

# AMTS Code of Ethics and Professional Standards



## Preamble

The Association for Music Therapy Singapore (AMTS) is the first organization by and for music therapists practicing in Singapore. The Code of Ethics and Professional Standards (henceforth referred to as “the Code”) sets out the standards of ethical conduct of AMTS Professional Members (also referred to as “members” in this document) practicing in Singapore. The objective of the Code is to safeguard the best interests of the patients, participants, clients (henceforth referred to as clients) of music therapy, the public, the profession, the members, and their students/supervisees. Members understand and abide by the provisions of this Code.

This code is by no means an exhaustive code as it needs to remain a dynamic document that will continue to respond to and evolve in relation to the contextual needs that arise in Singapore, the region, and the international music therapy community<sup>1</sup>. Nevertheless, the application of the core ethical principles (see Section A. General Principles) should be considered to address any conduct not explicitly addressed.

## **A. General Principles**

1. The Code is based on the following six core ethical principles of:
  - i) Nonmaleficence, i.e. causing no harm,
  - ii) Beneficence, i.e. doing good,
  - iii) Justice, i.e. fostering fairness,
  - iv) Fidelity, i.e. honouring commitments made,
  - v) Veracity, i.e. refraining from falsehood, and
  - vi) Respect for the client’s autonomy (right to participate in decisions that affect them), privacy and confidentiality.
2. Members maintain high standards of professional conduct as set out by this Code.
3. Members ensure that all interactions demonstrate integrity and concern for the personal well-being of others. Members will
  - i) Not infringe on the personally, professionally, legally or culturally defined private space of individuals or groups while carrying out professional activities, unless permission is granted to do so.
  - ii) Not participate in, condone or associate with any collaboration resulting in any form of discrimination in public presentations and professional interactions.
  - iii) Minimize or remedy unavoidable or unanticipated harm as a result of their professional activities.
4. Members respect the worth, dignity, and experience of all people. Members will

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<sup>1</sup> As and when membership makes a motion to review the Code, EXCO may proceed to appoint a taskforce to undertake the review.

- i) Recognise and respect diversity among people.
  - ii) Not exploit or discriminate on the grounds of age, mental and physical ability, health status, culture, nationality, origin, race, ethnicity, language preference, family status, marital status, religion, sex, gender identity, gender expression, sexual orientation, political beliefs, or socio-economic status.
5. Members take reasonable steps to become familiar with relevant current legislation and abide by the laws of the society, and act in accordance with institutional guidelines and frameworks that relate to the services that they provide and the people that they serve. If those laws seriously conflict with the ethical principles of this Code, members will do their utmost to uphold the ethical principles. If doing so could result in personal consequences (e.g. jail or physical harm), decision for final action would be considered a matter of personal conscience.
  6. Members must avoid any involvement in any agreements, contracts, marketing and sales of products or services, which contravene provisions of the Code.

**B. In fulfilling Responsibilities to Clients, members will:**

1. Act in the best interest of clients; to do no harm through action or omission of care, and operate within the boundaries of their own training and competency.
2. Not exploit persons in financial, physical, sexual, emotional, social, or any other way.
3. Use available resources to best serve clients, according to/with competence and institutional guidelines, where applicable.
4. Be aware of and avoid imposing personal values and beliefs on clients. Take reasonable steps to acquire adequate knowledge of the client/group's culture, customs, social structure, religious and spiritual beliefs.
5. Be responsible for setting and maintaining professional boundaries within and beyond the music therapy relationship. Members will avoid dual relationships to the best of their abilities or seek appropriate supervision when such situations are unavoidable (e.g., when working in a small community).
6. Use physical contact, e.g. to provide physical prompts, only after consent is given for physical contact, or informing the clients where clients are not able to give consent.
7. Inform clients on the purpose of the work and their role as a practising music therapist, especially when they also hold another professional role which might lead to confusion.
8. Not accept or offer payments for referrals.
9. Inform the client of fees chargeable (if not published) prior to starting services.
10. Not solicit goods, services, or other non-monetary remuneration from clients for services, in order to guard against potential exploitation or compromise of the therapeutic relationship.
11. Not barter for services rendered unless arrangement is made in client's best interests.
12. Avoid accepting gifts or other considerations that could influence or give an appearance of influence of professional judgement.
13. Ensure that informed consent is obtained from client/guardian before commencing service. If client/guardian is unable to give informed consent (e.g. minors, i.e. under 21 years of age,

- adults lacking mental capacity<sup>2</sup>), members will seek their assent to services, include them in decision-making as appropriate and to ensure that they retain as much autonomy as possible.
14. Agree on a terms and conditions contract with client/guardian in accordance with the client's needs, preferences, and interests within the therapeutic context, and to review this contract in accordance with their needs, preferences, and interests.
  15. Provide a safe, clean and comfortable space suitable for therapy/program.
    - i) In a group setting, reasonable steps are taken to protect clients from potentially traumatic experiences, whether environmental or human in origin, e.g. loud noises from maintenance work, or other individuals in the group whose presence might jeopardize the client's well-being.
    - ii) For clients with medical conditions (e.g. epilepsy) that require rapid assistance, members will be responsible for being aware and having steps in place should an emergency arise.
    - iii) Ensure that all equipment (e.g. musical instruments) are in good working condition and cleaned according to institutional infection control guidelines, or adhere to established standards (see Appendix A).
  16. Where virtual ("telehealth") sessions are indicated and appropriate, make reasonable efforts to ensure quality of the service and safeguard client confidentiality. Members will
    - i) Use telehealth platforms that ensure privacy and encryption.
    - ii) Provide accurate information to client/guardian regarding potential risks/issues associated with online platforms, and manage client/guardian's expectations on variables beyond member's control (e.g. related to internet connection).
    - iii) Seek consent from client/guardian if session is to be recorded.
    - iv)
  17. Collect only information relevant for service delivery. Members will
    - i) Listen to the client/guardian and take account of their needs.
    - ii) Provide specific information in a way understandable to the client/guardian prior to any assessment test administration.
    - iii) Select, modify (where appropriate) and administer tests, accordingly to client's particular needs.
      - i) Consider the effects of gender, ability, socio-economic, cultural, education, and/or language factors on test scores.
      - iv) Continually assess the appropriateness of therapeutic goals, where applicable.
  18. Maintain appropriate and effective communications with client/guardian, and share knowledge and expertise for the benefits of client/guardian/persons in the client's care network, in a way that they can understand. Members will
    - i) Take reasonable steps to make arrangements to meet client's language and communication needs.
    - ii) Be guided by evidence/research-based practice when making prognostic statements.
  19. Create and maintain adequate documentation of sessions, and communication with client/guardian/persons in client's care network (e.g. short message service (SMS) texts,

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<sup>2</sup> Referencing Mental Capacity Act 177A. See Appendix A.

e-mail correspondences, record of artistic expressions) for a minimum of five years upon termination of the therapeutic relationship, unless otherwise specified, in accordance with the Personal Data Protection Act and institutional guidelines.

- i) Inform client/guardian the purpose for obtaining information, who will have access to the information and how it will be stored.
- ii) Shred hard copies of such documentation after 5 years.

20. Treat any client information with confidence, whether obtained directly or indirectly, and guard against any unauthorised or accidental disclosure. This applies to all verbal, written, recorded and stored material, including artistic expressions during and after therapy.

Members will,

- i) Only post client photos, videos or stories on social media when consent is granted by client/guardian.
- ii) Provide information shared during session if requested by guardian/persons in their care network, given client's consent, and on conditions as they deem fit.
- iii) Wherein client's information are stored in personal computers, the relevant documents should be password-protected with access as needed only.
- iv) In the case of supervision, such information must be safeguarded within the supervisory arrangement. In the case of supervision with an external supervisor, anonymise the client.
- v) Where disclosure is required by law or to protect the client or others from harm, limit access to client information only to those persons who can provide help required by the client, and authorised persons in this matter.

21. Terminate treatment/program and therapeutic relationship in a compassionate way when it is reasonably clear that the client will not benefit from continued services. Members will

- i) Respect client's right to discontinue services at any time, and be responsive to non-verbal indications of a desire to discontinue such as turning away, leaving the room or other behavioural indicators - if the client has difficulty communicating such a desire.
- ii) Work collaboratively with the client, persons in client's care network, or case manager in planning, and terminating, where applicable.
- iii) Provide reasonable notice where applicable.
- iv) Discuss client needs and reasons for termination where applicable.
- v) Suggest alternative service providers as appropriate, especially when therapy has to be terminated prematurely.
- vi) Take appropriate steps for handover of relevant clinical information, where applicable.
- vii) Prepare a summary at termination of services, which contains record of client's response to treatment and recommendations for services in the future, where applicable.

22. Obtain informed consent to present session images, and/or video/audio material for public use and education, and de-identify such material as appropriate, according to the wishes of the client/guardian.
  - i) Informed consent should be seen as a process of reaching an agreement to work collaboratively, rather than merely obtaining a signature on a consent form.
  - ii) Members will take reasonable steps to ensure that consent is not given under undue pressure.
  - iii) The purpose and use of these material, duration of storage and means of disposal must be explained in a way understandable by client/guardian.
  - iv) Client/guardian has the right to decline, or withdraw consent at any time, without any consequences (e.g. access to services).
  - v) Ownership of artistic material remains with the client/guardian.
23. Modify case material for teaching, presentation, and any form of publication (e.g. writing case studies) in an appropriate and adequate manner, by removing any identifiable details of client(s) involved, except where consent has been given (as detailed in previous point).
24. Showcase/reproduce client's work with client/guardian's permission. Member will obtain the client/guardian's written consent, and protect the anonymity of the client/family, unless permission has been given to identify the originator of the artistic expression.
25. Take responsibility and show integrity in situations at any indication or evidence of violations of the therapist's responsibilities to the client. Members will inform their supervisor, client and persons in their care network promptly. Member will, where appropriate, seek supervision, take remedial action and make sure that a prompt explanation of what has happened and any likely effects are conveyed to the appropriate persons promptly.

**C. In fulfilling Responsibilities related to Training and Supervision, members will:**

1. Provide appropriate supervision to qualified music therapists/therapists/students in related professions and model ethical professional conduct, within the boundaries of their knowledge, competence, and experience, where applicable.
2. Inform student/supervisee on professional ethical conduct and client confidentiality.
3. Offer supervision and training services according to the needs of student/supervisee.
4. Disclose fees before commencing training/supervision service and give reasonable notice of any fee revision, if applicable.
5. Present instructional information accurately, and acknowledge any personal bias or reasons that influence the selection and presentation of information in all interactions.
6. Recognize and acknowledge power differentials between the supervisor and supervisee/student, and conduct themselves with integrity, professionalism, and compassion.
7. Avoid any personal dual relationships with student/supervisee that may present a conflict of interest, during and for at least 2 years after the contracting period, seeking appropriate supervision when such situations are unavoidable.

8. Avoid entering into a therapeutic role with student/supervisee. Where the need arises, the supervisor may refer student/supervisee to a professional therapist, upon consultation with the student/supervisee.
9. Refrain from engaging in or continuing supervision with supervisee where there is difficulty maintaining objectivity, and acknowledging and addressing personal biases. Refer supervisee to another qualified member/professional, if needed.
10. Not require student/supervisee to disclose personal information either directly or indirectly, except when there is potential of harm to clients (e.g. infectious medical condition), or where disclosure is required by law.
11. Maintain appropriate and effective communications with student/supervisee.
12. Maintain confidentiality regarding the standard of work and details of student/supervisee, and disclose such information when it is in the student/supervisee's best interests. Similarly, the student/supervisee will respect the confidentiality of information disclosed in the process of training and supervision.
13. Assume responsibility for the professional activities of student/supervisee, including ensuring that they identify their status (e.g. as student) to clients and others.
14. Assign tasks that students/supervisees have the necessary competencies to complete safely, and not delegate clinical responsibility to them without adequate supervision.
15. Support an endorsement for certification, employment, completion of training program only when they believe student/supervisee demonstrates sufficient competence.
16. Provide ongoing feedback and schedule periodic formal evaluation throughout the supervisory relationship where appropriate, ensuring there is clear documentation of the supervision provided.
17. Maintain the quality of supervision skills in continuing education and obtain consultation or supervision for their work as supervisors whenever appropriate.

**D. In fulfilling Professional Responsibilities**, members will:

1. Aim to increase public awareness and understanding of music therapy.
2. Accept responsibility for accurately maintaining and updating their own qualifications, credentials, experience, competence, and affiliations, in all spoken, written, or printed communications.
3. State honestly the efficacy of services, and acknowledge the limitations of their knowledge, skills and interventions, including the potential for harm.
4. Act within the limits of their scope of practice, competency and experience, and if necessary, refer the matter to another professional.
5. Make use of the employer's property and resources only as authorized.
6. Restrict advertisement of their services to factual information concerning services offered, qualifications and contact details.
7. Not offer services to a client receiving services from another music therapist except by agreement or in consultation with that therapist, or after termination of the client's therapeutic relationship with that therapist.
8. Take credit only for work that they have done, giving due credit contributed by others.

9. Seek permission from and acknowledge publisher of standardized/published test before use, where appropriate.
10. Use all forms of communication appropriately and responsibly, including social media and networking websites.
11. Maintain respectful, effective and appropriate verbal, written, or electronic communications in all professional interactions, including with colleagues and persons at the workplace.
12. Engage in collaborative work with fellow team members to optimise outcomes for clients, providing timely updates where appropriate.
13. Engage in self-care to avoid and alleviate conditions that could inadvertently interfere with their ability to benefit all persons they interact with in their professional activities.
14. Limit their work scope, seek appropriate help, including supervision, and/or stop practicing for an appropriate period of time if their work performance or judgement is affected by conditions (e.g. health, stress) or other circumstances (e.g. personal bias, inadequate training), and not practice when under the influence of substances (alcohol or drugs).
15. Inform AMTS, appropriate authority, or relevant regulatory body in a timely manner, in the best interests of clients and all persons involved in their care, where the practice of colleagues may be unsafe or unethical.
16. Seek to negotiate adequate time for preparation, meetings, conferences, documentation, administrative work, clinical and supervision, in order to enable working at a quality standard and safe delivery of service. Concerns about overly heavy workloads should be raised with the supervisor or reporting officer, where applicable.
17. Cooperate with any investigation or formal enquiry into their professional conduct, or related to any aspect of their clinical work, e.g. related to client/research participant.
18. Disclose any personal or financial interest in an organisation or service to clients, before making referrals to that organization. This is to highlight any potential conflicts of interest.
19. Provide pro bono work as they deem fit, on their own volition.
20. Maintain adequate professional indemnity insurance, if not covered by institutional insurance.
21. Represent AMTS only with appropriate authorisation, e.g. in media reports, interviews.
22. Respect the aims of AMTS and carry out its activities with integrity, and in ways that promote confidence in AMTS and in the profession.

**E. In fulfilling Professional Development Responsibilities, members will:**

1. Commit to personal and professional development, continuing education, self-monitoring and self-care.
2. Keep up to date with relevant professional knowledge, research evidence and techniques, in their fields of activity and apply this knowledge to practice, through
  - i) the reading of relevant literature,
  - ii) peer consultation/supervision, and
  - iii) attending relevant trainings/workshops.
3. Ensure that they have adequate supervision and support from colleagues when starting in or returning to a field of practice where they have limited or no recent experience.

**F. In fulfilling Responsibilities in Research**, members will:

1. Conduct research only within the boundaries of their experience, qualifications and competence, and where appropriate, collaborate with qualified researcher(s).
2. Design and conduct research in accordance with established ethical standards and pertinent regulations (institutional and societal).
3. Seek relevant ethics committee approval before commencing any research, e.g. Institutional Review Board.
4. Protect research participants' safety, welfare and dignity. Take precautions to avoid causing harm (emotional, physical, or social) to participants.
5. Engage only in professional interactions with research participants during the course of the research.
6. Obtain prior informed consent from prospective research participants by explaining in a manner understandable to them:
  - i) The aims and methods of the proposed research.
  - ii) The duration and content of their participation
  - iii) The rights and responsibilities of persons involved.
  - iv) Any potential risks, hazards, discomfort, and benefits.
  - v) Information about how their details will be used.
  - vi) The potential outcomes of research.
  - vii) That they have a right to decline requests to become research participants and their refusal to participate will not have any negative consequence, e.g. influence their access to services in any way.
  - viii) That they can stop their participation at any time, even after the study has started, and will not have any negative consequences
  - ix) Where students/supervisees are involved in research, refusal to participate or continue their participation, will not affect their academic standing or the supervisory relationship.
7. Seek the appropriate consent of a guardian when a research participant is not capable of giving informed consent. If informed consent is unobtainable, the appropriate authority must approve the method of obtaining consent/assent.
8. Treat with confidentiality any information obtained about research participant during the research, and anonymise information before submission or publication of findings.
9. Store and dispose of data and material obtained from research in a secure way, or by following institutional guidelines where applicable, e.g. keep for at least 8 years; hard copies will be shredded.
10. Ensure that research results with therapeutic implications are clearly presented.
11. Disseminate results of professional research, even if non-significance or contraindications of interventions were found in the research.
12. Take reasonable steps to correct any significant errors in published research once discovered, in a correction erratum, or appropriate alternative, or retract the published article.
13. Acknowledge contributions from



- i) Colleagues/students/research participants/organisations/other persons, e.g. intellectual property, financial and administrative support or otherwise.
- ii) Individuals who have researched, published or done work on the topic previously

through joint authorship, footnote statements, or referencing the cited work appropriately.

#### G. **Enforcing the Code**

1. Evidence of any violation of this Code by members should be reported to AMTS.
2. Members will fully cooperate with any investigation into their professional conduct when a formal complaint has been lodged against them. The member who becomes aware of any alleged infringement of the Code or Standards by another member, can either bring the alleged infringement to the notice of the person involved for informal resolution. When the matter is not resolved, the member can request for a consult with AMTS.
3. The executive committee will form an ethics committee upon receipt of the request, and investigate the grievance by writing to the member on behalf of the complainant.
4. AMTS will report the matter to the professional body with which the practising Music Therapist is registered (e.g. HCPC, MT-BC, RMT, etc.), and document on official records the findings/updates.
5. Where a crime has been committed, a police report will be lodged.
6. Members will notify AMTS as soon as possible, in the event of being charged with, or found guilty of a criminal offence, with the exception of minor driving offences, e.g. parking fine.
7. Membership with the association may be terminated as a result of
  - a. Violation of this Code.
  - b. Conviction of a crime which has a bearing on the member's fitness to practise.
  - c. Expulsion from or being disciplined by another professional organisation.
8. The name of the expelled member will be removed from the online registry of Professional Members on the AMTS website, and noted thus on the official records kept by AMTS.

*N.B. "Their" is used as a gender-neutral non-binary pronoun.*

## Reference documents

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In addition, the code of ethics of the following professional organizations have been consulted as source material:

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Canadian Association of Music Therapy. (1999).

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Singapore Association of Counselling. (2018).

Speech and Language Therapy Singapore. (n.d.)



## Appendix A

Infection Control Association (Singapore). (2019). Infection Control Guidelines for Schools (Primary) and Childcare Centres. 3<sup>rd</sup> edition. Retrieved 9<sup>th</sup> June 2020, from <https://icas.org.sg/wp-content/uploads/2019/07/3rd-edition-June-2019.pdf>

Singapore Statutes Online. (2010). Mental Capacity Act 177A. Retrieved 10<sup>th</sup> June 2020, from <https://sso.agc.gov.sg/Act/MCA2008>

Ministry of Health. (2018). The National Infection Prevention and Control Guidelines for Long-Term Care Facilities. Retrieved 9<sup>th</sup> June 2020, from <https://www.moh.gov.sg/docs/librariesprovider5/default-document-library/national-ipc-guidelines-for-ltcfs.pdf>