

AMTA Revised Competencies

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Preamble

The American Music Therapy Association (AMTA) has established competency-based standards to maintain high quality education and clinical training in music therapy. To ensure these standards remain relevant to the evolving field, the 2017 AMTA Board of Directors charged the Competency Review Task Force (CRTF) with the following: 1) Review both the Professional and Advanced Competencies for consistency; 2) Review the CBMT Board Certification Domains and compare that document to the AMTA competencies; 3) Update and revise the competencies to reflect the growth of knowledge base of the profession (Laird & Keough, 2025). This process has considered emerging research, clinical practices, and the expanding knowledge base of music therapy, aligning the profession's standards with contemporary trends and needs. These competencies are intended to center music as the “core of music therapy practice,” “reduce barriers to the profession,” and “embrace a wider variety of music and musicians” (Borczone et al., 2024, p. 15). With this in mind, AMTA is committed to maintaining a systematic, ongoing review of this document.

Education and clinical training programs are to employ the embedded diversity, equity, and inclusion principles woven into each of the four sections within this document (Musical Development, Integrative Clinical Practice, Professional Growth, and Personal Development), while using a variety of frameworks to support students and interns throughout their academic and clinical training. In addition, this document incorporates the core values articulated in the AMTA Code of Ethics, specifically kindness, social responsibility, dignity/respect, equality, accountability, excellence, integrity, and courage. As an individual develops, they are expected to mature in the understanding of these principles and core values and to live them out in their music therapy practice. Not every culture, instrument, or style of music will be named within this document, however, the document is meant to be inclusive and comprehensive. Each academic and clinical training program is responsible for teaching students and interns how to best use client preferred music from diverse backgrounds. Moreover, programs should explore the roles of music and how music can hold specific relevance to the client (Hadley & Norris, 2015).

Music therapists operate in diverse settings, each with distinct terminology for the individuals they serve. For the purposes of this document, the term “client” has been selected for consistency and clarity. Other terms considered include, but are not limited to: patient, student, resident, partner, consumer, service user, recipient of care, and those served. After careful examination of historical context, power dynamics, and a variety of settings, the Competency Review Task Force concluded that “client” would provide the greatest flexibility for this document. It is expected that each music therapist will interpret this document through the lens of their specific context and experiences and will adopt the term that resonates best with their practice.

As you read this document please keep the following in mind: This document represents the four major areas of competency necessary for music therapists: Musical Development, Integrative Clinical Practice, Professional Growth, and Personal Development. The first column represents the subset of knowledge, skills, and abilities within each of the four major areas. The first area, Musical Development, has more competencies than the other areas. This is intentional and necessary; our musical knowledge, skills, and abilities are the foundation of our practice and identity as music therapists. The competencies display a continuum of skills, knowledge, and abilities expected to develop as an individual moves from internship to professional/entry-level practice to advanced practice. This document provides a structure for music therapy students, faculty, and internship directors to assess with “honesty about where each practitioner fits into the scope and level of practice” (Borczone et al., 2024, p. 17). The updated competencies are aiming to set a meaningful standard that does not privilege one musical tradition over another, recognizing the relevance of ear-based, adaptable musicianship, and that music competence includes but does not only require Western classical benchmarks. Additionally, some proficiency areas from the previous edition, such as conducting and music theory, have been embedded throughout, providing programs flexibility in upholding high standards including and expanding beyond Western classical and orchestral music.

Each column lists the *minimum* that is required for that particular competency; however, music therapists should strive for excellence in all competencies. Education and clinical training programs are expected to provide comprehensive preparation that supports students and interns in demonstrating, synthesizing, and generalizing the proficiencies throughout their coursework and education. As these requirements represent minimum standards, programs retain autonomy in designing curricula and setting evaluation criteria that align with their institutional missions and academic expectations. Education and clinical training programs should provide students and interns with the foundational skills required for ongoing self-assessment of musical and therapeutic skills. It is expected that the development of clinical musicianship and therapeutic reflexivity will lead to the cultivation of lifelong learning and professional growth.

“Ready for Internship” represents competencies which must be attained prior to internship. Each competency begins with “With support or supervision pre-internship students will...” Items in this column are developed and consistently demonstrated with guidance, under the supervision of a MT-BC, particularly in the Integrative Clinical Practice section. Items in this column are to be evaluated by university music therapy faculty prior to a student’s internship. If a student attains certain competencies from “Ready for Professional Practice” prior to internship, those may also be evaluated by the university faculty if desired.

“Ready for Professional Practice” represents competencies which must be attained prior to taking the CBMT exam. Each competency begins with “Independently and consistently, within a clinical context, interns will...” Items in this column are developed and consistently demonstrated under the supervision of an Internship Supervisor. Items in this column are to be evaluated by the Internship Director and/or Supervisor(s) prior to completion of a student’s internship. If a student attains certain competencies from ~~Column D~~ “Ready for Advanced Practice” prior to the end of internship, those may also be evaluated by the Internship Director and/or Supervisor(s) if desired.

(‘Column D’ paragraph omitted until 3rd Column ‘Ready for Advanced Practice’ is fully reviewed. Thus, the current Advanced Competencies would remain in place until the ‘Ready for Advanced Practice’ portion of the CRTF Recommendations are further reviewed.)

Not every competency area is relevant at every stage of development, so some rows may not have a competency listed in every column.

A. Musical Development:		
	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
Foundational Musical Skills	1.a. Aurally identify chord progressions in 3 -4 chord songs.	1.b. Aurally identify a variety of chord progressions in songs, such as 4 chord songs, secondary dominants, and key changes.
	2.a. Effectively use expressive elements of music (register, dynamics, rhythm, etc).	2.b. Effectively use expressive elements of music (register, dynamics, rhythm, etc).
	3.a. Establish and maintain a secure sense of beat.	3.b. Establish and maintain a secure sense of beat; adapt and change in the moment as needed.
	4.a. Play and sing 3-4 chord songs by ear in a variety of keys.	4.b. Play and sing 4-5 chord songs by ear in a variety of keys.
	5.a. Play and sing from simple lead sheets and chord charts.	5.b. Play and sing from simple lead sheets and chord charts.
	6.a. Demonstrate common musical forms (such as blues, ABA, pop, etc.).	6.b. Accurately apply a variety of common musical forms (such as blues, ABA, pop, etc.).
	7.a. Play songs from a wide variety of eras, genres, traditions, and cultures with minimal reliance on score and with musical authenticity.	7.b. Use songs from a wide variety of eras, genres, traditions, and cultures with minimal reliance on score and with musical authenticity.
	8.a. Select chords relevant to the key in support of a melody.	8.b. Choose and use chords relevant to the key in support of a melody.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	9.a. Accurately notate simple melodies and rhythms, which include stepwise movement, limited range, and consistent repetition.	9.b. Accurately notate and reproduce musical responses of clients.
	10.a. Listen and respond with musical sensitivity, such as dynamic and tempo variation, emotional responsiveness, phrasing, etc. when playing in groups.	10.b. Listen and respond with musical sensitivity, such as dynamic and tempo variation, emotional responsiveness, phrasing, etc. when playing in groups.
	11.a. Lead and follow in individual and group music-making experiences.	11.b. Lead and follow in individual and group music-making experiences.
	12.a. Demonstrate reflexivity in performance skills relevant to setting.	12.b. Accurately apply reflexive musicianship related to setting and context (memorial service, special programs, etc.).
	13.a. Sight-sing simple melodies, which include stepwise movement, limited range, and consistent repetition.	13.b. Sight-sing simple melodies, which include stepwise movement, limited range, and consistent repetition.
	14.a. Replicate melodies by ear, vocally and instrumentally.	14.b. Replicate melodies by ear, vocally and instrumentally.
	15.a. Compose and improvise original melodies and accompaniments on at least two different instruments.	15.b. Compose and improvise original melodies and accompaniments on at least two different instruments.
	16.a. Demonstrate the ability to play a simple melody (i.e., stepwise motion, limited range, and consistent repetition) on a common melodic instrument.	16.b. Play a variety of common melodic instruments for various settings and contexts.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
Singing and other uses of voice	17.a. Match pitch and maintain intonation while utilizing projection, dynamics, and phrasing for accompanied and a capella music within a variety of settings.	17.b. Match pitch and maintain intonation while utilizing projection, dynamics, and phrasing for accompanied and a capella music within a variety of settings.
	18.a. Demonstrate vocal health practices (i.e., vocal warm-ups, drinking water, vocal rest, use of amplification, ways to reduce vocal tension, etc.).	18.b. Effectively apply vocal health practices (i.e., vocal warm-ups, drinking water, vocal rest, use of amplification, ways to reduce vocal tension, etc.).
	19.a. Sing songs in different genres with stylistic integrity and pitch accuracy.	19.b. Sing songs in different genres with stylistic integrity and pitch accuracy.
	20.a. Maintain vocal melody when others are not singing melody.	20.b. Maintain vocal melody when others are not singing melody.
Accompaniment Instruments	21.a. Demonstrate standard and alternate tunings related to instrument and setting on clinically relevant instruments.	21.b. Accurately apply standard and alternate tunings related to instrument and setting on clinically relevant instruments in various clinical contexts.
	22.a. Use capo and pick accurately and effectively relative to setting and instrument.	22.b. Use capo and pick accurately and effectively relative to setting and instrument.
	23.a. Play a variety of accompaniment patterns and chord progressions on at least two different instruments in various meters, keys, and styles.	23.b. Play a variety of accompaniment patterns and chord progressions on at least two different instruments in various meters, keys, and styles.
	24.a. Accompany self and others proficiently on at least one stringed (such as guitar) and one keyboard instrument (such as piano).	24.b. Accompany self and others proficiently, on at least two instruments (such as guitar & piano), using comfortable key range for client participation.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	25.a. Adapt songs by arranging, simplifying, and transposing into a variety of keys.	25.b. Adapt songs by arranging, simplifying, and transposing into a variety of keys based upon clinical context and vocal range.
	26.a. Effectively play instrument(s) in various positions (sitting, standing, moving, kneeling, etc) for multiple clinical contexts.	26.b. Effectively play instrument(s) in various positions (sitting, standing, moving, kneeling, etc) for multiple clinical contexts to achieve therapeutic outcomes.
	27.a. Sing and play a variety of (such as culturally relevant music and client preferred popular songs) with and without printed music.	27.b. Sing and play a variety of repertoire (such as culturally relevant music and client preferred popular songs) with and without printed music.
Percussion	28.a. Demonstrate use of a variety of handheld and classroom percussion instruments with accurate technique.	28.b. Accurately apply the use of a variety of handheld and classroom percussion instruments with musical authenticity.
	29.a. Lead groups utilizing percussion instruments.	29.b. Lead groups utilizing percussion instruments.
	30.a. Demonstrate basic drumkit skills with accurate technique.	30.b. Accurately apply basic drumkit skills as relative to setting.
Technology	31.a. Demonstrate basic functions of recording software/DAWs, MIDI, notation software, and music apps.	31.b. Accurately apply basic functions of recording software/DAWs, MIDI, notation software, and music apps that support music making and expression.
	32.a. Demonstrate use of standard sound production tools, including but not limited to microphones, audio interfaces, mixers, etc.	32.b. Effectively apply use of standard sound production tools, including but not limited to microphones, audio interfaces, mixers, etc.
	33.a. Ethically manage digital music files.	33.b. Ethically manage digital music files.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	34.a. Effectively and safely use playback equipment (e.g. as decibel level, infection control procedures, privacy, ensuring secure wifi connection, etc).	34.b. Effectively and safely use playback equipment (e.g. decibel level, infection control procedures, privacy, ensuring secure wifi connection, etc).
Instrument care, maintenance, upkeep, infection control	35.a. Demonstrate basic care and maintenance of all instruments used including, but not limited to, infection control procedures, storage, and environmental factors like humidity and/or temperature.	35.b. Effectively apply basic care and maintenance of all instruments used including, but not limited to, infection control procedures, storage, and environmental factors like humidity and/or temperature, after each session.
	36.a. Provide routine instrument repair (i.e., changing strings, tuning drum heads).	36.b. Provide routine instrument repair (i.e., changing strings, tuning drum heads) as needed.
Music History and Cultures	37.a. Recognize and identify elemental, structural, and stylistic characteristics of music from various historical time periods and cultures, including, but not limited to, Western art musics, Indigenous musics, and American musics (such as jazz, rap, hip hop, rock and roll, country).	37.b. Appropriately apply musical elements from various historical time periods and cultures, including, but not limited to, Western art musics, Indigenous musics, and American musics (such as jazz, rap, hip hop, rock and roll, country).
	38.a. Demonstrate awareness of and sensitivity to cultural context by recognizing the potential for cultural misappropriation.	38.b. Implement music interventions sensitive to cultural context and free of cultural misappropriation.
Clinical Musicianship	39.a. Play and sing existing songs with others in the same key.	39.b. Play and sing existing songs with others in the same key.
	40.a. Establish timing and key while leading individuals and groups when singing and playing.	40.b. Establish timing and key while leading individuals and groups when singing and playing to address therapeutic outcomes.
	41.a. Create a variety of songs to address therapeutic outcomes.	41.b. Create a variety of songs to address therapeutic outcomes.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	42.a. Improvise on voice and other pitched and unpitched instruments with or without others.	42.b. Improvise on voice and other pitched and unpitched instruments with or without others.
	43.a. Demonstrate understanding of aural experiences, timbre sensitivities, volume, acoustics, and psychoacoustics.	43.b. Effectively apply knowledge of aural experiences, timbre sensitivities, volume, acoustics, and psychoacoustics to meet client support needs and therapeutic outcomes.
	44.a. Facilitate individual and group music therapy experiences, utilizing clear spoken and non-spoken cues and directions.	44.b. Facilitate individual and group music therapy experiences, utilizing clear spoken and non-spoken cues and directions.
B. Integrative Clinical Practice		
Clinical Practice Foundations	45.a. Exhibit knowledge of the potentials and limitations of historical, philosophical, psychological, physiological and sociological aspects of music therapy.	45.b. Integrate knowledge of the potentials and limitations of historical, philosophical, psychological, physiological and sociological aspects of music therapy.
	46.a. Recognize and describe research findings with the basic concepts of music for therapeutic outcomes in the cognitive, communicative, musical, physical/motor, psychological, sensory, social, spiritual, and cultural domains.	46.b. Apply research findings with the basic concepts of music for therapeutic outcomes across the cognitive, communicative, musical, physical/motor, psychological, sensory, social, spiritual, and cultural domains.
	47.a. Demonstrate knowledge of diverse human development and decline and their impact on the therapeutic process.	47.b. Effectively apply knowledge of diverse human development and decline to achieve therapeutic outcomes.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	48. a. Demonstrate basic understanding of how the brain processes music.	48.b. Apply knowledge of music and the brain to achieve therapeutic outcomes.
	49.a. Reflexively examine the influence of culture, identity formation, concepts of health and pathology, and understanding of the role of therapy.	49.b. Apply knowledge of the influence of intersectionality on identity formation, concepts of health and pathology, and understanding of the role of therapy.
	50.a. Adhere to established clinical and ethical standards in music therapy.	50.b. Adhere to established clinical and ethical standards in music therapy.
Music Therapy Methods	51.a. Correlate music therapy methods with the needed materials and equipment.	51.b. Effectively apply existing music therapy methods with the needed materials and equipment.
	52.a. Demonstrate ethical use of current technologies in music therapy, such as telehealth, electronic health records, etc.	52.b. Ethically apply current technologies to enhance the therapeutic process, such as telehealth, electronic health records, etc.
Referral	53.a. Describe potential music therapy referral criteria and contraindications.	53.b. Educate team members regarding music therapy referral criteria and contraindications for the relevant clinical setting.
	54.a. Describe elements of a music therapy referral in various clinical settings.	54.b. Apply referral systems relevant to the clinical setting.
Assessment	55.a. Demonstrate an understanding of culturally relevant and trauma-informed assessment.	55.b. Implement effective musical and non-musical culturally reflexive and trauma-informed assessment methods.
	56.a. Accurately observe, record, and communicate client responses.	56.b. Accurately interpret, record, and communicate client responses.
	57.a. Accurately identify client strengths, needs, and effective adaptations.	57.b. Accurately identify client therapeutic strengths, needs and effective adaptations through the analysis, interpretation and documentation of the assessment data.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	58.a. Communicate assessment observations in written and verbal format.	58.b. Communicate assessment findings and recommendations in written, verbal, and other ethically relevant methods.
Treatment & Care Planning	59.a. Utilize existing information and assessment observations to develop goals and objectives for individual and/or group therapy.	59.b. Integrate the best available research, music therapists' expertise, client needs, values, and preferences in plan of care.
	60.a. Identify and plan potential music therapy experiences for individuals and groups based upon the goals and objectives.	60.b. Apply comprehensive knowledge of current music therapy methods for individuals and groups to achieve therapeutic outcomes.
	61.a. Plan music therapy experiences.	61.b. Plan music therapy experiences that align with treatment goals.
	62.a. Demonstrate understanding that clients should be involved in their own treatment planning whenever possible.	62.b. Involve clients in developing their treatment plan whenever possible.
	63.a. Demonstrate understanding of safety and environmental considerations that may impact the therapeutic process.	63.b. Create a physical environment that promotes safety and is conducive to meeting client therapeutic objectives.
	64.a. Demonstrate understanding of intersectionality and its potential impact on treatment planning.	64.b. Apply current research and understanding of intersectionality to inform treatment planning.
	65.a. Select and adapt music, instruments, equipment, and technology to achieve therapeutic outcomes.	65.b. Consider client strengths, needs, preferences, and cultural background when selecting and adapting music, instruments, equipment, and technology.
	66.a. Plan and sequence experiences within the established duration of therapy.	66.b. Establish and work within time frames relative to desired clinical outcomes.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
Therapeutic Relationships	67.a. Demonstrate knowledge of professional and personal boundaries in various contextual therapeutic environments.	67.b. Within context, effectively apply self-disclosure and authenticity to achieve desired therapeutic outcomes.
	68.a. Recognize that one's own feelings, attitudes, experiences, biases, abilities, and actions can impact the therapeutic process.	68.b. Apply self-awareness and insight about one's own feelings, attitudes, biases, experiences, and actions to deepen the therapeutic process.
Treatment Implementation	69.a. Recognize when there are environmental safety risks (such as weather emergencies) or physical safety risks to self or others, such as aggression, signs of suicide, neglect, or abuse within the laws of their state.	69.b. Recognize, report, and respond when there are environmental safety risks (such as weather emergencies) or physical safety risks to self or others, such as aggression, signs of suicide, neglect, or abuse within the laws of their state.
	70.a. Recognize significant events in music therapy sessions as they occur.	70.b. Recognize and respond to significant events in sessions as they occur.
	71.a. Implement music therapy experiences to address specific clinical goals and objectives.	71.b. Implement evidence-based music therapy experiences to address specific clinical goals and objectives.
	72.a. Provide spoken and non-spoken directives and cues to successfully engage clients.	72.b. Communicate and model expectations for client engagement while recognizing different abilities, cultures, and experiences.
	73.a. Demonstrate basic interpersonal skills in sessions such as active listening, empathy, congruence, and validation to achieve therapeutic outcomes.	73.b. Effectively facilitate therapeutic discussions by implementing a variety of interpersonal skills in sessions such as active listening, empathy, congruence, and validation to achieve therapeutic outcomes.
	74.a. Provide music therapy experiences to facilitate communication.	74.b. Provide music therapy experiences to improve/enhance musical and nonmusical communication.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	75.a. Pace music therapy experiences based on supervisor's feedback.	75.b. Pace music therapy experiences based on the responses of clients.
	76.a. Lead music therapy experiences for individual and group sessions.	76.b. Implement individual and group music therapy experiences to achieve therapeutic outcomes.
	77.a. Promote a sense of group cohesiveness and/or a feeling of group membership.	77.b. Develop and implement group music therapy experiences to foster group cohesiveness.
	78.a. Acknowledge factors that impact the therapeutic process (i.e. medication, trauma, culture, privilege, life experiences).	78.b. Identify and respond to factors that impact the therapeutic process (i.e. medication, trauma, culture, privilege, life experiences).
	79.a. Facilitate movement experiences to enhance function and/or expression.	79.b. Create experiences to facilitate movement for function and/or expression to achieve therapeutic outcomes.
	80.a. Transition between planned music therapy experiences smoothly.	80.b. Transition between planned and spontaneous music therapy experiences smoothly with therapeutic purpose.
	81.a. Provide adequate closure to sessions.	81.b. Provide supportive closure to each session.
Documentation	82.a. Demonstrate basic data-gathering techniques throughout the clinical process.	82.b. Develop and use data-gathering techniques throughout the clinical process.
	83.a. Accurately, objectively, and concisely document client responses to music therapy.	83.b. Accurately, objectively, and concisely, document client responses in the format relative to setting.
Evaluation	84.a. Measure client progress and effectiveness of therapeutic strategies; revise music therapy treatment plan based on supervisor feedback.	84.b. Measure client progress and effectiveness of therapeutic strategies; revise music therapy treatment plan based on client responses.

	Ready for Internship	Ready for Professional Practice
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
Discharge Planning	85.a. Acknowledge the potential benefits and detriments of discontinuing music therapy services.	85.b. Identify the potential benefits and detriments of discontinuing music therapy services and implement a discharge plan as needed.
	86.a. Establish closure of therapeutic relationship upon discontinuation with the music therapy provider.	86.b. Establish closure of therapeutic relationship upon conclusion of music therapy services.
C. Professional Growth		
Professional Responsibilities	87.a. Describe and examine cultural humility across all areas of the profession (e.g. during supervision, work with clients, interactions with colleagues, serving/representing the profession, professional contributions).	87.b. Demonstrate reflexivity regarding and commitment to cultural humility across all areas of the profession (e.g. during supervision, work with clients, interactions with colleagues, serving/representing the profession, professional contributions).
	88.a. Demonstrate knowledge of laws and regulations regarding human rights (e.g., HIPAA, IDEA, FERPA, ADA) and their application to music therapy practice.	88.b. Adhere to laws and regulations regarding human rights (e.g., HIPAA, IDEA, FERPA, ADA) within music therapy practice.
	89.a. Demonstrate reliability and punctuality across educational and clinical training settings.	89.b. Demonstrate reliability and punctuality across professional settings.
	90.a. Display flexibility and adaptability across educational and clinical training settings.	90.b. Display flexibility and adaptability across professional settings.
	91.a. Identify and work toward educational goals.	91.a. Independently identify and work toward professional goals.
	92.a. Adhere to dress and appearance guidelines as indicated by academic institution and practicum placement.	92.b. Maintain dress and appearance that adheres to the setting's guidelines.
	93.a. Assume clinical independence with confidence and clarity according to experience level and setting.	93.b. Demonstrate clinical independence, assertiveness, and authority in a professional setting.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	94.a. Demonstrate elements of effective communication in a professional setting.	94.b. Communicate in a clear, accurate, and professional manner with colleagues, clients and caregivers, verbally and in writing.
	95.a. Establish and maintain effective interpersonal relationships with peers, instructors, and supervisors.	95.b. Establish and maintain effective interpersonal relationships in a professional setting.
	96.a. Follow through with all tasks assigned by the professor and/or supervisor.	96.b. Follow through with all responsibilities regarding education and professional training.
	97.a. Demonstrate clear, concise, and grammatically correct writing for academic and pre-professional purposes.	97.b. Accurately apply clear, concise, and grammatically correct writing for professional purposes.
	98.a. Define and describe music therapy and how it differs in multiple clinical settings.	98.b. Educate audiences in varied settings about music therapy.
	99.a. Define and describe the role of music therapy in the client's total treatment program.	99.b. Communicate the rationale for music therapy services and the music therapist's role to other departments and staff.
	100.a. Demonstrate a basic understanding of the professional roles and duties of other disciplines.	100.b. Develop and maintain working relationships with professionals of other disciplines.
	101.a. Describe the function of professional music therapy resources/documents and how they influence clinical practice.	101.b. Apply professional music therapy resources/documents in clinical practice.
	102.a. Demonstrate awareness of current trends in music therapy governance, licensure, and advocacy, and articulate the relevancy of these topics to music therapy practice.	102.b. Consider calls for action regarding music therapy governance, licensure, and advocacy.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	103.a. Describe administrative duties usually required of clinicians that may include scheduling, integrating music therapy into service delivery, budgeting, maintaining records, and maintaining music therapy equipment and supplies.	103.b. Perform administrative duties usually required of clinicians that may include scheduling, integrating music therapy into service delivery systems, budgeting, maintaining records, maintaining music therapy equipment and supplies.
	104.a. Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, private health insurance, state and local health and/or education agencies, grants).	104.b. Find and apply knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, private health insurance, state and local health and/or education agencies, grants) applicable to specific clinical setting(s).
	105.a. Develop a proposal to create a new music therapy program.	105.b. Demonstrate understanding of how to justify, sustain, or advance existing music therapy programs.
	106.a. Demonstrate knowledge of continuing education requirements related to music therapy.	106.b. Identify areas for professional growth and seek out, participate in, and apply related continuing education.
Supervision	107.a. Receive and apply constructive feedback during multiple forms of supervision.	107.b. Seek out and actively engage in multiple forms of supervision and apply feedback in a timely manner.
	108.a. Provide constructive feedback to peers in a peer clinical supervision setting.	108.b. Implement methods of observing, providing constructive feedback, and evaluating performance.
	109.a. Acknowledge supervisory styles and the effect of one's own personality on the supervisory process.	109.b. Demonstrate understanding of the effects of supervisory styles and one's own personality on the supervisory process.
Research	110.a. Perform a literature search using various keyword searches and platforms.	110.b. Critically select resources for specific purposes while performing a literature search.

	<u>Ready for Internship</u>	<u>Ready for Professional Practice</u>
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
	111.a. Accurately interpret professional research literature.	111.b. Interpret and apply professional research literature for specific purposes.
	112.a. Read and discuss articles that represent a variety of common research approaches (e.g., historical, philosophical, qualitative, quantitative, and mixed methods).	112.b. Demonstrate knowledge of the purpose and methodology of common research approaches (e.g., historical, philosophical, qualitative, quantitative, and mixed methods).
	113.a. Identify and develop guiding potential questions for clinical projects and/or research.	
	114.a. Accurately and concisely summarize research literature.	
	115.a. Demonstrate knowledge of common data collection procedures and analysis for research.	
	116.a. Demonstrate knowledge of ethical principles for protecting human participants, including informed consent, risk and benefit assessment, and participant selection.	
	117.a. Demonstrate understanding of the impact of researcher bias and/or personal limitations on research.	
D. Personal Development		
Self-awareness	118.a. Identify personal strengths and areas for growth, leading to development of strategies that enhance the music therapy process.	118.b. Apply personal strengths and address relevant areas for growth in the therapeutic process and implement strategies that enhance insight to the music therapy process.
Self-care	119.a. Identify and engage in self-care strategies to support well-being.	119.b. Maintain effective self-care strategies to support well-being.
Leadership	120.a. Recognize principles of effective leadership.	120.b. Apply principles of effective leadership.

	Ready for Internship	Ready for Professional Practice
	With support or supervision, pre-internship students will...	Independently and consistently, within a clinical context, interns will...
Communication	121.a. Seek guidance for effective and ethical conflict resolution when needed.	121.b. Resolve conflicts in an effective and ethical manner, seeking supervision when needed.
	122.a. Identify principles of effective and constructive spoken and non-spoken communication.	122.b. Constructively express thoughts and personal feelings using spoken and non-spoken forms of communication.
	123.a. Identify the role of affect, physical proximity, and touch on the therapeutic process.	123.b. Use appropriate affect, physical proximity, and touch in professional situations.

Afterword

The AMTA Professional Competencies are based on music therapy competencies authored for the former American Association for Music Therapy (AAMT) by Bruscia, Hesser, and Boxill (1981). The former National Association for Music Therapy (NAMT) in turn adapted these competencies as the NAMT Professional Competencies revised in 1996 and was approved by the AMTA Assembly of Delegates in November 1999. The AMTA Professional Competencies has had several minor revisions since its adoption in 1999. In its final report (2024) the Commission on Education and Clinical Training recommended the use of these competencies. Additionally, the AMTA Assembly of Delegates adopted the Advisory on Levels of Practice in Music Therapy in November 2005. Developed by the Education and Training Advisory Board, this Advisory distinguishes between two levels of practice within the music therapy profession: the Professional Level of Practice and the Advanced Level of Practice.

Definitions

Accuracy: conformity to truth or to a standard or model (Merriam-Webster, n.d.).

Accurately: without mistakes or errors (Merriam-Webster, n.d.).

ADA: Americans with Disabilities Act (1990); federal civil rights law meant to protect people with disabilities from discrimination in regard to things such as but not limited to employment and transportation.

Advocacy: the act or process of supporting a cause or proposal (Merriam-Webster, n.d.).

Appraise: to evaluate the worth, significance, or status of (Merriam-Webster, n.d.).

Approach: [in music therapy,] a means of access to [goals in therapy], or movement toward the full knowledge or experience of [why something is effective in therapy] (Merriam-Webster, n.d.).

Appropriate: especially suitable or compatible (Merriam-Webster, n.d.) In the context of this document, what is appropriate is a dynamic clinical judgment informed by the integration of best available evidence, the music therapist's clinical expertise, and the client's individual needs, values, and cultural background (Sackett et al., 2000).

Assess: to determine the importance, size, or value of (Merriam-Webster, n.d.).

Assessment: “part of the therapy process aimed at gaining insights into the client as a person, to identify whatever problems, needs, concerns, and resources the client is bringing to therapy and to determine the indications and contraindications for music therapy.” (Bruscia, 2014, p. 49).

Compositional method: the music therapist “helps their client to write songs, lyrics, or instrumental pieces, or to create any kind of musical product, such as music videos or audio [recordings]” (Bruscia, 2014, p. 133).

Consistent: free from variation or contradiction (Merriam-Webster, n.d.).

Culture: the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time (Merriam-Webster, n.d.).

Cultural humility: “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of [their] own beliefs and cultural identities”(Tervalon & Murray-Garcia, 1998, as cited in Yeager & Bauer-Wu, 2013); “incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-[therapist] dynamic, and to developing mutually beneficial and nonpaternalistic (sic) clinical and advocacy partnerships with communities on behalf of individuals and defined populations” (Tervalon and Murray-García, 1998).

Culturally responsive: “cultivating a lifelong, profoundly reflexive self-awareness, engaging in culturally sustaining practices, and actively responding to inequality through critical inquiry and activism” (Hadley & Norris, 2016, as cited in Bain, 2024, p. 93).

DAW: Digital Audio Workstation; an electronic device or software that is used to record, edit, and produce music files.

Demonstrate: to show clearly (Merriam-Webster, n.d.).

Display: to make (an emotion, quality, skill, etc.) evident (Merriam-Webster, n.d.).

Effectively: in a manner that produces a decisive or desired effect (Merriam-Webster, n.d.).

Establish: to bring into existence; to put on a firm basis: set up (Merriam-Webster, n.d.).

Ethical principles: AMTA’s [2019 Code of Ethics](#) has five ethical principles: respect dignity and rights of all; act with compassion; be accountable; demonstrate integrity and veracity; strive for excellence. (ethical = conforming to accepted standards of conduct; principles = comprehensive and fundamental laws, doctrines, or assumptions (Merriam-Webster, n.d.)).

Evaluation: the determination of the significance, worth, or condition of, usually by careful appraisal and study (Merriam-Webster, n.d.); in music therapy, “phase of the therapy process when the therapist determines whether the client is making progress in attaining the goals of therapy.” (Bruscia, 2014, p. 49).

Extensive: a wide range or scope (Merriam-Webster, n.d.).

FERPA: Family Educational Rights and Privacy Act (1974); federal law that protects access to a person’s educational records and information.

Foundation: a basis/tenet/principle/axiom upon which something stands or is supported (Merriam-Webster, n.d.).

Global foundation: worldwide basis/tenet/principle/axiom upon which something stands or is supported (Merriam-Webster, n.d.).

Governance: the act or process of overseeing the control and direction of something (such as an organization) (Merriam-Webster, n.d.).

HIPAA: Health Insurance Portability and Accountability Act (1996); federal law protecting private health information of people; also guarantees health insurance coverage when a person loses or changes jobs; ensures the rights of people to their own health information.

IDEA: Individuals with Disabilities Education Act (2004); federal law that guarantees a free and appropriate public education for all students with disabilities.

Improvisational method: “the client makes up music while playing or singing, extemporaneously creating a melody, rhythm, song, or instrumental piece. The client may improvise alone, in a duet, or in a group that includes the therapist, other clients, and sometimes significant others” (Bruscia, 2014, p. 130).

Independently: not requiring or relying on others (Merriam-Webster, n.d.).

Interpersonal relationship: being, relating to, or involving relations between persons (Merriam-Webster, n.d.).

Intersectionality: “a specific feminist theory that interrogates both the ways that different identities combine to create unique and complex dynamics of oppression and power for individuals and communities as well as the broader social structures that sustain the marginalization of certain identity positions” (Seabrook, 2019, p.2).

Licensure: the act of outlining “specific education, clinical training, and continuing education requirements and provides title protection, practice protection (also called scope of practice protection), and public protection” ([CBMT](#), 2024).

Maintain: to keep in an existing state (as of repair, efficiency, or validity) (Merriam-Webster, n.d.).

Mentor: a trusted counselor, guide, tutor, or coach (Merriam-Webster, n.d.).

Method: a body of skills or techniques; in music therapy, there are four methods: recreative, receptive, improvisational, and compositional (Bruscia, 2014).

Music therapy experiences: “the agent of therapy is seen as not just the music (i.e., an object which is external to the client), but also the client’s experience of the music (i.e., the interaction between person, process, product, and context, and the interaction among persons)” (Bruscia, 2014, p. 119).

Music therapy models: “comprehensive approaches to assessment, treatment, and evaluation that include theoretical principles, clinical indications and contraindications, goals, methodological guidelines and specifications, and the characteristic use of certain procedural sequences and techniques” (Bruscia, 2014, p. 129). Examples include but are not limited to Nordoff-Robbins Music Therapy; the Field of Play; Community Music Therapy; Resource-Oriented Music Therapy; Culture-Centered Music Therapy; Aesthetic Music Therapy; Vocal Psychotherapy (Edwards, 2017).

Musical Authenticity: For the purpose of this document, musical authenticity is defined as an informed and respectful expression of music that honors the cultural roots, stylistic characteristics, and intended emotional and/or lyrical meaning of a musical genre or instrument.

Population (versus setting): the total individuals making up a whole (Merriam-Webster, n.d.); in music therapy practice, children diagnosed with speech delays is an example of a population.

Primary therapist: the main therapist or counselor who is primarily responsible for a client's treatment or therapeutic process.

Principle: a comprehensive and fundamental law, doctrine, or assumption; an underlying faculty or endowment (Merriam-Webster, n.d.).

Privilege: “when one person or group has something of value (power, safety, or credibility for example) that is denied to others, simply because of the groups to which each belongs” (Johnson, 2017, as cited in Gombert, 2022, pp.164-165).

Receptive method: “the client listens to music and responds to the experience silently, verbally, or in another modality. The music used may be live or recorded improvisations, performances, or compositions by the client or therapist or commercial recordings of music literature in various styles (e.g., classical, rock, jazz, country, spiritual, New Age). The listening experience may be focused on physical, emotional, intellectual, aesthetic, or spiritual aspects of the music, and the client’s responses are designed according to the therapeutic purpose of the experience” (Bruscia, 2014, p. 134).

Recreative method: “the client learns, sings, plays, or performs precomposed music or reproduces any kind of musical form presented as a model. Also included are structured music activities and games in which the client performs roles or behaviors that have been specifically defined” (Bruscia, 2014, p. 131).

Reflexivity: “the therapist’s efforts to continually bring into awareness, evaluate, and when necessary, modify one’s work with a client—before, during, and after each session, as well as at various stages of the therapy process” (Bruscia, 2014, p. 54).

Qualitative: a distinguishing attribute or quality (Merriam-Webster, 2024); in research, interpretivist/qualitative research “assumes that reality and truth are multiple human constructions rather than objective absolutes” (Wheeler & Bruscia, 2016, p. 54).

Quantitative: of, relating to, or involving the measurement of quantity or amount (Merriam-Webster, 2024); in research, objectivist/quantitative research “assumes that there is a single reality that exists independent of humans’ experience of it (ontology) and that it is possible to increasingly know this reality through the senses (epistemology)” (Wheeler & Brusica, 2016, p. 54).

Simple: not made up of many like units; constituting a basic element: fundamental (Merriam-Webster, n.d.)

Simple melody: For the purpose of this document, a simple melody is a melody that consists of, but is not limited to, stepwise motion, limited range, conjunct motion, and repetition.

Technique: a method of accomplishing a desired aim (Merriam-Webster, n.d.)

Theoretical perspectives: various principles within clinical practice about how or why something works paired with how it interrelates within various contexts.

Theory: the general or abstract principles of a body of fact, a science, or an art (Merriam-Webster, n.d.).

Therapeutic disciplines: therapeutic work is organized by its training and area of expertise; examples include but are not limited to music therapy, art therapy, drama therapy, dance/movement therapy, physical therapy, occupational therapy, speech therapy, cognitive behavioral therapy.

Timbre Sensitivities: Awareness of specific sound texture information tailored to meet the client's regulatory needs, foster empathy and connection, build release and tension, engage attention, or discriminate differences in sounds.

Treatment modalities: in music therapy, ways of providing therapy by appealing to a particular avenue of sensation or perception; music is our featured modality as music therapists, but we may also incorporate other modalities (examples: verbal discussion, movement, imagery).

Treatment process: in the broadest sense, this includes identifying client needs, planning how music therapy will be utilized, and then measuring the effectiveness. The steps include referral, assessment, planning, implementation, evaluation, documentation, and termination. The process can unfold both in discrete steps over sessions, or simultaneously over one single session.

Treatment programs: offerings in music therapy which can be grouped by a service agency under a title, or by specialization (which may or may not include a specialized training), such as NICU Music Therapy or Neurologic Music Therapy.

Varied: many; diverse (Merriam-Webster, n.d.).

Variety: the quality or state of having different forms or types (Merriam-Webster, n.d.).

Wellbeing: "how people feel and how they function both on a personal and social level, and how they evaluate their lives as a whole" (Michaelson et al., 2012, p. 6).

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