CBMT 2024 Practice Analysis
Public Executive Summary

The Certification Board for Music Therapists (CBMT) completed a comprehensive Practice Analysis in 2024 to ensure the MT-BC certification examination reflects current professional practice and continues to measure the competencies required for safe, effective, and ethical music therapy practice.

Why This Study Matters

Professional practice evolves over time. By periodically reviewing the responsibilities and competencies of practicing music therapists, the CBMT helps ensure its certification examination remains current, relevant, and aligned with the needs of clients, employers, educators, and the profession. The practice analysis process utilized in this study yielded exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The resultant Examination Content Outline, Board Certification Domain (BCD) document, indicates a 130-item examination with content distribution requirements at the competency area (content domain) level.

Study Highlights

- 1,689 qualified practitioners participated in the final validation study.
- Five core competency areas were confirmed.
- 69 professional task statements were evaluated and validated.
- 76 knowledge statements were evaluated and validated.
- A 130-item examination blueprint was developed (BCD).

Core Areas of Professional Practice: Domains

*The Five Competency areas (content domain levels) from the 2019/2020 BCD remain unchanged.

- **Safety**
- **Referral, Assessment, Interpretation of Assessment, and Treatment Planning**
- **Treatment Implementation and Documentation**
- **Evaluation and Termination of Treatment**
- **Professional Development and Responsibilities**

Key Themes Identified

The analysis highlighted the importance of client safety, evidence-informed care, individualized assessment and treatment planning, strong therapeutic relationships, ethical practice, interdisciplinary collaboration, cultural responsiveness, documentation, and lifelong professional development.

Impact on Certification

The findings provide an evidence-based foundation for future examination development and reinforce the CBMT's commitment to public protection and professional excellence. The 2025 Board Certification Domains (BCD) document is the final outcome of the analysis and is the exam content outline guiding future examination development for the next 5 years ensuring the MT-BC examination continues to assess the competencies most important for contemporary practice while supporting public protection and maintaining confidence in the credential.

Looking Forward

The CBMT completes a practice analysis every five years to periodically evaluate professional practice to ensure the certification examination evolves alongside the profession and remains a trusted measure of competence.

* For more information on the Board Certification Domains please review the BCD Application Guide (pdf)

Summary of Key Data Results

Respondent Demographics:

Results of the Demographic Questions in the Practice Analysis Survey.

1. Which of the following best describes your current type of employment in music therapy?	*n*	%
Employed by a facility, institution, or private practice	1,041	61.63%
Self-employed, contracted, or subcontracted	408	24.16%
Both employed and contracted	159	9.41%
Retired	23	1.36%
Not currently employed as a music therapist	58	3.43%

2. Have you ever discontinued practice as a music therapist and re-entered the profession?	*n*	%
Yes	189	11.19%
No	1,500	88.81%

3. How many years did you discontinue practice as a music therapist before re-entering the profession?
Mean = 3.66 | Standard Deviation = 4.73 | Minimum = 0 | Maximum = 30

3. How many years did you discontinue practice as a music therapist before re-entering the profession?	*n*	%
0 to 1	79	4.7%
2 to 5	78	4.6%
6 to 10	18	1.1%
11 to 20	12	0.7%
21 or more	3	0.2%
Not applicable	1,499	88.8%

4. In which country do you currently work a music therapist?	*n*	%
Canada	38	2.25%
United States	1,617	95.74%
Other	34	2.01%

5 & 6. In which (5) Canadian province or (6) U.S. state, district, or territory do you primarily work as a music therapist?	*n*	%
Alabama	11	0.65%
Alaska	3	0.18%
Alberta	3	0.18%
American Samoa	0	0.00%
Arizona	32	1.89%
Arkansas	2	0.12%
British Columbia	8	0.47%
California	101	5.98%
Colorado	50	2.96%
Connecticut	13	0.77%
Delaware	6	0.36%
District of Columbia	7	0.41%
Federated States of Micronesia	0	0.00%
Florida	86	5.09%
Georgia	44	2.61%
Guam	0	0.00%
Hawaii	1	0.06%
Idaho	5	0.30%
Illinois	65	3.85%
Indiana	66	3.91%
Iowa	22	1.30%
Kansas	20	1.18%
Kentucky	27	1.60%
Louisiana	10	0.59%
Maine	3	0.18%
Manitoba	3	0.18%
Marshall Islands	0	0.00%
Maryland	21	1.24%
Massachusetts	49	2.90%
Michigan	54	3.20%
Minnesota	74	4.38%
Mississippi	5	0.30%
Missouri	43	2.55%
Montana	2	0.12%
Nebraska	12	0.71%
Nevada	3	0.18%
Newfoundland and Labrador	1	0.06%
New Brunswick	1	0.06%
New Hampshire	4	0.24%

5 & 6. In which (5) Canadian province or (6) U.S. state, district, or territory do you primarily work as a music therapist?	*n*	%
New Jersey	25	1.48%
New Mexico	4	0.24%
New York	122	7.22%
Northern Mariana Islands	0	0.00%
Northwest Territories	0	0.00%
North Carolina	52	3.08%
North Dakota	5	0.30%
Nova Scotia	1	0.06%
Nunavut	0	0.00%
Ohio	114	6.75%
Oklahoma	9	0.53%
Ontario	13	0.77%
Oregon	15	0.89%
Palau	0	0.00%
Pennsylvania	91	5.39%
Prince Edward Island	0	0.00%
Puerto Rico	3	0.18%
Quebec	6	0.36%
Rhode Island	5	0.30%
Saskatchewan	2	0.12%
South Carolina	15	0.89%
South Dakota	6	0.36%
Tennessee	36	2.13%
Texas	133	7.87%
Utah	17	1.01%
Vermont	2	0.12%
Virgin Islands	0	0.00%
Virginia	40	2.37%
Washington	19	1.12%
West Virginia	3	0.18%
Wisconsin	59	3.49%
Wyoming	1	0.06%
Yukon	0	0.00%

7. In which country do you primarily work as a music therapist?	*n*	%
Argentina	0	0.00%
Australia	0	0.00%
Bermuda	0	0.00%
China	3	0.18%
Cyprus	0	0.00%
Estonia	0	0.00%
France	0	0.00%
Germany	1	0.06%
Great Britain	4	0.24%
Hong Kong	2	0.12%
India	0	0.00%
Ireland	0	0.00%
Israel	2	0.12%
Italy	0	0.00%
Japan	5	0.30%
Korea	2	0.12%
Macau	0	0.00%
Malaysia	3	0.18%
Mexico	0	0.00%
New Zealand	0	0.00%
Norway	0	0.00%
Singapore	1	0.06%
South Africa	0	0.00%
Spain	1	0.06%
Sweden	0	0.00%
Switzerland	0	0.00%
Taiwan	3	0.18%
Trinidad and Tobago	1	0.06%
Other *(Cayman Islands, Finland [2], Philippines, Qatar, Ukraine)*	6	0.36%

8. Which of the following describes the community area(s) in which you primarily work as a music therapist?	*n*	%
Rural	419	24.81%
Suburban	1,072	63.47%
Urban	925	54.77%

9. Which of the following best describes your PRIMARY job as a music therapist?	*n*	%
Administrator	78	4.62%
Clinician	1,403	83.07%
College/University educator	97	5.74%
Consultant	6	0.36%
Researcher	9	0.53%
Supervisor	50	2.96%
Other	46	2.72%

10. Which of the following best describes your SECONDARY job as a music therapist?	n	%
Administrator	238	14.09%
Clinician	223	13.20%
College/University educator	71	4.20%
Consultant	87	5.15%
Researcher	43	2.55%
Supervisor	309	18.29%
Other	101	5.98%
No secondary job as a music therapist	617	36.5%

11. Which of the following best describes the institution of your PRIMARY workplace as a music therapist?	n	%
College/University	127	7.5%
Private agency (e.g., hospital)	638	37.8%
Private music therapy practice	568	33.6%
Public agency (e.g., local, state, federal)	323	19.1%
Other	154	9.1%

12. How many years have you practiced music therapy?
Mean = 11.32 | Standard Deviation = 10.99 | Minimum = 0 | Maximum = 54

12. How many years have you practiced music therapy?	n	%
0 to 1	217	12.85%
2 to 5	456	27.00%
6 to 10	370	21.91%
11 to 20	344	20.37%
21 or more	302	17.88%

13. Which of the following best describes your current employment status as a music therapist?	n	%
Full-time (30 or more hours/week on average)	1,183	70.04%
Part-time (29 or fewer hours/week on average)	431	25.52%
Retired	22	1.30%
Not currently employed	53	3.14%

14. What is the highest level of education you have completed?	n	%
Bachelor's or equivalent	835	49.44%
Master's (emphasis in music therapy)	633	37.48%
Doctorate (emphasis in music therapy)	46	2.72%
Master's (other than music therapy)	178	10.54%
Doctorate (other than music therapy)	45	2.66%
Other	58	3.43%

15. Which of the following clinical populations do you currently work with as a music therapist?	n	%
Abuse	240	14.21%
Addictions	292	17.29%
Alzheimer's disease and related dementias	534	31.62%
Autism Spectrum Disorders	894	52.93%
Early childhood	597	35.35%
Forensics	76	4.50%
Hospice	391	23.15%
Intellectual and developmental disabilities	882	52.22%
Labor and delivery	11	0.65%
Medical	379	22.44%
Mental health/Psychiatric	724	42.87%
Neonatal care	100	5.92%
Neurological rehabilitation	246	14.56%
Older adults/geriatrics	579	34.28%
Palliative care	290	17.17%
Physical disabilities	505	29.90%
Prevention/wellness	195	11.55%
School based/special education	451	26.70%
Trauma	436	25.81%
Other	76	4.50%
Not applicable	9	0.53%

16. Which of the following age groups do you currently work with as a music therapist?	n	%
Infants (0-2 years)	411	24.33%
Children (3-11 years)	998	59.09%
Adolescents (12-17 years)	992	58.73%
Young Adults (18-29 years)	1,150	68.09%
Adults (30-64 years)	1,096	64.89%
Older adults (65 years or more)	945	55.95%

Frequency & Importance Scales Survey Results

The frequency and importance scales below were used to evaluate the appropriateness of the inclusion of each task and knowledge statement.

Frequency Task: How often do you perform this task in your job role? Knowledge: How often do you use this knowledge area in your job role?

0 - Never

1 - Very Rarely

2 - Rarely

3 - Occasionally

4 - Frequently

5 - Very Frequently

Importance Task: How important is this task to your job role? Knowledge: How important is this knowledge area to your job role?

0 - Not Important

1 - Minimally Important

2 - Moderately Important

3 - Important

4 - Very Important

5 - Critically Important

Task and knowledge statements were flagged for committee review if the mean frequency and/or importance rating was below 3.00, indicating less than “Occasionally” or “Important” ratings, respectively.

Table 1.

Frequency and Importance Ratings for Task Statements.

	Task Statements	Frequency	Importance
1	Recognize and respond to situations in which there are clear and present physical dangers to a client and/or others and comply with emergency procedures	2.56	3.90
2	Recognize the potential harm and contraindications of music experiences for clients and adapt treatment as necessary	3.44	3.99
3	Recognize the potential harm and contraindication of verbal and physical interventions for clients and adapt treatment as necessary	3.41	3.89
4	Observe infection control protocols (e.g., universal precautions, instrument disinfection)	4.11	4.02
5	Apply organizational safety compliance training principles and policies	3.45	3.54
6	Comply with relevant safety protocols when providing physical support to clients	3.22	3.71
7	Facilitate appropriate and safe use of all materials, equipment, and instruments based on the physical environment	4.21	3.97
8	Develop, implement, and/or utilize appropriate referral system for the setting	3.14	3.08
9	Educate staff, the treatment team, and/or other stakeholders regarding appropriate referral criteria for music therapy based on the setting and individual needs	3.03	3.22
10	Evaluate and prioritize the appropriateness of a referral for music therapy services	3.25	3.23
11	Obtain initial assessment data through systematic client observation, interviews, and responsible access to client information (e.g., medical records, Individual Education Plan [IEP]) as available	4.00	3.87
12	Engage clients in musical and non-musical experiences to identify clients' needs, abilities, strengths, skills, and resources within multiple domains of health and well-being (e.g., psychosocial, physiological, spiritual, musical)	4.41	4.20
13	Identify and implement potential modifications and adaptations throughout the assessment process to support accessibility	4.09	4.00
14	Engage clients in musical and non-musical experiences to identify the impact of ecological factors on clients' health and well-being (e.g., trauma, medication use, community involvement)	3.55	3.53
15	Respect all aspects of self-reported and expressed personhood and humanness (e.g., racial and ethnic identity, cultural values, spiritual/religious beliefs) when conducting an assessment	4.36	4.34
16	Develop and adapt assessment tools and procedures based on clients' needs and/or setting requirements	3.54	3.52
17	Create an assessment environment or space conducive to the assessment protocol and/or a client's needs	3.51	3.40
18	Identify clients' responses to different elements and styles of music (e.g., melody, harmony, rhythm, dynamics, form)	4.05	3.67

	Task Statements	Frequency	Importance
19	Identify clients' responses to different types of musical and non-musical experiences (e.g., improvising, recreating, composing, listening, moving)	4.15	3.79
20	Identify biases and limitations when interpreting assessment information	3.57	3.66
21	Identify factors that may impact the accuracy of information gathered during an assessment (e.g., dominant language, precipitating events, medication use, health considerations)	3.74	3.73
22	Analyze and interpret assessment findings and communicate recommendations in various formats (e.g., written, oral, audio, video)	3.54	3.41
23	Use evidenced-based practice in the treatment planning process (e.g., professional expertise, research evidence, client preferences)	4.47	4.23
24	Adjust the treatment plan based on the possible effects of medications	3.09	3.33
25	Collaborate with the client and/or family/care partner and other professionals to design the treatment plan	3.79	3.68
26	Evaluate the role of music therapy, considering the frequency, intensity, duration, and service delivery model, when developing a treatment plan	3.83	3.57
27	Establish client goals and objectives within domains of health/wellness and determine an appropriate system for tracking client progress, outcomes, and exit criteria as needed	3.99	3.78
28	Respect all aspects of self-reported and expressed personhood and humanness (e.g., racial and ethnic identity, cultural values, spiritual/religious beliefs) when treatment planning	4.32	4.26
29	Design experiences to facilitate generalization or transferability of skills across clinical/non-clinical contexts when appropriate	3.96	3.82
30	Select appropriate equipment, physical/virtual space, musical elements, repertoire, and instruments consistent with the treatment plan	4.36	4.02
31	Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity)	4.31	3.88
32	Identify and implement potential modifications and adaptations throughout the treatment process to support accessibility	4.26	4.07
33	Utilize evidence-based techniques, including presence, authenticity, and respect, to establish and maintain trust and rapport with the client	4.69	4.51
34	Recognize one's own professional and personal biases, feelings, and behaviors that affect the therapeutic process (e.g., transference and countertransference) to maintain boundaries within the therapeutic relationship	4.24	4.27
35	Respect all aspects of self-reported and expressed personhood and humanness (e.g., racial and ethnic identity, cultural values, spiritual/religious beliefs) during treatment implementation	4.41	4.34

	Task Statements	Frequency	Importance
36	Engage the client in individualized music therapy experiences to address the client's established goals and objectives within multiple domains of health and well-being (e.g., psychosocial, physiological, spiritual, musical)	4.41	4.21
37	Articulate the theoretical basis for practice in written and verbal forms	3.17	3.11
38	Apply theoretical frameworks and principles within music therapy clinical decision-making processes to address established client goals and objectives	3.77	3.45
39	Apply clinical musicianship to address established client goals and objectives	4.43	4.04
40	Report the client's progress by recording client responses and outcomes in a secure manner using language that is appropriate for the client and setting	4.55	4.20
41	Complete required documentation throughout treatment process (e.g., referral, assessment, treatment plan, treatment implementation, termination) that complies with legal, regulatory, and reimbursement requirements in a secure manner	4.46	4.25
42	Draw upon evidence-based practice principles to develop an informed and comprehensive evaluation of client progress to date	3.79	3.62
43	Recognize personal bias and limitations when interpreting information (e.g., cultural differences, clinical orientation)	3.87	3.82
44	Regularly review treatment plans by analyzing progress and outcome data to determine the effectiveness of therapy and modify as needed	3.78	3.68
45	Communicate progress to the client and/or family/care partner and other professionals and make recommendations and referrals as needed	3.82	3.69
46	Collaborate with the client and/or family/care partner and other professionals to design the treatment plan	3.69	3.62
47	Develop a termination plan involving the client and others (e.g., family, care partners) after assessing potential benefits and risks	2.46	3.02
48	Initiate the termination of music therapy services considering the client's goal accomplishment, stalled progress, contraindications, and increased potential for harm	2.39	3.08
49	Address client needs during the termination process to work through feelings and provide transitional support and recommendations	2.76	3.43
50	Conduct self-assessments and participate in continuing education to address areas of professional growth and prioritize courses of action	3.73	3.77
51	Develop and expand musicianship, therapeutic effectiveness, leadership skills, and music trend awareness	3.89	3.80
52	Develop and advance technology and interactive media skills in practice	3.07	3.00
53	Maintain familiarity with the current research and literature in music therapy and related disciplines	3.42	3.48

	Task Statements	Frequency	Importance
54	Seek and receive clinical and peer supervision to encourage professional growth	3.29	3.59
55	Seek and provide mentorship as appropriate	3.11	3.27
56	Adhere to the Certification Board for Music Therapists (CBMT) Code of Professional Practice	4.79	4.53
57	Conduct oneself in an authentic, ethical, accountable, and culturally sensitive manner that respects privacy, dignity, boundaries, and human rights in all settings, including clinical practice, social media, and marketing	4.83	4.65
58	Maintain knowledge of federal and state laws, rules, and regulations that may affect practice	4.12	4.18
59	Work within an organization's structures, policies, and standards	4.65	4.25
60	Practice within professional scope of competence based on education, training, and abilities	4.75	4.51
61	Fulfill legal responsibilities associated with the professional role (e.g., mandated reporting, release of information)	3.94	4.40
62	Maintain clients' protected health information as required by law (e.g., Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights and Privacy Act [FERPA])	4.78	4.73
63	Maintain professional and effective working relationships with colleagues and community members	4.57	4.22
64	Stay appraised of current issues and trends in music therapy governance, ethics, scope of practice, certification, and licensure	3.77	3.64
65	Evaluate personal and professional assumptions, values, biases, and limitations related to practice	3.96	3.86
66	Monitor own mental and physical health and seek support as needed to ensure professional effectiveness and competence	4.08	4.21
67	Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy	3.38	3.50
68	Manage administrative and/or business tasks related to professional practice as needed (e.g., budgets, schedules, reimbursements, resource maintenance)	3.39	3.30
69	Develop readiness to provide competent supervision to music therapy students and interns	3.04	3.26

Table 2.

Frequency and Importance Ratings for Knowledge Statements.

	Knowledge Statements	Frequency	Importance
1	Emergency response and crisis intervention techniques (e.g., cardiopulmonary resuscitation [CPR], first aid, de-escalation techniques)	2.22	3.64
2	Identification of potential for harm within treatment (e.g., physical, psychological, interpersonal, spiritual, environmental)	3.51	3.98
3	Client-specific safety considerations (e.g., clinical disposition, diagnosis, active symptoms, trauma, medication use, physical and mental well-being)	4.05	4.17
4	Roles and responsibilities of other professionals for client safety (e.g., safety officer, infection control personnel)	3.01	3.30
5	Verbal, physical, and music interventions for client safety	3.77	3.80
6	Sanitation precautions, applications, and disposal methods for reusable and non-reusable goods (e.g., personal protective equipment [PPE], instrument materials)	3.94	3.93
7	Safe physical management practices and compliance principles (e.g., handling medical equipment, transportation, physical support and assistance)	2.84	3.32
8	Referral system processes and criteria for determining eligibility	3.06	3.13
9	Communication of the referral system processes and criteria with other professionals	2.93	3.06
10	Proper interpretation and use of client records (e.g., symptomology, clinical insight, confidentiality)	3.90	3.81
11	Client assessment techniques (e.g., interview, observation)	3.98	3.82
12	Assessment processes, criteria, and protocols	3.78	3.63
13	Assessment practices and communication approaches (e.g., active listening, cultural humility, empathy, validation of personhood and humanness)	4.27	4.09
14	Client responses to musical elements and non-musical treatment experiences (e.g., physical, behavioral, social)	4.36	4.11
15	Needs assessment within multiple domains of health and well-being (e.g., psychosocial, physiological, spiritual, musical)	4.02	3.91
16	Assessment data analysis and interpretation	3.51	3.44
17	Recognition of internal and external factors that impact assessment data interpretation (e.g., conflicts of interest, pre-existing conditions, bias)	3.49	3.44
18	Goal identification derived from the assessment	4.10	3.90
19	Communication of assessment recommendations with the client and/or family/care partner and other professionals	3.69	3.61
20	Clinical terminology	3.91	3.49
21	Collaboration with the client and/or family/care partner and other professionals for treatment planning (e.g., goals, treatment preferences)	3.76	3.66
22	Individualized treatment planning using evidence-based practices (e.g., professional expertise, research evidence, client preferences)	4.19	3.96

	Knowledge Statements	Frequency	Importance
23	Service delivery model and schedule (e.g., imminent needs, length of service, travel distance, tele-health)	3.56	3.32
24	Identification of treatment progress and outcomes (e.g., short-term measurable objectives, long-term goals)	3.90	3.66
25	Cultural responsiveness and humility in treatment planning	4.09	4.00
26	Properties of musical instruments (e.g., acoustics, materials, sizes)	3.84	3.49
27	Goal-directed music and non-music experience/intervention design	4.23	3.89
28	Accessibility adaptations to treatment (e.g., music selection, instruments, equipment, positioning, communication devices, technology)	4.16	3.98
29	External factors that may impact treatment planning (e.g., trauma, medication use, community involvement)	3.93	3.84
30	Therapeutic pacing, sequencing, transitions, and intensity	4.25	3.88
31	Task analysis and goal-directed session planning (e.g., time management, instrument selection)	3.92	3.55
32	Treatment modification within and across sessions based on the client's response and growth (e.g., alternate applications of music, appropriate music selection, adaptation of the physical/virtual session space)	4.15	3.86
33	Collaboration with other professionals to promote accessibility and support client progress (e.g., therapist, social worker, educator)	3.59	3.60
34	Transference and countertransference in treatment	3.25	3.50
35	Theoretical frameworks for music therapy treatment implementation (e.g., educational, developmental, neurological, psychological)	3.59	3.28
36	Music therapy methods used to support therapeutic outcomes (e.g., improvising, recreating, composing, listening, moving)	4.36	3.98
37	Music theory (e.g., composition, harmony, transposition)	3.42	3.15
38	Instrument and voice proficiency	4.44	4.12
39	Clinical adaptation of musicianship to address therapeutic needs	4.40	4.16
40	Effects of music elements and music experience (e.g., psychological, emotional, physical)	4.32	4.08
41	Documentation processes and tools	4.35	3.97
42	Methods of clinical observation and data collection to document the client's progress or outcomes	4.01	3.71
43	Documentation of information and evidence-based outcomes across all aspects of the treatment process (e.g., referral, assessment, treatment plan, treatment implementation, termination)	4.04	3.75
44	Secure storage and transfer of clinical documentation	4.19	4.17
45	Legal, regulatory, and agency requirements associated with documentation (e.g., Health Insurance Portability and Accountability Act [HIPAA], confidentiality, record of client, reimbursement)	4.25	4.31
46	Data analysis methods and tools used for evaluation	3.21	3.08
47	Interpretation of empirical data (e.g., baseline data comparison, observed progress toward goals, bias)	3.31	3.22
48	Consultation with the client and/or family/care partner and other professionals regarding treatment evaluation	3.55	3.47

	Knowledge Statements	Frequency	Importance
49	Treatment review cycles and outcomes	3.20	3.13
50	Contraindications for continuing treatment	2.92	3.32
51	Evaluation of the treatment plan related to the client's determined goals	3.72	3.59
52	Generalization and transferability of treatment experiences across non-clinical contexts	3.72	3.57
53	Benefits and risks of treatment termination	2.64	3.03
54	Individualized treatment termination plan design (e.g., staffing changes, patient discharge, goal achievement)	2.69	2.98
55	Data analysis methods and tools used to determine termination status	2.23	2.53
56	Communication of the termination plan with the client and/or family/care partner and other professionals	2.67	3.14
57	Community-based resources and referrals for client support after treatment termination	2.44	2.91
58	Resources for continuing education (e.g., lessons, self-study, approved continuing education courses for music therapy)	3.69	3.67
59	Self-assessment and identification of personal/professional skill development needs (e.g., musicianship, leadership, therapeutic effectiveness)	3.68	3.63
60	Technological and media advancements in the profession	3.07	3.03
61	Evidence-based research and current professional practices in music therapy	3.57	3.58
62	Resources for professional growth (e.g., mentoring, clinical supervision)	3.40	3.55
63	Certification Board for Music Therapists (CBMT) Code of Professional Practice	3.99	4.02
64	Professional and ethical responsibilities	4.37	4.33
65	Principles of social justice and client advocacy (e.g., cultural sensitivity, personhood, dignity)	4.15	4.18
66	Federal laws, regulations, and guidelines pertaining to practice (e.g., Americans with Disabilities Act [ADA], Centers for Medicare and Medicaid Services [CMS], Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights and Privacy Act [FERPA], Occupational Safety and Health Administration [OSHA], mandated reporting)	4.03	4.15
67	Client rights (e.g., confidentiality, safety, agency, release of information)	4.29	4.35
68	Organizational guidelines, protocols, and standards (e.g., incident reporting)	3.69	3.92
69	Professional guidelines and regulatory standards (e.g., Certification Board for Music Therapists [CBMT] governance, American Music Therapy Association [AMTA] governance)	3.82	3.80
70	Personal resources that support mental and physical health (e.g., Employee Assistance Program [EAP], therapy)	3.06	3.51
71	Advocacy for the music therapy profession	3.74	3.75

	Knowledge Statements	Frequency	Importance
72	Operational responsibilities (e.g., budgeting, scheduling, reimbursements, resource maintenance)	3.28	3.26
73	Clinician scope of practice within education, training, and abilities	3.93	3.81
74	Roles and responsibilities of other professionals for supporting clients	3.50	3.39
75	Bias identification and management in therapeutic settings	3.60	3.67
76	Therapist-client relationship in the therapeutic process (e.g., ethical considerations, professional boundaries)	4.28	4.21

The draft content weighting was developed by calculating the criticality value (mean importance rating multiplied by the mean frequency rating) and then determining a percentage weight based on the relative weight of the criticality value for each content area. *From this analysis the calculated Content and Criticality Determinations by Domain were determined.

Content and Criticality Determinations:

The final content weightings represent the overall content and criticality of each of the domains. Although the exam content outline has changed significantly (e.g., task-based to knowledge-based), the overall content and criticality of each of the domains has not changed substantially for professional practice and provides consistency with the previous 2019 Exam Content Outline (BCD):

2025 BCD

Domain 1: Safety (5%)

Domain 2: Referral, Assessment, Interpretation of Assessment, and Treatment Planning (30%)

Domain 3: Treatment Implementation and Documentation (46%)

Domain 4: Evaluation and Termination of Treatment (10%)

Domain 5: Professional Development and Responsibilities (9%)

*The MT-BC SME committee noted that the draft content weights overemphasized or under emphasized certain content domains relative to their perceived criticality in the field due to the number of knowledge areas nested within them and adjusted the draft content weights to better reflect relevance to the profession.