

Information Sharing

Report from the World Federation of Music Therapy Commission on Education, Training, and Accreditation Education Symposium

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ABSTRACT. This article reports on a symposium of the World Federation of Music Therapy (WFMT) Commission on Education, Training, and Accreditation, held prior to the World Congress of Music Therapy in Washington, DC, in November 1999. The symposium was planned to address the following objectives: (a) to establish model guidelines for training courses world-wide, at entry level to the profession; (b) to address "advanced" levels of training (i.e., beyond entry level); and (c) to create a forum for discussion and debate of education and training issues, leading to Guidelines for Music Therapy Education and Training. There were 15 participants representing nine countries. All presentations, along with the discussion that followed, are summarized. The article ends, as did the symposium, with the WFMT Guidelines for Music Therapy Education and Training.

A symposium of the World Federation of Music Therapy (WFMT) Commission on Education, Training, and Accreditation, was held prior to the World Congress of Music Therapy in Washington, DC, in November 1999. The symposium was convened by Denise Erdonmez Grocke, Chair of the Commission, to address the following objectives: (a) to establish model guidelines for training courses world-wide, at entry level to the profession; (b) to address "advanced" levels of training (i.e., beyond entry level); and (c) to create a forum for discussion and debate of education and training issues. The intended outcome of the symposium, therefore, was to write Guidelines for Music Therapy Education and Training.

Participants included:

Denise Erdonmez Grocke (Australia), Chair and Convener
Kenneth Bruscia (USA)
Cheryl Dileo (USA)
Barbara Hesser (USA)
Fumio Kuribayashi (Japan)
Mayra Hugo (Uruguay)
Connie Isenberg-Grzeda (Canada)
Mechtild Jahn-Langenberg (Germany)

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Denise Erdonmez Grocke, PhD, MT-BC, FAMI, Director of the Music Therapy Program at the University of Melbourne, Australia, is currently President of the World Federation of Music Therapy.

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Inge Nygaard Pedersen (Denmark)
Helen Odell-Miller (UK)
Marilyn Sandness (USA)
Chava Sekeles (Israel)
Helen Tyler (UK)
Tony Wigram (Denmark and UK)
Barbara Wheeler (USA)

The Symposium began with "Introductory Comments: Setting the Scene," by Denise Erdonmez Grocke. In her remarks, she gave a brief history of the work of the Education Commission of the WFMT, which was formed at the 6th World Congress at Rio de Janeiro, Brazil, in 1990, where Denise Erdonmez was elected Chair of the Commission. The initial objective for the Education Commission was to survey music therapy training courses throughout the world to determine the content of the courses and other aspects of training music therapists. The Commission collaborated with the European Music Therapy Committee in formulating an extensive survey which was sent to a sample of music therapy training courses, and 40 responses were obtained. The results of the WEK (Wigram-Erdonmez-Kortegaard) Survey were presented during a WFMT meeting at the 7th World Congress in Vitoria, Spain in 1993, and also published in the WFMT newsletter (Erdonmez, 1994a) and as a Monograph (Erdonmez, 1994b). In 1996, Denise Erdonmez compiled the *Directory of Music Therapy Training Courses World-Wide* for the 8th World Congress in Hamburg, Germany. Later, the Education Commission was broadened to include members from various geographical regions of the world and the name expanded to Commission on Education, Training and Accreditation.

Models of Music Therapy Education and Training

The first main section of the symposium dealt with models of music therapy education and training, primarily organized around the countries and parts of the world in which they are practiced but also including one (Nordoff-Robbins) that is practiced in various countries.

The first presentation in this area, "Entry Level Standards for Music Therapy Education and Clinical Training of the American Music Therapy Association," was by Marilyn Sandness, Professor Emerita from the University of Dayton. She gave a brief history of the unification of AAMT and NAMT in 1998 to become the American Music Therapy Association (AMTA), and an overview of the approval process for music therapy programs. She also summarized Standards for Education and

Clinical Training under both the former NAMT and AAMT models.

In the next presentation, "New Developments in Music Therapy," Barbara Hesser from New York University shared her philosophy of graduate education. Reflecting her view of advanced clinical training, the program at NYU is at the masters (MA) and doctoral (DA; Doctor of Arts) levels. The advanced training at NYU is focused on the area of music psychotherapy. The MA and the Nordoff-Robbins Certification Program focus on helping students achieve a reeducative level (Wolberg, 1967) of music psychotherapy practice; the GIM Certification program and the doctoral program move students toward a reconstructive level of practice (Wolberg, 1967).

In "Nordoff-Robbins Training World-Wide," Helen Tyler from the Nordoff-Robbins Music Therapy Centre in London shared the history and philosophy of Nordoff-Robbins education. Nordoff-Robbins Training Courses are currently found in London, UK; Herdecke, Germany; New York; and Pretoria, South Africa. A course in Sydney, Australia, is expected to begin in 2001 (there was also a private accredited course in Australia from 1994–1996). Each training course has its own character and specific curriculum in line with the academic demands and the cultural environment of the country. In order to use the name of Nordoff-Robbins, certain mandatory criteria are laid down by the International Trust for Nordoff-Robbins Music Therapy. All Nordoff-Robbins courses include the following aspects of training, either as components or as prerequisites to entry into the course: music studies, clinical studies and practice, personal development, theoretical/academic studies, and professional studies.

Mechtild Jahn-Langenberg from the University of the Arts in Berlin, in "German Models of Training," focused on the development of public music therapy courses in Germany while also giving some information on private courses. Germany has eight public university programs, all providing entry to the profession. These include programs at the graduate level in Heidelberg and Magdeburg; at the postgraduate level offering a diploma (Masters) at Hamburg, Witten/Herdecke, Münster, and Berlin; and at the postgraduate level offering a certificate in Frankfurt/Main and Siegen. There are also a number of privately run music therapy courses in Germany.¹ Since 1999, German music therapy programs have been dealing with a law that says that only people with specific training can call themselves psychotherapists and the implications of this for music therapy. Some programs have revised their curricula in order to meet these guidelines.

"South American Models of Training" were described by Mayra Hugo from Uruguay. She traced the history of music therapy in Latin America, beginning with the opening of the first university program in 1966 in Argentina and, in 1968, another program in Brazil. She pointed out that music therapy quickly received official recognition in Brazil and Argentina

and that this has encouraged its growth in these two countries, while in other countries such recognition has not been forthcoming and thus the growth of the profession has been much slower. Music therapists created the Music Therapy Latin American Committee in 1993 to provide a format for exchange and communication among music therapists. There are 10 official undergraduate training courses, including 4 in Argentina, 6 in Brazil; and 5 official postgraduate training courses including 4 in Brazil and 1 in Chile. There are approximately 10 unofficial courses in various countries and 21 music therapy associations.

In "Music Therapy Training in Canada," Connie Isenberg-Grzeda from the Université du Québec à Montréal said that there are four music therapy training programs in Canada, all of which, to date, provide entry-level training at the undergraduate level. These programs are based at Capilano College in Vancouver, British Columbia; Université du Québec à Montréal (UQAM) in Montreal, Quebec; Wilfrid Laurier University in Waterloo, Ontario; and University of Windsor in Windsor, Ontario. The Canadian Association for Music Therapy (CAMT) has an approval process for university training programs. This competency based process evaluates five major areas: (a) program objectives, philosophy, curriculum, and methods of internal review; (b) capacity of the music therapy faculty to perform all required functions; (c) student selection and retention policies; (d) clinical training and practica; and (e) internship. Several institutions are working to establish graduate programs in the near future, with the support of the CAMT.

According to Helen Odell-Miller from Addenbrookes NHS Trust Mental Health Services and Anglia Polytechnic University, UK, who spoke of "Music Therapy Training in the United Kingdom," music therapy training is at the postgraduate level in the UK. Music therapy, in conjunction with art and drama therapies, has recently become a state registered profession under the Council for Professions Supplementary to Medicine (CPSM). The UK has six validated training courses, which will be regularly reviewed by the Arts Therapies Board of the CPSM to ensure that standards of training are maintained for public protection. The music therapy profession in the UK already had a basic training document and a competencies document compiled through the Association of Professional Music Therapists (APMT). In order to define common elements with the two other arts therapy professions, members of the Arts Therapies Professional Associations and the Arts Therapies Board of the CPSM (which has a number of professional arts therapists as elected members), met and agreed upon standards and criteria generally and also specifically to each profession, resulting in the publication of the JVC (Joint Validation Committee) Handbook. This presentation summarized information from that document.

"Scandinavian Music Therapy Education" was described by Tony Wigram from Aalborg University, Denmark. Norwegian courses are held at Oslo University/Conservatoire of Music, and at Sogn og Fjordane College, Sandane. Aalborg University in Denmark has a 5-year music therapy training. Sweden offers music therapy training at Musikhögskolan I Stockholm.

¹ These courses are listed at the following website: http://www.musictherapyworld.de/wfmt/w_docs00.htm, along with complete papers from this symposium.

Finland has courses at the Tampere Institute of Social Work; North Karelia Polytechnic; and the University of Jyväskylä; and a course in Functionally Orientated Music Therapy (FMT) aimed at related professionals rather than music therapists. The presenter suggested that WFMT guidelines for music therapy education from the Scandinavian point of view need to include entry criteria, course criteria, and examination criteria. He provided specific suggestions in each area.

"Models of Music Therapy Courses in Australia and New Zealand" was presented by Denise Erdonmez Grocke from the University of Melbourne, Australia, who said that courses in Australia follow guidelines developed by the Australian Music Therapy Association, which is responsible for the approval and continued validation of courses. Education leading to entry into the profession of music therapy is offered through either the undergraduate degree or the postgraduate diploma. Masters and PhD programs are research degrees in Australia. Four music therapy courses are offered, at the University of Melbourne; the University of Queensland; the University of Technology, Sydney; and the Nordoff-Robbins Australia and University of Western Sydney. The Australian Music Therapy Association Criteria include requirements in the areas of music skills, psychosocial knowledge, clinical knowledge, music therapy knowledge, music therapy practice skills, and clinical training. A course in New Zealand, at the Wellington Conservatory of Massey University in Wellington, was established very recently and will take its first intake of students in 2000.

Chava Sekeles from the David Yellin College, Israel, spoke of "Music Therapy Training Programs, Europe." Her talk was based on the results of a questionnaire distributed in 1997. She concluded that (a) many programs lack medical courses; (b) Special education is not always considered important; (c) some programs offer courses in ethno-cultural topics, but most do not; (d) other countries with more than one program might benefit from following the procedure followed in the UK where information was collected from all of its schools and integrated it into one basic module of training; (e) research is the Achilles heel of many programs, with research projects being part of the requirements for a master's and/or PhD degree; and (f) the future music therapist should be encouraged to take psychotherapy for self-development. Specific recommendations for areas of study were made.

Discussion was held after each presentation. Issues that came up repeatedly and/or received the most spirited discussion were issues related to competency based education, including its implications for the courses to which it is applied and for courses (including many in other countries) that base requirements on courses rather than competencies. Implications of competency based education for evaluation, as well as the role of external examiners, were discussed. Questions about differences in entry level and advanced training arose on several occasions.

Concepts and Issues in Education and Training

The second portion of the symposium focused on concepts and issues that are important in education and training. This

segment allowed participants to hear from people about their particular areas of expertise in education and training.

The first presentation was by Inge Nygaard Pedersen from Denmark, entitled "Self Experience for Music Therapy Students—Experiential Training in Music Therapy as a Methodology—A Compulsory Part of the Music Therapy Programme at Aalborg University." This part of the training is called "Experiential Training in Music Therapy" (ETMT). The basic method of ETMT is improvisational, active music therapy and is based on the work developed primarily by Mary Priestley in her model of Analytical Music Therapy. The aims of this training are to increase the sensitivity and flexibility of the students' ability for establishing contact and communication through therapeutic musical experiences; to explore traumatic blocks and to develop more personal insight and resources through therapeutic musical experiences; to develop musical techniques to work with transference and countertransference issues; to develop musical techniques to listen to and work with body, feelings, and consciousness; and to generally develop musical techniques to promote contact with clients at different levels.

Extensive discussion occurred after this presentation. Pedersen clarified that students use what they learn from the training, which is psychodynamic and psychotherapeutic, to increase their self-understanding and enhance their work with people at varying levels of functioning. Many questions were raised about the boundaries between teacher and therapist, between what is uncovered in the ETMT sessions and what carries over to their regular work, and, as a consequence, about the appropriateness of this type of work as a requirement for music therapy training. Other participants had experience with other types of self-experience as part of music therapy training, so various perspectives were shared.² The age of the students in the Aalborg program is generally 23–45, and it was felt that the maturity of the students helps to make this type of training work.

In "Teaching Research at Three Levels of Education," Kenneth E. Bruscia from Temple University suggested that, because students at varying levels have different educational needs, competency objectives in the areas of practice, theory, and research are different for each level. He proposed three levels of competency objectives in teaching music therapy research: (a) entry-level (bachelor's): understanding the differences between quantitative and qualitative research, ability to read and comprehend simple research, limited or specialized knowledge of the research literature, and designing research-based clinical work at the adjunctive level; (b) intermediate level (master's): ability to read and comprehend complex research, breadth of knowledge of the research literature, designing simple quantitative or qualitative research studies at the intensive level of practice, understanding quantitative and qualitative methods of data analysis and interpretation; and (c) advanced level (doctorate): ability to critically evaluate

² More extensive information on this discussion, as well as other discussions, can be found at the website that was referred to earlier.

quantitative and qualitative research, comprehensive knowledge of research literature, ability to design complex quantitative and qualitative research studies at the primary level of practice, to independently analyze and interpret data in both quantitative and qualitative paradigms, and to write comprehensive reports of research. Discussion of the role of statistical understanding and the degree to which students need to understand statistics took place, as well as of whether it is realistic for students, even at the doctoral level, to be able to design both qualitative and quantitative studies.

Denise Erdonmez Grocke spoke about "Students Who Become Unsuitable to Music Therapy Training." She said that most schools report that they counsel students out of the program if they appear to be unsuitable for training, but that this is a problem if the school subscribes to an antidiscriminatory policy. At the University of Melbourne, they have been able to ask the following question on the music therapy application form: "This course requires that students be accepted for clinical training placement by institutions external to the University. In this situation, the health and safety of patients must be put first, and students are required to declare any medical condition they have which may effect their acceptance for clinical work. Have you ever suffered from or received treatment for a physical or mental illness, which may impact on a clinical training placement?" This has been successful so far, although the issue is more complicated in the case of a student who has a psychiatric problem. In addition, students who develop such problems during the training present special problems as they are already in the training program. She concluded that this is an issue that needs continued attention. Since this area is of concern to most educators, discussion of this area was extensive. Some people have developed effective ways of counseling students out of courses; some utilize objective criteria; others have found that experiential training is useful for this.²

Tony Wigram addressed "Qualifications of Music Therapy Educators," sharing criteria that were established by the UK's Association of Professional Music Therapists (APMT) for lecturers and heads of programs. To be a program director, a person must have a postgraduate qualification in music therapy, a minimum of 5 years clinical experience, specialization in two clinical areas, experience teaching in a music therapy course, experience supervising music therapy students in training, administrative experience relevant to running an academic course, and counseling experience to meet the needs of music therapy students. To be a permanent lecturer, one must have a postgraduate qualification in music therapy, a minimum of 3 years clinical experience, experience in supervising student music therapists, experience in teaching music therapy, and specialized music therapy knowledge in one clinical area.

Marilyn Sandness spoke of "Qualifications of Music Therapy Educators of the American Music Therapy Association," which are based on existing standards of the former AAMT and NAMT models, as well as proposed new standards for AMTA. These include a professional credential in music ther-

apy (e.g., MT-BC, CMT, ACMT, or RMT). A master's degree in music therapy or a related field with a minimum of 12 graduate credits in music therapy is required for directing and/or teaching full-time in undergraduate or graduate music therapy programs, with a doctorate preferred for teaching in graduate programs. All full-time faculty must demonstrate mastery of all entry-level and selected advanced competencies in music therapy; effectiveness as a music therapy clinician in at least one area of practice; the ability to teach and clinically supervise undergraduate and graduate students (if applicable); and the ability to organize and administer an undergraduate or graduate music therapy program (if applicable). In addition, graduate faculty must demonstrate the ability to guide graduate research. For directing and teaching in undergraduate programs, a minimum of 3 years full-time or its equivalent in part-time clinical experience in music therapy beyond the internship is required. For directing and teaching in graduate programs, a minimum of 5 years full-time or its equivalent in part-time clinical experience in music therapy is required. Additional requirements are specified for adjunct or part-time faculty and for clinical training supervisors.

Connie Isenberg-Grzeda spoke of "Qualifications of Music Therapy Educators of the Canadian Association for Music Therapy," where music therapy faculty members must hold a postgraduate degree and have completed training in music therapy at a recognized institution. Each music therapy faculty member must also be an accredited music therapist (MTA) with the equivalent of at least 5 years of full-time professional experience in music therapy. In addition, at least one faculty member must hold a Ph.D. in music therapy or in an allied profession. All faculty members in a graduate program must have made a significant academic or professional contribution to the field of music therapy and have contributed to the educational development of music therapists through teaching or supervision. In addition, all faculty members must have research experience at the graduate level.

"Qualifications of Clinical Training Supervisors for Entry-Level Students" was developed as a discussion item by all attendees. Participants shared information on qualifications in various countries. Other discussion included the suggestion that the required experience and other qualifications of a supervisor depend upon the type of supervision that is needed; the depth of supervision depends upon the type of placement (e.g., internship vs. pre-internship). It was felt that it would be helpful for the WFMT to state that music therapists are musicians since this is the case in most parts of the world. There was also discussion of the purpose of devising guidelines, with questions as to whether it is healthy to emphasize requirements in this way. It was felt that the emphasis should be on establishing guidelines rather than requirements. There was discussion as to what countries who did not have people who met the qualifications adopted would do, and it was felt that they would need to either bring people in who did meet the qualifications, or send someone from their country to be trained; the feeling of the group was that it does not serve the profession of music therapy well when unqualified people

teach about music therapy. As part of the discussion, it was suggested that what was occurring is what any profession must do, and what most do, as they establish standards.

WFMT Guidelines for Music Therapy Education and Training

The guidelines that follow were the end-product of the 2-day symposium. They were later presented and discussed at a presentation at the World Congress of Music Therapy, after which minor revisions were made.

The following guidelines should be applied within the context of the culture of the country.

The practice of music therapy requires an intensive program of study and supervised clinical training through an institution of higher education over an extended period of time.

Intensive studies shall consist of:

- Musical skills and knowledge
- Biological, psychological, and social studies
- Music therapy knowledge and skills

Clinical training shall consist of:

- Supervised field experiences in various areas of music therapy

A program of study may be general or specialized.

A general program of study shall cover:

- Active and receptive methods of music therapy;
- Applications of music therapy with a wide variety of populations and in various settings;
- Different philosophical and theoretical orientations;
- Ethical principles and research; and
- Existing models of music therapy practice.

A specialized program may focus on one or more specific models or orientations.

The program should promote the student's personal growth and professional development. It may be basic or advanced depending upon the depth and breadth of training, the system of education, the standards of practice, and the credential or qualification granted to the graduate. The most appropriate level may be determined partially by the educational system of the country.

The program of study is one which:

- Has a set curriculum;
- Includes required reading;
- Is offered on a regular basis, usually each year;
- Requires that the students are assessed and evaluated through various forms of examination;
- Is recognized in the country by the appropriate professional organization or government agency; and
- Is periodically evaluated for quality of teaching.

The program should stipulate criteria for the selection of students. Selection should be based on an assessment of music skill, academic qualification, and suitability of personal qualities.

The music therapy program should be taught by a person appropriately educated and trained in music therapy who has substantial clinical experience in various aspects of the field. Similarly, clinical training should be supervised by an experienced music therapist.

The training institution should provide and maintain appropriate academic and technological resources.

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