Maryland State Board of Physicians

Music Therapy Application

Issue 1: Risk of Harm to the Consumer – *Whether the unregulated practice of the allied health profession or occupation will substantially harm or endanger the public health, safety or welfare, and whether the potential for harm is recognizable and not remote. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.*

No known official complaints have been made to the state regarding music therapy being unregulated. It is currently difficult to accurately track public complaints as there is no mechanism in place for the public to file complaints in Maryland. One of the reasons state recognition is being sought is to then have a mechanism in place to more accurately address public complaints in the state. There are a growing number of unqualified individuals in the state claiming to be music therapists who do not hold a music therapy degree from an accredited institution or carry the national credential of Music Therapist Board Certified (MT-BC). This potential harm to the public includes misrepresentation of the music therapy profession, as these individuals hold themselves out to the public as being able to produce outcomes that are not based upon evidence-based practice; and, these individuals show a substantial lack of supervised clinical training and feedback to promote and ensure ethical practice. This lack of formalized training and credentials pose an unnecessary and sometimes unintended risk to clients.

For example:
1. If the music stimulus is too complex for one's neurological system, it may cause increased agitation and dysregulation.
2. Noncompliance with safety protocols and guidelines in the clinical environment, including those related to appropriate sound environment, can result in hearing loss, injury, infection, or regression.
3. Music has the potential to elicit or evoke intense emotions. The lack of, or ineffective therapeutic responses to, or processing of, these emotions may lead to short term and/or long term social and psychological harm.

Financial implications for constituents include being overcharged by untrained individuals that are not held accountable to follow or uphold professional standards and ethics, and who are not qualified to provide the service or document measurable outcomes.

While it can be difficult to understand how music can cause harm, there are examples of how the improper use of a music stimulus can be medically and emotionally harmful, especially for individuals with complex dementias, mental health issues, or the medically fragile.

<u>Case Example 1</u>:

A nursing home patient with Lewy body dementia, was engaged in a group music sing-along that utilized songs from the big band era. **Lewy Body dementia is different from the more common dementia of Alzheimer's type. People with Lewy Body dementia often have delusions, hallucinations, difficulty interpreting information, and behaviors.**

At some point the man became progressively upset, and started yelling and threatening others patients and staff. The musician facilitating the sing-along decided to try a different song to engage this man and calm him down. Unfortunately, the song choice only exacerbated the

mood and situation. The patient, very distraught and confused, struck another patient and staff member, and in the process stood up and fell. This resulted in a high fracture of the right femur, a skin tear wound, and the patient who was hit suffered emotional confusion and pain.

The cost of this incident went beyond harm or money. The patient's family, deeply saddened and frustrated by the progression of dementia, was notified that they would likely have to find a different placement for their family member in a more limiting “secure” facility. Nurses had incident reports to complete, and residents and families were distressed by the event. Staff stress was elevated by the incident, and the patient spent countless hours in pain and confusion. The awful cycle of pain, confusion, and fatigue was quite difficult to moderate and support, and the patient became isolated and often inconsolable.

One problem: it is all too easy to relegate such an event to the consequences of dementia. A review, and investigation into the antecedent of this event was found to be a progression of bad decision-making and choices within the environment of the activity setting, placement of the patient, and the clear and observed effect of music and music activity increasing agitation, confusion, and distress.

The group was facilitated by an entertainer that contracted with small nursing homes and group homes. Part of his brochure included the term music therapy, and although he was not a music therapist, he used many examples of the benefits of music with the elderly.

This entertainer did not have the training and a clinical understanding in working with a patient with Lewy body dementia, and to this, did not have the necessary clinical skill set to support the needs of this patient, who became rapidly confused and decompensated into violence. Assuming that music calms and soothes, and simply changing to a different song as a method to change behavior was an inappropriate action.

Music therapists know of the risks that play into altered psychological states, and various shifts in comprehension and perception related to dementia. We make sure we have a reasonable and predictive understanding of the influence of music with our patients through assessment methods. A key point that must not be understated: the music therapist (through training and supervision) has a level of vigilance and monitoring of the patient while simultaneously engaging in, and facilitating the music experience. In contrast, musicians and entertainers are commonly focused on the performance and the identity of themselves within the performance. No one is perfect, but in this example, music therapists would not have placed a volatile patient in the setting, and would have recognized very quickly the signals leading up to increased confusion and exacerbated behaviors. This patient loved music, and needed to have a one-to-one individual type of experience.

There is an uncomfortable irony in writing this account, and harm is a real thing. This elderly gentleman was not able to heal, spent his last week in pain, and died in a nursing home in Roanoke, Virginia a few weeks after this incident.

<u>Case Example 2</u>
A music therapist was working in a major children’s hospital when one of the PICU doctors called her in for a consult. There was a young teenager who ran his snowmobile into a tree and had a traumatic brain injury. He was in a stage of coma where he was extremely agitated. His parents consulted with someone who claimed to be a music therapist but was not. The person

programmed music for them to play at their child's bedside to help him relax. The result of that music was increased agitation, increased heart rate (to dangerous levels), and decreased oxygen saturation rates. This necessitated increased sedation medication, which itself can have negative side effects.

The doctors called for a music therapy consult. The family was playing some beautiful Mozart concerto when the music therapist arrived. The child was in restraints and writhing on his bed. When the music therapist asked the mother if her son liked classical music and would have selected it to relax to prior to the accident, she replied, "oh no. He hates classical music!" The music therapist asked them to turn off the music, but his agitation continued. After explaining the connection between musical preference and relaxation, the family disclosed their son would relax to gangster rap. After conducting further assessment, the music therapist developed a music listening program specifically for the patient. As soon as she started playing music that would help him relax, he let out a sigh and appeared to visibly relax. His heart rate lowered to normal in less than three minutes and his oxygen saturation rate went from 82% to 96% and remained stable. He was able to relax enough he fell asleep without further sedation medication, allowing his body and brain to focus on healing.

Issue 2: Specialized Skill and Training Required – *Whether the practice of the profession or occupation requires specialized skill or training, and whether that skill or training is readily measurable or quantifiable so that examination or training requirements would reasonably assure initial and continuing professional or occupational ability.*

Those who wish to become music therapists must earn a bachelor's degree or higher in music therapy from one of over 80 American Music Therapy Association (AMTA) approved colleges and universities. These programs require academic coursework and 1,200 hours of clinical training, which includes a supervised internship. The academic institution takes primary responsibility for providing students with the entire continuum of clinical training experiences with a representative range of client populations in diverse settings. Qualified supervision of clinical training is required and coordinated or verified by the academic institution. An academic institution, AMTA, or both may approve internship programs. Clinical supervisors must meet minimum requirements outlined by ***AMTA Standards for Education and Clinical Training*** (attached). In exceptional cases, a student may have an on-site supervisor or facility coordinator (e.g. OT, nurse, special educator, etc.). Under these circumstances, the student must have a music therapist as a supervisor under the auspices of the university.

At the completion of academic and clinical training, students are eligible to take the national examination administered by the Certification Board for Music Therapists (CBMT), an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies (NCCA). After successful completion of the CBMT examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC). To demonstrate continued competence and to maintain this credential, music therapists are required to complete 100 hours of continuing music therapy education during every five-year recertification cycle. By participating in the CBMT Recertification Program, board certified music therapists promote continuing competence and the safe and effective clinical practice of music therapy.

All board certified music therapists receive education and training in compliance procedures for state, federal and facility regulations and accreditation. They are trained and skilled to conduct music therapy assessments, draft and incorporate goals and objectives into treatment plans, specify procedures and define expected treatment outcomes, evaluate and make appropriate modifications and accommodations, and document the process utilizing standard tools. The skill set and competencies required of music therapists are outlined in the ***AMTA Professional Competencies*** (attached) **and the *CBMT Board Certification Domains*** (attached).

Issue 3: Extent of Autonomous Practice – *Whether the functions and responsibilities of the practitioner require independent judgement and members of the occupational group practice autonomously.*

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

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

For a complete listing of all items included within each of these categories, please refer to the ***Scope of Music Therapy Practice* 2015** (attached). Currently, a music therapist is bound to the allowable actions, judgments, and procedures outlined in the profession's ***AMTA Standards of Clinical Practice and Code of Ethics*** (attached), and the ***CBMT Code of Professional Practice*** (attached).

Music therapists work as treatment team members, alongside physicians, nurses, and allied health professionals. As members of the interdisciplinary team, music therapists frequently address similar treatment goals as other allied health therapists, such as occupational therapy, physical therapy, and speech therapy, all of which are licensed in Maryland. What distinguishes music therapy from these professions is the use of music as the therapeutic tool. The music therapy treatment plan is designed to help the client attain and maintain a maximum level of functioning using interactive music therapy strategies. Music therapists do not diagnose. Music therapists direct the music therapy portion of treatment but do not typically direct the overall patient care program unless they serve in a management position within a healthcare or education facility.

Since Maryland does not have a license for music therapists, music therapists have been prevented from providing services in certain healthcare and educational settings. For example, even though the federal government recognizes music therapy as a related service in special education, music therapists are frequently not allowed to work in Maryland schools as a related service, due to the lack of a state license for the profession. This situation has restricted employment opportunities, as well as created access problems for qualifying students. In the case of acute care inpatient psychiatric services, music therapy services have been desired at facilities, but the hospitals often specify that therapists must hold a valid license recognized by the state.

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The ***AMTA Standards of Clinical Practice*** (attached) and ***AMTA Code of Ethics*** (attached**)** outline music therapist's responsibilities and relationships with other professionals involved in client treatment. In addition, the ***Scope of Music Therapy Practice 2015*** (attached) and ***CBMT Code of Professional Practice*** (attached) provide requirements and guidance for clinical work.

Issue 4: Scope of Practice – *Whether the scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping duties, methods of examination, instrumentation, or therapeutic modalities.*

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

Music therapists actively apply various music elements through live, improvised, adapted, Individualized, or recorded music to address physical, emotional, cognitive, and social needs of individuals of all ages. After assessing the strengths and needs of each client, qualified music therapists develop a music therapy treatment plan with goals and objectives and then provide the indicated music therapy treatment. Music therapists structure the use of both instrumental and vocal music strategies to facilitate changes that are non-musical in nature.
Education and clinical training of music therapists is unique because it involves not only foundations in music and music therapy, but also includes coursework and practical applications in biology, anatomy, psychology, social, and behavioral sciences.

Music therapy is used in general hospitals to: alleviate pain in conjunction with anesthesia or pain medication: elevate patients' mood and counteract depression; promote movement for physical rehabilitation; calm or sedate, often to induce sleep; counteract apprehension or fear; and lessen muscle tension for the purpose of relaxation, including the autonomic nervous system.

Music therapy in skilled nursing facilities is used to increase or maintain level of physical, mental, and social/emotional functioning. The sensory and intellectual stimulation of music therapy can enhance an individual's quality of life.

Music therapist's offer related service interventions on Individualized Education Plans in special education. Music therapy strategies are used to strengthen nonmusical areas such as readiness to learn (pre-academic skills), academics, social skills, behavioral goals and communication.

Music therapy in behavioral health settings provides music experiences that allow individuals to explore personal feelings, make positive changes in mood and emotional states, and practice problem-solving and coping skills.

The ***Scope of Music Therapy Practice 2015*** (attached) defines the range of responsibilities of a fully qualified music therapy professional with requisite education, clinical training, and board certification. Professional music therapists are qualified to complete the following tasks:

- Accept referrals for music therapy services from medical, developmental, mental health, and education professionals; family members; clients; caregivers; or others involved and authorized with provision of client services. Before providing music therapy services to a client for an identified clinical or developmental need,

the music therapist collaborates, as applicable, with the primary care provider(s) to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client, the music therapist collaborates, as applicable, with the client's treatment team;

- Conduct a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the music therapist collects systematic, comprehensive, and accurate information to determine the appropriate music therapy interventions to provide for the client;
- Develop an individualized music therapy treatment plan for the client that is based upon the results of the music therapy assessment. The music therapy treatment plan includes individualized goals and objectives that focus on the needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives;
- Implement an individualized music therapy treatment plan that is consistent with or complementary to any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client;
- Evaluate the client's response to music therapy, documenting changes and progress in the music therapy treatment plan, and suggesting modifications, as appropriate;
- Develop a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, physician, or other provider of health care or education of the client, family members of the client, and any other appropriate person upon whom the client relies for support;
- Minimize any barriers to ensure that the client receives music therapy services in the least restrictive environment;
- Educate and collaborate with the client and the family, caregiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs; and
- Utilize appropriate knowledge and skills to inform practice including use of research, reasoning, and problem-solving skills to determine appropriate actions in the context of each specific clinical setting.

Issues 5: Economic Costs – *Whether the economic costs (restriction of job creation through regulation and the cost of funding regulatory boards) to the public of regulating the occupational group are justified.*

The *2018 Workforce Analysis Survey* conducted by AMTA found that self-employed music therapists' average rate in the Mid-Atlantic Region for an individual music therapy session was $83.31 per hour; group sessions averaged $78.04 per hour; and assessments averaged $102.75 per hour.

Approximately 10% of music therapists are self-employed (N=48).The average reported salary for full-time music therapists in Maryland was $48,495. The percentage of music therapists working full time is approximately 59% (N=280).Survey data indicates that approximately 80% of music therapists provide direct clinical services, indicating that the percentage of music therapists working part-time is approximately 11% (N=52). Although state and national survey

data does not include information about the amount of money spent on direct music therapy services, using existing data, the following estimates can be made: Approximately 90,000 music therapy sessions are offered a year in Maryland. Average cost of self-employed sessions: $76.00x 12,000 sessions = $912,000. Average cost of facility-based sessions: $30.00 x 78,000 sessions = $2,340,000. Estimated amount of money spent annually in Maryland for music therapy =$3,252,000. It is estimated that regulation of the occupation through licensure will not significantly affect the cost of services

There are no foreseeable increased costs of service to consumers as a result of regulating this profession through licensure. The potential for economic growth as a result of regulating music therapy is more likely to occur. Creating a license for music therapists creates the potential for increased access to services, additional employment opportunities, and support for board certified music therapists to reside and practice in the state.

In addition, music therapy is a cost-effective treatment option and the potential for job growth due to migration to the state of new professionals (or return of newly trained former residents) to work in the profession would be made possible by regulation. Furthermore, state facilities, supported by the people of Maryland, which provide music therapy services by a music therapist may, in fact, enjoy cost savings as evidenced by the impact of selected music therapy interventions on important cost drivers, e.g., length of stay in NICU, or medical procedural efficiencies in the perioperative environment. All these factors are considered to have a positive impact for residents of the state.

Costs of program administration would likely be minimal due to the small number of MT-BCs in the state. We anticipate that administrative costs could be covered by the licensing application and renewal fees and administration of the license managed by a part-time staff liaison who utilizes information from the Certification Board for Music Therapists (CBMT) to process the license.

Issue 6: Alternative to Regulation – *Whether the public can be protected by means other than by regulation, such as, by inspections, disclosure requirements, or the strengthening of consumer protection laws. Whenever appropriate, consistent with patient safety and public health, the lesser level of regulation is preferred.*

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

While the profession has a national certification through the Certification Board for Music Therapists (CMBT), the public remains unprotected regardless of the existence of documents and measures developed by the professional association and the private certification board. In addition, one of the main goals of state recognition is to increase access to quality music therapy services. Lower levels of regulation such as title protection, state certification, or state registration do not increase access to music therapy when healthcare and education programs and facilities require state licenses to provide services

The alternatives listed above do not adequately provide the level of public protection that is required in the healthcare and educational settings where music therapists could provide services.

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In the current marketplace for music therapy, volunteers and untrained musicians currently offer music to our most vulnerable residents in settings such as neonatal ICUs, hospitals, hospices, and assisted living facilities, and in many cases misrepresent the music therapy profession and their own training. This places the public at greater risk of harm. A license offers the greatest level of protection to consumers of music therapy.

Any group seeking the Board to evaluate a proposal for licensure may wish to submit the following information to the Board for its consideration:

1) Number of those to be regulated: 130

2) Nature and extent of harm caused by the unregulated practice of the profession/occupation:

Music therapists often work with vulnerable populations (e.g. persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). Therefore, it is imperative to define this profession in the state in order to safeguard members of the public who may be less able to protect themselves. A person claiming to be a music therapist, but who does not have the appropriate academic and clinical training could potentially cause significant health and/or safety risks. The potential for harm could be recognized when a non-qualified individual claiming to be a music therapist does not comply with federal and state statutes and regulations, (i.e., HIPAA regulations) safeguarding client privacy. Additionally, potential for harm exists if a non-qualified individual provides inappropriate applications of music therapy interventions that could cause physical or emotional harm, or if the individual participated in unethical practice that could be harmful to the public and consumers in general.

An actual case of harm occurred when a hospital NICU unknowingly brought a harpist to their NICU to provide services that were misrepresented as "music therapy." Harp music is over stimulating to neonates and can cause neurological damage. A qualified music therapist working in the Neonatal Intensive Care Unit is specifically trained to administer both live and recorded music interventions to assist both the infant and family. This training includes an understanding of acoustical principles (affected by the playing of music in an isolette), appropriate levels of sound (i.e. decibel levels) and amount of time exposed to music. Additionally music therapists are trained to read behavioral and empirical (i.e., vital signs) cues of the infant that indicate infant distress. Without a clear definition of music therapists in the state, it is difficult for facilities to identify music therapists who are in compliance with state regulations, which is essential for public protection.

3) Voluntary efforts of the profession to protect the public and why they are inadequate.

As established by the American Music Therapy Association (AMTA), music therapists who are members of the association are responsible for working within the ***AMTA Standards of Clinical Practice*** (attached) and the ***AMTA Code of Ethics*** (attached). All board certified music therapists must abide by the ***CBMT Code of Professional Practice*** (attached) and work within the ***Scope of Music Therapy Practice 2015*** (attached). In an effort to assure competent music therapy practice, all practicing music therapists must pass the Music Therapist Board Certification Exam. After passing the exam, music therapists are required to complete 100 hours of Continuing Music Therapy Education (CMTE) every five years to maintain the credential.

Additionally, all board certified music therapists must complete 3-hour ethics training requirements as part of their 5-year recertification cycle for CBMT.

Any complaints made by the public against a board certified music therapist can be brought to the attention of CBMT for investigation and possible disciplinary action as defined by the ***CBMT Code of Professional Practice***. Currently, when a complaint is filed, it goes before the CBMT Disciplinary Review Committee & Disciplinary Hearing Committee which considers alleged violations of any CBMT disciplinary standards set forth in the ***CBMT Code of Professional Practice*** or any other CBMT standard policy or procedure. Following a disciplinary process outlined in the ***CBMT Code of Professional Practice***, the CBMT may revoke or otherwise take action with regard to the application or certification of a candidate or certificant in the case of:

- 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 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.
- Failure to pay fees required by the CBMT.
- 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.
- 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.
- Misrepresentation of the CBMT certification or certification status.
- Failure to provide any written information required by the CBMT.
- Habitual use of alcohol or any other drug/substance, or any physical or mental condition which impairs competent and objective professional performance.
- Failure to maintain confidentiality as required by law.
- Gross or repeated negligence or malpractice in professional practice, including sexual relationships with clients, and sexual, physical, social, or financial exploitation.
- 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.
- 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.
- Failure to update information to CBMT in a timely manner; or 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.

The American Music Therapy Association (AMTA) Ethics Board is a resource for consultation and support for AMTA members and the public who may have questions, concerns or be faced with ethical dilemmas. Though these mechanisms exist, they have limits regarding disciplinary action due to the fact that music therapy is not a recognized profession in the state of Maryland. Since music therapy is not a recognized profession in the state, these organizations have no legal recourse in preventing an unqualified individual from claiming to practice “music therapy”. Furthermore, this system does not provide oversight for health and education facilities who have

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

4) Explanation of why other less restrictive regulation would not protect the public:

In defining registration, certification, and licensure: Under registration, any person may engage in an occupation, but it is required to submit information concerning the location, nature, and operation of the practice. Certification protects specific occupational titles of persons who have met certain educational and experiential standards. Only persons certified in that occupation may use the protected title, although anyone may practice the occupation. Under licensure, it is illegal for anyone to engage in an occupation without a license, and only persons who possess certain qualifications are licensed. Maryland music therapists are proposing the creation of a music therapy license. Specifically, we propose that any professional who claims to be a “music therapist” or “board certified music therapist” must hold the Music Therapist-Board Certified (MT-BC) credential administered by the Certification Board for Music Therapists (CBMT) and is licensed by the state of Maryland. Maryland music therapists are seeking licensure to mitigate the potential for harm to the public and to increase consumer access to music therapy services. Regulating music therapy practice would provide the public with assurance that they are protected from the misuse of terms and techniques by unqualified individuals and to ensure competent practice. Marylanders would then be assured that individuals providing music therapy services are qualified clinicians who have met the education, clinical training, and credentialing requirements for the profession.

5) The cost, availability, and appropriateness of training and examination requirements:

A new music therapy education program at **Maryland Washington Adventist University** was recently approved by AMTA. It will offer both a bachelor’s degree and an equivalency in music therapy. The University is currently conducting a search for a Program Director. This is the first and only music therapy education program in the state. **Frostburg State University** is exploring the possibility of starting a music therapy education program in the future.

Training programs for music therapy that are located in neighboring states include:

<u>District of Columbia</u>

Howard University
Dept. of Music/Div. of Fine Arts/College of Arts & Sciences
Childers Hall, Room 3030, 3rd Floor
Washington, DC 20059
United States
Phone: (202) 806-7136
E-mail: per.karlsson@howard.edu
Web Site: http://www.howard.edu

<u>**Pennsylvania**</u>

Drexel University
Mail Stop 7905, Three Parkway, 7th Floor, Ste. 7103
1601 Cherry St.
Philadelphia, PA 19102
United States
Phone: (215) 359-5511
E-mail: fmi22@drexel.edu
Web Site: http://drexel.edu/cnhp/academics/graduate/MA-Music-Therapy-Counseling/

Duquesne University
School of Music
600 Forbes Avenue
Pittsburgh, PA 15282
United States
Phone: (412) 396-5578
E-mail: abbotte1@duq.edu
Web Site: http://www.duq.edu

Elizabethtown College
Dept. of Fine and Performing Arts
One Alpha Drive
Elizabethtown, PA 17022-2298
United States
Phone: (717) 361-1991
E-mail: behrenga@etown.edu
Web Site: http://www.etown.edu

Immaculata University
Department of Music
PO Box 654 - 1145 King Rd.
Immaculata, PA 19345
United States
Phone: (610) 647-4400
E-mail: colver@immaculata.edu
Web Site: http://www.immaculata.edu

Marywood University
2300 Adams Ave.
Scranton, PA 18509
United States
Phone: (570) 348-6268
E-mail: esuh@maryu.marywood.edu
Web Site: http://www.marywood.edu

Mercyhurst University
501 East 38th Street
Erie, PA 16546
United States
Phone: (814) 824-2394
E-mail: cstevens@mercyhurst.edu
Web Site: http://www.mercyhurst.edu

Seton Hill University
Assistant Professor of Music Therapy
Art, Music, Theatre, Seton Hill Drive
Greensburg, PA 15601-1599
United States
Phone: (724) 830-1062
E-mail: lbfox@setonhill.edu
Web Site: http://www.setonhill.edu

Slippery Rock University
Dept. of Music, 1 Morrow Way
Swope Music Building
Slippery Rock, PA 16057
United States
Phone: (724) 738-2447
E-mail: susan.hadley@SRU.edu
Web Site: http://www.sru.edu

Temple University
Music Therapy, TU-012-00
E. Boyer Coll. of Music - 2001 N 13th St.
Philadelphia, PA 19122
United States
Phone: (215) 204-8314
E-mail: dmbrooks@temple.edu
Web Site: http://www.temple.edu

Virginia

Radford University
Department of Music
Radford, VA 24142
United States
Phone: (540) 831-6160
E-mail: pwinter3@radford.edu
Web Site: http://www.radford.edu

Shenandoah University
1460 University Drive
Winchester, VA 22601-5195
United States
Phone: (540) 665-4583
E-mail: ameadows2@su.edu
Web Site: http://www.su.edu

West Virginia

West Virginia University
College of Creative Arts
School of Music
1 Fine Arts, Evansdale Drive
Morgantown, WV 26506-6111
United States
Phone: (304) 581-1615
E-mail: ryan.carroll1@mail.wvu.edu
Web Site: www.wvu.edu

Annual tuition cost range for public universities: $9,200-$18,500
Annual tuition cost range for private universities: $32,000-$53,000

The traditional music therapy bachelor's degree program typically requires 4 years of educational coursework and 1200 hours of clinical training. Music therapy equivalency programs, which average two years in length, are available to individuals who already hold a bachelor's degree in related fields.

The Certification Board for Music Therapists (CBMT) exam costs $325. It can be taken at a PSI testing center. There are currently seven testing locations in Maryland:

http://online.goamp.com/CandidateHome/displayTCList.aspx?pExamID=3423

6) The cost of regulation, including the indirect cost to consumer, and the proposed method to fund the cost of regulation:

The impact of licensure on the costs of services to the public would be minimal, if at all, as fees for the license would likely not be significant enough to warrant raising therapy rates. Adding licensure for music therapists creates the potential for increased access to services and additional employment opportunities. All of these factors are considered to have a positive impact for residents of the state, as access to quality services will increase as the profession is officially recognized. Licensure for music therapists could have a favorable economic impact on the public. There is potential for decreased out-of-pocket expenses for those receiving services as facilities confidently identify and employ therapists who have met the state requirements for professional practice. Reimbursement for music therapy services from third-party payers could potentially be improved because many of these entities require state licensure when considering service coverage.

a) Costs of program administration would likely be minimal because of the small number of MT-BCs in the state:
b) Administrative costs could be covered by the licensing application and renewal fees and administration of the license managed by a part-time staff liaison who utilizes information from the Certification Board for Music Therapists (CBMT) to process the license.
c) This proposal is requesting state acceptance of the existing national board certification examination developed and administered by CBMT, the only organization to certify music therapists to practice music therapy nationally. The Music Therapist-Board Certified (MT-BC) credential has been fully accredited by the National Commission for Certifying Agencies (NCCA) since 1986. Thus, no costs need be incurred by the state for development or administration of a new or separate exam.
d) Costs to the state for enforcement of a music therapy license could potentially be minimal and enforcement could be supplemented through existing disciplinary processes in place as outlined in the ***CBMT Code of Professional Practice*** (attached).

Licensure could increase the potential for job growth due to migration to the state of new professionals (or return of newly trained former residents) to work in the profession.

We are seeking recognition of an existing national board exam-based credential in order to protect the public from misuse of terms and techniques and to insure competent practice. Many of the system responsibilities required for implementation and enforcement of the license could be completed in coordination with CBMT. In an effort to save state funds, the Board of Physicians could collect the applications, review for completeness, contact CBMT for verification, process payments, and issue the licenses. The board could contact CBMT for interventions required to process complaints, initiate disciplinary action or take action when revocation, suspension, or non-renewal is a concern. Maryland applicants for the music therapy license would pay the fee to support the costs of the licensing process.