

Music Therapy Clinical Self-Assessment Guide

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AMTA Clinician’s Self-Assessment Guide

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Preface

The *Music Therapy Clinical Self Assessment Guide* is a structured form to be used as a tool when reviewing the quality of one's own music therapy services. This form is designed to be used by music therapists in a variety of settings, including, but not limited to private practice, nursing homes, residential facilities, hospitals and schools.

As part of maintaining quality services, the American Music Therapy Association determined the need to develop a standardized evaluation form. As a result, the AMTA Professional Advocacy Committee, in collaboration with the AMTA *Standards of Clinical Practice* Committee, began work on the *Music Therapy Clinical Self Assessment Guide* in 2000. Through many revisions of this form and changes in the *Standards of Clinical Practice*, this Guide has evolved to the document we have today.

Purpose

The *Music Therapy Clinical Self Assessment Guide* has three primary purposes:

1. To be used as a means to improve the quality of services provided to each client,
2. To best meet client's individual needs, and
3. To be used to anticipate how well a music therapy practice would meet standard facility survey criterion.

Recommended Types of Music Therapy Practices For Using This Form

The *Music Therapy Clinical Self Assessment Guide* is adaptable for use in any clinical or training setting – inpatient, outpatient, or community based services. The *Music Therapy Clinical Self Assessment Guide* is useful for new clinicians, as well as, experienced clinicians.

Time Needed to Complete the *Music Therapy Clinical Self Assessment Guide*

This guide may take 4-9 hours to complete, depending upon the practice and number of cases sampled. It is recommended that clinicians complete the *Music Therapy Clinical Self Assessment Guide* as time allows. Most facilities survey 10% of their caseload, with a cross section of diagnoses served. Samples should be drawn from both current and discharged or terminated client records.

Process To Complete the *Music Therapy Clinical Self Assessment Guide*

- Gather necessary materials in one workspace.
- Review 10% of the client charts – going back 6 months in records.
- Interview clients and/or families to determine individual client satisfaction with the MT program. Facility staff and faculty may be interviewed to determine client satisfaction when client or family is not accessible for feedback.
- Use the comments section of each standard to clarify results as needed. This allows the surveyor to identify specific strengths or areas of improvement for each standard.

Introduction

Performance measurement in healthcare represents what is done and how well it is done. The *Music Therapy Clinical Self Assessment Guide* is designed for use by clinician's in evaluating one's own practice, using ATMA's *Standard's of Practice*. The goal is to accurately understand the basis for current performance so that better results can be achieved through focused improvement. Use of this document for *Self Assessment* enables the clinician to evaluate the degree of compliance with the AMTA's *Standards of Clinical Practice*. Using this information, the clinician can make improvements in one's personal clinical practice. Compliance with AMTA's *Standard's of Practice* will result in a more consistent and higher quality of care for clients.

Performance measurement is used internally by health care organizations to support performance improvement and externally, to demonstrate accountability to the public and other interested stakeholders. Performance measurement benefits the health care organization by providing statistically valid, data-driven mechanisms that generate a continuous stream of performance information. This enables a health care organization to understand how well their organization is doing over time and have continuous access to objective data to support claims of quality. The organization can verify the effectiveness of corrective actions; identify areas of excellence within the organization; and compare their performance with that of peer organizations using the same measures.

As a result of the field tests with the AMTA Professional Advocacy Committee, a few suggestions are offered for using this *Self Assessment*. Depending upon documentation method, one should allow 4-9 hours for completing the *Self Assessment*. A careful review of the standards, the suggested data sources and scoring methodology is recommended to evaluate the degree of compliance with the standards. For efficiency, gather materials (i.e. policy and procedure manuals, audits of client record documentation, summaries of client satisfaction surveys, etc.) in one work area.

Scoring

The rating scale is an adaptation of the rating instrument used by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Each of the AMTA standards and related structure, process and outcome criteria are to be rated according to the following scale:

5 = Substantial Compliance	The music therapy service consistently meets all major provisions (91-100%) of the standard or criterion.
4 = Significant Compliance	The music therapy service consistently meets all major provisions (76-90%) of the standard or criterion.
3 = Partial Compliance	The music therapy service consistently meets all major provisions (51-75%) of the standard or criterion.
2 = Minimal Compliance	The music therapy service consistently meets all major provisions (26-50%) of the standard or criterion.
1 = Non Compliance	The music therapy service consistently meets all major provisions (0-25%) of the standard or criterion.

Space is provided in the document for the rating of each criterion. The ratings of the individual criteria are to be averaged to calculate a summary score for the standard. The average rating corresponds to the numerical rating scale. For example, an average rating of 3.6 would indicate slightly better than Partial Compliance, but less than Substantial Compliance with a standard.

Data can be identified by circling those used from the DATA SOURCES listed or by writing others in the EVALUATION COMMENTS section. It is important to identify data sources used in the assessment as a reference for future assessments. Space for comments is provided to illustrate the reasons for rating and recommendations for improvement.

Clinicians complete the ratings for the seven general *Standards of Clinical Practice* areas. Then, complete the ratings for the relevant clientele served in one's work. For example, if you work in a public school, you would complete the ratings for educational settings and other's only if they are relevant to your clinical practice.

A SCORING SUMMARY WORKSHEET is provided in the appendix to summarize the scores, compute the total possible score for each section and document opportunities for improvement. The total score for each section should be entered in the appropriate space

on the SCORING SUMMARY WORKSHEET. A scoring table for interpreting data is provided with the SCORING SUMMARY WORKSHEET.

Considerations

A space is provided in the SCORING SUMMARY WORKSHEET for identifying Opportunities for Improvement that will result in a higher quality of care for clients. It is important that clinician's using this document for *Self Assessment* focus upon improving service delivery rather than emphasizing a rating, a numerical score or a percentage score. Numbers are useful as a benchmark for comparison, but the scores are less important than improving the quality of services provided to clients. The SCORING SUMMARY WORKSHEET may be useful to review the results of the *Self Assessment* and to plan for changes that will result in improved services for clients.

It is very important to be objective in a constructive way when rating each criterion to address potential rater bias. *Self Assessment* is intended to identify opportunities for improvement in client services and inflated ratings will limit this potential. Likewise, overly critical ratings may not give credit where credit is due. The obvious challenge is to be as accurate as possible. It is important to score the standards/each criterion based solely upon actual practice. There should be evidence of the rating chosen, not just an impression that the rating is based on desired performance. For example, if an outcome criteria states "The client expresses satisfaction with the outcome of the treatment plan," documentation should support the client expressed satisfaction as documented in satisfaction surveys or in the client's chart/record. In this case, the existence of documentation could be the difference between a rating of 5 (Substantial Compliance) and 1 (Non Compliance). As with any self-checking document, it is difficult to make the AMTA Clinician *Self Assessment* Guide and rating scale completely objective. Distinguishing between two ratings may prove to be difficult for the rater, particularly when the area being rated is more subjective and less quantifiable. Descriptors (meets some provisions, meets most provisions) are provided for use in these situations, as accurate and constructive judgment is required of the rater. To increase confidence in the rating, clinicians may want to engage the assistance of colleagues. A comparison of scores and discussion of variance may be useful to resolve discrepancies and identify opportunities for improvement.

The AMTA Professional Advocacy Committee does not advocate the use of this document solely for supervisory or job performance evaluation purposes. This is a tool for personal evaluation and improvement of one's own clinical practice. As more music therapists work in private practice, it is felt clinicians' need a tool to evaluate their work. The committee projects that after some use of this document, consistency of service delivery among music therapy providers will improve. Achievement of this goal requires clinicians' use the AMTA *Standards of Clinical Practice* and *Music Therapy Self Assessment Guide* in their agencies and private practices to assess compliance with the standards in order to increase the consistency and quality of services delivered.

Best Practices for Use of the *Music Therapy Clinical Self Assessment Guide*

Administering Your Own Quality Assurance Program

The Quality Assurance program of the music therapy clinical practice is established to ensure that optimal music therapy services are provided to each client. Quality Assurance activities are formed to organize and integrate the components and standards of quality assurance into a cohesive system of monitoring and evaluating the quality and appropriateness of care whenever music therapy services are delivered.

The Music Therapist maintains quality clinical services by following these steps in developing, implementing, monitoring and evaluating activities.

1. Assign responsibility
2. Delineate scope of care and identify the important aspects of care
3. Identify indicators and thresholds for evaluation related to these aspects of care
4. Collect and analyze data
5. Evaluate care when thresholds are reached
6. Take actions to improve care
7. Assess the effectiveness of actions and integrate findings into the music therapy clinical practice

Monitoring and Evaluation Process

Professional music therapists can take responsibility for the quality assurance of one's own program by taking action in developing, implementing, monitoring and evaluating systems.

Assign Responsibility

- The music therapist is responsible for monitoring and evaluating one's individual practice. Clinicians must identify and ensure that all responsibilities, delineated in the *Standards of Clinical Practice* as set forth by the American Music Therapy Association (AMTA) are fulfilled.

Delineate Scope and Identify Important Aspects of Care

- Identify the assessment and documentation tools utilized.
- Identify therapeutic approaches and modalities used.

- Identify and delineate the types of clients served as described in the *Standards of Clinical Practice* (AMTA).
- Identify and define who is providing care (MT-BC, RMT, CMT, ACMT, intern under the direction of MT-BC, student therapist under the supervision of MT-BC.)
- Identify frequency of care provided.
- Identify the setting in which care is provided (group or private).

Identify indicators and thresholds for evaluation related to these aspects of care

- AMTA's *Standards of Clinical Practice* and *Code of Ethics* define and set forth essential elements for music therapy clinical practice. Music therapists must familiarize themselves with these documents and design clinical practices utilizing them.

Collect and analyze data

- AMTA's *Music Therapy Clinical Self Assessment Guide* allows the music therapist to score one's clinical work and determine areas that are in compliance with best practices and areas that need improvement.
- There are three main types of data sources for collecting clinical practice information: 1) document based - written information with an individual client; 2) observation and 3) interview/survey (client/family/staff/other professionals).

Evaluate care when thresholds are reached

- AMTA's *Music Therapist Clinical Self Assessment Guide* evaluates when clinical work is in compliance with best practices and when there are areas that need improvement.
- Upon completion of the *Music Therapy Clinical Self Assessment Guide*, determine which sections indicate attention is needed and in particular, which items need improving. Develop an action plan for these areas.
- If all sections score in the Substantial and Significant Compliance range, consider this clinical practice an excellent one. Continue monitoring and evaluating for quality service delivery.

Take actions to improve care

- Establish a music therapy “treatment plan” for quality services (i.e. an action plan for areas of clinical practice that fall within the minimal and non-compliance range of scoring in AMTA’s *Music Therapy Clinical Self Assessment Guide*.)
- When developing a plan to improve quality of care and/or problem resolution, the following areas are good resources.

Actions Utilized to Improve Knowledge

Orientation
In-service
Supervision
Continuing education
Policies and procedures
Reference materials/texts

Actions Utilized to Improve Systems

Communication
Staffing
Budget
Inventory/Equipment
Policies and procedures

Actions Utilized to Improve Behavior

Counseling
Changing assignments/caseloads
Disciplinary Actions

- Things to keep in mind for a music therapy practice

Utilization Review

Does this client belong in the clinical setting?
Is the client meeting the criterion for discharge?
Are staffing/space/resources adequate?

Plan for Clinical Supervision

How are clinicians supervised?
What is the Plan for Professional Services and where is it written?
What is the Job Description and where is it written?
Are staff qualified to do what they do and how do they stay qualified?

Infection Control and Safety Management

Are there written policies and procedures?
How does new staff receive training?
What is the ongoing training for staff?

Assess the effectiveness of actions and integrate findings into the music therapy clinical practice

- Review clinical practice to ensure effective implementation of action plan.
- It is projected that after repeated use of the *Music Therapy Clinical Self Assessment Guide*, consistency of clinical practice will be developed and maintained.

Music Therapy Definition Statement

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. (*American Music Therapy Association definition, 2005*)

Music Therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating movement, increasing people's motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings.

Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. Music therapy interventions can be designed to:

- promote wellness
- manage stress
- alleviate pain
- express feelings
- enhance memory
- improve communication
- promote physical rehabilitation.

Research in music therapy supports its effectiveness in a wide variety of healthcare and educational settings.

AMERICAN MUSIC THERAPY ASSOCIATION

STANDARDS OF CLINICAL PRACTICE

Preamble

Definition Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Further Clarification:

- “Clinical and evidence-based”: There is an integral relationship between music therapy research and clinical practice.
- “Music interventions:” The process is “purpose-driven” within a productive use of musical experience based on the AMTA Standards of Clinical Practice.
- “Individualized goals within a therapeutic relationship:” This process includes assessment, treatment planning, therapeutic intervention, and evaluation of client.
- “Credentialed professional:” Each credential or professional designation (i.e., MT-BC, RMT, CMT) requires a set of professional competencies to be fulfilled and maintained according to established professional standards.
- “Approved music therapy program:” A degreed program with AMTA approval and NASM accreditation.

Music therapy services are rendered by credentialed *Music Therapists, clinicians who are professional members of the American Music Therapy Association Inc. (AMTA). Although music therapy services exist in diversified settings, there is a core of common procedures and considerations stated formally as standards of general practice for all Music Therapists. Additional standards that are germane for particular clientele are delineated herein for ten areas of music therapy service: 1) addictive disorders, 2) consultant, 3) developmental disabilities, 4) educational settings, 5) geriatric settings, 6) medical settings, 7) mental health, 8) physical disabilities, 9) private practice, and 10) wellness practice. These ten areas reflect current music therapy services, but should not be interpreted as strict limits that would prevent development of new areas for music therapy.

Concomitant with the AMTA Code of Ethics, these Standards of Clinical Practice are designed to assist practicing Music Therapists and their employers in their endeavor to provide quality services. The Music Therapist will utilize *best professional judgment in the execution of these standards. The AMTA’s Standards of Clinical Practice and Special Target Populations Committee is charged with periodic revision to keep these standards current with advances in the field.¹

¹ See Explanatory Notes prior to the listing of the General Standards

Introduction

Standards of Practice for music therapy are defined as rules for measuring the quality of services. These standards are established through the authority of the American Music Therapy Association, Inc. This document first outlines general standards, which should apply to all music therapy practice. Following these General Standards are specific standards for each of the ten areas of music therapy service. These serve as further delineations of the General Standards and are linked closely to them. This close relationship is reflected in the numbering system used throughout this document. For example, section 4.0 regarding implementation in the General Standards ends with standard 4.7. The standards on implementation in Mental Health begin with 4.8 and supplement the General Standards with others which are specific to mental health settings. **Thus, the reader should read the General Standards first, and have them in hand when reading the specific standards.**

EXPLANATORY NOTES

Appropriate norms or criterion-referenced data - Standardized tests, whose interpretations are based on data derived from “normal” populations, are generally not beneficial for program planning. Such tests should be used with caution. Criterion-referenced assessments, designed with the client’s level of functioning in mind, are usually more helpful in determining both the strengths and weaknesses of the client.

Assessment - The process of determining the client’s present level of functioning. Screening may be incorporated into this process.

Best professional judgment - The Music Therapist’s use of current knowledge that exists in music therapy and related fields in making decisions regarding the provision of music therapy services.

Developmental disabilities - Refers to one or more conditions of childhood or adolescence which interfere with normal development and or adaptive functioning (e.g., autism, mental retardation, sensory/motor/physical/cognitive impairments). Defined (PL 95-682) as chronic mental or physical impairment manifested before age 22. Results in substantial functional limitations in three or more areas of life activities: self care; learning; mobility; self direction; economic sufficiency; receptive and expressive language; capacity for independent living. Requires lifelong individually planned services.

Evaluation - The review of a client’s status in reference to the program plan goals, with consideration given to the appropriateness and/or necessary modification of the plan.

Goal - A projected outcome of a treatment plan. Goals are often stated in broad terms, as opposed to objectives, which are stated more specifically.

Individual plan - A program of therapeutic or educational intervention, e.g. IEP (Individual Educational Plan)/ITP (Individual Treatment Plan)/IFSP (Individualized Family Service Plan)/ISP (Individual Service Plan)/IHP (Individual Habilitative Plan), which focuses on the specific needs and strengths of the individual client.

Music Therapist - Professional Music Therapists who hold the professional credential MT-BC or the professional designation RMT (Registered Music Therapist), CMT (Certified Music Therapist) or ACMT (Advanced Certified Music Therapist). Further information on credentials and designations is available from the Certification Board for Music Therapists (CBMT) or the National Music Therapy Registry (NMTR).

Objective - One of a series of progressive accomplishments leading toward goal attainment; may include conditions under which the expected outcome occurs.

Personal Counseling - Opportunities for personal growth, awareness, and self-care. Seeking these opportunities plays an important role in the therapist’s ability to provide ongoing quality service.

Personal Growth - Seeking to maintain or enhance quality of life.

Safety – Avoidance of harm through structuring care processes, supplies, equipment, and the

environment to reduce/eliminate client and staff injuries, infection, and care errors. A safe auditory environment includes protecting clients from continued exposure to loud sounds. For example, continued exposure to sound levels above 85 dB TWA (Time Weighted Average) for more than 8 hours can result in hearing loss (2002) Occupational Safety and Health Centers for Disease Control and Prevention <http://www.cdc.gov/niosh/98-126a.html> accessed: 8-1-02.

Screening – An intake procedure wherein the Music Therapist meets with the client to determine whether or not formal assessment and treatment are indicated.

Spirituality & Cultural Background - An interrelationship among a client's musical experiences, personal belief system, and cultural background, which may be influenced by the client's geographical origin, language, religion, family experiences, and other environmental factors.

Please feel free to reproduce these Standards of Clinical Practice. **However, the standards for specific areas of music therapy services are not to be reproduced separately.**

Adopted: Nov. 11, 1982. Revised: Nov. 21, 1987; Nov. 18, 1988; Nov. 21, 1992; Apr. 17, 1998; November 18, 1999; Nov. 1, 2002, Nov. 21, 2003; Nov. 20, 2005

GENERAL STANDARDS

In delivery of music therapy services, Music Therapists follow a general procedure that includes 1. referral and acceptance, 2. *assessment, 3. program planning, 4. implementation, 5. documentation and 6. termination. Standards for each of these procedural steps are outlined herein and all Music Therapists should adhere to them in their delivery of services. Exceptions must be approved in writing by the Standards of Clinical Practice Committee. Decisions affecting the quality of services should be based on the best professional judgment of the Music Therapist with regard to client ratio and caseload, as well as the frequency, length, and duration of sessions. The Music Therapist will allocate time needed to execute responsibilities such as administration, in-service, and services relating to client care in order to provide quality, direct client service.

The recipient of music therapy services may be called by a variety of terms, depending on the setting in which therapy is rendered—e.g., client, consumer, patient, resident, or student. Such diversity of terminology is reflected in this document.

1.0 Standard I - Referral and Acceptance

The client was accepted for music therapy in accordance with specific criteria.

1.1 It was determined that a psychological, educational, social, or physiological need may be ameliorated or prevented by Music Therapy services.

1.2 The client was referred for the initial music therapy assessment by: a Music Therapist, a member of another discipline or agency, the client, or the parents, guardians or advocates of the client. (1.2 is inclusive of General Standards 1.2.1, 1.2.2, 1.2.3, and 1.2.4.)

1.3 After the initial music therapy assessment, the decision to accept a client for music therapy services was made by the Music Therapist and, when applicable, in conjunction with the interdisciplinary team. It is acceptable for *screening to have been used as part of this process.

Total Score Standard 1

Data Sources: initial treatment plan, interdisciplinary treatment goals, referral documents, music therapy assessment instrument.

COMMENTS:

2.0 Standard II - Assessment

A Music Therapist completed a written assessment of the client prior to the delivery of services. In a short term treatment setting, the assessment may occur during the initial contact with client.

2.1 The music therapy assessment included the following general categories, focusing on client’s needs and strengths:

- I Psychological
- Ii Cognitive
- Iii Communication
- Iv Social
- V Physiological

The music therapy assessment also determined the client’s:

- Vi Response to music
- Vii Music skills
- Viii Musical preferences

Consideration was given to a client’s *spirituality and cultural background.

2.2 Music therapy assessment methods were appropriate for the client’s:

- I Chronological age
- Ii Diagnoses
- Iii Functioning level
- Iv Spirituality
- V Cultural background

Methods used during the assessment included, but were not limited to, observation during music or other situations, interview, verbal and nonverbal interaction, and testing.

Information was also obtained from other disciplines or sources such as the medical and social history, when possible.

2.3 The assessment recognized variations in performance resulting from: .

- I Diagnoses
- Ii Medications

- iii Adaptive devices
- iv Positioning
- V Involvement in other therapies
- vi Psychosocial conditions
- vii Current health status

The assessment identified the availability of family and other support systems.

2.4 Interpretations of test results were based on *appropriate norms or criterion-referenced data.

2.5 Music therapy assessment procedures and results are part of the client's file.

2.6 Documentation indicates the results, conclusions, and implications of the music therapy assessment were the basis for the client's music therapy program.

Documentation indicates the results, conclusions, and implications of the music therapy assessment were communicated to others involved with provision of services to the client.

Documentation indicates whether the results were communicated to the client.

2.7 If the music therapy assessment indicated the client's need for other services, an appropriate referral was completed.

Total Score Standard 2

Data Sources: music therapy assessment instrument, music therapy evaluation, client file/chart

COMMENTS:

3.0 Standard III - Program Planning

The Music Therapist prepared a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources.

Documentation indicates, whether the client participated in the program plan development.

The music therapy program plan was designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain *goals that focused on assessed needs and strengths of the client.

3.5 Contain *objectives which were operationally defined for achieving the stated goals within the estimated time frames. These objectives are:

i. Related to goal completion

ii. Measurable

iii. Contain specific attainable target dates

iv. Written to consider observer reliability

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.7 Provide for periodic *evaluation and appropriate modifications as needed.

3.8 Optimize, according to the *best professional judgment of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

Total Score Standard 3

Data Sources: treatment plan, written therapy plan, therapy notes, music therapy evaluation.

COMMENTS:

4.0 Standard IV - Implementation

The Music Therapist delivered services according to the written program plan.

4.1 Striving for the highest level and quality of music involvement consistent with the functioning level of the client, the Music Therapist:

4.1.1 Provided music that reflected his or her best abilities as a musician.

4.1.2 Used appropriate musical instruments and materials, as well as the best possible sound reproduction equipment.

4.1.3 Made every effort to ensure *safety in client care.

4.2 The Music Therapist used methodology that was consistent with recent advances in health, safety and infection control practices.

4.3 The Music Therapist maintained close communication with other individuals involved with the client.

4.4 The Music Therapist recorded the schedule and procedures used in music therapy programming.

4.5 The Music Therapist evaluated the client’s responses periodically to determine progress toward the goals and objectives.

4.6 The Music Therapist incorporated the results of evaluations used to determine progress toward the goals and objectives in subsequent programming.

4.7 The Music Therapist considered the psychological effects of therapeutic separation as termination of services approaches.

Total Score Standard 4

Data Sources: treatment plan, written therapy plan, therapy notes, music therapy evaluation.

COMMENTS:

5.0 Standard V - Documentation

The Music Therapist documented the client’s referral to music therapy, assessment, placement, program plan, and ongoing progress in music therapy in a manner consistent with federal, state, and facility regulations.

- 5.1 The Music Therapist periodically documented the client’s level of functioning with regard to the goals and objectives.
- 5.2 The documentation of progress described significant intervention techniques and the client’s responses to them.
- 5.3 In all documentation relating to music therapy services the Music Therapist:
 - 5.3.1 Wrote in an objective, professional style based on observable client responses.
 - 5.3.2 Included the date, signature, and the professional status of the therapist.
 - 5.3.3 Placed documentation in the client’s file and maintained its confidentiality unless proper authorization for release was obtained.
- 5.4 After obtaining written client (or legal representative) permission, the Music Therapist documented and disseminated information to key service providers to ensure consistency of services.
- 5.5 The Music Therapist documented referrals made to other sources and included plans for initiation of music therapy services if such services could not be instituted immediately.
- 5.6 The documentation of all referrals initiated by the Music Therapist included the date of referral, the source of the referral, and the services requested.

All forms of individually identifiable client information, including, but not limited to verbal, written, electronic, pictorial, and audio or video recordings:

- Was acquired with informed consent of client or guardian.
- Was maintained and stored in a confidential manner.
- After appropriate length of time records were shredded or destroyed.
- Total Score Standard 5**

Data Sources: treatment plan, written therapy plan, therapy notes, music therapy evaluation.

COMMENTS:

6.0 Standard VI - Termination of Services

The Music Therapist terminated music therapy services when the client attained stated goals and objectives, failed to benefit from services, could no longer be scheduled, or was discharged.

At the termination of music therapy services, consideration was given for scheduling periodic reevaluation to determine the need for follow-up services.

The music therapy termination plan was prepared in accordance with federal, state and facility regulations.

The termination plan:

6.1 Optimized the goals of the individualized music therapy program plan.

6.2 Was coordinated with the individualized program plans of other services received by the client.

6.3 Allowed sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarized the client’s progress and functioning level at the time of termination.

Total Score Standard 6

Data Sources: discharge plan, written therapy plan, therapy notes, music therapy summary.

COMMENTS:

7.0 Standard VII - Continuing Education

7.1 The Music Therapist maintains knowledge of current developments in research, theory and techniques in music therapy related areas.

7.2 The Music Therapist is familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist contributes to the education of others regarding the use and benefits of music therapy.

Total Score Standard 7

Data Sources: discharge plan, written therapy plan, therapy notes, music therapy summary.

COMMENTS:

ADDICTIVE DISORDERS

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clientele who have addictive disorders. The Music Therapist will adhere to the General Standards of Clinical Practice, as well as the specific standards for clients with addictive disorders described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele who have addictive disorders is the specialized use of music to restore, maintain, and improve mental, physical, and social-emotional functioning.

1.0 Standard I - Referral and Acceptance

- 1.2.5 The members of the treatment team participated in the referral and acceptance process.

2.0 Standard II - Assessment

- 2.8 The Music Therapy assessment included current diagnosis and history, was performed in a manner congruent with the patient's level of functioning and addressed the following areas:

2.8.1 Emotional status

2.8.2 Motor development (fine, gross, perceptual-motor)

2.8.3 Developmental level

2.8.4 Independent functioning and adaptive needs

2.8.5 Sensory acuity and perception

2.8.6 Attending behaviors

2.8.7 Sensory processing, planning, and task execution

2.8.8 Substance use or abuse

2.8.9 Vocational status

2.8.10 Reality orientation

2.8.11 Educational background

2.8.12 Coping skills

2.8.13 Infection control precautions

2.8.14 Medical regime and possible side effects

2.8.15 Mental status

2.8.16 Pain tolerance and threshold level

- 2.8.17 Spatial and body concepts
- 2.8.18 Long and short-term memory
- 2.8.19 Use of music

4.0 Standard IV - Implementation

- 4.8 The implementation of the treatment plan included the family members, when appropriate.
- 4.9 The Music Therapist disclosed information to the patient and the patient’s family consistent with the physician’s judgment and discretion in accordance with regulations.
- 4.10 The Music Therapist disclosed information consistent with the treatment team’s recommendations in accordance with federal, state, and local confidentiality regulations.

6.0 Standard VI - Termination of Services

- 6.5 At the time of termination of services, an evaluation of functional abilities in the following areas was completed and documented:
 - i Physiological
 - ii Affective
 - iii Sensory
 - iv Communicative
 - v Social-emotional
 - vi Cognitive

7.0 Standard VII - Continuing Education

- 7.1.1 The Music Therapist maintains knowledge of current developments in research, theory and techniques concerning areas related to addictive disorders. These areas may include, but need not be limited to, family systems theory and 12 step programs, such as Alcoholics Anonymous, Narcotics Anonymous and Adult Children of Alcoholics. (7.1.1 is inclusive of Addictive Disorders 7.1.2)
- Total Score Addictive Disorders

Data Sources: initial treatment plan, interdisciplinary treatment goals, referral document, music therapy assessment instrument, music therapy evaluation, client file/chart, written therapy plan, therapy notes, discharge plan, and music therapy summary.

COMMENTS:

RATING SCALE: 5 – Substantial Compliance (91-100%); 4 – Significant compliance (76-90%); 3 – Partial compliance (51-76%); 2 – Minimal compliance (26-50%); 1 – Non-compliance (less than 25%).

CONSULTANT

These Standards of Clinical Practice are designed specifically for the Music Therapist working as a consultant in various settings such as educational, psychiatric, medical, and rehabilitation facilities and with professionals of other disciplines. The Music Therapist consultant will adhere to the General Standards of Clinical Practice as well as the specific standards for consultative music therapy services described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

The music therapy consultant may provide services to other professionals in music therapy and related disciplines and to others directly involved with the client. The consultant may also provide resource information regarding music therapy techniques and materials or may design music therapy programs for clientele in various settings.

1.0 Standard I - Referral and Acceptance

1.4 The Music Therapist established a written contract, which details the services and responsibilities of both the consultee and the consultant.

1.5 The Music Therapist consultant has adopted a fee schedule which is fair and appropriate for professional services rendered and is comparable to those of similar professionals in the community.

Total Score Consultant

Data Sources: initial treatment plan, interdisciplinary treatment goals, referral documents, music therapy assessment instrument.

COMMENTS:

DEVELOPMENTAL DISABILITIES

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clientele who have or are at risk for *developmental disabilities. The Music Therapist will adhere to the General Standards of Clinical Practice as well as the specific standards for clients with developmental disabilities described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music Therapy with clientele who have or are at risk for developmental disabilities is the specialized use of music to improve or maintain functioning in one or more of the following areas: motor, physiological, social/emotional, sensory, communicative, or cognitive functioning.

2.0 Standard II - Assessment

2.8 The music therapy assessment included the client's current diagnosis and history.

The music therapy assessment was performed in a manner congruent with

the client's adaptive functioning and developmental levels.

The music therapy assessment addressed the following areas:

- 2.8.1 Motor functioning
- 2.8.2 Sensory processing, planning and task execution
- 2.8.3 Emotional status
- 2.8.4 Coping skills
- 2.8.5 Infection control procedures
- 2.8.6 Attending behaviors
- 2.8.7 Interpersonal relationships

7.0 Standard VII - Continuing Education

- 7.1.1 The Music Therapist maintains knowledge of current developments in research, theory and techniques concerning areas related to developmental disabilities. These areas may include, but need not be limited to, psychopharmacology, neurology, psychology, physiology, special education, early childhood education, and early intervention.

RATING SCALE: 5 – Substantial Compliance (91-100%); 4 – Significant compliance (76-90%); 3 – Partial compliance (51-76%); 2 – Minimal compliance (26-50%); 1 – Non-compliance (less than 25%).

Total Score Developmental Disabilities

Data Sources: initial treatment plan, interdisciplinary treatment goals, referral document, music therapy assessment instrument, music therapy evaluation, client file/chart, written therapy plan, therapy notes, discharge plan, and music therapy summary.

COMMENTS:

EDUCATIONAL SETTINGS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in educational settings. The Music Therapist will adhere to the General Standards of Clinical Practice as well as the specific standards for educational settings described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy in publicly funded educational settings for students with disabilities may be defined as the use of music as a medium for assisting the students in meeting defined educational goals and objectives. In providing this service, the Music Therapist works closely with those responsible for the education of the student. Music therapy in other educational settings may also encompass a broader range of therapeutic goals.

2.0 Standard II - Assessment

- 2.2.1 The Music Therapist was a member of the team, which wrote the

student's individual plan.

2.8 The music therapy assessment was individualized according to the student's level of functioning.

RATING SCALE: 5 – Substantial Compliance (91-100%); 4 – Significant compliance (76-90%); 3 – Partial compliance (51-76%); 2 – Minimal compliance (26-50%); 1 – Non-compliance (less than 25%).

4.0 Standard IV - Implementation

The Music Therapist delivered services according to the individual plan.

4.8 The music therapy evaluation was made in terms of goals and objectives stated in the student's individual plan.

7.0 Standard VII – Continuing Education

7.1.1 The Music Therapist maintains knowledge of current developments in research, theory, and techniques concerning areas related to educational settings. These areas may include, but need not be limited to psychopharmacology, neurology, psychology, physiology, special education, early childhood education and early intervention.

Total Educational Settings

Data Sources: music therapy assessment instrument, music therapy evaluation, student file/chart, discharge plan, written therapy plan, therapy notes, music therapy summary.

COMMENTS:

GERIATRIC SETTINGS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in settings with geriatric clients. The Music Therapist will adhere to the General Standards of Clinical Practice and the specific standards for geriatric settings described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele in geriatric settings may be defined as the specialized use of music with emphasis on the development, restoration, or maintenance of each individual at the highest possible level of functioning.

2.0 Standard II – Assessment

2.8 The music therapy assessment included the client's current diagnosis and history

The music therapy assessment was performed in a manner congruent with the client's level of functioning.

RATING SCALE: 5 – Substantial Compliance (91-100%); 4 – Significant compliance (76-90%); 3 – Partial compliance (51-76%); 2 – Minimal compliance (26-50%); 1 – Non-compliance (less than 25%).

The music therapy assessment addresses the following areas:

- 2.8.1 Motor skills
- 2.8.2 Reality orientation
- 2.8.3 Emotional status
- 2.8.4 Spatial and body concepts
- 2.8.5 Long and short term memory
- 2.8.6 Attending behaviors
- 2.8.7 Infection control precautions
- 2.8.8 Sensory acuity and perception
- 2.8.9 Independent functioning and adaptive needs
- 2.8.10 Coping Skills

7.0 Standard VII - Continuing Education

- 7.1.1 The Music Therapist maintains knowledge of current developments in research, theory and techniques concerning areas related to geriatric populations. These areas may include, but need not be limited to, sensory processing, planning, and task execution, sensitivity training, specific diagnoses, and issues involved in death, dying, grief, loss and spirituality.
- Total Geriatric Setting

Data Sources: music therapy assessment instrument, music therapy evaluation, client file/chart, discharge plan, written therapy plan, therapy notes, music therapy summary.

COMMENTS:

MEDICAL SETTINGS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in medical settings. The Music Therapist will adhere to the General Standards of Clinical Practice and the specific standards for medical settings described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy for clientele in medical settings is the specialized use of music in sites, which may include, but need not be limited to, those designated as medical-surgical, pediatric, palliative care, obstetrics, rehabilitation and wellness care.

1.0 Standard I - Referral and Acceptance

1.3.1 When required, a physician's order for music therapy services was obtained.

2.0 Standard II – Assessment

2.8 The music therapy assessment included current diagnosis and history, was performed in a manner congruent with the patient's level of functioning,

and addressed the following areas:

2.8.1 Emotional/psychosocial

2.8.2 Coping skills

2.8.3 Infection control precautions

2.8.4 Activity status, pre-operative and post-operative

2.8.5 Attitude toward surgery and/or medical procedures

2.8.6 Cardiac precautions

2.8.7 Impact of surgery and/or loss of body function on self-image

2.8.8 Medical equipment precautions

2.8.9 Medical regime and possible side effects

2.8.10 Mental status

2.8.11 Pain tolerance and threshold level

2.8.12 Postural restrictions

2.8.13 Scheduling requirements, coordination with other medical

2.8.14 Support during medical procedures

4.0 Standard IV - Implementation

4.8 If appropriate, the family members participated in the treatment planning.

4.9 Information disclosed to the patient and family members was consistent with the physician's judgment and discretion and in accordance with hospital regulations.

5.0 Standard V – Documentation

5.3.4 When applicable the documentation of the referral included confirmation of the physicians’ orders.

5.3.5 The Music Therapist has completed a discharge summary as needed based on the treatment team’s protocol.

5.6.1 The Music Therapist provided written documentation of music therapy services for patients based on the treatment team’s protocol.

6.0 Standard VI - Termination of Services

6.5 When appropriate the Music Therapist included consultation with the attending physician and/or other treatment team members regarding termination of music therapy services.

7.0 Standard VII - Continuing Education

7.1.1 The Music Therapist maintains knowledge of current developments in research, theory and techniques concerning areas related to medical settings. These areas may include, but need not be limited to, basic medical terminology, pharmacology, and issues involved in death and dying.

7.1.2 Music Therapist sought some form of *personal counseling.
Total Medical Setting

Data Sources: initial treatment plan, interdisciplinary treatment goals, referral document, music therapy assessment instrument, music therapy evaluation, client file/chart, written therapy plan, therapy notes, discharge plan, and music therapy summary.

COMMENTS:

MENTAL HEALTH

These Standards of Clinical Practice are designed for the Music Therapist working with clientele who require mental health services. The Music Therapist will adhere to the General Standards of Clinical Practice as well as the specific standards described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele who require mental health services is the specialized use of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social/emotional, affective, communicative, and physiological functioning.

1.0 Standard I - Referral and Acceptance

1.2.5 The client may have been referred for initial music therapy assessment by members of a treatment team.

2.0 Standard II – Assessment

2.8 The music therapy assessment included current diagnosis and history, was performed in a manner congruent with the patient’s level of functioning,

and addressed the following areas:

2.8.1 Motor functioning

2.8.2 Sensory processing, planning and task execution

2.8.3 Substance use or abuse

2.8.4 Reality orientation

2.8.5 Emotional status

2.8.6 Vocational status

2.8.7 Educational background

2.8.8 Client’s use of music

2.8.9 Developmental level

2.8.10 Coping skills

2.8.11 Infection control precautions

7.0 Standard VII - Continuing Education

7.1.1 The Music Therapist maintains knowledge of current developments in research, theory and techniques concerning areas related to mental health settings. These areas may may include, but need not be limited to, mental health disorders, specific areas of dysfunction, diagnostic knowledge, psychotherapy, treatment approaches including music, leisure education, administrative skills, and psychopharmacology.

7.1.2 Music Therapist sought some form of *personal counseling.

Total Score Mental Health

Data Sources: initial treatment plan, interdisciplinary treatment goals, referral document, music therapy assessment instrument, music therapy evaluation, client file/chart, written therapy plan, therapy notes, discharge plan, and music therapy summary.

COMMENTS:

PHYSICAL DISABILITIES

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clients who have physical disabilities. The Music Therapist will adhere to the General Standards of Clinical Practice as well as the specific standards for clients with physical disabilities described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clients who have physical disabilities is the specialized use of music to help attain and maintain maximum levels of functioning in the areas of physical, cognitive, communicative, and social/emotional health.

1.0 Standard I - Referral and Acceptance

1.4 Music therapy may be indicated when an individual's well-being is affected by congenital factors, trauma, injury, chronic illness, or other health-related conditions.

2.0 Standard II – Assessment

2.8 The music therapy assessment included current diagnosis and history, was performed in a manner congruent with the patient’s level of functioning, and addressed the following areas:

2.8.1 Motor skills

2.8.2 Sensory processing, planning and task execution

2.8.3 Emotional status

2.8.4 Vocational status

2.8.5 Coping skills

2.8.6 Infection control precautions

2.8.7 Activity status

- 2.8.8 Impact of surgery and/or loss of body function on self-image
- 2.8.9 Medical regime and possible side effects
- 2.8.10 Mental status
- 2.8.11 Postural restrictions
- 2.8.12 Seizure precautions
- 2.8.13 Spatial and body concepts
- 2.8.14 Sensory acuity and perception
- 2.8.15 Independent functioning and adaptive needs
- 2.8.16 Pain tolerance and pain level

3.0 Standard III - Program Planning

- 3.11 The Music Therapist complied with established principles in areas such as facilitation, positioning, sensory stimulation, and sensori-motor integration.

6.0 Standard VI - Termination of Services

- 6.5 When terminating services, the Music Therapist included a description of methods, procedures, and materials used, such as adaptive devices and behavioral techniques.

Total Score Physical Disabilities

Data Sources: initial treatment plan, interdisciplinary treatment goals, referral document, music therapy assessment instrument, music therapy evaluation, client file/chart, written therapy plan, therapy notes, discharge plan, and music therapy summary.

COMMENTS:

PRIVATE PRACTICE

These Standards of Clinical Practice are designed specifically for the Music Therapist working in private practice. The Music Therapist will adhere to the General Standards of Clinical Practice and the specific standards for private practice described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Note: This section refers to the business matters of private practice. Be sure to evaluate your clinical practice under each service area applicable to your private practice.

1.0 Standard I - Referral and Acceptance

The Music Therapist responded to a referral or request for services and accepted or declined the case at his or her own professional discretion.

1.4 The Music Therapist provided acknowledgment to the referral source.

1.5 Prior to the onset of delivery of services, the Music Therapist prepared a mutually agreeable written contract for services with the client.

This contract included:

1.5.1 Frequency of sessions

1.5.2 Length of each session

1.5.3 Projected length of music therapy services

1.5.4 Terms of payment for services

1.6 The Music Therapist has adopted a fee schedule which is fair and appropriate for professional services rendered and is comparable to those of similar professionals in the community.

2.0 Standard II – Assessment

2.8 The music therapy assessment included current diagnosis and history,
was performed in a manner congruent with the patient's level of
functioning,

The music therapy assessment addressed areas pertinent to each specific
client in treatment.

5.0 Standard V – Documentation

5.6 Periodic evaluation was sent to the referral source when appropriate.

5.7 The Music Therapist documented:

5.7.1 Each session with the client

5.7.2 The client's payment for services

7.0 Standard VII - Continuing Education

7.1.1 The Music Therapist maintains knowledge of current developments in research, theory and techniques concerning the specific clients receiving music therapy services.

Total Score Private Practice

Data Sources: initial treatment plan, interdisciplinary treatment goals, referral document, music therapy assessment instrument, music therapy evaluation, client file/chart, written therapy plan, therapy notes, discharge plan, and music therapy summary.

COMMENTS:

WELLNESS PRACTICE

These Standards of Clinical Practice are designed specifically for the Music Therapist working with individuals seeking *personal growth. The Music Therapist will adhere to the General Standards of Clinical Practice and the specific standards for wellness practice described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy in wellness practice involves the specialized use of music to enhance quality of life, maximize well being and potential, and increase self-awareness in individuals seeking music therapy services.

1.0 Standard I - Referral and Acceptance

The Music Therapist responded to a request for services and accepted or declined at his or her own professional discretion.

1.4 The Music Therapist and the client agreed upon services to be rendered prior to or at the onset of delivery.

This agreement included:

1.4.1 Frequency of sessions

1.4.2 Length of each session

1.4.3 Projected length of music therapy services

1.4.4 Terms of payment for services

1.5 The Music Therapist adopted a fee schedule comparable to those of

RATING SCALE: 5 – Substantial Compliance (91-100%); 4 – Significant compliance (76-90%); 3 – Partial compliance (51-76%); 2 – Minimal compliance (26-50%); 1 – Non-compliance (less than 25%).

similar professionals in the community.

2.0 Standard II - Assessment

Assessment in this practice area was process oriented and negotiated by the Music Therapist and the client.

3.0 Standard III - Program Planning

The Music Therapist prepared a program plan based on the agreement for services.

4.0 Standard IV – Implementation

Communication with others was contingent upon client consent when appropriate.

5.0 Standard V – Documentation

The Music Therapist documented in a manner consistent with the client agreement.

Total Score Wellness Practice

Data Sources: Written therapy plan, therapy notes, and music therapy summary.

COMMENTS:

RATING SCALE: 5 – Substantial Compliance (91-100%); 4 – Significant compliance (76-90%); 3 – Partial compliance (51-76%); 2 – Minimal compliance (26-50%); 1 – Non-compliance (less than 25%).

Appendix A Scoring Summary Guide and Worksheet

Scoring Summary Guide

The following pages contain a scoring summary worksheet. Please transfer each section's sub-score to these pages for your clinical practice score summary. Please use the numerical guide for assistance in interpreting your clinical practice score summary.

In general, individual item scores within the 3-5 range fall within an acceptable range for good clinical practice standards; scores within the 2-3 range warrant attention and planning for improvement and scores falling in the 1-2 range are in the clinical non-compliance range and need much attention for best practices conducted in a music therapy clinical practice.

After calculating the total score for each applicable section, compute the average score. Divide the total score for each section by the number of items in that section. Determining your average compliance rating both overall and within each section allows the clinician to focus on areas of need and identify areas of good practice.

Please refer to the Introduction Section *Best Practices for Use of the Clinical Self-Assessment Tool* for more information regarding implementation of this tool.

Section	Total number of items	Maximum Score	Score in Acceptable Range	Score Indicates Attention/Action Plan Needed	Score in Non-Compliance Range
General Standards					
1.0 Referral and Acceptance	3	15	9-15	6-9	0-6
2.0 Assessment	10	150	90-150	60-90	0-60
3.0 Program Planning Referral and Acceptance	17	85	51-85	34-51	0-34
4.0 Implementation	9	45	27-45	18-27	0-18
5.0 Documentation	11	55	33-55	22-33	0-22
6.0 Termination of Services	6	30	18-30	12-18	0-12
7.0 Continuing Education	3	15	9-15	6-9	0-6
Addictive Disorders	75	150	90-150	60-90	0-60
Consultant	2	10	6-10	4-6	0-4
Developmental Disabilities	10	50	30-50	20-30	0-20
Educational Settings	5	25	15-25	10-15	0-10
Geriatric	13	65	39-65	26-39	0-26
Medical	25	125	75-125	50-75	0-50
Mental Health	15	75	45-75	30-45	0-45
Physical Disability	20	100	60-100	40-60	0-40
Private Practice	15	75	45-75	30-45	0-30
Wellness	11	55	33-55	22-33	0-22

Appendix A SCORING SUMMARY WORKSHEET

GENERAL STANDARDS

		Total Score	Average Score
1	Referral and Acceptance		
	Opportunities for Improvement:		
2	Assessment		
	Opportunities for Improvement:		
3	Program Planning Referral and Acceptance		
	Opportunities for Improvement:		
4	Implementation		
	Opportunities for Improvement:		
5	Documentation		
	Opportunities for Improvement:		
6	Termination of Service		
	Opportunities for Improvement:		
7	Continuing Education		
	Opportunities for Improvement:		
	ADDICTIVE DISORDERS		
	Opportunities for Improvement:		

SCORING SUMMARY WORKSHEET

	Total Score	Average Score
CONSULTANT Opportunities for Improvement:		
DEVELOPMENTAL DISABILITIES Opportunities for Improvement:		
EDUCATIONAL SETTING Opportunities for Improvement:		
GERIATRIC SETTING Opportunities for Improvement:		
MEDICAL SETTING Opportunities for Improvement:		
MENTAL HEALTH Opportunities for Improvement:		
PHYSICAL DISABILITES Opportunities for Improvement:		
WELLNESS PRACTICE Opportunities for Improvement:		

Appendix B - AMTA Standards of Clinical Practice

**The most current AMTA Standards of Clinical Practice can be found at
<http://www.musictherapy.org/standards.html>**

Appendix C - AMTA Code of Ethics

**The most current AMTA Code of Ethics can be found at
<http://www.musictherapy.org/ethics.html>**