

Questions for the Legislative Committee On New Licensing Boards

1. In what ways has the marketplace failed to regulate adequately the profession or occupation?

Currently, no regulation for music therapists exists in North Carolina. A lack of regulation by the marketplace has resulted in the misleading use of the term “music therapy” by persons who have not undergone training in music therapy or successfully completed the national board certification exam for music therapists established by the Certification Board for Music Therapists (CBMT, www.cbmt.org). The marketplace offers protection for neither employers nor consumers against unqualified individuals who offer "music therapy" or against the risk of application of contraindicated procedures that could harm the consumer.

2. Have there been any complaints about the unregulated profession or occupation? *Please give specific examples including (unless confidentiality must be maintained) complainants' names and addresses.*

No known official complaints have been made to the state regarding music therapy being unregulated. There have been reports from consumers, however, of previous experiences dealing with individuals falsely claiming to be music therapists without evidence of the nationally recognized education, clinical training, or board certification determined by the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT). These consumers report receiving unprofessional, invasive, and poor quality treatment and interventions from these unqualified individuals. Additionally, it would be difficult to accurately track public complaints as there is no mechanism in place for the public to file complaints.

3. In what ways has the public health, safety, or welfare sustained harm or is in imminent danger of harm because of the lack of state regulation? *Please give specific examples.*

A current issue with potential harm to the public related to the lack of state recognition involves a growing number of unqualified individuals in the state claiming to be music therapists who do not hold a music therapy degree from an accredited institution or the national credential of Music Therapist-Board Certified (MT-BC). These individuals misrepresenting the music therapy profession hold themselves out to the public as being able to produce outcomes that are not based upon scientific evidence. Without official state recognition of the qualifications of board certified music therapists, North Carolina residents and potential employers do not have a state established system for verifying education and training to insure competent practice. In addition, there is no state established recourse should residents or facilities feel a person has practiced unethically.

Several musicians across the state identifying themselves as “Music Therapists” have offered to provide music therapy yet have no education in the profession. One specific example is of a hospice client who later refused a music therapy referral because she had a previous negative experience with a non-qualified individual claiming to be a music therapist.

4. Is there potential for substantial harm or danger by the profession or occupation to the public health, safety, or welfare? How can this potential for substantial harm or danger be recognized?

Since music therapists often work with vulnerable populations (e.g. persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness), it is important to regulate this profession within the state to safeguard consumers who may be less able to protect themselves. A person claiming to be a music therapist, but who did not have the nationally accepted academic and clinical training and did not hold the nationally recognized music therapy credential could potentially cause significant health and/or safety risks. Similar to the requirements of other healthcare professionals, music therapists are responsible for working within Standards of Professional Practice and a Code of Ethics (Appendix B) established by their professional association, the American Music Therapy Association (AMTA). Board Certified Music Therapists must also abide by the Code of Professional Practice (Appendix D) and work within the Scope of Practice (Appendix C) established by the Certification Board for Music Therapists. These standards, codes, and professional documents require that music therapists follow state and institutional laws and mandates for ethical practice. To maintain the Board Certification credential, music therapists must also complete extensive continuing education requirements every five years to insure competent practice.

The potential for harm could be recognized when a non-qualified individual claiming to be a music therapist did not comply with federal and state statutes and regulations, i.e., HIPAA regulations safeguarding client privacy. The potential for harm could exist if a non-qualified individual provided inappropriate applications of music therapy interventions that could cause physical or emotional harm, or if the individual participated in unethical practice that could be harmful to the public and consumers in general. Without regulation of music therapists by the state, it would be difficult to identify music therapists who were in compliance with state regulations, which is essential for public protection.

5. Has this potential harm or danger to the public been recognized by other states or the federal government through the licensing or certification process? *Please list the other states and any applicable federal law (including citations).*

Yes. In 1998, Wisconsin created a state registry, which includes music therapists. In 2006, music therapists in New York became eligible for licensure as creative arts therapists under the Mental Health Practitioner Board. In 2008, Washington began the process of state regulation by introducing a music therapy licensure bill in the House. Currently, legislators in New Jersey are reviewing options for music therapy licensure utilizing existing state boards. The Commonwealth of Pennsylvania licenses music therapists as professional counselors, utilizing successful completion of the CBMT examination as the licensure examination. Several states, including North Carolina, include regulatory language within health and education programs listing the required music therapy education, clinical training, and/or national board certification necessary for employment within the state system. For instance, NC has required completion of a music therapy degree and clinical training in music therapy for employment within state facilities since 1982 (see http://www.osp.state.nc.us/CLASS_SPECS/Spec_Folder_05000-05999/PDF_Files/05179.pdf). However, such regulation fails to protect consumers receiving

services by providers who are not employees of the state.

6. What will be the economic advantage of licensing to the public?

An economic advantage to the public would be increased access to quality music therapy interventions provided within education and healthcare facilities receiving state funding. There is a potential for decreased out-of-pocket expenses for those receiving services as facilities confidently identify and employ therapists who have met the state requirements for professional practice. A second economic advantage would be improved reimbursement for music therapy services by private and federal third-party payers, thereby decreasing the costs assumed by the state.

A third economic advantage to the public would be the efficiency created by retaining qualified music therapists trained by the state of North Carolina at two state universities that offer both Bachelor's and Master's degree programs. Currently many well-qualified music therapy graduates of these accredited programs at state universities leave the state for employment in states that have better employment opportunities due to state recognition of music therapy as a profession.

7. What will be the economic disadvantage of licensing to the public?

The impact on the costs of services to the public would be minimal, if at all, as fees for licensure would likely not be significant enough to warrant raising private therapy rates or music therapy rates within the state system.

8. What will be the economic advantages of licensing to the practitioners?

State licensure could potentially lead to increased employment opportunities within facilities that receive funding for services provided by licensed professionals, and would allow these facilities to retain highly qualified MT-BCs. Retention of highly qualified music therapists would be economically advantageous to the state system as the state would not have to pay for advertising, hiring, and training of new employees. Currently, some facilities who want to add music therapy programming are hesitant to employ music therapists since they do not hold a state license. State licensure would also increase the opportunities for advancement within the state personnel system by eliminating the ceiling currently imposed by lack of licensure. In addition, self-employed music therapists could potentially be eligible to apply as network providers within public and private third party payer programs, as licensure is frequently a requirement for provider applications.

9. What will be the economic disadvantages of licensing to the practitioners?

The economic disadvantage to practitioners would be the estimated annual cost of maintaining licensure (\$100-\$150 per year) which would be in addition to current CBMT fees (\$80 annual maintenance fee) and state and national association dues (\$240). No economic disadvantages are foreseen for the public or state system with the licensing of music therapy.

10. Please give other potential benefits to the public of licensing that outweigh the potential harmful effects of licensure such as a decrease in the availability of practitioners and higher cost to the public.

(a) State recognition in the form of licensure would effectively raise awareness for potential employers, contracting agencies, and individuals or families seeking private services, as consumers would have a means to determine competence. There are a large number of non-credentialed individuals claiming to practice music therapy who could cause psychological harm as they do not have the necessary education and clinical training to assess, develop and implement interventions as outlined in the CBMT Scope of Practice (SOP) for Board Certified Music Therapists (Appendix C). This is confusing to the general public and these individuals do not always represent themselves accurately. Licensure would assist potential employers in selecting a Board Certified Music Therapist (MT-BC) as opposed to non-credentialed music professionals, decreasing the incidence of unqualified individuals having access to clients' confidential information and potentially compromising clients' health and wellness issues.

(b) Licensing by the state in cooperation with the current standards upheld by board certification from CBMT would provide the public with a well-defined, easily accessed method of determining qualified practitioners.

(c) Licensing by the state may ultimately increase the availability of qualified practitioners by encouraging trained music therapists to stay in North Carolina to practice rather than either moving to states that recognize qualified music therapists or leaving the field.

11. Please detail the specific specialized skills or training that distinguish the occupation or profession from ordinary labor.

Music therapists must earn a bachelor's degree or higher in music therapy from one of over 70 accredited and AMTA approved colleges and universities. These programs require comprehensive academic coursework and 1,200 hours of clinical training, including a supervised internship. The academic institution takes primary responsibility for providing students with the entire continuum of clinical training experiences with a representative range of client populations in diverse settings. Qualified supervision of clinical training is required and coordinated or verified by the academic institution. An academic institution, AMTA, or both may approve internship programs. Clinical Supervisors must meet minimum requirements outlined by AMTA Education and Clinical Training Guidelines.

All Board Certified Music Therapists receive education and training in how to comply with state and federal and facility regulations and accreditation. They are trained and skilled to conduct assessments, draft and incorporate goals and objectives into treatment plans, specify procedures and define expected treatment outcomes, evaluate and make appropriate modifications and accommodations, and document this process utilizing standard tools. The competencies required of music therapists are outlined in the *AMTA Professional Competencies* and *AMTA Advanced Competencies*.

The CBMT Scope of Practice (Appendix C) provides a detailed outline of the functions and

procedures a board certified music therapist is qualified to apply in the course of their clinical work. A music therapist utilizes researched techniques to develop effective music therapy treatment plans for a variety of clinical populations. For example, in clinical work with elderly persons, music is used to increase or maintain their level of physical, mental, and social/emotional functioning. The sensory and intellectual stimulation of music can help maintain a person's quality of life. Also, music therapy in general hospitals can alleviate pain in conjunction with anesthesia or pain medication, elevate patients' mood and counteract depression, promote movement for physical rehabilitation, calm a patient, promote sleep/relaxation for those experiencing insomnia, counteract apprehension or fear, and lessen muscle tension for the purpose of relaxation, including the autonomic nervous system. Additionally, music therapists are often hired in the school system to provide music therapy services to address goals identified on the Individualized Education Plan (IEP) for students with developmental delays, learning disabilities, or emotional/behavioral needs. Music therapy is used in the educational setting to strengthen nonmusical areas such as academic skills, communication skills, social skills, emotional skills, and physical skills. Finally, music therapy allows persons with mental health needs to explore personal feelings; make positive changes in mood, emotional states, and behavior; have a sense of control over life through successful experiences; practice problem solving; and resolve conflicts leading to stronger family and peer relationships.

12. What are other qualities of the profession or occupation that distinguish it from ordinary labor?

The qualities that distinguish music therapy from other “labor” or other forms of helping are clearly defined in the following documents: AMTA Professional and Advanced Competencies (www.musictherapy.org) and the CBMT Scope of Practice (www.cbmt.org, Appendix C).

Music therapists hold, at a minimum, an undergraduate degree from an American Music Therapy Association approved university program. Music therapy training includes extensive practical application and classroom instruction to hone the specific skill set described in AMTA professional and advanced competencies.

Music therapy “is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, Standards of Clinical Practice, Appendix A). Music therapists structure the use of both instrumental and vocal music strategies to facilitate changes that are non-musical in nature. Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses. They design music sessions for individuals and groups based on client needs using a variety of techniques and approaches. They participate in interdisciplinary treatment planning, ongoing evaluation, and follow up. Music therapy facilitates numerous clinical outcomes in areas such as rehabilitation; habilitation; social, emotional and cognitive functioning; and learning. Research regarding the effectiveness of music therapy is extensive and includes evidence-based systematic reviews on numerous important topics.

Music therapists work in diverse settings, professionally managing multiple tasks and roles within musical interactions with the aim of improving the health of the people they serve. Music

therapy differs from music education in that music therapists use music to address goals in academic, social, and behavioral areas rather than to teach music knowledge and skill. They are trained under the criteria developed by AMTA and CBMT. In a school system, the role of a music educator is to teach the music curriculum and music skills to students. On the other hand, the music therapist uses music to provide a related service that addresses educational goals beyond music to identified students with special needs to address non-music, academic goals. A music therapist in a school system provides music therapy services to children with special needs for whom it has been determined that music therapy is “educationally necessary” for the student to make progress on the educational goals as listed in his/her IEP.

13. Will licensing requirements cover all practicing members of the occupation or profession? If any practitioners will be exempt, what is the rationale for the exemption?

Yes, all practicing North Carolina music therapists would have to become licensed. Practicing music therapy includes the following: clinical applications of music therapy with clients; consultation to facilities, agencies, or other professionals; clinical supervision within academic and/or community settings; and teaching/training/educating of music therapy students. Specific skills are delineated within in the AMTA Professional and Advanced Competencies and the CBMT Scope of Practice (Appendix C).

Through a “Grand Parenting” clause, all music therapists who have practiced for at least 5 years and who hold an existing music therapy credential or professional designation recognized in the United States to include Registered Music Therapist-RMT, Certified Music Therapist-CMT, Advanced Certified Music Therapist-ACMT and Music Therapist-Board Certified-MT-BC, would be eligible to apply for licensure under any NC licensure act. RMT, CMT, and ACMT were the original music therapy professional designations prior to creation of the national board certification exam. They are no longer available and will expire forever as of 2020. It would be required that each licensee who holds the RMT, CMT, or ACMT upon becoming licensed as a music therapist in NC, would become board certified prior to the end of her/his first licensing cycle.

14. What is the approximate number of persons who will be regulated and the number of persons who are likely to utilize the services of the occupation or profession?

Currently, there are approximately 125 Board Certified Music Therapists in North Carolina. Additionally, three universities in North Carolina have AMTA approved academic programs and six facilities or agencies offer AMTA approved internships in music therapy, which will contribute to the overall number of music therapists practicing in the state (approximately 20 students per year graduate with a music therapy degree in NC). According to the 2008 AMTA Statistical Review, it is estimated that music therapists in North Carolina each serve approximately 122 clients annually. At this time, however, due in part to decreased access issues related to the lack of a state recognition system, not all 125 music therapists are currently providing services. In addition, due to decreased access and employment limitations related to the lack of a state recognition system, music therapy graduates from NC universities often move to other states to seek employment. With the creation of a music therapy license, it is anticipated that access to services would increase, employment opportunities would grow, and the potential

number of clients served in NC annually could expand to a total of 15,250 individuals.

15. What kind of knowledge or experience does the public need to evaluate the services offered by the practitioner?

Without state regulation of music therapists, the public would have to seek information about ethical and competent practice from both the American Music Therapy Association and the Certification Board for Music Therapists, national organizations located outside of North Carolina. For potential clients and their families, this investigation is a difficult task to complete since state guidance and/or recommendations do not exist.

16. Does the occupational group have an established code of ethics, a voluntary certification program, or other measures to ensure a minimum quality of service?

As noted earlier, the American Music Therapy Association (AMTA, www.musictherapy.org) has an established Code of Ethics (Appendix B) and Standards of Clinical Practice (Appendix A) which outline expected professional conduct and guide music therapy interventions. The Certification Board for Music Therapists (CBMT, www.cbmt.org) requires successful completion of a national certification exam, adherence to a Code of Professional Practice, work within an established Scope of Practice (Appendix C), and participation in an extensive continuing education and re-certification process every five years.