September 13, 2022

TO: Legislative Study Committee on Occupational Licenses

RE: Wisconsin Music Therapy Registry

My name is Judy Simpson. I am a board certified music therapist and serve as the Director of Government Relations for the American Music Therapy Association (AMTA). Thank you for this opportunity to speak in support of maintaining the Music Therapy Registry in Wisconsin.

Music therapy is a nationally recognized allied health profession with over 70 years of clinical history in the United States. Our national association was founded in 1950, and is responsible for maintaining standards in music therapy education, clinical training, practice, professional competencies and a Code of Ethics. Music therapists are required to complete a minimum of a bachelor's degree with an additional 1200 hours of supervised clinical practice training to be eligible to sit for the national board certification exam.

AMTA and the Certification Board for Music Therapists (CBMT) collaborate on a State Recognition Operational Plan, which is a joint national initiative to achieve official state recognition of the music therapy profession and the MT-BC credential required for competent practice. This plan is designed to:

- Establish a state-based public protection program to ensure that "music therapy" is provided by individuals who meet established training qualifications;
- Improve consumer access to quality music therapy services provided by qualified professionals; and
- Include music therapist qualifications within state health and education regulations to meet state and federal requirements of treatment facilities and accrediting organizations.

Since 2011, 14 states have enacted legislation that formally recognizes music therapist qualifications, 10 of which created music therapy licensing programs.

California-Title Protection
Connecticut-Title Protection
Georgia-License
Illinois-License
Iowa-Title Protection
Maryland-License
New Jersey-License
North Dakota-License
Oklahoma-License
Oregon-License
Rhode Island-License
Utah-Certification

Nevada-License **Virginia**-License.

During 2022 and 2023, 12 more states have introduced, or are planning to introduce legislation recognizing music therapist qualifications.

Colorado, Indiana, Kentucky, Michigan, Minnesota, Missouri, New York, North Carolina, Ohio, Pennsylvania, Vermont, Washington

Despite national recognition of the profession within the United States Code, U.S. Department of Labor, Centers for Medicare and Medicaid Services, and the U.S. Department of Education, consumers continue to encounter misrepresentation of the profession from non-qualified individuals and consistently experience barriers to service access due to the lack of inclusion of music therapist qualifications within state statute and agency regulations. Maintenance of the existing Wisconsin Music Therapy Registry will continue to address some of these consumer issues. Based on information being shared today, however, it may be time for Wisconsin to consider creation of a music therapy license to successfully ensure public protection, as well as professional competency across all music therapy clinical practice areas.

Thank you for your consideration.

Sincerely,

Judy Simpson, MT-BC
Managed Healthcare Professional
Director of Government Relations
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September 12, 2022

Testimony to State of Wisconsin Legislative Study Committee
RE: Registry for Music Therapists

My name is Dr. Dena Register, and I am the Regulatory Affairs Advisor for the Certification Board for Music Therapists. For more than twenty years, I have worked as a music therapy clinician, educator, researcher, and consultant. Thank you for the opportunity to address the issue of protecting the public by identifying qualified music therapists in Wisconsin through the registry and the MT-BC credential. Continuing to maintain this registry is, at a minimum, the critical protection for those in Wisconsin who are underrepresented, marginalized and most in need of care.

The education of a music therapist is both comprehensive and rigorous. While nearly all humans feel connection and response to various kinds of music, the deliberate use of music by a trained professional transcends the elementary, personal use of music to elevate one's mood, motivate behaviors or access memories. Board certified music therapists are trained to independently analyze and respond to client's non-verbal, verbal, emotional and physiological responses to music during the course of a music therapy session. We are trained to use live and recorded music to respond to observable, measurable patient responses in order to be clinically effective and refrain from contra-indicated practices.

After completing the required university coursework and clinical training hours, music therapists are eligible to take a national board certification exam administered by the Certification Board for Music Therapists (CBMT, www.cbmt.org). CBMT is a member of the Institute for Credentialing Excellence (ICE). Our board certification (MT-BC) program has been fully accredited by the National Commission for Certifying Agencies (NCCA) since 1986, when NCCA was known as National Commission for Health Certifying Agencies. As the only certifying board for music therapy, we are committed to rigorous competency testing. NCCA accreditation ensures our unconditional compliance with stringent testing and measurement standards. Upon successful completion of the CBMT exam, the credential "MT-BC" -- Music Therapist Board Certified -- is issued. To maintain this credential, music therapists must complete 100 hours of continuing education every five years and abide by the CBMT Code of Professional Practice.

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Maintaining and building a strong professional culture through the existing Registry in the state has allowed Wisconsin to offer its residents employment opportunities as well as offering clients and their families the best possible care. Continuing the current state Registry and considering the possibility to expand it to a state license would further protect consumers in Wisconsin by limiting the potential for harm to citizens, by ensuring that only those who meet the education, clinical training and board certification requirements can call themselves “music therapists” or say they offer “music therapy.” Music therapy licensure would allow employers, potential employers, and private citizens to feel confident in the training and education of the music therapists they employ to work with their loved ones. For these reasons, I strongly urge you to support the minimum protection of consumers through the maintenance of the Registry and consider the potential development of a music therapy license.

Respectfully Submitted,

Dena Register, Ph.D., MT-BC
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Harm in Music Therapy Practice

Music therapists work with vulnerable populations (for example, persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). Therefore, it is imperative to define this profession within state governments in order to safeguard members of the public who may be less able to protect themselves.

Music therapists may work with individuals who are diagnosed with the following:

Autism Spectrum Disorder	Developmental Disabilities	Cancer
Alzheimer's Disease	Traumatic Brain Injury	Parkinson's Disease
Premature Birth	Pre- and Post-Surgical Needs	Stroke
Physical Disabilities	Coma	Mental Illness
Substance Use	Post-Traumatic Stress Disorder	Terminal Illness

Music therapy practice settings include:

Rehabilitation Facilities	Medical Hospitals	Senior Centers
Psychiatric Hospitals	Outpatient Clinics	Hospice Agencies
Day Care Treatment Centers	Community Mental Health Centers	Group Homes
Drug and Alcohol Programs	Correctional Facilities	Halfway Houses
Schools	Assisted Living Facilities	Private Practice

The use of live music interventions 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 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 not considered safe.

While it can be difficult to understand how music can cause harm, there are examples of how the improper use of a music stimulus can be medically and emotionally harmful, especially for individuals with complex dementias, mental health issues, or the medically fragile.

A person claiming to be a music therapist, but who does not have the appropriate education, clinical training, and credentials could potentially cause significant health and/or safety risks.

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Specific Harm Scenarios

that can befall individuals who have been subject to improperly conducted music interventions

- Premature infants in the NICU can have their vital signs disrupted, causing dangerously low heart rates, breathing rates, and decrease in non-nutritive sucking, and detrimental overstimulation
- Heart rate and oxygen saturation levels can be adversely affected in medically fragile patients
- Activation of trauma-based responses can occur without proper knowledge of diagnoses and experience in assessment and clinical observation
- Increase of self-harming behaviors can be linked to specific diagnoses
- Seizures can be triggered by specific elements of music
- Not following infection control and medical facility safety guidelines can result in infection, injury, hearing loss, or regression
- Disregard for patients' physical and emotional safety within the treatment setting can lead to physical or emotional harm
- Compromising patient confidentiality violates federal confidentiality laws and may lead to emotional harm

Case Example 1

A nursing home patient with Lewy body dementia, was engaged in a group music sing-along that utilized songs from the big band era. ***Lewy Body dementia is different from the more common dementia of Alzheimer's type. People with Lewy Body dementia often have delusions, hallucinations, difficulty interpreting information, and behaviors.***

At some point the man became progressively upset, and started yelling and threatening others patients and staff. The musician facilitating the sing-along decided to try a different song to engage this man and calm him down. Unfortunately, the song choice only exacerbated the mood and situation. The patient, very distraught and confused, struck another patient and staff member, and in the process stood up and fell. This resulted in a high fracture of the right femur, a skin tear wound, and the patient who was hit suffered emotional confusion and pain.

The cost of this incident went beyond harm or money. The patient's family, deeply saddened and frustrated by the progression of dementia, was notified that they would likely have to find a different placement for their family member in a more limiting "secure" facility. Nurses had incident reports to complete, and residents and families were distressed by the event. Staff stress was elevated by the incident, and the patient spent countless hours in pain and confusion. The awful cycle of pain, confusion, and fatigue was quite difficult to moderate and support, and the patient became isolated and often inconsolable.

One problem: it is all too easy to relegate such an event to the consequences of dementia. A review, and investigation into the antecedent of this event was found to be a progression of bad decision-making and choices within the environment of the activity setting, placement of the patient, and the clear and observed effect of music and music activity increasing agitation, confusion, and distress.

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The group was facilitated by an entertainer that contracted with small nursing homes and group homes. Part of his brochure included the term music therapy, and although he was not a music therapist, he used many examples of the benefits of music with the elderly.

This entertainer did not have the training and a clinical understanding in working with a patient with Lewy body dementia, and to this, did not have the necessary clinical skill set to support the needs of this patient, who became rapidly confused and decompensated into violence. Assuming that music calms and soothes, and simply changing to a different song as a method to change behavior was an inappropriate action.

Music therapists know of the risks that play into altered psychological states, and various shifts incomprehension and perception related to dementia. We make sure we have a reasonable and predictive understanding of the influence of music with our patients through assessment methods. A key point that must not be understated: the music therapist (through training and supervision) has a level of vigilance and monitoring of the patient while simultaneously engaging in, and facilitating themusic experience. In contrast, musicians and entertainers are commonly focused on the performance and the identity of themselves within the performance. No one is perfect, but in this example, music therapists would not have placed a volatile patient in the setting, and would have recognized very quickly the signals leading up to increased confusion and exacerbated behaviors. This patient loved music, and needed to have a one-to-one individual type of experience.

There is an uncomfortable irony in writing this account, and harm is a real thing. This elderly gentleman was not able to heal, spent his last week in pain, and died in a nursing home a few weeks after this incident.

Case Example 2

A music therapist was working in a major children's hospital when one of the PICU doctors called her in for a consult. There was a young teenager who ran his snowmobile into a tree and had a traumatic brain injury. He was in a stage of coma where he was extremely agitated. His parents consulted with someone who claimed to be a music therapist but was not. The person programmed music for them to play at their child's bedside to help him relax. The result of that music was increased agitation, increased heart rate (to dangerous levels), anddecreased oxygen saturation rates. This necessitated increased sedation medication, which itself can have negative side effects.

The doctors called for a music therapy consult. The family was playing some beautiful Mozart concerto when the music therapist arrived. The child was in restraints and writhing on his bed. When the music therapist asked the mother if her son liked classical music and would have selected it to relax to prior to the accident, she replied, "oh no. He hates classical music!" The music therapist asked them to turn off the music, but his agitation continued. After explaining the connection between musical preference and relaxation, the family disclosed their son would

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relax to gangster rap. After conducting further assessment, the music therapist developed a music listening program specifically for the patient. As soon as she started playing music that would help him relax, he let out a sigh and appeared to visibly relax. His heart rate lowered to normal in less than three minutes and his oxygen saturation rate went from 82% to 96% and remained stable. He was able torelax enough he fell asleep without further sedation medication, allowing his body and brain to focus on healing.

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and competencies such as, but not limited to:

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

How does one determine harm has occurred?

Objective measures: Heart rate, breathing rate, O2 (oxygen saturation), vital signs, measuring discrete behaviors (self-harm, aggression, perseverance, seizures, signs of overstimulation)

How would licensing help prevent these harms?

Licensure will ensure that music therapists are appropriately trained and qualified; keep non-trained practitioners out of sensitive environments; and educate the public about how to find credentialed professionals.

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Wisconsin Music Therapist Registered

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A brief history

In the Fall of 1995, it came to these attention of the Wisconsin Chapter for Music Therapy that the definition of psychology was being amended in the Wisconsin Statutes. That updated - and incredibly broad - definition basically stated that anyone who gave another human being a timeout would be "practicing psychology". Those excluded from this scope of practice were 1) clinicians supervised by a psychologist, or 2) those clinicians who held a registration, certification, or licensure from the State of Wisconsin. As a young clinician who had just started a private practice, I contacted my State Senator to bring this to her attention. It was suggested that we connect with other creative arts therapists to find out how this would impact their disciplinary practices. With the assistance of several legislators, a 3 year sunset provision was passed to allow music, art, and dance therapists to practice within their scopes of practice while pursuing state recognition. It was recommended at that time that we pursue state Registration, as that would be the least controversial to be approved and the least like to be opposed by the Psychology Examining Board as well as other health services boards. In 1998, the Registry for Music, Art, and Dance Therapists was passed by the legislature and signed into law by Governor Tommy Thompson. The Music, Art, and Dance Therapy Advisory Committee was convened in late 1998, and worked to write Administrative Rules, including Scope of Practice for each discipline (WI Administrative Code, Chapters 140 - 142). A psychotherapy licensure was also added and utilized primarily by art and dance therapists who met educational and clinical training criteria (Master's degree plus 3000 supervised hours).

2022 Review

A review of Wisconsin Statues Chapter 455 (Psychology) contains language similar to what propelled the push for state recognition in 1995: broad use of language including, but not limited to, "the observation, description, evaluation, interpretation, prediction, or modification of human behavior" (Ch. 455.01 (5)(a). As clinicians trained in creative arts disciplines, these procedures are a part of our everyday practice, specifically linked to human response to and engagement within our specific disciplines. The highlighted sections show potential for misinterpretation of the creative arts therapies services as "practice of psychology". However, Ch. 455.02 (2m)(a) states an Exception as being, "A person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted by this state." The pertinent language from Chapter 455 is highlighted below.

Updated 2019–20 Wis. Stats. Published and certified under s. 35.18. July 1, 2022.

CHAPTER 455

PSYCHOLOGY

Cross–reference: See definitions in s. 440.01.
Cross–reference: See also Psy, Wis. adm. code.

SUBCHAPTER I

REGULATION OF PSYCHOLOGY

455.01 Definitions. In this subchapter:

(1) "Authority to practice interjurisdictional telepsychology" has the meaning given in s. 455.50 (2) (b).

(2) "Doctoral degree in psychology" means a doctoral degree in a study which involves the application of principles of the practice of psychology. A doctoral degree granted as the result of study involving one or more of the areas of psychological practice recognized by the American psychological association or in any other field recognized by the examining board shall be considered a doctoral degree in psychology.

(2m) "E.Passport" has the meaning given in s. 455.50 (2) (g).

(3) "Examining board" means the psychology examining board.

(3m) "Fee," when used other than in reference to a fee for a credential, means direct or indirect payment or compensation, monetary or otherwise, including the expectation of payment or compensation whether or not actually received.

(3r) "Interjurisdictional practice certificate" has the meaning given in s. 455.50 (2) (im).

(5) (a) "Practice of psychology" means the observation, description, evaluation, interpretation, prediction, or modification of human behavior by the application of psychological principles, methods, or procedures for any of the following purposes, in exchange for a fee:

1. Preventing, eliminating, evaluating, assessing, or predicting symptomatic, maladaptive, or undesired behavior and promoting adaptive health maintaining behavior or psychological functioning.

2. Assisting in legal decision–making.

(b) "Practice of psychology" includes all of the following if done in exchange for a fee:

1. Psychological testing and the evaluation or assessment of a person's characteristics, including intelligence; personality; cognitive, physical, or emotional abilities; skills; interests; aptitudes; or neuropsychological functioning.

2. Counseling, consultation, psychoanalysis, psychotherapy, hypnosis, biofeedback, behavior therapy, and applied behavior analysis.

3. The diagnosis, treatment, or management of mental and emotional disorders or disabilities, substance use disorders, disorders of habit or conduct, and the psychological aspects of physical illnesses, accidents, injuries, or disabilities.

4. Psychoeducational evaluation, therapy, or remediation.

5. Consultation with other psychologists, physicians, or other health care professionals and with a patient regarding all available treatment options with respect to the provision of care for a specific patient or client.

6. The supervision of anything specified in subds. 1. to 5.

(6) "Psychotherapy" means the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles, including for the purpose of assisting individuals with modifying their behaviors, cognitions, emotions, or personality characteristics, or for the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.

(9) "Temporary authorization to practice" has the meaning given in s. 455.50 (2) (o).

History: 1977 c. 192, 273, 418; 1989 a. 243; 1995 a. 188; 2021 a. 22, 131.

455.02 License required to practice; use of titles.

(1m) LICENSE REQUIRED. (a) Except as provided in sub. (2m) and ss. 257.03 and 455.03, no person may engage in the practice of psychology, or attempt to do so or make a representation as authorized to do so, without a license issued by the examining board.

(b) Except as provided in sub. (2m) and ss. 257.03 and 455.03, only an individual licensed under s. 455.04 (1) or (2) may use the title "psychologist" or any similar title or state or imply that he or she is licensed to practice psychology. Except as provided in sub. (2m) and ss. 257.03 and 455.03, only an individual licensed under s. 455.04 (1) or (2) may represent himself or herself to the public by any description of services incorporating the word "psychological" or "psychology."

(2m) EXCEPTIONS. A license under this subchapter is not required for any of the following:

(a) A person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted by this state.

(b) A person providing psychological services as directed, supervised and inspected by a psychologist who has the power to direct, decide and oversee the implementation of the services provided.

(c) The performance of official duties by personnel of any of the armed services or federal health services of the United States.

(d) A person employed in a position as a psychologist or psychological assistant by a regionally accredited higher educational institution, if the person is performing activities that are a part of the duties for which he or she is employed, is performing those activities solely within the confines of or under the jurisdictions of the institution in which he or she is employed, and does not render or offer to render psychological services to the public for a fee over and above the salary that he or she receives for the performance of the official duties with the institution with which he or she is employed. An individual acting under this paragraph may teach the practice of psychology, conduct psychological research, present lectures on the practice of psychology, perform any con-

Music Therapy

Since the inception of the Registry, the number of consumers seeking music therapy in community settings has grown exponentially all over the State of Wisconsin. Changes to Medicaid Waiver services has provided access to Music Therapy services for many more consumers in the past two decades. Intensive scrutiny by the DHS Treatment Intervention Advisory Committee (https://www.dhs.wisconsin.gov/tiac/index.htm) opened the door for many families who have children diagnosed with autism and other developmental disabilities to engage in meaningful treatment through the Children's Long Term Support Waiver. Many of those children who have aged out of the children's waiver have been able to continue music therapy services through the IRIS Program. Over the past two decades, there have been thousands of consumers from all over the state who have prioritized Music Therapy in their lives, as it provides the flexibility and stimulation needed to improve and maintain the quality of life for individuals living with life-long disability. Currently, the majority of music therapy agencies and private practice music therapists in Wisconsin maintain long waitlists, due to an increasing demand for services. Throughout the pandemic, music therapists successfully flexed to telehealth services for a number of consumers, a success that was noted in monthly provider meetings with DHS. In a society that is in need of more services to address behavioral and mental health needs, Music Therapists are filling some of that gap, primarily with people who are unable to engage in traditional psychotherapy-based treatment processes. In order for music therapy providers to provide services through Medicaid Waiver programs, each music therapist MUST submit their state registration to finalize and maintain contracts with individual counties and consumers.

Along with increased access to music therapy services has come an increase in misrepresentation throughout the state. In the past few years, we have encountered and worked to prevent harm to consumers in a number of cases, including:

- a college music professor who talked their way into a NICU to do 'music therapy', and had no idea what to do when a baby she was working with turned blue
- an adaptive music teacher who provided services paid for by CLTS Waiver funds under the guise of 'music therapy', even though she was not a music therapist
- a sound healer who represented himself as providing 'music therapy' through his recordings
- a school district that refused to bring in a Board Certified Music Therapist to provide IEP based music therapy services, utilizing a choir teacher instead, violating federal IDEA law
- an RN who provided 'group music therapy sessions' for children with disabilities for a fee

As Music Therapists, we have addressed these incidences as a state organization, as none of the persons who misrepresented music therapy used the title 'WMTR'. Because the Registry only provides title protection for those using the 'R', we were unable to lodge complaints with the State. While music therapists believe in and welcome other musicians, teachers, and specially trained clinicians to practice music-based processes within their scope, it is imperative that the public be protected from practitioners who create misleading inferences about their education and training. Misrepresentation of Music Therapy and trust in persons not properly trained in Music Therapy can create a trauma response or re-traumatize vulnerable consumers, including, but not limited to:

- Misinterpretation of responses to music which can feed into disregulation, anxiety, and/or aggression
- Inadvertently increasing negative behaviors which may lead to higher costs in medical care, educational, or residential settings
- Negatively influencing heart rate, breathing, and oxygen saturation levels in medically fragile consumers
- Disregard for consumers' physical and emotional safety which can lead to physical or emotional harm
- Activation of trauma-based responses can occur without proper knowledge of diagnoses and experience in assessment and clinical observation
- Use of inappropriate methods to address infection control, causing risk of illness or infection between consumers
- Breaches of consumer confidentiality

For more information and specific case examples, please refer to the document titled Harm in Music Therapy Practice.

Due to the increase of all factors mentioned - consumer access, misrepresentation, and increased potential for harm - we respectfully request consideration for licensure to safefguard members of the public who may be less able to protect themselves. We understand that this is not the purview of this Committee, but feel that this is the logical next step, given the advances in practice, the widespread demand for services, increased potential for harm, and frequent reimbursement with Medicaid Waiver dollars. We respectfully ask the Committee to keep the Registry in place at this time so that we can continue to practice legally without disruption to consumers. If the Committee is able to recommend or support a move to Licensure, we would welcome that support.

Thank you for your time and the tremendous Committee work represented in the 2018 report.