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, <u>www.musictherapy.org</u> and the Certification Board for Music Therapists, <u>www.cbmt.org</u>

Thank you for your support of HB 2796.

A Brief Overview of Music Therapy in Oregon

February, 2015

What is Music Therapy?

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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

Jodi Winnwalker, MT-BC, LCSW, Chair Lillieth Grand, MS, MT-BC Laura E. Beer, PhD, MT-BC, ACMT Christine Korb, MM, MT-BC Dawn Iwamasa, MA, CCLS, MT-BC Ted Owen, MT-BC Melissa Potts. MT-BC Adam Young, Student Representative

To contact the Task Force, email: ormusictherapytf@gmail.com

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

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

www.cbmt.org

Updated: February 3, 2015

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. <u>http://webserver.rilin.state.ri.us/PublicLaws/law14/law14189.htm</u>	
Utah	Legislation creating a music therapy state certification managed by the Division of Occupational and Professional Licensing signed into law April 2014. <u>http://www.dopl.utah.gov/licensing/music_therapy.html</u>	
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, Pennsylvania, and South Carolina

Music Therapy Resolution or Tribute Colorado, Idaho, and Texas

Music Therapy Definition/Music Therapist Qualifications California

For more information, please visit <u>www.musictherapy.org</u> and <u>www.cbmt.org</u>



American Music Therapy Association

8455 Colesville Rd., Ste. 1000 • Silver Spring, Maryland 20910 Tel. (301) 589-3300 • Fax (301) 589-5175 • www.musictherapy.org

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 costeffectiveness 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.

FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2796 - A

Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session Legislative Fiscal Office

Only Impacts on Original or Engrossed

Versions are Considered Official

Prepared by: Kim To Reviewed by: Linda Ames Date: 4/7/2015

Measure Description:

Authorizes the Health Licensing Office to issue licenses to practice music therapy.

Government Unit(s) Affected: Oregon Health Authority (OHA)

Summary of Expenditure Impact Health Licensing Office, Oregon Health Authority (OHA): 2015-17 Biennium 2017-19 Biennium Personal Services \$6,865 \$9,153 Services and Supplies 3,208 4,277 Total Other Funds \$10,073 \$13,430 Positions 1 1 FTE 0.04 0.06

Summary of Revenue Impact Health Licensing Office, Oregon Health Authority (OHA):

2015-17 Biennium 2017-19 Biennium Fees \$20,844 \$10,480 Total Other Funds \$20,844 \$10,480

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

House Bill 2796 authorizes the Health Licensing Office (HLO) to issue licenses to practice music therapy. The bill prohibits persons from practicing music therapy or using the title of music therapist without a license from HLO.

The Health Licensing Office estimates the fiscal impact of this bill to be \$10,073 Other Funds; 1 position; and 0.04 FTE for the 2015-17 biennium. This amount includes pooled costs for staffing the new licensure program. Because HLO is at operational capacity, to implement this new licensure and to handle the regulation of a new category of licensees, HLO will need additional staffing to carry out the provisions of this bill.

The bill allows the HLO to charge fees to recover costs. Assuming an estimated 85 individuals will seek licensure, HLO anticipates establishing the following fees:

(1) Application – New License = \$150;

(2) License – New = \$50 (valid for one year);

(3) License Renewal = \$50 (valid for one year).





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 nonmaleficence, 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

of the interdisciplinary team, supporting the treatment goals and cotreating with physicians, nurses, rehabilitative specialists, neurologists, psychologists, psychiattists, social workers, counselors, behavioral health specialists, physical therapists, occupational therapists, speechlanguage 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 nonmusic stimuli in order to be clinically effective and reftain from contraindicated practices. The music therapist implements ongoing evaluation of client responses and adapts the intervention accordingly to protect the client from negative outcomes.

Music therapeutic, goal oriented music-based interactions that are 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 recognize when it is appropriate to seek assistance, advice, or consultation, or refer the client to another therapist or professional practice, and music therapists practice safely and ethically as defined by the AMTA foode 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 mechamisms by which music therapists who are in violation of safe and ethinisms by which music therapists who are in violation of safe and ethinisms 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.
- Doserve infection control protocols (e.g., universal precautions, disinfecting instruments).

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 restarted 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 actives 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 information to determine 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 attengths 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, categiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the mannet 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

- 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.

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For Music Therapists Certification Board

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American Music

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

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

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

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

WHAT IS CBMT?

The Certification Board for Music Therapists (CBMT) is a certifying agency and non-profit 501(c)(6) corporation fully accredited by the National Commission for Certifying Agencies. Established in 1983, its role is to create a Scope of Practice representing competent practice in the profession of music therapy and to administer a credentialing program to evaluate initial and continuing competence. CBMT is committed to ensuring public protection by administering disciplinary action as outlined in the CBMT Code of Professional Practice, if necessary.



THE CERTIFICATION BOARD FOR MUSIC THERAPISTS



AZ music therapists thank Senator Al Melvin for sponsoring SB1376 on music therapy services and persons with disabilities.

AMTA & CBMT Working Together

The American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) collaborate on a national initiative designed to achieve state recognition of the music therapy profession and the MT-BC credential required for competent practice by:

*Educating the public about music therapy *Recommending accurate language for legislation and regulations

*Assisting local legislators and communities with insuring access to quality music therapy services

*Protecting the rights of Board-Certified Music Therapists to practice

There are over 30 states with task forces that are working on this national initiative.

WHAT IS AMTA?

The American Music Therapy Association (AMTA) is a non-profit 501(c)(3) educational organization established in 1950 to advance music therapy education, training, professional standards, and research. AMTA's mission is to advance public knowledge of music therapy benefits and increase access to quality music therapy services. AMTA provides technical support to consumers and professionals and represents the profession to federal and state legislators and agencies. Members of AMTA adhere to a Code of Ethics and Standards of Clinical Practice in their delivery of music therapy services.



WHAT IS MUSIC THERAPY?

Music therapy is a well-established health profession consisting of clinical and evidence-based uses of music interventions to accomplish individualized goals. After assessing clients' strengths and needs, Board-Certified Music Therapists design sessions specifically tailored to individuals. Research in music therapy supports the effectiveness of interventions that target cognitive, physical, social, emotional, behavioral, and/or communication needs.



Music Therapists Help Individuals With:

- * Alzheimer's Disease and Dementia
- * Autism and Developmental Disabilities
- * Brain Injuries, Parkinson's, and Stroke
- * Cancer
- * End of Life Issues
- * Learning Disabilities
- * Mental Health Concerns
- * Pain and Chronic Illness
- * Physical Disabilities
- * Sensory Impairments
- * Substance Abuse

For more information on specific initiatives, on music therapy, or on board certification, contact:

American Music Therapy Association

8455 Colesville Road, Suite 1000 Silver Spring MD 20910 <u>www.musictherapy.org</u> Phone: 301-589-3300 Email Contact: Judy Simpson <u>simpson@musictherapy.org</u>

Certification Board for Music

Therapists 506 E. Lancaster Avenue, Suite 102 Downingtown PA 19335 <u>www.cbmt.org</u> Phone: 800-765-CBMT (2268) Email Contact: Dr. Dena Register <u>dregister@cbmt.org</u>



MUSIC THERAPY



AMTA & CBMT

Working Together to Increase Access to Quality Music Therapy Services



Milestone Music Therapy

Empowering clients to achieve developmental and neurological goals

www.Milestone-Musictherapy.com 503-214-0510

HB2796 Testimony ~ Lillieth Grand ~ 6/3/2015

Thank you Co-Chair Nathanson, Co-Chair Bates and committee members for hearing my testimony.

My name is Lillieth Grand. I live in Tualatin and own Milestone Music Therapy serving clients in Multhomah, 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.

According to the US Department of Education, music therapy can be listed on a special education 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. While music therapy has been provided in this way in most other states for over 40 years, music therapy as a related service has <u>never</u> been provided by any school district in Oregon. Even a board certified music therapist with a master's degree in special education like myself can't be hired by a school district to provide a potentially greatly needed service. 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 hirable 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, their insurance is based in other states. Those who desire our services who have OR based health insurance must find a way to pay 100% out of pocket.

As the American Music Therapy Association Professional Advocacy Committee Representative from the Western Region, I can report to you that Oregon has more complaints of misrepresentation of the field of music therapy than any of the other nine states in the region. A misrepresentation is when an agency reports or advertises that they have music therapy but it is not delivered by a boardcertified music therapist or when an individual represents themselves as a music therapist without the training or credential to do so. Without proper training, someone can actually do harm to patients/clients. I'm happy to provide you with several examples of harm caused by non-credentialed persons if you're interested in them. And, healthcare agencies can be dinged by the joint commission for such misrepresentations.

It would be understandable if the Ways and Means Committee were concerned with what it would cost state agencies, such as school districts and the Oregon Health Plan, to provide music therapy to

the folks that they serve. I'd like to highlight a few of my experiences as a music therapist that demonstrate how, ultimately, using music therapy may reduce cost for the paying agency:

- 1. Working in a major children's hospital, in another state, I assisted with PICC Line placement procedures. Ordinarily for this procedure they would use sedative medication which needed to be administered by a nurse practitioner and an RN, then both of those professionals would need to remain through the procedure (on average 2 hours) and the patient would need 1:1 nursing care after the procedure for at least four hours. Also, those sedative medications are expensive and have tons of negative side effects which can also be costly. Using music therapy instead of sedation for this procedure saved the hospital money in staffing as well as medication cost. As a matter of fact, it was determined that if a music therapist assisted with at least seven of these procedures, the savings would pay for more than one year of their salary (including benefits). And, the children felt that the procedure was less traumatic. Overall, patients between the ages of 7 and 16 years who utilized music therapy rather than sedation rated the pain level of the procedure at 1.6 on the 0-10 pain scale (10 meaning the worst pain you can imagine, 0 meaning no pain at all). And, the children felt that the procedure was less traumatic than those who used sedation. If they were waiting to go home until after getting their PICC line, they were able to go home right after the procedure with no wait time for medications to wear off.
- 2. Recently I have worked with a four-year-old who had severe impulse control issues and behavioral issues in school. The only emotion he was able to consistently express was anger. He was headed for requiring extensive special services by the school district this Fall when he enters kindergarten. Thanks to music therapy strategies, he is now able to express a full range of emotion, is able to process his emotions instead of having outbursts, has improved his impulse control, and nearly extinguished his maladaptive behaviors in school. He won't be needing nearly as many services now when he enters public school. Thank goodness his mother was willing to privately pay for music therapy.
- 3. When I lived in California, my business contracted with eleven school districts providing music therapy services as a related service on individualized education plans as well as supplemental services. Those districts reported that, in many cases, where traditional therapies and educational strategies failed, music therapy could succeed in assisting a child achieve IEP objectives. This reduced the need for more intensive traditional approaches and often resulted in having the child function without a 1:1 aide or in a less restrictive environment.
- 4. Also in California, I worked with a foster care agency and an adoption agency working with newly placed children who were labeled as "difficult to place" or "known problems". Those children who received music therapy were able to stay in their new placements more than three times longer than their previous homes, and the families were more likely to accept other such foster children into their homes.

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

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

Lillieth Grand, MS, MT-BC Director, Music Therapist at Milestone Music Therapy 10363 SW Pueblo Street, Tualatin, OR 97062 lilliethgrand@gmail.com



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HB2796 Testimony Jodi Winnwalker, LCSW, MT-BC June 3, 2015

Good morning, Co-Chair Bates and Co-Chair Nathanson and committee members. Thank you for this opportunity to testify in support of HB 2796, legislation to support licensure for board certified music therapists in Oregon. I also wish to thank Representative Julie Parrish for sponsoring this bill and for the many state senators and representatives who are providing their support and encouragement.

My name is Jodi Winnwalker. I have the honor of serving as chair of the Oregon Music Therapy Government Relations Task Force. We are a group of seven Oregon board certified music therapists working in close collaboration with our American Music Therapy Association and the Certification Board for Music Therapists to support state recognition for board certified music therapists.

I am also a licensed clinical social worker, board certified music therapist and founder/CEO of a woman owned business, Earthtones Music Therapy Services, LLC. I have been practicing as a music therapist in Oregon since 1982 (33 years). Earthtones was founded in 1996 and now employs 12 board certified music therapists to provide services to some of our most vulnerable Oregon citizens, including children and adults with developmental and intellectual disabilities, older adults living with Parkinson's disease and Alzheimer's disease or in need of assisted living due to physical and neurological challenges, returning veterans, and people of all ages in hospice care.

My agency and other music therapists in Oregon serve many counties across the state, including Multnomah, Washington, Marion, Hood River, Deschutes, Yamhill, Lane, to name a few.

The level of services provided by our therapists has increased due to demand. However, my heart aches when I think of and witness the number of individuals who have asked for music therapy services, yet, have no access due to lack of funding and state restrictions despite that fact that **music therapy is a cost effective service.**

For example, the state of Oregon has wonderful Brokerage Services that are designed to help adults and families assess needs, understand the process of selecting services and make informed choices to meet unique goals. Service agents have backgrounds in support services, case management, foster care, and mental health services. This experience allows them to provide quality disability-related support, informed direction and encouragement. The agents take the time to understand each person's life goals and interests, and the level of assistance they need to live life to the fullest. The personal agents provide focused supports, such as:

- Helping to identify the individual's goals
- Developing and monitoring Individualized Support Plans (ISPs)
- Identifying familial supports, as well as services in the community
- Helping to choose a direction that fulfills the goals of the ISP
- Choosing effective supports based on service eligibility
- Negotiating rates and services with chosen providers
- Monitoring supports for quality on an ongoing basis

Unfortunately, although many families have requested music therapy services through this system over the years, funding has been denied <u>because music</u> therapy is **not currently recognized** by the state of Oregon as a viable and <u>fundable service.</u> When attempting to coordinate with the agencies, I was asked to specifically not use the term "music therapy" in progress notes. At one time, I was asked not to reference the word "music".

As a result, my agency has elected to offer out of pocket services to these clients at significantly discounted rates or pro bono. The need is great.

People, including myself, choose to enter the professional field of music therapy for many reasons. Three top three reasons are:

1) The individual has experienced the power of music in their own lives.

- 2) The individual seeks to understand how and why music impacts us and how it can be harnessed/channeled to promote cognitive, emotional, physical, social and spiritual health.
- 3) The individual seeks to be of service to others.

This is a powerful combination and thus the research-based field of music therapy exists worldwide!

Oregonians who have had access to music therapy services over the years have shared the following testimonies:

Family Members

"Music therapy is such a gift for our mother during her trials with Alzheimers. When Liska comes, Mother lights up, sings with gusto, and has an experience of true joy! She is the happiest I have ever seen her, and her music therapy sessions have been an essential key to that happiness."

Ann (Daughter)

"Jodi Winnwalker and Earthtones Music Therapy Services have enhanced and improved the world of my sister Molly Jo Daly and likewise improved conditions in her entire group home in Hillsboro, Oregon. Music therapy has changed the way Molly communicates and behaves. Most importantly, music therapy has provided another avenue for Molly and me to communicate together and the joy we have making music as brother and sister is difficult to describe. As Molly's brother and guardian, I wholeheartedly endorse Earthtones with Jodi and her absolutely wonderful staff."

Jeff Daly (www.wheresmolly.net) Brother

Program Managers

"I have found Earthtones staff to be knowledgeable, professional, and to consistently interact well with clients and staff. Music therapy enriches our program and allows us to offer an adjunct to our traditional mental health services. A word to fiduciaries--If music therapy is a medium that would reach your client, this is an excellent use of client funds!

Terri-lynn McDonald, Program Supervisor

Enhanced Care Facility at Premier Living Cascadia Behavioral Healthcare

Social Workers/Case Managers

As owner of a Care Management company, I have had the privilege of working with Earthtones for several years and I have found them to be highly professional and reliable. Our clients present with a wide variety of needs and abilities and the music therapists have done wonderful work with them. It has been gratifying to watch the lives of our clients improve significantly through this service. I would recommend them without hesitation."

Debra Moser, Owner Whole Life Services

"I have had the opportunity on numerous occasions to witness the interaction between therapists and clients, and have seen firsthand the wonderful impact of these sessions. Clients who are otherwise withdrawn and uncommunicative come alive during music therapy. Not being musical myself, I am in awe of the talent of these therapists, both musically and therapeutically. I would not hesitate to recommend Earthtones to all guardians and case managers for a great quality of life benefit."

Niki Tucker, MSW Social Work Services

"One of my clients took part in music therapy and became more alert and engaging with others, less obsessed and more pleasant in mood over the course of a few months. I would gladly refer any client such as this one for music therapy. I would also gladly refer other clients whose ability to self-express or communicate is impaired. Good work Jodi!!!!"

Simon B. Paquette, MSSW, LCSW, RC Medical Social Work Services

Guardians/Fiduciaries

"Thank you for all the magic that comes with the music that you and your associates bring to our clients. The physical movement, socialization, cognitive

stimulus, and feelings of well being are gifts beyond measure. Earthtones is a community treasure!"

Nancy Doty, Registered Guardian – NGF Certified Oregon Professional Fiduciary

"Our office has found Earthtones Music Therapy a cost effective means of enhancing our client's quality of life. We often see a reduction in collateral costs for dealing with medical and behavioral challenges when implementing care plans that include music therapy."

Kevin Burke, Registered Guardian Beagle, Burke & Assoc. of OR

It is my hope that this testimony has been compelling and that you are, indeed, touched by the powerful impact music therapy can have in people's lives. I also invite you to contact a local music therapist and make arrangements to join in on a group session with older adults as their eyes light up, hearts sing and arms move in musical rhythm. Or, perhaps, you could witness the world of child open up!

Thank you,

Jodi Winnwalker



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Testimony for HB 2796: Licensure of Music Therapists

Committee Members:	P - Joran Boone, Thyssa Keny-Ouyl, Kep. Andy Ulson, Ren Duane Stark
	Sen. Elizabeth Steiner Hayward, Sen. Jackie Winters

Thank you Co-Chair Nathanson, Co-Chair Bates, and Members of the Committee. I am Dr. Laura Beer, a resident of Clackamas County and District 20, and the Program Director for Music Therapy at Marylhurst University in Clackamas County. I am also representing Pacific University in Washington County. Both programs offer music therapy undergraduate degrees.

Music therapy is a competency-based profession: our education covers music foundations, clinical foundations, and music therapy. Students in a program receive an intensive, comprehensive training which results in a strong, evidence-based clinical practice. Study areas include guitar, keyboard, and vocal skills, counseling, neurological conditions, psychology, anatomy & physiology, human development, ethics, and the symptoms and treatment of illnesses and disabilities. On top of all of this, music therapists are trained professional musicians.

While in school students engage in almost 200 hours of supervised clinical practicum work, and once out of school are required to complete a minimum of 900 hours in a supervised internship. After internship, each music therapist must take the national board certification exam which is administered by an independent licensing body, the Certification Board for Music Therapists. Once board certified, a music therapist completes 100 continuing education credits to ensure recertification every five years.

What results is a well educated and trained clinician. Music therapists work with premature babies, children with Autism Spectrum Disorder, at-risk youths, adults with mental and physical illnesses, and older adults with dementia—these are just a few of the close to 100 populations we currently serve.

Ours is a highly specialized profession that offers cost effective treatment to people in Oregon. We ask your support in retaining the integrity of our profession and increasing access of services. Thank you Chairs and Committee Members.

Respectfully,

Laura E. Beer, PhD, MT-BC, ACMT Director of Music Therapy Chair of Department of Art, Music and Creative Arts Therapies President, Oregon Association for Music Therapy <u>lbeer@marylhurst.edu</u> **MARYLHURST UNIVERSITY** PO Box 261, 17600 PACIFIC HIGHWAYMarylhurst, OR 97036