5. 8.

Minutes EMTC GENERAL ASSEMBLY BOLOGNA September 2005:

Present: Jos De Backer (President), Monika Nöcker-Ribaupierre (General Secretary), Julie Sutton (Treasurer; UK), Jaakko Erkkila (Vice President (N); Finland), Ranka Radulowic (Serbia-Montenegro), Kerstin Dyblie Erdal (Norway), Chava Sekeles (Israel: observing member), Teresa P.Leite (Vice President (S); Portugal), Hanne Mette Ochnser Ridder (Denmark), Adrienne Lerner (France), Ilse Wolfram (Germany), Marianne Wiltgen-Sanavia (Luxembourg: observing member), Jasperin van der Pasch (Netherlands), Rut Wallius (Sweden), Marijke Schotsmans (Belgium), Chara Paleologou (Greece), Camino Bengoechea (Spain), Wita Szulc (Poland), Elena Fitzhum (Austria), Regina Halmer Stein (outgoing Vice President (C) & outgoing representative, Austria), Heidi Fausch (Switzerland), Ferdinando Suvini (Italy).

Meeting began at 14.40 with general introductions of the President Jos De Backer, after which the three European areas met with their Vice President.

Country Reports (15.40)

The following country reports were given; further information is available from written reports sent by representatives after the General Assembly (see attached file).

Finland (Jaakko):
In Finland everyone still remembers the European congress last summer, where we had 350 participants from over 30 countries. It was the biggest event ever in music therapy in Finland and it has resulted in many more international contacts than before. Finland is very grateful to the EMTC for the opportunity to host this conference. Meanwhile, there has been a lot of work within Finland concerning the Bologna agreement, for instance, study plans, renewing all aspects of training – this is a very big process and it is also very constructive. There are 3 professional training courses in Finland, with 1 association (over 300 members & approximately 200 of these are trained music therapists). We are having serious discussion with decision makers in terms of recognition and the end of this process is now in sight.

Serbia-Montenegro (Ranka):
Music therapy has developed from 1993 (Belgrade); an association was founded in 2001, linked with the development of music therapy (i.e. training, research, information, etc). There are also links with psychotherapeutic associations. In 2006 the first 11 students are expected to graduate. Music therapy is practised in education & is accepted in 2 hospitals with referral systems and costs from health insurance. We are working on further recognition for music therapy in healthcare services. Since April 2004 when psychotherapy became an independent registration body, it has not been possible to gain recognition for music therapists who do not have a separate qualification for psychotherapy. We would be interested to hear if other programmes of study are recognised and registered, and how payment is made for treatment. We welcome the support of EMTC for the further development of the profession.

Norway (Kerstin):
The music therapy programme has changed (due to the Bologna agreement), and from August 2005 the first masters programme began. (Update from Oslo & Sandane: Sandane has no students currently and may move to Bergen or Stavanger). There is a PhD programme with 2 candidates. We are working towards recognition of profession – a trade union is doing this. Work on the ethical code work began in the autumn. We are hoping for a protected title and are well into the initial work for this.

Israel (Chava):
Israel sends an annual report to EMTC members via email. The association was formed 1971. Training programmes have different set-ups: some have masters, some don't. 4 ex-students are now undertaking PhD studies. There have been some problems with one person who was not accepted in the association, & who took the association to court – this had financial consequences. On the positive side, the 3 training programmes have established treatment clinics. The Journal is now revived.

Portugal (Teresa):
There is bad news: we are still very slow in formalising things, even with a lot of interest in & support for music therapy. But the good news is that the profession is at a very big development stage – 2 training programmes are running, with a range of placements that will hopefully result in music therapy posts. This may expand the number of music therapists from 18 to over 40, and we plan that this expansion will continue into the future. The association is working on standards for identifiying what a music therapist is and we are making use of the EMTC guidelines, to aim for this. Our goals are to maintain training programme and document a register of music therapists.

Denmark (Hanne Mette):
There are 2 associations (1 for music therapists, 1 for those interested in music therapy) and these associations now plan to amalgamate. Both associations publish the Danish journal. Music therapy training is at masters level, with a PhD programme at Aalborg University. We have a problem in that all psychiatric work uses a logging system but there are no codes for music therapists within this system – we are now working towards this. In August 2006 the 3rd Danish Music Therapy Conference will be held.

France (Adrienne):
We have a complex situation: we formed a federation which lost some of the identity of the separate associations. This federation is not currently a member of the EMTC, as a result of associations not working on this. Each training programme has an association. Official recognition for jobs is a problem, and there are also very few placements for students (and therefore few official jobs). Future plans include update the membership.

Germany (Ilse):
There have been a lot of important issues over the last 2 years. There was a focus on membership of the EMTC & for separate associations to join; to help with this, we published the EMTC Statutes in German. The largest association (with 1,000 members) has now joined – this is significant. We have new document concerning

training programmes (completed in May 2005). Lehrmusik (teaching music therapists): so far, 50 of these were appointed via established criteria. Since Finland, a significant development has been to work towards unification (working together, not separately or against each other), and this was discussed and unanimously accepted. It will be fully completed in 2007. We have also had lively discussions about the EMTR.

Luxembourg (Marianne):
We are an observing member, because our association just 2 years old, in a small country; however, we have discovered that there was a music therapy history. Music education is very well established. There have been some difficulties in getting information about a new training (an arts therapy training) and sadly it has not been possible to make communication with this group of people. We have a big process of getting to know all the different ways that music therapy is practised; we are working on conferences, documentation, etc. There is a lot of support for music therapy, although in Luxembourg, only doctors are recognised as practising therapists. There is a law defining health professions and we are looking into a protected title; this is difficult. We also have some problems with payment for treatment (who is responsible for this).

Netherlands (Jasperin):
There is a lot of research being undertaken (our website shows this information). There is a need for separate masters programmes in music therapy. From 2006, creative arts association will co-operate with psycho-motor therapists and there will be a Federation of Experiential Therapists linking all these together. Music therapy will also have a separate association. We have a problem with recognition, because anyone can call themselves 'music therapists', and the economic climate also influences this – we are working with insurance companies as this is funding source. We are working to get music therapy mentioned in relevant documents. We want to change registration in the Netherlands, to bring it in line with the EMTC suggested standards. The next European conference will be in Holland in 2007.

Sweden (Rut):
There is an umbrella organisation for music therapists: there are approximately 150 members (60 are psychodynamic educated, and there are more functional music therapists, with no psychodynamic ground – their work is based on neurology. Since 2001, there has been a masters training (psychodynamic) & now functional music therapy training is working towards this. There are 3 students on the PhD programme.

Belgium (Marijke):
The professional association has a journal. All music therapists work hard to differentiate their work from that of occupational therapists. There has been one doctorate in music therapy awarded over the past year. The situation is good for the development of music therapy, and it is growing.

Greece (Chara):
There are currently 2 associations. We have some problems with those calling themselves music therapists without the relevant training (bachelor degree).

Spain (Camino):

Few music therapists are working in institutions, with most work taking place in settings such as special needs. The profession is not officially recognised, and we are now working towards this. There are 17 associations, with 10 training programmes, including those allied to universities (this information is available on our website). There is a lack of a national federation to unify all training programmes. We work to promote the profession through research, etc. The next EMTC meeting will be in Spain in 2006.

Poland (Wita):
I am grateful for the invitation to the EMTC, as this is a window onto the music therapy world. Music therapy is established and there is future work towards independence and co-operation. Programmes of study include that at post-doctoral level. In my opinion it is important when working on the EMTR to look at professional skills of music therapists and cultural issues.

Austria (Elena):
Austria has the oldest training course in Europe, like London (1958). We have a long-standing tradition from psychotherapy & humanistic traditions. The Austrian Society for the Promotion of Music Therapy was founded in 1958 and was developed by Editha Koffer-Ulrich, Hans Sittner, Hans Hoff, and Andreas Rett. The aims of the society were to oversee the scientific application of music therapy in Austria and to establish international contacts. One of the goals, the creation of a music therapy training program, was achieved in 1959. In addition, the society stressed the need for systemic research in music therapy and for government recognition of the profession. The society was dissolved in 1975. In 1984, the Austian Association of Professional Music Therapy (ÖBM) was founded by a group of committed music therapists. The association sees itself as the group which represents professional music therapists. We are working towards state registration, continuing education, promoting research, advanced training and international contacts.

Switzerland (Heidi)
We currently have one association. Music Therapy is a well-established practice in Switzerland. The Association for Art Therapy has proposed official Swiss governmental recognition of the profession Art Therapist, with a specialty in Music Therapy. Unfortunately this is at a minimum level of educational training, and it has a good chance of passing. The government wishes to keep the level of education down to keep costs low, and this, we feel, is to the detriment of the patients. Our professional society, the Swiss Association for Music Therapy, must now decide how we are going to deal with it. Our goal is recognition of Music Therapists at masters level.

Italy (Ferdinando):
There are 4 professional associations recognised by the EMTC. We have a lot of discussion between associations in different areas, with a lot of meetings, conferences, and so on. We are working towards recognition for a new way of working and collaborating between different associations, and this is something that I will speak about during the conference after the General Assembly. Italy hosts this assembly and has organised a conference bringing together different organisations and associations, as well as including international speakers.

UK
I would like to thank (on all our behalf) our employers for supporting the work of the EMTC and releasing us to attend this general assembly.
In the UK the words 'music therapist' make a protected title, making it illegal to call yourself a music therapist without completing a recognised, official training. We are fully recognised and registered with the government. This year we also have a new, full PhD training programme. The situation in the UK is the same as in Denmark – we have 2 associations who now share an office and will probably join together; they also publish our twice-yearly journal. From next year, all 7 training programmes will be at full masters level.
We had a recent crisis in our single professional association, which was a result of the registration scheme – some people said 'why should we stay members when we have full registration?' – but these people forget that our professional association is supporting the profession, while the registration scheme is governmental and it supports the patient, not the profession.
In the health services, the process called the "Agenda for Change" has just put us on the same level as psychologists, which has finally separated us out of the occupational therapy history (similar to Belgium). This was an important and welcome change in our profile.

EMTC minutes (continued): Friday

Accounts

Accounts presented. (Julie Sutton)
Explanation of the incoming money and outgoing money. Invoices need to be received, with the monthly updates when they are set up (up to now, this has been a problem).
With the asbl status, the financial report is essential. The accountant is to do this.

Communication within the EMTC (Monika Nöcker-Ribaupierre)
Overview of the communication tasks given. Document is to be forwarded and included in the minutes. It is especially important that country representatives foster a culture of communication re their country associations. When you write to a single member of the Core Board, please copy your email to the other 2 members, so that we have a check and retain transparency within the confederation.
Monika then gave out the documentation concerning training programmes.

ACTION: Communication Document from Monika Nöcker-Ribaupierre is to be included with the minutes

Vote for new Vice Presidents

Heidi Fausch (proposed Regina Halmer-Stein, seconded Ilse Wolfram)
The 6 Middle Europe members voted: in favour 6. against 0, abstain 0.
Heidi Fausch voted until 2007.

Ferdinando Suvini (proposed Teresa Paula Leite, seconded Julie Sutton)
The 4 South Europe members voted: in favour 4, against 0, abstain 0.
Ferdinando Suvini voted until 2007.

Break

Overview of EMTC, and vote on an amendment to the By Laws (to add the words "music therapist").

Vote: 18 for, 0 votes against, 0 votes abstain.

Complaint Procedure
The Complaint Procedure was explained, and it was suggested that we pilot this for 2 years, and we discuss and vote on this in 2007. Agreed.

ACTION: Pilot the Complaint Procedure, monitor, discuss and vote in 2007.

EMTR overview (Jos De Backer)
The history of the EMTR (MS) was explained by Jos De Backer.
New copy of the EMTR (MS) was given to country representatives.
Julie Sutton explained the history of the document. Jos De Backer explained that these standards are for the future.

AOB
Short period of explanation about the next European Congress (Jasperin Van der Pasch). Launch of the flyer. Members were advised to add their name to the website, to register for receiving further information. This will be held in August 2007.

Meeting closed at 6.15pm

EMTC General Assembly 2 (Saturday)
Meeting opened at 9.15

Present = Regina Halmer Stein, Heidi Fausch, Elena Fitzhum, Wita Szulc, Camino Bengoechea, Chara Paleologou, Vilmante Aleksiene, Mirdza Paipare, Rut Wallius, Jasperien can der Pasch, Marianne Wiltgen Sanavia, Marijke Schotsmans, Ilse Wolfram, Adrienne Lerner, Hanne Mette Ochsner Ridder, Teresa Leite, Chava Sekeles, Kerstin Dyblie Erdal, Ranka Radulovic, Jaakko Erkkila, Ferdinando Suvini, Monika Nocker Ribaupierre, Jos De Backer, Julie Sutton

EMTR(MS) detail and discussion
The following discussion explored how the EMTR(MS) document is used. This document is something to work from, and the General Assembly, when they have voted, can ask the Commission to look into different areas.

Categories of membership
Ilse: Germany had a lot of discussions – a lot of material. Need to define what the register is, plus anxiety about it not only being the clinical aspect of the work (e.g. the pedagogic, etc.). Anxiety about the hierarchy within the categories – why difference between full and associate membership?
Some discussion: thinking of the levels of membership as part of a process, and not a statement about who is better. That to include everyone on the register, you block

something – you have to allow space for further development. In Brussels, there was a clear indication that we had to set a standard within the categories that gave this space.
Bologna treaty is now set – it is in process.
Anxiety that people working in different ways will not be able to join this register, however, this document does speak to the future.
Statement about setting up a culture of Continuing Professional Development (CPD) to be added to the document.
This document requires a 'leap of faith' – thoughts about the future.
(Austria): people who work freelance – where do they stand? The EMTC cannot solve the problems of all the countries, and it is the country associations who have to work together on this. This is different from the national registration – countries have different cultures. Clinical work can take place in different settings, not only in clinical, medical, etc.
We need to detail further as we go through the process – the more complex questions relating to different settings and situations. This is the future work of the EMTR Commission.
Do we want to take as many MTs as possible, or to encourage as many people as possible to further develop their training?
Terminology – that we can task the Commission to look at alternative names.
Encouraging training programmes to work towards the masters degree (c.p. Bologna Treaty). (Finland: Dividing the profession into 2 categories – art therapy and art psychotherapy. Art therapist is linked to bachelor level, Art psychotherapist is masters, or even PhD level training. Masters degree is necessary for the highest qualification. This is also part of discussion in Switzerland, and was the case in other countries such as the UK. In Finland, the system is that for work with psychiatric clients, there has to be the psychotherapist degree – it is a long and difficult road, and there is a danger of splitting, if we take this road. with this document we have tried to include everyone, and not to make separations.)
Part of our challenge is that we are a rich and varied profession internationally.
Grouping ourselves nationally into the arts therapies in order to acquire registration is a possible way forward.
It is not our aim to make a hierarchy including music therapists, music psychotherapists. Rather, looking to see that music therapists acquire as high a standard of training as possible.
Also we have to consider government restrictions – and not to collude with 'more for less', more logical to have one registration that is more open, that includes associate training, etc. It is important to encourage people to continue training, and so on.
The foundation stones are given in the document: we have to agree on a starting point, and these basic matters have to be set (e.g. difference between bachelor and masters).
When we accept this as a starting point, we need to discuss further the intricacies of the document.
Psychotherapy/not psychotherapy debate is complex and should this be part of our debate?

After the above discussion, the voting took place concerning the EMTR(MS) and the process of establishing a European Music Therapist Register.

Proposal 1: The development of minimum standards for music therapy is essential in order to safeguard ethical, professional practice in Europe. In order to achieve and formalise this, it is necessary to set up a European Music Therapist Register (EMTR).
Vote:18 for; 0 against; 0 abstain

Proposal 2: The EMTC officially begins a process that will culminate in the EMTR.
Vote:18 for: 0 against; 0 abstain

Proposal 3: The EMTR process begins with the documentation and agreement of the EMTR (MS).
Vote:18 for; 0 against; 0 abstain

Proposal 4: The EMTR comprises 3 stages:

(1) information gathering including EMTR (MS);
(2) detailed documentation and final proposal;
(3) putting the EMTR into practice.
These stages will take a number of years and a Registration Commission will be formed to steer the process, all stages of which will involve consultation with the membership.

Vote:18 for; 0 against; 0 abstain

Proposal 5: We accept the EMTR(MS) document as a basis for the registration process.
Vote:18 for; 0 against; 0 abstain

(short break at 11.25)

Resumed (10.50)

Outline of the Registration Commission – we ask people to think about what they might offer the Commission (by 1st November, to the whole core board).

Agenda for the Commission:
Categories or membership: Associate member – look again at the name "associate": is there an alternative?
Define what "full time" clinical experience means (how many sessions? how many hours? what do we define as a session? individual/group?).
Discuss whether it is 3 years or 2 years full time work for full members? Should this be post-training? Do you need to define that this work is under clinical supervision, and if so, how many minimum hours?
1.3: Discuss expression 'self-experience' – perhaps be clear about how this is defined, why it is defined? Should workshops be included (practical classes) or should there be a line drawn that ends at personal inner work? Should personal therapy be music therapy? This has to be very clear.
Look at 200 hours – is this too short a time?
1.4: Who can be considered supervisor? (Only music therapist? Only registered music therapist?) Can it include consultation supervision? Look at the number of hours? Can this include a percentage undertaken during training?

Commission needs to also investigate current practice – what is currently in operation? A comparative study needs to be made.

1.6-1.10: Date for completion of grandparent clause to be set when register is put into operation. 3 year period for this clause needs to be discussed (it has to stop somewhere). It needs to be made clear that the candidate has to belong to a national music therapy professional association?
Someone who has long experience of clinical work, but is in a non-clinical job (e.g. running a training programme, research, etc) – are they also eligible for membership, and should it say this in the document?

2.1: Professional (applied training, you can work as a clinical after this) v academic (theoretical) bachelor degree – do we make a distinction between them (and if so, how)? In some countries bachelor or master degrees take longer that 3 year (bachelor) or 1-2 years (master) – commission needs to make a comparative study of what exists and to amend the document to cover the range.
2.5: Check if there exist 'professional masters' training. Does this explanation need to come earlier in the document (to make the process clearer)?
2.6: Does this mean that the master graduate is not working as a therapist?

3.1: How do we think about supervision training – and if this makes a difference or influences the naturally excellent supervisors (perhaps this has to stay open)?
Does this section mean that essentially we are looking for clinical experience as the main category? Do we need to add in PhD level here, as this is a higher level?
How do we implement this category (for instance, by case study application and interview)? Does the person have to have supervision on their supervision?
What happens is there is a national register and someone who is not on this register applies for the EMTR Supervision standard – do we need to put in that the person is accredited also in their national register?
Do we also need to add that the supervisor has years of supervision experience?
Does the membership have to have a number of hours with an accredited EMTR Supervisor?

Do we need to discuss whether or not we renew any of these categories?

Place of PhD in the EMTR?
LehrMusiktherapeut? Do we also look at this, or is this not just something to do with training? Can we look at how we define the word "supervision", and does this include the LehrMT?
Can the commission look at how supervision is accredited in the national perspectives and collate this information?

The "trainer's trainer" level – is there a case for this? Can the commission look at perhaps creating an additional category for this?

After summarising the above discussion, the meeting closed. Many thanks given to Ferdinando Suvini, Barbara Zanchi and their team, for organising a very friendly and successful EMTC General Assembly.