simpson, Rebecca Preddie, and Andi Farbman**.

❖ *AMTA Staff Liaison for Autism Priority Task Force*

I serve as staff liaison for work on ASD as a strategic priority. The steering committee Co-chairs, **Jennifer Whipple** and **Todd Schwartzberg**, submitted a related report. The AMTA website page was updated with the current group membership and the co-chairs are reviewing core content for updates to text.

❖ *2017 Annual Conference and 2018 Conference Planning*

I contributed to the 2017 Annual Conference held in St. Louis, MO. In addition to participation at the Board meetings, Regional Presidents' meeting, and Research Committee meeting, I served in a support role for several large sessions. I assisted **Angie Elkins** who took on production coordinator for "large sessions" as part of the national office conference staff. I served as facilitator and production lead for the memorial (Time of Remembrance) working with **Claire Klein**. I also participated in multiple meetings of the journals team with Oxford University Press representatives and supported coordination of the Oxford publications booth in the Exhibit Hall. I spoke at the Pediatric Pain Institute on caregiver wellness with **Anne Parker**. I performed and supported music at the Sears lecture. Finally, I organized and ran a research scavenger hunt at the poster session.

I've been active in planning for the 2018 annual conference and have focused on programming with the Research Committee, on the topic of disaster response and preparedness, and publication ethics.

❖ *Other –*

Annual Report – I drafted the content for the 2017 Annual Report and prepared the summary of financials. Like the previous six years, the report is formatted as an online brochure, in summary style with graphics and images layout prepared by graphic designer, **Tawna Grasty**. See Appendix E.

Music Therapy for a Growing World

Interlude 3



Appendices Follow on Next Page



Appendix A - Else

MW Regional Conference Keynote Script

(Feel free to use core, substantive content from this script but please cite the source and attribute this to the MWRegion 2018 conference and AMTA sponsorships.)

Music clip from *Earth Wind and Fire*

Frequency and Change in Disaster Events and Intro. to Keynote

In the recent past two years, 2016 and 2017, there have been 31 major weather events in the U.S. The federal agency that tracks this information provides these kind of public reports in great detail...

31 weather events in 2016-17 listed in dense script

You know what is interesting about these events?

....these are the ones they counted that were estimated to cost a minimum of a billion dollars each.

31 events amounted to \$354.4 billion in losses to this country and our communities over the recent 24 month period.

And you know what's *really* interesting?

I looked at the data 36 years earlier...when Earth Wind and Fire were in their early heyday -- In 1980 and 1981, when I was finishing up as a MT student at KU, take a guess how many major weather events there were then?

There were four severe weather events amounting to \$37 billion, adjusted for inflation.

My first introduction to a severe weather event in the Midwest was at Kansas University. Faculty member, Ed Asmus, was conducting a spring semester review of psychoacoustics concepts before the final exam. The tornado siren went off and I quickly learned what that sounded like as everyone quietly and efficiently walked down to the basement level of the building. For some reason, I never forgot what Prof. Asmus said at that time --

Lawrence KS tornado 1981 listing

In May, during final exams, he said, "we are safe as we can be right here in this basementso we might as well finish our review" He commented that maybe we would hear some interesting acoustic signatures outside...like a train. Then he said he was going right home to see if his little boat resting by the side of his house was still there."

We went about our business of reviewing Doppler effect, wave forms, and the perception of sound for about another 30 minutes. We had no damage where we were, thankfully.

Iowa flood

Iowa and the University are no strangers to the vagaries and vicissitudes of the Iowa River and severe weather events.

June 2008 was a memorable case in point when the Voxman Building and many other landmark structures and homes in the area flooded big time. But look what happened in 2016 when this new building opened. This building is 184,000 square feet with a concert hall, a recital hall, an organ recital hall, rehearsal rooms, a reed making room – can you believe that? It has the Music Library here, practice rooms, classrooms, studios, offices, and a student commons.

To quote the University library on this building, "More importantly, it houses all of the faculty, staff, and students of the School of Music under a single roof, right in heart of Iowa City." I am pleased to be here today.

No war stories. I don't intend to tell disaster war stories today. I will, however, discuss a little about how we approach disaster preparedness and response as a profession. I will share a few take-aways and lessons learned. I hope you find these take-aways spark a little inspiration, serve as encouragement to review your planning and preparedness, and perhaps even carry over to your work no matter what your area of practice is and regardless of whether you ever have to directly deal with natural or man made disasters.

Take away #1

Returning to the Iowa River flood that eventually led to the creation of this magnificent building.

My first take away message to you today:

Good things often emerge out of disastrous situations.

This in no way to minimize the pain, disruptions, losses, and hassles that occur – but an ending, for most events and disasters, also marks a beginning.

Often times we are forced to move forward whether we asked for it or not; so, why not be patient and present in the midst of the mud and mess – such as the Iowa flood -- and make something good come out of it?

Intro to concept of pay-it-forward Puzzles [slide is layered – no click needed to see riddle layered underneath]

I'm fond of puzzles, trivia, and brain teasers. Besides 'name that tune' with Earth, Wind, and Fire trivia, I have another one for you. Riddle me this:

“first you throw away the outside,
then you cook the inside,
then you eat the outside
and then you throw away the inside.”
What am I?

Corn – Iowa is the mecca of corn production in the US – at least for field corn it's the number one producer in the country. Do you happen to know how many kernels of corn are on the average corn cob? [800]
An acre of corn in Iowa yields an average of 203 bushels or about 11,300 lb of corn per acre! The really remarkable feat of nature is that only one humble kernel of corn is needed to take seed for a whole stalk. That's an amazing sacrifice for that one seed – but consider the payment when it yields an average of 800 kernels on one cob. So how do AMTA and the regions invest in disaster response activity? What's the yield from doing this and why bother?

Takeaway #2

In disaster response and recovery, even a small sacrifice of your time to check on a colleague, offer assistance, or serve as a resource can yield many fold in returns.

So let's take a look at this a little more a bit more.

History pic – Vet Hosp

Music therapists have been involved in trauma-informed care and interventions, to one degree or another, since the founding of our profession beginning in veteran's hospitals and rehabilitation facilities serving service members recovering from war-related injuries and trauma – including both visible wounds and invisible wounds (such as post traumatic stress (PTS), or what was previously termed “shell shock”). So it follows logically that the leadership of AMTA both in the regions but also at the national level retains an interest and commitment to service around disaster events and trauma.

But what do I mean by trauma-informed care as we talk about disasters and our professional activity in AMTA? What I mean, in this context, is growing a culture and climate that empowers you, your clients, and community members with a voice and choices. So whether a disaster affects you directly or indirectly – whether you have damage to your clinic or home, or your clients are affected by an event and the ripple effects come into the MT sessions, we focus on empowerment and recognizing each persons' individual experience whatever that may be.

1990s events to Hurr. Katrina

A tiny bit more on recent history –

AMTA formalized its role and activities in supporting professional members and students around disaster events and disaster risks in the early 1990s.

Multiple and regular events prompted formalizing AMTA's disaster program including events such as:

- Northridge CA earthquake (1994 natural disaster)
- Oklahoma City explosion (1995 domestic terrorism)
- Columbine High School shooting (1999 domestic terrorism)
- September 11, 2001 NY City, Pentagon, and Pennsylvania disaster (int'l terrorism)
- Hurricane Katrina (2005 natural disaster) – one of the most costly at \$161 billion

Recent events last year and now

...and so on leading up to today where we have three active events right now

- The recovery and next steps from Hurricane Harvey and Maria in TX and PR
- The Shootings in FL
- And the recent shooting last Friday and hostages taken at the Yountville Vets Home in Northern CA

I'll come back to these examples shortly and talk about what we are doing, or have done, and what seeds we are planting.

Why is AMTA Involved?

Why is AMTA involved in disaster events?

We're involved in disaster preparedness and response because:

- Fit to AMTA's mission and values
- We have interest in partnering and/or networking with colleagues at the state level, regional level, internationally, and with WFMT – we are small enough as a profession that networking is possible. That is why there was a featured panel on the topic at the World Congress last summer.
- Fit to MT practice since there is a role for music therapists at every stage of the disaster cycle

Take Away #3

AMTA is involved in disaster preparedness and response because it's the right and just thing to do

Graphic of street art

So how do you know what the right thing to do is?

Well we network and communicate as a group of professionals all the time around disaster events – about weekly actually since something is happening somewhere every week or so.

We do that online and use a variety of tools -- even if that means

- talking with a colleague in real time to help them find a hotel room as they evacuate around a hurricane,
- or passing info. via twitter to help arrange shipment of Brita water filters for delivery to colleagues in Puerto Rico,
- or texting with a MT team driving back from sessions on the interstate to locate a shelter quickly around an active tornado in the OK City area,
- or Facebook messaging a MT working in hospice who also moonlights in Las Vegas as a professional singer around the Las Vegas mass shooting.
- Or dropping a quick email to colleagues around the anniversary of a significant event like the Japan earthquake

Scope and Program Org.

AMTA's organization and scope of activity in disaster preparedness and response is intentional and defined.

We narrow the scope and boundaries of what we do purposely so as to be able to manage the workload, support our mission as an association, and not burn out our colleagues (compassion fatigue)

Take Away #4

The scope of many of the activities we do relies upon a pay-it-forward model

In that model we undertake planting many small seeds and pay it forward –

You as clinicians and caregivers do not have to take on the burden of a disaster event all alone. And, it does not have to be a billion dollar event, either. Asking for or accepting a little help is ok! It's not a sign of weakness and it's empowering. You can pay-it-forward by offering a hand or a little tip or support to someone sometime down the road. That is happening all the time within AMTA.

Quote and Blythe LaGasse wildfire cleanup

Often times accepting and receiving a little help is really simple. Help with a little clean up, a few little comforts to make things easier. "You don't need much to change the entire world for the better. You can start with the most ordinary ingredients. You can start with the world you've got."

These photos, courtesy of our colleague following the wildfire that took their home led to the creation of a CMTE on clinician preparedness for disaster – it's on Dr. LaGasse's website and it's a great thing to do. She and her husband, Craig, found a glimmer of humor during a rough time and they began with ordinary ingredients by watering their old garden.

AMTA Program Activities and Services

Typical activities and services provided as part of the AMTA program include:

- Welfare inquires – that's what it sounds like. We do this a lot, too. We check on folks and touch base. For big events, pull a call down list and folks share making the calls – even before an event.
- We conduct conference calls to coordinate with the seven regional Presidents and through our liaison to the Regional Presidents – Andrea Dalton.

- We provide member education on preparedness and prevention
- We conduct continuing education, training, and workshop/conferences including Psychological First Aid and the Role of Music Therapy; and Trauma-Informed MT Practice; theory;
- We respond to requests for information;
- Support recovery. For example:
- “Peer buddies”; Care packages and outreach; network and referrals to recovery resources; empowering clinicians and students to find their new normal post disaster and get back to work/school
- We conduct fund development periodically and offer coordination for donations to support members affected by disaster (con’t.)
- We coordinate or consult, where appropriate and requested, with music therapy groups internationally.
- We consult on related research
- We conduct informal assessment of needs for MTs and students affected by disaster events or preparing for disaster – we often focus more on the intangible needs. A case in point, the students from PR around Hurricane Maria and in mainland MT training programs around the country were at a loss and feeling alone and helpless. So a peer buddy helped them get organized online and they prepared a video for the membership at the 2017 annual conference along with a booth space at the exhibit hall so they could network.

Egg shakers and Houston Team Images. Returning to this slide, and I said I’d come back here.

The Hurricane Harvey Team in Houston Texas:

- Supported a day care room in the hospital when staff were on extended overtime duty around the flooding and their children needed a safe place and structured activities with supervision
- This team is running a series they call “Harvey Healing Days” which are community based expressive arts and MT informed programs
- They conducted a workshop on caregiver wellbeing in recovery and they brought in Midwest Region member, Dr. Bill Matney, to join them for a couple days

For the Florida MTs affected by the mass shootings, including a MT living in a household of a Parkland HS senior, we are coordinating offering a free CMTE

On Trauma-Informed MT conducted by Jen Sokira who is part of the Resiliency Center in Newtown CT. Jen has been paying it forward with her time – we think this event will take place early May in Florida

Last weekend we conducted welfare inquiries and check in with the MTs at Yountville and we are doing follow-ups this week,

Take Away #5

Clearly, as a group of professionals, “We all do better when we all do better”

This pay-it-forward model means that if you – the MT professionals -- are prepared, trained, and able to help yourself and your community, then everyone wins.

This means we do this as team, we are not afraid to ask for and/or accept a little help, and we never leave anyone we know about behind in that process.

Theoretical Underpinnings

The underpinnings and approaches to both the disaster response program and clinician support draw upon several traditions including, but not limited to:

- Wellness models,
- Positive psychology,
- Neurobiological basis of resilience and response to trauma,
- Coping Theories (con’t.)
- Humanistic and Psychodynamic Theories
- Community models of caring and culturally relevant care,
- On the methods side we are including mixed methods evaluation

The Question of How MT Helps

I want to share just a couple slides kindly loaned to me from Liz Coombs. She is my colleague in Wales and who works with me through the WFMT and Commission on Global Crises. She has worked quite a bit in the Middle East and in post conflict settings.

Liz asks the question:

How can music therapy/interactive therapeutic music help populations living in a situation of high stress or

who may have experienced trauma?
To address this Q. she talks about:
the concept of resilience coupled around writings in our literature.

Developing Resilience in MT

Several MT concepts support resiliency. A couple examples, and there are more, are
Small's discussion of Musicking
And Andsdell touched on the concept of Core musicality
Vaarvara Pasiali talked about Music therapy fostering resilience in early childhood

What is Resilience?

The term, resilience is hotly debated in practice and the literature; but, resilience is

- The ability to adapt in adverse conditions, such as traumatic events

It involves flexibility in response to changing situational demands

It requires the capacity to mobilize personal or individual features –
to prevent, tolerate, overcome, and grow from adverse events

Why is Resilience Important?

Resilience is important because:

- It addresses physical, cognitive, and emotional aspects of self
- It results in positive emotions and thought processes
- It contains a family or community element – this point is critical since resilience relies upon social networks. Social networks are important because they support health and well being. In fact, the longest surviving individuals on this planet were studied to find out their secrets...besides genetics and diet or fitness. Know what the number one factor was? Social connections. We are hard wired for it.
- Finally, resilience consists of using and mobilizing ordinary human processes

Clinician Preparedness Take Away #6

My next take-away is preparedness.

Check your preparedness and invest in preparedness and planning

Noah's Ark Image

It wasn't raining when Noah built the ark.

Howard Ruff (Finan. Advisor)

Now that's preparation! Ruff said that in the context of estate and financial planning but I borrowed it for this context.

Preparation through education....

The Director of the National Hurricane Center said, Preparation though education is less costly than learning through tragedy. Some might argue lessons learned through experience are more meaningful but avoiding tragedy through training and planning can be life saving.

Here is Blythe LaGasse's webpage for her preparedness course. Also, AMTA was noted in AssociationsNow.com as the best benefit ever with our free disaster training CMTE

By failing to prepare, you are preparing to fail --- a famous quote by Benjamin Franklin

Emergency preparedness is a full ensemble activity.....A not so famous quote by yours truly.

So - have a meeting with your family, roomies, colleagues etc. and put preparedness on your agenda.

It helps to alleviate a lot of angst when events do actually occur.

After the wildfires in Colorado, Blythe LaGasse said something to me that made me realize how critical small preparedness tips can be. I mentioned to Blythe when she was on standby to possibly evacuate that she might do a video inventory and gather up any documentation of the household contents. She and her husband did that and it saved them a whole lot around insurance claims and federal assistance.

FEMA Ready.gov image: Are you ready? Are you ready? Lots of resources are out there to help with preparation, for example from FEMA.gov

Smoke alarm test iage:

- In your places of work, how many of you have tested, or know, the smoke alarms were tested recently?
- In your homes, how many of you have tested your smoke alarms and CO detectors since the first of the year in your home?
- How many of you check it once a month?...that's the recommendation.
- How many of you practice your escape plan 1 or 2x a year?

This study on this slide noted only 15% of folks surveyed as part of large household survey tested monthly
Only 16% conducted escape drills every six months.

Preparedness Kits

Get a kit together if you do not already have one in your home, apt., or office and clinic.

Yes -- we need to plan and prepare and do diligence. But that does not have to mean a lot of fretting, hand wringing, and worry.

Mindful preparation helps avert fretting and worry and helps channel that to concern, action, and readiness.

Kit checklist and Barb's Kit

There are handy checklists online.

These images are the kit in my home – we are subject to tornado events or power issues from time to time.

Notice we also keep helmets near the kit and the pet carriers are stored right in the same area. The back up blankets and comforters are there also since Minnesota can get cold.

Jennifer Geiger (video clip -- home preparedness)

I asked Pat President Jennifer Geiger to tell you about the kit she has at home.

Amber Weldon-Stephens (video clip – home preparedness)

And here is President Amber Weldon-Stephens with her message

Take Away #7

During times of crisis and stress,

Be creative,

Be kind, and

Hold a passion for listening as intently as you would be heard yourself.

Principles of PFA

- Keep in mind, the supporting principles of psychological first aid are important in this regard – especially immediately around a disaster event. These principles align with music therapy-informed approaches in times of emergency:
- Safety
- Calming
- Connectedness
- Community and Self Efficacy – and a sense of purpose. And last but not least...
- Hope

Lessons Learned

Since AMTA has been involved with music therapists in the area of disaster programming for some time, lessons learned are many and we continue to grow and learn today. Perhaps I'll just leave you (with a song) and with a few ideas with the hope they may take root like a kernel of corn in the dark earth of an Iowa field. [Ed East joins me to play "Quizas, Quizas, Quizas" behind my closing comments)

Perhaps - as a group of professionals - we'll take the time to:

- Listen, listen, listen.... to the needs of colleagues affected by disaster
- Perhaps - as a group of professionals - we'll offer simple outreach and welfare inquiries

- While money and donations help, perhaps, the return on investment comes when therapists “pay-it-forward”
- Cultural and spiritual needs and traditions must be respected and honored
- Your preparedness, as clinicians and at home, is important

Perhaps, Perhaps, Perhaps/Quizás, Quizás, Quizás

Perhaps you can encourage and empower therapists in a “hot zone” to get back to doing what they do best ---- music therapy and serving their communities

- Recovery may be long and protracted. Help colleagues help their clients seek a “new normal”
 - Perhaps you can support research and program evaluation.
 - Perhaps you can take the time for your self care and peer supervision since self care is an ongoing everyday process -- not just something to put off until after a crisis.
- Perhaps, perhaps, perhaps... Quizas quizas quizas.

Close and Musical Transition

Thank you Midwestern Region! ...and gracias y bienvenidos to musician Ed East!

Appendix B - Else

Music Therapy at the Intersection of Medicine, Society and our Personal Lives

Friday, May 11, 2018

Northwestern University

James L. Allen Center, McCormick Foundation Auditorium

2169 Campus Drive, Evanston, Illinois

SCHEDULE OF EVENTS

8:00-9:00 a.m.	Registration and Coffee Performance- <i>Brainvolts Trio</i> - Marshall Dawson, Jason Hunt, Tommy Klein
9:00-9:15 a.m.	<i>Opening Remarks and Introduction</i> Nina Kraus, Ph.D.
9:15-10:00 a.m.	<i>Music Therapy - Overview and Promise</i> Concetta M. Tomaino, Institute for Music and Neurologic Function
10:00-10:30 a.m.	<i>Music and Traumatic Brain Injury</i> Moira McGuire, Department of Defense
10:30-10:45 a.m.	Break
10:45-11:15 a.m.	<i>Music Therapy and Autism</i> Blythe LaGasse, Colorado State University
11:15-11:45 a.m.	<i>Music and Movement Disorders: Spotlight on Parkinson's Disease</i> Elizabeth Stegemoller, Iowa State University
11:45-12:30 p.m.	<i>Music and Brain Health</i> Nina Kraus, Northwestern University
12:30-1:15 p.m.	<i>Songs by Heart</i> Nancy Gustafson, Artist-in-Residence, Bienen School of Music, Northwestern University
1:15-2:30 p.m.	Lunch
2:30-2:45 p.m.	<i>Performance</i> Sylvia McNair and Kevin Cole
2:45-3:30 p.m.	<i>Economics and Evolution of a Comprehensive Hospital-Based Arts in Health Program</i> Todd Frazier, Center for Performing Arts Medicine Houston Methodist, Texas Medical Center
3:30-4:00 p.m.	<i>Music, Stress and Music-Based Interventions in Disaster Recovery</i> Barbara Else, American Music Therapy Association
4:00-4:45 p.m.	<i>Hospital-based Music Therapy</i> Deforia Lane, Case Western Reserve University, School of Medicine
4:45-5:00 p.m.	Concluding Remarks Nina Kraus, Northwestern University

Performances throughout the day

Nancy Gustafson, Artist in Residence, Bienen School of Music

Young Artists, Northwestern University School of Music

Appendix C - Else
May, 2018 AMTA Free CMTE, Florida



**Introduction to Trauma-Informed Music Therapy:
Music Therapy in the Wake of Community Trauma and Tragedy**

Saturday, May 5, 2018

10am-3:30pm

Nova Alumni Hall, East Campus

3100 SW 9th Ave., Fort Lauderdale, FL 33315-3025

This CMTE offering is a free course sponsored by the American Music Therapy Association as part of its disaster services program. A complimentary sack lunch will be offered courtesy of VITAS Healthcare of Broward. We ask that you pre-register via the URL, below, so we may assure adequate space/seating, pre-prepare CMTE certificates, and provide an accurate sack lunch count.

Introduction to Trauma-Informed Music Therapy: Music Therapy in the Wake of Community Trauma and Tragedy is approved by the Certification Board for Music Therapists (CBMT) for five (5) Continuing Music Therapy Education credits. The American Music Therapy Association (P-051) maintains responsibility for program quality and adherence to CBMT policies and criteria. **No prerequisites** for this course.

Pre-registration requested by May 1:

<https://www.eventbrite.com/e/introduction-to-trauma-informed-music-therapy-5-cr-cmte-tickets-44914166481>

Description

This course will provide participants with a brief overview of trauma and how it impacts communities that have experienced violence in the immediate and longer-term recovery. Grounded in the modern understanding that trauma is a whole-body experience, participants will increase their understanding of the neurobiological processes that take place when trauma occurs, as well as explore how music therapy can address a variety of client needs. Particular focus will be given to encouraging music therapists to network and support each other in planning responses to the recent tragic events in Florida, as well as to reflect on their own experiences as they consider their self-care and vicarious resilience.

Participants who take this course will:

1. Demonstrate understanding of the importance of self-awareness, vicarious trauma, resiliency and self-care as it relates to providing trauma-informed music therapy.
2. Recognize and define trauma's effect on clients and communities.
3. Demonstrate understanding of procedural considerations as they relate to providing music therapy to individuals and communities who have experienced trauma.
4. Develop understanding of the features of trauma-informed music therapy as they inform clinical thinking and treatment planning.

Course Schedule:

1000-1015 Welcome and introductions, Housekeeping

1015-1115 (60 min.) Part 1: It's a Marathon, Not a Sprint: Responding Now and In the Future

- Understanding community reaction at different times throughout the course of recovery
- Understanding the therapists' needs and responses as they work within the community

1115-1120 Brief Break

1120-1220 (60 min.) Part 2: Trauma, Vicarious Trauma, Self-Care and Resilience

- Basic framework for understanding the neurobiology of trauma and bodily effects
- Understanding Vicarious trauma and how it impacts the MT over time

1220-1300 LUNCH - Complimentary Sack Lunch

1300-1400 (60 min.) Part 3: Principals of Trauma Informed Music Therapy

- Concepts of Trauma Informed Care as they relate to MT
- Understanding response in relation to client need and therapist training
- Creating collaborations to encourage resilient communities

1400-1500 (60 min.) Part 4: Considerations for Responding with Resilience

- Small groups- networking and planning

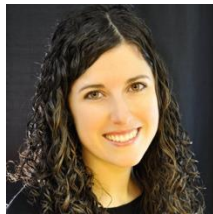
1500-1510 (10 min) Part 5: Q+A

1510-1530

Part 6: Evaluation

Total Direct Contact Time: 250 Minutes

Facilitator:



Jennifer Sokira, MMT, LCAT, MT-BC is a clinician with over 15 years of experience. Jen is currently the music therapist at the Resiliency Center of Newtown, CT. She has extensive experience working with clients who have experienced violent community trauma, grief/end of life needs, as well as developmental needs.

As music therapist at the Resiliency Center of Newtown, Jennifer provides trauma-informed music therapy to children and adults who were impacted by the 12/14/12 tragedy at Sandy Hook School. In addition to her role as a therapist she assists with developing and implementing the center's supportive and therapeutic programming.

Jennifer is the founder and Executive Director of Connecticut Music Therapy Services, LLC which she established in 2005 and which has grown to a 10-person agency that provides quality music therapy services to children and adults with developmental health, brain health and wellness needs, as well as consultation to individuals, schools and agencies.

Questions on this event may be directed to AMTA, attn. Barb Else (else@musictherapy.org)

URL for Pre-registration by May 1, 2018:

<https://www.eventbrite.com/e/introduction-to-trauma-informed-music-therapy-5-cr-cmte-tickets-44914166481>

**Appendix D - Else
VOG And Air Quality Advisory**

The Answer my Friend is Blowin' in the Wind: Music Therapy Advisory and Air Quality

As music therapy professionals, it's important to be prepared for natural disasters specific to your region. Hawaii is unique in that there is an active volcano. AMTA and the Western Region reached out to check in with our professional colleagues around disasters and we've been in contact with the MT-BC closest to the volcano. Even though our colleagues in Hawaii are very familiar with the problems of volcanic eruptions, we thought a brief posting might be helpful since it's always good to be informed.

One adverse effect of the volcano on the Big Island is VOG or toxic gas and particulates that are produced around eruptions. Sulphur dioxide emitted from the volcano can be toxic and dangerous, especially when trade winds do not blow the gas and debris off shore away from the island chain. Acidic conditions and acid rain can result affecting air quality and water sources. Poor air quality can also occur in other areas of our country around wildfires, dust storms, and urban air pollution. Here are a few suggested tips prepared for clinicians affected by VOG; however, many of these tips may also be helpful in other regions where we may experience poor air quality.

Intervention/Client Safety Recommendations

1. Limit outdoor or commuter time when VOG/air quality levels are high.
2. Keep windows and doors closed as much as possible. Use towels to close gaps if needed.
3. Good quality N95 masks, fitted properly, may be helpful.
4. Heed state and county alerts.
5. Turn on dehumidifiers on A/C units to help reduce contaminants inside.
6. Consider using a good quality air filter.
7. For clients with respiratory issues, limit strenuous or active interventions and **consider modifying more active MT interventions.**
8. Encourage increased water consumption to clear contaminants from mouth and throat.
9. To neutralize acidic conditions, soak a hand towel or piece of cheesecloth in a thin water/baking soda solution. Drape the cloth near the face of a fan running on low-medium speed (be cautious to keep the cloth wet but away from the motor for safety).
10. Pay attention to your body and responses from clients. If becoming fatigued, stop activity and get some rest. If struggling to breathe, move to an area with less VOG or seek medical attention.

VOG Information & Safety:

- <https://www.govisithawaii.com/2017/10/03/what-you-need-to-know-about-vog-and-other-volcanic-pollutants-in-hawaii/>
- <http://www.ivhhn.org/vog/FAQ.pdf>
- <http://www.ivhhn.org/vog/health-effects-vog>
- http://www.hilo.hawaii.edu/~nat_haz/volcanoes/vog.php
- <http://weather.hawaii.edu/vmap/>
- http://www.lung.org/local-content/_content-items/support-and-community/local-support/mphi-vog-2.html

Local Air Quality:

- https://www.airnow.gov/index.cfm?action=airnow.local_state&stateid=12&mapcenter=0&tabs=0
- <http://www.hiso2index.info>

Safety Alerts:

- General: <https://portal.ehawaii.gov/page/alerts/>
- Tsunami & Earthquake: <http://www.prh.noaa.gov/hnl/pages/quake.php>
- Tsunami Warning System: <https://ptwc.weather.gov>

Music Therapy for a Growing World - Interlude 4
Kilauea Volcano is Growing Hawaii
Kilauea (The Volcano's Fury) by Brian Balmages:
<https://www.youtube.com/watch?v=p3G4w0NZSaQ&list=RDp3G4w0NZSaQ&t=52>

Appendix E - Else 2017 Annual Report Thumbnail View



2017 AMTA Annual Report: Highlights and Financial Summary

Our Mission

The mission of AMTA is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world.



As was noted by President Jennifer Geiger and the thousands in attendance at the annual conference of the American Music Therapy Association, 2017 was a banner and event-filled year! Thanks to AMTA's growing membership, research activity, advocacy, and outreach in the public sphere, the association remains pro-active to advance, protect, safeguard, and preserve the Music Therapy profession. As the nation's premiere organization for information on music therapy, AMTA works diligently to advance its mission. This annual report provides highlights of selected 2017 activities.

New Artist Spokesperson

In 2017, the American Music Therapy Association welcomed renowned soprano, Renée Fleming, as our newest artist spokesperson. Ms. Fleming's accomplishments reflect her artistry as well as her passion for making a difference in the lives of people through her work. Among her many accomplishments, Ms. Fleming is a four-time Grammy Award winner. In 2013, President Obama awarded her the National Medal of Arts, America's highest honor for an individual artist. And in 2016 she instigated a partnership between NIH and the John F. Kennedy Center for the Performing Arts focusing on the intersections of music and the mind.



Advancing, Safeguarding, and Growing Access to Music Therapy Services

Government Relations

AMTA's government relations department safeguards the practice of music therapy through its active and comprehensive plan. Under the leadership of Director, Judy Simpson, the Government Relations team, committee members, and the many state task force team members are tireless advocates on Capitol Hill, in more than 45 states around the country, and in representing music therapy to non-governmental regulating bodies. In 2017, 31 states introduced some form of music therapy legislation with 28 states active in state legislation. A highlight in 2017 included participation at the Exhibit Hall of the National Conference of State Legislators (NCSL).

2017 AMTA Annual Report: Highlights and Financial Summary

Advocacy in Action!



Music Therapy Rally Day at the State Capitol in Harrisburg, PA



Joint AMTA - CBMT Exhibit at NCSL in Boston, MA



Pictured: Renée Fleming, Dr. Dennis Collins, Dr. Vivek Murthy (former Surgeon General)

Historic Event Features Music Therapy at the "Music and the Mind Initiative"

In late January of 2017, a two-day workshop was hosted by the National Institutes of Health's (NIH) Director, Dr. Collins, along with Renée Fleming, artist Ambassador to the Kennedy Center, and Deborah Rutter, President of the Kennedy Center. The Music and the Mind initiative gathered together eminent scholars and researchers from 24 institutions and three countries to discuss the evidence regarding how music is processed in the brain and used as therapy. Esteemed music therapy scholars and members of AMTA spoke at the workshop and contributed to the proceedings. Speakers included Drs. Joke Bradt, Christian Gold, Deforia Lane, Sheri Robb, Elizabeth Stegemöller, Michael Thaut, Connie Tomaino, and Ed Roth.

A second public event at the Kennedy Center on June 2-3 called Sound Health: Music and the Mind highlighted selective findings of the NIH workshop. The event featured performances by the National Symphony Orchestra and interactive presentations and discussions with some of the 65 world's leading minds working at the intersection of neuroscience and music. Dr. Sheri Robb hosted one of four 90-minute curated presentations on Saturday, June 3, "Breakthroughs with Music Therapy: Recovery, Resilience & Quality of Life," on the topic of music therapy research and practice in selected areas of interest.



Kennedy Center, June 2017, AMTA Board of Directors

Music Therapy Research and Military Populations



Music therapy clinician/scholars gathered September 18-19, 2017 at the National Academies of Science in Washington, DC, to spoke on research in music therapy and working with military populations. The Creative Forces Clinical Research Summit was an opportunity to gather world-renowned experts to discuss clinical approaches to music therapy and other creative arts therapies to inform a research agenda for the future. The Creative Forces: NEA Healing Arts Network is a national initiative led by the National Endowment for the Arts (NEA), in cooperation with the American Music Therapy Association as well as federal and state agencies including the U.S. Department of Defense (DoD) and the Department of Veterans Affairs (VA). The initiative offers creative arts therapies to military patients and veterans who have been diagnosed with traumatic brain injury and associated psychological health conditions, including post-traumatic stress.

The September summit complemented the American Music Therapy Association's strategic priority on research and its research planning proceedings from a related symposium, Music Therapy Research 2025 (MTR2025). Dialog on future music therapy research on important clinical topics relevant to military populations benefits clinician/scholars throughout the membership.

Publications, Education and Awareness About Music Therapy

Publications - Top in-demand books in 2017:


- *Introduction to Music Therapy*, Davis, Gfeller & Thaut
- *Music in Special Education*, Adamek & Darrow
- *Music & Older Adults*, Clair
- *Medical Music Therapy*, Gooding
- *Music Techniques*, Standley & Gooding
- *Medical Music Therapy*, Abromeit
- *Introduction to Approaches in Music Therapy*, Darrow
- *Music Therapy and Geriatric Populations*, Darrow et al.
- *Effective Clinical Practice—Mental Health*, Crowe & Colwell
- *Early Childhood*, Humpal
- *Medical Music Therapy—Pediatrics*, Abromeit & Colwell

AMTA-Pro Podcasts Released in 2017:

- *Interprofessional Education and Music Therapy*, —Andrew Knight, Meganne Maske, & Eric Johnson
- *Nordoff-Robbins Music Therapy*, —Alan Tary & Jacqueline Birnbaum
- *Single-Session Music Therapy in Acute Mental Health*, —Michael Silverman
- *DBT-Informed Music Therapy*, —Abby Dvorak, Lindsey Landecker, Marie Lesiak, & Deborah Spiegel
- *Unanticipated Findings of Music Therapy Pilot Study*, —Sheri Robb & Amanda Henley
- *Florence Tyson: Music Therapy Visionary*, —Ken Aigen, Christopher Bandini, & Jeffrey Frieberg
- *Music Therapy Licensure in Oregon*, —Jodi Wenzelker, Lilieth Grand, Angie Kopylov, & Christine Korb

AMTA is proud to administer 20 scholarship and grants. The 2017 Arthur Flagler Fultz Research Award was presented to Ken Aigen, DA, LCAT, MT-BC for his study titled,

"Music in Everyday Autistic Life: The Significance of Music for Autistic Adults."*

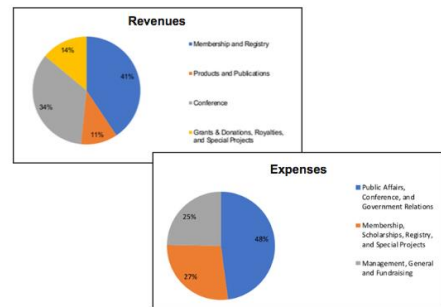


*The language used in this study reflects current sensibilities articulated by members of the autistic community. Person first language, e.g., "person with autism" and terms such as "autism spectrum disorder" are no longer preferred as they connote an undesirable condition that could be eliminated rather than an essential attribute reflective of natural human differences. "Autism Spectrum Condition" (ASC) is the term preferred by the autistic community.

Financial Summary

AMTA 2016 Audit Results (Fiscal Year July 1, 2015 through June 30, 2016)		AMTA 2017 Audit Results (Fiscal Year July 1, 2016 through June 30, 2017)	
Revenue	\$1,873,252	Revenue	\$1,904,735
Expenses	\$1,769,611	Expenses	\$1,845,694
Change in Net Assets w/Unrealized Loss	\$ 68,282	Change in Net Assets w/Unrealized Gain	\$ 87,644
Net Assets at Beginning of Year	\$ 825,701	Net Assets at Beginning of Year	\$ 693,983
Total Net Assets at Year End	\$ 893,983	Total Net Assets at Year End	\$ 781,627*

*2017 Total Net Assets & Year End \$781,627 inclusive of \$353,970 restricted funds for Wilson Trust Initiative, Research, & Disaster Relief Support.



The American Music Therapy Association (AMTA) is a 501(c)(3) organization. Further information about the American Music Therapy Association is available from AMTA, www.musictherapy.org, 301-589-3300, or in Maryland, from the Office of the Secretary of State, State House, Annapolis MD 21401.

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING
DIRECTOR OF MEMBERSHIP SERVICES AND INFORMATION SYSTEMS REPORT
Angie K. Elkins, MT-BC, Director of Member Services and Information Systems
Cindy L. Smith, Membership Associate and Meeting Planner
May 2018**

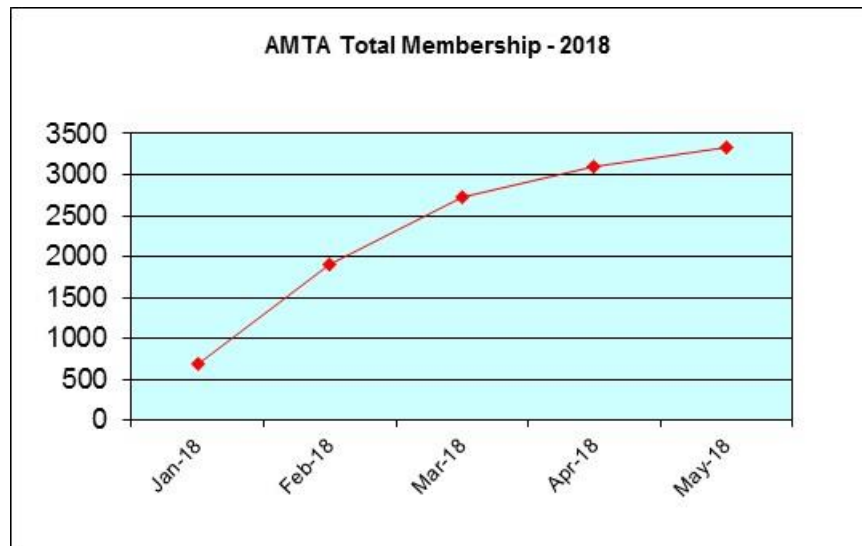
HIGHLIGHTS:

- **Membership Services**
Membership total—3,330 as of May 1, 2018
1% increase in Professional membership category (comparing to May 2017 #s, ↑19)
17% decrease Graduate student member category (↓68)
4.5% increase in Student member category (↑38)
- **Member drives**
Membership promotion in 2018
New member campaign for 2018: “Each Note Counts”
Board member video project—we would LOVE your submissions for 2018!
Membership drives focus on potential professional members, with students 2nd target group
- **Products & Publications**
Music Therapy Matters Monthly—third year of this monthly e-newsletter
AMTA conference program, registration, app, and events in development
New and upcoming products
- **Financial Systems**
Annual FY 2018 audit planned for fall 2018
- **Information Systems**
AMTA presence in social media continues to increase
AMTA Instagram feed now being used regularly
Kim Bell functioning as Social Media Coordinator
Cyber security coverage added to AMTA insurance policy
Cyber security and ongoing staff training initiated
- **Website statistics**
AMTA website exceeds 3.8 million visitors
Major additions to content and user interface/organization—daily updates
- **NMTR**
201 registrants as of May 1, 2018
Steady decline is as expected—over 86% decrease since 1998
NMTR soon sunsets—newsletter reminding designants goes with every NMTR communication

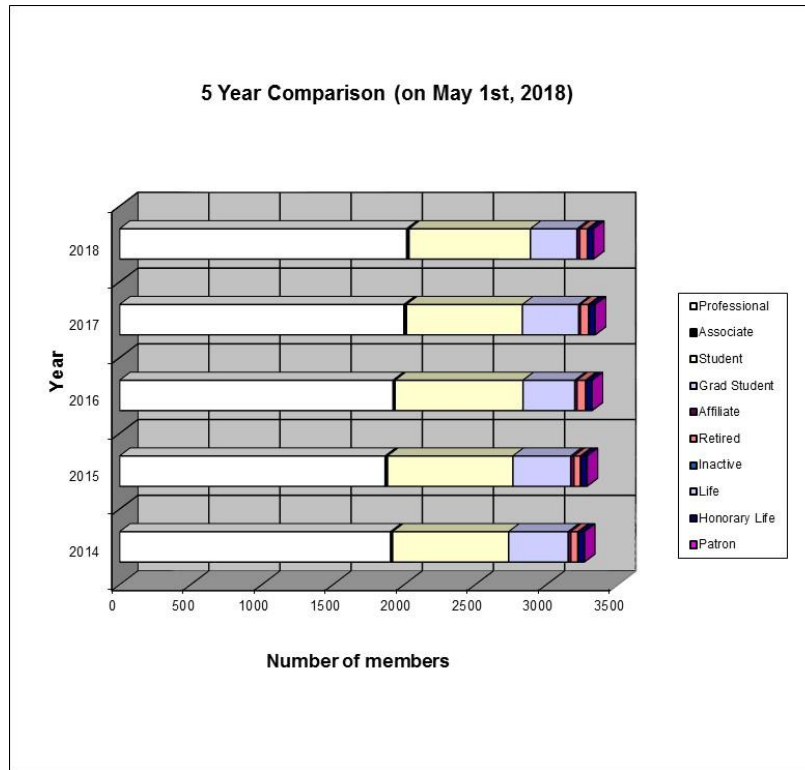
Membership Services

AMTA Membership numbers—The total AMTA membership as of May 1, 2018 was 3,330. The following table and graph show the month-to-month growth of the membership thus far in 2018.

Monthly Membership Numbers 2018					
Member Type:	1/1/2018	2/1/2018	3/1/2018	4/1/2018	5/1/2018
Professional	432	1143	1622	1876	2017
Associate	10	10	13	16	17
Student	128	459	712	798	853
Grad Student	60	202	275	300	327
Affiliate	7	15	18	20	20
Retired	17	26	42	46	53
Inactive	1	1	1	1	1
Life	1	1	1	1	1
Honorary Life	40	40	40	40	40
Patron	0	0	1	1	1
Total Members	696	1897	2725	3099	3330



Comparing to May 1st of last year, we have a tiny overall decrease in total members of 12 (less than 0.5%). As more students begin joining to attend conference and receive the student discounted registration price, we expect to see those numbers rise, mainly due to increased student membership. One can see the member categories for the past five years in the following bar graph.



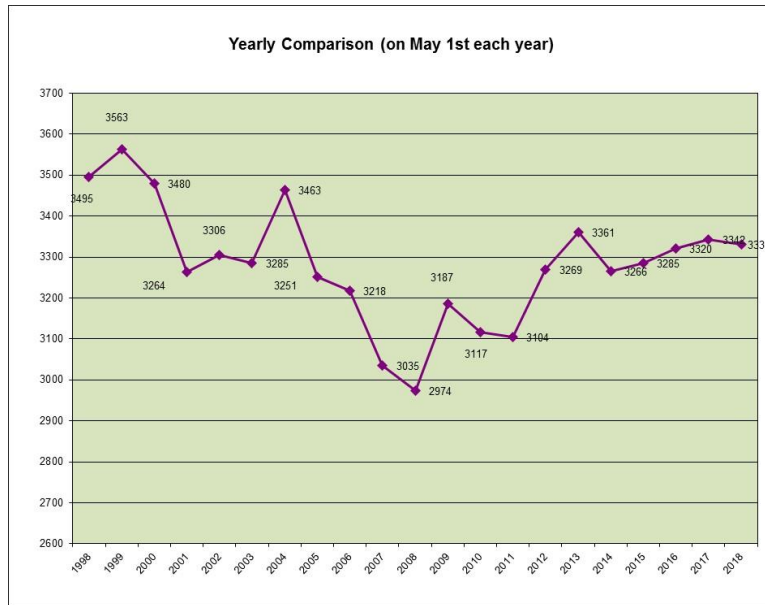
The following chart shows both membership totals and member category totals going back to AMTA's inception. It is interesting to track changes in membership totals on our 20th anniversary, many totals seem to correspond with changes in the overall U.S. economy over the past two decades.

YEARLY COMPARISON AT MID-YEAR MEETING											
	Professional	Associate	Student	Grad Student	Affiliate	Retired	Inactive	Life	Honorary Life	Patron	TOTAL
5/1/1998	2474	40	825	80	18	6	12	4	21	15	3495
5/1/1999	2487	39	866	88	17	7	17	4	21	17	3563
5/1/2000	2401	38	854	106	18	15	8	4	21	15	3480
5/1/2001	2260	37	783	92	25	20	9	4	22	12	3264
5/1/2002	2335	35	736	105	29	22	9	4	22	9	3306
5/1/2003	2281	37	748	139	21	17	7	4	23	8	3285
5/1/2004	2364	26	807	166	28	25	7	4	25	11	3463
5/1/2005	2220	20	740	188	21	18	9	4	27	4	3251
5/1/2006	2271	28	607	200	37	23	11	4	28	9	3218
5/1/2007	2102	22	633	180	24	26	8	4	30	6	3035
5/1/2008	2014	23	596	220	35	31	16	3	30	6	2974
5/1/2009	2177	26	649	220	36	30	9	2	33	5	3187
5/1/2010	2131	25	626	230	23	29	12	2	35	4	3117
5/1/2011	1893	21	790	274	24	51	12	2	34	3	3104
5/1/2012	1855	20	888	388	21	51	5	2	36	3	3269
5/1/2013	1824	21	962	436	25	49	2	2	36	4	3361
5/1/2014	1904	15	815	418	19	49	4	2	37	3	3266
5/1/2015	1866	17	881	406	23	45	5	2	38	2	3285
5/1/2016	1921	15	899	364	16	59	5	2	38	1	3320
5/1/2017	1998	18	815	395	13	56	5	2	39	1	3342
5/1/2018	2017	17	853	327	20	53	1	1	40	1	3330

Professional membership has increased by 19 members when compared with May 1, 2017, or 1%; while Graduate Student membership has decreased by 68 members or 17%. Student membership shows an increase when compared with May of last year, 38 members or 4.5%; however, we will still continue to

have student members join for the 2018 year in conjunction with conference registration as that opens. We expect student numbers to change as 2018 progresses.

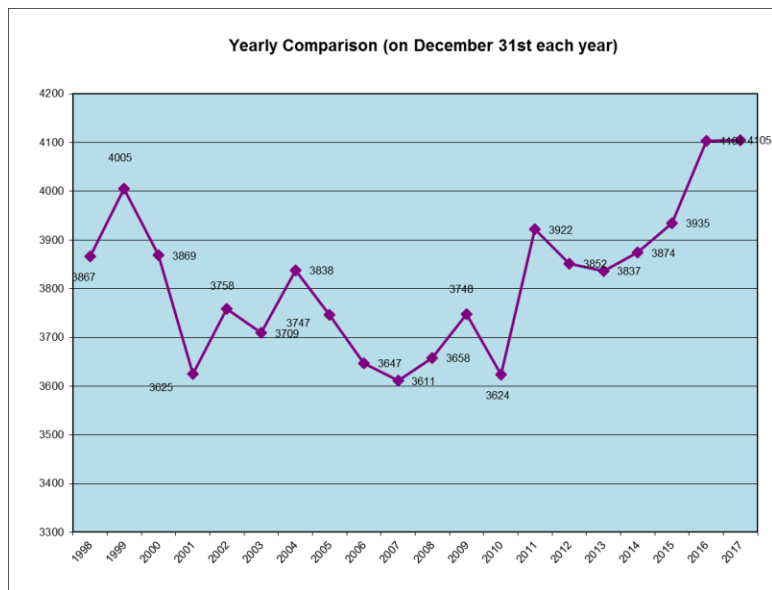
We can also look at May 1 membership totals as a line graph going back to AMTA's inception.



Keep in mind that the above charts compare May 1st numbers each year. Membership numbers fluctuate greatly from month to month, especially in the first half of the year, but thanks to the regional and annual conference member benefit discount incentives, we now continue to have people join AMTA through the last quarter of the year. Holding firm to member discount policies plays a large part in driving renewal efforts. In some years, a large group of people join before April 30th, for example, and in other years they might wait until after May 1st due to the timing of their regional conference. So when considering the impact of dues cost on the total number of members, the best guide is to analyze year-end numbers.

The membership tracked by December 31st each year can be seen in the chart and graph below.

YEARLY COMPARISON AT YEAR END											
	Professional	Associate	Student	Grad Student	Affiliate	Retired	Inactive	Life	Honorary Life	Patron	TOTAL
12/31/1998	2746	50	886	95	21	6	19	4	21	19	3867
12/31/1999	2745	54	1004	107	20	11	20	4	21	19	4005
12/31/2000	2669	49	944	113	23	16	14	4	22	15	3869
12/31/2001	2495	36	868	118	31	26	12	4	22	13	3625
12/31/2002	2616	45	847	140	39	23	9	4	21	14	3758
12/31/2003	2589	41	815	166	31	20	7	4	23	13	3709
12/31/2004	2635	34	873	180	34	29	10	4	25	14	3838
12/31/2005	2531	26	867	222	28	22	12	4	27	8	3747
12/31/2006	2534	33	722	233	41	24	17	4	28	11	3647
12/31/2007	2515	25	721	223	41	28	13	3	30	12	3611
12/31/2008	2473	28	735	286	41	35	17	3	32	8	3658
12/31/2009	2520	38	776	283	42	32	13	2	33	9	3748
12/31/2010	2433	31	740	292	39	33	14	2	33	7	3624
12/31/2011	2270	25	1080	395	34	64	13	2	34	5	3922
12/31/2012	2172	22	1033	483	26	66	9	2	35	4	3852
12/31/2013	2097	23	1083	500	32	57	3	2	36	4	3837
12/31/2014	2233	19	984	506	21	63	4	2	37	5	3874
12/31/2015	2213	22	1097	477	23	57	4	2	37	3	3935
12/31/2016	2274	21	1228	441	20	69	6	2	38	5	4104
12/31/2017	2348	25	1119	474	23	68	5	1	39	3	4105



Overall membership numbers continue to slowly increase and the December 31, 2017 year-end number was the highest overall year-end number ever (though very similar to 2016 numbers). This includes 1999 (the year AMTA hosted the World Congress of Music Therapy) and in the history of AMTA’s predecessors. The graduate student membership category has nearly quintupled and both graduate student and student categories have shown near steady increase since 1998, while the Professional membership number has exhibited much more variability and an overall decrease since 1998. It is possible that many professional music therapists are staying longer in or returning to the Graduate Student category as they work on Master’s and Doctoral degrees and then go back to Professional member status when that is complete. We continue to make a concentrated effort to increase the market share of Professional members due to the large pool of current MT-BCs who are not members of any kind.

It is also interesting to note that since the inception of AMTA, Professional dues have only been raised 6 times. Those years were: 2000, 2001, 2005, 2008, 2011, and 2015. Decreases in total membership numbers do not necessarily correspond with increases in professional dues cost, and where they do, those numbers generally rebound within the following 1-2 years. Student and Graduate Student membership dues rates have increased even less frequently.

Professional Dues Rate—Annually

- | | | | | | |
|--------|-------|--------|-------|--------|-------|
| • 1998 | \$170 | • 2005 | \$200 | • 2012 | \$235 |
| • 1999 | \$170 | • 2006 | \$200 | • 2013 | \$235 |
| • 2000 | \$180 | • 2007 | \$200 | • 2014 | \$235 |
| • 2001 | \$190 | • 2008 | \$220 | • 2015 | \$250 |
| • 2002 | \$190 | • 2009 | \$220 | • 2016 | \$250 |
| • 2003 | \$190 | • 2010 | \$220 | • 2017 | \$250 |
| • 2004 | \$190 | • 2011 | \$235 | • 2018 | \$250 |

The largest dips in membership tend to occur the year or two after a nationwide economic/financial event (for example, the 2008 recession is followed by a low point in 2010). Excluding the year of the World Congress (1999), the change in member numbers at year-end, from the highest recorded point to the lowest, over the past 20 complete years is 494 (3,611 in 2007 and 4,105 in 2017). Year-end 2017 was both the highest overall membership number total and the highest dues rate to date.

Other factors that affect membership numbers include conference location or special events like AMTA’s hosting of the World Congress in 1999. The World Congress year was one of the high points for overall membership in AMTA. Many international attendees joined AMTA in 1999 and 2000 in order to take advantage of the AMTA member discount for World Congress registration. However after the event, most did not renew AMTA membership (when they were *not* planning to attend the World Congress), possibly continuing as members of their own country’s music therapy association or practice.

Conference location and attendance has a significant effect on membership numbers each year—especially for regional and student totals. A benefit of membership is a registration discount for the conference *in the year in which the conference is held*. Prior to 2011, members joining for only the following calendar year were offered the conference discount in the current year, even if they were not currently members, but what we found was that people joined every other year and then used the conference discount twice for a single year of membership (i.e., registering late one year and then early the next). This policy changed when we upgraded our website and member database, in part, because of software limitations (online membership systems are not designed to offer member benefits and discounts to non-members and provide no way to give a single member benefit to non-members using the system other than by hand), but also because of this tendency to claim the conference benefit more than once for a single year of paid membership, which was never the intention of the benefit. It may not be a direct correlation, but we have noticed membership increases since this policy was enforced more stringently.

These are just a few association activities that affect membership renewals. However, it should be kept in mind that many factors converge to impact the total number of members in a given year. They can include, but are not limited to, general well-being/comfort with the economy, location of annual conference, affordability of conference travel, regional/national conference member vs. non-member registration rates, changes in job or family, personal expenses and commitments, volunteer or leadership status, perceived value of AMTA’s member services, the need for and availability of continuing education credits, state recognition activities, simply forgetting to renew, etc. Those factors might be both general and personal—some we have control over and others we do not.

Associations Now (an organization that provides news, insight and analysis for association leaders) recently released its preliminary 2017 Marketing General Membership Benchmarking Report and discussed results in the article, “Challenges Continue, but Membership Stays Strong.” (June 28, 2017) There are several important takeaways from their findings.

Tony Rossell, senior vice president of MGI and the report’s coauthor says, “I continue to hear a narrative that membership doesn’t work anymore or that membership is on the decline, but the fact of the matter is more groups continue to see membership increase...”

.....

If recent history is any indicator, membership remains consistent and strong. On average, over the past five years, about half of all associations surveyed said their membership increased, a big improvement from almost a decade ago, when membership took a significant hit following the Great Recession....

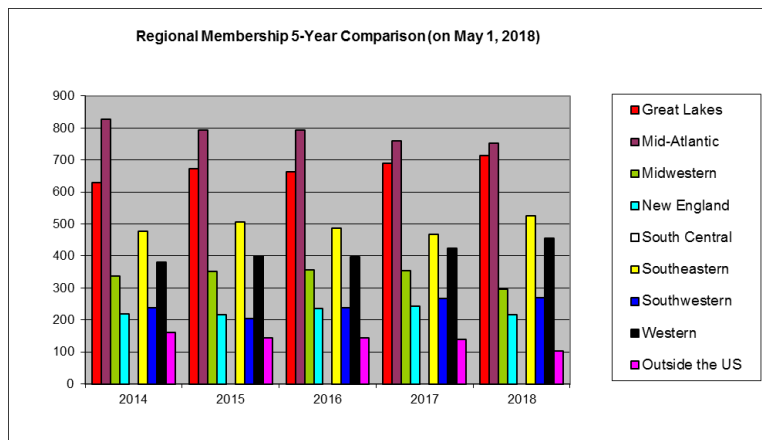
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“Where people are engaging now when it comes to membership is on social networks, through online webinars, certifications, and young professional groups,” Rossell says. “Associations that are moving in that direction are keeping and gaining members at a much higher rate.”

That's not to say that members want an online-only experience. "You can't expect new members to go online and get everything that they need," Rossell says. "There has to be just as much a push-factor to the member experience and communications." The report cites email, direct mail, and staff phone calls as the top three ways to generate renewals.

The narrative from most association analysts is basically a reminder that membership in societies and organizations is not dead, but rather it is changing. It is up to the societies to figure out how to change with the times and with the needs of their specific members by continuing to connect personally as much as possible with members and to work to communicate the successes and important behind the scenes work that members aren't always aware the association is conducting on their behalf. In a world where there is more "noise" in the form of constant messages and advertisements coming at individuals all the time, the best practice is short, consistent, and repeated messages through multiple venues, but to cut through the noise and really make a lasting impression, **personal contact is even more effective.**

Regional Members—A comparison of members in each region over a five-year period can be seen in the following graph. The following chart below shows regional member numbers as well as the annual conference location, compared on May 1 each year.



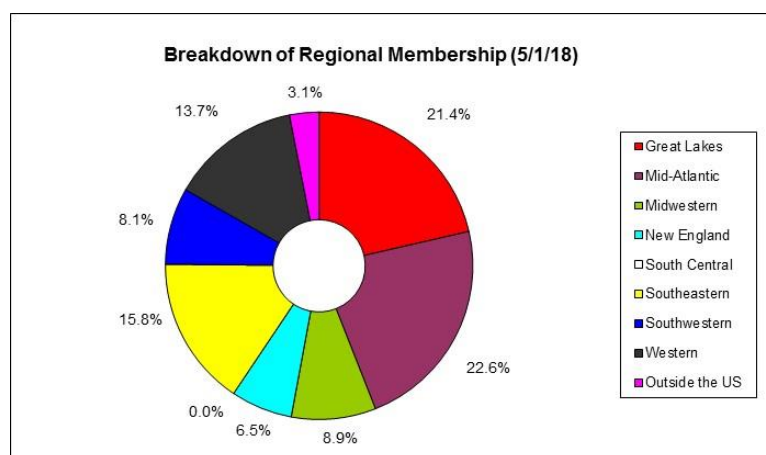
Regional Membership Comparison - Mid-Year Meeting										
	Great Lakes	Mid-Atlantic	Midwestern	New England	South Central	Southeastern	Southwestern	Western	Outside the US	Total
5/1/1998	719	905	349	151	60	414	293	453	151	3495
5/1/1999	779	960	359	161	59	416	237	436	156	3563
5/1/2000	716	988	339	156	58	376	210	440	197	3480
5/1/2001	682	864	335	168	59	352	230	399	175	3264
5/1/2002	655	906	297	197	52	369	195	457	178	3306
5/1/2003	655	860	303	163	65	438	205	422	174	3285
5/1/2004	722	936	332	190	65	413	203	441	161	3463
5/1/2005	601	883	311	182	*	460	265	418	131	3251
5/1/2006	630	868	308	190	*	415	214	417	176	3218
5/1/2007	606	768	314	179	*	435	220	362	151	3035
5/1/2008	622	789	289	177	*	400	170	368	159	2974
5/1/2009	665	787	330	193	*	435	211	398	168	3187
5/1/2010	609	773	293	206	*	430	217	426	163	3117
5/1/2011	697	767	303	195	*	406	217	338	181	3104
5/1/2012	627	867	324	188	*	491	213	375	184	3269
5/1/2013	690	825	363	195	*	472	249	369	198	3361
5/1/2014	629	828	337	218	*	476	237	380	161	3266
5/1/2015	672	793	351	217	*	505	203	401	143	3285
5/1/2016	664	794	357	235	*	488	239	398	145	3320
5/1/2017	689	761	353	243	*	467	268	423	138	3342
5/1/2018	713	753	296	216	*	525	269	455	103	3330

Conference Locations each Year

- 1998 Cleveland, OH
- 1999 Washington, D.C.
- 2000 St. Louis, MO
- 2001 Pasadena, CA
- 2002 Atlanta, GA
- 2003 Minneapolis, MN
- 2004 Austin, TX
- 2005 Orlando, FL
- 2006 Kansas City, KS
- 2007 Louisville, KY
- 2008 St. Louis, MO
- 2009 San Diego, CA
- 2010 Cleveland, OH
- 2011 Atlanta, GA
- 2012 St. Charles, IL
- 2013 Jacksonville, FL
- 2014 Louisville, KY
- 2015 Kansas City, MO
- 2016 Sandusky, OH
- 2017 St. Louis, MO
- 2018 Dallas, TX

Another phenomenon we tend to see is an increase in membership in the region where the national conference is held - either in the year of the conference or the year after, depending on the conference policy at the time. Some individuals do not join AMTA every year, but rather alternate years or join only in years when they intend to attend the annual conference. Thus, we see a “bump” in regional numbers around years when conference was held in that region and easier to get to for many individuals. Non-member vs. member-discounted costs of regional conference registration also impact the number of members in a given region each year.

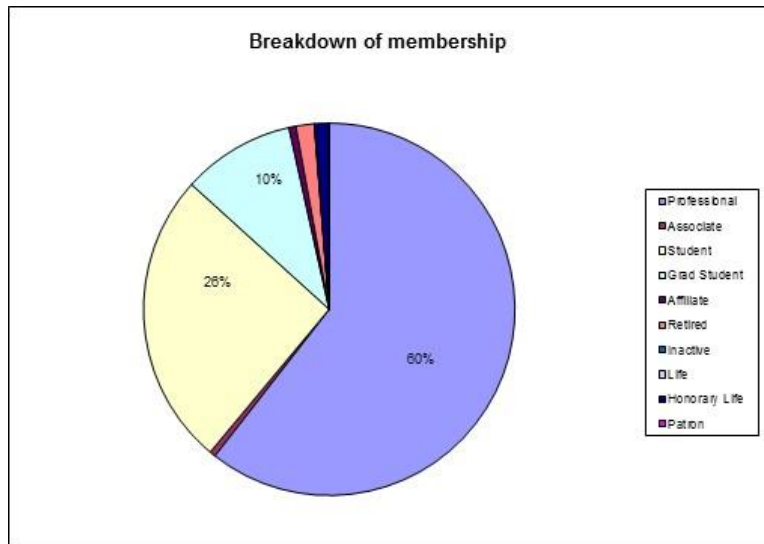
A breakdown of regional membership percentages as of May 1st appears in the following graph.



Regional lists—Regions are provided with free-of-charge membership lists in quarterly reports and additionally periodically as requested for regional conference registration purposes. Lists are sent weekly, and even daily in some cases, in the months leading up to regional conference to help with regional conference registration processes (in order to base the discounted regional conference fee on member or non-member status). Regional officials can also confirm current member status in the AMTA online directory (but are reminded that some choose to opt-out of appearing in the online directory so they should double check with the AMTA office if a person says they have joined AMTA but does *not* appear in the online directory). Lists are used for membership promotion in connection with conference and for regional membership promotion activities. Regional lists of non-members are provided to Membership Committee regional representatives for calling lists during membership calling campaigns which is a Board-assigned task of the AMTA Membership Committee. **A conservative estimate suggests that over 100 of these lists were provided without cost to the regions in the first two quarters of 2018 so far.** Regional lists requested outside of these activities are provided at a per-record fee through the Mailing Label Request form, which can be found online in the Member Toolkit (“Purchasing AMTA mailing lists”) and in the public “Advertising with AMTA” areas of the website. AMTA members can purchase at a substantial, per-record discount, and AMTA regions may purchase at an even-further discounted cost. Those requesting lists for research projects can also purchase email addresses (email addresses are not provided for commercial contact). These requests must be made according to the Label Request Policy; the survey and IRB approval must first be reviewed by the AMTA Executive Director.

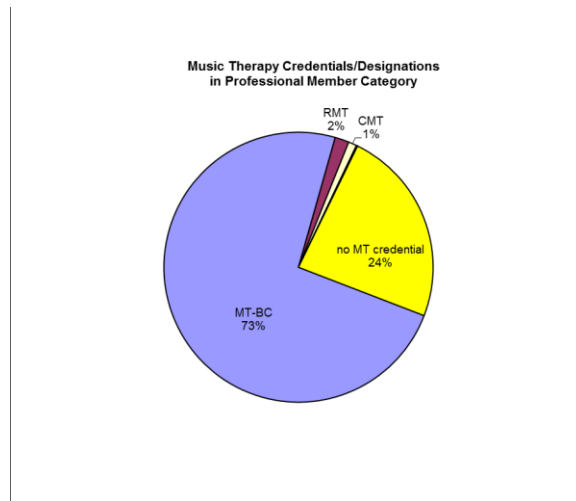
Types of Membership

Professional members continue to comprise the largest part of AMTA, with 60% of the membership as of May 1, 2018. The remaining membership category percentages can be seen in the following pie chart.



Professional Members—The following chart and graph show the breakdown of credentials/designations as well as growth for the category of Professional membership in AMTA as of May 1, 2018. Members are instructed to notify the AMTA national office when they become Board Certified. When that happens, an AMTA staff member verifies MT-BC status with CBMT before adding it to the individual’s member record. We do this immediately upon request. However, many members do not contact us for this purpose, so we periodically audit our database against CBMT records in order to provide the most current information we are able. We are grateful to CBMT for their assistance with these labor-intensive projects but still rely upon members to inform us about their personal status first and foremost.

Professional members	1/1/2018	2/1/2018	3/1/2018	4/1/2018	5/1/2018
<i>MT-BC</i>	330	888	1230	1408	1484
<i>RMT</i>	10	16	24	31	34
<i>CMT</i>	6	9	15	17	20
<i>ACMT</i>	0	2	2	2	3
<i>Dual (RMT & CMT)</i>	0	0	0	0	0
<i>Dual (RMT & ACMT)</i>	0	0	0	0	0
<i>RMT, MT-BC</i>	0	0	0	0	0
<i>other MT credential</i>	0	0	0	0	0
<i>no MT credential</i>	86	228	351	418	476
TOTAL	432	1143	1622	1876	2017



Membership Drives

2018 Membership Promotion—Our first membership invitation for 2018 was emailed in December of 2017 to nearly 16,000 individuals in the AMTA database. This was a membership newsletter, highlighting benefits of membership and successes that membership supports with a direct link to join and pay for membership online. Monthly follow-up invitations with additional and varied highlighted information were sent to those who had not yet joined over the next several months.

In January 2018, we were able to use CBMT’s current MT-BC list for membership invitations (many thanks to CBMT for providing a certificant list for this purpose!). This was a one-time use agreement and we used a third party mass mail tool, MailChimp, to send a membership invitation to this group of music therapists. This is significant because we are able to directly contact the larger list of 7500+ current MT-BCs, not just those who happen to be in our database, and we are reaching the entire pool of potential Professional members who are board certified.

Your AMTA Membership Dollars...

When you are a member of AMTA, you support our mission to advance public awareness of music therapy's benefits and increase access to quality music therapy services. You commit to initiatives and programs that make music therapy strong. Not only do you contribute to the important work AMTA does every day, but you also get a substantial list of benefits that support YOU and save you money.

What You Get for \$250 Professional Membership:	Value: Over \$1000/year!
• Journal of Music Therapy & Music Therapy Perspectives	• \$576 (your subscription)
• AMTA goes Live: Online Continuing Education	• \$600 (100 hrs per year)
• Member Area of AMTA Website	• \$218 (based on a subscription rate)
• National & Regional Conferences Discounts	• \$25
• Publications & Online E-Courses Discounts	• \$75 (based on volume of purchases)
• NMTT Businesscard Discount	• \$25
• Link Central Job Postings/References/Posting a Job	• \$50
• Online Directory and Yearly Workforce Study	• \$50
• Private Practice/Job Placement Practical Assistance	• \$50 per hr (member phone call)
• Public Education, Advocacy and Job Creation	• \$1000

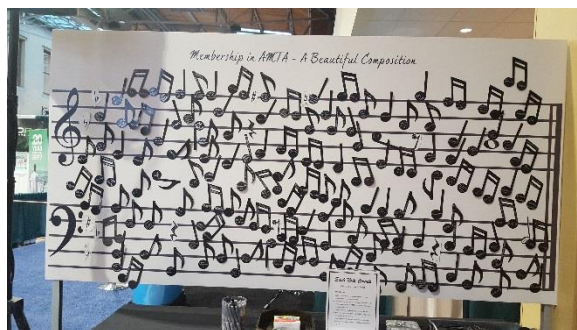
Help our profession grow. Become a 2017 member of AMTA today!

Monthly reminders to join were sent to all non-member records in our database (permission to use CBMT’s list is for one use only) from February – May 2018, with another schedule for June.

Each Note Counts Membership Campaign—At the 2017 AMTA conference, we debuted a contest we called Each Note Counts.

In any great composition, each note counts. If one minor third or a single perfect fourth is missing from its correct position, the whole composition is diminished. “We Are AMTA” is not just a platitude, it is true. Each of us makes up this amazing family and each is important and needed. You contribute your own special music and the music therapy profession needs your contribution. It takes variety to make rich music. We invite you to join AMTA in 2018 and recognize how all the work we do together creates beautiful music for the music therapy profession. Thank your friends and colleagues for each amazing note of the composition they add... each one of us improves and enhances the music therapy family. The music we make together benefits us and, ultimately, our clients.

Conference attendees were invited to take a note, write their favorite reason for being a part of AMTA on it (with their name and mobile phone on the back), and add it to the grand staff in the exhibit hall to create a community composition. At the conclusion of the conference, several notes were randomly chosen and the winners were awarded free 2018 membership in AMTA.



We were surprised and thrilled by the level of participation and the amazing thoughts expressed on each note! So much so that we brought home **all** the notes and turned them into our 2018 online membership campaign. We photographed about 100 of the best notes/benefits submitted and posted one on AMTA's social media feeds (Facebook, Twitter, and Instagram) every day for a 30-day period in January and February as well as one each Monday for the entire year for the #MembershipMonday posts. Then we expanded the contest to invite online participation in January and February of 2018 and opened-up the opportunities to win to those who were not in attendance at the St. Louis conference.



Want free 2018 AMTA membership? You could be a winner in our #WinItWednesday contest! Post YOUR reason for joining, tag AMTA & #EachNoteCounts to enter a drawing for free membership in the category that applies to you. Post by Wednesday for this week's contest.

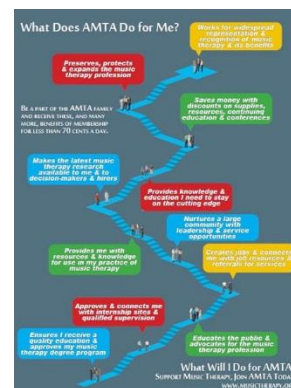
The contest was continued for five weeks and five AMTA memberships were awarded to contest participants (all were Professional members!) We hope you were able to see many of the notes/thoughts

and that they maybe made you think a little more deeply about your own membership in AMTA and what it means to you. You can also follow #EachNoteCounts and #WeAreAMTA on our Facebook, Twitter, and Instagram feeds for member benefits others have shared and share these with your friends and colleagues.

A long list of AMTA member benefits that help you & your music therapy practice can be found online at <https://www.musictherapy.org/members/benefits/> (About Music Therapy & AMTA>Membership in AMTA>Benefits of Membership in AMTA) and you can watch all our Why Should I Join AMTA? videos there as well.

Why Should I Join AMTA videos—Speaking of videos, we would love to have new Board members who haven't yet, create a video for this project. A Board member will be responsible for organizing this effort at the upcoming mid-year meeting. Three years ago, we unveiled a popular promotion effort by AMTA Board of Directors: videos from individual Board members were submitted and edited into our “Why Should I Join AMTA?” series. We also received several great videos from others—everyone from regional officials to local conference committees, students, and others. These videos are still featured on the AMTA website and in social media posts and are highlighted often. Thanks to these individuals for a varied and thoughtful list of ways AMTA membership benefits all music therapists in different areas of their professional lives. So far, 24 videos have been produced but there is still room for more! **If you have not submitted a video, we could use your input for membership promotion in 2018—and if you have submitted a video, but have thoughts about new or different reasons to join or would like to suggest someone whom you feel would provide a great addition to these videos, feel free to submit another or make a suggestion.** Please record your video on your computer, phone, or device and send the raw file to Angie Elkins, who will be happy to edit it for inclusion in this project.

Other Membership Promotion Efforts—Membership promotional efforts were included in many forums and publications. A list of many of these efforts follows; however, this is not a comprehensive list as membership promotion is weaved into almost everything we do in the AMTA office, whether it is conference promotion, state recognition, sharing reimbursement tips, government relations advocacy work, communications with current members, calls for assistance to the national office, etc. AMTA membership benefits are almost always mentioned in some way and non-members are reminded that **this information results from the members who support AMTA's mission with their dues.** Members are thanked for their ongoing support.



- **Monthly emailed invitations** to non-renewing former members with new highlighted benefits—January - September.
- **Membership in AMTA section of AMTA website** created with its own drop-down menu items under “About Music Therapy and AMTA.” New membership content placed in the pages of this section to direct people to membership specifics more quickly and easily.
- **Membership ads** on Oxford website/Music therapy journal pages
- **New content** placed on home page every few weeks with 2018 renewal information
- **“Membership Monday” content** posted to social media each Monday, starting January 1, 2018 and will continue through the remainder of the year.
- **"Why Should I Join AMTA?" videos** produced and posted on AMTA's YouTube Channel.
- **“What Does AMTA Do for Me?” infographic** on homepage of website and in Membership section. How AMTA supports people in each stage of their professional development.
- **Invitations to organizational members** (potential Patron, Affiliate, Educational Affiliate members)
- Oxford University Press benefit: **AMTA members get 25% off** purchases on OUP publications.
- **“Member Benefit Alert”** content featured in *Music Therapy Matters Monthly* e-newsletter.

- **#WeAreAMTA social media campaign** - Membership Committee's hashtag continues to be used by AMTA officials and members alike.
- **2018 Membership ads** submitted for regional conference programs.
- **Further advertising new member benefits** placed on website including, but not limited to: AMTA-pro podcasts, ASD resources, MLE updates, monthly newsletter issues, reinforcements for AMTA's non-discrimination policy, Social Media Advisory, information on travel with musical instruments and TSA requirements, comparison document for changes in Professional Competencies, CPT code information, videos from AMTA Tech Stop (resources from the Technology Committee), the e-course *Disaster Response for Music Therapists* e-course gain offered **FREE** to AMTA members and non-members alike (along with 3 free CMTE credits upon conclusion), Music Therapy Research 2025, Music Therapy and ASD strategic priority updates, and member only resources within the "Guidance for Music Listening Programs" section of the website (created in response to Music and Memory as well as other like groups). All of these, advertised as a benefit of membership in AMTA and a resources members may enjoy if they join. A quick and easy way to identify the newest AMTA member benefits as well as those you may not be aware of, is by looking in the AMTA Member Toolkit.
- **Music Therapy Matters Monthly**—*Matters* is available as a benefit of membership in AMTA; the October issue has been made available to the entire music therapy community (members and non-members alike) to illustrate how AMTA is advocating and advancing our profession. Please feel free to share it with your colleagues, administrators and others interested.

An extensive list of membership benefits is also found on the AMTA website under the new membership section: About Music Therapy and AMTA>Membership in AMTA.

Calling Campaigns—We are pleased to report that at this time four of seven Membership Committee Representatives from AMTA regions have initiated and/or completed regional calling drives during the first two quarters of 2018. Many thanks to membership committee representatives for their hard work and dedication to this responsibility of the Membership Committee.

During member calling drives, AMTA Membership Committee representatives speak with non-renewing members and ask why individuals have chosen not to renew this year. Always, the major goal of a calling drive (or any other drive where a personal connection/conversation with a non-member is sought) is to speak directly with an individual and understand the individual's concerns, reasons, or barriers to becoming a member. Once a conversation begins, callers can help resolve those concerns and support the music therapists with whom they are speaking. So, in essence, a calling drive is as much a networking exercise as a membership endeavor. Some ways in which concerns are resolved are:

- listening to and validating individuals' concerns
- making contact with and reminding individuals that they are known and important
- sharing information; (though it may have been published, not everyone remembers every item in the long list of member benefits and a helpful reminder in the moment it is needed is often more valuable and longer-lasting than referring to a posted list)
- sharing local information and networking with other professionals in a geographic area who can provide support for challenges that are specific to that person or area
- sharing with the individual where, how, and to whom, they can communicate a concern
- sharing how to contact a board member, national office member, assembly member, committee chair, or other person poised to be able to help with a concern
- educating individuals about member benefits they may not be aware of or may not be using
- educating individuals about the value of membership and its importance to the music therapy profession
- educating individuals about AMTA's advocacy for music therapy profession

- educating individuals about important changes in the music therapy profession

These personal conversations tend to be the most helpful in understanding why people may not be joining AMTA because reasons for this are as varied and personal as the individuals themselves. In-person conversations can aid in making individuals aware of available information and in helping people feel comfortable sharing feelings and experiences. Because Professional Members tend to know more detailed information affecting music therapists, calling drives are best performed by a group of knowledgeable, enthusiastic, Professional Member volunteers who view this as a valuable networking exercise for themselves as well as a service to other music therapists. Membership Committee representatives often have difficulty finding volunteers to make such calls—even if the request is to just contact a small group of people—and calling all the names on a given non-member list is often too onerous for one person to complete. They require additional help. It’s understandable to have difficulty finding volunteers for these efforts, but these calls are quite valuable when conducted by qualified people and often those who make the calls report not only finding them extremely valuable for them personally, they also create a larger networking circle in their region or local area and serve as a benefit to the region or state. **The Membership Committee representatives need support from Regional Presidents in identifying and finding regional professionals who are willing and able to help with this effort.** Often, an invitation from a Regional President comes with more weight than from the Membership Committee Representative and has a higher positive response.

Overwhelmingly, the most common response to the question about why people don’t join AMTA in a given year is a financial one—people communicate their concerns about the economic and political climates, which causes people to carefully consider purchases. Many music therapists share that they feel being a member of free, online communities may provide them the networking opportunities they desire, but that do not require payment. In some instances, individuals get member-only benefits and information, which AMTA provides or creates, from well-meaning members who post them without permission on public sites or share them directly. The fact remains that many of the resources and information shared in these online communities—whether or not it is member-restricted on the AMTA website—are available because of the work done by AMTA members, volunteers, officials, and staff; and membership dues support that work.

What we most often hear from individual music therapists through formal and informal surveys conducted by the national office and membership committee is, “I want to join. I just can’t afford it right now.” Ability to pay dues, and not necessarily perceived value or dissatisfaction about the organization and its work, is the single-most reported reason people do not join AMTA. This has been the case from membership calling drives, dating back to 1998. **Budgeting for membership in a professional society is a choice most professional individuals must make regardless of their field of study.** Even when music therapists choose not to become members, they benefit from the work other members support with their membership dues. With over 7,700 MT-BC/RMT/CMT/ACMTs in the United States (source: *2017 Workforce Analysis*), that means only around 26% (30% if Grad Student Members are included) of eligible music therapists are currently supporting the work AMTA does for the music therapy profession through Professional (and Graduate Student) Membership dues.

Regardless of the reason, when performing membership drives, our position has always been to give members options for ways in which they can join (online payments, installment plan, scholarships, inactive or retired status, connection to regional membership assistance programs, regional contacts for questions, etc.) When it’s clear they cannot join, we remind them of the benefits they’re missing and that we hope to see them back among our AMTA family next year. AMTA’s work advances the entire profession. The ultimate goal of membership contacts is to make a positive professional connection even if the person feels he or she cannot join this year.

Board of Directors’ Professional Member Workgroup—The Board of Directors also takes an active hand in working to increase membership. During the last Board, a workgroup, part of the Financial Action Plan,

was convened to work alongside the membership committee with the goal of increasing Professional membership in AMTA. It is our hope that a similar workgroup will form at mid-year to explore additional ways Board members can support the goal of increasing Professional Members.

Payment Plans—Since AMTA’s inception, we have always offered the option of setting up a payment plan for members who wish to join, but cannot afford to pay the entire membership fee in one lump sum. In the past, this was done by personal request: a phone call or email to the AMTA national office. But in January of 2013, the ability to select an “installment plan” when paying online *without* requiring a personal request to the AMTA office was instituted after many requests. The ability to pay for Professional Membership in either 4 or 6 installments online has been made available from 2013-current for a limited period in the beginning of the membership year, from January through March 31. This time limit is required, on the advice of AMTA accountants, to ensure membership can be paid in full by conference registration deadlines and elections in the second half of the year in which the election will be held. A nominal fee is added to the cost of membership for each of the number of transactions requested, which accommodates for, but does not fully cover, additional processing time and additional credit card fees incurred by multiple payments for a single purchase.

After March 31, we are still willing to arrange payment plans outside of this opportunity (offline) for those who truly feel they have a need. These can be done through a phone call to the AMTA office. Cindy Smith, Membership Associate, works with those paying membership in installments to create an arrangement that is workable for both parties.

Overall, the cost in staff time and resources to manage those paying in installments through the online system is significant. Though the system appears automated for members, it is not for staff processing payments on the backend. Despite our best efforts, records must be accessed and adjusted individually to make this process properly operational, making it quite labor-intensive. Many transactions need further individual attention, when directions for signing up for installments are not properly followed or when credit cards are declined on the second or third installment, for example. All our transactions process through a PayPal portal (with a percentage fee taken by PayPal for the service) and it is easy for buyers to dispute a payment in PayPal even when they initiated the payment. The PayPal dispute process is heavily weighted toward the purchaser and when there are disputes (especially about membership or donations to any organization), the dispute is usually resolved in the advantage of the purchaser. Sellers have little recourse even when documents are submitted showing an individual’s intent to purchase. Sometimes, even when the individual realizes they made a mistake and decides they do not want to dispute the charge after all, the process is already in motion and PayPal still refunds the money to the buyer after the buyer asks them to stop the dispute process. We then have to contact the individual to arrange a different form of payment. Even under the best of circumstances, an installment plan for membership dues is a labor intensive process, requiring many additional staff hours, which amounts, in many cases, to a greater cost than the service fee covers.

- 104 people took advantage of the installment option in 2013. 10 (10%) still owe on this agreement (a total of \$1,888.75 uncollected)
- In 2014, 127 individuals took advantage of the installment option. 15 (12%) still owe on this agreement (\$2,602.33 uncollected)
- In 2015, 116 individuals took advantage of the installment option. 15 (13%) still owe on this agreement (\$3,046.62 uncollected).
- In 2016, 123 individuals took advantage of the installment option. 18 (15%) still owe on this agreement (\$2,442.42 uncollected).

- In 2017, 122 individuals took advantage of the installment option so far. 13 (11%) still owe on this agreement (\$2,266.28 uncollected).

This amounts to over **\$12,000 in uncollected dues** (when membership benefits were provided) over a five-year period. Each year, between 10% and 15% of those making payments do not complete all the agreed-upon payments.

- So far in 2018, we have a total of 104 people making installment payments for 2018 membership. If trends continue, we can assume that approximately 10-15 of these people will not complete all the agreed-upon payments.

Even after the membership year ends, we continue to contact previous years' members to try and secure payments as agreed, and we are able to do so in some cases, but this amounts to hours of additional staff time, which is also a cost of the program. Further, since a payment for membership is not for goods or services, we cannot legally collect on unpaid membership dues when an individual chooses not to complete all the agreed-upon payments, so even if we wanted to, we cannot go through a collections process for those who do not make all the agreed-upon payments. Our policy requires individuals to completely finish paying all installments in a given year or they will not be eligible to pay in installments in future years, but this is difficult to police since the installment plan was requested to be member-initiated online without prior staff approval as it was in the past. The only way to enforce this is to refund payment after it has been made, which is also labor intensive and problematic in financial reporting.

Per the advice of AMTA accountants and agreement of AMTA officials, members who do not complete all payments by the agreed-upon deadline will not be considered current members for the purposes of voting in that year's election. Members are notified on the page of the website that deals with installments, that "The entire amount (all 4 or 6 payments) must be completed and paid in full no later than September 30 of that membership year or you will not be eligible to vote in AMTA end-of-year elections." We also attempt to send reminders through *Music Therapy ENews*, *Music Therapy Matters Monthly*, and social media when elections are coming up. We rely on the website and reminders posted on social media to inform non-members of this policy, since they often forget and we may not have a direct line of communication by virtue of their non-member status. Therefore, payment plans in election years also necessitate additional staff time to verify fully paid members by the cut-off date to ensure who is eligible to vote.

With regard to the effectiveness of installment plans in promoting new members, most of the individuals paying in installments have been members at some time in the past 5 years. It is not clear whether they would not have become members without the installment option. We don't necessarily see many first-time-ever AMTA members paying in installments. We do hear reports that the option provides a convenience for those who would be returning members anyway, so it is unclear whether the option of an installment plan for Professional Membership really translates into more Professional Members. It is more likely that the option of an online installment plan for Professional Membership is a service that has probably increased good will, but not necessarily increased Professional Membership. At best, we hope this contributes to a culture of membership in which people are members consistently each year and find the way to join that works for them, not just to use member benefits or attend the conference less expensively, but to support AMTA and the music therapy profession as a consistent member.

Conference Membership Push—This year, the 2018 conference again will have numerous special intensive trainings as well as special sessions and programs of interest to students. Special sessions are planned for researchers, students, educators, interns and practicing music therapists. We tend to view the conference as the last “membership drive” of the year.

While the bulk of Professional Members join in the first two quarters of the year, the Student Member number, as a rule, continues to build throughout the entire year and a large portion of students also join in the third and fourth quarters of the year, often as a way to take advantage of the discounts for conference registration(s). The annual conference policy offers a discount for conference registration *in the year that the individual is a member* as a benefit of membership. Thus, only student members in 2018 may claim the member discount for the 2018 conference (as a reminder, there is also a non-member, full-time student rate that students may take advantage of even if they are not members which is still heavily discounted by over 50% off the regular registration cost). Members who choose to join for the 2019 calendar year will have their membership and membership benefits begin on January 1, 2019 and will be able to enjoy a discounted fee for the 2019 conference. We expect and depend on conference promotion as a useful tool in promoting not only Professional, but also Student and Graduate Student Membership and hope to see these numbers climb throughout the remainder of the year.

Welcome to the Profession Packets—This program is AMTA’s way of supporting new professionals by offering \$200 in savings on membership, conference, and resource costs during their transition from student to professional. AMTA has distributed these packets to new professionals since 1998. Packets contain a welcome letter signed by the President and Executive Director of AMTA, sample public educational materials, and informational materials about services and benefits of membership in AMTA. A short newsletter is included, which contains tips for finding a job and other news pertinent to new professionals as well as **four coupons** for discounts on the first two years of professional membership activities. **Two membership coupons** (for two different years of membership), an **annual conference coupon**, and a coupon for a **product** from the AMTA Bookstore. In this way, AMTA provides **additional support to graduating students** through their transition to professional music therapist by providing useful information and discounts for the first years of their professional expenses as well as an initial positive experience as a Professional Member. A request form and information is found on the AMTA website (<http://www.musictherapy.org/careers/packets/>) and we make efforts each year to inform students of this option by asking educators and internship directors to share the information with their students, posting about it on social media feeds, asking AMTAS to communicate the benefit, and announcing it at AMTA conferences. As there is a brand new class of graduating students each year, we depend on others to help point students to this information on an annual basis.

Member Appreciation “Pop-Up” Sales—The “Pop-up” sales program offers time-limited, member-only discounts off of the (already-discounted) member price of a selected publication(s). These have been running, occasionally and without a regular schedule (as is the point of a pop-up sale) since 2014. Pop-up sales are announced to everyone on the AMTA website and through social media and instruct members how they can get the selected book at the sale price and for how long. We hope you saw our “Valentine’s Day/Member LOVE” pop-up sale in February. We hope this program not only increases interest in publications and the AMTA website, but also adds to the long list of member benefits already enjoyed by current members.

Products and Publications

Music Therapy Matters Monthly—This is our third year of providing *Music Therapy Matters Monthly*, electronically on a monthly basis. As with our inaugural issue in 2016, the January 2018 issue was again available online at musictherapy.org (under “Latest News”) for all to see; starting in February, however, this monthly newsletter became available to current members only. Emailed directly to current members

around the middle of each month, this newsletter is filled with important, timely and brief information, as well as money-saving discounts. Individuals joining AMTA later in the year who missed some of the direct-to-your-inbox emails, can access full versions of each monthly issue on the AMTA website through a link in the Member Toolkit so no one will miss an issue if they join later in the year. The emailed version contains short, quick-to-read articles appropriate for an emailed newsletter, with links to longer versions of articles with photos online when necessary. Because there is both an emailed version and an archived online version, each differs slightly from the other due to format, so each month's newsletter issue must be produced twice and edited/formatted for its specific delivery vehicle. Be sure to check out issues you haven't read yet for news and stories about association activities, music therapy recognition and advocacy throughout the country, upcoming events, tips and resources for job hunters or business owners, and more. Though *Matters* is available as a benefit of membership in AMTA, the October issue was also made available to the entire music therapy community (members and non-members alike) to illustrate how AMTA is advocating and advancing our profession. Please share it with your colleagues, administrators and others interested.



AMTA Products and Donations—AMTA products and publications are conveniently available for purchase online in the AMTA Bookstore. New products are added to the online store as they become available. **Current members of AMTA receive generous member discounts on each purchase.** Our two newest products are stuffed animals: a unicorn whose hoody says, “Music Therapy, it’s UNique” and a cow who can slingshot across the room while he moos and wears a cape that says, “Mooosic Therapy, it’s like no udder!” More products will be developed to debut at the 2018 AMTA conference. Donations to all of AMTA’s funds: Disaster Relief, Center Stage, Research, Scholarship, General Donations, etc.—can be made online in the AMTA Bookstore.



AMTA E-courses on Disaster Response and Self-Care—Last year, the AMTA E-course, “Disaster Response for Music Therapists: Core Principles of Psychological First Aid” was made available for free—not only to members of AMTA but also to non-members. This was provided both as a benefit of membership, but also a gift to aid and support music therapists working with those who have experienced a traumatic event (of which there were many in 2016). Our country is in unprecedented territory as we continue to face multiple, concurrent major disaster events. AMTA has been conducting follow-ups to check in with our colleagues and continues to work with regional and local music therapists to provide a variety of relief in affected areas. Our hearts and thoughts are with those affected by these horrific disasters and our fellow music therapists and music therapy students. As such, **we decided in October of 2017 to return the Disaster Response e-course to its free status for both members and non-members and it continues as such in 2018.** It is our hope that this information can be used by music therapists as they work with others as second- and third-responders for those who have experienced trauma. AMTA also provides a Self-Care e-course which is heavily discounted for current members. We will continue to evaluate the needs of music therapists in order to help them provide the best music therapy services they can. During these difficult times, please remember your own self-care needs and those of your families and please contact the AMTA National Office for more information or support at (301) 589-3300. The Disaster Response and Self-Care e-courses are currently our most popular e-courses.

The AMTA e-courses continue to be used and advertised as a convenient, affordable, way to gain continuing music therapy education credits. They also carry the member benefit of being even further-discounted for current AMTA members (even higher student member discounts are available for some courses which are appropriate to be used as assignments by music therapy educators where the e-course participant is not looking for CMTE credits). Currently, the administration, purchasing, sending of certificates, collecting

evaluations, reporting to CBMT, and responding to questions and issues reported by e-course participants is done almost exclusively by AMTA office staff. As the e-course program grows, the time devoted to these responsibilities grows as well. We continue to look for ways to streamline the process and keep the staff workload caused by the e-courses to a minimum while still providing excellent customer service and timely distribution of certificates. For more information on AMTA e-courses, see Cathy Knoll's report.

Conference Program and Marketing Materials—The printed poster/preliminary program for the 2018 conference is in process and should be available soon. The most up-to-date information can be found on the AMTA website by clicking on the “Attend a Conference” button. We hope to have more information from the local arrangements committee found here: <http://amtanationalconference.com/>.

Finances

Our financial records are maintained by several persons to assure security and accuracy of records and information. Cindy Smith and Angie Elkins perform daily maintenance of Accounts Receivable, Accounts Payable, respectively. We also complete other bookkeeping tasks with help from staff assistants and national office staff as necessary. All financial transactions are entered into our comprehensive accounting software package. An outside accountant, unaffiliated with AMTA, who is licensed and certified to practice in the state of Maryland, reviews all transactions monthly and publishes monthly statements and reports.

Additionally, AMTA retains a separate accounting firm for filing of required tax forms and the yearly financial audit. This firm's staff are members of the American Institute of CPAs and licensed to practice in the state of Maryland. Our fiscal year will end on June 30, 2018 and we will conduct our annual comprehensive audit of all AMTA financial records in the fall. We continually update our Chart of Accounts to allow for detailed reporting of finances as well as keep current with software upgrades and updates. Once the audit report is finalized, AMTA's financial information is provided to the public on the website under “What is AMTA?>AMTA Summarized Financial Information” as well as in the Treasurer's report.

Information Systems

Journal Websites at Oxford University Press—This is the fourth year both the *Journal of Music Therapy* and *Music Therapy Perspectives* are published by Oxford University Press (OUP) in partnership with AMTA. Each journal has its own website hosted in the Oxford environment where information about the journal, current issues, archived issues, information for authors, and more can be accessed.

Andi Farbman, Barbara Else, and Angie Elkins, along with the journal Editors, have been working closely with OUP staff to continue to manage both the journal's publication process as well as member access and have been addressing issues of concern as necessary. We have published the entire 2014-2017 volumes of the *Journal of Music Therapy* and *Music Therapy Perspectives*, as well as the issues in 2018 under the OUP/AMTA partnership, and are excited to see the visibility of music therapy research increase. We have completed our contract renewal with OUP for another six years. For more information about AMTA journals and OUP, as well as the recent updated platform on which the journals are presented, please see Andrea Farbman's and Barb Else's reports.

Phishing, Scams and RansomWare—On the advice of our audit firm, we began staff training for specific threats, which are of current concern in the technology arena. We contracted with a company that provides employee training and testing to better identify and avoid problems and concerns that come through not only email, but use of social media and other applications related to technology. This training began after the annual conference and is ongoing. Staff are also tested weekly with several spoof scam emails that

come from this package and the results are reported back to recommend more training and in specific areas if needed. On the off-chance someone does click on a link in one of the test emails, they get to hear Rick Astley sing “Never Gonna Give You Up” and get a warning that they clicked on a suspicious email. Even when they get caught by one of these test emails, the event is a learning experience and staff have gone from about 10%-15% failure of the test to 0% in the past four weeks. This training is ongoing and the test emails get progressively harder to spot and skills increase.

Since not every threat comes by way of email, we have instituted regular backups of network data via a cloud-based back up with an outside vendor in addition to the regular internal backups inherent in the existing network. We have also secured a Cyber Insurance add-on as a part of our regular insurance policy as this is now the standard minimum requirement for most businesses.

AMTA Website—Throughout 2016-2017, three pages of suggestions for content updates, improvements, and changes to the AMTA website were collected from AMTA staff, members, non-members, consumers, other users, and those who communicate directly with the public. These suggestions were collected by staff member, Tawna Grasty, who most often speaks with members and non-members about their experience on the website, and she compiled them in order of priority. With the exception of a small number of additions, which still require content to be provided, all of these have been addressed and updated in whatever way possible. We continue to evaluate new features and sections by asking for feedback and suggestions from varying groups of users. Major projects involved converting all the pages of the website to show as secure content (previously, only select pages like the home page and pages connected to personal information or the online store/payments were secure), addressing issues with templates on member interactive pages of the website to bring compatibility to meet updates in browser technology, and responding to issues of access on the Oxford University Press website, which, while not a part of our website, does link to ours through member access.

We continue to make weekly, and often daily, improvements to an already large and information-laden website. Our goal is to make it more useful to, first and foremost, the public seeking information about music therapy who may get their only information about the music therapy profession from our website. Secondly, and equally important, we work to improve access to resources and member benefits for AMTA members.

“Latest News,” the right column of the AMTA website, has been more active than ever before, with updates and notices typically being posted weekly, if not more often. Members can log in and see member-only posts like “Music Therapy Matters Monthly” there as well. Many new resources and sections have been added to the AMTA website recently.

- Information about the new Executive Director search and member survey.
- Information about updates and additions to the Guidance for Music Listening Programs
- Music Therapy’s inclusion in Majoring in Music.com’s article about careers that change lives.
- Awards and advocacy for and by AMTA members.
- Information about music therapy’s presence at nationwide events posted under **Latest News** to publicize events such as the National Memorial Day concert, A Capitol Fourth concert, the Kennedy Center Sound Health Music and the Mind concert, Sound Health Music and the Mind workshop with Sheri Robb, Clinical Research Summit on Military & Creative Arts Therapies, Renée Fleming named as AMTA artist spokesperson, National Endowment for the Arts (NEA), the National Organization for Arts in Health (NOAH) meetings etc.
- Selected Latest News features added to **A Music Therapy Moment section** of website with video clips and photos for longer-lasting visibility and sharing with laypeople wanting to understand more what music therapy looks like, additions such as A Personal Perspective of Hospice Music Therapy

from the CEO of NHPCO, National Memorial Day concert clips, etc. About Music Therapy & AMTA>What is Music Therapy?>Personal Stories

- **Artist Spokesperson** page updated and more current photos added.
- AMTA’s new **Non-discrimination and Equal Opportunity Policy** (Member Resources>Official Documents) as well as a home page video with AMTA President Geiger reading this new official document.
- **Music Therapy Matters Monthly** archives (Member Resources>Member Toolkit)
- New **AMTA-pro podcasts** in 2018
- Information about the 2018-19 **AMTA election**.
- **AMTA annual reports** added to What is AMTA? section of website.
- **AMTA staff video project**: added to What is AMTA? section of website.
- New AMTA e-courses: **Self-Care for Music Therapists** and **Personalized Music Listening and Music Therapy**
- **AMTA Tech Stop**, from the AMTA Technology Committee (Quick Links>AMTA Tech Stop) — new videos added
- A Music Therapy-Informed Music Listening Section with **Guidance for Music Listening Programs** in response to Music and Memory and other similar programs, helpful as a reference for those concerned with the *Alive Inside* movie and like programs. (Home>About Music Therapy & AMTA>What is Music Therapy?>Music Therapy with Specific Populations)
- AMTA Strategic Priorities for Specific Populations: **Music Therapy and Autism Spectrum Disorder** (Home>About Music Therapy & AMTA>What is Music Therapy?>Music Therapy with Specific Populations) —new information added
- **New sections under “Education & Careers>Education and Clinical Training Information” added** with sections for potential students, potentials schools and internship sites, MLE and ETAB news intended for non-members and the public recently added.
- **New “Membership in AMTA” section updates added**, separating all membership information from the “What is AMTA?” section, to be more easily identified/found.
- **New website section for parents and consumers planned**, ready to implement when content is provided.

In addition to these newer subsections and additions to the AMTA website, there are near-constant edits, updates, deletions, new versions of documents, and many other additions and changes made on a daily basis. The website requires a great deal of time and attention just to maintain in its current state. There are many behind the scenes tasks that happen each day, from making updates to double checking and creating new content and all need to be fully edited and vetted before posting.

With the ever-increasing number of pages from committees, events, workgroups, news items, media sources, member benefits, etc., careful organization, evaluation of placement, and assignment of priority to information is required as, understandably, everything cannot fit on the main home page without overwhelming all viewers. It’s important to remember that the website is organized for multiple groups of users and while text placed on the homepage might seem easy to find, if all content were on the home page, it would be impossible to distinguish. The best home pages clearly and cleanly describe the purpose of the association and its mission, while offering a standard, logical navigation system to get to deeper information for those who desire it.

We first consider the website as viewed by consumers and we attempt to put information that is most valuable and pertinent to their needs in the most prominent locations. Members and music therapists (who understand the music therapy profession and are more familiar with the website) know to look for information on a specific topic or subject and will invest the time to click to that next page, while laypeople may not even know some topics exist and may leave the website without finding needed information. Therefore, use of the organized menu system is critical to get everyone—members, non-members, and

consumers alike—to the information they are trying to find. Quick Links help to get people to frequently-used pages easily, but the QuickLink list itself can even become overwhelming without careful evaluation.

The AMTA website and online member database are parts of the regular workflow of the AMTA office staff with significant time devoted to maintenance. Office staff use the database and website content management systems, and as new features come with regular new builds and updates to the software, they must adjust and modify. While it is wonderful to have continually-improved functionality and improvements made without incurring the extra cost of yearly upgrading or hiring programmers, the result is a continual need for staff education and training as features are added and changed. In addition, changes in the overall marketplace, like browser and operating system updates, impact the functionality of products, sometimes without our knowledge. We continue to request features and updates in both the AMTA website and member database that we feel are necessary - as they become necessary - and in the best interest of office workflow or the needs of our members. We also continually address issues of functionality as they arise.

While our website allows us to communicate more directly with members and the public, it also requires a substantial amount of maintenance and additional work. The online “Contact Us” feature is in addition to emails and calls that typically come into the office; we receive and respond to questions from the general public as well as members and music therapists through this feature. Because of the nature of web communication, there is typically a higher expectation of immediate response and we receive regular inquiries now from Contact Us submissions, Facebook messages, tweets, emails, **and** phone calls and make every attempt to answer all in a timely manner (within the next business day whenever possible). We are grateful to staff members Kim Bell, Tawna Grasty, and Jennifer McAfee, who handle the front line for many of the requests for information and more staff time is needed to handle the volume of inquiries. They also help walk people through features on the website each day. In order to continue this communication, there is a need for continual updates and new information added to keep the website current and relevant. Frequent updates also help to improve a website’s ranking on search engine results and give users a reason to come back and find out more. We work daily to find, identify, evaluate and produce new content to be added regularly and each staff member is involved in this process in one way or another.

Staff Member Videos on the AMTA Website—Thanks to the expertise of our 2017 summer intern, Noah Klotz, members and non-members can now get to know the AMTA staff on the website. 10 videos were created from interviews with each national office staff member and put together to inform both members and the public what each staff member does and how they serve the music therapy profession. Staff videos can be found under About Music Therapy & AMTA>What is AMTA?>What is the American Music Therapy Association? Videos can be viewed, one after another, in the embedded playlist, or on the AMTA YouTube channel. Many thanks to Noah Klotz for his significant time and expertise in creating this fun project.

Edits to the AMTA Website—There are many hundreds of pages on the AMTA website. As the website continues to grow exponentially, it requires “a village” in order to keep up with updates, edits, additions and deletions. Many thanks to those AMTA staff members who have also taken on roles in updating and reviewing sections and pages of the website. Thanks also to sharp-eyed members who alert us when edits are necessary. When updates and edits are noticed or needed, from committee pages to posted documents, a brief email can be directed to Angie Elkins at elkins@musictherapy.org. It is important that your request contain the URL of the page you are viewing. (*Due to the large number of pages on the website; it is often not possible to tell **where** the information needs to change without this information.*) Please also include the exact changes, including additions and deletions that need to be made. The request will be reviewed by AMTA staff and addressed at the next available opportunity.

Committee Pages on the AMTA Website—Each AMTA committee has a committee page on the website where they are able to post reports and information intended for AMTA members. In order to post new

information, including committee reports and committee members, on committee pages, please send text to Angie Elkins (either email or word document is acceptable), along with a brief description of what needs to be added, removed, and/or changed on the existing page of the committee page in question. Each committee is expected to submit a report for these pages twice yearly at minimum, but many committees provide additional committee information and resources. Additionally, the reports may need to be edited for the membership which make a simple repost of the report found in the mid-year or annual meeting board book not necessarily appropriate or complete. **Committee chairs should submit those reports separately in the format desired for the website posting after approval by their Council Coordinator.** More information is found in the *Handbook for Councils and Standing Committees*.

Website Statistics Snapshot—The AMTA website has seen over **3.8 million** sessions since its launch on July 20, 2011 with over **2.2 million unique visitors**. Over **11 million page views** were counted.

From January-April 2018, there were 227,687 sessions, 143,415 unique users, and 553,570 page views. The average user views 2.43 pages in a session on the AMTA website and the average session duration is 2 minutes, 48 seconds. (*The average visit duration of any site is 4 minutes and 6 seconds. The average visit duration for the traffic coming from Google Organic search is: 3 minutes 29 seconds. The average visit duration for direct traffic is: 4 minutes 6 seconds. —statistic reported by Web Analytics World*). The bounce rate (percentage of visits where a user leaves without interacting with the website in any way) is 55.91%. (*As a rule of thumb, a bounce rate in the range of 26 to 40 percent is excellent. 41 to 55 percent is roughly average. 56 to 70 percent is higher than average, but may not be cause for alarm depending on the website. —statistic reported by Rocket Fuel.*) We are also able to determine the most commonly reported operating system used to access the website for computers (Windows, 40.5%) and for mobile devices (iOS, 67.9%) and the most commonly used browser (Google Chrome, 52.9%). These numbers are relatively comparable (with typical internet usage ups and downs) to last year's.

From April 1-30, 2018, the most recent full month, the following data were counted:

- Users – 40,365
- New Users – 34,577
- Sessions – 60,376
- Number of Sessions per user – 1.5
- Page Views – 146,942
- Average Pages / Session – 2.43
- Average Session Duration – 2:55 minutes
- Bounce Rate – 55.26%

Of the Sessions counted above, new visitors to the site outnumbered returning visitors in April 2018.

- New Visitors 73.5% (34,285)
- Returning Visitors 26.5% (12,374)

We can also see the top countries from where visitors connected during the month of April 2018 (other countries also have visitors, but do not appear in the top ten number of visits):

Country	Sessions	% Sessions
United States	32,862	81.04%
Canada	881	2.17%
United Kingdom	639	1.58%
India	621	1.53%
Australia	306	0.75%
Philippines	299	0.74%
Hong Kong	273	0.67%

Spain	233	0.57%
South Korea	196	0.48%
China	194	0.48%

Note that our outreach to developing countries is also expanding through the Oxford Developing Countries Program that provides not-for-profit institutions in developing countries free or deeply discounted access to our journals and select online products. OUP participates in a number of free or heavily-reduced rate developing country access initiatives, including INASP, eIFL, and Research4Life, as well as our own Developing Countries Offer. This offer is available to established not-for-profit educational institutions from qualifying countries. Eligibility is based on the World Bank Rankings and the HDI (Human Development Index) alongside other metrics. Access is either free or deeply discounted. See Barb Else’s report on our OUP partnership for additional information.

AMTA Social Media—Communication and connection are the main goals of all social media platforms and the advantage for many is to be able to receive updates from many different sources with little effort. Social media is an incredibly powerful tool for communication and is especially relevant for certain age groups. However, social media can be a double-edged sword. Disadvantages of online groups include the need to monitor as public comments can often veer off-topic and off-mission, become too personally specific in a public forum, or be inflammatory. Spammers often invade social media and e-lists for their own purposes and well-intended group members may even post messages perceived as spam by others. Many followers who would otherwise be members of AMTA may also feel they have a connection to the community and decide that following AMTA as well as other groups on social media is sufficient, opting to forego membership dues and full membership benefits. It is difficult to determine how much to share on the AMTA social media pages and what format of information is appropriate to each venue for this reason. We are continually monitoring and reevaluating. However, for reaching large groups of people in a timely fashion, the importance of using social media efficaciously and appropriately cannot be understated.

Both music therapists and supporters of music therapy alike follow AMTA’s updates on Facebook and Twitter. AMTA staff have been able to use these platforms to inform the public of numerous events and topics—especially timely ones: AMTA activities, internship openings, new products, publicity for music therapy and especially upcoming conference details.


- *Facebook* – The AMTA Facebook page now has 14,932 followers
- *Twitter* – AMTA’s Twitter feed currently has 4,275 followers
- *Instagram* – AMTA’s Instagram feed currently has 969 followers

As many followers of the Facebook page and Twitter feed are not necessarily music therapists, it is also an excellent way to promote music therapy and inform the public of music therapy’s benefits. Through social media, we have been able to publish media alerts, connect with music therapy clients and consumers, communicate to potential hirers, share successes and awareness, and establish relationships with supporters of music therapy and we focus on these kinds of relationships.

The AMTA website has buttons on .html viewable pages, which allow viewers to “Print,” “Email,” and “Share.” “Print” formats the page appropriate for printing (without the menus and cover images) and is quite useful for printing pages—especially the official documents—as a citation for the url and date is placed on the document. The “Email” button allows users to send specific pages to directly to friends, while the “Share” button allows those pages to be shared through social media platforms such as Facebook, Twitter, Pinterest, Gmail, Google+, LinkedIn, and Tumblr.

YouTube—The AMTA YouTube channel is a repository for videos used on the AMTA website. It is also used to post video clips from conference, public resources, and to encourage membership and conference attendance and involvement. As the YouTube channel is the place where we upload video clips and subsequently share them in one or more of the above platforms, we do not devote a large amount of time

to promoting the YouTube channel itself but rather, use it as the place where the videos are stored and accessed. Thus, we expect subscriptions to be minimal but analytics tell us that over 525 individuals have subscribed to the YouTube channel and with videos having been watched 96,194 times. AMTA's video *Music Therapy and Medicine: Partnerships in Care* is now available in its entirety (at no charge) on the AMTA YouTube channel.

RSS Feeds—Even though blogs are becoming less and less prominent in and around the internet, we still employ two RSS feeds on our website so users may subscribe to get notifications when new items are added. Information from many different sources can be gathered via the RSS feeds and comes to users in one place through a variety of available feed readers or email clients. Though it is not appropriate for an entire website to be fed through an RSS feed, features organized into blogs can be easily subscribed to using RSS feeds. AMTA-pro, for example, has an RSS feed button on the main page behind the member area. Users can subscribe to AMTA-pro through a feed reader and through iTunes (because AMTA-pro has an audio component), which can be synced using a user name and password (that appear on the AMTA-pro page) to an iPod or smart phone and carried in a portable format. The “Latest News” column on the AMTA homepage, can also be subscribed to via RSS feed, after which, all new Latest News items can come to the reader via his or her desired feed reader. The RSS Feed subscribe button () can be found at the extreme bottom right of the AMTA homepage.

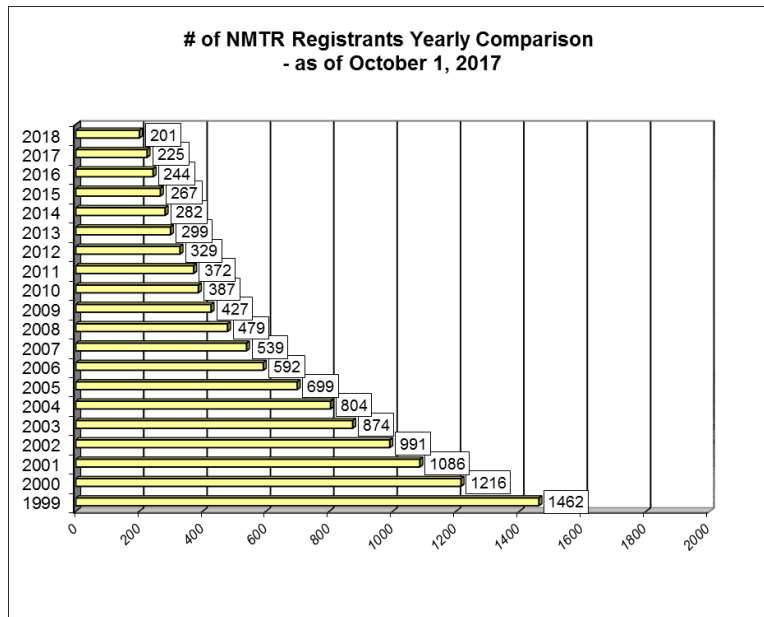
As with all technology, maintaining social media outlets requires much time, maintenance, and frequent adjustment. Facebook and Twitter users direct-message AMTA and expect their questions responded to in this format as quickly as they would an email or a phone call (often, because of the immediate nature of the internet communications, the expectation is that the response should come even more quickly, in the middle of the night, or on weekends). Now, instead of posting a message in one place, it needs to be posted in four or five different places and each time in a format consistent with the platform. The work of simply communicating a single message to members in all the forms they may use, is now many times more than the number of messages. New platforms are being developed every day. More staff time and assistance is needed to ensure that the flow of information continues and improves, but **AMTA has never before communicated more often and more directly with its members and the general public** because of these efforts.

Social Media Coordinator—Last year, Kimberly Bell, MT-BC, expanded her role as Social Media Coordinator, which includes helping with some of the additional workload social media has created for office staff. Kim also serves as Information Specialist/Consultant for AMTA, a role she has held since 2006. In her expanded role, she is organizing and managing social media postings on behalf of the association. This part-time role includes providing guidance and logistics for social media campaigns as well as overseeing regular postings on AMTA's social media channels. Kim is a New Orleans-based board certified music therapist with over 25 years' clinical and supervisory experience working in medical pediatrics with emphasis on pediatric rehabilitation, critical care, and neonatal intensive care. We are grateful to have her support in this expanded role.

National Music Therapy Registry

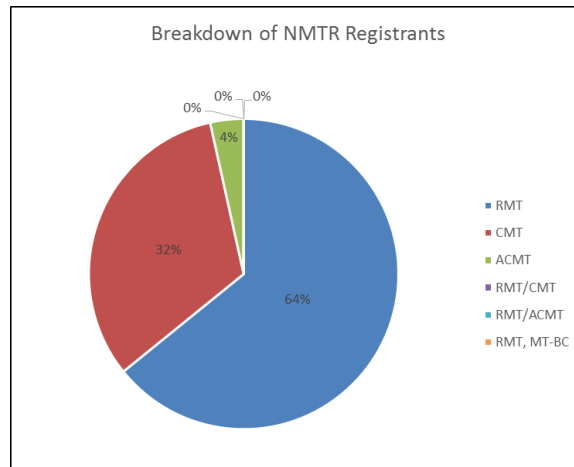
The number of NMTR registrants continues to decline as planned upon its inception. As of May 1, 2018, there are 201 registrants. As music therapists who held designations become Board Certified and/or do not need the designation, retire, or move to other professions, they choose to let it expire. The table here shows registry numbers since January 2018.

Number of NMTR Registrants 2018					
	1/1/2018	2/1/2018	3/1/2018	4/1/2018	5/1/2018
RMT	138	135	135	130	129
CMT	68	66	66	66	65
ACMT	7	7	7	7	7
RMT/CMT	0	0	0	0	0
RMT/ACMT	0	0	0	0	0
RMT, MT-BC	0	0	0	0	0
TOTAL	213	208	208	203	201



NMTR numbers continue to decline slowly each year as expected. The Registry has decreased in number of registrants by approximately 86% (based on May comparisons) since its inception in 1998.

The NMTR will soon sunset on January 1, 2020 as planned. To remind designants to make plans for this coming event, a newsletter was created in 2017 (and updated in 2018) which continues to be included with **every** communication from the National Music Therapy Registry. It includes relevant excerpts from the NMTR Bylaws as well as information on becoming Board Certified and identifies states which require board certification for licensure or state recognition. See Jane Creagan’s report for additional information. The breakdown of NMTR Registrants is shown in the following chart:



Of the 201 people on the Registry, 74 or 37% are current members of AMTA. NMTR members who are not members of AMTA have been targeted for membership invitations and contacts. Investigating their needs is also a part of the Board of Directors' Financial Action Plan.

Major Priorities for 2018

- 2018 Conference program, online registration, opening session production support, conference app, post-conference evaluation, etc.
- 2018 Workforce Study analysis and publication
- Ongoing financial tasks
- Fulfillment of research label requests
- Desktop publishing of new introduction to music therapy textbook
- 2018 membership invitations and promotion; continued membership promotion
- Work with Membership Committee to follow-up results from regionally-based member drives in 2018
- Work with Professional Member Growth Workgroup to complete and follow-up regionally-based member drives in 2018
- Office staff training on cyber security
- Continue to manage and implement improvements/refinements in database and website
- Continue to administer, maintain, and upgrade all onsite and offsite computer equipment, software and networks
- E-course maintenance, certificate distribution, and reporting.
- Assist staff with workflow updates necessary in database and website and new tasks as added
- Assist staff in using website content management tool
- E-courses maintenance and reporting; sending out certificates; questions
- *Music Therapy ENews, Facebook, and Twitter* updates; assist staff with making updates

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID YEAR MEETING, JUNE 22-24, 2018
INFORMATION SPECIALIST'S REPORT
SOCIAL MEDIA COORDINATOR'S REPORT
Kimberly A. Bell, MT-BC
October 2017– April 2018

I am providing this summary of my work as Information Specialist and Social Media Coordinator for AMTA in anticipation of the upcoming AMTA Mid-Year Board Meeting. A summary of the types of emails and assistance given is also included. In the period October 1, 2017– April 30, 2018, I have provided approximately 300 hours of consultative work responding to emails from music therapists, students, other professionals, and members of the community at large about music therapy. The total number of responses for the period October 2017 – April 2018 is 1,103. I continue to notice many emails from members requesting assistance with the AMTA website, primarily dealing with access to the Member Resources Area or with retrieving passwords and payment of dues during the beginning of the year. With the move to online Journal access, I've also seen an increase in emails for assistance from Members who are unclear about how to navigate the process from the AMTA Website through the Oxford Portal. I continue to see interest from potential music therapy students, many of whom inquire about equivalency and online program options. In addition, I continue to receive many emails each week from non-traditional potential students who are considering making a change in their careers or professionals looking for educational options leading toward the music therapy credential.

My work during this period has also involved responding to questions and conducting interviews for students, ranging from grade school through professional school who were writing papers on or researching music therapy. Questions have also come from students and professionals in Psychology, Education, Art Therapy, Nursing, Counseling, Occupational Therapy, Speech Therapy, Special Education, Music Education, and various agency representatives seeking referrals for services and those wishing to place job openings on the Job Hotline.

Most of the answers were in response to written questions submitted via email; however, three were conducted via phone and two were conducted via Skype at the request of the students to meet a specific requirement. While most of these requests originate in the United States, I've also assisted persons in England, Canada, Hong Kong, India, Australia, Japan and Portugal.

During this time, I have also forwarded music therapy referral requests as needed, membership status questions and screen name/password requests to Cindy Smith and Angie Elkins for action. Most of these continue to involve members not understanding the login process for the website, creating duplicate profiles or being unsure of their membership status. I have also worked with Judy Simpson in an effort to appropriately respond to questions regarding reimbursement, funding, school-based music therapy services, and services for persons with Autism. I continue to provide approximately 35 hours of consultative work responding to requests regarding music therapy as a related service and handling IEP questions from music therapists, families, and educators, as well as questions regarding reimbursement and funding. Judy Simpson continues to be an invaluable resource in helping me with these inquiries. Barb Else continues to be a wonderful resource by providing research and literature reviews on many occasions to supplement the information I provide to many inquiries.

In addition to my Information Specialist duties, I am now providing approximately 8-10 hours per month of consultant work as AMTA's Social Media Coordinator to organize and manage social media postings on behalf of the association and monitor AMTA's and music therapy's presence on various social media platforms, groups and message boards. This part-time role includes guidance and logistics for social media campaigns and regular postings on AMTA's social media channels. To date I have devoted 21 hours to this project. Examples of my consultant work on this project include:

Postings to Facebook that in turn cross post to Twitter for AMTA's involvement in legislative, advocacy and government relations committee representation at the National level. Alerting AMTA members via social media to the annual AMTA conference and pending important deadlines regarding proposal submission, registration and venue information. I am also coordinating posts with Angie Elkins and Barb Else so that items get posted to all of AMTAs Social Media Channels in a timely manner and that our efforts are not duplicated. I provided information regarding AMTAs involvement in projects and special events coordinating schedules for posts with multiple staff members.

- Planned posts targeted at our annual conference – reminders of approaching deadlines, registration, hotel, local information for planning.
- Posts to highlight the impact of music therapy as spotlighted in the media.
- Posts to feature the availability of new AMTA membership resources such as new AMTA Podcasts, and resources, Facebook Live Events, and cross posts from the AMTA Research Page.
- Providing information and answering questions regarding AMTA, the website, and AMTA resource availability as issues arise in various social media forums.
- Responding to messages from members and the general public that are posted to the AMTA Facebook page.

Sample Posts:



Other projects I assisted with during this reporting period include:

- Provide feedback to Barbara Else and Angie Elkins regarding AMTA website issues as they arise
- Monitor items posted in Social Media and provide feedback to AMTA Staff
- Assist AMTA Staff with various duties at National Conference
- Assist Barbara Else as needed with other disasters that impact AMTA members (tornados, flooding and even air quality affecting various areas of the country, especially Hawaii)
- Offer feedback and ideas for *Music Therapy Matters*
- Continuously working with Tawna Grasty and Jennifer Peter to identify areas that potentially need improvement for the AMTA Website.

MT-BC Referral Requests – These requests have come from parents, grandparents, teachers, and other professionals who were seeking music therapy services for specific clients in a certain geographic location. Some examples of these emails include:

- I am greatly interested in obtaining music therapy for my Mom who has dementia. Can you provide me with resources/referrals in Westchester County. Her primary is Medicare and they do reimburse for this. She also has Blue Cross/blue Shield as her secondary.
- My name is Gabe and I have a hemiplegic 8 year old son. I was wondering if someone could direct me to a qualified therapist in our local area that could teach him guitar and work with his OT.
- I am interested in finding a music therapist in Texas. Possibly in the San Antonio area who works with adult TBI. Please let me know if there is anyone who you can recommend.

Potential Music Therapy Students – These requests have come from high school students and college students seeking information about Music Therapy as a career. I continue to notice an increase in the number of emails from persons seeking information about music therapy as a potential second career along with inquiries regarding equivalency and online program options. Examples of these requests are as follows:

- Currently, I am a piano teacher with a bachelor's degree in piano pedagogy. I have been teaching piano full time for the past three years and am interested in possibly pursuing a degree in music therapy and have several questions. Is it best to pursue a master's program or an equivalency program? What is the difference? Is there much of a cost difference? Does having a master's versus equivalency offer a much better salary post-graduation? Is it more beneficial to pursue a degree online or to attend a university campus? What is one of the most respected music therapy programs in the USA?
- I graduated with a degree in music in 2013. I was on track to become a music therapist, but after some thought I decided to graduate with a Professional Music degree. I am now considering a career in Music Therapy again, and I was wondering what I would need to do to become a music therapist. I would very much appreciate any advice you can give me.
- I have a BFA in music and a MA in musicology. My thesis was titled "Medicinal Music: An anatomy of music in the healing arts." I have published a book titled Music Therapy: Understanding the Science of Sound. My work has also been published in the Taylor & Francis peer-reviewed journal Voice and Sound in an article titled "From Neanderthal to Neuroscience: Healing with sound and voice." I would like to become board certified as a music therapist. Can you give me more information on the process for someone like me, who has experience and equivalent degrees and academic work but no music therapy specific degree?

Research – As stated previously, much of my time has been devoted to questions and conducting interviews for students who ranged from grade school through graduate professional school, as well as professionals from various healthcare settings who were writing papers on or researching music therapy. Some examples of the types of research questions that have been submitted thus far include:

- I am writing a story about the role of music therapy in end of life care and would love to speak with someone there about the latest statistics and research for the story.
- I write today to inquire of any knowledge on statistics regarding music therapists such as: how many board certified music therapists practice in the United States, how many educational programs there are in the US that offer a degree leading to music therapy, how many people are licensed each year, etc. I would like to obtain this information for my supervised research project that I am doing for my Master's in Clinical Psychology.
- I am a nursing student. I am looking for information about music therapy in females with breast cancer. I have several questions. I also would like to ask you the difference between music medicine and passive music therapy. I would be really grateful if I receive an answer from you.

General Questions – These emails include other requests for information from MT-BCs and the general public. Examples include:

- I am a co-author of an article that appeared a number of years ago in the JMT. I'm no longer practicing music therapy, but run my own life coaching business, in which I'm employing behavioral principles. I'd like to have access to a digital copy of the article. Please let me know how to proceed!
- I was looking up facts on music therapy and autism to share on my company's Facebook page this month, and I came across this article, which references a study posted in the JAMA. I was wondering what

AMTA's response was to this and if there are alternative studies I can reference in conversation, should this study come up with potential clients.

- Our agency is giving a bonus to employees receiving the Hospice and Palliative Care Certification through NHPCO. Unfortunately, NHPCO currently only has guidelines for MSW, RN, Chaplains, and home health aides. These expectations vary greatly for each discipline from an exam for RN's (for example) and hospice specific continuing education for MSWs. I'm not sure which committee (Education Training Advisory Board?) would best handle this, but I think it would be great if we could advocate with NHPCO to create a clear expectation for music therapists to be recognized with the hospice and palliative certification that NHPCO gives to other disciplines.

Vendor - These emails and requests are forwarded to the appropriate person at National Office. Examples are as follows:

- We are interested in having an exhibit booth at the next conference, but we were unable to find the registration information. Let us know what we need to do to register us.
- I am the creator of XXXXXX which more and more music therapists have been purchasing and utilizing as part of their sessions. Although not a music therapist myself, I believe in our products to further empower the MT-BC community through what I called the “#SpecialNeedsUserFriendly #NewLanguageOfMusic.” I would appreciate a moment with someone who may be able to chat with me about adding us to the AMTA Bookstore and how we may potentially partner on giving tremendous discounts to Music Therapists who have already spent so much to be in the profession.
- I am a music producer, and my latest album has had some remarkably good effects on a woman with Traumatic Brain Injury and PTSD. She strongly feels it will help others with similar conditions and encouraged me to contact people in this field. How can I have my album heard, get it onto a list of albums recommended for music therapy, etc.?

Other Professional Organizations - These emails are typically forwarded to the appropriate person at National Office. The emails in this category often overlap into the emails in the research and general questions sections. Examples include:

- Hello, I am looking for a PhD researcher or music therapist to provide an evidence-based continuing education webinar for audiologists on music therapy for PTSD. This is a request from our members on Audiology Online, and we offer an honorarium for the presenter. Thanks for your consideration.
- I am writing to inquire about the process for adding an event to your events calendar. The American Group Psychotherapy Association will be holding our 2018 Annual Meeting February 26-March 3, 2018 in Houston, Texas and we think many of your members may have an interest in attending. Is there a fee for calendar space? What information would you need from us? Any guidance would be appreciated.
- I am looking for a course specifically tailored towards neonates in the neonatal intensive care unit. I am a nurse and chair of the Developmental Care Committee and plan to implement music therapy in our unit this year.

Member Services - These requests include requests from MT-BCs to locate the password to the Member's Only Section of the www.musictherapy.org website, assistance with website content/resources, address changes, membership status clarification and other items that need clarification from National Office Staff. Some examples of these requests include:

- I have just retired, and I would like to request information regarding the process for applying for membership as a retired professional.
- I am preparing a presentation in which I need statistics reflecting growth of the association over the past 10 years or so, number of degree programs and number of MT-BC's. When can I obtain this information? I also cannot recall my password for 'members only'. Could you send it to me?
- Where can I find information on becoming an internship site? I would like to look into this further. I know there are guidelines but can't remember where I found them.

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING MAY 2018
DIRECTOR OF PROFESSIONAL PROGRAMS REPORT
Jane Creagan, MME, MT-BC**

This report highlights the work of the Professional Program Committees: Academic Program Approval Committee and Association Internship Approval Committee. I am also an ad hoc member of the Education and Training Advisory Board; the Competencies Review Task Force, and the Faculty Forum Planning Committee, actively participating in the work of these groups. This report also includes information about the Annual Conference in Dallas, TX, and priorities for 2018.

- I. ***Special Task Forces***
 - Competencies Review Task Force
 - Faculty Forum Planning Committee
- II. ***Education and Training Advisory Board***
 - ETAB Membership
 - Update on current work
- III. ***Professional Programs-Education***
 - Committee Members
 - Re-Approval Renewals
 - Re-Approval Review Schedule
 - New Degree Program Applications
 - AMTA Degree Program Statistics
 - Academic Program Changes
 - Degree Program Development
- IV. ***Professional Programs-Clinical Training***
 - Committee Members
 - Intern Supervision E-Course
 - National Roster Internship Statistics
 - Committee Business
- V. ***National Music Therapy Registry***
 - New Board of Directors
 - Sunset of Registry
- VI. ***Annual Conference***
 - Sponsorship
 - Exhibits
 - Advertising
- VII. ***Priorities for 2018***
- VIII. ***Additional Tasks***

I. *Special Task Forces*

Competencies Review Task Force

The Professional and Advanced Competencies are reviewed every 5 years. The Professional Competencies were last reviewed in 2013 and the Advanced Competencies were last reviewed in 2015. Last November at the AMTA annual conference in St. Louis, President **Jennifer Geiger** appointed a Competencies Review Task Force.

Since the last review, there have been discussions suggesting that both documents be reviewed together to ensure consistency. The AMTA Board of Directors charged the task force with reviewing both the Professional and Advanced Competencies for consistency. In addition, the Board of Directors charged the task force with comparing the Professional and Advanced Competencies with the CBMT Board Certification Domains to identify possible exam areas that may not be represented in the competencies. For more information and a list of the task force members, please see the report of the Task Force Co-Chairs, **Kamile Geist, and Ed Kahler**.

Faculty Forum Planning Committee

Last fall the faculty forum meeting was well attended with approximately 150 faculty. **Tony Meadows** was the facilitator for the meeting and covered multiple topics. Recognition was given to faculty who announced their retirement, as well as faculty celebrating anniversaries for their degree programs. There was also discussion about the side by side review of the Professional and Advanced competencies. Faculty expressed interest in providing feedback to the Competencies Review Task Force at some point in the review process.

The topic that dominated the meeting was whether or not faculty should form as a separate group and establish their own organizational structure for the purpose of advancing a broad range of topics related to education and training, and also establishing a formal relationship with AMTA. The Society for Music Teacher Education (SMTE) was used as an example of an established faculty group within the National Association for Music Education (NAfME). After much discussion it was decided that faculty would vote after the conference through survey monkey.

In early February all faculty received a ballot from Tony asking them to cast a yes or no vote about whether to form as a separate group. A link to the SMTE website was included on the ballot. A reminder was sent out in mid-February, and voting was closed at the end of February. Tony sent the ballot to 215 faculty, including program directors, and fulltime, part-time, and adjunct professors. The voting results: **148 faculty voted; 80.4% voted yes, indicating overall support for forming as a separate group.**

Another message was sent to faculty to communicate the results and to elect a new steering committee. The new Faculty Forum steering committee is: **Brian Abrams, Nicki Cohen, Tony Meadows, Tracy Richardson, Helen Shoemark, Natasha Thomas, and Trish Winter**.

Tony Meadows invited me to be on the new steering committee and I accepted. The steering committee is scheduled to have a conference call on May 31st to plan for this year's faculty forum. One of the topics on the agenda will be to explore possible organizational structures and make a recommendation to faculty at this year's forum.

II. Education and Training Advisory Board

Membership

Last fall ETAB welcomed **Annette Whitehead-Pleaux** for her first term as an at-large member, and elected **Tracy Leonard-Warner** as an at large member. Tracy has been serving on ETAB as chair of the Continuing Education Committee but resigned from the Committee last fall. Also new to ETAB is Academic Program Approval Committee Co-Chair **Rebecca Engen**, and Continuing Education Committee Chair **Charles Seaman**. For a complete list of ETAB members and their terms, please see the report of ETAB Chair, **Beth Schwartz**.

Work

ETAB is continuing with the current project of analyzing responses solicited from noted scholars worldwide as part of an in-depth and comprehensive study; surveying and synthesizing ideas on music therapy theory. Their intent is to publish a document on "Music Therapy Body of Knowledge," and possible identification of a core set of principles that are common to all areas, levels, and modes of music therapy practice as it relates to music therapy education and training.

ETAB is proposing a change in the wording of their mission statement on the AMTA website. For more information, please see the report of ETAB Chair, **Beth Schwartz**.

I provided a brief history of ETAB as part of an orientation for new members, including how the Board was created and the body of work completed to date. (Appendix A)

III. Professional Programs-Education

There is continuing interest from colleges in establishing music therapy degree programs, as well as colleges interested in affiliations with AMTA-approved degree programs. I continue to be a resource for degree program development and information. Program Directors continue to see enrollment grow in their programs.

Academic Program Approval Committee

➤ **Committee Members**

Rebecca Engen and Betsey King are the new Co-Chairs of APAC. **Marilyn Sandness** continues to serve the APAC in an advisory role as Chair Emerita. Last fall the Board of Directors approved two new “At-Large” positions and they were filled by **Dr. Alejandra Ferrer**, Program Director Belmont University, and **Dr. Laura Brown**, music therapy faculty at Ohio University, bringing the Committee to fifteen (15) members including the co- chairs. However, as of January 1, 2018, three “At Large” positions are vacant. APAC members are currently discussing potential candidates to fill those vacancies.

➤ **AMTA Academic Program Approval Renewal**

There are two bachelor’s degree programs currently in review for re-approval.

➤ **Re-Approval Review Schedule for 2018**

IUPUI	Master’s degree and Equivalency
Maryville University	Bachelor’s degree, Bachelor’s equivalency program, Master’s degree, and Master’s equivalency
University of Miami	Bachelor’s degree, Bachelor’s equivalency program, Master’s degree, and Master’s equivalency
Sam Houston State University	Bachelor’s degree, Bachelor’s equivalency program, Master’s degree, and Master’s equivalency
Molloy College	Bachelor’s degree, Master’s degree, and Master’s equivalency Florida
State University	Bachelor’s degree, Bachelor’s equivalency program, Master’s degree, and Master’s equivalency

➤ **New Degree Program Approved**

Master’s Degree- University of Dayton, Dayton, OH
Master of Music Therapy (MMT), pending NASM accreditation

➤ **New Degree Program Applications in Review**

Indiana University Purdue U@ Indianapolis, IN BS in Music Therapy

Rowan University, NJ BM in Music Therapy

University of Tennessee at Chattanooga, TN BM in Music Therapy

Marietta College, OH

BM in Music Therapy

Alverno College, WI

Master of Music Therapy

➤ **Education Statistics**

(From the period January 1-May 1 for each year)

2018		2017	
Total Approved Programs	80	Total Approved Programs	80
Bachelor's & Master's	32	Bachelors & Master's	33
Bachelor's only	42	Bachelor's only	41
Master's only	6	Master's only	6

*Doctorate (8)

*Doctorate (8)

*Please note that doctoral programs are included in the bachelor's and master's totals.
Doctoral total includes doctoral studies.

➤ **Academic Program Changes**

Marylhurst University is closing at the end of 2018. The Music Therapy program has been removed from the AMTA School Directory. Though there were indications of financial difficulties in the past year, the decision to close the university was a complete surprise to faculty and students. There are about 30 students in the bachelor's degree program. Twenty Five will need to transfer, and six are either in the middle of an internship or about to start an internship. Some immediate assistance will come from Pacific University in Oregon. Their Director of Advising is going to Marylhurst to meet with students and offer a transfer to Pacific University to complete their music therapy degrees. AMTA and APAC have been communicating with the new Program Director, Emily Ross, to support and assist her in advising her students. Emily is working with the University to take care of all students who will be completing their degrees, doing internships, or transferring to other AMTA-approved degree programs.

➤ **Faculty Changes**

Alverno College
graduate program.

Dr. Rebecca Engen is joining the faculty to direct the new

Arizona State University

Dr. Melita Belgrave is the new Program Director.

Converse College

Dr. Beth York retired in May and is now professor Emerita. Dr. Carol Shultis will be the new Program Director. Dr. Anita Gadberry will be joining the faculty in the fall.

Maryville University

Dr. Cynthia Briggs retired in May. Dr. Laura Beer will be the new Program Director.

Marywood University

Alison Davitt has been the interim director and will be ending her term in May. The new Program Director as of the fall will be Dr. Eun Sil Suh.

Queens University of Charlotte

Dr. Rebecca Engen is leaving and Dr. Varvara Pasiali is now the Program Director, Lauren DiMaio is also leaving. Her position has not yet been filled

Radford University

Professor James Borling retired in May, and Dr. Trish Winter is the new Program Director. Dr. Sekyung Yang and Dr. Lauren DiMaio are also joining the faculty.

SUNY New Paltz	Dr. Michael Viega is the new Program Director. John Mahoney left last fall.
University of North Dakota	Dr. Anita Gadberry is leaving. The Dean at UND approved a 2 year appointment for a full-time instructor/assistant professor of music therapy.
Wartburg College	Dr. Alpha Woodward will be the new Director of Music Therapy as of this fall.

➤ ***Degree Program Development Updates***

Marietta College - April 2018

Yadira Albornoz, the music therapist hired to develop the music therapy curriculum and submit the application completed her consultancy in February. **Dr. Lori Gooding** was hired as a consultant in March. She completed the application and submitted it to AMTA at the end of April.

Washington Adventist University

Music therapist **Bronwen Landless** has been working with WAU during the past year to develop the music therapy degree program. She is now working on her doctorate, so WAU hired **Dr. Anne Lipe** in February to help Bronwen and to stay on track for submitting the application to AMTA by this fall.

Valparaiso University

In December 2017, the President's Council approved a proposal for a new bachelor's degree program. In March 2018 the University launched a faculty search.

Roberts Wesleyan College

Music therapist **Megan Resig** has been working with the college on developing a music therapy degree program. The proposal for a new bachelor's degree program in music therapy was recently approved by the college and the State of New York. The degree application has been submitted to NASM, and Megan plans to submit an application to AMTA in the next month or so.

➤ ***Requests for Degree Information***

Since October 2017, the following universities have requested music therapy degree information:

Mid-Atlantic Region

Shepherdstown University, WV

Southeast Region

University of Central Florida, FL
 Western Carolina University, NC
 The Conservatory of Music of Puerto Rico

Western Region

Brigham Young University, HI

Discussion: Interest in Developing Music Therapy Degree Programs and Affiliations

Interest in music therapy degree programs from colleges and universities around the country continues to grow. I am continuing to provide statistics on AMTA-approved degree program enrollment, as well as lists of music therapists and their places of employment to give interested schools an idea of the availability of potential clinical sites for practica and internships.

There are also colleges expressing interest in affiliation with AMTA-approved schools. Some have contacted me and others have contacted AMTA program directors, who have in turn contacted me with questions.

Recently I have spoken with Professor **Leslie Henry** at Alverno. College. She has been talking with Edgewood College about an affiliation agreement.

➤ ***State Authorization Update***

There is nothing new to report. Since more states and schools have joined NC-SARA, music therapy students are not experiencing restrictions if they choose to go out of state for a National Roster Internship. I am keeping faculty up to date on the states and AMTA degree programs that join NC-SARA, as well as updating the chart on the AMTA website.

➤ ***Related Education Business***

I routinely answer questions related to the re-approval process, degree program development, and music therapy as a career. I am in frequent contact with APAC co-chairs **Rebecca Engen** and **Betsey King** for a number of these questions, and, on occasion, with **Marilyn Sandness, Chair Emerita**. The spring memo to AMTA faculty was sent out in April with a request for degree program enrollment/degrees granted, and other important information, including links to current versions of AMTA education documents.

Appreciation

I want to thank APAC co-chairs **Rebecca Engen** and **Betsey King** for their assistance and support with writing official letters, answering faculty questions, and other business of the APAC. This is the first time that both co-chairs are new and Becky and Betsey are doing a great job of settling into their roles and taking on Committee tasks. I also wish to thank **Marilyn Sandness** for her continued support in her role as Chair Emerita, past Co-Chairs **Christine Leist** and **Kamile Geist** for being “on call” to support Becky and Betsey, and the members of APAC for their continuing hard work and dedication to this Committee.

IV. Professional Programs-Clinical Training

Association Internship Approval Committee

➤ ***Committee Structure***

Eve Montague and **Lauren DiMaio** are the Co-Chairs of AIAC. The newest committee members as of last year are **Della Molloy-Daugherty, PhD, MT-BC** - Southwest Region and **Brian Jantz, MM, MT-BC** - New England Region.

➤ ***Internship Supervision E-course***

The new Internship Supervision E-course, launched in July 2016, continues to be a benefit to music therapists who need to fulfill the supervision requirement for National Roster Internship Director in order to establish a National Roster Internship program. Online access to the course allows music therapists to complete this requirement when they need it, without having to wait for a national or regional conference, which can help to increase the number of new applications.

Also, as of January 1, 2018, all new supervising music therapists are required to take the supervision course. This is per a revision of the *National Roster Internship Guidelines* proposed by the AIAC and approved by the Assembly of Delegates last fall in St. Louis. To date, 43 people have taken the supervision E-course.

➤ ***National Roster Internship Statistics***

➤ ***Committee Activity***

January 1, 2018 - May 1, 2018

New NR Internship Programs	7
Deactivated NR Internship Programs	2
Inactive Status	12

January 1, 2017 - May 1, 2017

New NR Internship Programs	6
Deactivated NR Internship Programs	* 14
Inactive Status	10

- Please note: In 2017 an audit of inactive sites was performed, resulting in a larger than average number of deactivated sites.

National Roster Internship Programs as of May 1, 2018:	
Active:	173
Inactive:	12
Total National Roster Internship Programs:	185
National Roster Internship Programs as of May 1, 2017:	
Active:	169
Inactive:	10
Total National Roster Internship Programs:	177

➤ *Committee Business*

The review status for applications and exception requests from November 2017-May of 2018:

7 New National Roster Internship programs approved

- 1 Application withdrawn
- 1 Application denied
- 4 Applications in revision
- 6 Applications in review
- 3 Exception Requests for active sites Approved

Discussion of Statistics

The statistics above compare the total (active and inactive) National Roster Internship programs for the period between January and May for 2017 and 2018, as well as Committee business processed.

This year the statistics show a slight gain in the number of new national roster internship programs. Seven new programs have been approved and only two closed, so there is a net gain of five programs. This is the first time in two years that there has been a gain in the number of national roster internship programs, and there are fewer programs on inactive status this year (12), compared with the past couple of years where there were over 20. Last year there was a steady stream of new national roster internship applications (22), which was a positive sign of potential growth, and is definitely a step in the right direction; however, there is still cause for concern about this internship model keeping pace with student demand, because there is no way to predict the number of applications each year, and other variables over which AMTA has no control.

The AIAC has been gathering data related to the charge from the Board of Directors to develop a *multi-year plan to address the potential shortage of national roster internship sites*. The Committee addressed this charge by gathering data from National Roster Internship programs. The following questions were added to the Internship Director Annual Report:

- 1. How many available internship slots in each program?
- 2. How many slots went unfilled in the past year?
- 3. How many applicants did each program have?

The AIAC is in the process of collecting the data. For more details see the report of AIAC co-chairs **Lauren DiMaio and Eve Montague**.

In the meantime, I am posting internship openings on the AMTA and AMTAS Facebook pages, as well as new programs and other pertinent internship information.

Related Clinical Training Business

This year the AIAC Annual Report link was included in the Spring Memo which was sent to all National Roster Internship Directors on April 6th, with a deadline of May 18, 2018. National Roster Internship Directors are submitting reports and the AIAC will follow up with National Roster Internship Directors after the deadline. The Spring Memo also included links to updated documents: National Roster Internship Guidelines, AMTA Standards for Education and Clinical Training, the MLE sub-committee final report, the announcement of the new Music in Special Education book and ordering instructions, the form to update internship information, and other pertinent information.

Appreciation

I would like to thank **Eve Montague** and **Lauren DiMaio**, for their assistance and support in writing letters and answering questions about internship situations. I would also like to thank the members of the AIAC for their continuing hard work and dedication to this committee.

V. National Music Therapy Registry

The current NMTR Board of Directors began their term of office on January 1, 2017. According to the NMTR By Laws, the Board of Directors for the Registry serve two year terms, but since the Registry will “Sunset” on January 1, 2020, Executive Director **Dr. Andi Farbman** asked the Board members if they would be willing to extend their term through the sun-setting of the Registry and they agreed. The new Board will be in place through the sunset of the registry. The Registry Board members are:

NMTR Board of Directors

President: Elaine Abbott, PhD, MT-BC

Secretary: Nancy Perkins, MA, CMT

Treasurer: Caryl Beth Thomas, MA, LMHC, ACMT

The Registry Board of Directors meet once a year in March via conference call to conduct business. These calls are facilitated by Executive Director **Dr. Andi Farbman**, and NMTR Deputy Director **Jane Creagan**. This Board has had two meetings since they took office.

Registry Statistics

Music Therapists on the National Music Therapy Registry:

As of May 1, 2018: 199

As of May 1, 2017: 230

Sunset of the Registry

The focus of the Board meetings has been the sun-setting of the Registry. Last year, a Registry bulletin was sent to all registrants with their maintenance invoices reminding them of the sun-set date, providing information on state recognition, and information about CBMT.

During their call in March of this year, the Board of Directors talked about ways to connect with Registrants now that the sun-setting is two years away. The Board decided on a plan to call each Registrant in June. They are putting together a list of talking points for the calls. This year, a revised Bulletin is being sent to all Registrants, which will include the names and contact information for the Registry Board of Directors.

VII. Annual Conference

➤ Sponsorship

Cindy Smith, Membership Associate and Meeting Planner and I developed the sponsorship brochure in December of 2017 and sent it out in January 2018. The brochure was sent to the local committee, AMTA Patron/Affiliate members, music product manufacturers, advertisers, past exhibitors, and regions. Soliciting sponsors has become a well-coordinated team effort between the local committee, Cindy, and me. For more information on Sponsors, please see the report of **Al Bumanis and Cindy Smith**.

➤ **Conference Exhibits**

The official decorator for the conference is Fern Convention Services. The large size of the exhibit hall last year allowed for an increase to 82 exhibit booths. We are working with a similar size this year.

The exhibit hall will include the “University Boulevard” dedicated space for AMTA degree programs, the AMTA bookstore/village, and the AMTAS student Village. The Exhibit/Advertising Prospectus will be sent to all AMTA schools, Patron/Affiliate members, past exhibitors, and others interested in participating in the AMTA annual conference by the end of May.

➤ **Conference Advertising**

This year the ad sizes for the conference program will remain at half and quarter pages in an effort to save space in the conference program and reduce printing costs. A small number of full page ads are set aside as sponsor benefits and one full page color ad will be available on the inside program cover.

VIII. Priorities for 2018

➤ **Professional Programs**

Continue to update AMTA faculty and National Roster Internship Directors on pertinent information related to Education and Clinical Training.

Collect data from AMTA-approved schools and National Roster Internship Programs

Communicate with and provide support to AMTA Faculty and NR Internship Directors

Work with the APAC and AIAC, processing committee business

Manage the re-approval process for AMTA-approved schools

Maintain the Directory of Schools and listing of National Roster Internship Programs

Respond to inquiries about developing music therapy degree programs and National Roster Internship Programs

Follow-up with colleges/universities in the degree development process

➤ **Education and Training Advisory Board**

Complete Education and Training Advisory Board tasks

➤ **Competencies Review Task Force**

Complete work as assigned by the task force

➤ **AMTA Annual Conference**

Produce Exhibit Prospectus

Solicit exhibitors/advertisers/sponsors for 2018 Conference in Dallas, TX.

IX. Additional Tasks

➤ **Regional Conference Support**

AMTA placed half page ads in every regional conference program and sent door prize/silent auction contributions to every region. I exhibited for AMTA at the Mid-Atlantic Regional Conference.

On a personal note, I was honored to receive a Service Award from the Mid-Atlantic Region in recognition of my work on the MLE Sub-Committee.

APPENDIX A - CREAGAN

Brief History of the Education and Training Advisory Board

1996-1997- Vote to unify NAMT and AAMT.

The Commission on Education and Clinical Training was established and began work to merge the education and training models from NAMT and AAMT.

1998 Unification of the former NAMT and AAMT

1999 Commission on Education and Clinical Training submitted final report and recommendations for embracing educational and clinical training models from AAMT and NAMT, leading to the new Standards for Education and Clinical Training for all AMTA music therapy degree programs.

2000 “Issues for Future Considerations” were appended to the new Standards for Education and Clinical Training. (1)

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.

2001 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.

2002 The Assembly adopted the proposed new organizational structure, which included an ***Education and Training Advisory Board***.

The Education and Training Advisory 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.

ETAB 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 licenses.

2003 The first meeting of the Education and Training Advisory Board. They addressed the charges and the "Issues for Future Consideration" from the Commission.

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.

2003 ETAB is added to the AMTA Bylaws under article VIII Councils and Committees, Section 3 (2)

2005 ETAB publishes Advisory on Levels of Practice
https://www.musictherapy.org/members/advisory_on_levels_of_practice_in_music_therapy/

2006 **New Task**-Standards for Master's degrees

ETAB works on examining the current state of master's degree preparation of music therapists from two perspectives: (1) that of the degree programs, (2) that of master's level music therapists. ETAB divided into two subcommittees: One subcommittee is focusing on gathering information with respect to master's degree requirements, and content areas. The second subcommittee is gathering information from music therapists who have master's degrees about the scope of their work in order to gain a better understanding of the current status in the field. *It is noted that the completion of this task is dependent on the adoption of Advanced Competencies by the Association*

2007 **New Task Continued** -Standards for Master's degrees

ETAB continues to examine the current state of masters' degree preparation. The Advisory Board developed and sent out a survey in January to all music therapists with graduate degrees. The survey focused the impact of their graduate work on their jobs, skills, and careers. Participation has been excellent with responses from close to 600 graduate level music therapists. A second subcommittee of the Advisory Board is completing another survey focusing on graduate standards for related professions, which will cover clinical hours, didactic research, and supervision, and a third subcommittee is developing a preliminary draft of master's standards for further consideration by the entire Advisory Board.

- 2008** **Charge from AMTA Board of Directors-Specialized Training**
 ETAB is scheduled to on a retreat in July at Drexel U. to begin work on a charge from the Board of Directors to address specialized trainings. The Advisory Board plans to submit a draft of the Standards for Masters degrees to the Board of Directors prior to the annual conference.
https://www.musictherapy.org/members/advisory_on_specialized_training/
- 2010** **ETAB publishes the Advisory on Acronyms**
https://www.musictherapy.org/members/AMTA_Advisory_on_Acronyms/
- ETAB proposed a revision of the AMTA Bylaws:
1. ETAB no longer be part of a Council;
 2. The Council Coordinator for the Council on Education and Clinical Training no longer be a member of the ETAB,
 3. The chair of the ETAB assumes the duties of communication liaison with the AMTA Board of Directors.
- Revisions are approved and ETAB is listed under Article IX. Additional Boards, Section 3. Education and Training Advisory Board (3)
- Began new task, to explore and consider master’s level entry into the music therapy profession
- ETAB Publishes White Paper Masters Level Entry-Core Considerations**
http://www.musictherapy.org/assets/1/7/Masters_Level_Entry_Core_Considerations.pdf
- 2011** **ETAB Publishes White Paper Master’s Level Entry-Moving Forward**
http://www.musictherapy.org/assets/1/7/Masters_Entry-Moving_Forward.pdf
- ETAB publishes Revision to the Advisory on Acronyms
- 2012** ETAB answers questions about the Masters level entry white papers. ETAB members and AMTA Board Members presented highlights of the papers and answered questions at all the regional conferences at town hall meetings.
- MLE sub-committee was appointed by the AMTA Board of Directors
- 2013** ETAB reviewed the draft of the Professional Competencies revisions and provided feedback to the Professional Competencies Task Force
- 2014** Revision of AMTA Bylaws to make the president –elect the communication liaison between ETAB and the AMTA Board of Directors (4)
- 2015** ETAB began work on a new white paper on the topic of “Body of Knowledge.” This paper will focus on exploring the unique knowledge and skills that music therapy brings to the field of health care.
- 2016-Present** Continuing work on Body of Knowledge topic, ETAB members contacted noted scholars worldwide as part of this exploration, which includes the identification of a core set of principles that is common to all areas, levels, and modes of music therapy practice.

ETAB members analyzed responses from noted scholars around the world, as part of an in-depth study surveying and synthesizing ideas on music therapy theory to continue their work toward a white paper on “Body of Knowledge.”

2017 ETAB section in Current AMTA By Laws (5)

Citations

(1) ISSUES FOR FUTURE CONSIDERATION

1. *Completion of the bachelor’s degree shall lead to eligibility for the entry-level professional credential MT-BC, and shall qualify the certificant to assess, design, implement, and evaluate music therapy practice with a wide range of client populations. At this level of practice music can be used: 1) as an activity therapy, focused on bringing about changes in behavior, 2) as a supportive therapy to enhance the client’s overall functioning, or 3) as an adjunctive therapy, focused on using music to supplement other types of treatments.*
2. *[Within Master’s degree programs,] academic institutions are encouraged to develop 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 desire to make to the profession of music therapy.*
3. *Depending on clinical components of the program, completion of the master’s degree can prepare professionals to practice at the second level, while also providing eligibility for a second level of professional designation (to be established) and various state licensures. At this level music can be used: 1) to achieve re-educative goals in psychotherapy, focusing on the exposition and discussion of feelings leading to insight and improved functioning; 2) to address priority goals in physical rehabilitation, music medicine, palliative care, and various other areas of music therapy practice; 3) to allow the music therapist to take a more central and independent role in client treatment plans, and as a result, induce significant changes in the client’s current situation.*
4. *As with the master’s degree programs, 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.*
5. *Based on its clinical components, completion of the doctoral degree may provide eligibility for a second level of professional credential (to be established), various state licensures, or professional designations such as “Nordoff-Robbins Music Therapist” (NRMT), or Fellow of the Association for Music and Imagery (FAMI). If the program includes clinical training beyond the second level, the professional may be able to perform a wide range of responsibilities with a particular client population or to practice a particular music therapy approach at an in-depth level. Professionals at this level may use music to: a) achieve reconstructive goals in psychotherapy, eliciting unconscious material and working with that to promote reorganization of the personality, b) achieve primary goals in physical rehabilitation, music medicine, palliative care, and various other areas of music therapy practice, c) establish treatment goals independently, and d) work as the primary therapist responsible for inducing pervasive changes in the client’s health.*
6. *The Commission recommends that current procedures used by the Association to approve internship sites be considerably streamlined and that the national application process be redesigned to simplify and expedite review. Sample forms are provided in the Appendix.*

(2) AMTA BYLAWS UNDER ARTICLE VIII COUNCILS AND COMMITTEES

Section 3-Education and Training Advisory Board

- a. The Education and Training Advisory Board advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training.
- b. The Education and Training Advisory Board consists of nine (9) members including the Chairperson, who serves as the Council Coordinator of the Council on Education and Clinical Training.
- c. The chairpersons of the three (3) Standing Committees under the Council on Education and Clinical Training are members of the Education and Training Advisory Board.
- d. Nominations for at-large membership on the Education and Training Advisory Board are solicited from the general membership, regions, or self-nominated, with the President appointing six (6) at-large members from the pool of nominees, with approval by the Board of Directors.
- e. Members of the Education and Training Advisory Board serve staggered terms of four (4) years. One (1) Board member will be appointed in each even-numbered year, and two (2) Board members will be appointed in each odd-numbered year. Upon initial appointment, the terms would be designated in a staggered manner.
- f. The six (6) at-large Education and Training Advisory Board members may serve two consecutive terms (a maximum of eight (8) years) with eligibility to serve again after being off the Board for at least two years.
- g. The Chairperson of the Education and Training Advisory Board is elected by its nine (9) members from within the Board membership immediately following their approval by the Board of Directors. The Chairperson serves a (2) year term which coincides with the terms of the national officers. The Chairperson may be held over from the tenure of officers to the next but must be re-elected by the Advisory Board members at the beginning of each new term of national officers.
- h. Chairpersons of the three Standing Committees of the Council for Education and Clinical Training would not be eligible to serve as Chairperson of the Education and Training Advisory Board.

(3) [NEW SECTION 3 WITHIN ARTICLE IX. RENUMBER CURRENT SECTION 3 to SECTION 4.]

Article IX. Additional Boards

Section 3. Education and Training Advisory Board

- a. The Education and Training Advisory Board advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training.
- b. The Education and Training Advisory Board consists of ten members, including the Chairperson and the AMTA Director of Professional Programs, who is ex-officio without the right to vote.
- c. The chairpersons of the three standing committees under the Council on Education and Clinical Training are members of the Education and Training Advisory Board.
- d. Recommendations for at-large membership on the Education and Training Advisory Board are solicited from the general membership and regions, or may be self-nominated. A ranking of top candidates will be determined by consensus of the members of the Education and Training Advisory Board. Top candidates are contacted by the Chair of the Advisory Board to determine willingness to serve. The names of the recommended and willing candidates are then presented to the President for appointment, with approval by the Board of Directors.
- e. Members of the Education and Training Advisory Board serve staggered terms of 4 years. One Board member will be appointed in each even-numbered year, and two Board members will be appointed in each odd-numbered year. The six at-large Education and Training Advisory Board members may serve two

consecutive terms (a maximum of 8 years) with eligibility to serve again after being off the Board for at least 2 years.

f. The Chairperson of the Education and Training Advisory Board is elected by its nine voting members from among the six at-large members of the Board. The Chairperson serves a 2-year term that coincides with the terms of the national officers. The Chairperson may continue from the tenure of one set of officers to the next but must be reelected by the Advisory Board members at the beginning of each new term of national officers.

g. Chairpersons of the three standing committees of the Council for Education and Clinical Training are not eligible to serve as Chairperson of the Education and Training Advisory Board.

(4) **ARTICLE IX. ADDITIONAL BOARDS, SECTION 3 EDUCATION AND TRAINING ADVISORY BOARD**

Proposed addition:

h. The President Elect is the communication liaison to the Board of Directors.

Rationale: This addition makes the Education and Training Advisory Board section consistent with the rest of the Boards listed; Ethics, JRB and SAAB by using the same statement for all of the Boards listed in Article IX. This change ensures consistency within the Bylaws as Article IV, Section 7, the duties of the President Elect, which reads: *The President Elect also serves as communication liaison from the Board of Directors to the Education and Training Advisory Board, the Ethics Board, the Judicial Review Board, and the Student Affairs Advisory Board.*

(5) **AMTA BYLAWS ARTICLE IX. ADDITIONAL BOARDS, SECTION 3 EDUCATION AND TRAINING ADVISORY BOARD**

- a. The Education and Training Advisory Board advises and makes timely recommendations to AMTA for policy and action on issues related to music therapy education and clinical training.
- b. The Education and Training Advisory Board consists of ten members, including the Chairperson and the AMTA Director of Professional Programs, who is ex-officio without the right to vote.
- c. The chairpersons of the three standing committees under the Council on Education and Clinical Training are members of the Education and Training Advisory Board.
- d. Recommendations for at-large membership on the Education and Training Advisory Board are solicited from the general membership and regions, or may be self-nominated. A ranking of top candidates will be determined by consensus of the members of the Education and Training Advisory Board. Top candidates are contacted by the Chair of the Advisory Board to determine willingness to serve. The names of the recommended and willing candidates are then presented to the President for appointment, with approval by the Board of Directors.
- e. Members of the Education and Training Advisory Board serve staggered terms of 4 years. One Board member will be appointed in each even-numbered year, and two Board members will be appointed in each odd-numbered year. The six at-large Education and Training Advisory Board members may serve two consecutive terms (a maximum of 8 years) with eligibility to serve again after being off the Board for at least 2 years.
- f. The Chairperson of the Education and Training Advisory Board is elected by its nine voting members from among the six at-large members of the Board. The Chairperson serves a 2-year term that coincides with the terms of the national officers. The Chairperson may continue from the tenure of one set of officers to the next but must be reelected by the Advisory Board members at the beginning of each new term of national officers.
- g. Chairpersons of the three standing committees of the Council for Education and Clinical Training are not eligible to serve as Chairperson of the Education and Training Advisory Board.
- h. The President Elect is the communication liaison to the Board of Directors.

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING – JUNE 22 - 24, 2018
AMTA CONFERENCE PLANNING TEAM
Al Bumanis, MT-BC, Director of Communications and Conferences
Cindy Smith, Conference Planner and Membership Associate

This report is an update on our conference, media, and partnership activities since the annual meeting in November of 2017. The St. Louis conference is discussed with a focus on comparing the 2017 St. Louis data to the 2016 Sandusky conference. This is followed by an update on the 2018 Dallas conference and the most recent news on conferences in 2019 and 2020, and possibilities for 2021. A discussion of the current state of affairs in the hospitality industry is included. Media successes are summarized and the ongoing development of partnerships with filmmakers, artists, and the music products industry is described. The report concludes with a listing of upcoming priorities.

Highlights

I. *Conferences*

- 2017 St. Louis Conference Follow-up
- 2018 Dallas Conference Preparations
- 2019 and 2020 Conferences
- 2021 Conference and Beyond
- Hospitality Industry and Conference Trends

II. *Media Highlights*

- Judith Pinkerton, MA, MT-BC, is honored as the first recipient of the Aflac and Academy of Country Music Lifting Lives Award.
- Indiana Music Therapists, including Jennifer Whitlow and Debra Burns, receive an apology from *Indianapolis Star* columnist who described the music therapy major as “dopey”
- Members Continue to be Profiled by their Local Media

III. *Partnerships*

- New Connection Development – Kechi Okwuchi – Warren Shadd Inventor/CEO/Manufacturer SHADD Pianos & Keyboards, USA
- Maintaining long Standing Music Industry contacts – Casey Monahan, Stanley Jordan, Renée Fleming, Craig Chaquico, Russ Freeman

IV. *Upcoming Priorities*

I. **CONFERENCES**

2017 Conference Highlights:

- 1,359 Paid Attendees (5 single day) –1,339 total for 2016
- 668 Paid Professionals (649 in 2016) - 686 Paid Students; (690 in 2016)
- 344 comps (includes professionals and students) – 232 comps in 2016
- 1,703 total attendees - (1,571 in 2016) – **a record for Conference attendance**
- Over 89% of 446 evaluation respondents rated their experience as Satisfied or Very Satisfied, 6.5% Neutral and 3.82% Unsatisfied – 87% Satisfied or above in 2016
- Innovations such as later starting times for regional meetings and concurrent sessions were rated positively, as were the meditation and yoga rooms
- Screening of the film “Music Got Me Here” was a conference highlight
- Managing the CEU courses has become an overwhelming task
- 1,264 enrolled for all CEU courses (938)
- **615** paid registrants enrolled in CMTEs – 479 in 2016

- **649** enrolled in the following free (\$10 processing fee) CMTE courses – 459 in free courses in 2016
 1. Social Communication in ASD: Neuroscience and Clinical Strategies - 94
 2. When Children Hurt: Music Therapy in the Management of Pediatric Pain- 39 (\$25 fee) [Sponsored by “Each One Counts” Foundation]
 3. Developing and Engaging in Reflective Practice to Advance and Deepen Clinical Skills - 56
 4. Ethical Considerations: Respect for Ethnicity in Selecting Music/Techniques in Therapy Sessions- 90
 5. Therapeutic Use of the Harp - Basic Playing Technique and Improvisational Skills - 35
 6. CMTE Q Supervising the Music Therapy Intern - 60
 7. CMTE U Continuing the Conversation: Race in Music Therapy- 37
 8. CMTE V Mindfulness-Based Approaches to Music Psychotherapy - 68
 9. CMTE X Exploring Our Biases - 46
 10. CMTE Y How to Take Data While Your Hands are Full with Instruments! - 74
 11. CMTE Z Exploring the Deeper Meaning of Transference/Countertransference Reactions in Your Clinical Work - 29
 12. CMTE AA Collaborate and Innovate: Repositioning Our Music Therapy Service Delivery Models – 21
- 42 enrolled in the AMTA Leadership Academy - 31 in 2016
- 11 enrolled in Bonny Method of Guided Imagery & Music Level I
- AMTA utilized 1,684 room nights over the conference, with 122 of these rooms as overflow at the nearby Pear Tree Inn.
- **The 2017 Conference met the needs of attendees AND was a financial success!**

Sponsorship

- Once again Cindy and Jane Creagan headed up sponsorship outreach for 2017 with great success. Total for Cash contributions was \$36,742.00 (up from 2016 of \$22,000) and \$14,000 for In-Kind donations = a Grand total of \$50,742. Special thanks to Cindy Smith and Jane Creagan for their hard work going above and beyond their regular duties. More exhibitors, schools, and local and national organizations are being offered conference sponsorship opportunities and the trend is that more are becoming sponsors.

2017 was a record breaking conference in terms of number of attendees and revenue. Please visit www.musictherapy.org/amta-annual-conference-breaks-attendance-records-highlights/?pg=2 for a comprehensive list of conference highlights.

Most importantly, Cindy Smith deserves great appreciation and gratitude from all AMTA members for being the sole AMTA leader and point person for this wonderful event. The following positive data from the conference evaluations is a testament to her leadership, teamwork, optimistic outlook and common and no nonsense approach to conference planning.

Note that 2016 data is in parentheses for comparison. Most scores are very similar to the 2016 conference, but with over 100 more responses. All ratings are based on a 5-point scale with 5 being “Very Satisfied.”

- The average rating for 2017 overall conference satisfaction was 4.25 (4.19)
- Registration process was 4.57 (4.60);
- Exhibit Hall was 4.35 (4.21);
- Institutes and Trainings were 4.22 compared to 4.58 last year;
- CMTE were 4.69 compared to 4.69 last year; and the concurrent sessions were 4.08 (4.17).
- Starting the regional business meetings at 9:30 AM rather than 7:00 AM was greeted with a very positive score of 4.53.
- Having the concurrent sessions start at 8:00 AM also were warmly received at a score of 4.49. The 2017 opening session received a rating of 4.42 (4.04).

- About 75% of attendees are using the conference app, as compared to 64% reported using it in 2016.
- 10.8% (8%) of respondents were NOT planning to attend the 2018 conference with 38% (41%) saying maybe and 51% (Same as 2017) responding yes.

A big thank you goes out to Angie Elkins from AMTA staff for developing and interpreting the conference data. Angie also does the creative design work for the conference publications.

In early 2017, the conference planning team and AMTA staff processed the 2016 conference evaluations and comments from the regional Presidents via regional president representative Deb Benkovitz Williams. A few recurring issues arose, which the planning committee (Jean Nemeth, Cindy Smith, Kristen O’Grady and Al Bumanis) decided to tackle. We incorporated later starting times for concurrent sessions and later times for regional meetings. We also built in many mindfulness activities into the conference to align with the theme. Two rooms were programed during each session slot for “mindfulness” activities. Vice President and program chair **Jean Nemeth, PhD, MT-BC** deserves the credit for implementing these and many more innovative and creative conference events. Cindy and I thank Jean for the privilege and pleasure of working with her on the 2016 and 2017 conferences.

A special shout out to the Continuing Education Committee, especially co-chair Laurie Keough. The committee went paperless again in 2017 for Course Evaluations and Certificates of Completion. With over 1,200 participating in CEU courses, the paperless process in place now has made the work overly time-consuming and overwhelming. Making this process better has become a priority for AMTA staff and the CEU committee. Much research was done and a phone meeting was held in February during which many options were discussed. After much intensive deliberation and exploring methods used by other associations, in particular the National Association of School Psychologists, it has been decided by key staff that for 2018, the conference will go back to using paper for certificates. We are still exploring paperless options and finding appropriate Apps and digital technology for future use that do not break the budget; such a plan will not be ready for 2018.

Kudos to the local committee, headed up by co-chairs Elizabeth O’Dell MA, MT-BC and Brian Hilderbrand, MM, MT-BC. They assembled a wonderful group of volunteers. **Thanks also to our AMTA staff colleagues for once again covering many last minute on-site realities.**

2018 Conference

Vice-President Kristen O’Grady officially began her tenure as the conference program chair on January 1st of this year, but had begun planning well before and was a very important part of both the 2016 and 2017 planning teams. We also welcome Vice-President Elect Wendy Woolsey to the 2018 and 2019 conference planning teams. Kristen led the AMTA delegation of Cindy Smith, Jane Creagan and me during our first visit to the Hyatt Regency Dallas in March. We met with hotel staff and studied the meeting room layout to develop a plan to use the space and also met with the local Dallas Co-Chairs and volunteers. More program specifics and conference information will be found in Kristen’s report. Cindy and I have been involved in serious negotiations with the hotel to increase the amount of meeting and exhibit space for the conference. With the number of attendees and exhibitors, as evidenced from the size of the 2017 conference, it has become important to the planning team to have room to grow.

We had approximately 50 submissions for CEU courses which now go through both a blind review and peer review with final selection coming from the planning committee. About 330 submissions for concurrent sessions were received on time and the blind review is almost complete. The number of submissions is very similar to previous years, and a waiting list has been employed for late proposals.

The conference planning committee along with AMTA staff identified a need for a conference code of conduct following numerous reports of inappropriate and often abusive behavior at conference. The following is a draft of what every attendee will receive (Thanks to Angie Elkins):

Conference Code of Conduct (DRAFT) as of May 22, 2018 for Discussion

The AMTA Board of Directors expects that all AMTA annual conference attendees will promote a safe and ethical environment along with a culture of civility and kindness, treating all with dignity and respect. Harassment, bullying,

or discrimination of any kind is not tolerated. Please use professional behavior with all –including friends, colleagues, volunteers, conference attendees, guests, hotel staff, and anyone you come into contact with, so that everyone can enjoy this conference to the fullest extent possible. Volunteers and staff work hard to ensure everyone has a positive conference experience. Attendees at the AMTA conference should expect to hold to a professional code of conduct that is consistent with the AMTA Code of Ethics [<https://www.musictherapy.org/about/ethics/>], and represent the music therapy profession in a positive light. Attendees should be prepared to adhere to directions and signs provided for safety concerns, respect open and closed special events or sessions, follow CBMT guidelines for earning CMTE credits, and participate as outlined in special events run by volunteers and staff, etc. Remember that special guests, clients, students, and others not affiliated with the conference may be in the hotel and their perception of the music therapy profession is affected by the way music therapists present themselves.

Anyone found not in compliance with this code may be subject to removal from the conference without a refund.

Sponsorship Update

Cindy and Jane Creagan report that 2018 sponsorship is on track to meet or beat 2017 sponsorship. More exhibitors, schools, and local and national organizations are being offered conference sponsorship and the trend is more are taking advantage. A shout out to Jane and Cindy for developing this revenue source of external funding.

2019 Conference

The Hyatt Regency Minneapolis will host our 2019 Conference, November 20 to November 24. This is a larger hotel than we utilized previously for our 2003 conference in Minneapolis. It is located in the heart of downtown Minneapolis along Nicollet Mall and offers over 105,000 square feet of event space, including four large ballrooms, 34 meeting rooms, and flexible breakout space.

2020 Conference

Cindy did extensive research and traveling to cities and venues for 2020 and had received an intriguing proposal from Harrah's Resort in Atlantic City. After much deliberation and negotiation, a contract was presented to AMTA and was signed before the end of 2017 to ensure that AMTA received the most competitive offer from both by the city and hotel. We exercised due diligence in checking with other associations on issues related to having a conference in a gaming facility. The responses have been very favorable, with a clear separation between gaming and conference facilities. We look forward to bringing the conference back to the Mid-Atlantic region after a 21 year hiatus. More information on this award-winning hotel can be found at

http://www.digital.meetingstoday.com/meetingstoday/september_2017?pg=60#pg60

2021

Cindy traveled to Albuquerque, NM in April to tour several hotels and the conference center for a possible conference in 2021. The American Art Therapy Association has had a few conferences in Albuquerque and they are about the same size as us. There are two hotels that would fit our conference-- the Hyatt and the Doubletree. We would also use the conference center for most of the meetings and sessions. They are offering a very good deal with incentives for the conference center. Southwest does fly to New Mexico. The hotels are located downtown within walking distance of the conference center and places to eat. It is a very good destination for those looking to make it a vacation and bring their families.

World Federation of Music Therapy Update

As a reminder please note that AMTA leadership decided NOT to submit a proposal to the World Federation of Music Therapy to host the 2020 World Congress. The conference team is ready to do the groundwork for submitting a proposal for 2026 or any year the opportunity arises.

Hospitality Industry and Conference Trends:

- 2017 beat a 35 year record for Hotel occupancy, not good news for AMTA.
- This translates into an even stronger seller's market for 2018 with hotels being very selective in choosing their business.
- Demand is still growing faster than supply, meaning less availability and more difficulty in finding suitable properties.
- Hotels are enforcing contract clauses that penalize buyers for not meeting room blocks and food and beverage minimums.

- Increases are also being seen in food and beverage minimums, charging for meeting and exhibit space above making the room block, all-space holds are rare now with hotels booking evening events with other clients, and increasing surcharges for internet and other concessions that used to be complimentary as mentioned above.
- One new trend is that Cindy and I have to constantly protect our space. We view this as an opportunity to get better and more space, but now more time is spent in the early phases of conference planning in defining the actual space we need and what we actually have. This impacts developing a schedule for placement of sessions. As mentioned before, the days of 24 hour holds on meeting space and the corresponding easier placement of sessions into meeting rooms are over.
- The conference team continues to deal with extra and increased charges from hotels, from electricity to Wi-Fi.
- Social media has become a vital part of meetings and is beginning to be more integrated into our conference, both in marketing the conference and in increasing the on-site experience for attendees.
- Millennials are rapidly becoming the largest group of consumers using hotels and are shaping the experience with the technology they demand. Alexa in each room!

The news about the hotel industry is rather grim for AMTA and other associations looking to stay within a reasonable budget. Cindy and I are taking a strategic approach to dealing with what can only be described as a difficult market to work in. This includes looking at cities where there are more new hotel rooms than the average 2% increase in hotel rooms that is expected in most markets. We also are exploring the benefits of multiyear deals, which may offer bargain rates and extra concessions. We negotiate fiercely and constantly to avoid additional charges, such as resort fees and fees for podiums and other expenses. For example, the conference team is currently in the middle of negotiating lower Wi-Fi fees for meeting space for the 2018 conference, which can add significantly to our expenses. Hotel rates in first tier cities, such as New York, Chicago, and Baltimore, are way too expensive for AMTA to consider for future conferences. With hotels reporting 85% transient or business stays, rates in these areas look to remain well over \$250+ per night without taxes and fees. Our research has focused on second tier cities that have reasonable accessibility to airline travel and that offer additional incentives.

Special thanks to Cindy Smith who has been traveling extensively looking at sites all over the country, many in regions AMTA has not been to in a while, searching for the best value. Also of extreme importance is her optimistic outlook, which encourages us to focus on the opportunities inherent in working in a business environment where the hotels are in control. The realities of the industry trends and financial constraints have meant that we have had no choice but to gravitate to attractive offers in the middle of the country; we are constantly open, however, to other options to diversify our locations and venues, to minimize cost for our members, and maximize the conference experience.

II. **MEDIA HIGHLIGHTS**

- Judith Pinkerton has garnered much media attention by winning the first recipient of the Aflac and Academy of Country Music Lifting Lives Award.
<https://www.billboard.com/articles/columns/country/8347390/chris-young-and-the-academy-of-country-music-honor-music-therapy> Judith spent much time educating the reporter and pitching a story on clinical music therapy. Kudos to Judith for representing the profession and creating much media attention.
- Check this story out about Judith's work in the on-line magazine *Addiction Now*
<https://www.drugaddictionnow.com/2018/05/16/67533/>
- A major shout out to Jennifer Whitlow, Deb Burns, the Association of Indiana Music Therapists and AMTA's Professional Advocacy Committee who responded to the comments made by *Indianapolis Star* columnist Gary Varel in the *Indianapolis Star* and received the following apology:
<https://www.indystar.com/story/opinion/columnists/varvel/2018/05/16/varvel-apology-music-therapists-my-off-key-comment/609440002/>
- Karen Pence, wife of Vice-President Mike Pence, supports music therapy, creating a dilemma and dissonance among AMTA members. Positive coverage does exist as shown in the following example

featuring Rebecca Vaudreuil <https://www.imperialvalleynews.com/index.php/news/latest-news/14547-military-service-members-combat-pain-through-music-therapy.html>

- Sam Rodgers-Melnick work is titled “Fighting Sickle Cell Disease with Musical BEATS Program at University Hospitals” <http://www.ideastream.org/news/fighting-sickle-cell-disease-with-musical-beats-program-at-university-hospitals>
- The *New York Times* featured Kristen O’Grady, Kaitlyn Kelly and Russell Hilliard discussing end of life music therapy. <https://www.nytimes.com/2018/01/15/nyregion/music-therapy-nursing-home-hospice.html>
The article was picked up by several media outlets across the country.
- Joke Bradt and her collaborators received a \$1.27 million grant funded by the National Institute of Nursing Research for their study, “Mechanisms of Music Therapy to Palliate Pain in Patients with Advanced Cancer.” <http://drexel.edu/now/archive/2018/January/Faculty-Highlights/>
- An examination of music therapy and depression was published in the *Cochrane Library*: <https://www.medicalnewsbulletin.com/music-therapy-depression/>
- Kim Bell, MT-BC, as Social Media Coordinator, provides a tremendous help to the team in monitoring social media and sharing information with the public and members on the constantly increasing media attention music therapy is receiving.
- Angie Elkins is a tremendous help in exploring and posting major media stories. A big thank you to Angie.
- AMTA staff and appropriate standing committees continue to respond to media articles.

More positive and accurate portrayals of music therapy are popping up on Google searches. This reinforces the trend that music therapy has gone MAINSTREAM, becoming part of the larger culture! The “Latest News” section has posted these and many other media stories that have been either developed by AMTA, discovered by us, or shared by others; these listings offer a good overview of the music therapy profession. Many of these are geared to the general public, while others are of special interest to AMTA members.

Listed Below is a Sampling of some of the Latest Stories You May Not Have Seen Yet:

Tuning in: How music may affect your heart was published in **Harvard Health** and features Brian Harris https://www.health.harvard.edu/newsletter_article/tuning-in-how-music-may-affect-your-heart

Missouri Legislature restores funding for autism services including music therapy: <http://www.semissourian.com/story/2512520.html>

Mom may be gone but her heartbeat remains explores the work of Angela Wibben, one of many stories about creating songs from the heartbeat of clients. <https://www.9news.com/article/features/mom-may-be-gone-but-her-heartbeat-remains/73-551533717> Brian Schreck, who has developed the heartbeat technique has been at the center of the publicity: <http://www.wdrb.com/story/37696985/norton-childrens-hospital-preserves-patients-heartbeat-in-stuffed-animals>

Art therapy and music therapy in Cleveland is examined in the following: http://www.freshwatercleveland.com/features/CACArtTherapy030118.aspx?utm_source=Emma&utm_medium=Email&utm_term=How+Cuyahoga+Arts+%26+Culture+is+helping+organizations+heal+others+through+arts+and+music

The benefits of music therapy are explored with Jamie George: <http://www.wdtv.com/content/news/Benefits-of-music-therapy--482187411.html>

More with Karen Pence and music therapist Rebecca Vaudreuil *Military Service Members Combat Pain through Music Therapy* <https://www.imperialvalleynews.com/index.php/news/latest-news/14547-military-service-members-combat-pain-through-music-therapy.html>

Karen Pence's Visit to Cincinnati Children's Hospital Medical Center was highlighted in a Whitehouse.gov press release; <https://www.whitehouse.gov/briefings-statements/readout-second-lady-karen-pences-visit-cincinnati-childrens-hospital-medical-center/>

Music May Calm the Agitation of Alzheimer's in **HealthDay**; <https://consumer.healthday.com/cognitive-health-information-26/alzheimer-s-news-20/music-may-calm-the-agitation-of-alzheimer-s-733339.html>

Jeanine Wheeler at Covenant Children's Hospital appeared in *Uniquely West Texas: The Healing Effects of Music Therapy* on **EverythingLubbock.com**: <http://www.everythinglubbock.com/news/klbk-news/uniquely-west-texas-the-healing-effects-of-music-therapy/1146386803>

The *Ventura County Star* showcased the hospice population with music therapist Lori Sunshine: <https://www.vcstar.com/story/news/local/2018/04/26/music-therapy-hospice-patient-others-sing-praises/480046002/>

Digital Journal highlighted a music therapy app developed by Brian Harris: <http://www.digitaljournal.com/pr/3699819>

Markets Insider posted an interesting article on how music can influence business performance, using the AMTA definition of music therapy. <http://markets.businessinsider.com/news/stocks/how-music-can-impact-performance-learn-from-keynote-speaker-ben-hines-and-moving-performance-1018781315>

Candice Bain was a principle author of *Acknowledging identity, privilege, and oppression in music therapy*, a Oxford University Press blog in association with **The Journal of Music Therapy**: <https://blog.oup.com/2018/03/identity-privilege-oppression-music-therapy/>

Three technologies at SXSW helping improve quality of life is a story presenting Cassie Shankman and Hope Young from the Center for Music Therapy in Austin and their "Movement Tracks Project," which is nominated for an innovation award for Health, Med, and BioTech. <https://www.kvue.com/article/tech/three-technologies-at-sxsw-helping-improve-quality-of-life/269-527658430>

Ultimate-Guitar.Com, a very popular website for guitarist had a post describing music therapy: https://www.ultimate-guitar.com/news/community_feed/the_power_of_music_and_our_minds.html

Beth Hardy in Utah celebrates Music Therapy Advocacy Month with a TV interview: <http://fox13now.com/2018/01/24/taking-note-of-the-power-of-music-during-music-therapy-advocacy-month/>

Blythe Lagasse recognized for dedication: <https://source.colostate.edu/blythe-lagasse-honored-dedication-student-success/>

Ben Folds continues to be an active spokesperson for music therapy: <https://tcagenda.com/2018/mn-orchestra-ben-folds-amazing/>

It is a 30 year anniversary for MusicWorx and Barbara Reuer and Lindsay Zehren are going strong <http://www.ranchosantafereview.com/lifestyle/sd-cm-rsf-musicworx-healing-20180108-story.html>

Jay Anderson discusses the healthy activity of sing in : <https://www.healthline.com/health-news/sing-yourself-to-happiness#7>

The [National Hospice and Palliative Care Organization](#) has released a new video that highlights the use of music therapy *Seasons Hospice and Palliative Care*: <https://globenewswire.com/news-release/2017/10/25/1153349/0/en/Music-Therapy-Helps-Hospice-Patients-and-Families.html>

<http://newyork.cbslocal.com/2017/10/12/music-therapy-cancer/> Andrew Rosetti discusses music therapy in *Manhattan Hospital Uses Music Therapy to Help Cancer Patients Relieve Stress*

III. *MUSIC INDUSTRY PARTNERSHIPS*

Partnership Highlights

- Because of the interest generated by our newest spokesperson, Renée Fleming, Stanley Jordan and others are looking to rekindle partnerships.
- Continuing collaboration with Alyssa Janney from Remo to promote music therapy
- Trying to develop a partnership with Warren Shadd and SHADD keyboards.
- Working with Yamaha, especially their keyboard consultant Lori Frazier. Yamaha providing keyboards and acoustic guitars.
- Continued collaboration with Blue Star Connection organization.

IV. *UPCOMING PRIORITIES*

- 2018 Conference Planning – A Shout Out to Kristen, Cindy and Wendy
- 2019 Conference Planning
- Future Conference Site Selection and Negotiations, with focus on 2021
- Continued Media Development
- Continued Development and Maintenance of Partnerships

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING-JUNE 22-24, 2018
DIRECTOR OF GOVERNMENT RELATIONS REPORT**

**Judy Simpson, MT-BC
May 2018**

Overview

- ❖ Oversee federal and state legislative and regulatory activity that impacts music therapy practice and access to services
- ❖ Direct advocacy efforts with federal and state legislators, federal and state agency officials, national and state healthcare and education organizations; and national and regional third party payers regarding the provision of music therapy services
- ❖ Collaborate with CBMT on the implementation of the AMTA and CBMT State Recognition Operational Plan, assisting state task forces with national initiative
- ❖ Respond to time-sensitive requests from state and federal legislators and agency staff
- ❖ Network with policy staff and volunteers from other healthcare profession and education organizations
- ❖ Collaborate with Chairs of AMTA Committees on projects that impact policy and contribute to advocacy activities
- ❖ Provide public policy and reimbursement technical assistance, guidance, and support to clinicians, educators, students, healthcare and education facility administrators, consumers, and media
- ❖ Co-Chair Government Relations Committee and Reimbursement Committee
- ❖ Assist with development and editing of AMTA documents and communications
- ❖ Represent AMTA with accreditation organizations

Action Item: Coordinate with Board-appointed task force to examine the training, practice and supervision of musicians (not trained as music therapists) in medical facilities and make recommendations for best practice

National Advocacy

(Please refer to Rebecca Preddie's report for a complete update on federal news)

- **2018 Arts Advocacy Day (AAD) sponsored by Americans the Arts:** Represented AMTA as National Partner on Legislative Planning Committee; Served as Chair of Arts in Health and Arts and the Military Subcommittees; Led preparation of Arts in Health Issue Brief and Arts and the Military Issue Brief; Prepared AMTA letter to Congress included in AAD handbook; Prepared and presented talking points for Congressional Arts Caucus; In collaboration with representatives from American Art Therapy Association and North American Drama Therapy Association, prepared and presented Arts in Health and Arts and the Military breakout sessions during Arts Advocacy Day
- **National Hospice and Palliative Care Organization (NHPCO):** AMTA and CBMT shared an exhibit booth at the NHPCO National Leadership Conference in Washington, DC; Prepared hospice-specific information for distribution; Over 100 of the 1200 conference attendees visited the booth; Thanks to **Dena Register** and **Russell Hilliard** (*pictured below*) and **Jane Creagan** and **Tawna Grasty** for their contributions to this exhibit success!



- **Kennedy Center Arts Summit:** Participated in planning for Health and Wellness panel; Assisted in including AMTA member, **Lisa Gallagher** as panel member; Suggested potential focus for comments; Over 250 attendees representing arts educators and administrators, as well as city government officials, urban planners, scientists, non-profit organizations, and philanthropists
- **“Music Got Me Here”:** Attended music therapy documentary premiere at Kennedy Center; Hosted AMTA Education Legal Consultant, **Myrna Mandlawitz**; Discussed film and benefits of music therapy services with Loudoun County VA Special Education Director
- **Kennedy Center and Community Music Opportunities:** Participated in meeting exploring community access options in partnership with DC-based music therapy programs; Contributed information related to recognition, research, and reimbursement
- **Joint Commission and CARF:** Monitored communication regarding standards reviews and updates; Provided technical support to AMTA members related to accreditation requirements

State Advocacy

Implementation of AMTA and CBMT State Recognition Operational Plan

There are **46 states** that have participated at some point in the State Recognition Operational Plan. A total of **36 states** have introduced some form of music therapy legislation. *Please see Appendix A for map of activity.* There are **over 150 music therapists currently active in Task Force work** at the state and regional level with **over 300 music therapists having participated as task force members** in the last 13 years. So far in 2018, **13 states** have included recognition of music therapy in introduced legislation or bill drafts. The continued dedication and energy of our task force members and their relentless pursuit of access to services for their clients and families is awe-inspiring.

AMTA’s part-time Government Relations Specialist, **Maria Fay**, and I continue the successful collaboration with CBMT Regulatory Affairs Advisor **Dena Register** and Regulatory Affairs Associate **Kimberly Sena Moore**. Our “national team” known as “JuDenBerLia” communicates on a weekly, and sometimes daily, basis as we provide support and guidance to each task force. To assist in managing the expanding caseload, the national team schedules “in-person” work meetings twice a year.

Priorities for the remainder of 2018 include:

- **Update Item: Based upon feedback received during the 11/17/17 Assembly of Delegates meeting, the national team would like to postpone implementation of task force guidelines**
- Respond to needs of states with active legislation
- Strategy planning for 2019 legislative season with states planning to file or re-file bills
- Expand advocacy networks and involvement in individual states that will support 2019 legislation
- Encourage creation of bill sponsors and advocacy champions
- Ongoing creation and revision of print and video resources to support advocacy efforts (i.e., potential for harm, anti-regulation opposition, intervention description)
- Continue to pursue collection of music-based interventions/assessments/research information to assist in policy outreach
- Cultivate advocacy opportunities with stakeholders and administrators in various clinical practice areas (i.e., hospice and palliative care, special education, aging, and general medical)
- Strategize and re-imagine advocacy offerings at national conference and regional sites
- **States with 2018 legislation:** Florida, Illinois, Iowa, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Utah
- **States advocating for regulatory language changes:** California, Nevada, Rhode Island, Texas, Washington
- **States targeted for advocacy trainings or in-person, national team support in 2018:** Arkansas, Maine,

New Hampshire, New York, Vermont, Louisiana

- **States with potential to file legislation in 2019:** FL, IA, MN, UT, MI, SC, MD, TX, WI, IL, IN, OH, NC, NY, NH, PA, NJ, MO, CT

Staff time to support active legislation and regulatory activity is currently at capacity. With the possibility of up to 19 states pursuing legislation in 2019, along with on-going regulatory language advocacy, we will need to re-assess priorities and allocation of staff and consultants. Although it is difficult to determine the amount of time required to support each state, we will evaluate on a case-by-case basis to consider the need for additional staff.

Advocacy At-A-Glance 2018

- Thirteen states (FL, IA, IL, MI, MN, MO, NH, NJ, NY, NC, OH, PA, UT) introduced a total of 14 pieces of legislation.
- Seventeen states hosted (or plan to host) Hill Days, advocacy trainings or presented testimony at legislative hearings, involving over 200 music therapists, students, and music therapy advocates.
- AMTA and CBMT will sponsor a joint exhibit at the National Conference of State Legislators in Los Angeles, CA in early August.
- Conducted 7th annual Social Media Advocacy Month-2018 Theme: “What’s Your Advocacy Song?”
Please See Appendix B
- Creation of task force document jump drive to be used at Hill Days or other advocacy events, aimed at decreasing cost and inefficiency of paper copies. *Please see Appendix C*
- Kimberly Sena Moore and Dena Register hosted an Advocacy Academy in Tallahassee, Florida in February, to train advocates in various parts of the state to connect with legislators in home districts. The Academy was followed by visits at the Florida State Capitol.
- Dena Register and Judy Simpson attended the Virginia Hill Day in February and Kimberly Sena Moore attended the Illinois Hill Day in March.



VA Hill Day 2018



Illinois Hill Day 2018

- The national team presented during the Mid-Atlantic Regional and the Great Lakes Regional conferences



*Michigan Bill Sponsor, Senator Rebekah Warren
MI TF Co-Chairs, Bernadette Skodack and Kellee Coviak Hansen,*

MI Music Therapists

- Over 60 task force calls and communication with 29 states, with increased frequency of calls for states with active legislation.
- Increase in complexity of issues due to variety of bills and inclusion within legislation not related to creating separate music therapy regulatory system (i.e., funding for music therapy through client-specific state programs).

The first chart below provides highlights from states that are drafting, introducing, or advocating for active music therapy legislation in 2018. The second chart highlights states that have been active in addressing state regulatory activity in 2018. Although other states continue to meet and complete operational plan objectives, these charts focus on the intense activity involved in communicating with state officials, supporting legislation, and monitoring regulations that directly impact music therapy practice.

Please see Appendix D for Current National Overview

2018 Legislation

STATE	BILL NUMBER	RECOGNITION	STATUS
FLORIDA	SB 82	Inclusion of MT as a treatment option for veterans	Bill died in committee. TF is preparing for 2019 session and introduction of registry bill in addition to potential inclusion on relevant health and education bills.
ILLINOIS	SB 2603	License	Licensure bill was introduced. Supported task force on call with the state's department of finance and professional regulation. Committee hearings postponed. Considering possible Sunrise Review process.
IOWA	SF 2304 HF 2170	Title Certification	Bill was introduced for Title Certification but quickly shutdown due to continued opposition by IA-ASHA and lack of follow through support by the sponsor. TF continues to seek alternative options for some form of recognition.
MICHIGAN	HB SB	License	Sponsored by Rep. Thomas Albert, Sen. Rebekah Warren, awaiting introduction. Advocacy training and legislator meet-and-greet conducted at GLR conference. Meeting held with sponsor and staff from Department of Licensing and Regulatory Affairs (LARA). Exploring existing boards for potential placement.
MINNESOTA	SF2607	License Music therapy also included in separate bill outlining service options for veterans. Did not move forward this session.	Licensure bill introduced but did not make it through this year. Task force working with EdMN union on preparation for licensure bill introduction next session and issues related to MT-BCs and SLP concerns. Judy Simpson and Dena Register met with the MN TF at the GLR conference to discuss information and strategies related to advocacy opportunities and potential meeting with MN-ASHA lobbyist and leadership. TF will seek resolution prior to bill filing for next session.

MISSOURI	HB 1900	Statute	Sponsored by Kathy Swan (R-Cape Girard). Language would recognize the MT-BC as a service for birth-three in MO. Rep. Swan discussed possibility of also introducing a licensure or title protection bill (with little expectation of it moving forward) to keep topic in front of legislators. Waiting until 2019.
NEW HAMPSHIRE	SB 535	Alternative Mental Health License (Art Therapy)	Advocated for language change that would shift the focus of the bill from solely mental health to “complementary and integrative therapies” so that music therapy could possibly be included in the future. Bill recently passed both houses recognizing art therapy. Awaiting final language to determine next steps.
NEW JERSEY	A2183 S1687	License	Was passed in last session by both Assembly and Senate, but not signed by former governor. Reintroduced in 2018 and passed through Assembly on 4/12/18. Awaiting committee assignment in the Senate. Task force reaching out to have the bill heard in Senate committee and anticipate easy passage through the full Senate. Hopeful for passage and new Governor signature this calendar year.
NEW YORK	S5264 A10149	License	Sponsored by Sen. Funke (R-Rochester) and Assemblywoman Solages (D-Elmont). Bill introduced to license professional and clinical music therapists, using a tiered system. LPMT for those with a Bachelor’s degree and LCMT is for Master’s level or advanced level practitioners (includes provision for LCAT MTs with bachelor’s degree, bachelors level MT-BCs, and individuals on NMTR with more than 10 years of clinical experience). TF has activated their Advocacy Support Network in order to increase grassroots communications with legislators. Hill Day scheduled on June 6 th . Anticipate needing to re-introduce in 2019.
NORTH CAROLINA	H 192	License	Sponsored by Reps. Warren, Blackwell, Corbin, and Hunt Williams (Republicans), co-sponsor, Terry (Dem.). Referred to Committee on Health for Hearing. Bill passed the House in 2017 and carried over to 2018 session where it will make its way through the Senate. Task force has negotiated amendment language, which includes representation on the board. Should the bill pass, the license will be under a Music Therapy and (existing) Recreation Therapy board. Both the AMTA and CBMT boards agreed to contribute funding for lobbying efforts and Board set-up fees in the state.

OHIO		License	OH TF has conducted a Hill Day and Advocacy trainings. Bill drafted for licensure by Sen. Yuko. Interested parties meeting held. Discussed opposition concerns. Exploring possible amendment language.
PENNSYLVANIA	HB 1438 SB 1094	License	Sponsored by Rep. Pashinski and Sen. Vogel, gathering co-sponsors and awaiting committee votes. Successful advocacy breakfast and subsequent meeting with Rep Pashinski and Chairman Readshaw at MAR conference. Current changes would place MT licensure under the Social Work, Marriage and Family Therapy, and Professional Counselors Board.
UTAH	HB 352	License (Amendments to existing State Certification)	Bill introduced to move from State Certification (voluntary) to licensure. TF worked with sponsor to introduce language and testify at a committee hearing but ran out of time in the legislative session to move the bill forward. We anticipate that the task force will continue to work towards the introduction of this bill again in the 2019 legislative session.



PA Advocacy Breakfast during MAR Conference 2018

Regulatory Language and Additional State Advocacy

STATE	ISSUE	ACTION
ARKANSAS	Music therapy and the MT-BC are listed in the counseling regulations, indicating that in order to practice music therapy in the state, one must be a licensed counselor.	After multiple attempts to communicate with Counseling Board, Chair has agreed to review concerns and potential language suggestions. First TF call held in May and members have initiated operational plan steps. National team drafting letter to Counseling Board requesting clarification about current language.
CALIFORNIA	Outdated regulatory language	Task force has made contact with agency leader, Ann Stiglemeyer, who has agreed to draft necessary changes. AMTA, CBMT, and the TF members have been seeking these changes for over 15 years.
MARYLAND	Follow-up on 2017 Licensure Bill Communication with Potential Board	Met with Board of Professional Counselors and Therapists' new Executive Director in February to discuss options for placement of music therapist license. In May, TF presented info on music therapy and bill language to full Board.
NEVADA	State Board of Health has proposed reciprocity language for recognizing similar licenses from other states.	Following a review by CBMT legal counsel, recommendations were forwarded to TF Chair for discussion and dissemination. Reciprocity is being discussed and challenged due to lack of consideration for a MT-BC/LCAT that has recently relocated to NV. Process and input continues to be monitored.
TEXAS	Task force continues to build rapport with legislators and advocates in preparation for next year's session and MT bill introduction.	MTs offering testimony at related Committee Hearings in Austin. Connections made at Arts Advocacy Day in Washington DC with advocates from TX led to invited testimony by a task force member. Planning Advocacy event and possible state-specific advocacy training during National Conference in Dallas. Hill Day scheduled for 2019 Regional Conference in Austin.
VIRGINIA	TF has responded to complaints of school district issues where what are being called "MT services" are being offered by non-qualified individuals.	Statewide call to action garnered support and interest from some Legislators, which opened the door for conversation about state recognition. National team members traveled to Richmond to support the state task force in a Hill Day. We anticipate that connections made during this initial Hill Day may lead to sponsorship of legislation in the 2019 legislative session.

Please join me in thanking all of the music therapists and students who contribute significant volunteer hours to task force activities. This initiative would not be possible without their active participation and leadership within their states.

Government Relations Committee (GRC)

To assist with accurate reporting of association funds spent on government relations activities, we have developed a new system for regions to track income and expenses connected with advocacy trainings and events. This additional layer of reporting will be added to the existing documents filed by national office staff for AMTA's IRS 990. FY 2018 will be the first year utilizing this new method. We are confident this additional information will support regions in their annual budget process as state recognition efforts increase. *Please see Appendix E.*

Full Committee Overview included in Council Coordinator's Report

Reimbursement

- Working with State Recognition National Team and Reimbursement Committee, contributed to development of reimbursement survey to collect detailed data about music therapy payment methods; Data to inform state advocacy efforts related to diagnostic codes, procedure codes, and intervention descriptions
- Create tools and print resources in response to members requests
- Generate issue-specific documents to educate partners and interested parties about music therapy reimbursement practices
- Monitor reimbursement streams from public and private funding sources
- Review Medicare, Medicaid, and private insurance communication that impacts music therapy access
- Participate in webinars and purchase print materials to assist with educating members about current industry practices and coverage requirements
- Technical assistance, print materials and personalized guidance provided to educators, clinicians, facility administrators; billing department staff, interns, and students regarding specific funding opportunities and challenges
- Continue to refer individuals to AMTA.Pro reimbursement podcast and 5-hour reimbursement E-Course

Reimbursement Committee

Full Committee Overview included in Council Coordinator's Report

Presentations/Meetings/Publications

Maryland Music Therapy State Task Force, Baltimore, MD: Along with TF Co-Chairs **Niki Runge** and **Tatyana Martin**, met with new Executive Director of Professional Board of Counselors and Therapists; Presented information about licensure bill; Discussed potential board placement; TF Co-Chairs presented on music therapy and licensure bill to full Board in May

VA and WV Task Forces' Advocacy Webinar and VA Hill Day, Richmond, VA: Facilitated online advocacy training for clinicians and students in VA and WV; Attended VA Hill Day; Visited with several state legislators to discuss special education issues and state recognition options; Provided guidance to participants

GLR Conference, Ann Arbor, MI: Co-presented 5-hour Advocacy CMTE with **Dena Register**; Met with MI TF co-chairs; Met with MN TF members; Discussions with AMTA leaders in other states regarding potential legislation for 2019.

NCCATA Spring Meeting: Presented state recognition information to NCCATA meeting participants via Skype; Responded to questions about AMTA and CBMT's collaborative initiative; Offered suggestions for future communication among the Creative Arts Therapies Associations regarding state advocacy projects

"Music Therapy: An Introduction to the Profession": Contributed chapter segments related to state recognition, reimbursement options, and clinical practice for new AMTA publication

Support Services

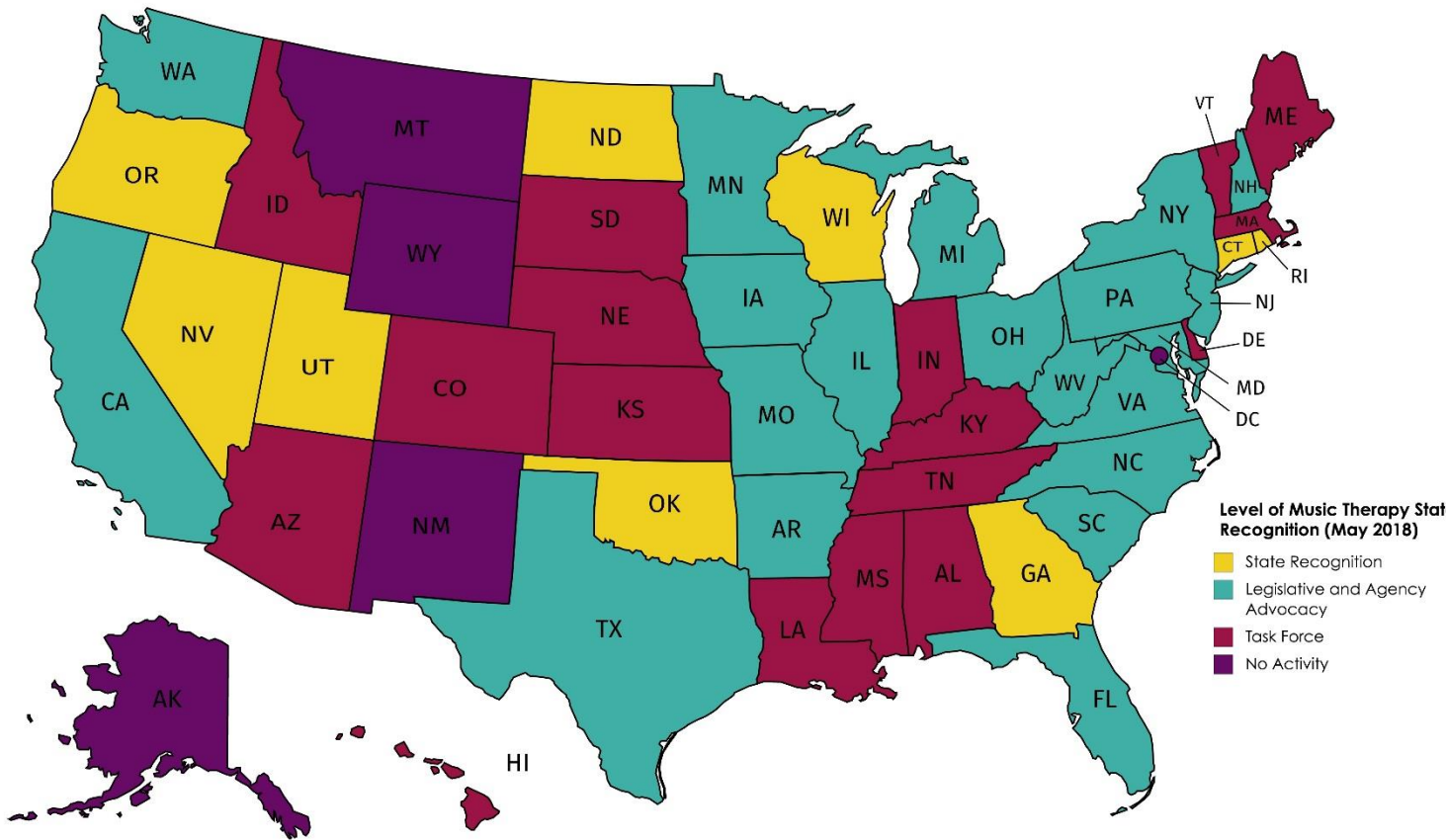
In addition to managing AMTA government relations activity on the federal and state levels, a significant amount of time is dedicated to responding to member and general public calls and emails covering a wide range of practice issues. Individual requests from educators, clinicians, students, potential employers, related healthcare and education professionals, consumers, government officials, and media representatives include:

- Review of public relations opportunities and assistance with presentation preparation
- Regulatory language support for service access
- Reimbursement options, including procedures specific to work settings and client diagnoses
- Liability insurance requirements and providers
- Impact of federal and state agency actions on music therapy practice
- Recommendations for responding to cases of misrepresentation of the profession
- Opportunities for advocacy through exhibits at related conferences
- Self-employment business development resources
- Assistance accessing IEP-based and programmatic services in special education

Future Priorities

- Work with **Rebecca Preddie**, monitor and respond to federal and state legislation and regulations that impact music therapy practice
- Work with **Maria Fay**, AMTA's Government Relations Specialist, **Dena Register**, CBMT's Regulatory Affairs Advisor, and **Kimberly Sena Moore**, CBMT's Regulatory Affairs Associate, to implement state recognition operational plan
- Represent AMTA during National Conference of State Legislators exhibit in summer 2018, in collaboration with CBMT
- Prepare PR materials for state and federal advocacy projects (i.e., banners, maps, handouts, etc.)
- Facilitate reporting of regional advocacy income and expenses for annual AMTA 990
- Support advocacy events and facilitate advocacy exhibit during national conference in Dallas
- Complete *Exploring the Intersection between Recognition and Reimbursement* manuscript for publication consideration in *Music Therapy Perspectives*
- Investigate alternative liability insurance options for music therapists
- Co-Chair the Reimbursement Committee and encourage involvement in outlined tasks
- Co-Chair the Government Relations Committee, assisting regional and state representatives with occupational regulation issues
- Assist with state advocacy continuing education presentations
- Collaborate with other AMTA Committees on projects related to advocacy
- Follow and network as needed with other arts groups (Americans for the Arts, National Standards Board for Therapeutic Musicians (NSBTM), National Organization for Arts in Health (NOAH), University of Florida Arts in Medicine Program, etc.)
- Represent AMTA with the Joint Commission and CARF
- Provide staffing assistance with association consultants and high level projects

Appendix A



Music Therapy Social Media Advocacy Month 2018

What's Your Advocacy Song?

Since 2005, the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) have collaborated on the State Recognition Operational Plan.

The purpose of this plan is to get music therapy and the MT-BC credential recognized by individual states so clients can more easily access music therapy services.

Achieving state recognition is only possible through **ADVOCACY**.

Every January, we kick the year off with the Music Therapy Social Media Advocacy Month. This year, music therapy students, interns, and professionals are invited to participate by completing the following:

1) THINK

Think of an existing song that could be **your advocacy song**.

3) FIND

Find the **official music video** and copy the link.

5) SHARE

Follow the **#mtadvocacy** tag and share others' posts!

2) EXPLAIN

Explain what makes it **your advocacy song**.

4) POST

Post the link and your explanation to your favorite social media channels. Be sure to include the **#mtadvocacy** hashtag in all your updates!

Note: If you decide to create your own video (e.g. carpool karaoke your advocacy song), be sure to obtain a synchronization license.

Appendix C

MUSIC THERAPY: UNDERSTANDING THE PROFESSION

Jump Drive Contents

Thank you for your interest in learning more about the music therapy profession. This jump drive contains information about music therapy education, clinical training, and practice nationally and in [INSERT STATE NAME](#). Documents have been prepared by the American Music Therapy Association (AMTA), the Certification Board for Music Therapists (CBMT), and the Music Therapy State Recognition Task Force in [INSERT STATE](#).

General Information

- AMTA & CBMT Professional Recognition Efforts
- Music Therapy State Recognition: National Overview
- Scope of Music Therapy Practice
- Official AMTA documents: Code of Ethics, Professional Competencies, Standards of Professional Practice
- Official CBMT documents: Board Certification Domains, Code of Professional Practice

State-specific Information

- [INSERT STATE NAME](#) Fact Sheet
- Support Our Bill Flyer ([INSERT BILL NAME](#))

Appendix D

May 2018

Music Therapy State Recognition: National Overview

The American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) collaborate on the State Recognition Operational Plan, a joint national initiative to achieve official state recognition of the music therapy profession and the MT-BC credential required for competent practice. Desired outcomes include improving consumer access to music therapy services and establishing a state-based public protection program to ensure that “music therapy” is provided by individuals who meet established training qualifications. Inclusion within state health and education regulations can also have a positive impact on employment opportunities funding options, while meeting requirements of treatment facilities and accrediting organizations.

Current Recognition

Connecticut

Music therapy title protection established in 2016. Practitioners must hold the MT-BC credential.

Georgia (<http://sos.ga.gov/index.php/licensing/plb/59>)

Music therapy license overseen by the Secretary of State utilizes an ad hoc volunteer Advisory Council. License created in 2012 and regulations approved in 2013.

Nevada (http://dph.nv.gov/Reg/MusicTherapist/MusicTherapists_-_Home/)

Music therapy license overseen by the State Board of Health utilizes an ad hoc Advisory Council. License created in 2011 and regulations approved in 2012.

North Dakota (<http://ndbihc.org/>)

Music therapy license overseen by the newly created Board of Integrative Health. License created in 2011 and regulations approved in 2013.

Oklahoma (http://www.okmedicalboard.org/music_therapists)

Music therapy license managed by the State Board of Medical Licensure and Supervision was signed into law in 2016.

Oregon (<http://www.oregon.gov/OHA/PH/HLO/Pages/Board-Music-Therapy-Program.aspx>)

Music therapy license managed by the Health Licensing Office was signed into law and regulations approved in 2015.

Rhode Island (<http://health.ri.gov/licenses/detail.php?id=287>)

Music therapy registry managed by the Department of Health was signed into law in 2014 and regulations approved in 2015.

Utah (http://www.dopl.utah.gov/licensing/music_therapy.html)

Legislation creating a music therapy state certification managed by the Division of Occupational and Professional Licensing signed into law and regulations approved in 2014.

Wisconsin (<https://dsps.wi.gov/Pages/Professions/MusicTherapist/Default.aspx>) Music therapy registry created in 1998.

2018 Legislative Activity

The following states have introduced or are planning to introduce legislation to recognize music therapy education, clinical training, and credentialing qualifications: **Illinois** (license), **Iowa** (title certification), **Michigan** (license) **Minnesota** (license), **Missouri** (title protection), **New Jersey** (license), **New York** (license), **North Carolina** (License), **Ohio** (license), **Pennsylvania** (license), and **Utah** (license).

For more information, please visit, www.musictherapy.org and www.cbmt.org

Appendix E

Annual Tax Information 990 FY 20__

INDIRECT---Grassroots Lobbying

Please provide the amount of lobbying income and expenses to influence public opinion.

(Indirect Income: advocacy training registration fees)

(Indirect Expenses: advocacy training expenses [meeting room rental, food, reimbursed travel, print material and copying], state brochure/fact sheet printing, etc.)

DIRECT---Direct Lobbying

Please provide the amount of lobbying income and expenses to influence a legislative body.

(Direct Income: Hill Day registration fees)

(Direct Expenses: lobbyist fees, Hill Day expenses [meeting room rental, food, reimbursed travel, print materials and copying], Hearing testimony print material and travel, National Arts Advocacy Day registration and travel)

	<u>Indirect</u>	<u>Direct</u>
<u>INCOME</u>		
<i>List state(s)</i>	\$	\$
Income Total	\$	\$
<u>EXPENSES</u>		
<u>Legislative Consultant</u>		
<i>List the state(s)</i>		\$
<i>Sub-Total</i>		\$
<u>Trainings/Materials/Event Registrations</u>		
<i>List the state(s)</i>	\$	\$
<i>Sub-Total</i>	\$	\$
<u>Travel and Food</u>		
<i>List the state(s)</i>	\$	\$
<i>Sub-Total</i>	\$	\$
Expense Total	\$	\$

**AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING-JUNE 22-24, 2018**

**Rebecca Preddie
Federal Programs Analyst and
Scholarships & Grants Coordinator
June 2018**

Overview

- Responsible for National Representation of AMTA, including meeting attendance for numerous Washington, DC-based coalitions; monitoring, recommending, coordinating, and implementing organizational Federal advocacy strategies.
- Involved in raising Congressional and Federal Agency awareness of the efficacy of music therapy services.
- Educate AMTA members on advocacy issues of national significance while simultaneously engaging them in the advocacy process.
- Serve as Co-Chair of AMTA Government Relations and Reimbursement Committees.
- Responsible for the administration of AMTA's 20 scholarships and grants awarded at the student and professional levels.

National Representation

- **FY 2018 / FY 2019 Budget Process:** FY2018-19 saw funding level increases for many programs. However, there are very specific procedures and mechanisms used by Congress throughout the budget process to change what was previously agreed to in a budget, which sometimes means that Congress “goes back on its promises.” Two such mechanisms, i.e., rescission and sequestration, are in play this year. . Significant dates in the FY2018-19 process are outlined below.
- ✓ February 9, 2018, the Bipartisan Budget Act (BBA) of 2018 was signed into law. The BBA of 2018 raised federal spending caps for both defense and non-defense spending for FY 2018-19 imposed by the Budget Control Act of 2011 (also known as Sequestration). In addition to the increased spending, the bill also lifts the debt ceiling until March 2019.
- ✓ February 12, 2018, President Trump released his Administration’s FY 2019 Budget proposal along with an addendum. The President’s proposal reflects the policy priorities previously indicated by the current Administration. Cuts were recommended to the US Departments of Education, Labor, Housing, and many others. Significant increases were recommended for the US Departments of Defense and Homeland Security. The President’s Budget request represents merely an ambitious “wish list”, and Congress is responsible for making budgetary determinations.
- ✓ March 23, 2018, Congress passed and the President signed into law the \$1.29 trillion FY 2018 Omnibus spending legislation (the FY 2018 Omnibus) to fund the government through the end of the current federal fiscal year, which expires September 30, 2018.
- ✓ On May 8, 2018, President Trump sent a rescission package to Congress asking for \$15 Billion in previously allocated spending. Rescission is a unique budgetary maneuver that allows the President to cancel, or rescind, certain budget authority previously approved by Congress. Federal agencies addressed in the rescission request can now withhold previously allocated funds for 45 days post request, or until Congress approves the request. If no action occurs within 45 days, the executive branch must release the funds to be used for their previously allocated purposes. It is not the first time rescission has been utilized, although, this is the largest rescission request in history.

We are closely monitoring and analyzing the impact of the progression of the budget process and working with our many partners to respond, where appropriate.

- **Creative Forces National Capital Region Summit:**

- ✓ Represented AMTA at -- Creative Forces: NEA Military Healing Arts Network Capital Region Summit, held May 14-15, 2018. This two-day meeting marked the culmination of a series of summits held at Creative Forces clinical sites across the nation. The National Endowment for the Arts funds creative arts therapist positions at several Creative Forces clinical sites. AMTA has ongoing relationships with both leadership and clinicians from the Creative Forces Healing Arts Network (CFHAN). Summit attendees included creative arts therapists, government officials, professional association leadership, local active service members, various Veteran family support network groups (local and national), and state arts agency leadership from DC, Maryland, and Virginia. (**Appendix A**). Attendees participated in small group brainstorming sessions designed to generate ideas about how to implement models that successfully support a combination of community arts and creative arts therapies programs and services at the community level. Participants were encouraged to provide feedback through a variety of methods. Music therapy continues to be a vital component of the CFHAN. A timeline for the completion of new case studies featuring the creative arts therapies was introduced. AMTA was able to connect with several music therapists in attendance including: Leanne Belasco, Music Therapy Director, Levine School of Music, MD; Nathaniel McLaughlan, Walter Reed National Medical Center, Washington, DC; Elizabeth Wong, Ft. Belvoir, VA; and Janelle Junkin, Philadelphia, PA.
- ✓ In addition to the CFHAN Capital Region Summit, I represented AMTA with a select group of stakeholders who were invited to attend a post-Creative Forces National Capital Region Summit community engagement research and evaluation conversation, held at Americans for the Arts. Americans for the Arts provides coordination and programmatic support to NEA for the CFHAN. Topics discussed focused on research collection and analysis methods currently being explored; the evidence base of the community-based service delivery of creative arts therapies; the intersection of community arts and the creative arts therapies; and any additional literature that would be relevant to CFHAN information collection efforts. Music therapists Leanne Belasco and Janelle Junkin were also in attendance. Additional detail will be presented at the mid-year meeting related to their understanding about the continuum of services from the clinic to the community.

- **Consortium for Citizens with Disabilities (CCD)—Task Force Participation:**

Health Task Force –

- ✓ Focus has been protecting vulnerable populations by defending the Medicaid program and opposing the repeal of the Affordable Care Act (ACA), including statements focused on: importance of preserving essential health benefits; monitoring the implementation of the wellness rule; Per capita caps and Block Granting Medicaid.
- ✓ An ongoing issue for the Health Task Force continues to be supporting federal and state efforts to ensure that existing essential health benefits packages cover critical benefits for people with disabilities such as behavioral health services, habilitation and rehabilitation services, and durable medical equipment, prosthetics and orthotics.
- ✓ Focus on proposed reduction of funding and establishing funding caps for the Medicaid program, which threatens the longstanding Medicaid guarantee for people with disabilities. Per capita cap proposals will force states to cut services and eligibility.

Veterans Task Force –

- ✓ Continues work to support and increase access to VA’s specialized health care services, including spinal cord injury/disease care, blinded care, poly-trauma care, and mental health care.
- ✓ Support making protection and advocacy services available to Veterans with disabilities to ensure they receive proper VA assistance in the areas of mental health and substance use.
- ✓ Monitoring implementation of key employment policies and initiatives (such as Section 503/VEVRAA; WOTC) aimed at increasing employment of Veterans with disabilities.
- ✓ Developing strategies to improve access to programs that allow Veterans with disabilities to successfully reintegrate into their families and communities by supporting expansion of the Veteran-directed home and community-based services programs.

Developmental Disabilities, Autism and Family Support Task Force –

- ✓ Working to protect vital mandatory and discretionary programs that fund priority programs relevant to persons with developmental disabilities and their caregivers.
 - ✓ The RAISE Family Caregiver Act was signed into law on January 23, 2018. The RAISE Family Caregivers Act directs the Department of Health and Human Services to develop, maintain, and periodically update a Family Caregiving Strategy, a recommendation of the Commission on Long-Term Care. The Department is also charged with convening a Family Caregiving Advisory Council for the joint development of the strategy. Task force members were heavily involved in advocating for the RAISE Family Caregivers Act.
- **Waiver Task Force:** Actively monitoring Medicaid waivers in all 50 states. Increased activity due to recent proposals for changes to Medicaid eligibility requirements. Change to Medicaid eligibility in any way may potentially have adverse impact on client participation in Section 115 waiver programs. As Medicaid programs vary from state-to-state, so do the Medicaid coverage avenues for music therapy services. Several states cover music therapy interventions through various waiver programs created for state residents. Of particular concern are proposed changes to work requirements, time limits for eligibility, and drug testing for participants. Each time there are revisions, updates, and opportunities to comment on proposed changes to waivers, the task force responds and provides the opportunity for input from interested organizations.
 - **Health Professions Network (HPN):** HPN is an association representing health care professional associations interested in interdisciplinary communication, discussion, and collaboration. Spring 2018 conference titled “Quality in Healthcare” held April 18-20th, in Rochester, MN. Presented “Achieving Quality in Association Operations: Effective Federal Advocacy Strategies” as a part of the “HPN Talks” series. AMTA serves as Advocacy Committee Chair and holds an elected position on the Board of Directors.
 - **Health Occupations Students of America-Future Health Professionals (HOSA):** Invited by Associate Director, Nancy Allen, to submit an article about music therapy for inclusion in HOSA’s e-Magazine. Attended HOSA Washington Ideas meeting and shared information about the Department of Labor “Fundamentals of Healthcare” competency model (Formerly the Allied Health Competency Model) with representatives from Cardinal Health, University of Phoenix and the Commissioned Officers Association of the US Public Health Service. HOSA is a national organization with over 20,000 members that works to educate high school students about careers in healthcare professions.
 - **National Alliance for Specialized Instructional Support Personnel (NASISP):**
 - ✓ Congressman Dave Loebsack (D-IA), introduced a SISP resolution recognizing April 16th -20th, 2018 as National Specialized Instructional Support Personnel Awareness Week (H. Res. 823). Rep. Loebsack also issued a “Dear Colleague” letter to other representatives of Congress, seeking a resolution cosponsor.
 - ✓ Created and implemented a week-long Social Media campaign to raise AMTA member awareness during SISP week. Coordinated effort involved AMTA Government Relations Committee members and AMTA Social Media Specialist, Kimberly Bell. (**Appendix B**)
 - ✓ Closely monitoring developments with the funding and support of Title IV funding. SISP are currently designated as being able to access Title IV funds through the Student Support and Academic Enrichment (SSAE) grant program (Title IV, A of ESSA).
 - ✓ Renewed effort to collect stories about exemplary models of collaborative practice. “Share our Stories” focuses on engaging members in the process of sharing their successes while collaborating with other professionals in an educational setting. A larger collection effort to obtain these types of stories from AMTA members would serve as a resource in both our advocacy and member promotion efforts. Preliminary discussions are underway with AMTA Director of Membership, Angie Elkins, to determine the best strategies to raise member awareness of the campaign and promote participation. Possibilities discussed include: 2018 Conference Session and Social Media Campaign.

- ✓ AMTA is responsible for collecting and compiling submissions for updated version of NASISP research document. AMTA Senior Research Consultant, Barbara Else, compiled music therapy research to be included as AMTA’s contribution to the collection effort.
- **Title IV, Part A Coalition** –Congress approved \$1.1 billion in funding for Title IV, A in FY 2018, which represents a huge increase from the \$400 million authorization for FY 2017. Funding of Student Support and Academic Enrichment (SSAE) grant program (Title IV, A of ESSA), provides meaningful investments in a range of programs that foster safe and healthy school climates and ensures students receive a well-rounded education. Coalition members continue work to ensure proper disbursement of funds for Title IV and the provision of appropriate technical assistance.
- **Disability and Rehabilitation Research Coalition (DRRC):** DRRC representatives held productive meetings with Director of the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) and several Senate Committees regarding NIDILRR priorities and the Administration’s FY 2019 Budget proposal to move NIDILRR to the National Institute of Health (NIH). NIDILRR’s 5-year plan was also discussed.
- **Nondefense Discretionary Coalition (NDD United):** Participation in this coalition includes ongoing work to urge a balanced approach to deficit reduction and advocacy for no additional cuts to discretionary programs; AMTA is one of 3,200 organizations supporting this effort.
- **2018 Brain Injury Awareness Day:** AMTA participated in this annual event created to further educate Members of Congress and raise awareness of brain injury—including its incidence, prevalence, prevention and treatment. Staffed AMTA booth, displayed relevant association resources, and networked with attendees.
- **Commission for the Accreditation of Rehabilitation Facilities (CARF):** As members of CARF’s International Advisory Council, each time new rehabilitation facility standards are proposed, select AMTA members have the opportunity to provide feedback on their content. A small sample of members are chosen to provide input on each standard. Potential participants are identified and chosen based on the populations served indicated on their yearly member surveys. Proposed revisions to business practice standards for Technology were introduced in 2018. The final standards will be published in all 2019 CARF standards manuals.
- **AMTA Website Policy Section:** Monitor related news; Assist with updates and new postings.

Presentations

- Rochester, MN – April 20, 2018 – HPN Spring Conference – “Achieving Quality in Association Operations: Effective Federal Advocacy Strategies”; Outlined the particulars of advocacy on the federal level. Described the many ways that AMTA advocates for music therapy on a national level.
- St. Louis, MO – November 11, 2017 – 2017 AMTA Annual Conference – “AMTA Federal Advocacy: An Update.”

Acknowledging the current political climate in Washington, DC, AMTA has been actively advocating for the music therapy profession and the clients served through a variety of networks. Now more than ever, it is of the utmost importance to ensure that the music therapy profession has a “seat at the table” during policy discussions that impact healthcare and education issues.

Networking conducted through monthly, bi-monthly, or quarterly conference calls/meetings/webinars:

- Disability and Rehabilitation Research Coalition (DRRC)
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)
 - Real Warriors

- Health Professions and Nursing Education Coalition (HPNEC)
- National Endowment for the Arts (NEA) – Arts and Human Development Task Force
- National Coalition on Personnel Shortages in Special Education and Related Services (NCPSSERS)
- Families USA
- Friends of CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD)

Monitor via Email – Newsletters/Magazines Online

- Federal Register
- American Association of Intellectual and Developmental Disabilities
- Agency for Healthcare Research and Quality (AHRQ) Daily Digest
- US Department of Education – Safe and Healthy Schools News
- Americans for the Arts
- Education Weekly
- American Association on Health and Disability
- National Center for Complementary and Integrative Health
- Independence Through the Enhancement of Medicare and Medicaid (ITEM) Coalition
- Congressional Quarterly
- Washington Weekly Wire
- American Health Line
- Roll Call
- National Association of States United for Aging and Disabilities
- American Congress of Rehabilitation Medicine (ACRM)

Scholarship and Grants Coordinator

Listed below are the scholarship/grant awards to be administered by AMTA in 2018. This represents an impressive total of 20 possible awards granted at student and professional member levels.

- Florence Tyson Grant for the Study of Music Psychotherapy (1)
- E. Thayer Gaston Writing Award (1)
- Anne Emery Kylo Professional Scholarship (3)
- Edwina Eustis Dick Scholarship Fund (2)
- Cathy and Brian Smith Memorial Scholarship Fund (1)
- Theodore Meyer Scholarship (1)
- Conference Scholars Fund (3)
- Christine Stevens Professional Development Scholarship (2)
- Past-Presidents' Conference Scholars Fund (2)
- Student Conference Scholarship Fund (2)
- Fultz Fund Research Grant program (1)
- Clinician Research Grant (not granted)
- Ruth Robertson Scholarship (TBD)

Thanks to Suzanne Heppel, our newly appointed Chair of the AMTA Scholarship Committee, and to Michele Forinash, Chair of the Fultz Committee for agreeing to continue serving to provide continuity.

Future Priorities

- Continue to Educate AMTA members about advocacy opportunities in response to White House administration and Congressional Activity.
- Co-Chair the Reimbursement Committee and encourage member involvement in outlined tasks.
- Co-Chair the Government Relations Committee, assisting regional representatives with state and federal advocacy.
- Update and Maintain Public Policy Section of AMTA Website.
- Continue to coordinate NASISP research compilation.

- Increase communication with state task forces about Medicaid Section 1115 waivers.
- Present concurrent session at 2018 AMTA National Conference.
- Serve on the Health Professions Network Board and Chair the HPN Advocacy Committee.
- Post “Civics 101” information about the midterm election process in an effort to encourage members to vote.
- Participate in various Washington, D.C. - based coalitions.

CREATIVE FORCES

NEA MILITARY HEALING ARTS NETWORK

NATIONAL CAPITAL REGION SUMMIT

MAY 14-15, 2018

MEAD CENTER FOR AMERICAN THEATER

1101 6TH STREET SW, WASHINGTON, DC

GOAL OF THE CREATIVE FORCES NATIONAL CAPITAL REGION SUMMIT:

Cultivate collaborative relationships among local artists, community arts organizations, and military populations across the National Capital Region to help support service members as they transition from medical treatment facilities back to their homes and families. Specifically, (1) leverage the knowledge and expertise developed by the National Intrepid Center of Excellence, Walter Reed National Military Medical Center (MD) and Fort Belvoir (VA) to educate the broader community about creative arts therapies; (2) further connect their work with the broader arts community in the National Capital Region; (3) build capacity for local artists and arts organizations to engage in this work; and (4) develop a vision for a meaningful and sustainable special project or National Capital Region initiative to advance this work.

MONDAY, MAY 14, 2018

8:00 AM - 8:30 AM

REGISTRATION

8:30 AM - 8:35 AM

NATIONAL ANTHEM

8:35 AM - 9:10 AM

OPENING REMARKS

Jane Chu, chairman, National Endowment for the Arts
Major General Ronald Place, director, National Capital Region
Medical Directorate, Defense Health Agency
Major General Linda L. Singh, Adjutant General of Maryland

9:10 AM - 9:20 AM

CALL TO ACTION

Bill O'Brien, director of Creative Forces, National Endowment for
the Arts

1

MONDAY, MAY 14, 2018



9:20 AM - 10:20 AM

ENGAGE WITH PATIENT ART

Former patients, creative arts therapists, and medical providers discuss their first-hand experiences with the role the arts can play in recovering from the wounds of war.

Moderator: Dr. Sara Kass, senior military medical advisor, Creative Forces

Panelists:

Liz K. Freeman, Creative Forces dance/movement therapist, National Intrepid Center of Excellence, Walter Reed National Military Medical Center

Jessica Herman, Creative Forces art therapist, Fort Belvoir Community Hospital

CW3 Stephen McCombs, U.S. Army

SGT George Tyler McGibbon, U.S. Army (ret)

SFC Michael "Rod" Rodriguez, U.S. Army (ret)

MSgt Michael Schneider, USMC (ret)

Major Ryan Vangel, U.S. Army

Melissa Walker, healing arts program coordinator, National Intrepid Center of Excellence, Walter Reed National Military Medical Center

Megan Wong, Creative Forces music therapist, Fort Belvoir Community Hospital

LCDR Amy Zaycek, U.S. Navy

10:20 AM - 10:35 AM

BREAK

10:35 AM - 11:30 AM

THE CREATIVE FORCES CLINICAL NETWORK

This discussion will provide an overview of the clinical component of Creative Forces—how the network has expanded from the NICoE and Ft. Belvoir to other installations across the country—including coordinated research.

Moderator: Dr. Sara Kass, senior military medical advisor, Creative Forces

Panelists:

Melissa Walker, healing arts program coordinator, National Intrepid Center of Excellence, Walter Reed National Military Medical Center

Captain Walter M. Greenhalgh, director, National Intrepid Center of Excellence, Walter Reed National Military Medical Center

Dr. Heechin Chae, director, Intrepid Spirit One, Fort Belvoir Community Hospital

Patricia Moore Shaffer, deputy director, Office of Research & Analysis, National Endowment for the Arts

Alison F. Winters, wellness coordinator and dance/movement therapist, National Intrepid Center of Excellence, Walter Reed National Military Medical Center

MONDAY, MAY 14, 2018



11:30 AM - 12:30 PM

UNDERSTANDING THE CLINICAL TO COMMUNITY CONTINUUM

This discussion will focus on how the local arts and military communities can collaborate to provide opportunities for military service members and veterans transitioning out of clinical care, as well as provide opportunities to engage other service members, veterans, and their families through the arts.

Opening Remarks: Capt. Mark Kobelja, Director-Walter Reed National Military Medical Center

Moderator: Nolen Bivens, BG, USA, (ret)

Panelists:

Niyati Dhokai, research assistant professor, College of Visual and Performing Arts & program manager, Veterans and the Arts Initiative, Hylton Performing Arts Center, George Mason University
Lynda MacFarland, senior leader military spouse, author
Sam Pressler, executive director, Armed Services Arts Partnership
Ava Spece, president & CEO, Workhouse Arts Foundation

12:30 PM - 12:45 PM

REMARKS

Karen Pence, Second Lady of the United States

12:45 PM - 1:45 PM

LUNCH

1:45 PM - 2:00 PM

PERFORMANCE

Featuring excerpts of writing curated by the Veterans Writing Project

2:00 PM - 2:45 PM

CREATIVE FORCES CAPACITY BUILDING

Overview of the main services and features of the future Creative Forces National Resource Center.

AnnMarie O'Malley, capacity and National Resource Center director, Creative Forces

2:45 PM - 3:00 PM

BREAK

3

MONDAY, MAY 14, 2018



3:00 PM - 4:45 PM

ARTS & MILITARY COMMUNITY ENGAGEMENT BRIGHT LIGHTS

Highlights of community-based arts and artist programs and initiatives in Washington, DC, Maryland, and Virginia that support military service members, veterans and their families.

Marete Wester, senior director of arts policy and the National Initiative for Arts & Health in the Military, Americans for the Arts
Arthur Espinoza, Jr., executive director, DC Commission on the Arts and Humanities

Kenneth Skrzysz, executive director, Maryland State Arts Council
Margaret Vanderhye, executive director, Virginia Commission for the Arts

4:45 PM - 5:00 PM

PERFORMANCE/CLOSING

Featuring veteran stand-up comedy performers from the Armed Services Arts Partnership

TUESDAY, MAY 15, 2018



8:00 AM - 8:30 AM

REGISTRATION AND REFRESHMENTS

8:30 AM - 8:45 AM

WELCOME | SUMMATION OF NATIONAL MILITARY & ARTS HEALING ACTIVITY

This session will summarize national efforts to support military communities through the arts.

Nolen Bivens, BG, USA, (ret)

Laura Scanlan, consultant, National Endowment for the Arts

Marete Wester, senior director of arts policy and the National Initiative for Arts & Health in the Military, Americans for the Arts

Pam Breaux, president and CEO, National Assembly of State Arts Agencies

8:45 AM - 9:00 AM

PERFORMANCE

Staged reading by the Veteran Spouses Project

TUESDAY, MAY 15, 2018



9:00 AM - 9:45 AM

THE VALUE OF THE ARTS TO MILITARY FAMILIES & CAREGIVERS

This discussion will include personal stories and first-hand testimonials from military family members and caregivers whose families have been helped through the arts.

Moderator: Marete Wester, senior director of arts policy and the National Initiative for Arts & Health in the Military, Americans for the Arts

Panelists:

Claudia Avila, Army spouse

CAPT Moira G. McGuire, division chief, Ancillary Service and lead, Integrative Health & Wellness, General Internal Medicine Service, Walter Reed National Military Medical Center

Kathy Roth-Douquet, founder & CEO, Blue Star Families

Amy Uptgraft, founder, The Veteran's Spouse Project

9:45 AM - 10:00 AM

BREAK

10:00 AM - 11:30 AM

BREAKOUT SESSIONS: THE WAY AHEAD

This session will summarize key themes and ideas from the summit and begin to develop a vision for a meaningful and sustainable collaboration among local military and arts communities

Bill O'Brien, director of Creative Forces, National Endowment for the Arts

Nolen Bivens, BG, USA, (ret)

11:30 AM - 12:30 PM

BREAKOUT SESSIONS REPORT OUTS

Nolen Bivens, BG, USA, (ret)

Breakout group leaders

12:30 PM - 12:45 PM

CLOSING

Appendix 2 -Sample social media posts from 2018 SISP Week

SISP Week 2018 - Action Items (April 16-20)

Monday April 16th

Morning Post #1

April 16th - 20th is SISP Appreciation Week!

As a member of the National Alliance for Specialized Instructional Support Personnel (NASISP), the American Music Therapy Association will be a part of celebrating this week, and raising awareness about the important contributions of specialized instructional support personnel in helping students. Click the link to see who SISP are!
http://www.nasisp.org/Our_MembersALT.html

Afternoon Post #1

April 16th - 20th is SISP Appreciation Week!

April 12, 2018 - Representative Dave Loebsack (IA-02) introduced House Resolution 823, which declares the week of April 16, 2018 through April 20, 2018, as National Specialized Instructional Support Personnel Appreciation Week. Specialized Instructional Support Personnel (SISP) are referenced and defined in Federal Education Law. View Resolution here: <https://www.congress.gov/115/bills/hres823/BILLS-115hres823ih.pdf>

Afternoon Post #2

Join us in the Thunderclap in support of SISP Week! Sign up by Wednesday and help us reach our goal!
<https://www.thunderclap.it/projects/69383-sisp-appreciation-week>

Tuesday April 17th

Morning Post #1

April 16th - 20th is SISP Appreciation Week!

Help us celebrate SISP Appreciation Week 2018 by sharing you successful models of SISP services! Do you and your fellow SISP do great things at your school and/or district? Tell us about your SISP Team collaboration efforts!! We are looking for great examples of #SISPinSchools working together for student and school success. Please complete this form and/or share with your SISP colleagues: <https://goo.gl/forms/oFTbLZSmJoDXAPop2>

FINANCIAL STATEMENTS AND REPORTS

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**2. April 30, 2018 Balance Sheet
and Year-To-Date Statement**

**3. FY 2019 Budget Revenue & Expense
Worksheets**

4. FY 2019 Budget Notes

1. Treasurer's Report

AMERICAN MUSIC THERAPY ASSOCIATION
BOARD OF DIRECTORS' MID-YEAR MEETING, JUNE 22-24, 2018
REPORT OF THE AMTA TREASURER AND TREASURER-IN-TRAINING
Alicia Clair, PhD, MT-BC
Edward Kahler, PhD, MT-BC
May, 2018

- I. Introduction & Overview
- II. Treasurer's Responsibilities
- III. Year-to-Date Status for FY 2018
- IV. Summary of FY 2019 Draft Budget
- V. Investments
- VI. Conclusions

I. Introduction & Overview

Since 2012, when I was appointed Treasurer of the AMTA I have observed wonderful development in the Board of Directors' efforts to grow the revenue of our organization. The Board bears the fiduciary responsibilities of AMTA and engages in the process of financial development throughout the year. The result is a Financial Action Plan (FAP) that is evaluated, updated, and further refined each time the Board meets. Each Board member assumes responsibility for planned action(s) with suitable timelines required to meet goals for some part of the FAP, while the entire Board provides support and makes recommendations for further pursuits.

I am happy to anticipate the new treasurer of AMTA, Dr. Ed Kahler, who, once confirmed by the Board of Directors, will assume the leadership on January 1, 2019. I have known Dr. Kahler for many years and have first-hand knowledge of his integrity, clear judgment, forthright communication, keen intelligence and thorough understanding of organizational financial management. He has the talent and skills integral to the responsibilities of treasurer and I have every confidence that he will be excellent in the role of AMTA Treasurer. Dr. Kahler has an appointment to the Board of Directors as Presidential Advisor with the purpose of learning the "job" of treasurer. He and I have collaborated since the beginning of this year and on this report to assure his integration into the treasurer's responsibilities.

In anticipation of the mid-year Board of Directors' meeting in Baltimore, MD in June 2018, Ed Kahler and I are happy to report that the expense budget is on track. Furthermore, we are delighted that AMTA income is ahead of projected expenses; but, these figures were compiled with several months remaining in FY 18 for which a deficit of (\$76,000) was projected. With more revenue from the St. Louis conference than expected, it is possible that AMTA's deficit for FY 18 will be lower than anticipated.

It is well known that the AMTA is making a transition to a new Executive Director, the expenses for which will be distributed over FY 18 and FY 19 revenue. To help facilitate the changes, AMTA has employed the services of Raffa, PC, a well-respected search firm located in the Washington, DC area. Consequently, AMTA will incur expenses that were not included in either the FY 18 or the FY 19 budgets. The money for the transition will come from the AMTA cash reserves that have been set aside to use for just such things. Consequently, the financial condition of the AMTA is strong and on target.

Through the start of this transition process, we learned from Raffa that the "usual" turnover of an Executive Director of an association is between 3- 5 years. The AMTA is extremely fortunate that this is the first search we have had in over 30 years for a new Executive Director. We need to be cognizant that this trend may impact us in the future.

AMTA employs a dynamic budget management approach to accommodate income and expenditures as they ebb and flow throughout the year. Consequently, budget decisions are made on the latest data available and the Board of Directors exercises its fiduciary responsibilities with full knowledge of revenues and expenses. In this report please note the historical data provided for each budget line for revenue and expenses. It is through studying income and expenditure trends over many years that future budgets are built, including the proposed budget for FY 19 presented in this report.

It is most important to acknowledge the careful stewardship of Executive Director Farbman over the last 30 years and to express deep appreciation for her service. Her vigilance and keen judgment have made AMTA flourish even when finances were limited. Her well-honed skill set continues to meet the demands for services while she identifies and responds to threats that jeopardize jobs of music therapists throughout the land. Her partnership with the Board of Directors is greatly valued.

The budget process is dynamic and the treasurer works with the Executive Director to consistently monitor the finances and incorporate changes as they transpire. It is often critical to fund unanticipated efforts throughout the year that are essential to the well-being of AMTA members and the advancement of our profession; we have responded when the situation indicated, e.g., funding for participation in the two-day, workshop on music processing in the brain hosted by NIH Director, Dr. Collins, and a second public event at the Kennedy Center, called Sound Health: Music and the Mind, that followed the workshop, a meeting of the Ethics Board to update ethics reviews and action plans, a meeting of the Master's Level Entry (MLE) Task Force and more.

It is impossible to anticipate every need that will occur in any given year; and, additional opportunities each year bring tremendous pressure to do more and more without additional resources. The excellent AMTA staff is absolutely pushed to the limit and is in dire need of support. We continue to hover at a turning point where it is not possible to expand services without adding staff and the concomitant financial support. Change in this status is identified as an important initiative in the coming two to three years.

Regarding the FY 2019 budget, a deficit of (\$82,500) is projected. Detailed FY 2019 Budget notes and Worksheets follow later in this report. Though we are presenting another deficit budget, we are confident we will be able to decrease that anticipated amount. While it is incumbent upon us in terms of the Board's fiduciary responsibilities to have a place to start with a budget, the FY 2019 budget is a "Place Holder" budget. It does not have the resources necessary for future growth. Time will be allocated for the Board of Directors to address future development at the mid-year meeting in Baltimore and we look forward to working with all Board members to develop sustainable resources needed for our future.

Later in this report, you will find a presentation of the current Financial Action Plan with suggestions for development. Year-to-date status information regarding the FY 18 budget is also presented. Please read all materials carefully in preparation for financial discussions at the mid-year meeting.

In consideration of all actions to grow resources, the ongoing efforts to increase the membership of AMTA are essential to our future. Details regarding the membership dues are presented in the budget notes for the FY 19 budget. The goal is to grow the membership with strong efforts to recruit more professional members while celebrating and retaining student members. Ultimately, the goal is to have 50% of all board-certified music therapists as members of the AMTA to adequately support advocacy, services to members and the mission of the AMTA. Further, we continue a strong commitment to gaining and supporting student members through heavy subsidies for student services that are tailored to them, e.g., special conference activities, presentations and sessions along with deep discounts for conference fees, books, journals and other materials purchases.

We applaud the work of the Board's previous Professional Member Work Group and ask the Board of Directors to support the Financial Action Plan's focus on increasing and sustaining the growth of Professional members of AMTA so that dues increases can be contained; however, without a dues increase over the last five years (2015-2019) it is important to discuss the near future of dues across all membership categories.

II. Treasurer's Responsibilities

The Treasurer's report and accompanying documents serve as the basis for financial decision making within the Association and it is essential that all Board members fully understand its content and implications. Please ask questions if you need clarification about anything in this report.

According to the AMTA Bylaws, the "Treasurer will be entrusted with the custody and supervision of the financial affairs of the Association, as directed by the Board of Directors...." The "supervision" of AMTA's financial affairs involves reviewing past trends as well as projecting trends into the future. We consider the larger economic picture of society in general, as well as trends related to associations and AMTA. The Treasurer does not track numbers per se, but collaborates with the budget team and helps disseminate and interpret information for the Board of Directors, the

Assembly, and the membership. The ongoing task of creating and adjusting the budget is a collaborative process that takes an enormous amount of time and attention to detail. Be assured that your budget team takes this responsibility very seriously and we always consider as many factors as possible to develop the budget document that is presented to the Board. In addition to the budget team, the Financial Advisory Committee reviews the draft budget for the coming year. The Budget Team is currently comprised of the Executive Director, the treasurer, and the treasurer-in-training. The budget team interacts by telephone and email frequently to review financial statements, monitor the current FY, and plan the coming FY.

Prior to presenting a budget to the Board of Directors, the Financial Advisory Committee (FAC) reviews the draft budget for the coming FY. The FAC met by telephone on May 17, 2018, and recommended the FY 19 budget as presented for approval by the Board of Directors. The current Financial Advisory Committee members are: Alicia Clair (Treasurer), Ed Kahler (Presidential Advisor), Amber Weldon-Stephens (President), Jennifer Geiger (Past President), Debbie Benkovitz Williams (President Elect), Angie Snell (Speaker of the Assembly), Mike Silverman (Assistant Speaker of the Assembly), Andrea Dalton (Regional Representative), Bryan Hunter (Historian), Amy Rodgers (Southwestern Region Past Treasurer), Kevin Hahn (Western Region Treasurer), and Andi Farbman (Executive Director). The FAC has the tasks of 1) reviewing budget documents and 2) making a recommendation to the Board to accept or reject the FY budget as presented.

For the day-to-day accounting, two AMTA staff members are responsible for accounts receivable and accounts payable so that there are various levels of accountability always in place in our financial system. As a second layer of quality control is an outside CPA accountant who works on a monthly basis to compile the balance sheet and reconcile all the accounts. At a third level the AMTA undergoes an annual audit by an independent accounting firm every August/September. After this audit is completed the AMTA audit committee meets with the outside auditor with and without the executive director. The audit committee consists of the President, President Elect, Speaker of the Assembly, Historian, a non-Board member of the Financial Advisory Committee, and the treasurer as chair of the committee. We will be meeting in October to review the audit results for FY 2018 with our audit partner, Terri McKnight, CPA. The results of this call will be presented at the annual board meeting in Dallas.

The financial oversight of AMTA is one of our most important collective duties as Board members. We appreciate your attention to these important fiduciary matters and welcome questions, suggestions, and offers of assistance at any time.

Financial Action Plan (FAP)

The focus of the AMTA Board of Directors is the fiduciary responsibility for the Association. Central to that responsibility is revenue development and expenditure management. For the last several years the Board has designed, updated and implemented a yearly Financial Action Plan (FAP) to grow the finances of the Association. After several FAP iterations and implementation trials it has become clear that the Board has the most power to develop finances in three areas including 1) membership, 2) publications and 3) donations including estate planning that is integral to activities of the Legacy Society. Consequently, the FAP was streamlined to develop initiatives in these three areas with the understanding that other large revenue streams come from the activities of the AMTA staff, e.g., Conferences and Institutes, subscriptions, marketing products such as E-courses and more.

Action is Essential: At each Board meeting time is dedicated to working through potential financial opportunities in small groups in the three areas identified above. Time will be allotted in the meeting agenda for discussion; but, additional time will be required to accomplish appropriate outcomes that can lead to action. Consequently, it is expected that BOD members may need to have conversations in small groups that can ensue during breakfast and/or lunch to assure outcomes are doable and can/will be facilitated.

Membership

Great effort has been expended over the last several years to grow the AMTA membership, especially the number of professional AMTA members. The AMTA membership committee, with facilitation from Angie Elkins and a variety of volunteer Co-Chairs and particular involvement of AMTA Board members, has yielded successful results that are particularly important to revenue. The effort is so successful that AMTA has been growing professional member numbers at a time when non-profits across the country are losing them! (Please see details regarding membership growth later in this report.) Board members, committee members and Angie Elkins must be commended.

The Board workgroup for membership in St. Louis recommended the following:

- Identify ways to reach music therapists who are not members and provide appropriate incentives for them to join AMTA. It is important for the Board small workgroup to 1) design an incentive program that will attract new members, 2) consider the impact of the pros and cons the program may have on those who have been members for years and 3) complete the work with a carefully designed plan that includes the who, what, where and when of an implementation approach.
- Design ways students can become and stay engaged in AMTA through their years as professional members. Explore options/opportunities to interact with students, e.g., conversations with the student organization leadership to develop cooperative roles in conference presentations, student podcasts and more. Again, it is essential to 1) design the initiatives, 2) identify the leadership and the workers and 3) complete the work with a plan that includes how, who, what, when and where.
- Create ways to “pay it forward” from established professionals for/to new professionals. Identify how this can happen whether it involves financial support, mentoring, identifying talent or any number of other ways in which it may occur. Again, formulate a plan that includes how, who, what, when and where.
- Approach the CBMT through Chair Lori Lundeen-Smith for collaboration that provides incentives for professional music therapists to join the AMTA and continue to renew their board certification. For example, this could be tied to current intellectual/clinical information (AMTA) and subsequent certification renewal. The AMTA already provides continuing education opportunities but greater emphasis can be placed on the benefit of low cost continuing education as a member of the AMTA and how it works for re-certification. Could there be incentives for those professionals who are certified AND are members of the AMTA? Would it be possible for them to have special rates at conference? List the pros and cons of a plan for collaboration between AMTA/CBMT including the how, who, what and where.

Publications

Publications have yielded higher revenue in the past but some have aged and no longer provide for the needs of members as they once did. New AMTA publications are underway. The third edition of *Music in Special Education* is just out and Mary Adamek and Alice-Ann Darrow are to be applauded for their efforts! Two new books will be available in the coming year, 1) *Music Therapy: An Introduction to the Profession* and 2) *An Introductory Guide for Beginning Music Therapy Researchers: Developing Research Questions and their Associated Methods* written by Michael Silverman and Katrina McFerran. Many thanks to all who have donated their intellectual property to advance our profession!

All Board members are asked to encourage authors to consider writing materials for AMTA. Proposal and review procedures are determined and are posted on the AMTA webpage.

The small workgroup for publications in St. Louis recommended potential new projects below. It is important for the Board to determine priorities, time lines, and recommendations for authors:

Marketing

If we know when book orders are due, perhaps AMTA can email faculty members at mid-semester with a listing of available texts, materials, pod-casts, and more.

Books for the Future Board members are encouraged to identify potential authors and to determine the marketability and priority order (need/demand) for the following:

- *Psychology of Music for Music Therapists*
This would be a textbook to use in the Psychology of Music classes required for the music therapy undergraduate degree.

- *Best Practices of Professional Behavior in Music Therapy*
To include such content as soft skills, communication (electronic and personal), effects of therapists' behavior and appearance, e.g., wardrobe colors, environmental stimuli, room positioning and much more.
- *Music Therapy in Trauma Care*
A guide for developing a theoretical framework and how to provide music therapy in trauma across the age span.
- *Music Therapy for Pain Amelioration & Management*
A theoretical framework and an informed guide for music therapists for pain management across the age span.
- *Music Therapy Business Owner's Handbook*
This may be a series of small books/monographs
- *Handbook for Music Therapy Interns*
- *Handbook for New Music Therapy Faculty*
- *Music Therapy in the Treatment of Addictions*
- *Music Therapy Research Paradigms*
- *Advanced Practice in Music Therapy*
- *Leadership in the Music Therapy Profession*
- *Arts- Based Research Guide*
- *Biographies in Music Therapy* (Ken Bruscia is doing this)

(Note: Books comprised of separate authors for individual chapters will not offer incentives to those who receive little or no credit toward tenure for authored book chapters.)

MText sessions (Something to explore)
This could be similar to ted talks (TEDex)

Donations/Contributions

With the changing tax laws incentives for making contributions to charities are deeply affected; however, the Board and AMTA have worked to establish a culture of giving across the age range of members. The mantra is "I give because it is the right thing to do". This culture has evolved through a history of giving that goes back to the beginning of the music therapy profession, where volunteers form the backbone of the Association and many accomplishments depend on contributions of time and talent.

As members age and approach retirement it is important to develop flexible, planned financial gifts that can serve the Association through unencumbered/unrestricted funds that make AMTA finances even stronger. Currently, there is an incentive to charitable contributions for those who are approaching the age of 71 and who have tax deferred investments. That is, some of the money earned by an employee was invested directly by the employer into a tax deferred investment available/chosen by the employee. People who have made tax deferred investments do not pay tax on the money until it is paid out to them. Those who have tax deferred investments are required to start taking money from them at age 71. These are called required minimal distributions (RMD) and are based on a number of factors including the amount of money accumulated, actuarial data for potential life span, etc. When the money is paid out through the RMD to the individual, state and federal taxes must be paid.

An individual can reduce the tax burden of the required minimal distributions dollar for dollar by donating money directly from the investment to a charity, e.g., AMTA. **VERY IMPORTANT:** The money must not be paid to the individual but directly from the investment to the charity. For example, if a required minimal distribution is \$18,000, a charitable gift of \$8,000 paid directly to the AMTA is not taxed and the individual pays taxes only on the remaining \$10,000 he/she receives.

Money left in tax deferred investments at the time of death will be taxed when it is paid to beneficiaries. It seems that when money in an estate is planned for gifts, it is most advantageous for gifts to charities to come from the deferred tax investments because the charities are not taxed. This leaves other assets to distribute to family, friends or other recipients.

Of course, AMTA is not in the business of providing investment or tax advice and everyone who wants to provide planned gifts must confer with their investment and tax advisors. The Legacy Society and Board members can encourage individuals to seek professional financial advice when considering a gift to the AMTA.

To help formalize legacy gifts and to assist with the process of planned giving, the Board of Directors established the **Legacy Society** that is led by Amy Furman. She has suggested a “Legacy” ribbon be attached to the nametags of conference attendees to identify those who have made financial/legacy gifts and to provide awareness of planned giving. It is hoped the ribbons will serve to generate discussion and perhaps encourage others’ participation. Further, a Legacy Breakfast is proposed for Sunday at the Dallas conference for the Legacy Leadership Team and those who have already formalized a contribution to the AMTA to acknowledge and thank them for their gifts. Breakfast attendees will be encouraged to invite one additional person to make a legacy gift. It is essential to coordinate the names of contributors so that they will not be asked to give by multiple individuals.

III. Year-to-Date Status of FY 2018 as of 3/31/18

As of March 31st, with 3/4 or 75% of the fiscal year having transpired, AMTA has achieved 97% of our budgeted income and expended 81% of our expenses. Wilson Trust expenses of \$17,063 are included as an expense on the budget but will be reimbursed by the restricted fund during the audit. Last year we received a \$50,000 grant in honor of Remo Belli; we’re pleased to report that this year’s grants and donations, though not at last year’s level, are still 50% over the annual budget.

The revised FY 2018 Budget includes budgeted income of \$1,753,000 and expenses of \$1,829,000 with a deficit of (\$76,000).

Revenue

Membership Dues – Membership indicators look positive. As of March 31st (which is only three months into the 2018 membership year), membership dues revenue is 91% of our goal for the year and \$8,000 more than where we were last year at this time (without any increase in the dues rates).

As far as the number of members, we had a strong finish to the 2017 membership year. The 2017 membership year ended on December 31, 2017 with a total of 4,105 members (1 more than as of 12/31/16 as compared to 170 more than 12/31/15). This is the highest total since the beginning of AMTA, including its predecessors and the year in which the World Congress was held. The professional and associate member total--2,373-- **is 78 more than in 12/16;** however, it is still low relative to all the previous year-end totals that exceeded 2,500 and as compared to CBMT’s certificant total of over 7,500. On the other hand, the student member total (undergraduate and graduate) of 1,593, though 76 less than last year, continues to be strong.

Publications – We have been steadily decreasing the publications budget for the past four years; however, this year’s total as of 3/31/18 is \$11,000 more than the same time last year. This income reflects the ages of our publications and the fact that we haven’t published anything new since 2014. As you know, we are pleased to report that the 3rd edition of “Music and Special Education” is complete and for sale and orders are piling in! And, two new books are in the final proofing stages and promise to be ready this calendar year. Special thanks to the coordination of Treasurer Alicia Clair and the two other editors, Drs. LaGasse and Knight and to Drs. McFerran and Silverman for a great new text on developing research questions.

E-courses – We have achieved over \$12,000 this year. We continue to increase the value of membership by making one E-course available annually as a free member benefit; please note that that also contributes to a slight decrease in E-course revenue.

Conference-related revenue—We knocked it “out of the park” again this year. (3 line items, i.e., Conference, CMTEs, and Institutes) = 32% of total budgeted revenue; gross revenue exceeded projections for FY 18 by \$76,000 or 12% and net revenue exceeded projections by over \$87,000 or 21%. This was due to (1) a well-attended conference with a central mid-western location; (2) many varied and excellent specialized trainings; (3) a larger than expected number of hotel stays; (4) keeping expenses at a minimum; and (5) a well-negotiated hotel contract prior to the hotel being upgraded.

Journal Subscriptions & Related Income – This year’s revenue is less than our budgeted target because of the pound Sterling being lower against the dollar and a reduction in secondary rights because of the termination of our ProQuest contract. It’s difficult to determine at this time of year how much additional income will be achieved but we will provide an update for the mid-year report. In addition, please note that our partnership with OUP has also reduced multiple expense categories including printing and postage.

Grants & Donations and Special Projects – The combined budget for these line items is \$85,000. The actual income for these categories and E-Courses (which are considered Special Projects but broken out into their own category) is approximately \$103,000, which includes several generous donations.

Academic Maintenance Fees – Our third year of academic maintenance fee collection, we are at 93% and on track to report 100% by the end of the fiscal year.

Interest Income – Because the market has bounced back, we have already achieved our budgeted amount for the year. Let’s hope everything continues on an upward trend for this fiscal year and into the future.

Expenses

Good news can also be found in expense categories—expenses are mainly at budget or under budget. When comparing the gross expenses against gross revenue of this year with last, i.e., 81% as compared with 76%, it appears that spending has increased by 5%; however, the retirement contributions were paid in late March this year as compared with early April last year; therefore, the actual variance is 3%, which is right on par with standard expense increases and the CPI (consumer price index).

The major areas in which expenses exceed budget expectations include: Travel & Lodging, which is due to an atypical in-person meeting of the Ethics Board that was authorized by the Board and the coverage of various other meetings; Legal, which is due to an unusual number of legal-related matters requiring consultation with the AMTA attorney; Financial Services, which is due to increased costs of a new accountant; and Exhibit fees, which was due to the need for carpeting in the 2017 convention hotel Exhibit space but was offset by increased income.

The bottom line for our current Fiscal Year 2018 budget is that the projected deficit of (\$76,000) will most likely be lower based on additional conference net revenue from the St. Louis conference, and other miscellaneous revenue increases and expense savings. We are unable to revise our projections at this juncture, but once we have analyzed the April financial statement in late May, we’ll have a better idea about the bottom line for FY 18, which will inform FY 19 as well.

Please note that expenses for the Executive Transition were not included in the FY 18 Budget. These expenses will be disbursed over FY 18 and FY 19. The estimate for FY 18 is \$32,200 in consultant fees, travel, and lodging. See the FY 19 Budget description for estimate of Executive Transition costs. The plan is to display the expenses on the audit below the total expense line to portray these expenses as being separate from regular operational costs and to be offset by our Reserves.

Summary of Total Net Assets

As of the end of Fiscal Year 2017, our Total Net Assets = **\$617,924** (not including Wilson Trust funds).

We always strive to have a surplus as large as we can possibly manage to get, but, minimally, we strive for a zero-based budget. **Our goal for FY 18 is to reduce the deficit.**

With all the unanticipated expenses in FY 18 and FY 19, we are pleased to report a healthy trend of total net assets. Please review the table below for total net asset figures over the last 19 years.

19 Years of Total Net Asset Figures (Fiscal Years 1999-2017)

Fiscal Year	Change in Net Assets	Total Net Assets
FY 1999 July 1, 1998-June 30, 1999	\$18,832	(\$25,457)
FY 2000	\$198,475	\$173,018
FY 2001	(\$175,773)	(\$2,755)
FY 2002	(\$8,161)	(\$10,916)
FY 2003	(\$30,754)	(\$41,670)
FY 2004	\$20,222	(\$21,447)
FY 2005	\$140,724	\$119,277
FY 2006	\$87,571	\$228,295
FY 2007	\$74,644	\$302,939
FY 2008	(\$50,580)	\$252,358
FY 2009	(\$1,061)	\$251,297
Fiscal Year	Change in Net Assets	Total Net Assets
FY 2010	\$29,826	\$281,123
FY 2011	\$478,069*	\$759,192*
	\$78,069	\$359,192
FY 2012	(\$140,143)*	\$619,049*
	(\$46,403)	\$323,548
FY 2013	\$84,559*	\$703,608*
	\$106,618	\$430,131
FY 2014	(\$79,282)*	\$624,326*
	(\$75,407)	\$354,695
FY 2015	\$1,375*	\$625,701*
	\$54,698	\$409,369
FY 2016	\$68,282*	\$693,983*
	\$81,615	\$490,958
FY 2017	\$87,644*	\$781,627*
As of 6/30/17	\$127,019	\$617,924

*Amounts include restricted funds from Wilson Trust Fund

Unrestricted Net Asset Target Goal

Standard nonprofit management guidelines recommend that an organization, such as AMTA, should have **at least three months' worth of reserves in the form of unrestricted net assets. The unrestricted net assets as of 6/30/17 increased by \$123,840 or 41% to \$427,657 from the previous year's \$303,817. As of FY 17, at \$427,657, we are at 96% of our unrestricted net asset goal—HOORAY!!** This is a great sign, especially in today's economy. The recommended target amount for unrestricted net assets is approximately \$457,250 for FY 18 and \$489,125 for FY 19. We will report on the actual unrestricted net asset amount for FY 18 at the annual meeting.

IV. Summary of FY 2019 Draft Budget

- **Overview:** FY 2019 includes **\$1,874,000 in Revenue** (5% or \$94,000 increase over last year) and **\$1,956,500 in Expenses** (7% or \$127,500 increase over last year), resulting in a **deficit of (\$82,500)** (9% or \$6,500 increase over last year). Though the actual dollar figures look like large amounts, you can see from the percentages that the increases are relatively minimal.
- **FY 2019 Budget Assumptions--Revenue**
 1. **MEMBERSHIP DUES:** Though there is no increase in membership dues rates scheduled for FY 19, the membership figures from year-end 2017 support the \$20,000 budget increase for FY 19; using the same totals as 12/31/17, the dues income would exceed \$763,000; see Budget Notes for calculation.
 2. **REGISTRATION:** Registry income continues to decline as predicted, heading toward closure as of 1/2020; decreased budget by 10% or \$3,000.
 3. **GRANTS & DONATIONS:** Grants & Donations have held strong. In FY 17, we had a one-time \$50,000 Remo family donation; in FY 18 we have a few large donations and, as of 3/18, we have surpassed our budgeted amount by 50%; increased budget by \$25,000; see past figures since FY 13 in excess of \$80,000, supporting this increase.
 4. **PUBLICATIONS:** Three new important publications in FY 19: full year of 3rd edition of Adamek & Darrow Special Education text; completely new version of an intro book for half a year; and new text about developing research questions by McFerran & Silverman-- supporting increase of \$20,000.
 5. **CONFERENCE:** Conference income projections are extremely conservative as compared with the past two years because Texas locations have not been as fruitful as the mid-western locales; reduced hotel commission based on hotel contract; budget increased by \$5,000.
 6. **CMTEs & INSTITUTES:** Conference CMTE & Institute trainings revenue unknown until program planned. However, efforts are made to maximize meeting member needs and increased revenue; total budget for both increased by \$5,000.
 7. **SUBSCRIPTIONS:** Journal Subscriptions & other journal revenue holding stable; increased budget by \$8,000.
 8. **ACADEMIC PROGRAMS:** Academic maintenance fees holding stable—no change.
 9. **INTEREST:** Interest income budget increased by \$25,000 in keeping with market increases past two years.
 10. **WILSON TRUST OVERHEAD:** Proposing reimbursing AMTA for 3rd and final allowed overhead payment of \$16,000 from the Wilson Trust Fund.
- **FY 2019 Budget Assumptions—Expenses**
 1. **SALARIES:** Significant adjustments will be needed due to potential overlap with new ED and annual leave payout to ED; other salaries, in addition to ED, may need to be adjusted; new position(s) may be created. Estimates are uncertain—increased budget by \$44,000 or 5%.
 2. **CONSULTANTS:** Increased budget by \$5,000; uncertain as to impact of new ED on consultants and related expenses.
 3. **PAYROLL TAXES & BENEFITS:** Health insurance increases; uncertain about other benefit cost increases; increased budget by \$25,000.
 4. **FINANCIAL SERVICES:** New accountant needs more time than former accountant, costs increased; increased budget by \$15,000.
 5. **POSTAGE, DELIVERY & PRINTING:** Increased costs for Intro book printing and distribution; increased printing budget by \$35,000 and postage by \$5,000; when amortized over 5-7 years, the income far exceeds the expense. (Income will only reflect half a year of sales in FY 19.)

6. **SPACE COSTS:** Temporarily saved money in FY 18 because we were able to reduce storage sites to two sites. Now that we'll have two new books, we'll need the third site again (good problem to have). Due to new lease, rent savings in FY 19 of \$30,400 and monthly rent reduction of \$1500 per month or \$9000 for FY 19. (These reductions are not booked this way; will discuss.) Decreased space cost budget by \$25,000.
7. **TRAVEL & LODGING:** Increased budget by \$10,000 to reflect increased travel costs and additional trips.

As previously mentioned, expenses for the Executive Transition Search will be disbursed over FY 18 and FY 19. The estimates for consultant fees, and travel and lodging for FY 18 is \$32,200 and for FY 19 is \$30,800 (Figures found on the Excel Expense Worksheet, lines 39 and 40). The plan is to display the Transition expenses on the audit below the total expense line to portray these expenses as being separate from regular operational costs and to be offset by our Reserves. This is a standard accounting procedure.

We are disappointed to be recommending another deficit but feel that this is the best we can do for now. We have every intention of improving on this bottom line as we have more data about FY 18.

V. Investments

Please see Executive Director Farbman's summary of M&T Bank's Wealth Management's accounting of the AMTA investments.

VI. Conclusion

Remember that a budget is a working document that requires ongoing scrutiny and analysis. We must consider past years as we anticipate future directions and needs. We continue to be at a crossroads where we are challenged almost every day with opportunities to grow the profession and with threats to our identity through organizations that claim to provide music therapeutically without much, if any, training. Our strong financial foundation is critical to our growth and sustainability.

It is important to consider the long view when analyzing the financial health of our association. I am delighted to be on board as your treasurer and look forward to your questions, comments, and suggestions at the upcoming annual board meeting and in the future.

We welcome your input and ideas. If you have any questions or concerns, please contact us: Alicia at aclair@ku.edu (785) 224-9201, Ed at ekahler@wtamu.edu (806) 651-2776 or Andi at farbman@musictherapy.org or (301) 589-3300, ext. 106.

Enclosures in the Financial Statements section of the Board Book

- (1) April 30, 2018 Year-to-Date Balance Sheet and Income & Expenses
- (2) FY 2019 Budget Worksheets
- (3) FY 2019 Budget Notes

2. April 30, 2018 Balance Sheet and Year-To-Date Statement

American Music Therapy Assoc.
 Statment of Financial Position
 April 30, 2018

ASSETS

Current Assets		
M&T Checking	\$	354,445
M&T Securities - Seattle		248,404
M&T Investments		621,517
AMTAS Account		8,211
Accounts Receivable		59,444
Prepaid Expenses/Clearing		(1,860)
		1,290,161
Total Current Assets		
Property and Equipment		
Furniture & Fixtures		34,145
Accum Dep F&F		(33,050)
Office Equip		107,789
Accum Dep - Office Equip		(99,354)
Leasehold Improvements		32,596
Accum dep - Leasehold		(25,199)
		16,927
Total Property and Equipment		
Other Assets		
Sears Memorial Fund		25,376
Deposits		5,952
		31,328
Total Other Assets		
Total Assets	\$	1,338,416

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts Payable	\$	25,061
Due to AMTAS		8,211
Deferred Dues		303,353
Deferred rent		16,886
Deferred Subscriptions		10,637
Accrued pension		21,605
Accrued Vacation		39,072
Lease Obligations		7,397
		432,222
Total Current Liabilities		
Long-Term Liabilities		
		0
Total Long-Term Liabilities		
Total Liabilities		432,222

Unaudited - For Management Purposes Only

American Music Therapy Assoc.
 Statment of Financial Position
 April 30, 2018

Net Assets		
Research Grants	11,103	
Disaster Relief Fund	21,549	
Archives	8,906	
Emily Baumann	10,000	
Music Therapy Research Mtg	14,100	
Ruth Robertson	5,000	
Sears Fund	21,325	
Bitcon	18,150	
Fultz Award	48,829	
Tyson Fund	26,339	
Wilson Trust Fund	203,025	
Kyllo Fund	1,840	
Unrestricted Net Assets	391,459	
Net Income	124,569	
	<hr/>	
Total Net Assets		<u>906,194</u>
Total Liabilities & Net Assets	\$	<u><u>1,338,416</u></u>

Unaudited - For Management Purposes Only

American Music Therapy Assoc.
Statement of Activities - Compressed Last Year/This Year
For the Ten Months Ending April 30, 2018

	Last Year Actual	Last year Budget	This Year Actual	This Year Budget	Variance
Revenues					
Membership Dues	685,791	705,000	692,894	740,000	7,103
Registration	29,310	33,000	23,010	33,000	(6,300)
Grants & Donations	112,179	60,000	94,276	60,000	(17,903)
Special Projects	0	10,000	0	25,000	0
Sale of Publications	123,504	173,000	134,018	160,000	10,514
Conference	573,963	518,000	584,468	511,000	10,505
E-Courses	11,685	0	14,020	0	2,335
CMTEs	22,330	25,000	37,185	25,000	14,855
Institutes	23,329	35,000	23,362	30,000	33
AMTA Products	3,354	5,000	3,112	5,000	(242)
Video Products	0	500	0	500	0
Subscriptions	35,165	52,000	33,666	52,000	(1,499)
Labels & Lists	3,942	3,000	1,295	3,000	(2,647)
Advertising	5,595	5,000	5,669	5,000	74
Consulting Income	0	0	0	0	0
Academic Program	82,800	78,000	88,000	83,500	5,200
Royalties	100	0	414	0	314
Affinity Royalties	2,941	5,000	717	5,000	(2,224)
Misc. & Returned Item	3,640	0	0	0	(3,640)
Interest Income	6,762	15,000	15,336	15,000	8,574
Wilson Seattle Project	20	0	168	0	148
Total Revenues	1,726,410	1,722,500	1,751,610	1,753,000	25,200
Expenses					
Salaries	684,116	855,000	716,101	890,000	31,985
Temporary Services	0	0	0	0	0
Consultant Services	123,907	130,000	133,434	140,000	9,527
Honoraria	0	5,000	1,000	5,000	1,000
Payroll Taxes & Benefi	156,893	185,000	172,309	195,000	15,416
Advertising Expense	729	1,000	820	1,000	91
Computer Expenses	24,434	40,000	23,062	35,000	(1,372)
Equipment	25,747	35,000	33,685	35,000	7,938
Financial Services	59,170	65,000	64,410	65,000	5,240
Legal & Copyright	14,698	5,000	7,345	5,000	(7,353)
Insurance	10,287	10,000	11,762	10,000	1,475
Postage & Delivery	14,793	35,000	18,426	30,000	3,633
Printing & Duplicating	35,303	30,000	28,457	35,000	(6,846)
Stationery	0	0	0	0	0
Film Processing	0	0	0	0	0
AMTA Products	6,444	11,000	6,158	11,000	(286)
Space Costs	111,419	130,000	116,589	125,000	5,170
Supplies	9,909	20,000	14,047	15,000	4,138
Dues, CBMT, Pubs &	8,446	12,000	11,633	12,000	3,187
Telecommunications	11,604	12,000	12,229	12,000	625
Travel & Lodging	85,325	105,000	106,426	110,000	21,101
Venue & Meeting Cost	6,250	10,000	5,381	5,000	(869)
Dues	65,854	49,000	65,710	49,000	(144)
Exhibit Fees	10,197	8,000	17,077	8,000	6,880
Archives	0	0	0	0	0
Miscellaneous	1,524	3,000	2,477	3,000	953
Thank Yous & Awards	6,672	10,000	9,179	10,000	2,507
Intern Scholarships	0	0	0	0	0
Scholarships	20,742	23,000	32,947	23,000	12,205
WilsonTrust Project ex	37,175	0	17,063	0	(20,112)
Total Expenses	1,531,638	1,789,000	1,627,727	1,829,000	96,089

For Management Purposes Only

3. FY 2019 Budget Revenue & Expense Worksheets

AMTA Budget Worksheet FY 2011 – 2019 - - EXPENSES (FY19 – 4/6/2018)

Expenses	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Actual	2017 Budget	2017 Actual	2018 Budget	2018 Budget	2018 YTD	2019 Budget
	7/1/10-6/30/11*	7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14	7/1/14-6/30/15	7/1/15-6/30/16	7/1/16-6/30/17	10/17/2017	12/12/2017	2/6/2018	3/31/2018	4/6/2018
Salaries - full & part time	\$679,120	\$695,861	\$722,932	\$742,676	\$774,057	\$806,238	\$855,000	\$837,602	\$890,000	\$890,000	\$645,641	\$934,500
Consultant Services	\$109,840	\$108,897	\$122,502	\$110,604	\$102,010	\$116,225	\$130,000	\$138,886	\$135,000	\$140,000	\$131,495	\$145,000
Honoraria	\$0	\$0	\$25,974	\$2,250	\$29,000	\$4,891	\$5,000	\$1,000	\$5,000	\$5,000	\$1,000	\$5,000
Payroll Taxes & Benefits	\$133,595	\$147,218	\$152,730	\$169,016	\$165,472	\$189,546	\$185,000	\$214,696	\$195,000	\$195,000	\$164,696	\$220,000
Advertising Expense	\$1,500	\$1,410	\$907	\$2,784	\$0	\$823	\$1,000	\$644	\$1,000	\$1,000	\$820	\$1,000
Computer Expenses	\$28,689	\$31,068	\$24,562	\$25,280	\$26,430	\$31,102	\$40,000	\$28,636	\$35,000	\$35,000	\$22,634	\$40,000
Equipment	\$20,327	\$29,599	\$44,863	\$37,267	\$35,623	\$33,294	\$35,000	\$27,179	\$35,000	\$35,000	\$33,188	\$35,000
Financial Services	\$55,727	\$62,455	\$64,941	\$62,840	\$65,462	\$71,787	\$65,000	\$74,267	\$65,000	\$65,000	\$62,963	\$80,000
Legal & Copyright	\$7,021	\$14,889	\$35,599	\$11,957	\$5,371	\$20,002	\$5,000	\$15,534	\$5,000	\$5,000	\$6,420	\$5,000
Insurance	\$10,305	\$12,247	\$11,844	\$4,910	\$6,464	\$8,213	\$10,000	\$6,501	\$10,000	\$10,000	\$13,560	\$10,000
Postage & Delivery	\$63,329	\$45,899	\$39,574	\$42,977	\$25,314	\$21,323	\$35,000	\$16,183	\$30,000	\$30,000	\$16,659	\$35,000
Printing & Duplicating	\$114,741	\$94,992	\$74,758	\$51,959	\$32,829	\$31,145	\$30,000	\$35,304	\$35,000	\$35,000	\$28,457	\$70,000
AMTA Products	\$11,757	\$7,301	\$3,607	\$12,560	\$10,572	\$9,933	\$11,000	\$6,911	\$11,000	\$11,000	\$5,822	\$11,000
Office and Storage Space C	\$110,916	\$105,651	\$110,221	\$112,247	\$116,488	\$118,330	\$130,000	\$112,935	\$125,000	\$125,000	\$104,103	\$100,000
Supplies	\$17,569	\$26,688	\$30,843	\$12,254	\$12,963	\$15,720	\$20,000	\$13,821	\$15,000	\$15,000	\$13,249	\$15,000
Dues, Publications & Librar	\$10,177	\$11,605	\$11,320	\$10,087	\$10,037	\$10,908	\$12,000	\$19,454	\$12,000	\$12,000	\$10,872	\$15,000
Telecommunications	\$18,881	\$16,078	\$11,538	\$12,173	\$11,270	\$12,675	\$12,000	\$15,096	\$12,000	\$12,000	\$9,844	\$12,000
Travel & Lodging	\$95,685	\$87,463	\$88,049	\$101,650	\$117,190	\$122,499	\$105,000	\$120,361	\$110,000	\$110,000	\$102,028	\$120,000
Annual Conf. Venue & Misc.	\$11,756	\$300	\$9,520	\$4,144	\$2,313	\$2,667	\$10,000	\$6,250	\$5,000	\$5,000	\$5,381	\$5,000
Dues to Regions	\$40,953	\$43,137	\$42,856	\$42,526	\$44,312	\$45,472	\$49,000	\$49,869	\$49,000	\$49,000	\$28,300	\$50,000
Exhibit Fees	\$8,497	\$5,937	\$9,621	\$8,363	\$6,582	\$18,995	\$8,000	\$10,197	\$8,000	\$8,000	\$17,077	\$12,000
Archives and Historical Proj	\$0	\$0	\$0	\$0	\$0	0**	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$2,673	\$3,223	\$1,132	\$1,845	\$1,712	\$733	\$3,000	\$2,593	\$3,000	\$3,000	\$2,080	\$3,000
Thank Yous & Awards	\$6,006	\$3,754	\$5,601	\$10,046	\$4,192	\$9,219	\$10,000	\$8,179	\$10,000	\$10,000	\$9,179	\$10,000
Scholarships	\$23,875	\$25,509	\$32,562	\$14,675	\$35,674	\$11,720	\$23,000	\$24,392	\$23,000	\$23,000	\$25,447	\$23,000
Disaster Relief	\$500	\$600	\$2,500	\$5,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Wilson Trust Awards		\$61,465		\$3,875	\$51,610	\$12,207		\$32,506			\$17,063	
TOTAL INCOME (previous F	\$2,055,661	\$1,523,457	\$1,759,322	\$1,516,658	\$1,717,471	\$1,844,810	\$1,722,500	\$1,893,566	\$1,753,000	\$1,753,000	\$1,701,836	\$1,874,000
TOTAL EXPENSES	\$1,583,439	\$1,643,246	\$1,680,556	\$1,616,465	\$1,692,947	\$1,725,667	\$1,789,000	\$1,818,996	\$1,824,000	\$1,829,000	\$1,477,978	\$1,956,500
INCOME - EXPENSES	\$472,222	(\$119,789)	\$78,766	(\$99,807)	\$24,524	\$119,143	(\$66,500)	\$74,570	(\$71,000)	(\$76,000)	\$224,026	(\$82,500)
	\$72,222	(\$26,049)										
Depreciation	\$6,664	\$13,290	\$19,305	\$22,002	\$16,708	\$15,502		\$15,529				
N.B. Depreciation is not included as an expense item on any of these budgets. It appears as an expense on the annual audits.												
EXECUTIVE SEARCH-Transition										Transition	\$31,200 Raffa	\$20,800 Raffa
										Transition	\$1,000 Lodging	\$10,000 Travel/Lodging
*Wilson Trust expenses will be allocated by category and include an additional 12.5% admin overhead												
			Wilson Trust *			**Archives \$5631						

AMERICAN MUSIC THERAPY ASSOCIATION

FY 2019 Budget Notes

Line-by-Line Notes on AMTA Income

(July 1, 2018 – June 30, 2019)

May, 2018

[Comparable financial data for categories and, in some cases, subcategories, from eight year-end statements as of 6/30, i.e., 2010, 2011, 2012, 2013, 2014, 2015, 2016, and 2017, are included in these notes for your reference. In addition, budgets for FY 17, FY 18, and FY 19 are included on the Budget Worksheets in Excel format]

INCOME

4. MEMBERSHIP DUES (National and Regional combined)

\$760,000 [6/17 \$738,002; 6/16 \$742,640; 6/15 \$667,537; 6/14 \$641,634; 6/13 \$644,388; 6/12 \$616,156; 6/11 \$678,541; 6/10 \$646,465]

Membership dues income typically ebbs and flows during the fiscal year, depending on a number of factors including the timing of dues invoices, location of the annual conference, number of payment reminders, and the timing of the regional conferences, etc. In addition, the member database/directory, the online payment system, automated payment plans, and the website also are factors.

The conservative projection of \$745,000 for dues for the FY 2019 budget is based on membership numbers remaining the same as they were at the end of 2017. Remaining conservative is the safest thing to do. Please note, however, that a number of targeted membership drives are in process in 2018 by the Membership Committee and **are planned to be instituted by the Board.**

The 2017 membership year ended on December 31, 2017 with a total of 4,105 members (1 more than as of 12/31/16 as compared to 170 more than 12/31/15). This is the highest total since the beginning of AMTA, including its predecessors and the year in which the World Congress was held. The professional and associate member total, 2,373 (78 more than 12/16) is still low relative to all the previous year-end totals that exceeded 2,500 and as compared to CBMT's certificant total of over 7,500. On the other hand, the student member total (undergraduate and graduate) of 1,593, though 76 less than last year, continues to be strong. We continue to focus on recruiting more professional members, while at the same time celebrating and retaining student members.

December 31, 2017 total members = 4105; prof&assoc = 2373; students&grad = 1593

December 31, 2016 total members = 4104; prof&assoc = 2295; students&grad = 1669

December 31, 2015 total members = 3935; prof&assoc = 2235; students&grad = 1574

December 31, 2014 total members = 3874; prof&assoc = 2252; students&grad = 1490

December 31, 2013 total members = 3837; prof&assoc = 2120; students&grad = 1583

December 31, 2012 total members = 3852; prof&assoc = 2194; students&grad = 1516

December 31, 2011 total members = 3922; prof&assoc = 2295; students&grad = 1475

May 1, 2018 total members = 3330; prof&assoc = 2034; students&grad = 1180
May 1, 2017 total members = 3342; prof&assoc = 2078; students&grad = 1210
May 1, 2016 total members = 3320; prof&assoc = 1936; students&grad = 1263
May 1, 2015 total members = 3285; prof&assoc = 1883; students&grad = 1287
May 1, 2014 total members = 3266; prof&assoc = 1919; students&grad = 1233
May 1, 2013 total members = 3361; prof&assoc = 1845; students&grad = 1398
May 1, 2012 total members = 3269; prof&assoc = 1875; students&grad = 1276
May 1, 2011 total members = 3104; prof&assoc = 1914; students&grad = 1064

By using the 2017 year-end membership figures and applying the relevant dues amounts, the total expected revenue for FY 2019

Prof + Assoc (combined) 2373 @ \$250 =	\$593,250
Students 1593 @ \$95 =	\$151,335
Affiliates 23 @ \$350 =	\$8,050
Retired 68 @ \$125 =	\$8,500
Patron 3 @ \$650 =	\$1,950
TOTAL =	\$763,085

Using \$760,000 is conservative and allows for some flexibility.

N.B. The final actual Membership Dues for FY 17 = \$738,002

[The Membership Report provides a thorough analysis of updated membership numbers.]

Please note: Dues received by the National Office include membership in the regions, as well as the national organization. Regions previously received \$15 per professional and associate member, and \$7.50 per student member. AMTAS, the student organization, also receives \$3.00 per student member. Dues to the regions are sent on a quarterly basis from the National Office to each regional Treasurer.

As of January 1, 2012, regions receive 6.5% of the professional member dues, which adds additional expenses and reduces the income by the same amount.

PLEASE NOTE: IN REVIEWING THE DUES RATES SINCE THE FORMATION OF AMTA IN 1998 UNTIL 2018 (21 YEARS), THE PROFESSIONAL MEMBER DUES RATE HAS REMAINED THE SAME FOR 16 YEARS AND HAS BEEN INCREASED ONLY SIX TIMES.

Dues Background Information:

Professional and Associate member dues rates from 1997-2019

1997 = \$170	2001 = \$190	2005 = \$200	2008 = \$220	2011 = \$235	2015 = \$250
1998 = \$170	2002 = \$190	2006 = \$200	2009 = \$220	2012 = \$235	2016 = \$250
1999 = \$170	2003 = \$190	2007 = \$200	2010 = \$220	2013 = \$235	2017 = \$250
2000 = \$180	2004 = \$190			2014 = \$235	2018 = \$250
					2019 = \$250

2015, 2016, 2017, 2018, 2019 = \$95 for undergraduate students and graduate students

5. NMTR REGISTRY FEES (RMTs/CMTs/ACMTs)

\$30,000 [6/17 \$31,460; 6/16 \$34,795; 6/15 \$36,662; 6/14 \$40,555; 6/13 \$43,740; 6/12 \$41,095; 6/11 \$38,604; 6/10 \$39,485]

We feel that the decline of the registry numbers and related income has leveled off.

N.B. The number of registrants as of 10/1/17 = 218, consistent with the 2/1/18 and the slow decline; the percentage of members is 47%

The number of registrants as of 2/1/18 was 203, 17% of whom are AMTA members (membership by this date is not a realistic indicator as it is too early in the membership year.)

Number of Registrants as of 2/18 = 203 (decrease from FY17 to FY18 = 11%)

Number of Registrants as of 2/17 = 228 (decrease from FY16 to FY17 = 9%)

Number of Registrants as of 2/16 = 250 (decrease from FY15 to FY16 = 7%)

Number of Registrants as of 2/15 = 268 (decrease from FY14 to FY15 = 6%)

Number of Registrants as of 2/14 = 284 (decrease from FY14 to FY13 = 5%)

Number of Registrants as of 2/13 = 300 (decrease from FY12 to FY13 = 9%)

Number of Registrants as of 2/12 = 329 (decrease from FY11 to FY12 = 12%)

Number of Registrants as of 2/11 = 375 (decrease from FY10 to FY11 = 4.3%)

Number of Registrants as of 2/10 = 392 (decrease from FY09 to FY10 = 8.6%)

NMTR fee payments tend to cluster around September and June. Though fees are distributed throughout the year, they are not equally distributed, which is why there is variance between the calendar year numbers and fiscal year numbers. Notices are being sent to all registrants, reminding them of the 2020 termination of NMTR.

6. GRANTS & DONATIONS

\$85,000 [6/17 \$119,724****; 6/16 \$81,508***; 6/15 \$129,469**; 6/14 \$89,689; 6/13 \$91,894; 6/12 \$52,681; 6/11 \$479,637*; 6/10 \$70,694]

****6/17 includes \$50,000 from Belli family to honor Remo Belli;

***6/16 includes one-time gift from Eastern Star MD chapter;

**6/15 includes gift from Otts for MTR2025

*6/11 includes \$400,000 from Wilson Trust Fund

Between annual donations, which have remained constant, the perpetual annual Fultz Fund donation, and the other scholarships, etc., this estimate is conservative.

\$15,000 Annual Gifts -- Keeping pace with predictions

(includes individual donations given annually to the General Fund, Research Fund, etc. and the Combined Federal Campaign.)

\$8,000 Scholarships & Grants

Meyer Scholarship (new in 2014) \$1,000 annually

Edwina Eustis Dick Internship Scholarships (2) @ \$500 = \$1,000

Conference Scholars (3) @ \$500 = \$1,500

Past Presidents' Conference Scholars (2) @ \$500 = \$1,000

Student Conference Scholars (2) @ \$250 = \$500

Smith (1) @ \$500

Kyllo (3) @ \$500 = 1,500

Tyson (1) @ \$500

Gaston (1) @ \$500

\$20,000 Fultz Fund (perpetual annual donation that is an AMTA pass-through to grant recipients per guidelines; payments to recipients are phased in based on grant timelines so the amount of expenses varies annually. Fultz Fund increased to \$20,000 in 2018.)

\$30,000 -- Conference/Corporate Sponsorships—Jane and Cindy continue to do an excellent marketing job for conferences. Last year they brought in over \$34,000. This year's projection continues to be conservative because of economic realities for businesses but we hope to be pleasantly surprised again based on their excellent work.

\$12,000 Miscellaneous donations

See the Financial Action Plan, the **Frunners Fundraising Group** (\$5,000), led by Andrew Knight, Michelle Kennemer and others is rededicating itself to raising funds for AMTA.

7. SPECIAL PROJECTS (Board-based Projects)—E-Courses

\$25,000 [6/17 \$18,455; 6/16 \$19,865; 6/15 \$9,545; 6/14 \$8,525; 6/13 \$5,325; 6/12 \$3,032 for pass-through funds for a military families project—not a board project)

This line item is typically allocated to Board-based revenue (N.B. In FY 2012, this line was used for pass through funds for a military families project).

The majority of this revenue relies on E-Courses taking off! Also, as part of the Financial Action Plan, Board members will be assisting with the development of E-courses by making suggestions and inviting others to develop E-courses to serve member needs and generate revenue. This special project is part of the Board's fund-raising responsibility and each member should be committed to assisting in some way to ensure the success of this win-win project and its line item.

8. PUBLICATIONS

\$180,000 [6/17 \$136,443; 6/16 \$186,672; 6/15 \$187,447; 6/14 \$181,874; 6/13 \$245,098; 6/12 \$229,761; 6/11 \$234,406; 6/10 \$271,510]

We have succeeded in creating a culture in which generous and scholarly members are donating intellectual property to AMTA as evidenced by the number of new manuscripts offered annually.

AMTA completes extensive IRS paperwork to ensure that donors' gifts are administered properly. The staff time is well worth the investment.

AMTA owes a big "Thank you" to our authors for donating manuscripts to AMTA.

GRAND TOTAL BELOW = \$180,000

Published in FY 2019	= \$60,000
Published in FY 2018	= \$40,000
Published in FY 2015	= \$ 7,000
Published in FY 2013 & FY 2014	= \$ 4,000
Publications FY 2010 & FY 2011	= \$14,000
Publications FY 2008 & FY 2009	= \$14,000
Publications FY 2003-FY 2007	= \$37,000
Long standing Publications	= \$4,000

To be Published in second half of FY 19

\$60,000 Music Therapy: An Introduction to the Profession—Knight, LaGasse, Clair, editors
(Data reflects previous intro book, published in late Summer 2008) (as of 9/30/08 sold approximately @ 1200 copies, 95% of which were at the non-member rate of \$65)

[6/17 \$42,115; 6/16 \$60,482; 6/15 \$61,220; 6/14 \$55,806; 6/13 \$65,003; 6/12 \$61,626; 6/11 \$70,916; 6/10 \$92,647; 6/09 \$111,686]

****Based on a challenge to Board members in 2016-2017, we are pleased to report that Dr. Michael Silverman collaborated with Dr. Katrina McFerran to author a new (and first of its kind) text that will be ready this fiscal year: An Introductory Guide for Beginning Music Therapy Researchers: Developing Research Questions and their Associated Methods**

Published at the end of FY 18

\$40,000 Music in Special Education, Adamek & Darrow THIRD edition
(Spring 2018; Fall 2010; Fall 2005) DVD package
[6/17 \$20,309; 6/16 \$27,528; 6/15 \$31,689; 6/14 \$28,776; 6/13 \$36,270; 6/12 \$34,739; 6/11 \$36,818; 6/10 \$38,289; 6/09 \$32,819]

Published in early FY 15

\$7,000 Medical Music Therapy, Gooding editor
Standley edition revenue 6/09-6/14
[6/17 \$6,955; 6/16 \$6,484; 6/15 \$7,394; 6/14 \$1,272; 6/13 \$4,834; 6/12 \$2,465; 6/11 \$8,418; 6/10 \$3,570; 6/09 \$5,653]

Published in FY 2013 and early FY 2014 = \$4,000

\$2,000 "Bright Start Music: Developmental Program for Parents and Teachers of Young Children" — DeLoach (Summer 2013)
[6/17 \$1,900; 6/16 \$2,219; 6/15 \$2,680; 6/14 \$5,619]

\$2,000 The Sounds of Emerging Literacy — Register et al. (Fall 2012)
[6/17 \$1,439; 6/16 \$1,249; 6/15 \$821; 6/14 \$610; 6/13 \$4,450]

Publications in FY2010 - FY2011 = \$14,000

\$6,000 Music Therapy & Geriatric Populations, Belgrave, Darrow,
DeLoach & Wlodarczyk (Summer 2011)
[6/17 \$5,702; 6/16 \$7,675; 6/15 \$9,574; 6/14 \$7,973; 6/13 \$13,235;
6/12 \$10,530]

\$4,000 MT & Premature Infants, Standley & DeLoach, second edition
(Fall 2010; Fall 2003)
[6/17 \$3,679; 6/16 \$3,201; 6/15 \$3,329; 6/14 \$2,469; 6/13 \$5,737; 6/12 \$3,549;
6/11 \$6,948; 6/10 \$3,309; 6/09 \$3,840]

\$4,000 Medical MT & Adults in Hospitals, Hanson-Abromeit & Colwell
(Fall 2010)
[6/17 \$3,509; 6/16 \$6,158; 6/15 \$4,556; 6/14 \$5,832; 6/13 \$10,188;
6/12 \$5,710; 6/11 \$1,781]

Publications in FY2008 - FY2009 = estimate \$14,000

\$5,000 Medical MT & Pediatrics, Hanson-Abromeit & Colwell (Fall 2008)
[6/17 \$2,475; 6/16 \$6,918; 6/15 \$5,583; 6/14 \$6,948; 6/13 \$7,808; 6/12 \$5,636;
6/11 \$5,009; 6/10 \$4,333; 6/09 \$4,355]

\$2,000 Pediatric MT & CD-ROM—Wolfe & Waldon (Summer 2009)
[6/17 \$469; 6/16 \$1,092; 6/15 \$2,214; 6/14 \$2,288; 6/13 \$4,522; 6/12 \$2,957;
6/11 \$3,768; 6/10 \$6,215]

\$7,000 Therapeutic Uses of Music with Older Adults, second edition—Clair &
Memmott (Summer 2008) (\$55/\$40 @ 375 copies)
[6/17 \$7,483; 6/16 \$5,123; 6/15 \$5,745; 6/14 \$4,281; 6/13 \$11,600; 6/12
\$12,336; 6/11 \$13,476; 6/10 \$15,619; 6/09 \$15,294]

Research Jump Drive III = \$0

[6/13 \$11,565; 6/12 \$14,730; 6/11 \$16,550; 6/10 \$23,030] Archived on OUP Journal website

EXISTING INVENTORY (2003-2008)

Publication estimates based on Year-end Actuals = \$37,000

\$1,000 SIMPSON Music Therapy Reimbursement, Simpson
[6/17 \$1,618; 6/16 \$1,720; 6/15 \$1,368; 6/14 \$2,150; 6/13 \$4,104; 6/12 \$2,180;
6/11 \$3,306; 6/10 \$3,906; 6/09 \$3,068]

\$12,000 DARROW (second edition 2008) Approaches to Music Therapy, Darrow editor

[6/17 \$5,743; 6/16 \$12,991; 6/15 \$12,562; 6/14 \$13,402; 6/13 \$13,763; 6/12 \$15,591; 6/11 \$8,604; 6/10 \$17,373; 6/09 \$11,661]

- \$6,000** CROWE Mental Health monograph Colwell series (Fall 2007)
[6/17 \$4,853; 6/16 \$7,572; 6/15 \$6,982; 6/14 \$11,124; 6/13 \$12,547; 6/12 \$8,563; 6/11 \$10,324; 6/10 \$11,095; 6/09 \$7,533]
- \$3,000** REUER Percussion Guide and DVD, Reuer et al. (Fall 2007)
[6/17 \$1,874; 6/16 \$3,078; 6/15 \$2,596; 6/14 \$2,732; 6/13 \$3,520; 6/12 \$2,615; 6/11 \$3,527; 6/10 \$2,819; 6/09 \$4,309]
- \$7,000** STANDLEY Music Techniques, Standley & Jones (Winter 2007)
[6/17 \$6,254; 6/16 \$11,690; 6/15 \$9,874; 6/14 \$1,272; 6/13 \$5,366; 6/12 \$9,740; 6/11 \$7,957; 6/10 \$10,410; 6/09 \$9,243]
(originally published by MMB)
- \$1,000** LOWEY/FRISCH Caring for the Caregiver, Lowey & Frisch-Hara
(Fall 2007)
[6/17 \$2,885; 6/16 \$2,985; 6/15 \$480; 6/14 \$155; 6/13 \$725; 6/12 \$6,940; 6/11 \$2,735; 6/10 \$4,345; 6/09 \$603]
- \$3,000** HUMPAL Early Childhood monograph, Humpal (Fall 2006)
[6/17 \$4,649; 6/16 \$2,523; 6/15 \$5,224; 6/14 \$3,232; 6/13 \$5,786; 6/12 \$7,402; 6/11 \$7,923; 6/10 \$8,470; 6/09 \$6,003]
- \$3,000** WONG A Guide to Adult Physical Rehabilitation Settings for Music Therapists, Wong (Fall 2004)
[6/17 \$2,678; 6/16 \$1,872; 6/15 \$3,040; 6/14 \$4,610; 6/13 \$4,027; 6/12 \$4,850; 6/11 \$5,501; 6/10 \$7,166; 6/09 \$3,161]
- \$1,000** ROBB Music Therapy and Pediatric Healthcare, Robb editor (Fall 2003)
[6/17 \$900; 6/16 \$1,401; 6/15 \$874; 6/14 \$2,713; 6/13 \$6,133; 6/12 \$3,300; 6/11 \$5,192; 6/10 \$6,036; 6/09 \$5,655]

Existing publications sales = \$4,000

(alphabetical order) sales as of 6/17

- \$ 1,000 =** [\$ 590] Brochures [New brochures being designed annually]
\$ 500 = [\$105] Effectiveness book
\$ 500 = [\$2,543] (Miscellaneous older publications)
\$ 1,000 = [\$280] Music & Medicine (Dileo)
\$ 1,000 = [\$1,270] Music Therapy in Schools (Wilson)
-

9. ANNUAL CONFERENCE/SPECIAL EVENTS/ADVERTISING/EXHIBITS
\$516,000 [6/17 \$584,147; 6/16 \$531,762; 6/15 \$487,184; 6/14 \$409,101;

6/13 \$439,602; 6/12 \$404,277; 6/11 \$394,411; 6/10 \$311,940]

Background Comparison Data and Totals

	<u>ST. LOUIS</u> (Estimate 1/17)	<u>ST. LOUIS</u> (Actual 1/18)	<u>DALLAS</u> (Estimate 1/18)
Total Registration Revenue =	\$400,000	\$454,920	\$411,850
	\$411,650		
Total Other Conference Revenue =	\$111,000	\$127,288	\$104,000
	\$103,000		
TOTAL CONFERENCE =	\$518,000*	\$582,208*	\$515,850*

*Includes estimate/actual for refunds

AMTA Annual Conference Paid Attendance Figures 1997-2017:

Twenty Years of Data*

*The World Congress of Music Therapy in 1999 is not included so as not to skew the other data.

Conference location	Members	Non-Members	Student Members	Student Non-Members	Single Day	TOTAL
Los Angeles (1997)	490	24	362	N/A	55	931 \$209,896
Cleveland (1998)	696	15	529	53	34	1327 \$283,398
St. Louis (2000)	622	39	461	70	38	1230 \$340,495
Pasadena (2001)	474	8	339	8	14	843 \$198,240
Atlanta (2002)	561	4	495	19	23	1102 \$256,674
Minneapolis (2003)	642	4	481	6	10	1143 \$269,960
Austin (2004)	567	3	441	10	3	1024 \$291,983
Louisville (2007)	686	51	456	44	1	1238 \$357,262

Conference location	Members	Non-Members	Student Members	Student Non-Members	Single Day	TOTAL
St. Louis (2008)	691	9	521	27	0	1248 \$344,897
San Diego (2009)	673	0	399	0	0	1072 \$311,940
Cleveland (2010)	684	43	573	76	4	1380 \$394,411
Atlanta (2011)	687	10	479	160	7	1343 \$404,277
St. Charles, IL (2012)	773	2	609	114	1	1499*paid *50 Institute- only \$439,602
JAX (2013)	472	19	544	96		1131 paid 168 comp 1299 Total \$409,101
Louisville (2014)	582	21	633	0	0	1266 paid 182 comp 1448 Total \$487,184
Kansas City (2015)	622		612			1234 paid 340 comp Total=1574 \$540,042 as of 4/30/16
Kalahari Sandusky, OH (2016)	623	26	690		1	1340 paid 232 comp Total = 1579 \$532,762 as of 1/31/17
St. Louis (2017) Estimate	600	20		650		1270

Conference location	Members	Non-Members	Student Members	Student Non-Members	Single Day	TOTAL
St. Louis (2017) Actual	654	14	539*	147*	5	1359 paid 344 comp 1703 Total \$562,241* as of 12/31/17
Dallas (2018) Estimate	600	20	650			1270

2018 Rates

The following Professional Conference registration fees apply:
Professional member Express: 80% of 600 = 480 @ \$380 = \$182,400
Professional member Earlybird: 20% of 600 = 120 @ \$480 = \$57,600
Professional member Regular (not included for this estimate)
Professional non-members Express: 20 @ \$630 = \$12,600
GRAND TOTAL PROFESSIONALS @ \$252,600

Students members Express & Earlybird: 650 @ \$245 = \$159,250
Student member Regular (not included)
Student non-members (not included)

GRAND TOTAL REGISTRATIONS = \$411,850*

**2018 Hotel Rates Recommendation:
Singles \$170, Doubles \$195, Triples \$220, and Quads \$240**

The total 2018 rebate for the Dallas Hyatt is estimated to be \$66,000, which is considerably lower than the past two years, reflecting the rebounding of the hotel/travel market. The rebate is based on last year's room nights and our contracted number of complimentary rooms.

	Estimate 2017 Conf (FY18) St. Louis	Actual 2017 Conf (FY18) St. Louis	Estimate 2018 Conf (FY19) Dallas16*2
Exhibits:	\$40,000	\$36,619	\$38,000
Advertising:	\$7,000	\$5,308	\$6,000
Chance Bidding	\$3,000	\$2,357	\$3,000
Hotel Commission:	\$70,000	\$80,425	\$66,000
Misc. Sales	\$2,000	\$1,193	\$2,000
Refunds:	(\$11,000)	(\$10,889)	(\$11,000)
Total Other Revenue	\$111,000	\$115,013	\$104,000

*As of 12/31/17

10. CONTINUING EDUCATION (CMTE) COURSE PROGRAM

\$35,000 [6/17 \$23,470; 6/16 \$24,500; 6/15 \$27,570; 6/14 \$24,035; 6/13 \$35,501; 6/12 \$35,830; 6/11 \$45,095; 6/10 \$30,710]

A diverse and robust offering of CMTE courses is planned for the 2018 conference. The Free Institute(s) is/are an excellent service for members but they do reduce continuing education income (see # 11)

11. INSTITUTES & SPECIALIZED TRAININGS

\$25,000 [6/17 \$25,069; 6/16 \$32,740; 6/15 \$80,470; 6/14 \$13,795; 6/13 \$100,375; 6/12 \$19,855; 6/11 \$20,645; 6/10 \$25,828]

Multiple Institutes considered. Offering a free institute will decrease income, but we believe that it is a huge effort of "good will" and that conference attendees might take a CMTE course because they will be there a day early to take advantage of the free institute. In addition, we will probably accrue more hotel nights if attendees come in earlier for the institute. This 'gift' encourages a few non-members to become members.

12. AMTA PRODUCTS

\$5,000 [6/17 \$3,328; 6/16 \$7,223; 6/15 \$3,256; 6/14 \$4,495; 6/13 \$4,355; 6/12 \$5,028; 6/11 \$11,977; 6/10 \$2,223]

Products include music therapy tools, novelty items, and accessories.

13. AMTA DVD PRODUCTS

\$500 [6/17 \$115; 6/16 \$100; 6/15 \$120; 6/14 \$120; 6/13 \$240; 6/12 \$495; 6/11 \$616; 6/10 \$645]

Remaining AMTA DVDs include Satellite Broadcast, History of Music Therapy, Public Relations, and Senate Hearing.

14. SUBSCRIPTIONS

\$60,000 [6/17 \$69,017; 6/16 \$51,432; 6/15 \$50,363; 6/14 \$47,434; 6/13 \$91,292; 6/12 \$94,248; 6/11 \$92,997; 6/10 \$91,848]

Estimated **net** income from OUP partnership for subscriptions and income for the *Journal of Music Therapy* and *Music Therapy Perspectives*. Please note that this income appears to be significantly less than what we used to accrue under our contract with Allen Press. This revenue, however, is **net** of expenses so you will note that the expenses for printing and postage also have been dramatically reduced. Now that we are in the final year of our first OUP contract, we have successfully negotiated an extension for six years. We are confident about this partnership and pleased with the products and increased access in the US and around the world, especially in developing countries.

15. LABELS & LISTS

\$3,000 [6/17 \$4,196; 6/16 \$2,690; 6/15 \$6,130; 6/14 \$3,638; 6/13 \$7,400; 6/12 \$2,818; 6/11 \$3,349; 6/10 \$2,673]

Includes mailing labels and email lists purchased by members and vendors. Income from labels and lists varies based on the number of large vendors purchasing AMTA mailing lists.

16. ADVERTISING (NON-CONFERENCE)

\$5,000 [6/17 \$6,645; 6/16 \$6,334; 6/15 \$4,268; 6/14 \$10,316; 6/13 \$7,569; 6/12 \$4,708; 6/11 \$6,425; 6/10 \$8,959]

Sources: MTP, and eNews. We are exploring other possible online advertising options, which have expanded with the new website. Unrelated Business Tax (UBIT) repercussions must be considered.

17. CONSULTATION PROJECTS

\$0 [6/17 \$0; 6/16 \$0; 6/15 \$0; 6/14 \$0; 6/13 \$0; 6/12 \$195; 6/11 \$2,080; 6/10 \$4,290]

Previously provided NCCATA technical assistance for various legislative and regulatory coordination tasks, including coordination of Joint Commission representatives.

18. ACADEMIC PROGRAM FEES

\$83,500 [6/17 \$84,100; 6/16 \$79,100; 6/15 \$2,800; 6/14 \$2,300; 6/13 \$2,200; 6/12 \$1,300; 6/11 \$2,300; 6/10 \$600]

The implementation of the first-ever annual maintenance for AMTA-approved academic programs began in FY 16. Fee payment is 100%. For this fiscal year, we also are projecting 100% payment @ \$80,000 and an additional \$3,500 for at least one new program application.

19. NON-AFFINITY ROYALTIES

\$0 [6/17 \$100; 6/16 \$381; 6/15 \$908; 6/14 \$14,539; 6/13 \$9,513; 6/12 \$8,635; 6/11 \$10,618; 6/10 \$5,868]

Royalties from JMT & MTP journal databases, etc., are now included with the OUP revenue.

20. AFFINITY ROYALTIES

\$5,000 [6/17 \$5,223; 6/16 \$1,701; 6/15 \$4,384; 6/14 \$4,705; 6/13 \$6,008; 6/12 \$2,153; 6/11 \$7,026; 6/10 \$7,784]

Professional liability HPSO contract fee and Amazon sales provide royalty income. Royalties from AMTA affinity credit card ended as of 6/30/11 so category is decreased from prior years.

21. MISCELLANEOUS & RETURNED ITEMS

\$0 [6/17 \$3,640; 6/16 \$3,681; 6/15 \$1,182; 6/14 \$3,425; 6/13 \$10,267; 6/12 \$74; 6/11 (\$160); 6/10 \$140]

Other relatively small (i.e., usually less than \$1,000) sources of income that do not fit under any existing revenue categories, as well as refunds and other fees, such as returned check fees.

22. INTEREST INCOME

\$40,000 [6/17 \$40,432; 6/16 \$37,686; 6/15 \$18,176; 6/14 \$16,478; 6/13 \$14,555; 6/12 \$1,116; 6/11 \$27,094; 6/10 \$3,856]

Interest income has ebbed and flowed over the years along with the market. AMTA's conservative investments have fared well. In FY 2005 we made just over \$4,000 in interest, whereas in FY 2007, we had a high of over \$40,000; and in FY 18 we're back to over \$40,000. We reallocated our portfolio and moved it to M & T Bank Wealth Management several years ago; we continue to carefully monitor our portfolio. Fees are required but the portfolio is slowly growing.

Total Income for FY 2019 without Wilson Trust = \$1,858,000

TOTAL INCOME FOR FY 2019 = \$1,874,000

\$16,000 in Wilson Trust Overhead included*

***Wilson Trust budget included 25% overhead expenses for AMTA; we agreed to share the overhead expenses, so AMTA will provide 12.5% and receive 12.5% or \$16,000 per year for three fiscal years (2012, 2013 so far). The Board may decide to allocate the third and final year of Wilson Trust overhead in FY 18, but that has not been budgeted thus far. Wilson Trust expenses will be reported separately.**

End of 2019 Revenue Notes (5/18)

AMERICAN MUSIC THERAPY ASSOCIATION
FY 2019 Budget Notes
Line-by-Line Notes on AMTA Expenses
(July 1, 2018 – June 30, 2019)
May, 2018

4. SALARIES (part-time, full-time and temporary)
\$934,500 [6/17 \$837,602; 6/16 \$806,238; 6/15 \$774,057; 6/14 \$742,676; 6/13 \$722,932; 6/12 \$695,861; 6/11 \$679,120; 6/10 \$658,708]

The FY 2019 includes an overall increase of 5% to be used for cost of living increases, merit increases, and potential adjustments due to staffing transitions.

AMTA has had the good fortune of retaining a talented and experienced cadre of national office staff. AMTA has accommodated maternity leaves by full time staff pitching in and some part time staffing hours. In FY 19, AMTA will be replacing its Executive Director. In addition, there is the potential for replacements being needed for other full-time staff. The last full-time staffer was hired over 18 years ago, our Director of Government Relations, Judy Simpson!

AMTA is operated and managed by an amazingly talented, creative, knowledgeable, long-standing, and stable group of professionals. It has been more than 10 years since AMTA had a full time Director of Development. In that time, we have rearranged and reconfigured full-time and part-time staff. We have continually added more responsibilities to each job description and incorporated a number of consultants to fill in the gaps. However, the fact of the matter is that we have the same number of staff doing 5 or 10 times the amount of work; it is difficult to quantify the workload in 2018 as compared with 2010 or even 2000, for example. Reviewing tasks in Board books, however, reveals significantly deeper and broader job responsibilities. Though computers and the Internet promised to expedite and streamline our workloads, in reality it expanded the work and created expectations for a reduced amount of time to complete tasks!

Current Status as of May, 2018

FULL TIME STAFF

Executive Director-full time
Director of Communications & Conferences
Director of Government Relations
Director of Membership and IT
Director of Professional Programs
Federal Programs Analyst (Government Relations)
Membership & Meetings Associate-full time equivalent @ 35 hours per week (87.5%)
Administrative Services Coordinator-full time equivalent @ 35 hours per week (87.5%)
Senior Administrative Assistant-full time equivalent @ 35 hours per week (87.5%)

PART TIME STAFF

Staff Assistant-part time @ 20 hours per week (50% annually)
Storage Site Manager and Conference assistant-part time as needed @ 100+ hours per year

CONSULTANTS

Consultant fees are expensed in line #6. However, two consultants are performing ongoing work so their time allocations are presented here for information only. Please note that by outsourcing these functions, we have professionals working independently to perform necessary functions without the overhead costs.

- Online Technical Assistance Consultant and Social Media Coordinator @ 16-20 hours per week (25% annually)
- Senior Research Consultant @ 1200-1560 hours per year (60-75+% annually)
- Other consultants as needed—see line #5.

TEMPORARY

Other part time staff as needed for special projects such as seasonal book orders, staff medical leaves, etc.

Comparable salary increases for the Washington area

The salary line item is increased by 5% over the FY 2018 budget. Since the federal government is the single largest employer in the Washington area, it is instructive to analyze its salary trends. There federal government increased salaries in this year's federal budget by just under 2%. It is important to note, however, that federal employees also regularly receive "step" increases, which are based on longevity, and are over and above the cost of living increase and bonuses. The average amount of a step increase is approximately 2.5% and each federal agency has a pool of money to use for bonuses. Therefore, what is being proposed for our budget is in line with the norm for Washington area government employees who are a dominant market force in the area.

For your information, federal government salaries for the Washington area are amongst the highest in the nation. The federal government's Office of Personnel Management provides salary listings by category and location.

AMTA benefits greatly by having dually qualified professionals

We currently are honored to have MT-BCs fill four of the Director level positions, two consultants and our Administrative Services Coordinator. It is important to note, however, that the salaries for these positions, which are set by the Executive Director, are in line with, but on the lower side of local and national norms for association professionals, i.e., meeting planners, government relations professionals and membership and IT professionals, etc. **AMTA employee salaries, therefore, are continuously norm referenced against comparable association-wide norms, not salaries of practicing music therapists. Our salaries have not kept up with associations that compare with ours and our salaries are on the low side; they should be re-evaluated.**

Staff Retention and the High Costs of Staff Replacement

As mentioned previously in my report, our last full-time director-level hire was our Director of Government Relations, Judy Simpson, over 18 years ago.

Numerous experts have studied the high costs of staff replacement. See:

<http://atterro.com/2018-hiring-trends/>

<https://www.shrm.org/about-shrm/press-room/press-releases/pages/human-capital-benchmarking-report.aspx>

<http://www.forbes.com/sites/cameronkeng/2014/06/22/employees-that-stay-in-companies-longer-than-2-years-get-paid-50-less/#7e13e0fe210e>

<https://www.americanprogress.org/issues/labor/report/2012/11/16/44464/there-are-significant-business-costs-to-replacing-employees/>

<https://cdn.americanprogress.org/wp-content/uploads/2012/11/16084443/CostofTurnover0815.pdf>

<http://www.zanebenefits.com/blog/bid/312123/Employee-Retention-The-Real-Cost-of-Losing-an-Employee>

According to ERE Media, a large forum for recruiters,

“When you consider all of the costs associated with [employee turnover](#) – including interviewing, hiring, training, reduced productivity, lost opportunity costs, etc. – here’s what it really costs an organization:

- **For entry-level employees, it costs between 30-50 percent** of their annual salary to replace them.
- **For mid-level employees, it costs upwards of 150 percent** of their annual salary to replace them.
- **For high-level or highly specialized employees, you’re looking at 400 percent** of their annual salary.”

According to Heather Boushey and Sarah Jane Glynn, of the Center for American Progress: “Thirty case studies taken from the 11 most-relevant research papers on the costs of employee turnover demonstrate that it costs businesses about one-fifth of a worker’s salary to replace that worker. For businesses that experience high levels of turnover, this can add up to represent significant costs that can potentially be avoided by implementing workplace flexibility and earned sick days at little or no cost at all. Indeed, it is costly to replace workers because of the productivity losses when someone leaves a job, the costs of hiring and training a new employee, and the slower productivity until the new employee gets up to speed in their new job. Our analysis reviews 30 case studies in 11 research papers published between 1992 and 2007 that provide estimates of the cost of turnover, finding that businesses spend about one-fifth of an employee’s annual salary to replace that worker.

Specifically, the economic studies we examined reveal a number of patterns about the cost of turnover:

- For all positions except executives and physicians—jobs that require very specific skills—across the remaining 27 case studies, the typical (median) cost of turnover was 21 percent of an employee’s annual salary.

This brief documents that the cost of employee turnover for businesses is high, regardless of the level of wages being paid to the departing or incoming employees. Companies typically pay about one-fifth of an employee’s salary to replace that employee. While it costs businesses more to replace their very-highest-paid employees, the costs for most employers remain significant and does become less significant for those with low earnings.”

The average length of employment for associations is approximately 3 years; the AMTA average for full-time staff is over 20 years with a total number of years of service of over 170! AMTA benefits greatly from having long-term employees in terms of depth and historical perspective of the association and the profession. Additionally, not replacing employees saves time, learning curves, and money.

AMTA has indeed been fortunate to have retained its senior level employees for decades. The reality, however, is that over the next decade many staff transitions are likely and will be costly.

5. CONSULTANTS

\$145,000 [6/17 \$138,886; 6/16 \$116,225; 6/15 \$102,010; 6/14 \$110,604; 6/13 \$122,502; 6/12 \$108,897; 6/11 \$109,840; 6/10 \$84,916]

AMTA’s use of consultants greatly benefits our organization by having a wide array of experts independently working part-time and not having to bear the costs of benefits and other overhead.

Includes miscellaneous consultants:
\$12,000 Journal Management—for JMT and MTP.

\$1,000--President Weldon-Stephens to use as needed to replace lost income.

\$3,000 Graphic design and Desk-top publishing (new publications and conference pubs).

\$20,000 AMTA technical assistance consultant, Kim Bell to reply to and distribute incoming emails from “info@musictherapy.org.” and to do more in-depth responses for government relations and public relations.

\$4,800 Government relations consultant (An attorney-advocate to advise on special education and other matters).

\$17,000 Additional technical assistance for state occupational regulation work.

\$52,000 Research and Senior consultant (outsourcing these tasks gives AMTA tremendous value for its investment). This results in approximately 60% effort. A comparable full-time staff position salary would be at least three times this amount plus 25% in benefits. This includes work performed on MTR 2025, the military summit, publisher selection, disaster relief, research

strategic priority, grants management, government relations, numerous special projects and other senior writing is indispensable.

\$5,000 AMTA. Pro Podcast Program Consultants to continue developing and producing podcasts.

\$5,000 E-course Producers to continue with eCourse Initiative.

\$5,000—Contract with videographer for selected film production.

\$7,000 Conference Consultants includes Exhibit security and production assistance for Opening Night, Plenary Session and Business meetings.

\$13,200 Miscellaneous other expenses (including unanticipated technical and/or part-time assistance)

6. HONORARIA

\$5,000 [6/17 \$1,000; 6/16 \$4,891; 6/15 \$ 29,000; 6/14 \$2,250; 6/13 \$25,974; 6/12 \$0; 6/11 \$0; 6/10 \$3,550]

Annual Conference--Outside Speakers; other conference trainings and special events, etc.

7. PAYROLL TAXES/BENEFITS

\$220,000 [6/17 \$214,696; 6/16 \$189,546; 6/15 \$165,472; 6/14 \$169,016; 6/13 \$152,730; 6/12 \$147,218; 6/11 \$133,595; 6/10 \$131,940]

Approximately 24% of salary above (rounded) --Includes federal, state and local taxes and all employee benefits, i.e., health insurance payment or reimbursement, life insurance, retirement, workers' compensation, etc. Retirement includes a 5% AMTA yearly contribution into a SEP-IRA retirement program for all qualified employees. **Employees received a 10% reduction in paid health insurance premiums or reimbursements for FY 2010, 2011, 2012, 2014, 2015, 2016, 2017 and in 2018. In FY 2013 it was a 20% reduction. A 10% reduction is incorporated into FY 2019.**

8. ADVERTISING

\$1,000 [6/17 \$644; 6/16 \$823; 6/15 \$0; 6/14 \$2,784; 6/13 \$907; 6/12 \$1,410; 6/11 \$1,500; 6/10 \$1,248]

Includes advertising AMTA publications and membership in other publications.

9. COMPUTER/DATA PROCESSING/INTERNET/MAINTENANCE

\$40,000 [6/17 \$28,636; 6/16 \$31,102; 6/15 \$26,430; 6/14 \$25,280; 3/13 \$24,562; 6/12 \$31,068; 6/11 \$28,689; 6/10 \$12,472]

Web site- Abila & On-line services = \$27,000

Maintenance = \$3,000

Equipment replacement = \$5,000

Software = \$3,000

Technology Consultants & Misc. = \$2,000

This line includes all hardware and maintenance agreements for computer equipment. Other expenses include updates and enhancements for software and hardware. The funds budgeted for the web site and consultant include anticipated costs for programming services necessary for enhanced web access for members and the general public. We are continuously upgrading office computers to maximize productivity; we have opted for some tablets, and laptops with extra memory and separate screens and keyboards to serve dual functions. We replaced our server in 2016.

10. EQUIPMENT/MAINTENANCE/REPAIRS /CONFERENCE AV

\$35,000 [6/17 \$27,179; 6/16 \$33,294; 6/15 \$35,623; 6/14 \$37,267; 6/13 \$44,863; 6/12 \$29,599; 6/11 \$20,327; 6/10 \$26,725]

Conference Audio Visual = \$23,500 (includes LCDs, etc.)

Maintenance contracts = \$7,500

Conference Rental of fax machine, copy machine, computer equipment, etc. = \$0

Repairs = \$1,500

Other misc. equipment = \$2,500

Maintenance and repairs of existing equipment, i.e., copier, fax machine, postage machine, telephones, etc. Conference audiovisual equipment, and instruments and other equipment rental are included.

11. FINANCIAL

\$80,000 [6/17 \$74,267; 6/16 \$71,787; 6/15 \$65,462; 6/14 \$62,840; 6/13 \$64,941; 6/12 \$62,455; 6/11 \$55,727; 6/10 \$50,319]

Auditors and monthly CPA = \$37,500 (Regions contribute toward group tax preparation)

Includes \$13,000-\$15,000 for yearly audit, tax preparation and consultation of 3-5 hours with accountants and approximately 8 hours of financial assistance per month. Due to changes in the IRS 990 tax reporting requirement, audit fees have been increased.

Miscellaneous bank charges (Returned check fees, etc.) = \$5,000

Payroll services = \$2,500

Non-conference credit card commission fees paid by AMTA= \$11,000

Conference credit card commission fees paid by AMTA = \$14,000

Miscellaneous = \$10,000

AMTA credit card commission fees are fees we pay as a merchant accepting credit cards. We negotiated with the bank to lower our commission rate for a savings of approximately \$2,000 annually several years ago.

12. LEGAL & COPYRIGHT SERVICES

\$5,000 [6/17 \$15,534; 6/16 \$20,002; 6/15 \$5,371; 6/14 \$11,957; 6/13 \$35,599; 6/12 \$14,889; 6/11 \$ 7,021; 6/10 \$10,160]

This budgeted amount includes approximately 10-12 hours of general legal consultation. It is difficult to predict what will occur in a given fiscal year. For example, the Board approved funds in FY 16 to file a consumer claim against an individual advertising himself and his services as “music therapy” and for a pending trademark opposition case. With the exception of a few fiscal years, we have incurred modest legal expenses over the years.

13. INSURANCES

\$10,000 [6/17 \$6,501; 6/16 \$8,213; 6/15 \$6,464; 6/14 \$4,910; 6/13 \$11,844; 6/12 \$12,247; 6/11 \$10,305; 6/10 \$10,819]

Office insurance, Directors and Officers Liability, and Workers' Compensation = \$10,500
(Regions are covered under AMTA policies and they contribute toward the cost of insurance, which offsets the expense.)

Conference cancellation insurance = \$3,500

The events of 9/11 caused insurance coverage, i.e., liability and conference cancellation, to increase. This line includes insurance for AMTA and NMTR.

14. POSTAGE & DELIVERY

\$35,000 (subject to postal increases) [6/17 \$16,183; 6/16 \$21,323; 6/15 \$25,314; 6/14 \$42,977; 6/13 \$39,574; 6/12 \$45,899; 6/11 \$ 63,329; 6/10 \$62,813]

Conference = \$5,000

Postage = \$13,000

UPS = \$8,000

FedEx = \$3,000

Shipping = \$4,000

Handling = \$2,000 (includes charges for mail house services for large mailings)

15. PRINTING/DUPLICATING

\$70,000 (subject to final estimate of how many new pubs. and reprints.)

[6/17 \$35,304; 6/16 \$31,145; 6/15 \$32,829; 6/14 \$51,959; 6/13 \$74,758; 6/12 \$94,992; 6/11 \$114,741; 6/10 \$125,077]

Includes association printing and reprinting:

\$21,000 Monographs, brochures, fact sheets, Board materials, Assembly materials, committee materials, membership packets, etc.

Estimate for printing of new intro book = \$35,000

\$14,000 Conference programs, copying/duplication

Journal printing expenses are now netted against income and appear under the Subscription Revenue category.

16. AMTA MEMBERSHIP PROMOTION & PRODUCTS

\$11,000 [6/17 \$6,911; 6/16 \$9,933; 6/15 \$10,572; 6/14 \$12,560; 6/13 \$3,607; 6/12 \$7,301; 6/11 \$11,757; 6/10 \$7,227]

A few new AMTA products or conference products are developed annually. Funds also will be used for membership marketing and membership drives.

17. OFFICE AND STORAGE SPACE COSTS

\$100,000 [6/17 \$112,935; 6/16 \$118,330; 6/15 \$116,488; 6/14 \$112,247; 6/13 \$110,221; 6/12 \$105,561; 6/11 \$110,916; 6/10 \$112,686]

Executive Director Farbman successfully renegotiated the AMTA lease for 7 years (starting in January 2019). The annual office rental cost is approximately \$91,200 in the first year without additional annual fees for maintenance and tax increases. There is a savings of thousands of dollars over the course of the lease in rent payments and \$30,400 in free rent. In addition, the office will be re-painted, the carpet will be shampooed throughout, and a new refrigerator and dishwasher will be purchased; a new reception desk will be constructed.

18. SUPPLIES

\$15,000 [6/17 \$13,821; 6/16 \$15,270; 6/15 \$12,963; 6/14 \$12,254; 6/13 \$30,843; 6/12 \$26,688; 6/11 \$17,569; 6/10 \$16,737]

Includes all general office supplies, computer supplies, paper, conference supplies, etc. Given how many orders we are processing, our cost for supplies has increased greatly. N.B. FY 2013 included expenses related to office renovations.

19. SUBSCRIPTIONS, LIBRARY, DUES

\$15,000 [6/17 \$19,454; 6/16 \$10,908; 6/15 \$10,037; 6/14 \$10,087; 6/13 \$11,320; 6/12 \$11,605; 6/11 \$10,177; 6/10 \$9,521]

Dues for NCCATA (\$850), WFMT (\$150) and CARF (\$1,000), CCD (\$500), NAPSO (\$150), JCAHO (\$200), HPN (\$500) and the remainder for other memberships and/or subscriptions, etc.

20. TELECOMMUNICATIONS

\$12,000 [6/17 \$15,056; 6/16 \$12,675; 6/15 \$11,270; 6/14 \$12,173; 6/13 \$11,538; 6/12 \$16,078; 6/11 \$18,881; 6/10 \$17,140]

Includes monthly local and long-distance phone charges, email, and web site hosting, fax, and cell phone charges. We have greatly reduced this category by using our in-house conference call line and by using other web-based “free conference call” services to lower costs.

21. TRAVEL & LODGING

\$120,000 [6/17 \$120,361; 6/16 \$122,499; 6/15 \$117,190; 6/14 \$101,650; 6/13 \$88,049; 6/12 \$87,463; 6/11 \$95,685; 6/10 \$79,576]

These expenses include travel, hotel, meals, and related expenses for the President and Board for mid-year travel; and for the President and staff throughout the year, including special projects, trade shows, etc. This line item is increased due to spiraling travel costs; it continues to creep up every year. The FY 15 & FY 16 budgets include one-time costs for MTR 2025 that were expensed against the grant; in FY 17 we had additional mid-year meeting costs due to the Kennedy Center event, as well as a separate MLE retreat. Travel & Lodging costs for the Executive Search will be included as soon as an estimate is available.

22. ANNUAL CONFERENCE VENUE & MISC. COSTS

\$5,000 [6/17 \$6,250; 6/16 \$2,667; 6/15 \$2,313; 6/14 \$4,144; 6/13 \$9,520; 6/12 \$300; 6/11 \$11,756; 6/10 \$7,610]

Entertainment = \$1,000

Local arrangements = \$500

Conference Venue = \$0 (includes rental for Conference Center, etc., when applicable)

CBMT Continuing education fees \$3,000

Miscellaneous = \$500

23. DUES TO REGIONS

\$50,000 [6/17 \$49,869; 6/16 \$45,472; 6/15 \$44,312; 6/14 \$42,526; 6/13 \$42,856; 6/12 \$43,137; 6/11 \$40,953; 6/10 \$42,410]

Please note: Dues are received by the National Office and include membership in the regions, as well as the national organization. As of January 1, 2012, regions receive 6.5% of the professional member dues. AMTAS, the student organization, also receives \$3.00 per student member. Dues to the regions are sent on a quarterly basis from the National Office to each regional Treasurer.

24. EXHIBIT FEES (2013 Annual Conference)

\$12,000 [6/17 \$10,197; 6/16 \$18,995; 6/15 \$6,582; 6/14 \$8,363; 6/13 \$9,621; 6/12 \$5,937; 6/11 \$ 8,497; 6/10 \$7,443]

Includes AMTA Conference exhibit fees charged by the decorating firm. No exhibit fees from other related trade shows included.

25. ARCHIVES & HISTORICAL PROJECTS

\$0

Funds are allocated as needed for digitizing and to cover a part-time assistant for Dr. Lindsey Wilhelm for archival preservation. In FY 16, \$5,631 was spent and is accounted for in the audit under restricted funds; in FY 17, \$930 was spent and as of FY 18, \$8,176 remained.

26. MISCELLANEOUS

\$3,000 [6/17 \$2,593; 6/16 \$733; 6/15 \$1,712; 6/14 \$1,845; 6/13 \$1,132; 6/12 \$3,223; 6/11 \$2,673; 6/10 \$202]

27. AWARDS, THANK YOUs and CONDOLENCES

\$10,000 [6/17 \$8,179; 6/16 \$9,219; 6/15 \$4,192; 6/14 \$10,046; 6/13 \$5,601; 6/12 \$3,754; 6/11 \$6,006; 6/10 \$4,193]

Association annual awards and appreciation gifts to members and others. Condolence flowers and donations are also included as are “get well” packages. Additional funds have been added to honor the work of selected state task force members who go ‘above and beyond’ while working on state regulation/licensure efforts.

28. SCHOLARSHIPS

\$23,000 [6/17 \$24,392; 6/16 \$11,720; 6/15 \$35,674; 6/14 \$14,675; 6/13 \$32,562; 6/12 \$25,509; 6/11 \$23,875; 6/10 \$18,625]

Please note that actual amounts vary yearly based on the timing of award payments and progress on individual programs. Fultz Fund awards are restricted and paid out according to the guidelines as researchers make progress on their projects.

Includes scholarships and grants listed under Revenue section # 6.

29. DISASTER RELIEF

As needed

\$5,500 spent in FY 14 was a “pass through” grant from the D’Addario Foundation to music therapists in Conn. to work with those affected by the tragedy in Newtown, CT.

30. WILSON TRUST AWARDS

Budgeted amount for FY 19--To Be Determined based on program assessment and needs in the Puget Sound region. Offset by Wilson Trust Fund.

[6/17 \$32,506; 6/16 \$12,207; 6/15 \$51,610; 6/14 \$3,875; 6/12 \$61,465]

TOTAL EXPENSES FOR FY 2019 = \$1,956,500

TOTAL INCOME FOR FY 2019 = \$1,874,000

TOTAL EXPENSES OVER INCOME FY 2019 = (\$82,500)

***Depreciation Estimate for FY 2019**

\$15,000-\$20,000 RANGE

[Listed as item on Annual Audit. Not included in annual budget. It is estimated that depreciation will fall between \$15,000 - \$20,000.]

End of 2019 Expense notes (5/18)

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6/6/2018

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**Ex-officio member without the
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6/18

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**REPORTS SUBMITTED AT OR AFTER
THE 2018 MID-YEAR MEETING**

06-18-18

Dear Assembly Delegates and Alternates,

Happy summer to all! I hope this finds you with healthy self-care and enjoyment plans for June and July. With that said, I realize this Quick Take message has a lot of meaty information, as the AMTA Board of Directors has been super busy. So the below information is organized in two sections: A. To-the-Point (a quick reference to what you need to know now); and B. More Detail (extended information on section A). Plan to look at the critical highlights of this communique in Section A immediately and then refer to Section B for more information. Feel free to text, call, or email me with questions and thoughts.

A. To-the-Point

This Speaker Quick Take contains the following important items:

1. **Link to the preliminary version of the AMTA 2018 Mid-Year Board Book**
 - a. [2018 MidYear Board Book.pdf](#)
 - i. Draft Agenda, pp. 3-5
 - ii. Table of Contents, p. 2
 - iii. Speaker Report, pp. 30-66 (Raw data on regional member feedback to the Board on MLE is included)
2. **FYI – Interim Conference Code of Conduct (for use until Assembly approval)**
 - a. **Language attached to this email**
3. **Executive Director Search and Stakeholder Committee Update from Piper Riehle**
 - a. **Stakeholder Survey Results Summary**
 - i. [Stakeholder SUMMARY 5-2018](#)
 - ii. [Stakeholder SURVEY RESULTS Summary 6-2018](#)
 - b. **Posting of the Executive Director Position Profile**
 - i. https://www.musictherapy.org/amta_launches_executive_director_search/
 - ii. <https://www.raffa.com/nonprofitsearch/currentsearches/pages/default.aspx>
4. **2018 Conference Assembly of Delegates Meeting Dates/Times (Tentative Times are expected to remain, though all need to check the final Conference Program once it is out for any slight changes.)**

DATE	TENTATIVE TIMES Assembly of Delegates Meetings 2/3 needed for a Quorum	TENTATIVE TIMES AMTA Business Meetings 2/3 needed for a Quorum
Thursday, November 15	1:30 p.m. – 5:30 p.m.	
Friday, November 16	7:30 a.m. – 9:00 a.m.	10:30 a.m. – 12:00 p.m.
Saturday, November 17	11:15 a.m. – 1:15 p.m.	4:45 p.m. – 5:45 p.m.

B. More Detail

1. Click on and look over the preliminary version of the AMTA 2018 Mid-Year Board Book. It is a work-in-progress that will have updates, edits, and additions during the Mid-Year meeting June 22-24 at **The Conference Center @ the Maritime Institute** in Linthicum Heights, Maryland. It is a compilation of a massive amount of work from a wide range of member volunteers from across the country, AMTA staff, and consultants. Join me in also thanking all involved, including Dianne Wawruzsins, AMTA Administrative Services Director for putting the book together!

Find the preliminary version of the AMTA 2018 Mid-Year Board Book by clicking this link [2018 MidYear Board Book.pdf](#). This year I am especially encouraging all of you to read the Mid-Year Board Book to assure you are up-to-date with all that is going on at the national level. Your active engagement and contributions are evident throughout the book.

NOTE: To familiarize yourself with the preliminary version of the Mid-Year Board Book quickly and in a way that will assist you in prioritizing on what to focus, I suggest you first read the Draft Agenda, refer to the Table of Contents to quick reference to relevant reports, and read the Speaker's Report. Then go back and reference each section of reports. You will be in awe of all that is happening, be reminded of how you fit into the leadership structure, and find encouragement to reach out to your Assembly Representatives, national officers, and appointees.

- i. Draft Agenda pp. 3-5
- ii. Table of Contents, p. 2
- iii. Speaker Report pp. 30-66 (Raw data on regional member feedback to the Board on MLE is included)
- iv. Officer Reports start on p. 6
- v. Supplemental Reports start on p. 69 (Council Coordinators, Special Reports, Regional Reports)
- vi. National Office Reports start on p. 185
- vii. Financial Statements & Reports start on p. 328
- viii. Director of Officials start on p. 371

Each of you are encouraged to direct questions, thoughts, and ideas about the content to any (or all) of the Assembly Representatives (listed below). Contact them any time, including this week prior to the June 22 to assist in their pre-meeting preparations.

Angie Snell, Speaker (snellmusictherapy@gmail.com)
Michael Silverman, Assistant Speaker (silvermj@umn.edu)
Lori Gooding, Assembly Representative (lgooding@fsu.edu)
Gary Verhagen, Assembly Representative (gtverhagen@verizon.net)

In your communications you may want to also include Assembly Representative Alternate Piper Riehle (piper.riehlelaird@bannerhealth.com) who will be filling in for a portion of the meeting on Sunday, June 25. The other Alternates are Andrea Dalton

(andreadaltonmtbc@gmail.com) who will be present at the Mid Year meeting as the Regional Presidents Representative, Spencer Hardy (spencerhardymusictherapy@gmail.com), and Carolyn Moore (Cxd042@shsu.edu).

After the meeting, the final AMTA 2018 Mid-Year Board Book will be posted on the AMTA website. The posting will include meeting highlights and a list of the resulting motions. You can go on the website under “Member Resources”/”News from AMTA Committees and Boards”/”Board of Directors” to view the motions and board books from 2017.

2. FYI - An Interim Conference Code of Conduct is temporarily being used until the Assembly is able to approve the policy language in the fall at the conference in Dallas. Based on the report to the Assembly last fall, the Board realized the importance of having something more explicit in place between now and then that promotes a safe and ethical environment. See the attached interim language that was drafted based upon the review of numerous Codes of Conduct from other associations. Thanks to the conference planning team and staff for researching and drafting language for Board review. The Interim Code of Conduct appears in the conference registration materials and program so it is clear to all that professional behavior is expected.
3. The Assembly Representatives to the Board are all actively engaged in the many roles and responsibilities involved in the process of conducting an effective Executive Director Search. Additionally, Assembly Representative Alternate Piper Riehle serves on the Stakeholder Committee. See her update below and be sure to view the links associated with the survey results (both are visually user-friendly and to the point). The Executive Director Search was launched last week on June 12. All can view the position profile and application process on the AMTA and RAFFA websites (Piper lists the links for your quick reference). On behalf of the Assembly, thank you to Piper for representing us on this committee.

Dear Assembly Delegates,

As your representative to the Stakeholder Committee, I am happy to provide this update on the Stakeholder Survey and to announce the posting of the position profile.

Thank you for your time and consideration with the AMTA Stakeholder Survey. We had an outstanding turnout of 1,679 respondents. Your voice has shaped the position profile and will be integrated into the interview process for the next Executive Director of AMTA. Raffa, the search firm hired by AMTA to facilitate the new executive transition, has compiled information from the Stakeholder Survey. Click the links below for the results and summary.

[Stakeholder SUMMARY 5-2018](#)

[Stakeholder SURVEY RESULTS Summary 6-2018](#)

The position profile, including application process, for the new Executive Director has been launched. The position profile can be found using the links below.

AMTA website under latest news:

<https://www.musictherapy.org/amtalaunchesexecutivedirectorsearch/>

Or you can follow this link to the Raffa website:

<https://www.raffa.com/nonprofitsearch/currentsearches/pages/default.aspx>

Please let me know if you have any questions. Thank you again for your active support in this process.

Sincerely,

Piper

Piper Laird, MM, MT-BC

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4. As you make your travel plans for the 2018 AMTA Conference in Dallas, Texas, November 15-18, please note the meeting dates and times listed above. The tentative times are expected to remain the same, though all need to check the final Conference Program once it is out for any slight changes in start times. If you think you might have a conflict, contact your state president so an alternate can be secured to fill in for you. This assures the membership will have full representation at all times. (This information also appears in the Speaker's Report in the Mid-Year Board Book, p. 30).

Whew! Yes, I know it is a lot! Thank you in advance for looking over this information so you can be a reliable voice and source of information for your regional members. It is a privilege and an honor to serve alongside each of you.

Regards,

Angie

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Adjunct Faculty, Saint Mary of the Woods College

American Music Therapy Assoc.
Statement of Financial Position
May 31, 2018

Draft
6/15/18

ASSETS

Current Assets		
M&T Checking	\$	264,553
M&T Securities - Seattle		248,404
M&T Money Market		(763)
Undeposited Pay Pal funds		14,819
M&T Investments		622,001
AMTAS Account		8,211
Accounts Receivable		59,444
Prepaid Expenses/Clearing		(2,077)
Total Current Assets		1,214,592
Property and Equipment		
Furniture & Fixtures		34,145
Accum Dep F&F		(33,050)
Office Equip		107,789
Accum Dep - Office Equip		(99,354)
Leasehold Improvements		32,596
Accum dep - Leasehold		(25,199)
Total Property and Equipment		16,927
Other Assets		
Sears Memorial Fund		25,376
Deposits		5,952
Total Other Assets		31,328
Total Assets	\$	<u>1,262,847</u>

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts Payable	\$	13,273
Due to AMTAS		8,211
Deferred Dues		303,353
Deferred rent		16,886
Deferred Subscriptions		10,637
Accrued pension		21,605
Accrued Vacation		39,072
Lease Obligations		7,397
Total Current Liabilities		420,434
Long-Term Liabilities		
Total Long-Term Liabilities		<u>0</u>
Total Liabilities		420,434

Unaudited - For Management Purposes Only

American Music Therapy Assoc.
Statement of Financial Position
May 31, 2018

Net Assets		
Research Grants	11,103	
Disaster Relief Fund	21,549	
Archives	8,906	
Emily Baumann	10,000	
Music Therapy Research Mtg	14,100	
Ruth Robertson	5,000	
Sears Fund	21,325	
Bitcon	18,150	
Fultz Award	48,829	
Tyson Fund	26,339	
Wilson Trust Fund	203,025	
Kyllo Fund	1,840	
Unrestricted Net Assets	391,463	
Net Income	60,784	
	<u> </u>	
Total Net Assets		<u>842,413</u>
Total Liabilities & Net Assets	\$	<u><u>1,262,847</u></u>

Unaudited - For Management Purposes Only

American Music Therapy Assoc.
Statement of Activities - Compressed Last Year/This Year
For the Eleven Months Ending May 31, 2018

	Last Year Actual	Last year Budget	This Year Actual	This Year Budget	Variance
Revenues					
Membership Dues	698,768	705,000	723,121	740,000	24,353
Registration	30,675	33,000	23,570	33,000	(7,105)
Grants & Donations	115,577	60,000	98,676	60,000	(16,901)
Special Projects	0	10,000	0	25,000	0
Sale of Publications	127,104	173,000	143,933	160,000	16,829
Conference	579,332	518,000	584,468	511,000	5,136
E-Courses	15,120	0	15,995	0	875
CMTEs	22,440	25,000	37,185	25,000	14,745
Institutes	23,554	35,000	23,362	30,000	(192)
AMTA Products	3,369	5,000	3,199	5,000	(170)
Video Products	0	500	35	500	35
Subscriptions	35,165	52,000	33,666	52,000	(1,499)
Labels & Lists	4,435	3,000	1,759	3,000	(2,676)
Advertising	5,595	5,000	5,669	5,000	74
Consulting Income	0	0	0	0	0
Academic Program	84,200	78,000	97,764	83,500	13,564
Royalties	100	0	414	0	314
Affinity Royalties	3,223	5,000	717	5,000	(2,506)
Misc. & Returned Item	3,640	0	0	0	(3,640)
Interest Income	7,180	15,000	15,820	15,000	8,640
Wilson Seattle Project	20	0	168	0	148
Total Revenues	1,759,497	1,722,500	1,809,521	1,753,000	50,024
Expenses					
Salaries	753,473	855,000	787,258	890,000	33,785
Temporary Services	0	0	0	0	0
Consultant Services	127,546	130,000	140,842	140,000	13,296
Honoraria	1,000	5,000	1,000	5,000	0
Payroll Taxes & Benefi	165,866	185,000	180,817	195,000	14,951
Advertising Expense	729	1,000	820	1,000	91
Computer Expenses	26,018	40,000	26,941	35,000	923
Equipment	26,419	35,000	33,977	35,000	7,558
Financial Services	61,460	65,000	71,106	65,000	9,646
Legal & Copyright	15,534	5,000	9,415	5,000	(6,119)
Insurance	10,287	10,000	11,762	10,000	1,475
Postage & Delivery	18,542	35,000	20,410	30,000	1,868
Printing & Duplicating	38,431	30,000	28,457	35,000	(9,974)
Stationery	0	0	0	0	0
Film Processing	0	0	0	0	0
AMTA Products	6,911	11,000	7,087	11,000	176
Space Costs	121,376	130,000	126,274	125,000	4,898
Supplies	10,137	20,000	14,319	15,000	4,182
Dues, CBMT, Pubs &	16,795	12,000	13,080	12,000	(3,715)
Telecommunications	12,687	12,000	12,732	12,000	45
Travel & Lodging	96,522	105,000	111,887	110,000	15,365
Venue & Meeting Cost	9,250	10,000	6,418	5,000	(2,832)
Dues	65,854	49,000	65,710	49,000	(144)
Exhibit Fees	10,197	8,000	17,077	8,000	6,880
Archives	0	0	0	0	0
Miscellaneous	1,878	3,000	2,845	3,000	967
Thank Yous & Awards	6,672	10,000	9,179	10,000	2,507
Intern Scholarships	0	0	0	0	0
Scholarships	20,742	23,000	32,947	23,000	12,205
WilsonTrust Project ex	37,175	0	17,063	0	(20,112)
Total Expenses	1,661,501	1,789,000	1,749,423	1,829,000	87,922

Draft
6/15/18

For Management Purposes Only

American Music Therapy Assoc.
Statement of Activities - Compressed Last Year/This Year
For the Eleven Months Ending May 31, 2018

	Last Year Actual	Last year Budget	This Year Actual	This Year Budget	Variance
Net Income	\$ <u>97,996</u>	\$ <u>(66,500)</u>	<u>60,098</u>	<u>(76,000)</u>	<u>(37,898)</u>

For Management Purposes Only

AMERICAN MUSIC THERAPY ASSOCIATION

Journal of Music Therapy
Music Therapy Perspectives

PUBLISHER'S REPORT

By

OXFORD UNIVERSITY PRESS

As of

May 31, 2018

Strictly confidential

The information contained herein should not be disclosed to unauthorized persons

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EXECUTIVE SUMMARY

Each year OUP analyzes *JMT* and *MTP*'s past performance on various metrics and, in conjunction with the goals of the editorial offices and the perennial goal of expanding the journals' readership and reach, we develop a Marketing Plan that outlines strategic focuses for the year and plans to implement them. This report provides an overview of where *Journal of Music Therapy* and *Music Therapy Perspectives* are currently situated within this strategy, and by analyzing metrics associated with our focuses of usage and journal profile, describes our plans forward for the remainder of 2018 and beyond.

Into our fifth year of the AMTA-OUP partnership, we are very happy with our current level of growth. While we are beginning to see the initial stages of rapid growth start to wane in some areas, increased collaboration between AMTA and OUP in developing specific projects and goals continue to drive the journals forward. At a glance, a few of the highlights from 2017 and 2018 to date include:

Circulation

Circulation numbers for both journals remain strong, although consortia numbers are starting to increase at a less rapid rate. In line with industry-wide trends, we see customers increasingly opting for online and consortia-based access over print.

- **2017 Institutional customers:** 169 (*JMT*)/66 (*MTP*)
- **2017 Consortia customers:** 2,119 (*JMT*)/2,002 (*MTP*), 2%/2.1% increases over 2016 totals

Online Usage

Online readership for both journals sharply increased in 2017, and is steadily increasing in 2018. As the new online platform changes users' journeys, we expect to see increased use of HTML articles over PDF.

- **2017 Visits w/ article views:** 69,649 (*JMT*)/35,241 (*MTP*), 57%/36% increases over 2016
- **2017 Average monthly article views (Jan-Apr 2017):** 14,731 (*JMT*)/8,101 (*MTP*)
- **2018 Average monthly article views (Jan-Apr 2018):** 16,706 (*JMT*)/8,884 (*MTP*)

Citation and Impact Factor

JMT's Impact Factor increased to 1.000 in 2016. *MTP* was accepted into the nascent ESCI database in 2017, a strong analytical tool and first step towards being considered for an Impact Factor in the future.

- **JMT 2016 Impact Factor:** 1.000
- **JMT ranking, 'Rehabilitation' category:** 46/70

Marketing

JMT and *MTP* articles have appeared six times on the OUPblog since January 2017, and have been collected into three distinct virtual issues to further drive online readership. One *MTP* article received a press release, gaining exposure through news outlets. Additionally, OUP hosts and prominently features *JMT*'s video series and *MTP*'s podcast on the journals' homepages and with external promotion, drawing additional viewers to these resources.

- **Collection usage:** 13,597 total article views during the promotion of three virtual issue collections
- **Current E-alert registrants:** 1,262 (*JMT*)/908 (*MTP*), a 46%/36% increase on previous year

Production

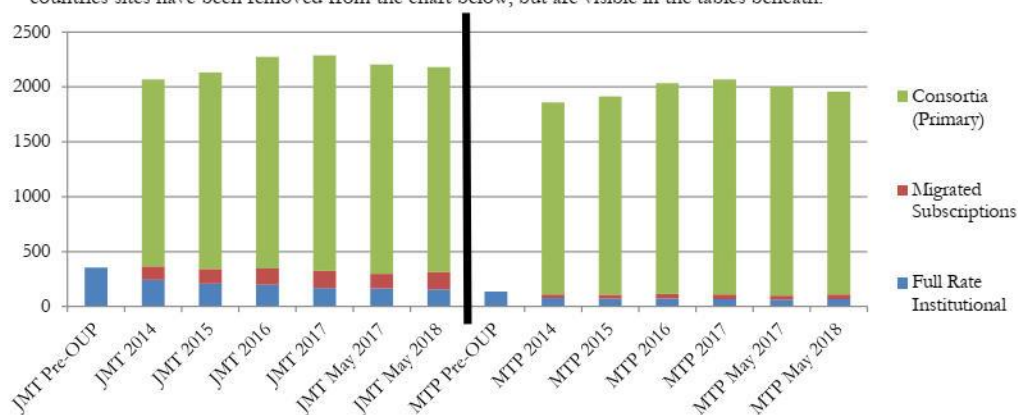
Due to a number of factors, late 2017 issues of *JMT* and *MTP* have published behind schedule. However, they are both back on track for the first issues of 2018, and author feedback for the journals remains positive, indicating continued author satisfaction.

- **Average publication time:** 8.1 weeks (*JMT*)/10.4 weeks (*MTP*) from receipt to advance article publication for 2018 to-date.
- **Average (reported) author satisfaction:** 4.5/5 (*JMT*) and 4.5/5 (*MTP*)

CIRCULATION

JMT and MTP have continued to see steady paid circulation growth throughout the past five years. In line with current industry-wide trends we have seen a decrease in traditional subscriptions, but this has been more than made up for in reach and in revenue with the growth of consortia sales, which continues to increase. As is common, the rate of increase of circulation is beginning to slow after nearly five years of inclusion in consortia sales. From 2016 to 2017, JMT saw a 0.6% increase in paid sites with access, and MTP saw a 1.72% increase in paid sites with access, down from 6.7% and 6.3%, respectively, the year before.

When taking into account non-paid or heavily discounted sites with access, circulation has increased drastically, due to a constantly-expanding developing countries initiative. For the sake of clarity, developing countries sites have been removed from the chart below, but are visible in the tables beneath.



Access Type	JMT					
	2014	2015	2016	2017	May 2017**	May 2018*
Institutional						
Print Only	205	151	123	101	98	86
Online Only	35	44	63	61	59	62
Print & Online	4	14	11	7	7	9
Total Full Rate Institutional	234	209	197	169	164	157
Consortia Sites						
Migrated Subscriptions	121	133	150	156	134	157
Primary Consortia Sites	1,704	1,789	1,927	1,963	1,905	1,865
Total Sites with Consortia Access	1,825	1,922	2,077	2,119	2,039	2,022
Developing Countries	234	1,619	5,500†	5,500†	5,500†	8,000†

*As of May 6, 2018

** As of May 9, 2017

†2016 introduced a change in the Developing Countries model; see the corresponding section below

Access Type	MTP				May	May
	2014	2015	2016	2017	2017**	2018*
Institutional						
Print Only	68	43	40	29	28	24
Online Only	9	22	26	32	31	36
Print & Online	1	6	6	5	4	6
Total Full Rate Institutional	78	71	72	66	63	66
Consortia Sites						
Migrated Subscriptions	33	37	42	43	37	44
Primary Consortia Sites	1,747	1,805	1,919	1,959	1,903	1,848
Total Sites with Consortia Access	1,780	1,842	1,961	2,002	1,940	1,892
Developing Countries	234	1,619	5,500†	5,500†	5,500†	8,000†

*As of May 6, 2018

** As of May 9, 2017

†2016 introduced a change in the Developing Countries model; see the corresponding section below

It should be noted that circulation numbers continue to be in flux throughout the calendar year due to ongoing sales and renewals waiting to roll over to the following year, so when looking at mid-year statistics, numbers can on occasion actually appear higher than they will at the end of the year. With renewals and rollovers resolved, end of year numbers are the most fully accurate.

Abstracting & Indexing Databases

Both *JMT* and *MTP* are included in a number of Abstracting & Indexing services – online resources that compile abstracts and links to articles across a wide number of journals and index all content for easy searching. This further extends the discoverability of the journals to the broad academic community, and helps ensure *JMT* and *MTP* content is used at the forefront of research. While prior to the partnership with OUP the journals were included in ProQuest, PubMed, and EBSCO, as of May 2018 both journals are now included in the following hosts' databases.

- Baidu
- Chongqing University
- CNKI
- CNPIEC
- EBSCO
- ExLibris
- Google Scholar
- Informatics Global
- Meta
- OCLC
- Quertle (Qinsight)
- PubMed
- ProQuest
- PsychInfo
- Wanfang Data
- Yewno

Each host or service uses various indexing databases to present the included journals. It is difficult to reliably list each database a given journal is included in, but some notable databases that index *JMT* and *MTP* include CINAHL, PsycFIRST, PubMed, SCOPUS, and Dietrich's.

Developing Countries

OUP is committed to ensuring that non-profit research institutions in developing nations have access to critical research. We participate in a number of free or heavily-reduced rate developing country access initiatives, including INASP, eIFL, and Research4Life, as well as our own Developing Countries Offer.

In 2015, OUP conducted an annual review of our developing country initiatives. As a result of this exercise OUP now offers its entire journal collection to participating institutions, currently reaching over 8,000 sites in over 100 countries, broadening and diversifying the potential readership of *JMT* and *MTP* dramatically. We promote the offer through a variety of geo-targeted channels, including native language promotions and partnerships with regional and global initiatives. Due to this, *JMT* and *MTP* are both available for online access across these 8,000+ sites; however, as this is not an “opt-in” service, there may be sites that have access that do not actually use the journals.

Consortia

Consortia are groups of libraries that purchase whole collections of journal content, as opposed to purchasing on a title-by-title basis. They only receive online access to content and are required to maintain full-rate subscriptions to any title to which they are already subscribed (these are identified as “migrated” subscriptions in the figures and tables above). This provides libraries the opportunity to make more content available to their patrons than they would as an individual library, and it provides the journals with both guaranteed revenue and additional sales that might have been otherwise unrealized.

Although consortia agreements sell journals in groups, to offer the most nimbleness and relevant content to our customers, OUP’s consortia agreements allow for libraries to choose bespoke collections. As such, some customers’ collections include only *JMT* or *MTP*, but not the other, explaining the small difference in Primary site consortia access between the two journals.

Analysis and Projections

In addition to increasing the journals’ circulation, consortia agreements continue to greatly expand their reach outside of North America. This is evidenced by the “circulation by region” pie charts in the appendices on pages 25-26, which show the increased reach that *JMT* and *MTP* have outside North America through consortia agreements over that of traditional full rate subscriptions. The tables above those pie charts show the countries that the journals reach through consortia agreements, and their changes from 2016 to 2017.

Due to a particularly hard international climate for collection sales, many consortia are in flux. As can be seen on the comparative consortia sites listing on pages 24-25 a number of countries have added the journals to their collections en masse (Russia, for example), while other countries have dropped off entirely (Qatar, Zimbabwe). This is partially due to international politics and changing currency exchange rates which are difficult, if not impossible, to account for despite OUP’s global team of sales representatives and their close relationships with librarians.

Further, governments and consortia are increasingly evaluating wide-ranging policies or mandates on open access, leading to negotiations internally within the organizations themselves (such as with the UK Scholarly Communications License) or with individual presses (such as the Netherlands’ VSNU consortium), effectively delaying renewals. Despite both struggles with budgets and in open access negotiations, OUP as a whole and

JMT and *MTP* in particular continue to see strong retention of consortia, in part due to the quality and consistency of journals in OUP's collection, and partly due to Oxford's strong reputation in the scholarly world.

On a more granular level, OUP has conducted a gap analysis of institutions that have either clinical or academic music therapy programs, but which currently do not have access to the AMTA journals. We hope to be able to then specifically target those institutions to subscribe to the journals. Further outreach and collaboration to adjacent fields, such as nursing, education, and psychology may hopefully also yield dividends in expanding the scope of readership for the journals.

AMTA JOURNALS ONLINE

Industry reports show that 85% of librarians consider usage statistics/cost per view to be the number one factor in choosing whether or not to renew a subscription to a journal. OUP thus makes driving readers to our online journals and tracking online usage a central part of our Marketing and Sales programs. We continue to see strong year-on-year growth, and although the traditional usage metrics below show somewhat inflated growth from 2016 to 2017 due to structural changes on the new online platform (see the “Oxford Academic Platform” section below and appendices for more information), the real increase in online readership between 2016 and 2018 has been particularly strong.

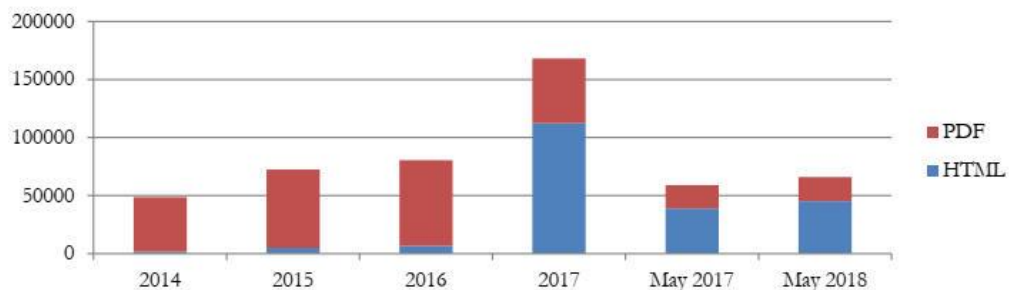
Usage Breakdown – Journal of Music Therapy

Year	Searches	Table of Contents	Abstract	HTML	PDF	Total Full-text
2014	40,257	28,634	155,271	1,647	46,940	48,587
2015	63,858	30,453	193,465	4,859	67,584	72,443
2016	78,184	30,981	224,286	6,529	74,022	80,551
2017	75,038	42,441	134,085	112,331	55,847	168,178
May 2017*	29,653	17,614	56,226	38,799	20,127	58,926
May 2018**	26,643	15,117	45,464	45,027	20,797	66,824

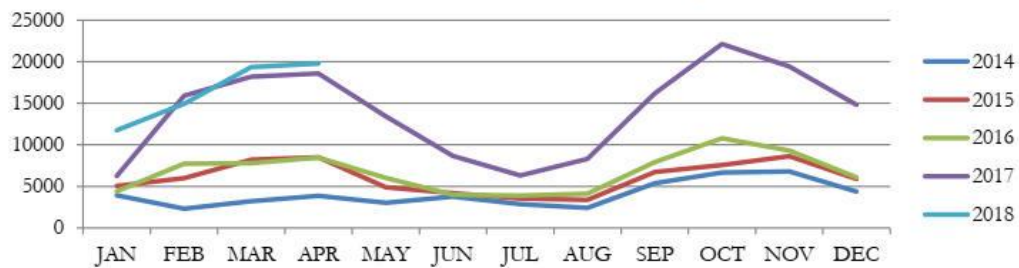
*As of May 1, 2017

**As of May 1, 2018

FULL-TEXT VIEWS BY YEAR - JMT



FULL-TEXT VIEWS BY MONTH - JMT



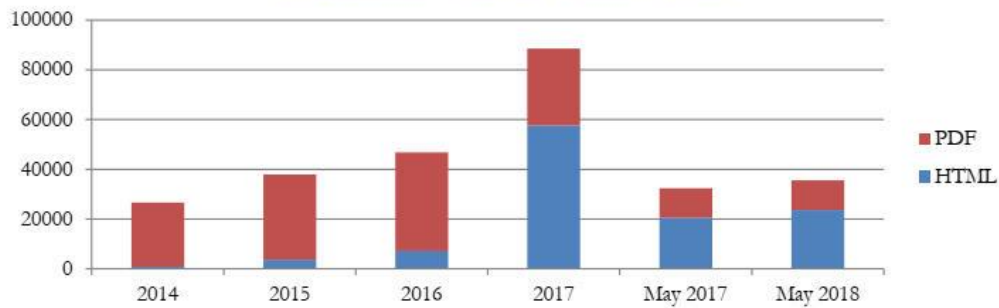
Usage Breakdown – Music Therapy Perspectives¹

Year	Searches	Table of Contents	Abstract	HTML	PDF	Total Full-text
2014	15,307	12,560	61,497	865	25,703	26,568
2015	25,197	13,000	77,966	3,620	34,325	37,945
2016	28,027	12,255	98,963	7,128	39,657	46,785
2017	33,754	19,306	40,739	57,545	30,979	88,524
May 2017*	13,708	8,479	19,089	20,521	11,886	32,407
May 2018**	11,365	6,294	12,495	23,641	11,895	35,536

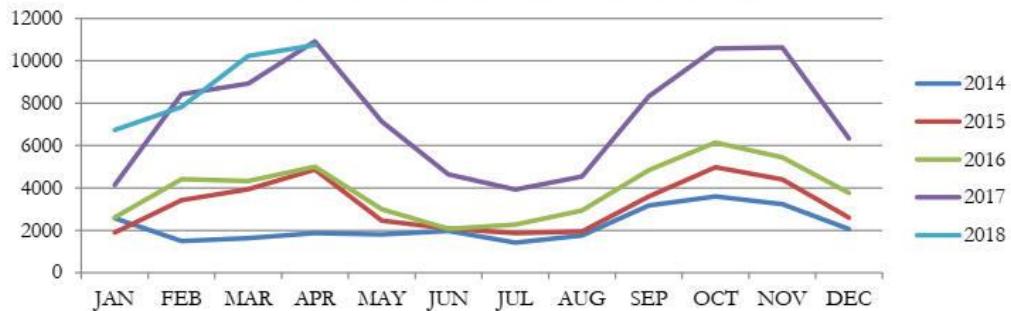
*As of May 1, 2017

**As of May 1, 2018

FULL-TEXT VIEWS BY YEAR - MTP



FULL-TEXT VIEWS BY MONTH - MTP



¹ It is important to note that that *JMT* publishes two more issues a year than *MTP*, and that is one of the primary reasons that *JMT* has higher usage figures than *MTP*. Additionally, while *JMT* launched in 1964, *MTP* only started publishing in 1982; *JMT* thus has eighteen more years' worth of content in its archive than *MTP*. This also contributes to its higher overall usage statistics.

Oxford Academic Platform

2017 saw the launch of *JMT* and *MTP* on the new Oxford Academic online platform which now serves as the new host for the journals online. Benefits of this move include a new, modern and modular customizable design, enhanced, smoother hosting and integration of multimedia content, rich thematic indexing of all journals content for ease of research, and enhanced discoverability of journal content both within the site and from referral sources such as Google.

With these changes on the new platform, OUP also made the concerted effort to design article pages to preferentially direct users to the HTML version of articles, rather than the PDF version, in order to make more use of the new features available in the HTML. In this way, users who would prefer to access the PDF click a link to the PDF article on the HTML page. As a result, however, the traditional usage methods of tracking each page “view” of an article were inflated, as users navigating to a PDF article would have views counted for both PDF and HTML pages. In response to this inflation, OUP devised a new metric that counts the number of user sessions (“visits”) in which they accessed an article, as opposed to individual views of a page, effectively negating the artificial inflation. Results of this metric are shown in the appendix, page 27, and while the increase in usage from 2016 to 2017 and 2018 is somewhat dampened compared to the increase based on traditional metrics, both journals still show impressive growth along the same trend lines as with traditional “views.”

Altmetric

Altmetric (www.altmetric.com) is an article-level metric that differs from the traditional metrics based on citations and online usage. An ‘Altmetric Score’ is calculated for each journal article, and if the score is non-zero a ‘donut’ icon is displayed on the article’s web page.

The Altmetric Score is a measure of the amount of attention an article has received online, in social media and from news sites, from early 2012 to date. It is not a good measure of article quality, nor is a focus of librarians for purchasing or renewal decisions, but the information can be of interest in showing the impact of journal articles for analytical purposes, which can help in raising the overall profile of a journal. It can further have causal implications on usage: if an article gets circulated in mainstream media or widely reposted on social media, it may bring increased online readership to the journal. We observe that the articles with the highest Altmetric Scores are those with findings that are humorous or of general public interest. This score is the number that appears in the center of the Altmetric donut. The colors of the donut indicate the source of the attention, as can be seen in the image on the next page.

The Colours of the Donut






- | | |
|---------------------------------|------------------------|
| ● Policy documents | ● Google+ |
| ● News | ● LinkedIn |
| ● Blogs | ● Reddit |
| ● Twitter | ● Faculty1000 |
| ● Post-publication peer-reviews | ● Q&A (stack overflow) |
| ● Facebook | ● Youtube |
| ● Sina Weibo | ● Pinterest |
| ● Wikipedia | |






Each mention that an article receives in one of the included sources contributes a positive amount to the Altmetric Score. Each contribution is weighted according to the attributes of the source, so that a Facebook post is not weighed as heavily as a mention in the *New York Times*.



The following are the articles in each journal that have received the highest total Altmetric Score, since Altmetric started measuring in early 2012. Each donut can be clicked for further information on the score's calculation for each article via the Altmetric website.

ARTICLES WITH HIGHEST ALTMETRIC SCORES - JMT

Score	Title	Publication Date
 181	<i>The Effects of Music on Pain: A Meta-Analysis</i>	10/19/2016
 122	<i>The Effect of Personality Type and Musical Task on Self-Perceived Arousal.</i>	6/20/2008
 80	<i>Music Therapy as Procedural Support for Young Children Undergoing Immunizations: A Randomized Controlled Study</i>	8/17/2016
 45	<i>Relaxing Music Prevents Stress-Induced Increases in Subjective Anxiety, Systolic Blood Pressure, and Heart Rate in Healthy Males and Females</i>	8/15/2016
 43	<i>The Effect of Music on Decreasing Arousal Due to Stress: A Meta-Analysis</i>	1/28/2016

ARTICLES WITH HIGHEST ALTMETRIC SCORES - MTP

Score	Title	Publication Date
 127	<i>Music Therapy Treatment of Active Duty Military: An Overview of Intensive Outpatient and Longitudinal Care Programs</i>	03/20/2018
 13	<i>A Systematic Review of Outcome Measures in Music Therapy</i>	11/11/2017
 13	<i>The Neuroscience of Speech and Language</i>	06/15/2017

Score	Title	Publication Date
 13	<i>Music Therapy and Chronic Mental Illness: Overcoming the Silent Symptoms</i>	04/24/2015
 11	<i>Come Together: Music Therapy and Speech-Language Pathology Students' Perspectives on Collaboration During an Inclusive Camp for Children with ASD</i>	4/4/2017

Analysis and Projections

Both journals have seen strong year-on-year growth in usage for nearly every month since the partnership between OUP and the AMTA began, with particular growth from 2016 to 2017 as the journals moved on to the new online platform. While in the 2017 publisher's reports were we not certain as to the extent of the real increase of online readership, due to changes of access associated with the new platform, we can now see a clear increase in article usage of 57% for *JMT* and 36% for *MTP* between 2016 and 2017. This steady growth is very encouraging, and we can already see 2018 will continue on an upward trajectory. As usage is such an important factor in libraries renewing subscriptions, this has positive implications for maintaining and increasing the journals' circulation and reach throughout the world, which is especially encouraging given the tough climate for library budgets.

Numerous marketing efforts that focus on online readership, such as virtual article collections and posts on the OUPblog (detailed in the Marketing section below), have directly contributed to this growth, and we will continue to develop these and new promotions to ensure the upward readership trend continues. A notable example of this is with the article *Therapy Treatment of Active Duty Military...* Due to the article being flagged to OUP, we were able to identify it as a candidate for a press release, and bolster promotion with social media campaigns. As a result, the article was picked up by numerous news outlets which led to a much higher-than-average Altmetric score for the article and 508 views to the article in just two weeks alone. The collaborative possibilities between the editorial office and OUP marketing are evident with this piece.

As mentioned above and in previous reports, with the move the Oxford Academic platform we are experiencing changes in ways users interact with the site. With users preferentially directed towards the feature-rich HTML versions of articles rather than PDF, we have seen and expect to increasingly see users engage more with HTML articles. This is beneficial because the HTML versions of articles offer possibilities for much enhanced reading and digestion of articles. Whereas PDF versions are basically "digital print," the HTML articles allow for increased interaction with an article by means of citation linking and downloading, audio/video accompaniment, and ease of sharing articles with colleagues and the public online.

The multimedia capabilities are especially promising for music therapy, and in 2017 and increasingly in 2018 we are utilizing those. As discussed in the Marketing section below, 2018 saw the launch of a podcast series for *MTP* and a series of video summaries of articles for *JMT*, both of which are sleekly displayed on the website and are easily shared further on social media. The future of these and other engaging projects is exciting, allowing users new ways to engage with material and offering new paths for engagement with the articles themselves.

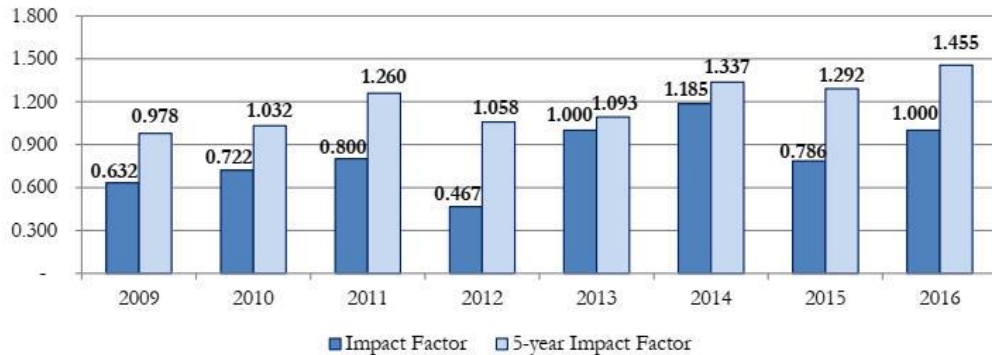
IMPACT FACTOR

JMT's Impact Factor rose from 0.786 in 2015 to 1.000 in 2016, ranking it 46/70 in ISI's Rehabilitation category.

Regular fluctuation of the Impact Factor is common. Especially in quarterly publications, in which there are many fewer articles per year than monthly or bi-monthly publications, a single highly-cited article can greatly influence the Impact Factor for its two-year citation window, leading to ebbs and flows of rankings. Additionally, because *JMT* articles are applicable for much longer than two years, and continue to receive many citations far after their Impact Factor citation window closes, Impact Factor does not paint a fully accurate picture for this journal. The 5-year Impact Factor, shown for comparison in the chart below, is more reliable in this sense; however, as evident, it still is subject to similar ebbs and flows due to the amount of content included.

The 2017 Impact Factor will be available later this summer, and we will update you with that information as soon as it becomes available to us.

IMPACT FACTOR TRENDS 2008-2016



2016 Impact Factor Calculation

Impact Factor is calculated taking the number of citations received in the IF year to articles published in the preceding two years, and dividing that number by the total number of applicable items from those two years. Applicable items are generally articles and reviews pieces, but the final determination of applicable "denominator items" is left to the Impact Factor calculation board. A demonstration of the 2016 Impact Factor calculation is below.

Citations in 2016

to items published in 2015: 20
to items published in 2014: 16

36 Citations

Citable content in 2016

Articles published in 2015: 19
Articles published in 2014: 17

36 Articles

= 1.000

In comparison, the 2015 Impact Factor is below.

Citations in 2015		Citable content in 2015	
to items published in 2014: 6		Articles published in 2014: 17	
to items published in 2013: 16		Articles published in 2013: 11	
22 Citations	÷	28 Articles	= 0.786

Music Therapy Perspectives in ESCI

In 2017 *MTP* was accepted for indexing in the Emerging Sources Citation Index. Currently, articles published in 2017 and 2018 are indexed in the ESCI, and a listing of cited articles appears in the appendices at the end of this report.

The ESCI is a relatively new index in Web of Science, which increases discoverability and measures citations, but does not calculate an Impact Factor. With Web of Science’s current, years-long backlog of applicants for an Impact Factor, inclusion within the ESCI provides a strong first step into that process, while still providing access to useful analytics and introducing no negative effects.

Analysis and Projections

While citations are an important measure of a journal’s impact on the field, the Impact Factor only views citations given two years (or five years in the case of the 5-year Impact Factor) after an article’s publication as relevant to its score, which is not a sensible evaluation for most fields outside of medicine or bioscience. However, it has cultural cachet within many institutions and thus plays a part in a journal’s overall standing, making the Impact Factor an unfortunately important benchmark.

Several events can lead to an Impact Factor increase or drop. Decreasing the number of published articles in a given year can decrease the denominator of the Impact Factor fraction, or publishing a single highly cited article can raise a journal’s Impact Factor for the two years it is considered, resulting in a drop the following year. In the case of *JMT*’s increase in 2016, both of these factors influenced the change. In 2013 there was much less content published than in 2015 – 326 pages in the 2013 volume compared to 532 in the 2015 volume. When, with the 2016 Impact Factor, the 2013 volume left the IF window and the 2015 volume entered it, this increased the number of articles counted, thus raising the denominator, potentially lowering the 2016 Impact Factor. However, because a number of those 2015 articles were highly cited in 2016, the increase in total citations coming from these articles more than compensated for the increased denominator, and led to the overall IF increase. This is a normal result of yearly differences in published content; however, we will continue to promote articles through article collections and individual article promotions in an effort to raise visibility and further increase the chance for citations.

Based on early in-house predictions of the 2017 Impact Factor, we expect *JMT*’s IF to increase strongly for the 2017 rankings. A more thorough and concrete examination of that expected gain will follow in the November 2018 Publisher’s Report.

Because *MTP* is now included in ESCI, we can use that tool to approximate what its Impact Factor would be for 2017 if the journal were eligible. Based on these approximations, we estimate *MTP* would have a 2017 IF of 0.974. This information can be useful when moving forward and making a case for *MTP* to be included in the Impact Factor in the future.

MARKETING

Marketing campaigns are strategically planned and carried out in order to advance the key objectives of raising usage and increasing the journal profile in various areas. This section outlines a summary of marketing activities for *JMT* and *MTP* from January 2017 to May 2018.

Core Marketing Objectives

Objective 1: Driving Usage

- **Goal:** Increase *JMT*'s and *MTP*'s total full-text article views by 10% by the end of 2018
- **Goal:** Support the growth of *JMT*'s and *MTP*'s total email alert registrants

Objective 2: Increasing Profile

- **Goal:** Support the joint journals' social media on the Twitter and Facebook platforms
- **Goal:** Support "Perspective on *Perspectives*" podcast and *JMT Take 3* video series initiatives
- **Goal:** Increase high-value interactions at conferences
- **Goal:** Implement cross-promotional campaigns, when applicable, with other medical and psychology journals to support an expanded reach

Objective 1: Driving Usage

Content Promotion

Key tactics for increasing the journals' full-text usage include thematic article collections, virtual issues, social media, and blog posts. Promoting article collections using a variety of marketing outlets serves to grow the online usage of *MTP*'s and *JMT*'s content by increasing included articles' dissemination to wider audiences.

In 2017 and 2018 YTD, three collections of AMTA journal articles were created and six OUPblog posts by AMTA journal authors were published. Each was heavily promoted by social media, online advertisements, and print materials, detailed below.

Parkinson's disease Virtual Issue

A virtual issue was created in May 2017 on the topic of Parkinson's disease. The *JMT* and *MTP* articles included in the virtual issue were made freely available through October 2017.

The three *MTP* articles and three *JMT* articles received a combined **3,122 full-text views** from May 2017 – October 2017. Articles included and individual results can be found in the Marketing appendix (pg. 38).



The graph to the left reflects the significance the collection campaign had on increasing article-level usage. Each article included in the collection experienced an increase in usage in May 2017 compared to pre-campaign levels.

WCMT Virtual Issue

A virtual issue was created in July 2017 for the 15th World Congress of Music Therapy. The *JMT* and *MTP* articles included in the virtual issue were made freely available through October 2017.

The four *MTP* articles and four *JMT* articles received a combined **1,821 full-text views** from July 2017 – October 2017. Articles included and individual results can be found in the Marketing appendix (pg. 38).

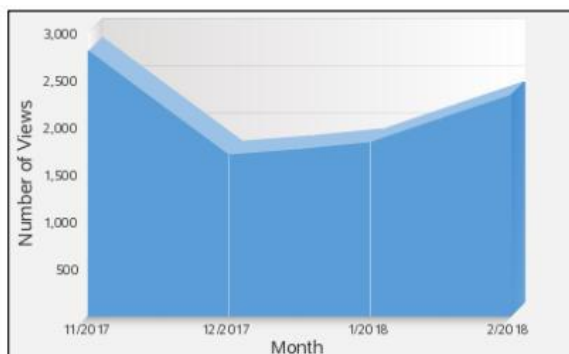


The graph to the left reflects the significance the collection campaign had on increasing article-level usage. Each article included in the collection experienced a steep increase in usage following the Congress compared to pre-campaign levels.

Top 8 Most Impactful Virtual Issue

A virtual issue was created in November 2017 to coincide with the 2017 AMTA Annual Meeting. “Most Impactful” was defined by number of reads and Altmetric scores. The *JMT* and *MTP* articles included in the virtual issue were made freely available through February 2018.

The four *MTP* articles and four *JMT* articles received a combined **8,614 full-text views** from November 2017 – February 2018. Articles included and individual results can be found in the Marketing appendix (pg. 38).



The graph to the left reflects the significance the collection campaign had on increasing article-level usage. Each article included in the collection experienced heightened usage at the start of the campaign in November, and following promotions in January.

Article-specific Promotion

- The MTP article, *Considering Rhythm for Sensorimotor Regulation in Children with Autism Spectrum Disorders*, and JMT article, *Common Characteristics of Improvisational Approaches in Music Therapy for Children with Autism Spectrum Disorder: Developing Treatment Guidelines*, were featured in a reading list hosted on the Oxford Academic Tumblr for Autism Awareness Month in April 2017.
- The MTP article *Adolescents' Evaluation of Music Therapy in an Inpatient Psychiatric Unit: A Quality Improvement Project* was made freely available and promoted on Oxford Psychology's Twitter and Facebook account during Mental Health Awareness Week in October 2017.
 - The Facebook post received nine likes and one share, and the two tweets received three retweets and seven likes; the bit.ly link received a total of 24 click-throughs to the article.
 - During the weeks of promotion, the article received a 1,035% increase in usage with **159 full-text views** compared to 14 the week prior.
- The JMT article, *Group Music Therapy as a Preventive Intervention for Young People at Risk: Cluster-Randomized Trial* was made freely available and promoted on Oxford Psychology's Twitter during Mental Health Awareness Week in October 2017.
 - The tweets received a combined five retweets and eight likes; the bit.ly link received a total of 36 click-throughs to the article.
 - During the week of promotion, the article received a 238% increase in usage with **186 full-text views** compared to 55 the week prior.
- The MTP article *Music Therapy Treatment of Active Duty Military: An Overview of Intensive Outpatient and Longitudinal Care Programs* received a press release from OUP's Publicity team. The article was further promoted via the Oxford Journals Twitter and the Oxford Psychology Facebook and Twitter accounts.
 - The Facebook post received 10 likes and five shares, and reached 1,182 viewers; the bit.ly link received a total of 33 click-throughs to the article.
 - After publishing in March 2018, the article received **509 full-text views** in the first two weeks, and currently has an Altmetric score of 127, by far the highest MTP article.
- The JMT article *The Effects of Music Relaxation on Sleep Quality and Emotional Measures in People Living with Schizophrenia* was promoted via the Oxford Psychology and Oxford Journals Twitter channels.
 - During the weeks of promotion, the article received an 82% increase in usage with **60 PDF views** compared to 33 the week prior.
- The MTP article *The Role of Music Therapy and Ritual Drama in Transformation During Imminent Death* was included in an interactive [infographic](#) for Modern Palliative Care organized by OUP's online products team.
 - During the week the infographic went live, the article received **19 full-text views** compared to one the week prior.

OUPblog

The OUPblog is one of the most widely read academic blogs in the world, with more than 6,500 subscribers and 100,000 visitors per month. Six blog posts based on AMTA content, by AMTA authors, were featured on the OUPblog recently – five in 2017 and one thus far, in 2018. On each blog post a link is included to the associated full-text AMTA article or article collection.

Post Date	Author	Post Title	Views*
Feb. 2017	Laurel Young	<i>Challenging assumptions about how music helps</i>	2,780

Post Date	Author	Post Title	Views*
May 2017	Kimberly Sena Moore	<i>Johnny had Parkinson's... and music helped him walk</i>	597
July 2017	Noah Potvin, Kimberly Sena Moore	<i>Embracing tension, space, and the unknown in music therapy research</i>	792
October 2017	Kimberly Sena Moore	<i>Wielding wellness with music</i>	711
December 2017	Elaine Abbott	<i>Connecting clinical presence and clinical knowledge in music therapy</i>	487
March 2018	Candice Bain, Catherine Boggan, and Patrick R. Grzanka	<i>Acknowledging identity, privilege, and oppression in music therapy</i>	665

*As of May 29, 2018

Email Alert Promotion

E-alerts encourage regular readership of a journal, and are a vital tool in helping us achieve our aims of increasing engagement and usage. Due to this fact, increasing the number of e-alert registrants is a key objective for us and we consistently encourage sign-ups at conferences, with online advertisements, and within other promotions that we conduct throughout the year. The tables below show the number of registrants signed up to receive e-alerts from the AMTA journals.

NEW ISSUE ALERTS

Journal	May 2017	May 2018	Percent Increase
JMT	575	937	63%
MTP	412	627	52%

ADVANCE ARTICLE ALERTS

Journal	May 2017	May 2018	Percent Increase
JMT	290	325	12%
MTP	257	281	9%

Objective 2: Increasing Profile

Journal-level Social Media Platforms

Social Media Marketing Collaboration

In late 2017, the individual Twitter accounts for *JMT* and *MTP* were combined to create one joint account. The individual Instagram account for *JMT* and combined Facebook account have seen continued success throughout 2017. These outlets are intended to spur further engagement and cross-communication between each journal, OUP's social media accounts, and the AMTA platforms. These accounts are managed by associate editors Kimberly Sena Moore and Noah Potvin, respectively.

OUP is actively supporting these efforts with our own marketing and social media presence. Moving forward, support to strengthen these channels will remain a continual, prioritized facet of OUP's marketing strategy; as number of followers and level of engagement with social media posts continue to increase, the more general consumers, academics, librarians, and researchers the content will reach. Current and future strategies to support the journals' channels include consistent retweeting/re-sharing of content across channels, crafting

advertising campaigns to drive traffic and followers to the new accounts, and sending direct email notifications to journal e-alert registrants notifying them of the new channels. The journals' accounts will also be continually included in conference materials and other promo from OUP.

To support the growth of the joint Twitter account, a dynamic Twitter feed snippet is prominent on both journal homepages. We will also create online advertisements directing viewers to the respective channel. Currently, an advertisement directing to the journals' joint Facebook account is running on both journals' websites. The ad has received 341,587 impressions and 792 clicks.

JMT Take 3 (video series)

Launching at the end of 2017, *JMT Take 3* is a video series where music scholars share the top three highlights from their *JMT* articles. This initiative is highlighted prominently on the *JMT* website, via website banner advertisements, and conference collateral. A full list of existing videos and their usage can be found in the Marketing appendix (pg. 39).

Perspective on Perspectives (podcast)

Launching at the end of 2017, *Perspective on Perspectives* is a podcast featuring interviews with music therapy researchers and clinicians about their publications in *MTP*. This initiative is highlighted prominently on the *JMT* website, via website banner advertisements, and conference collateral. A full list of the existing podcast episodes and their usage can be found in the Marketing appendix (pg. 39).

Cross-Promotional Campaigns

The *MTP* article *Theoretical Considerations of Spirit and Spirituality in Music Therapy* was included in a cross-journal collection on the topic of religion and music. The collection was promoted July through December 2017. Activities to promote include a direct email, social media and advertisements.

Three *JMT* articles were included in a cross-promotional campaign with other medicine and psychology journals on the topic of sleep research. The collection was promoted through the end of 2017. Activities to support include a direct email, Google AdWords campaign and social media.

Two *JMT* articles and one *MTP* article were featured in a cross-journal collection on the focus of medicine in the military in May 2018 to coincide with Memorial Day. Activities to support include Google AdWords, social media and a website advertisement.

Printed Publicity

- A full-page advertisement sponsorship was provided to the Interdisciplinary Society for Quantitative Research in Music and Medicine (ISQRMM) annual meeting in 2017. The ad featured both journals, as well as the Parkinson's disease virtual issue.
- Branded USBs were created for use at the WCMT 2017 and AMTA 2017 meeting.
- A full-page program advertisement for *JMT* and *MTP* was created for AMTA 2017.
- *JMT* and *MTP* were included in the 'Music Therapy' section of an advertisement for OUP's Global Music Catalogue.

- A full-page program advertisement for *JMT* and *MTP*, as well as an insert for delegate tote bags, were created for the 3rd Annual Integrated Creative Arts Therapy Conference.

Conferences

We have promoted the journals at relevant conferences throughout 2017 and 2018. Conference presence is either in the form of an OUP branded booth/stand, or in some cases via a shared publisher's display. Sample copies of the journal are displayed, along with promotional materials. A full list of conferences that *JMT* and *MTP* were promoted at can be found in the Marketing appendix (pg. 39).

In July 2017, OUP and AMTA had an in-person booth presence at the 15th World Congress of Music Therapy in Tsukuba, Japan. Promotional items and journal copies were distributed. In addition, an online virtual issue was created in conjunction with the meeting. This collection was promoted via print collateral at the congress, and digital promotions, such as geo-targeted advertisements and social media posts. The virtual issue also included translated abstracts, which appealed to members of the journals' international audience.

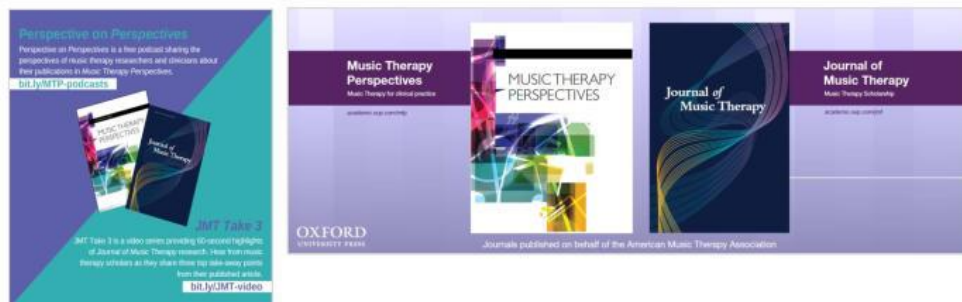
A booth backdrop, tabletop, flyers, journal copies and e-alert registration cards were sent to the AMTA 2017 conference for display at the OUP booth.

To directly promote circulation growth, ongoing librarian outreach has continued throughout 2017, which includes promotion at global conferences – such as ALA, UKSG and CALIS – and highlights in librarian e-newsletters distributed to all existing institutional customers. We have promoted the journals at relevant conferences throughout 2017 and 2018 to-date. Conference presence is either in the form of an OUP branded booth/stand, or in some cases via a shared publisher's display. Sample copies of the journal are displayed, along with promotional materials.

In June 2018, OUP provided a sponsorship on the journals' behalf to the 3rd Annual Integrated Creative Arts Therapy Conference. The full-page advertisement featured information about both journals. The delegate tote bag insert featured information about *JMT Take 3* and *Perspective on Perspectives*, as well as instructions on how to sign up for e-alerts.

Continuous Marketing Development

Each year much of the journals' strategy and marketing focus is determined through board meetings and an editorial retreat at the national conference. These annual sessions are extremely fruitful and generative of good ideas. In order to continuously augment and follow up on those sessions year-round, the journals' social media Associate Editors, OUP marketing and publishing, and AMTA staff hold regular quarterly meetings throughout the year to further develop those goals and to capitalize on any new opportunities that arise.



PRODUCTION

Consistent timely publication and author satisfaction with the production process are two additional ways that the academic and therapeutic communities' perceptions of the journals are influenced. Thus, maintaining timeliness and quality are essential both for the journals themselves and for the journals' stature in the public eye. Further, issue timeliness has implications for citations: it is taken into account by Clarivate as a factor in granting or continuing a journal's Impact Factor, and on-time publication of articles results in the most possible time within the relevant two-year citation window for the Impact Factor, allowing for more citations to be counted in that metric.

While OUP recognizes the value and importance of timeliness, always striving to meet targets for both article and issue online publication, 2017 proved to be a challenging year for several one-off factors, including Press-wide supplier transitions, the move to the Oxford Academic platform, and unexpected delays attributed to a severe hurricane season.

With those problems now behind OUP, both *JMT* and *MTP* have moved consistently back within their targets for 2018, and will suffer no negative implications to the Impact Factor as a result.

Speed Through Production

2017 ushered in a number of changes and transitions at OUP, between the continued consolidation of suppliers and onboarding a new, more efficient online platform. While neither *JMT* nor *MTP* were part of the supplier transition, the reallocation of a heavier workload to Newgen did have an impact on article publication timeliness, and resulted in our missing the 10-week target speed for *JMT* with an average of 13.5 weeks from acceptance to online publication. Conversely, however, *MTP* experienced improved speeds over the past year, posting online within an average of 6.4 weeks.

In 2018 thus far, *JMT* has significantly improved its average acceptance-to-publication time, down to 8.1 weeks. *MTP*'s average acceptance-to-publication time is on-target at 10.4 weeks.

Issue Publication Schedule

While 2017 was a challenging year in regard to issue publication times, 2018 has seen both journals move back on schedule. The final two *JMT* issues of 2017 experienced delays due to late copy from the editorial office and slow response times from authors. Both of those areas have enjoyed significant improvement in 2018. *JMT*'s first issue of the year – 55/1 – published online and printed very close to the expected dates, and issue 55/2 finalized ahead of schedule.

MTP has seen similar improvement. The final issue of 2017 required an excessive amount of revisions before finalizing, causing the issue to run late. That concern has been adequately addressed, and *MTP* published its first issue of 2018 on schedule and is expected to continue on schedule for Issue 2.

(Publication/Print times within one week of scheduled dates are marked in green; late issues are marked in red.)

Journal of Music Therapy

2017

Volume/Issue	Scheduled Online	Actual Online	Scheduled Print	Actual Print
54/1	10-Mar-17	10-Mar-17	17-Mar-17	23-Mar-17
54/2	13-Jun-17	27-Jul-17	19-Jun-17	9-Aug-17
54/3	18-Sept-17	1-Nov-17	25-Sept-17	1-Nov-17
54/4	14-Dec-17	1-Jan-18	20-Dec-17	26-Jan-18

2018

Volume/Issue	Scheduled Online	Actual Online	Scheduled Print	Actual Print
55/1	9-Mar-18	10-Mar-18	16-Mar-18	20-Mar-18
55/2	11-Jun-18	Expected on-time	19-Jun-18	Expected on-time
55/3	10-Sept-18	-	28-Sept-18	-
55/4	11-Dec-18	-	18-Dec-18	-

Music Therapy Perspectives

2017

Volume/Issue	Scheduled Online	Actual Online	Scheduled Print	Actual Print
35/1	7-Apr-17	5-Apr-17	13-Apr-17	17-Apr-17
35/2	13-Oct-17	20-Nov-17	24-Oct-17	30-Nov-17

2018

Volume/Issue	Scheduled Online	Actual Online	Scheduled Print	Actual Print
36/1	9-Apr-18	9-Apr-18	16-Apr-17	18-Apr-18
36/2	12-Oct-18	-	23-Oct-17	-

Quality – Author Surveys

OUP surveys its authors after the final article has been published online. We ask authors to rate us on quality, service, speed, and communication on a 5 point scale, and also to leave comments regarding their experience during the publication process in order for us to continually improve our services. Average ratings and author comments are listed below.

Journal of Music Therapy

Year	Respondents	Avg. Quality	Avg. Service	Avg. Speed	Avg. Communication
2017	2	5.0	4.0	5.0	5.0
2018	1	5.0	4.0	5.0	4.0

Authors left the following comments:

- *Quick response.*
- *Very timely publication after acceptance.*

Music Therapy Perspectives

Year	Respondents	Avg. Quality	Avg. Service	Avg. Speed	Avg. Communication
2017	2	4.0	4.0	4.0	4.0
2018	1	4.0	5.0	5.0	4.0

Authors left the following comments:

- *I did not receive the automated messages from the system prompting me to look at the proof, or providing for me the article's DOI or the link to the final published version of the article. I was able to communicate directly with production staff regarding the proofs, but have yet to receive the DOI of the final published version of the article.**
- *Just want to say Thank You!*

*Due to the change in the Web platform in early 2017, automatic delivery of toll-free links to completed manuscripts online was suspended and links were delivered manually upon request; however, this author did not leave his name nor any other identifying information that would have allowed direct investigation or follow-up to this response. The included reference to a missing DOI most likely refers to the link again. This comment above is from March 2017. Soon afterward, automatic delivery of the toll-free links resumed and there were no further communication or queries from authors in this regard.

CONCLUSIONS

At this point in the partnership between the AMTA and OUP we are beginning to transition into a new period of development for *JMT* and *MTP*. The initial period of explosive circulation growth from inclusion in consortia agreements, sales of the journals' back archives, and transition to an online-intensive environment is beginning to fade as readers, consumers, and customers adjust to the journals' new environments. At the same time, as the partnership cements into our second term, collaborative efforts between AMTA and OUP are beginning to hit their stride. The creation and constant evolution of the journals' social media presence in becoming increasingly effective and collaborative with OUP marketing, and together the journals are able to take full advantage of the Oxford Academic platforms enhanced capabilities for multimedia and discoverability of various forms of content. The relationship between the editorial offices, OUP production, and our typesetters is becoming better defined and with that we are looking forward to smoother communication, production, and display of the journals online and in print. The overall communications between AMTA, journals' editorial offices, and OUP is becoming increasingly tight, with extremely generative meetings at the annual conference, Oxford Journals Day, quarterly calls, and ad-hoc emails.

From these interactions originate specific action points for the development of the journals on multiple levels, which are increasingly important as the organic and easy gains from introduction into consortia, online presence, and initial marketing wear away. Some of these ongoing actions include increasing the indexes and abstracting services the journals are a part of to increase discoverability and relevance of articles to the research community; creating, curating, and acting upon a gap analysis of institutions that should, but do not yet, purchase access to the journals; increasing our author resources and education about key developments in the publishing world such as open access and social media self-promotion; and the inclusion of CME into articles to engage and serve the music therapy community of practitioners, and more. Especially amid external – often global – forces that can unpredictably shift the market, it is these focused and collaborative efforts that will continue to drive the journals forward as both successful publications generally and as vehicles to serve the music therapy community specifically.

APPENDICES

Circulation

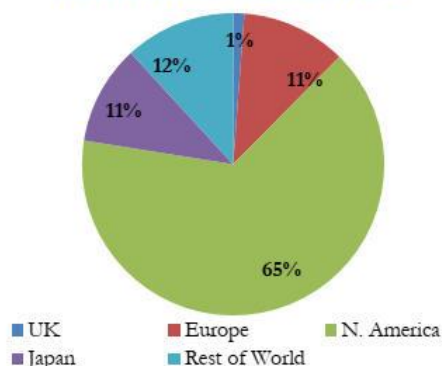
2017 Circulation by Region - JMT

2016-2017 COMPARATIVE CONSORTIA SITES BY COUNTRY*

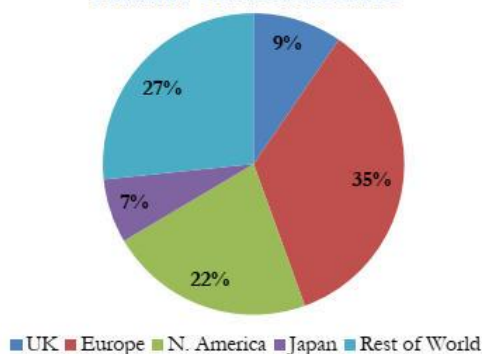
Country	2017 Sites	2016 Sites	# Increase	% Increase	Country	2017 Sites	2016 Sites	# Increase	% Increase
Armenia	1	1	0	0%	Netherlands	0	5	-5	-100%
Australia	59	51	8	16%	New Zealand	13	13	0	0%
Austria	3	3	0	0%	Norway	6	6	0	0%
Bahrain	2	2	0	0%	Oman	1	1	0	0%
Belarus	3	2	1	50%	Pakistan	1	0	1	-
Belgium	3	3	0	0%	Paraguay	1	1	0	0%
Botswana	1	0	1	-	Peru	1	0	1	-
Brunei Darussalam	0	1	-1	-100%	Philippines	4	2	2	100%
Canada	65	64	1	2%	Poland	56	56	0	0%
Chile	70	70	0	0%	Portugal	1	1	0	0%
China	137	143	-6	-4%	Qatar	0	19	-19	-100%
Colombia	3	3	0	0%	Republic of Ireland	10	10	0	0%
Costa Rica	1	1	0	0%	Republic of Serbia	2	2	0	0%
Croatia	1	0	1	-	Russian Federation	61	0	61	-
Czech Republic	3	4	-1	-25%	Saudi Arabia	2	3	-1	-33%
Denmark	14	15	-1	-7%	Singapore	9	8	1	13%
Egypt	1	0	1	-	Slovakia	1	1	0	0%
Estonia	6	7	-1	-14%	Slovenia	1	1	0	0%
Finland	1	1	0	0%	South Africa	10	9	1	11%
France	6	6	0	0%	South Korea	89	90	-1	-1%
Germany	244	242	2	1%	Spain	13	10	3	30%
Hong Kong	4	4	0	0%	Sri Lanka	13	13	0	0%
Hungary	3	0	3	-	Sweden	54	54	0	0%
India	4	1	3	300%	Switzerland	15	17	-2	-12%
Indonesia	7	0	7	-	Taiwan	5	3	2	67%
Israel	15	15	0	0%	Thailand	4	4	0	0%
Italy	92	87	5	6%	Turkey	77	84	-7	-8%
Japan	135	137	-2	-1%	United Arab Emirates	2	9	-7	-78%
Kazakhstan	1	1	0	0%	United Kingdom	188	195	-7	-4%
Latvia	1	1	0	0%	United States	368	358	10	3%
Lebanon	6	7	-1	-14%	Venezuela	1	1	0	0%
Lithuania	7	0	7	-	Vietnam	1	1	0	0%
Macau	1	1	0	0%	Zambia	0	1	-1	-100%
Malaysia	1	1	0	0%	Zimbabwe	0	21	-21	-100%
Mexico	54	52	2	4%					

* Primary sites only (Excludes Migrated Subscriptions and Developing Countries)

GEOGRAPHIC BREAKDOWN OF INSTITUTIONAL SUBSCRIPTIONS



GEOGRAPHIC BREAKDOWN OF PRIMARY CONSORTIA SITES



2017 Circulation by Region - MTP

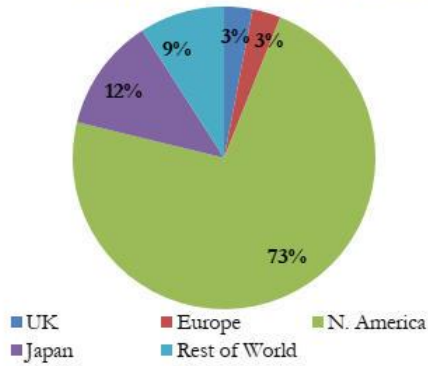
2016-2017 COMPARATIVE CONSORTIA SITES BY COUNTRY*

Country	2017 Sites	2016 Sites	# Increase	% Increase	Country	2017 Sites	2016 Sites	# Increase	% Increase
Armenia	1	1	0	0%	Netherlands	0	5	-5	-100%
Australia	59	51	8	16%	New Zealand	13	13	0	0%
Austria	3	3	0	0%	Norway	6	6	0	0%
Bahrain	2	2	0	0%	Oman	1	1	0	0%
Belarus	3	2	1	50%	Pakistan	1	0	1	-
Belgium	3	3	0	0%	Paraguay	1	1	0	0%
Botswana	1	0	1	-	Peru	1	0	1	-
Brunei Darussalam	0	1	-1	-100%	Philippines	4	2	2	100%
Canada	65	64	1	2%	Poland	56	56	0	0%
Chile	70	70	0	0%	Portugal	1	1	0	0%
China	137	143	-6	-4%	Qatar	0	19	-19	-100%
Colombia	3	3	0	0%	Republic of Ireland	10	10	0	0%
Costa Rica	1	1	0	0%	Republic of Serbia	2	2	0	0%
Croatia	1	0	1	-	Russian Federation	61	0	61	-
Czech Republic	3	4	-1	-25%	Saudi Arabia	2	3	-1	-33%
Denmark	14	15	-1	-7%	Singapore	2	8	-6	-75%
Egypt	1	0	1	-	Slovakia	1	1	0	0%
Estonia	6	7	-1	-14%	Slovenia	1	1	0	0%
Finland	1	1	0	0%	South Africa	10	9	1	11%
France	7	6	1	17%	South Korea	89	90	-1	-1%
Germany	244	242	2	1%	Spain	12	10	2	20%
Hong Kong	4	4	0	0%	Sri Lanka	13	13	0	0%
Hungary	3	0	3	-	Sweden	54	54	0	0%
India	4	1	3	300%	Switzerland	16	17	-1	-6%
Indonesia	7	0	7	-	Taiwan	21	3	18	600%
Israel	15	15	0	0%	Thailand	4	4	0	0%

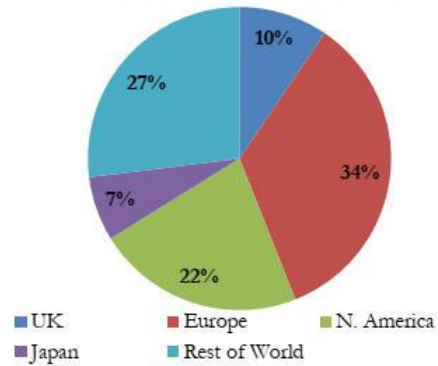
Country	2017 Sites	2016 Sites	# Increase	% Increase	Country	2017 Sites	2016 Sites	# Increase	% Increase
Italy	92	87	5	6%	Turkey	77	84	-7	-8%
Japan	135	137	-2	-1%	United Arab Emirates	2	9	-7	-78%
Kazakhstan	1	1	0	0%	United Kingdom	190	195	-5	-3%
Latvia	1	1	0	0%	United States	353	358	-5	-1%
Lebanon	6	7	-1	-14%	Venezuela	1	1	0	0%
Lithuania	7	0	7	-	Vietnam	1	1	0	0%
Macau	1	1	0	0%	Zambia	0	1	-1	-100%
Malaysia	1	1	0	0%	Zimbabwe	0	21	-21	-100%
Mexico	54	52	2	4%					

* Primary sites only (Excludes Migrated Subscriptions and Developing Countries)

GEOGRAPHIC BREAKDOWN OF INSTITUTIONAL SUBSCRIPTIONS



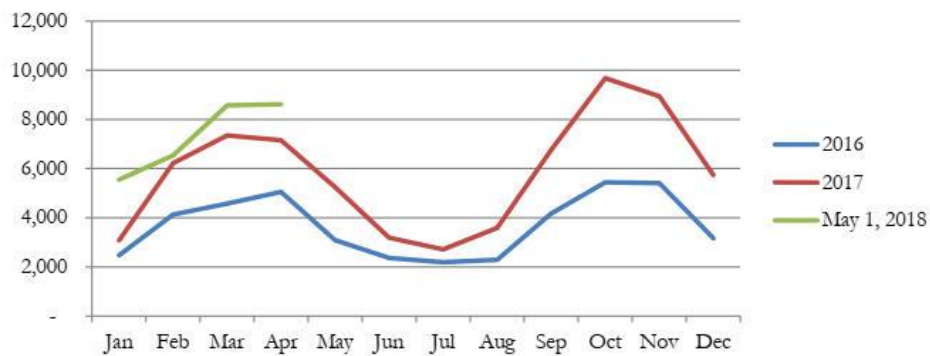
GEOGRAPHIC BREAKDOWN OF PRIMARY CONSORTIA SITES



Online Usage

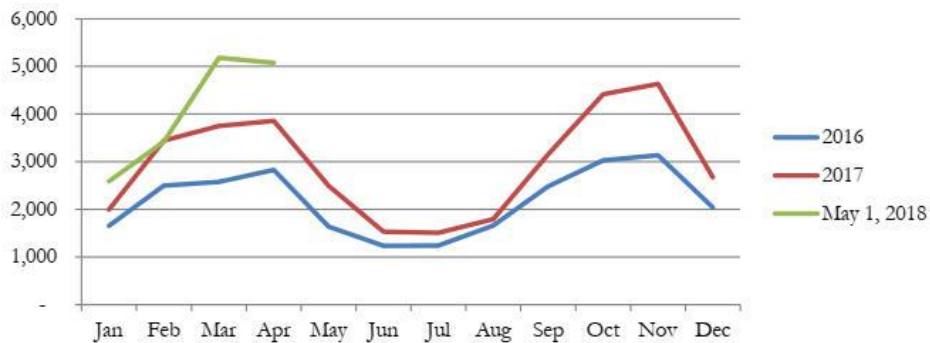
JMT - USAGE WITH CONTENT ENGAGEMENT

Year	Total Visits with Content Engagement	% Increase
2016	44,369	
2017	69,649	57%
May 1, 2017	23,810	-
May 1, 2018	29,274	23%



MTP - USAGE WITH CONTENT ENGAGEMENT

Year	Total Visits with Content Engagement	% Increase
2016	26,005	-
2017	35,241	36%
May 1, 2017	13,042	-
May 1, 2018	16,268	25%



JMT – TOP ARTICLES VIEWED IN 2017

#	Title	Lead Author	Information	HTML Full-text	PDF Full-text	Total Full-text
1	<i>Is Music Therapy an Effective Intervention for Dementia? A Meta-Analytic Review of Literature</i>	Koger, Susan M.	(1999), Vol. 36, Iss. 1, 2-15	4,963	2,545	7,508
2	<i>Effects of a Music Therapy Group Intervention on Enhancing Social Skills in Children with Autism</i>	LaGasse, A. Blythe	(2014), Vol. 51, Iss. 3, 250-275	2,851	1,089	3,940
3	<i>The Effects of Music Therapy Intervention on Agitation Behaviors of Alzheimer's Disease Patients*</i>	Brottons, Melissa	(1996), Vol. 33, Iss. 1, 2-18	2,280	1,059	3,339
4	<i>Relaxing Music Prevents Stress-Induced Increases in Subjective Anxiety, Systolic Blood Pressure, and Heart Rate in Healthy Males and Females</i>	Wendy E. J. Knight	(2001), Vol. 38, Iss. 4, 254-272	2,040	677	2,717
5	<i>The Effects of Music on Pain: A Meta-Analysis</i>	Lee, JH	(2016), Vol. 53, Iss. 4, 439-477	1,897	771	2,668
6	<i>The Influence of Music on Facial Emotion Recognition in Children with Autism Spectrum Disorder and Neurotypical Children</i>	Brown, Laura S.	(2016), Vol. 54, Iss. 1, 55-79	1,370	540	1,910
7	<i>The Impact of Music Therapy on Language Functioning in Dementia</i>	Brottons, Melissa	(2000), Vol. 37, Iss. 3, 183-195	971	724	1,695
8	<i>Effects of Group Music Therapy on Quality of Life, Affect, and Participation in People with Varying Levels of Dementia</i>	Solé, Carme	(2014), Vol. 51, Iss. 1, 103-125	1,117	528	1,645
9	<i>The Effect of Music on Decreasing Arousal Due to Stress: A Meta-Analysis</i>	Pelletier, Cori L.	(2004), Vol. 41, Iss. 3, 192-214	1,023	559	1,582
10	<i>The Effect of Reminiscence Music Therapy Sessions on Changes in Depressive Symptoms in Elderly Persons with Dementia</i>	Ashida, Sato	(2000), Vol. 37, Iss. 3, 170-182	1,082	493	1,575
11	<i>History of Music Therapy Treatment Interventions for Children with Autism</i>	Reschke-Hernández, Elaine E.	(2011), Vol. 48, Iss. 2, 169-207	959	516	1,475
12	<i>Music in Intervention for Children and Adolescents with Autism: A Meta-Analysis</i>	Whipple, Jennifer	(2004), Vol. 41, Iss. 2, 90-106	1,026	445	1,471
13	<i>Common Characteristics of Improvisational Approaches in Music Therapy for Children with Autism Spectrum Disorder: Developing Treatment Guidelines</i>	Geretsegger, Monika	(2015), Vol. 52, Iss. 2, 258-281	986	407	1,393
14	<i>Exploring a Neuroplasticity Model of Music Therapy</i>	Stegemöller, Elizabeth L.	(2014), Vol. 51, Iss. 3, 211-227	967	370	1,337
15	<i>The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease</i>	Dassa, Ayelet	(2014), Vol. 51, Iss. 2, 131-153	954	372	1,326
16	<i>Effect of "Developmental Speech and Language Training Through Music" on Speech Production in Children with Autism Spectrum Disorders</i>	Lim, Hayoung A.	(2010), Vol. 47, Iss. 1, 2-26	799	489	1,288

#	Title	Lead Author	Information	HTML Full-text	PDF Full-text	Total Full-text
17	<i>Group Music Therapy as a Preventive Intervention for Young People at Risk: Cluster-Randomized Trial</i>	Gold, Christian	(2017), Vol. 54, Iss. 2, 133-160	975	296	1,271
18	<i>Music Therapy Practice Status and Trends Worldwide: An International Survey Study</i>	Kern, Petra	(2017), Vol. 54, Iss. 3, 255-286	934	313	1,247
19	<i>The Effect of Group Music Therapy on Mood, Speech, and Singing in Individuals with Parkinson's Disease — A Feasibility Study</i>	Elefant, Cochavit	(2012), Vol. 49, Iss. 3, 278-302	824	401	1,225
20	<i>The Effectiveness of Singing or Playing a Wind Instrument in Improving Respiratory Function in Patients with Long-Term Neurological Conditions: A Systematic Review</i>	Ang, Kexin	(2017), Vol. 54, Iss. 1, 108-131	873	305	1,178
21	<i>Effects of a Music Therapy Voice Protocol on Speech Intelligibility, Vocal Acoustic Measures, and Mood of Individuals with Parkinson's Disease</i>	Haneishi, Eri	(2001), Vol. 38, Iss. 4, 273-290	755	355	1,110
22	<i>The Effect of Musical Attention Control Training (MACT) on Attention Skills of Adolescents with Neurodevelopmental Delays: A Pilot Study</i>	Pasiali, Varvara	(2014), Vol. 51, Iss. 4, 333-354	785	317	1,102
23	<i>A Systematic Review of Music-Based Interventions for Procedural Support</i>	Yinger, Olivia Svvedberg	(2015), Vol. 52, Iss. 1, 1-77	684	345	1,029
24	<i>Health Outcomes of a Series of Bonny Method of Guided Imagery and Music Sessions: A Systematic Review</i>	McKinney, Cathy H.	(2016), Vol. 54, Iss. 1, 1-34	697	321	1,018
25	<i>Music Therapy and Spiritual Care in End-of-Life: A Qualitative Inquiry into Ethics and Training Issues Identified by Chaplains and Music Therapists</i>	Masko, MK	(2016), Vol. 53, Iss. 4, 309-335	683	330	1,013

MTP – TOP ARTICLES VIEWED IN 2017

#	Title	Lead Author	Information	HTML Full-text	PDF Full-text	Total Full-text
1	<i>Does Music Matter? The Effects of Background Music on Verbal Expression and Engagement in Children with Autism Spectrum Disorder</i>	Preis, Janet	(2015), Vol. 34, Iss. 1, 106-115	716	620	1,336
2	<i>Music-Centered Dimensions of Nordoff-Robbins Music Therapy</i>	Aigen, Kenneth	(2014), Vol. 32, Iss. 1, 18-29	406	631	1,037
3	<i>Theoretical Considerations of Spirit and Spirituality in Music Therapy</i>	Potvin, Noah	(2014), Vol. 32, Iss. 2, 118-128	686	257	943

#	Title	Lead Author	Information	HTML Full-text	PDF Full-text	Total Full-text
4	<i>Investigating the Effectiveness of a Developmental, Individual Difference, Relationship-Based (DIR) Improvisational Music Therapy Program on Social Communication for Children with Autism Spectrum Disorder</i>	Carpente, JA	(2016), Vol. 35, Iss. 2, 160-174	649	193	842
5	<i>Lesbian, Gay Bisexual, Transgender, and Questioning: Best Practices in Music Therapy</i>	Whitehead-Pleaux, Annette	(2012), Vol. 30, Iss. 2, 158-166	496	316	812
6	<i>Multicultural Musical Competence in Music Therapy</i>	Young, L	(2016), Vol. 34, Iss. 2, 127-128	534	207	741
7	<i>Adolescents' Evaluation of Music Therapy an Inpatient Psychiatric Unit: A Quality Improvement Project</i>	Michele Preyde	(2015), Vol. 35, Iss. 1, 58-62	504	193	697
8	<i>I Will Follow You: The Combined Use of Songwriting and Art to Promote Healing in a Child Who Has Been Traumatized</i>	Christenbury, Katurah	(2015), Vol. 35, Iss. 1, 1-12	484	200	684
9	<i>The Effects of Music Therapy on Mood and Congruent Memory of Elderly Adults with Depressive Symptoms</i>	Suzuki, Asako Iwai	(1998), Vol. 16, Iss. 2, 75-80	181	482	663
10	<i>Music Therapy with Offenders in a Substance Abuse/Mental Illness Treatment Program</i>	Gallagher, Lisa M.	(2002), Vol. 20, Iss. 2, 117-122	421	221	642
11	<i>Countertransference in End-of-Life Music Therapy</i>	Wilkerson, A	(2015), Vol. 35, Iss. 1, 13-22	425	184	609
12	<i>Music Therapy Entrainment: A Humanistic Music Therapist's Perspective of Using Music Therapy Entrainment with Hospice Clients Experiencing Pain</i>	Dimaio, Lauren	(2010), Vol. 28, Iss. 2, 106-115	391	208	599
13	<i>The Use of Cognitive-Behavioral Music Therapy in the Treatment of Women with Eating Disorders</i>	Hilliard, Russell E.	(2001), Vol. 19, Iss. 2, 109-113	404	189	593
14	<i>Development of a Special Education Music Therapy Assessment Process</i>	Brunk, Betsey King	(2000), Vol. 18, Iss. 1, 59-68	279	303	582
15	<i>Music Therapy and Chronic Mental Illness: Overcoming the Silent Symptoms</i>	Jackson, NA	(2015), Vol. 33, Iss. 2, 90-96	413	167	580
16	<i>A Conceptual Framework for Group Processing of Lyric Analysis Interventions in Music Therapy Mental Health Practice</i>	Dvorak, AL	(2016), Vol. 35, Iss. 2, 190-198	389	177	566
17	<i>The Use of Rhythmic Auditory Stimulation for Gait Disturbance in Patients with Neurologic Disorders</i>	Lindaman, Kristin	(2013), Vol. 31, Iss. 1, 35-39	301	248	549
18	<i>A Critique of Evidence-Based Practice in Music Therapy</i>	Aigen, Kenneth	(2015), Vol. 33, Iss. 1, 12-24	397	142	539
19	<i>Neurologic Music Therapy and Group Psychotherapy for Treatment of Traumatic Brain Injury: Evaluation of a Cognitive Rehabilitation Group</i>	Gardiner, JC	(2015), Vol. 33, Iss. 2, 193-201	356	165	521

#	Title	Lead Author	Information	HTML Full-text	PDF Full-text	Total Full-text
20	<i>Musical Multicultural Competency in Music Therapy: The First Step</i>	Hadley, S	(2016), Vol. 34, Iss. 2, 129-137	350	168	518
21	<i>Assessment-Based Small-Group Music Therapy Programming for Individuals with Dementia and Alzheimers Disease: A Multi-Year Clinical Project</i>	Keough, LA	(2016), Vol. 35, Iss. 2, 182-189	368	150	518
22	<i>Surgical Music Therapy: The Significance and Implementation of Music Therapy in the Operating Arena</i>	Palmer, JB	(2015), Vol. 35, Iss. 1, 30-35	359	151	510
23	<i>Singing Exercises for Speech and Vocal Abilities in Individuals with Hypokinetic Dysarthria: A Feasibility Study</i>	Azekawa, Megumi	(2017), Vol. 36, Iss. 1, 40-49	353	144	497
24	<i>Family-Centered Music Therapy in the Home Environment: Promoting Interpersonal Engagement between Children with Autism Spectrum Disorder and Their Parents</i>	Thompson, Grace	(2012), Vol. 30, Iss. 2, 109-116	316	177	493
25	<i>Modifying the Melodic Intonation Therapy Program for Adults With Severe Non-fluent Aphasia</i>	Baker, Felicity A.	(2000), Vol. 18, Iss. 2, 110-114	315	171	486

JMT Impact Factor

TOP ARTICLES CONTRIBUTING TO THE 2016 IMPACT FACTOR

Title	Lead Author	Issue	Total Cites	2016 Cites
<i>A Systematic Review of Music-Based Interventions for Procedural Support</i>	Yinger, Olivia Swedberg	(2015), Vol. 52, Iss. 1	15	8
<i>Meeting Art with Art: Arts-Based Methods Enhance Researcher Reflexivity in Research with Mental Health Service Users</i>	McCaffrey, Triona	(2015), Vol. 52, Iss. 4	7	4
<i>Recruiting Participants for Randomized Controlled Trials of Music Therapy: A Practical Illustration</i>	Porter, Sam	(2014), Vol. 51, Iss. 4	6	4
<i>Effects of a Live Educational Music Therapy Intervention on Acute Psychiatric Inpatients' Perceived Social Support and Trust in the Therapist: A Four-Group Randomized Effectiveness Study</i>	Silverman, Michael J.	(2014), Vol. 51, Iss. 3	7	3
<i>Expanding Perspective on Music Therapy for Symptom Management in Cancer Care</i>	Potvin, Noah	(2015), Vol. 52, Iss. 1	5	3
<i>Common Characteristics of Improvisational Approaches in Music Therapy for Children with Autism Spectrum Disorder: Developing Treatment Guidelines</i>	Geretsegger, Monika	(2015), Vol. 52, Iss. 2	10	3
<i>The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease</i>	Dassa, Ayelet	(2014), Vol. 51, Iss. 2	10	2
<i>Exploring a Neuroplasticity Model of Music Therapy</i>	Stegemoeller, Elizabeth L.	(2014), Vol. 51, Iss. 3	12	2
<i>Coping-Infused Dialogue through Patient-Preferred Live Music: A Medical Music Therapy Protocol and Randomized Pilot Study for Hospitalized Organ Transplant Patients</i>	Hogan, Tyler James	(2015), Vol. 52, Iss. 3	7	2
<i>Effects of a Dyadic Music Therapy Intervention on Parent-Child Interaction, Parent Stress, and Parent-Child Relationship in Families with Emotionally Neglected Children: A Randomized Controlled Trial</i>	Jacobsen, Stine L.	(2014), Vol. 51, Iss. 4	6	2
<i>The Systematic Review as a Research Process in Music Therapy</i>	Hanson-Abromeit, Deanna	(2014), Vol. 51, Iss. 1	6	2
<i>Effects of Lyric Analysis Interventions on Treatment Motivation in Patients on a Detoxification Unit: A Randomized Effectiveness Study</i>	Silverman, Michael J.	(2015), Vol. 52, Iss. 1	5	2
<i>Effects of a Music Therapy Group Intervention on Enhancing Social Skills in Children with Autism</i>	LaGasse, A. Blythe	(2014), Vol. 51, Iss. 3	6	2

ARTICLES CONTRIBUTING TO THE 2015 IMPACT FACTOR

Title	Lead Author	Issue	Total Cites	2015 Cites
<i>Toward Understanding Music Therapy as a Recovery-Oriented Practice within Mental Health Care: A Meta-Synthesis of Service Users' Experiences</i>	Solli, Hans Patter	(2013), Vol. 50 Iss. 4	11	5
<i>Mixed Methods Research in Music Therapy Research</i>	Bradt, Joke	(2013), Vol. 50 Iss. 2	6	4
<i>A Systematic Review on the Neural Effects of Music on Emotion Regulation: Implications for Music Therapy Practice</i>	Moore, Kimberly Sena	(2013), Vol. 50 Iss. 3	11	3
<i>Effects of a Music Therapy Group Intervention on Enhancing Social Skills in Children with Autism</i>	LaGasse, A. Blythe	(2014), Vol. 51 Iss. 3	3	2
<i>Exploring a Neuroplasticity Model of Music Therapy</i>	Stegemoeller, Elizabeth L.	(2014), Vol. 51 Iss. 3	2	1
<i>Effects of a Live Educational Music Therapy Intervention on Acute Psychiatric Inpatients' Perceived Social Support and Trust in the Therapist: A Four-Group Randomized Effectiveness Study</i>	Silverman, Michael J.	(2014), Vol. 51 Iss. 3	2	1
<i>The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease</i>	Dassa, Ayelet	(2014), Vol. 51 Iss. 2	2	1
<i>The Systematic Review as a Research Process in Music Therapy</i>	Hanson-Abromeit, Deanna	(2014), Vol. 51 Iss. 1	2	1
<i>Music Therapy Services for Individuals with Autism Spectrum Disorder: A Survey of Clinical Practices and Training Needs</i>	Kern, Petra	(2013), Vol. 50 Iss. 4	2	1
<i>The Effect of Musical Attention Control Training (MLACT) on Attention Skills of Adolescents with Neurodevelopmental Delays: A Pilot Study</i>	Pasiali, Varvara	(2014), Vol. 51 Iss. 4	1	1
<i>The Types and Characteristics of Clients' Perceptions of the Bonny Method of Guided Imagery and Music</i>	Choi, Byungchuel	(2014), Vol. 51 Iss. 1	1	1
<i>Effects of Group Music Therapy on Quality of Life, Affect, and Participation in People with Varying Levels of Dementia</i>	Sole, Carme	(2014), Vol. 51 Iss. 1	1	1
<i>Pilot and Feasibility Studies: Application in Music Therapy Research</i>	LaGasse, A. Blythe	(2013), Vol. 50 Iss. 4	1	1

25 TOP-CITED ARTICLES OF ALL TIME

Title	Lead Author	Issue	Total Cites	2016 Cites	2017 Cites	2018 Cites
<i>The Effect of Music on Decreasing Arousal Due to Stress: A Meta-Analysis</i>	Pelletier, CL	(2004), Vol. 41, Iss. 3	159	11	18	8
<i>Relaxing Music Prevents Stress-Induced Increases in Subjective Anxiety, Systolic Blood Pressure, and Heart Rate in Healthy Males and Females</i>	Knight, WEJ	(2001), Vol. 38, Iss. 4	157	19	16	6
<i>The Effects of Music Therapy on the Quality and Length of Life of People Diagnosed with Terminal Cancer</i>	Hilliard, RE	(2003), Vol. 40, Iss. 2	106	9	6	5
<i>Musically Adapted Social Stories to Modify Behaviors in Students with Autism: Four Case Studies</i>	Brownell, MD	(2002), Vol. 39, Iss. 2	96	5	7	1
<i>Music in Intervention For Children and Adolescents with Autism: A Meta-Analysis</i>	Whipple, J	(2004), Vol. 41, Iss. 2	84	5	7	0
<i>Is Music Therapy an Effective Intervention for Dementia? A Meta-Analytic Review of Literature</i>	Koger, SM	(1999), Vol. 36, Iss. 1	82	3	5	0
<i>The Impact of Music Therapy on Language Functioning in Dementia</i>	Brottons, M	(2000), Vol. 37, Iss. 3	74	1	9	2
<i>The Effect of Reminiscence Music Therapy Sessions on Changes in Depressive Symptoms in Elderly Persons with Dementia</i>	Ashida, S	(2000), Vol. 37, Iss. 3	69	4	7	2
<i>Use of Preferred Music to Reduce Emotional Distress and Symptom Activity During Radiation Therapy</i>	Clark, Michael;	(2006), Vol. 43, Iss. 3	63	8	8	3
<i>Rhythmic Auditory Stimulation in Gait Training for Patients with Traumatic Brain Injury</i>	Hurt, CP	(1998), Vol. 35, Iss. 4	62	2	5	0
<i>Lyrical Themes in Songs Written by Palliative Care Patients</i>	OCallaghan, CC	(1996), Vol. 33, Iss. 2	58	2	6	1
<i>The Effects of Music Assisted Relaxation on Preoperative Anxiety</i>	Robb, SL	(1995), Vol. 32, Iss. 1	57	7	8	2
<i>The Influence of Music on the Symptoms of Psychosis: A Meta-Analysis</i>	Silverman, MJ	(2003), Vol. 40, Iss. 1	54	4	3	0
<i>An Experimental Investigation of the Effects of Preferred and Relaxing Music Listening on Pain Perception</i>	Mitchell, Laura A.	(2006), Vol. 43, Iss. 4	53	5	8	2
<i>Music Therapy with Alzheimer's Patients and Their Family Caregivers: A Pilot Project</i>	Brottons, M	(2003), Vol. 40, Iss. 2	52	1	6	6
<i>The Effect of Live Music on Decreasing Anxiety in Patients Undergoing Chemotherapy Treatment</i>	Ferrer, Alejandra J.	(2007), Vol. 44, Iss. 3	51	7	5	4
<i>The Effect of the Bonny Method of Guided Imagery and Music on the Mood and Life Quality of Cancer Patients</i>	Burns, DS	(2001), Vol. 38, Iss. 1	51	3	5	2

Title	Lead Author	Issue	Total Cites	2016 Cites	2017 Cites	2018 Cites
<i>The Effects of Different Types of Music on Perceived and Physiological Measures of Stress</i>	Burns, JL	(2002), Vol. 39, Iss. 2	50	5	2	1
<i>The Effects of Music on Bathing Cooperation for Residents with Dementia</i>	Thomas, DW	(1997), Vol. 34, Iss. 4	50	4	0	0
<i>Subjective and Physiological Responses to Music Stimuli Controlled over Activity and Preference</i>	Iwanaga, M	(1999), Vol. 36, Iss. 1	49	6	5	1
<i>The Effect of Improvisational Music-Therapy on the Communicative Behaviors of Autistic-Children</i>	Edgerton, CL	(1994), Vol. 31, Iss. 1	49	3	3	0
<i>Music and Dementias: A Review of Literature</i>	Brotos, M	(1997), Vol. 34, Iss. 4	48	0	2	1
<i>The Effect of Group Music Therapy on Quality of Life for Participants Living with a Severe and Enduring Mental Illness</i>	Grocke, Denise	(2009), Vol. 46, Iss. 2	47	7	7	4
<i>The Effects of Music Listening on Changes in Selected Physiological Parameters in Adult Pre-Surgical Patients</i>	MilukKolasa, B	(1996), Vol. 33, Iss. 3	43	3	2	0
<i>A Comparison of Songwriting and Lyric Analysis Techniques to Evoke Emotional Change in a Single Session with People who are Chemically Dependent</i>	Jones, JD	(2005), Vol. 42, Iss. 2	42	8	3	0

25 TOP-CITED ARTICLES IN 2018 (TO JUNE 1, 2018)

Title	Lead Author	Issue	Total Cites	2018 Cites
<i>The effect of music on decreasing arousal due to stress: A meta-analysis</i>	Pelletier, CL	(2004), Vol. 41, Iss. 3	159	8
<i>Relaxing music prevents stress-induced increases in subjective anxiety, systolic blood pressure, and heart rate in healthy males and females</i>	Knight, WEJ	(2001), Vol. 38, Iss. 4	157	6
<i>Music therapy with Alzheimer's patients and their family caregivers: A pilot project</i>	Brotos, M; Marti, P	(2003), Vol. 40, Iss. 2	52	6
<i>The effects of music therapy on the quality and length of life of people diagnosed with terminal cancer</i>	Hilliard, RE	(2003), Vol. 40, Iss. 2	106	5
<i>Toward Understanding Music Therapy as a Recovery-Oriented Practice within Mental Health Care: A Meta-Synthesis of Service Users' Experiences</i>	Solli, Hans Patter	(2013), Vol. 50, Iss. 4	26	5
<i>The Effects of Music on Pain: A Meta-Analysis</i>	Lee, Jin Hyung	(2016), Vol. 53, Iss. 4	10	5
<i>The effect of live music on decreasing anxiety in patients undergoing chemotherapy treatment</i>	Ferrer, Alejandra J.	(2007), Vol. 44, Iss. 3	51	4

Title	Lead Author	Issue	Total Cites	2018 Cites
<i>The Effect of Group Music Therapy on Quality of Life for Participants Living with a Severe and Enduring Mental Illness</i>	Grocke, Denise	(2009), Vol. 46, Iss. 2	47	4
<i>The Effects of Mothers' Singing on Full-term and Preterm Infants and Maternal Emotional Responses</i>	Cevasco, Andrea M.	(2008), Vol. 45, Iss. 3	39	4
<i>A Systematic Review on the Neural Effects of Music on Emotion Regulation: Implications for Music Therapy Practice</i>	Moore, Kimberly Sena	(2013), Vol. 50, Iss. 3	28	4
<i>The effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report</i>	Wlodarczyk, Natalie	(2007), Vol. 44, Iss. 2	24	4
<i>An Interpretative Phenomenological Analysis of an Improvisational Music Therapy Program for Cancer Patients</i>	Pothoulaki, Maria	(2012), Vol. 49, Iss. 1	18	4
<i>Use of Preferred Music to Reduce Emotional Distress and Symptom Activity During Radiation Therapy</i>	Clark, Michael	(2006), Vol. 43, Iss. 3	63	3
<i>The temporal limits of cognitive change from music therapy in elderly persons with dementia or dementia-like cognitive impairment: A Randomized controlled trial</i>	Bruer, Robert A.	(2007), Vol. 44, Iss. 4	32	3
<i>The effect of parent training in music and multimodal stimulation on parent-neonate interactions in the Neonatal Intensive Care Unit</i>	Whipple, J	(2000), Vol. 37, Iss. 4	27	3
<i>The Effect of Music Therapy on Relaxation, Anxiety, Pain Perception, and Nausea in Adult Solid Organ Transplant Patients</i>	Madson, Amy T.	(2010), Vol. 47, Iss. 3	25	3
<i>The Effects of Music Listening on Inconsolable Crying in Premature Infants</i>	Keith, Douglas R.	(2009), Vol. 46, Iss. 3	25	3
<i>Effect of Stimulative and Sedative Music on Systolic Blood-Pressure, Heart-Rate, and Respiratory Rate in Premature-Infants</i>	Lorch, CA	(1994), Vol. 31, Iss. 2	25	3
<i>A Pilot Study on Effectiveness of Music Therapy in Hospice in Japan</i>	Nakayama, Hisako	(2009), Vol. 46, Iss. 2	23	3
<i>Active Music Engagement with Emotional-Approach Coping to Improve Well-being in Liver and Kidney Transplant Recipients</i>	Ghetti, Claire M.	(2011), Vol. 48, Iss. 4	17	3
<i>Exploring a Neuroplasticity Model of Music Therapy</i>	Stegemoeller, Elizabeth L.	(2014), Vol. 51, Iss. 3	13	3
<i>The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease</i>	Dassa, Ayelet	(2014), Vol. 51, Iss. 2	10	3
<i>The Effect of Relaxation Music Listening on Sleep Quality in Traumatized Refugees: A Pilot Study</i>	Jespersen, Kira Vibe	(2012), Vol. 49, Iss. 2	10	3
<i>Rhythmic-Auditory Cueing in Motor Rehabilitation for Stroke Patients: Systematic Review and Meta-Analysis</i>	Yoo, Ga Eul	(2016), Vol. 53, Iss. 2	8	3

Title	Lead Author	Issue	Total Cites	2018 Cites
<i>Coping-Infused Dialogue through Patient-Preferred Live Music: A Medical Music Therapy Protocol and Randomized Pilot Study for Hospitalized Organ Transplant Patients</i>	Hogan, Tyler James	(2015), Vol. 52, Iss. 3	8	3

IMPACT FACTOR RANKING IN REHABILITATION (OUT OF 70)

Rank	Journal	Impact Factor
40	<i>Research and Practice for Persons with Severe Disabilities</i>	1.103
41	<i>Journal Of Intellectual & Developmental Disability</i>	1.041
42	<i>Assistive Technology</i>	1.037
42	<i>Psychiatric Rehabilitation Journal</i>	1.037
44	<i>Learning Disability Quarterly</i>	1.028
45	<i>American Annals of the Deaf</i>	1.024
46	Journal Of Music Therapy	1.000
47	<i>Arts in Psychotherapy</i>	0.972
48	<i>Journal of Policy and Practice in Intellectual Disabilities</i>	0.970
49	<i>Kinesiology</i>	0.961
50	<i>Sexuality and Disability</i>	0.908
51	<i>Clinical Linguistics & Phonetics</i>	0.893

MTP – Top Cited Articles in ESCI

Title	Lead Author	Issue	Total Cites	2016 Cites	2017 Cites	2018 Cites
<i>Group Therapeutic Songwriting and Dementia: Exploring the Perspectives of Participants Through Interpretative Phenomenological Analysis</i>	Baker, Felicity A.	(2018), Vol. 36, Iss. 1	1	0	0	1
<i>Music Therapy Profession: An In-Depth Analysis of the Perceptions of Educators and AMTA Board Members</i>	Ferrer, Alejandra J.	(2018), Vol. 36, Iss. 1	1	0	0	1
<i>The Neuroscience of Speech and Language</i>	Stegemoller, Elizabeth L.	(2017), Vol. 35, Iss. 2	1	0	1	0
<i>Therapeutic Singing Protocols for Addressing Acquired and Degenerative Speech Disorders in Adults</i>	Tamplin, Jeanette.	(2017), Vol. 35, Iss. 2	1	0	1	0
<i>Investigating the Effectiveness of a Developmental, Individual Difference, Relationship-Based (DIR) Improvisational Music Therapy Program on Social Communication for Children with Autism Spectrum Disorder</i>	Carpente, John A.	(2017), Vol. 35, Iss. 2	1	0	1	0
<i>Surgical Music Therapy: The Significance and Implementation of Music Therapy in the Operating Arena</i>	Palmer, Jaclyn Bradley	(2017), Vol. 35, Iss. 1	1	0	0	1
<i>Case Study: The Feasibility of Using Song to Cue Expressive Language in Children with Specific Language Impairment</i>	Tan, Eugenia Yen Ping	(2017), Vol. 35, Iss. 1	1	0	1	0

Marketing

ARTICLES INCLUDED IN “PARKINSON’S DISEASE” VIRTUAL ISSUE

Journal	Article	Views
MTP	<i>Singing Exercises for Speech and Vocal Abilities in Individuals with Hypokinetic Dysarthria: A Feasibility Study</i>	239
JMT	<i>The Effect of Group Music Therapy on Mood, Speech, and Singing in Individuals with Parkinson's Disease — A Feasibility Study</i>	801
JMT	<i>Effects of a Music Therapy Voice Protocol on Speech Intelligibility, Vocal Acoustic Measures, and Mood of Individuals with Parkinson's Disease</i>	714
MTP	<i>The Use of Rhythmic Auditory Stimulation for Gait Disturbance in Patients with Neurologic Disorders</i>	255
JMT	<i>Effects of Group Music Therapy on Quality of Life, Affect, and Participation in People with Varying Levels of Dementia</i>	894
MTP	<i>The Effects of Participation in a Group Music Therapy Voice Protocol (G-MTVP) on the Speech of Individuals with Parkinson's Disease</i>	219

ARTICLES INCLUDED IN “WCMT” VIRTUAL ISSUE

Journal	Article	Views
MTP	<i>Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders (IMCAP-ND): New Developments in Music-Centered Evaluation</i>	69
JMT	<i>The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease</i>	339
JMT	<i>Common Characteristics of Improvisational Approaches in Music Therapy for Children with Autism Spectrum Disorder: Developing Treatment Guidelines</i>	351
MTP	<i>Performing a Family of Practices: Developments in Community Music Therapy across International Contexts</i>	66
MTP	<i>Musical Multicultural Competency in Music Therapy: The First Step</i>	128
MTP	<i>Music Therapy and Chronic Mental Illness: Overcoming the Silent Symptoms</i>	161
JMT	<i>Performative, Arts-Based, or Arts-Informed? Reflections on the Development of Arts-Based Research in Music Therapy</i>	100
JMT	<i>Exploring a Neuroplasticity Model of Music Therapy</i>	647

ARTICLES INCLUDED IN “TOP 8” VIRTUAL ISSUE

Journal	Article	Views
JMT	<i>The Effectiveness of Singing or Playing a Wind Instrument in Improving Respiratory Function in Patients with Long-Term Neurological Conditions: A Systematic Review</i>	538
JMT	<i>Is Music Therapy an Effective Intervention for Dementia? A Meta-Analytic Review of Literature</i>	3,600
JMT	<i>Effects of a Music Therapy Group Intervention on Enhancing Social Skills in Children with Autism</i>	862
JMT	<i>The Effects of Music on Pain: A Meta-Analysis</i>	1,631
MTP	<i>Music-Centered Dimensions of Nordoff-Robbins Music Therapy</i>	445
MTP	<i>Does Music Matter? The Effects of Background Music on Verbal Expression and Engagement in Children with Autism Spectrum Disorders</i>	788
MTP	<i>Adolescents' Evaluation of Music Therapy in an Inpatient Psychiatric Unit: A Quality Improvement Project</i>	341
MTP	<i>Countertransference in End-of-Life Music Therapy</i>	409

PERSPECTIVE ON PERSPECTIVES PODCASTS

Post Date	Author	Post Title	Listens*
Nov. 2017	Kimberly Lloyd	<i>An Interview with Kimberly Lloyd</i>	177
April 2018	Dr. Doug Keith	<i>How do music therapy students learn from cultural immersion?</i>	30

*As of May 29, 2018

JMT TAKE 3 VIDEOS

Post Date	Author	Post Title	Views*
Jan. 2018	Dr. Petra Kern	<i>Worldwide Music Therapy Clinical Training Trends</i>	146
March 2018	Dr. Amy Clements-Cortés	<i>Singing and Vocal Interventions in Palliative and Cancer Care</i>	287
April 2018	Dr. Grace Thompson	<i>JMT Take 3: Dr. Grace Thompson</i>	178
May 2018	Dr. Helen Shoemark	<i>JMT Take 3: Dr. Helen Shoemark</i>	52

*As of May 29, 2018

CONFERENCES PROMOTED AT IN 2017 – MAY 2018

Conference	City	Country	Start Date
Society for Social Work and Research	New Orleans	United States	11-Jan-2017
Society for Personality and Social Psychology	San Antonio	United States	19-Jan-2017
American Board Of Rehabilitation Psychology	Albuquerque	United States	17-Feb-2017
National Association Of School Psychologists	San Antonio	United States	21-Feb-2017
American Counseling Association	San Francisco	United States	16-Mar-2017
School Social Work Association of America	San Diego	United States	22-Mar-2017
Pediatric Academic Society	San Francisco	United States	6-May-2017
The Royal Musical Association Annual Conference 2016	Liverpool	United Kingdom	7-Sep-2017
American Academy of Child and Adolescent Psychiatry	Seattle	United States	23-Oct-2017
American Music Therapy Association	St. Louis	United States	16-Nov-2017
Association For Behavioral And Cognitive Therapies	San Diego	United States	16-Nov-2017
Society For Social Work And Research	Washington	United States	10-Jan-2018
National Association Of School Psychologists	Chicago	United States	13-Feb-2018
American Board Of Rehabilitation Psychology	Dallas	United States	22-Feb-2018
School Social Work Association Of America	Columbus	United States	14-Mar-2018
American Counseling Association	Atlanta	United States	26-Apr-2018
Pediatric Academic Society	Toronto	Canada	5-May-2018
Canadian Paediatric Society	Quebec	Canada	30-May-2018

Production - Page Budgets

Journal of Music Therapy

2017

Volume/Issue	Actual pages	Page budget
54/1	131	140
54/2	122	140
54/3	120	140
54/4	109	140
Total	482	560

2018

Volume/Issue	Actual pages	Page budget
55/1	131	140
55/2	121 (expected)	140
55/3	-	140
55/4	-	140
Total	252	560

Music Therapy Perspectives

2017

Volume/Issue	Actual pages	Page budget
35/1	101	100
35/2	153*	100
Total	254	200

2018

Volume/Issue	Actual pages	Page budget
36/1	138*	100
36/2	-	100
Total	138	200

*MTP is scheduled to produce 50 extra pages per issue for 35/2, and 36/1-2, in order to help clear a backlog of articles.

MLE Comments from 2018 Regional Conferences: A Brief Report

Lori F. Gooding, PhD, MT-BC

Florida State University

Michael J. Silverman, PhD, MT-BC

University of Minnesota

Question: What would you like the Board to consider regarding MLE?

Method & Rationale

Interpretivist Paradigm Inappropriate

- Participants were not asked to state their opinion on a potential move to MLE. Nor were they asked questions related to why or how, which would have made an interpretivist paradigm appropriate.
- Comments were mostly written by note takers and member checking was not possible as we do not know who made each comment.
- Trustworthiness with participants was not possible as we do not have data concerning who made each comment.
- Unless explicitly stated (this was rare), we cannot interpret a "yes" or "no" for MLE without seeking feedback from participants. We are limited by the question that was asked, the data collected, and the way data were collected.
- Some participants noted they supported MLE but stated negative aspects of MLE, and vice-versa.
- The comments were not standardized – some comments were long and multifaceted; others were short; some were direct while some were vague. Note takers in each region were different and used different approaches (see GLR, who had two note takers).
- Some comments did not make sense without context or follow-up questioning.
- Some comments were based on incorrect information.

Objectivist Paradigm with Descriptive Approach Chosen

- Objectivist paradigm is not perfect but a better fit given the method and data.

- Given the question, limitations of the method for data collection, and data, analyzing comments by categories was the most appropriate way to analyze these data.
- Considering the question was WHAT, a descriptive approach was most appropriate.
- Themes tend to imply interpretation (i.e., interpretivist paradigm). Our approach was descriptive, so we refer to results as "categories" and "subcategories."

Limitations (purposely presented before results)

- The question: What would you like the Board to consider concerning MLE?
- Note takers could have interpreted what participants said in a variety of ways. For example, GLR had two note takers and some of these notes differed. Interpretation is difficult, especially with multiple interpretations. Essentially, categorizing comments was similar to wearing two pairs of glasses as we were interpreting what note takers interpreted.
- All data were equal. Unless explicitly stated, we were unable to know if the participant was a student or program director. All voices were important, but limitations of data existed due to experiences, biases, and lenses.
- We avoided directionality (i.e., "yes" or "no" to MLE) as this was often difficult to interpret, especially without that question being specifically asked of participants, and without member checking or trustworthiness. Sometimes directionality was explicit, while other times it was more implicit. Please remember that the Board did not ask members about directionality.
- There was considerable variance within how comments were submitted: Note takers were used in some cases while others were written comments.
- Some participants talked/wrote a lot while others talked/wrote a little.
- Sessions had limited time. Therefore, participants may have refrained from making a similar or related comment as another participant.
- As previously noted, some participants explicitly stated their opinions concerning MLE, then stated a concern against their argument. This could indicate open-mindedness and highlights complexity of MLE.
- Some statements were ill-informed (acknowledging not reading the MLE report or incorrect information [i.e., Child Life to MLE]) and some comments were (hopefully inadvertently) insensitive.
- Some comments may have been submitted twice and these were therefore counted twice. For example, some participants made comments that were based from something they had previously written and then stated these comments verbally (and thus these comments were interpreted by a note taker). In some instances, these comments were then submitted via email by the participant to the regional President (the person leading the discussion and note takers sometimes requested that participants submit comments via email as well). These comments would therefore be counted twice. There was no way for us to know about where or when this occurred.

Coding Manual

- We first discussed our worldview, biases, and lenses as a type of epoche. Although this is considered an interpretivist technique, we thought it was appropriate to acknowledge these factors when developing a plan for data analyses.
- A participant is operationally defined as someone who made a comment via talking or submitted a written comment.
- A comment is operationally defined as the totality of what each participant said/wrote.
- Each participant can have comments categorized into multiple categories as some comments are long.
- Each category can only be tallied once per comment.
- It did not matter which statement in the total comment was colored – just that that category has been applied to the comment.
- Our categories were generally consistent with NER, who categorized comments before submitting them to Speaker Snell.

Coding Manual

Categories and Sub-Categories

Accessibility to and Impact on Academic Programs

- What would academic and clinical training entail?
- Closing programs
- Location of school
- Meeting needs of aspiring MTs
- Educators, adjuncts
- PhD level training and number of PhDs
- Number of MA level programs
- Students entering degree programs

Comparison to Other Professions

- Mentioning and/or comparing creative arts or other allied health fields

Compensation and Financial Investment

- Salary, pay, debt, tuition, compensation, reimbursement, waivers, return on investment
- Clients' ability to pay for services

Licensure & State Recognition

- Licensure, state recognition, MT-BC, credentials

Music Therapy Curriculum & Services

- Impact on client services and quality of care
- Evidence-based practice, research, science
- Curriculum full
- Consistency across academic programs

Questions about MLE

- Why? What is the problem?
- Educational model – what would MLE look like?
- Process or procedure and decision making
- Alternatives or suggestions
- Multi-tiered approach/suggestion
- CBMT exam, domains, competencies, pass rates, and cutoff scores issues
- Implementation (timing, grandparenting, unfamiliarity with proposed model or that model would be another committee's responsibility)
- Impact on diversity within music therapy field
- Impact on AMTA membership
- Impact on AMTA's ability for advocacy
- Administrators (Deans, Provosts, etc.) opinions, preferences

Workforce for Access to Services

- Workforce and employment
- Growth of field/profession
- Labor substitutes
- Other fields using music/vacuum
- Impact on job market
- Administrators' expectations and preferences (clinical perspective)

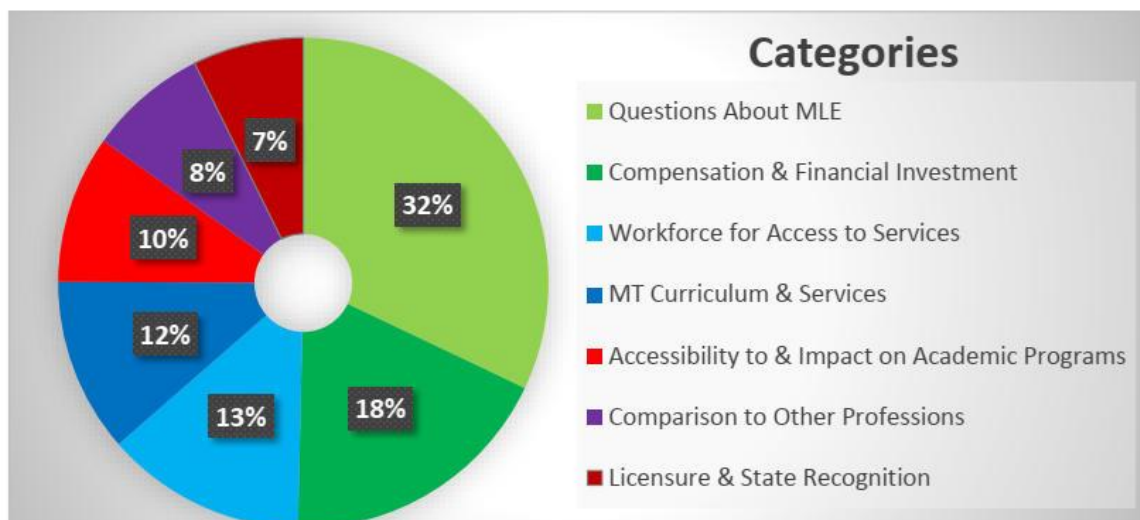
Examples:

Why can't we just do this! (Mastery Level Entry). Other related-service professionals have master's level entry (OT, PT, Art Therapists, etc.). Why don't we? This would raise the bar for our profession and give us more credibility. Not to mention, going through a master's program is very enriching!

At this time, the detriments to the profession and clients appear to greatly outweigh the benefits. If MLE is adopted, some MT programs will close, the numbers of people entering the profession will be reduced, MT pay is unlikely to rise, and clients will not necessarily receive better services. AMTA and CBMT efforts would be better spent on seeking State Recognition and Licensure, rather than making it more difficult for new professionals and undergraduate programs.

Results

- 290 participants
- 574 categorizations
- Inter-rater reliability = $\text{Agreements} / (\text{Agreements} + \text{Disagreements})$
 - 491/497; $r = .9879$; 98.79%.
 - Please be aware that we categorized comments from two regions together, so that is why 574 was not part of the equation.
- Due to the nature of the question and comments, our most frequently occurring category was broad.
- Participants' comments concerned:
 - Questions about MLE ($N = 184$; 32.06%)
 - Compensation and Financial Investment ($N = 105$; 18.29%)
 - Workforce for Access to Services ($N = 76$; 13.24%)
 - Music Therapy Curriculum and Services ($N = 66$; 11.49%)
 - Accessibility to and Impact on Academic Programs ($N = 56$; 9.76%)
 - Comparison to Other Professions ($N = 45$; 7.84%)
 - Licensure and State Recognition ($N = 42$; 7.32%)



Recommendations for the Board to Consider while Exploring MLE Based from Comments

Regardless of MLE outcome, a set of recommendations is advised. Participants had many questions and seem to be eager for information, change of some sort, to make the field stronger, and to work toward AMTA's mission.

- Participants had a great deal of questions the "HOW" or what MT education would look like. The way that the MLE question has organically evolved has been difficult, nonlinear, and full of appropriate questions. If MLE is to happen, then it seems that a concrete model needs to come first – or at least be presented in a hard fashion. Although it seems appropriate that IF comes before HOW, so many comments/questions concerned HOW. However, if we did have a concrete model, people would still likely question or argue against it, but there would be a concrete model and the HOW would not be as much of a central issue.
- Participants noted a lack of consistency between educational programs. One way to potentially address this concern is through the competencies or domains and routine program evaluation by APAC. It seems that there needs to be alignment between domains and APAC, not competencies and APAC. We suggest reviewing APAC procedures to ensure competences/domains are being addressed by academic programs. Moreover, we seem to need a single guiding document that is consistent between AMTA programmatic evaluations and knowledge for the CBMT exam. We have already started this work with the competencies task force (kudos).
- Participants recognized that MLE would impact the number of MTs and reduce the size of the workforce and access to services. This reduction would decrease membership, which would negatively impact AMTA services. Approximately 40% of current MTs have a MA degree (although some of these degrees are not in MT). Therefore, how would a reduced membership and workforce sustain AMTA's ability to provide services for members? How might members be impacted if AMTA scales back their services for members?
- Due to the high frequency of participant comments related to Compensation and Financial Investment, we suggest predicting student debt and earning potential.
- Participants noted the accessibility of MT schools for potential workforce. We have access to data concerning (public and private, undergraduate and graduate) MT schools across the United States.
- As participants mentioned licensure and state recognition, we suggest a brief report concerning potential impact of or relationships between licensure and MLE is warranted.
- MLE is a polarizing issue and people are passionate about the field and profession. We therefore recommend a strength-based approach to identify what we have compared to what we lack. What are AMTA's biggest resources and strengths (besides Andi)? Of all the creative arts therapies, why is MT the largest and most influential? Why are we the envy of the other creative arts therapies?

MLE and State Recognition Talking Points -- June 2018

Prepared by Dena Register, PhD, MT-BC
and
Judy Simpson, MT-BC

MLE and licensure and reimbursement

- There are currently no data that indicate that MLE is related to licensure or will guarantee licensure legislation success.
- The national trend among individual states is not only one of anti-regulation, but in some cases, deregulation (eliminating existing occupational licensing structures to remove barriers to competition).
- There is no indication that MLE will mitigate potential for harm, which is a major concern for state legislators.
- All states license professions at certificate, associate, and bachelor's degree levels.
- MLE will not guarantee inclusion of music therapists as primary therapists without state recognition of education and clinical training requirements specific to a specialization area, such as mental health.
- AMTA experience indicates that a master's degree is not a criterion for reimbursement; MLE will not guarantee reimbursement from public and private insurance.
- Historically, other professions received recognition and reimbursement well before the decision to move to MLE.

Examples

- *"Occupational therapy had been around nearly 50 years when the Social Security Act Amendments became law on July 30, 1965, and established the Medicare program. OT was specifically mentioned in the law."*
- *"In the 1970s, Medicare wanted consumer protection in home health. Not having occupational therapy licensed in all 50 states held us back, because licensure requires health professionals to meet certain standards. AOTA and state associations subsequently made state licensure a priority, which was critical to our expanding role in Medicare, setting the stage for occupational therapy's growth in health care overall."*
<http://www.otcentennial.org/article/reflecting-on-50-years-of-occupational-therapy-in-the-medicare-program>
- *"At AOTA's April 1999 Annual Conference & Expo, the Representative Assembly passed Resolution J, "Movement to Required Post-baccalaureate Level of Education." This*

resolution called for the eventual installation of a post-baccalaureate requirement for entry-level occupational therapy education. ”

- *“AOTA Accreditation Council for Occupational Therapy Education (ACOTE) voted at its August 1999 meeting that professional entry-level occupational therapy programs must be offered at the post-baccalaureate level by January 1, 2007 to receive or maintain ACOTE accreditation status. ”*

<https://www.aota.org/Education-Careers/Accreditation/Overview/History.aspx>

- *“1968: Definition of outpatient physical therapy services was added to the Social Security Act of 1967, allowing reimbursement for physical therapists. ”*
- *“1972: PL 92-03 expands scope of Medicare coverage to include qualified physical therapists in private practice. ”*

[http://www.apta.org/uploadedFiles/APTAorg/Downloads/PR/MedicareTimeline.pdf#search=%22PT in Medicare in 1965%22](http://www.apta.org/uploadedFiles/APTAorg/Downloads/PR/MedicareTimeline.pdf#search=%22PT%20in%20Medicare%20in%201965%22)

- *“In 1966, the Louisiana legislature passed the first Physical Therapy Practice Act. Physical therapists were first licensed and regulated by the Louisiana State Board of Medical Examiners (LSBME). ”*

<https://www.laptboard.org/index.cfm/page/4>

- *“PTs are licensed in all 50 states and the District of Columbia, Puerto Rico, and the US Virgin Islands. ”*

<http://www.apta.org/Licensure/>

- *“Consistent with current Commission on Accreditation in Physical Therapy Education (CAPTE) criteria, the American Physical Therapy Association shall consider attainment of a post-baccalaureate degree as the minimum professional education qualification for physical therapists who graduate from a program accredited by CAPTE from 2003 to December 31, 2017. Effective January 1, 2018, the American Physical Therapy Association shall consider attainment of a Doctor of Physical Therapy degree as the minimum professional education qualification for physical therapists who graduate from a program accredited by the CAPTE in 2018 or thereafter. ”*

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Education/EducationalDegreeQualificationsPT.pdf

- Bachelor’s level MT-BCs are receiving reimbursement for music therapy services.
- Factors that impact Reimbursement decisions include :
 - Documentation of medical or behavioral necessity
 - Evidence to support interventions for patient diagnosis
 - State recognition of profession and credential

- Increased public demand for services

How will MLE potentially impact the states who already have licensure

- All music therapy state licenses are based on holding and maintaining the MT-BC credential. Currently licensed music therapists holding bachelor's degrees would not be required to obtain the master's degree for license renewal, as long as they consistently maintain the MT-BC credential through continuing education.
- States that include education details within statutes would need to seek legislation amendments to update the minimum degree requirements from "bachelor's degree or higher" to "master's degree or higher."
- States that include education details within regulations would need to seek revisions to regulatory language to update the minimum degree requirements from "bachelor's degree or higher" to "master's degree or higher."
- During a transition to MLE, there would be a need for legislative exemption language to ensure current MT-BCs without master's degrees would still qualify for a state license.

2017 Final Tax Bill Summary

Issue	Policy Change	Impact on Charities
Standard deduction & charitable giving	The bill increases the standard deduction to \$24,000 for joint filers and \$12,000 for individual filers. It also limits taxpayers' ability to deduct state, local, and property taxes.	Under the new tax law, fewer than 10% of taxpayers may choose to itemize and claim the charitable deduction. This shift will cause a \$12-\$20 billion decline in charitable giving each year.
Limits on charitable giving	The bill increases AGI limits on cash contributions to public charities from 50% to 60% and retains the 5-year carryover. It also repeals the "Pease Limitation", which will sunset in 2025. The bill includes two additional changes to charitable giving policy.	Increasing AGI limits and repealing the Pease limitation will incentivize the few high-income donors that still itemize to give more to charity, but this increase in giving was factored into recent analyses conclusions that charities will see a net loss of \$12-\$20 billion in giving. The slightly higher levels of giving will not be enough to offset a final bill's overall damage to charitable giving. The tax bill also states that: <ul style="list-style-type: none"> • No charitable deduction will be allowed for the purchase of seating at a college athletic event; and • Donee returns no longer can be used by a donor to substantiate a gift for federal tax purposes (which will prevent donors from trying to circumvent traditional tax documentation for their gifts by asking nonprofits to record donations on their Forms 990).
Estate tax & charitable giving	The bill significantly weakens the estate tax by doubling the threshold for triggering the estate tax to \$11 million for individuals and \$22 million for couples, exempting almost all households from the tax.	Weakening the estate tax, by applying it to only a few households, will further reduce giving to charities, possibly decreasing as much as \$7 billion. In 2010, when the estate tax was temporarily repealed, gross charitable bequests in IRS tax filings totaled \$7.5 billion – a 37 percent drop from \$11.9 billion the prior year. The tax returned in 2011 and charitable bequests increased by 92 percent, totaling \$14.4 billion.

Limit on executive compensation	The bill imposes a 21 percent excise tax for individual compensation (cash and benefits, except retirement and health) in excess of \$1 million for any one of the five highest compensated employees at charities. It also applies to excess parachute payments, even if the remuneration doesn't exceed \$1 million.	This provision is intended to align with corporate tax law that caps the amount of executive compensation that a corporation is able to deduct at \$1 million. However, this comparison isn't entirely accurate, because corporations with CEO contracts in place prior to November 2, 2017 still will be able to deduct "performance-based" compensation in excess of \$1 million. Charities are not afforded the same opportunity to provide competitive salaries to their executives, who often manage organizations with assets, workforces, and functions that equal or are larger and more complex than for-profit businesses.
Unrelated Business Income Tax (UBIT)	The bill will require charities that operate a trade or business to calculate net income for each activity separately, rather than in aggregate, which will result in a tax increase for some charities.	This provision limits the ability of communities and volunteer boards to decide how to invest in local solutions. It also may impact charities' ability to attract and retain talent and skills necessary to tackle society's most difficult problems. For organizations that operate more than one trade or business, they must calculate net income for each business separately, rather than in aggregate. A loss can only be applied to the tax liability from the business where it occurred. This provision increases taxes on legitimate, market-based solutions that charities rely upon for revenue, particularly when faced with decreases in charitable giving or government funding.
Tax on private college and university endowments	Colleges and universities meeting certain student and asset criteria will be required to pay an excise tax of 1.4 percent on net investment income from their endowments.	There are concerns that this policy establishes a precedent, which will enable policymakers to dictate how all charitable organizations distribute their endowments.
Art museums	Art museums must be open to the public at least 1,000 hours per year to qualify for private operating foundation status and benefits.	This provision is limited to art museums that function as private operating foundations.

Healthcare	<p>The bill lowers the threshold to claim the medical expense deduction for out of pocket medical expenses to 7.5% for all taxpayers.</p> <p>The bill also repeals the individual mandate to purchase health insurance</p>	<p>The medical expense deduction pays for medical expenses that support severely ill patients or individuals in need of long-term care. Lowering this threshold help provide medical support for vulnerable populations.</p> <p>The Joint Committee on Taxation estimates that 13 million people will lose their healthcare coverage due to increasing healthcare costs brought on by the repeal of the individual mandate. This will impact charities' ability to provide affordable healthcare to their employees as well as jeopardize the well-being of the individuals they serve.</p>
Overall impact on individual taxpayers	<p>The final tax bill includes permanent tax cuts for corporations, but temporary tax cuts for low- and middle-income households. Within 10 years, it will increase taxes on these households and exacerbate burdens on vulnerable populations.</p>	<p>Both the Joint Committee on Taxation and the Congressional Budget Office indicate that more than half of low- and middle-income households will see their taxes rise within 10 years.</p>

AMTA Financial Orientation

Source:

"Glossary of Financial Terms." Nonprofit Financial Fund.
Retrieved April 23, 2012, from: <http://nonprofitfinancefund.org/financial-terms>

ACCOUNTS PAYABLE - Money owed by an organization to its suppliers and/or vendors for goods or services purchased.

ACCOUNTS RECEIVABLE - Money owed to an organization for goods and services it has sold or that has been committed to it as a grant or donation. Also called grants receivable.

ACCRUED EXPENSES OR LIABILITIES - Items incurred during an accounting period for which payment is postponed. Examples include accrued salaries, accrued sales tax payable, and accrued rent payable.

ASSETS - An item of current or future economic benefit to an organization. Examples include: cash, short-term investments, accounts receivable, grants receivable, inventories, prepaid expenses, buildings, furniture, equipment, vehicles, and long-term investments.

AUDIT - A financial statement as of a certain date, usually covering a twelve-month period, prepared by a Certified Public Accountant (CPA), that includes an opinion letter, a statement of financial position (balance sheet), a statement of activities (income statement), a statement of cash flows, and notes. An auditor can have an unqualified opinion, stating that the organization appears to have followed all accounting rules appropriately and that the financial reports are reasonably accurate representation of the company's financial condition, or a qualified opinion, highlighting certain compliance issues or limitations in the company's statements. See review and compilation.

BALANCE SHEET - Statement showing an organization's financial position (assets, liabilities and net assets) at the close of business on a particular date. Also known as statement of financial position. (This statement changes daily.)

BY LAWS - A document outlining the governance of and what activities a legal entity may or may not engage in, including defining the officers, outlining the board composition and terms, the frequency of board meetings, the authority to enter into contracts for borrowing money and other purposes, and the number of signatures required to bind the entity legally.

CAPITAL - Money available for an organization's use in business transactions. [Can also be referred to as what an organization has and how it is distributed: Assets, Liabilities, and Net Assets.] See working capital.

CASE STATEMENT - A case for support, written primarily for a capital campaign, that outlines an organization's history, current status, future plans, including facility plans, and fundraising objectives. The case statement helps align board members, funders, and supporters to a shared organizational vision.

CASH FLOWS FROM OPERATING ACTIVITIES - Cash changes in working capital items, such as accounts and grants receivable, inventory, accounts payable, accrued liabilities and deferred revenue.

CHANGE IN NET ASSETS - Net assets are calculated by taking total revenue (including restricted and non-operating) less total expenses (including non-operating). The change in total net assets is an overall representation of a "bottom line."

DEFERRED REVENUE/INCOME - Payment received from a client for a transaction that has not yet occurred (e.g., subscription purchase for performances held on future dates). This situation creates an obligation, and thus a liability, for the organization to provide goods or services in the future. (Note: Financial Accounting Standards 116 and 117 reduced substantially the instances in which nonprofits should use such categorization by introducing the concept of temporarily restricted net assets.)

DEFICIT - The excess of expenses over revenue during an accounting period. Deficits can be measured before or after depreciation and non-operating activities. See surplus.

DEPRECIATION - A non-cash expense associated with reducing a fixed asset's book value due to general wear and tear over its defined accounting or useful life. Depreciation is only an approximation of the amount needed to replace fixed assets.

EARNED REVENUE/INCOME - Revenue or income received by an organization in exchange for its products or services, e.g., tuition or performance-based government contracts. See contributed revenue/income.

EXPENSES - Represent the total cost of operating the organization, including payments made to employees and other parties, including operating expenses, debt, principal payments, capital expenditures, non-cash expenses, fixed assets, and funds set aside each year for future use.

FINANCIAL STATEMENT - A written report that quantitatively describes the financial health of an organization. A complete financial statement includes a balance sheet, an income statement, a statement of cash flows, and often a statement of functional expenses. Financial statements are usually compiled on a quarterly and annual basis. The term financial statement is commonly used to describe the statement of activities alone, which does not provide a complete picture of an organization's financial health/situation.

FIXED ASSETS - The net worth of the physical items an organization owns (e.g., property, building, equipment, improvements), which cannot easily be converted to cash. Often called property & equipment (P&E).

GAAP - Generally Accepted Accounting Principles. A widely accepted set of rules, conventions, standards, and procedures for reporting financial information, as established by the Financial Accounting Standards Board.

HARD COSTS - The direct costs to construct a building or structure, otherwise known as 'bricks and mortar' costs, as distinguished from legal, financing, architects', and similar fees required for the project but that are not visible in the physical structure. See soft costs.

IN-KIND - Non-cash items of value, such as specialized volunteer labor, donated goods or professional services. Specific accounting rules govern the recognition of in-kind revenue and expenses. In-kind expenses typically equal in-kind revenue on the income statement.

INCOME STATEMENT - A summary of the revenue and expenses of an organization during an accounting period. Also known as statement of activities or profit and loss statement.

IRS DETERMINATION LETTER - A document issued by the Internal Revenue Service to a nonprofit organization confirming its status as an organization exempt from paying federal income taxes and stating the type of exempt organization, for instance, 501(c)(3) and the date of that exemption.

LIABILITY - Items owed by an organization or claims against its assets. Examples include: accounts payable, accrued salaries and benefits, accrued payroll taxes, deferred revenue, lines of credit, construction loans, current portion of long-term debt, short-term notes payable, and long-term debt.

LINE OF CREDIT - A loan in which the lender allows advances up to a specific amount over a specific period of time until the maturity date. It is usually revolving, meaning amounts repaid can be re-borrowed up to the total committed amount and/or the limitations of a borrowing base.

MONTHS OF CASH - The number of months the organization could operate with current cash reserves. The cash position at some point in time (usually at fiscal year end) divided by the average monthly operating expense before depreciation.

NET ASSETS - The difference between total assets and total liabilities, effectively net worth. Net assets are categorized as unrestricted, temporarily restricted, or permanently restricted.

NET ASSETS RELEASED FROM RESTRICTIONS - The transfer of funds from restricted net assets to unrestricted net assets due to the satisfaction of donor-imposed stipulations with respect to timing or purpose of the contribution.

OPERATING ACTIVITIES - Items that relate to the organization's main business or program activities. They may also be referred to as "above the line" activities (meaning they are included in the calculation of the operating surplus or deficit - the "bottom line"). See non-operating activities.

OPERATING EXPENSES - T Regular costs of doing business. Excluded are one-time, extraordinary or capital items such as funds passed through to other agencies, losses from sale of property, realized/unrealized investment gains or payments of debt principal.

OPERATING RESERVE - Funds set aside annually to be used to offset possible operating losses due to unexpectedly low revenue or high operating costs (a.k.a rainy-day reserve).

PASS-THROUGH REVENUE - Funds provided to the organization that must be spent on behalf of, or passed through to a secondary recipient. For example, re-grants.

PREPAID EXPENSES - Items an organization pays for in advance of their being due. Examples include insurance premiums and rent that may be paid for a twelve-month period at the beginning of the year.

PROFIT AND LOSS STATEMENT - See income statement.

RESERVES - Money set aside to pay for future anticipated expenses. Reserves can be established for many purposes, including: emergencies/rainy days, capital improvement and building replacement needs, future investments, and general operations.

REVENUE - Payments for services, donations from individuals, foundations and corporations, support and contract payments from government agencies, income from fundraising activities, and investments.