

April 13, 2011

Minutes- Senate Academic Programs Committee

April 12, 2011 3- 4 pm, Room 414 CRMS

Members in Attendance

Daniel Wermeling, Marilyn Duncan, Karen Badger, Greg Wasilkowski, Andrew Hippisley, Michael Arrington

Members Absent: (Prior Notice): Mary Arthur, Esther Dupont-Versteegden

Agenda

- New Master's of Music in Music Therapy

Dan Wermeling led the review along with Karen Badger. The application was complete and internally consistent. The need for such a program was clearly articulated. In fact, the demand is ahead of the educational programming in that a significant grant has been provided and that UK Healthcare is already utilizing services of the faculty and students. There is a national accrediting body for the development of professionals in this field. The standards were provided by the sponsor. It appears the proposal closely mirrors the requirements of the accrediting body. The committee was comfortable with the proposal in current form and had no questions for the sponsor.

The committee determined that the proposal was acceptable for a new Master's of Music in Music Therapy.

A motion was made to approve the Masters' of Music in Music Therapy. The motion was seconded and all members present voted in the affirmative – the motion carried. SAPC makes a positive recommendation to Senate Council to approve a Master's of Music in Music Therapy.

REQUEST TO CLASSIFY PROPOSED PROGRAM

Section I (REQUIRED)

1. The proposed new degree program will be (please check one):
 Undergraduate* Masters* Doctoral* Professional
2. Have you contacted the Associate Provost for Academic Administration (APAA)?
YES Date of contact: 11/23/2010
NO (Contact the APAA prior to filling out the remainder of this form.)
3. Degree Title: Master's of Music in Music Therapy
4. Major Title: Music Therapy
5. Option: Master's Degree (Thesis Track or Clinical Project Track)
6. Primary College: College of Fine Arts
7. Primary Department: School of Music
8. CIP Code (supplied by APAA) 51.2305
9. Accrediting Agency (if applicable): National Association of Schools of Music
10. Who should be contacted for further information about the proposed new degree program:
Name: Lori Gooding Email: lori.gooding@uky.edu Phone: 323-2905
11. Has the APAA determined that the proposed new degree program is outside UK's band?
 YES (Continue with the Section II* on a separate sheet.)
 NO (This form is complete. Print PAGE ONE & submit with appropriate form for new program.)

Section II (Attach separate pages.)

I. Submit a one- to two- page abstract narrative of the program proposal summarizing: how this program will prepare Kentuckians for life and work; any plans for collaboration with other institutions; and any plans for participation in the Kentucky Virtual University.

II. Provide a comprehensive program description and complete curriculum. For undergraduate programs include: courses/hours; college-required courses; University Studies Program; pre-major courses; major courses; option courses; electives; any other requirement. Include how program will be evaluated and how student success will be measured. Evaluative items may include, but are not limited to retention in the major from semester to semester; success rate of completion for core courses; and academic performance in suggested program electives.

III. Explain resources (finances, facilities, faculty, etc.) that are needed and available for program implementation and support.

After filling out this form, you must also submit a form for New Undergraduate Program, New Master's Program, or New Doctoral Program. There is no form for new professional programs.

NEW MASTERS DEGREE PROGRAM FORM
(Attach completed "Application to Classify Proposed Program"¹)

GENERAL INFORMATION

College: College of Fine Arts Department: Music
Major Name: Music Therapy Degree Title: Master's of Music In Music Therapy
Formal Option(s): Option A: Master's Degree Thesis Track Specialty Fields w/in Formal Option:
Option B: Master's Degree Clinical Track (non-thesis)
Date of Contact with Associate Provost for Academic Administration¹: 11/23/2010
Bulletin (yr & pgs): CIP Code²: 51.2305 Today's Date: 11/30/2010
Accrediting Agency (if applicable): National Association of Schools of Music (NASM)
Requested Effective Date: Semester following approval. OR Specific Date²: Fall 2011
Dept. Contact Person: Lori Gooding Phone: 323-2905 Email: lori.gooding@uky.edu

CHANGE(S) IN PROGRAM REQUIREMENTS

1. Number of transfer credits allowed 9
(Maximum is Graduate School limit of 9 hours or 25% of course work)
2. Residence requirement (if applicable) N/A
3. Language(s) and/or skill(s) required Students are required to demonstrate written and spoken english proficiency as well as proficiency in guitar, voice and piano skills. Please see the attached admission requirements for more information on the proficiency requirements.
4. Termination criteria Students entering with a bachelor's degree in music therapy will be terminated for insufficient GPA (more than one course below a 3.0) and instances of academic dishonesty or instances that violate the code of ethics established by the music therapy profession.

Students in preparatory tracks (see #s 5 and 6 for more info) will be conditionally admitted to the master's program. Students must maintain a 3.0 GPA during the first two semesters in order to continue in the program under conditional admittance. After successful completion of all equivalency coursework, students will be admitted fully into the graduate program.

Students must also demonstrate proficiency upon completion of all preparatory ("equivalency") coursework. Should any student fail to demonstrate proficiency in any of the preparatory coursework, then he or she would be dismissed from the program. Proficiency is defined as a minimum grade of 3.0 in all prerequisite coursework and successful completion of any related

¹ Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the APAA can provide you with that during the contact.

² Programs are typically made effective for the semester following approval. No changes will be made effective until all approvals are received.

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proficiency exams. A list of preparatory/prerequisite coursework can be found in the attached curricular table entitled "Curricular Table: Music Therapy Coursework."

Note: In the field of music therapy, preparatory/prerequisite tracks for individuals without undergraduate degrees in music therapy are referred to as "equivalency" programs. These courses allow individuals to obtain entry level competencies normally acquired at the bachelor's level so that they may pursue a master's degree in music therapy. This type of "combined equivalency/master's program" is commonly offered at other institutions. Institutions that offer this type of program include but are not limited to: Florida State University, University of Kansas, East Carolina University, Appalachian State University and University of Missouri Kansas City.

5. Plan A Degree Plan requirements³ (thesis)

30 credits, including 12 credits in music therapy, 9 credits in music (6 of which must be thesis credits) and 9 credits in electives.

Within the thesis option, there will be two separate tracks; Track 1, the plan of study for those with a bachelor's degree in music therapy, will include the credits listed above. Please see the attached curricular table for course options.

Track 2, the preparatory track, will be for those individuals without a bachelor's degree in music therapy. Individuals with non-music therapy undergraduate degrees will be required to complete any prerequisite coursework not completed at the undergraduate level. Please see the attached curricular table for the Music Therapy Equivalency Coursework for the equivalency requirements. (Note: Students may have partially completed the equivalency/prerequisite requirements prior to attending UK and would therefore only be required to complete coursework necessary to resolve any deficits in required prerequisites. Any graduate coursework taken to fulfill prerequisite/equivalency requirements will not count toward the 30 credits needed to obtain the master's degree.)

In addition to completing all necessary prerequisites, individuals in Track 2 would also be required to complete the coursework for the master's degree outlined in Track 1.

6. Plan B Degree Plan requirements³ (non-thesis)

Non-thesis Master's degree: 30 credits, including 12 credits in music therapy, 9 credits in music and 9 credits in electives.

Within the non-thesis (clinical track) option, there will be two separate tracks; Track 1, the plan of study for those with a bachelor's degree in music therapy, will include the credits listed above. Please see the attached curricular table for course options.

³ If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

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Track 2, the preparatory track, will be for those individuals without a bachelor's degree in music therapy. Individuals with non-music therapy undergraduate degrees will be required to complete any prerequisite coursework not completed at the undergraduate level. Please see the attached curricular table for the Music Therapy Equivalency Coursework for the equivalency requirements. (Note: Students may have partially completed the equivalency/prerequisite requirements prior to attending UK and would therefore only be required to complete coursework necessary to resolve any deficits in required prerequisites. Any graduate coursework taken to fulfill prerequisite/equivalency requirements will not count toward the 30 credits needed to obtain the master's degree.)

In addition to completing all necessary prerequisites, individuals in Track 2 would also be required to complete the coursework for the master's degree outlined in Track 1.

7. Distribution of course levels required

One-half of all credits must be at the 600+ level. For both Plan A, 12 of these credits will be from music therapy coursework and 3 will be from other studies in music. Additional credits at the 600+ level may be taken in the elective area as well.

For Plan B, 12 credits at the 600+ level will be in music therapy coursework. However, due to the fact that practica do not count toward the 600+ requirements, only 9 of the 12 music therapy credits will count toward this requirement. As a result, students in Plan B will be required to take an additional 6 credits at 600+ level from the areas of "other studies in music" and "electives." Please see section 9 for the course distribution requirements.

Coursework within the core music therapy portion of the master's program will be taught by Lori Gooding, PhD, MT-BC, NICU-MT, David Sogin, PhD and Cecilia Wang, PhD. Qualified graduate faculty will also teach courses in the areas of "other studies in music" and "electives." These faculty are not listed due to the individualized nature of the degree format. As is the case with the prerequisite/equivalency coursework, this individualized format is consistent with programs offered at other institutions (e.g., Florida State, UMKC, etc.). Additionally, the format meets the requirements set forth by NASM, the accrediting body for music programs and AMTA, the approval body for music therapy programs.

(At least one-half must be at 600+ level & two-thirds must be in organized courses.)

8. Required courses (if applicable)

Students will be required to take 30 graduate credits to obtain the Master's of Music in Music Therapy. Twelve credits will be selected in consultation with the advisor from music therapy coursework, nine from other studies in music and nine from elective coursework. In accordance with graduate school policies, at least one-half of those courses must be at the 600 level or higher, excluding thesis and practica.

Students are required to take MUS 633 (Graduate Clinical

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Placement) If pursuing the clinical placement option or MUS 648 (Thesis) and MUS 600 if pursuing the thesis option.

Students completing the preparatory/prerequisite coursework in the "Equivalency" tracks will be required to complete any coursework necessary to eliminate deficiencies in preparatory or prerequisite coursework. As stated previously, the equivalency requirements are outlined in the attached curricular table.

Any graduate courses taken to obtain entry-level competencies as part of the equivalency track will not be counted toward the 30 hours of credit needed for the Master's degree. These courses serve as preparatory/prerequisite courses and must be completed in order to acquire all entry-level competencies necessary to sit for the music therapy board certification exam. Students are required to take an additional 30 graduate hours beyond any equivalency coursework to obtain a Master's of Music in Music Therapy.

9. Required distribution of courses within program (if applicable) Course distribution is as follows: 40% music therapy (12 credits), 30% (9 credits) other studies in music and 30% (9 credits) in elective credits.

10. Final examination requirements In accordance with Graduate Faculty rules, students must successfully complete a thesis or clinical project and a final oral examination.

11. Explain whether the proposed new program (as described in numbers 1 through 10) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).

The Music Therapy degree requires nine hours of electives chosen individually by each student. While there are no specific course requirements in terms of electives, students will select appropriate courses from areas such as psychology, social work, etc. in consultation with their advisor. Students would be required to follow any policies listed within the course bulletin for the courses selected (e.g. permission of instructor, etc.), but the individualized nature does not necessitate formal permission from any specific instructor or department.

The equivalency program (i.e., preparatory/prerequisite program) also involves outside courses, but these courses would be required on an as-needed basis only. The involved courses would be selected from the following based on individual student needs: PSY 100, PSY 223, PSY 533, ANA 109 and EDP 605. Permission has been granted from the departments in which the courses are taught; however, only one course (ANA 109) requires signature approval. All other courses are open to non-majors given that all prerequisites have been met and therefore do not need signature approval.

12. What is the rationale for the proposed new program?

As part of the Arts in Healthcare initiative, a partnership between the UK Healthcare system and the School of Music was established, the purpose of which was to provide academic opportunities in the form of a graduate music therapy program and clinical services for patients in the UK Healthcare system. To facilitate the program, the Director of Music Therapy position was created and endowed through a \$3 million grant. Patient care services were established in the fall of 2010, and we are now seeking approval for the graduate program.

The decision to establish a graduate program is based on several factors: a) a Master's of Music in Music Therapy

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requires adding a new program to the existing master's of music degree but does not require the creation of a new degree, b) there is no graduate program in music therapy in the state of Kentucky, c) the region is underserved in terms of music therapy services and academic opportunities, and d) there is support for the program within the UK Healthcare system.

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Signature Routing Log

General Information:

Program Name: Music Therapy

Proposal Contact Person Name: Lori Gooding

Phone: 323-2905

Email: lori.gooding@ukv.edu

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Nursing	8/31/10	Patricia Burkhart / 323-6253 / pvburk2@email.uky.edu	<i>[Signature]</i>
MUSFC	10/31/10	Ben Arnold 12577 4900 Ben. Arnold @uky.edu	<i>[Signature]</i>
College of Fine Arts	1/7/11	Michael Tuck 11707 michael.tuck@ uky.edu	<i>[Signature]</i>
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council		<i>[Signature]</i> 2011.02.11 09:18:56 -05'00'	
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁴ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.
Rev 8/09

Curricular Table: M.M. Music Therapy-Thesis Track

University: University of Kentucky
 Number of Years to Complete: 2

College: Fine Arts (School of Music)
 Degree Submitted for: Approval

Major Area	Other Studies in Music	Electives	Total Credits
12 credits	9 credits	9 credits	30
40%	30%	30%	

Major Area—A Minimum of 12 credits required from the following coursework:

Area	Prefix Number	Title	Grad Credits
	MUS 630	Medical Music Therapy	3
	MUS 631	Music in Counseling	3
	MUS 732	Seminar: Topics in Music Therapy	3
	MUS 730	Independent Work in Music Therapy	1-3
	MUS 633	Graduate Clinical Placement	1-3
	MUS 664	Music for Special Learners	3
		Total Credits (12 min.)	12 or _____

Other studies in Music—A Minimum of 9 credits required from the following coursework:

Area	Prefix Number	Title	Grad Credits
	MUS 561 020	Orff Certification Level I	3
	MUS 600	Research I	3
	MUS 648	Thesis	6
		Thesis Defense	0
		Total Credits (9 min.)	9 or _____

Electives—A Minimum of 9 credits required from related coursework (psychology, counseling, etc.)

Area	Prefix Number	Title	Grad Credits
		Total Credits (9 min.)	

Note: At least one-half of all coursework (excluding thesis and practica/clinical placement) must be at the 600 level or higher.

Curricular Table: M.M. Music Therapy-Clinical Research Project Track (Non-Thesis)

University: University of Kentucky
 Number of Years to Complete: 2

College: Fine Arts (School of Music)
 Degree Submitted for: Approval

Major Area	Other Studies in Music	Electives	Total Credits
12 credits 40%	9 credits 30%	9 credits 30%	30

Major Area— A Minimum of 12 credits required from the following coursework:

Area	Prefix Number	Title		Grad Credits
	MUS 630	Medical Music Therapy	↑	3
	MUS 631	Music in Counseling	↑	3
	MUS 732	Seminar: Topics in Music Therapy	Choose any 6 credits	3
	MUS 730	Independent Work in Music Therapy	↓	1-3
	MUS 664	Music for Special Learners		3
	MUS 633	Graduate Clinical Placement	Required (6)	6
			Total Credits (12 min.)	12 or _____

Other studies in Music— A Minimum of 9 credits required from the following coursework:

Area	Prefix Number	Title		Grad Credits
	MUS 561 020	Orff Certification: Level I	↑	3
	MUS 561 021	Orff Certification: Level II	↑	3
	MUS 561 022	Orff Certification: Level III	↑	3
	MUS 540	App of Music Technology	Choose any 9 credits	3
	MUS 600	Research I	↓	3
	MUS	Other MUS courses as appropriate		1-3
			Total Credits (9 min.)	9 or _____

Electives—A Minimum of 9 credits required from related coursework (psychology, counseling, etc.)

Area	Prefix Number	Title		Grad Credits
			Total Credits (9 min.)	9 or _____

Note: At least one-half of all coursework (excluding practica/clinical placement) must be at the 600 level or higher.

Curricular Table: Music Therapy Equivalency Coursework

Note: The information provided below relates specifically to the equivalency portion of the Combined Equivalency/Master’s program. In addition to the requirements outlined below, students would need to complete the Master’s degree requirements in order to finalize the Master’s degree. The Master’s degree requirements for both the thesis and clinical tracks are outlined in separate curricular tables.

University: University of Kentucky

College: Fine Arts (School of Music)

Number of Years to Complete: Min. 3 sem. plus internship

Degree Submitted for: Approval

Students completing the Equivalency option must obtain the following credits:

- The required Music courses for the Equivalency Program include a minimum of 53 semester hours in general music (theory, history, etc.). These credits must be completed as part of the equivalency if not completed in the Bachelor's degree. A detailed list of required courses is provided under “Music Courses.” Courses from the undergraduate degree that cover the same music foundations may be substituted with appropriate documentation.
- Course work in percussion/drumming techniques and improvisation/movement are required.
- Proficiency is required in voice, piano and guitar. If proficiency is not met upon entering, courses in these areas are required to meet proficiency. Proficiency courses in these areas are required in addition to the 53 semester hours in music.
- A minimum of eighteen credits in Music Therapy Courses, including internship credits.
- Eighteen credits in Clinical Foundations courses including general psychology (3), abnormal psychology (3), Anatomy and Physiology (3), Exceptionality (3), Human Development (3), and Principles of Therapy/Therapeutic Relationships (3). Course substitutions may be allowed with appropriate documentation given that the courses address appropriate competencies in the areas of clinical foundations.

Therapy Core

Area	Prefix Number	Title	Substitute	Credits
Music Therapy	MUS 430G	Music Therapy Foundations and Principles I		3
Music Therapy	MUS 431G	Music Therapy Foundations and Principles II		3
Music Therapy	MUS 432G	Music Therapy Applications		3
Music Therapy	MUS 706	Music Learning and Behavior		3
Music Therapy	MUS 770	Psychology of Music		3
Music Therapy	MUS 433G	Music Therapy Clinical Internship		Variable; Min. 3
			Total Credits	18 (minimum)

***Courses marked with an asterisk are required only if proficiency is not met. If all these courses are taken, the total number of music credits would be 60 and not 54 credits. Proficiency must be demonstrated in one of the following ways: (a) proficiency documentation from an accredited undergraduate institution, (b) successful completion of music foundations coursework and related proficiency requirements at UK or (c) successful completion of UK proficiency exams.**

Clinical Foundations Courses (Health/Behavioral/Natural Sciences)—Required if not completed in Bachelor's

Area	Prefix Number	Title	Substitute	Credits
Clinical Foundations	PSY 100	Introduction to Psychology		4
Clinical Foundations	PSY 223	Developmental Psychology		3
Clinical Foundations	PSY 533	Abnormal Psychology		3
Clinical Foundations	ANA 109	Anatomy and Physiology for Nursing I		3
Clinical Foundations	EDP 605	Introduction to Counseling Techniques: I		3
Electives				2
			Total Credits	18

Music Courses—Required if not completed in Bachelor's. A minimum of 53 credits must be taken covering the following areas: theory, history, arranging, major performance medium, improvisation/movement, conducting and percussion. Additionally, courses in guitar, piano and voice must be taken if proficiency is not demonstrated.

Area	Prefix Number	Title	Substitute	Credits
Music Foundations	MUS 170, 171, 172, 173, 270, 271, 272, 273, 370	Written Theory I and II; Aural Theory I and II; Theory III—Advanced Harmony and Counterpoint		18
Music Foundations	MUS 203, 302, 303	Music History		9
Music Foundations	MUP	Major Performance Medium		12
Music Foundations	MUC	Ensembles		6
Music Foundations	MUS 371	Instrumentation and Arranging		3
Music Foundations	MUS 560 or 561	Orff Schulwerk or Orff Certification Level I		2
Music Foundations	MUS 358	Conducting		2
Music Foundations	MUC 157	Percussion		1
Music Foundations	MUC 150*, 151*, 152*, 153*	Class Instruction in Piano		4
Music Foundations	MUC 101 002*	Beginning Guitar		1
Music Foundations	MUC 101 003*	Intermediate Guitar		1
Music Foundations	MUP* or MUC*	Class Voice or Private Voice Instruction		
			Total Credits	53

AMTA Advanced Competencies

Preamble

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

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

Professional Level of Practice: based on the AMTA *Professional Competencies* acquired with a baccalaureate degree in music therapy or its equivalent, which leads to entrance into the profession and Board Certification in Music Therapy.

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

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

The *Advanced Competencies* provide guidelines for academia, both in regards to qualifications for university/college faculty and in setting standards for master's degree programs in music therapy. The AMTA Standards for Education and Clinical Training specify standards for academic faculty employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing a music therapy program at the undergraduate or graduate level. Such qualifications for faculty require a music therapist practicing at an Advanced Level of Practice. The AMTA Standards for Master's Degrees state that "the purpose of the master's

degree programs in music therapy is to impart advanced competencies, as specified in the AMTA *Advanced Competencies*. These degree programs provide breadth and depth beyond the AMTA *Professional Competencies* required for entrance into the music therapy profession.” The *Advanced Competencies* will also serve to guide the development of standards for the doctoral degree in music therapy, which shall focus on advanced competence in research, theory development, clinical practice, supervision, college teaching, and/or clinical administration.

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

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

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

AMTA Advanced Competencies

I. PROFESSIONAL PRACTICE

A. Theory

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

B. Clinical Practice

2. 0 Clinical Supervision

- 2.1 Establish and maintain effective supervisory relationships.

2.2 Promote the professional growth, self-awareness, and musical development of the supervisee.

2.3 Apply theories of supervision and research findings to music therapy supervision.

2.4 Design and implement methods of observing and evaluating supervisees that have positive effects on music therapy students and professionals at various levels of advancement and at different stages in the supervisory process.

2.5 Analyze the supervisee's music therapy sessions in terms of both the effects of specific musical, verbal, and nonverbal interventions and the musical and interpersonal dynamics and processes of the client(s)-therapist relationship.

2.6 Use music to facilitate the supervisory process.

2.7 Apply knowledge of norms and practices of other cultures to the supervisory process.

2.8 Evaluate the effectiveness of various approaches and techniques of supervision.

2.9 Evaluate the effects of one's own personality, supervisory style, and limitations on the supervisee and the supervisory process and seek consultation when appropriate.

3. 0 Clinical Administration

3.1 Adhere to laws and occupational regulations governing the provision of education and health services, particularly with regard to music therapy.

3.2 Adhere to accreditation requirements for clinical agencies, particularly with regard to music therapy.

3.3 Employ music therapy reimbursement and financing options.

3.4 Develop effective staffing patterns for the provision of music therapy services.

3.5 Develop effective recruiting and interviewing strategies for student and professional applicants.

3.6 Develop policies and procedures for staff evaluation and supervision.

3.7 Utilize management strategies to establish and maintain effective relationships and a high level of motivation among staff.

3.8 Integrate music therapy staff and programs into the agency's service delivery systems.

3.9 Design methods for evaluating music therapy programs and service delivery.

4.0 Advanced Clinical Skills

4.1 Apply comprehensive knowledge of current methods of music therapy assessment, treatment, and evaluation.

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

C. College/University Teaching

- 5.1 Design academic curricula, courses, and clinical training programs in music therapy consistent with current theories, research, competencies, and standards, including those for national accreditation and program approval.

- 5.2 Utilize current educational resources in music therapy (e.g., equipment, audio-visual aids, materials, technology).
- 5.3 Draw from a breadth and depth of knowledge of clinical practice in teaching music therapy.
- 5.4 Establish and maintain effective student-teacher relationships.
- 5.5 Communicate with other faculty, departments, and administration regarding the music therapy program and its educational philosophy.
- 5.6 Develop standards and procedures for admission and retention that support educational objectives consistent with the policies of the institution.
- 5.7 Utilize various methods of teaching (e.g., lecture, demonstration, role-playing, group discussion, collaborative learning).
- 5.8 Supervise and mentor students in clinical training, supervision, teaching, and research.
- 5.9 Advise and counsel students with regard to academic and professional matters.
- 5.10 Design and apply means of evaluating student competence, both internal (e.g., proficiency exams) and external (e.g., evaluations from clinical training supervisors).
- 5.11 Utilize internal, external, and self-evaluations to monitor the effectiveness of academic courses and programs in meeting educational objectives.

D. Research

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

6.11 Interpret and disseminate research results consistent with established standards of inquiry.

6.12 Evaluate scholarly and student research regarding research questions or problems, methods, procedures, data collection, analysis, and conclusions.

II. PROFESSIONAL DEVELOPMENT

A. Musical and Artistic Development

7.1 Reproduce, notate, and transcribe musical responses of clients.

7.2 Compose music, including songs, in various styles to meet specific therapeutic objectives.

7.3 Provide spontaneous musical support for client improvisation.

7.4 Improvise in a variety of musical styles.

7.5 Utilize a wide variety of improvisatory techniques for therapeutic purposes.

7.6 Design music listening programs for therapeutic purposes.

7.7 Use different methods of musical analysis for client assessment and evaluation.

7.8 Adapt and select musical material for different musical cultures and sub-cultures.

7.9 Apply advanced skills in the clinical use of at least two of the following: keyboard, voice, guitar and/or percussion.

7.10 Utilize extensive and varied repertoire of popular, folk, and traditional songs.

B. Personal Development and Professional Role

8.1 Utilize self awareness and insight to deepen the client's process in music therapy.

8.2 Identify and address one's personal issues.

8.3 Apply the principles of effective leadership.

8.4 Use personal reflection (e.g., journaling, artistic involvement, meditation, other spiritual pursuits).

8.5 Recognize limitations in competence and seek consultation.

8.6 Practice strategies for self care.

8.7 Selectively modify music therapy approaches based on knowledge of the roles and meanings of music in various cultures.

8.8 Work with culturally diverse populations, applying knowledge of how culture influences issues regarding identity formation, concepts of health and pathology, and understanding of the role of therapy.

8.9 Understand how music therapy is practiced in other cultures.

8.10 Apply current technology to music therapy practice.

8.11 Adhere to the AMTA Code of Ethics and Standards of Clinical Practice using best professional judgment in all areas of professional conduct.

ENDNOTES

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

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

REFERENCE

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

GLOSSARY

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

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

construct - a working hypothesis or concept.¹

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

knowledge - facts or ideas acquired by study, investigation, observation, or experience.⁴



Code of Professional Practice

PREAMBLE

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

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

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

I. ELIGIBILITY FOR CERTIFICATION OR RECERTIFICATION

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

A. Compliance with CBMT Standards, Policies and Procedures

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

B. Complete Application

The individual shall truthfully complete and sign an application in the form provided by the CBMT, shall provide the required fees and shall provide additional information as requested. The individual shall notify the CBMT within sixty (60) days of occurrence of any change in name, address, telephone number, and any other facts bearing on eligibility or certification (including but not limited to: filing of any criminal charge, indictment, or litigation; conviction; plea of guilty; plea of nolo contendere; or disciplinary action by a

licensing board or professional organization). A candidate or certificant shall not make and shall correct immediately any statement concerning the candidate's or certificant's status which is or becomes inaccurate, untrue, or misleading.

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

C. Property of the CBMT

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

D. Criminal Convictions

An individual convicted of a felony directly related to music therapy and/or public health and safety shall be ineligible to apply for certification or recertification for a period of seven (7) years from the exhaustion of appeals or final release from confinement (if any), whichever is later. Convictions include but are not limited to felonies involving rape, sexual, physical, or mental abuse of a patient, client, child, or coworker; actual or threatened use of a weapon; and prohibited sale, distribution, or possession of a controlled substance.

II. SCORE REPORTS

The CBMT is concerned with reporting only valid scores. On rare occasions, misconduct or circumstances beyond the individual's control may render a score invalid. If doubts are raised about a score because of these or other circumstances, the CBMT expects all individuals to cooperate in any CBMT investigation or any investigation carried out by a CBMT authorized testing service. The CBMT reserves the right to cancel any examination score at any point in time, if, in the sole opinion of CBMT, there is adequate reason to question its validity. CBMT in its discretion will (i) offer the individual an opportunity to take the examination again at no additional fee, or (ii) proceed as described below.

III. APPLICATION AND CERTIFICATION STANDARDS

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

1. Ineligibility for certification or recertification; if a candidate or certificant has not successfully completed the academic and/or clinical training requirements for music therapy, or their equivalent, as set forth by NAMT, AAMT, or AMTA ; or if a candidate does not qualify for an alternate admission consideration due to lack of or inadequate training, which may or may not include applicants from countries outside of the United States; or if a recertification applicant has not maintained his or her quota of CMTE credits within the five year cycle;
2. Failure to pay fees required by the CBMT;
3. Unauthorized possession of, use of, or access to the CBMT examinations, certificates, and logos of the CBMT, the name "Certification Board for Music Therapists", and abbreviations relating thereto, and any other CBMT documents and materials;
4. Obtaining or attempting to obtain certification or recertification by a false or misleading statement or failure to make a required statement; fraud or deceit in an application, reapplication, representation of event/s, or any other communication to the CBMT;
5. Misrepresentation of the CBMT certification or certification status;
6. Failure to provide any written information required by the CBMT;
7. Habitual use of alcohol or any other drug/substance, or any physical or mental condition which impairs competent and objective professional performance;
8. Failure to maintain confidentiality as required by law;
9. Gross or repeated negligence or malpractice in professional practice, including sexual relationships with clients, and sexual, physical, social, or financial exploitation;
10. Limitation or sanction (including but not limited to revocation or suspension by a regulatory board or professional organization) relating to music therapy practice, public health or safety, or music therapy certification or recertification;
11. The conviction of, plea of guilty or plea of nolo contendere to a felony or misdemeanor related to music therapy practice or health/mental health related issues as listed in the section on criminal convictions in Section II of this document.
12. Failure to timely update information to CBMT; or
13. Other violation of a CBMT standard, policy or procedure as outlined in the CBMT Candidate Handbook, Recertification Manual, or other materials provided to candidates or certificants.

IV. ESTABLISHMENT OF SPECIAL DISCIPLINARY REVIEW AND DISCIPLINARY HEARING COMMITTEES

A. Upon the recommendation by the Chair, the CBMT Board of

Directors may elect by a majority vote (i) a Disciplinary Review Committee and (ii) a Disciplinary Hearing Committee, to consider alleged violations of any CBMT disciplinary standards set forth in Section III.1-14 above or any other CBMT standard, policy, or procedure.

B. Each of these Committees shall be composed of three members drawn from CBMT certificants.

C. A committee member's term of office on the committee shall run for three years and may be renewed.

D. A committee member may serve on only one committee and may not serve on any matter in which his or her impartiality or the presence of actual or apparent conflict of interest might reasonably be questioned.

E. At all times during the CBMT's handling of the matter, the CBMT must exist as an impartial review body. If at any time during the CBMT's review of a matter, any member of the CBMT Disciplinary Review Committee, Disciplinary Hearing Committee, or Board of Directors identifies a situation where his or her judgment may be biased or impartiality may be compromised, (including employment with a competing organization), the member is required to report such matter to the Executive Director immediately. The Executive Director and Board Chairperson shall confer to determine whether a conflict exists, and if so, shall replace the member.

F. Committee action shall be determined by majority vote.

G. When a committee member is unavailable to serve due to resignation, disqualification, or other circumstance, the Chair of CBMT shall designate another individual to serve as an interim member.

V. REVIEW AND APPEAL PROCEDURES

A. Failure to Meet CBMT Deadlines

As a rule, CBMT expects its certificants to meet all deadlines imposed by CBMT, especially in regard to submission of fees, recertification applications, required evidence of continuing education, and sitting for its examinations. On rare occasion, circumstances beyond the control of the certificant or other extraordinary conditions may render it difficult, if not impossible, for the certificant to meet CBMT's deadlines. Should a certificant wish to make appeal of a missed deadline, the certificant should transmit a written explanation and make request for a reasonable extension of the missed deadline, with full relevant supporting documentation, to the CBMT office, to the attention of the CBMT Board of Directors. A certificant shall pay a filing fee when filing such a request. The Board of Directors will determine at the next meeting of the Board, in its sole discretion and on a case-by case basis what, if any recourse, should be afforded to such individuals based on the circumstances described and the overall impact on CBMT. No other procedures shall be afforded to certificants who fail to meet CBMT deadlines.

B. Failure to Accrue Sufficient CMTEs

If the CMTEs of a certificant are determined deficient after a certificant has exhausted his or her remedies under CBMT's then-existing reconsideration process, the certificant may proceed to request: (i) review of written submission by the Disciplinary Hearing Committee; (ii) a telephone conference of the Disciplinary Hearing Committee; or (iii) an in-person hearing (held at least annually proximate to the annual meeting of the CBMT).

C. Submission of Allegations

1. Allegations of a violation of a CBMT disciplinary standard or other CBMT standard, policy or procedure are to be referred to the Executive Director for disposition. Persons concerned with possible violation of CBMT's rules should identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible with available documentation in a written statement addressed to the Executive Director. The statement should identify by name, address and telephone number the person making the information known to the CBMT and others who may have knowledge of the facts and circumstances concerning the alleged conduct. Additional information relating to the content or form of the information may be requested.

2. The Executive Director shall make a determination of the substance of the allegations within sixty (60) days and after consultation with counsel.

3. If the Executive Director determines that the allegations are frivolous or fail to state a violation of CBMT's standards, the Executive Director shall take no further action and so apprise the Board and the complainant (if any).

4. If the Executive Director determines that good cause may exist to deny eligibility or question compliance with CBMT's standards, the Executive Director shall transmit the allegations to the Disciplinary Review Committee.

D. Procedures of the Disciplinary Review Committee

1. The Disciplinary Review Committee shall investigate the allegations after receipt of the documentation from the Executive Director. If the majority of the Committee determines after such investigation that the allegations and facts are inadequate to sustain a finding of a violation of CBMT disciplinary standards, no further adverse action shall be taken. The Board and the complainant (if any) shall be so apprised.

2. If the Committee finds by majority vote that good cause exists to question whether a violation of a CBMT disciplinary standard has occurred, the Committee shall transmit a statement of allegations to the candidate or certificant by certified mail, return receipt requested, setting forth the applicable standard and a statement:

- a. Of facts constituting the alleged violation of the standard;
- b. That the candidate or certificant may proceed to request: (i) review of written submission by the Disciplinary Hearing Committee; (ii) a telephone conference of the Disciplinary Hearing Committee; or (iii) an in-person hearing (at least held annually proximate to the annual meeting of the CBMT) for the disposition of the allegations, with the candidate or certificant bearing his or her own expenses for such matter;
- c. That the candidate or certificant shall have fifteen (15) days after receipt of such statement to notify the Executive Director if he or she disputes the allegations, has comments on available sanctions, and/or requests a written review, telephone conference hearing, or in-person hearing on the record;
- d. That the candidate or certificant may appear in person with or without the assistance of counsel, may examine and cross-examine any witness under oath, and produce evidence on his or her behalf;
- e. That the truth of allegations or failure to respond may result in sanctions including possible revocation of certification; and

f. That if the candidate or certificant does not dispute the allegations or request a review hearing, the candidate or certificant consents that the Committee may render a decision and apply available sanctions. (Available sanctions are set out in Section VI., below.)

E. Procedures of the Disciplinary Hearing Committee

1. If the candidate or certificant disputes the allegations or available sanctions or requests a review or hearing, the Disciplinary Review Committee shall:

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

2. The Disciplinary Hearing Committee shall then:

- a. schedule a written review, or telephone, or in-person hearing as directed by the candidate or certificant;
- b. send by certified mail, return receipt requested, a Notice of Hearing to the applicant or MT-BC. The Notice of Hearing shall include a statement of requirements violated and, as determined by the Disciplinary Hearing Committee, the time and place of the review or hearing (as indicated by the individual). The candidate or certificant may request a modification of the date of the hearing for good cause.

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

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

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

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

7. Proof shall be by preponderance of the evidence.

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

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

F. APPEAL PROCEDURES

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

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

3. The decision of the CBMT Board of Directors shall be rendered in writing following receipt and review of any briefing. The decision shall contain factual findings, conclusions of law and any sanctions applied and shall be final. (Available sanctions are set out in Section VI.1-8, below.) The decision shall be transmitted to the candidate or certificant by certified mail, return receipt requested.

VI. SANCTIONS

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

1. Mandatory remediation through specific education, treatment, and/or supervision;
2. Written reprimand to be maintained in certificant's permanent file;
3. Suspension of board certification with the right to re-apply after a specified date;
4. Denial or suspension of eligibility;
5. Non-renewal of certification;
6. Revocation of certification;
7. Other corrective action.

VII. THREAT OF IMMEDIATE AND IRREPARABLE HARM

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

VIII. RELEASE OF INFORMATION

The individual candidate or certificant agrees that CBMT and its officers, directors, committee members, employees, agents, and others may communicate any and all information relating to the alleged individual's application or certification and review thereof including but not limited to pendency or outcome of disciplinary proceedings to state and federal authorities, licensing boards, employers, other certificants, and others.

IX. WAIVER

The candidate/certificant releases, discharges and exonerates CBMT, its officers, directors, employees, committee members and agents, and any other persons for any action taken pursuant to the standards, policies, and procedures of the CBMT from any and all liability, including but not limited to liability arising out of (i) the furnishing or inspection of documents, records and other information and (ii) any investigation and review of application or certification made by the CBMT.

X. RECONSIDERATION OF ELIGIBILITY AND REINSTATEMENT OF CERTIFICATION

If eligibility or certification is denied or revoked, eligibility of certification may be reconsidered on the following basis:

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

B. in any other event, no earlier than five (5) years from the final decision of ineligibility or revocation.

In addition to other facts required by the CBMT, such an individual must fully set forth the original circumstances of the decision denying eligibility or revoking certification as well as all current facts and circumstances since the adverse decision relevant to the reconsideration of eligibility or the reinstatement of certification. When eligibility has been denied because of a felony conviction, the individual bears the burden of demonstrating by clear and convincing evidence that the individual has been rehabilitated and does not pose a danger to others.

Adopted: February 8, 1997

Effective date: January 1, 1998

Revised: February 7, 1998

Revised: February 8, 2001

AMTA Code of Ethics

Preamble

The members of the American Music Therapy Association, Inc., hereby recognize and publicly accept the proposition that the fundamental purposes of the profession are the progressive development of the use of music to accomplish therapeutic aims and the advancement of training, education, and research in music therapy. Our objectives are to determine and utilize music therapy approaches that effectively aid in the restoration, maintenance, and improvement in mental and physical health. To that end, we believe in the dignity and worth of every person. We promote the use of music in therapy, establish and maintain high standards in public service, and require of ourselves the utmost in ethical conduct.

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

1.0 Professional Competence and Responsibilities

1.1 The MT will perform only those duties for which he/she has been adequately trained, not engaging outside his/her area of competence.

1.2 The MT will state his/her qualifications, titles, and professional affiliation(s) accurately.

1.3 The MT will participate in continuing education activities to maintain and improve his/her knowledge and skills.

1.4 The MT will assist the public in identifying competent and qualified music therapists and will discourage the misuse and incompetent practice of music therapy.

1.5 The MT is aware of personal limitations, problems, and values that might interfere with his/her professional work and, at an early stage, will take whatever action is necessary (i.e., seeking professional help, limiting or discontinuing work with clients, etc.) to ensure that services to clients are not affected by these limitations and problems.

1.6 The MT respects the rights of others to hold values, attitudes, and opinions that differ from his/her own.

1.7 The MT does not engage in sexual harassment.

1.8 The MT accords sexual harassment grievants and respondents dignity and respect, and does not base decisions solely upon their having made, or having been the subject of, sexual harassment charges.

1.9 The MT practices with integrity, honesty, fairness, and respect for others.

1.10 The MT delegates to his/her employees, students, or co-workers only those responsibilities that such persons can reasonably be expected to perform competently on the basis of their

training and experience. The MT takes reasonable steps to see that such persons perform services competently; and, if

institutional policies prevent fulfillment of this obligation, the MT attempts to correct the situation to the extent feasible.

2.0 General Standards

2.1 The MT will strive for the highest standards in his/her work, offering the highest quality of services to clients/students.

2.2 The MT will use procedures that conform with his/her interpretation of the Standards of Clinical Practice of the American Music Therapy Association, Inc.

2.3 Moral and Legal Standards

2.3.1 The MT respects the social and moral expectations of the community in which he/she works. The MT is aware that standards of behavior are a personal matter as they are for other citizens, except as they may concern the fulfillment of professional duties or influence the public attitude and trust towards the profession.

2.3.2 The MT refuses to participate in activities that are illegal or inhumane, that violate the civil rights of others, or that discriminate against individuals based upon race, ethnicity, language, religion, marital status, gender, sexual orientation, age, ability, socioeconomic status, or political affiliation. In addition, the MT works to eliminate the effect on his or her work of biases based upon these factors.

3.0 Relationships with Clients/Students/Research Subjects

3.1 The welfare of the client will be of utmost importance to the MT.

3.2 The MT will protect the rights of the individuals with whom he/she works. These rights will include, but are not limited to the following:

- - right to safety;
- - right to dignity;
- - legal and civil rights;
- - right to treatment;
- - right to self-determination;
- - right to respect; and
- - right to participate in treatment decisions.

3.3 The MT will not discriminate in relationships with clients/students/research subjects because of race, ethnicity, language, religion, marital status, gender, sexual orientation, age, ability, socioeconomic status or political affiliation.

3.4 The MT will not exploit clients/students/research subjects sexually, physically, financially or emotionally.

3.5 The MT will not enter into dual relationships with clients/students/research subjects and will avoid those situations that interfere with professional judgment or objectivity (e.g., those involving competitive and/or conflicting interests) in their relationships.

3.6 The MT will exert caution in predicting the results of services offered, although a reasonable statement of prognosis and/or progress may be made. The MT will make only those claims to clients concerning the efficacy of services that would be willingly submitted for professional scrutiny through peer review, publication in a professional journal, or documentation in the client's record.

3.7 The MT will offer music therapy services only in the context of a professional relationship and in a setting which insures safety and protection for both client and therapist. The MT will avoid deception in representations of music therapy to the public.

3.8 The MT will inform the client and/or guardian as to the purpose, nature, and effects of assessment and treatment.

3.9 The MT will use every available resource to serve the client best.

3.10 The MT will utilize the profession's Standards of Practice as a guideline in accepting or declining referrals or requests for services, as well as in terminating or referring clients when the client no longer benefits from the therapeutic relationship.

3.11 In those emerging areas of practice for which generally recognized standards are not yet defined, the MT will nevertheless utilize cautious judgment and will take reasonable steps to ensure the competence of his/her work, as well as to protect clients, students, and research subjects from harm.

3.12 Confidentiality

3.12.1 The MT protects the confidentiality of information obtained in the course of practice, supervision, teaching, and/or research.

3.12.2 In compliance with federal, state and local regulations and organizational policies and procedures, confidential information may be revealed under circumstances which include but are not limited to:

a. when, under careful deliberation, it is decided that society, the client, or other individuals appear to be in imminent danger. In this situation, information may be shared only with the appropriate authorities, professionals or others. The client is made aware of this when possible and if reasonable.

b. when other professionals within a facility or agency are directly related with the case or situation.

c. when the client consents to the releasing of confidential information.

d. when compelled by a court or administrative order or subpoena, provided such order or subpoena is valid and served in accordance with applicable law.

3.12.3 The MT informs clients of the limits of confidentiality prior to beginning treatment.

3.12.4 The MT disguises the identity of the client in the presentation of case materials for research and teaching. Client or guardian consent is obtained, with full disclosure of the intended use of the material.

3.12.5 All forms of individually identifiable client information, including, but not limited to verbal, written, audio, video and digital will be acquired with the informed client or guardian consent and will be maintained in a confidential manner by the MT. Also, adequate security will be exercised in the preservation and ultimate disposition of these records.

3.12.6 Information obtained in the course of evaluating services, consulting, supervision, peer review, and quality assurance procedures will be kept confidential.

4.0 Relationships with Colleagues

4.1 The MT acts with integrity in regard to colleagues in music therapy and other professions and will cooperate with them whenever appropriate.

4.2 The MT will not offer professional services to a person receiving music therapy from another music therapist except by agreement with that therapist or after termination of the client's relationship with that therapist.

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

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

5.0 Relationship with Employers

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

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

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

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

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

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

6.0 Responsibility to Community/Public

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

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

7.0 Responsibility to the Profession/Association

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

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

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

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

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

8.0 Research

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

8.2 Participation of subjects in music therapy research will be voluntary. Appropriate authorization will be obtained from the subjects involved (or specified and/or legal guardians) and the facility. The subject is free to refuse to participate or to withdraw from the research at any time without penalty or loss of services.

8.3 The MT is ultimately responsible for protecting the welfare of the research subjects, both during and after the study, in the event of aftereffects, and will take all precautions to avoid injurious psychological, physical, or social effects to the subjects.

8.4 The MT will store data in a secure location accessible to the researcher. The researcher will determine a set period of time after completion of the study by which all research data must be shredded or erased.

8.5 The MT will be competent in his/her research efforts, being cognizant of his/her limits.

8.6 The MT will present his/her findings without distortion and in a manner that will not be misleading.

8.7 Publication Credit

8.7.1 Credit is assigned only to those who have contributed to a publication, in proportion to their contribution.

8.7.2 Major contributions of a professional nature made by several persons to a common project will be recognized by joint authorship.

8.7.3 Minor contributions such as editing or advising, will be recognized in footnotes or in an introductory statement.

8.7.4 Acknowledgment through specific citations will be made for unpublished as well as published material that has directly influenced the research or writing.

8.7.5 The MT who compiles and edits for publication the contribution of others will publish the symposium or report under the title of the committee or symposium, with the therapist's name appearing as chairperson or editor among those of the other contributors or committee members.

9.0 Fees and Commercial Activities

9.1 The MT accepts remuneration only for services actually rendered by himself or herself or under his or her supervision and only in accordance with professional standards that safeguard the best interest of clients and the profession.

9.2 The MT will not take financial advantage of a client. The MT will take into account the client's ability to pay. Financial considerations are secondary to the client's welfare.

9.3 Private fees may not be accepted or charged for services when the MT receives remuneration for these services by the agency.

9.4 No gratuities, gifts or favors should be accepted from clients that could interfere with the MT's decisions or judgments.

9.5 Referral sources may not receive a commission fee, or privilege for making referrals (fee-splitting).

9.6 The MT will not engage in commercial activities that conflict with responsibilities to clients or colleagues.

9.7 The materials or products dispensed to clients should be in the client's best interest, with the client's having the freedom of choice. The MT will not profit from the sale of equipment/materials to clients. Charges for any materials will be separate from the bill for services.

10.0 Announcing Services

10.1 The MT will adhere to professional rather than commercial standards in making known his or her availability for professional services. The MT will offer music therapy services only in a manner that neither discredits the profession nor decreases the trust of the public in the profession.

10.2 The MT will not solicit clients of other MT's.

10.3 The MT will make every effort to ensure that public information materials are accurate and complete in reference to professional services and facilities.

10.4 The MT will avoid the following in announcing services: misleading or deceptive advertising, misrepresentation of specialty, guarantees or false expectations, and the use of the Association's logo.

10.5 The MT will differentiate between private practice and private music studio in announcing services.

10.6 The following materials may be used in announcing services (all of which must be dignified in appearance and content): announcement cards, brochures, letterhead, business cards and the internet. The MT may include the following on these materials: name, title, degrees, schools, dates, certification, location, hours, contact information, and an indication of the nature of the services offered.

10.7 Announcing services through the mail (to other professionals), a listing in the telephone directory, or the internet (i.e., email, website) are acceptable. No advertisement or announcement will be rendered in a manner that will be untruthful and/or deceive the public.

11.0 Education (Teaching, Supervision, Administration)

11.1 The MT involved in teaching establishes a program combining academic, research, clinical, and ethical aspects of practice. The program will include a wide range of methods and exposure to and application of current literature.

11.2 The MT involved in education and/or supervision will use his/her skill to help others acquire the knowledge and skills necessary to perform with high standards of professional competence.

11.3 Theory and methods will be consistent with recent advances in music therapy and related health fields. The MT involved in education will teach new techniques or areas of study only after first undertaking appropriate training, supervision, study, and/or consultation from persons who are competent in those areas or techniques.

11.4 The MT involved in the education of students and internship training will ensure that clinical work performed by students is rendered under adequate supervision by other music therapists, other professionals, and/or the MT educator.

11.5 The MT involved in education and/or supervision will evaluate the competencies of students as required by good educational practices and will identify those students whose limitations impede performance as a competent music therapist. The MT will recommend only those students for internship or membership whom he/she feels will perform as competent music therapists and who meet the academic, clinical, and ethical expectations of the American Music Therapy Association, Inc.

11.6 The MT involved in the education of students and internship training will serve as an exemplary role model in regard to ethical conduct and the enforcement of the Code of Ethics.

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

12.0 Implementation

12.1 Confronting Ethical Issues

12.1.1 MT's have an obligation to be familiar with this Code of Ethics.

12.1.2 When a MT is uncertain whether a particular situation or course of action would violate this Code of Ethics, the MT should consult with a member of the Ethics Board.

12.1.3 A MT will not disobey this code, even when asked to do so by his/her employer.

12.1.4 The MT has an obligation to report ethical violations of this Code by other MT's to the Ethics Board.

12.1.5 The MT does not report or encourage reporting of ethics grievances that are frivolous and are intended to harm the respondent rather than to protect the public and preserve the integrity of the field of music therapy.

12.1.6 The MT cooperates in ethics investigations, proceedings, and hearings. Failure to cooperate is, itself, an ethics violation.

12.1.7 Grievances may be reported by any individual or group who has witnessed an apparent ethical violation by a Music Therapist

12.1.8 Neither the Chair nor any other member of the Ethics Board will take part in the informal or formal resolution procedures if s/he has a conflict of interest.

12.2 Informal Resolution of Ethical Violations

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

12.3 Formal Resolution of Ethical Violations

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

12.3.2 The grievance must be made within one year of the last instance of the alleged violation(s) of this code.

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

12.3.4 The Ethics Chairperson, or his/her designee from the Ethics Board, will conduct an initial inquiry into the grievance to confirm (a) the seriousness of the charge and (b) the possibility of resolution of the issue without a formal hearing.

12.3.5 After the initial inquiry, the Ethics Chairperson or designee may, at his or her discretion, negotiate a resolution to the grievance that will be presented in writing to the grievant and the respondent. If both parties agree to this resolution, they will sign and abide by the terms therein stated.

12.3.6 The initial inquiry by the Ethics Chairperson or designee, and negotiated attempts at a resolution, will be conducted within 45 days following receipt of the respondent's defense.

12.3.7 If agreement to a negotiated resolution is not reached, or if 45 days have passed following receipt of the respondent's defense, the Ethics Chairperson will initiate the formal procedure. At that time the Ethics Chairperson will inform in writing the Ethics Board, the Executive Director of AMTA, the President of AMTA, the grievant, and the respondent that the formal hearing procedure has begun and appoint a chair for the hearing panel.

12.4 *Group Grievances*

12.4.1 If the Ethics Chairperson or designee receives more than one grievance related in a substantive way against the same party, the chair or designee may choose to combine the grievances into a single grievance, as long as there is no objection to such combination by the individual grievants. In this instance, the procedure heretofore established will remain the same.

12.4.2 If two or more individuals report a grievance against the same party, they may report a group grievance. This will be handled as a single grievance, following established procedures.

12.4.3 An employing agency may charge a MT with a violation of this Code of Ethics in the same manner as an individual grievant does so. The employing agency will appoint a representative to function in the role of grievant.

12.5 *Corrective Actions*

12.5.1 If the individual takes no corrective action within the designated time-limit, the panel chair will reconvene the hearing panel to determine recommended sanctions to the Executive Board for action. Possible sanctions may include, but are not limited to:

(a) permanent or time-specific withdrawal of an individual's membership in the Association;

(b) rehabilitative activity, such as personal therapy;

(c) a binding agreement by the respondent to conform his/her practice, education/training methods, or research methods to AMTA rules and guidelines;

(d) a written reprimand;

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

New Master of Music degree in Music Therapy

Q#4 of the new program form notes that students will be terminated for instances that violate the code of ethics established by the music therapy profession. *Can you please offer a brief description of the code, or supply me with a copy of it, to include with the proposal?*

- Music therapists must follow two sets of standards. All music therapists must adhere to the standards set forth by the American Music Therapy Association (AMTA). These standards can be found at <http://www.musictherapy.org/ethics.html> (copy provided).
- In addition to AMTA standards, board certified music therapists must also adhere to standards set forth by the Certification Board for Music Therapists. Those can be found at <http://www.cbmt.org/default.asp?page=Code%20of%20Professional%20Practice> (copy provided).

Q#4 also mentions proficiency exams. *Please explain what these exams are.*

- Proficiency exams are performance-based tests in which students are required to demonstrate specific playing skills needed to practice in the field of music therapy.

Q#4 refers to an “attached curricular table,” but no such document was included. *Please send me this table.*

- This table has been included. Please note that the table is a guideline; the actual courses taken will be individualized based on previous work completed by each student. In other words, if a student had already completed the courses listed on the curricular table (or their equivalents), he or she would not need to take the courses.

Please confirm my understanding that students who wish to earn a MM in MT will pursue either the thesis (non-clinical) or non-thesis (clinical) options.

- Students in the thesis track will be required to do a research-based thesis of some sort, which may or may not involve clinical interactions. Students in the clinical option will not do a research-based thesis; instead they will do a special clinical project. However, ALL students will do some clinical work as part of their actual coursework.

Please clarify the name of the clinical option- it is referred to both as the “clinical track” and “clinical placement.”

- The name of the clinical option is “clinical track.” “Clinical placement” refers to the actual clinical fieldwork that the students will be required to complete.

Please confirm that this proposed new degree program will be housed solely within the School of Music, and does not include participation from other colleges.

- The degree will be housed solely in the school of music. Students will take electives from outside the school of music as part of the degree, but the degree itself is a music degree.

MUS 730 refers to “individual advanced competencies” – please clarify this, including whether all students will be required to complete an advanced competency (UK term is “specialty”) and, if so, what are the specific specialties, and what are the requirements for each?

- “Advanced competencies” refers to skills learned at the post-baccalaureate level. (Music therapists can practice after obtaining a bachelor’s degree.) It does not mean that students have to select a specialty area; it simply means that students

must require skills at the graduate level that go beyond what was garnered at the undergraduate level. The advanced competency skill set was determined by the American Music Therapy Association. An outline of all of the advanced competencies can be found at <http://www.musictherapy.org/handbook/advancedcomp.html> (copy provided).

MUS 633

Q#2e (meeting pattern/contact hours) has numbers that are not easily used in SAP. *Please list contact hours in whole numbers.*

- This has been changed to 3.

Q#2j (prerequisites) lists “completion of the music therapy internship.” That is MUS 433G, right? I would like to change the prereq so that the prefix and course number is stated, instead of the course title. *Please let me know if this is acceptable.*

- That is fine.

Q#3 (taught off-campus) has both boxes checked. *Please state if the course is taught off-campus or not.* If the course has on-campus and off-campus aspects, “yes” is the only box that needs to be checked.

- It has both aspects, so it should just be “yes.”

MUS 730

Q#2i lists advanced competencies in MT. *Please clarify the number of competencies, their exact names (an additional comma may be helpful in the list), and the requirements for each.* (It’s not clear if one is “Musical Development,” or “Musical Development and Personal Growth.”)

- A comma has been added to read “Musical Development and Personal Growth,”
- MUS 730 is an independent study course and as such there is not a pre-set number of competencies that students will be required to complete. Instead, students will be asked to select from the competencies listed by AMTA. The number of competencies studied and/or depth of study will be determined based on the number of credits for which the course is taken. (This course can be taken for variable credits.) Competencies will be chosen from those listed by the American Music Therapy Association; a copy of the “Advanced Competencies” has been provided.

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

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

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

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

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

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

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

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

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

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

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

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

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

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