



Towards Professionalisation of Music Therapy: A Model of Training and Certification in Poland

Krzysztof Stachyra

ABSTRACT

Some countries have developed music therapy structures and built good relations between music therapists and other professionals, while others have only just embarked upon this process. In particular, countries and regions where music therapy is not yet well established are struggling with various challenges: How to organise music therapists' training, develop the discipline and become a partner for national healthcare systems. Formulating answers is not easy and may necessitate a long-term process. In this article I present the *sustainable development model for music therapy* where I present my perspectives on how an effective system may enable useful structures to be established, training and practice to be enhanced and research and publications to be developed. This system must be flexible enough to consider specific resources, traditions, needs and culture. At the same time, however, it must include some core elements such as appropriate levels of training with internship and supervision and a system of motivation to encourage life-long development, to make it stable and grounded, and to enable its development according to standards. In the article I attempt to formulate clear answers as to how Polish music therapists have found their way to build the profession. It shows a process of training and building structures, and describes important steps that must be taken to provide solid grounds for the development of this discipline.

KEYWORDS

music therapy professional development; training; certification; standards

Krzysztof Stachyra, PhD, MT-BC, is a music therapist and a music teacher. Head of Postgraduate Music Therapy Study Programme and Assistant Professor at the Department of Music Education and Music Therapy at Faculty of Arts, Maria Curie-Skłodowska University, Lublin, Poland. President of the Polish Music Therapists Association and European representative of the Commission on Education and Training of the World Federation of Music Therapy (WFMT). Co-founder of the Art Therapy Center, Lublin, Poland. Editor-in-Chief of the journal *Therapy Through Arts* and co-editor of the *Journal of Biomusical Engineering* (USA). Member of the scientific committee of the 10th European Music Therapy Congress in Vienna, 2016.

Email: kris.stachyra@gmail.com

INTRODUCTION

When one speaks to music therapists in Poland, it becomes clear that one of their main dreams is to make the music therapy profession acknowledged

and legally protected, as other medical professions are. For many years now, this issue has been the subject of numerous discussions and conferences organised in Poland (Association of Polish Music Therapists 2011a; Stachyra 2007, 2009, 2010,

2013). Unfortunately, I have realised that these will never lead to any actual solution if they continue only to be discussed without leading to real undertaking.

I have conducted music therapy training in several Eastern European countries where music therapy is not well-developed or has just come into existence, and have noted that music therapists often remain lost as to how to plan for the development of this field. Organisation of music therapy courses or study programmes does not automatically lead to development of the field, nor does it automatically improve the standing of music therapy and music therapists in a given country. This is because courses and university programmes in such countries are often organised by people who are not music therapists, but only interested in the field of music therapy. There is also a shortage of well educated and experienced trainers and of standards and traditions, so almost anything can be offered as 'music therapy'. With no clearly defined strategy, it is hard for music therapy to be acknowledged by authorities and specialists in other fields and, consequently, to become more accessible to potential clients.

BACKGROUND

Poland is an example of a country where, despite over 40 years of providing training in music therapists, music therapy has still not become commonly known and acknowledged. The first music therapy university course was offered in Wrocław in 1973 as a result of the efforts of the Polish composer Tadeusz Natanson (one of the co-founders of the World Federation of Music Therapy, WFMT) and the psychiatrist Andrzej Janicki (Natanson 1979). This has been seen by some as a golden age of music therapy development in Poland. However, with the untimely death of Tadeusz Natanson in an accident in 1990, the international visibility of Polish music therapy decreased and music therapy and the training in general became more insular.¹

In the second half of the 1990s, a growing need to ensure legal protection of the profession was observed, and thus a professional association of music therapists was established; the Association of Polish Music Therapists (SMP). Opportunities for the growth of music therapy, though, occurred only

through one university programme and a single meeting of the association each year. At the same time, the SMP failed to react to activities that were performed by untrained individuals who labelled their activities as 'music therapy'.

A breakthrough seemed to occur when SMP prepared a draft act defining the profession of music therapists (Association of Polish Music Therapists 2011b), but unfortunately the draft proved not to meet the basic educational standards established by the WFMT (Wheeler & Grocke 2011; World Federation of Music Therapy 1999). The efforts of the SMP did not appear to meet the needs of the profession as evidenced by the fact that a group of music therapists decided to establish a new association, the Polish Music Therapists' Association (PSMT). As part of the PSMT activity, an alternative way of acknowledging the music therapy profession was established, based on the premise that prior to preparation of the act, it should be shown that music therapy professionals have appropriate standards of music therapist training and of practising their profession (Stachyra 2012).

For the music therapy world, which is relatively small when compared to other social professions, it is particularly important to ensure that solutions are provided which include sensible and transparent requirements for both music therapists and the entities organising their training, as well as for systematic improvement of their professional qualifications, thus contributing to music therapy development both as a discipline and profession. The model described below is intended to provide this opportunity.

CONSTRUCTION OF THE SUSTAINABLE DEVELOPMENT MODEL

The sustainable development model for music therapy that is described herein emerged after analysis of problems with the development of music therapy as experienced in Poland. It shows the relationship between music therapy as a discipline (including provision of training for music therapists) and music therapy as a profession (Bruscia 2005). Upon review of solutions already operating in countries where music therapy has become more professionalised and conversations with other professionals, I came to the conclusion that in Poland – where music therapy development requires support and objective monitoring – the most optimum system will be one comprising an

¹ These statements and others on the history of music therapy in Poland are based on the author's observations with documentation by written sources when available.

adaptation of solutions adopted by the American Certification Board for Music Therapists (CBMT) (www.cbmt.org) which is possibly the most developed in the world for music therapy. It works well for thousands of music therapists in the US and also fits well with the PSMT goals.

After analysis of the status quo, I concluded that problems with the development of music therapy in Poland resulted due to the following:

- ❑ the entire training process takes place within university walls; it is very often based on an outdated curriculum and taught by individuals without extensive practical music therapy experience;
- ❑ there is a shortage of specialist music therapy literature available in the native language;
- ❑ there is poor knowledge of English language literature and limited collaboration with experts from abroad;
- ❑ there are no systematically conducted studies; and, most importantly,
- ❑ there is no system to motivate a graduate to develop further after receiving the title of music therapist.

It is clear that implementation of an underdeveloped act will not solve any of the aforementioned problems but on the contrary it may consolidate the status quo. Therefore, it proved necessary to develop a system that would enable verification of music therapist professional competencies and, at the same time, provide for ongoing monitoring of training quality at courses and universities offering a music therapy curriculum among their programmes. Introduction of a certificate-based system appeared to be the best solution, as the level of competencies verified during the certification exam by an independent board would confirm the quality of training received at university by the candidate.

The sustainable development model presented in this paper is currently implemented in Poland by the PSMT and was published in 2012 (Stachyra 2012). Its major advantage is that it is general enough to be adapted by other countries and, at the same time, specific enough to expect actual development of this field after its implementation. It may be divided into two main stages:

1. Stage of preliminary preparation of prospective music therapists;
2. Stage of professional development.

STAGE OF PRELIMINARY PREPARATION OF PROSPECTIVE MUSIC THERAPISTS

The first stage begins with *verification of prospective students*. Not everyone can work as a music therapist, therefore an interview and relevant tests should help to screen out individuals who, for important reasons, would not be able to meet the demands encountered as a music therapist. The interview also allows verification of whether the musical abilities of a candidate meet the requirements set out for a given course.

After preliminary selection of candidates, prospective music therapists receive *training*. To conduct the training according to clear and appropriately high criteria, it is necessary to introduce training standards determining the so-called fundamental (major) group obligatory for all specialisations in music therapy studies. The curriculum should also include classes presenting other forms of arts therapies.

Guidelines for the training programme have been set out in the World Federation of Music Therapy document titled '*WFMT Guidelines for Music Therapy Education and Training*' (1999). These were discussed in papers published in the years that followed, now available at the official WFMT website. It is important that the general training programme should be drawn up independently by individual educational institutions; however each of them should include some content indicated as fundamental, comprising core elements of the programme. Fundamentals should be complemented depending on the type of training, human resources, and social and cultural requirements. This will ensure independence of individual educational centres with simultaneous maintenance of training criteria and consideration of the specific character of a given course or area. I believe that we need to aspire to develop training standards, but avoid standardisation. Every higher education institution has its individual staff with unique qualifications and specialisations (also within the music therapy field itself), and cooperates with other centres or specialists in related fields; therefore skilled use of these resources would be well-justified. This allows the creation of a unique curriculum that takes into account the character of the study programme.

The training process at each course requires a *practical clinical instruction class* during which students initially act as observers and participants, and subsequently are engaged as co-therapists taking part in the planning process as well. Only at

the next stage they are allowed to conduct sessions on their own (under supervision) (Wheeler, Shultis & Polen 2005).

The purpose of training is individual development of both knowledge and professional competences, and of the personal aspect. Because a therapist works not only using methods but also engaging his/her own self (as a person), a well-functioning system of acquiring professional qualifications should include *self-therapy* for the prospective therapist. It is advisable for the self-therapy process to be initiated during the study period. It should include sessions conducted according to a therapy model represented by a therapist, provided that the study programme includes specialisation in a given therapy model/method. Apart from gaining a deeper insight and processing of one's inner life, self-therapy also offers a highly important opportunity of dealing with things experienced by patients/clients and the possibility of gaining a better understanding of the trainee's impressions and reactions. This is essential in order for the therapist not to transfer his/her own limitations onto the patients. This refers to all aspects of functioning, conscious use of voice and body, courage to make decisions, introducing modifications to habitual actions, going beyond conventional measures and liberation of one's creativity. Essential traits, apart from therapeutic knowledge, include self-confidence and self-trust; therapists should believe in themselves and their abilities. Therefore great attention is paid to the maturity and mental stability of a therapist, which is not less significant in becoming a music therapist than the acquisition of knowledge, and which should be treated as an integral part of developing professional competences.

Another important stage on the way to professional development of a prospective therapist is *internship*. The music therapy profession belongs to the group of social professions involving contact with clients/patients, and due to this fact it is impossible to gain basic professional experience 'in theory'. The internship may be completed in a hospital, therapy centre, educational centre or other establishment. It is advisable for a prospective therapist, apart from developing his/her therapeutic skills, to learn to cooperate with other members of the therapeutic team and find an opportunity to get to know the specificity of the different interventions; in other words, to learn how to be an integral part of the therapeutic team working with a client/patient. While determining principles governing the internship, the availability of establishments able to offer such internships should be taken into account

as this often poses a considerable problem in countries where the structures are not yet established.

To make the internship serve its purpose and improve professional skills, it must be combined with *supervision*. Ensuring supervision over trainee activities on the one hand, and giving them an opportunity to consult and receive advice from an experienced therapist on the other, is invaluable. However, problems often arise in this area, as within the countries where music therapy is not well-developed, it is very hard to find well-trained and experienced music therapists to act as supervisors. In such a situation, this role can be initially played by lecturers who work in other music therapy programmes. Owing to widespread access to the internet and modern engineering enabling recording of sessions, it is worth taking into account possible consultations via the internet with specialists from other countries, which is one idea for an effective solution of similar problems.

Supervision of conducted therapy is a form of supporting trainee development and care for ensuring their clients/patients receive the highest possible quality of music therapy. Thanks to this, the supervisor also has a chance to observe a trainee in natural therapeutic circumstances (not in artificial learning conditions at a higher education institution), learn the ways in which s/he responds in different situations, her/his interpersonal skills used while working with the client/patient, adaptive skills and so forth. In short, the supervisor can discern things that go beyond knowledge acquired during courses, which is important in the music therapy profession. To sum up, supervision provides tangible benefits to all stakeholders: the patient who feels more secure and gains confidence in the professional character of interventions in which s/he participates; the student who receives support from a more experienced individual; and the supervisor who has the opportunity to observe the beginner music therapists (but also experienced therapists) in practice and individually, and thus more accurately support the development of each of them.

Only after completing all stages of training described above may we proceed with objective verification of knowledge and skills of graduates of a given course/study programme. In my view, verification should take the form of a *certification exam* composed of theoretical questions, checking knowledge which is essential to practise music therapy in a reliable manner, and a practical part during which a music therapist participating in the certification process presents a case study in the

form of recordings from sessions conducted with a client/patient or group. As part of the case study analysis, the prospective certified music therapist has to show the ability to understand and justify the interventions used. Competence of a given person to conduct music therapy is confirmed by receiving the title of 'certified music therapist'. In order to ensure an objective opinion, the Certification Board cannot originate from a community of a single higher education institution. In Poland, the Board is composed of recognised experts having extensive experience, with additional support of a foreign consultant.

STAGE OF PROFESSIONAL DEVELOPMENT

Receipt of the certificate acknowledging specific therapist competences is an important step of professional development, but by no means can constitute its final stage. The issued certificate has a determined validity (in this case, suggested validity period should be three to five years). In this period, certified therapists are obliged to continually improve their skills and gain more extensive knowledge, using a *system of further training*, workshops, conferences and courses designed for this purpose.

An innovative idea is the introduction of the obligation for each certified music therapist to conduct at least one training or workshop for other certified music therapists. On the one hand this forces development and adequately high quality of activities (certified therapists cannot be offered anything else), and on the other it supports the system of development of other certified therapists by introducing various issues, techniques and methods to them. Such actions and collaboration help to create a community of music therapists, who get to know each other and have an opportunity to observe who specialises in what, support each other and begin closer cooperation, consequently developing the discipline and building an increasingly strong community.

Every certified music therapist is obliged, within the period of certificate validity, to collect a determined number of points assigned for participation in the aforesaid forms of further training and for published papers. They are known in the US as Continuing Music Therapy Education Credits (CMTEs) (www.cbmt.org). The table determining credit values of specific activities may be specified and expanded depending on the needs of a given country, promoting those activities

that are most demanded. Scores do not have to be strict and they may be diversified depending on the type of training, workshop or conference. In a model presented in Table 1, credits for publications promoting music therapy were assigned, based on the concept that in the country where this discipline and profession are not well-developed, publications in daily newspapers and popular magazines explaining what music therapy is about and how it can be applied are almost equally important as publications in scientific journals. Irrespective of this however, every therapist is expected to systematically conduct and document his/her music therapy practice and, at least once a year, participate in a training or workshop.

Type of activity	Points
Attending music therapy training / workshops (obligatory once a year)	5
Participation (passive) in a music therapy conference	5
Participation (active) in a music therapy conference	10
Publication promoting music therapy	3
Article / chapter in a book	10
Research publication	15
Leading systematic, documented music therapy sessions with patients / clients (obligatory)	15 per year

Table 1: Model with points assigned for specific types of activities drawn up by the Polish Music Therapists' Association (2012)

Scores are summarised every three to five years. However at the end of each working year, every certified music therapist has to submit a 'development report' in which s/he reports on his/her activities and credits received in a given year. The minimum of 30 credits per year is the recommended score.

Upon collection of the proper number of points and absence of negative comments regarding work performed by a given therapist, the *re-certification* process, that is the extension of certificate validity for the period of another three to five years starts automatically.

The suggested model, based on existing patterns, will work only if care is extended towards training quality and a system of further training is built. Otherwise, there is a risk that the act of obtaining the certificate will, for some people, be

the very goal, excusing them from the need to continually learn and improve their skills. This is contrary to the major goal of certification (and the system in general), which is about building professional teams of therapists and elevating the prestige of the music therapy profession.

CONCLUSIONS

We may speak about real development and professionalisation only when both stages of sustainable development are implemented. An

important point is that a course or study programme serves only as the introduction or initiation process of becoming a music therapist and in fact is designed only to work on the development of a prospective music therapist and not development of the field as such. Only implementation of the stage of professional development can provide motivation to continue systematic work (and in some sense, forcing it), conduct research, publish papers, share experiences and increase the opportunities for development of the field.

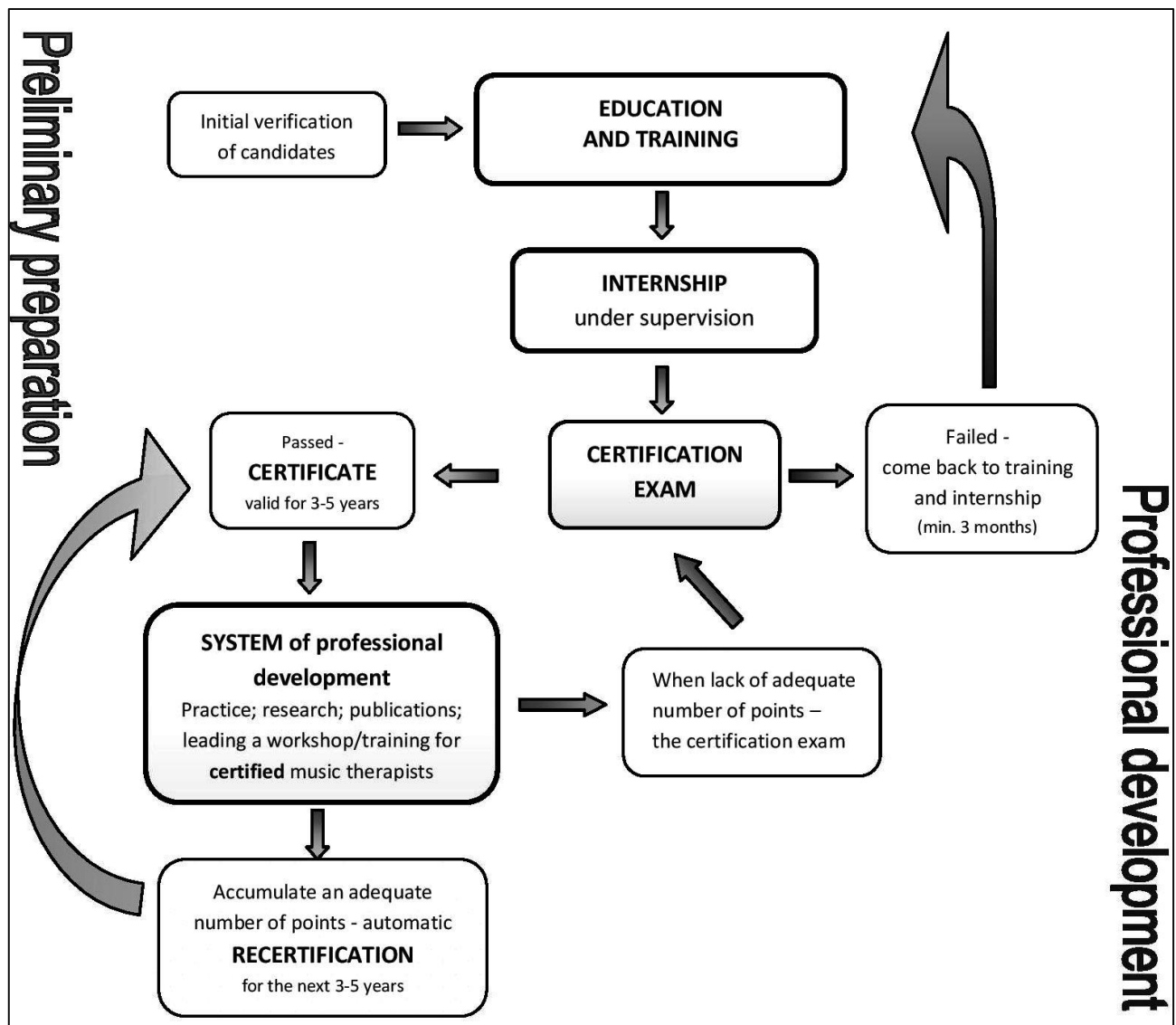


Figure 1: Graphic representation of the sustainable development model for music therapy

The system of sustainable development stands a high chance of successfully fulfilling its task. To provide it with extra support, we may consider drafting an act that would set out requirements related to therapist training and their employment. However, as stated above, before we as music therapists submit a proposal in this regard to public

administration bodies, we have to ensure 'internal' standards and only then demand their acknowledgement from the 'outside', that is ratification by the legislator of a draft act that will offer legal protection of the constructed system. Only then will we gain substantial and strong arguments during talks with public administration

and healthcare system representatives. Until such an act is drawn up and effected, positive verification during the certification exam will not determine whether a graduate of a given course or study programme is allowed to support patients and work as a music therapist (because this cannot be legally prohibited), but whether such a person is *distinguished and promoted*. Such a person is granted the right to use the 'certified music therapist' title next to his/her name, and his/her profile and contact details are published on the official website of the national music therapist association. Owing to this, a potential employer or person wishing to employ a music therapist may choose and decide whether s/he wants to work with a course/study programme graduate, or with a person verified by a group of impartial experts – independent of a higher education institution which issued the course completion certificate/diploma. Ultimately, we should aspire to make certified music therapists able to be employed in state-funded medical, therapeutic or educational establishments.

Finally, worldwide music therapy trends should be mentioned. I have observed various music therapy methods and approaches being increasingly highlighted, which is reflected in the process of music therapist training assuming possible specialisation in a specific working model. Many countries offer courses, training and study programmes providing instruction to creative, analytical music therapists, music psychotherapists etc. It appears important that a good music therapist should be familiar with all major music therapy models, even if s/he specialises in only one approach in their daily work. This gives a chance for possibly the most effective matching of music therapy interventions to the condition of a given patient and for using those elements of different approaches that are the most justified in a given situation.

We may observe similarities to the process of educating a medical professional who first needs to complete general studies in the field of medicine and only then starts the specialisation. Therefore, a music therapy study programme based on the division: Bachelor's degree programme plus Master's degree programme (according to the Bologna Declaration 1999), appears to be optimum, assuming that the Bachelor's programme will be focused on delving into fundamentals of music therapy, with consideration of various theoretical models and orientations, whereas the two-year complementary Master's programme will become more specialised or refer to a specific music

therapy method. This educational model could also refer to the levels of music therapy practice where Bachelor's programme participants would primarily learn about music therapy working methods and techniques at the level of active therapy, whereas the Master's curriculum would focus on training for work with insight-focused music therapy (one of Wheeler's levels), including re-educative and reconstructive goals (see Wheeler 1983).

Surely, the exchange of the training staff between higher education institutions within and outside the country should also be encouraged and supported. This brings powerful benefits in the form of multi-faceted views on music therapy, owing to the contact with trainers specialised in different approaches, methods, and representing different philosophies.

An interesting idea is the suggested development of the certification exam that could be introduced in all countries able to train music therapists to meet international standards. Is it at all possible, however, when there are so many socioeconomic, cultural, or legal differences among the countries? I believe it is, provided that the theoretical exam is based on the same assumptions as those adopted by the suggested system of education, that is, if it introduces standards and not standardisation. This is in line with the European Music Therapy Register (EMTR 2015), but also adding documentation of Continuing Music Therapy Education Credits (CMTEs) and the exam. In relation to the exam, this means checking of a given body of knowledge and skills required of every music therapist and in every country, with simultaneous extension of the exam by specific features of music therapy typical for a given country or region.

SUMMARY

Let us get back to the question asked at the very beginning: Why did a few decades of providing music therapy training in Poland not translate into the adequate development of this field? I suggest that the reason for this is the fact that for all this time we limited our activities to only the first two elements of the presented system, verification of and providing training to prospective music therapists, which for many years has been limited by the absence of requirements regarding internship and supervision. We observed the absence of comprehensive thinking and support to music therapists who completed what I came to call the preliminary preparation stage for prospective music therapists. This was reflected in the

education process, as many people after graduation failed to start working in the profession because they did not feel well prepared to do clinical work. Therefore, we lacked competent practitioners who could support the education of subsequent generations and supervision of music therapy work. Having a diploma of music therapy university programme completion, in fact, distinguished only to a small extent such a person from a psychologist or musician in the eyes of a potential employer who was simply interested in possible support of development or therapy using music. Furthermore, some institutions preferred to employ a psychologist as a music therapist, believing that the system of psychological training is more transparent and documented and, for that reason, ensured better standards. Consequently, a very high number of individuals working in Poland and referring to themselves as 'music therapists' are people without proper music therapy training, not even having a diploma of music therapy study programme completion.

Implementation of the suggested system stands a chance of changing this situation and helping music therapy find a respectable position in the healthcare system. Similar systems from which I have drawn inspiration and examples have successfully operated in many countries. We should believe that soon the already initiated processes will also lead to acknowledgement of music therapy as valuable in Poland.

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