

**President's Report APPENDIX A: DRAFT-- Nondiscrimination and Equal Opportunity Policy**

**for VOTE BY ASSEMBLY**

Following organizational best practices the Board charged a work group to develop a nondiscrimination and equal opportunity policy. Having a policy sends the message that issues around discrimination are taken seriously by our organization. The work group carefully reviewed policies from a variety of groups including: National Association of School Psychologists, The American Psychological Association, National Association of Social Workers, American Speech-Language-Hearing Association, and the American Bar Association.

**American Music Therapy Association**

**DRAFT**

**NONDISCRIMINATION AND EQUAL OPPORTUNITY POLICY**

The American Music Therapy Association (AMTA) is committed to a policy of nondiscrimination and equal opportunity: fairness, justice, and respect for all persons. AMTA works to ensure that the association, AMTA-approved academic programs and internships, and settings in which music therapists work are safe and welcoming regardless of actual or perceived characteristics, including race, ethnicity, color, religion, ancestry, age, national origin, immigration status, socioeconomic status, marital status, language, ability, gender, gender identity, gender expression, sexual orientation, developmental level, health status, or any other personal identity, distinguishing characteristic, or disabilities.

AMTA's ethics and standards about nondiscrimination, equal opportunity, fairness, and social justice are described in the Code of Ethics, Scope of Practice, and the Standards of Clinical Practice. These documents outline AMTA's expectations for the provision of high quality, nondiscriminatory, just and fair music therapy services, education and clinical training practices, and interactions with others.

Consistent with the ethics and standards of AMTA, it is the policy of the association that:

- AMTA does not engage in or condone actions and/or policies that discriminate against persons, including clients and their families, other recipients of services, students, interns, supervisees, and colleagues. AMTA supports policies and actions that promote equal opportunity, justice, fairness, and respect for all persons in all settings.
- AMTA promotes awareness and knowledge of how diversity factors may influence development, behavior, learning, and therapy services.
- AMTA strives to ensure that all individuals have equal opportunity to participate in and benefit from music therapy.

This policy aligns with AMTA's mission of advancing public awareness of the benefits of music therapy and increasing access to quality music therapy services.

The committee recommends the following statement be added to the website on the Education of a Music Therapist page for students:

The Nondiscrimination and Equal Opportunity Policy outlines AMTA's commitment to nondiscrimination and the promotion of equal opportunity, fairness, justice, and respect for all persons. Prospective students should carefully consider and review the policies, codes, missions, and philosophies of the programs and institutions for which they plan to apply.

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**President's Report APPENDIX B: Diversity and Multiculturalism Standing Committee**

**for VOTE BY ASSEMBLY**

**Proposed Goals, Tasks, Job Description, and Qualifications**

*The goals and tasks of the Diversity and Multiculturalism Committee are related to the Mission and goals of AMTA especially in the areas of Efficacy, Advocacy and Professional Development:*

*I. Efficacy [AMTA Strategic Plan, 2000]  
Efficacy: AMTA's continuing challenge is to promote and provide scientific data and information that demonstrate the effectiveness and outcomes of quality music therapy services.  
Goal statement: To support, strengthen, and advance the credibility of music therapy services.*

*1.3 Position the organization as a Resource Center.*

*III. Professional Development [AMTA Strategic Plan, 2000]*

*Professional Development: AMTA's on-going commitment is to ensure quality music therapy services by maximizing the development of professionals. Fulfilling the goals of ensuring access to quality music therapy services necessitates a growing number of professionals to deliver music therapy services.*

*Goal Statement: To provide information, educational and technical assistance on effective therapeutic models and emerging therapeutic practices; best business and association practices; and labor supply and demand economics to address the needs of the profession..*

*3.1 Encourage educational and clinical training programs to reflect current and future market demands.*

*3.2 Establish and maintain standards for the music therapy profession.*

*3.3 Provide information through conferences, publications and other materials as to how members can use both traditional and innovative tools and technology to improve clinical practice.*

*3.4 Provide opportunities for members to enhance professional competencies to obtain employment and thrive in a changing service delivery system.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**JOB DESCRIPTION:**

Each committee member will:

1. Attend and participate in all committee meetings at annual national conferences (in the event of committee member’s absence, region or other entity will send a substitute to the meeting);
2. Adhere to deadlines in completing committee assignments;
3. Review committee materials and return and/or act on them by the specified deadline;
4. Submit a semi-annual report of committee work to the committee chair by specified deadline;
5. Ensure timely transfer of committee materials to new committee members;
6. Each committee chair will review committee work and Talking Points with the Council Coordinator. Once reviewed, the committee members will disseminate this information to their regions and seek regional feedback. Student representatives will follow the same procedure for dissemination and solicitation of feedback from student members.

**QUALIFICATIONS:**

1. Professional member of AMTA (with the exception of the student representative).

2. Minimum of two years clinical experience desirable (with the exception of the student representative).
3. Membership of the committee should be comprised of individuals representing diversity across dimensions of gender; age; ethnicity; race; sexual orientation; socio-economic status; cognitive, social and physical abilities; political beliefs; religious beliefs and other ideologies.

#### **JOB DESCRIPTION:**

Each committee member will:

7. Attend and participate in all committee meetings at annual national conferences (in the event of committee member's absence, region or other entity will send a substitute to the meeting);
8. Adhere to deadlines in completing committee assignments;
9. Review committee materials and return and/or act on them by the specified deadline;
10. Submit a semi-annual report of committee work to the committee chair by specified deadline;
11. Ensure timely transfer of committee materials to new committee members;
12. Each committee chair will review committee work and Talking Points with the Council Coordinator. Once reviewed, the committee members will disseminate this information to their regions and seek regional feedback. Student representatives will follow the same procedure for dissemination and solicitation of feedback from student members.

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#### **ADVANCED COMPETENCIES TASK FORCE**

**Jennifer Geiger, MA, MT-BC, Chair**

The Advanced Competencies Review Task Force (ACTF) was constituted in 2014 for the purpose of reviewing the Advanced Competencies that were created and passed in 2009. As with the Professional Competencies, the Advanced Competencies are to be reviewed every 5 years; this is its first review. The ACTF is comprised of **Betsey King, Robert Krout, Bill Matney, Christine Neugebauer, Jane Creagan** (National Office Liaison) and **Jennifer Geiger**, Chair. What follows is a draft of proposed changes for consideration by the Assembly of Delegates.

#### **ADVANCED COMPETENCIES - DRAFT**

#### **for VOTE BY ASSEMBLY**

Proposed Changes as of 9/27/15 with Preamble and Background information.

Items in **bold** are added. Items numbered in brackets [0.0] are proposed new numbers when reordering is the proposed change.

The Task Force recommends that the Assembly consider a section at a time, thus why it is broken up here on separate pages.

*Note for Assembly: it is assumed that when competencies are added or deleted that they, and subsequent sections, will be renumbered.*

#### **I. PREAMBLE**

*Suggested: Replace the current Preamble with the one below.*

*Rationale: The revision has been reduced to 215 words for succinctness and clarity. A revised section on Background Information follows the competencies.*

The American Music Therapy Association has established competency-based standards for ensuring the quality of education and clinical training in the field of music therapy. In November 2005 the AMTA Assembly of Delegates adopted the *Advisory on Levels of Practice in Music Therapy* that 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 and inform future music therapists. 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, RMT, or MT-BC), extensive professional experience, and further education and/or training (e.g., receiving clinical supervision, a graduate degree, and/or advanced training). 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.

## 2. ADVANCED COMPETENCIES

### I. PROFESSIONAL PRACTICE

#### A. Theory

1.1 Apply comprehensive knowledge of the foundations and principles of music therapy practice.

*Suggested:* Apply comprehensive, **in-depth** knowledge of the foundations and principles of music therapy practice.

*Rationale:* “Advanced” competencies should reflect both breadth and depth.

*Suggested:* Reverse order of 1.2 & 1.3.70

1.3 Differentiate the theoretical or treatment orientations of current models of music therapy.

*Suggested:* [1.2] **Identify and apply** theoretical orientations of current models of music therapy.

*Rationale:* *Theoretical orientation informs the application of the advanced practitioner.*

1.2 Synthesize comprehensive knowledge of current theories and deduce their implications for music therapy practice and/or research.

*Suggested:* [1.3] Synthesize comprehensive knowledge of current theories and deduce their implications for music therapy practice, **supervision, education** and/or research.

*Rationale:* *Teaching and supervision are a part of advanced practice.*

1.4 Identify theoretical constructs underlying various clinical practices and research approaches.

*Suggested:* 1.4 Identify theoretical constructs **from music therapy, psychology, medicine, education, musicology, etc. that underlie** various clinical practices and research approaches.

*Rationale:* *Music therapists consider more than just music therapy theory in making clinical and research decisions.*

*Suggested:* combining 1.5 and 1.6

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.

*Suggested:* [1.5] **Use current theoretical, clinical and research** literature from music therapy and related fields *to identify emerging models and to predict/propose future models and trends for music therapy.*

*Rationale:* *Music therapists with advanced competency should not be merely imitating others, but should be able to move the profession forward.*

*Suggested NEW competency:* [1.6] **Articulate and defend a personal philosophy, approach and/or theory to music therapy.**

*Rationale:* *Music therapists with advanced competency have moved beyond being generalists and should be able to define their own approach and specific interests.*

#### B. Clinical Practice

##### 2.0 Clinical Supervision

2.1 Establish and maintain effective supervisory relationships.

*Suggested:* 2.1 Establish and maintain effective supervisory relationships with supervisees.

*Rationale:* *Clarifies the direction of the relationship this item refers to.*

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.

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

*Rationale:* *Reordered wording to clarify that the research findings are those that apply to supervision. 71*

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 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.

*Suggested:* 2.7 Apply knowledge of norms and practices of **diverse** cultures to the supervisory process **as indicated.**

*Rationale:* *Clarifies the need for understanding cultures distinctly different than our own, and that assessment determines the need for different approaches.*

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.

*Suggested:* 2.9 Evaluate the effects of one's own personality, supervisory style, and limitations on the supervisee and the supervisory process and seek consultation **as indicated**.

*Rationale:* *Reworded to be more precise.*

### **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.

*Suggested:* 3.3 Employ **best practice** music therapy reimbursement and financing options.

*Rationale:* *"Best practice" added because theories, findings and healthcare change.*

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

*Suggested:* 3.4 Develop staffing **practices for effective** delivery of music therapy services.

*Rationale:* *Clarification of item intent.*

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

*Suggested:* 3.5 Develop effective recruiting and interviewing strategies.

*Rationale:* *These strategies are needed regardless of who is being interviewed.*

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. 72

### **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, symptomology, 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.

*Suggested:* 4.7 Utilize advanced music therapy methods within one or more theoretical frameworks to assess, evaluate, **and treat** clients' strengths, needs and progress.

*Rationale:* *Delete examples to be both concise and comprehensive. Add "treatment" because music therapists also treat clients using these methods.*

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.

*Suggested:* *Delete and renumber section.*

*Rationale:* *This is addressed in 17.12 of the Professional Competencies.*

4.17 Understand the differential uses of the creative arts therapist 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.

*Suggested:* *Delete and renumber section.*

*Rationale:* *This may relate to a specific theory/modality and is also covered in the revised 4.7 in order to be concise and comprehensive, including all models using advanced methods. 73*

4.19 Employ imagery and ritual in music therapy.



*Suggested: Delete and renumber section.*

*Rationale: As above, this relates to a specific modality and is also covered in the revised 4.7 in order to be concise and comprehensive, including all models using advanced methods.*

4.20 Understand and respond to potential physical and psychological risks to client health and safety.

*Suggested: 4.20 Recognize and apply comprehensive knowledge of contra-indications for music therapy interventions and seek consultation as indicated.*

*Rationale: The original competency is addressed in 14.4 of the Professional Competencies. This revision supports the current literature, which increasingly mentions contra-indications. The specific awareness of contra-indications for therapeutic intervention is an important topic in the discussion of best practice. Consultation is included here to align with the Scope of Music Therapy Practice.*

### **C. College/University Teaching**

*Suggested: C. Academic Programs*

*Rationale: Retitle to update language.*

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.

*Suggested: renumber and reorder 5.4-5.7*

*Rationale: To keep topics relating to students in order. Wording unchanged.*

[5.4] 5.5 Communicate with other faculty, department, and administration regarding the music therapy program and its educational philosophy.

[5.5] 5.6 Develop standards and procedures for admission and retention that support educational objectives consistent with the policies of the institution.

[5.6] 5.7 Utilize various methods of teaching (e.g., lecture, demonstration, role-playing, group discussion, collaborative learning).

[5.7] 5.4 Establish and maintain effective student-teacher relationships.

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 program in meeting educational objectives.

### **D. Research**

6.1 Perform comprehensive literature searches using various indices to identify gaps in knowledge.<sup>74</sup>

*Suggested: 6.1 Perform comprehensive/systematic literature searches/meta analyses using various indices to identify gaps in knowledge.*

*Rationale: An advanced competency includes more than a literature search.*

6.2 Translate theories, issues, and problems in clinical practice, supervision, administration, and higher education into meaningful research hypotheses or guiding questions.

*Suggested: Reverse order of 6.3 & 6.4*

6.4 Conduct advanced research using one or more research approaches (e.g., historical, philosophical, qualitative, quantitative.)

*Suggested: [6.3] Conduct research using one or more research approaches.*

*Rationale: To be concise and comprehensive, examples deleted.*

6.3 Apply quantitative and qualitative research designs according to their indicated uses.

*Suggested: [6.4] Apply **diverse** research designs **as appropriate** to their **intended** uses.*

*Rationale: Concise and comprehensive. The type of data analysis must be appropriate to the nature of the data collected, must acknowledge a larger range of philosophical positions, and must include mixed-methods designs.*

6.5 – 6.10 Reorder; renumber remaining items in section 6.

6.10 Use various methods of data analysis.

*Suggested: [6.5] Use various **appropriate** methods of data analysis.*

*Rationale: data analysis methods must be appropriate to the nature of the data. Renumbered to join competencies on data.*

[6.6] 6.5 Acknowledge one's biases and personal limitations related to research.

6.6 Write grant proposals for funding research.

*Suggested:* [6.7] **Identify funding sources and** write grant proposals for funding research

*Rationale:* *One must achieve the first before starting the second.*

[6.8] 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.

*Suggested:* [6.9] Collect and analyze data using appropriate procedures to avoid or minimize potential **confounding factors**.

*Rationale:* *Wording change offers clarification.*

6.9 Collaborate with others in conducting research.

*Suggested:* [6.10] Collaborate with others, **including non-music therapists**, in conducting research.

*Rationale:* *Collaboration with peers and colleagues in medical and other fields is essential.*

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

*Suggested:* 6.11 Interpret and disseminate research results consistent with established standards of inquiry **and reporting**.<sup>75</sup>

*Rationale:* *This includes manuscripts and conference presentations.*

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

*Suggested:* 6.12 Evaluate research regarding research questions or problems, methods, procedures, data collection, analysis, and conclusions.

*Rationale:* *Delete “scholarly and student;” unnecessary to specify.*

## **II. PROFESSIONAL DEVELOPMENT**

### **A. Musical & 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.

*Suggested:* 7.2 **Design and employ a broad range of compositional experiences in order to address** therapeutic needs.

*Rationale:* *Include therapist’s guidance of client’s composing as a competency.*

7.3 Provide spontaneous musical support for client improvisation.

*Suggested:* *Delete & renumber section.*

*Rationale:* *Covered in revised [7.4] below.*

[7.4] 7.5 Utilize a wide variety of improvisatory techniques for therapeutic purposes.

*Suggested:* [7.4] Design a broad range of improvisational experiences and utilize a variety **of clinical improvisation** techniques for therapeutic purposes.

*Rationale:* *Consistent with mention of each type of music experiences; differentiates the type of improvisation, linking techniques with therapeutic intent.*

[7.5] 7.4 Improvise in a variety of musical styles.

*Rationale:* *Reordered for flow.*

7.6 Design music listening programs for therapeutic purposes.

*Suggested:* 7.6 Design **a broad range of receptive music experiences** for therapeutic purposes.

*Rationale:* *Reworded to encompass live, recorded, vibro-acoustic, sensory, and therapist-composed selections.*

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.

*Suggested:* 7.8 Select, adapt and **utilize** select musical materials **appropriate** for different musical cultures and subcultures.

*Rationale:* *Advanced competency includes the ability to use selected appropriate materials.*

*Reorder & renumber 7.9 to the end of section*

[7.9] 7.10 Utilize extensive and varied repertoire of popular, folk, and traditional songs.

[7.10] 7.9 Apply advanced skills in the clinical use of at least two of the following: keyboard, voice, guitar and/or percussion.<sup>76</sup>

*Suggested:* [7.10] Apply advanced **musical** skills in the clinical use of at least two of the following: keyboard, voice, guitar and/or percussion.

*Rationale:* *To align with “musical and artistic development” header.*

*Suggested NEW competency:* [7.11] **Design a broad range of re-creative music experiences for therapeutic purposes.**

*Rationale:* *To make consistent the personal development of all four music experiences and their use as music therapy methods (Bruscia).*



## **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.

*Suggested:* 8.2 Identify and address one's personal issues **as may be relevant to the music therapy process.**

*Rationale:* *This clarifies the scope of the competency.*

*Reorder and renumber items 8.3 –8.6 for the purposes of clarity. No wording changes.*

[8.3] 8.4 Use personal reflection (e.g., journaling, artistic involvement, meditation, other spiritual pursuits).

[8.4] 8.6 Practice strategies for self-care.

[8.5] 8.5 Recognize limitations in competence and seek consultation.

[8.6] 8.3 Apply the principles of effective leadership.

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

*Suggested:* 8.7 Selectively modify music therapy approaches based on knowledge of the roles and meanings of music in **diverse** cultures.

*Rationale:* *For wording consistency in the document.*

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.

*Suggested:* *Delete and renumber section.*

*Rationale:* *Covered in revised 7.8.*

8.10 Apply current technology to music therapy practice.

*Suggested:* 8.10 Identify new applications of technology or develop new technologies for use in music therapy practice.

*Rationale:* *The original competency is addressed in 13.14 of the Professional Competencies. This revision promotes innovation and progression beyond basic knowledge.*

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

*Suggested:* *Delete and renumber section.77*

*Rationale:* *Covered in 17.1 and 17.2 of the Professional Competencies.*

*Suggested NEW Competency:* **[8.9] Stay apprised of current issues and trends in music therapy governance, ethics, scope of practice, certification and licensure.**

*Rationale:* *Advanced practitioners must stay apprised of these issues and trends in order to be mentors and advocates.*

## **3. BACKGROUND INFORMATION**

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 described four domains for the Advanced Level of Practice: Professional Growth, Musical Development, Personal Growth and Development, and Integrative Clinical Experience. 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.

The initial version of the *Advanced Competencies* was adopted by the AMTA Assembly of Delegates in 2007.

Following feedback from a number of sources, including the National Association of Schools of Music (NASM), a revised version was submitted in 2009 for AMTA approval. In 2014, a task force of music therapy clinicians and educators was charged to review and revise *Advanced Competencies* for submission to the AMTA Assembly of Delegates for review. The *Advanced Competencies* are to be reviewed every 5 years.

The revised *Advanced Competencies* are intended to continue to 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.

## **ENDNOTES**

The 2009 Task Force on Advanced Competencies gratefully acknowledged 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 this task force were Jane Creagan, Michele Forinash (Chair), Gary Johnson, Cathy McKinney, Christine Neugebauer, Paul Nolan, Marilyn Sandness, and Elizabeth Schwartz. **Members of the 2014-2015 Task Force on Advanced Competencies were Jane Creagan, Jennifer Geiger (Chair), Betsey King, Robert Krout, Bill Matney and Christine Neugebauer.**

## 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. *Rationale: delete examples to be concise and comprehensive.*

**Add:** *comprehensive* – complete, including all or nearly all aspects of something; covering completely or broadly; having or exhibiting a wide mental grasp.<sup>1A78</sup>

*construct* - a working hypothesis or concept.<sup>1B</sup>

*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.<sup>2</sup>

**Add:** *experience* - A client's engagement with music, being primarily re-creative, improvisational, compositional, or receptive in nature.<sup>3</sup>

*knowledge* - facts or ideas acquired by study, investigation, observation, or experience.<sup>4</sup>

*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.<sup>5</sup>

*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.<sup>6</sup>

*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.

**Add:** *technique* - "A single operation or interaction that a therapist uses to elicit an immediate reaction from a client or to shape the ongoing, immediate experience of the client."<sup>7</sup>

*understanding* - knowledge of or familiarity with a particular thing; skill in dealing with or handling **something**.<sup>8</sup> Perception and comprehension of the nature and significance **of**.<sup>9</sup>

**Add:** [1A] Merriam-Webster (2015). *Merriam-Webster's online dictionary*. Retrieved May 1, 2015, from <http://www.merriam-webster.com/dictionary/comprehensive>.

[1B] 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.

**Add:** [3] Bruscia, K. E. (2014) *Defining music therapy (3rd ed.)*. University Park, IL: Barcelona Publishers, p.127. (There was no footnote citation for #3 in the original document. This addition covers the new definition for experience).

[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. E. (2014) *Defining music therapy (3rd ed.)*. University Park, IL: Barcelona Publishers, p.129.

[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.e6674.79>

**Add:** [7] Bruscia, K. (2014) *Defining music therapy (3rd ed.)*. University Park, IL: Barcelona Publishers, p.128.

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

[9] 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>.

*Adopted 11/09*

*Revised, if approved by the Assembly, 11/15*

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**Proposed Bylaws Revision  
for VOTE BY MEMBERSHIP**

Article VII. Councils and Committees

*Current wording:*

Section 2. a. Council on Association Services: Committees on Affiliate Relations, International Relations, Membership, Professional Advocacy, Special Target Populations, and Workforce Development and Retention.

*Proposed change:*

Section 2. a. Council on Association Services: Committees on Affiliate Relations, **Clinical Practice Networking, Diversity and Multiculturalism**, International Relations, Membership, Professional Advocacy, Special Target Populations, and Workforce Development and Retention.

*Rationale:* renaming the Special Target Populations Committee to the **Clinical Practice Networking Committee** better reflects the actual goal of providing coordination for networking and mentoring opportunities for practitioners working in a range of settings and with different populations, and to foster communication between committees and with professionals in related fields.

*Rationale:* adding a committee entitled **Diversity & Multiculturalism** will better address the ongoing need for diversity and multicultural awareness, acceptance, appreciation, and competencies in our profession. The new standing committee is recommended to foster an inclusive culture where “uniqueness of beliefs, backgrounds, talents, capabilities and ways of living are welcomed and leveraged for learning and informing better decisions.” (quoted from the report of the **Diversity Task Force**, chaired by **Ronna Kaplan**)