

Louisville Center for Therapy and Personal Sustainability, LLC

Arts Programming Overview + Teaching Artist(s) Bio

Programming

LCTPS is a contract service that provides a variety of programming to community centers and facilities across the Louisville Metro area including the YMCA of Greater Louisville, Neighborhood House, The Brook Hospital - KMI, The Brook Hospital - DuPont, Mary and Elizabeth Hospital's Detox Program, Peace Hospital, Gilda's Club of Kentuckiana, Highland Community Ministries, and Bridgehaven Mental Health Services. We also provide individual services out of our main office in the Deer Park Neighborhood of the Highlands in Louisville.

Across all of our contract sites, we serve individuals across the lifespan; as young as 3 and as old as 95. We work with neurotypical individuals, individuals with IDD or ASD, folks with mental health needs or Severe Mental Illnesses, and with seniors or others who may be experiencing neurodegenerative disorders such as Dementia.

We primarily provide group services to our partnered programs, with some of our partners having as many as 12 groups a week, and some have as few as one a week. A standard group has anywhere from 10-15 participants, and we average around 40 groups a week, which comes out to somewhere between 400-600 individuals served weekly, or between ~21,000 to ~32,000 individuals served a year (Not accounting for folks who attend multiple groups).

Teaching Artist(s) Bios(s)

David Farsetti - After completing the music therapy program at the University of Louisville, David became a Board Certified Music Therapist. He later founded LCTPS in 2019 and has since grown the creative arts therapy programming at LCTPS to the point of now providing dozens of group and individual services on a weekly basis to individuals from across the city, with clients as young as 5 and as old as 95. LCTPS serves individuals of all abilities and ages. He utilizes guitar, piano, voice, and a wide array of percussion instruments in his session to target mental health and community wellness related goals. David is also a flautist and avid outdoorsman who enjoys hiking and Kayaking.

AnnMorgan Conway - Also a graduate of the University of Louisville's music therapy program; Ann Morgan specializes in adolescent and adult mental health services, primarily services inpatient psychiatric centers and outpatient community programming. AnnMorgan is a vocalist at heart, who utilizes guitar, piano, and percussion instruments as well in her sessions to engage clients in meaningful musical experiences. Outside of work, Ann Morgan is an active member of a local musical theatre company, Redline Performing Arts, and has recently starred in Rent and Sister Act!

Caroline Dyer - Another graduate of the UofL music therapy program; Caroline works with children, adolescents, and adults, but is especially passionate about working with adolescents and teens and loves to incorporate music technology into her therapeutic sessions to encourage beat-making, rap creation, and other modes of music making to further engage youth in the therapeutic and wellness process.

Emily Spradling - Another Graduate of UofL's Music Therapy program, Emily studied directly under the founder of LCTPS during her clinical internship. She works with children, adolescents, and adults, but is passionate most about working in childhood development settings and with adolescents with IDD's and ASD. Emily loves using music to create opportunities for connection and expression with individuals who may otherwise not have the ability to socially connect and communicate.

Joe Etterer - Joe completed his degree in Art Therapy from the University of Louisville with experience in teen and adult populations, and went on to specialize in serving adults with Severe Mental Illness (SMI), targeting trauma and healing through evidence-based, art-based intervention. Joe is a process-oriented art therapist who greatly enjoys guiding individuals through identity exploration, acceptance work, and healing in his sessions.

Jessica Heinz - Jessica is a music therapist who graduated from the University of Louisville's music therapy program, she began working with LCTPS directly out of school and specialized in working in inpatient psychiatric treatment with teens and adults.

Artistic Content of Programming

We primarily provide music therapy to our partnering programs, in which we utilize live guitar, piano, singing, and percussion instruments to structure opportunities for active engagement from the group participants. Sessions may look very different depending on the needs and goals of the partnering program, but some examples of sessions we may do are group drumming experiences, song-writing workshops, music-based recreation and games, and music and mindfulness exercises to name a few. We prioritize the active engagement in the creative process so all of our instruments and interventions have an active component beyond simply listening to music so as to work towards a more intentional outcome.

To measure outcomes of our programming we first work with our partnering programs to identify a primary need or goal area. For example; if the goal of a series of groups was to build coping skills, we would first administer a pre-program assessment of participants to determine what coping skills they are already familiar with, which ones they actually utilize, and to what extent. Then we would work to teach and practice music and mindfulness exercises in conjunction with the entirety of our program. We can then administer following assessments throughout the programming and/or at the end, to track how these exercises are being utilized and perceived, if awareness of coping skills has increased, and if frequency of utilization has changed.

Educational Content of Programming

As therapists first and foremost, we utilize the creative arts as a tool within the therapeutic process. This means that we do not prioritize using the arts in an educational capacity, but rather structuring arts experiences that anyone can engage in at any ability level so that they can then achieve goals such as peer bonding, emotional expression, grief processing, etc. Now, many folks leave our sessions with a greater understanding of how to use various instruments, or with some more knowledge on songwriting and singing, etc., but this is more a byproduct of utilizing those methods within the sessions to achieve a goal besides simply learning how to play an instrument.

To measure outcomes of our programming we first work with our partnering programs to identify a primary need or goal area. For example; if the goal of a series of groups was to be community bonding, we would first administer a pre-program assessment of participants' perceptions on the closeness, trust, and familiarity they might feel with their group peers. We can then administer the following assessments throughout the programming and/or at the end, to track how those perceptions have changed. By using numerical scales and written responses on our assessments we can both collect quantitative and qualitative data to track experiences.

Process for hiring, training, and evaluating performance/effectiveness.

Each of our team members has graduated from an accredited university program in their field, maintains the appropriate credentials for their field, and completes the mandatory required continuing education credits to maintain that credentialing long term. In addition to this, each of our team was thoroughly interviewed and participates in weekly or bi-weekly team supervision. The Managing Director also engages in periodic performance observations, and communicates regularly with partner programs, to ensure that a high quality of service is continuing to be provided.

How are participants of all backgrounds and abilities included in programming?

As therapists, we are trained in adapting our session plans and interventions to meet the needs of the participants. Music is a great tool in serving individuals of any age, ability, or background because of the many ways in which it can be adapted, and because of its universal usage across various cultures. For example, in our work in the psychiatric hospital, we frequently serve individuals who are not capable of abstract thinking or even of any level of verbal communication due to the severity of their disorder or the impact of their medications; we utilize more active music making with drums and receptive music interventions with these individuals so that they may connect and express themselves in a manner that does not require words. We may then go to another unit in the hospital that is categorized by a different mental health needs such as Substance Use Disorder, in which we might utilize song analysis and songwriting interventions to meet the emotional expression and processing needs of these individuals who are more capable of abstract thinking and verbal communication.

How do we engage teachers and community center staff before, during, and after programming?

Anyone in the room is encouraged to participate as a group member! We find that our group services are an excellent way for staff to build rapport with those that they serve in a different environment and under new circumstances, often removing the us versus them mentality that can sometimes develop between staff and clients. Before and after programming, our team maintains an open line of communication for any needs that may arise and are always reachable by email or phone. Additionally, staff are encouraged to participate in program development and implementation if they so desire; at one of our facilities, one of the staff has taken an interest in developing a "Community Rock Band," and so we work with him to create therapeutic intention behind the experiences, and he brings his skills on the electric guitar so that he can support the Band musically.

How do we engage participants in the creative and learning process?

The strength of the creative arts is that there is an inherently engaging quality to creative expression. However, we still have to be prepared to further engage participants who may be hesitant or disinterested. The first step to this is to build a rapport with clients and learn more about their interests and preferences as they pertain to the creative medium being used. For example; we wouldn't utilize the same genre of music for song analysis interventions with a group of teens as we would with a group of adults at a substance use facility. By incorporating client preferred musical genres and styles into our interventions and activities, it often boosts interest and engagement. This can also extend to type of experiences that are preferred, we may be able to achieve some goals through different types of intervention; for example, we can work on group cohesion and community bonding through group drumming activities or through music-based recreation and games; if the group has a preference for one over the other, we can provide a sense of agency and choice in allowing them to choose the direction the group takes at the moment, all the while still address the overarching goal of the experience.

With individuals with disabilities, it can be important to consider their various needs when thinking of how to engage them. For example, individuals with ASD or some with IDD's may have sensory needs, either by hypo- or hypersensitive to certain sensory stimuli. With this knowledge we can build in additional sensory stimuli such as puppets, scarves, or texture toys to use in the music-based activities to provide more stimuli for those who need it; conversely, we might reduce sensory stimuli by reducing bright lights and colors in the area, opting for slower and calmer musical choices, and reducing the volume of our music and speaking voices to engage individuals who may highly sensitive to various sensory stimuli. These are all considerations our team takes into account when working with any population; by first identifying the unique and needs of the group, we can then tailor a music-based therapeutic experience best suited for them.