



www.musictherapyofidaho.com ~ musictherapyofidaho@gmail.com ~ (208) 866-8628

Welcome to Music Therapy of Idaho! We believe that you and your child are the most important part of the music therapy process. Because of that, there are some things we want to explain before you decide which kind of support is best for your child.

While reviewing this document with the therapist, we hope you bring up anything that concerns you or seems unclear. No question/concern is too big or small!

What is Music Therapy?

The American Music Therapy Association defines music therapy as “an established healthcare profession using music and music activities to address physical, psychological, cognitive, and social needs of individuals with disabilities.” Music therapists work in a variety of care settings such as schools, hospitals, group homes, and counseling centers. All kinds of people engage in music therapy including babies, children, adults, and elders whose needs range from regaining motor abilities to pain management and the development of social skills. Your child’s music therapy session may include music improvisation, therapeutic music lessons, music listening/ lyric analysis, singing/ playing familiar songs, music composition/ songwriting, group music making, and/or music technology projects. All of these things will be done in the service of meeting his personal growth and wellness needs.

Getting Started

When your child begins music therapy, we will spend the first few weeks experimenting with different musical styles and ways of experiencing music. The purpose of this is to work together to determine what kinds of music your child likes, what his needs are, and what goals you want to form. During this time, the therapist’s job is to introduce your child to various ways of experiencing music and help him understand them. The therapist may also offer suggestions as to which goals might be useful to him, but it is your job to ultimately decide what you want us to work on in the weeks that follow.

The Music Therapy Process

The music therapy process looks very different from person to person. The specific activities and kinds of music used will be determined based on your child’s musical preferences, personality, needs, and general interests. Whatever the case, most of the time will be spent actively engaging in the music even though all musical experiences will be done in the service of your child and his non-musical goals. As your child goes through his unique music therapy process, there will be many opportunities for you to discuss with the therapist how he has grown either over the course of a year or in a single moment. The therapist will often

point these things out to you, but it is also your responsibility to ask about the purpose of something you are curious or concerned about.

Music Therapy of Idaho Policies

In order to ensure that our therapists are providing the best possible care for all participants, we have established the following policies for those enrolled in music therapy:

- Session times: Sessions are 50 minutes long. Because we consider it important for our therapists to be fully ready and present for each client, sessions will end on time even if the client arrives late to an appointment.
- Payment: Your music therapy sessions fall into the following payment category:
 - Individual sessions with Stephanie Leavell (\$60)
 - Individual sessions with Kerry Leavell (\$65)
 - Group sessions (\$25/participant) Therapist: _____
 - Other _____

You may choose to pay monthly or weekly by cash or check. Monthly payment is expected at the first session of each month. Weekly payment is due at each session. Please make checks out to “Music Therapy of Idaho”.

- Cancellation Policy: We are happy to accommodate your family’s scheduling needs but require 24-hour notice for cancellations and rescheduling. Full payment is required for sessions starting late or cancelled last-minute. Exceptions include unforeseeable emergencies or situations in which your safety would be compromised.

Endings

The music therapy process can end for a number of reasons. Here are some examples and the expectations for each:

1. You decide to end. You have the right to stop your child’s therapy process at any time. Should you decide to end, please tell the therapist two weeks in advance. This simply allows time to wrap up your child’s process and create an appropriate sense of closure.
2. The therapist decides to end. If your child’s therapist feels at a certain point that he/she can no longer provide quality service to your child, he/she is required to suggest someone who can better serve him. Your child’s therapist will notify you of this with no less than two remaining sessions. Should the therapist become suddenly unavailable to you (due to an extenuating circumstance), one of the other Music Therapy of Idaho therapists will meet with you to discuss the best options for future support.
3. You and your child’s therapist decide together to end. This is the most common way the music therapy process at Music Therapy of Idaho ends. Sometimes it is a combination of the reasons listed above, sometimes it is simply because of life transitions (such as moving to another state), and sometimes it is because a predetermined time period has come to a close. Whatever the case, you and your child’s therapist will work together to ensure as smooth of an ending as possible.

Your Rights

You and your child have a number of rights as clients in music therapy, and all of those rights will be honored during your time with Music Therapy of Idaho. They are as follows: the right to safety, dignity, treatment, self determination, respect, participation in treatment decisions, and viewing your child's file. Most importantly, though, is your right to decide whether or not music therapy is for your child at this point in his life. You also have the right to end music therapy at any time. (See cancellation policy below re: last-minute decisions.)

Confidentiality

Information about your child/family comes from a variety of sources such as things discussed/done in music therapy sessions and previous records you choose to share with us. You and your child's therapist will know these things, but the information will not be shared with anyone else. We understand that privacy is very important will not release any of your family's personal information except in the case of these extenuating circumstances:

- You, your child, or someone else is in danger.
- Therapist is required by court, administrative order, or subpoena to reveal information.
- You sign a form granting permission to release information to a specific party. (Such as an insurance company, future healthcare professionals, or current healthcare professionals outside of Music Therapy of Idaho.)

Risks and Benefits

Your child's music therapy experience will be designed with his growth and well being as the principal aim. He will never be intentionally harmed or distressed for the sake of that alone. However, his process may include moments of increased personal awareness, insights, or general growth that cause him to feel difficult emotions such as sadness, anger, or frustration. It is not only common, but often necessary for people to experience these "growing pains" in order to sufficiently process and work through various challenges. Music therapy does not, however, put participants at physical risk other than those encountered in daily life, nor does it involve specific side effects such as those commonly found in medications.

Research has revealed many cases in which music therapy has improved the lives of individuals in both large and small ways. However, because each individual is unique (and so is the music he/she makes), specific outcomes cannot be promised. Common reports of music therapy clients include increased mood, relaxation, sense of identity, social and communication skills, motor skills and coordination, sense of accomplishment, and sense of voice/being heard.

Signature Page

Parent Statement:

I, _____, have read and the above information, asking for clarification and voicing concerns as necessary. I consider myself to be well informed of the music therapy process at Music Therapy of Idaho as well as all policies and expectations associated with my experience as a participant here. I am choosing to enroll my child in music therapy completely of my own will and commit to continued communication with his therapist about questions and/or concerns I might have throughout the process. I have received a copy of this consent packet.

Signed, _____ Date: _____

Therapist Statement:

I, _____, have read through the above information with my client's parent or legal guardian, welcoming and addressing any questions or concerns he/she voiced. I offered this information thoroughly, honestly, and objectively and did not intentionally attempt to influence his/her decision to accept or reject music therapy services from Music Therapy of Idaho.

Signed, _____ Date: _____



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General Information

Child's Name (Please Print) _____

Date of Birth _____ Gender: _____

Parent/Guardian Name _____

Address _____

Contact Information

Home Phone _____ Cell Phone _____

Email Address _____

How would you prefer we contact you? Home Phone Cell Phone Email

Is there any other contact info you want us to have? _____

Health Information

Child's Primary Diagnosis: _____

Other Diagnoses: _____

When did your child receive this/these diagnosis/es: _____

Who gave the diagnosis/es? _____

Do you agree with the diagnosis/es? _____

Current Medications: _____

Therapies/Treatments Received:

- _____ How often? _____
- _____ How often? _____
- _____ How often? _____
- _____ How often? _____
- _____ How often? _____

Music Information

What is the typical role of music in your home?

- We listen to music in the car or home.
- We have musical instruments sitting around, available just for fun.
- Someone in our family plays an instrument and practices or takes lessons at home.
- We sing songs together sometimes/often. (Please circle)
- We often sing, clap, or dance to get through routines, tasks, etc.
- Other _____

What radio stations, songs, CDs, or artists does your family usually listen to? _____

How does your child usually respond when he/she hears music being played? _____

What are your child's musical preferences? (styles, favorite songs, etc) _____

Parent Insights and Concerns

We value everything you have to say about your child. Please feel free to use the back of this form or attach additional pages/reports/documents/notes if necessary.

Please describe your child's strengths: _____

Please describe health concerns: _____

Please describe behavioral concerns: _____

Please describe your child's sensitivities (noises, lights, textures, tones of voice, etc): _____

Please describe any recent changes to your child's environment/routine: _____

Anything else you'd like us to know? _____

Goals and Objectives

What areas would you like to see addressed in music therapy?

- Social
- Behavioral
- Emotional/Mood
- Physical/Motor Functioning
- Communication/Language
- Attention/Focus
- Other: _____

What outcomes do you hope to see as a result of music therapy? _____

Anything else you want to share with us? _____

Thanks for taking the time to help us get to know your child!

We want to remind you that we will not share this information with anyone unless you give us permission to do so, if we are required by law, or if the safety of your child or someone else depends on it. You can read more about our confidentiality policy in the document titled "Informed Consent." We are happy to discuss any of this with you at any time in person, over the phone, or through email.



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Audio/Video/Information Release

At Music Therapy of Idaho, we are committed to maintaining confidentiality and honoring your privacy. We will not share any information about you or your child without your consent. In some cases, though, sharing an experience we had with your child in music therapy can help to improve the overall quality of care for future music therapy clients. Because of this, we ask you to consider the following:

I, _____ grant Music Therapy of Idaho permission to share

- Video Footage
- Audio Recordings
- Still Image Photographs

that are taken of my child during music therapy sessions if they are used for the following purposes:

- Educational (conference/community presentations, sharing with students, etc)
- Research (for reference and/or publication in scholarly journals, books, etc)
- Promotional (still images for use in Music Therapy of Idaho brochures, website, etc)

Regarding personal information (diagnoses, presentation in music, behaviors, treatment plan(s), and other information deemed clinically relevant by the music therapist):

- I give permission for my child's case to be discussed with the therapist's supervisor(s) and other clinicians at Music Therapy of Idaho to improve the quality of his/her care.
- I give permission for my child's case to be discussed with the other healthcare professionals who make up my child's treatment team in an effort to increase integration and cohesion among his/her various therapeutic experiences. In this case, I give permission for my child's first and last name to be used.

Regarding the use of my child's name in the above scenarios:

- I give Music Therapy of Idaho permission to use my child's first name.

I understand that my responses on this form will not affect my child's treatment in music therapy and that I am free to grant or withhold permission of any of these things to any extent. To indicate the cases in which I do not give my consent, I have written the word "No" next to the box. I also understand that Music Therapy of Idaho will keep my child's name confidential unless otherwise indicated above.

Signature of parent/guardian: _____ **Date:** _____

