



### Who We Are

*Title of Project, Name of Lead Entity, Partner, Counties in Indiana we are impacting.*

**Sounds of Healing in Practice: Comparing Effects of Telehealth and Hybrid Music Therapy on Medically Complex Children with IDD**  
Resounding Joy enhances the human experience with therapeutic applications of music. The team strives to uplift individuals and families with challenging conditions and support health and wellness throughout the community. The Shine & Sing protocol provides a tested but flexible approach to offering group music therapy to developmentally complex children. In-person sessions are offered within a 50-mile radius of Carmel, IN, at partner organizations or at client homes, which primarily fall into District 5 of the Indiana Emergency Preparedness Districts (regions also used by the Department of Health). However, special effort will be spent to provide sessions in Madison County, Marion County, and Shelby County, as each of these areas scored significantly lower in Health Outcomes and Health Factors than their neighbors did. Virtual session participants will come from across the state of Indiana, and the team is exploring leveraging relationships with Keys to Success to provide sessions or support to programming in Southern Indiana. During this project, the team is also planning to collaborate with direct service providers, support groups, and government agencies like First Steps Indiana to recruit participants and host sessions.

### What We Expect if We Achieve our Vision

*Expected short-term and long-term outcomes; and positive impacts on individuals if your project successfully carries out these actions.*

#### Short-term outcomes

The team will address immediate needs for families and small groups, including stress, anxiety, depressed mood, or pain, before moving to work on medium-term objectives. For example, research shows that music therapy can reduce pain perception and improve pain management.

#### Medium-term outcomes

*Enhanced Development*  
Resounding Joy will seek to positively, measurably impact the five areas of development: communication, physical, cognitive, social-emotional, and adaptive.

#### Improved Resilience

The program seeks to strengthen skills that will allow families to recover from or adjust to misfortune or change. The previously identified skills or attributes the team wishes to improve are: creative expression, social connectedness, resilience, and independence.

#### Long-term outcomes

*Quality of Life*  
Resounding Joy anticipates that music therapy will have a measurable impact on quality of life on both the participant and their caregiver, currently following the conceptual categories of the Flanagan scale.

#### ACEs Prevention and Recovery

Resounding Joy’s team hypothesizes that this music therapy program can interrupt or prevent cycles of ACEs. The team will seek to co-create these protective factors suggested by the CDC with the participating families and the community at large. The team also believes that music therapy can decrease the long-term effects of ACEs by improving mental health and trauma recovery.

**NOTE:** Many of these are ambitious goals and measuring all of these isn't within the capacity of the project. Several specific goals will be selected from these outcomes and validated scales used whenever possible, especially as participants are minors and Resounding Joy does not have an IRB to conduct a study at this time.

### What We Will Do

*Specific actions your agency will take to carry out pilot project.*

The team recruit participants to the project through personal networking, partner networks, social media, and events. Families with a qualifying child with IDD are screened, complete initial survey, and are prioritized using the matrix in the proposal.

Music therapists use a ‘toolbox’ of interventions that include interactive music-making, instrument play, relaxation strategies, and songwriting.

After 8 weeks and after 16 weeks, participants are surveyed on their experience and the results are analyzed. Music therapists will develop new program options with current and prospective partners, based on feedback, demand, and community need. Leadership will expand and leverage partnerships through networking events, vendor fairs, and outreach to county and state disability offices.

### How We Will Do It

*Plan and implementation*

Participants receive 16 weeks free of group sessions and 1-5 individual sessions based on need. Future sessions are offered on a fee basis, or may view broadcast of weekly virtual sessions.

HomeCare (In-Home): each family receives eight weekly, 30 to 60-minute sessions customized to the needs and goals of the individual.

Shine & Sing (Group): Weekly group sessions at partner sites, usually structured around a specific diagnosis and age range in common (e.g., Down syndrome, 2-5 years old). Sessions are ongoing and limited to 10-15 families. Program is free to families, although partner sites are requested to invest.

### What Will Result

*Long-term goals to transform services and/or better support individuals.*

This project will improve quality of life for children and youth with intellectual and developmental disabilities in Indiana.

Shine & Sing incorporates technology into wellness care, invests in early childhood, supports self-advocacy and independence, and demonstrates the effectiveness of telehealth. It also broadens the network of early intervention services and can be replicated by music therapists across the state with the appropriate training.

Offering group sessions and integrated group/individual options will decrease service cost per family while increasing participants’ engagement and integration in their communities, particularly in non-facility-based settings.

### What We Want to Avoid

*Outcomes that may take away from the vision and will serve as “red flags” to consider course correction.*

- 1) Lack of re-enrollment without any indicative causes from exit surveys;
- 2) Unexplained poor attendance
- 3) Feedback from participants that indicate in little to no improvements OR alternatively, unreliable or nonexistent survey results.
- 4) Expressed frustration from staff, partner organizations, or participant families.
- 5) Emphasis on musical skillbuilding and not therapeutic goals from families, indicating service may be misunderstood.

