Canadian Association of Music Therapists

CODE OF ETHICS

PREAMBLE

Introduction

The Canadian Association of Music Therapists (CAMT) is a federally incorporated, self-regulated non-profit professional association. As such, CAMT is dedicated to promoting the practice of music therapy in clinical, educational, and community settings throughout Canada. All Certified Music Therapists (MTAs) are required to act in an ethical manner while carrying out their professional duties. To signify their understanding of this, they must sign a statement of adherence to the CAMT Code of Ethics (hereafter called the code).

The code articulates ethical principles, values, and standards to guide all clinical members in their everyday conduct and in the resolution of ethical dilemmas. The principles and values are stated broadly in order to apply to the various roles and contexts in which Certified Music Therapists work. The code is not exhaustive and, therefore, conduct that is not specifically addressed by the code is not, by its exclusion, necessarily ethical or unethical. The code covers the following five principles:

I. Respect for the Dignity and Rights of Persons
II. Responsible Practice
III. Integrity in Relationships
IV. Extended Responsibility
V. Responsible Organizational Leadership

Certified Music Therapists, students, and interns must be aware of and comply with Federal, Provincial, and Territorial Laws. The code is not a substitute for the Law; therefore, if there is any conflict between the code and the law, the law takes precedence.

Membership in the CAMT commits all clinical members to abide by the CAMT Code of Ethics. Certified Music Therapists who hold positions of leadership in the profession, such as CAMT Board members, staff, and committee co/chairs, university educators, and practicum and internship supervisors, have an elevated level of responsibility to model ethical conduct through careful and deliberative adherence to the articles of this code. Certified Music Therapists, students, and interns should be aware that the code establishes expectations for conduct and could be applied to them by courts or other public bodies.

The Canadian Association of Music Therapists (CAMT) recognizes that the purpose of the profession is to engage with and utilize music purposefully, within therapeutic relationships, to support development, health, and well-being (CAMT, 2020). The profession also supports the development of education and
training, research, and professional practice in music therapy. In doing so, the CAMT advocates adherence to the principles of Respect for the Dignity and Rights of Persons, Responsible Practice, Integrity in Relationships, Extended Responsibility, and Responsible Organizational Leadership.

Structure of the Code

The five ethical principles are outlined and further broken down into statements that serve as standards of acceptable practice.

The Principles and Values

**Principle I: Respect for the Dignity and Rights of Persons**

Certified Music Therapists accept, as essential, the principle of ‘Respect for the Dignity and Rights of Persons’; that is, they uphold the fundamental rights of each person, and accept that an individual should be treated as a person, not as an object or a means to an end. Certified Music Therapists acknowledge that all persons have a right to expect that their innate worth as human beings will be recognized, protected, and affirmed, and that this worth is not contingent upon or devalued because of race, ethnicity, nationality, religious beliefs, sex, gender identity, gender expression, sexual orientation, ability/disability, age, socio-economic status, marital status, political affiliation, and/or any other personal characteristic, preference, condition, or status. In adhering to this principle, Certified Music Therapists are specifically concerned with the values of General Respect, Social Justice, Privacy, and Informed Consent.

**Principle II: Responsible Practice**

Certified Music Therapists accept, as essential, the principle of ‘Responsible Practice’; that is, they ensure that all activities occurring in the course of music therapy practice will maximize benefits and minimize the potential for harm to clients and others. Certified Music Therapists also accept the imperative that responsible practice involves a commitment to self-awareness, self-development, and self-care. Further, Certified Music Therapists ensure that their practices do not impact negatively on their peers/colleagues. In adhering to this principle, Certified Music Therapists are specifically concerned with the values of General Caring, Competence, Self-Knowledge and Care, Minimizing Harm, Confidentiality, Responsible Record Keeping and Management, Responsible Virtual Practice, Fair Access, Ethical Research Conduct, and Ethical Business Practice.

**Principle III: Integrity in Relationships**

Certified Music Therapists accept as essential the principle of ‘Integrity in Relationships’; that is, they ensure that all interactions demonstrate integrity and an active interest in the personal well-being of others.

This includes taking reasonable steps to promote healthy relationships while avoiding relationships that pose any risk of harm. In adhering to this principle, Certified Music Therapists are specifically concerned with the values of Honesty and Responsible Relationship.

**IV: Extended Responsibility**
Certified Music Therapists accept as essential the principle of ‘Extended Responsibility’; that is, they recognize that they have responsibilities to the societies within which they live and work. This includes promoting ethical behaviour within and beyond the music therapy community. Certified Music Therapists also accept the responsibility of promoting and participating in the professional development of Certified Music Therapists. In adhering to this principle, Certified Music Therapists are specifically concerned with the values of Promoting Ethical Practice, Professional Development, and Respect for Society.

**Principle V: Responsible Organizational Leadership**

The directors and staff of the Canadian Association of Music Therapists accept as essential the principle of ‘Responsible Organizational Leadership’; that is, they acknowledge their responsibilities to the music therapy community and society at large. This includes providing CAMT members with education and resources relating to ethical music therapy practice. Further, CAMT is committed to fostering ethical practice among its membership. In adhering to this principle, the directors and staff of the CAMT are specifically concerned with the values of Promoting Ethical Practice and Professional Development.

**Ethical Decision-Making Model**

The ethical decision-making process may occur very rapidly, leading to an easy resolution of an ethical issue. This is particularly true of issues for which clear-cut guidelines or standards exist and when there is no conflict between principles. On the other hand, some ethical issues (particularly those in which ethical principles conflict) are not easily resolved and might require careful, and sometimes time-consuming, deliberation.

The following basic steps typify approaches to ethical decision-making:

1. Identification of ethically relevant issues and practices, and the related standards specified in this code.
2. Identification of individuals or groups who are, have been, or are likely to be affected by the issue and subsequent decision (e.g., client, client’s family, employees, employing institution, co-workers, students or interns, research participants, colleagues, the discipline, society, self).
3. Development of viable courses of action, beginning with consultation that is consistent with the values of Privacy and Confidentiality.
4. Analysis of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individuals or groups involved.
5. Choice of course of action after conscientious application of existing principles, values, and standards.
6. Evaluation of the results of the course of action.
7. Assumption of responsibility for the consequences of action, including correction of negative consequences, if any, or re-engagement in the decision-making process if the ethical issue is not resolved.
**Definitions**

*Certified Music Therapist (MTA)*

Means any person, hereafter referred to as “the MTA,” who has achieved certification with the CAMT, and who is a member in good standing of the CAMT.

For the purposes of this code, “Certified Music Therapist (MTA)” also refers to music therapy students and interns in CAMT recognized training programs and internships.

*Music Therapy*

Music therapy is a discipline in which Certified Music Therapists (MTA) use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains (Canadian Association of Music Therapists, 2020).

*Music Therapy Practice and Service*

Music therapy practice and service includes all activities as described in the aforementioned definition applied in any setting (e.g., institution, agency, private practice, internship or practicum setting).

*Client*

Client means anyone (individual, group, family, community, or association) for whom the Certified Music Therapist has agreed to provide services.
Canadian Association of Music Therapists
CODE OF ETHICS

PRINCIPLE I: Respect for the Dignity and Rights of Persons

In adhering to the principle of Respect for the Dignity and Rights of Persons:

General Respect

I.1 The MTA will demonstrate respect for the dignity, value, experience, and knowledge of all people.

I.2 The MTA will acknowledge and affirm clients’ rights to self-determination and autonomy, and their right to be integral participants in all decisions that affect them.

I.3 The MTA will use language that affirms and respects the client’s experience and identity (e.g., gender pronouns, person-first or identity-first language, racial identity, ethnic identity, etc.) in all written or verbal communication according to clients’ preferences.

I.4 The MTA will ensure they do not engage in any form of harassment, including sexual harassment. The MTA will seek out opportunities to increase their knowledge about all forms of harassment, both explicit and covert.

I.5 The MTA will work to identify and dismantle all forms of discrimination. This includes individual, systemic, and societal discrimination and the internalization of oppressive norms.

I.6 The MTA, therefore, will ensure their public statements (including their personal social media content), presentations, research reports, and communication with clients do not contain demeaning descriptions of others, including jokes based on race, ethnicity, nationality, religious beliefs, sex, gender identity, gender expression, sexual orientation, ability/disability, age, socio-economic status, marital status, political affiliation, and/or any other personal characteristic, preference, condition, or status, or other remarks that devalue or belittle others. For the purpose of this code, public critiques of institutions or commentary on world events are not considered demeaning remarks unless they are rendered as specific personal attacks.

Social Justice

I.7 The MTA will engage in ongoing work to identify, understand, and unlearn any conscious or unconscious biases, and will work to understand how any such biases can and do impact their clinical approach and decision-making, their clients’ experience in music therapy, and their therapeutic relationships, with the aim of transforming their practice. Ongoing professional learning and critical self-reflection should be inclusive of, but not limited to:

a) work to cultivate an awareness of how helping professions have contributed to historical, political, and sociocultural harms endured by Indigenous peoples;
b) work to cultivate an awareness of the past and current harms inflicted by colonization, and to formulate an approach to music therapy that supports reconciliation;

c) work to cultivate an awareness of how all forms of racism have and continue to exist in helping professions and to identify and remove them in their practice;

d) work to understand the harms historically and currently caused by helping professions that participate in the perpetuation of ableism; ableism is defined as a form of discrimination that favours and enforces the ‘normalization’ of disabled people through the use of unwanted strategies intended to extinguish or remediate behaviours that are deemed by society to be undesirable or abnormal.

I.8 The MTA will engage in ongoing professional learning and critical self-reflection in order to foster cultural safety. The MTA will also, at all times, aim to use culturally respectful and relevant, but not appropriative, music therapy approaches and strategies.

I.9 The MTA will affirm, and convey respect for, their clients’ sexual orientation and gender identity and expression and will refrain from employing music therapy approaches and strategies that seek to change the sexual orientation or gender identity and expression of any person.

Privacy

I.10 The MTA will endeavour to offer clinical services in ways that protect the privacy of the client. In situations where privacy is limited, services may need to be adapted to optimize client privacy while responding to the circumstances of the therapeutic setting (e.g. congregate living arrangements, shared clinic spaces, etc.).

I.11 The MTA will only explore and collect information that is relevant to the subject of the music therapy process, unless otherwise requested by the client.

I.12 The MTA will explicitly inform clients of
   a) the purpose for obtaining personal information;
   b) who will have access to the information;
   c) how it will be stored; and
   d) the right of the client to have access to the information in their records (see article II.31 and II.32 for elaboration).

Informed Consent

I.13 The MTA will ensure that informed consent is obtained from clients or their legal guardians/substitute decision-makers before commencing service. When clients are unable to give informed consent (e.g., young children, persons living with significant intellectual or developmental disabilities, persons living with dementia), the MTA will continue to respect the autonomy of the individual by working to inform and involve them to the fullest extent possible to assent to all aspects of their therapeutic process.
I.14 The MTA will provide, to the client, as much information as a person, family, group, or community would reasonably need or want to know before making a decision or consenting to an activity. The MTA will communicate this information using accessible and plain language, or using the language their client best understands (including providing translation into another language if necessary), and will take all reasonable steps to ensure the information is understood.

I.15 The MTA will establish procedures for obtaining informed consent. Such procedures will typically involve a signed consent form, though the MTA will use discretion, noting that informed consent may be written, verbal, or implied, and that a signature alone does not imply informed consent. The MTA will ensure, in the process of obtaining informed consent, that at least the following points are explained and understood:
   a) purpose and nature of the activity;
   b) therapist and client responsibilities;
   c) potential benefits and risks;
   d) possible activity alternatives;
   e) the option to refuse or withdraw at any time, without consequence;
   f) the period of time for which the consent applies; and
   g) how to withdraw consent.

I.16 The MTA will approach informed consent as an ongoing process of reaching an agreement to work collaboratively, rather than as a formality or task that ends after having a consent form signed.

I.17 The MTA will obtain additional and explicit consent for services and activities involving the exchange of highly personal information (e.g., research) or activities that potentially could compromise client confidentiality (e.g., transfer of client information to a third party).

I.18 The MTA will take all reasonable steps to ensure that consent is not given under conditions of coercion or undue pressure.

I.19 The MTA will respect the right of individuals to discontinue participation or service at any time and be responsive to non-verbal indications of a desire to discontinue if the individual has difficulty communicating such a desire.

I.20 The MTA will ensure that informed consent for participation in music therapy or research studies is only sought from those who are legally responsible or appointed to give informed consent on behalf of individuals who cannot legally provide consent on their own.
PRINCIPLE II: Responsible Practice

In adhering to the principle of Responsible Practice:

General Caring

II.1 The MTA will demonstrate active care for and interest in the health and well-being of any individual, family, group, or community with whom they engage in their role as Certified Music Therapists. This includes those directly involved and those indirectly involved in their music therapy experiences.

II.2 The MTA will always work to ensure they do not cause harm to clients, students, research participants, colleagues, and others.

II.3 The MTA will accept responsibility for their actions, accept any related consequences, and work to correct any harm done in the course of music therapy practice, service, teaching, research, supervision, and all related professional activities.

Competence

II.4 The MTA will provide services to the best of their ability, and within their scope of practice, in all situations. They will only provide services and use music therapy approaches for which they have established competence through pre-professional or advanced training and supervision.

II.5 The MTA will continuously monitor and evaluate the quality and effectiveness of services provided.

II.6 The MTA will remain up to date with current music therapy research and the approaches that music therapy research is informing and validating. The MTA will do this by engaging in continuing education activities and seeking out supervision and peer consultation.

II.7 The MTA will refer clients to other Certified Music Therapists or professionals when the client requires or requests services that are beyond the music therapist’s established level of competency or outside the music therapy scope of practice. The MTA will also refer clients to other Certified Music Therapists or professionals when a client communicates their preference to work with another clinician.

II.8 The MTA will seek appropriate support/help, or discontinue services for an appropriate period of time, when conditions (e.g., health, stress) or circumstances (e.g., personal bias, inadequate training) could potentially compromise the quality of service.

Self-Knowledge and Care

II.9 The MTA will continuously evaluate how their experiences, attitudes, culture, beliefs, values, social contexts, individual differences, and stressors influence their interactions with others, and integrate this awareness into their work to support personhood, respect autonomy, and not harm others.

II.10 The MTA will commit to caring for themselves in order to enable them to establish and maintain health, well-being and good judgement, and sustain their ability to work in ways that benefit and do not
harm others. This may include seeking clinical supervision, conscientious objection, and/or referral to other professionals.

*Minimizing Harm*

II.11 The MTA will take appropriate steps to avoid harming others, including ensuring that services are provided in a place that protects the security and privacy of clients.

II.12 The MTA will terminate an experience/activity when it is clear the experience/activity is more harmful than beneficial, or when the experience/activity is no longer needed.

II.13 The MTA will seek an independent and adequate ethical review from a university or institutional research ethics review board/committee for the conduct of any research involving human participants.

II.14 The MTA will maintain adequate professional liability insurance (when not covered by an organization or institution).

II.15 The MTA will do everything reasonably possible to stop or decrease harm in suspected or confirmed cases of neglect or abuse (physical, emotional, sexual, and/or financial). This may include consulting with relevant support services, or reporting to appropriate authorities (see II.17).

*Confidentiality*

II.16 The MTA will take every precaution to protect the confidentiality rights of clients, acknowledging that limits of confidentiality may be established by a variety of sources, including law and institutional regulations.

II.17 The MTA will ensure they never release the personal information of clients, except in the following instances:

a) with the client or legal guardian’s/substitute decision maker’s expressed consent;

b) when there is reason to believe that a client is in danger of harming themselves or someone else;

c) when there is reason to believe that a child has been or is likely to be harmed;

d) in compliance with a court order, subpoena, or requirement of an act or regulation of Canada or of a Canadian province or territory;

e) in order to contact a friend, relative, or potential substitute decision maker of the client if the client is injured or ill and unable to give consent themselves.

II.18 The MTA will, in serious situations (as in standard II.17 [b] and [c]), be responsible for ensuring that appropriate action has been taken. This may include reporting to the appropriate government ministry, work supervisor, police, and potential victim as required by the situation. MTAs will bear in mind that notification of family members may not always be in the client’s best interest.

II.19 The MTA will make every effort to inform clients and/or their legal guardian/substitute decision-maker and obtain consent in situations requiring the breach of confidentiality, when it is appropriate and safe to do so (see article II.17).
II.20 The MTA will inform clients of the limits of confidentiality prior to providing music therapy services, especially when personal information is collected in the course of providing those services. Exceptions could be made when the employing institution or agency has already informed the client of the limits of confidentiality that apply to music therapy and/or all services offered within the institution/agency. MTAs must keep in mind that they are responsible for ensuring that the client has been informed of the limits of confidentiality.

II.21 The MTA will obtain written consent from the client or legal guardian/substitute decision-maker for the release of information to any third party. The MTA will ensure that an appropriate degree of confidentiality and records security will be provided by the third party.

II.22 The MTA will make reasonable attempts to obtain consent to share client information in public forums (e.g., conference presentations, group supervision). When consent cannot be obtained, the MTA must take appropriate action to conceal any and all identifying information.

II.23 The MTA will, when working with groups, inform group members of the importance of maintaining confidentiality, and establish an agreement that no one will discuss the personal information of group members outside of the therapeutic context.

Responsible Record Keeping and Management

II.24 The MTA will keep one file on each client. The MTA will record only the personal information necessary for continuous coordinated service.

II.25 The MTA will ensure that all client records, reports, and session documentation, audio and video recordings, etc., are kept in locked filing cabinets or stored within encrypted files/folders on password protected devices. Information stored in filing cabinets or computer files must be accessible only to the MTA or those who have a legitimate need to know the information.

II.26 The MTA will ensure the appropriate and complete destruction of outdated client files and will devise adequate plans for record management in the event of incapacity, death or withdrawal from practice. Adequate record retention practice includes destroying client files seven years after termination of services (seven years past age of majority for minors).

Responsible Virtual Practice

II.27 The MTA will, when conducting virtual/remote music therapy sessions, only utilize software that is compliant with federal and provincial privacy legislation.

II.28 The MTA will ensure, during the informed consent process, that clients are made aware of the risks unique to virtual/remote service delivery, including the fact that data transmitted via the internet can never be guaranteed to be completely secure.

II.29 The MTA will conduct virtual/remote sessions from a private location, in order to ensure client confidentiality.
II.30 The MTA will, in collaboration with their clients, create a plan to foster client safety and security within a virtual/remote environment. For example, the MTA and their clients will decide upon a course of action for instances such as an internet disconnection or a client safety concern.

Fair Access

II.31 The MTA will inform clients, as appropriate, about their right to read and have a copy of the information in their file, in accordance with federal, provincial, and territorial legislation.

II.32 The MTA will respond as soon as practical, but no later than 30 working days, to requests for access by providing:
   a) a copy of the information to the client or legal guardian/substitute decision-maker, including clients under the age of majority who have given consent for music therapy services, or who, in the MTA’s opinion, are capable of understanding the subject matter of the record;
   b) access to portions of the record that do not include information about third parties; or
   c) written reasons for the refusal of access to the information in the client’s file.

Ethical Research Conduct

II.33 The MTA will ensure they design and conduct research in accordance with the research ethics standards established by the Government of Canada and articulated in the Tri-Council Policy Statement. This includes obtaining institutional Research Ethics Board approval and completing the Tri-Council’s online tutorial prior to undertaking any research that involves human participants.

II.34 The MTA will obtain, prior to beginning any research with human participants, informed consent. Any consent to participate in research must clearly state the following:
   a) the title of the study;
   b) the name, position, and contact information for all researchers affiliated with the study;
   c) the source(s) of funding for the study (if any);
   d) the purpose of the study;
   e) what participants will be asked to do (research procedures), including the total estimated time required of participants;
   f) the potential risks and benefits of participation;
   g) that participation is completely voluntary;
   h) that participants have the right to withdraw from the study without consequence;
   i) what will happen with their contributed data should the participant choose to withdraw;
   j) the extent to which participants’ identities will be kept confidential;
   k) how data will be stored, and how long it will be retained after completion of the study;
   l) how the data will be destroyed after the time for retention has been reached; and
   m) how findings will be disseminated.

II.35 The MTA will ensure that informed consent in research studies is only sought from those deemed capable of providing consent or from their parents/legal guardians/substitute decision-makers.

II.36 When required, the MTA will debrief research participants in such a way that the participants’ knowledge is enhanced, and the participants have an understanding of how their participation makes a contribution to knowledge.
Ethical Business Practice

II.37 The MTA will demonstrate respect for other Certified Music Therapists by ensuring they do not intentionally undermine existing therapeutic relationships by engaging in deliberate solicitation of clients who are receiving services from another Certified Music Therapist.

II.38 The MTA will demonstrate respect for the agencies or institutions with whom they are employed by refraining from the intentional solicitation of clients for private practice from those agencies or institutions. If a client requests that services be continued in private practice, the MTA will make every attempt to work with the agency or institution to provide services that recognize and protect the client’s right to choose.

II.39 The MTA will establish and clearly communicate the fee schedule and method of payment at the beginning of the music therapy relationship.

II.40 The MTA will ask for a just salary that will be determined according to the time involved, nature of the service, level of therapist competence and experience, and geographic location. MTAs can establish the fee schedule for individual clients according to the client’s ability to pay.

II.41 The MTA will make all reasonable efforts to obtain payment before legal action is taken. In cases where legal action is necessary, the MTA will inform the client of the impending action and provide opportunity for prompt payment of monies owed.

II.42 The MTA will only accept gifts from clients that are of minimal monetary value. When offered a gift by a client, the MTA will consider the possible consequences of accepting and refusing the gift and make a decision in accordance with the principles of Respect for the Dignity and Rights of Clients and Integrity in Relationships. When refusing a gift, the MTA will make reasonable attempts to explain the reasons for their decision to the client.

II.43 The MTA will demonstrate respect for others by refraining from requesting a fee for referrals made to other Certified Music Therapists.

II.44 The MTA will only share their workload or salary with other Certified Music Therapists if there is a written agreement to do so and if fully informed consent is obtained from their clients and/or employer. When work is subcontracted to another Certified Music Therapist, the subcontractor will collect fees that are commensurate with the service they are providing.
PRINCIPLE III: Integrity in Relationships

In adhering to the principle of Integrity in Relationships:

Honesty

III.1 The MTA will not participate in, condone, or associate with dishonesty, fraud, or misrepresentation.

III.2 The MTA will accurately represent their own, and their associates’, qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications. The MTA will ensure they use clear descriptions and/or information that can not be easily misinterpreted.

III.3 The MTA will state honestly the efficacy of services and acknowledge the limitations of their clinical knowledge and skills; this includes clear communication of any potential for harm.

III.4 The MTA will ensure they only take credit for the work and ideas that they have actually done or generated. The MTA will also give credit for work done or ideas contributed by others (including students and interns) in proportion to their contribution.

III.5 The MTA will present information accurately and ensure diversity and representation in the selection and presentation of information/materials/resources. The MTA will publicly acknowledge any individual or collective values or perspectives that influence the selection and presentation of information/materials/resources.

Responsible Relationships

III.6 The MTA will acknowledge and attend carefully to the power imbalance that inevitably exists in the therapeutic relationship. The MTA will also acknowledge and attend carefully to the power imbalance that exists in relationships such as supervisor/supervisee, employer/employee, and educator/student.

III.7 The MTA will ensure they do not exploit any relationship they have established as a music therapy practitioner, educator, or researcher to advance their own personal, political, or business interests.

III.8 The MTA will be vigilant about the difficulties and potential for harm that can arise from all kinds of dual relationships (e.g., with students, employees, research participants, or clients), and about other situations that might present a conflict of interest or that might impede their ability to exercise sound and reasoned judgement. The MTA will avoid dual relationships to the greatest extent possible, or seek appropriate supervision when such situations are unavoidable (e.g., when working in a small community).

III.9 The MTA will refrain from engaging in any romantic or sexual relationships with clients, either while service is being provided, or for the period of time after termination when the power relationship could reasonably be expected to influence the client’s personal decision-making. Any sexual relationship with a current client is considered to be sexual abuse.
III.10 The MTA will inform all parties, when a real or potential conflict of interest arises, of the need to resolve the situation in a manner that Respects the Dignity and Rights of Persons and reflects Responsible Practice. The MTA will then take all reasonable steps to resolve the issue in such a manner.

III.11 The MTA will terminate services without abandoning the client. This includes:
   a) providing reasonable notice;
   b) discussing the reasons for termination;
   c) discussing client needs;
   d) suggesting alternative service providers as appropriate;
   e) taking appropriate steps to facilitate transfer of service to another service provider; and
   f) ensuring that termination will not cause harm to the client.

III.12 The MTA will terminate the professional relationship when it becomes evident that the client is no longer benefitting from the service.

III.13 The MTA will inform an employer of the presence or occurrence of any conditions that would compromise ethical practice as described in this code. In such instances, the MTA will provide the employer with a copy of the code.

III.14 The MTA will act on their obligation to facilitate the professional development of their students, interns, and employees by ensuring that they understand the values and ethical standards of the profession. This includes provision of or arranging for adequate working conditions, timely evaluations, constructive consultation, and diverse opportunities for experience.

III.15 The MTA will assume responsibility for the professional activities of their students, interns, and employees. This includes ensuring that students and interns identify their status (as students or interns) to clients and others.

III.16 The MTA will encourage reciprocity in the sharing of knowledge, experience, and ideas between themselves and their students/interns.
PRINCIPLE IV: Extended Responsibility

In adhering to the principle of Extended Responsibility:

Promoting Ethical Practice

IV.1 The MTA will address the unethical and/or harmful activities of colleagues, co-workers, students, and employees. This may include bringing the activity to the attention of the individual, the client who is being harmed, and/or the relevant professional or legal body.

IV.2 The MTA will report violations of this code, by other Certified Music Therapists, to CAMT using the established procedures.

IV.3 The MTA will engage in regular monitoring, assessment, and reporting (e.g. through peer review, and in program reviews, case management reviews, and reports of one’s own research) of their ethical practices and safeguards.

IV.4 The MTA will help develop, promote, and participate in accountability processes and procedures related to their work.

Professional Development

IV.5 The MTA will contribute to the discipline of music therapy through the pursuit and sharing of knowledge, and the critical evaluation of self and the discipline, unless such activity conflicts with other basic ethical requirements. Pursuit and sharing of knowledge through any research activities with humans, for example, requires research ethics approval, and presentation of insightful client case material requires client or guardian/substitute decision-maker consent.

IV.6 The MTA will promote the highest standard of practice by soliciting or providing peer consultation as required.

IV.7 The MTA will participate in and contribute to continuing education and the professional growth of self and colleagues.

IV.8 The MTA will accurately represent the profession in all formal and informal public statements.

Respect for Society

IV.9 The MTA will abide by the laws of the society in which they work. If those laws seriously conflict with the ethical principles contained in this code, music therapists will do whatever they can to uphold the ethical principles. If upholding the ethical principles could result in serious personal consequences (e.g. imprisonment or physical harm), decision for final action would be considered a matter of personal conscience.

IV.10 The MTA will consult with colleagues if faced with an apparent conflict between keeping the law and following an ethical principle; and unless in an emergency, will seek consensus as to the most
ethical course of action and the most responsible, knowledgeable, effective, and respectful way to carry it out.

IV.11 The MTA will work to develop, through participation in ongoing professional learning/continuing education, culturally and contextually sensitive and relevant knowledge and strategies, such as anti-racist, anti-ableist, and culturally centred practice, before beginning any work.

IV.12 The MTA will ensure they do not contribute to, condone or engage in an activity or research that contravenes international law, including destruction of the environment and violation of human rights.
Principle V: Responsible Organizational Leadership

In adhering to the principle of Responsible Organizational Leadership:

Promoting Ethical Practice

V.1 The CAMT staff and leadership will ensure that all activities of the Association promote the highest standard of music therapy practice.

V.2 The CAMT staff and leadership will provide, to Certified Music Therapists, ongoing educational opportunities and resources related to ethical issues and practice.

V.3 The CAMT staff and leadership will support the development of those who enter the profession of music therapy by helping them to acquire a full understanding of the ethics, responsibilities, and needed competencies of their chosen area(s) of practice. This includes an understanding and critical analysis of the uses, and possible misuses, of music therapy approaches and research.

V.4 The CAMT staff and leadership will make themselves accessible and available to the members of the Association and society at large for consultation on ethical matters.

V.5 The CAMT staff and leadership will engage in ongoing evaluations of established ethical standards.

V.6 The CAMT staff and leadership will address unethical practices by Certified Music Therapists in accordance with the CAMT Code of Ethics and the CAMT Complaints Investigation Procedure.

V.7 The CAMT staff and leadership will create regular opportunities for MTAs to engage in genuine dialogue with the CAMT staff and leadership and for MTAs to provide feedback surrounding organizational decisions and policies and how these intersect with emergent professional and social issues.

Professional Development

V.8 The CAMT staff and leadership will provide opportunities for MTAs to engage in continuing education and professional learning.

V.9 The CAMT staff and leadership will assist MTAs to find peers who can provide appropriate consultation and supervision.
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- Code of Ethics, Canadian Psychological Association
- Code of Ethics, Canadian Counselling and Psychotherapy Association
- Code of Ethics, Australian Music Therapy Association
- Standards and Regulations for RPs, College of Registered Psychotherapists of Ontario

The CAMT also recognizes the influence of Cheryl Dileo’s book *Ethical Thinking in Music Therapy* in shaping the development of the present document.


The CAMT *Code of Ethics* (1999) was developed by Thomas Kerr and Jo-Anne Sargent.

The revisions in this 2022 *Code of Ethics* were prepared by a CAMT Committee consisting of:

- Cynthia Bruce (Committee Co-Chair)
- Elizabeth Mitchell (Committee Co-Chair)
- Melissa Jessop
- Emily Mostratos
- Karie Rippin Bilger

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