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Funds Distribution Report

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Organization's General Goals:
The Snohomish County Music Project has been providing music services to the Everett community since 1982.

Date of Award:	Level:
2019 Q3	\$10,001 Plus

For more information, please read the attached report from Snohomish County Music Project.

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2019-20 Annual Report Q3 2019

Overview

Throughout this past year, we have continued to develop and enhance partnerships with a myriad of stakeholders from community organizations in and around the Tulalip Tribes community. These stakeholders have been highly receptive to the idea of utilizing music therapy programs and have been crucial to our work thus far. Increasingly, when we approach a new community partner, the adult has already heard of the Snohomish County Music Project (Music Project) through our work with their niece, nephew, or child. In this way, one positive experience grows on another to create a mutually supportive relationship with the community.

Below is a list of our current community partners:

- 21st Century After-School Program
- Betty J. Taylor Early Learning Academy
- Denney Youth Detention Center
- Developmental Disabilities Administration of WA
- Don Hatch Youth Center
- Evergreen Women's Recovery Center
- Grove Elementary School (behavior program)
- Marysville Pilchuck High School
- Quil Ceda Tulalip Elementary School
- Tulalip Boys & Girls Club

Other relevant community partners include:

- Allen Creek Elementary School (behavior program)
- Child Youth & Family Mental Wellness (Tulalip Behavioral Health)
- Cocoon House
- Inclusive Advocacy Committee
- Marysville Middle School (behavior program)
- Snohomish Health District –
- Homeward House
- St. Phillip's Episcopal Church

The COVID-19 pandemic is pushing nonprofit leaders to the brink, as we confront the twin challenges of decreasing revenue and increased demand for our essential services. Our organization, like many others, was forced to make impossibly difficult, relatively immediate decisions, and we did so as a fully staffed team. We have had to create new and innovative ways to deliver services and operate as staff teams virtually and with unplanned investments to meet increasing technological demands.

While we have transferred our standard in-person music therapy sessions to telehealth as much as possible, we have also strategized several creative ways to address the acute trauma needs facing our community.

- We are maintaining contact with the clients in our program via phone, video chat, and Facebook Live to provide information and support. This includes, but is not limited to:
 - Disabled children and their families who have lost access to respite care,
 - Families in under-resourced neighborhoods/communities we prioritize during our usual programs,
 - Children and adolescents facing mental health challenges related to increased isolation, and
 - LGBTQ+ youth facing risks related to staying home with family for extended periods of time.
- We are also aware of the additional acute needs that elders in our community face right now, and are planning additional engagement opportunities for elders in residential homes through individual telehealth sessions, as well as shared telehealth sessions for elders that are still living in their homes and their caregivers.
- We have created a catalog of videos to support families with young children during this difficult time. The videos include songs and books to help children explore and regulate their emotions. To watch more videos, visit our [YouTube channel](#).
- We have rolled out [The Feeling is Musical Podcast](#) - It's a conversational podcast that explores the evidence-based practice of music therapy. New episodes are available on Mondays every week. You can find The Feeling is Musical anywhere podcasts are found! And, online at [Anchor.FM/ TheFeelingsMusical](#). Transcripts are available on our website at [scMusicProject.org](#).

When everyone is in need of help, it is easy to forget that disparities have existed long before and are even more amplified during times of crisis. Our organization believes that racial equity and inclusion are paramount to keeping our communities and networks vibrant and thriving during this unprecedented health crisis. We are prioritizing efforts that advance equity because families affected by trauma, racism, poverty, and other forms of oppression experience our society's underinvestment most acutely.

EARLY LEARNING

- 288 group sessions provided for ages birth-to-three
- 134 group sessions provided for preschool
- 279 children served in group sessions

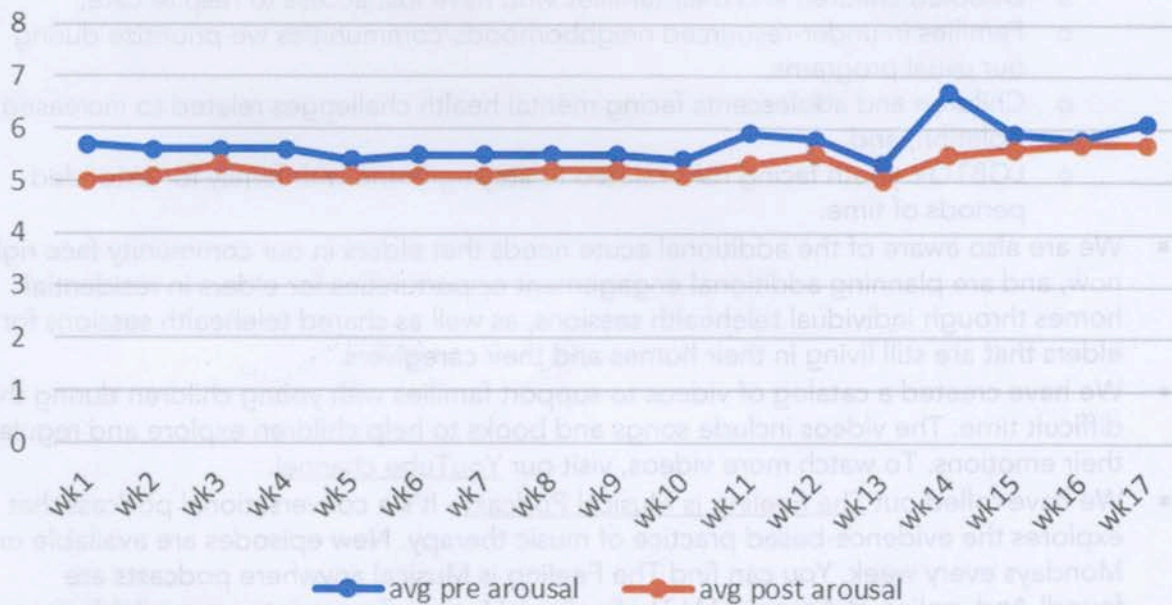
TELA Groups

Birth-3 Groups

This year, we worked with BJTELA staff to create a schedule that ensured that each class received weekly group therapy sessions, spreading sessions for Birth-3 classes over two days. These sessions focused on age-appropriate social development, arousal-regulation via activities of varying energy levels, and promoting a positive attachment style to caregivers.

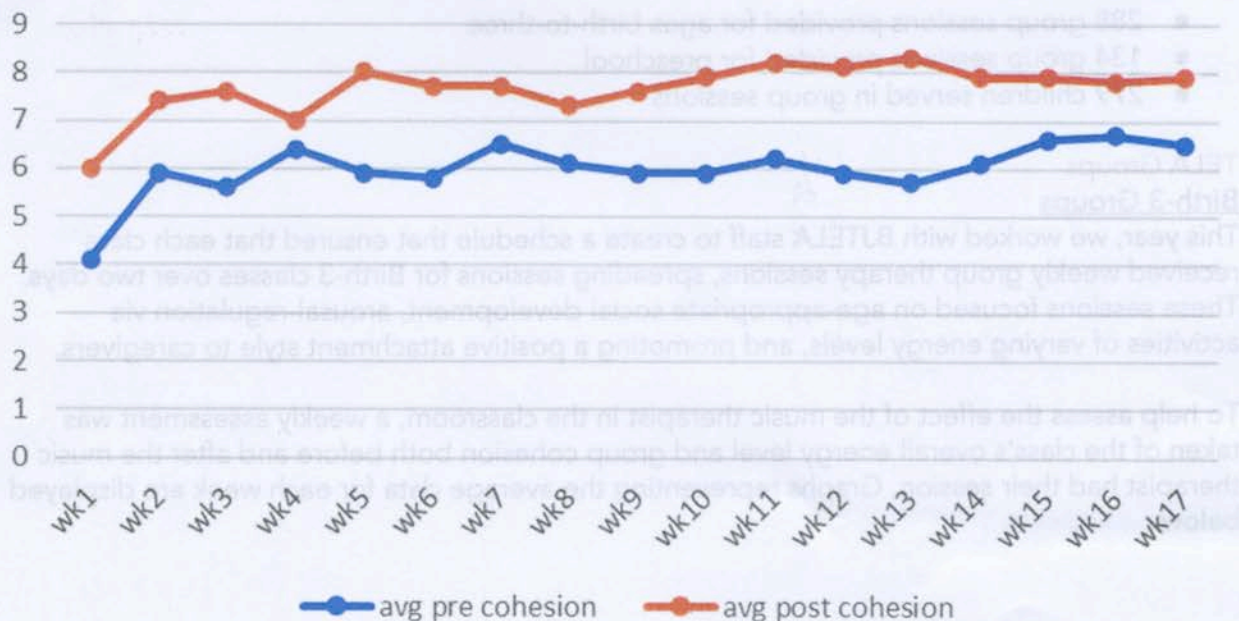
To help assess the effect of the music therapist in the classroom, a weekly assessment was taken of the class's overall energy level and group cohesion both before and after the music therapist had their session. Graphs representing the average data for each week are displayed below.

Average Pre-Post Arousal Level



Arousal level was rated on a scale of 1-10, with 1 as extremely hypo-aroused (not responding to any stimuli) and 10 as extremely hyper-aroused (reacting extremely to any stimuli). Five was considered the "optimal level for social engagement." This graph demonstrates that with weekly averages, classes were at a more optimal level of arousal after music therapy. Even on weeks where there was a spike in average arousal, such as weeks 10 and 14, the line for post arousal levels show less of a jump, indicating the power that this musical routine has in calming children and maintaining preferable conditions for early socialization.

Overall Pre-Post Group Cohesion

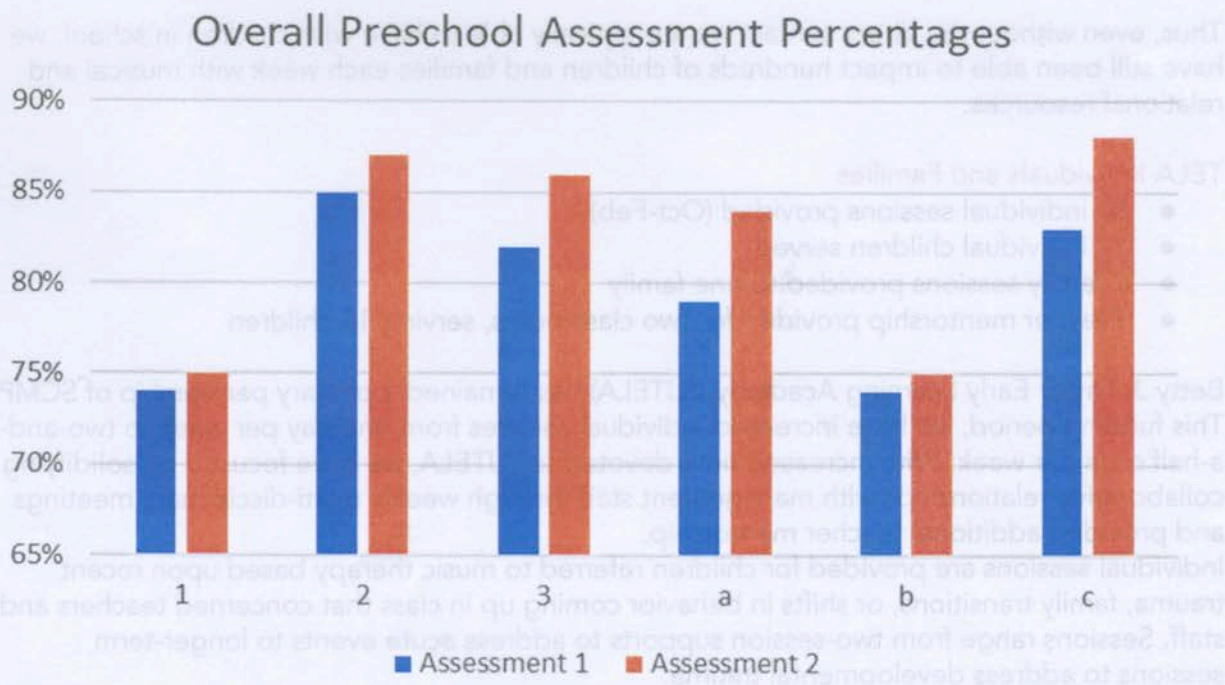


Group cohesion was rated on a scale of 1-10, with 1 meaning each child was playing or working entirely separate from one another, and 10 meaning that every child was focused and attentive to one mutual task. In addition to the weekly increases shown above, there was an overall average of a **24% increase in group cohesion after music therapy sessions**. Greater group cohesion increases the chances of interpersonal socialization, relationship building, and practices joint attention.

Preschool Groups

This year, thanks to increased grant funding, every preschool class that wanted weekly group sessions was able to receive them. This meant that 4/10 classes were seen every Monday that there was school, with the other six classes receiving music therapy on alternating Wednesdays. These groups focused on age-appropriate social development, arousal regulation based on activities of different energy levels, and emotional identification and coping through songs and discussions.

We used a self-developed assessment tool to track all three of these goals (social development, arousal regulation, and emotional identification) through a musical lens, boiling down the key components into a percentage that can be tracked numerically. The graph below represents musical developments in these three domains combined, demonstrating children's comprehensive social development through music therapy from fall to winter quarters. Due to the shortened school year and irregularities with some Wednesday sessions (illness, conflicting school programming, etc.), one set of classrooms is not represented in the graph. In addition, one class that received weekly sessions is also not included, due to the vastly different students and class dynamics between fall and winter. With the inconsistency and infrequency of group music therapy, no growth these classes would have made would be attributable to group music therapy.



As the graph demonstrates, each class saw an increase in their social skills, arousal regulation, and emotional intelligence. Classes that received weekly sessions are numbered, while classes that were biweekly are lettered. Both weekly and bi-weekly groups represented saw varying degrees of growth, indicating that the continued involvement of music therapy is beneficial so long as it is consistent. It is also worth mentioning that due to ECEAP regulations, music therapy for weekly classes was reduced in length from 30 minutes to 15 minutes per session, which likely influenced the overall rate of growth. All weekly group presented in this graph were ECEAP classrooms. We would recommend a continuation of these services next school year, with classes able to choose if they receive weekly or bi-weekly services.

➡ COVID considerations:

Considering school closures with the pandemic, we have taken to using Facebook Live as a platform to still reach these kids in large groups. We broadcast twice a week, providing a way for direct interaction between a familiar music therapist and kids watching while at home. In addition, we have created a YouTube playlist of familiar songs for kids to engage with on their own. The playlist can be found here:

<https://www.youtube.com/playlist?list=PLiycFbLzmBF3sPHuRRNhHnAZeR530AGSz>

Administrative staff have shown great support and excitement for these considerations, and multiple participants on the parent's Facebook group have commented on how much their children enjoy the live streams. Additionally, viewing data indicates that families are frequently accessing these videos and social media resources:

YouTube Playlist (Feb-Apr)	Facebook Resources (Apr 1 – May 1)
2,211 views	1,003 avg. of total video reach weekly
61.4 hours of watch time	324 avg. of repeated video clicks weekly
760 unique viewers	678 avg. of unique video views weekly

Thus, even without the direct contact we are typically able to have with children in school, we have still been able to impact hundreds of children and families each week with musical and relational resources.

TELA Individuals and Families

- 50 individual sessions provided (Oct-Feb)
- 17 individual children served
- 6 family sessions provided to one family
- Teacher mentorship provided for two classrooms, serving 16 children

Betty J. Taylor Early Learning Academy (BJTELA) has remained a primary partnership of SCMP. This funding period, we have increased individual services from one day per week to two-and-a-half days per week. With increased time devoted to BJTELA, we have focused on solidifying collaborative relationships with management staff through weekly multi-disciplinary meetings and provided additional teacher mentorship.

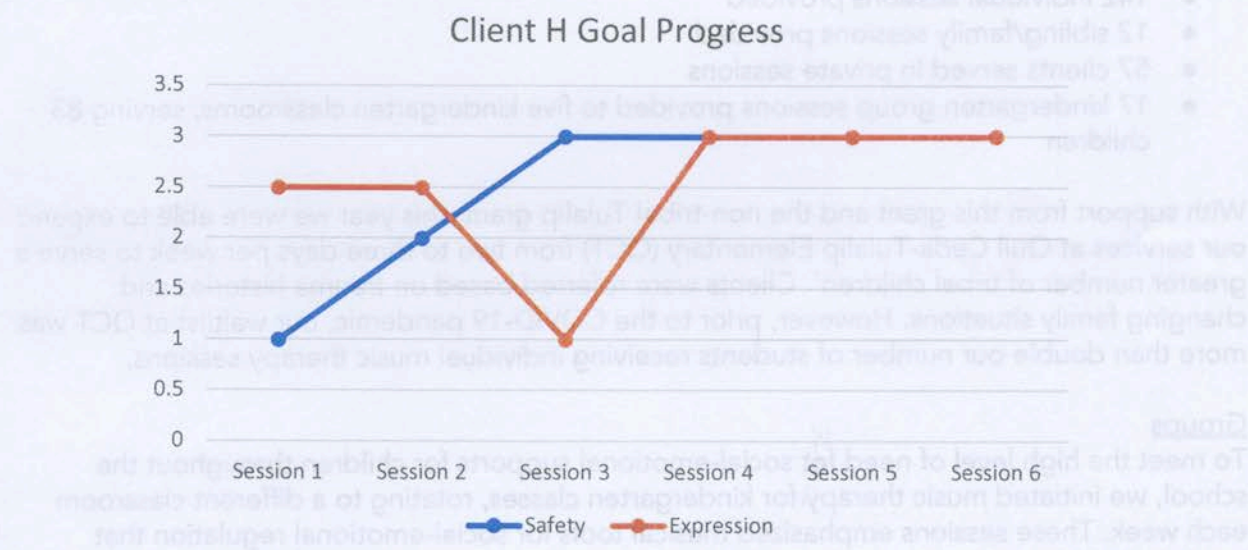
Individual sessions are provided for children referred to music therapy based upon recent trauma, family transitions, or shifts in behavior coming up in class that concerned teachers and staff. Sessions range from two-session supports to address acute events to longer-term sessions to address developmental trauma.

Individual music therapy sessions continue to support children experiencing a variety of transitions by providing a space to process and express their emotions. Sessions are conducted through a trauma-informed and child-directed model. Allowing the child to direct the structure of the session supports the development of the relationship between the therapist and the child. It promotes the child's sense of safety by allowing the child to explore themes at their own pace. The case study below illustrates the progression of individual sessions facilitated through this model.

Case Summary:

Client H was initially referred to music therapy in November by the classroom teacher. The teacher noted that Client H remained socially withdrawn from peers and staff following a traumatic event that occurred within the last year. H began outside counseling at the start of the school year, but H's mother noted that additional support was needed. The teacher noted that they hoped music therapy would provide a space for H to express emotions related to the traumatic event and subsequent family changes that occurred.

Initially, H communicated with gestures and one to two-word responses. H's musical play was soft and restricted to a steady pulse that lasted under a minute at a time with each instrument played. H primarily remained seated in the middle of the therapy room with tense musculature and minimally moved through the duration of the session. Following two assessment sessions, goals were created to establish a visceral sense of safety and support emotional expression. The chart below illustrates H's goal tracking by session.



Over the course of six sessions, H began to stabilize in both goal areas following the winter break that occurred between sessions 2 and 3 (note the data drop following this gap in sessions). As sessions progressed, H increasingly demonstrated signals of safety. H began fully moving around the therapy room as well as initiating musical and narrative play with the MT. H's musical play became increasingly expressive with multiple volumes and rhythms used to express different emotional states. H's narrative play evolved from instruments fighting one another to salient themes in session 6 that included specific characters and represented H's inner experiences of fear and anger towards ongoing family transitions.

H's mother and classroom teacher noted that music therapy has been a space for H to feel safe and begin processing themes related to the traumatic event that enacted family transition. H's mother noted that themes coming up in music therapy sessions were not being explored with the off-site therapist they had been seeing for several months prior to the start of music therapy at TELA.

Sessions were abruptly placed on pause due to the COVID-19 outbreak. The MT has virtually checked in with the family and is in the process of trying to set up regular virtual check-ins as a way of supporting and sustaining H's growth.

SCHOOL-AGE CHILDREN

School-Age Children Served Outside of School

- 2 children served outside of school
- 12 sessions provided

Prior to the COVID-19 pandemic, we provided sessions for two tribal children who had moved or transferred out of the school settings in which we typically see clients. We also provided summer sessions for some clients outside of school. These families sought out therapy at our main office location in Everett, at home, or at community locations.

Quil Ceda-Tulalip Individuals, Families, and Groups

- 142 individual sessions provided
- 12 sibling/family sessions provided
- 57 clients served in private sessions
- 17 kindergarten group sessions provided to five kindergarten classrooms, serving 83 children

With support from this grant and the non-tribal Tulalip grant, this year we were able to expand our services at Quil Ceda-Tulalip Elementary (QCT) from two to three days per week to serve a greater number of tribal children¹. Clients were referred based on trauma histories and changing family situations. However, prior to the COVID-19 pandemic, our waitlist at QCT was more than double our number of students receiving individual music therapy sessions.

Groups

To meet the high level of need for social-emotional supports for children throughout the school, we initiated music therapy for kindergarten classes, rotating to a different classroom each week. These sessions emphasized musical tools for social-emotional regulation that teachers could apply without music therapists present, as well as transferrable skills that many students could recall from their preschool music therapy experiences. Outside of sessions, music therapists witnessed teachers prompting for class attention musically, helping individual students calm down through musical prompts, and musically narrating their own emotional states when frustrated. Thus, music became a widely used resource for students to access all the time, even for students who did not receive individual music therapy services.

¹ Note that while funding from both grants combined allowed us to serve both tribal and non-tribal children, data here specifically describes tribal children served. We will also describe group sessions in which the majority of participants were tribal.

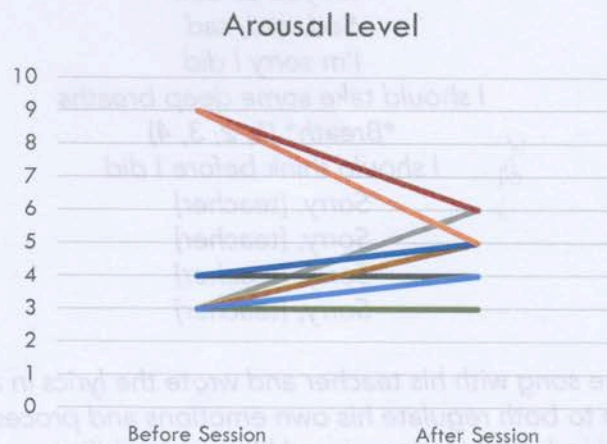
Music therapists enlisted a few first and second graders as peer mentors in the kindergarten group sessions. These peer mentors were chosen based on teacher reports of difficulty with emotional self-regulation in class and at home. By helping with kindergarten groups, these students not only built self-esteem through leadership roles, but also practiced musical tools for self-regulation weekly with the groups.

For older students, we held an open lunch time to host small groups of students. This provided a space in which fourth- and fifth graders could check in with a therapist as needed and gain musical tools for emotional regulation without enrollment in weekly individual sessions.

Individual Sessions

Trauma-informed individual sessions remain our primary services at QCT. We have partnered with the counseling team, tribal advocates, family liaison, and teachers to support students with some of the highest needs, as well as students who were unresponsive to other therapies. We provided drop-in sessions for students following acute traumas or on emotionally challenging days, and we provided weekly individual sessions for many children experiencing complex trauma and/or family transitions. For each individual, the music therapist established individualized goals in collaboration with the child. Progress in these goal areas was tracked weekly based on musical markers.

In initial and drop-in sessions, therapists tracked children's arousal level at the beginning and end of sessions to determine changes in arousal over the course of one session. Arousal is a key component of positive social engagement and is highly impacted by trauma. Thus, music therapists anticipated that students with trauma histories may enter sessions hyper-aroused (highly active, related to "fight or flight" trauma response) or hypo-aroused (shut down, related to "freeze" trauma response). Music therapists aimed to help children regulate their arousal to a middle ground more ideal for positive social interactions. Pre/post data from sessions with seven different children is shown below. In this chart, 1 represents extreme hypo-arousal, 10 represents extreme hyper-arousal, and 5 represents the ideal arousal for positive social engagement.



Note that all participants maintained or improved their arousal level over the course of one music therapy session. Therapists noted an **average of 24.3% improvement in arousal** over the course of one session. Clients entering with extreme hyper-arousal demonstrated dramatic improvement over one session, averaging **70% improvement in arousal on their most difficult days**.

In long-term work, the most meaningful changes are often difficult to track quantitatively. See the case below describing one client's development of self-regulation and conflict resolution skills through music therapy.

Client W was referred based on a history of family transitions, including separation from siblings, and based on difficulties emotionally regulating in school. He had received music therapy services previously, both individually and with a sibling. In the fall quarter, he participated as a peer mentor in kindergarten music therapy groups to practice self-regulation strategies. However, his family and school staff highly recommended individual sessions due to escalating behaviors when he was upset. His mom noted that he did not talk about his emotions at home and that he had a hard time processing conflicts after they occurred.

The therapist established initial goals of practicing emotional regulation and promoting positive attachment, including developing conflict resolution strategies. In music, Client W was highly expressive and could articulate nuanced emotions within a few sessions. He began to connect trauma-related triggers, his emotional reactions, and tools for calming down. He was able to calm down in the moment during sessions by drumming, singing familiar songs, and making up songs about what he was going through. He also accessed music as a way to connect with family members, both living and who had passed away.

In one poignant session, Client W had become angry and hit his teacher prior to session. He wrote the following song in music therapy, combining emotional identification with musical resources he had learned in group sessions. A link to the musical recording is available here: <https://youtu.be/QMRWTFNAeuc>.

Mad, mad, mad
I felt so mad
I felt so mad
I hit you so bad
Sad, sad, sad
I'm sorry I did
I should take some deep breaths
Breath (1, 2, 3, 4)
I should think before I did
Sorry, [teacher]
Sorry, [teacher]
Sorry, [teacher]
Sorry, [teacher]

Client W shared the song with his teacher and wrote the lyrics in a card to her. Through music, he was able to both regulate his own emotions and process the conflict that had occurred, recognizing both his triggers and his responsibility.

Family and Sibling Sessions

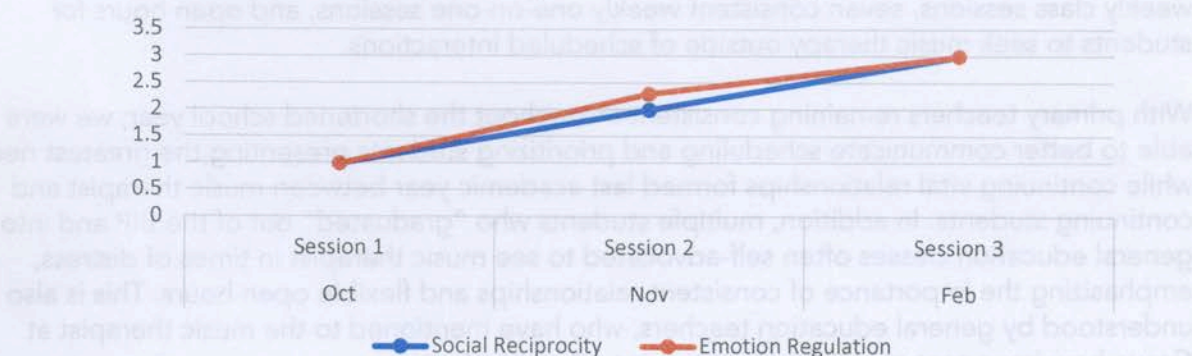
We continue to provide family and sibling sessions when possible to support healthy bonding in periods of transition. The case summary below is included in the 2020-2021 Nontribal Proposal. Clients X, Y, and Z are a tribal family served at Quil Ceda-Tulalip Elementary.

This case illustrates the work we are doing across programs to address attachment between family members.

Clients X, Y, and Z were referred to music therapy due to the recent reunification of their eldest sister, Client X. Client X had an unknown trauma history while Client Y and Z had a known trauma history within their family system. Staff described the family as "a family trying to figure out how to be a family." The mother expressed interest in participating in session but unfortunately could not due to scheduling and transportation constraints.

During the first session, it became clear that Client Y and Client Z did not know how to interact with Client X. Both demonstrated signals of an insecure attachment with minimal responsiveness after seeking out interaction. Client Y became aggressive and began attacking his siblings with drum mallets. Following session, Client X talked with the therapist about how "weird" it felt to play with her siblings. It was determined that sessions would alternate between subsets of siblings (Clients X & Y, then Clients X & Z) to support development of a secure attachment with each individual sibling. Goal areas included increasing social reciprocity (back-and-forth interactions and responsiveness) between siblings and increasing emotional resources for moments when a sibling became distressed. Periodically, all siblings met in session to work towards regular full-sibling integration. Goal progress as noted in these full-sibling sessions over the course of four months is displayed below.

Full Sibling Session Goal Progress



After four months of weekly sessions, all siblings demonstrated signals of secure attachment with one another. All siblings became musically and verbally responsive to each other. In the most recent session, Client Y did not physically fight with his other siblings as he had in earlier sessions. Client X increasingly took on a leadership role by supporting each sibling when they become distressed and reminding them of ways to calm down. Music therapy provided a space where these siblings could connect with one another to form lasting, healthy bonds.

Services were interrupted due to school closures related to the COVID-19 outbreak. Following the closure, individual telehealth sessions have been established to support each child. This has brought a unique opportunity to attend to each individual sibling. This has been significant as each are impacted by the pandemic in different ways.

Sessions are being focused on addressing acute mental health needs as well as individual responses to past trauma that are coming up in response to the pandemic.

➡ COVID considerations:

We have adjusted to offering support to children and families through telehealth sessions, Facebook Live Music Enrichment, and regular check-ins as a means of developing specific tailored resources. The family described above is a prime example of services adapted to tele-health to meet children's unique needs during the pandemic. We reached out to families of all children who were receiving individual services prior to the pandemic and are offering tele-health sessions to all those who were interested. We were also able to reach out to several children from the waitlist and initiate sessions via tele-health with them.

Grove BIP Individuals

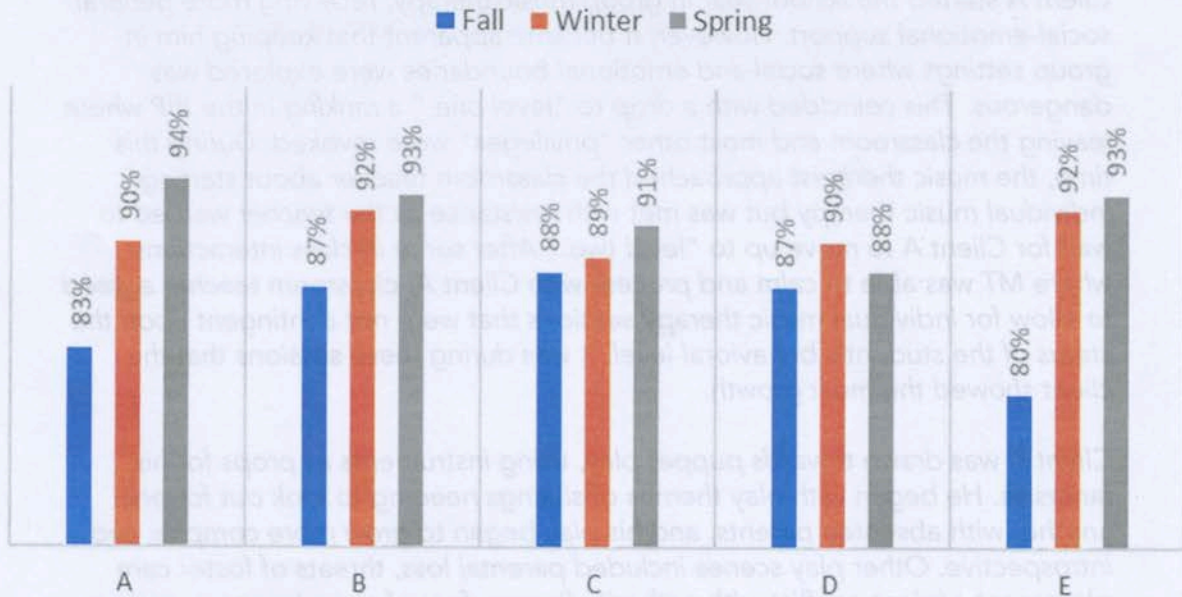
- 121 individual sessions provided
- 59 group sessions provided
- 31 clients served

Continuing a partnership from last academic year, we provided a variety of music therapy services to Grove Elementary School's Behavior Intervention Program (BIP). Native students with trauma histories are disproportionately referred to the program, with all students displaying a high prevalence of trauma and the need for social-emotional supports beyond the behavioral tools available in the classroom. This called for our trauma-informed, psychodynamic, and relationship-oriented approaches, giving us the flexibility to meet unique student needs. Being present for two full school days per week, we provided three consistent weekly class sessions, seven consistent weekly one-on-one sessions, and open hours for students to seek music therapy outside of scheduled interactions.

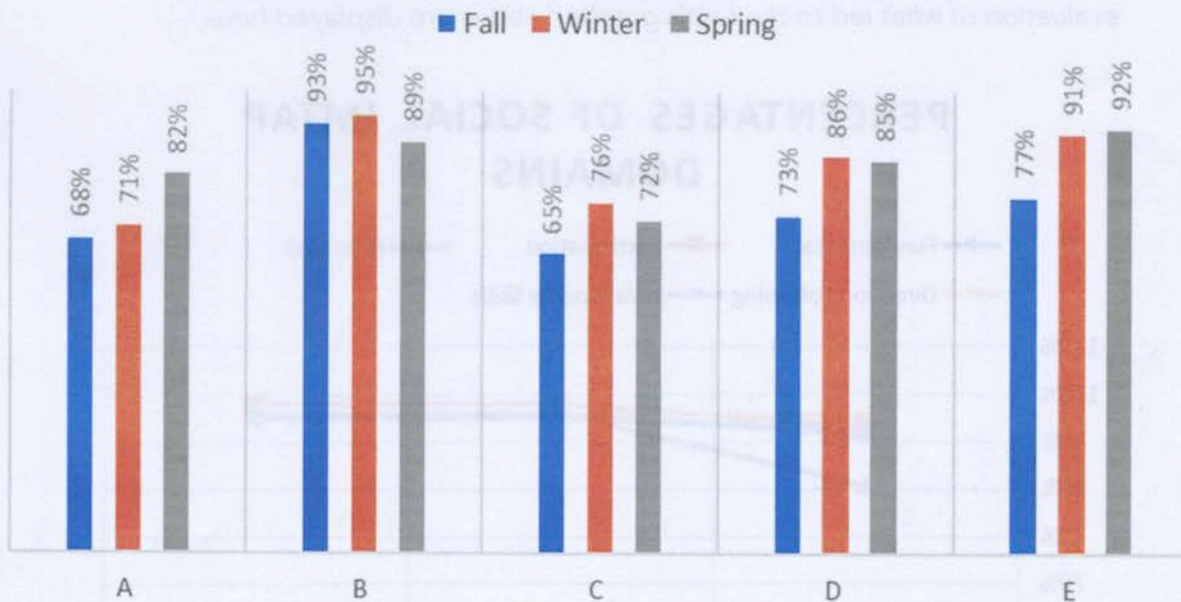
With primary teachers remaining consistent throughout the shortened school year, we were able to better communicate scheduling and prioritizing students presenting the greatest need while continuing vital relationships formed last academic year between music therapist and continuing students. In addition, multiple students who "graduated" out of the BIP and into general education classes often self-advocated to see music therapist in times of distress, emphasizing the importance of consistent relationships and flexible open hours. This is also understood by general education teachers, who have mentioned to the music therapist at Grove how important music therapy time is to their students.

The music therapist working at Grove created individualized goals and adjusted these goals throughout the school year to meet students' changing needs. Additionally, the music therapist has tracked general growth in social and emotional skills via the Individual Music Therapy Assessment Protocol, a standard music therapy assessment tool. Two graphs below present the progress throughout the school year of individuals who have received consistent services.

SOCIAL SKILLS



EMOTIONAL SKILLS



No therapeutic journey is totally linear, as demonstrated by the graphs above. However, all students show overall growth from their most recent assessment when compared to the beginning of the school year. Two students are not represented by this graph due to a later start date for their individual therapy sessions, not providing enough time to gather meaningful

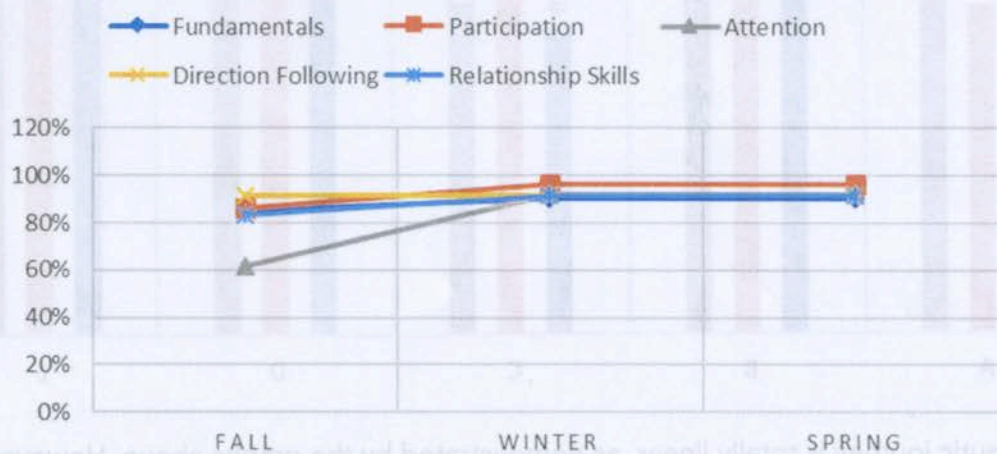
comparative data. Client A showed the most noticeable growth, also starting with some of the greatest deficits, and so his journey is examined in the case study below.

Client A started the school year in group music therapy, receiving more general social-emotional support. However, it became apparent that keeping him in group settings where social and emotional boundaries were explored was dangerous. This coincided with a drop to "level one," a ranking in the BIP where leaving the classroom and most other "privileges" were revoked. During this time, the music therapist approached the classroom teacher about starting individual music therapy but was met with resistance as the teacher wanted to wait for Client A to move up to "level two." After some in-class interactions where MT was able to calm and process with Client A, classroom teacher agreed to allow for individual music therapy sessions that were not contingent upon the status of the student's behavioral level. It was during these sessions that the client showed the most growth.

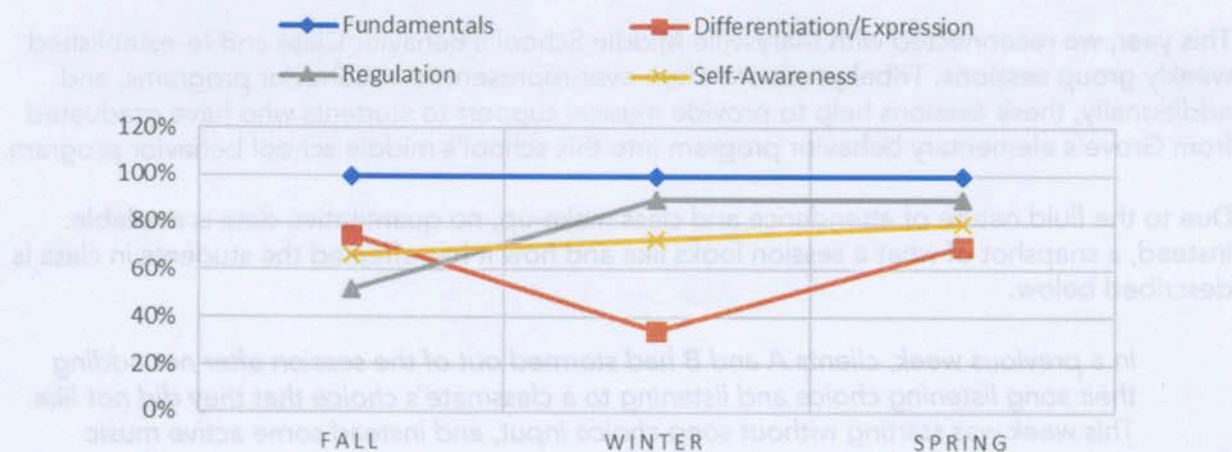
Client A was drawn towards puppet play, using instruments as props for his fantasies. He began with play themes of siblings needing to look out for one another with absentee parents, and his play began to grow more complex and introspective. Other play scenes included parental loss, threats of foster care placement, violent conflict with authority figures, fear of abandonment, and difficulty with strong emotions.

As these themes surfaced, Client A also began to move out of "level one" and into higher levels of the behavior program, suggesting a link between the freedom of expression and his outward actions. Using the IMTAP, a closer evaluation of what led to the totals graphed above are displayed here.

PERCENTAGES OF SOCIAL IMTAP DOMAINS



PERCENTAGES OF EMOTIONAL IMTAP DOMAINS



We see that in Fall, when in a group setting, Client A overall had difficulty being in relationship with others. As one-on-one session began in winter and carried into spring, the relationship he developed with the music therapist was a positive one, reflected by the growth in all social areas. It is worth noting that these ratings are based only on the client's relationship with the music therapist. Casual observation and conversation with the client indicate that he has one or two friends in his class, but it is unclear if these friendships formed after the marked growth in social skills.

Emotional regulation was a skill in which Client A was at a deficit, which could be seen when he lashed out at peers during group. However, this skill sharply increased in an environment that allowed him to dictate the flow of play during one-on-one sessions. This subsection maintained a growth trajectory through the end of the shortened school year. In the differentiation/expression category, we can see how once entering a setting that more actively worked on emotional scrutiny, there is a drop in his winter assessment that climbs back up in the spring. His self-awareness also steadily climbs throughout the school year.

While there is still plenty of work to go, it is clear that this client is able to explore difficult themes that have impacted his life in the music therapy setting.

➤ COVID considerations:

With schools closed amid the pandemic for the duration of the 2019-2020 school year, we have reached out to every student that attended group and individual sessions throughout the school year. At the time of this report, five of the seven students who had regular individual sessions are engaged in weekly tele-health sessions, plus three other students who were in the behavior program but had not been able to attend weekly individual sessions prior to the pandemic. This indicates high motivation from students as they choose to continue music therapy without institutional incentives. It also represents the high level of need, as more students engaged in individual music therapy during the pandemic than we typically have capacity for during the school year.

Marysville Middle School BIP

- 26 group sessions provided
- 14 clients served

This year, we reconnected with Marysville Middle School's Behavior Class and re-established weekly group sessions. Tribal youth are often over-represented in behavior programs, and additionally, these sessions help to provide musical support to students who have graduated from Grove's elementary behavior program into this school's middle school behavior program.

Due to the fluid nature of attendance and class make-up, no quantitative data is available. Instead, a snapshot of what a session looks like and how it has affected the students in class is described below.

In a previous week, clients A and B had stormed out of the session after not adding their song listening choice and listening to a classmate's choice that they did not like. This week was starting without song choice input, and instead some active music making with both GarageBand and with auxiliary percussion instruments. After every student made changes to the GarageBand beat and tried out each instrument, the group shifted back to song sharing and listening. The MT explained that after discussing with the classroom teacher, any "clean" version of a song could be played, and contentious subject matter that wasn't edited out would be talked about in a discussion post-listening. This meant that the song suggestion that clients A and B made last week could be played and suggested again. This week, the song that the group listened to would be put to a vote.

The group almost voted for the original song in question, but instead decided to listen to a hip-hop song with a popular dance associated. The students who previously stormed out of session began to teach the whole class the dance, which soon led to every student and the music therapist trying this simple dance. The feeling in the room was one of levity, joy, and self-expression.

Experiences like these capture the power of authentic self-expression through music, and the power that a music therapist has to advocate for student's choice. Helping shape the environment of a behavior classroom to one of acceptance and camaraderie is one of the many reasons we hope to continue services next academic year.

COVID considerations:

With schools being closed for the remainder of the 2019-2020 school year amidst a pandemic, we have been reaching out to the individual members of the class to offer individual tele-health sessions and, if possible, a group session. However, at the time of this writing, only one member has established and attended tele-health sessions.

DISABLED YOUNG ADULTS

- 11 sessions provided (5 in-person, 6 via telehealth)
- 6 clients served

This year, the Tribal Grant has helped cover tribal youth who have not connected with the Developmental Disabilities Association to ensure that they can participate in a community rock

band in the Don Hatch Youth Center. While there were staffing transitions that prevented the fall 2019 start of the program, community demand allowed the program to return in January of 2020. With 6 participants enrolled, it is the largest number of participants enrolled since 2018, including 5 returning members and one new participant. With the delayed start of sessions and interruptions due to snow days and Monday holidays during which the Youth Center was closed, no quantitative data is presented. The program does maintain a consistent core of group members, all of whom ask when rock band will return when it goes on a break.

➤ COVID considerations:

In order to maintaining social distancing and keeping our communities safe, we have stopped gathering in person for rock band. Instead, a virtual group is held over Zoom during the same time frame as the in-person group to maintain social connection for these tribal youths. In addition, individual music lessons and individual telehealth sessions are being offered to group members to support developing leisure skills. As of the time of this writing, four group members consistently attend the virtual group, and one receives individual services. A recording of a song written by the group can be found here: <https://www.facebook.com/scmusicproject/videos/261154081668502>

SUMMER SESSIONS

Tulalip Boys & Girls Club

- 82

Over the summer, we saw 82 children in open groups at the Boys and Girls Club. Groups were separated by age range, with varying numbers each week. Groups acted as ways to maintain existing community connections, as well as build new ones. In addition, groups served to meet children's present emotional and relational needs, with sessions exploring feelings of abandonment and strengthening familial bonds. Overall, the main goals included increasing emotional understanding and promoting healthy social skills. Due to the open nature of the group, no quantitative data is presented. However, groups led to multiple meaningful connections and positive responses, including requests to continue summer programs.