American Music Therapy Association
Standards of Clinical Practice

***Note: The Standards of Clinical Practice is a multi-faceted document that employs different sections depending on the setting, area of focus or population served. To go directly to a specific area, please click the links below in the "Contents" section and you will be directed to that section. This document was last updated 11/13.*

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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 & 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 each 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[i], 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) intellectual and developmental disabilities[ii], 4) educational settings, 5) older adults, 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[1] in the execution of these standards. The AMTA's Standards of Clinical Practice Committee is charged with periodic revision to keep these standards current with advances in the field.

INTRODUCTION

Standards of Clinical 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.**

GENERAL STANDARDS

In delivery of music therapy services, Music Therapists follow a general procedure that includes 1. referral and acceptance, 2. assessment[iii], 3. treatment[iv] 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[v] 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.

***Note: General Standards are provided in this section as a whole, but are also reprinted in sequence under each setting/population/area of focus to aid in clarity.*

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data[vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening[vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

3.0 Standard III - Treatment Planning

The Music Therapist will develop an individualized treatment plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be 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[viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives[ix] which are operationally defined for achieving the stated goals within estimated time frames.

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

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation[x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment[xi] 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.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety[xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

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

6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

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

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

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music-based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.