



American Music Therapy Association

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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 & 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, 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 Committee is charged with periodic revision to keep these standards current with advances in the field.

* Starred (*) items are listed in the Explanatory Notes located at the end of the document.

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 that 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, 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

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 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 services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. *Screening may be used as a part of this process.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist at the onset of music therapy services.

- 2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focusing on the client's needs and strengths. The assessment will also determine the client's

responses to music, music skills and musical preferences. Consideration may be given to a client's *spirituality and cultural background.

- 2.2 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, spirituality and cultural background. The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interaction, and testing. Information may also be obtained from other disciplines or sources such as the medical and social history.
- 2.3 The assessment will recognize variations in performance that may result from diagnoses, medications, adaptive devices, positioning, involvement in other therapies, emotional/psychosocial conditions, and current health status. In addition, the assessment will identify the availability of family and other support systems, and their role in the care of the client.
- 2.4 All interpretations of test results will be based on *appropriate norms or criterion referenced data.
- 2.5 The music therapy assessment procedures and results will become a part of the client's file.
- 2.6 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.
- 2.7 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

3.0 Standard III - Program Planning

The Music Therapist will prepare a written individualized program 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 that focus on assessed needs and strengths of the client.
- 3.5 Contain *objectives 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.
- 3.7 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.

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 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 programming.
- 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 programming.
- 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, program plan, and ongoing progress in music therapy in a manner consistent with federal, state, and facility regulations.

- 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 program plan.
- 6.2 Coordinate with the individualized program 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.
- 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.

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 Members of a treatment team

2.0 Standard II - Assessment

- 2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address 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 Client's use of music

4.0 Standard IV - Implementation

- 4.8 Include family member participation in the treatment plan when appropriate.
- 4.9 Disclose information to the patient and the patient's family consistent with the physician's judgment and discretion in accordance with regulations when appropriate.
- 4.10 Disclose 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, document an evaluation of the client's functional abilities in the following areas: physiological, affective, sensory, communicative, social-emotional, and cognitive functioning.

7.0 Standard VII - Continuing Education

- 7.1.1 The Music Therapist will maintain knowledge of current developments in research, theory, and techniques concerning addictive disorders and related areas.
- 7.1.2 Related 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.

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 consultant will establish a written contract which details the services and responsibilities of both the consultee and the consultant.
- 1.5 The Music Therapist consultant will adopt a fee schedule that is fair and appropriate for professional services rendered.

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 will include current diagnosis and history and will be performed in a manner congruent with the client's adaptive functioning and developmental levels to address 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 Related areas may include, but need not be limited to, psychopharmacology, neurology, psychology, physiology, special education, early childhood education and early intervention.

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 all members of the treatment team. 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 should be a member of the team which writes the student's *individual plan.

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

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the individual plan.

4.8 Evaluation must be made in terms of goals and objectives stated in the student's individual plan.

7.0 Standard VII – Continuing Education

7.1.1 Related areas may include, but need not be limited to psychopharmacology, neurology, psychology, physiology, special education, early childhood education and early intervention.

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 will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address 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 Related areas may include, but need not be limited to, sensory processing, planning, and task execution; sensitivity training, specific diagnoses, and issues involved in death and dying, grief, loss, and spirituality.

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 Note: Some medical settings may require a physician's order for music therapy services.

2.0 Standard II - Assessment

- 2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address 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 levels
 - 2.8.12 Postural restrictions
 - 2.8.13 Scheduling requirements, coordination with other medical treatments
 - 2.8.14 Support during medical procedures

4.0 Standard V - Implementation

- 4.8 Include family member participation in the treatment plan when appropriate.
- 4.9 Disclose information to patient and family members consistent with the physician's judgment and discretion and in accordance with hospital regulations.

5.0 Standard V - Documentation

- 5.3.4 The documentation of the referral will include confirmation of physician orders when applicable.
- 5.3.5 The Music Therapist will complete a discharge summary based on the treatment team's protocol.
- 5.6.1 The Music Therapist will provide written documentation of music therapy services for patients based on the treatment team's protocol.

6.0 Standard VI - Termination of Services

- 6.5 Include consultation with the attending physician and/or other treatment team members regarding termination of music therapy services when appropriate.

7.0 Standard VII - Continuing Education

- 7.1.1 Related areas may include, but need not be limited to, basic medical terminology, pharmacology, and issues involved in death, dying, trauma, grief and loss, and spirituality.
- 7.1.2 Some form of personal counseling for the Music Therapist is recommended.

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 Members of a treatment team

2.0 Standard II - Assessment

- 2.8 The music therapy assessment will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address 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 Related areas 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 Some form of *personal counseling for the Music Therapist is recommended.

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 will include current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address 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 &/or loss of body function on self-image
 - 2.8.9 Medical regime & possible side effects
 - 2.8.10 Mental status
 - 2.8.11 Postural restrictions
 - 2.8.12 Spatial & body concepts
 - 2.8.13 Sensory acuity & perception
 - 2.8.14 Independent functioning & adaptive needs
 - 2.8.15 Pain tolerance and pain level

3.0 Standard III - Program Planning

- 3.11 Comply with established principles in areas such as facilitation, positioning, sensory stimulation, and sensorimotor integration.

6.0 Standard VI - Termination of Services

- 6.5 Include a description of methods, procedures, and materials used, such as adaptive devices and behavioral techniques.

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.

1.0 Standard I - Referral and Acceptance

The Music Therapist responds to a referral or request for services and accepts or declines a case at his or her own professional discretion.

- 1.4 The Music Therapist will provide acknowledgment to the referral source.
- 1.5 Prior to or at the onset of service delivery, the Music Therapist will enter into a mutually acceptable service contract with the client or their designated representative. The contract will include:
- 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 will adopt a fee schedule which is fair and appropriate for professional services rendered.
- 2.0 Standard II - Assessment**
 - 2.8 The music therapy assessment will include the client's current diagnosis and history and will be performed in a manner congruent with the client's level of functioning to address areas pertinent to each specific client in treatment.
- 5.0 Standard V - Documentation**
 - 5.6 Periodic evaluation will be sent to the referral source when appropriate.
 - 5.7 The Music Therapist will document:
 - 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 in private practice will maintain knowledge of current developments in research, theory, and techniques concerning the specific clients receiving music therapy services.

WELLNESS

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 described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy in wellness 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 responds to a request for services and accepts or declines at his or her own professional discretion.
 - 1.4 The Music Therapist and client will agree upon services to be rendered prior to or at the onset of delivery. The agreement will include:
 - 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 will adopt a fee schedule which is fair and appropriate for professional services rendered.
- 2.0 Standard II - Assessment**
 - Assessment in this practice area is process oriented and is negotiated by the Music Therapist and the client.
- 3.0 Standard III - Program Planning**
 - The Music Therapist will prepare a program plan based on the agreement for services.
- 4.0 Standard IV - Implementation**
 - Communication with others will be contingent upon client consent when appropriate.
- 5.0 Standard V - Documentation**
 - The Music Therapist will document in a manner consistent with client agreement.

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.**

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