

Therapeutic Agreement & Informed Consent for Transgender, Nonbinary, and Gender Expansive Group

Becoming Through Sound Music Therapy Services

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Introduction

I, Maevon Gumble, MMT, MT-BC, am a masters-level clinician and board certified music therapist. This form serves to provide clients and their parent/guardian with further information about entering into the therapeutic process with me. Please read it carefully and be prepared to review it in our initial session, where there will be opportunity to ask questions, share concerns, and gain clarity on any pieces of this process. It is your right to have a complete explanation of any questions, now or in the future. Throughout the therapeutic process, I welcome any questions or concerns that may arise. Although I know this may be uncomfortable at times, openness and honesty will allow me to best support you during this process.

Ethics

As a board-certified music therapist, I am bound by the Ethical Code and Scope of Practice set forth by the following organizations:

- The American Music Therapy Association (AMTA)
- The Certification Board for Music Therapists (CBMT)

If you wish to view any of these documents, please visit each organization's website or ask me for a copy. They are regularly being updated within each organization, and I will provide you with the most recent version.

Purpose

I am a white, nonbinary trans, queer and polyamorous, fat, enabled music therapist who strives to provide an affirming therapy space grounded in feminist, resource-oriented, trauma-informed, queer, disability, and liberation theories. My aim through the use of music psychotherapy and gender affirming voicework is to support folx through the use of music to improve their overall health and wellbeing. Specifically, I specialize in two ways of working: 1) mental health-focused music therapy informed by the Internal Family Systems model and 2) gender affirming voicework. Although I've worked with a variety of people, I particularly have a lot of experience in working with those a part of the queer/LGBTQIA+ communities and those navigating the aftermath of trauma. My practices aim to be queer/LGBTQIA+, body, polyamory/consensual nonmonogamy, disabled, and gender affirmative.

"Music therapy" is an established health profession where music is used within a therapeutic relationship to support a wide variety of healthcare needs, dependent upon the person. Focused on the overarching goal of improving quality of life and wellbeing, music psychotherapy can involve creating, moving to, listening to, and/or talking about music, such as: songwriting, lyric/song analysis, improvisation, singing and vocalizing, active music-making, music and relaxation-based techniques, use of other forms of creative expression (e.g., poetry, art, etc.). These creative experiences are often processed mutually within the therapeutic space to gain deeper understanding, make meaning, and relate these discoveries to our everyday lives. In the mental health-focused music therapy work that I do with clients, I incorporate the Internal Family Systems model as a framework for understanding people and our experiences. Internal Family Systems (also referred to as IFS or parts work) is about recognizing that we're all made up of a multitude of parts (i.e., states of being, thought patterns, etc.) and that these parts are often in conflict with each other. In IFS, we work to identify your parts and build relationship with them so that we can resolve conflicts, release constraining and painful burdens that we've been carrying, and live a life filled with curiosity, compassion, clarity, calmness, connectedness, courage, confidence, and creativity.

The purpose of the "Transgender, Nonbinary, and Gender Expansive group" is to provide a safe and inclusive virtual support group for adults, offering opportunities for connection with those seeking to explore gender as it intersects with other aspects of identity. In this space, we'll use music and the arts as tools for radical self-love, creativity, empowerment, and embodiment. The results you might obtain from this group will also depend upon your commitment to your own growth process. Therefore, homework assignments may be offered to encourage a deep engagement within your own therapeutic work. This is a closed group, which means that once the group starts the same group members will be attending throughout the entirety of the group, with no new additions during the run of the group. It is expected that in participating, you are committing to attend on a regular basis the biweekly Thursdays at 6pm-7:30pm EST.

*****Please initial below thereby providing your consent*****

_____ I consent to participate in the Transgender, Nonbinary, and Gender Expansive music therapy support group.

Risks & Benefits to Therapy

Participating in therapy may result in a number of benefits, depending on the type of work that you will be engaging in within therapy and on your specific goals. These might include increased quality of life, decreased symptoms of depression, anxiety, dysphoria, and so on. This work may lead to a sense of stronger gender affirmation, positive self-esteem, and feeling more connected to your gender and self.

Therapeutic work may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. Therapy may evoke strong feelings of sadness, anger, fear, anxiety, etc. During the therapeutic process, many people find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating.

You always have the right to refuse any treatment services or modalities and are encouraged to take an active part in the decision-making process for your treatment. You should discuss with me any concerns you have regarding your progress in therapy. Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Please note that Becoming Through Sound does not provide emergency services. If you are in need of medical attention, you should call 911 or your doctor depending on your needs. If you are having a mental health emergency, please call one of the below resources:

- ReSolve at (888) 796-8226 -- specific to Allegheny County
- National Suicide Prevention Lifeline at (800) 273-8255
- The Trevor Project hotline at (866) 488-7386
- Trans LifeLine at (877) 565-8860

Rights & Responsibilities

Clients and their parent/guardian retain all civil, legal, and human rights and liberties unless otherwise specified through due process of law. You shall not be deprived of any civil right solely by reason of treatment.

Treatment is entirely voluntary, and you have the right to terminate treatment at any time.

I have the right to terminate therapy with you under the following conditions:

1. If I believe that therapy is no longer benefiting you.
2. If you fail to follow recommended treatment repeatedly.
3. If I believe you will be better served by another professional.
4. If you have not paid for the last two sessions, unless special arrangements have been made.
5. When you have failed to show up for your last two therapy sessions without a 24-hour notice.

If for any reasons our services terminate, I will provide you with the names of other qualified professionals.

Confidentiality within Group

In group sensitive information about group members will likely be exchanged. To protect and promote these types of disclosures, I follow professional, legal, and ethical guidelines to maintain confidentiality. However, confidentiality -- a trust of privacy of communication and information -- is shared responsibility amongst all group members and leader(s) of the group. It is an integral part of maintaining the safety of the group. Confidentiality on the part of group members requires a shared understanding of what is and what is not permissible to foster this safety.

*****Please initial below thereby providing your agreement to to the following statements*****

_____ "I WILL NOT disclose to anyone outside of group any information that may help identify another group member. This includes, but is not limited to, names, physical

descriptions, biographical information, and specifics of interactions with other group members."

_____ "I MAY disclose to others outside of group the fact that I am a group member and am attending group. I may also disclose personal information about myself with respect to MY group experience, including my personal reactions, feedback I have received from other members regarding myself, and any other personal information about myself such as new skills I have learned and changes I have made."

Please know if you breach confidentiality, you may be asked to leave the group.

Additionally, please know that if you are receiving individual services, your confidentiality in regards to that space will be maintained by the therapist unless you choose to disclose that information to the group.

Policies

Cancellation or late arrival: Since the group is ongoing and requires having multiple members in attendance in order to get the most out of a group therapy space, at least 24-hour notice is required if you are needing to miss a session. Cancellations within 24 hours of group or no-shows will result in a fee at the cost of your session unless you have a medical note. If group is cancelled due to lack of adequate membership (i.e., at least three members in attendance), attending group members will NOT be charged for the session. Additionally, if you arrive late, you will still be charged the full session.

Clean and Sober Policy: Therapy can only be effective with a willing and able client. Clients are expected to be sober during our sessions. I assert the right to terminate any session if I believe a client is under the influence of substances that impair their ability to participate in treatment. If a session is terminated due to alcohol and/or substance use, this is considered a no-show and you will be charged a fee equal to your regular session fee.

Notice of Financial Responsibility

By consenting to engage in therapy services with Maevon Gumble, MMT, MT-BC of Becoming Through Sound, you are officially acknowledging that you are responsible for any agreed upon payments for services. You are expected to pay for services (in full) at the time they are rendered unless other arrangements have been made. Please notify me ahead of time if any problems arise regarding your ability to make payment. I accept major credit cards via a HIPAA-compliant platform (i.e., Square). For all services, you will receive an invoice via email from Square which you will be able to then pay online.

*****For group services, my fee is \$50 per group session; however, I do use a self-pay sliding scale of \$20-50 for those in need of financial assistance. Please select a fee and then initial next to each statement which signals your agreement.*****

_____ The fee I am able to pay per session will be \$_____ for group sessions.

_____ I agree to complete payment at the end of each session. I understand that if I have three invoices that have not been paid, I will not be able to schedule any additional sessions until these are paid in full.

_____ I understand that cancelling within 24 hours of my session will result in a fee at the full cost of my session unless I have a medical note.

Acknowledgment

By signing below, the client acknowledges that they have reviewed and fully understand the terms and conditions of this Therapeutic Agreement and Informed Consent. The client has discussed such terms and conditions with the therapist and have had any questions with regard to its terms and conditions answered to the client's satisfaction. The client agrees to abide by the terms and conditions of this Agreement and consents to participate in music therapy and/or gender affirming voicework services at Becoming Through Sound. Moreover, the client agrees to hold the therapist free and harmless from any claims, demands, or suits for damages from any injury or complication whatsoever, save negligence, that may result from such treatment.

The client agrees to be legally responsible for any charges said person listed below may incur during music therapy and/or gender affirming voicework services at Becoming Through Sound. By signing this document, I understand that I am financially responsible for payment for all services rendered.

Client printed name (acceptable if over 14)

Client signature (acceptable if over 14)

(Date)

Parent/Guardian printed name (required if client is under 14)

Parent/Guardian signature (required if client is under 14)

(Date)

Maevon Gumble, MMT, MT-BC

(Date)