

INTRODUCTION

Standards of Clinical Practice for music therapy are defined as rules for measuring the quality of services. These standards are outlined based on the ones being used in American, British, Australian and German Music Therapy Associations. This document first outlines general standards which should apply to all music therapy practice in India. 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. Thus, the reader should read the General Standards first, and refer to them when reading the specific standards.

GENERAL STANDARDS

In delivery of music therapy services, Music Therapists have to follow a general procedure that includes 1. Referral and acceptance 2. Assessment 3. Treatment 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.

***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 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: An attending Doctor, Psychiatrist and a Music Therapist, collectively as a TRI-TEAM or individually.

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 the Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening may be used as part of this process.

2.0 Standard II - Assessment

A client will be assessed by a Doctor, Psychiatrist and 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, social class, family experiences, sexual orientation, gender identity, 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.

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 - 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 government 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.

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

3.7 Provide for periodic evaluation 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.

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 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 re-evaluation 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 **government** 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 **government** and local laws as well as the IMTA 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 IMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the IMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the IMTA 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.

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 (which are reprinted in sequence in this section), as well as the specific standards for clients with addictive disorders described herein (in dark blue text). 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

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

1.2.5 Members of a treatment team

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 part of this process.

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, social class, family experiences, sexual orientation, gender identity, and social organisations.

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.

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.

2.8 The music therapy assessment will include current diagnosis and history will be performed in a manner congruent with the patient'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

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualised 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 **government** 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.
 - 3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.
- 3.7 Provide for periodic evaluation and appropriate modifications as needed.
- 3.8 Optimise, 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 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.

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.

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 **government** 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 optimise the goals of the individualized music therapy treatment plan.

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

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

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

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 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.

7.1.1 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.

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 **government** and local laws as well as the IMTA 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 IMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the IMTA Standards of Clinical Practice. The Music

Therapist providing supervision shall hold the supervisee accountable for adhering to the IMTA 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.

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 (which are reprinted in sequence in this section), as well as the specific standards for consultative music therapy services described herein (in dark blue text). 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

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 part of this process.

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 which is fair and appropriate for professional services rendered.

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, social class, family experiences, sexual orientation, gender identity, and social organisations.

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.

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 - Treatment 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 **government** 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.
 - 3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.
- 3.7 Provide for periodic evaluation 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 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 **government** 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 keep abreast of 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 IMTA 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 IMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the IMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the IMTA 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.

INTELLECTUAL AND 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 (which are reprinted in sequence in this section), 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.

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 part of this process.

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, social class, family experiences, sexual orientation, gender identity, 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.

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.

2.8 The music therapy assessment will include current diagnosis and history 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

3.0 Standard III - Treatment 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 **government** 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.
 - 3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.
- 3.7 Provide for periodic evaluation 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 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 **government** 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 authorisation 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 individualised music therapy treatment plan.

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

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

6.4 Summarise 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.

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

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 IMTA 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 iMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the iMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the iMTA 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.

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 (which are reprinted in sequence in this section), as well as the specific standards for educational settings described herein (in dark blue text). 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.

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 part of this process.

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, social class, family experiences, sexual orientation, gender identity, and social organizations.

2.2.1 The Music Therapist should be a member of the team which writes the student's *individual plan.

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.

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.

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

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualised 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.

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

3.7 Provide for periodic evaluation 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

4.0 Standard IV - Implementation

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

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 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.

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

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 **government** 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 authorisation 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 **government** and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualised 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 Summarise 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.

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

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

OLDER ADULTS

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 (which are reprinted in sequence in this section), and the specific standards for geriatric settings described herein (in dark blue text). 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.

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 part of this process.

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, social class, family experiences, sexual orientation, gender identity, and social organisations.

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.

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.

2.8 The music therapy assessment will include current diagnosis and history 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

3.0 Standard III - Treatment 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.
 - 3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.
- 3.7 Provide for periodic evaluation 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 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 authorisation 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 optimise 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 Summarise 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.

7.1.1 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.

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

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 (which are reprinted in sequence in this section), and the specific standards for medical settings described herein (in dark blue text). 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 specialised 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

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 part of this process.

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

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, social class, family experiences, sexual orientation, gender identity, 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.

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.

2.8 The music therapy assessment will include current diagnosis and history will be performed in a manner congruent with the patient'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

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualised 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 **government** 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.

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

3.7 Provide for periodic evaluation 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 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.
- 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

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.
 - 5.3.4 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.

5.4 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.

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

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 optimise the goals of the individualised music therapy treatment plan.

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

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

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

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 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.

7.1.1 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.

7.2 The Music Therapist will be familiar with current **government** 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 IMTA 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 IMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the IMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the IMTA 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.

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 (which are reprinted in sequence in this section) as well as the specific standards described herein (in dark blue text). 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 specialised 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

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

1.2.5 Members of a treatment team

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 part of this process.

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, social class, family experiences, sexual orientation, gender identity, and social organisations.

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.

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.

2.8 The music therapy assessment will include current diagnosis and history 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

3.0 Standard III - Treatment 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.
 - 3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.
- 3.7 Provide for periodic evaluation and appropriate modifications as needed.
- 3.8 Optimise, 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 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 optimise the goals of the individualised music therapy treatment plan.

6.2 Coordinate with the individualised 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.

7.1.1 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.

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

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 (which are reprinted in sequence in this section), as well as the specific standards for clients with physical disabilities described herein (in dark blue text). 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

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 part of this process.

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

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, social class, family experiences, sexual orientation, gender identity, and social organisations.

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.

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.

2.8 The music therapy assessment will include current diagnosis and history 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 - Treatment Planning

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

- 3.7 Provide for periodic evaluation 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 Comply with established principles in areas such as facilitation, positioning, sensory stimulation, and sensori-motor integration.

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 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 authorisation 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 optimise the goals of the individualised music therapy treatment plan.

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

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

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

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

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

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 (which are reprinted in sequence in this section), 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.

1.1 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 part of this process.

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 fair and appropriate for professional services rendered.

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, social class, family experiences, sexual orientation, gender identity, and social organisations.

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.

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.

2.8 The music therapy assessment will include the client's current diagnosis and history will be performed in a manner congruent with the client's level of functioning to address areas pertinent to each specific client in treatment.

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualised 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.

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

3.7 Provide for periodic evaluation 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 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 authorisation 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 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

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 optimise the goals of the individualised music therapy treatment plan.

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

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

6.4 Summarise 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.

7.1.1 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.

7.2 The Music Therapist will be familiar with current **government** 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 IMTA 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 IMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has

read and agrees to adhere to the IMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the IMTA 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.

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 (which are reprinted in sequence in this section), 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.

1.1 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 part of this process.

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.

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, social class, family experiences, sexual orientation, gender identity, and social organisations.

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.

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 - Treatment Planning

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

- 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.
 - 3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.
- 3.7 Provide for periodic evaluation 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

Communication with others will be contingent upon client consent when appropriate.

- 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 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 in a manner consistent with client agreement.

- 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 optimise the goals of the individualised music therapy treatment plan.

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

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

6.4 Summarise 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 IMTA 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 IMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the IMTA Standards of Clinical Practice. The Music

Therapist providing supervision shall hold the supervisee accountable for adhering to the IMTA 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.

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

Competency standards in Music Therapy

Until now, Music Therapy is being practiced as an unorganised service, that is being accepted as a last resort alternative for traditional treatments if not as a complementary treatment. All that is changed now with the advent of the Music Therapist course which is being offered to students from all over the world by Nada Centre medicine like AIIMS, it is time to look at competencies of the practicing Music Therapists in India.

The purpose of this document is to outline the competencies that must be acquired by therapists after completing courses accredited by the Indian Music Therapy Standards Association for entry into the profession. These competencies are developed for course work and clinical training. Accredited courses in music therapy must provide education and training in these competencies.

Units of competency

- 1. Music therapy skills***
- 2. Psychosocial knowledge***
- 3. Clinical knowledge***
- 4. Music therapy knowledge***
- 5. Music therapy practice***

The competencies are also used as a reference point:

- In the Validation of courses that have been accredited with IMTA, and
- Approving appropriate Continuing Professional Development courses.

Unit of competency 1

Music therapy skills:

1. Principal instrument/voice is at an advanced stage.
 - 1.1 Knows a wide range of music encompassing different styles and idioms.
 2. Improvise:
 - 2.1 Improvises freely in a range of styles
 - 2.2 Improvises to an idea or emotion or movement
 - 2.3 Improvises using different modes/scales and tuned percussion instruments
 - 2.4 Improvises individually or in a group on instruments tuned/untuned percussion instruments
 3. Composes songs/music
 - 3.1 Composes songs/music for a client/s based on client choices and direction
 - 3.2 Composes songs/music for a client or group of clients in order to support the achievement of specific therapeutic goals
 - 3.3 Composes songs/music in a range of styles for a variety of clients
 4. Plays repertoire suitable to a wide range of ages, interests or culture (Note: the word “plays” in this document refers to live performance of a song or piece of music)
 - 4.1 Plays songs and music suitable for infants, children, adolescents, adults and older adults
 - 4.2 Plays songs and music of a wide range of genres including any of the following styles: popular, rock and roll, folk, classical (Carnatic & Hindusthani & Rabindra Sangeet) and western, jazz and nostalgia
 - 4.3 Plays repertoire from memory
 - 4.4 Can sing and accompany melodies at sight
 5. Sings
 - 5.1 Sings while accompanying self on portable accompanying instrument or keyboard
 - 5.2 Sings clearly with voice leading qualities
 6. Is aurally competent:
 - 6.1 Can sing and play melodies by ear
 - 6.2 Can transpose melodies either sight read or by ear
 7. Understands vocal production and voice care
 - 7.1 Can identify and demonstrate warm-up techniques crucial to vocal care for self and client/s
- Competency standards

7.2 Can identify and solve problems in vocal production for self/ and client/s.

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Unit of competency 2

Psychosocial skill and knowledge:

1. Understands contemporary psychological theories and their applications

1.1 Can describe the salient features of cognitive, behavioural, existential, humanistic, psychoanalytic and transpersonal theories

1.2 Can differentiate between educational and therapeutic contexts in which these theories have influence.

1.3 Can articulate the meaning of the term “therapy” in historical and cultural contexts.

2. Understands the theory of group work and group dynamics:

2.1 Can identify major theories of group work and group dynamics

2.2 Understands various types of groups and their therapeutic applications

2.3 Understands the role of the therapist in group work

2.4 Can identify therapeutic goals addressed within group work

2.5 Can identify stages in group development

2.6 Can identify styles of leadership suitable to group work

2.7 Understands the role of evaluation in group work

2.8 Can identify when group work rather than individual work is appropriate to meet therapeutic goals

3. Communication skills and processing:

3.1 Can use interpersonal skills to engage clients and relate to them verbally as well as non-verbally and musically

3.2 Can use discussion effectively in processing material with individuals and groups

3.3 Can interpret key emotions present in verbal as well as non-verbal and musical communication with individuals

3.4 Can process key emotions expressed in a group context both verbally and musically

4. Development through the life span:

4.1 Understands major theories which have contributed to knowledge of the musical,

cognitive, motor, social and language development of the normal child

4.2 Can describe the development of the normal child including musical, cognitive, motor, social and language development

4.3 Understands theories which contribute to an understanding of human development through the lifespan

4.4 Can describe influences on individual development including socio-cultural influences (the influence of cultural background, customs, beliefs, values and institutions).

5. Theories of stress, loss and grief.

5.1 Understands the impact of stressful life events on the individual and family

5.2 Understands the impact of loss and grief on the individual and family

5.3 Can describe theories of stress and coping, grief and bereavement

5.3 Can identify coping strategies and defence mechanisms

5.4 Understand the impact of socio-economic status on the individual and family

5.5 Understands the impact of cultural dislocation on the individual and family

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Unit of competency 3

Clinical knowledge:

1. Understands aetiology, and characteristics of disorders and conditions in the treatment of clients of all ages.

In any context, has the resources to:

- Identify major features of difficulty/disorder of individual or group
- Discover necessary information about an individual's circumstances

through appropriate resources such as case notes, research literature and information from staff/carers/family members/the individual

1.3 Identify causes of the person's circumstances by same means as 1.2

1.4 Identify the therapeutic treatments/interventions adopted in working with clients.

2. Understands milestones of development through the life span

In any context, has the resources to:

2.1 Identify developmental stage of individual client or group members

2.2 Define key tasks or abilities of the identified developmental stage

2.3 Demonstrate an understanding of the key skills of the life stage in terms of

musical, language, motor, social, cognitive, emotional and spiritual development.

3. Understands impact of policy on health/welfare service:

In any context has the resources to:

- 3.1 Identify philosophy of practice of the setting
- 3.2 Identify government policies which impact on the service
- 3.3 Identify community attitudes which impact on the service and service recipients

Unit of competency 4

Music therapy knowledge

1. Understands music therapy

- 1.1 Understands the history of the profession of music therapy
- 1.2 Can identify milestones in the development of the profession and key individuals who have shaped the profession world-wide
- 1.3 Is familiar with the Constitution of the Australian Music Therapy AMTA Inc. and requirements for Registration
- 1.4 Can identify settings and client group(s) with whom music therapy is practiced
- 1.5 Can identify and describe key approaches and methods used in music therapy practice
- 1.6 Can identify, describe and demonstrate the philosophies, theories and clinical work of significant theorists and practitioners in music therapy and the techniques used in their approach.
- 1.7 Understands the role of the therapist in different therapy contexts (e.g., individual/group/family/community).

2. Understands the influence of music on behaviour

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- 2.1 Selects appropriate pre-composed music for application in work with individuals or groups
- 2.2 Is aware of the potential of pre-composed music for eliciting physiological and psychological responses
- 2.3 Can anticipate and process responses to pre-recorded music in both individual and group settings
- 2.4 Can select and implement appropriate receptive methods to accompany prerecorded music including relaxation, imagery, movement and reminiscence*

3. Understands music therapy research:

- 3.1 Can prepare and present literature reviews on aspects of music therapy
- 3.2 Can identify most suitable research methods to be applied to research questions in music therapy

3.3 Can identify and describe the differences between qualitative and quantitative research methods and their applications in music therapy research

3.4 Understands the application of statistical methods in quantitative music therapy research

4. Understands the context of music therapy within other creative arts therapies, education and allied health professions

Unit of competency 5

Music therapy practice

In any context:

1. Understands the role of music therapy as it applies in the context*

1.1 Can communicate salient features of the role of the music therapist in the facility/program

1.2 Can identify and communicate the role of the music therapist in the team

2. Receives referrals

2.1 Can communicate criteria for referral to the team/other workers

2.2 Can communicate with client(s) to follow up referral where appropriate

3. Assessment

3.1 Develops and uses appropriate assessments

3.2 Can identify purpose of assessment

3.3 Can identify needs of client or group

3.4 Can communicate assessment outcomes to others

4. Program design

4.1 Can use knowledge of needs of clients to develop goals and objectives for a music therapy program

4.2 Uses suitable resources and techniques to facilitate an effective music therapy program

4.3 Modifies program design when goals and objectives change or when client response demands it

4.4 Can communicate rationale for program design

5. Evaluation

5.1 Can identify methods of evaluation suitable to the music therapy program being undertaken

5.2 Can use evaluations appropriately

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5.3 Can develop suitable evaluation procedure where none currently exists or is appropriate

5.4 Can communicate rationale for evaluation*

6. Understands the musical material of clients

6.1 Is able to contribute to multi-disciplinary team diagnoses of clients based on their musical material

6.2 Is able to identify stage of musical development based on clients musical material

6.2 Is able to undertake client assessments and evaluations based on their musical material

6.3 Is able to assist clients to access musical instruments in order for them to take part in music making

6.4 Understands the role and application of improvisation in a range of music therapy approaches

7. Reporting

In any context:

7.1 Keeps records documenting salient features of progress in music therapy in the format required by the facility*

7.2 Reports progress in music therapy as required by the facility/client/family*

8. Ethics

8.1 Understands the rights of individuals with whom music therapists work including confidentiality and ethical practice*

8.2 Understands the code of ethics of the Australian Music Therapy AMTA Inc.

8.3 Behaves ethically in the therapeutic context with regard to the rights of people receiving music therapy services

9. Self Care

9.1 Understand the importance of self-care as a music therapist.

9.2 Engages in self-reflection around clinical experiences, personal growth and support.