



Australian
Music
Therapy
Association

Code of Ethics

including Standards of Practice and Bylaws for Grievance Procedures

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Code of Ethics

Preamble

The Australian Music Therapy Association Incorporated was founded in 1975 to establish and maintain professional standards in music therapy training, education, research and practice. The Code of Ethics and Standards of Professional Conduct (hereafter called The Code) cover the following seven areas:

- General Principles - the dignity and rights of the person
- Ethical responsibilities to the Client in responsible practice
- Ethical responsibility in research
- Ethical responsibility in education and training
- Ethical responsibilities to colleagues and wider community
- Ethical responsibilities in social media
- Ethical responsibilities for professional and personal development.

This revised Code of Ethics replaces all previous Codes (1991; 1994, 2001, 2008).

Registered Music Therapists are aware of and comply with the National Law. The Code is not a substitute for the Law, as in force in each state and territory, other relevant legislation and case Law. If there is any conflict between the Code and the Law, the Law takes precedence.

Structure of the Code

The seven principle areas of professional practice are outlined, providing statements which serve as standards of acceptable practice and Section 8 addresses infringements of the Code. An associated document is the Grievance Procedure, for the hearing of complaints.

Definitions

The Association

Means the Australian Music Therapy Association, Incorporated, hereafter referred to as AMTA.

President

Means President of AMTA Inc.

Ethics Committee

Means committee of that name formed under 13b) of the Constitution of the AMTA Inc.

Associate Member

Means a member of AMTA who supports the general principles of the AMTA Inc., and who is not a Registered Music Therapist, nor in training as a Music Therapist.

Registered Music Therapist (RMT)

Means a person who has successfully completed a course of study and clinical practice in music therapy, whose qualifications and experience have been approved by the National Registration Committee of AMTA Inc., and whose Registration is current.

Music Therapy Student (MTS)

Means a person who is in the process of completing an AMTA-accredited course of study including clinical practice in music therapy.

Supervision

Means a professional relationship conducted through meetings between a Registered Music Therapist and an appropriately qualified and experienced supervisor for the purposes of management of clinical and professional issues arising for the RMT in the course of their professional work.

Client

Means anyone (individual, group, family or community) who is served professionally by the RMT or MTS.

Client Electronic Communication

The electronic covers any form of digital communication including but not exclusive to email, text messages, skype, internet, e-health

Social Media

Social media refers to interaction that occurs among people in which information is created, shared and exchanged in online communities and networking sites. Social media includes but is not limited to sites such as Facebook, Twitter, LinkedIn, blogs, content sharing sites such as YouTube, Instagram, MySpace, and online discussion forums.

Purpose

The purpose of this Code is to establish minimum standards of ethical practice by the RMT, and for the information and protection of those using their services.

1. General Principles.

- 1.1 All members of the Australian Music Therapy Association are governed by the Code, and have an obligation to know and abide by it. A lack of awareness or understanding of any clause in the Code is not considered a defence in relation to a charge of alleged infringement. The Code is not exhaustive, and therefore conduct that is not specifically addressed by the Code may not necessarily be ethical.
- 1.2. Members of AMTA have respect for all people without discrimination on the basis of colour, culture, nationality, gender, sexual preference, religion, politics or social status. Members will have inclusive respect for the cultural and societal norms of all people.

- 1.3. Members of AMTA do not exploit people on the grounds of age, level of mental or physical competency, or economic status.
- 1.4 Members of AMTA uphold the values of equity and justice at all levels of professional service.
- 1.5 A member of the AMTA who is not a Registered Music Therapist:
 - 1.5.1 does not falsely represent himself/herself as such,
 - 1.5.2 does not utilise any other term which implies qualification or accreditation;
 - 1.5.3 does not use any acronym relating to membership of the Association as a means of suggesting qualification,
 - 1.5.4 does not advertise his/her work as if professionally accredited.
- 1.6 Members distinguish personal from professional views when acting on behalf of AMTA and shall represent AMTA only with appropriate authorisation.
- 1.7 Members refrain from the mis-use of an official position within AMTA.
- 1.8 Members respect the aims, objectives and philosophy of AMTA and carry these out with integrity, and in ways that promote confidence in AMTA and its services.
- 1.9 Members of AMTA abide by the laws of the society in which they live.
- 1.10 RMTs understand and act in accordance with the laws of the jurisdictions in which they practise and, where applicable, the organisational rules and frameworks that relate to the services they provide.

2. Ethical Responsibilities to the Client.

Registered Music Therapists do not offer professional music therapy services to members of their immediate family, or to friends.

- 2.1 Registered Music Therapists respect the essential humanity, worth and dignity of all people and promote this value in their work.
- 2.2 Registered Music Therapists recognise and respect diversity among people, treating them equally and fairly.
- 2.3 Registered Music Therapists use every available resource to best serve Clients.
- 2.4 Registered Music Therapists recognise vulnerability in Clients and respect their rights.
- 2.5 Registered Music Therapists take all reasonable steps to avoid harm to their Clients as a result of music therapy practice or related professional activity.
- 2.6 Registered Music Therapists faced with situations that extend the boundary of their competence, seek Supervision and consider referral to other professionals.

- 2.7 Registered Music Therapists do not use any technique or intervention unless trained in its use or are in training and under supervision.
- 2.8 Registered Music Therapists refrain from imposing their personal opinions and values on Clients.
- 2.9 Registered Music Therapists are responsible for setting and maintaining professional boundaries within and beyond the music therapy relationship.
- 2.10 Registered Music Therapists are aware that the deeper the involvement with the Client/s emotional life during music therapy the less likely is the possibility of a subsequent equal relationship following termination of therapy. Registered Music Therapists therefore seek professional Supervision should any attempt be considered to build a relationship with a former Client.
- 2.11 Registered Music Therapists do not exploit Clients past or present in financial, sexual, emotional or any other way.
- 2.12 Registered Music Therapists do not accept or offer payments for referrals or engage in any financial transactions with Clients apart from negotiating the ordinary fee charged for music therapy.
- 2.13 Registered Music Therapists do not engage in sexual relations with Clients. This not only relates to sexual intercourse, but includes any form of physical contact that has as its purpose some form of sexual gratification or which may be reasonably mis-construed as having that purpose, whether initiated by the Client or RMT.
- 2.14 Registered Music Therapists and Student Music Therapists working with children familiarise themselves with and meet the requirements of the prevailing legislation in their state/territory that relates to criminal checks for people working with children. They also report concerns about suspected child abuse through the voluntary and mandatory reporting processes that are relevant in each state. Many organisations also have their own policies and frameworks for child protection and RMTs should familiarise themselves with these. RMTs working in private practice should either check the legislative requirements and/or consult the peak Child Protection agency in their state/territory.

Ethics in relation to documentation, confidentiality and informed consent

- 2.15 Registered Music Therapists treat with confidence any information about Clients, whether obtained directly or indirectly. This applies to all verbal, written, reported or computer stored material pertaining to the therapeutic context. All records, whether in written or any other form, need to be protected with strict confidentiality, abiding by the relevant state and federal Privacy Act/s.
- 2.16 Exceptional circumstances may arise that give the Registered Music Therapist good grounds for believing that the Client will cause serious physical harm to others or themselves, or believe that the Client is at risk of abuse. In such circumstances where the breaking of confidentiality is required, this is undertaken

- preferably with the Client's permission, or after advising the Client that the course of action will be followed, or after consultation with a professional Supervisor.
- 2.17 Confidentiality is waived when a Registered Music Therapist is subpoenaed by the judicial system.
 - 2.18 Any breaking of confidentiality should be minimised both by restricting the information conveyed to that which is pertinent to the immediate situation, and by limiting access to it by only those persons who can provide the help required by the Client.
 - 2.19 Agreements about confidentiality continue after the Client's death, unless there are over-riding legal considerations.
 - 2.20 RMTs disguise case material for teaching, publication, conference presentations and/or research, and for use on the internet, in an appropriate and adequate manner, removing identifiable details of the client/s involved.
 - 2.21 RMTs obtain informed consent to present images and where possible, de-identify images for public use. Clients/guardians have the right to choose which method is employed. Attempts should be made to avoid a full face profile except when it is agreed to indicate responses directly related to the goals of the therapy program. If images are for use on the internet, clients/guardians are made aware of the accessibility and longevity of information stored in cyberspace and ability for third parties to take images/information for their own use. RMTs consult their facility's policy for presenting images in public. For RMTs working in private practice, the AMTA guidelines on presenting images at AMTA National Conferences should be followed when presenting images in public.
 - 2.22 Registered Music Therapists consult their facility's policy on the recording of therapy sessions. Where recording is permissible, they obtain written informed consent from Clients before the recording or video-taping of music therapy sessions. In instances where written consent is not appropriate, other measures taken to obtain informed consent must be sufficiently documented to ensure accountability. The purpose and use of the recording, the duration of storage and means of disposal must be adequately explained to the Client prior to their giving informed consent. In the case of diminished or impaired capacity that precludes such understanding, consent shall be obtained wherever possible from a legal guardian or a Statutory agent. In the case of a minor, consent shall be obtained from a legal guardian but also from the child if they are of sufficient maturity to understand. Clients/legal guardians have the right to withdraw consent to the recording or video-taping at any time.
 - 2.23 Registered Music Therapists generate and keep adequate records (notes, transcripts, manuscripts, songs, art works, audio/visual recordings, e-mail correspondence, short message service (SMS) texts, and social media communications) for a minimum of 7 years unless legal requirements specify otherwise. Records must be kept in a secure location and accessible only to those who have a legitimate need for the information. RMTs ensure appropriate disposal of outdated Client files, and devise adequate plans for records in the event of incapacity, death or withdrawal from practice.

- 2.24 Registered Music Therapists shall terminate treatment in cases where it is reasonably clear that the patient/Client will not benefit from further intervention. The RMT informs the Clients of the decision and where appropriate, facilitates arrangements for continuing their care and the handover of relevant clinical information.

3. Ethical Responsibilities in Research.

- 3.1 Registered Music Therapists who intend to carry out research familiarise themselves with the most current National Statement on Ethical Conduct in Research involving Humans, published by the Commonwealth of Australia, in accordance with the National Health and Medical Research Council (NH&MRC).
- 3.2 All research in music therapy must be conducted by a researcher with suitable experience, qualifications and competence in the use of any method or technique being used in the research. Registered Music Therapists ensure that there is adequate Supervision of their research and that ethics approval has been granted from a NHMRC Registered Ethics Committee.
- 3.3 Before commencing a research project a Registered Music Therapist obtains approval from an appropriate Ethics Board within the facility in which they work. A submission to that Ethics Committee must include full information on:
- a) the hypothesis or research question,
 - b) a rationale for the selection of appropriate participants,
 - c) an appropriate method of recruitment,
 - d) a concise summary of the project in “everyday” or “plain language” including the aims and benefits of the project
 - e) the method to be adopted, including a clear description of the intervention and observation to be conducted. The interventions being studied should be at least as effective as standard music therapy practice,
 - f) the possible risks to the physical, mental and/or emotional health of the subjects involved
 - g) procedures to be adopted should Clients be adversely affected during the research,
 - h) provision for the storage of data in a secure location, accessible only to the researcher/s.
 - i) provision that all data will be erased after the required period of time, in accordance with NH&MRC Guidelines,
 - j) a copy of the information sheet and consent form to be distributed to Client’s/research participants, with translation into the Client’s/research participants preferred language or communication method if necessary.
- 3.4 Participation of Clients in research shall be voluntary and based on written informed consent. Signed consent forms agreeing to participation in research must be obtained from:
- a) the Client whenever he or she has sufficient competence to make this decision;
 - b) the parents or guardian, or

- c) any organisation or person in accordance with the law.
- 3.5 Registered Music Therapists respect a Client's decision to refuse to participate in a research project. Clients are allowed to withdraw from a research project at any time. The researcher must give an assurance to the Client that refusal to participate in, or a decision to withdraw from the research, will not result in any discrimination, reduction in the level of care, or any other penalty.
- 3.6 Where potential research participants are individuals such as students, employees or junior colleagues, Registered Music Therapists do not use a position of authority to exert undue pressure on the person to participate in the research.
- 3.7 Where research participation is a course requirement, Registered Music Therapists ensure that the student is given a viable alternative to participation in the research project. Students must be assured that they have a right to decline involvement, and a right to withdraw from the research, without any discrimination or other penalty.
- 3.8 All Clients shall be informed of the nature of the research before being asked to sign a consent form, including information on:
 - a) the nature of the research,
 - b) the name, address and phone number of the researcher for further information,
 - c) length of time the project will take,
 - d) length of time required for participation in the research,
 - e) any possible risks,
 - f) confidentiality and storage of data,
 - e) publication of results,
 - f) whether there are any risks in being deprived of treatment in order to constitute a control group,
 - g) contact information for research supervisors
 - h) contact information for the Board of Ethics in the event that a participant wishes to report a query/concern/complaint.
- 3.9 The circumstances in which the research is conducted must provide for the physical, emotional and psychological safety of the Client/s.
- 3.10 When publishing and presenting research results Registered Music Therapists present findings in a manner that does not distort or mis-lead.
- 3.11 When publishing and presenting research results Registered Music Therapists give credit to all who have contributed in proportion to their contribution, acknowledging unpublished as well as published material that has directly influenced the current research and subsequent publication.

4. Ethical Responsibilities in Education and Training.

- 4.1 Registered Music Therapists who are responsible for the education and training of music therapy students ensure that the programs are competently designed

and delivered, and that the institution that provides the training program is made aware of their responsibility to meet and uphold the accreditation requirements of AMTA.

- 4.2 Registered Music Therapists make every effort to ensure that published information concerning any educational program in which they have a teaching or organisational role, is accurate and not misleading, especially with respect to expectations of, and possible benefits to, students.
- 4.3 Registered Music Therapists in their teaching, present information that is current, accurate and objective. Where they present their personal opinion or professional judgment, these statements must be prefaced appropriately.
- 4.4 Registered Music Therapists recognise the power they hold over students or supervisees and avoid engaging in conduct that is personally demeaning or coercive to students or supervisees.
- 4.5 Registered Music Therapists are aware of the potential difficulties and challenges of dual relationships with students and supervisees, and avoid such dual relationships to the best of their abilities, seeking appropriate Supervision when such situations are unavoidable.
- 4.6 Registered Music Therapists do not require or otherwise coerce a student to participate in a classroom, or other training demonstration if the student is distressed.
- 4.7 Registered Music Therapists instruct students (MTS, work experience and allied health) and volunteers witnessing therapy sessions that they are required to preserve the confidentiality of the Client (as outlined in Clause 2.15) and in every way to safeguard the Client's privacy.
- 4.8 Registered Music Therapists in supervising the work of students have a responsibility to model and promote awareness of, and adherence to, the provisions of this Code, particularly regarding confidentiality.
- 4.9 It is unethical for Registered Music Therapists who are providing Supervision or training, to require or coerce supervisees or trainees to disclose personal information either directly or in the context of any training procedure. An exception exists where a training institution, bound by Duty of Care to the community, requires an applicant to disclose an existing medical condition on application to the course. With consent of the student, a course director may relay information about a student's medical condition to a supervising RMT.
- 4.10 In providing Supervision to music therapy students a Registered Music Therapist does not enter into a therapeutic role with the student. If the supervisor considers that a student needs therapy, the supervisor should consult with the student and/or the education Institution, and the student may then be referred to a professional therapist, other than the assigned supervisor.
- 4.11 In providing Supervision to professional music therapists, a Registered Music Therapist does not enter into a therapeutic role with the supervisee.

- 4.12 While due weight is given to a supervisor's assessment of a student and his/her acquisition of adequate skills, no individual supervisor has the right to determine the success or failure of a student in the course of his/her training.
- 4.13 Registered Music Therapists maintain confidentiality regarding the standard of work and personality of each student, and their opinions are not expressed to another RMT without proper consent. Music Therapy Students should similarly respect the standards of work and personality of the Supervisor, maintaining confidentiality of information discussed with a supervisor.

5. Ethical Responsibilities to Colleagues and Wider Community.

- 5.1 Registered Music Therapists consult with colleagues/supervisor and with the Ethics Committee of AMTA when faced with an apparent conflict between current legislation and an ethical principle.
- 5.2 Registered Music Therapists advertise their services in a professional manner, restricting the advertisement to factual information concerning the services offered; qualifications of the practitioner and contact details.
- 5.3 Registered Music Therapists do not advertise or promote themselves as 'specialists' unless they have received the appropriate qualifications to be able to use the term.
- 5.4 Any information provided to the general public on music therapy and/or its potential benefits should be presented in a well-balanced way that is not misleading, uses plain language and if using references, accurately cites the source.
- 5.5 Registered Music Therapists do not knowingly permit their names or any other publicity to appear in unseemly coverage by the media.
- 5.6 Registered Music Therapists shall not sell, supply, endorse or promote services or goods in ways which exploit their professional relationships with clients.
- 5.7 Registered Music Therapists do not use testimonials from Clients for use in advertising, or any other form of promoting professional services. It is the Registered Music Therapists responsibility to take any necessary steps to remove unsolicited testimonials.
- 5.8 Registered Music Therapists do not offer professional services to a Client receiving music therapy from another Registered Music Therapist except by agreement with that therapist or after termination of the Client's relationship with that therapist.
- 5.9 Following a Locum Tenens appointment a Registered Music Therapist only enters into a professional relationship with a Client treated in the course of that appointment where there has been consultation with, and agreement from, the original therapist. In consultation, both RMTs should be aware of the length and

depth of the therapeutic relationship developed with the locum tenens therapist, and the needs of the Client.

- 5.10 Registered Music Therapists do not actively solicit nor initiate work with Clients who are already in another form of therapy without consultation with the Client's present therapist.
- 5.11 Registered Music Therapists do not use verbal, written or electronic forms of communication to damage or undermine the professional reputation or practice of RMTs, students, or other allied professionals.
- 5.12 Registered Music Therapists are committed to working effectively within the treatment/special education team, informing and consulting with team members and family members where appropriate.

6. Ethical Responsibilities in Social Media

- 6.1 Registered Music Therapists ensure that their use of social media and e-health is consistent with the Code of Ethics of AMTA
- 6.2 Members are aware of and do not breach professional, confidentiality and privacy obligations as outlined by the AMTA Code of Ethics and where applicable, members workplaces, when using social media
- 6.3 Registered music therapists are responsible for content on their social media account/s even if the content is not initiated by them
- 6.4 Registered music therapists with professional social media accounts are responsible for regularly reviewing the content on their page/s to make sure all material is compliant with the Code of Ethics.
- 6.5 Registered music therapists with professional social media accounts are advised to set out a clear policy that is visible on the site, outlining the type of content that can be posted to the site, and the actions that may be taken should the policy not be adhered to.
- 6.6 Social media sites under the auspices of AMTA will have an appointed mediator/s that will regularly monitor the site and remove any content which is not in alignment with the Code of Ethics.
- 6.7 Registered music therapists may only upload to social media sites musical artefacts created during therapy (for example client videos, songs recordings, lyrics etc.) if written consent is obtained from the client and any other person involved in the creation of the artifact.

7. Ethical Responsibilities for Professional and Personal Development.

Responsible practice involves a commitment to self-awareness, personal and professional development and self care.

- 7.1 Registered Music Therapists are required to satisfy a program of Continuing Professional Development (CPD) in order to maintain registration with AMTA. Registered Music Therapists complete 40 points of activity over a period of 2 years. The Committee for Continuing Professional Development is responsible for implementing the CPD program and liaises with RMTs regarding the submission of CPD logs online each 2-year period. Failure to complete the CPD process indicates an infringement of the code of ethics and will result in registration with the AMTA being rescinded. There is opportunity to appeal the decision to rescind registration and, in this instance,, the Association's By-Laws for Grievance Procedures will be followed.
- 7.2 Registered Music Therapists have a responsibility to themselves and to their Clients, to maintain their professional effectiveness and resilience. They monitor their own professional effectiveness and seek help, or refrain from practice, when personal resources are sufficiently depleted.
- 7.3 Registered Music Therapists do not practice when personal or emotional difficulties, illness, alcohol, drugs or any other cause significantly impairs their effectiveness.
- 7.4 Registered Music Therapists endeavor to make suitable referral when they cannot offer service for any reason.
- 7.5 Registered Music Therapists are encouraged to have regular Supervision and use such Supervision to develop music therapy skills, monitor performance, and provide accountability for practice.

8. Infringements of the Code of Ethics and/or the Standards of Practice.

- 8.1 Lack of awareness or misunderstanding of any provision in the Code of Ethics or the Standards of Practice is not considered a defence to any charge brought in relation to an alleged infringement of such provisions.
- 8.2 Any person who becomes aware of any alleged infringement of the Association's Code of Ethics or the Association's Standards of Practice, can either bring the alleged infringement to the notice of the person involved for resolution, documented in writing, or contact the Chair of Ethics for advice. Where appropriate, the Chair may write to the person on behalf of the complainant.
- 8.3 In the instance that a member directly contacts another member in regards to an alleged infringement, a minimum of 2 weeks will be given to respond. Where there is no resolution, , that member shall notify the Chair of the Ethics Committee in writing, giving a full explanation of the alleged infringement, including the name of any individuals alleged to have been adversely affected by the person's conduct, and documenting any procedure already taken to attempt to resolve the matter.
- 8.4 The Chair may dismiss the complaint about an alleged infringement where in the Chair's judgement, the matter:

- a) does not fall under the purview of the Code of Ethics, or Standards of Practice,
 - b) is not sufficiently substantiated,
 - c) is not of sufficient consequence to warrant a Formal Grievance Procedure (as described in the Association's By-Laws for Grievance Procedures), or
 - d) has been resolved by facilitation with the parties
- 8.5 Where the Chair has not dismissed the complaint, he/she shall arrange a meeting by notice in writing to the parties concerned. The purpose of the meeting will be to negotiate a satisfactory resolution of the matter. If the matter is not resolved, or if all parties fail to attend, the Chair shall initiate the Formal Grievance Procedure.
- 8.6 Complaints lodged more than 12 months after the date of an alleged infringement will not normally be considered.

Provision to Rescind Membership Registration

- 8.7 A Grievance Committee (as defined in the Association's By-Laws for Grievance Procedures) may recommend to the Board that Registration/Membership of an individual be rescinded if an infringement of the Code of Ethics or Standards of Practice of the Association has occurred, or is occurring.
- 8.8 The recommendation to rescind Registration/Membership must be considered by the Board which may approve such a recommendation under Section 18 of the Constitution of the Association.
- 8.9 In the case of Registration being rescinded, the person may not practice Music Therapy, nor represent themselves as a Registered Music Therapist, or any other term that implies qualification.
- 8.10 An application for re-Registration can be made to the Registration Committee after a period of 12 months. The Committee will determine recommendations for further courses of study, supervision, supervised work or personal therapy work.
- 8.11 The Registration Committee may require examination of the candidate and documentation to ascertain that the required study/supervision/supervised work or personal therapy work has been completed satisfactorily. Completion of this work does not in itself guarantee or imply that the person will be re-Registered. The National Registration Committee assesses the application and recommends approval or otherwise to the Board.

Notes

Locum Tenens appointment.

AMTA defines a "locum tenens" appointment as one in which a Locum practitioner "holds the place" of the Owner of a music therapy practice, (or a music therapy position), for an agreed length of time, and carries out the duties of the practice or the position. The Locum practitioner is an employee of either the Owner of the music therapy practice, (in the case of a private practitioner), or of the employer of the music therapist for whom the locum is undertaken (as in the case of a salaried position). The Locum practitioner is paid a Salary or negotiated rate (as in the case of a private

practitioner)The Owner of the music therapy practice, or the employer, is responsible for covering associated costs such as taxes and insurances. Either the Owner or the Locum provide the equipment and facilities with which the locum practitioner carries out the duties of the practice.

Note on Consent.

National Statement on Ethical Conduct in Research involving Humans, published by the Commonwealth of Australia (2007), in accordance with the National Health and Medical Research Council (NH&MRC), makes special mention of features to be considered when research is conducted with very vulnerable patients.

These notes are (in part):

Neonatal intensive care research.

Research involving infants receiving neonatal intensive care, must be in accordance with the infant's best interests. The very small size and vulnerability to harm of some infants is a unique feature of this research which renders all but minimal intrusion likely to be contrary to the infant's best interests.

Terminal Care Research.

Research in terminal care is distinguished by the short remaining life expectancy of participants and their potential vulnerability to unrealistic expectations of benefits. Researchers must take care that the prospect of benefit from research participation is neither exaggerated nor used to justify a higher risk than that involved in the patient's current treatment. Researchers must respect the needs and wishes of participants to spend time as they chose, particularly with family members.

Unconscious Persons.

The distinguishing feature of research with unconscious persons is that due to their incapacity for cognition or communication, it is impossible for them to be informed about the research or to determine their wishes about it. Consent for participation in research by an unconscious person must be given by others, including relevant statutory authorities, on that person's behalf. Because of their extreme vulnerability, such persons should be excluded from all but the most minimally invasive observational research.

Acknowledgements

In revising the Code of Ethics, the following documents were consulted, and some material has been reproduced with permission:

- American Music Therapy Association
- Canadian Music Therapy Association
- Australian Association of Social Workers
- National Health and Medical Research Council (NH&MRC),
- NSW Institute of Psychotherapy
- Royal Australian and New Zealand College of Psychiatrists
- Interrelate

Standards of Practice

A **Registered Music Therapist** (RMT) is a person who has successfully completed a course of study and clinical practice in music therapy approved by the National Registration Board of **Australian Music Therapy Association Incorporated** (AMTA Inc.), and whose Registration is current.

In conducting music therapy programs, Registered Music Therapists are bound by professional procedures. The sequence and relative importance of each of these procedures may be adapted according to the needs of the Client/s; the facility; the philosophical orientation of the RMT, and other influences. The professional procedures undertaken by RMTs are:

- Accepting referrals
- Assessment
- Planning
- Implementation
- Documentation
- Evaluation
- Termination

1. Referral.

RMTs receive referrals from:

- a) other RMTs
- b) members of the medical or paramedical team
- c) special education team
- d) parents, guardians or primary carers
- e) Clients (self-referrals)
- f) community service agencies

2. Assessment.

RMTs use a range of assessment procedures in order to determine the strengths and special needs of their Client/s. Ethnicity and cultural background are taken into account in all aspects of the assessment. The following broad areas may be included in the assessment:

- physical
- social/emotional
- psychological
- cognitive and communicative
- educational
- spiritual
- creative

- 2.1 Assessment methods may include: medical and social history; observation; interview; verbal and non-verbal interactions, and the use of assessment tools appropriate to the Client's needs.

- 2.2 RMTs document the assessment outcomes and use these to determine the aims and objectives for music therapy programs. Such documentation is placed in the Client/s file (or student's file in the special education setting).
- 2.3 Through assessment procedures, the RMT determines whether the Client's needs can be met through music therapy or not. In cases where music therapy is thought not to be the appropriate method of treatment, the RMT may refer the Client to another health/special education practitioner.
- 2.4 RMTs may engage in joint assessment procedures with other health/special education practitioners.

3. Planning.

- 3.1 Based on the outcomes of assessment, the RMT designs a planned music therapy program for the individual Client or group. In some cases, the music therapy program may be planned in conjunction with other programs: e.g. Individualised Education Programs or other health/special education practitioners
- 3.2 The music therapy program is expressed as goals/aims; objectives; purposes or intentions. These may vary according to the philosophy of the facility, the needs of the Client/s and the philosophical orientation of the RMT.
- 3.3 In some situations, the aims may unfold as the program progresses, and may be influenced by the changing needs of the Client, and the evolving nature of the therapy. They may also relate to exploring the most effective means of communicating or interacting with Client/s, and may involve a trial of differing music therapy methods and approaches.
- 3.4 In some situations, aims are difficult to formulate because the RMT may be meeting the Client for the first and only time. In approaching the Client to provide a one-off music therapy session, the RMT may be guided by intentions for the interaction and through information gathered by members of the treating team, referrers, and /or family members.

4. Implementation.

- 4.1 RMTs deliver a music therapy program in accordance with the aims, objectives, purposes and intentions that have been determined.
- 4.2 RMTs use music therapy methods in which they have been adequately trained, and provides music therapy at their best abilities as a musician.
- 4.3 RMTs use appropriate musical instruments of highest possible quality and the best possible sound system, in order to facilitate quality music experiences.
- 4.4 RMTs create and maintain a safe auditory environment.
- 4.5 RMTs abide by the rules of the facility with respect to health, safety and infection control.

- 4.6 RMTs abide by the professional rules of confidentiality when discussing Clients, or when documenting progress.

5. Evaluation.

- 5.1 RMTs make periodic evaluations of the music therapy methods being used and the responses of the Client/s. On the basis of these evaluations, service effectiveness is monitored and changes may be implemented.
- 5.2 Where appropriate the RMT may use evaluation tools, such as questionnaires, self-reports, checklists, rating scales, time sampling or other appropriate method of recording response.

6. Documentation.

- 6.1 RMTs use language that is professional, jargon-free, objective and conveys respect for the dignity of all persons.
- 6.2 RMTs document information about the Client's source of referral, assessment procedures and outcomes, aims and objectives for the program, Client responses and other evaluation information.
- 6.3 RMTs keep this documentation in a systematic manner.
- 6.4 RMTs keep documentation in a safe place, in order to maintain security of the Client/s disclosures.
- 6.5 RMTs maintain progress notes in the Client/s files where required by the facility.
- 6.6 Periodic summaries of Client progress may be sent to the referring agency or professional, with informed consent of the Client.

7. Termination.

- 7.1 RMTs work towards termination with a Client when:
- it is clear that the goals of therapy have been reached,
 - the Client is no longer gaining benefits from the music therapy program, or
 - discharge from the facility/program is imminent
- 7.2 RMTs plan and prepare the Client for termination of therapy services relative to the length and depth of the therapeutic relationship, and the needs of the Client.
- 7.3 RMTs write summary notes on termination of therapy and may provide these to the referring agency, and/or Client, as required.

By-Laws for Grievance Procedures

1. Terminology.

Throughout this document:

- **Complainant** refers to the person bringing forth the complaint of an alleged infringement.
- **Respondent** refers to the person against whom the complaint of an alleged infringement is made.
- **Association** means the Australian Music Therapy Association Incorporated.
- **President** means the President of the **Association**.
- **Board** means the governing body of the **Association**.
- **The Ethics Committee** means the Committee of that name as provided for in section G13 b) of the Constitution of the **Association**.
- A **Registered Music Therapist** means a person who has been accredited by the **Association**.
- **Code of Ethics** means the Code approved and issued by the **Association**.
- **Standards of Practice** means the Standards approved and issued by the **Association**.
- A **Client** means a person who is served professionally by:
 - A Registered Music Therapist, or
 - A student in training whilst under the Supervision of a Registered Music Therapist.

2. Preamble.

- 2.1 All members who are involved in the process of resolving a complaint about an alleged infringement must make sincere efforts to resolve differing viewpoints before the Formal Grievance Procedure (see Section 3 below) is set in motion by communicating with each other either in writing and/or in person. Documentation of these communications is to be kept.
- 2.2 Natural justice provisions. The Respondent shall have access to all written reports made by the Chair of the Ethics Committee or by the Grievance Committee as well as all documents relating to the complaint. The Respondent shall have the right to reply to the content of allegations and written reports.
- 2.3 The Respondent may be assisted by a person with legal qualifications and/or a family member/friend who may act as an advocate during the Formal Grievance Procedure.
- 2.4 Confidentiality. All members involved in the complaint resolution procedures and their representatives are obliged to maintain strict confidentiality with respect to information concerning a complaint of an alleged infringement. All documents (and computer files) produced during the complaints resolution procedure are to be marked private and confidential and must remain confidential until destroyed. It is a condition of allowing a respondent to be assisted by a person that such person is required to meet these confidentiality requirements.

- 2.5 Written documentation of the complaints resolution procedures are to be held in confidence for a period of 12 months from the completion of the process. After this time, the case record comprising name, nature of the complaint, action and outcome, is to be retained in a permanent file, but all other material is to be destroyed. Computer files and any copies thereof are to be destroyed at the completion of the complaints resolution procedure.
- 2.6 Where the Complainant and/or Respondent choose to have legal representation, the fees for such legal representation will be borne by the Complainant and/or Respondent. Where the Association seeks legal advice, it is to meet its own legal costs.

3. Formal Grievance Procedure.

The Chair of the Ethics Committee shall instigate the Formal Grievance Procedure as follows:

- 3.1 An ad hoc Grievance Committee will be constituted for the purpose of investigating the alleged infringement of the Code of Ethics or Standards of Practice under question.
- 3.2 Its term of office is limited to the length of time required to report to the Board of the Association.
- 3.3 The Grievance Committee shall comprise:
 - a) the Chairperson of the Ethics Committee (or appointee in the case of conflict of interest);
 - b) one other member of the Ethics Committee with at least 2 years clinical experience;
 - c) a third member who may be a Registered Music Therapist, or a professional person outside of the Association from a professional organisation of similar mission with experience in handling such situations; and
 - d) any further member/s that the Chair agrees to appoint in response to a request from the Committee
 - e) at the discretion of the Chair, an independent legal practitioner
- 3.4 One of the above persons is to be appointed Chairperson of the Committee by the Chair of the Ethics Committee.
- 3.5 All members of the Committee must be free of conflict of interest and disclose any such conflict or potential conflict.

4. The Role of the Grievance Committee.

The role of the Grievance Committee is to establish the facts of the case; seek to obtain all available evidence, both favourable and unfavourable to all parties involved, and prepare a report including recommendations as set out below.

- 4.1 The Committee is empowered to:
 - a) Call meetings.

- b) Require the Complainant and/or Respondent and/or any other appropriate party to make available documents for examination and/or copying.
 - c) Interview all persons who are likely to have information relevant to the complaint of the alleged infringement.
 - d) Call witnesses to provide evidence in relation to the complaint of the alleged infringement.
 - e) Access necessary legal and/or other professional services with the agreement of the President in regard to the related costs that are to be met by the Association.
- 4.2 The Committee is required to:
- 4.2.1 Prepare a report that must contain the following:
 - a) a summary of the facts as established.
 - b) details of the investigation undertaken and procedures followed including particulars of individuals interviewed, documents examined and other relevant matters.
 - c) the sections of the Code of Ethics and/or Standards of Practice which have been considered.
 - d) the Committee's findings in regard to the alleged infringement.
 - e) Recommendations to the Chair of the Ethics Committee on action to be taken as a consequence.
 - 4.2.2 The report is to be completed within 6 weeks from the date the Grievance Committee is established, unless there are extenuating circumstances, in which case, the President may consider and approve an extension of the time to complete the report.

5. Hearing of the Complaint.

- 5.1 The Complainant and the Respondent are to be notified in writing that the Formal Grievance Procedure has commenced or is about to commence.
- 5.2 In the event that the issue involves only the Complainant and the Respondent, the Grievance Committee shall immediately convene a hearing in terms of Section 6.
- 5.3 In the event that the issue involves a third party, the Complainant and Respondent should make available to the Grievance Committee a list of person/s they would like the Committee to contact in order to gain information relevant to the complaint.
- 5.4 The Grievance Committee is to contact the abovementioned person/s either by interview, written correspondence or telephone. In the case of personal and telephone interviews, the Grievance Committee member/s involved are to prepare a written summary report that is to form the record of interview.
- 5.5 The Grievance Committee is to convene a meeting to review the above data and activate the hearing procedure.

6. Hearing Procedure

- 6.1 The hearing is to take the following form or a similar form as agreed between the Grievance Committee, the Complainant and the Respondent:
- a brief summary from the Chair of the Grievance Committee, and thereafter a final opportunity for resolution
 - a brief break, then
 - opening statement by the Complainant
 - questions by the Committee to the Complainant
 - opening statement by the Respondent
 - questions by the Committee to the Respondent
 - Complainant's rebuttal of the Respondent's statement
 - Respondent's rebuttal of the Complainant's statement
 - Complainant's witness/es,
 - questions by the Committee and the Respondent
 - Respondent's witness/es,
 - questions by the Committee and Complainant
 - brief recess for the Committee to review progress
 - final questions to the Complainant by the Committee
 - final questions to the Respondent by the Committee
 - final statement by the Complainant
 - final statement by the Respondent.
- 6.2 The Committee shall, as soon as practicable:
- a) Decide whether the complaint should be dismissed or upheld, and if upheld, a penalty that should be applied (in terms of Section 8)
 - b) Make recommendations accordingly in its report to the Chair of the Ethics Committee
 - c) Include supporting information in its report which forms the basis for its recommendations.

7. Penalties.

- 7.1 If the penalty does not affect Membership and/or Registration, the Grievance Committee may recommend that the Chair of Ethics:
- a) formally reprimand the Respondent in writing;
 - b) impose conditions of practice;
 - c) where appropriate, offer interventions which would enable the Respondent to develop more appropriate practice; and/or
 - d) any other course of action which is deemed appropriate e.g. apology.
- 7.2 If the penalty does affect Membership and/or Registration, the Grievance Committee may recommend to the Board that:
- a) Membership of the Association be suspended for a specific period of time;
 - b) Membership of the Association be terminated and the member be precluded from eligibility for Membership for a fixed term;
 - c) the member be removed from any office held in the Association ;
 - d) Registration be rescinded; and/or
 - e) any other course of action deemed appropriate be taken.

8. Consideration of the Grievance Committee report.

- 8.1 The Chair of the Ethics Committee/Ad hoc committee is to convey the written recommendation/s of the Grievance Committee and the accompanying documentation which supports the recommendation/s to the Complainant, the Respondent, and any other person involved, within 14 working days of receipt of the Committee's report.
- 8.2 In the event the action requires that Membership/Registration be rescinded, the President takes the matter to the Board for action.
- 8.3 The decision to rescind Membership/Registration is to be conveyed promptly to the Complainant, the Respondent and any other person involved in writing.

9. Request for an Appeal.

- 9.1 An appeal for re-consideration of the Board's decision in regard to the above resolution of a complaint may be made by either the Complainant or the Respondent in writing.
- 9.2 Appeals may be made on the grounds of:
 - a) improper procedure;
 - b) the penalty imposed is considered inappropriate; and/or
 - c) new evidence.
- 9.3 A request for an appeal for reconsideration of a decision is to be submitted in writing to the President within 28 days of the date of correspondence from the Association setting out the Board's decision as in 8 iii) above. The request is to include the grounds upon which the appeal is made.
- 9.4 Upon receipt of a request for an appeal, the President is to appoint an Appeals Committee, which shall comprise:
 - a) delegate of the President provided that such person has not participated in the original Grievance Committee;
 - b) one Registered Music Therapist who was not on the original Grievance Committee;
 - c) a third member who may be a the Registered Music Therapist, or a professional person outside of the Association from a professional organisation of similar mission with experience in handling such situations, who was not on the original Grievance Committee; and
 - d) any further member/s that the President agrees to appoint in response to a request from the Committee.
 - e) a lawyer if required

10. Appeals Procedure.

- 10.1 The Appeals Committee is to decide whether an adequate case has been presented to justify the appeal against the previous decision.
- 10.2 If the Appeals Committee determines that there are insufficient grounds for reconsideration of the matter, the Committee is to advise the President in writing of its decision and the reasons for such a decision.

- 10.3 In the case that the Appeals Committee decides that there are sufficient grounds for reconsideration, a hearing date for the Appeals Procedure is to be set within 28 days of notifying the parties involved. The Appeals Procedure is to be the same as the Formal Grievance Procedure (as described in Sections 5 and 6).
- 10.4 The President is to convey the written recommendation/s of the Appeals Committee to the Complainant, the Respondent, and any other person/s involved within 14 working days of receipt of the Appeals Committee's report.
- 10.5 The President considers the report from the Appeals Committee (from Section 10 ii) or Section 10 iii) above), and decide whether to accept any or all of its recommendations.
- 10.6 In the event the action requires that Registration be rescinded, the President takes the matter to the Board for action.
- 10.7 The decision of the President (or Board in the event Registration is to be rescinded) shall be conveyed promptly to the Complainant, the Respondent and any other person involved in writing. It is also to be published in the Newsletter of the Association.
- 10.8 The decision that is taken at the end of the Appeals Procedure is final, and binding on parties who are members of the Association.

Acknowledgements

In writing the Grievance Procedure, the following documents were consulted, and some material has been re-produced with permission.

- Music and Imagery Association of Australia Inc.
- Australian Psychological Society Ltd
- Psychotherapy and Counselling Federation of Australia (PACFA)