**Title**: Identifying Stakeholders’ Perspectives on Important Outcomes to Measure in Music Therapy for Adolescents and Adults with Disabilities

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**Introduction**: Measuring outcomes is an important part of any type of intervention. Outcome measurement guides clinical assessment care and can have economic implications in terms of resource allocation (Gilbody et al., 2003). Assessment of music therapy outcomes can take many forms, with measures focusing on a variety of participant behaviors or skills (e.g., communication, social interaction, musical abilities) depending on the purpose of the therapy (Spiro et al., 2018). For music therapy focused on social skills, a variety of questionnaires have been used in research (LaGasse, 2017), including the Social Responsiveness Scale, 2nd Edition (SRS-2; Constantino & Gruber, 2012). Nevertheless, it remains unclear what the best outcome measurement tools are for community-based music therapy. The current study explored what kind of outcomes are important and relevant in such settings.

**Method**: This project concerns a non-profit community music therapy organization that serves individuals throughout a large, diverse California county. One service they provide, Jam Sessions, consist of 6-8 sessions of group music therapy focused on improving social skills and familiarizing participants with music. Jam Sessions incorporate the Social Thinking curriculum (Winner & Crooke, 2009) and are provided free-of-charge to up to a group of 20-25 adolescents and young adults with a range of disabilities. As part of a program evaluation of the organization’s outcome measurement tools, 11 caregivers of participants and 7 staff members were interviewed. Interviews focused on what individuals considered indicators of Jam Session success, short- and long-term Jam Session benefits, and – when applicable – impressions regarding the current evaluation tool, the SRS-2. Interview data were analyzed using content analysis.

**Results**: Two overarching themes were generated: *SRS-2 Feedback* and *Important Outcomes*. Subthemes related to *SRS-2 Feedback* included Lack of Sensitivity to Change and Emotional Responses. Many caregiver participants felt their loved ones were making minimal progress in some areas covered by the SRS-2 given the short 6-8 week Jam Session period, despite caregivers clearly indicating that they felt Jam Sessions imparted significant benefits. Other interviewees felt that the SRS was unlikely to accurately measure change given that it was developed as an autism diagnostic tool. Some caregivers also reported having strong emotional reactions to filling out the SRS-2 (e.g., due to redundant questions or consistently having to indicate “no, my child can’t do it”). Staff shared concerns that there might be too many questions which could fatigue caregivers. *Important Outcomes* was divided into two subcategories: Experiential Outcomes and Skills-Based Outcomes. Experiential outcomes included participants having fun and feeling accepted, sessions providing a needed routine, and gaining access to positive peer interaction. Skills-based outcomes included improved leadership and self-confidence, as well as skills related to the Social Thinking curriculum (e.g., personal space, cognitive flexibility) and music. Some interviewees also touched on how Jam Sessions can increase acceptance of disability by teaching community members (e.g., volunteers, guest musicians) about disability.

**Discussion:** Caregivers and staff highlighted many benefits for Jam Session participants. However, the evaluation suggested that current outcome measurement, the full SRS-2, does not capture all the relevant benefits being conferred to participants and their families. Outcomes suggest that only highly relevant subscales of the SRS-2 be given to families and that the organization could include other questions to measure constructs like happiness, self-confidence, and quality of life. This project underscored the difficulty in determining appropriate outcome measures to use in music therapy and other types of community interventions for individuals with disabilities. However, talking to stakeholders proved invaluable in redesigning the caregiver questionnaires. Future iterations of this work will incorporate the voices of the Jam Session participants themselves.

**References:**

Constantino & Gruber (2012). *Social Responsiveness Scale Manual* (2nd ed.). Western Psychological Services, Los Angeles, CA.

Gilbody, S. M., House, A. O., & Sheldon, T. A. (2003). *Outcomes measurement in psychiatry: a critical review of outcomes measurement in psychiatric research and practice*. NHS Centre for Reviews and Dissemination.

LaGasse, A. B. (2017). Social outcomes in children with autism spectrum disorder: A review of music therapy outcomes. *Patient Related Outcome Measures*, *8*, 23–32. <https://doi.org/10.2147/PROM.S106267>

Spiro, N., Tsiris, G., & Cripps, C. (2018). “Sounds good, but… what is it?” An introduction to outcome measurement from a music therapy perspective. *Approaches: An Interdisciplinary Journal of Music Therapy*, *12*(1). <https://doi.org/10.56883/aijmt.2020.193>

Winner, M. G., & Crooke, P. J. (2009). Social thinking: A training paradigm for professionals and treatment approach for individuals with social learning/social pragmatic challenges. *Perspectives on Language Learning and Education*, *16*(2), 62-69.