



# The Certification Board for Music Therapists

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## CBMT Scope of Practice

From Practice Analysis Study, 2008

Effective April 1, 2010

### I. Assessment and Treatment Planning: 40 items

#### A. Assessment

1. Observe client in music or non-music settings.
2. Obtain client information from available resources (e.g., documentation, client, other professionals, family members).
3. Within the following domains (e.g., perceptual, sensory, physical, affective, cognitive, communicative, social, and spiritual), identify the client's:
  - a) functioning level.
  - b) strengths.
  - c) areas of need.
4. Identify client's:
  - a) active symptoms.
  - b) behaviors.
  - c) cultural and spiritual background, when indicated.
  - d) issues related to family dynamics and interpersonal relationships.
  - e) learning styles.
  - f) manifestations of affective state.
  - g) music background, skills.
  - h) preferences.
  - i) stressors related to present status.
5. Document intake and assessment information.
6. Evaluate the appropriateness of a referral.
7. Identify the effects of medical and psychotropic drugs.
8. Review and select music therapy assessment instruments and procedures.
9. Adapt existing music therapy assessment instruments and procedures.
10. Develop new music therapy assessment instruments and procedures.
11. Create an assessment environment or space conducive to the assessment protocol and/or client's needs.
12. Engage client in music experiences to obtain assessment data.
13. Identify how the client responds to different types of music experiences (e.g., improvising, recreating, composing, and listening) and their variations.
14. Identify how the client responds to different styles of music.
15. Identify how the client responds to the different elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).

#### B. Interpret Assessment Information and Communicate Results

1. Evaluate reliability and presence of bias in information from available resources.
2. Identify factors which may impact accuracy of information gathered during assessment (e.g., precipitating events, medications, health considerations).
3. Draw conclusions and make recommendations based on

analysis and synthesis 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 oral, written, or other forms (e.g., video, audio).

#### C. Treatment Planning

1. Involve client in the treatment planning process, when appropriate.
2. Consult the following in the treatment planning process:
  - a) clinical and research literature and other resources.
  - b) client's family, caregivers, or personal network, when appropriate.
  - c) other professionals, when appropriate.
3. Coordinate treatment with other professionals and/or family, caregivers, and personal network when appropriate.
4. Evaluate how music therapy fits within the overall therapeutic program.
5. Consider length of treatment when establishing client goals and objectives.
6. Establish client goals and objectives.
7. Select or design a data collection system.
8. Create environment or space conducive to client engagement.
9. Consider client's age, culture, music background, and preferences when designing music therapy experiences.
10. Create music therapy experiences that address client goals and objectives.
11. Select and adapt musical instruments and equipment consistent with treatment needs.
12. Select and prepare non-music materials consistent with music therapy goals and clients' learning styles (e.g., adaptive devices, visual aids).
13. Plan music therapy sessions of appropriate duration and frequency.
14. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity).
15. Design programs to reinforce goals and objectives for implementation outside the music therapy setting.
16. Document treatment plan.

### II. Treatment Implementation and Termination: 60 items

#### A. Implementation

1. Develop a therapeutic relationship by:
  - a) building trust and rapport.
  - b) being fully present and authentic.
  - c) providing a safe and contained environment.
  - d) establishing boundaries and communicating expectations.
  - e) providing ongoing acknowledgement and reflection.
  - f) recognizing and managing aspects of one's own feelings

- and behaviors that affect the therapeutic process.
- g) recognizing and working with transference and countertransference dynamics.
- 2. Provide music therapy experiences to address client's:
  - a) ability to empathize.
  - b) ability to use music independently for self-care (e.g., relaxation, anxiety management, redirection from addiction).
  - c) adjustment to life changes or temporary or permanent changes in ability.
  - d) aesthetic sensitivity and quality of life.
  - e) agitation.
  - f) anticipatory grief.
  - g) emotions.
  - h) executive functions (e.g., decision making, problem solving).
  - i) focus and maintenance of attention.
  - j) generalization of skills to other settings.
  - k) grief and loss.
  - l) group cohesion and/or a feeling of group membership.
  - m) impulse control.
  - n) interactive response.
  - o) initiation and self-motivation.
  - p) language, speech, and communication skills.
  - q) memories.
  - r) motor skills.
  - s) musical and other creative responses.
  - t) neurological and cognitive function.
  - u) nonverbal expression.
  - v) on-task behavior.
  - w) participation/engagement.
  - x) physical and psychological pain.
  - y) physiological symptoms.
  - z) reality orientation.
  - aa) responsibility for self.
  - ab) self-awareness and insight.
  - ac) self-esteem.
  - ad) sense of self with others.
  - ae) sensorimotor skills.
  - af) sensory perception.
  - ag) social skills and interactions.
  - ah) spirituality.
  - ai) spontaneous communication/interactions.
  - aj) support systems.
  - ak) verbal and/or vocal responses.
- 3. Utilize the following music therapy treatment approaches and models to inform clinical practice:
  - a) behavioral.
  - b) developmental.
  - c) improvisational.
  - d) medical.
  - e) music and imagery.
  - f) neurological.
- 4. Integrate the following theoretical orientations into music therapy practice:
  - a) behavioral.
  - b) cognitive.
  - c) holistic.
  - d) humanistic/existential.
  - e) psychodynamic.
  - f) transpersonal.
- 5. To achieve therapeutic goals:
  - a) apply the elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).
  - b) apply a variety of scales, modes, and harmonic progressions.
  - c) arrange, transpose, or adapt music.

- d) compose vocal and instrumental music.
- e) employ active listening.
- f) provide visual, auditory, or tactile cues.
- g) use creativity and flexibility in meeting client's changing needs.
- h) improvise instrumentally and vocally.
- i) integrate movement with music.
- j) provide verbal and nonverbal guidance.
- k) provide guidance to caregivers and staff to sustain and support the client's therapeutic progress.
- l) mediate problems among clients within the session.
- m) identify and respond to significant events.
- n) use song and lyric analysis.
- o) utilize imagery.
- p) employ music relaxation and/or stress reduction techniques.
- q) use music to communicate with client.
- r) apply standard and alternate tunings.
- s) apply receptive music methods.
- t) sight-read.
- u) exercise leadership and/or group management skills.
- v) utilize a varied music repertoire (e.g., blues, classical, folk, jazz, pop) from a variety of cultures and sub-cultures.
- w) employ functional skills with:
  - 1) voice.
  - 2) keyboard.
  - 3) guitar.
  - 4) percussion instruments.
- x) select adaptive materials and equipment.
- y) share musical experience and expression with clients.
- z) empathize with client's music experience.
- aa) observe client reactions.

#### **B. Safety**

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 during music experiences 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.

#### **C. Termination and Closure**

1. Assess potential benefits and detriments of termination.
2. Determine exit criteria.
3. Inform and prepare client.
4. Coordinate termination with a client's overall treatment.
5. Provide a 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).

### **III. Ongoing Documentation and Evaluation of Treatment: 15 items**

#### **A. Documentation**

1. Develop and use data-gathering techniques and forms.
2. Record client responses, progress, and outcomes.

3. Employ language appropriate to population and facility.
4. Document music therapy termination and follow-up plans.
5. Provide periodic treatment summaries.
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.

#### **B. Evaluation**

1. Identify information that is 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. Continually review and revise treatment plan, and modify treatment approaches accordingly.
5. Analyze all available data to determine effectiveness of therapy.
6. Consult with other music therapists.
7. Consult with other non-music therapy professionals.
8. Communicate with client or client's family, caregivers, or personal network.
9. Make recommendations and referrals as indicated.
10. Compare the elements, forms, and structures of music to the client's and to the therapist's subjective experience and/or reactions to them.

### **IV. Professional Development and Responsibilities: 15 items**

#### **A. Professional Development**

1. Assess areas for professional growth and set goals.
2. Review current research and literature in music therapy and related disciplines.
3. Participate in continuing education.
4. Engage in collaborative work with colleagues.
5. Seek out and utilize supervision and/or consultation.
6. Expand music skills.
7. Develop and enhance technology skills.
8. Conduct or assist in music therapy research.
9. Participate in music therapy research.

#### **B. Professional Responsibilities**

1. Document all treatment and non-treatment related communications.
2. Maintain and expand music repertoire.
3. Respond to public inquiries about music therapy.
4. Conduct information sharing sessions, such as in-service workshops, for professionals and/or the community.
5. Communicate with colleagues regarding professional issues.
6. Work within a facility's organizational structure, policies, and procedures.
7. Maintain client confidentiality within HIPAA privacy rules.
8. Supervise staff, volunteers, practicum students, or interns.
9. Adhere to the CBMT Code of Professional Practice.
10. Fulfill legal responsibilities associated with professional role (e.g., mandated reporting, release of information).
11. Practice within scope of education, training, and abilities.
12. Acquire and maintain equipment and supplies.
13. Engage in business management tasks (e.g., marketing, payroll, contracts, taxes, insurance).
14. Prepare and maintain a music therapy program budget.
15. Prepare accountability documentation for facility administration and/or local, state, and federal agencies.
16. Maintain assigned caseload files (e.g., electronic, digital,

audio, video, hard copies) in an orderly manner.  
 17. Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy.

The CBMT Scope of Practice was developed from the results of the 2008 Practice Analysis Study. The CBMT Scope of Practice defines the body of knowledge that represents competent practice in the profession of music therapy and identifies what an MT-BC may do in practice. Continuing Music Therapy Education credits must relate to an area identified in the CBMT Scope of Practice. This new Scope of Practice will first be utilized as the source of reference for recertification requirements and test specifications on April 1, 2010.

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