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BOARD CERTIFICATION STATUS NEWSLETTER

CBMT
THE CERTIFICATION BOARD FOR MUSIC THERAPISTS

NEW!
CBMT MUSIC THERAPY SCOPE OF PRACTICE RELEASED
EFFECTIVE DATE SPRING 2010

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Chairperson's Report

LISA GALLAGHER, MA, MT-BC
Chairperson of the Board, 2009

"It is with great pleasure that I write my first letter as the Chair of the CBMT Board of Directors. I am very excited to have this opportunity to serve the CBMT, as well as all the certificants."
–LISA GALLAGHER

>> It is with great pleasure that I write my first letter as the Chair of the CBMT Board of Directors. I am very excited to have this opportunity to serve the CBMT, as well as all certificants. My first order of business is to thank **Tracy Leonard-Warner** for the excellent leadership that she provided as Chair over the last two years. She has made it an easy transition for me, and she has provided great support along the way. I would also like to thank the former Chairs of the Board who have provided me with great advice and support as I have begun this journey. It was with great humility that I stood among many of them at the CBMT's 25th anniversary party last November in St. Louis. They truly made me feel part of an amazing legacy, and I hope to continue the work of those that have come before me. I would also like to welcome our two newest members of the Board– **Jacqueline Birnbaum** and **Corene Thaut**. I have already had the pleasure of meeting them, and they are a fabulous asset to the Board. I look forward to continuing to work with them, as well as with the other current members of the Board– **Diane Snyder Cowan**, **Nancy Hadsell**, **Darcy Walworth**, and **Katie Bond**.

>> In this issue of the *BC Status* you will find the new **Scope of Practice (SOP)**, as well as an article outlining the changes made to the SOP. I find it exciting each time a new SOP is introduced as it demonstrates how our profession continues to grow and develop. With the revision of the Scope of Practice, there will also be a revision to the **Self-Assessment Examination (SAE)**, so please stay tuned for the latest version of that to arrive after the first of the year (2010). You will also find the latest Regulatory Affairs information. **Dena Register** continues to work non-stop with the state task forces and various issues as they arise. She and **Judy Simpson** of AMTA have a wonderful working relationship, and I am very proud to see how these two organizations continue to work together for the benefit of all music therapists.

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BY LISA GALLAGHER, MA, MT-BC

Chairperson's Report CNTD.

One other article I would like to point out is **"We Asked, You Answered, We Heard." Nancy Hadsell** worked hard to compile the results of the survey we sent out to everyone, and we wanted to share those results with you here.

>> When the CBMT Board met in February we began work on a new Strategic Plan. I have to thank **William Hogan**, Applied Measurement Professionals (AMP) Senior VP of Marketing and Business Products, who led us in the strategic planning session. With his help we were able to identify future organizational goals and the continued vision for the CBMT. We are continuing to discuss the ideas and hope to finalize the plan when we meet again in the fall. It is very exciting for me to see how all of this comes together as we move the CBMT and music therapy into the future.

>> When we look to the future it's also interesting to see where we came from. As a junior in college I had to write a paper for my technical writing course. The title of this paper was: **"The Benefits and Controversies of Board Certification for Music Therapists."** Little did I know then that over 20 years later I would actually be serving as the Chair of the Board of Directors for the Certification Board for Music Therapists! At the time I wrote the paper the board certification examination was new, as was the recertification process. It is great to see that all of the perceived "controversies" of that time have been resolved. One of the improvements from that time includes a specific recertification process with many opportunities for obtaining credits. One of the recommendations that I made in my paper was to refine the continuing education process to make it a quality experience and accessible to working music therapists. I am proud to say that has been done. Having been a member of the CBMT's Continuing Education Committee, I know that there is constant discussion about new ways to obtain credits in order to benefit the certificants. Another development was increased opportunities for taking the test. At the time I wrote the paper, the exam was offered only once a year in thirty-one test centers, representing only twenty-five of the fifty states. Now it can be taken at any time, five days a week, in over 150 cities in the United States and over 170 locations. Two other important improvements since that time have included increased communication between CBMT, educators and the certificants, and collaboration with the American Music Therapy Association (AMTA). It was interesting for me to look back to see how far we have come and to remember that as we focus on the future.

Thank you for this opportunity to serve you!

–Lisa Gallagher, MA, MT-BC
Chairperson, **CBMT**

New Scope of Practice Released

Darcy Walworth, PhD, MT-BC
Public Information Officer

>> The new **CBMT Scope of Practice** was developed from the results of the **2008 Practice Analysis Study**. The Practice Analysis Study occurs every 5 years and is conducted to identify the current practices being used by board certified music therapists across the country. This information gathered during the Practice Analysis is then compiled, analyzed and inserted into the new Scope of Practice. As a result, the CBMT Scope of Practice defines the body of knowledge that represents competent practice in the profession of music therapy and identifies what an MT-BC may do in practice. The changes within the new Scope of Practice will impact certificants, educators, clinical training directors, and Approved Providers. For example, Continuing Music Therapy Education credits must relate to an area identified in the CBMT Scope of Practice. Therefore, if information an Approved Provider has been presenting in the past is no longer on the new Scope of Practice, the AP must revise their presentation material to reflect an area on the new Scope of Practice to be in compliance with this requirement. Additionally, this new Scope of Practice is tentatively planned to be first utilized as the source of reference for recertification requirements and test specifications beginning in early 2010. New questions for the board certification exam are continually being drafted. As the new exam test questions are developed they will directly reflect the changes in the new Scope of Practice.

>> As you compare the new Scope of Practice to the previous version you will notice items that are the same, but have been categorized differently, as well as entirely new sections. For example, while the *Music Skills* section no longer appears as its own section, you will find the music skill related items under other heading areas, where they are most related. Additionally, new music therapy treatment approaches, models, and theoretical orientations are included that were identified from the 2008 Practice Analysis Study, and a new section was added that specifically addresses safety issues. As these changes will affect the exam content, recertification requirements, and continuing education, please spend some time reviewing the new SOP for updated content changes reflecting current music therapy practice.

CBMT Music Therapy Scope of Practice

Effective Date Spring 2010

I) Assessment and Treatment Planning: 40 exam items

A. Assessment

1. Observe client in music or non-music settings.
2. Obtain client information from available resources (e.g., documentation, client, other professionals, family members).
3. Within the following domains (e.g., perceptual, sensory, physical, affective, cognitive, communicative, social, and spiritual), identify the client's:
   - **a)** functioning level.
   - **b)** strengths.
   - **c)** areas of need.
4. Identify client's:
   - **a)** active symptoms.
   - **b)** behaviors.
   - **c)** cultural and spiritual background, when indicated.
   - **d)** issues related to family dynamics and interpersonal relationships.
   - **e)** learning styles.
   - **f)** manifestations of affective state.
   - **g)** music background, skills.
   - **h)** preferences.
   - **i)** stressors related to present status.
5. Document intake and assessment information.
6. Evaluate the appropriateness of a referral.
7. Identify the effects of medical and psychotropic drugs.
8. Review and select music therapy assessment instruments and procedures.
9. Adapt existing music therapy assessment instruments and procedures.
10. Develop new music therapy assessment instruments and procedures.
11. Create an assessment environment or space conducive to the assessment protocol and/or client's needs.
12. Engage client in music experiences to obtain assessment data.
13. Identify how the client responds to different types of music experiences (e.g., improvising, recreating, composing, and listening) and their variations.
14. Identify how the client responds to different styles of music.
15. Identify how the client responds to the different elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).

B. Interpret Assessment Information and Communicate Results

1. Evaluate reliability and presence of bias in information from available resources.
2. Identify factors which may impact accuracy of information gathered during assessment (e.g., precipitating events, medications, health considerations).
3. Draw conclusions and make recommendations based on analysis and synthesis of assessment findings.

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4. Acknowledge therapist's bias and limitations in interpreting assessment information (e.g., cultural differences, clinical orientation).
5. Communicate assessment findings and recommendations in oral, written, or other forms (e.g., video, audio).

C. Treatment Planning

1. Involve client in the treatment planning process, when appropriate.
2. Consult the following in the treatment planning process:
   a) clinical and research literature and other resources.
   b) client's family, caregivers, or personal network, when appropriate.
   c) other professionals, when appropriate.
3. Coordinate treatment with other professionals and/or family, caregivers, and personal network when appropriate.
4. Evaluate how music therapy fits within the overall therapeutic program.
5. Consider length of treatment when establishing client goals and objectives.
6. Establish client goals and objectives.
7. Select or design a data collection system.
8. Create environment or space conducive to client engagement.
9. Consider client's age, culture, music background, and preferences when designing music therapy experiences.
10. Create music therapy experiences that address client goals and objectives.
11. Select and adapt musical instruments and equipment consistent with treatment needs.
12. Select and prepare non-music materials consistent with music therapy goals and clients' learning styles (e.g., adaptive devices, visual aids).
13. Plan music therapy sessions of appropriate duration and frequency.
14. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity).
15. Design programs to reinforce goals and objectives for implementation outside the music therapy setting.
16. Document treatment plan.

II) Treatment Implementation and Termination: 60 exam items

A. Implementation

1. Develop a therapeutic relationship by:
   a) building trust and rapport.
   b) being fully present and authentic.
   c) providing a safe and contained environment.
   d) establishing boundaries and communicating expectations.
   e) providing ongoing acknowledgement and reflection.
   f) recognizing and managing aspects

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of one's own feelings and behaviors that affect the therapeutic process.

g) recognizing and working with transference and countertransference dynamics.

2. Provide music therapy experiences to address client's:

a) ability to empathize.

b) ability to use music independently for self-care (e.g., relaxation,anxiety management, redirection from addiction).

c) adjustment to life changes or temporary or permanent changes in ability.

d) aesthetic sensitivity and quality of life.

e) agitation.

f) anticipatory grief.

g) emotions.

h) executive functions (e.g., decision-making, problem solving).

i) focus and maintenance of attention.

j) generalization of skills to other settings.

k) grief and loss.

l) group cohesion and/or a feeling of group membership.

m) impulse control.

n) interactive response.

o) initiation and self-motivation.

p) language, speech, and communication skills.

q) memories.

r) motor skills.

s) musical and other creative responses.

t) neurological and cognitive function.

u) nonverbal expression.

v) on-task behavior.

w) participation/engagement.

x) physical and psychological pain.

y) physiological symptoms.

z) reality orientation.

aa) responsibility for self.

bb) self-awareness and insight.

cc) self-esteem.

dd) sense of self with others.

ee) sensorimotor skills.

ff) sensory perception.

gg) social skills and interactions.

hh) spirituality.

ii) spontaneous communication/interactions.

jj) support systems.

kk) verbal and/or vocal responses.

3. Utilize the following music therapy treatment approaches and models to inform clinical practice:

a) behavioral.

b) developmental.

c) improvisational.

d) medical.

e) music and imagery.

f) neurological.

4. Integrate the following theoretical orientations into music therapy practice:

a) behavioral.

b) cognitive.

c) holistic.

d) humanistic/existential.

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e) psychodynamic.
f) transpersonal.

5. To achieve therapeutic goals:
a) apply the elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).
b) apply a variety of scales, modes, and harmonic progressions.
c) arrange, transpose, or adapt music.
d) compose vocal and instrumental music.
e) employ active listening.
f) provide visual, auditory, or tactile cues.
g) use creativity and flexibility in meeting client's changing needs.
h) improvise instrumentally and vocally.
i) integrate movement with music.
j) provide verbal and nonverbal guidance.
k) provide guidance to caregivers and staff to sustain and support the client's therapeutic progress.
l) mediate problems among clients within the session.
m) identify and respond to significant events.
n) use song and lyric analysis.
o) utilize imagery.
p) employ music relaxation and/or stress reduction techniques.
q) use music to communicate with client.
r) apply standard and alternate tunings.
s) apply receptive music methods.
t) sight-read.
u) exercise leadership and/or group management skills.
v) utilize a varied music repertoire (e.g., blues, classical, folk, jazz, pop) from a variety of cultures and sub-cultures.
w) employ functional skills with:
1) voice.
2) keyboard.
3) guitar.
4) percussion instruments.
x) select adaptive materials and equipment.
y) share musical experience and expression with clients.
z) empathize with client's music experience.
aa) observe client reactions.

B. Safety

1. Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
2. Recognize the potential harm of music experiences and use them with care.
3. Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
4. Observe infection control protocols (e.g., universal precautions, disinfecting instruments).
5. Recognize the client populations and health conditions for which music experiences are contraindicated and adapt treatment as indicated.
6. Comply with safety protocols with regard to transport and physical support of clients.

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C. Termination and Closure

1. Assess potential benefits and detriments of termination.
2. Determine exit criteria.
3. Inform and prepare client.
4. Coordinate termination with a client's overall treatment.
5. Provide a client with transitional support and recommendations.
6. Help client work through feelings about termination.
7. Address client needs during staffing changes (e.g., therapist leaves job, job transfer, leave of absence).

III) Ongoing Documentation and Evaluation of Treatment: 15 exam items

A. Documentation

1. Develop and use data-gathering techniques and forms.
2. Record client responses, progress, and outcomes.
3. Employ language appropriate to population and facility.
4. Document music therapy termination and follow-up plans.
5. Provide periodic treatment summaries.
6. Adhere to internal and external legal, regulatory, and reimbursement requirements.
7. Provide written documentation that demonstrates evidence-based outcomes related to addressed goals/interventions.

B. Evaluation

1. Identify information that is relevant to client's treatment process.
2. Differentiate between empirical information and therapist's interpretation.
3. Acknowledge therapist's bias and limitations in interpreting information (e.g., cultural differences, clinical orientation).
4. Continually review and revise treatment plan, and modify treatment approaches accordingly.
5. Analyze all available data to determine effectiveness of therapy.
6. Consult with other music therapists.
7. Consult with other non-music therapy professionals.
8. Communicate with client or client's family, caregivers, or personal network.
9. Make recommendations and referrals as indicated.
10. Compare the elements, forms, and structures of music to the client's and to the therapist's subjective experience and/or reactions to them.

IV) Professional Development and Responsibilities: 15 exam items

A. Professional Development

1. Assess areas for professional growth and set goals.
2. Review current research and literature in music

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therapy and related disciplines.

3. Participate in continuing education.
4. Engage in collaborative work with colleagues.
5. Seek out and utilize supervision and/or consultation.
6. Expand music skills.
7. Develop and enhance technology skills.
8. Conduct or assist in music therapy research.
9. Participate in music therapy research.

B. Professional Responsibilities

1. Document all treatment and non-treatment related communications.
2. Maintain and expand music repertoire.
3. Respond to public inquiries about music therapy.
4. Conduct information sharing sessions, such as in-service workshops, for professionals and/or the community.
5. Communicate with colleagues regarding professional issues.
6. Work within a facility's organizational structure, policies, and procedures.
7. Maintain client confidentiality within HIPAA privacy rules.
8. Supervise staff, volunteers, practicum students, or interns.
9. Adhere to the CBMT Code of Professional Practice.
10. Fulfill legal responsibilities associated with professional role (e.g., mandated reporting, release of information).
11. Practice within scope of education, training, and abilities.
12. Acquire and maintain equipment and supplies.
13. Engage in business management tasks (e.g., marketing, payroll, contracts, taxes, insurance).
14. Prepare and maintain a music therapy program budget.
15. Prepare accountability documentation for facility administration and/or local, state, and federal agencies.
16. Maintain assigned caseload files (e.g., electronic, digital, audio, video, hard copies) in an orderly manner.
17. Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy.

Advocacy – What Does it Mean to Me?

Dena Register, PhD, MT-BC
Regulatory Affairs Advisor

>> After spending the latter part of March and early April traveling and talking with various groups of individuals about the importance of advocacy, I feel the exhilaration and apprehension that the potential for change can bring. When both AMTA and CBMT set out on the adventure of bringing the **State Recognition Operational Plan** to life we hoped and planned for results that we are now beginning to see in many states. This change has been slow but steady and is a direct result of many music therapists who are effective advocates for their clients, families and their profession.

>> Advocacy happens in both large and small ways – from visiting your state capital and talking with your state legislators to having a poignant conversation with the person sitting next to you on the airplane. We are all charged with explaining what we do and how we do it in a way that is both efficient and effective. If you think back to YOUR first encounter with this profession, what was it about that conversation, observation or experience that left you wanting more? Something in that interaction caused you to ask more questions, seek more experiences or desire more information. Our task as music therapists is to be able to incite that interest in others such that we build stakeholders in our profession.

>> The first step in building this extensive grassroots network is creating awareness. There are still many people in our communities that have no idea that music therapy exists as a degreed profession or what a music therapist does. As a result, our first interaction with someone who has never heard of music therapy should be a simple one. Share a story that illustrates an example of a population that is served by music therapists. Often we try to present the breadth and depth of the profession in three minutes or less and our message is lost. Use your encounter to create interest for building a relationship and additional opportunities to share more information at another time.

>> The second step in effective

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–Dena Register

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advocacy is acceptance – acceptance of a concept, understanding what it means and whom it affects. These advocacy interactions are becoming more and more common. For example, when talking to someone who asks, *"So what do you do?"* and you reply, *"I'm a music therapist,"* this individual may respond with recognition and share an experience that they have had with another professional or perhaps media coverage of the profession. This recognition provides some frame of reference on which to base your conversation or questions about their understanding.

>> And then we arrive at active advocacy – created by awareness AND an acceptance of who we are and what we do as music therapists… fully engaged in creating access to quality services for all. While this road begins with the nearly 5,000 music therapists working in the United States, effecting change will require many more voices in order to be heard. This will require the voices of parents, clients, administrators, and other health and arts-related professionals. Our role as an advocate is not something that we take on periodically or sporadically but something that must become part of our daily routine. Advocacy is comprised of "water-cooler conversation" with the speech therapists about how effective it is to treat a client together. It is comprised of the letter to your elected official about how you appreciate their concern for providing and improving Early Intervention services in your state. It is empowering the parents of your client to demand an assessment for music therapy by the public school system for inclusion on the IEP. Advocacy is serving on your state task force and answering the calls-to-action from your regional government-relations representative.

>> Advocacy is also modeling all these actions for your practicum students and interns so that they have an understanding of how very powerful good communication is and how it not only helps the people in their immediate environment but also the many music therapists across the country. Every time you have an effective interaction about music therapy, you are not only making change and improvement for yourself and your immediate environment; you are making a change for the profession as a whole.

>> I would like to take this opportunity to say "thank you" to the many music therapists that have participated in our concentrated advocacy efforts over the last three years. Many hands make light work and it has been wonderful to see our collective effort grow and be rewarded.

"We are all charged with explaining what we do and how we do it in a way that is both efficient and effective."
–DENA REGISTER

We Asked; You Answered; We Heard

Nancy Hadsell, PhD, MT-BC
Secretary / Treasurer and Exam Committee Liaison

>> In February 2009, the CBMT Board of Directors emailed a survey to all certificants in an effort to acquire feedback regarding their perceptions of CBMT and its progress toward fulfilling its mission and the goals of the Strategic Plan. Questions covered a variety of topics, including responses to the CBMT website, image of the credential, interactions with the CBMT Office, issues related to advocacy, and information related to continuing education. The results provided useful information regarding directions the Board needs to take to move CBMT forward, as well as feedback regarding the efficacy of the Strategic Plan.

>> The Board was gratified to learn that 90% of certificants believe we are achieving our mission. Certificants perceive that the CBMT has done a very good job at protecting the public, advancing the profession of music therapy, ensuring competency, promoting continuing education, and increasing motivation to remain current in the field of music therapy. In addition, respondents indicated that the CBMT helps provide credibility for the field of music therapy; 94% feel that the MT-BC credential has maintained its integrity since they obtained it. Significant aspects of the MT-BC credential were seen to be: (a) protecting the public – 67%, (b) ensuring competency – 93%, (c) advancing the profession of music therapy – 90%, (d) promoting continuing education – 85%, and increasing professional motivation to remain current in the field – 65%.

>> Fifty-eight percent of respondents indicated that the MT-BC credential has had a positive impact on their employment status. The biggest impact described was that the credential was a requirement for employment, while other benefits mentioned were assurance of competency, improved status as a professional, and improved salary. Eighty-two percent of respondents felt that music therapy is identified as a healthcare profession, while other areas in which music therapy is also recognized include education, recreation/ entertainment/music lessons/

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–Nancy Hadsell

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BY NANCY HADSELL, PHD, MT-BC, BOARD OF DIRECTORS, SECRETARY/TREASURER AND EXAM COMMITTEE LIAISON

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music performance, and holistic/alternative medicine. While 90% of certificants agree that they understand the roles, functions, and value of the CBMT and its credential, only 42% believe their employers do, and only 3% believe the public does. The Board recognizes that these figures indicate the organization has done an excellent job of educating its certificants, but needs to do more to inform employers and the public about the meaning and importance of the MT-BC credential.

>> On practical matters the certificants gave some important feedback to the Board. Ninety-one percent of certificants stated they found the website easy to navigate. Certificant reactions to the appeal of the website and to its usefulness for them were mixed. Nearly 80% of respondents stated they would like to be able to pay their maintenance fees on the website, and 97% wanted to track their recertification status online. From this feedback, the Board is moving forward to explore possibilities for the payment of fees online. Tracking certification status online is much more complicated, but the issue will be investigated by the Board at a future date. Ninety percent of respondents agreed or were neutral regarding the openness of communication with CBMT and the courteousness and helpfulness of CBMT employees when the office was contacted.

>> Regarding publications, the *Recertification Manual*, the *Code of Professional Practice*, and the *CBMT Scope of Practice* are the most helpful of CBMT's publications. Seventy percent of certificants felt the *Recertification Manual* was clear in outlining requirements for recertification, while only 49% believed it was easy to use in planning their continuing education programs. At this time, the *Recertification Manual* is being completely overhauled; when it is finished it will be available online. The Board feels that keeping this publication online will allow it to be updated immediately whenever changes are made so that certificants always have access to the most current information regarding their continuing education requirements.

>> Advocacy in legislative and regulatory affairs was an important issue for certificants. Sixty percent believed that more needs to be done to increase the value of the MT-BC credential, while 57% are afraid that non-music therapists will fill music therapy jobs, and only 57% believe their right to practice is preserved in their home states. Despite their desire for more to be done

"While 90% of certificants agree that they understand the roles, functions, and value of the CBMT and its credential, only 42% believe their employers do, and only 3% believe the public does."

—NANCY HADSELL

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in these areas, however, few certificants are actually active in the legislative/regulatory affairs activities in their states. Only 8% of certificants are involved in the state recognition plan, and only 18% responded that they wanted to be contacted to become active in the process. Apparently, MT-BCs believe advocacy is very important, but they lack the skills or desire to engage in the process themselves. CBMT and AMTA are providing advocacy CMTEs at regional conferences to assist certificants in learning about advocacy and to provide them with tools and confidence for dealing with legislators/regulators.

>> The Board of Directors is grateful to all the certificants who responded to the survey. The information has provided us with important feedback regarding our success in reaching strategic planning goals as well as assisted us in planning for the future. Progress has been made in ensuring the integrity and importance of the credential for employment; an investigation is underway regarding the best way to implement the payment of maintenance fees online; and strategic planning regarding advocacy issues and the state recognition plan is high on the Board's agenda. We asked for your feedback; you gave it; and we are responding.

"CBMT and AMTA are providing advocacy CMTEs at regional conferences to assist certificants in learning about advocacy and to provide them with tools and confidence for dealing with legislators/regulators."

—Nancy Hadsell

Notes... selected item of interest

A Small Effort to Increase Awareness of the MT-BC Credential

>> In an effort to increase the awareness of the MT-BC credential, please consider stating or writing out "board certified music therapist" when discussing topics concerning music therapists who are indeed board certified. Examples include articles published, presentations given, and research reviewed. Authors and presenters who list MT-BC after their name are raising awareness of the credential. Stating or writing out "board certified music therapist" within articles and during presentations will provide redundancy and more opportunities for readers outside the music therapy profession to learn about the credential. It is easy to get into the habit of saying "music therapist" when discussing staff or programs. Adding "board certified" to such statements will strengthen the presence of the credential within and outside the music therapy profession.

New Director's Column

JACQUELINE BIRNBAUM, MSED, MA, MT-BC, NRMT
New Member, Board of Directors

>> It is a privilege to join the Board of CBMT. My connection with CBMT goes back to its inception in 1983, when I was transitionally certified, commonly known as "grandfathered in" – that meant I could become board certified without having to take the exam. I remember feeling relieved, yet little did I know that years later, as a member of the Exam Committee, I would be taking the exam dozens of times! I already had been awarded the CMT (Certified Music Therapist) by the American Music Therapy Association, but I thought that since I was eligible I should apply for this new credential, even though I didn't know what its value was or if I would ever need it.

>> For many years, from the mid-80s till unification of the former American Association for Music Therapy (AAMT) and the former National Association for Music Therapy (NAMT) in 1998, I served on the Credentialing Committee for AAMT, first as a member and then as chair. Our task was to make sure that all graduates of AAMT-approved schools met the delineated competencies; if they did they were granted recognition by being awarded the CMT. We also reviewed applications and interviewed candidates applying for the CMT via the alternate route. Alternate route was a rigorous process, as the burden was on the candidates to prove that they had met all the competencies.

>> Over time, music therapists realized that it was better for the profession to have a single credential, with an outside body responsible for credentialing. In fact, this was one of the principle tenets of the unification agreement. Thus, no new CMTs or RMTs (Registered Music Therapists–the NAMT designation) have been granted since unification. The National Music Therapy Registry maintains a list of CMTs and RMTs, and will continue to do so until the year 2020. I currently serve on the board of the Registry as well. CBMT works hard to educate employers and

"CBMT works hard to educate employers and the public about the MT-BC credential, and many employers now require music therapists to be board certified. Time has certainly borne out the value of the MT-BC credential."
–JACQUELINE BIRNBAUM

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BY JACQUELINE BIRNBAUM, MSED, MA, MT-BC, NRMT

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the public about the MT-BC credential, and many employers now require music therapists to be board certified. Time has certainly borne out the value of the MT-BC credential.

>> My interest and experience in credentialing have helped me to understand the issues involved and prepared me for my work for CBMT. In addition to the Exam Committee, I have served on the last three Practice Analysis Committees (1998, 2003, and chair in 2008). As our profession continues to evolve, our exam must reflect current practice. Some significant changes were made in the last practice analysis which will affect the exam and what is taught in music therapy programs. These changes ensure that people entering the field will be prepared to practice.

>> The CBMT Board is comprised of dynamic individuals from various regions, backgrounds, and philosophies, but we come together to ensure that the MT-BC credential meets the highest standards possible. The first meeting I attended took place in February in San Antonio. Over three days we worked on developing a Strategic Plan, identifying and prioritizing objectives, setting timelines and generating action steps. Each Board member was assigned responsibilities to carry out in order to meet these objectives. **Bill Hogan** from **Applied Measurement Professionals (AMP)** helped to facilitate this process, keeping us on task and encouraging an honest exchange of ideas. In addition, there were committee reports and new business to address. Though there was a huge amount of material to cover, the Board worked efficiently and accomplished its entire agenda. And after a long day's work we walked to the fashionable Riverwalk area for good food and conversation! I am delighted to be a part of CBMT as we move into the future, and look forward to many more stimulating Board meetings.

"My interest and experience in credentialing has helped me to understand the issues involved and prepared me for my work for CBMT. In addition to the Exam Committee, I have served on the last three Practice Analysis Committees (1998, 2003, and chair in 2008)."
—JACQUELINE BIRNBAUM

"As our profession continues to evolve, our exam must reflect current practice... these changes ensure that people entering the field will be prepared to practice."
—JACQUELINE BIRNBAUM

By Deborah L. Layman, MM, NMT, MT-BC, Chair, Continuing Education Committee
and A. Louise Steele, MMEd, MT-BC, member, Continuing Education Committee

Continuing Education

Deborah L. Layman, MM, NMT, MT-BC, Chair, Continuing Education Committee
and A. Louise Steele, MMEd, MT-BC, member, Continuing Education Committee

>> At the beginning of each year, the Continuing Education Committee (CEC) of CBMT collects **Needs Assessment results** from **Approved Providers (APs)**. These results are a summary of continuing education needs expressed by MT-BC's during the previous calendar year. Most of these needs are collected by a written survey distributed by an AP following a CMTE course.

>> In 2008, results were varied, with as many as 36 different types of need presented in one category. However, most responses fell naturally within a common heading, such as Assessment, Client Population, Documentation, etc. In the previous Needs Assessment analysis, autism was identified as the top Client Population in which certificants need more continuing education. However, this year there was a slight shift, with autism becoming second in need and Medical/Hospice/Palliative Medicine/Cancer sharing the top spot. Young children and gerontology were third in identified need.

>> This year's Needs Assessment analysis also revealed overwhelming continuing education needs in the following four areas:

- **Assessment**
- **Evaluation, documentation, data forms, data collection and analysis, and sharing information effectively**
- **Implementation and generalization**
- **Musical styles and forms, modes, transposition**

CBMT is encouraging clinicians with expertise in these identified areas to offer CMTE courses. By providing desired training in these areas, the knowledge base of music therapy continues to grow, and the diverse needs of board-certified music therapists are met.

"At the beginning of each year, the Continuing Education Committee of CBMT collects Needs Assessment results from Approved Providers (APs). These results are a summary of continuing eduction needs expressed by MT-BCs during the previous calendar year."

—Deborah L. Layman & A. Louise Steele

There are two ways in which CMTE courses can be provided:

1) Become a CBMT Approved Provider (AP)

When you become an AP, you are also recognized as a National Board for Certified Counselors (NBCC) Provider.

continued on the next page

By Deborah L. Layman, MM, NMT, MT-BC, Chair, Continuing Education Committee
and A. Louise Steele, MMEd, MT-BC, member, Continuing Education Committee

Continuing Education cntd.

This reciprocity provides opportunities for you to offer continuing education to professionals in other related fields. CBMT Approved Providers are able to offer CMTE courses in identified need areas as well as any general courses they may wish to offer. CMTE courses may also be designed as independent home study or online courses for distance learners. In addition, APs may apply to offer a specialty CMTE course or series of courses in their area of expertise to MT-BCs and to professionals in related fields seeking continuing education credits for NBCC. For additional information on this process, please refer to the *Approved Provider Manual, Revised Fourth Edition* at www.cbmt.org. You may also request the brochure **"Becoming a CBMT Approved Provider"** from the CBMT office. NOTE: The brochure refers to the "One-Year Probationary Application."

2) Offer CMTE courses as a co-sponsor with other CBMT Approved Providers

A listing of all CBMT Approved Providers is available on the CBMT website (as well as pages 24–29 of this newsletter). If you are currently an AP, the CEC is sincerely grateful for your hard work and contributions. If you are not currently an AP, please consider becoming an AP. Becoming an AP provides you with opportunities to contribute to the skill and knowledge development of MT-BCs and to foster collegiality and knowledge exchange among music therapists.

>> The Continuing Education Committee is available to answer questions or to provide special assistance during the Approved Provider application process. A free CEC mentorship program offers support and feedback throughout the approval process to potential APs. Please contact the CBMT office at **1-800-765-2268, ext. 23**, for information, or download an **Approved Provider Manual** and **Two-Year Probationary Application** at www.cbmt.org.

In the previous Needs Assessment analysis, autism was identified as the top Client Population in which certificants need more continuing education. However, this year there was a slight shift, with autism becoming second in need and Medical/Hospice/ Palliative Medicine/ Cancer sharing the top spot. Young children and gerontology were third in identified need."

—Deborah L. Layman & A. Louise Steele

New Certificants

October 16, 2008 – March 31, 2009

Successfully Completed Examinations for Board Certification

Congratulations to the following new certificants! These individuals successfully completed the examination between the dates of 10/16/08–03/31/09 to become board certified.

The total number of candidates tested during this time period was 298 candidates. Of the total number of candidates tested, the overall pass rate was 79%, representing 235 out of 298 candidates who passed the examination.

Melanie Richey Adair
Erika L. Althoff
Tiffany Janeen Andersson
Amy Karla Andrews
Kim Maria Araiza
Melinda T. Arndt
Kristin Noel Babb
Melissa M. Bacorn
Karah Katherine Baker
Jennifer René Baldwin
Corie Lynn Barkey
Ashley Elaine Barton
Cara P. Batema
Carra Annise Bates
Harry Jacob Beck
Heather Nicole Belshe
Karen Elizabeth Bergemann
Laura A. Bickmore
Jessica Ann Bliss
Catherine Hamer Bollinger
Allison Leigh Bowers
Meredith Diana Bradley
Marybeth Brand
Sam Presley Brodsgaard
Rachel D. Brumett
Elizabeth Jayne Campbell
Helene Ashley Cantin
Jingjing Chang
Megan Jill Chappius
Gretchen Mary Chardos
Samantha Andrea Cheung
John Charles Christensen
Andrea Sharon Clark
Rebecca Elaine Conklin
Adrien Roxanne Cooper
Karen H. Crandon
Jennifer G. Cross
Laura Judith Davidson
Chelsea Kreitler Davis
Kimberly Michelle Dea
Bethany Ann Deetz
Lisa Rae Eisenman
Megan Ruth Elliott
Bethany Jean Eriksen
Elizabeth Francoeur
Christine Marie Fry
Sayako Fujii
Lauren A. Gagliardi
Meredith Williams Gaines
Wimberly E. Giardina
Karla Elizabeth Gidwani
Megan Rose Gigliotti
Katherine Eugenia Goforth
Amy Elizabeth Gower
Sarah M. Greer
Heidi Laura Hackbarth
Shea Spencer Hardy
David S. Herman
Tracie Ellen Heuring
Rachel Mae Hinze
Nicole L. Horton
Melinda Anne Hummel
Cynthia Jones Humphreys
Wan-Fang Hung
Vicki Lynn Hurst
Diego Ramiro Imaná
Dorothy Laurel Israel
Krystal E. Jacobs
Sekyung Jang
Rachael Lindsay Johnson
Susannah Rice Jones
Hillary Mead Joy
Sheri Lyn Kandel
Nicole Kellers-Richer
Melissa N. Kelley
Meghan Lynne Kelly
Clara H. Kessler
Soomie Kim
Yoon Kim
Brian Thomas Kinnaird
Leigh A. Kirby
Amy Frances Kobb
Dayna P. Koehn
Angela Kristin Kopshy
Viktoria V. Korneeva
Adam David Krajnikconde
Kristin Alaine Kummer
Rachel Kupper
Neil Anthony Laffely
Holly Jean Latham
Cheryle Lynn Lawrence
Ashlee Elizabeth Lawrence
Jeffrey Kenneth Lehman
Katurah Ruth Leonard
Christina M. Lewandowski
Sara Ann Liedtke
Yu-Chin A. Lin
Andrea Susanne Lindberg
Melissa Christine Lippert
Darcy Lee Lipscomb
Nancy L. Lonich
Allyson Sherwood Lorens
Danny Sunshine Lundmark
Julia Gean Lundquist
Kristin Babelay Luttrell
Jan Ackley Malecha
James M. Marquis
SallyJane Mathias
Seiko Matsuda
Susanne Lynn Maynard
Erin Lyn McAlpin
Nicole M. McDavid
Cailin Dawn McElrath
Nicole Susanne McGill
Amanda Marie Minor
Mary Catherine Mock
Malissa Marie Mojica
Kaelynn Diane Monson
Louis Joseph Morand

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Of the candidates taking the exam for the first time to become initially certified, 165 out of 190 candidates, or 87%, performed successfully and are now board certified. Congratulations!

Current certificants taking the exam for recertification numbered 48, of which 47 performed successfully, resulting in a passing percentage of 98% among recertifiers. Congratulations!

New Certificants CNTD.

October 16, 2008 – March 31, 2009
Successfully Completed Examinations for Board Certification

William Joseph Moreschi
Emily Dawn Murer
Malaika Michelle Myrick
Merritt Reed Navazio
Abigail Jean Newman
Marijane C. Nguyen
Caitlin Wells Nicholas
Karen H. Nisenson
Valerie K. Oakley
Lynne Marie Oliver
Katherine Elizabeth Olmos
Allison Dawn O'Mara
Maureen Marie O'Shaughnessy
Angel A. Park
Joanna Michelle Patton
Jennifer Gulezian Phillips
Frederic Pommeret
Brittin Lee Radcliffe
Annalise Megan Joy Radi
David W. Ramsey
Torey Alan Rasberry
Aileen Siguenza Ravalo
Chad L. Reichert
Leslie Michaela Richardson
Michele Elizabeth Rickert
Erinn Kathleen Riley
Timothy Rochford Ringgold
Edele Rose Russell
David Ryan Scheller
Ashley Lynn Scheufler
Christianna Elaine Schmit
Kateri Marie Schmitt
Elena Renee Schopp
Lindsey Anne Sellers
Emily Elizabeth Sevcik
Nilani Shankar
Wei Wah Angela Shum
Heather Michelle Sirota
Jade L. Skorheim
Lauren Katherine Sletta
Mary-Ellen Jean Smith
Kathleen Grace Snyder
Melissa Susan Spano
Meghan Rose Spyker
Wendelyn P. Stapley
Marya Trifilo Stark
John Andrew Steffenson
Lauren Elizabeth Steffy
Jeremiah Ray Stevenson-Titsworth
Christina Dyan Stock
Lauren Nicole Stoner
Elizabeth Mary Suchy
Kotoe Suzuki
Holly Marie Tapani
Christopher David Taylor
Heather Leigh Thomas
Michael D. Timmons
Kymberly Louise Tindall
Sara Lynn Trovinger
Jennie Victoria Turner
Clara Elizabeth Utley
Lauren Alexandria Varn-Myers
Melissa A. Violette
Jessica Walsh
Patricia Shu Pei Wang
Claire B. Westbrook
Melinda Rachel Wilson
Hsiang-Ling Yu
Therese L. Zakrzwski

Recertifiers

January 1, 2004 – December 31, 2008 Cycle
Recertified for January 1, 2009 – December 13, 2013

Congratulations to the certificants in the 01/01/04 – 12/31/08 cycle for attaining a 73% rate of recertification.

These certificants have been assigned a new 5-year cycle, 01/01/09 – 12/31/13. Their commitment to competency assurance and continuing education is to be commended!

John Leo Abel
Catherine T. Abrams
Kristen Suzanne Adams
Donna Ahern
Kenneth Scott Aigen
Joan Louise Allen
Suzanne Elizabeth Anderson Veronica Lind Andreassen-Barker
Sarah Leigh Ardoin
Dawn Marie-Emrick Artwick
Emily Whitfield Ashbury
Melisa Diane Audrain
Kathleen D. Avins
Pamela Joyce Axler
Rex Terrence Bacon
Hye-Seon Baek
Meredith Dean Bailey
Renee M. Barnett
Lora Michelle Barthelman
Natalie Ann Bartoo
Melodee Reneé Bass
Barbara L. Bastable
Courtney French Baughman
Lisa M. Bauman
Amy M. Beckon
Kimberly Ann Bell
Thomas Alfred Benson
Anna Gonzales Berezin
Mary J. Birch
Roberta Lynn Blake
Meredith Page Blanchard
Janet K. Blanco
Lara Dianne Bledsoe
Heather Jean Bloam Wagner
Julie Nissa Bloch
Amy Susann Bloss
Dana Elizabeth Bobbitt
Amy J. Bobo
Kenneth A. Boerner
Karla Jean Bogucki
Megan Nicole Bomba
Nicole Leigh Boucher
Laura Kathleen Boughton
Nicole Lagatta Bowen
Alison J. Bowers
Joke AJ Bradt
Elizabeth Lee Brandt
Jennifer Marie Brown
Amanda Lee Bryant
Megan Anne Calabro
Theresa Chardos Camilli
Mollie Danielle Caravello
Margaret Wood Carchrie
Kevin Cardoso
Andrea Elizabeth Carranza
Margaret Louise Caton
Lizbeth Ann Cattle
Kerry Chamberlain Willis
Bonnie Faye Chan
Lynn Larue Chenoweth
Audra Renae Cherry
John Ivor Chester, III
Yun-ya Chickene
Hyun Ju Chong
Daniel Grant Christensen
Pamela Dawn Christmas
Jacquelyn D. Claxton
Stephen William Cloyd
Deborah Lynn Colvenbach
Jennifer Jencks Conley
Holly B. Corrente
Tanya Marie Corso
Lisa Ellis Costa
Melissa Marie Crisp
Carl F. Czajczynski
Stephanie Dadas
Thomas Arlis Dalton
Aimee Dawn Davis
Lisa Ann Davis
Alana Kealoha Dellatan Seaton
Bonnie Joan Dempsey
M. Kitty Dennis
Suzanne Marie Denu
KellyJo Anne Depperschmidt
Nancy Ann Dexter-Schabow
Melissa Lee Difazzio
Mary Ella DiFilippo
Kristin Marie Discepolo
Melissa Leigh Dixon
Gina Lynn Dobberstein
Kenneth Arnold DoRosario
Jennifer Lynn Dover
Marni Rae Dowell
Jennifer Kristine Dunham
Anthony Chapman Edelblute
Robin Celise Edwards
Kimela Perry Embler
Michele M. Erich
Alicia K. Evans
Christina Altenese Evans
Lauren Cathryn Faggiano
Lisa Jane Fahsbender-Landstrom
Leigh Ann Fairman
Bethany Lynn Faiz
Rachel E. Farrar
Rachel Anne Firchau
Kelly June Fisher
Erin I. Fox
Cassandra Alene Fox
Cheryl Lynn Fox
Emily Patricia France
Danielle A. Franklin
Rebeccah Louise Fraser
Lisa Andrea Friedrich
Leigh Ann Fuller
Brenda Jean Fyles
Edward Peter Gallagher
Lauri M. Gallegos
Catherine Louise Gansmann
Amy Christine Gardiner
Beth Ann Gardner
Ferebe Gasque
Nicole Giacomino
Sherri Lynn Giguere
Ned David Gladfelter
Yvonne M. Glass
Tera D. Glover
Terry Lee Glusko
Lori Fogus Gooding
Julie E. Gosch
Charles S. Gourgey
Karen E. Graf
Laura Marie Grassia
Alexander J. Graur
Jennifer Lynn Green
Karen Baty Greer
Deborah Ann Gromack
Beverly Jane Gross
Jill Ann Grossardt
Marilyn Sydlo Guadagnino
Melissa L. Gunter-Green
Ronald Lee Hagadone
Sheryl Di Hall
Elizabeth Ann Hampshire
Eri Haneishi
Lisa Marie Hansberger
Michelle Welde Hardy
David A. Harper
Kathleen Anne Harrill
Sally McKnight Harrison
Sheryl Ann Hartman
Jennifer Mariah Hastings
Catherine A. Haugland
Robert Lewis Heirendt
Lora Faye Heller
Constance C. Henderson
Colleen M. Hengesbach
Suzanne Heppel

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The total number of certificants assigned to the January 2004 – December 2008 cycle was 534. Of those 534 certificants, 388, or 73% of those in this cycle met all requirements for recertification.

Recertifiers CNTD.

July 1, 2003 – June 30, 2008 Cycle
Recertified for July 1, 2008 – June 30, 2013

Susan J. Hess
Diane Marie Hinds
Ruth Anne Hinricks
Angie Kay Hong
Sharin Risa Horvitz-Chung
Phyllis Lindsey Hurt
Corene P Hurt-Thaut
Rika Ikuno
Suzanne Marie Jackson
Erin N. Jahna
Karen S. Jasko
Meg Stanley Johnson
Myra J. Johnson
Patricia Florence Jonason
Jennifer Dawn Jones
Suzanne Marie Kane
Annette M. Kearl
DeAnn M. Kelsey
John Roy Kennedy
J. Michelle Kennemer
Soo-Ji Kim
Allison Alon King
Lisa Marie Klostermann
Andrea Bevin Knaack
Jill Koehn
Teri Etta Kolar
Aiko Komiyama
Mary Catherine Komorowski Maxwell
Julie Christine Kopf
Carolyn Ness Kuban
Bridget A. Kulik
Fumio Kuribayashi
Mary Jane Landaker
Marsha W. Lane
Heather Ann Lantry
Linda Marie LaSalle
Se Se Lau
Tiffany Nicole Laur
Catherine M. Laus
Deborah Lea Layman
Michelle T. Lazar
Sunghui Lee
Piera Ho Ching Lee
Hillary Muzetta Cartner Lee
Chih-Chen Sophia Lee
Christine Pollard Leist
Teresa Lynn Lesiuk
Monica A. Levin
Celia Hollander Lewis
Karen Lin
Shannon Lynn Lindsey
Heather Sue Lippincott
Kathleen I. Lorenzato
Conio Frank Loretto, III
James Robert Lowry
Tzu-Ching Lu
Doris J. Ludicke
Elizabeth Krumme MacConnell
Amanda Lyn MacRae
Anna Nichole Mallard
Sarah Huntsman Mansbery
Tanya Hymel Manslank
Elizabeth M. Mantsch
Gretchen A. Marble
Ann E. Marcinko
Maya Kressel Marom
Kimberly A. Marsh
Emilia Jean Martin
Lisa Anne Martino
Jessica Tillett Massey
Natalie Ann McClune
Martha Virginia McCrory
Andrea L. McGraw Hunt
Kristin J. McGuckin
Becky Starr Meidling
Georgette G. Meister
Alexandra Benvinda Mesquita-Baer
Anne Meeker Miller
Sarah Marie Miller
Karen Epps Miller
Yukiko Mitsudome
Teri Lynn Mock
Laura Jane Montesano
Elizabeth Ann Moore
Maria R. Morris
Mia Maegan Morrow
Rebecca Deer Mosqueda
Thomas Richard Mosser
Melissa Diane Munder
Noriko Nakamura
Georgia Konos Naquin
Julie Parker Neal
Kirsten E. Nelson
Christine Tuden Neugebauer
Brenda Jean Norris
Kathy L. Odenkirk
Kamile O'Donnell
Debra L. Olson-Morrison
Carmen Elaine Osburn
Sumi Paik-Maier
Kassondra Leanne Palmer
Key Hae Park
James Ellsworth Pauls
Charleen Marie Pavlik
Sharon Louise Pawlak
Laura G. Pawuk
Carole Anne Pearce
Lisa M. Pearson
Amelia Amber Pearson
Julissa Maria Perez
Susan McRae Petura
Jennifer Jarred Peyton
Duane Albert Pickett
Theresa Catherine Pitruzzello
Rhonda Sue Poling
Kathryn Rose Poorman
Teresa Marie Presser
Emily Elizabeth Pullen
Charla R. Rasmussen
Dena M. Register
Melissa Lynn Reinhardt
Galena Maria Reiter-Thomson
Stacy G. Reno
Rachel Jennie Reynolds
Emily Kathleen Rezek
Amanda Rae Richard
Molly J. Richter
Carmen L. Riebel
Andrea Jo Rosendaul
Emily Ross
Christine Anne Routhier
Nicholas C. Rowe
Eva Rudisile
Niki Delk Runge
Kristyn Anne Rupp
Jeffrey J. Samanen
Diane Marie Sanchez
Michelle Lyn Sanford
Richard W. Scalenghe
Joanne D. Schlachter
Cheryl Lynn Schneider
Penny G. Schnell
Elizabeth K. Schwartz
Edward Todd Schwartzberg
Janet L. Schwarz-Getson
Paula Kay Scicluna
Heidi Louella Scott
Kimberly Mary Sena Moore
Ingrid G. Sevy
Heather-Lynne Kirkpatrick Shannon
Lisa Denise Shawley
Bridgett L. Shewmake
Erika R. Shira
Mark Alan Simmons
Margarita G. Sims
Tiffany J. Sinsel
Stefan Bristol Sion
Lauren Ann Skau
Amy Capella Smith
Laura Michelle Smith
Terri Dianne Smith-Morse
Rhonda Kay Snyder
Aino Marie Soderhielm
Tracy Connor Souhrada
Jennifer M. Stein
Christine Kay Stevens
Kristen M. Stewart
Jennifer Jo Stiegelmeyer
Jeffrey Robert Strunk
Mary Cecile Stryck
Kristin Lynn Stuckmyer
Craig Lee Summers
Mayuka Suzuki
Kimberly Ann Swank
Masato Tachi
Xueli Tan
Joanne Marie Tango
Lynette Larsen Taylor
Harold Loy Teel, III
Ashild Rodsaetre Thompson
Mary Rose Thompson
Ellen Marie Timmerman
Allison Melissa Timms Antkowiak
Andrea Maria Tooker
Joanne Trzcinski
Yuuko Tsuyama
Mary Frances Uicker
Erin Frances Valvo
Cynthia Louise Vance
Wendy Ruth Wagner
Tonya Nadine Wahl
Leigh Ann Walberg
Eric Gregory Waldon
Margaret A. Waldrup-Johnson
Bonnie Lynn Wallace
Henry Earl Warnick
Melissa Suzanne Wasson
Kathy Ross Watson
Mark Edward Watson
William Edgar Webb
Bridget Marie Weise
Judy Anne Weissman
Amy A. Weits
Therese Marie West
Kara Anne Wetzel
Cheryl Boyd White
Charlotte Brierre Wilensky
Kyle D. Wilhelm
Sylvia Barnes Wilkinson
Michelle Marie Wilner
Amy Kristine Wilson
Patricia J. Winter
Beth Anne Wiskus
Mary Deborah Withington
Arlene Manso Witt
Robert C. Wolff
Erica Marie Wood
Jennifer Worthen
Paula J. Wright
Janet Louise Wysong
Melony Xynidis
Alyssa Shane Yeager
Elizabeth Fair York
Lisa Dillon Young
Megan Eileen Zerbe
Amy Lynn Zimmerman

Approved Providers

SPECIALTY CMTE COURSES

> **Anna Maria College Institute For Music and Consciousness**
Lisa Summer, MCAT, MT-BC, FAMI
50 Sunset Lane, Box 45
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508-849-3454
lsummer@annamaria.edu

> **Center for Music Therapy in End of Life Care**
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1671 Lunt Avenue
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schleb82@hotmail.com

> **Music Psychotherapy Center Advanced Training Program in Music Psychotherapy**
Diane Austin, DA, ACMT, LCAT
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> **Nordoff-Robbins Center for Music Therapy**
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michele.ritholz@gmail.com

> **Tallahassee Memorial HealthCare-FL State University Infant and Child Medical Music Therapy Institute**
Jayne Standley, PhD, MT-BC
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jstandle@mailer.fsu.edu

SELF-STUDY COURSES

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> **Music Works Publications**
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Stephenville, TX 76401
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cathyknoll@musicworkspublications.com

> **MusicWorx®, Inc.**
Barbara Reuer, PhD, NMT, MT-BC
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breuer@musicworxofcalifornia.com

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Approved Providers CNTD.

GENERAL COURSES

> **Advocate Lutheran General Hospital Music Therapy Program**
Susan Cotter-Schaufele, MT-BC
Department of Mission & Spiritual Care
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847-723-7265
soozie.cotter-schaufele@advocatehealth.com

> **American Music Therapy Association**
Co-Chairs, AMTA Continuing Education Committee
Elisabeth (Lisa) Swanson, MMT, MT-BC
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Jean M. Nemeth, MA, MT-BC
Co-Chair, AMTA Continuing Education Committee
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> **AMTA-Mid-Atlantic Region**
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> **AMTA-Midwestern Region**
Liesel Stephens, MT-BC
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> **AMTA-New England Region**
Julie Andring Morgan, MSA, MT-BC
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jamusictherapy@optonline.net

> **AMTA-Southeastern Region**
Becky Engen, PhD, NMT, MT-BC
Associate Professor & Director of Music Therapy
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Charlotte, NC 28274
704-337-2570
engenr@queens.edu

> **AMTA-Southwestern Region**
Ann Petty, MT-BC
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Houston, TX 77057
713-419-9351
ann.petty@earthlink.net

> **AMTA-Western Region**
Robin W. Schmidt, MA, MT-BC
2090 Latham Street, #18
Mountain View, CA 94040
415-595-4830
rsmusictx@hotmail.com

> **Association for Music & Imagery**
Maryann Najpaver,
Executive Sec/Treasurer
6003 Dawn Vista Oval
Parma, OH 44129
440-886-4299
office@ami-bonnymethod.org

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Approved Providers CNTD.

GENERAL COURSES

> **Atascadero State Hospital**
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Atascadero, CA 93422
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> **AZ Rhythm Connection**
Frank Thompson
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> **Big Bend Hospice**
Jennifer Haskins, MT-BC
Music Therapy Coordinator,
Internship Director
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Tallahassee, FL 32308
850-878-5310, ext. 128
jennifere@bigbendhospice.org

> **Drexel University's Hahnemann Creative Arts in Therapy**
Music Therapy Program
Paul Nolan, MCAT, MT-BC, LPC
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paul.nolan@drexel.edu

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Mary J. Morreale, MT-BC
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Reston, VA 20191
571-490-3439
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Patient Story

Stories of Music Therapy in Action
Helping Patients Recover – and Thrive!

>> Mrs. C. was a woman in her 50's who had cancer and bone metastasis. She suffered from pain, anxiety, and panic attacks. During one hospitalization she broke both arms, developed cellulitis, and remained in the hospital for three months. She was depressed during this time and said that the music greatly helped to improve her mood. She also experienced anxiety when needing an MRI, so the music therapist went with her and utilized music-assisted relaxation and imagery. She thanked the MT for this support and said it meant a lot to her since her family could not be there with her. The patient also wrote a song as a means of self-expression and creativity. When she was later re-admitted to another unit on the hospital she was having a very difficult time because of being re-admitted to the hospital and to an unfamiliar unit. After the music therapist arrived to work with her she said, *"She was my angel, and she arrived just when I needed her."*

Tell us your most memorable music therapy client interaction stories for this feature in BC Status!
Remember to keep all identifying information anonymous... this can be done by changing the gender and name of the client, as well as not naming the specific facility where the interaction occurred. It is exciting to hear how music therapists are changing lives every day! Email submissions to info@cbmt.org.

Notes... SELECTED ITEM OF INTEREST

Are you Presenting at a Conference for a Related Field?

>> If so, and you would like to remind the people in your audience about the importance of music therapists being board certified, CBMT can help! We can provide printed information for you to hand out to help spread the word about the music therapy credential. Please contact the CBMT office to request materials.

>> When you present, please consider stating "board certified music therapist" instead of just saying "music therapist" and consider writing out "board certified music therapist" on your slides and/or handouts. These simple things will help to increase awareness of the MT-BC credential outside of the music therapy profession.

Inside CBMT

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