

**The European Association for Music and Imagery (EAMI)
The Education Committee**



**Standards for Training in
GUIDED IMAGERY AND MUSIC (BMGIM)**

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Introduction

The Training Standards set out in this document are those that need to be met by EAMI endorsed BMGIM Training Programmes delivered by EAMI accredited BMGIM Trainers.

The Standards are designed to ensure that suitably qualified and experienced practitioners will, on completion of an EAMI BMGIM training programme, be competent to practice BMGIM (The Bonny Method) and short or modified BMGIM methods taught by the training programme including Music and Imagery (MI).

The Standards set out the minimum requirements that must be met by the training programme, the trainer having the option to set increased and/or additional requirements. Where recommendations are identified, these are at the trainer's discretion. All else is required.

The Training Standards are *competency based* and intended to allow training programmes to be structured in diverse ways. Whilst trainers may elect to continue to use the classical training format comprising Levels I, II and III, this is not a requirement. The requirements set out are thus the full requirements, equivalent to Levels I, II and III of the classical format combined. Trainers have the option to break the requirements down into those they require to be completed at different stages of training, should they elect to organize their training programme in this way. In such a case, it must be made clear to the students that they will not be qualified to practice BMGIM (except as students working under supervision and subject to the trainer's approval and guidelines) until all the requirements set out in the Standards have been satisfactorily met and the training programme completed in full.

An exception may be made where a training programme is organized so that training in MI is completed before the full BMGIM training, and certificates to practice MI (but not the Bonny Method) are awarded. It is the trainer's responsibilities to set requirements in MI that ensure students are competent to practice the MI methods taught before any certificate of attendance or completion is awarded. EAMI Training Standards in MI is formulated in the document "EAMI Guidelines for Training in Music & Imagery (MI)".

EAMI reserves the right to request information and documentation from trainers related to their EAMI endorsed Training Programmes and the students enrolled on them should concerns be raised.

The Spectrum of the methods: The Bonny Method (BMGIM) and MI Methods

BMGIM is the original method developed by Helen Bonny, including short *BMGIM* and modified *BMGIM*

MI methods include dyadic and group music and imagery techniques with different orientations

| The Spectrum of the methods | | | |
|-----------------------------|------------------------------------|-----------------------|--|
| Dyadic work | <i>BMGIM</i> <i>Short BMGIM</i> | <i>Modified BMGIM</i> | <i>Music and Imagery (MI)</i> |
| Group work | <i>Interactive Group BMGIM</i> | | <i>Group Music and Imagery (GrpMI)</i> |

BMGIM

The Bonny Method

Helen Bonny, American musician, researcher and music therapist, developed *Guided Imagery and Music*, later named *The Bonny Method of Guided Imagery and Music (BMGIM)* in the nineteen seventies. A spectrum of applications of *BMGIM* has subsequently been developed, allowing different types and levels of work to take place with clients who have wide-ranging difficulties in diverse settings. These methods are practiced throughout the world.

BMGIM is a music- and imagery centered method informed by psychotherapeutic principles. The method includes resource-oriented supportive and low threshold work for clients as well as psychotherapeutically informed processing of conflicts and traumatic experiences. The method can also be used for personal, creative and spiritual development.

The client images whilst listening to pre-recorded programmes of music, primarily, but not exclusively from the classical tradition in a non-ordinary state of consciousness (NOSC)¹. The therapist (or guide) provides non-directive support, dialoguing with the client (or traveler). Dyadic *BMGIM* sessions feature a preliminary conversation; a relaxation-induction into the non-ordinary state of consciousness; the guided music-imaging experience; a return to ordinary consciousness, with mandala drawing or other

¹ In literature it is often used the term altered states of consciousness (ASC), but this is often associated with the use of drug induced states. We have chosen not to use the concept of ASC here.

creative processing sometimes included, and verbal processing of the experience. Sessions typically last 1.5 to 2 hours.

Short BMGIM

In *Short BMGIM*, the working method and format of the session are the same as in the Bonny Method, but with shorter/shortened programmes of music being used.

Modified BMGIM

A range of different *Modified BMGIM* methods have been developed. The working method and format of the session may be the same as in *BMGIM* or *Short BMGIM*, with both classical and non-classical music programmes being used, or with a music programme being spontaneously created in the session. In other types of *Modified BMGIM*, dialogue takes place with the client as it does in *BMGIM*, but with other elements of the method being modified. The client may be in a sitting position and not necessarily in a non-ordinary state of consciousness, with other creative media used in the process.

Interactive Group BMGIM

Interactive Group BMGIM may be regarded as a form of the Bonny Method if long Bonny programmes are used. In *Group BMGIM*, dialogue takes place during the music listening either between the therapist and the group members, or amongst the group members alone. The music need not be classical music taken from the Bonny programmes but can be of many different genres and styles. The intention is to promote and evaluate group dynamic processes by developing a narrative in the group.

Music and Imagery (MI) and Group Music and Imagery (GrpMI)²

MI sessions can be applied individually or in groups and in settings such as receptive music-therapy, psychotherapy, self-development, coaching, organisational, education, spiritual settings, and as a complementary intervention in medical, psychological and spiritual care. MI methods may apply one or more pieces of music of different qualities e.g. a supportive, a re-educative, a perceptual, an energizing or a spiritual oriented quality. The music selections are not restricted to the classical BMGIM repertoire. These methods will not be described in this document.

Core Elements of BMGIM

The core elements of BMGIM - music, non-ordinary states of consciousness, imagery, guiding, therapeutic relationship, and processing - are set out below. The core elements may feature in different ways (or even not at all in the case of non-ordinary states of consciousness and guiding).

² Guidelines for trainings in MI and GrpMI methods are set up in another document
EAMI Standards for Training in Guided Imagery and Music (BMGIM) July 6th, 2022

Whilst the therapeutic relationship and processing are important elements in psychotherapy generally, it is the way in which the core elements feature and are combined that uniquely characterizes practice in BMGIM.

Music

Music functions as the co-therapist in BMGIM, even as the primary therapist at times. It helps contain the client's experience, is a catalyst for tension and release, and stimulates the flow and movement of the imagery. The music induces shifts in consciousness, stimulates embodied, multi-modal imagery and generates body-mind responses. It can help clients to experience their feelings more fully and work through emotional conflict. The music can evoke the dynamics of transference, the exploration of relationships and of past and projected future experience. It facilitates creativity and problem solving, transpersonal and spiritual opening, and can bring experiences of healing, transformation, integration and wholeness.

Helen Bonny created 18 music programmes. The full programmes she created last 25-50 minutes, and are comprised of 2-7 pieces of pre-recorded classical music ranging from the baroque period to the 20th century. Further music programmes have been developed, some drawing on other genres and styles of music, including jazz, world, film, folk, new classics, and music from non-Western cultures. There are over one hundred and twenty-five established music programmes currently in existence. These include basic, working and advanced level music programmes of many different types, which are intended to help clients develop their inner resources and work on the varying psychological, emotional and spiritual challenges they face.

Whilst in *the Bonny Method* the music programmes are used as originally created (full programmes), they may also be shortened (*Short Bonny Method sessions*), extended, adapted, repeated and switched in sessions. Bonny was in fact the first to develop short versions of a number of her own music programmes, comprised of 2 to 4 pieces and lasting 10 – 30 minutes. Music programmes may also be created with a particular client in mind, including spontaneously in sessions (*Modified BMGIM*).

In **MI**, a wider range of musical styles tends to be drawn on than in *Dyadic BMGIM*. In supportive level work especially, the music often has simpler characteristics, with one single piece being used. Where in *Dyadic BMGIM*, the therapist selects a suitable music programme for the client; in some forms of MI the client may choose or be helped to choose suitable music.

Non-ordinary States of Consciousness

In *the Bonny Method*, *Short BMGIM* and *Group BMGIM*, a relaxation-induction, which may be of various types, is used to lead the client into a non-ordinary state of consciousness (NOSC), prepared physically and psychologically for the music-imaging experience. In a non-ordinary state of consciousness, the traveller's experience can potentially be wide-ranging, spanning the psychodynamic, body-based, archetypal, transpersonal, spiritual and collective dimensions of consciousness. *A non-ordinary state of consciousness can be defined as a very relaxed and mindful state of awareness which is directed towards inner processes.*

In MI, the depth of non-ordinary states of consciousness experienced by the client(s) is sometimes purposely limited, as is the extent of the exploration of consciousness. The shorter relaxation-induction and less complex music often used, and shorter periods of music listening are a part of this; as can be

the use of talk-overs (or scripts) to structure the client's spontaneous imaging experience. In some forms of MI, the clients draw or engage in other creative expression whilst listening to the music, rather than experience the music in a non-ordinary state.

It depends on the psychotherapeutic or supportive orientation of the MI method in which way the experiences of the traveler are processed. The first can be conflict-centered whereas the latter is focused low-threshold and serves to support and structure the here and now.

Imagery

The relationship between music and imagery in *BMGIM* and MI is a complex one that can rarely be reduced to a simplistic cause and effect. In *BMGIM*, the imagery experience evolves spontaneously as a manifestation of the client's inner process in response to the music and the therapist's guiding. The client's imagery experience can potentially be very wide-ranging, featuring visual imagery, auditory experiences, smells and tastes, feelings, body-based experiences, music-based experiences and associations, memories, dream-fragments, dialogue, archetypal imagery, transpersonal, spiritual and collective experiences.

Through the imagery process, the core scripts of the client's inner experience, expressive of the client's characteristic ways of being and relating, typically emerge in metaphorical form. The process allows these scripts to be explored and transformed, where they limit or in other ways reflect the difficulties a client experiences in everyday living. The imagery may be either concretely, metaphorically or symbolically related to past, present or anticipated future experience, with the process having the potential to facilitate psychological and spiritual growth in an integrated manner. Whilst a focus image may be used to help initiate the client's exploration of consciousness in *BMGIM*, the imagery process unfolds freely and spontaneously in response to the music and the therapist's non-directive guiding.

In MI, the client's spontaneously generated imagery experience is generally a more contained and less freely evolving one than it is in *BMGIM*. It is typically focused on the exploration of a single image, imagery narrative, theme or goal where a single piece of music only may be used that is less complex than the music used in *BMGIM*. This supports the more limited exploration of consciousness that is usually (though not always) intended in MI.

Guiding

In *BMGIM*, the therapist guides the process in a supportive, non-directive, non-analytical and music-centered way. The therapist dialogues with the client, asking open questions designed to facilitate the evolution and deepening of the client's music and imagery experience. Guiding is always dependent on the way the client is processing his imagery. The aim is to support the client to become as fully and deeply engaged in the experience as possible. On this basis, the client and the *BMGIM* process itself are likely to be able to do the rest.

Therapeutic relationship

Both therapist and music are experienced to be intersubjective participants in the client's unfolding imagery process, but have different roles to play. The therapeutic process between the therapist and the client is shaped by or formed through transferences and countertransferences to the therapist, the client, the music and the imagery. These include different collective influences as well, e.g. cultural, sociological, transgenerational and gender related aspects.

Whilst BMGIM is originally rooted in the humanistic and transpersonal psychology traditions, therapists may have a training background in other traditions. Therefore, the therapist must be able to reflect problems that can arise due to conceptual incompatibilities (e.g. behaviour therapy versus depth psychology). No matter how a therapist works and understands the process theoretically s/he needs to be able to establish and maintain a safe working alliance with the client, and be able to work effectively with the dynamics of the client's relationship with both therapist and music.

Processing

The BMGIM - and MI- therapists work in different ways to help clients process their music and imagery experiences. Their work is dependent on the client, the clinical situation, the orientation of BMGIM or MI methods being employed, and the therapist's training and experience. The central music and imagery experience may be transformative in itself, but clients are also encouraged to engage in further creative processing and consolidation (e.g. mandala drawing).

In working verbally to help clients process and integrate their experiences, BMGIM therapists refrain from interpreting the meaning of the client's imagery experience during the listening phase. However, they help the client to mentalize the experience by asking questions in order to support the client to be aware of emerging symbolic material in their experience, and in its relationship to their presenting problems and daily life experiences. In MI clients may also be encouraged to use suitable imagery experiences as resources to help them cope in everyday living.

EAMI Standards for Training in BMGIM

Requirements for Training in BMGIM

1. Entry requirements (prerequisites)

EAMI recognizes BMGIM to be a training informed by psychotherapeutic and psycho-educational principles.

EAMI also recognizes that there are legal prohibitions around the use of the term music therapy as well as psychotherapy, both, the title music therapist and psychotherapist and the practice of music therapy and psychotherapy in some European countries. These Training Standards are not intended to conflict but rather to set general minimum standards for BMGIM training within the European Region. This is where there is no internationally agreed legally binding consensus that defines precisely what is and is not (music)-psychotherapeutic practice, who is legally entitled to practice nor what the minimum training standards should be. Music therapy, is legally accepted in some European countries, but in others not. Mental health counseling and some other modalities are accepted as psychotherapeutic modalities in Great Britain, in other European countries not.

BMGIM therapists, trainers and students must ensure that they abide by the legislation and other rules of the countries in which they practice or teach. They may need to consider carefully how they identify themselves professionally and how they characterize BMGIM as a method. In relation to this, it is important for all to recognize that BMGIM is a highly specialist form of psychotherapeutically and music-therapeutically informed therapy which needs to be differentiated in terms of what is required to practice safely and effectively.

Therefore, training in BMGIM requires applicants for training to have sufficient corresponding competencies, knowledge, and skills and minimum 2 years of clinical experience under supervision before they commence a level 3 (advanced) BMGIM training or before they commence supervised BMGIM client work.

Trainers are required to assess the suitability of an applicant by checking his/her therapeutical competencies and pre qualifications.

A. Formal requirements:

- Either have a Master's degree (or equivalent level academic qualification) in a psychotherapeutically informed modality (not research, but including supervised client work and self-experience/personal therapy).
- or have a Bachelor' degree (or equivalent level academic or professional qualification) in an appropriate complementary therapy training.
 - ⊖ In such a case, the applicant must give proof of psychotherapeutic and musical knowledge.
 - The applicant must have had self-experience and his/her work must have been regularly supervised.

- The applicant must have sufficient clinical³ experience (minimum of 2 years or 900 hours) working as a therapist before commencing level 3 (advanced) BMGIM training.

B. Content-related prerequisites

- It is required that applicants are interviewed and assessed regarding their clinical and theoretical psychological knowledge and skills before entering the advanced training.
- The applicant must possess the knowledge and skills required to manage psychodynamic processes.
- It is recommended that applicants with no formal music training or documented musical background are interviewed and assessed regarding their musical appreciation and ability to describe the music in words as relevant to BMGIM training. A possible procedure for testing such applicants is included in Appendix 2 of this document. These skills may be assessed through the applicant's participation in Level I training (or equivalent).
- The applicant must have a sufficiently well-developed relationship with music.

C. The following is mandatory:

- The ethical basis of the student's practice.
- The applicant's life experience and maturity to be trained in BMGIM.
- The applicant's experience of personal therapy.
- The applicant must be in a position to work with clients and patients under supervision during BMGIM training, in accordance with country specific legislation, and any requirements for professional registration, accreditation or insurance.

The applicant will receive from the trainer a detailed evaluation of his/her knowledge and therapeutic skills. The assessing Trainer(s) must ensure that the applicant possesses and exhibits the required knowledge and skills (e.g. music theory, musicology, psychology, psychodynamic theories, clinical experience, self-experience, etc.).

Country-specific requirements set out for the countries listed in the Appendix 1.

These specific requirements determine which professional qualifications entitle GIM therapists to practice BMGIM.

Students should be informed about the laws of the country where they are trained and where they will practice later.

The entry pre-entry requisites must be met in full before the applicant commences training.

Exceptions may only be granted:

- for admission at Level I (or equivalent) when this is offered as an introductory course.
- for admission to Level II (or equivalent) when no supervised client work will be undertaken and no certificate to practice BMGIM is awarded.

In these circumstances, applicants must be informed before admission to Level I, that they will be unable to continue with the advanced training following Levels I or II, unless, or until, they meet the trainer's entry requirements in full.

³ Clinical experience includes therapy work with different clients in hospitals or in private practice

To be accepted for accreditation by EAMI, students must meet the pre-requisites for training set out above.

Note: EAMI cannot be held liable where a trainer has accepted a student and EAMI subsequently finds that the student's qualifications and experience do not meet the pre-requisites set out below.

2. Contractual and other information

2.1. Before commencing training, students should be given:

- the EAMI Training Standards,
- the EAMI Code of Ethics,
- information about the Training Programme, (e.g. its schedule of training seminars, its curriculum, requirements and complaints procedure), and
- the terms and conditions of the Training Programme (e.g. information about fees and payment).

Students should not expect to be able to swap between training programmes once enrolled in training. This may be possible in exceptional circumstances, at the trainer's discretion, where courses have a sufficiently similarly training content and structure.

It is recommended that there be no more than eight students per trainer in a group. Assisting Trainers should be used for larger groups who are qualified BMGIM therapists or (at the trainer's discretion) experienced students.

2.2. BMGIM students are recommended to enroll with EAMI as students when commencing supervised BMGIM client work during training.

Should an allegation of ethical misconduct be raised with EAMI about an EAMI enrolled student and the student be found to have infringed, or to be infringing, the Association's Code of Ethics or Standards of Practice, in order to protect the public, EAMI may decide to suspend the student's enrolment or terminate it.

3. Training hours

- 3.1. The training programme must comprise a minimum of 185 hours of didactic and experiential training. The 185 hours cannot include client work, individual supervision of client work, consultations or self-directed study.
- 3.2. The classical format comprises three levels of training: Level I, 35 hours training; Level II, 50 hours training; and Level III, 100 hours training.
- 3.3. Other formats may be used and the hours distributed differently. Most especially, training programmes may be structured in different ways to accommodate the teaching of MI practices, additional to the Bonny Method, that trainers wish to incorporate in their training programmes.
- 3.4. Online forms of teaching may be included when necessary.

4. Completion of Training

4.1. Session requirements to complete training

The minimum requirements to complete BMGIM training are set out below. The recommendations set out are at the trainer's discretion. All else is required. Increased and/or additional requirements may be set by the trainer.

4.1.1. Personal sessions

4.1.1.1. The student should receive a minimum of 20 dyadic BMGIM sessions.

4.1.1.1.1. A minimum of 10 of these sessions should be in series with the same external EAMI accredited BMGIM therapist (or AMI Fellow).

4.1.1.2. When there is a lack of availability of qualified therapists, a maximum of 6 of the student's personal BMGIM sessions may be provided by an experienced student from a different EAMI endorsed training programme, at the discretion of the trainer.

4.1.1.3. It is mandatory (except in very exceptional circumstances) that the same therapist not provide personal sessions and supervision concurrently with the same student.

4.2. Client sessions

Students are recommended to enroll with EAMI as 'EAMI enrolled BMGIM Students' at the latest when commencing the supervised BMGIM client work that is required during advanced training (at Level III in the classical format). Students will remain enrolled until such time as all the client work and supervision required by the training programme has been satisfactorily completed.

4.2.1. The student must deliver a minimum of 85 client sessions documented in the forms of Appendix 3. These can be in any the BMGIM and MI formats taught by the training course subject to the stipulations set out below.

4.2.2. Clients should not be friends or acquaintances, but paying clients.

4.2.3. It is recommended that only client sessions delivered in series with a minimum of 3 sessions be included in the 85 required.

4.2.4. A minimum of 50 *Bonny Method* sessions must be included in the 85 sessions required.

4.2.4.1. Bonny's music programmes should be used extensively along with other well-proven ones, including basic, working and advanced level programmes.

4.2.4.2. It is recommended that 1 - 3 series of 10 dyadic BMGIM sessions be undertaken. Whilst longer session series may be included, it is important that students work with a range of different clients.

4.2.4.3. Talking only (review) sessions may be included in the 10 session series, as advised by the trainer, but may not be included in the minimum of 50 *Bonny Method* sessions required. It is recommended that no more than 10 short *Bonny Method* sessions be included.

4.2.5. The remaining 35 of the 85 sessions required may be further BMGIM sessions, or sessions in other BMGIM and MI formats.

4.2.5.1. Dyadic and Group MI, Short BMGIM, Modified Dyadic BMGIM and Group BMGIM may be included.

4.2.5.2. 10 Interactive group BMGIM sessions may be included.

4.2.6. Trainers are entitled to require students to undertake additional sessions and supervisions, if on completion of the requirements set the student has not achieved sufficient competence in the practice of BMGIM.

4.2.7. It is recommended relation to 'in vivo supervision' that supervision by Skype, Zoom or telephone is only used once a face to face supervision relationship has been established.

5. Supervision

5.1. Supervisors

- 5.1.1. Supervision should be with an EAMI accredited BMGIM therapist (or AMI Fellow) who has a recommended minimum of five-years post-qualification experience.
- 5.1.2. An exception to this may be made where MI sessions are supervised by a therapist, trained and experienced in the type of MI being undertaken, who has not gone on to complete the full BMGIM training, or who has not yet completed it.

5.2. Supervision of student's work

The supervision requirements set out below are intended only to cover the direct supervision of a student's client work. Experiential learning included in training seminars in a supervision format (e.g. live supervision with reflective team-work), invaluable as it may be, cannot substitute for the supervision of a student's client work and should not be included in meeting the supervision requirements.

- 5.2.1. All the student's work undertaken with clients must be supervised.
- 5.2.2. Whilst not every session needs to be individually supervised, the trainer must approve and monitor all work undertaken by the student during training.
- 5.2.3. No more than 5 client sessions should be undertaken without receiving some form of supervision or consultation.
- 5.2.4. It is obligatory that at least 4 of the supervisions required be with one of the trainers of the training programme (e.g. 2 at the beginning and 2 at the end of training).
- 5.2.5. Applicants must be informed before admission that additional supervision might become necessary to become competent to practice.
- 5.2.6. Students must receive a minimum of 17 supervisions of their client work to be documented in the form of the Appendix 3.
- 5.2.7. A minimum of 8 of the required 17 supervisions must be of dyadic BMGIM sessions. It is strongly recommended that these be on-site, live (in-vivo) supervision.
- 5.2.8. The format of the remaining 9 supervisions is at the trainer's discretion.
- 5.2.9. If not otherwise possible, online supervisions are allowed. It is strongly recommended that supervision by Skype, Zoom or telephone is only used once a face to face supervision relationship has been established.
- 5.2.10. Hours of group supervision can only count towards meeting the minimum requirement when the student's client work is discussed, rather than the work of other students.

6. Consultation / tutorial sessions

It is recommended that the student have a minimum of 5 consultation sessions with an EAMI accredited BMGIM Therapist (or AMI Fellow). These sessions, which are differentiated from supervision in these Training Standards, could include tutorial sessions focused on the student's engagement in the training process, or could be used to discuss music choice, inductions, verbal and physical interventions, setting up group work, ethical issues or other practice related topics.

7. Literature requirements

- 7.1. Minimum 1.700 pages comprising books, book chapters and journal articles recommended by the trainer.
- 7.1.1. Both the reading of prescribed texts, and the reading of texts chosen according to a student's

interests from amongst those prescribed by the trainer, can count towards meeting the requirement.

- 7.1.2. It is recommended that students write one to three-page literature reports reflecting on the BMGIM literature prescribed. Several formats can be selected, for example essays on themes or types of literature, or short abstracts, in agreement with the trainer.

8. Documentation requirements

8.1. Music analysis

8.1.1. A written analysis of a music programme in a structured format.

8.1.2. One of the following is required in addition:

8.1.2.1. either a written analysis of a second music programme.

8.1.2.2. or an analysis of another music programme in a free (creative) format.

8.1.2.3. or short analyses of several programmes.

8.2. Music Archive

Trainees must develop a pool of music in consultation with the trainers.

8.2.1. They should be able to critically evaluate the characteristics, suitability and potential (affordances) of different pieces and genres of music for use in practice with different types of clientele.

8.2.2. Trainees must be able to categorize their music pool, e.g. for use at different levels of work (e.g. supportive and re-educative), in relation to a music taxonomy, or in relation to the music's mood area(s).

8.2.3. Trainees must be able to evaluate music provided by the trainer and categorize it into their music archive.

8.3. Case study

8.3.1. This should describe a ten session dyadic BMGIM series, integrating the client's psycho-social background and medical history; furthermore, psychodynamic and theoretical perspectives in discussing the therapeutic process and its facilitation, with a recommended length of between 5,000 and 10,000 words. The trainer should provide guidelines for this.

8.4. Professional personal therapy report

A report reflecting on how the experience of personal therapy has benefited the student's developing practice as a BMGIM therapist.

8.4.1. The focus should be on the student's professional development as a BMGIM therapist and how this has been informed by his/her experience of personal therapy, rather than on the student's personal therapeutic process which does not need to be disclosed. The report should have a recommended minimum length of 3,000 words.

8.4.2. A personal therapy log should also be kept and include the date and number of each session, the therapist's name and the music used.

8.5. Client session log

8.5.1. This should include the type and number of full, short and modified BMGIM and MI sessions, with date, music used, and client initials.

8.6. Supervision reports and log

8.6.1. Reports reflecting on what has been learnt from supervision.

8.6.2. A supervision session log should be kept and include the date, type of supervision (e.g. individual or group) and the name of the supervisor.

8.7. Final Project

8.7.1. A project documenting an integrated understanding of BMGIM, and intended as a contribution to the BMGIM community, such as:

8.7.2. A research project, a new music programme, a conference presentation, or a new BMGIM application.

9. Completion of training

9.1. Competency descriptions

The competencies set out the knowledge and skills that must have been acquired before a trained BMGIM Therapist can become an EAMI accredited BMGIM Therapist. The competencies are for the practice of the Bonny Method. Where the teaching of other types of BMGIM is also included as part of a training programme, the trainer should ensure that students are competent to practice the methods taught, and have acquired a suitable level knowledge and skill. Where the teaching of MI methods is not included, the trainer should ensure that students work within their scope of practice, and that they acquire the skill to perform assessments for contraindications and referral procedures for clients outside their scope of practice.

9.1. 1. Knowledge

- Reflection of the historical development of the BMGIM method and its psychotherapeutic, psychological, sociological and philosophical background theories,
- knowledge of neuropsychology and neurobiology
- Reflection of theories of imagery and its potentials
- knowledge of the therapeutic potential of BMGIM beginning, working and advanced music programmes of the BMGIM music repertoire
- models of music analysis
- the ethical dimension of therapeutic work with music and imagery
- Knowledge of the international research on BMGIM

19.2. Skills

- ability to discriminate among scientific theories, methods and practical/analytic tools relevant to BMGIM
- ability to plan and deliver short and long BMGIM series
- ability to adapt modified or MI - methods to meet the client's need
- ability to perform relevant assessments and to evaluate clinical work with music and imagery in a non-ordinary state of consciousness
- ability to facilitate the preliminary discussion
- ability to use a wide range of induction techniques
- ability to make an informed choice of music and draw on an extensive repertoire of music and music programmes
- ability to utilize guiding interventions to facilitate the client's imagery experience

- ability to facilitate the client's processing of the music and imagery experience, including through mandala drawing and other creative techniques
- ability to work with changes in the working alliance and in the dynamics of the therapeutic relationship, including ruptures and repairs in the client's experience of the therapist and the music

9.1.3. Professional practice

- ability to work autonomously as a BMGIM therapist within clinical and psychosocial contexts
- ability to deliver presentations, lectures & workshops about BMGIM and MI

10. Completion and interruption to training

- 10.1. A student who has satisfactorily participated in all the training seminars of an EAMI endorsed Training Programme, has completed all the requirements set by the trainer (meeting or exceeding the minimum requirements set out in this document), and is assessed by the trainer as having met the competencies set out in this document, will be eligible to be recommended by the trainer to become an EAMI accredited BMGIM Therapist.
- 10.2. Trainers are recommended to award certificates to students who successfully complete their training programmes, e.g. Certificate or Diploma in BMGIM. These must not state that the students are EAMI accredited, or imply they are.
- 10.3. Students should be advised of the ongoing importance of being ethically accountable, and of Continuing Professional Development (CPD).
- 10.4. Should a student be inactive for more than 2 years following the final training seminar of the programme and before completion of the requirements, the following guidelines apply:
 - 11.4.1. At the trainer's discretion, the student's participation in the training programme may be curtailed, or the trainer requires previous parts of the training programme to be repeated. The student should be given a notice about this after 18 months.
 - 11.4.2. To be considered active, the student must receive a minimum of 1 supervision per year.
- 10.5. The same guidelines apply should there be an interruption to the student's participation in the training programme.
- 10.6. The requirements of the training programme must be completed in full within 3 years of the completion of the training seminars.

Appendix 1

Country-specific requirements for admission to BMGIM training

The nature and level of professional training in the different therapeutic modalities, and the legal requirements to practice and use titles such as music therapist or psychotherapist, are variable across the countries of the European region. Further country-specific clarification of the entry requirements is set out in this Appendix.

1. Country-specific requirements in Germany

Before admission to the training programme (or before commencing supervised BMGIM client work), the applicant must:

- 1.1. either have a **Master's degree** (or equivalent level academic qualification, e.g. a diploma) in a psychotherapeutically informed modality accepted by EAMI (not research, but including supervised client work, group self-experience and personal therapy).
- 1.2. or have a **Bachelor' degree** or equivalent level academic or professional qualification in a complementary therapy training.

In case of 1.2., the applicant must have received at least

- 30 personal therapy sessions and 20 hours group self-experience,
 - give proof of 2 - 3 years (or 900 hours⁴) of clinical⁵ experience and supervised client work.
 - The assessing trainer(s) must ensure by interview, and/or by an extended weekend orientation seminar, and/or by a Music test (e.g. Appendix 2) that the applicant possesses and exhibits the required knowledge and skills (e.g. music theory, musicology, psychology, psychodynamic theories, clinical experience, self-experience, etc.).
 - If necessary requirements are missing, the trainer advises the applicant to make up for missing requirements by a certain date (e.g. by the beginning of Level I, II or Level III).
 - Applicants must be informed before admission that they will be unable to continue with the advanced training following Levels II, unless, or until, they meet the entry requirements in full.
- 1.3. In order to be allowed to practice BMGIM and MI as a psychotherapy in a private office or as a fee earner in an institution, applicants must give proof of an official state permission as "Heilpraktiker" or "Heilpraktiker for Psychotherapy unless they are qualified as approbated psychotherapists or medical doctors.

⁴ For example: One year a 30 5day weeks a 6 hours per day or 60 5day weeks a 3 hours a day.

⁵ Clinical experience includes regularly supervised therapy work with different clients in hospitals or in private practice
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2. Country-specific requirements to be completed by EAMI accredited trainers

3. Austria

4. Denmark

5. Great Britain,

6. Ireland

7. Italy

8. Spain

9. Sweden

10. Switzerland

11. non-European countries

Appendix 2

BMGIM Music Test

This is an example of a test which could be used to assess BMGIM training applicants who have no formal music training or documented musical background. The main purpose is to assess the student's musical appreciation and his/her ability to describe the experience of the music in words. Duration of the test: 60 - 90 minutes.

0. OPEN LISTENINGS (10 - 30 minutes)

The trainer selects 3 different pieces from the repertoire, plays them and lets the student describe them freely (3 minutes for each piece).

1. MUSIC HISTORY PERIODS. BMGIM music programmes consist of music from many different historical periods: baroque - classicism - romanticism - late romanticism - impressionism - expressionism - modernism, etc. How would you place the music in the programme CARING⁶ in these historical periods or in historical time? [Play 30 - 40 seconds of each piece] (5 minutes)

| | |
|--|---------------|
| Haydn: <i>Cello Concerto</i> in C major, 2nd movement | Period: _____ |
| Puccini: Humming Choir from <i>Madama Butterfly</i> | Period: _____ |
| Debussy: <i>String Quartet</i> , 2nd movement | Period: _____ |
| Bach: Shepherd Song from <i>Christmas Oratorio</i> | Period: _____ |
| Dvorak: Larghetto from <i>Serenade</i> in E major | Period: _____ |
| Warlock: <i>Pieds en l'air</i> from <i>Capriol Suite</i> | Period: _____ |

2. INSTRUMENTATION / SCORING. Music programmes provide single movements from works with very different types of instrumentation and many different solo instruments. Based on listening to short excerpts from the same pieces from CARING, can you identify the instruments playing? [Play the first minute of each piece] (10 minutes)

| | |
|--|--------------------|
| Haydn: <i>Cello Concerto</i> in C major, 2nd movement | Instruments: _____ |
| Puccini: Humming Choir from <i>Madama Butterfly</i> | Instruments: _____ |
| Debussy: <i>String Quartet</i> , 2nd movement | Instruments: _____ |
| Bach: Shepherd Song from <i>Christmas Oratorio</i> | Instruments: _____ |
| Dvorak: Larghetto from <i>Serenade</i> in E major | Instruments: _____ |
| Warlock: <i>Pieds en l'air</i> from <i>Capriol Suite</i> | Instruments: _____ |

3. MOODS IN THE MUSIC. An important factor in BMGIM music is its atmosphere, i.e. what mood the composer thought that music should be expressive of. For categorization, we often use the so-called "Mood Wheel", created by the American music psychologist Kate Hevner in 1936, to determine the (changing) moods of a piece of music. Again, we use CARING as an example. What mood do you hear? (You can use Hevner's categories and names, but also your own words, if Hevner's don't fit) (10 minutes)

| | |
|---|----------------|
| Haydn: <i>Cello Concerto</i> in C major, 2nd movement | Mood(s): _____ |
| Puccini: Humming Choir from <i>Madama Butterfly</i> | Mood(s): _____ |
| Debussy: <i>String Quartet</i> , 2nd movement | Mood(s): _____ |
| Bach: Shepherd Song from <i>Christmas Oratorio</i> | Mood(s): _____ |

⁶ The music programme choice is up to the trainer. It should be a basic programme.
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Dvorak: Larghetto from *Serenade* in E major

Mood(s): _____

Warlock: *Pieds en l'air* from *Capriol Suite*

Mood(s): _____

4. BMGIM music is very diverse - in style, expression, mood, instrumentation/texture, complexity and degree of tension and psychological-semantic 'affordance'. – Now, listen to two very different pieces from the BMGIM repertoire and try to describe them in your own words. You are welcome to use keywords such as: style, period, instrumentation/texture, expression, mood, complexity and psychological-semantic 'affordance' ("What story does the music tell?"). (15 - 25 minutes)

(1) Albinoni: Oboe Concerto, 2nd movement: _____

(2) Liadov: Enchanted Lake: _____

(3) _____

Appendix 3 Forms for the logs

Form 1 (50 guided BMGIM sessions with clients)

| Nr. | Date | Initial of Traveller | age and sex of Traveller | Diagnosis (if applicable) | BMGIM programme | Length in minutes | session number of traveller's travels |
|-------------------|------|----------------------|--------------------------|---------------------------|-----------------|-------------------|---------------------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| Continue 14-50 | | | | | | | |

Form 2 (35 guided modified or other BMGIM sessions with clients)

| Nr. | Date | Initials of Traveller | age and sex of Traveller | Diagnosis (if applicable) | music/programme | Length in minutes | Session number of traveller's travels |
|-------------------|------|-----------------------|--------------------------|---------------------------|-----------------|-------------------|---------------------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| continue 12-35 | | | | | | | |

Form 3 (20 personal BMGIM sessions)

| Nr. | Date | BMGIM – Programme | Name of Guide |
|-------------------|------|-------------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| continue 13-20 | | | |

Form 4 (17 supervisions (8 onsite and 9 supervisions in a different format))

| Date | Onsite/ other format (e.g. video) | Full or short BMGIM-Music programme | name of supervisor |
|----------|-----------------------------------|--|--------------------|
| | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| | 5 | | |
| | 6 | | |
| | 7 | | |
| | 8 | | |
| | Supervision in other format | Full, short or modified BMGIM sessions and MI sessions | |
| | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| | 5 | | |
| continue | 6 - 9 | | |

Form 5 (5 consultations)

| Nr. | Date | name of accredited Trainer/assistant Trainer |
|-----|------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |