



offers

Music Therapy Services

for

Children and Youth

on

Kauai, Maui, and the Big Island!



Now Accepting Application!!

Services start upon the availability of the funding

Positive Youth Development Service

- For Children and youth with at-risk behaviors, disabilities, and/or special needs residing on Kauai, Maui, and the Big Island
- Goals To facilitate positive social interaction and decision-making, self-empowerment, emotional wellness, coping skills, and abstinence of at-risk behaviors
- Format Small group or individual music therapy session, once a week for a minimum of 6 months
- Location On-site (on Kauai, Maui, and the Big Island)



Frequently Asked Questions About Music Therapy



◆ What is music therapy?

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. (American Music Therapy Association, 2005)

◆ What do music therapists do?

Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses; design music sessions for individuals and groups based on client needs using music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music; participate in interdisciplinary treatment planning, ongoing evaluation, and follow up.

◆ Who is qualified to practice music therapy?

Persons who complete one of the approved college music therapy curricula (including an internship) are then eligible to sit for the national examination offered by the Certification Board for Music Therapists. Music therapists who successfully complete the independently administered examination hold the music therapist-board certified credential (MT-BC).

The National Music Therapy Registry (NMTR) serves qualified music therapy professionals with the following designations: RMT, CMT, and ACMT. These individuals have met accepted educational and clinical training standards and are qualified to practice music therapy.

◆ Is there research to support music therapy?

American Music Therapy Association (AMTA) promotes a vast amount of research exploring the benefits of music as therapy through publication of the Journal of Music Therapy, Music Therapy Perspectives and other sources. A substantial body of literature exists to support the effectiveness of music therapy worldwide.

◆ What are some misconceptions about music therapy?

That the client or patient has to have some particular music ability to benefit from music therapy -- they do not. That there is one particular style of music that is more therapeutic than all the rest -- this is not the case. All styles of music can be useful in effecting change in a client or patient's life. The individual's preferences, circumstances and need for treatment, and the client or patient's goals help to determine the types of music a music therapist may use.

◆ What is a typical music therapy session like?

Music Therapy may include the use of behavioral, biomedical, developmental, educational, humanistic, adaptive music instruction, and/or other models. Since music therapists serve a wide variety of persons with many different types of needs there is no such thing as an overall typical session. Sessions are designed and music selected based on the individual client's treatment plan.

For inquiries and information, please call Yoshimi Otake, Program Assistant, at (808) 593-2620, or email to: yotake@soundingjoymt.org. Your information is kept absolutely confidential. All registrants are subject to personal interview before final decisions are made.

Positive Youth Development Service

Registration and Intake Sheet

Complete and Email to: yotake@soundingjoymt.org,
Fax to: (808) 593-2620, or
Send to: Sounding Joy Music Therapy, Inc.
1314 South King Street, #711
Honolulu, HI 96814

Date: _____

Client's Name: _____ Sex: _____
First Middle Last M/F

Date of Birth: _____ School: _____ SpEd?: _____
Mo / Day / Year Name of School attending Yes/No

Medicare/Medicaid?: _____ Military Family?: _____
Program + ID # Yes/No

Any disabilities / diagnosis?: _____
(Optional)

Client's address: _____
Street, Apt / Suite#

City State + Zip Email

Client's phone: _____
Home Cell Work

Client's guardian: _____
First Middle Last

Relation to the client: _____

Referral by: _____
Name / Relation to the client Phone #

The following section is office use only.

Service applying for: Positive Youth Development Service Session#: _____
First 3 choices of service dates by putting 1, 2, and 3:
___ Monday, Morning ___ Wednesday, Morning ___ Friday, Morning
___ Monday, Afternoon ___ Wednesday, Afternoon ___ Friday, Afternoon
___ Tuesday, Morning ___ Thursday, Morning ___ Saturday, Morning
___ Tuesday, Afternoon ___ Thursday, Afternoon ___ Saturday, Afternoon

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****Facility / On-site Inquiry Form***

*Completed by Facility / Group / Organization,
requesting services on-site.

Complete and Email to: yotake@soundingjoymt.org,
Fax to: (808) 593-2620, or
Send to: Sounding Joy Music Therapy, Inc.
1314 South King Street, #711
Honolulu, HI 96814

Date: _____

Name of Facility / Group: _____

Address of Facility / Group: _____
Street, Suite #

_____ City State + Zip

Phone: _____ Fax: _____ Website: _____

Who are your clients?: _____

Contact Person: _____
First Middle Last

Title / Position: _____ Department: _____

Contact Person's phone: _____
Work Cell

Contact Person's fax: _____ email: _____

The following section is office use only.

Service applying for: Positive Youth Development Service		Session #: _____
First 3 choices of service dates by putting 1, 2, and 3:		
<input type="checkbox"/> Monday, Morning	<input type="checkbox"/> Wednesday, Morning	<input type="checkbox"/> Friday, Morning
<input type="checkbox"/> Monday, Afternoon	<input type="checkbox"/> Wednesday, Afternoon	<input type="checkbox"/> Friday, Afternoon
<input type="checkbox"/> Tuesday, Morning	<input type="checkbox"/> Thursday, Morning	<input type="checkbox"/> Saturday, Morning
<input type="checkbox"/> Tuesday, Afternoon	<input type="checkbox"/> Thursday, Afternoon	<input type="checkbox"/> Saturday, Afternoon

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