

## **Written Testimony for the Vermont State Music Therapy Task Force**

Before the Committee on Government Operations

Re: H.305 in support of music and art therapy certification

Vermont State Senate

March 31, 2023

Greetings esteemed members of the Vermont legislature. My name is Maggie Connors. I am a board-certified music therapist and the national co-chair for the American Music Therapy Association's Professional Advocacy Committee. It is an honor to address this committee on behalf of the board-certified music therapists in Vermont. Thank you for this opportunity. We remain grateful that the Office of Professional Regulation acknowledged the need for regulation of creative arts therapies following our recent Sunrise review. Today we are here in support of certification for the distinct professions of music therapy and art therapy, each with its own set of national credentials and requirements. We have provided an informational packet for you to reference, which outlines the more tangible aspects of music therapy. This includes definitions, education and certification requirements, foundational documents, the settings and populations in which we work, examples of clinical goals and interventions, and phases of the clinical relationship. It also includes an overview of the state of the music therapy profession nationally and in our state, and examples of harm. These pieces are essential to our work and have been expanded upon in our publicly available Sunrise Review. In addition to addressing the complex and powerful nature of music as a tool, to fully capture the potential for harm and need for regulation, we wish to share personal experiences that will highlight the delicate and profound nature of our work.

Music therapy is a well-established allied health profession, existing for over 70 years and implementing foundational documents of scope of practice, standards of clinical practice, code of ethics, professional competencies, standards for education and clinical training, and continuing education requirements. The American Music Therapy Association (AMTA), one of our 2 national organizations, defines music therapy as “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.” Kenneth Bruscia, a highly respected music therapy researcher, educator, and theorist, defines music therapy as “a systematic process of intervention, wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change.” Both of these definitions point to the specific knowledge and skills that music therapists bring to their work with clients, and we believe that these both support the idea of certification.

To become a board-certified music therapist (MT-BC), individuals must hold a bachelor's degree or higher in music therapy from one of over 89 AMTA-approved college and university programs, 18 of which are in the Northeast and include NYU, Berklee, Lesley,

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and Drexel. The curriculum for the bachelor's degree is designed to impart entry-level competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles as specified in the AMTA Professional Competencies. In addition to academic coursework, the degree requires a minimum of 1,200 hours of clinical training, including a supervised internship.

Upon completion of the degree program, music therapists are eligible to sit for the national board certification exam to obtain the credential MT-BC (Music Therapist - Board Certified). The credential MT-BC is granted by a separate, accredited organization, the Certification Board for Music Therapists (CBMT), to identify music therapists who have demonstrated the knowledge, skills, and abilities necessary to practice at the current level of the profession. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism by interested agencies, groups, and individuals. Only after successful passing of the CBMT examination are graduates issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC). Certification requires mastery of all AMTA and CBMT requirements. Recertification occurs every five years, during which the certificant must complete 100 hours of continuing education to ensure continued competence in music therapy. Details of this are available in the CBMT Recertification Credit Chart. All MT-BCs are subject to an audit of continuing education requirements. All of these standards can be adopted by the state of Vermont to verify the credibility of all state-certified music therapists.

An important point that we wish to stress is that music therapy and art therapy are distinct from each other, both in practice and in educational requirements and content, and that our professions are NOT subcategories of psychotherapy, but distinct professions in their own right. We have specific and accredited training, education, and certification procedures that are overseen by independent national certifying agencies. While there are some aspects of our work that overlap with mental health services, our scope of practice is unique and the populations that we serve extend beyond mental health diagnoses. Much like the umbrella term “rehabilitation therapy,” which encompasses the independently credentialed and distinct professions of physical and occupational therapies, the term “creative arts therapy” is a catch-all that is used to reference the distinct professions of music therapy, art therapy, dance/movement therapy, and drama therapy. Music therapists and art therapists have entirely separate training and distinct national organizations that monitor credentialing and education. Additionally, these national organizations already oversee all standards of practice, such that Vermont would simply accept the standing national requirements with no extra resources needed from the state to verify credentials. In Vermont, we are asking at the moment that certification be extended to music and art therapists as distinct

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professions, and that if the other “creative arts therapies” wish for certification, they can add on to this statute when it is appropriate.

At a national level, music therapy has been recognized as an effective, distinct treatment in a variety of settings. At a policy level, music therapy has been included in a variety of documents including:

- The United States Code:
  - Title 42: The Public Health and Welfare, a part of the Older Americans Act
  - Title 38: Veterans’ Benefits
- The U.S. Department of Labor O-NET program includes Music Therapists in its occupation database
- The Centers for Medicare and Medicaid Services (CMS)
  - Recognizes music therapy for Medicare reimbursement in Partial Hospitalization Programs (PHP).
  - Recognizes music therapy on the Minimum Data Set (MDS) 3.0 assessment tool utilized in skilled and residential nursing facilities.
- Music therapists are eligible to apply for the National Provider Identifier system, under “Respiratory, Developmental, Rehabilitative and Restorative Service Providers”.
- U.S. Department of Education recognizes music therapy as a related service under the Individuals with Disabilities Education Act (IDEA)

This federal recognition has not been sufficient in allowing access to needed services here in Vermont. Recognition on a federal level does not translate into increased awareness, protection, or ability to receive music therapy in Vermont. Consumers need help from the state to access the health care that best fits their needs.

Music therapists work with people of all ages with medical and psychiatric illness, traumatic brain injury, Parkinson’s disease, autism, developmental disabilities, and trauma. We work in private practice, hospitals, nursing homes, wellness centers, and schools. As allied health professionals, 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. That said, music therapy is not a subspecialty of any other profession, including counseling or psychotherapy. Consequently, clients are not protected by regulations that might apply to other professions within Vermont. If a music therapist has additional credentials alongside their board certification, then they would follow the regulations and codes of practice for that profession. We accept referrals for music therapy services from medical, developmental, mental health, and education professionals; family members; clients; caregivers; or others involved and authorized with provision of client

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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. Music therapists are qualified to complete the following tasks independently: music therapy assessment, music therapy program planning and implementation, music therapy treatment evaluation and documentation, and music therapy service termination. The goals, objectives, and potential strategies of the music therapy services are tailored to both the client and the setting. Music therapy interventions may include, but are not limited to: music improvisation, receptive music listening, songwriting, 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.

The use of live music intervention demands that the music therapist possess the knowledge and skills of a trained therapist and the unique abilities of an accomplished musician in order to manipulate the music therapy treatment to fit clients' needs. Music therapists are trained to observe and respond to client's nonverbal, verbal, psychological, and physiological responses to music and non-music stimuli. The music therapist continually evaluates these responses and adapts the treatment to improve effectiveness and avoid any methods that are not considered safe.

Music therapy clinical practice may be in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational areas. For example, we work with patients with cancer in the hospital to address pain management and relaxation. We give a voice to at-risk youth through songwriting. We create social interaction opportunities in educational settings, through music, for people with autism. We help to improve the daily functioning of people with neurological impairment. Board certified music therapists are uniquely qualified in that their training encompasses both a combination of music and science, using elements of music such as singing, instrument playing, songwriting, and movement paired with skilled and supportive personal interaction to address the needs of patients. Music therapists are not governed by outside professions and are held accountable by the American Music Therapy Association (AMTA) Standards of Clinical Practice and Code of Ethics, which outline therapist responsibilities and relationships with other professionals involved in client treatment. In addition, the CBMT Board Certification Domains and Code of Professional Practice provide requirements and guidance for clinical work.

Board certified music therapists in our state have worked with Veterans in VA hospitals, creating community and collaborating to relieve the symptoms of PTSD, while being

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cognizant of lyrics, tempos, and pitch which can increase agitation and provoke a trauma-based response. We have worked in adult psychiatric inpatient care, supporting communication, interdisciplinary engagement, and relaxation in individuals diagnosed with schizophrenia where sensitivities to volume and timbre were essential to understand in order to mediate self-harming behaviors. We have worked in schools for children with communication difficulties supporting self expression and social emotional goals where rhythm and instrument choice could be the difference between severe dysregulation and positive expression. We have worked in children's oncology where volume and clinical song choice could change a family's impression of their child's transition. We have worked in elder care facilities improving quality of life and supporting end of life family bonding where appropriate melody sharing could transform agitation into positive reflection. Without the education as a Board Certified Music Therapist, we would not have been able to safely use these evidence-based music interventions to accomplish individualized goals within a therapeutic relationship while working in these very sensitive and diverse environments.

There is substantial concern for the safety and welfare of the public without the regulation of the music therapy profession. Individuals who present to the public as music therapists without the credential "music therapist board-certified" (MT-BC) do not have the training in clinical applications of music to address therapeutic goals or keep clients safe from harm.

As you can see, 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 imperative to regulate this profession within the state in order to safeguard members of the public who may be less able to protect themselves. Music therapists abide by the AMTA Code of Ethics and CBMT Code of Professional Practice, which serve to guide ethical practice. An untrained, uncredentialed individual claiming to provide music therapy services may not be aware of this code and are not obligated to follow the code. This could result in ethically questionable practices.

Because it can be difficult to provide cases of harm while also protecting the privacy and confidentiality of our clients, we will provide de-identified, synthesized examples from our professional community.

The recognizable potential for music to cause harm when utilized by untrained, non-qualified individuals include the following:

1. Neurological Harm: Music stimulus that is too complex for one's neurological system, may cause increased agitation and dysregulation.

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2. Physical Harm- Noncompliance with safety protocols and guidelines in the clinical environment, including those related to appropriate sound environments, can result in hearing loss, injury, infection, regression, or even death.
3. Emotional Harm- Music has the potential to elicit or evoke intense emotions. The lack of an effective therapeutic response to and processing of these emotions may lead to short and/or long term social and psychological harm.
4. Privacy Harm- A non-qualified individual claiming to be a music therapist may not comply with federal and state statutes and regulations, (i.e., HIPAA regulations) safeguarding client privacy, which can result in breaches of confidentiality and the disclosure of private health information without consent.
5. Financial Harm- Consumers can be caused financial harm when they pay for services labeled as music therapy which are not provided by a music therapist. Financial implications for constituents include being overcharged by untrained individuals that are not held accountable to follow or uphold professional standards and ethics, and who are not qualified to provide the service or document measurable outcomes.

Several specific examples of harm include:

- In the Neonatal Intensive Care Unit, introducing music to NICU infants without proper training can overstimulate premature infant's growing and delicate sensory systems causing regression or negative impacts. Premature infants in the NICU can have their vital signs disrupted, causing dangerously low heart rates, breathing rates, decrease in non-nutritive sucking, and detrimental overstimulation. Music therapists are trained to see specific alert signals from infants and modulate or stop music as necessary. If an untrained person is providing music, a nurse or doctor might notice infant alert signals, but the damage could have already occurred.
- Working in addiction recovery with Veterans, an addictions music facilitator may play a pre-recorded music selection as it matches the preference of a cohort group in an age and socio- economic status. However, they may not realize the music provided is actually a trigger for the addict to further seek the substance rather than seek sobriety. A board certified Music Therapist (MT-BC) will know what songs are appropriate for substance abuse therapy, which are not, and how to train the client to effectively work through music triggers to maintain sobriety. Research has indicated that music can trigger a relapse, and this context must be approached with training and skill to do no harm.
- Working with a non-verbal client with severe developmental delays, Bi-Polar Disorder, and ADHD, a supervisor witnessed the client escalating in behavior, getting more agitated in response to music, and the student not providing the appropriate music and behavioral support. The client acted out in the only way he

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knew how to communicate by pulling the student's hair, scratching her, and causing self-injury. As a board-certified music therapist and supervisor, they interceded and de-escalated the situation with the proper intervention.

We do provide more examples of specific cases of harm in our handouts. Additionally, without any form of licensure or registration there is no formal mechanism for clients to report instances of clinical harm by a person claiming to be a music therapist. Vermonters do not have the assurance that people who say they are "music therapists" have the thorough training and understanding of assessment, treatment planning, implementation and documentation processes that board-certified music therapists obtain when getting their music therapy degrees and undergoing their extensive clinical training experiences. There is concern regarding individuals in Vermont claiming to be music therapists who do not have the requisite training and skill set, which leads to potential harm to the public when unqualified persons misrepresent the music therapy profession. When individuals present to the public as music therapists without holding the MT-BC credential, they are not trained to provide evidence-based services or understand when music is contraindicated in treatment. This also negatively impacts the profession of music therapy, through misrepresentation, and consumers who may not know the difference.

Music is fundamentally connective - you've surely noticed this! Because of this connectivity, proven scientifically by the NIH and anecdotally through personal experience, our engagement tends to extend beyond the clients themselves to encompass their whole community...including you! Think about it: the people we work with are people you know - they are woven into the fabric of your lives, and we are so aware of exactly how much they matter.

Whether it's your mother who lives in an eldercare facility,  
your nephew who struggles with addiction,  
your toddler who has just been diagnosed with autism,  
your sister whose husband just died, unexpectedly,  
your foster child who struggles with trauma from their early life experiences,  
your little cousin who has anxiety,  
your brother who can't seem to shake his PTSD, even though he returned from his second tour in Afghanistan two years ago.

My point is this: we want you to know that your loved ones will be gathered in properly, and supported with the utmost care.

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We believe that regulating Music Therapy in Vermont will allow us to increase access to quality services and more reliably protect our most vulnerable community members. Many of our clients are quite sensitive, and can be negatively impacted by the neurobiological underpinnings of music if used inappropriately and without training. There ARE contraindications to music, and music therapists are extensively trained in these areas. Our bodies synchronize with the elements of music. We've all felt it when we can't help but tap our foot to the beat. This can be a powerful tool to assist in regulation and wellness, or a detrimental stimulus that can adversely impact mental state, breathing rate, pulse, and many other health outcomes if used without evidence and training. We know that music can be used in a myriad of ways to great benefit, and believe that our clients and their caregivers should be aware of the credentials of their providers so that the level of risk that they may be assuming will be clear and their own educated decision.

The Vermont public is currently unclear about how to validate the credentials of a music therapist. They are, however, familiar with state certifications, and we believe that certification will not only prevent harm from occurring by providing the public with a practical and familiar way to verify music therapist credentials, but it will also encourage those who are not trained to be more specific about their offerings, and additionally provide recourse for cases where misrepresentation leads to harm.

Demand for music therapy services continues to grow in Vermont. Our profession strives to meet the needs of our communities with safe, appropriate, and accessible services provided by qualified professionals. Current MT-BCs have observed concerning instances that place consumers at risk and see regulation as a way to address these concerns and provide additional benefits to Vermonters. More specifically, regulating music therapy will provide the following benefits to the public: 1) improved public safety/ physical and psychological protection, 2) increased access to quality music therapy services provided by qualified professionals, 3) protection of patient privacy and confidentiality, 4) compliance with state regulations, 5) positive economic impact, and 6) safe continuation of services throughout emergent situations.

One of the most effective ways to limit harm is to be aware of its possibility. The New England Regional music therapy conference, this year being held in Vermont at the Stowe/Flake resort this April, is offering a continuing education course about minimizing harm in the field. This proactive approach to consumer safety demonstrates another way that recognizing credentialed music therapists will reduce harm in Vermont.

We do not wish to limit other professions' use of music, or restrict others who use music in any setting, as long as they do not claim to be music therapists. We as music



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therapists honor and support all forms and expressions of music sharing, and at the same time hope to increase the clarity around, and access to, this specific clinical level of board certified music therapy service for all Vermonters who are in need. In addition to not limiting others' use of music, we strongly believe that certification in Vermont would bring credentialed therapists to the state, where our need for more providers is tangible. As with many professions, there is greater need than there are providers. Certification would absolutely not be a barrier to the profession but, in fact, draw much needed health care workers to our state.

Other states have been successful in implementing cost neutral regulation, and ensuring that only those with the national MT-BC credential are eligible for certification thanks to the adoption of national standards by the state. We have shared an example cost plan from other states with our handouts. There are currently 15 states with music therapy regulation, and another 15 new bills this session, including CT and NH. We have provided written evidence of the other states that currently regulate music therapy, and an informational fact sheet that illustrates the current landscape of music therapy in Vermont. In other states title protection, alongside certification or licensure, has been the most successful means of public protection. Ideally, this would be a part of our regulation. While we understand that certification is most appropriate at this moment in Vermont, we hope that it serves as a stepping stone toward eventual licensure of our profession.

We want to protect the public and support the understanding of how Board Certified Music Therapy can address the individual goals of our most vulnerable populations in safe and potentially life-affirming ways. Our mission is to increase access to quality services provided by credentialed professionals, and we believe that certifying Music Therapy in the State of Vermont will achieve this goal.

Thank you so much.

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