

HB2796 Testimony ~ Lillieth Grand

Thank you Chair Greenlick and Representatives for hearing my testimony today!

My name is Lillieth Grand. I live in Tualatin and own Milestone Music Therapy serving clients in Multnomah, Clackamas, Washington, Marion, and Yamhill Counties. I've been a board certified music therapist since 1993.

I'm here to speak in favor of House Bill 2796 which would license music therapists in the state of Oregon and make music therapy services more accessible for those citizens who could benefit. It would also protect Oregon citizens.

As a music therapist I have worked in other states contracting with school districts to provide music therapy as a related service on individual IEPs, contracting with the state through Medicaid waiver programs and the state department for developmental disabilities, contracting with foster care agencies, and have worked as a music therapist in a major children's hospital. None of these options are currently available for Oregon citizens to receive music therapy.

Music therapy, according to the US Department of Education, can be listed on a student's IEP (Individual Education Plan) as a related service in the same way that physical therapy, occupational therapy or speech therapy are: when it's determined necessary for that student to benefit from his/her special education. Yet, music therapy as a related service has never been provided by any school district in Oregon. This puts our state behind many other states by about 25 years. Even a board certified music therapist with a master's degree in special education (me) can't be hired by a school district to provide a potentially greatly needed service. There is a case right now where an IEP team has agreed that a music therapy eligibility assessment is warranted for a student but the district had to say "no". I've been told by the Oregon Department of Education that what's necessary is for music therapy to be officially recognized in the state regulations in order to "get on the list of hireable service providers", and I believe that HB2796 will do exactly that.

I have clients who are reimbursed by their health insurance for music therapy services. However, if their insurance is the Oregon Health Plan they are out of luck as OHP does not currently cover music therapy. Those who desire our services must find a way to pay 100% out of pocket. I'd like to highlight the type of difference that music therapy can make using an example of one of my clients who is on the Oregon Health Plan.

I met Elliott, whose parents are here in the gallery today, in late March. After eight music therapy sessions he was showing significant growth, but the family had to take a break from therapy for the summer. During that time, his sister ran an online fundraising campaign in order for them to be able to pay for music therapy. We started again in mid-September. Here are his mother's words about how music therapy has been a benefit:

"I have a son, age four, who has been participating in Music Therapy for seven months for Childhood Apraxia of Speech, Sensory Processing

Disorder, and Global Developmental Delay. I am writing this letter to support the efforts to consider Music Therapy as a viable therapy for insurance companies to cover.

Elliot, my son, made no progress in Speech Therapy after a year of therapy. He seemed impossible to reach as Speech Therapy requires imitation, ability of the brain to speak to the muscles of the mouth, auditory processing, sound appreciation, and most importantly understanding of the complexity of a relationship with another human being as vital to his survival. All these problems start in the brain, in levels that a Speech Pathologist cannot reach.

Music Therapy starts at these primitive levels of the brain to repair and reorganize functions that are necessary for language development. This therapy is the prerequisite of Speech Therapy. It engages both sides of the brain at once and finds a way to develop a new and healthy area in the brain for speech and language. It also creates heightened emotional awareness in the individuals which promotes eye contact, gestural participation like hugs and kisses, and a desire to engage in human contact.

At three and a half, Elliot was nonverbal, unable to understand language, did not hug, make eye contact, could not be caressed or warned of danger, was locked into a world that reminded me of Helen Keller. And yet, he could hear and see. It is not enough to hear and see for language to develop. A person also has to have the connections in the brain that will take in sounds, interpret them, and then have the ability to use these sounds to create meaningful speech.

After seven months of music therapy, Elliot is relational. He wants to communicate and can. He makes eye contact, desires to imitate, shows his love by hugs and kisses, uses language to get his needs met, and does not have melt downs. His development that seemed to be at a stand still for at least a year is moving at a steady rate now. Music Therapy saved my little Elliot from a life of disconnection and loneliness. It created a spring board to learning and participation in society. Thanks to this therapy, Elliot is starting to read, play, and love people. Please consider this therapy as a viable option for other children who cannot be reached by other therapies."

And, here is what his sister had to say:

"I am a pianist and graduated from Marylhurst University in 2008 with a music degree. Many of my friends were studying music therapy, which was my first major exposure to this type of therapy. Even though I wasn't in therapy, I learned how important music is for brain development, increasing IQ in children, enhancing motor skills and that making music uses more areas of the brain at once than most other activities require. I

always held music therapy in high regard, knowing that it utilized these important qualities in a therapeutic way, but never had a reason to apply them in a way that impacted my life in a direct way.

Then Elliot, my little brother, was born. It was October 1st, 2010. Elliot brought so much joy to our family, truly, our most precious gift. But, my parents were worried. Elliot was slow to crawl, slow to eat, slow walk, didn't babble much, hadn't started talking, seemed to be clumsier than other children his age. Finally, Elliot was approved by the State of Oregon to go for a full evaluation at Doernbecher Children's Hospital.

In February of last year (2014), Elliot received his official diagnosis. He has severe Childhood Apraxia of Speech, Developmental Coordination Disorder, Phonological Disorder, Expressive and Receptive Speech Disorder, and Global Developmental Delay. It was a painful blow to hear the diagnosis list read off that day at Doernbecher and it left our family in tears. In a nutshell, Elliot would struggle immensely with speech/communication, as well as motor planning, academics, and social interactions his whole life if he didn't receive intensive early childhood therapy.

My parents signed up Elliot for the stereotypical therapies, speech therapy and occupational therapy. After many unsuccessful stints with different therapists, I suggested my mom look into music therapy. I knew that though speech therapy and occupational therapy are important, music therapy seemed to combine techniques from both and use music as a vessel to convey those techniques. I knew that singing involves a different part of the brain than the area that controls speech which may be beneficial for Elliot since he struggles with speech so much, I also knew that there have been studies that show that the brain is more active when singing or making music than just performing a small physical task or doing vocab flashcards. So, I suggested that my parents explore the option of music therapy.

Lillieth Cusick Grand is an instructor in the music therapy department at Marylhurst University and she came highly recommended as a music therapist. She began sessions with Elliot seven months ago. Elliot had never been so focused during any therapy session. He works on motor skills, fine and large, speech, listening and aural processing, as well as sensory integration. She helps him adjust to loud sounds and various types of touch. Before music therapy, he was very hyper when in public because he was in sensory overload. Now Elliot is a breeze to go to the store with. She uses rhythm to help his gait for walking and running. She has taught him how to hug, to hold hands, to say please, the list goes on.

The most amazing part of the progress from music therapy is Elliot's speech. This was, by far, the most severe of all his diagnoses and we had

been told by another speech therapist that Elliot may NEVER learn how to speak and need an electronic notepad to communicate. Well, this week, he has said his first two-word sentence during his music therapy session. He told Lillieth, "Want help." It was amazing. All of his most major speech milestones have happened in sessions with Lillieth. He is now reading simple sentences and can count and knows most of his alphabet and he's only four years old, he even tries to sing sometimes! Sessions with her are so highly productive that my mom decided to solely focus on music therapy and wait on speech therapy and occupational therapy.

He now does music therapy twice a week and makes incredible progress EVERY SINGLE SESSION. It's nearly unbelievable! We are so thankful for this incredible therapy and the significant impact it has made on Elliot.

In conclusion, music therapy has pushed Elliot in ways we never experienced with other therapies. My hope is that all Oregonians have the same opportunity to have access to this highly effective program. It is time that music therapy is moved into the realm of approved therapies for insurance coverage here in Oregon."

These types of results are not unusual in music therapy. And it's time that Oregon's citizens have access.

Thank you again for your time and attention in this matter.

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A Brief Overview of Music Therapy in Oregon

February, 2015

What is Music Therapy?

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

(Scope of Music Therapy Practice, 2015)

Who is qualified as a Music Therapist?

Persons who complete an approved college music therapy curriculum and 1,200 hours of clinical training (including an internship) are then eligible to sit for the national examination offered by the Certification Board for Music Therapists (CBMT). Music therapists who successfully complete the independently administered examination hold the music therapist-board certified credential (MT-BC).

Here in Oregon —

- **Music therapists in Oregon currently serve a significant range of clinical populations** including individuals requiring care for Alzheimer's /dementia, autism spectrum disorders, behavioral disorders, children and adults with intellectual disabilities, early childhood education, forensic psychiatric patients, geropsychiatric patients, high-risk Native American teens, homeless adults, hospice and palliative care patients, mental health or psychiatric diagnosis, Parkinson's disease, sensory processing disorders, substance abuse, traumatic brain injury, veterans, and well elders.
- As of February 2015, **there are 85 Board-Certified Music Therapists** in Oregon.
- **Oregon counties currently served by Music Therapists include:** Baker, Benton, Clackamas, Deschutes, Hood River, Jackson, Klamath, Lane, Linn, Malheur, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, Wheeler, Yamhill.
- **Marylhurst University** and **Pacific University** currently offer fully accredited academic degrees in music therapy. A variety of clinical internship sites are also available in Oregon.
- By our estimation, **over 6,400 Oregonians received music therapy services in 2014**. Many more residents could benefit from music therapy, but currently have restricted access to services due to the absence of official state recognition of our national board certification. Official state recognition would favorably impact our ability to serve more Oregonians by greatly improving reimbursement channels to third party sources such as Medicare/Medicaid.

Because music therapy is a skilled profession, music therapists in Oregon, along with the American Music Therapy Association (AMTA) and CBMT, strongly support House Bill 2796 — legislation that will create a music therapy license in our state.

Passage of House Bill 2796 is essential for ensuring the safety of Oregon citizens and increasing their access to music therapy services. Board-certified music therapists are required to work within a defined scope of practice, adhere to a code of professional practice, and demonstrate current competency in the profession. In addition, board-certified music therapists must also meet extensive continuing education and recertification requirements every five years.

Oregon Music Therapy Government Relations Task Force

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American Music Therapy Association www.musictherapy.org
The Certification Board for Music Therapists www.cbmt.org
Oregon Association for Music Therapy www.oregonmusictherapy.org

Please Support House Bill 2796

Legislation to License Oregon Music Therapists

What is Music Therapy?

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

(Scope of Music Therapy Practice, 2015)

In other words, music therapists in Oregon use music and music-based experiences to improve the quality of life for Oregonians.

Music therapists are independently certified through the Certification Board for Music Therapists after completing a bachelor's degree or higher from a music therapy degree program approved by the American Music Therapy Association, 1200 hours of clinical training, and passing a national board exam. A qualified music therapist will hold the credential "MT-BC."

What is HB 2796?

House Bill 2796 is legislation that will provide licensure for board-certified music therapists by the Health Licensing Office (HLO).

Why are we asking you to support HB 2796?

To protect consumers —

Insures protection for the public by requiring individuals to meet national standards if individuals present themselves as music therapists.

Oregonians can more easily access music therapy services —

States outline qualifications for employment and inclusion in state programs. State licensure will help ensure that Oregonians have access to music therapy services by personnel who are trained, equipped, held to high standards of ethics and professional practice, and demonstrate competency through board certification and continuing education activity.

State regulations often require official state recognition —

In programs with state oversight such as special education, Medicaid waiver funding, and even private insurance, regulations often require a form of official "state recognition" of a credential in order to support professional services.

To avoid confusion —

Official state recognition of the MT-BC credential will help healthcare facilities (which rely upon state regulations) address the confusion regarding the difference between music therapists, music practitioners, music thanatologists, and other non-music therapy musicians in healthcare.

Questions? Please contact Jodi Winnwalker at ormusictherapy@gmail.com

For information about 60+ years of music therapy, please visit the American Music Therapy Association, www.musictherapy.org and the Certification Board for Music Therapists, www.cbmt.org

Thank you for your support of HB 2796.



CERTIFICATION
BOARD FOR
MUSIC
THERAPISTS

SCOPE OF MUSIC THERAPY PRACTICE

2015

Preamble

The scope of music therapy practice defines the range of responsibilities of a fully qualified music therapy professional with requisite education, clinical training, and board certification. Such practice also is governed by requirements for continuing education, professional responsibility and accountability. This document is designed for music therapists, clients, families, health and education professionals and facilities, state and federal legislators and agency officials, private and public payers, and the general public.

Statement of Purpose

The purpose of this document is to define the scope of music therapy practice by:

1. Outlining the knowledge, skills, abilities, and experience for qualified clinicians to practice safely, effectively and ethically, applying established standards of clinical practice and performing functions without risk of harm to the public;
2. Defining the potential for harm by individuals without formalized music therapy training and credentials; and
3. Describing the education, clinical training, board certification, and continuing education requirements for music therapists.

Definition of Music Therapy and Music Therapist

Music therapy is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. A music therapist is an individual who has completed the education and clinical training requirements established by the American Music Therapy Association (AMTA) and who holds current board certification from The Certification Board for Music Therapists (CBMT).

Assumptions

The scope of music therapy practice is based on the values of non-maleficence, beneficence, ethical practice; professional integrity, respect, excellence; and diversity. The following assumptions are the foundation for this document:

- **Public Protection.** The public is entitled to have access to qualified music therapists who practice competently, safely, and ethically.
- **Requisite Training and Skill Sets.** The scope of music therapy

practice includes professional and advanced competencies.

The music therapist only provides services within the scope of practice that reflect his/her level of competence. The music therapy profession is not defined by a single music intervention or experience, but rather a continuum of skills sets (simple to complex) that make the profession unique.

- **Evidence-Based Practice.** A music therapist's clinical practice is guided by the integration of the best available research evidence, the client's needs, values, and preferences, and the expertise of the clinician.
- **Overlap in Services.** Music therapists recognize that in order for clients to benefit from an integrated, holistic treatment approach, there will be some overlap in services provided by multiple professions. We acknowledge that other professionals may use music, as appropriate, as long as they are working within their scope.
- **Professional Collaboration.** A competent music therapist will make referrals to other providers (music therapists and non-music therapists) when faced with issues or situations beyond the original clinician's own practice competence, or where greater competence or specialty care is determined as necessary or helpful to the client's condition.
- **Client-Centered Care.** A music therapist is respectful of, and responsive to the needs, values, and preferences of the client and the family. The music therapist involves the client in the treatment planning process, when appropriate.

Music Therapy Practice

Music therapy means the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapists develop music therapy treatment plans specific to the needs and strengths of the client who may be seen individually or in groups. Music therapy treatment plans are individualized for each client. The

goals, objectives, and potential strategies of the music therapy services are appropriate for the client and setting. The music therapy interventions may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention, and movement to music. Music therapy clinical practice may be in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational areas. Standards of practice in music therapy include:

- Accepting 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;
- Conducting 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 appropriateness and type of music therapy services to provide for the client;
- Developing 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 assessed needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives;
- Implementing an individualized music therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client;
- Evaluating the client's response to music therapy and the music therapy treatment plan, documenting change and progress, and suggesting modifications, as appropriate;
- Developing 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;
- Minimizing any barriers to ensure that the client receives music therapy services in the least restrictive environment;
- Collaborating with and educating 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
- Utilizing 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.

Music therapists are members of an interdisciplinary team of healthcare, education, and other professionals who work collaboratively to address the needs of clients while protecting client confidentiality and privacy. Music therapists function as independent clinicians within the context

of the interdisciplinary team, supporting the treatment goals and co-treating with physicians, nurses, rehabilitative specialists, neurologists, psychologists, psychiatrists, social workers, counselors, behavioral health specialists, physical therapists, occupational therapists, speech-language pathologists, audiologists, educators, clinical case managers, patients, caregivers, and more.

Music therapy-specific assessment, treatment planning, and implementation consider diagnosis and history, are performed in a manner congruent with the client's level of functioning, and address client needs across multiple domains.

Potential for Harm

Music therapists are trained to independently analyze client non-verbal, verbal, psychological, and physiological responses to music and non-music stimuli in order to be clinically effective and refrain from contra-indicated practices. The music therapist implements ongoing evaluation of client responses and adapts the intervention accordingly to protect the client from negative outcomes.

Music therapists use their knowledge, skills, training and experience to facilitate therapeutic, goal oriented music-based interactions that are meaningful and supportive to the function and health of their clients. These components of clinical practice continue to evolve with advances in basic science, translational research, and therapeutic implementation. Music therapists, therefore, participate in continued education to remain competent, know their limitations in professional practice, and recognize when it is appropriate to seek assistance, advice, or consultation, or refer the client to another therapist or professional. In addition, music therapists practice safely and ethically as defined by the AMTA Code of Ethics, AMTA Standards of Clinical Practice, CBMT Code of Professional Practice, CBMT Board Certification Domains, and other applicable state and federal laws. Both AMTA and CBMT have mechanisms by which music therapists who are in violation of safe and ethical practice are investigated.

The use of live music interventions demands that the therapist not only possess the knowledge and skills of a trained therapist, but also the unique skill set of a trained musician in order to manipulate the music therapy intervention to fit clients' needs. Given the diversity of diagnoses with which music therapists work and the practice settings in which they work independently, clinical training and experience are necessary. Individuals attempting to provide music therapy treatment interventions without formalized music therapy training and credentials may pose risks to clients.

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and competencies such as, but not limited to:

- Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
- Recognize the potential harm of music experiences and use them with care.
- Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
- Observe infection control protocols (e.g., universal precautions, disinfecting instruments).

- Recognize the client populations and health conditions for which music experiences are contraindicated.
- Comply with safety protocols with regard to transport and physical support of clients.

Definition of Governing Bodies

AMTA's mission is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world. AMTA strives to improve and advance the use of music, in both its breadth and quality, in clinical, educational, and community settings for the betterment of the public health and welfare. The Association serves as the primary organization for the advancement of education, clinical practice, research, and ethical standards in the music therapy profession.

AMTA is committed to:

- Promoting quality clinical treatment and ethical practices regarding the use of music to restore, maintain, and improve the health of all persons.
- Establishing and maintaining education and clinical training standards for persons seeking to be credentialed music therapists.
- Educating the public about music therapy.
- Supporting music therapy research.

The mission of the CBMT is to ensure a standard of excellence in the development, implementation, and promotion of an accredited certification program for safe and competent music therapy practice. CBMT is an independent, non-profit, certifying agency fully accredited by the National Commission for Certifying Agencies (NCCA). This accreditation serves as the means by which CBMT strives to maintain the highest standards possible in the construction and administration of its national examination and recertification programs, ultimately designed to reflect current music therapy practice for the benefit of the consumer.

CBMT is committed to:

- Maintaining the highest possible standards, as established by the Institute for Credentialing Excellence (ICE) and NCCA, for its national certification and recertification programs.
- Maintaining standards for eligibility to sit for the National Examination: Candidates must have completed academic and clinical training requirements established by AMTA.
- Defining and assessing the body of knowledge that represents safe and competent practice in the profession of music therapy and issuing the credential of Music Therapist-Board Certified (MT-BC) to individuals that demonstrate the required level of competence.
- Advocating for recognition of the MT-BC credential and for access to safe and competent practice.
- Maintaining certification and recertification requirements that reflect current practice in the profession of music therapy.
- Providing leadership in music therapy credentialing.

The unique roles of AMTA (education and clinical training) and CBMT (credentialing and continuing education) ensure that the distinct, but related, components of the profession are maintained. This scope of music therapy practice document acknowledges the

separate but complementary contributions of AMTA and CBMT in developing and maintaining professional music therapists and evidence-based practices in the profession.

Education and Clinical Training Requirements

A qualified music therapist:

- Must have graduated with a bachelor's degree (or its equivalent) or higher from a music therapy degree program approved by the American Music Therapy Association (AMTA); and
- Must have successfully completed a minimum of 1,200 hours of supervised clinical work through pre-internship training at the AMTA-approved degree program, and internship training through AMTA-approved National Roster or University Affiliated internship programs, or an equivalent.

Upon successful completion of the AMTA academic and clinical training requirements or its international equivalent, an individual is eligible to sit for the national board certification exam administered by the Certification Board for Music Therapists (CBMT).

Board Certification Requirements

The Music Therapist – Board Certified (MT-BC) credential is granted by the Certification Board for Music Therapists (CBMT) to music therapists who have demonstrated the knowledge, skills, and abilities for competence in the current practice of music therapy. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism and competence by interested agencies, groups, and individuals. The MT-BC credential may also be required to meet state laws and regulations. Any person representing him or herself as a board certified music therapist must hold the MT-BC credential awarded by CBMT, an independent, nonprofit corporation fully accredited by the National Commission for Certifying Agencies (NCCA).

The board certified music therapist credential, MT-BC, is awarded by the CBMT to an individual upon successful completion of an academic and clinical training program approved by the American Music Therapy Association (or an international equivalent) and successful completion of an objective written examination demonstrating current competency in the profession of music therapy. The CBMT administers this examination, which is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice. Both the practice analysis and the examination are psychometrically sound and developed using guidelines issued by the Equal Employment Opportunity Commission, and the American Psychological Association's standards for test validation.

Once board certified, a music therapist must adhere to the CBMT Code of Professional Practice and recertify every five years through either a program of continuing education or re-examination.

By establishing and maintaining the certification program, CBMT is in compliance with NCCA guidelines and standards that require certifying agencies to: 1) have a plan for periodic recertification, and 2) provide evidence that the recertification program is designed to measure or enhance the continuing competence of the individual.

The CBMT recertification program provides music therapists with guidelines for remaining current with safe and competent practice and enhancing their knowledge in the profession of music therapy.

The recertification program contributes to the professional development of the board certified music therapist through a program of continuing education, professional development, and professional service opportunities. All three recertification categories are reflective of the Practice Analysis Study and relevant to the knowledge, skills and abilities required of the board certified music therapist. Documentation guidelines in the three categories require applying learning outcomes to music therapy practice and relating them to the CBMT Board Certification Domains. Integrating and applying new knowledge with current practice, developing enhanced skills in delivery of services to clients, and enhancing a board certified music therapist's overall abilities are direct outcomes of the recertification program. To support CBMT's commitment of ensuring the competence of the board certified music therapist and protecting the public, certification must be renewed every five years with the accrual of 100 recertification credits.

NCCA accreditation demonstrates that CBMT and its credentialing program undergo review to demonstrate compliance with certification standards set by an impartial, objective commission whose primary focus is competency assurance and protection of the consumer. The program provides valuable information for music therapists, employers, government agencies, payers, courts and professional organizations. By participating in the CBMT Recertification Program, board certified music therapists promote continuing competence and the safe and effective clinical practice of music therapy.

AMTA and CBMT created this document as a resource pertinent to the practice of music therapy. However, CBMT and AMTA are not offering legal advice, and this material is not a substitute for the services of an attorney in a particular jurisdiction. Both AMTA and CBMT encourage users of this reference who need legal advice on legal matters involving statutes to consult with a competent attorney. Music therapists may also check with their state governments for information on issues like licensure and for other relevant occupational regulation information. Additionally, since laws are subject to change, users of this guide should refer to state governments and case law for current or additional applicable materials.

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Certification Board For Music Therapists

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Music Therapy State Recognition: National Overview

2015

Background

The American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) have collaborated on the State Recognition Operational Plan since 2005. The purpose of this joint national initiative is to achieve official state recognition of the music therapy profession and the MT-BC credential required for competent practice. Desired outcomes from this process include improving consumer access to music therapy services and establishing a state-based public protection program to ensure that “music therapy” is provided by individuals who meet established education, clinical training, and credential qualifications. Inclusion within state health and education regulations can also have a positive impact on employment opportunities and reimbursement and state funding options, while meeting clinical requirements of treatment facilities and accrediting organizations.

Current Recognition

Georgia	Music therapy license overseen by the Secretary of State utilizes an ad hoc volunteer Advisory Council. License created in 2012 and regulations approved in 2013. http://sos.ga.gov/index.php/licensing/plb/59
Nevada	Music therapy license overseen by the State Board of Health utilizes an ad hoc Advisory Council. License created in 2011 and regulations approved in 2012. http://health.nv.gov/HCQC_MusicTherapist.htm
North Dakota	Music therapy license overseen by the newly created Board of Integrative Health. License created in 2011 and regulations approved in 2013. http://www.legis.nd.gov/information/acdata/pdf/112-03-01.pdf?20141005151722
Rhode Island	Music therapy registry managed by the Department of Health was signed into law June 2014. http://webservice.rilin.state.ri.us/PublicLaws/law14/law14189.htm
Utah	Legislation creating a music therapy state certification managed by the Division of Occupational and Professional Licensing signed into law April 2014. http://www.dopl.utah.gov/licensing/music_therapy.html
Wisconsin	Music therapy registry created in 1998. http://dsps.wi.gov/Default.aspx?Page=2fad6e97-3d38-4cf9-8af2-1131c7684f40

2015 Legislative Activity

The following states have filed or drafted legislation to recognize music therapist qualifications (education, clinical training, and national board certification)

Music Therapy License

Florida, Illinois, Iowa, Minnesota, Missouri, New Jersey, Ohio, Oregon, and Pennsylvania

Music Therapy Resolution

Idaho, and Texas

Music Therapy Definition/Music Therapist Qualifications

California

For more information, please visit www.musictherapy.org and www.cbmt.org



American Music Therapy Association

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Cost Effectiveness of Music Therapy in Research

1. Romo, R. & Gifford, L. (2007). A Cost-benefit analysis of music therapy in a home hospice. *Nursing Economics*, 25(6), 353-358.
 - a. In this small study, the total cost per patients in music therapy was \$10,659 and \$13,643 for standard care patients, resulting in a cost savings of \$2,984. The music therapy program cost \$3,615, yielding a cost benefit ratio of 0.83. When using cost per patient day, the cost benefit ratio is 0.95.
 - b. The hospice administrator viewed using an MT-BC as a strong point and critical to the program's success, a view supported in the literature.
 - c. Evidence exists that MT may improve risk management for the hospice. Agitation and restlessness are leading causes of patient falls and staff injuries (Sung & Chang, 2005; van Doorn et al., 2003); consequently, one can argue that MT may reduce the number of falls and injuries.
 - d. 70% of respondents agreed or strongly agreed that the MT program increased their job satisfaction, and 80% of the respondents felt that knowing that hospice paid for the MT program increased their commitment to the agency.
2. Standley, J. & Walworth, D. D. (2005). Cost/Benefit Analysis of the Total Program, in J. Standley (Ed.), *Medical Music Therapy*, 33-40. Silver Spring, MD: American Music Therapy Association.
 - a. For the total expenditure of \$57,600, the Florida State University affiliated music therapy/Arts in Medicine protocol in the Tallahassee Memorial Hospital reveal a total outlay for two partners of \$17,247, or 70.1% of total savings.
3. Walworth, D. D. (2005). Procedural-support music therapy in the healthcare setting: a cost-effectiveness analysis. *Journal of Pediatric Nursing*, 20(4), 276-84.
 - a. The application of music therapy had 100% success rate of eliminating the need for sedation for pediatric patients receiving EEG, and 80.7% success rate for pediatric CT scan without sedation, and a 94.1% success rate for all other procedures.
 - b. The cost analysis resulted in that the total cost per patient with music therapy was \$13.21 and \$87.45 for patients without music therapy, which results in a net savings of \$74.24 (85%).
 - c. The project resulted in saving 184 RN-hours for other duties, which addresses the concern of a nationwide shortage on RNs.

MUSIC THERAPY

The science of sound to reach neurological goals

By Lillieth Grand, MS, MT-BC

Music is a non-threatening medium for clients to achieve developmental and neurological goals. Clients work hard while having fun in a success-oriented environment, which is why music therapy has become an evidence-based option for working with those on the autism spectrum.

"Music therapy is the specialized use of music by a credentialed professional who develops individualized treatment and supportive interventions for people of all ages and ability levels to address their social, communication, emotional, physical, cognitive, sensory and spiritual needs," according to the Certification Board for Music Therapy.

The therapy option can also carry over into language development.

"Music therapy is relational," says David Berrier, father of a 4-year-old boy with dyspraxia and autism from Salem. "He's learning how to relate to his music therapist and us. Since he started music therapy, he can now use language on purpose to get what he wants and his vocabulary is growing."

Clinical studies have focused mainly on the use of music therapy to:

- Increase attention span and emotional regulation
- Enhance auditory processing and sensory motor skills
- Improve cognitive functioning
- Increase socialization
- Improve verbal and behavioral skills
- Decrease agitation and self-stimulation
- Have successful and safe self-expression

"Prior to music therapy, my son had one emotion: anger," says a Tualatin mother of a preschool boy with behavior and sensory integration disorders. "Since working with Lillie, he has a full range of emotional expression and can identify emotions in himself and others. His aggressive behaviors are way down! And he says that music therapy is fun."

Within one year of beginning therapy, many parents report high positive results. This indicates that skills and responses acquired in music therapy do generalize to non-music therapy environments.

The American Music Therapy Association reports "music therapy is a particularly important intervention for children with autism spectrum disorders to engage

and foster their capacity for flexibility, creativity, variability and tolerance of change."

Music is a strong stimulus that can be manipulated outside of the body and has a profound and dramatic impact on the human neurological system. Music provides concrete, multi-sensory stimulation (auditory, visual, proprioceptive, vestibular and tactile), and is processed globally (both hemispheres) in the brain. A music therapist is specially trained to use music, and the elements of music, in order to target specific non-musical outcomes.

Here are a few brief case studies from my work as a music therapist:

- A child with Down Syndrome and ASD had severe sensory integration dysfunction, making it near impossible for her family to have community outings. They couldn't run the vacuum if she was in the house and she found flushing the toilet disturbing.

After 11 months of music therapy specifically targeting her auditory, tactile and vestibular sensitivities, the family was able to successfully enjoy a week-long vacation at Disneyland. The following year they drove in their motor home across the country where she was able to surf in the Atlantic Ocean. Her mother recently said, "Anything is possible for her now."

- A 5-year-old boy with ASD could decode words at a fifth-grade level, but had no comprehension of what he was reading. During the music therapy assessment, it was discovered that if he read a first-grade level book silently or aloud, he could answer basic who/what/where questions with about 5 percent accuracy. If the same level book was read aloud to him, he could answer questions at about 20 percent accuracy.

If, however, the book was sung to him, he could answer the questions with more than a 95 percent accuracy. The student's reading comprehension was then targeted specifically using music therapy as a related service on his Individualized Education Plan (IEP). By using music therapy, it took just over seven months to attain the skill; the music was then systematically faded out and the skill remained.

Continued on next page

- In a group made up of first- through third-grade students on the spectrum, all students learned to pick a peer, acknowledge each other, take turns, pass instruments to the right, utilize “please” and stop on cue.
- After learning to repeat rhythmic sequencing patterns of seven beats on four of five percussion instruments, several children on the spectrum are now able to better handle transitions, changes to their schedule and unexpected events.

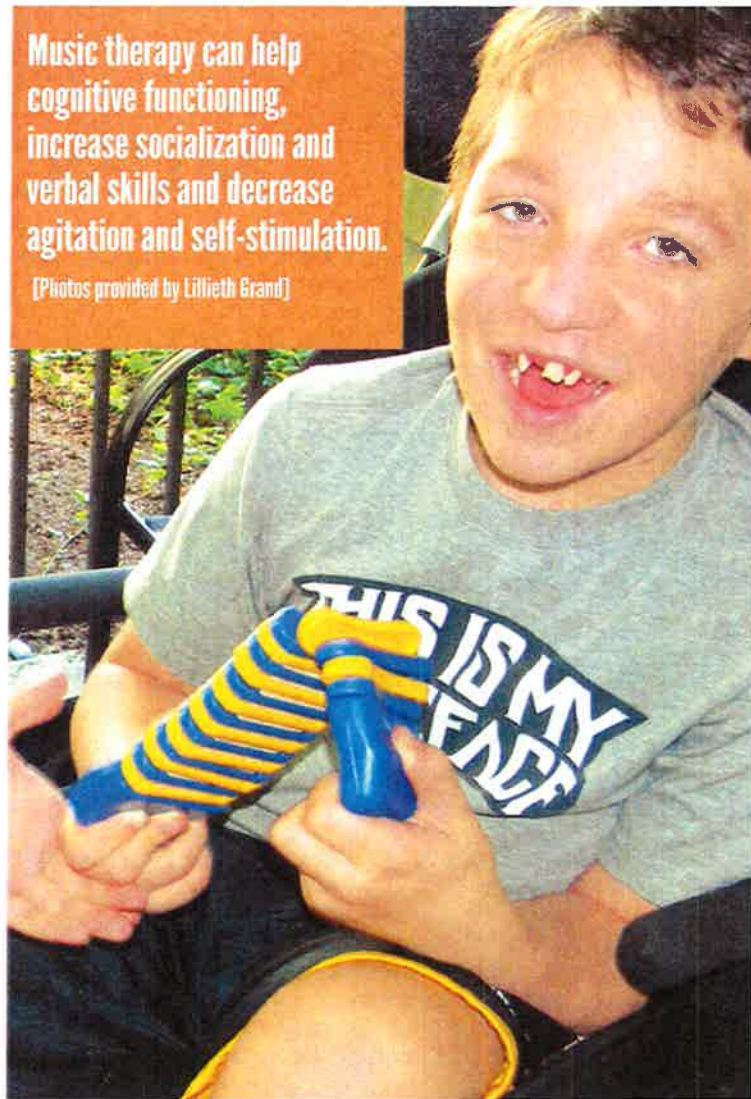
Music therapy treatment is individualized based on client needs, while keeping in mind their preferences, and can be done in one-to-one or group formats. Although recorded music is sometimes utilized, most music therapy sessions tend to include live and interactive music. A music therapist may also provide consultative services.

Music therapy may be covered by insurance and can be included as a related or supplemental service in a child’s IEP or IFSP. If you are interested in learning more, visit the American Music Therapy Association’s website (www.musictherapy.org) to find a music therapist (MT-BC) or tools for advocacy. The Certification Board for Music Therapy (www.cbmt.org) can also be a resource for finding a MT-BC near you.

Lillieth Grand is a mother of three boys, ages 15, 13 and 4 and has been a music therapist since 1993. Her middle child is severely neurologically impaired, motivating her to specialize in working with children who have autism, neurological impairment, traumatic brain injury and developmental disabilities. She is passionate about the field and holds several regional and national positions with AMTA and WRAMTA and also owns a private music therapy business, Milestone Music Therapy, based in Portland.

Music therapy can help cognitive functioning, increase socialization and verbal skills and decrease agitation and self-stimulation.

[Photos provided by Lillieth Grand]





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You. Unlimited.

Marylhurst University Music Therapy Programs

Music Therapy is a cutting edge, rapidly growing profession that combines a passion for music with a dedication to helping people. Marylhurst University has three innovative educational programs, designed to help students achieve their professional goals.

Bachelor of Music Therapy (BMT) Program:

The undergraduate music therapy program at Marylhurst University teaches adults how to harness the therapeutic effects of music in order to bring positive changes to peoples' lives. Our program is based upon the American Music Therapy Association's Professional and Advanced competencies, focusing on: proficiency on guitar, keyboard, and voice; research methods; anatomy & physiology; psychology; neurology; comprehensive musicianship; performance; counseling skills; and requires 1200 hours of intensive clinical training.

After completing music therapy courses, related coursework, and clinical training requirements, students are eligible to take the national board certification exam to earn the professional credential MT-BC (Music Therapy – Board Certified).

Preparatory Program for Master's Degree: (beginning Fall 2015)

The Master's Preparatory Program in music therapy is designed for students who have completed an approved undergraduate degree in music and who wish to prepare for a master's level degree program in music therapy. The program provides an essential foundation of required knowledge and skills for graduate study in music therapy.

Master of Arts Program (MA): (beginning Fall 2015)

The M.A. in Music Therapy is intended to prepare students who are already qualified music therapists for advanced clinical practice, teaching at the undergraduate level or research endeavors. The program is designed with a music-centered focus and is specific to the American Music Therapy Association's Advanced Competency Standards, with the intention of grounding work in theoretical and critical understanding, advanced therapeutic skills, and personal musical growth and development in clinical music practices and experiences. Further, the program has a unique multicultural focus that will prepare students for work in today's diverse society.

For more information please contact Program Director Dr. Laura Beer at lbeer@marylhurst.edu

Marylhurst University Department of Music

Explore your passion
and find your future.



Music Therapy



About Pacific

65+
majors & minors

10:1
student-faculty ratio

19
average class size

99%
of undergraduates
receive financial aid

82%
of recent alumni
have jobs six months
after graduation

The bachelor of music therapy degree offers musicians the opportunity to take their talents into the healing and helping professions. Accredited by the American Music Therapy Association, the music therapy program is a rigorous, five-year course of study that includes a year-long placement with a board certified professional and prepares students to sit for national certification. Students develop musical proficiency in voice, piano, guitar and percussion, build entry-level competencies in psychology, neuroscience, anatomy and healthcare practice, and gain experience with a professional music therapist.

Highlights

- Develop musical proficiency in voice, piano, guitar and percussion
- Build entry-level competency in psychology, neuroscience, healthcare ethics, and philosophy
- Complete 1,200 hours of observation with a board certified music therapist
- Prepare to sit for board certification as a music therapist
- Participate in Pacific University's wide range of ensembles, including Chamber Singers, Concert Choir, Symphonic Band, Pacific Philharmonic, Jazz Choir, Jazz Band and Pep Band
- Network with peers and professors in the health and helping professions throughout Pacific's undergraduate and graduate programs
- Apply for music scholarships that are available to all students and do not require that recipients be music majors or minors



Sample Courses

- Functional Piano, Guitar & Voice
- Clinical Processes in Music Therapy
- Theory and Practice with Children
- Theory and Practice with Adults
- Psychology of Music
- Improvisation and Songwriting
- Clinical and Professional Issues
- Abnormal Psychology
- Counseling & Interviewing Techniques
- Medicine, Ethics and Healthcare

Alumni Successes

Pacific University launched its music therapy degree in Fall 2014. Students who complete the program may work in:

- Hospitals, rehabilitation centers, occupational therapy practices
- Schools, special education, counseling
- Retirement homes and community centers
- Hospice and end-of-life care
- Pain management
- Private practice working with people with physical, cognitive and behavioral needs

Student Experience

Music Scholarships

\$2,000 to \$6,000 per year
Music major/minor not required

Music Ensembles

Pacific Philharmonic Orchestra
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Symphonic Band
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Music Degrees

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Put music to work for health and healing with music therapy

At Pacific University, students develop the musical and clinical skills to treat physical, emotional, cognitive, social and communication needs as certified musical therapists.

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Lead choirs for older adults dealing with dementia

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Enhance communication for stroke victims

Channel emotions for victims of abuse and trauma

Promote social interaction for children with autism

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First Friday Drum Circles with Veterans

Next Session: Friday, February 6th

Facilitated by drummer and board certified music therapist Ted Owen of the **Aluna Rhythm Project**, this monthly community drum circle program is an opportunity for vets to connect with other vets through playing and sharing rhythm together.

Open to Veterans (and their invited friends & family). No previous drumming experience required. Instruments will be available and participants are encouraged to bring their own. Offered in collaboration with **Earthtones Music Therapy Services** and **Be Space** movement and expressive arts studio.

When: First Friday of each month — next event is **February 6th** from **1:30-2:30pm** (doors open at 1:15pm)

Where: **Be Space** movement and expressive arts studio
211 SE 11th Ave., Portland, OR 97214
(street level wheel chair access and located on Tri-Met route)

Cost: **No charge to Veterans**
(\$5-10 suggested donation for attending friends & family)

For further information, contact Ted Owen ---
ted@earthtonesmusictherapy.com or call (503) 957-7570.

EARTHTONES

Music Therapy Services



The Aluna Rhythm Project

— Brief Program Overview —

The **Aluna Rhythm Project** is a peer-centered rhythm-based group music therapy program designed to provide the following benefits for combat veterans experiencing war-related symptoms such as post traumatic stress disorder (PTSD).

- help build feelings of group connectedness and group cohesion
- increase awareness of, and expression of feelings
- learn to modulate and control emotions
- practice ways of changing or controlling behavior
- increase feelings of control and empowerment

Program Offerings —

First Friday Drum Circles — for veterans and their friends and family members. *Beginning Friday, August 1, 2014*

6-8 Weekly Group Sessions — Presented in small group settings with 5-10 other veterans, participants will have opportunities to experience success, connect with others, and share experiences on a nonverbal level. As they participate successfully in music experiences, they begin to view themselves as an integral part of the group and begin to see their value as a person within a safe environment. Group sessions of 60–75 minutes duration to be offered weekly in a confidential therapeutic setting at no charge to referred veterans. *Initial programs to be offered in Fall of 2014.*

For more information about the Aluna Rhythm Project and other music therapy offerings through Earthtones Music Therapy Services, please contact:

Ted Owen — ted@earthtonesmusictherapy.com or 503.957.7570 (cell)

Jodi Winnwalker — jodi@earthtonesmusictherapy.com or 503.284.6794 (office)

Milestone Music Therapy



Empowering Children to Achieve Developmental and Neurological Goals

Serving clients in Tualatin,
Oregon and surrounding areas

503-214-0510

milestone-musictherapy.com

Lillieth Grand, MS, MT-BC, director, has been a board certified music therapist since 1993. She specializes in working with those who have neurological impairment, brain injury, autism, developmental disabilities, and sensory processing issues. She is also adjunct faculty at Marylhurst University.



Milestone Music Therapy

Empowering Children to
Achieve Developmental
and Neurological Goals

Music Therapy Services



503-214-0510

Milestone-musictherapy.com

What Parents Say



“My child experienced all of his ‘firsts’ in music therapy after the car accident. His first eye gaze, smile, laugh, purposeful movement, words, and more were all in MT.”

“You brought him to grade level in reading comprehension and math, and

helped with his social skills, and so now he can be fully included in school.”

“My son has benefited so much from music therapy. He had such a hard time expressing any emotion besides anger and now he is communicating so many feelings and emotions, it is amazing. Our family would still be struggling through stoic and withdrawn bouts of anger without the loving support that he and I both received. Best part of all, my son loves music and playing with the fun instruments. He is singing songs as he goes about his day all the time now.”

Who can benefit?

Anyone who wants to make progress in one or more targeted goal areas can benefit from music therapy including those with:



- ♪ Brain Injury
- ♪ Neurological Impairment
- ♪ Autism
- ♪ Developmental Disabilities

- ♪ Learning Disabilities
- ♪ Life Limiting Medical Conditions
- ♪ Limited Intellectual Functioning
- ♪ Auditory Processing Disorders
- ♪ Sensory Processing Issues
- ♪ Emotional Difficulties
- ♪ Movement Disorders
- ♪ Pain
- ♪ And more!



What is Music Therapy?

“Music Therapy is the specialized use of music by a credentialed professional who develops individualized treatment and supportive interventions with people of all ages and ability levels to address their social, communication, emotional, physical, cognitive, sensory and spiritual needs.”

~ The Certification Board for Music Therapy



Music Therapy is an established health profession, supported by research, in which music is used within a therapeutic relationship to address myriad needs of clients.



After assessing the strengths and needs of each client, the board certified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, client's abilities are strengthened and transferred to other areas of their lives.

Music therapists use music interventions designed to facilitate changes that are non-musical in nature. Functioning as members of an interdisciplinary team, music therapists implement services with individuals and/or groups.