



CBMT Scope of Practice

From Practice Analysis Study, 2003

I. Music Theory, Perception, and Skills in Clinical Situations

A. Music theory

1. Apply elements of music to
 - a. a variety of dynamic levels
 - b. chord progressions and harmonization
 - c. a variety of rhythms, meters, and tempi
 - d. pitch discrimination
 - e. timbre discrimination
 - f. major, minor, and modal scales, and key signatures
2. Use a variety of musical styles and forms
3. Transpose music

B. Music Skills and Perception

1. Sing in tune
2. Sight-read basic pieces in I-IV-V harmony
3. Write or compose songs, lyrics, or music
4. Improvise music (e.g., vocal, instrumental)
5. Maintain a steady beat
6. Accommodate client or group responses through tempo flexibility
7. Perform
 - a. basic percussion skills
 - b. from a varied music repertoire (e.g., pop, classical, jazz, folk, blues)
8. Demonstrate functional
 - a. keyboard skills
 - b. guitar skills
9. Demonstrate
 - a. ability to initiate and embellish sound
 - b. basic accompanying skills (e.g., piano, guitar, rhythm instrument)
 - c. understanding of, and ability to, produce effective vocal sounds
10. Tune instruments

II. Initial Assessment and Treatment Planning

A. Obtain Data for Assessment

1. Observe and interact with a client in music and nonmusic settings to obtain objective and subjective information
2. Obtain information from available sources to determine client history and current client status, strengths, and experiences (e.g., etiology)
3. Identify client's
 - a. physical and/or medical limitations
 - b. strengths
 - c. learning styles
 - d. appropriate and inappropriate behaviors
4. Identify
 - a. effects of, and responses to, family and other personal relationships on client
 - b. manifestations of client's affective state
 - c. stressors in client's life related to present status
5. Evaluate appropriateness of a referral

6. Determine client's
 - a. music background, skills, and preferences
 - b. developmental level
 - c. cultural and spiritual background, as appropriate

B. Conduct Assessment

1. Provide appropriate music experiences for assessment
2. Select appropriate assessment procedures
3. Develop or adapt appropriate assessment procedures
4. Create an assessment environment or space conducive to the assessment protocol and/or client's needs
5. Administer assessment procedures

C. Interpret Assessment Information and Communicate Results

1. Interpret
 - a. objective information
 - b. subjective information
2. Synthesize information
3. Draw conclusions and make recommendations and/or referrals
4. Acknowledge therapist's bias and limitations in interpreting assessment information (e.g., cultural differences)
5. Document and communicate assessment findings and recommendations in oral, written, or other forms (e.g., video, audio)

D. Develop Initial and Ongoing Treatment Strategies

1. Involve a client in the treatment planning process, when appropriate
2. Consult the following in the treatment planning process
 - a. client's family, caregivers, or significant others, when appropriate
 - b. other professionals, when appropriate
 - c. literature and other resources
3. Coordinate the treatment plan with other professionals and/or family, caregivers, and significant others, when appropriate

E. Structure Treatment

1. Establish long- and short-term music therapy objectives based on assessment and referral information
2. Organize and arrange the music therapy setting to facilitate a client's therapeutic involvement
3. Select, develop, and adapt music therapy experiences that address client's music and nonmusic objectives, strengths, and needs
4. Select and adapt
 - a. music consistent with a client's age, culture, music background, and preferences
 - b. musical instruments and equipment consistent with strengths and needs of client
5. Select and prepare non-music materials consistent with music therapy goals and clients' learning styles (e.g., adaptive devices, visual aids)

6. Plan music therapy sessions of appropriate duration and frequency
7. Design programs to reinforce goals and objectives for implementation outside the music therapy setting, when appropriate
8. Structure and organize music therapy experiences within each session to create a therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity)
9. Select target behaviors and issues based on assessment information and design an appropriate data collection system to utilize during treatment

III. Treatment Implementation and Termination

A. Implementation

1. Provide music therapy experiences to achieve the following:
 - a. assist a client in developing impulse control
 - b. calm and sedate a client's agitation in a crisis situation
 - c. change or support music and/or nonmusic behaviors
 - d. develop or enhance a client's
 - 1) social skills
 - 2) self-esteem
 - 3) music skills that facilitate goals
 - 4) ability to select and use music for specific outcomes (e.g., relaxation, anxiety management, redirection from addiction)
 - 5) self-awareness (including insight) and sense of self with others
 - 6) support system
 - e. develop or enhance skills to manage
 - 1) emotional expression
 - 2) physiological symptoms
 - f. develop or enhance
 - 1) group cohesion and/or a feeling of group membership
 - 2) language, speech, and communication skills
 - 3) sensorimotor skills
 - 4) sensory perception
 - 5) verbal or nonverbal emotional expression
 - 6) cognitive function
 - 7) physical functioning (e.g., gross and fine motor skills, respiratory status)
 - 8) pain remediation or modification (e.g., physical and emotional)
 - 9) framework for client's spirituality (religious and nonreligious)
 - 10) musical and other creative responses from client
 - 11) musical/therapeutic relationship
 - g. elicit and shape, as appropriate
 - 1) social interactions
 - 2) speech and language skills
 - 3) focus and maintenance of attention
 - 4) spontaneous communication/interactions
 - 5) physiological change
 - 6) verbal and/or vocal responses
 - 7) sensorimotor, movement, and specific motor responses
 - 8) emotional responses
 - 9) change in affect
 - 10) a client's instrumental responses
 - h. elicit and shape, as appropriate, a client's
 - 1) memories
 - 2) orientation to self, space, and time
 - 3) cognitive/intellectual ability
 - i. facilitate
 - 1) a client's adjustment to temporary or permanent changes in ability
 - 2) successful client participation
 - 3) generalization of skills to other settings
 - j. help clients in and through anticipatory grief, loss, grieving, and bereavement processes
 - k. increase a client's on-task behavior
 - l. motivate clients to participate in habilitation or rehabilitation
 - m. promote a client's
 - 1) aesthetic sensitivity and quality of life
 - 2) decision-making skills
 - n. provide
 - 1) a client comfort by structuring a predictable, familiar, and safe environment
 - 2) options in which a client assumes responsibility for self in the treatment process
 - o. stimulate client engagement
 - 1) with family, staff, and/or significant others
 - 2) in experiences identified by the client as meaningful
2. Apply or integrate models including
 - a. human development (e.g., psychosocial, cognitive, physical)
 - b. music (e.g., therapy, perception, development)
 - c. pathology (e.g., neurological, psychological, medical, environmental)
 - d. therapy (e.g., psychological, physical, group process, alternative)
 - e. functional behavior analysis
3. Use methods to achieve therapeutic goals
 - a. employ creative strategies to meet needs of a client spontaneously
 - b. conduct and/or cue group music making
 - c. use leadership skills to facilitate group music therapy
 - d. model appropriate social behavior in group music therapy
 - e. provide appropriate verbal and nonverbal directions necessary for successful client participation (e.g., consider age and level of functioning)
 - f. provide visual, auditory, and/or tactile cues
 - g. use music
 - 1) with techniques of relaxation and/or stress reduction
 - 2) to communicate between a client and therapist
 - h. improvise music to facilitate therapeutic processes
 - i. compose, arrange, or adapt music to facilitate therapeutic processes
 - j. utilize singing skills to facilitate therapeutic processes
 - k. use music and nonmusic reinforcers
 - l. teach or develop client music skills to facilitate therapeutic processes
 - m. provide inservice and training to caregivers and staff to sustain and support the client's therapeutic progress
4. Select and/or use materials to facilitate therapeutic intervention
 - a. music materials and equipment (e.g., nonsymphonic instruments, accompanying instruments)
 - b. alternate means of communication
 - c. adaptive materials and equipment
5. Encourage a therapeutic relationship
 - a. establish trust and rapport
 - b. respond appropriately to client behaviors
 - 1) related to diagnosis or referral
 - 2) secondary to effects of internal and external factors (e.g., medication, environment, health status, stage of diagnosis)

- c. establish and maintain
 - 1) appropriate boundaries
 - 2) an environment conducive to the therapeutic process
- d. utilize therapeutic verbal skills in music therapy sessions
- e. use
 - 1) appropriate vocabulary and terminology to enhance a client's understanding
 - 2) nonverbal behavior to facilitate or maintain therapeutic interaction
- f. communicate therapist's expectations to a client
- g. provide constructive feedback to a client
- h. recognize and respond to
 - 1) significant events in a music therapy session
 - 2) situations in which there are clear and present dangers to a client and/or others
- i. recognize and manage aspects of one's own feelings and behaviors that affect the therapeutic process
- j. mediate problems among clients within the session

B. Termination

- 1. Determine exit criteria from music therapy
- 2. Assess potential benefits and detriments of termination from music therapy
- 3. Inform and prepare a client for approaching termination from music therapy
- 4. Integrate music therapy termination plan with a client's individual plan
- 5. Provide a client with necessary transitional support and recommendations
- 6. Allow a client to work through feelings about therapy termination

IV. Ongoing Documentation and Evaluation of Therapy

A. Documentation

- 1. Develop and use data-gathering techniques and forms
- 2. Document
 - a. treatment plan and revisions to treatment plan
 - b. music therapy termination plan and follow-up procedures
- 3. Provide written documentation that
 - a. accurately reflects a client's response and progress
 - b. employs language appropriate to population and facility
- 4. Provide documentation that meets requirements of internal and external legal, regulatory, and reimbursement bodies

B. Evaluation

- 1. Discriminate
 - a. relevant from irrelevant information in regard to a client's progress and treatment process
 - b. between objective and subjective information
- 2. Review and revise treatment plan periodically within guidelines set by agency
- 3. Modify treatment approaches based on data and a client's response to therapy
- 4. Analyze
 - a. documented data to determine effectiveness of therapy
 - b. anecdotal data to determine effectiveness of therapy
- 5. Coordinate with other disciplines to determine need for continuation, revision, or termination of services
- 6. Communicate with a client, family, and/or significant others regarding progress, continued goals or recommendations, or relevant issues
- 7. Make referrals based on evaluation of client's needs

V. Professional Development and Responsibilities

A. Professional Development

- 1. Set goals for professional growth
- 2. Keep abreast of current issues, research, and literature in music therapy and other related fields/populations
- 3. Engage in
 - a. professional activities (e.g., conferences, continuing education, presentations)
 - b. collaborative work with colleagues
- 4. Seek out and utilize supervision and/or consultation
- 5. Keep current with related technologies
- 6. Develop and enhance music skills

B. Professional Responsibilities

- 1. Document consultations
- 2. Develop and maintain a repertoire of music for age, culture, and stylistic differences
- 3. Respond to public inquiries about music therapy
- 4. Conduct information-sharing sessions, such as inservice 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, or practicum students
- 9. Assess one's own performance in light of ethical and professional standards
- 10. Adhere to the Code of Professional Practice
- 11. Fulfill legal responsibilities associated with professional role (e.g., consent forms, mandated reporting, release of information)
- 12. Document incidents, injuries, or accidents as per agency guidelines
- 13. Acquire and maintain equipment, supplies, and personnel
- 14. Prepare and maintain a music therapy program budget
- 15. Prepare accountability documentation for facility administration and local, state, and federal agencies
- 16. Observe infection control protocols (e.g., universal precautions, disinfecting instruments)
- 17. Operate client's adaptive equipment (e.g., wheelchair, walker, protective gear)
- 18. Distinguish among beneficial and harmful uses of music in care environments

The CBMT Scope of Practice was developed from the results of the 2003 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 in October 2005.

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