



**SOUNDING JOY**  
MUSIC THERAPY, INC.

*offers*

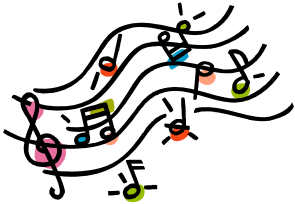
# *Music Therapy Services*

*for*

## *At-Risk Youths and Needy Families*

*Now Accepting Application!!*

*Services start upon the availability of the funding*



### 1) Youth Empowerment Service

Eligibility Youths, age 10+, with at-risk behaviors and young adults with disabilities and special needs

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 6 months

Schedule Session 1: July-December 2009  
Session 2: January-June 2010

Location Sounding Joy's clinic (on-site for groups can be discussed)



### 2) Family Mediation Service

Eligibility Families with marital, economical, mental or disability-related stress, emotional & psychosocial needs, single parent, or individuals in family crisis

Goals To provide families with emotional and psychosocial support, relaxation, consultations in stress & crisis situations, promote healthy family bond and communication through quality time spent, and abstinence from abusive behaviors

Format Family unit or individual music therapy session, once a week for 3 months.

Schedule Session 1: July-September 2009, Session 2: October-December 2009  
Session 3: January-March 2010, Session 4: April-June 2010

Location Sounding Joy's clinic (home visitation can be discussed)

## 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, 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) promote 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 includes 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](mailto:yotake@soundingjoymt.org). Your information is kept absolutely confidential. All registrants are subject to personal interview before final decisions are made.**

**Youth Empowerment 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: Youth Empowerment 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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**Family Mediation 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: \_\_\_\_\_  
(Head of Household) First Middle Last M/F

Date of Birth: \_\_\_\_\_ Work: \_\_\_\_\_  
Mo / Day / Year Name of Organization

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

Home address: \_\_\_\_\_  
Street, Apt / Suite#

\_\_\_\_\_  
City State + Zip Email

Client's phone: \_\_\_\_\_  
Home Cell Work

Client's spouse: \_\_\_\_\_  
First Middle Last

Child #1: \_\_\_\_\_ Sex: \_\_\_\_\_ Child #2: \_\_\_\_\_ Sex: \_\_\_\_\_  
First & Last Name M/F First & Last Name M/F

Child #3: \_\_\_\_\_ Sex: \_\_\_\_\_ Child #4: \_\_\_\_\_ Sex: \_\_\_\_\_  
First & Last Name M/F First & Last Name M/F

Anyone with disabilities / diagnosis?: \_\_\_\_\_  
(Optional)

Referral by: \_\_\_\_\_  
Name / Relation to the client Phone #

The following section is office use only.

Service applying for: Family Mediation Service		Session #: _____
Indicate your 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: \_\_\_\_\_

Service applying for: \_\_\_\_\_  
Youth Empowerment / Family Mediation

The following section is office use only.

Service applying for: Youth Empowerment 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
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