

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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