



THE CERTIFICATION BOARD
FOR MUSIC THERAPISTS

BOARD CERTIFICATION DOMAINS

FROM THE 2014 MUSIC THERAPY PRACTICE ANALYSIS STUDY, EFFECTIVE APRIL 1, 2015

I. Referral, Assessment, and Treatment Planning: 40 items

A. Referral

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

B. Assessment

1. Observe client in music and/or non-music settings.
2. Obtain client information from available resources (e.g., client, caregiver, documentation, family members, other professionals, treatment team members).
3. Identify client functioning level, strengths, and areas of need within the following domains:
 - a) cognitive.
 - b) communicative.
 - c) emotional.
 - d) musical.
 - e) physiological.
 - f) psychosocial.
 - g) sensorimotor.
 - h) spiritual.
4. Identify client's:
 - a) active symptoms.
 - b) behaviors.
 - c) clinical history.
 - d) cultural and spiritual background, when indicated.
 - e) family dynamics and support systems.
 - f) learning styles.
 - g) manifestations of affective state.
 - h) music background and skills.
 - i) preferences.
 - j) social and interpersonal relationships.
 - k) stressors related to present status.
 - l) resources.
5. Document intake and assessment information.
6. Understand the possible effects of medical and psychotropic drugs.
7. Select musical assessment tools and procedures.
8. Select non-musical assessment tools and procedures.
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) types of musical experiences (e.g., improvising, recreating, composing, and listening) and their variations.
 - b) types of non-musical experiences.
 - c) styles of music.
 - d) elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics, form, lyrics).

C. 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).

D. 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 professional.
4. Evaluate the role of music therapy within the overall therapeutic program.
5. Consider length of treatment when establishing client goals and objectives.
6. Establish client goals and objectives that are:
 - a) achievable.
 - b) measurable.
 - c) realistic.
 - d) specific.
 - e) time-bound.

7. Use a data collection system for measuring clinical outcomes to reflect criteria in objective.
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 music therapy experiences that address client goals and objectives based on available research; clinical expertise; and the needs, values, and preferences of the client.
11. Use appropriate musical instruments and equipment consistent with treatment needs.
12. Use non-music materials consistent with music therapy goals and clients' learning styles (e.g., adaptive devices, visual aids).
13. Plan sessions of appropriate duration and frequency.
14. Determine group and/or individual placement based on assessment findings.
15. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity).
16. Design programs to reinforce goals and objectives for implementation outside the music therapy setting.
17. Document treatment plan.

- r) functional independence.
 - s) generalization of skills to other settings.
 - t) grief and loss.
 - u) group cohesion and/or a feeling of group membership.
 - v) impulse control.
 - w) interactive response.
 - x) initiation and self-motivation.
 - y) memory.
 - z) motor skills.
 - aa) musical and other creative responses.
 - ab) neurological and cognitive function.
 - ac) nonverbal expression.
 - ad) on-task behavior.
 - ae) oral motor control.
 - af) pain (i.e., physical, psychological).
 - ag) participation/engagement.
 - ah) physiological symptoms.
 - ai) pragmatics of speech.
 - aj) preparedness for stressful situations.
 - ak) quality of life.
 - al) range of motion.
 - am) reality orientation.
 - an) responsibility for self.
 - ao) self-awareness and insight.
 - ap) self-esteem.
 - aq) sense of self with others.
 - ar) sensorimotor skills.
 - as) sensory integration.
 - at) sensory orientation (i.e., maintenance attention, vigilance).
 - au) sensory perception.
 - av) social skills and interactions.
 - aw) spirituality.
 - ax) spontaneous communication/interactions.
 - ay) strength and endurance.
 - az) support systems.
 - ba) verbal and nonverbal communication.
 - bb) verbal and/or vocal responses.
 - bc) vocal production.
 - bd) wellness..
3. Recognize how the following theoretical orientations inform music therapy practice:
 - a) behavioral.
 - b) cognitive.
 - c) holistic.
 - d) humanistic/existential.
 - e) neuroscience.
 - f) psychodynamic.
 4. Recognize how the following music therapy treatment approaches and models inform clinical practice:
 - a) behavioral.
 - b) culture centered.
 - c) community music therapy.
 - d) developmental.
 - e) humanistic.
 - f) improvisational.
 - g) medical.

II. Treatment Implementation and Termination: 70 items

A. Implementation

1. Develop a therapeutic relationship by:
 - a) building trust and rapport.
 - b) being fully present and authentic.
 - c) establishing boundaries and communicating expectations.
 - d) providing ongoing acknowledgement and reflection.
 - e) providing a safe and contained environment.
 - 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.
 - h) understanding group dynamics and process.
2. Provide 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) attention (i.e., focused, sustained, selective, alternating, divided).
 - l) auditory perception.
 - m) autonomy.
 - n) bereavement.
 - o) coping skills.
 - p) development of speech.
 - q) executive functions (e.g., decision making, problem solving).

- h) neurological.
- i) psychodynamic.
- 5. To achieve therapeutic goals:
 - a) apply the elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).
 - b) apply receptive music methods.
 - c) apply standard and alternate guitar tunings.
 - d) apply a variety of scales, modes, and harmonic progressions.
 - e) arrange, transpose, or adapt music.
 - f) compose vocal and instrumental music.
 - g) empathize with client's music experience.
 - h) employ active listening.
 - i) employ functional skills with:
 - 1.) voice.
 - 2.) keyboard.
 - 3.) guitar.
 - 4.) percussion instruments.
 - j) employ music relaxation and/or stress reduction techniques.
 - k) exercise leadership and/or group management skills.
 - l) facilitate community building activities.
 - m) facilitate transfer of therapeutic progress into everyday life.
 - n) identify and respond to significant events.
 - o) improvise instrumental and vocally.
 - p) integrate current technology into music therapy practice according to client need.
 - q) integrate movement with music.
 - r) observe client responses.
 - s) provide visual, auditory, or tactile cues.
 - t) provide verbal and nonverbal guidance.
 - u) provide guidance to caregivers and staff to sustain and support the client's therapeutic progress.
 - v) mediate problems among clients within the session.
 - w) select adaptive materials and equipment.
 - x) share musical experience and expression with clients.
 - y) sight-read.
 - z) use creativity and flexibility in meeting client's changing needs.
 - aa) use music to communicate with client.
 - ab) use song and lyric analysis.
 - ac) utilize a varied music repertoire (e.g., blues, classical, folk, jazz, pop) from a variety of cultures and subcultures.

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.
7. Inspect materials and instruments on a regular basis.

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: 10 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. Review treatment plan regularly.
5. Modify treatment plan regularly.
6. Respond to signs of distress (e.g., psychological, physical) and limits of client tolerance to treatment.
7. Analyze all available data to determine effectiveness of therapy.
8. Consult with music therapy and non-music therapy professionals.
9. Communicate with client and/or client's family, caregivers, treatment team, and personal network as appropriate.
10. Make recommendations and referrals as indicated.
11. Compare the client and therapist subjective experience/response to the elements, forms, and structures of music.

IV. Professional Development and Responsibilities: 10 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.

B. Professional Responsibilities

1. Document all treatment related communications.
2. Document all non-treatment related communications.
3. Maintain and expand music repertoire.
4. Interact with the client in an authentic, ethical, and culturally competent manner that respects privacy, dignity, and human rights.
5. Respond to public inquiries about music therapy.
6. Conduct information sharing sessions, such as in-service workshops, for professionals and/or the community.
7. Communicate with colleagues regarding professional issues.
8. Maintain professional and effective working relationships with colleagues and community members.
9. Work within a facility's organizational structure, policies, standards, and procedures.
10. Maintain client confidentiality as required by law (e.g., HIPAA, IDEA).
11. Supervise staff, volunteers, practicum students, or interns.
12. Adhere to the CBMT Code of Professional Practice.
13. Fulfill legal responsibilities associated with professional role (e.g., mandated reporting, release of information).
14. Practice within scope of education, training, and abilities.
15. Maintain equipment and supplies.
16. Engage in business management tasks (e.g., marketing, payroll, contracts, taxes, insurance).
17. Prepare and maintain a music therapy program budget.
18. Prepare accountability documentation for facility administration and/or local, state, and federal agencies.
19. Maintain assigned caseload files (e.g., electronic, digital, audio, video, hard copies) in an orderly manner.
20. Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy.

This document, CBMT Board Certification Domains, was developed from the results of the 2014 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 April 1, 2015.