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## Resilience Fostering Music Therapy: Developing a Music Based Method for Children and Adolescents Experiencing Short-Term Psychiatric Hospitalization

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Resilience Fostering Music Therapy:  
Developing a Music Based Method for Children and Adolescents Experiencing Short-Term  
Psychiatric Hospitalization

Capstone Thesis  
Lesley University

May 5, 2020

Nataly Kruh Elendt

Music Therapy

Michelle Napoli

### Abstract

The implementation of music therapy within short-term psychiatric treatment programs for children and adolescents is in its beginning stages. In an attempt to develop a method which informed the profession and remained authentic to this writer's approach as a clinician and emerging researcher, a two-part intervention protocol was developed within a resilience fostering framework, and through a culturally sensitive and trauma informed lens. Fostering resilience was defined in terms of increasing distress tolerance, increasing insight, and the use of coping skills. The implementation of the group on-site protocol intervention showed promising results specifically in promoting music as a coping skill and promoting communication between the therapist and the participants about culture and identity in relationship to music. The self-exploration protocol expanded the inquiry, provided direct experience and insight about the benefits of the intervention, and informed discussion regarding areas for improvement.

## Resilience Fostering Music Therapy:

### Developing a Music Based Method for Children and Adolescents Experiencing Short-Term

### Psychiatric Hospitalization

## **Introduction**

Working as a mental health counseling intern within a psychiatric hospital unit while specializing in music therapy can be a daunting endeavor. During the first few weeks of my internship in children's short term residential psychiatric care, right after getting cleared to lead groups on my own, I vividly remember an encounter with one of the patients at the unit who provocatively asked during one of the group therapy sessions: "how is this (referring to the music based activity) going to help with my anxiety or depression?". Although it later became clear that this patient had a similar attitude in talk-based therapy groups and did not intend to downplay the music therapy approach in itself, her question stuck with me. At the time I was still finding my footing working in a psychiatric hospital and at such a high level of care, which resulted in feelings of insecurity about the work I was doing. As a student, my immediate reaction was to dive into the research literature, have it be my life savior. I thought I would implement the interventions of professional music therapists and feel at ease with the validity of the approach. However, I quickly realized research supporting the use of music therapy within this setting was scarce. During my initial literature search I was unable to find a single journal article or book discussing the use of music therapy with children in inpatient or community based acute treatment programs. Later, I came across Friedlander's article (1994), in which a group music psychotherapy approach for working with children in an inpatient unit was developed and introduced. Friedlander developed this based on the needs of his patients back in the nineties. Fast forward twenty-six years and still limited research has been published in this

area. At this point I developed a sense of responsibility carrying out preliminary research and developing a music-based method that may serve incoming students and professionals interested in working in providing group therapy for children in short term psychiatric hospital care.

An important aspect observed about clinical therapeutic work with hospitalized pre-adolescent and adolescent populations is that clinicians require a healthy dose of confidence and authenticity. Patients are quick to assess the way the clinician presents themselves, and their first impression can be a determinant of whether they will engage in therapy with that clinician throughout their admission or not. While this may be true for other populations, it appeared more relevant working with children of ages between eleven to fourteen. Hence, I decided to develop a group music therapy method based on resiliency, an area which has caught my interest for a long time and felt authentic to my identity as a clinician. Resiliency research and theory is an ongoing developing area, and similarly to short-term music therapy, has a lot of room to grow. Although resiliency is generally defined as an individual's ability and capacity to adapt in the face of adverse situations, the study of resiliency is of a much more complex nature, as will be later discussed in this thesis. Having a specific framework of reference in defining resiliency, applied to short term stabilizing therapeutic work was an important aspect in the development of the method. With the purpose of better understanding how resiliency connects with my personal identity and experience as a clinician and researcher, an artistic self-exploration of my own resiliency was carried out in parallel as part of the method. The combination of evidence-based research literature, my observational analysis and an arts-based self-exploration collectively form the method described and implemented within a community based acute treatment program (CBAT), where I served as a clinical intern. It is important to note that as the preliminary research process and development for this capstone thesis was deeply related to my personal

experience, I have written the introduction using first person language. However, the following sections will continue with the use of third person language, and I will be referencing myself as “this writer”.

## **Literature Review**

### **Population and Setting**

In understanding the scope of this capstone thesis, it is important to have an overview of the population and setting for which the method is developed. Acute residential treatment for children compresses the highest level of care offered for this population within mental health services in the United States. In the state of Massachusetts, where this method was developed, two different treatment levels are included (Community Based Acute Treatment (CBAT) programs and inpatient hospitalization). Although both refer to short term psychiatric hospitalization and serve the common purpose of providing safety and stabilization for patients with acute psychiatric presentations, CBAT generally serves as a step down or alternative to inpatient hospitalization for younger children or children with less acute presentations who are still considered at high-risk of harming themselves or others. Unlike inpatient hospitalization, CBAT is voluntary and patients cannot be admitted without the consent of their caregivers. The CBAT program in which this writer currently works as an intern serves children between 6 and 14 years old, presenting with acute high-risk behaviors linked to diverse psychiatric diagnosis such as anxiety, depression, OCD, PTSD, amongst others.

### **Music Therapy in Psychiatric Hospital Care**

The use of music-based treatment interventions within high levels of psychiatric care is a relatively recent development in the music therapy field and not a thoroughly researched area, especially regarding children and adolescent populations. This writer’s experience being hired as

an intern, and first music therapist to ever work within the CBAT unit of the hospital, serves as a direct example of this. The Music Therapy Perspectives Journal annual publication elicited the importance of using music-based interventions with this population back in the early 90's, publishing two articles discussing the benefits of music therapy with adolescents in acute treatment mental health facilities (Goldberg, 1989; Brooks, 1989). In 1994, Aldridge explained that although music therapy had been accepted in psychiatric hospitals for some time, particularly within group therapy work, it was generally only implemented as a complementary form of therapy. Although over twenty years have passed since the emergence of this early research, the gap in the literature and perception of music therapy within these settings does not seem to have significantly evolved. Brooks (1989) explained that given the nature of acute treatment facilities, the combination of psychotherapy and behavior therapy were the preferred methods of treatment with this population. The first one offering the patients the opportunity to explore the cause of their behaviors, and the latter enhancing this exploration by providing safety and a concrete structure (p. 37). This still holds true, as CBT (Cognitive Behavioral Therapy) is the most used approach by clinicians within the CBAT unit where this writer works.

More recently, there have been attempts in finding systematic methods for the use of music therapy in acute in-patient treatment with adults. A study conducted by Carr et al. (2013) found 98 papers about the work with this population, only 35 eliciting concrete results. The researchers found certain commonalities in the literature, such as the focus on immediate needs rather than long term goals and the incorporation of interpersonal aims. However, no clear defined method or protocol exists. In the same manner, there is no defined method in working with younger patients at this level of care. This gap may be explained by a number of aspects, such as the emergent nature of music therapy in this area of treatment, the less defined nature of

the work within psychiatric mental health comparatively to medical, physical, neurological treatment oriented settings, the diversity and complexity in presentations of patients within acute short term residential units, and the unpredictable and dynamic nature of the units themselves.

Outside the realm of acute treatment facilities, research literature has shown different benefits using music therapy for the treatment of mental health conditions of children and adolescents. Tomlinson's work using music therapy within mental health services in mainstream school settings (2012), and Camilleri's work using music therapy as a culturally informed treatment option in working with inner city children (2007), are clear examples of this. Although the immediate therapeutic goals and environmental conditions in the work with children receiving short-term acute residential treatment can significantly differ from the ones receiving long term therapeutic services within a school setting, music therapy techniques adapted from those methods could provide similar results, such as increased distress tolerance, mood improvement, and increased social skills.

### **Currently Implemented Treatment Approaches**

A combination of psychotherapy and behavioral approaches are generally part of the standard treatment within psychiatric hospital units for children and adolescents. CBT and DBT (Dialectical Behavioral Therapy) are the most commonly implemented approaches in the CBAT unit where this writer works. Both approaches currently have comprehensive evidence-based research literature which has shown results in treatment for acute mental health treatment. A broad online search using the words 'cognitive behavioral therapy and inpatient' generates thousands of results of peer reviewed articles, including specific studies about the use of CBT in short term treatment for depression, anxiety, personality disorders, and eating disorders. The search also evidences the existence of numerous research studies specifically targeting



adolescents experiencing psychiatric hospitalization (Spirito et al., 2011, Katz et al., 2002, Katz et al., 2004, Walter et al. 2010). Additionally, open access group resources, such as worksheets, can be found readily available online and in the hospital units. Making CBT a convenient, well-researched, and approachable method for student therapists and other type of training and professional clinicians within psychiatric hospitals.

DBT, originally designed as a specialized treatment method for borderline personality disorder to be implemented in long term treatment programs, has also been implemented into short term acute inpatient treatment. Different researchers have shown the feasibility of implementing DBT protocols to treat adolescent patients within short term inpatient units. Katz et al.'s study (2004) showed promising results, such as a reduction of behavioral incidents within the unit, and significant reductions in parasuicidal behaviors, suicidal ideation and depressive symptoms exhibited by patients. Researchers implemented an adapted DBT experimental protocol in the attempt to study the efficacy and cost effectiveness of a short-term approach with adults. Although the method was implemented within a longer timeline than the average admission of children and adolescent in CBAT, the focus of the protocol on skill training, mindfulness, and the incorporation of expressive therapy (drama therapy) with hospitalized patients still proves relevant. It shows the success of integrating different theoretical concepts and approaches within this type of setting, which is applicable to the development of a music therapy group method which follows this writer's theoretical framework.

### **Treatment Focus**

Based on the preliminary review of the literature and this writer's first-hand experience working with this population, specific areas of consideration in developing an effective music

therapy group treatment method include: mood improvement, distress tolerance, social skills, and effective communication skills.

**Social Interaction and Communication Skills.** Brooks (1989) argued that the use of music in therapy helped develop the communication between the therapist and the adolescent patients, a common area of struggle in providing mental health treatment to this population. She explained that the patient's music selection and musical experience could be linked to multiple areas of their developing identity, and as a means to provide power and control to the patients (p. 38). These arguments remain relevant and are often main areas that define the effectiveness of treatment provided in acute residential settings, and in the patient's ability to tolerate therapy.

**Mood Improvement.** While music may enhance communication, it has also been linked to having positive mood effects on patients. Markovich and Kazunori (2015) conducted a quasi-experimental trial comparing single sessions of an active music therapy group, a receptive music therapy group, and a cognitive behavior therapy group, within an adult acute care setting. Although participants showed mood improvements in all of the group types, participants in the receptive music groups showed greater mood improvements (p. 124).

**Distress Tolerance.** Results of mood improvement through receptive music listening and may also be of significance in helping with distress tolerance for adolescents in acute care. It is often observed that CBAT patients have difficulties with high demand for attention and focus or emotionally challenging activities. This can cause patients to disengage or refuse group therapy at the unit. Receptive music therapy techniques are often a less threatening approach, can be used to elicit social interactions during the sharing process, and also allows patients to benefit from the simple process of listening to a familiar or preferred song. Very few studies have been

conducted related specifically to music and distress tolerance, none were found in relationship to children and adolescent populations.

### **Trauma-Sensitive Lens**

Considering the increasing number of evidence-based research supporting the impact of early trauma and traumatic stress in mental health, it is important to review relevant trauma sensitive approaches currently implemented in short term acute treatment care and other residential settings. Trauma-focused CBT (TF-CBT) was developed as short term (8-25 weeks) treatment in working with children/adolescents with post-traumatic stress disorder (PTSD) and their caregivers. However, children do not need a diagnosis of PTSD to access or benefit from this type of treatment (Trauma-Focused Cognitive Behavioral Therapy Website, 2020). Given that within CBAT and inpatient units the individual therapists and group therapist generally provide direct treatment exclusively to the admitted children and not the caregivers, for the purpose of this review the focus will remain mainly on the child's treatment area of the model.

TI-CBT child's treatment model includes psychoeducation and training of coping skills, emotional expression and identification, cognitive coping, and relaxation techniques. All of which have the potential to be fostered through a music-based approach. In fact, there have been recent attempts in developing a TI-CBT music therapy method (Kurtzman, 2019), however this remains an emergent research area and further studies are necessary. Notwithstanding the gap in the literature, this writer has directly observed that children experiencing psychiatric hospitalization may undergo additional difficulties or barriers in their ability to tolerate therapy, potentially induced by their diagnostic presentations, but also from trauma or re-traumatization elicited by the hospitalization process itself, which can create mistrust in the system and its

providers. This further highlights the importance of having a trauma sensitive lens guiding the development of an intervention protocol.

### **Resilience Framework**

According to Southwick et al. (2014), findings about increased levels of chronic stress in society have made resiliency gain an unprecedented amount of interest within the mental health fields in the last few decades. He explains that resiliency is generally defined as an individual's ability and capacity to adapt in the face of adverse situations; however, the study of resiliency is of a much more complex nature. Noting that resiliency has been found to be determined by numerous biological, psychological, social, and cultural factors which interact with one another (p. 3). Further highlighting the importance of accounting culture and individual processes in fostering resilience, Southwick (2014) also explains that resiliency levels are difficult to accurately assess but are of extreme importance in achieving and maintaining a good quality of life (p. 2). This may support the idea that a resiliency enhancing therapy treatment method in short term care is one that impacts an individual in a holistic manner and could promote faster rates of psychological stabilization.

The attachment, regulation, and competency (ARC) model was developed with the idea of fostering resilience in youth with complex trauma presentations. The ARC model, similar to TI-CBT, highlights the importance of skill building and recognition of dangerous situation for both the youth and caregiver (Blaustein & Kinniburgh, 2018). However, the model has been successfully incorporated in residential programs, which provides direct care and treatment in settings with low involvement from the caregivers, such as therapeutic schools. Additionally, Arici-Ozcan et al. (2019) specifically studied the link between distress tolerance and levels of resiliency, finding that that people with a higher level of distress tolerance possess higher

degrees of cognitive flexibility and that cognitively more flexible individuals experience less difficulty in emotion regulation, which signified higher levels of resiliency. Hence, for the purpose of this method, fostering resiliency will be defined as the therapeutic process which allows an individual to increase distress tolerance, increase insight, and the learning of coping skills.

**Resilience and music.** Recent research has linked resiliency to creativity (Hernandez, Mendez, & Garber, 2015). This further promotes music, a creative art, as a viable path for developing a resiliency focused therapy method for all different levels of care, including short-term acute residential treatment for children. Kalaf and Plante's (2019) recent qualitative research working with Syrian refugees supports specifically the use of expressive arts in fostering resiliency. Results of this study, conducted in the form of a workshop, suggested that recreation and encouragement of positive affect within the expressive therapies can foster resilience among young refugees who lack generally lack opportunities to engage in safe playful environments, further strengthening the connection between cultural contexts and resilience. The idea of experiencing a lack of safe recreational opportunities may hold true for many children admitted into a CBAT or inpatient program.

### **Cultural-Sensitive Lens**

Although both TI-CBT and the ARC frameworks have been used in the treatment of children from diverse backgrounds, few specific cultural considerations are explicitly identified within the models themselves. However, the clear connection of music with culture may allow a music-based approach to broaden the method into a being a culturally sensitive one.

### **Method**

The purpose of this thesis was to develop and implement a resiliency fostering music therapy group method to be used in a short-term acute treatment program for children and adolescents. The literature review showed significant gaps in research related to music therapy in relationship to short-term treatment, and in working through a resiliency fostering model with this population. However, both areas and their importance in treatment of mental health disorders have been highlighted and supported by research within the counseling and psychology field. In the attempt to address the gaps whilst still providing a strongly supported method, the use of concepts and constructs from well researched approaches such as CBT, DBT, and the ARC model, were integrated with existing music therapy research within the clinical mental health realm. This music therapy method is designed to potentially provide psychoeducation, increase tolerance and engagement in therapy, provide space for self-expression, encourage positive social interactions and communication, and provide opportunity for participants to gain insight. The on-site protocol was implemented using a culturally sensitive, and trauma informed lens, and following a resilience-building framework, as shown in Figure 1. The second part of the method, a personal art-based self-exploration, was carried out as a parallel process to the on-site development and implementation of the method, as further inquiry and data collection. The self-exploration and on-site protocol followed the same general theoretical lenses and framework.

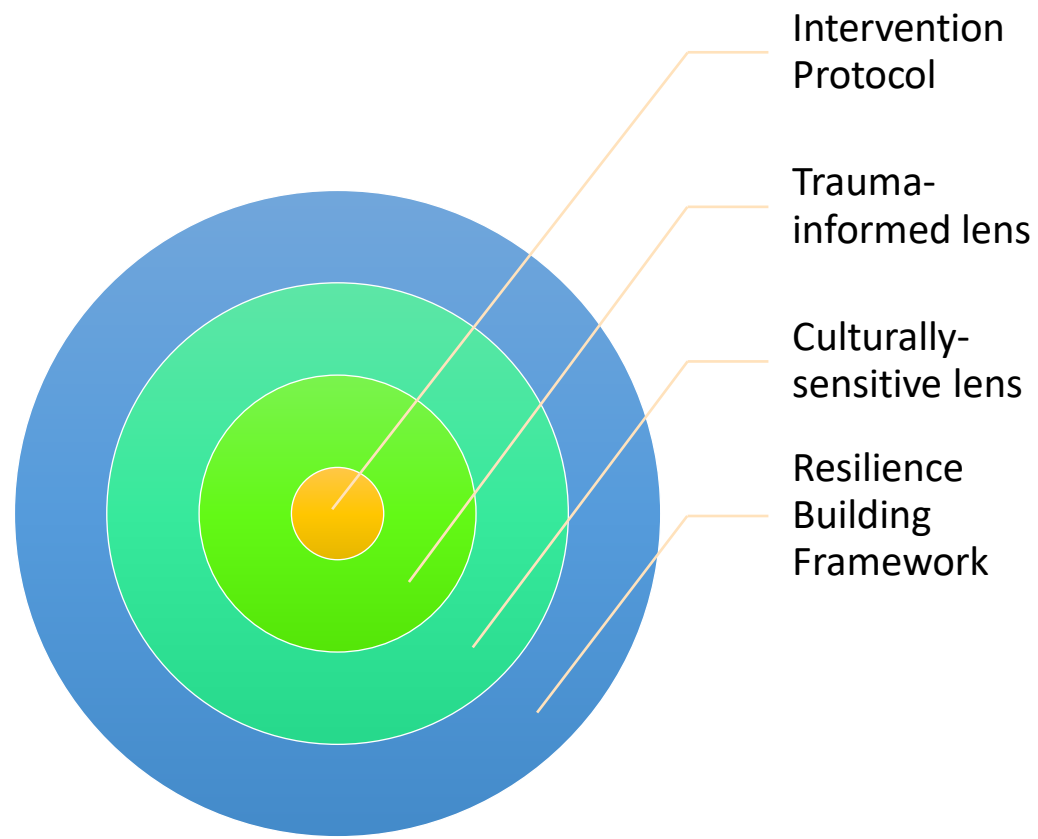


Figure 1: Contextual Framing of the Method

The on-site intervention part of the method was implemented within a CBAT hospital unit for children and adolescents between six and fourteen years of age in the state of Massachusetts. This writer served as a clinical intern in the role of group therapy leader and individual therapist-in-training at the site. The inherent accessibility in providing consented treatment to participants within the intern role facilitated data collection, which followed ethical guidelines at the site. A secondary purpose was to inform future expressive therapy interns and professionals who wish to work within this specific setting. The self-exploration process was implemented both inside and outside of the hospital site, and always in connection to the on-site part of the method.

### On- Site Group Therapy Intervention

The on-site music therapy group intervention followed a six-step protocol within a 45-minute session and was implemented one time for the purpose of this thesis. The intervention protocol is summarized in Figure 2 and explained in detail afterwards.

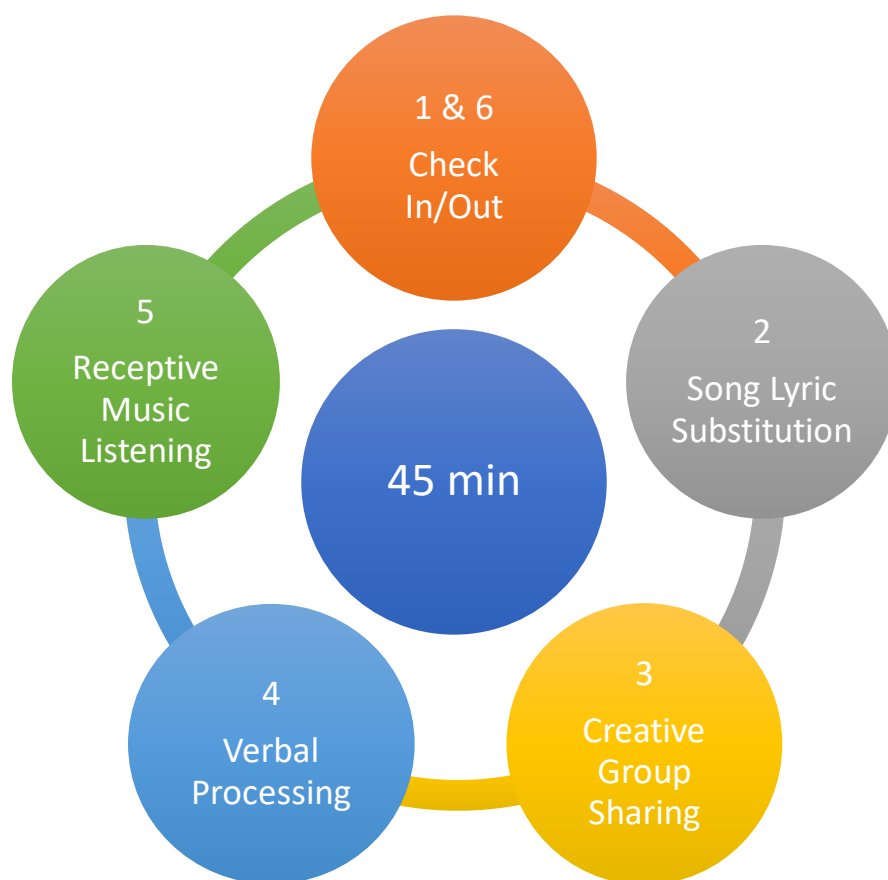


Figure 2: Intervention Protocol

**Step 1 - Check in.** The intervention started with a verbal check-in, in which each participant provided their name, level of support needed (using a 1-10 scale previously explained to all participants within the unit), preferred pronouns, and answered a special question. The pre-planned special question was “what is currently one of the most helpful coping skills you use?”.



**Step 2 – Lyric Substitution/Songwriting.** This step consisted of a music-based activity in which participants followed a worksheet shown in Figure 2.1, which prompted the participants to write an original verse to the song “Fight Song” by Rachel Platten. This worksheet was developed to support the lyric substitution process.

Figure 2.1 Worksheet

<b>Fight Song – Rachel Platten</b>	<b>My Fight Song</b>
And all those things I didn't say	<b>Problem/Situation</b> _____
Wrecking balls inside my brain	<b>Feeling(s)</b> _____
I will scream them loud tonight	<b>Behavior</b> _____
Can you hear my voice this time?	<b>Coping Skill</b> _____
<b>Chorus</b>	<b>Chorus</b>
This is my fight song	This is my fight song
Take back my life song	Take back my life song
Prove I'm alright song	Prove I'm alright song
My power's turned on	My power's turned on
Starting right now I'll be strong	Starting right now I'll be strong
I'll play my fight song	I'll play my fight song
And I don't really care if nobody else believes	And I don't really care if nobody else believes
'Cause I've still got a lot of fight left in me	'Cause I've still got a lot of fight left in me

This worksheet was developed based on the CBT triangle. Although a specific song selection and predetermined worksheet were used for step two of this intervention, the method was developed to allow variability in this step. Some examples of alternatives are: the use of a different song related to a resiliency/coping strategies theme, lyric substitution with additional written prompts, or lyric substitution used directly in the music without a written prompt.

**Step 3 – Creative Group Sharing.** During this step this writer helped the group memorize the song chorus and motivated participants to sing along. The original song verse which was substituted by the participants using the provided worksheet was performed as a musical warm up with the goal to further familiarize the participants with the music. Each participant was encouraged to share their created song lyrics afterwards by sharing the worksheet with this writer (group leader).

**Step 4 – Verbal Processing/Psychoeducation.** The fourth step consisted of a verbal processing of the lyric substitution activity, focusing on the difficulties, successes, and feelings emerging during the process and discussion about the use of music as coping strategy.

**Step 5 – Receptive Music Listening.** This step consisted of a receptive music experience, allowing the participants to choose two preferred songs they would benefit listening to as a group. It was attempted to have participants interact with each other during the selection process.

**Step 6 – Check Out.** During the final step each participant followed the same process as for the check-in, but now answering the question “what is your preferred music genre and why?”. The special question for this step was not predetermined, instead it was suggested and agreed upon by the group participants during the session.

**Materials.** The selection of materials used for the method was determined by the availability of resources and space within the CBAT unit, along with basic safety considerations. All of these areas are important for any music therapist working in a CBAT type setting to consider, as per this writer’s experience, the physical space in which sessions are carried out often changes, instrument availability can be scarce, and the patient’s acute presentations require safety planning. Materials used for the intervention with the participants consisted of a guitar to

support the collective music making, writing tools (ex: pens or pencils) and multiple copies of the lyric substitution worksheet to be used by the participants and supporting residential staff, a portable speaker and a portable internet capable device with access to a music streaming application (ex. Smartphone or tablet) to accommodate the participants' song selections during the receptive music listening process. Exploration about the benefits of using music streaming services as adjunct treatment for mental health disorders such as anxiety, depression, and bipolar disorder, is an emergent field on its own (Schriewer & Bulaj, 2016). Further discussion about its relationship to this method should be considered.

### **Personal Arts-Based Self-Exploration**

This writer's self-exploration part of the method was based on the same protocol implemented on-site with the participants. This part of the method was carried out four different times, with "session" times varying between 30 and 40 minutes depending on schedule availability, overall needs of this writer, and the setting where it was carried out (inside CBAT unit or private home setting). Figure 3 shows an adapted graph of the personal arts-based self-exploration based on the original intervention protocol shown in Figure 2. This is followed by a step by step description explaining the adaptations.



Figure 3: Self-Exploration Adapted Intervention Protocol

**Step 1 & 6 –Check in/out (Mindfulness).** The check-in and check-out process was adapted to consist of brief mindfulness processes, with the goal of gaining insight about immediate needs, related to the support level scale used during the on-site protocol. No specific question or intention was set up within the protocol, allowing these to arise naturally at the start and the end of each session.

**Step 2 – Songwriting/Lyric Substitution.** This step was modified to allow songwriting in addition or as an alternative to the lyric substitution activity. No worksheet or pre-established song was used during the first three sessions. The lyric substitution worksheet (Figure 2.1) used during the on-site protocol was only used in the fourth and final session, given that this session

was directly based on processing the experience of implementing the protocol with the participants.

**Step 3 - Sharing Results (Excluded).** The creative group sharing step was excluded from the self-exploration sessions due to the private and individual nature of this process. The results section of the protocol within this thesis could be potentially considered a replacement for this step.

**Step 4 – Journaling.** The verbal processing (step 4 of intervention protocol) was replaced with a written journaling process, better fitting individual self-exploration conditions.

**Step 5 – Receptive Music Listening** A similar process of selecting and listening to preferred songs was implemented during the self-exploration protocol. However, engagement in a visual art process such as painting, or drawing, was also incorporated into this step during some of the sessions.

## **Data Collection**

**On-Site group therapy protocol.** Data was collected from observational information elicited during the one-time implementation of the protocol. This included the number of participants, relevant statements and comments, displayed engagement, support level provided using a scale during check in/out, the creative product (lyric worksheet), and any other relevant social interactions or behaviors observed during the implementation of the protocol. Specific observational areas, displayed in Table 1 were determined before the implementation of the method, in order to serve as a preliminary guideline for data collection related to the main focus areas in the developing method.

**Table 1:** Observation Guideline for Data Collection

<b>Session (1)</b>	<b>Participants #</b>		<b>“Outstanding” Behaviors/Observations</b>
	Group total		
<b>Active Engagement</b>	Step 1		
	Step 2		
	Step 3		
	Step 4		
	Step 5		
	Step 6		
<b>Support Scale Differences (Check in- Check out)</b>			

Given the subjective nature of observational data, the collection process was limited to this writer’s determination of ‘relevancy’ and/or being deemed ‘outstanding’ behaviors. This data observation process was informed by this writer’s clinical training and experience as a music therapy intern on site, the preliminary literature research conducted while developing the method, and this writer’s own intuitive knowledge.

**Self-exploration protocol.** Data was collected mainly from observational information elicited and recorded through the artistic processes involved in each step of the adapted protocol. This data included written journal entries, musical selections, visual art-making, and songwriting products. In contrast to the on-site implementation protocol, no specific observational guidelines were predetermined.

## Results

### On-Site Group Therapy Intervention Protocol

Session (1)	Participants #		Outstanding Behaviors/Observations
	Group total	6	<ul style="list-style-type: none"> <li>-1 participant was pulled out of the group by clinical team during step 3 of the session.</li> <li>- 1 participant was present throughout the session but never appeared actively engaged.</li> <li>-Participants diagnoses were varied, including one or a combination of: anxiety, depression, oppositional defiant disorder, and/or post-traumatic stress disorder. 2 participants in particular had significant trauma histories documented</li> </ul>
Active Engagement	Step 1	5	<ul style="list-style-type: none"> <li>-All actively engaged participants were able to identify at least 1 preferred coping skill. 2 participants identified music in their answer, including one of the participants with PTSD diagnosis.</li> </ul>
	Step 2	4	<ul style="list-style-type: none"> <li>-Conversations among participants stopped. Silence periods increased.</li> <li>-Two participants created similar lyrics to the ones provided in the example given by this writer.</li> <li>- One participant expressed discomfort with the song choice calling it “cheesy”; went on to complete the lyric worksheet which showed emotional insight</li> </ul>
	Step 3	5	<ul style="list-style-type: none"> <li>-Most participants were reluctant to have their created lyrics sung out loud. One volunteered, two agreed to have this writer share for them, one read the lyrics but refused using the song, one refused to share overall.</li> </ul>
	Step 4	3	<ul style="list-style-type: none"> <li>-Discussion focused on how participants used music as a coping skill.</li> <li>-Discomfort of participant in previous step elicited short conversation about music personal preferences and culture.</li> <li>-Participants with more extroverted traits appeared more actively engaged.</li> </ul>
	Step 5	4	<ul style="list-style-type: none"> <li>-Active engagement was difficult to assess due to the nature of receptive listening.</li> </ul>

			-Participant who expressed discomfort about song genre during step 2 actively chose a song to share with the group. Subtle positive affect change was displayed at this time. -Two participants expressed desire to listen to additional songs during this step.
	Step 6	4	-Participants chose question related to their music preference and how that preference first developed. -Prolonged answers of participants in comparison to the check in (step 1).
Support Scale Differences	No differences in support levels provided by participants		-Based on previous clinical experience on site, participants seem to have the tendency to report similar need for support at the beginning and end of all groups. Even when mood or affect changes are displayed during the group process.

### Self-Exploration Protocol

The following table shows relevant data collected from this writer's written journal entries, musical selections, visual art-making, and songwriting products created during the implementation of the protocol.

Self-Exploration Observational Data	Session 1 Setting: Home	Session 2 Setting: On-Site	Session 3 Setting: Home	Session 4 Setting: On-Site
Step 1	- <b>Guided meditation:</b> 7 min online audio used. Acknowledged feelings of stress and body back pain.	- <b>Writing:</b> Two prevalent feelings – Pressured and tired	- <b>Body check in:</b> Stretching and short pain relief online yoga routine used. -Report of back pain diminished.	- <b>Writing:</b> Two prevalent feelings – Anxious and nervous
Step 2	- <b>Learning</b> of pre-composed song (use of guitar and voice). Calm song selection.	- <b>Song writing process:</b> Part of a melody and lyrics created and recorded with voice.	- <b>Song writing process:</b> Continuation of song writing from session 1. - <b>Improvisation:</b> Vocal	- <b>Song writing process:</b> Use of lyric substitution worksheet used during on-site protocol implementation.



	<p><b>-Song writing process:</b> Brief engagement. Created lyrics to described one particularly distressing interpersonal situation. Lyrics were created in Spanish and instrumental content was Latino influenced.</p>		<p>improvisation using the chords from the song written (no words were used).</p>	<p>Lyrics mentioned feelings of pressure and struggle to remain attentive.</p>
Step 4	<p><b>-Journaling:</b> Focus on free writing about thoughts and emotions concerning specific situation portrayed in the created song.</p>	<p><b>-Journaling:</b> Expressed feelings of anxiety about being interrupted in the used space or heard by co-workers.</p>	<p><b>-Journaling:</b> Expressed improved mood and overall wellness particularly after body check-in and the instrumental improvisation.</p>	<p><b>-Journaling:</b> Described experience of implementing protocol on-site. Important themes were managing resistance from a few participants, nervousness, pressure, and anxiety related to the desire for the intervention to work and environmental conditions.</p>
Step 5	<p><b>*Emergence of Step 5</b> (following needs and wants of this writer)  <b>-Music listening:</b> Instrumental song selection from preferred music playlist.  <b>-Visual Art:</b> Depiction of water using music for hand</p>	<p><b>-Music listening:</b> Selected song to be potentially used for group music therapy work on-site. Non-preferred music.  <b>-Visual Art:</b> Not engaged in.</p>	<p><b>-Music listening:</b> Selected two upbeat songs from favorite artists.  <b>-Visual Art:</b> Colorful abstract painting using watercolor pens.</p>	<p><b>-Music listening:</b> Random selection from saved playlist. Process interrupted by having to complete a work task.</p>

	movement. (Oil pastels)			
Step 6	-Silent short meditation and mindful breathing. Prevalent feeling: “relief”.	<b>-Writing</b> two prevalent feelings after session: Unfocused and anxious	-Silent meditation and prayer. Prevalent feelings: Grateful and happy.	-Not completed.

### Discussion

It is important to first consider the results through the framework and lenses in which the method was developed. Please refer to Figure 1: Contextual Framing of the Method.

#### Trauma Informed Lens

During the on-site implementation of the method a few aspects related directly to trauma were noted. As shown in Table 1, two of the group participants had documented significant trauma histories, making a trauma informed lens particularly relevant in the implementation of the protocol. One of the two participants stated using music as a preferred coping skill and remained an active participant throughout the group. And contrastingly, the other participant refused active participation throughout the entirety of the group session and was displaying high levels of distress since its start. Both participants were able to tolerate remaining in the space during the duration of the session. Although no specific improvements related to trauma treatment can be noted from data collected from the one-time implementation, no significant heightened distress, safety concerns, or direct triggers were observed. However, it is recommended that song selection during the lyric substitution and receptive music steps in the protocol is constantly assessed and even discussed with all participants in the group.

The self-exploration protocol elucidated that although this writer does not have a diagnoses of post-traumatic stress disorder, or a significant trauma history as defined by the

setting for which the method was developed, consideration of high levels of stress and vicarious trauma should also be part of keeping a trauma sensitive lens within the method. This would account for the mental health of the clinician leading the group and its ability to implement the protocol, and other residential staff supporting the process. As shown in Table 2, the generally fast paced and high stress environment of a psychiatric hospital unit increased disruptions and this writer's ability to draw benefits from the intervention protocol when implemented at the site, comparatively to its implementation at home. The influence of hospital environmental conditions in trauma treatment, stabilization, and the use of music therapy should further be considered.

### **Culturally Sensitive Lens**

Even though there is a gap in research concerning the role of culture in the psychiatric treatment of children and adolescent populations needing high levels of care, the implementation of this method provided some related data worth discussing. An observation recorded in Table 1 noted the discomfort one participant expressed in relationship to the song selection during the lyric substitution step of the protocol. This participant explained how she felt about the song and proceeded to share about their own music preferences. Although not all participants shared the same outlook about the song, this event led to a conversation about individual preferences, feelings about having choice in music selection, and discussion about how musical preference developed or was developing for each participant. All these areas relate to the relationship of music and musical preference with cultural aspects and identity. Exploring this relationship in therapy could potentially lead to a more efficient use of music as an individualized coping strategy, serving the overall treatment for a variety of diagnosis. In short term settings such as CBAT, the emergence of the conversations or simple acknowledgement of the importance, commonalities, and differences in musical and cultural aspects of each group participant

appeared to be a significant steppingstone in implementing a culturally sensitive music therapy treatment method. It also potentially allows its implementation within a different culture, outside of the United States, or other states within it. Additionally, implementing the self-exploration protocol having this writer being a native Colombian, provided added perspective in relationship to cultural aspects within the music selected during the intervention and the potential strength and resource of song selection within the method.

### **Resilience Framework**

Given the scope and purpose of this method, fostering resiliency was earlier defined in this thesis as the therapeutic process which allows an individual to increase distress tolerance, increase insight, and the learning of coping skills. Following this definition, promising results were shown in the attempt to promote music as a coping skill by allowing participants to reflect on how they may already be using music and explore their own connection to music. The active music therapy steps in the method also encouraged conversations and interactions which appeared to allow participants to further gain insight about themselves and their identity, such as the ones which emerged in relationship to culture and family background. This also further supports Brooks (1989) claim about music serving as a means of communication between the therapist and adolescent patients, earlier reviewed in this writing. Less clear results were shown in terms of using music to encourage creativity. The numerous limitations of this research, including but not limited to time constraints, the internship role, resources, number of implementations of the method, gaps in preliminary research literature, in addition to ethical considerations in data collection, do not allow for clear conclusions to be drawn on this regard. However, in allowing participants to engage in a lyric creative endeavor during step 2 of the protocol, it was noted that setting an example of a substitution before participants attempt to

create their own may hinder the creative flow of the process. This was observed specifically as three of the participants wrote very similar lyrics to the ones given in the example. The usefulness or potential detriment of using the example technique needs to be further established with further implementation of the on-site protocol.

The self-exploration protocol sessions showed results in increasing awareness, serving as a coping strategy, and in turn increasing distress tolerance for this writer at least on a temporary basis. These benefits were specifically noticed when the protocol was implemented in the home setting rather than on-site. Additionally, having the flexibility of adapting the protocol to meet individual needs seemed to provide the best results. This was experienced with the inclusion of receptive music listening and visual arts into the sessions, which allowed for step 5 (receptive music listening) in both protocols to be developed. Although these results are drawn from an individual and subjective experience, and the protocol's benefits cannot be generalized to an overall group population, the data from the self-exploration constantly informed the on-site protocol implemented with the participants. It also allowed for this writer, as the clinician and researcher, to experience the intervention in a direct manner for greater clinical insight regarding the potential of the method.

### **Suggestions for Improvement**

Observing the relationship created by implementing two protocols within the method and information collected, there are three areas of the resilience fostering group music therapy intervention protocol that can be improved upon. First, there is potential for the receptive music listening part (step 5) to become the main activity in a separate intervention. This was concluded from the in-session feedback of three participants, who were significantly encouraged by this step and requested more time to share their song selections. Second, in reflecting upon the results

from the check in and check out (steps 1 and 6), the inclusion of a body check-in, a two word feeling report, intentions for the session, or engagement in other forms of mindful activities previous to reporting support levels on the scale could provide more insight and thoughtfulness into the participants answers. These techniques were beneficial when included in the self-exploration protocol. Lastly, allowing overall flexibility in the order or incorporation of techniques serving the immediate needs of the participants should be prioritized in an effective method with this population, given the unpredictability and variability of the groups. The strict adherence to a step by step protocol served mainly as a means for organization and data collection in the development of this capstone thesis. However, positive results incorporating a more flexible approach were observed in the self-exploration protocol. Implementation and further research about the benefits of the method in individual sessions with patients should also be considered.

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***THESIS APPROVAL FORM***

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Expressive Therapies Division  
Expressive Therapies Division  
Master of Arts in Clinical Mental Health Counseling: Music Therapy, MA**

**Student's Name:** Nataly Kruh Elendt

**Type of Project:** Thesis

**Title:** Resilience Fostering Music Therapy: Developing a Music Based Method for Children and Adolescents Experiencing Short-Term Psychiatric Hospitalization

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:** Michelle Napoli