Increasing Access to Safe, Competent Music Therapy Practice in Vermont

Vermont State Music Therapy Taskforce

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Information about Music Therapy

Definitions

- "The clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program"
    - American Music Therapy Association (AMTA)
- "A systematic process of intervention, wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change."
    - Kenneth Bruscia (highly respected music therapy researcher, educator, and theorist)

Educational Requirements

- Bachelor's degree or higher in music therapy from one of over 89 AMTA-approved college and university programs
    - 18 in the Northeast, including NYU, Berklee, Lesley, and Drexel
    - Competencies in three main areas:
        - musical foundations, clinical foundations, and music therapy foundations and principles
- Minimum of 1200 hours of clinical training, including a supervised internship

Certification Requirements

- National board certification exam to obtain credential MT-BC (Music Therapist - Board Certified) which is necessary for professional practice
    - Granted by a separate, accredited organization:
        - The Certification Board for Music Therapists (CBMT)
- Continuing Education:
    - Recertification occurs every five years, during which the certificant must complete 100 hours of continuing education

National Accredited Certifying Organizations

- The American Music Therapy Association (AMTA)
- The Certification Board for Music Therapists (CBMT)

Foundational Documents

- Scope of practice
- Standards of Clinical Practice
- Code of Ethics
- Professional Competencies
- Standards for Education and Clinical Training
- Recertification Credit Chart

Settings

- Private practice
- Hospitals (general and psychiatric)
- Nursing homes
- Wellness centers
- Rehabilitation facilities
- Schools and more

Populations

- People of all ages in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational areas experiencing:
    - Medical and psychiatric illness
    - Traumatic brain injury
    - Parkinson's disease
    - Developmental disabilities and Autism
    - Trauma

Clinical goals

- Promote Wellness
- Manage Stress
- Alleviate Pain
- Express Feelings
- Enhance Memory
- Improve Communication
- Promote Physical Rehabilitation and more

Clinical intervention category examples

- Music improvisation
- Receptive music listening
- Lyric discussion
- Music and imagery
- Singing/songwriting
- Music performance
- Learning through music
- Music combined with other arts
- Music-assisted relaxation
- Music-based patient education
- Electronic music technology
- Adapted music intervention
- Movement to music

Phases of clinical relationship

- Music therapy assessment
- Music therapy program planning (goals/objectives)
- Implementation
- Music therapy treatment, evaluation, & documentation
- Music therapy service termination

WHAT IS MUSIC THERAPY?

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

-American Music Therapy Association, 2011

Access and Growth

Music therapists in Vermont, in collaboration with American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) are requesting state recognition of music therapy as a licensed profession.

Music therapy is a skilled health care profession, and state recognition is essential for ensuring the safety of Vermont residents and for increasing their access to services provided by qualified music therapists.

Music therapists use active music making, composition, listening, and improvisation to support outcomes such as reduction of pain and anxiety, stress and symptom management, communication, social skills, and developmental skills.

Credentials

Board certified music therapists work within a scope of practice, adhere to a code of professional practice, and demonstrate current competencies. They must also meet extensive continuing education and recertification requirements every 5 years.

Music therapists are certified by the Certification Board for Music Therapists after completing a degree program , 1200+ hours of supervised clinical training at an AMTA-approved internship, and passing a national board certification exam.

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MUSIC THERAPY IN VERMONT

CURRENT LANDSCAPE AND ACCESS

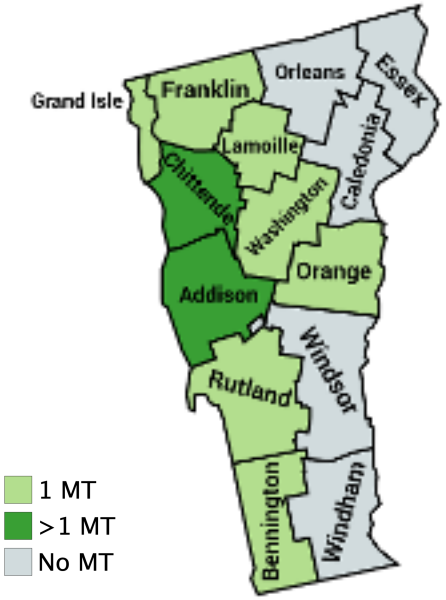
CURRENT ACCESS

Data compiled from CBMT database and 2018 survey of Vermont music therapists.

15 MUSIC THERAPISTS IN VERMONT

430 CLIENTS SERVED

1 MT-BC Service by County



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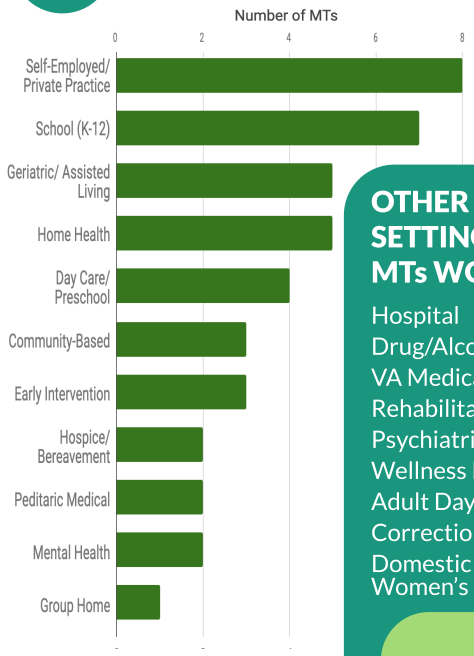
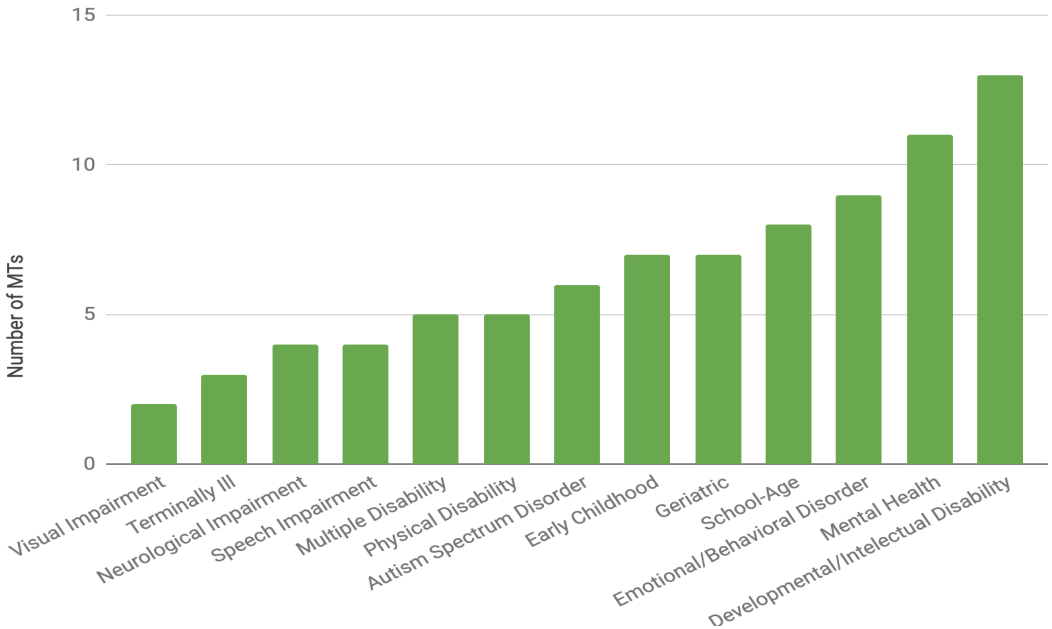


OTHER SETTINGS MTs WORK IN:

Hospital
Drug/Alcohol Program
VA Medical Center
Rehabilitation Facility
Psychiatric Unit
Wellness Program
Adult Day Care
Correctional Facility
Domestic Violence/ Women's Shelter

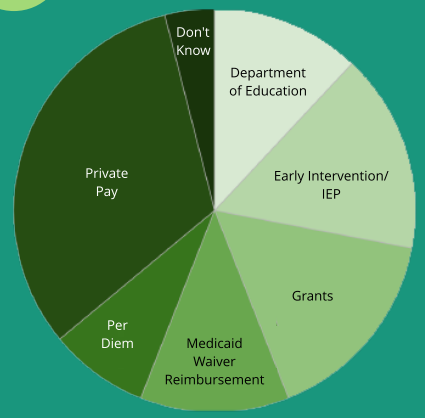
3 Current Populations Served



ADDITIONAL POPULATIONS SERVED IN OTHER STATES:

Addiction
New Americans
Veterans
In-Patient Medical
Pain Management
Victims of Abuse
Trauma Survivors
Rehabilitation
Parkinson's
Eating Disorders
Hearing Impairment
Forensic
Comatose
AIDS

4 Funding Sources



OTHER OPTIONS FOR FUNDING:

Medicare Reimbursement
Private Insurance
Donations
Endowments
County Agency
State Agency
Federal Agency

December 2022

Music Therapy State Recognition: National Overview

The American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) collaborate on the State Recognition Operational Plan, a joint national initiative to achieve official state recognition of the music therapy profession and the MT-BC credential required for competent practice.

Current Recognition

California
Music therapy title protection established in 2019. Practitioners must hold the MT-BC credential.

Connecticut
Music therapy title protection established in 2016. Practitioners must hold the MT-BC credential.

Georgia (https://sos.ga.gov/georgia-board-music-therapy)
Music therapy license established in 2012. Overseen by the Secretary of State using a volunteer Advisory Council.

Illinois
Music therapy license established in 2022. Overseen by the Department of Financial and Professional Regulation through a Music Therapy Advisory Board.

Iowa
Music therapy title protection signed into law in 2021. Practitioners must hold the MT-BC credential.

Maryland (https://health.maryland.gov/boardsahs/Pages/licensing.aspx)
Music therapy license signed into law in 2021. Overseen by the newly expanded State Board of Audiologists, Hearing Aid Dispensers, Speech-Language-Pathologists, and Music Therapists

Nevada (https://dpbh.nv.gov/Reg/MusicTherapist/MusicTherapists_-_Home/)
Music therapy license established in 2011. Overseen by the State Board of Health using an Advisory Council.

New Jersey
Music therapy license created in January 2020. Overseen by the newly created State Board of Creative Arts and Activities Therapies.

North Dakota (https://www.ndbihc.org/)
Music therapy license established in 2011. Overseen by the newly created Board of Integrative Health.

Oklahoma (https://www.okmedicalboard.org/music_therapists)
Music therapy license established in 2016. Managed by the State Board of Medical Licensure and Supervision.

Oregon (http://www.oregon.gov/OHA/PH/HLO/Pages/Board-Music-Therapy-Program.aspx)
Music therapy license established in 2015. Managed by the Health Licensing Office.

Rhode Island (http://health.ri.gov/licenses/detail.php?id=287)
Music therapy registry established in 2015. Managed by the Department of Health.

Utah (https://dopl.utah.gov/music/)
Music therapy state certification established in 2014. Managed by the Division of Occupational and Professional Licensing.

Virginia
Music therapy license created March 2020. Overseen by the Board of Social Work.

Wisconsin (https://dsps.wi.gov/Pages/Professions/MusicTherapist/Default.aspx)
Music therapy registry established in 1998.

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AMTA and CBMT State Recognition Operational Plan

Desired Outcomes

Outcome 1: To establish a state-based public protection program to ensure that "music therapy" is provided by individuals who meet established training qualifications

Outcome 2: To improve consumer access to music therapy services

Inclusion within state health and education regulations can have a positive impact on employment opportunities and funding options, while meeting requirements of treatment facilities and accrediting organizations.

Anticipated 2023 Legislative Activity

The following states have introduced or are planning to introduce legislation to recognize music therapy education, clinical training, and credentialing qualifications:

Connecticut, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, New Hampshire, New York, Ohio, Pennsylvania, Tennessee, Texas, Vermont, Washington

State Legislator Resources

The following legislators have agreed to serve as resources for state legislative offices interested in learning more about successful passage of music therapy licensure legislation:

Former Senator and President Pro Tempore Moises (Mo) Denis (NV)
Moises.Denis@sen.state.nv.us

Delegate and Speaker Pro Tem Sheree Sample-Hughes (MD)
Sheree.sample.hughes@house.state.md.us

Senator Jill Holtzman Vogel (VA)
District27@senate.virginia.gov

For more information, please visit www.musictherapy.org and www.cbmt.org

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VT
NH
ME
MA
CT
RI
NJ
DE
MD
DC
AK
HI

Guam
Northern Mariana Islands
Puerto Rico
American Samoa
United States Virgin Islands

State of the States for Music Therapy Recognition October 2022

- Anticipate Legislation in 2023
- Music Therapy Credential (MT-BC) Recognized
- Task Force
- No Organized Advocacy

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Music Therapy State Recognition

Costs and Administrative Expenses

Background

The State Recognition Operational Plan is predicated upon music therapist's participation and engagement in the professional organizations of CBMT and AMTA. The foundational principles and documents of these two organizations are the seminal requirements and parameters under which professional music therapists are trained and adhere to a standard of best practices. The state recognition operational plan uses this high standard of professional engagement to assure that recognition of the MT-BC credential does not require costly investment. If structured according to the proposed plan, start-up and maintenance costs can be covered through music therapy licensing fees, which are nominal for the practitioner. Licensure template language proposes the use of a music therapy advisory committee (as opposed to a board) in order to provide oversight at minimal cost to the state.

Wisconsin: Registration under the Department of Safety and Professional Services
Enacted 1998

Application fee: $51
Biennial Renewal fee: $51

Continuing Education: Proof of Maintenance of Board Certification

North Dakota: License under the Board of Integrative Health Care (also includes Naturopaths, Acupuncturists, and Behavior Analysts)
Enacted 2011

One Volunteer Music Therapy Member (periodic tele-conference meetings)

Legislature provided Office of Management and Budget (OMB) with an initial appropriation of $4,000 from the general fund for a grant to the State Board of Integrative Health
The board is supported by the volunteer board members located across the state of North Dakota. Although the board is part of state government, it receives no tax dollars and is funded solely by license fees.

Application fee: $50
Initial License fee: $100
Temporary License fee: $100
Biennial Renewal fee (active): $100
Renewal fee (inactive): $75
Late Filing fee: $75
Duplicate License Certificate fee: $25
Duplicate License Wallet Card fee: $20

Continuing Education: 40 hours every 2 years

Complaints *filed* since the license has been enacted: 0
Complaints *investigated* since license has been enacted 0
Complaints from state that licensure fees do not cover costs to administer the license: 0

Nevada: License under the Department of Health and Human Services
Enacted 2011

Volunteer Music Therapy Advisory Group (periodic tele-conference meetings)

Application and Initial License fee: $200
Background Investigation fee: $38.25
Triennial Renewal fee: $150
Late Renewal fee: $20

Continuing Education: 100 hours every 3 years

Complaints filed since the license has been enacted: 0
Complaints investigated since license has been enacted 0
Complaints from state that licensure fees do not cover costs to administer the license: 0

Georgia: License under the Secretary of State-Professional Licensing Board Division
Enacted 2012

Volunteer Music Therapy Advisory Group (annual tele-conference meeting)

We are not aware of general reserve funds being used for administrative costs associated with this license. Since the state used a volunteer advisory committee to develop regulations in coordination with the Division, payments from the first round of licensing covered the administrative start-up costs. The program is now self-sufficient because most of the oversight falls with CBMT to confirm that licensees are in good standing with certification credits every 2 years for renewal.

Application fee: $100
Biennial Renewal fee: $50

Continuing Education: 40 hours every 2 years

Complaints filed since the license has been enacted: 7
Complaints investigated since license has been enacted 0
Complaints from state that licensure fees do not cover costs to administer the license: 0

Rhode Island: Registration License under the Department of Health
Enacted 2014

Application fee: $90
Biennial Renewal fee: $90
License Certificate fee: $30
Penalty Fee - Late Renewal: $45

Continuing Education: Proof of Maintenance of Board Certification

Utah: State Certification under the Department of Commerce-Division of Occupational and Professional Licensing
Enacted 2014

Application fee: $70
Biennial Renewal fee: $47

Continuing Education: Proof of Maintenance of Board Certification

Oregon: License under the Health Licensing Office
Enacted 2015

No Board

Application fee: $150
Initial License fee: $50
Annual Renewal fee: $50

Replacement fee: $25
Late fee: $40

Continuing Education: 10 hours every year

Complaints filed since the license has been enacted: 0
Complaints investigated since license has been enacted 0
Complaints from state that licensure fees do not cover costs to administer the license: 0

Oklahoma: License under Board of Medical Licensure and Supervision
Enacted 2016

Volunteer Music Therapy Committee (meetings held 2x per year)

Application and Initial License fee: $50
Biennial Renewal fee: $50

Continuing Education: Proof of Maintenance of Board Certification

Connecticut: Title Protection
Enacted 2016

All music therapists must hold MT-BC credential
No applications or fees

California: Title Protection
Enacted 2019

All music therapists must hold MT-BC credential
No applications or fees

New Jersey: License under Board of Creative Arts and Activities Therapies
Passed 2020

Fees not yet determined

Virginia: License under Board of Social Work
Passed 2020

Volunteer Music Therapy Advisory Board

Fees not yet determined

Maryland: License under renamed "Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists"
Passed 2021

Application and Initial License fee: $150
Biennial Renewal: Fee TBD

Iowa: Title Protection
Passed 2021

All music therapists must hold MT-BC credential
No applications or fees

Illinois: License under Department of Financial and Professional Regulation
Passed 2022

Fees not yet determined

Harm in Music Therapy Practice

Music therapists work with vulnerable populations (for example, persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). Therefore, it is imperative to define this profession within state governments in order to safeguard members of the public who may be less able to protect themselves.

Music therapists may work with individuals who are diagnosed with the following:

Autism Spectrum Disorder	Developmental Disabilities	Cancer
Alzheimer's Disease	Traumatic Brain Injury	Parkinson's Disease
Premature Birth	Pre- and Post-Surgical Needs	Stroke
Physical Disabilities	Coma	Mental Illness
Substance Use	Post-Traumatic Stress Disorder	Terminal Illness

Music therapy practice settings include:

Rehabilitation Facilities	Medical Hospitals	Senior Centers
Psychiatric Hospitals	Outpatient Clinics	Hospice Agencies
Day Care Treatment Centers	Community Mental Health Centers	Group Homes
Drug and Alcohol Programs	Correctional Facilities	Halfway Houses
Schools	Assisted Living Facilities	Private Practice

The use of live music interventions demands that the music therapist possess the knowledge and skills of a trained therapist and the unique abilities of an accomplished musician in order to manipulate the music therapy treatment to fit clients' needs.

Music therapists are trained to observe and respond to client nonverbal, verbal, psychological, and physiological responses to music and non-music stimuli. The music therapist continually evaluates these responses and adapts the treatment to improve effectiveness and avoid any methods not considered safe.

While it can be difficult to understand how music can cause harm, there are examples of how the improper use of a music stimulus can be medically and emotionally harmful, especially for individuals with complex dementias, mental health issues, or the medically fragile.

A person claiming to be a music therapist, but who does not have the appropriate education, clinical training, and credentials could potentially cause significant health and/or safety risks.

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Specific Harm Scenarios

that can befall individuals who have been subject to improperly conducted music interventions

- Premature infants in the NICU can have their vital signs disrupted, causing dangerously low heart rates, breathing rates, and decrease in non-nutritive sucking, and detrimental overstimulation
- Heart rate and oxygen saturation levels can be adversely affected in medically fragile patients
- Activation of trauma-based responses can occur without proper knowledge of diagnoses and experience in assessment and clinical observation
- Increase of self-harming behaviors can be linked to specific diagnoses
- Seizures can be triggered by specific elements of music
- Not following infection control and medical facility safety guidelines can result in infection, injury, hearing loss, or regression
- Disregard for patients' physical and emotional safety within the treatment setting can lead to physical or emotional harm
- Compromising patient confidentiality violates federal confidentiality laws and may lead to emotional harm

Case Example 1

A nursing home patient with Lewy body dementia, was engaged in a group music sing-along that utilized songs from the big band era. ***Lewy Body dementia is different from the more common dementia of Alzheimer's type. People with Lewy Body dementia often have delusions, hallucinations, difficulty interpreting information, and behaviors.***

At some point the man became progressively upset, and started yelling and threatening others patients and staff. The musician facilitating the sing-along decided to try a different song to engage this man and calm him down. Unfortunately, the song choice only exacerbated the mood and situation. The patient, very distraught and confused, struck another patient and staff member, and in the process stood up and fell. This resulted in a high fracture of the right femur, a skin tear wound, and the patient who was hit suffered emotional confusion and pain.

The cost of this incident went beyond harm or money. The patient's family, deeply saddened and frustrated by the progression of dementia, was notified that they would likely have to find a different placement for their family member in a more limiting "secure" facility. Nurses had incident reports to complete, and residents and families were distressed by the event. Staff stress was elevated by the incident, and the patient spent countless hours in pain and confusion. The awful cycle of pain, confusion, and fatigue was quite difficult to moderate and support, and the patient became isolated and often inconsolable.

One problem: it is all too easy to relegate such an event to the consequences of dementia. A review, and investigation into the antecedent of this event was found to be a progression of bad decision-making and choices within the environment of the activity setting, placement of the patient, and the clear and observed effect of music and music activity increasing agitation, confusion, and distress.

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The group was facilitated by an entertainer that contracted with small nursing homes and group homes. Part of his brochure included the term music therapy, and although he was not a music therapist, he used many examples of the benefits of music with the elderly.

This entertainer did not have the training and a clinical understanding in working with a patient with Lewy body dementia, and to this, did not have the necessary clinical skill set to support the needs of this patient, who became rapidly confused and decompensated into violence. Assuming that music calms and soothes, and simply changing to a different song as a method to change behavior was an inappropriate action.

Music therapists know of the risks that play into altered psychological states, and various shifts incomprehension and perception related to dementia. We make sure we have a reasonable and predictive understanding of the influence of music with our patients through assessment methods. A key point that must not be understated: the music therapist (through training and supervision) has a level of vigilance and monitoring of the patient while simultaneously engaging in, and facilitating themusic experience. In contrast, musicians and entertainers are commonly focused on the performance and the identity of themselves within the performance. No one is perfect, but in this example, music therapists would not have placed a volatile patient in the setting, and would have recognized very quickly the signals leading up to increased confusion and exacerbated behaviors. This patient loved music, and needed to have a one-to-one individual type of experience.

There is an uncomfortable irony in writing this account, and harm is a real thing. This elderly gentleman was not able to heal, spent his last week in pain, and died in a nursing home a few weeks after this incident.

Case Example 2

A music therapist was working in a major children's hospital when one of the PICU doctors called her in for a consult. There was a young teenager who ran his snowmobile into a tree and had a traumatic brain injury. He was in a stage of coma where he was extremely agitated. His parents consulted with someone who claimed to be a music therapist but was not. The person programmed music for them to play at their child's bedside to help him relax. The result of that music was increased agitation, increased heart rate (to dangerous levels), anddecreased oxygen saturation rates. This necessitated increased sedation medication, which itself can have negative side effects.

The doctors called for a music therapy consult. The family was playing some beautiful Mozart concerto when the music therapist arrived. The child was in restraints and writhing on his bed. When the music therapist asked the mother if her son liked classical music and would have selected it to relax to prior to the accident, she replied, "oh no. He hates classical music!" The music therapist asked them to turn off the music, but his agitation continued. After explaining the connection between musical preference and relaxation, the family disclosed their son would

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relax to gangster rap. After conducting further assessment, the music therapist developed a music listening program specifically for the patient. As soon as she started playing music that would help him relax, he let out a sigh and appeared to visibly relax. His heart rate lowered to normal in less than three minutes and his oxygen saturation rate went from 82% to 96% and remained stable. He was able torelax enough he fell asleep without further sedation medication, allowing his body and brain to focus on healing.

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and competencies such as, but not limited to:

- Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
- Recognize the potential harm of music experiences and use them with care.
- Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
- Observe infection control protocols (e.g., universal precautions, disinfecting instruments).
- Recognize the client populations and health conditions for which music experiences are contraindicated.
- Comply with safety protocols with regard to transport and physical support of clients.

How does one determine harm has occurred?

Objective measures: Heart rate, breathing rate, O2 (oxygen saturation), vital signs, measuring discrete behaviors (self-harm, aggression, perseverance, seizures, signs of overstimulation)

How would licensing help prevent these harms?

Licensure will ensure that music therapists are appropriately trained and qualified; keep non-trained practitioners out of sensitive environments; and educate the public about how to find credentialed professionals.

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Harm Example Statements

Skilled Nursing	"The harm I have seen is how people that are performers at my place of employment consider themselves therapists because "music is therapy." When it came down to applying music in the most meaningful and therapeutic ways, they lacked the education so they were only performing while residents responded in common ways such as clapping and singing. While this is still engaging, music performance conducted by a non-music therapist is not considered music therapy. **Residents have been left feeling vulnerable due to the power of music as evidenced by crying, moaning, etc. and the music performer can do nothing but comfort. This is a serious issue because it can lead to a deterioration of the brain or depression."**
Mental Health, DD	"I have seen many instances for the potential for harm if the students were not being supervised. **- One example is a non-verbal client with severe developmental delays, Bi-Polar Disorder, and ADHD escalating in behavior, getting more agitated and the student not providing the appropriate music and behavioral support. The client acted out in the only way he knew how to communicate by pulling the students hair, scratching her, and causing self-injury. As the supervisor, I interceded and de-escalated the situation with the proper intervention.** - Another instance is with an adult with autism in a group setting. Again the student was not realizing the amount of un-organized stimulation she was providing in the group, causing this client in particular to become agitated. She even gave the client a maraca to play which caused the client to become even more agitated because of its ambient and un-grounded sound. If this were to have continued, the client would have surely been a danger to the other group members and/or herself. - There have been MANY instances that I have supervised over the years where if the student had not being supervised, it would have caused harm either to the client or the student."

Long-term Residential Facility	"I have witnessed firsthand the possible harm that has come from individuals misrepresenting themselves as providing services within the scope of Music Therapy. While at times well-meaning, I have witnessed many incidents of individuals assuming a role best fit for a music therapist with their specific knowledge and expertise, and providing harm for clients. **One specific example was an untrained staff initiating a music and meditation group for our residents who are actively psychotic. Not only is this contraindicated without the correct support and supervision, the residents were having negative effects due to having unrealistic expectations placed on them."**
Children: Medically Fragile; Multiple Disabilities; Emotional Disorders	**“Within my practice I have witnessed volunteers and aides try and provide music services through music recordings to children through iPods by placing headphones on them. However, unbeknownst to them, often children will get over- stimulated, as evidenced by their eyebrows furrowing and crying, due to various musical elements that could be overwhelming for children with special needs. Without supervision, knowledge, and expertise of a music therapist who understands signs of over- stimulated, often times these children will be harmed in this attempt for a quick fix.”**
General	"an untrained professional can actually inflict harm on a client if they are not careful. This could happen by making the client more agitated, creating more pain, or overstimulating them."
Long-term Care and Hospice	**"I have seen well intentioned activity aids startle a resident with dementia and increase their anxiety with loud, overstimulating music.** Other employees insist on having recorded music played continuously all day and state that it is relaxing. In observing the residents, I see that continuous generic recorded music either overstimulates them or get ignored by the patient. These negative examples can be shaped into more meaningful experiences by someone who understands how to prescribe music to benefit each individual."

Long-term Care	"While volunteers bring the joy of music to many individuals, they lack the training of a board certified music therapist, who has been trained to help clients process intense emotion that come up during songs. knowing what songs to play at what time is an important part of the therapeutic process. Music volunteers, or non-credentialed individuals who use music with clients, can unintentionally cause harm when working with clients. **There have been instances when well- meaning music volunteers have played songs for residents that brought up strong emotions, bringing them to tears, and the volunteer had no idea how to work with that resident. Board certified music therapists have an understanding of anatomy and physiology, cognitive functions, and how music is processed in the brain as well as how it affects the physical body."**
Hospice and Bereavement Clients	"This has the potential to be harmful to clients and consumers, especially at end of life, when music can be intrusive or over stimulative and live music especially should be tailored to individual needs. This requires knowledge of and ability to play a wide variety of music and manipulate its elements to address needs such as pain, anxiety and grief. "

Skilled Nursing and Rehabilitation	“An individual claiming to be a music therapist, failed our board certification exam multiple times and created these experiences".**Typically, sessions in this setting aim to reduce agitation and encourage relaxation. When properly implemented, music therapy involves the application of music in an idiosyncratic and sensitive manner. Despite claiming to be a music therapist, this man entered each session as a personal performance and did not adapt the music to meet the needs of his clients. As such, he frequently played music that was too loud or complex, actually increasing visible agitation in the residents. Given the progression of their disease, many of these residents are verbally unable to express their preferences and needs and therefore unable to advocate for their comfort and quality of life."**
Cerebral Palsy	"I've witnessed many positive benefits for clients who are treated by competent board certified music therapist and those without training and credentials that can cause harm. **An example is: not understanding about the diagnosis of a person with Cerebral Palsy and selecting music that is over stimulating and causes increased spasticity rather than relaxation of muscles."**
General	".Although music can be beneficial to many, especially when delivered by a trained music therapist, music can also cause harm, for example, **musicogenic epilepsy, unnecessary emotional catharsis, or re-traumatization of individuals who have experienced trauma."**
General	Comment in regarding to headphone music: ".Can you imagine having headphones placed on you, at a volume that does not agree with you, and having to listen to music that agitates you?"

Veterans	**"Case in point, an addictions music facilitator may play a pre-recorded music selection as it matches the preference of a cohort group in a age and socio- economic status. However, they may not realize the music provided is actually a trigger for the addict to further seek the substance rather than seek sobriety. A Music Therapist (MT-BC) will know what songs are appropriate for substance abuse therapy, which are not and how to train the client to effectively work through music triggers to maintain sobriety. (Research has indicated that music can trigger a relapse).**
Skilled Nursing	**"From my most recent experience, as interest in the effects of music grows, more music is being brought into long term care communities in a way that may not always be appropriate; entertainers may be playing songs that trigger negative thoughts or strong emotions, music may be turned up too loud in an effort to "engage" residents causing further damage and pain for frail ears, music may also increase agitation or cause discomfort for individuals who may be experiencing complex situations such as depression, pain or withdrawal as they approach the end of their life. Music causes strong reactions, many times these are positive reactions, however, there is just as much potential to cause significant negative reactions."**
Hospice	"I have seen several examples of misrepresentation of music therapy that licensure could prevent. For example, **music volunteers often are recruited into hospices and nursing homes and unknowingly provide music that can be emotionally traumatic for people with declining cognitive function.** A music therapist is able to assess for this and address it when comes up, where a volunteer is not."

Newly Diagnosed Child with Autism	**"Last week a teacher informed me that one of her students, who has been newly diagnosed with Autism, had a severe "melt down" when an in-home therapist (not a music therapist) used music to assist in trying to regulate his behavior. The child became severely agitated and began engaging in self-injurious behavior. This may have been prevented if a music therapist was providing the service versus someone attempting a therapeutic music intervention without the proper training, knowledge and expertise."**
Medical	**"The difference between a board certified music therapist, with the credential MT-BC, vs. an individual claiming to be a "music therapist who does not have the training and experience of being supervised in a medical treatment setting can be detrimental to the progress and growth of our patients. It is vital to all residents and consumers of healthcare that this level of quality be assured through the creation of Music Therapy Licensure."**
Pediatric Medicine	"Understanding that there is potential for harm if music is used with patients without the proper training is very important. **For example, infants can become overstimulated by music that is too loud or music played for too long. Children with autism have complex needs and music therapists are trained to address them through understanding their sensory sensitivities. While those that simply entertain with music have a role, conducting a proper assessment, treatment plan and documentation are important aspects of the care provided by a music therapist."**
Palliative Care	"In my experience, **the patients that have received music therapy have decreased levels of pain and increased quality of life. Music therapy, as a supportive service, has truly made a difference in the lives of my patients and their families**. We truly value music therapy in our Palliative Medicine program."

Scope of Music Therapy Practice

Preamble

The scope of music therapy practice defines the range of responsibilities of a fully qualified music therapy professional with requisite education, clinical training, and board certification. Such practice also is governed by requirements for continuing education, professional responsibility and accountability. This document is designed for music therapists, clients, families, health and education professionals and facilities, state and federal legislators and agency officials, private and public payers, and the general public.

Statement of Purpose

The purpose of this document is to define the scope of music therapy practice by:

1. Outlining the knowledge, skills, abilities, and experience for qualified clinicians to practice safely, effectively and ethically, applying established standards of clinical practice and performing functions without risk of harm to the public;
2. Defining the potential for harm by individuals without formalized music therapy training and credentials; and
3. Describing the education, clinical training, board certification, and continuing education requirements for music therapists.

Definition of Music Therapy and Music Therapist

Music therapy is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. A music therapist is an individual who has completed the education and clinical training requirements established by the American Music Therapy Association (AMTA) and who holds current board certification from The Certification Board for Music Therapists (CBMT).

Assumptions

The scope of music therapy practice is based on the values of non-maleficence, beneficence, ethical practice; professional integrity, respect, excellence; and diversity. The following assumptions are the foundation for this document:

- **Public Protection.** The public is entitled to have access to qualified music therapists who practice competently, safely, and ethically.
- **Requisite Training and Skill Sets.** The scope of music therapy practice includes professional and advanced competencies. The music therapist only provides services within the scope of practice that reflect his/her level of competence. The music therapy profession is not defined by a single music intervention or experience, but rather a continuum of skills sets (simple to complex) that make the profession unique.
- **Evidence-Based Practice.** A music therapist's clinical practice is guided by the integration of the best available research evidence, the client's needs, values, and preferences, and the expertise of the clinician.
- **Overlap in Services.** Music therapists recognize that in order for clients to benefit from an integrated, holistic treatment approach, there will be some overlap in services provided by multiple professions. We acknowledge that other professionals may use music, as appropriate, as long as they are working within their scope.
- **Professional Collaboration.** A competent music therapist will make referrals to other providers (music therapists and non-music therapists) when faced with issues or situations beyond the original clinician's own practice competence, or where greater competence or specialty care is determined as necessary or helpful to the client's condition.
- **Client-Centered Care.** A music therapist is respectful of, and responsive to the needs, values, and preferences of the client and the family. The music therapist involves the client in the treatment planning process, when appropriate.

Music Therapy Practice

Music therapy means the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapists develop music therapy treatment plans specific to the needs and strengths of the client who may be seen individually or in groups. Music therapy treatment plans are individualized for each client. The goals, objectives, and potential strategies of the music therapy services are appropriate for the client and setting. The music therapy interventions may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention, and movement to music. Music therapy clinical practice may be in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational areas.

Standards of practice in music therapy include:

- Accepting referrals for music therapy services from medical, developmental, mental health, and education professionals; family members; clients; caregivers; or others involved and authorized with provision of client services. Before providing music therapy services to a client for an identified clinical or developmental need, the music therapist collaborates, as applicable, with the primary care provider(s) to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client, the music therapist collaborates, as applicable, with the client's treatment team;
- Conducting a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the music therapist collects systematic, comprehensive, and accurate information to determine the appropriateness and type of music therapy services to provide for the client;
- Developing an individualized music therapy treatment plan for the client that is based upon the results of the music therapy assessment. The music therapy treatment plan includes individualized goals and objectives that focus on the assessed needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives;
- Implementing an individualized music therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client;
- Evaluating the client's response to music therapy and the music therapy treatment plan, documenting change and progress, and suggesting modifications, as appropriate;
- Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, physician, or other provider of health care or education of the client, family members of the client, and any other appropriate person upon whom the client relies for support;
- Minimizing any barriers to ensure that the client receives music therapy services in the least restrictive environment;
- Collaborating with and educating the client and the family, caregiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs; and
- Utilizing appropriate knowledge and skills to inform practice including use of research, reasoning, and problem solving skills to determine appropriate actions in the context of each specific clinical setting.

Music therapists are members of an interdisciplinary team of healthcare, education, and other professionals who work collaboratively to address the needs of clients while protecting client confidentiality and privacy. Music therapists function as independent clinicians within the context of the interdisciplinary team, supporting the treatment goals and co-treating with physicians, nurses, rehabilitative specialists, neurologists, psychologists, psychiatrists, social workers, counselors, behavioral health specialists, physical therapists, occupational therapists, speech-language pathologists, audiologists, educators, clinical case managers, patients, caregivers, and more.

Music therapy-specific assessment, treatment planning, and implementation consider diagnosis and history, are performed in a manner congruent with the client's level of functioning, and address client needs across multiple domains.

Potential for Harm

Music therapists are trained to independently analyze client non-verbal, verbal, psychological, and physiological responses to music and non-music stimuli in order to be clinically effective and refrain from contra-indicated practices. The music therapist implements ongoing evaluation of client responses and adapts the intervention accordingly to protect the client from negative outcomes.

Music therapists use their knowledge, skills, training and experience to facilitate therapeutic, goal oriented music-based interactions that are meaningful and supportive to the function and health of their clients. These components of clinical practice continue to evolve with advances in basic science, translational research, and therapeutic implementation. Music therapists, therefore, participate in continued education to remain competent, know their limitations in professional practice, and recognize when it is appropriate to seek assistance, advice, or consultation, or refer the client to another therapist or professional. In addition, music therapists practice safely and ethically as defined by the AMTA Code of Ethics, AMTA Standards of Clinical Practice, CBMT Code of Professional Practice, CBMT Board Certification Domains, and other applicable state and federal laws. Both AMTA and CBMT have mechanisms by which music therapists who are in violation of safe and ethical practice are investigated.

The use of live music interventions demands that the therapist not only possess the knowledge and skills of a trained therapist, but also the unique skill set of a trained musician in order to manipulate the music therapy intervention to fit clients' needs. Given the diversity of diagnoses with which music therapists work and the practice settings in which they work independently, clinical training and experience are necessary. Individuals attempting to provide music therapy treatment interventions without formalized music therapy training and credentials may pose risks to clients.

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and competencies such as, but not limited to:

- Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
- Recognize the potential harm of music experiences and use them with care.
- Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
- Observe infection control protocols (e.g., universal precautions, disinfecting instruments).

- Recognize the client populations and health conditions for which music experiences are contraindicated.
- Comply with safety protocols with regard to transport and physical support of clients.

Definition of Governing Bodies

AMTA's mission is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world. AMTA strives to improve and advance the use of music, in both its breadth and quality, in clinical, educational, and community settings for the betterment of the public health and welfare. The Association serves as the primary organization for the advancement of education, clinical practice, research, and ethical standards in the music therapy profession.

AMTA is committed to:

- Promoting quality clinical treatment and ethical practices regarding the use of music to restore, maintain, and improve the health of all persons.
- Establishing and maintaining education and clinical training standards for persons seeking to be credentialed music therapists.
- Educating the public about music therapy.
- Supporting music therapy research.

The mission of the CBMT is to ensure a standard of excellence in the development, implementation, and promotion of an accredited certification program for safe and competent music therapy practice. CBMT is an independent, non-profit, certifying agency fully accredited by the National Commission for Certifying Agencies (NCCA). This accreditation serves as the means by which CBMT strives to maintain the highest standards possible in the construction and administration of its national examination and recertification programs, ultimately designed to reflect current music therapy practice for the benefit of the consumer.

CBMT is committed to:

- Maintaining the highest possible standards, as established by the Institute for Credentialing Excellence (ICE) and NCCA, for its national certification and recertification programs.
- Maintaining standards for eligibility to sit for the National Examination: Candidates must have completed academic and clinical training requirements established by AMTA.
- Defining and assessing the body of knowledge that represents safe and competent practice in the profession of music therapy and issuing the credential of Music Therapist-Board Certified (MT-BC) to individuals that demonstrate the required level of competence.
- Advocating for recognition of the MT-BC credential and for access to safe and competent practice.
- Maintaining certification and recertification requirements that reflect current practice in the profession of music therapy.
- Providing leadership in music therapy credentialing.

The unique roles of AMTA (education and clinical training) and CBMT (credentialing and continuing education) ensure that the distinct, but related, components of the profession are maintained. This scope of music therapy practice document acknowledges the separate but complementary contributions of AMTA and CBMT in developing and maintaining professional music therapists and evidence-based practices in the profession.

Education and Clinical Training Requirements

A qualified music therapist:

- Must have graduated with a bachelor's degree (or its equivalent) or higher from a music therapy degree program approved by the American Music Therapy Association (AMTA); and
- Must have successfully completed a minimum of 1,200 hours of supervised clinical work through pre-internship training at the AMTA-approved degree program, and internship training through AMTA–approved National Roster or University Affiliated internship programs, or an equivalent.

Upon successful completion of the AMTA academic and clinical training requirements or its international equivalent, an individual is eligible to sit for the national board certification exam administered by the Certification Board for Music Therapists (CBMT).

Board Certification Requirements

The Music Therapist – Board Certified (MT-BC) credential is granted by the Certification Board for Music Therapists (CBMT) to music therapists who have demonstrated the knowledge, skills, and abilities for competence in the current practice of music therapy. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism and competence by interested agencies, groups, and individuals. The MT-BC credential may also be required to meet state laws and regulations. Any person representing him or herself as a board certified music therapist must hold the MT-BC credential awarded by CBMT, an independent, nonprofit corporation fully accredited by the National Commission for Certifying Agencies (NCCA).

The board certified music therapist credential, MT-BC, is awarded by the CBMT to an individual upon successful completion of an academic and clinical training program approved by the American Music Therapy Association (or an international equivalent) and successful completion of an objective written examination demonstrating current competency in the profession of music therapy. The CBMT administers this examination, which is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice. Both the practice analysis and the examination are psychometrically sound and developed using guidelines issued by the Equal Employment Opportunity Commission, and the American Psychological Association's standards for test validation.

Once board certified, a music therapist must adhere to the CBMT Code of Professional Practice and recertify every five years through either a program of continuing education or re-examination.

By establishing and maintaining the certification program, CBMT is in compliance with NCCA guidelines and standards that require certifying agencies to: 1) have a plan for periodic recertification, and 2) provide evidence that the recertification program is designed to measure or enhance the continuing competence of the individual.

The CBMT recertification program provides music therapists with guidelines for remaining current with safe and competent practice and enhancing their knowledge in the profession of music therapy.

The recertification program contributes to the professional development of the board certified music therapist through a program of continuing education, professional development, and professional service opportunities. All three recertification categories are reflective of the Practice Analysis Study and relevant to the knowledge, skills and abilities required of the board certified music therapist. Documentation guidelines in the three categories require applying learning outcomes to music therapy practice and relating them to the CBMT Board Certification Domains. Integrating and applying new knowledge with current practice, developing enhanced skills in delivery of services to clients, and enhancing a board certified music therapist's overall abilities are direct outcomes of the recertification program. To support CBMT's commitment of ensuring the competence of the board certified music therapist and protecting the public, certification must be renewed every five years with the accrual of 100 recertification credits.

NCCA accreditation demonstrates that CBMT and its credentialing program undergo review to demonstrate compliance with certification standards set by an impartial, objective commission whose primary focus is competency assurance and protection of the consumer. The program provides valuable information for music therapists, employers, government agencies, payers, courts and professional organizations. By participating in the CBMT Recertification Program, board certified music therapists promote continuing competence and the safe and effective clinical practice of music therapy.

Published 1/10/2015, Reprinted 1/11/2018

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Music Therapy Board Certification

Board Certification Domains – 2020

From the 2019 Music Therapy Practice Analysis Study, Effective August 1, 2020

I. Safety: 5 items

1. Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
2. Recognize the potential harm of music experiences and use them with care.
3. Recognize the potential harm of verbal and physical interventions and use them with care.
4. Observe infection control protocols (e.g., universal precautions, disinfecting instruments).
5. Recognize the client populations and health conditions for which music experiences are contraindicated and adapt treatment as indicated.
6. Comply with safety protocols with regard to transport and physical support of clients.
7. Inspect materials and instruments on a regular basis.
8. Maintain awareness of client location, materials, and potential risks of harm at all times.
9. Keep apprised of, and comply with emergency procedures.
10. Utilize consistent interactions that promote a sense of safety and security.

II. Referral, Assessment, Interpretation of Assessment and Treatment Planning: 35 items

A. Referral

1. Implement an appropriate referral system for the population served.
2. Educate staff, treatment team, or other professionals regarding appropriate referral criteria for music therapy based on population needs.
3. Evaluate the appropriateness of a referral for music therapy services.
4. Prioritize referrals according to immediate client needs.

B. Assessment

1. Observe client in music and/or non-music settings (e.g., daily activities, routines, or environments).
2. Obtain client information from available resources (e.g., client, caregiver, documentation, family members, medical and other professionals, treatment team members).
3. Using a music therapy assessment, identify client functioning level and strengths within the following areas of need:
    a. cognitive.
    b. communicative.
    c. musical.
    d. physical/motor.
    e. psychological.
    f. sensory.
    g. social.
    h. spiritual.
4. Identify client's:
    a. active symptoms.
    b. behaviors.
    c. clinical history, including previous music therapy treatment.
    d. family dynamics and support systems.
    e. learning styles.
    f. mood/affect.
    g. multicultural and spiritual context.
    h. music background and skills.
    i. need for assistive technology.
    j. resources.
    k. social and interpersonal relationships.
    l. stressors related to present status, including trauma.
    m. values, preferences, and interests.
5. Document intake and assessment information.
6. Understand the possible effects of medical and psychotropic drugs.
7. Select musical and/or non-musical assessment tools and procedures to reflect purpose of assessment.
8. Determine the purpose of the assessment (e.g., eligibility, level of functioning, service delivery).
9. Adapt existing assessment tools and procedures.
10. Develop assessment tools and procedures.
11. Create an assessment environment or space conducive to the assessment protocol and/or client's needs.
12. Engage client in musical and non-musical experiences to obtain assessment data.
13. Identify client response to different:
    a. elements of music (e.g., melody, harmony, rhythm, dynamics, form).
    b. styles of music.
    c. types of musical experiences (e.g., improvising, recreating, composing, and listening) and their variations.
    d. types of non-musical experiences.

C. Interpret Assessment Information and Communicate Results

1. Consider the presence of bias in information from available sources.

2. Identify external factors that may impact accuracy of information gathered during assessment (e.g., dominant language, precipitating events, medications, health considerations).
3. Draw conclusions for recommendations based on analysis and interpretation of assessment findings.
4. Acknowledge therapist's bias and limitations in interpreting assessment information (e.g., cultural differences, clinical orientation).
5. Communicate assessment findings and recommendations in an understandable and useful manner in various formats (e.g., oral, written, audio, video, electronic record-keeping systems).

D. Treatment Planning

1. Involve client in the treatment planning process, when appropriate.
2. Consider the following in the treatment decision-making process:
    a. professional expertise and experience of the therapist.
    b. research evidence of the effectiveness of the intervention.
    c. values, preferences, and interests of clients, families, and caregivers.
3. Collaborate with other professionals and/or family, caregivers, and personal network to design interdisciplinary treatment programs.
4. Evaluate the role of music therapy within the overall therapeutic program.
5. Consider the frequency, intensity, duration, service delivery model (e.g., individual or group sessions) when developing a treatment plan.
6. Establish client goals and objectives that are:
    a. specific.
    b. measurable.
    c. achievable.
    d. realistic.
    e. time-limited.
7. Determine a data collection system appropriate for the treatment goals and objectives.
8. Create environment or space conducive to client engagement.
9. Consider client's age, culture, language, music background, and preferences when designing music therapy experiences.
10. Design experiences to generalize goals and objectives across settings, people, subjects, behaviors, or time.
11. Select appropriate musical elements, repertoire, instruments and equipment consistent with treatment needs.
12. Select non-music materials consistent with music therapy goals and clients' learning styles (e.g., technology and interactive media, adaptive devices, visual aids).
13. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity).
14. Create and document treatment plan.
15. Determine exit criteria.

III. Treatment Implementation and Documentation: 68 items

A. Implementation

1. Develop a therapeutic relationship by:
    a. being fully present, authentic, and respectful.
    b. building trust and rapport.
    c. establishing roles, boundaries, and expectations.
    d. providing ongoing acknowledgement of progress and reflection.
    e. providing a safe and contained environment.
    f. recognizing and managing aspects of one's own professional and personal biases, feelings, and behaviors that affect the therapeutic process (e.g., transference and countertransference).
    g. understanding group dynamics and processes.
2. Provide individualized music therapy experiences to address client's:
    a. ability to empathize.
    b. ability to use music independently for self-care.
    c. abuse and trauma.
    d. activities of daily living.
    e. adjustment to life changes or temporary or permanent changes in ability.
    f. aesthetic sensitivity.
    g. affect, emotions and moods.
    h. agitation.
    i. aggression.
    j. anticipatory grief.
    k. anxiety.
    l. attention (i.e., focused, sustained, selective, alternating, divided).
    m. auditory perception.
    n. autonomy.
    o. bereavement.
    p. coping skills.
    q. danger to self or others (e.g., suicidality, self-injurious behavior).
    r. depression.
    s. family dynamics.
    t. enunciation and vocal production.
    u. executive functions (e.g., decision making, problem solving).
    v. functional independence.
    w. generalization of skills.
    x. grief and loss.
    y. group cohesion and/or a feeling of group membership.
    z. impulse control.
    aa. initiation.
    bb. interactive response.
    cc. language skills.
    dd. memory.
    ee. motor skills.
    ff. musical and other creative responses.
    gg. neurological and cognitive function.
    hh. on-task behavior.
    ii. oral motor control.

jj. pain (e.g., physical, psychological).
kk. participation/engagement.
ll. physiological symptoms.
mm. quality of life.
nn. range of motion.
oo. reality orientation.
pp. relaxation.
qq. respiratory function.
rr. responsibility for self.
ss. self-awareness and insight.
tt. self-esteem.
uu. self-motivation.
vv. sense of self with others.
ww. sensorimotor skills.
xx. sensory orientation (e.g., maintenance attention, vigilance).
yy. sensory perception.
zz. sensory processing.
aaa. social skills and interactions.
bbb. spirituality.
ccc. strength and endurance.
ddd. stress management.
eee. support systems.
fff. verbal and nonverbal-communication.
ggg. wellness.

3. Recognize how the following theoretical frameworks inform music therapy practice:
    a. behavioral.
    b. biopsychosocial.
    c. cognitive.
    d. holistic.
    e. humanistic/existential.
    f. neuroscience.
    g. psychodynamic.
4. Utilize the following music therapy approaches to inform clinical practice:
    a. behavioral.
    b. community music therapy.
    c. culture-centered.
    d. developmental.
    e. health and wellness.
    f. humanistic.
    g. improvisational.
    h. medical.
    i. neurological.
    j. psychodynamic.
5. To achieve therapeutic goals:
    a. apply a variety of scales, modes, and harmonic progressions.
    b. apply standard and alternate tunings.
    c. apply the elements of music (e.g., melody, harmony, rhythm).
    d. arrange, transpose, or adapt music.
    e. compose vocal, instrumental, and digital music.
    f. employ functional skills with:
        1. digital instruments.
        2. guitar.
        3. keyboard.
        4. percussion instruments.
        5. ukulele.
        6. voice.
    g. improvise using instruments, voice, or movement.
    h. sight-read music.
    i. utilize a varied music repertoire (e.g., blues, pop, metal, hip-hop) from a variety of cultures and eras.
    j. utilize music and movement.
    k. utilize music to communicate with client.
    l. utilize song and lyric analysis.
    m. utilize songwriting.
    n. mediate interpersonal problems within the session.
    o. provide musical cues.
    p. utilize leadership and/or group management skills.
    q. utilize prompting hierarchy (i.e., verbal, gestural, model, visual, physical, auditory, or tactile).
    r. employ active listening.
    s. employ mindfulness techniques with music.
    t. employ music relaxation and/or stress reduction techniques.
    u. facilitate community-building activities.
    v. facilitate generalization of therapeutic progress into everyday life.
    w. identify and respond to significant events.
    x. integrate current technology and interactive media.
    y. observe client responses.
    z. offer coaching to family, caregivers, and peers to maintain and support the client's therapeutic progress.
    aa. provide receptive music experiences.
    bb. share musical experience and expression with clients.
    cc. utilize adaptive materials, equipment, and assistive technology.
    dd. utilize breathwork.
    ee. utilize creativity and flexibility in meeting client's changing needs.
    ff. utilize imagery.
    gg. utilize relaxation techniques.
    hh. validate client's musical experience.

B. Documentation

1. Monitor client's progress by using the selected data collection system.
2. Record client responses, progress, and outcomes in a secure manner.
3. Use terminology appropriate to population and setting.
4. Document plan for subsequent session based on data.
5. Provide periodic treatment reports.
6. Adhere to internal and external legal, regulatory, and reimbursement requirements.
7. Provide written documentation that demonstrates evidence-based outcomes related to addressed goals/interventions.

IV. Evaluation and Termination of Treatment: 10 items

A. Evaluation

1. Review data and information relevant to client's treatment process.
2. Differentiate between empirical information and therapist's interpretation.
3. Acknowledge therapist's bias and limitations in interpreting information (e.g., cultural differences, clinical orientation).
4. Review treatment plan regularly.
5. Modify treatment plan as needed.
6. Analyze all available data to determine effectiveness of therapy.
7. Communicate with client and/or client's family, caregivers, treatment team, and personal network as appropriate.
8. Make recommendations and referrals as indicated.
9. Compare the client's and therapist's subjective experience/response to the elements, forms, and structures of music.
10. Document music therapy termination and follow-up plans.

B. Termination of Treatment

1. Provide data-based reasoning for termination.
2. Involve and prepare client and others (e.g., family, caregivers) in the termination process.
3. Use a variety of plans and strategies in coordination with the treatment team.
4. Assess potential benefits and risks of termination.
5. Provide client with transitional support and recommendations.
6. Help client work through feelings about termination.
7. Address client needs during staffing changes (e.g., therapist leaves job, job transfer, leave of absence).

V. Professional Development and Responsibilities: 12 items

A. Professional Development

1. Assess areas for professional growth, prioritize, and establish plan of action.
2. Integrate current research and literature in music therapy and related disciplines.
3. Participate in continuing education.
4. Engage in collaborative work with colleagues.
5. Utilize supervision and/or mentoring as needed.
6. Expand musicianship, leadership skills, and therapeutic effectiveness.
7. Develop and advance technology and interactive media skills.

B. Professional Responsibilities

1. Adhere to the CBMT Code of Professional Practice.
2. Conduct oneself in an authentic, ethical, accountable, and culturally sensitive manner that respects privacy, dignity, and human rights in all settings including social media, marketing, and advertising.
3. Maintain knowledge of federal and state laws, rules, and regulations that may affect practice.
4. Work within a facility's organizational structure, policies, standards, and emergency procedures.
5. Practice within scope of education, training, and abilities.
6. Fulfill legal responsibilities associated with professional role (e.g., mandated reporting, release of information).
7. Access patient information on a "need to know" basis, or at the level deemed necessary to appropriately facilitate services.
8. Maintain client confidentiality as required by law (e.g., HIPAA, IDEA).
9. Maintain professional and effective working relationships with colleagues and community members.
10. Maintain professional boundaries to ensure competent and ethical music therapy practice.
11. Examine one's own assumptions, values, and biases.
12. Monitor own mental and physical health, and seek support as needed to ensure professional effectiveness and competence.
13. Prepare accountability documentation for facility administration and/or local, state, and federal agencies.
14. Communicate with colleagues regarding professional issues.
15. Document relevant communications.
16. Conduct information sharing sessions (e.g., in-service workshops) for professionals and/or the community.
17. Respond to public inquiries about music therapy.
18. Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy.
19. Engage in business management tasks (e.g., budget, contracts, insurance, marketing, payroll, taxes).
20. Maintain equipment and supplies.
21. Supervise staff, volunteers, practicum students, or interns.

This document, CBMT Board Certification Domains, was developed from the results of the 2019 Music Therapy Practice Analysis Study. CBMT Board Certification Domains defines the body of knowledge that represents competent practice in the profession of music therapy and identifies what a board certified music therapist, a credentialed MT-BC, may do in practice. Continuing Music Therapy Education credits must relate to an area identified in the CBMT Board Certification Domains. This new document will be utilized as the source of reference for exam content, certification, and recertification requirements beginning on August 1, 2020.

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To digitally view these documents, and additional information on music therapy, please scan this QR code.

Additional Documents include:

- AMTA Code of Ethics
- AMTA Standards of Clinical Practice
- CBMT Code of Professional Conduct
- CBMT Recertification Chart

Professional Music Therapy Organizations

Certification Board for Music Therapists (CBMT): www.cbmt.org

- Accreditation organization that awards, creates, and maintains music therapy credentials through the administration of the CBMT board-certification exam. The Music Therapist Board-Certification program has been fully accredited by the National Commision for Certifying Agencies since 1986.

American Music Therapy Association (AMTA): www.musictherapy.org

- Non-profit organizations to advance public awareness and advocate for access to music therapy services. AMTA was created in 1990 from a merger of the National Association for Music Therapy (est. 1950) and the American Association Music Therapy (est.1971). AMTA is involved in approving new music therapy degree programs and maintaining a national roster of approved music therapy internships.

New England Region of the American Music Therapy Association (NER-AMTA): www.newenglandmusictherapy.org

- Regional organization for music therapists in Maine, New Hampshire, Vermont, Connecticut, Massachusetts, and Rhode Island. NER-AMTA offers continuing education opportunities such as regional conferences and presentations.