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A Functional Musicianship Assessment System for Internship- Ready Music Therapy Students

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Abstract

In this article we share the functional musicianship assessment processes from one undergraduate music therapy program, which codifies recommendations made in the American Music Therapy Association's Commission's Final Report (2024) toward more consistent professional standards. We utilized the *Transparency in Teaching and Learning (TILT)* Framework (Winklemees et al., 2019) to support accessibility of clinical musicianship skill development for first-generation college students, transfer students, and students who do not have western classical music backgrounds. Specific resources are provided for music therapy educators, including our 66-item Functional Music Skills Checklist (FMSC) and grading rubric, which were highlighted as strengths of our program in our recent National Association of Schools of Music review. We describe the development and continued refinement of the FMSC and related processes, as well as limitations and areas for future improvement. We hope these resources will provide concrete support for other music therapy faculty looking to renovate their programs' clinical musicianship assessments.

Keywords: clinical musicianship, transparency, music therapy education

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Introduction

Music therapists are distinctly characterized among therapeutic professionals. Music therapists' skill set is defined by their tool for change (i.e., music in all its forms) rather than a narrow set of goal areas they address. While physical therapists tend to improve motor goals and speech language pathologists address communication goals, music therapists are trained as generalists who may address goals spanning physical, communication, spiritual, emotional, cognitive, and social domains (Certification Board for Music Therapists [CBMT] Board Certification Domain 3A.36, 2025). Even music therapists' unique tool for change, music, can be defined by wide-ranging factors including individual musical elements, forms of musicking (e.g., receptive, recreative, improvisation, composition [Bruscia, 2014]), cultural origin, and diverse styles and genres. The American Music Therapy Association (AMTA) has recently reaffirmed that music therapists are defined as "first and foremost, musicians" (AMTA Commission, 2024, p.17).

Despite the idealization of musicianship as a core factor of a music therapist's identity and skillset, current competency-based standards do not provide specific-enough guidelines outlining what musicianship skills entry-level music therapists must possess. For example, the AMTA's Professional Competencies (2013) outline that students should "recognize standard works in the literature" (AMTA, 2013, 1.1) and "play and sing a basic repertoire of traditional, folk, and popular songs" (AMTA, 2013, 4.1.3) when describing necessary, foundational repertoire. Music therapy educators are thus allowed a wide margin of freedom by which they interpret the minimum musicianship standards for their students.

The current wording of musicianship standards in the Professional Competencies (AMTA, 2013) allows for flexibility and accommodation for different educational priorities and styles. However, an unintended outcome of the music-based Professional Competencies has been that music therapy students across the United States are entering internship, graduating, and working with an inconsistent and sometimes inadequate set of therapeutic musicianship skills (AMTA Commission, 2024). If music therapists' musicianship is supposed to be the core of our professionally unique knowledge and skills, then lacking a strong clinical musicianship foundation across the profession also leads to inconsistent quality of care for clients.

Prior research has indicated that many music therapy students are musically unprepared when they begin internship. A survey conducted by Jenkins (2013) asked internship directors to assess entry-level interns' mastery of functional music skills. Results indicated that internship directors only rated the entry-level interns' voice skills as meeting the "expected level of competence to enter internship," while all other queried guitar, keyboard, percussion, and improvisation skills were rated "below expectations for entry into internship." A more recent survey conducted by Roth et al. (2021) indicated that pre-internship students and internship supervisors feel that music therapy interns require a moderate level of assistance on several AMTA music-based Professional Competencies. The highest areas of need, derived from students' and supervisors' averaged scores, included multicultural music knowledge, vocal improvisation, selecting standard repertoire for client needs, leading and accompanying on guitar and piano, and instrumental improvisation.

We have found success in preparing our students from varied musical backgrounds to acquire the musically necessary skills for internship and professional work in a way that is transparent, actionable, and enforceable. We observe this success via a mix of indirect measures including practicum supervisors' evaluations, music colleagues' positive feedback of music therapy majors' self-accompanied jury performances, consistent above-average CBMT exam first-time pass rates, and graduates' high job placement rates following internship. Additionally, we have received external feedback from reviewers with the National Association of Schools of Music (NASM) who highlighted our functional musicianship assessment system as a particular strength of our program (see Appendix A).

In this article, we share details of our assessment system in hopes of providing a concrete resource for other music therapy faculty looking to renovate their programs' clinical musicianship assessments. First, we will operationalize the minimum level of clinical musicianship we expect from graduates of our program, followed by describing the general and our university-specific challenges to verifying students' clinical musicianship. We will then describe the resources we have created and implemented over several years, including our complete 66-item Functional Music Skills Checklist (FMSC) that all graduates of our program must complete before starting internship. Finally, we will describe the continued challenges and the future improvements we intend to make to support our students' professional success.

Transparency in Learning and Teaching (TILT)

Before explaining the details of our functional musicianship assessment, we would like to highlight the immense influence of the *Transparency in Learning and*

Teaching (TILT) Framework in how we clarified the FMSC competencies and assessment processes for ourselves and our students (Winklemes et al., 2019). TILT is rooted in values of accessibility, equity, and transparency and helps us implement our musicianship policies more fairly. “TILting” aspects of education means that faculty do not simply ask students to complete work. Instead, faculty draw direct connections between the work and its justification, context, or rationale (the “why”, or *Purpose*). Within assignment development, faculty provide specific action steps that will lead to successful outcomes (the “what”, or *Task*), and guidelines for success alongside real-work examples (the “how” or *Criteria*). These guiding principles translate to a specific assignment format, *Purpose-Task-Criteria*, with each component clearly articulated for students. Altogether, the TILT framework is designed to increase students’ metacognitive awareness and increase the likelihood of them achieving success independently as students and later as professionals.

The TILT framework was so influential in reforming our functional musicianship assessment policies for several reasons. First, we feel obligated to imbue the next generation of music therapists with a strong sense of self-efficacy in their musicking abilities. If music therapy faculty and supervisors can increase students’ ability and motivation to continually grow as musicians, then students are more likely to engage in musical learning after coursework is completed. We believe these life-long musical practices will lead to higher-quality clinical outcomes for their future clients and ultimately more sustainable professional careers. For example, music therapists with careers spanning 25 years or more have cited music as a source of resilience (Silverman & Segall, 2024), suggesting that strong self-efficacy around musicianship

may protect music therapists from burnout. Second, TILting our functional musicianship policies increases the accessibility of our curriculum. Increasing transparency in higher education has been shown to promote student confidence and belonging, with even larger gains for first generation, lower-income, and underrepresented college students (Winklemes et al., 2019). We feel we owe our non-traditional/transfer students and first-generation students transparent processes with clear expectations that explain how to reach success in functional musicianship and music therapy careers.

Finally, we believe that highlighting the TILT framework's influence on our functional musicianship policies will assist colleagues who wish to update their program's functional musicianship policies. We know that music therapy educators and supervisors are responsible for many dimensions of young music therapists' learning beyond musicianship, and that concrete strategies may be more likely to be considered, adapted, and implemented than abstract, philosophical musings. We have received several personal requests from other music therapy faculty to share our musicianship assessment processes and were therefore motivated to do so more broadly. As such, we will weave details throughout this article about what the TILT framework and its purpose-task-criteria structures looks like in our FMSC and its execution.

Operationalizing Functional Musicianship for Music Therapy Students

We affirm the central role of clinical musicianship in our program's first learning objective which states that we prepare students "to develop high quality functional musicianship in a wide variety of musical styles and genres" (Pacific University Music Therapy Student Handbook, p. 7). Broadly speaking, this learning objective articulates our desire for our students to become self-initiated learners and confident clinicians who

can facilitate their clients' musical ideas in a relational and interactive way. We believe that quality musicianship does not just lie in music therapists' ability to recreate music with authenticity. They must also have the intuition and control to shape the musical elements and underlying sonic environment with flexibility and creativity (CBMT Board Certification Domains, 3A.31, 2025).

Within our program, we have operationalized proficient functional musicianship as a musical interaction (e.g., a performance, improvisation, songwriting process) that (a) has good sound, quality, technique, and musicality, and (b) applies the student's therapeutic intent in a thoughtful and appropriate manner. This definition is used as the standard "pass" rating on our FMSC rubric, which will be discussed in greater detail later.

Contexts and Challenges to Building Clinical Musicianship

While articulating the musicianship expectations we hold for our students is important, we also feel that describing the contexts and challenges we work within provides insight into *why* and *how* we implement the resources we share and describe in this article. Some of these challenges are common to all music therapy training programs. "Music" as a concept can be difficult to define, given that music spans many clinically relevant dimensions including cultural origin, style and genre, time period, and acoustic elements (e.g., rhythm, meter, melody, harmony, volume). More practically, music therapy students must understand, create, and shape a musical environment along each of these dimensions with aesthetic effectiveness and performance stability. The AMTA Commission (2024) recommended that music therapy faculty re-assess the

degree to which coursework prioritizes western classical music-making in favor of more hands-on time singing, playing, and improvising on clinical instruments.

However, university music departments or schools may have trouble fully aligning these clinical music skills with mandatory coursework taken by entry-level music therapy students (AMTA Commission, 2024, p. 19). For example, a music department piano proficiency may require that students be able to sight read a four-part harmony and play scales and arpeggios on the spot. Or, a music therapy student may be required to take one or more courses in western classical music history without options or room in their schedule to take coursework in popular music history. Additionally, instrument or voice instructors without a foundational understanding of music therapists' work may teach classical voice and instrumental techniques or repertoire that are inadvertently obsolete to typical music therapy practice. This gap between required music coursework and clinically relevant musicianship skills leaves music therapy students with a workload they feel is irrelevant or unconnected to their work in practicum, internship, or career.

On top of these general challenges, our Functional Music Skills Checklist (FMSC) and other clinical musicianship policies were developed to address challenges specific to our university. Our program is housed in a small liberal arts university with a music department that has seven full-time faculty members across all disciplines to serve around 40 music majors. Traditionally, our program has enrolled around 20 pre-internship music therapy majors. Our university does not require that students audition prior to entering the music department or declaring a music therapy major. It is not uncommon for some students to enter our program without having had private music

lessons, having only picked up music by ear or having only participated in ensembles in middle school or high school. Additionally, our program tends to attract higher proportions of first-generation college students who may need overt communication or support to navigate higher-education systems with confidence and success.

Furthermore, our program is attended by a proportionally larger group of transfer students who often pursue music therapy as a second career and have not had much formal music education in several years or decades.

Finally, the FMSC was developed by the first author in her first year of teaching, which was in the program's third year of existence. Due to the lack of precedent and formal clinical musicianship standards in the fledgling music therapy program, the program's initial cohorts of music therapy students were often confused and felt unprepared for internship (C. Kilde, personal communication, November 15, 2024). The second author joined the program four years later and has helped to shape the policies by which we implement the FMSC with transparency and accessibility in mind.

As a response to these challenges, the FMSC has helped our music therapy program establish a culture in which students feel confident in their musicianship skills when entering internship, and practice strategies to continue their musical growth. We attribute this musical self-efficacy to several FMSC implementation practices which include ample musical resources provided within and beyond coursework, the TILT framework, and systematic accountability that provides supportive options if students are not keeping pace in their clinical musicianship (Winklemes et al., 2019). As such, the resources we describe and share in the next section have evolved as meaningful

benchmarks and tools by which we assess our students' musical development over their entire trajectory of coursework before entering internship.

The Functional Music Skills Checklist (FMSC) and Related Policies

The heart of our program's clinical musicianship standards is the Functional Music Skills Checklist (FMSC), a 66-item list of musicianship skills that all students must demonstrate before being allowed to begin their internship (Table 1). The first author devised the FMSC in its original form based on section A.4 (Functional Music Skills) of the AMTA Professional Competencies (2013). The structure of having a specific checklist of skills was inspired by a similar guitar skills checklist implemented by a guitar faculty member at the first author's undergraduate institution. The first author expanded this checklist structure to create the FMSC with individual skills grouped into five categories: 1) Vocal Skills [4 skills], 2) Piano Skills [14 skills], 3) Guitar Skills [26 skills], 4) Improvisation Skills [3 skills], and 5) Repertoire Skills [19 skills]. Parties interested in obtaining a copy of the FMSC and skill descriptions in its entirety may contact the first author.

Table 1*Functional Music Skills Checklist*

Instrument or Skill Category	Code	Skill
Voice	V1	Sing a diatonic or chromatic melody a cappella.
	V2	Sing a melody with a rhythmic percussion accompaniment.
	V3	Sing a harmonic line with a provided sung melody.
	V4	Sing a known melody in a new key when provided with harmonic accompaniment.
Piano	P1	Left hand: bass note, right hand: block chords
	P2	Left hand: block chords, right hand: melody
	P3	Left hand: arpeggiated chords, right hand: rhythmic chords or melody
	P4	Left hand: walking bass line, right hand: rhythmic chords
	P5abcde	Play one song in each of the following major key signatures: C, D, E, G, A. Songs must contain at least three diatonic chord shapes.
	P6abc	Play one song in each of the following minor key signatures: d, e, a. Songs must contain at least three diatonic chord shapes.
	P7ab	Transpose two songs on the spot, one in a major key and one in a minor key.
Guitar	G1	Standard strum
	G2	Percussive strum
	G3	Boom-chuck strum
	G4	Blues shuffle strum
	G5	Latin strum
	G6	Reggae or Calypso strum
	G7	Triple meter strum
	G8	Walking bass line between chords
	G9	Duple fingerpicking
	G10	Triple fingerpicking
	G11abcde	Play one song in each of the following major key signatures: C, D, E, G, A. Songs must contain at least three diatonic chord shapes.
	G12abc	Play one song in each of the following minor key signatures: d, e, a. Songs must contain at least three diatonic chord shapes.

Instrument or Skill Category	Code	Skill
Guitar (continued)	G13abcd	Demonstrate the following barre chord shapes within a song: E major, e minor, A major, a minor
	G14	Tune guitar in standard tuning by ear.
	G15	Tune guitar from standard tuning to an alternative tuning and back.
Repertoire	G16ab	Transpose two songs on the spot, one in a major key and one in a minor key.
	R1abcde	Five memorized songs
	R2abc	Three children's songs
	R3abc	One song from each age category: adolescent, adult, older adult. Age categories are determined by the year in which the song debuted or was most prominently known.
	R4	Religious/spiritual song
	R5	Patriotic song
	R6	Blues/jazz song
	R7	Folk song
	R8	Country Western song
	R9	Song in a language non-native to student music therapist
	R10	Holiday song
R11	Happy birthday	
Improvisation	I1	Facilitate an improvisation from a randomly selected clinical scenario with a partner on piano.
	I2	Facilitate an improvisation from a randomly selected clinical scenario with a partner on guitar.
	I3	Facilitate an improvisation from a randomly selected clinical scenario with a partner on hand percussion.

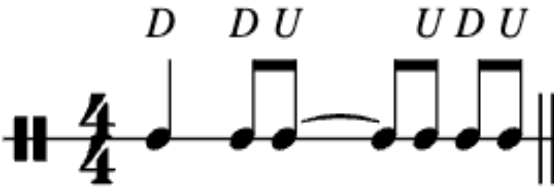
The four Vocal category skills on the FMSC are meant to verify a student's aural abilities to sing in tune, find the starting note to a melody and sing without harmonic accompaniment. The 14 Piano category skills verify that a student is able to play chord progressions in a pre-defined mix of five major keys (A, C, D, E, and G major) and three minor keys (a, d, and e minor), have independence in their left and right hands when

playing piano accompaniments, and have the skills to transpose from one of the previously defined keys into another key from the same set. Similarly, the 26 Guitar category skills verify a student is able to play chord progressions in the same mix of major and minor keys named above, can play several strumming and fingerpicking accompaniment patterns, has the hand strength to play barre chords, and is able to transpose between the five major and three minor keys named above. The three Improvisation category skills verify that a student has developed the planning, flexibility, and confidence to shape a musical experience on hand percussion, piano, and guitar. Finally, the 19 repertoire skills verify that a student is familiar with popular music repertoire that spans several decades and musical styles and can memorize songs.

Since the creation of the FMSC, several modifications have been made to increase the transparency of the checklist via the TILT framework's purpose-task-criteria structure. For example, in addition to the list of 66 skills, each skill also contains a detailed description outlined in our program student handbook. Skill descriptions do not simply contain what the student must do to pass the skill (task), but an added statement about the justification (purpose) for the skill. While many skills can be demonstrated successfully through several musical techniques, if a skill has one specific application we are looking for, the description also now contains a musical notation, diagram, or written description of the expectation (criteria). See Table 2 for select descriptions with their corresponding TILT components.

Table 2

Example of TILTed Functional Skills Descriptions

Functional Music Skill	Purpose (what the skill demonstrates)	Task (skill description)	Criteria (specific application required)
G1: Standard strum	This skill demonstrates that the student music therapist can incorporate basic syncopation elements into a guitar accompaniment pattern.	Perform a song while accompanying yourself on guitar with the “Standard Strum.”	
R3abc: One song from each age category: adolescent, adult, older adult	These skills demonstrate that the student music therapist is familiar with popular music relevant to music therapy practice that spans a meaningful variety of decades, cultures and subcultures.	Students should perform the prototypical or most well-known version of a song’s melody, harmony, and rhythm as familiar to a wide audience. Learning the prototypical version may involve consulting several versions of recordings and sheet music. Students who are unsure whether a song’s style or musical elements will count toward a repertoire category should consult with a music therapy faculty member and consult Appendices G and H for additional guidance.	<p>Adolescents: songs that were released in the last 5 years Young Adults: songs that were released in the last 10 years Adults: songs that were released 10 to 30 years ago Older Adults: Songs that were released 40 to 60 years ago</p> <p>Additional Resources Provided: Pacific University Music Therapy Student Handbook Appendix H Suggested Music Therapy Repertoire List (15-20 song titles and artists per decade from pre-1930s through 2020s) and public Spotify playlists containing prototypical recordings of each song</p>

Functional Music Skill	Purpose (what the skill demonstrates)	Task (skill description)	Criteria (specific applications required)
V4: Sing a known melody in a new key when provided with harmonic accompaniment	This skill demonstrates that the student music therapist’s musical “ear” (i.e., audiation abilities) can orient to and match a song’s key spontaneously.	A MT faculty member will play the piano chords for Happy Birthday while you sing along. The faculty member will provide a I-V-I cadence to set the key before beginning. You are expected to find and sing the melody to Happy Birthday in the key by ear that the faculty member is playing.	Prototypical version of Happy Birthday in ¾ time signature
P7a: Transpose a song in a major key on the spot	This skill demonstrates that the student music therapist is familiar with piano chord structures to the degree that they can spontaneously reproduce them in a new key. Additionally, the student’s musical “ear” (i.e., audiation abilities) can orient to and reproduce the melody in the new key.	You will perform a three-chord song in a major key with piano accompaniment. Then, the faculty will choose a different major key (from P5) and you’ll perform the song again in that key. The accompaniment pattern should remain relatively consistent between both performances.	No specific criteria required

How Students Pass Functional Music Skills

Functional music skills testing happens in a private faculty office with only the student and music therapy faculty members present. Testing sessions are not video or audio recorded due to privacy concerns and to avoid overburdening faculty members with managing recordings. Almost all skills are passed via songleading (i.e., singing while playing an accompaniment) with songs that have a minimum of three different chords in the harmonic progression. For example, a student attempting to pass the A Major skill on piano (P5e) must perform a song with at least three chords in the harmonic progression, although these chords do not necessarily need to contain the subdominant (IV) or dominant (V) chords alongside the tonic (I).

Students sign up for testing slots of 10 minutes each, during which they can usually perform 3 to 4 songs. Within a single song's performance, a student can generally pass up to three separate skills on the FMSC. These three skills usually consist of 1) a key, 2) an accompaniment pattern, and 3) a repertoire category. For example, a student could perform "The ABC Song" on guitar in C Major with a percussive strum and pass skills R2a (Children's Song 1), G11a (C Major on Guitar), and G2 (Percussive Strum). If the song is memorized, then a student could additionally pass R1a (Memorized Song 1).

Students choose their own songs and combinations of skills they present during the testing session. We believe this approach accommodates students' individual music learning progress and promotes agency, which, while not a focus of this article, incorporates principles from Universal Design for Learning (CAST, 2024). Rather than music therapy faculty prescribing a specific order and song for skills, students often

align their skill tests with interventions they design for practicum or their own musical interests. Before each testing session, students fill out a blank Functional Music Skills Rubric (see a truncated version in Appendix B) with the song titles, FMSC codes, and a brief description of each skill they are attempting to pass within a song. The student brings two printed copies of this completed rubric, one for each of the faculty members present.

During a testing session, the music therapy faculty members independently rate each separate skill on the following grading scale, which emphasizes “session readiness”:

- **Pass Plus (*Advanced*):** Excellent sound, quality, technique and musicality across performance. Warm, friendly clinical presence. Student insightfully communicates related musical or therapeutic concepts or skills.
- **Pass: (*Proficient*):** Good sound, quality, technique and musicality across performance. Performance is appropriate for clinical application. Student communicates related musical or therapeutic concepts or skills correctly.
- **No Pass (*Developing*):** Sound, quality, technique and/or musicality is not yet ready for application in a clinical setting. Undeveloped clinical presence. Student is still developing an understanding of musical and/or therapeutic concepts.

During a testing session, music therapy faculty members will assign each attempted skill one of the three codes above and provide specific written feedback if a skill is marked as “No Pass.” Generally, we do our best to separately score the individual musicianship skills being attempted, rather than scoring the wholeness of a

song's performance during testing. For example, a student may incorrectly play "Happy Birthday" (R11) in 4/4 meter and transpose it into a new key (P7a) while playing the chords and melody on piano (P2). The student could pass the major key transposition (P7a) and accompaniment skill (P2) if these parts of the performance are musically stable and smooth. However, the student would not pass the repertoire category (R11) because "Happy Birthday" was not performed in the correct meter. After each testing session, a faculty member updates the student's digital copy of the FMSC and uploads scanned versions of both faculty members' ratings and written feedback to a digital folder so it can be viewed by the student. This process is described in more detail in a later section.

Live testing situations may cause anxiety for students; however, we use several strategies to reduce students' perception of high-stakes pressure and to build up students' musical self-efficacy. First, faculty highlight the many opportunities students have to pass or reattempt skills across their education. Faculty schedule around one to two hours of testing slots each month of the semester, and an additional three to four hours during finals week. Sign-ups for testing slots are managed as an online scheduler hosted on our program's learning platform website. This predictable availability of testing slots encourages and rewards students who attempt smaller, more manageable progress on their FMSC. During testing sessions, we also ask students if they would like in-the-moment feedback and opportunities to re-attempt skills if time allows. If students state that they prefer in-the-moment feedback, faculty may provide verbal coaching or modeling.

Faculty also encourage students to generalize the functional music skills beyond the testing session by drawing connections to clinical settings. For example, music therapy faculty may encourage students to attempt additional functional skills during testing that they have previously seen students demonstrate in practicum (i.e., a children's "Hello Song" for Children's Repertoire skills). The music therapy faculty have also shared the FMSC with piano, voice, and guitar faculty and negotiated how the specific music skills can be incorporated into students' group music classes and individual lessons. Additional support and recommendations on how to combine skills are included in the students' group guitar classes, group voice classes, music therapy classes, and through video demonstrations available on our program's learning platform.

Tracking Students' Progress on Their Functional Music Skills Checklist

Each student's FMSC progress is tracked on a digital spreadsheet in Google Drive that is owned and updated after each testing session by a music therapy faculty member. The student has private viewership (not editor) access to their FMSC, which is housed within a student's digital program folder. Each student's digital program folder also holds scanned copies of faculty members' feedback on FMSC testing sessions and their clinical timesheets for practicum. A student's FMSC tracking spreadsheet is organized so that spreadsheet formulas automatically calculate what percentage of the overall checklist has been completed. These digital strategies allow music therapy faculty members and the student to assess their progress at a glance.

The structure of the FMSC allows students to move through the checklist at their own pace and focus on individual areas of growth as they progress through the music

therapy program. The first benchmark of the checklist is called “Functional Music Skills Exam 1.” Exam 1 is a subset of 20 skills that prioritizes students’ ability to lead songs in two major keys and one minor key on both piano and guitar, tune a guitar by ear, and perform repertoire from six pre-determined repertoire categories. Traditional four-year students must pass Exam 1 before they enter their first practicum placement, and transfer students must pass Exam 1 before they enter their second practicum placement. If a student does not pass the subset of skills on Exam 1, then students are not allowed to move onto the next level of practicum. We have implemented this “gate” to provide students with more time and practice to gain basic songleading skills, which we feel is a precursor to their clinical effectiveness.

Once students have passed Exam 1, they may pass the remaining 46 FMSC skills in any order, at any pace they choose as long as all skills are passed before entering internship. In some situations, we will send written reminders to students who have not signed up for testing for more than one semester, cautioning them that they may not be allowed to enroll in an internship until the entire checklist is completed. If we do need to enforce these musicianship gates, the music therapy faculty will draft a musical remediation plan with the student that may include private instruction, specific practice recommendations with tutorials, weekly musicianship check-ins, and/or an agreement that the student will sign up for testing slots more consistently.

Over the past several cohorts of students, we have found that students who attempt some portion of the FMSC each semester are able to pass all skills before they enroll in their internship. Some dedicated students can pass the entire checklist in four or five semesters. Of the 38 students who have completed the entire FMSC since spring

2019, 71% (27 students) have completed the checklist before or during their last semester of coursework. When accounting for students whose last semester of coursework was in spring 2020 during the lockdown related to the COVID-19 global pandemic, then 85% of students completed the FMSC before or during their last semester of coursework. The remaining students who do not pass all these skills by their last semester of coursework can sign up for testing slots and attempt functional skills on-campus or via live video calls in subsequent semesters. Often, these remaining students have not yet been accepted to an internship, and they are usually on leave of absence when they finish the FMSC post-coursework. In rare exceptions, we may allow a student to enroll in their internship with only a handful of skills left if they have demonstrated consistency in passing those skills prior to internship. However, we would not allow a student to sit for the board certification exam until they have passed the entire FMSC. We have not yet had to withhold recommending a student to sit for the board certification exam.

Functional Music Skills Resources Provided to Students

We realize that the FMSC requires a high level of organization, forethought, and planning from music therapy students. In addition to the digital FMSC tracking sheet and TILTed skills descriptions, we have compiled many resources and implementation strategies to reduce our students' mental fatigue and support their self-efficacy throughout their time as a music therapy major. First and foremost, our program's coursework provides many opportunities to develop clinical musicianship directly tested on the FMSC. A traditional 4-year student is typically required to take two semesters of group piano (in semesters 1 and 2), two semesters of group guitar (in semesters 2 and

3), and one semester of group voice in their first two years. Additionally, we offer an improvisation and songwriting class taught by a music therapy faculty that students typically take in their senior year. Students also have the option to take private clinical musicianship lessons with piano, guitar, or voice faculty after they have completed their required primary music lessons. In the 2025-26 academic year, the Pacific University Music Therapy curriculum added required “Clinical Musicianship” course to be taken in a student’s third semester of study that emphasizes songleading skills, clinical music repertoire, and clinical percussion.

We inform all students of our program’s clinical musicianship requirements and the FMSC before they are allowed to declare a music therapy major. Music therapy faculty describe the FMSC to prospective students who express interest in attending our university so that they know of its existence before enrolling. All students are informed of the FMSC during their first semester in our program’s Introduction to Music Therapy class. That course’s instructor provides incoming music therapy majors with an overview of the program’s coursework, musicianship, and clinical training requirements as well as a copy of that year’s program handbook, which contains the entire FMSC, skills descriptions, and related policies. These incoming music therapy students are required to sign a student agreement attesting that they understand the musicianship and professional expectations, including the benchmarks at which they may be gatekept from practicum or internship if they do not reach the related FMSC milestones outlined in that handbook. All students must sign this student agreement before they are allowed to formally declare a music therapy major and move into subsequent coursework, in absence of a formal audition process. In students’ second semester of coursework,

music therapy faculty provide an in-depth overview of the FMSC during a pre-practicum class. Around half a dozen class periods in this pre-practicum course are dedicated to practicing functional musicianship and song leading skills for Exam 1. Additionally, faculty spend class time assisting students in selecting songs for and filling out the FMSC rubric ahead of their first functional skills testing slot (typically in their second semester as a major).

To assist students with building their rubrics, the music therapy faculty also provide many resources and suggestions as a transparent “head start” to choosing clinically-relevant repertoire. Specifically, we provide a large, but non-exhaustive list of suggested clinical repertoire as an appendix of our program student handbook. These repertoire lists are organized by songs’ decades of popular release (i.e., for the age-related repertoire skills), musical styles and genres required in the repertoire category (e.g., patriotic songs, Blues songs, non-English-language songs) and musical attributes (e.g., songs in minor keys, triple meter songs). These repertoire lists are also accompanied by a hyperlink to our program’s Spotify account which compiles original or prototypical recordings for all songs on each suggested repertoire list and is updated on a yearly basis. Furthermore, we provide visually notated and video demonstrations of more specific guitar and piano accompaniment patterns. These audiovisual resources are listed on our program’s website which is hosted by our university’s online learning platform.

Beyond these online resources, we have also collaborated with other music faculty to better align students’ musicianship classes with the FMSC. For example, the voice faculty who teaches our required group voice class will implement clinical

repertoire suggestions from the handbook and spend several class meetings on harmonizing and practicing a variety of vocal timbres related to popular music styles. Additionally, music therapy students with voice as their primary instrument have the option to self-accompany themselves for a selection of popular music songs performed during their end-of-semester juries. We have also collaborated with the guitar and piano instructors to align music therapy students' group music classes and private lessons on these instruments to reinforce the FMSC. Our music faculty colleagues have been amenable to using clinically centered song leading books we recommend including *Functional Voice Skills for Music Therapists* (Schwartz et al., 2018), *Functional Piano for Music Therapists and Music Educators* (Massicot, 2012), and *101 Timeless Songs: A Resource for Easy Songleading* (Peterson & Murakami, 2022).

Additionally, the music therapy student club holds functional music skills review events where students practice music skills together. Altogether, we have found these implementation strategies have improved students' musical self-efficacy and confidence prior to entering their internship. An anonymous survey given to students in the spring of their junior year asks them to rate their confidence on the FMSC from 1 (Strongly Disagree) to 7 (Strongly Agree). We have observed a steady increase in cohorts' average ratings of their musicianship confidence from 4.4 in Spring 2021 and 4.5 in Spring 2022 to 5.75 in Spring 2023 and 6.25 in Spring 2024. Consistent implementation and clear policies around the FMSC lead students to feel more certain and positive that they are meeting the program's clinical musicianship expectations.

Authors Reflexivity

As music therapists, we are tasked with utilizing music from musical and cultural traditions different from our own, with the foremost goal of honoring the musical and cultural traditions of our clients. We recognize that music therapists are far from perfect in our applications of and usages of music-- the biases and structures reflected in broader society occur within music therapist/client relationships. One limitation of the policies we explained above is that we encourage our students to learn the most "prototypical" versions of music in an attempt to be recognizable, engaging, and applicable to as many clients as possible. However, we understand that this approach minimizes the richness and heritage of any single musical style. People spend the entirety of their musical careers learning each genre independently, yet we, as music therapists, must know a little about many genres, and may be experts at none.

Furthermore, as music therapy faculty, we are tasked with evaluating musical skills in cultural traditions different from our own. We recognize that we are not content area experts in each genre we ask our students to demonstrate. For example, skill R9 asks students to perform music in a language in which they are not a fluent speaker and provide a short explanation of the content of the lyrics and pertinent cultural context. Often, students will demonstrate a song in a language that we ourselves do not speak. Students have (rightfully) questioned our ability to evaluate their performance with this skill. We have also questioned our ability to evaluate this skill. We have questioned whether our evaluative limitations provide enough justification to remove it from the list. However, we have chosen to stress that the skill does not test one's performance ability so much as their willingness and metacognitive processes around learning music in a

different language. We believe that *learning how to learn* a song in a different language, and doing so with openness, authenticity, and humility is a functional music skill worth maintaining. Ultimately, we feel that we would be negligent to avoid asking our students to make these musically centered cultural considerations when growing their clinical musicianship just because we may feel discomfort.

In addition to cultural considerations, we recognize that through the functional music skills testing process, we hold power over students' timelines to internship. We have grappled with this imbalanced dynamic and engaged in many transparent conversations with our students. We continue to reflect on our privilege and biases and have found that increasing the transparency of the functional music skills process has not only helped our students become more aware of the importance of developing certain skills, but also increased their ability to complete it within their typical course sequence. Finally, our perspectives are influenced by living and working as educators in the United States, which may differ from musicianship expectations in other regions of the globe. While we cannot make recommendations for the FMSC's application to music therapists' training outside of the United States, we welcome our international colleagues in adapting what they find helpful from this article.

Additional Limitations

We acknowledge that several other limitations related to the FMSC and its implementation exist. While the FMSC is not intended to be an exhaustive list, the majority of skills on the checklist are related to piano (21%), repertoire (29%), and guitar skills (39%). Only two skills (3%) involve percussion. None of the other skills on the FMSC address a student's progress on their primary instrument or alternative harmonic

accompaniment instruments such as ukulele. Colleagues who choose to adapt the FMSC may find a different balance of skills better fits their program's curriculum and their students' needs. Later in this article, we discuss some future ideas for the FMSC that are being considered in our program.

Similarly, the FMSC was not designed to be a psychometric tool that empirically tests or predicts a student's clinical musicianship or other dimensions of their clinical skill set. We ask that scholars who are interested in developing a psychometric tool based on the FMSC contact the first author. Finally, we acknowledge that the FMSC's implementation takes a considerable amount of faculty time and attention to conduct testing sessions, maintain records, and follow up with students who need additional support. Historically, our program has had fewer than 20 music therapy majors taking coursework and one or two hours of testing slots each month meets the needs of our program. However, research suggests that 86% of music therapy programs have more than 20 pre-internship students (Hsiao, 2014). Our FMSC policies may significantly burden music therapy faculty in larger programs who also balance teaching, research, and supervision responsibilities. Despite these limitations, we feel that interested music therapy educators will be able to implement aspects of the FMSC policies in a way that fits their program's curriculum and students' needs.

Future Evolution of the Functional Music Skills Checklist

The FMSC is an ever-evolving document because music therapists' tool for change (music) never stops expanding. We would like to end this article with some developments we are considering adding to future iterations of the FMSC. First, we acknowledge that popular music styles often emphasize musical styles originating in the

African diaspora, such as R&B and Hip-Hop. Additionally, the last several decades have seen a rise in musical styles that center technology as an instrument itself (e.g., electronic dance music). We are considering adding skills related to these styles that are relevant and popular amongst music therapy clients. Our ideas include adding a vocal or repertoire category skill in which students would need to perform a song that involves rapping, or an improvisation category skill which would require students to freestyle rap, sing lyrics, or other verbal material (e.g., scatting). Further ideas involve adding technology skills in which students demonstrate their ability to compose from live loops or utilize electronic instrumentation (e.g., synthesizers, samplers, or drum machines).

However, before we add additional functional music skills to the checklist, we need to ensure that students have ample opportunities to learn and practice these skills across several classes. Increasing the total number of functional music skills would mean that our university's music faculty could teach these skills in an authentic, culturally sensitive, and sustainable way that was not dependent on a single faculty member's expertise, and that the new skill and its requisite coursework was not simply adding to students' credit load. We have recently adjusted our music therapy coursework to prioritize more time for our students to focus on clinically relevant music skills, rather than strictly western classical traditions, in line with AMTA Commission recommendations (2024). We hope these changes will allow students more flexibility to take electives in music technology and/or small ensembles related to non-classical music styles, and support further development of the FMSC.

In conclusion, we share our thought processes and concrete practices when teaching entry-level music therapy students with the intention of showing how functional music skills can be systematically and more consistently assessed. We encourage our music therapy education colleagues to consider how their university programs may center relevant, everyday musicianship skills and increase transparency in their assessment processes using the TILT framework (Winklemes et al., 2019). We invite others to reference and adapt our FMSC with attribution if it is a helpful starting point that will benefit their students' professional success. Ultimately, we hope the FMSC will serve as a valuable tool for our colleagues in music therapy education, supporting the development of functional musicianship in entry-level students.

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Appendix A

Feedback on National Association of Schools of Music (NASM) Reviewer Feedback for Pacific University Music Therapy Program

N.2.b Individual Curricula

(4) Student Work. Student work is sufficiently challenging, with assignments geared toward development across the curriculum, and targeted appropriately toward professional competence in music therapy. Assignments seem to prepare students well for both the board certification process and for subsequent clinical practice. Students seem engaged in the classroom, highly invested in learning and growth, and stimulated to think both critically and creatively through given assignments. Faculty work together to provide opportunities that are particularly relevant to students' future work as music therapists; for example, private voice instructors incorporate popular music styles and self-accompaniment on guitar for more direct transfer to music therapy work. The culminating project completed during the senior year offers students a choice between a research or clinically focused assignment, taking into account students' individual strengths and interests.

(5) Development of Competencies. The tracking of musical competency development represents a significant strength of the music therapy program. The Director of Music Therapy has created a Functional Music Skills Checklist to track the development of clinical musicianship over the course of the program. This 66-item tool is addressed in stages across the curriculum; students must pass a specific subset prior to the start of music therapy practicum and demonstrate competence on all items before the start of the final internship. In addition to the Checklist, competence is tracked through the course sequence, proficiencies and juries, culminating projects, and clinical evaluations.

(6) Overall Effectiveness. High pass rates on the national board certification exam, along with strong job placement rates, serve as evidence of the program's success. The curriculum content directly addresses stated goals and objectives, and the music therapy program seems to produce positive results in the development of successful music therapists.

Appendix B

Functional Music Skills Testing Rubric

Grading Scale		
Pass Plus (P+) <i>Advanced</i>	Pass (P) <i>Proficient</i>	No Pass (NP) <i>Developing</i>
Excellent sound, quality, technique, and musicality across performance. Warm, friendly clinical presence. Student insightfully communicates related musical or therapeutic concepts or skills.	Good sound, quality, technique, and musicality across performance. Performance is appropriate for clinical application. Student communicates related musical or therapeutic concepts or skills correctly.	Sound, quality, technique and/or musicality is not yet ready for application in a clinical setting. Undeveloped clinical presence. Student is still developing an understanding of musical and/or therapeutic concepts.

Student:

Date:

Song Title:

Skill Code	Skill Description	Rating	Notes

Memorized: Yes / No