

The Exploration of Music Therapy Professional Competency in Chinese Higher Education

中国高等教育中的音乐治疗专业能力探索

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Abstract

Competency is the core of vocational and professional training. Under the current situation in the development of music therapy higher education in China, this article analyzes the core characteristics and practical application of the competency-based education (CBE) model and puts forward reflections on the development and implementation of the CBE model in music therapy higher education in China. It is suggested that the music therapy professional competencies in Chinese higher education need multidimensional cooperation and mutual concern among colleges and universities, professional associations, and the job market, and the effect of “professional competencies” on the music therapy profession in China and their contribution to professionalization should be discussed.

Keywords: competency, higher education, music therapy, competency-based education model, competency standards

摘要

胜任力是职业培养的关键核心。本文以中国音乐治疗高等教育发展为背景，分析了以胜任力为基础教育 (CBE) 模式的关键特点、实践应用，以及在中国音乐治疗高等教育推行 CBE 的思考。作者提出了中国音乐治疗高等教育职业胜任力的发展需要得到高等院校、行业协会以及就业市场多维度的共同关注与协同，“职业胜任力”对中国音乐治疗行业的影响以及对职业化的作用应该被加以探讨。

关键词: 胜任力, 高等教育, 音乐治疗, 胜任力为基础的教育模式, 胜任力标准

Introduction

Competency

The term *competency* is often defined as the characteristic of being able to perform, referring to the possession of the required skills, knowledge, abilities, etc. (*Merriam-Webster*, n.d.). The concept of competency has a long history, having been introduced as early as the writings of Plato. Up until the 16th century, the term was used in English,

French, and Dutch (Mulder et al., 2007). Competency has been defined in the medicine, nursing, and psychology disciplines, but all of them have emphasized that competency refers to a set of basic abilities (including knowledge, skills, values, and attitudes) that an individual needs to possess. These abilities can be demonstrated, integrated, and applied in their workplace situations (American Psychological Association, 2023; Bai et al., 1999; Cowan et al., 2005; Fouad et al., 2009). The competencies of the music therapy profession are determined by the specific skills, abilities, and information that a music therapist must acquire and demonstrate in order to be considered a professional. The American Music Therapy Association (2013) has published official documentation that comprises 20 distinct items categorized into three significant domains: music foundation, clinical foundation, and music therapy.

Competency-based Pedagogical Models

Competency-based education (CBE) has emerged in American higher education since the 1960s (Nodine, 2016) and has been gradually applied in medicine (Frank et al., 2010a, 2010b), nursing (Gravina, 2017), psychology (Fouad et al., 2009; Hatcher et al., 2013), and other disciplines for teaching and training. Although definitions of CBE have varied historically and have been defined in different ways across disciplines, they all coincidentally emphasize the following core points:

First, assessment is a central concern in the CBE model of education, as it helps teachers and students understand the level of mastery and the needs for learning, thereby helping teachers adjust their instructional programs to the development of students' competencies.

The CBE model of education emphasizes that students will demonstrate competence after training, and many researchers have attempted to observe competence through different dimensions. In 2002, the Psychology Conference on Competency, with the theme "Future Directions in Education and Accreditation," developed an important "cube model." The cube model is structured into three dimensions, X, Y, and Z, and summarizes 12 core competencies. The X-axis refers to the dimension of foundational competencies, which are the prerequisite foundational competencies that psychology practitioners need to demonstrate in order to be professionally competent (e.g., foundational knowledge, skills, ethical concepts, values); the Y-axis refers to the competencies that they need to demonstrate in their work, which are applied to specific problems and integrated through processing and solving them (e.g., assessment, intervention, research, supervision). The 12 core competencies in the cube model are equally divided between the X- and Y-axes, whereas the Z-axis refers to the practitioner's stage of professional development (e.g., educational, practicum, supervisory) (Fouad et al., 2009; Stevens et al., 2017). Gervais (2016) proposes two models of CBE for assessing student learning: the first is formative assessment, where teachers assess students' learning progress at any time, provide timely feedback, and adjust the teaching content based on students' needs; the second is summative assessment, which refers to the final assessment and helps teachers understand how much students have learned at this stage and determine whether they are able to move on to the next stage.

Second, researchers have also coincidentally focused on specific patterns of teaching and learning in the CBE model, where students do not learn or master knowledge and content that are detached from reality or that simply replicate the teacher's frame of knowledge but rather are closely related to the needs of real jobs and are able to apply the competencies learned in real workplaces (Garfolo & L'Huillier, 2016). In response to such content, teachers' curriculum design should not be static but rather continuously adjust and improve the progress of the course according to each student's ability, learning style, and learning progress (Frank et al., 2010a; Gervais, 2016). Therefore, this teaching model reflects the flexibility, adaptability, and changeable development of CBE and highlights the concept of student-centered learning even more.

Many researchers have given advice on the pedagogical structure of teachers in the CBE model. First, competence is embedded in the teaching experience in both vertical and horizontal perspectives, vertically in terms of in-depth mastery of each course and horizontally in terms of the integration of what students have learned (Albanese et al., 2010; Gervais, 2016); second, Gervais (2016) mentions that teachers should use different pedagogical tools and techniques to help students construct knowledge systems according to their different needs; finally, the concept of open teaching (open system) is more emphasized, which means that it is adapted according to the feedback of the various subjects of teaching.

Third, scholars have also mentioned that the instructional evaluation of the CBE model can be presented in two ways. The first is a credit-hour program, where the core content of competency is presented through a course structure of varying degrees. This credit-based program is like the traditional teaching model in that students demonstrate competency achievement by earning credit for attendance, course completion, and assignment grades. Malone (2016), however, has a different view of the credit-based model of instruction, arguing that it does not take into account the variability of each student's learning progress, which makes the model inflexible. This credit system only measures the amount of time a student spends learning and does not reflect their level of mastery of learning (Arum, 2011). As a result, CBE instructional models are more likely to use another assessment model that focuses more on students' mastery of competencies, the direct assessment model. It is more respectful of students' individual differences and arranges the teaching content according to each student's learning progress and mastery (Klein-Collins, 2013; Shapiro, 2011). This model is not like the credit system, which uses quizzes to obtain scores to evaluate students' mastery; rather, there will be formal evaluations through different rubrics so that students' mastery of the competency content is assessed, and the university will decide whether to grant a degree or not based on the student's mastery and presentation (Book, 2014).

The CBE model utilizes a comprehensive assessment system to assist in understanding student mastery. In this model, competencies are taught with clear, generalizable learning objectives that are linked to the competencies needed for their career; students receive personalized instruction based on their individual pace of learning as well as theoretical and practical learning opportunities; and teachers collaborate with the various actors in the process to design individualized instruction based on each student's characteristics (Pace, 2013).

CBE Models in Music Therapy

Petrie (1989) proposed that CBE could serve as an optimal approach for music therapy, as it facilitates continuous curriculum evaluation and ensures educational consistency. Music therapy professionals have increasingly underscored the need for a reassessment of skills, emphasizing the critical significance of professional education and training for music therapists (Decuir & Vega, 2010; Lloyd et al., 2018). These competencies are seen as pivotal in molding effective music therapists.

At its core, music therapy emphasizes experiential engagement with music. To adequately prepare for clinical practice, students must not only develop musical skills but also learn how to master and utilize the therapeutic potential of music. This involves designing and facilitating various therapeutic music experiences while maintaining flexibility and responsiveness as practitioners (Gardstrom et al., 2022). Meadows et al. (2020) assert that interprofessional education not only enhances students' practical skills but also deepens their understanding of diverse professional identities and roles, fostering interdisciplinary collaboration. Furthermore, it contributes to improving patients' overall experience, reducing medical errors, and optimizing patient health outcomes. Therefore, interprofessional education stands as an indispensable component for music therapy students.

The Standards for Teaching and Clinical Training in Music Therapy (American Music Therapy Association, 2021) defined CBE in music therapy as higher education and clinical training that encompass the following four characteristics: first, the cultivation of students' competencies should be taken as the goal of teaching and training. Second, these competency goals need to be embedded in the syllabus in an orderly fashion. Third, the curriculum and clinical practice training are designed to meet the competency goals. Fourth, various pedagogical methods are used to ensure that the development of competence is of high quality and that students are able to complete the program. The document also suggested that undergraduate music therapy programs in the United States should be informed by the professional competency requirements of the document "American Music Therapy Association Professional Competency" (2013). The master's degree should adhere to the "American Music Therapy Association Advanced Competencies (2015)" and meet the advanced competencies requirements. At this level, it not only emphasizes the practice of music therapy but also comprehensively integrates music therapy theory, research, knowledge, musicality, clinical skills, and self-awareness to meet clients' needs. The doctoral degree focuses on advanced competencies in research, theory establishment, clinical practice, supervision, higher education, and clinical program administration (American Music Therapy Association, 2021).

The competency standards of the American Music Therapy Association emphasize that education and training should center around the actual achievements and capabilities that students can attain (Crowe & Bruscia, 1999). This standard not only focuses on the knowledge students acquire in classrooms but also places significant importance on their ability to apply and demonstrate this knowledge. For instance, assess students' actual therapeutic abilities through internships and project work rather than solely

relying on examination grades. Additionally, American Music Therapy Association standards highlight flexibility and diversity, allowing for personalized educational paths tailored to individual differences and professional needs (Groene & Pembroke, 2000; Zanders, 2020). The American Music Therapy Association has established competency-based standards for three levels of education: bachelor's, master's, and doctoral. This ensures that music therapists are able to achieve their educational objectives and learning outcomes. However, schools are primarily responsible for designing the curriculum, providing learning experiences, and supervising practical training that is necessary (American Music Therapy Association, 2021). The competency standards of the Australian Music Therapy Association emphasize comprehensive proficiency requirements across various aspects, including musical skills, psychosocial knowledge, and clinical practice abilities. These standards are upheld through detailed course accreditation and ongoing quality monitoring in education, ensuring that students receive thorough professional preparation throughout their higher education journey (Wheeler & Grocke, 2001). Australia's educational approach highlights standardized course design and rigorous assessment systems, aiming to equip students with music therapy competencies that meet international standards.

Comparison and Analysis of Competency Standards of the American Music Therapy Association and the Australian Music Therapy Association

The American Music Therapy Association has provided a systematic and detailed description of music therapist competencies, with specific requirements for music therapists at three main levels: music foundation, clinical foundation, and music therapy (American Music Therapy Association, 2013). The Australian Music Therapy Association updated the music therapy competency standards on its official website in 2020, in which the competency requirements are categorized into the following five areas: musical skills required for clinical practice, related psychosocial knowledge, clinical knowledge, music therapy knowledge, and music therapy clinical practice (Australian Music Therapy Association, 2023).

There are several similarities and differences between the two countries in terms of the basic musical competencies required of music therapists. First, both the American and Australian Music Therapy Associations share the following three requirements: music therapists should have the ability to sing and play; to accumulate, expand, and utilize a music therapy repertoire in therapy; and to sing in the clinical setting. Second, there are some differences between the two countries, including the following: Both countries have mentioned the three competencies of solfeggio, composition, and accompaniment; however, the difference lies in the American Music Therapy Association's greater emphasis on music therapists possessing the above three basic musical competencies and in the Australian Music Therapy Association's greater emphasis on the use of these competencies in clinic settings. Finally, the competencies that are emphasized differently in the two countries are the following: Conducting, movement, the study of theory and music history, and the practical ability of play instruments in clinic settings are included only in the American Music Therapy Association; meanwhile, clinical

competencies related to improvisation and receptive methods as well as emphasis on the ability to use music and technology are included only in the Australian Music Therapy Association.

The similarities and differences between the two countries in terms of the requirements for basic clinical competence for music therapists are the following: First, both mentioned the need for knowledge of group dynamics in clinical practice. Secondly, both countries emphasized the need for basic knowledge of medicine, sociology, and psychology, but the American Music Therapy Association suggests that this knowledge is necessary to understand the characteristics and needs of clinical clients. Both countries mentioned professional relationships (i.e., the relationship between the music therapist and the rest of the team in teamwork), but Australia emphasizes that music therapists should grasp the roles of various disciplines in interdisciplinary collaboration. Both countries made reference to the influence of culture on therapy, but Australia was more nuanced in its reference to the socio-cultural and socio-economic influences on individuals and families. Again, only the American Music Therapy Association emphasizes mastery of the therapeutic relationship (i.e., the professional relationship formed between therapist and client in therapy), mastery of the therapeutic role, understanding of different approaches and theories of various related disciplines, and attention to self-awareness. Conversely, only the Australian Music Therapy Association emphasized: mastery of the theory and application of group therapy; understanding of different approaches and theories in psychology; and knowledge of policies related to social welfare.

There are similarities and differences between the two countries in terms of the basic music therapy competencies required of music therapists in music therapy. First, both emphasize the methods and techniques of music therapy; the therapeutic procedures of music therapy; the materials used in music therapy; the acquisition of information about the clinical population; the philosophical, psychological, physiological, and sociological understanding of the effects of music on behavior; interprofessional/interdisciplinary cooperation and communication; attention paid to musical materials, musical experiences, and musical preferences in the therapeutic processes; the communicative and processing skills of music therapists; and the importance of professional ethics and supervision. Second, both countries emphasize the mastery of music therapy methods and techniques, but Australia emphasizes the ideologies, theories, and clinical work of important approaches and theorists, while the United States mentions the materials and equipment used in therapy. Both countries mention the understanding of research in music therapy, but the United States also emphasizes the application of research to clinical work. Both countries have a detailed introduction to the therapeutic process, which includes assessment, treatment planning, evaluation, and documentation/reporting, but the Australian Music Therapy Association has a specific reference to treatment referral, and the United States has a specific emphasis on treatment intervention and termination. Thirdly, only the American Music Therapy Association emphasizes the use of current science and technology in the music therapy process and that music therapists should have some administrative skills. Only the Australian Music Therapy Association emphasizes mastering the history of the development of music therapy, important figures and milestones, being able to understand the role of the therapist

in different forms of individual, group, and community therapy, and emphasizing the importance of self-care for the music therapist.

Comparison and analysis of the competence standards proposed by music therapy associations in two countries showed that each has its strengths and weaknesses, primarily reflected in the following two points:

- The strengths of the competency-based standards by the American Music Therapy Association lie in their flexibility and support for personalized educational pathways tailored to students' needs and professional growth. However, this localized approach to quality control may lead to inconsistencies in standard implementation and uneven resource allocation. The strengths of the Australian Music Therapy Association standards lie in their rigorous course accreditation and comprehensive competency requirements, ensuring students receive high-quality music therapy education. However, standardized course designs may limit educational flexibility and struggle to accommodate individual learning needs. The Australian Association of Music Therapy has the advantage of splitting knowledge about music therapy and music therapy practice into two categories. This helps academic institutions create curricula more clearly and provides music therapists with a better understanding of the skills that need to be acquired through theory and practice.
- The professional competencies of the American Music Therapy Association place greater emphasis on the influence of allied health professionals than those in Australia with respect to music therapy. Although the United States refers to a more broader range of related fields, such as medicine, sociology, education, psychology, and so on, with a relatively clear focus, Australia is more concerned with the influence of psychosocial factors on music therapy.

The competency standards in music therapy from the United States and Australia offer valuable insights for music therapy education in China. China can adopt the CBE model from the United States, emphasizing the development of practical skills in students rather than merely imparting knowledge. Simultaneously, China can also consider the standardized course designs and rigorous assessment systems from Australia to ensure that students acquire the necessary skills and knowledge for professional practice. This would serve as a reminder to China that while developing standards for professional competencies, it is vital to consider the possible influence of all related disciplines on music therapy as well as the necessity of maintaining a distinct division between music therapy theory and practice.

Implications for Professional Competency of Music Therapy in China

Proposal for the Competency Standards of Chinese Music Therapy

Currently, the existing teaching practices of Chinese music therapy are based on the curriculum of the American Music Therapy School, reinforcing the theory and methodology and failing to extract the skills that students need to acquire during

the learning process. The teaching of clinical practice is dependent on the personal experience and supervisory style of music therapist educators or supervisors, and the country does not set a uniform teaching standard. The purpose of establishing professional competency is to make it apparent to music therapy educators and students that mastering the material in a course or completing clinical practicum does not only mean memorizing the concepts and operational procedures but also means having a clear understanding of the core skills that a music therapist should obtain.

Music therapy professional competence is extremely vital, as it affects the ability of professional music therapists to practice and develop their careers; it is related to the standardization and promotion of music therapy professional standards; and it is a prerequisite for ensuring the quality of music therapy services and the health of the clients. Therefore, the focus on music therapy professional competence is the most important task for the development of music therapy in China at this stage. It requires the cooperation of music therapy committees and associations to formulate standards for music therapy competence in China; it requires colleges and universities offering music therapy programs to ensure that professional competence is focused on and cultivated; and it also requires music therapy practitioners to continuously assess and improve their own professional competence. Table 1 shows the authors' suggestions for music therapy professional competencies in Chinese higher education when considering program and curriculum development.

Three Stages to Guarantee the Competency Development of Music Therapists in Higher Education

Colleges and universities, as the primary training institutions for music therapy professionals, should guarantee the competency development of music therapists in the following three stages: competency screening at the enrollment stage, competency development at the teaching stage, and competency evaluation at the graduation stage.

Competency Screening

Competency screening at the admission stage is the process of selecting potential talents for the music therapy profession. Admissions colleges and universities should have a clear and definite presentation of music therapist entry-level competencies so that candidates can choose and prepare according to their own situation. This requires Chinese colleges and universities that offer music therapy programs to set up information in two aspects: publicity of music therapy information and enrollment brochures. The first is to present information about music therapy on a long-term basis. Information about music therapy includes, but is not limited to, the definition of music therapy, employment prospects, current research status, teaching and training programs, course syllabus, etc. Colleges and universities could disseminate and publicize this information through official websites, educational lectures, conferences, and new media. The publicity of music therapy information through the official platform will enable the public to have a more in-depth understanding of the music therapy profession and enable candidates and parents to have a clearer understanding of music therapy so that

TABLE 1 | Suggested Professional Competencies in Chinese Higher Education

Musical competencies	Functional skills	Vocal
		Instrumental
		Body movement
	Repertoire	Cultivate, expand, and utilize music therapy repertoire
	Foundational skills	Music history and music appreciation
		Solfeggio, music theory, form and harmony
		Composition and conducting
Music technology		
Clinical competencies	Mastering the knowledge of related disciplines	Medicine
		Psychology
		Sociology
		Other related disciplines
	Shaping the role of therapist	Enhance self-awareness
		Grasp the role in the therapeutic relationships
		Clarify the positioning in the therapeutic team
	Multiculture	In the therapeutic relationships
		In the working relationships
Music therapy competencies	Foundational knowledge	History of music therapy
		Basic theories of music therapy
		Music therapy approaches
		Music therapy methods
		Clinical application of music therapy
	Clinical work	Mastery of music therapy procedures
		Be able to apply music therapy in clinical work
		Exploring the therapeutic tools and equipment
		Adherence to the principles of evidenced-based music therapy practice
	Research skill	Literature review
		Mastery of research methodology
		Conduct research
	Administration	Develop and operate music therapy program
	Professional development	Supervision
		Professional ethics
		Self-care
Continuing education		

they can assess whether their own abilities are compatible with the profession. Second, universities should update and revise the enrollment prospectus every year to meet the basic requirements of music therapist competency. For colleges and universities with the qualification of school recruitment, they should highlight the uniqueness and pertinence of music therapy talent screening in the enrollment brochures and examine the basic

requirements of music therapist competency, focusing not only on students' artistic cultivation and basic musical ability but also on the musical ability, comprehensive personal quality, and cultural literacy that music therapists need to obtain.

Competency Development

The teaching stage after enrollment is the core stage for shaping music therapists; hence, the curriculum should be consistent with the music therapist competency standards. This requires colleges and universities to assure every aspect of the teaching process of music therapy programs in the following six aspects: First, colleges and universities should consider the proportion of course credits according to the particularities of the institution where the music therapy academic program is located in order to highlight the characteristics and advantages of each program. While considering the specificity, they should also ensure unity in the training program for music therapists (i.e., they should ensure that the credit ratio involves the four aspects of general education, music education, music therapy professional courses, and music therapy clinical training). Second, the teaching content of music therapy in higher education should be consistent with professional development, social development, and cultural characteristics. This requires that the teaching content, teaching goals, and teaching methods of music therapy programs be based on the professional competency of music therapists; meanwhile, the content of professional programs should be constantly updated to ensure that they match social development; similarly, each teaching program should also continuously develop and explore regional characteristics and ethnic cultures so as to create the distinctiveness of the local music therapy higher education. Third, colleges and universities should focus on different teaching levels. On the basis of corresponding teaching abilities, software, and hardware, they should ensure the continuity and independence of bachelor's degrees, master's degrees, and doctoral degrees, and they should also ensure that each stage has a clear teaching focus so that music therapy students can develop their abilities in depth and gain knowledge at each stage. Fourth, ongoing assessment is a key element of quality in music therapy higher education. It requires the teaching program to have a stage-by-stage assessment of each student's professional competence in order to help students and teachers have a comprehensive understanding of the current stage of development, as well as the direction of progress, and to be able to give targeted guidance; ongoing teaching assessment also requires the design and development of targeted assessment tools by the music therapy faculty at higher education institutions to ensure the professionalism and scientificity of the teaching of the higher education institutions and to likewise be able to help the professional development of the teaching and research departments. Fifth, in competency-based higher education, we should constantly realize that students are the main body of teaching, and it is an important goal of the teaching program to give full play to students' subjective initiative; teachers should design teaching and provide professional guidance according to students' characteristics, respect individual differences in the process, develop students' competency more flexibly, and teach students according to their aptitude flexibly. Sixth, college teaching programs should

also monitor and guarantee teachers' competency. When selecting and hiring teachers, they should ensure that teachers have adequate professional competence and teaching ability, which requires that teachers have solid basic professional knowledge, clinical experience, and supervisory ability; at the same time, they should have the basic skills of teaching music therapy and the ability to tailor teaching to students' needs according to the students' different stages of learning and development, and to promote morality and nurture people. Meanwhile, colleges and universities should constantly monitor and control the development of teachers' competence and provide them with the means to develop their professional competence. Furthermore, universities should constantly monitor and control the development of teachers' competence and provide them with opportunities and conditions to develop their professional competence.

Competency Evaluation

Colleges and universities should also strictly control the quality of training for music therapy students and conduct a rigorous competency evaluation before graduation to select appropriate music therapists for the profession, which will require the cooperation of colleges and universities, internship facilities, music therapy professional committees, and accreditation commissions to develop an appropriate evaluation system. Competency evaluation at the graduation stage should not be stereotypical and static; it should evaluate students in all aspects, including basic professional knowledge, clinical ability, musical ability, etc.; it should also help students realize their own strengths and weaknesses, and it should let students realize their own unique style of being a music therapist; more importantly, the evaluation can inhibit students who do not have the competence or cannot meet the competence standard from being outside the professional threshold, screen out music therapists who meet the requirements of the profession, and help them plan their personal career development path.

Traditionally, students' understanding of theory and methods is evaluated at the conclusion of each lesson. However, owing to their personal growth, cognitive development, and accumulation of therapeutic experience, students will deepen the abilities they have gained in class through clinical practice. As a result, these skills are not static but rather develop dynamically (Zanders, 2020). Therefore, to guarantee that students can begin their professional career, a comprehensive and updated evaluation of all skills should be conducted at the final graduation.

Music Therapy Professional Competencies in Chinese Higher Education Need Multidimensional Cooperation and Mutual Concern

The development of every profession requires a relatively standardized organization to maintain the professionalism and stability of the profession. For the music therapy profession, the establishment of an association and the construction of a professional competence qualification mechanism are also indispensable. Associations should provide open and clear information about the profession to help the general public and music therapy professionals clarify core concepts and professional information; at the same time, they can provide clear guidelines for the competency requirements of music

therapists at different levels and stages. The Association for Music Therapy has clear regulations that emphasize the importance of competency development and provide opportunities for conferences, re-education programs, and research to better assist music therapists in their professional development. In order to ensure development after entering the workplace, each music therapist should be reviewed by a certification committee after schooling and training for the purpose of evaluating their competency. The certification committee shall conduct screening examinations and credentialing of professional music therapists in accordance with the association's standards of competence. The board shall have the responsibility to monitor the maintenance of competence in the work of professional music therapists, such as ethical violations, professional incompetence, or exceeding the scope of practice. It should also encourage and provide opportunities for re-education to ensure the development of competence.

The association and the accreditation board should be independent from each other in order to realize the principle of mutual supervision and development. At the same time, the association and the accreditation board should also share the responsibility of screening, reviewing, and monitoring the qualifications of institutions of higher education, professional supervisors, and supervisory organizations to ensure competency development.

For supervisory organizations of clinical internships, the first thing the organization should be able to do is provide clinical practicum and internship conditions that meet professional competency standards. Thus, it includes the ability to provide clinical training for the therapeutic population, the availability of hardware and equipment to meet the needs of clinical and supervisory training, and meeting the competency standards of music therapy professional supervisors with rich clinical experience who can guide students to improve their professional skills. In addition, the organization should have its own clear competency standards, obtain basic competency requirements for applicants who wish to receive clinical training, possess the ability to develop competency, and ensure that the organization has the conditions to help applicants improve their competency. Additionally, clinical supervisory facilities should establish strategic partnerships with colleges and universities to collaborate on the development of competencies for music therapy students. Institutional supervisors should communicate regularly with school instructors to synthesize multiple perspectives and provide guidance on competency development for music therapy students.

Conclusion

The establishment of clear competence standards is crucial for ensuring the quality of music therapy services and the professional growth of therapists. These standards help educators and students understand that mastering course materials involves more than just memorizing knowledge and operational procedures; it also includes grasping the core skills necessary for music therapists.

The cultivation of competencies ought to center around three primary phases: admission screening, competency development during educational phase, and competency evaluation upon graduation. Students can better prepare by having the

necessary competency criteria made plain to them prior to admission. Curriculum should be in line with competency standards at all stages of the teaching process, with an emphasis on developing students' unique strengths, integrating theory and practice, and ongoing assessment. Comprehensive evaluations upon graduation ensure that only individuals fulfilling professional standards are admitted to the field, upholding professional integrity.

Furthermore, societal support is crucial for maintaining these standards. Associations, committees, and oversight organizations play vital roles in providing clear guidance, promoting continuing education, and ensuring adherence to ethics and professional standards. These bodies must collaborate while maintaining independence to ensure effective supervision and development.

Three main areas are recommended for future research: further validation and refinement of competence standards to more accurately reflect current demands and practices in the field of music therapy; improved communication among higher education institutions to facilitate the effective implementation and continual enhancement of competence standards in educational practices; the establishment of independent associations, committees, and supervisory bodies in China to effectively oversee and support the quality of music therapy services and the professional development of therapists.

About the Authors

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Lo-Ting Chen serves as an associate professor in the Music Therapy Department at the Central Conservatory of Music. She is actively engaged as the vice chairperson and member of the Chinese Professional Therapist Association. She holds the designation of 'Grandparents' in the US RBL Method for Neonatal Intensive Care Units (NICU-MT). Her professional commitment is evident through her registration as a professional member of the Taiwan Music Therapy Association (membership id: FN0013). Furthermore, Lo-Ting pursued training under Dr. Lisa Summer to master the continuum model of GIM and became a GIM fellow.

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Conflict of Interest

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