5.10.

General Assembly EMTC 2007 in Eindhoven/NL

MINUTES

Present: Jos De Backer, Monika Nöcker-Ribaupierre - Elena Fitzthm (A), Marijke Schotsmans (B), Heidi Fausch (CH), Hanne Mette Ochner Ridder (DK), Adrienne Lerner (F), Jaakko Erkkila (FI), Ilse Woflram (D), Ferdinando Suvini (I), Chava Sekeles (IL), Valgerdur Jonsdottir (IS), Mirdza Paipare (LA), Vilmante Aleksiene (LI), Marianne Wiltgen-Sanavia (LU), Kerstin Dyblie-Erdal (NO), Wita Szulc (PL), Ranka Radulovic (SE), Patrizia Sabbatella (E), Jasperien van der Paasch (NL) und Artur (PT).

Excused: Julie Sutton (CB/ UK), Lilya Ahtarova (BU), Alice Pehk (ES), Teresa Leite (PT), Rut Wallius (SW).

Wednesday 15 August 2007

Country reports

AUSTRIA 2007

The two austrian associations – WIM (Wiener Institut für Musiktherapie) and ÖBM (Österreichische Berufsverband der MusiktherapeutInnen) – are well informed about what is going on in the EMTC because of the informations I give to the members. The

member ÖBM asked me to manage the " foreigns affairs". Because Austria is very small, this aspect of beeing a delegate works very good.

In springtime the delegate Ilse Wolfram was so kindly and gave us her paper from Vittoria (2006) about the situation in Germany for our newsletters. The feed back of the members was very good, this year I asked another delegate to write something about her country.

Our recognition is on a good way – as it is for more than 15 years – but not ready yet. It could run through the parlament in 2008. In this moment the paper for the recognitation is not including the art therapists.

BELGIUM 2007

PROFESSIONAL ASSOCIATION : BMT vzw
The Professional Association for Music Therapy is founded in March 1998 thanks to the enormous stimulus from the 4th European Congress that took place, April 1998 in Leuven, Belgium. The founders are Jos De Backer and Jan Van Camp. The first meeting 'Music Therapy and Psychiatry' was organised the day before the Congress in the University Centre Sint-Jozef in Kortenberg, and became an annual tradition.
The foundation of a professional association answered to the need to join every professional music therapist in the country and to protect our profession. Regulations agree upon the admission to the association as a 'candidate member', a 'full member' or a 'supervisor'.
The first initiative was the publication of a professional newspaper that appears two times a year since November 1998. It is a possibility to inform the members of all activities and evolutions on professional matters. In several columns different subjects are discussed:

- announcements and reports of meetings and workshops
- articles about experiences and ideas
- book reviews of recent literature

- presentations of papers from last year students of music therapy
- register of members

A following action is the organisation of workshops and lectures. The Professional Association has already invited Prof. L. Bunt, Prof. M. Valcke and Prof. G. di Franco. Because the confrontation of every music therapist with the need to exchange professional experiences, the association has worked out an intervision-network.
In conclusion the Professional Association of Music Therapy wants to promote and represent the profession to political, academic and professional organisations. A brochure with information has been sent to all people who are concerned.
Further information can be asked:

- Professional Association of Music Therapy,Philipssite, Postbus 1120, 3001 Heverlee, Belgium.
- mail to: beroepsvereniging@muziektherapie.net

www.muziektherapie.net

L' AREAM asbl

Aream is an association for research, formation and clinical practice in music therapy in the French speaking part of Belgium. Since 1981 l' Aream works on promoting music therapy in Belgium by organising seminars, sensibilisation-weekends, by publishing articles and participating in congresses on music therapy. The association reunites musictherapists, musicians, psychologists, psychoanalysts… In 2000, l' Aream did start with the Centre for music therapy in Brussels.
Contact Adress: Le Centre de musicothérapie, Aream asbl, 23 Rue Portaels, 1030 Brussels. Tel & fax: 02/245 33 82, www.aream.be

MUSIC THERAPY TRAINING COURSE

at the College for Science and Art, Louvain.
The first official (in Belgium) course 'Introduction to music therapy' was started in 1985 (Prof. Jos De Backer) at the College for Science and Art, Louvain. This course led to the idea of starting a professional training. This 5-year full time training is done with the co-operation of the Catholic University of Louvain and started in 1993. It is

the only recognised training course in Belgium and is subsidised by the Belgium Government.
An officially recognised degree of ‘Master of Music Therapy' is awarded.
The philosophy of the training is psychoanalyticaly orientated. Ortho(ped)agogic music practice is also discussed at the same time as there is a great demand for this in Belgium. Since last year, there is a part of the course on research. Since there is a still growing demand for information and formation on research, the training course is developing a study of research.
Director of the Training Course: Prof. Dr. Jos De Backer.
Entry Requirements
- Higher education certificate
- Entrance exam consisting of a music exam and interviews.

Course Content
- Theory of Music Therapy : Bases and principles of Music Therapy:
- Methodology of Music Therapy
- Study of Clinical Therapy: Study of case material.
- Technical Studies
- Personal development (active and receptive Group Music Therapy, personal psychotherapy (psychoanalysis).
- Music Studies
- Medical and related studies
- Clinical practice and clinical observation, supervision
- Assessment
- Thesis At the end of the fifth year, the student should prepare a final thesis

The aim of the final thesis is for the candidate to examine the aspects of Music Therapy thoroughly and to evaluate and describe his work as a Music Therapist.
- Course Philosophy : Psychoanalytically orientated.
- Duration of studies : 5 years.
- Contact Address : College for Science and Art, campus Lemmensinstituut, Leuven.

At the Centre for Music Therapy in Brussels

This training course is a private initiative, and it is not recognised by the government. The course is organised in formation seminars.
Contact Address: Centre for musictherapy, Rue Portaels 23, 1030 Brussels

BULGARIA 2007

In our country Music Therapy Association was found in 1995 when Josef Moreno from the USA made a macro-seminar in Sofia and this event united people from different professions, which have already tried to do something in the same direction in connection with their individual training and personal creativity.
BAM is concerned with organizing work-shops and seminars for skills in music therapy and popularization of this approach in our country.
From 1999 till 2004 was carried out extramurally training toward "Art-therapeutic institute San Francisco" by guest's lecturers: Frances Goldberg, Virginia Clarkson, Dag Korlin, Edith Maria Geiger
Typical for Bulgaria is following phenomenon: on many pleases in the country people from supporting professions, some of them musical teachers and others,
are trying to use music for therapeutic purposes without having the needed abilities for that . If you have in mind that Bulgaria is the mother land of the musical figure of Orpheus IT CAN BECOME VERY INTERESTING.
After our Second National Conference in October 2007, we are starting our Art-therapeutic educational program.

DENMARK 2007

This year, 2007, is marked with lots of positive events concerning the music therapy milieu in Denmark. First of all the music therapy research milieu at Aalborg University was acknowledged with the price from The Danish Research Council for Culture and Communication:

“Music Therapy, Aalborg University has developed the music therapy discipline in Denmark to a broadly targeted and research based subject with a strong international profile, and has contributed to the development of a perspective of humanistic research through the building of bridges between the humanities and the health sciences".
The price is especially due to Tony Wigram’s enthusiastic engagement in the Research School at Aalborg University. Aalborg University will celebrate another big event in September 2007, where the music therapy programme celebrates its 25 years anniversary. Everybody involved in the music therapy programme during this period are invited to take part in a special day with talks from some of those who were building up the masters programme. A part from this Ridder, Bonde, Pedersen & Willert have edited a publication with articles about the music therapy education and it’s history.
Tony Wigram and Inge N. Pedersen can welcome a third professor-colleague as Even Ruud from Norway has been appointed as a honorary professor of music therapy at Aalborg University – so now this small country has three professors (!) and a well established programme with a solid team of teachers.
As a very special contribution to the music therapy field in Denmark Lars Ole Bonde has been guest editor at a special issue about Music and Psychology in the Journal *Psyke & Logos*. This 600-pages issue of a very high scientific quality describes a broad approach to music and psychology with contributors from many different fields, but with the music therapy field well represented. Three articles are in English:
- Green, A.C.: To Know it is to Love it? A Psychological Discussion of the Mere Exposure and Satiation Effects in Music Listening.
- DeNora, T.: Health and Music in Everyday Life – a theory of practice.
- Butterton, M.: The therapeutic significance of communicative musicality in the practice of listening to music within psychotherapy and its psychobiological origins in early attachment experience.
There has been a marked increase in members of the professional association for music therapists, MTL. There are now 107 members in the association: 97

professionals and 10 MA-students. Country representative is Hanne Mette Ridder who is also president for MTL. One of the biggest challenges to MTL is to have music therapy recognized and acknowledged in the health care sector.

FINLAND 2007

In Finland music therapists mostly work in the fields of psychiatry and people with disabilities. We have about 150 clinicians working full-time and about 100 more working part-time. The most dominent employers of the music therapy clinicians are the Social Insurance Institution of Finland as well as the institutions for the people with psychiatric problems and people with disabilties. We have two associations, Finnish Society for Music Therapy (FSMT) and Association of Functional Music Therapist. The associatons collaborate closely and the country representative of the EMTC is elected from the FSMT. In FSMT we have about 350 members including also members outside the music therapy field. At the moment we have three professional training programmes going on: Pirkanmaa Polytechnic, North-Carelia Polytechnic and Eino Roiha Institution (Jyväskylä). In addition, we have music therapy master's training in the University of Jyväskylä. During the last years the training programmes have been collaborated in order to gain common criterions. The collaboration has been productive. For years we have been struggling for recognizion of music therapy. In a way we are on "half-way" since the status of a psychotherapist has now been given for some music therapists. Thus, while still waiting for professional title of a music therapist, it seems to be more easy to reach the status of a psychotherapist as a music therapist than to go on by our own. At the moment there are two big research projects going on including music therapy as well: Tuning the Brain for Music (EU 6 Framework) and Center of Excellence in Multidisciplinary Music Research.

FRANCE 2007

The past year was marked by the sudden death of François Jaquemot, director of the training program “La Forge” in Metz and president of the French Federation of Music Therapy. This news saddened all the members of the Federation and required the election of a new president. Professor Jean-Pierre Blayac, director of the training program proposed by the Université of Montpellier, was thus elected president of our Federation.

Maintaining cohesion within the French Federation is not always an easy task in spite of the long years of effort to obtain this goal but our member associations pursue their commitment to working together in the European community. More specifically, the reforms promised by the new French president keep all the therapy professions on the alert. The profession of music therapy still has no official recognition in France, as is true for all types of psychotherapies. Establishing minimal requirements for practice remains a burning political issue. We are also confronted in nearly all the public health care institutions with budget and cost cuts which is not encouraging for young students ready to make career choices. The national difficulties for recognition of the profession are reflected in the small number of therapists that choose to join a professional association (seen in the small number of French therapists in the EMTC). In spite of this morose picture, the university and private programs continue to provide quality training for music therapists and there are even several doctoral theses in preparation.

GERMANY 2007

Delegation status:
The Federal Association of Music Therapy (BAG – Musiktherapie) appoints the EMTC delegate. Since April 2007, the delegate can work for EMTC in a neutral role and for all the present organisations within BAG, because he/she is no longer a delegate from a single professional organisation at the same time. This has the

consequence that the workload from two roles and a possible interference with his delegationship from a single professional organisation is avoided.

Fusion:

Three German organisations prepare another important unification - BVM, DGMT and Nordoff-Robbins. Hopefully in spring next year 2008, the organisational changes will be completed resulting in a new and large organisation of about 1.500 members.

Art therapies:

The efforts for a common professional law like in the UK continue with the support of the trade union for the public service Ver.Di.

The implementation of art therapies in the health system (DRG – disease related groups) is much work and continues successfully.

National Register:

There is a growing interest of music therapists in a national register. I am charged with the task to gather information and experiences from the European countries on building up national registers.

ICELAND 2007

There is one professional music therapy organization in Iceland. Félag músíkþerapista á Íslandi 'Físmús' The Icelandic Music Therapy Association. It was founded in 1997 and thus celebrates its 10th anniversary.

The association holds six members four of whom are active. Icelandic music therapists are educated abroad and have graduated from at least seven different academic institutions in the United States, Europe and the Nordic countries.

Twelve Icelanders have degrees in music therapy and to the best of knowledge three women are presently studying music therapy. For the past thirty-seven years, only one to three music therapists have been practicing at any given time. And when this is written only six music therapists are living in Iceland.

Music therapy is not a recognized profession and has not been granted an official approval. Practicing music therapists are not licensed and there is no designated music

therapy position within the social infrastructure. The association has developed a code of ethics and standards of practice and verifies the professionalism of its members with a signed document. This year the association has been updating its webpage and developing a logo. The campaign for an official approval on a governmental level continues.

ISRAEL 2007

2006-2007 were rich in workshops, guest lectures, study days and more. To mention few:
1. June - a workshop on voice given at the David Yellin College; a presentation at The Bar Ilan University, both guided by D. Austin.
2. July - A study day on clinical improvisations at the Rimon Jazz College. Organized by Gabi Frank, head of the ICET MT section.
3. 27-28 February 2007 study days at the David Yellin College on Culture & Identity in the Art Therapies with Israeli as well as international guest lecturers. From music therapy we had M. Pavlicecic and G. Ansdell. Participated about 200 members.
4. Bar Ilan hosted a study day on eating pathologies.
5. And celebrated 25 years of their MT program.
6. Schneider Children Hospital established a music therapy department and did it in a most professional way. 250 children are participating.
7. In the Veldhoven congress participated actively 14 music therapists from Israel and one as a listener.
8. These participants are working now on the translation of their presentations into Hebrew in order to arrange in the spring a study day to all ICET members. Chava Sekeles shall edit it into the next Israeli Journal of Creative and Expressive therapies.
9. Gabi (Gavriel) Frank shall replace Chava Sekeles as the Israeli representative for the EMTC.
10. In the last year the number of Arab students has increased in all the MT

programs of the country. It certainly shows that there is much more interest in the art therapeutic professions in the Arab section.

As it is my last report for the EMTC I would like to thank you all for your friendship, professionalism and good company. Though Israel is not part of Europe and we are isolated in our area, we were lucky to be accepted to the EMTC. It gave us a lot of knowledge, encouragement and a good feeling. We were also very happy to host one of the EMTC seminars (2000) and show you a little bit of what is going on in the country in spite of the permanent war condition. Hosting you is a memory I'll never forget.

Hope to meet you from time to time in the conferences and congresses,
Chava Sekeles.

My follower ***Gabi Frank*** is sending you a few details about himself:
I would like to present myself to you as the follower of Dr. Chava Sekeles in the EMTC. My name is Gabi Frank and I am a registered MT from the David Yellin Academic College of Education, Jerusalem, Israel. For the past 8 years I have worked as a MT at the Shalvata Mental Health Center, Adolescents Unit, as well as in my private practice. In addition, for the past 3 years I have worked as a director of the music therapy services at the Schneider Children's Medical Center of Israel, in which I conduct a team of music therapists and musicians who provide a full range of musical services for the 250 hospitalized children. Schneider Children's also receives patients from the Palestinian Authority and Jordan, and from as far away as Africa, Asia and Eastern Europe, thus fulfilling its mandate to serve as a "bridge to peace" in the region. Music naturally serves this vision in a highly creative way.

Currently, I am proceeding my PhD studies in the department of Hermeneutics and Cultural Studies at Bar Ilan University, Israel. My subject of research is associated with the fields of music improvisation, schizophrenia and phenomenological philosophy.

ITALY 2007

In Italy, we are assisting to an increasing interest versus MusicTherapy as evidenciated by its application in several disciplines:
Clinics, Education, Research, Scientific Publications
Currently there are 4 Professional Associations which are recognised by E.M.T.C.
In the context of Education, it is an exremely positive news that Conservatorium Schools as well Universities are now starting to organise Training Courses - in the context of their Institutions- thus opening opportunities to the next BA and MA in MT
It is also worth mentioning that a Government bill is currently under evaluation in order to obtain the Professional Recognition applicable
to Professional Associations by Category.

LATVIA 2007

For 4 years the training of new music therapy specialists are taking place in Latvia, Liepaja Academy of Pedagogy, which very soon will be renamed as Liepaja University. 25 new colleagues have already obtained Music Therapist Diplomas, and they work around the whole country.

Right now, in cooperation with German Association "Aktion Mensch", we work on creating a network of Music therapy centers of Latvia and also on financing the new working places and the new specialists. We are very grateful to Dr.Rer.Med. Reiner Haus, music therapist of Dateln Children and Youth Clinic, for all his input in formation and development of our program. Also now, in cooperation with European Association of Pediatric, he is helping our study program by attracting outstanding and well-known guest lecturers, such as Tony Wigram, Jaakko Erkkila and his assistant Esa Ala-Ruona, who already twice have given lectures and practical seminars in our program. Also we have had the opportunity to participate in lectures and practical seminars run by Regina Neuhoizel and Monika Ribaupierre from Germany. We also have an agreement with Pedagogical University of Vilnius

(Lithuania) about mobility of students and lecturers. Within the setting of ERASMUS program, a student from Germany (University of Bonn) has applied for studies and practical training in our program

Our study program is accredited by the state for six years. The Committee of International Experts has acknowledged the program as equal to master level studies. We professionally work towards the certification of new specialists, which is going to happen in cooperation with Association of Professional Organizations of Medical Professionals (LĀPPOS). Latvia Music Therapy Association has a close cooperation with Latvia Art Therapy Association, with which we have common Standard of Profession, Description of Profession, and Code of Ethics as well.

In July this year, the Fifth International Scientific Art Therapy Conference was taking place with participants, both music and art therapists, from UK, Canada, Australia, Poland, Russia, and Lithuania and Latvia. Hopefully, by the beginning of September the home page of our Association will be completed, and there you will be able to get this and also all kinds of other information www.muzikasterapija.lv.

LUXEMBOURG 2007

The only association for Music Therapy in Luxembourg, GML, founded in 2004, counts 15 music therapists, 9 students and about 100 supporting the promotion of Mth members is progressing in its process of indentity and professional community building. The GML accomplished the formulization of a definition of Mth of its own, which was already a challenging work as the Mth's come from very different backrounds and trainings in Germany and France. An Ethical Code is in preparation to end up by a GML-register leading to the EMTR.
Still Mth has to be made known and promoted as a form of psychotherapy based on scientifical foundations. GML is endeavering to respond to this need in organizing an annual study day with high level presentations trying to institutionalize this as a november event. Encounter meetings for intra- and interdisciplinary exchange are very important to keep and further the awareness of professional standards of Mth

work. EMTC is the frame and specially EMTR the standards in which to fit and be involved should be the main goal of an association of so small a country as Luxembourg.

NORWAY 2007

In Norway we are in the ending of the project of our ethical code for music therapists. This project has been done by the trade union Musikernes Fellesorganisajson. We hope we can present the ethical code for norwegian musictherapists in 2008.
In May we had our 2. norwegian music therapy congress. This was hold in Bergen, and was a sucess.
We are still working on the acknowledge of music therapy field in Norway, and we see and understand that that is a very long process.
The first year for the Music therapy training in Bergen, The Grieg academy University of Bergen is over, and they have been taken good care of. The music therapy field is beginning to grow and glow in Bergen!
Even Ruud became a doctor of honour at the University of Aalborg in Denmark. We are very proud of him!

POLAND 2007

There are three (3) groups of the Polish music therapists:
1) mainly graduates of The Music Academy on Wroclaw - they mostly belong to The Polish Association of Music Therapists - president: Dr. Paweł Cylulko, graduated music therapist
2) majority are graduates of different postgraduate studies on arts therapies organized by different universities, recently by The Maria Curie Sklodowska University on Lublin (manager of postgraduate study on Arts Therapies: Prof. Andrea Jaworska, music, choir conductor, specialist in Kodaly method) – they belong to the The Polish

Association for Arts Therapies (president: Prof. Wita Szulc, PhD in philosophy, www.kajros.pl/szulc) – actively 25 persons; **www.kairos.pl**; www.kairos.lublin.pl
3) independent, sometimes active in writing on music therapy
We don't have a national register of dissertations on music therapy but every university is leading it. Every year arise a dozen master theses and postgraduate diploma theses on music therapy. On Wroclaw University arose 3 PhD theses by:
Dr Joanna Gladyszewska – Cylulko: The use of MT techniques in working with timid children
Dr Diana Gulinska – Grzeluszka: The use of the Mobil Model of Recreational Music in working with aggressive children age 11-12.
Dr Kalina Cyz: Arts Therapies as hope of McDonald's times culture. Ethnicity and Postmodernity.
Conferences: Music Therapy Forum organized by Music Academy and Polish Association of Music Therapists (Wroclaw); Forum of Music Educators (with one section "Music Therapy") organized by M. Curie-Sklodowska University 22-24.X. 2007,
"Creative Arts Therapies in Poland'-15-17.11.2007 organised by High Skool of Humanistics in Łodź and Polish Association for Arts Therapies "Kajros".

SERBIA 2007

Last year was marked with great extremes in the work of the Serbian Music Therapy Association.
The first generation of educated music therapists of the Serbian Music Therapy Association passed the final exam and obtained the certificate on completed four-year education in music therapy. Our association now has five music therapists with an active status of the Association member, while seven candidates are still in the process of education.

New therapists presented their work for the first time at the First national congress of infant and adolescent psychiatry and accompanying professions, held on Zlatibor. Their work was well acknowledged.
The work of the Association enters a new phase in which new music therapists and their service will be integrated in the social environment, while the society needs to take appropriate action so that the appropriate regulations could be passed and support a further development of music therapy in our country. For the time being, there are no actual steps taken in relation to regulating the status of music therapists within the Law on health care, while the Law on associations governs the work of the Association.
During a three-month period of awaiting the establishment of new Government, the head of the Institute for psychiatry of the Clinical Center of Serbia, without a justified reason, after six years rejected to be renewed a contract on cooperation with the Association, which expired on March 2nd 2007.
Since the Association of music therapists was established in 2001 with the seat in the Institute for psychiatry of the Clinical Center of Serbia, and that the music therapy has been applied since then, the resolution of the current management of the Institute for psychiatry of the Clinical Center of Serbia has long-term negative effects, while the Association faces serious requirements in legal terms (amending Articles of Association, Rulebook, etc), as well as strategic moves.
We have informed the Minister of health of the Republic of Serbia in relation to the abovementioned, and his answer was not received by the date of a current Assembly of the EMTC.
Our activities will depend on the suggestions of the Ministry of health, of which you will be informed immediately.

SPAIN 2007

During last year (2006 / 2007) different Music Therapy programmes started at Private and Public Institutions and there was a growing demand for music therapists to work in the fields of *Special Education, Geriatric Music Therapy, Neurological Rehabilitation and Medical Music Therapy*.

In 2006, the *I Congreso Nacional de Musicoterapia* (I National Congress of Music Therapy) was organised in Montserrat, Barcelona by the Asociación Catalana de Musicoterapia. The *II Congreso Nacional de Musicoterapia* (II National Congress of Music Therapy) will be organised in Zaragoza in March, 7-9, 2008.

There are several Music Therapy training programs at Universities (11 training courses) and Private Institutes (4 training courses). University Music Therapy programs are adapting their structure to Bologna process. But it is necessary to establish minimum standards and criterions for the training and education of music therapists according to the European Higher Education Area, including self-experience and continuous training (long-life-learning).

About Music Therapy research it is in progress and Hospitals, Institutes and Schools require Music Therapy Programs related to research projects, in order to justify the professional application of the discipline.

There are 19 Music Therapy Associations in Spain, 5 of them recognised by the EMTC (ACMT; ACLEDIMA; AGAMUT; APM; MAP). On June 20th, there was a meeting in Madrid of the 5 Presidents of MT Associations members of the EMTC to elect and vote for the new Country representative of Spain on the EMTC.

About recognition, there is no-official government recognition of music therapy profession. Music Therapy Associations members of the EMTC are planning to work on a set of guidelines and standards to establish a *Spanish Music Therapy National Register* according to European Music Therapy Register and European Higher Education System guidelines.

In order to get government recognition is also necessary to establish minimum standards of clinical practice according the EMTC regulations, to define the minimum standards for the role of Clinical / Educational Supervisor in Spain according the EMTR and to elaborate a *National Code of Ethics* for Music Therapy Practice and Research. We need also to work with the Music Therapy Associations as a team.

SWEDEN 2007

We have 2 programmes for music therapy training - one psychodynamic, one functional. Masters level is also included and we have a PhD student in Stockholm and one more doing her studies in Aalborg . We have 2 associations, FMS, Förbundet för Musikterapi i Sverige is the bigger association that gathers professional music therapists of all directions, as well as people interested in music therapy. We have 150 members. Most of them are fully trained. The other association is only for Functional Music Therapists, FMT, but also includes a membership in FMS. Since 2005 FMS has administered a cooperation with music therapists in Bolivia financed by SIDA which is the governmental aid organisation. The cooperation is still not finished, and if it gets continued support, it will increase next year.
There are not so many developments about registration: - this has to be comparable with either psychotherapists or social workers, and we are looking at the regulations about these.
We have discussios about cooperation on this issue with other arts therapists. An example of the cooperation that has been going on for some years is participation in the yearly Psychotherapy convent, where we share a workshop and an exhibition together with dance therapists and art therapists.

SWITZERLAND 2007

In the past 12 months, it was quiet around music therapy in Switzerland.
Anthroposophical Training and Art Therapists (Steiner Schools) go their one way, to be registered as Anthroposophical medicine.
The Zurich Institute of Art and Music and the Institute for Psychology offer now an "up date course" for all trained music therapists, who don't have a master degree.
There are different conditions among others, professional experience and supervision between the end of their training. (EMTR)
The first "up grade Course" will start in January 2008.
So we have now the 4-year Course in Music Therapy to become a Music Therapist MA (Master of Advanced Studies) and a possibility for an up grade. Music therapy is a recognized method of psychotherapy in Switzerland.
(Music Therapists MA are also recognized as psychotherapists, if they have Master's degree in Psychology).
Music therapy grows up, we had every year, 10% more music therapists in our association.

THE NETHERLANDS 2007

The dutch music therapy association excists now more then a year as a separate association and is working very hard to be professional association. We have a active association with working groups (music therapists in dementia care and music therapist working with children with autistic spectrum disorder) which meet each other twice a year for exchange of knowledge.
From january 2008 the health care system will change. Especially for music therapists in nursing homes and music therapists working with children and adults with learning disabilities can these changes cause problems.
In the worst case, elderly in a nursing home have to choose between an extra shower in a week or 30 minutes music therapy.
The positive thing of the changes in the health care system, especially the financial

part, is that music therapist in the Netherlands are forced to prove their profession, they have to be sharp and 'sell' their wonderfull worthfull product, which music therapy is!

UK 2007

ADDENDUM: Please note: This report was completed in good time for the 2007 General Assembly. However, due to circumstances beyond our control, it was not shared with the members during the meeting.

This has been a significant year in the UK, because in 2006 we had a financial crisis within the two organisations supported by the profession. We had to do a great deal of thinking about the future of the profession. During 2007, we had a weekend residential meeting with all the training course heads, the UK music therapy charity (who fund a PhD), and all those music therapists who have a PhD. At this meeting we

made a strategy for the future. The whole profession has now officially agreed to move towards forming a new organisation for UK music therapy. This means, the APMT[1] and the BSMT[2] will become one organisation. We have had joint committee

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[1] Association of Professional Music Therapists (the UK professional organisation for music therapists).

[2] British Society for Music Therapy: all music therapists are members, but also anyone can be a member if they are interested in music therapy. This organisation has charitable status.

meetings all year, and we are working through the legal matters with a solicitor. This is a big job, but we are progressing well.

The Association of Professional Music Therapists (APMT) has at present 454 full members (please note: this total does not include student members and non-active or career-break members). Our current Chairperson is Stephen Sandford.

As a professional association, we are now in a healthy condition, with more than 600 members (including students, and colleagues on a career break). We have also this year a new Chairperson, and new Executive Committee. The Executive Committee has both younger and more senior therapists, and there is a lot of positive energy to look to the future. Everyone is working hard for the profession, in a good way. We have taken a strong, strategic focus.

In our national health service, music therapists now get paid the same as psychologists and psychotherapists. We are working hard to make sure music therapists in education and other areas have this status too.

In the UK we have 7 training programmes, all at full masters level. These are as follows - in England: 3 in London, 1 in Bristol, 1 in Cambridge; then, 1 in Wales (Cardiff), and 1 in Scotland (Edinburgh). Soon there will be an 8th, part-time programme in the north of England. Relating to this, as a profession, we are concerned about 2 things: 1) that there will be enough work for our graduates; 2) that we can find people of a high enough standard when there are a lot of training programmes.

The 3 biggest challenges (or problems) we have are:

a) One of our challenges during 2006 was financial. We had a difficult time and at one point the organisations almost ceased to exist financially. This time is now past, because the members of the profession gave their time, effort and money to help with this problem. We are now in the middle of a big and exciting time of transition – and looking to the future in a positive way.

b) A second challenge is to respond to changes in legislation. We have official registration, but the government-appointed organisation (the Health Professions Council) does not always understand the psychological therapies. This means we have

to be vigilant and to watch for new legislation, working documents, new ideas, etc. This is not easy when everyone is working hard, because it takes a lot of time. So, we are hoping to appoint a Professional Officer. This person will be paid to do all this kind of work, and to run the association with us. This costs a lot of money, but we think it is essential for our future as a profession. We are interested to hear from any country, who has someone paid a salary to look to professional matters. We have always been unpaid, voluntary up to now.

c) Finally, we are also vigilant about a particular development in the health professions: the arts for health movement. This is some thinking about how good it is for everyone to have some contact with the arts. This means artists, musicians, etc., without a clinical training. The APMT has been more proactive: we have dialogue with the legislators, to show our high level of training and skill-mix. We advise that we can support, consult and supervise the work artists can do, as well as work as high-level specialist clinicians. We keep watching for further developments, so that we can continue the dialogue in this way. This is ongoing work. We would like to have contact with other associations in Europe who are doing this kind of work, at this level.

What we want for the future:

We want to consolidate what we have achieved. We move forward to a new period for the profession, with a single association representing us. We became much more strategic, looking to the future and engaging further with legislation, government, and so on. We formalise our CPD/life-long learning programme and now it is the norm that we have self-experience, clinical supervision, keep up to date with new developments, read, attend conferences, and so on. With this ongoing work on our practise we can develop the profession in a healthy way.

Any other matters that we would like to be discussed during the 2007 General Assembly:

We would like to have contact with other associations/countries who are experiencing the same issues as us, e.g. (1) having a paid professional officer; (2) being strategic and having dialogue with legislators; (3) having dialogue with “arts in health”. We

would like to contribute to discussion about these matters for the future, and to work together with colleagues in the EMTC.
We fully support the concept of the EMTR and agree that it is more useful in the long-term that the standard is high.
As you know, because of financial considerations, we were unable to fund our fee for 2007. This means that, with great regret, we have been unable to have an official representative to attend the meeting. However, we are delighted to confirm that our new country representative for the UK is to be voted for 2008.

We wish everyone a good General Assembly and wish we could be there with you all. Greetings to everyone.

This report was compiled by Julie Sutton and Stephen Sandford, on behalf of the UK profession.

Thursday 16th August 2007

EMTR

Jos opened the discussion after which Ilse Wolfram made an introduction to EMTR process and told about the history of the process and philosophy of the EMTR. Definition, purpose, terminology, etc. matters were dealt with in her introduction. The EMTR preamble was read by Ilse.

It came out that many training courses and professional associations are already using the EMTR concretely.

About the categories: comission wants to change the name of the memberships, for instance EMTR-MA (former full membership), EMTR-BA (former association membership).

The president explained why the highest possible standards must be employed. It is easy to go down but very difficult to tighten the standars if they are too soft. Also Brussels has supported the high standards.

The importance of masters level training was brought up. It is also clear to use the title of EMTR-MA instead of the Full member. Master's degree must be in music therapy, not in what ever discipline. Same goes with bachelor level training which should be also be in music therapy. Discussion about the problems of master's training: employers don't want to hire masters because they are too expensive. However, we must put the standards on high level and try to solve these problems.

A definition of music therapy will not be included in the EMTR. This is because there already are definitions (made by e.g. the World Federation of MT) and because generating a working/covering definition is not easy (the definitions usually are very general).

Music should be included in the preamble in some way. This will be one of the topics of the comission later on.

The definition of supervision is now unclear? 200 hours includes the training hours. “From training onwards” must be included also in self-experience paragraph.

Grandparent clause will be based on case by case evaluation. A group will be formed from the country representatives (fulfilling the criterions), which will do the evaluation work on the basis of the documents sent to the comission by the applicants.

EMTR-BA will be kept until there is need to do so.

We have to harmonize the style of the text so that everything is as clear as possible and that the same concepts are used. The definition of fulltime work must be done in the comission.

Points 2.6 to 2.9 can be cancelled.

Supervisor membership. We need qualified supervisors, indeed. Supervisor is kind of a qualification: however, there are no clear definition for a competent supervisor. Anyway, we need a list of people who are experienced enough to give supervision. It should be checked what kind of practices there are in differnet countries in terms who can be supervisors and what kind of trainings there are for the supervisors.

Should a supervisor be music therapist? It is important to have music therapist as a supervisor but it is very important to have also other professionals such as psychiatrist, etc as supervisors. The mixture is good and beneficial. This issue will be taken into the comission.

Voting on the EMTR: Proposed by Jaakko Erkkilä, seconded by Ilse Wolfram. EMTR-MA, EMTR-BA, Grandparent clause, cancelled section (points 2.6-2.9), supervision. 17 voted for the EMTR, no-one against.

EAMTS: Claudia Zindel, the new central coordinator from the EAMTS with her colleque presented the organization. Bosnia project and students' symposium in the congress. Officially registered as an organization in Germany. Makes possible even financial support. About 40 members at the moment. 6 active members in the Board. Regular students meetings. In Spain, in Denmark, in Berlin, etc. Now focusing on projects that have been very successful. Bosnia: started 4 years ago in Mostad, now also in Sarajevo. Collaboration with local music school and conservatorium, information of music therapy, also therapy work with disabled children. 40 students in project. Recreational work as well. Now new project in Saint Petersburg, Russia focused on handicapped people. Setting up network enabing internship: communicating.

Communication matters

Lot of problems in terms of communication has brought up. E-mail has to be checked and replied once a week minimum. Proposal for communication was presented as the powerpoint presentation.

Suggestions: Put always EMTC letters in the beginning of the title of a message. Then SPAM filter will not destroy the mail. [ACTION POINT]

Minutes and agenda will be sent to all the member association by the General Secretary. This is a new rule from this moment on. [ACTION POINT]

Country reports should be sent to Jaakko. He collects them and includes in the minutes. [ACTION POINT]

Vice-presidents will ask the country representatives all the address information of the member associations. [ACTION POINT]

EMTR matters will not be included in the minutes.

Heidi prepares an excel document of the important tasks and dates and sends it to the core group which checks the document. The document will be then sent to representatives/vice-presidents. [ACTION POINT]

Payment must be done annually. It is not possible to pay for several years at a time.

Exception can be made with Iceland, Israel, and, Serbia, Lithuenia and Latvia who can do the payment in cash because of only few members in the associations.

The treasurer contacts a country delegate if the payment has not been done. The treasurer will send the bill to the member associations. The bills will be sent middle of December and then the countries have some two months time to take care of the payment. [ACTION POINT]

Web-site can remain on the musictherapyworld site. We don't have to hurry with the new domain.

Every representative has to download their country report and do the changes needed and to send the report to General Secretary not later than December 1. [ACTION POINT]

When the EMTR will be implemented, we have to have domain of our own. We cannot be dependent on the other people since that.

Ilse Wolfram checks the web-site issue by the aid of her son and makes a proposition for the next GA. First she discuss this with the core group. [ACTION POINT]… Pieter Van Den Berk will also make a proposal.

3000 euros have been put on the savings account with higher interest than on normal account.

Financial projection was accepted as proposed by the GA.

EMTR comission has to work together 2-3 days which needs some money for the travel and accomodation costs. Core group between each GA. [AGREED]

EMTC implements a 5 years vision plan which will be checked and renewed if needed in every GA. [BEEN AGREED]

Treasurer's email address is: (emtcjulie@tiscali.co.uk). This address should be definitely used from now on.

Voting on complaint procedure: 17 representatives voted for the complaint procedure (Elena was absent)

Voting for the statement for the website: 18 representatives voted for the statement. The last "recognition" word was replaced with the word "goals" concerning the EU level contribution.

Point 7 (Matters arising from the Minutes) has not been done.

Point 8: Some representatives are saying that they have sent their replies concerning the professioanl membership levels in health care systems without any response.

Point 10: New UK representative will be elected in 2008

Point 11: Discussion about the documentation created in pastence. An opinion that we already have many things written down on supervision, self-experience, etc. occurred. A question for why we repeat doing documents that actually exist. The president said that with many issues we are in the continuous process and we have to do redefining work.

Voting

The core board can only work for two periods. The current Board can work until 2010 but the new Core Board will be elected in 2008 and in 2009 it will get all the emails of the core Board and takes over 2010. However, the old core board still receives all the email exchange during 2010.

Voting on the new core board:

Proposition:

Jos De Backer (President),

Monika Nöcker-Ribaupierre (General Secretary),

Julie Sutton (Treasurer). 18 members for the proposition.

Voting on the vice-presidents.

Proposition:

Jaakko Erkkilä (North): 5(5) for the proposition;

Ferdidando Suvini (South): 2(2) for the proposition;

Heidi Fausch (Middle): 8(8) were for the proposition.

Minutes of Vitoria: 15 for the minutes; accepted. Some corrections must be done of the demand by Heidi Fausch and Ilse Wolfram. [ACTION POINT]

We should know until January 1, 2008 where the next GA will take place. There are inofficial talks after which IRELAND Norway and Austria could be potential candidates. A proposition must be sent to the core group. The candidates should contact the president with this matter. The same goes with the organizer of the next European congress: Portugal? Spain?

END OF MEETING