

Lesley University

DigitalCommons@Lesley

---

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences  
(GSASS)

---

Spring 5-22-2021

## The Effectiveness of Build-A-Bop as a tool to build Self-Efficacy on an Inpatient Unit

Keynessa Nazaire  
knazaire@lesley.edu

Follow this and additional works at: [https://digitalcommons.lesley.edu/expressive\\_theses](https://digitalcommons.lesley.edu/expressive_theses)



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Nazaire, Keynessa, "The Effectiveness of Build-A-Bop as a tool to build Self-Efficacy on an Inpatient Unit" (2021). *Expressive Therapies Capstone Theses*. 447.  
[https://digitalcommons.lesley.edu/expressive\\_theses/447](https://digitalcommons.lesley.edu/expressive_theses/447)

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact [digitalcommons@lesley.edu](mailto:digitalcommons@lesley.edu), [cvrattos@lesley.edu](mailto:cvrattos@lesley.edu).

The Effectiveness of Build-A-Bop as a tool to build Self-Efficacy on an Inpatient Unit

Capstone Thesis

Lesley University

Spring 2021

Keynessa Nazaire

Mental Health Counseling with a concentration in Drama Therapy

Dr. Laura Wood, PhD, RDT/BCT

### **Abstract**

This thesis explored Build-A-Bop, an original intervention that utilizes elements of drama therapy, music therapy, and Hip-Hop therapy with adults who have been admitted to an adult inpatient short-term unit. Research has shown that hip hop therapy and drama therapy are effective approaches in an adult short-term psychiatric unit (Keisari & Palgi, 2017). This paper presents the foundation for Build-A-Bop and explored its capacity to encourage self-efficacy with adults in an inpatient psychiatric unit. For the purposes of this thesis, Build-A-Bop was broken into four different groups, where each group activity was run by a single drama therapist, who was also the creator of the intervention. Participation was voluntary, and patient experience was recorded by the group leader through journal entries and arts-based responses. Overall, this thesis found that Build-A-Bop has the potential to be useful for adults in a short-term psychiatric unit.

*Keywords:* drama therapy, music therapy, Build-A-Bop, self-efficacy, inpatient

### **Introduction and Author Perspective**

Stabilization is the primary focus when a patient is admitted to a short-term psychiatric unit due to mental health concerns. To accomplish this, patient treatment plans are centered around medication and skill building, such as dialectical behavioral therapy (DBT) and cognitive behavioral therapy (CBT). Although these are important and necessary parts in a patient's recovery journey, this writer has often noticed a lack of amusement, happiness, and play in this process. From this author's perspective, the groups provided at McLean's short-term unit lacked opportunities for the patients to exercise their right to play and practice these learned skills, and the patients experienced "difficulty tolerating the unpleasant, whether it was feelings, thoughts, or circumstances, which often caused patients to leave group or to shut down within group" (Pollock, 2018). In order to avoid such strong reactions, playfulness in therapy can be used to combat the rigidity and inflexibility that comes with this population (Forrester and Johnson, 1995). In order to ignite renewed spontaneity, an original intervention, called Build-A-Bop, was introduced to McLean's short-term psychiatric unit.

The phrase "fake it till you make it" is often used to encourage those who are struggling with various life circumstances, as well as when referring to a lack of self-confidence, happiness, strength, etc.. Researchers such as Strack, Martin & Stepper (1988), Wells & Petty (1980), and Caciopo, Priester & Berntson (1993) conducted studies that supported the role of embodiment in shaping our attitudes, emotions, and self-perceptions. According to Niedenthal, Barsalou, Winkielman, Krauth-Gruber & Ric (2010), "Embodiment refers to a broad range of phenomena in which bodily states or postures seem to produce thoughts, feelings and beliefs, directly, in the absence of situational factors that might warrant such reactions" (Niedenthal, Barsalou, Winkielman, Krauth-Gruber & Francois Ric, 2005, as cited in Guillory, 2010). Although it might

be encouraging to some people who struggle with a lack of motivation, it is a lot harder to encourage patients in an adult inpatient unit to adopt this kind of mentality. According to Guillory (2010), “Particular postures and expressions activate emotions in the absence of situational factors that might warrant such feelings. People’s understanding of emotional content is reduced when they are unable to engage in the facial expressions associated with emotions” (p. 2). The difficulty of applying this mentality is especially relevant to patients admitted to the short-term psychiatric unit at McLean hospital in Belmont, Massachusetts. Patients are typically adults between the ages of 17 and 65 years old who present with varying diagnoses and need medicinal stabilization. During their stay, patients are offered groups that address themes such as skill building, self-love, stigma, etc. Unfortunately, these groups are not required as a part of the patient’s care plan, but are the only space provided to put these themes into practice. From the perspective of this author, patients that do voluntarily attend these groups, expressed a lack of confidence in their abilities and competencies to the point that there is a noticeable pattern of immediate readmission after discharge. Even though they were given the practical skills to succeed post treatment, rarely did the patients get the chance to put these skills into practice while in treatment.

Given the difficulty of maintaining perseverance to reach desired goals throughout treatment, it can be theorized that patients have little intrinsic motivation to continue in the face of hardship. From this, other factors may serve as guides and motivators; they are rooted in the core belief that one can make a difference by one's actions (Badura, 2010). According to Frank (2004), “Thus, strengthening the patient’s sense of mastery or self-efficacy is probably the strongest morale-enhancing component of all psychotherapies. To this end, all therapies typically emphasize that therapeutic gains result primarily from the patient's own efforts” (p. 314). From

this, the importance of skill building for the purposes of building motivation to increase patient efforts can be demonstrated through elements of drama therapy. Drama therapy has several different theories, and this intervention included the drama therapy theories of Transformation, Play, and Embodiment as well as the addition of hip hop theory.

Stemmed from the struggles of the African American community in 1970s New York, hip-hop has become a musical symbol of resilience. Although it was started within the African American community, it has become a haven for marginalized communities that do not have access to basic mental health care and other necessary resources. More specifically, these marginalized communities comprise those who are considered minorities, and who also suffer from depression, anxiety, PTSD, schizophrenia, etc. Due to the lack of resources and the associated stigma towards mental illness, these marginalized populations tend to go undiagnosed. As a result, music, especially hip hop and other genres, have become therapy for these communities. This thesis will present Build-A-Bop, an intermodal approach that incorporates elements of drama therapy and music therapy through hip-hop to encourage self-expression, self-advocacy, and self-communication with the intention of filling in treatment gaps through fun and playfulness.

### **Literature Review**

In this literature review I will be presenting the basic theoretical constructs that influenced Build-A-Bop. I will first discuss the population that it was used with: adults in short-term psychiatric care. I will then focus on explaining drama therapy and two approaches within drama therapy that helped create Build-A-Bop. Since Build-A-Bop is a culmination of the two creative art therapy approaches, I will also be exploring the benefits of merging music therapy with drama therapy. Although I am not a music therapist, I will be giving a brief overview of

music therapy, history of hip-hop, and hip-hop therapy and how they can be beneficial to the population.

### **Adults Patients in Short-Term Psychiatric Care**

Patients admitted to short-term psychiatric care units are usually treated for severe mental health conditions, including depressive disorders, dissociative disorders, bipolar disorders, anxiety disorders, and personality disorders. These diagnoses, while all vastly different, do share similar symptoms such as anxiety, lack of motivation, depression, and suicidal intent/ideations that may put the patient at risk. For the purpose of this thesis, depressive disorders will be the focus due to the negative effects they have on motivation (Benvenuti, Buodo, Mennella, Dal Bò, & Palomba 2019). The American Psychological Association's (2013) criteria for depressive disorders include depressed mood most of the day nearly every day, diminished interest or pleasure in activities, weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation nearly every day, fatigue loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to concentrate, recurrent thoughts of death, recurrent suicidal ideation, and an attempt or specific plan for suicide (*Diagnostic and Statistical Manual of Mental Disorders*, 5th edition [DSM-5], 2013). As noted in the criteria, symptoms of depression can contribute to a lack of motivation that affects a patient's belief in self. This can manifest as not attending groups or following their treatment plans, isolating from peers, or having a challenging time trying new, or familiar, things. Patients may also feel hopeless working towards goals when they feel both physically and cognitively stuck due to a lack of motivation.

Some of the more common goals in an inpatient psychiatric unit include: protecting the lives of each patient, maintaining a safe environment for everyone, and decreasing suicidal

ideations by improving interpersonal and psychosocial factors (Bongar & Sullivan, 2013). Based on the importance of these goals and standards of care, all staff must display a level of knowledge and support that prioritizes each patient's mental state at any given time. To do this, “it is crucial that all assessment, treatment, and management decisions, etc. and all activities and interactions be meticulously and contemporaneously documented” (Bongar & Sullivan, 2013, p. 239). This means that group notes, safety checks, and even milieu comments are especially important as “careful consideration must be given to levels of perturbation and levels of lethality as separate and equally important factors in the ongoing evaluation of suicidal risk” (Bongar and Sullivan, 2013, p. 137). To do this, therapy, whether group or individual, should be part of an in-patient treatment plan.

With an average stay of two weeks, a patient's treatment plan is vital to their stabilization and recovery. In a typical short-term unit, treatment plans include medication management, daily team meetings, as well as optional electroconvulsive therapy (ECT) or transcranial magnetic stimulation (TMS) if needed. Though medication management is a priority on a short-term unit, a combination of medications and psychotherapy may be the most effective treatment plan for short-term units. Though this combination may work for some patients, it should not be considered a universal approach for depression (Ambresin et al., 2012). In the same way one diagnosis is not going to present the same from patient to patient, it cannot be expected that a treatment plan will be the same from patient to patient either. Therefore, options are needed to meet the varying needs of all patients within a short-term unit (Ambresin et al., 2012).

### **Drama therapy**

Drama therapy is an experiential approach that intentionally uses theatre techniques to achieve therapeutic goals. Participants are encouraged to use play, dramatic projection, role-play,

distancing, and embodiment to practice ideal situations, extend and find flexibility between life tasks, and embody the transformation of themselves they wish to see in the world (North American Drama Therapy Association [NADTA], 2012). Drama therapy allows clients to explore and express personal stories, problems, goals, and emotions using effective tools such as improvisations, play, empathy, and distancing. In Jones's (2007) *Drama as Therapy*, the author presented the different core processes within drama therapy, which include dramatic projection, therapeutic empathy and distancing, role playing and personification, interactive audience and witnessing, playing, life-drama connection, transformation, and embodiment.

Transformation, embodiment, and play are three core processes that work well together within not only drama therapy groups, but with the Build-A-Bop intervention as well. Playing is a flexible state of reality, free of fear and judgement, that allows the freedom to engage with various ideas and relationships, with the self, and with others (Mayor and Frydman, 2021). Embodiment is the intentional heightened use of the body that allows for self-expression in a dramatic manner. This form of self-expression may provide new perspectives, awareness, and may validate physical and emotional release (Mayor and Frydman, 2021). Lastly, transformation gives a patient permission to explore intra- and interpersonal roles that challenge their ideas of what possibilities look like in the outside world (Mayor and Frydman, 2021). Within the field of drama therapy, no core processes work alone, and drama therapists will often find themselves utilizing multiple core processes to provide an effective and efficient group.

### ***Role Theory and Method***

Role theory is a potentially useful approach for adults who have been admitted to a short-term unit for stabilization. According to Landy (2003), all humans have a repertoire of roles that they play in their day to day lives. By participating in drama therapy groups, adult patients can

broaden their sense of self because these groups often encourage them to play with roles they may not be comfortable with. Landy (2005) stated “the aim of drama therapy treatment is to help people find a balance between their contradictory roles, such as that of the victim and the survivor, and to learn to live with their role ambivalences” (p. 96). As a result, patients become more comfortable with these new roles that they are adding to their repertoire, and even start to believe they can implement them more effectively in their day to day lives. In *Current Approaches in Drama Therapy*, the authors, in reference to role theory, stated:

With a history throughout the twentieth century in the fields of psychology, sociology and anthropology, role theory was developed by a number of theorists and practitioners who believed that the dramatic metaphor of life as theatre and people as actors can be applied to an analysis of social and cultural life and inner psychological processes (Emunah & Johnson, p. 84).

The style of the role that a patient chooses to take creates distance between themselves and the role and moves them both closer and further away depending on what they need in order to discover balance (Emunah & Johnson, 2021). Within role theory lies the role system in which:

Roles that are available to consciousness and that can be played out competently. But there are also dormant roles within the role system that have faded from consciousness because of neglect or abuse or lack of need. Roles that are not called out will not be played out, even though they may exist within. They will be activated when given the proper social or environmental circumstance (Emunah & Johnson, 2021, p. 89).

It is important to remember that when working with adult patients they may not feel as if they can play certain roles due to a lack of familiarity with them. Certain roles, though, may just be lying dormant within their unconscious self.

The practical application of role theory, called Role Method, was originally an eight-part model created by Landy (1993). It consisted of:

1) invoking the role, 2) naming the role, 3) playing out/working through the role, 4) exploring alternative qualities in subroles, 5) reflecting upon the role play: discovering the role qualities, functions, and styles inherent in the role, 6) relating the fictional role to everyday life, 7) integrating roles to create a functional system, 8) Social modeling: discovering ways that clients behavior in role affects others in their social environments.

(Landy 1993, p. 46)

Rold Method has since evolved into a more fluid and interchangeable four-part model. This four-part model focuses on the roles of hero (Who am I?), destination (What do I want?), an obstacle (What is keeping me from getting there?), and a guide (Who can help me?) (Emunah & Johnson, 2021). With this model, patients from different types of populations can fully dramatize and project these roles with the help of a drama therapist.

### ***Developmental Transformations***

Developmental Transformation (DvT) is a therapeutic intervention that is grounded in the notion that life is filled with instability. In the latest edition of *Current Approaches in Drama Therapy*, Johnson and Pitre (2021) defined DvT as “an arts-based, performative practice in which the client, called a player, spontaneously enacts how they are feeling and what they are thinking with a therapist, called a playor, and other players if in a group format.” (p. 123). To fully benefit from a DvT session, player(s) and playors agree to follow the four elements of DvT: playspace, embodiment, encounter, and transformation (Johnson, 2009). One of these elements, the playspace, is defined as the holding space created by the patient(s) and therapist that allows them to step away from reality, and into a space not bound by conventional rules. It is meant to

be liberating, safe-enough for sharing, and is constantly able to adapt to the needs of whoever is in the space. In order to achieve that, aesthetic distance needs to be implemented with a DvT group session.

Aesthetic distancing is the relationship between actor(s) and role, as well as actor(s) and audience (Emunah and Johnson, 2021). In the therapeutic space, the goal is to appropriately gauge what the client needs to express themselves, and not repress what they are feeling, and “This point is noted by one’s ability to express feeling without the fear of becoming overwhelmed, and to reflect upon an experience without the fear of completely shutting down emotionally” (Emunah & Johnson, 2021, p. 91).

### ***Adults with Drama Therapy***

As previously mentioned, one of the major issues found in short-term psychiatric care is that there is not enough focus on therapy. Over time, the duration of this type of care on short-term psychiatric units has dropped from about one year to about a week (Forrester and Johnson, 1996). Given this brief period, there is minimal room for effective therapeutic intervention when the predominant focus is on medication management, behavior control, psychoeducation, and cognitive-behavioral interventions (Johnson, 1996). In order for drama therapy to be an effective part of a patient's short-term unit treatment plan, Forrester and Johnson (1996) noted, “it must satisfy the following conditions: the entire effect should be accomplishable in one session; it must be an obvious contribution; and it cannot be expected to impact directly on an illness itself” (p. 126).

As drama therapy groups are not a required part of treatment on an inpatient psychiatric unit, when patients do attend, they should be encouraged to take a more active role in their treatment to shift from feeling like a victim of their illness to feeling like they are a survivor of it

(Forrester & Johnson, 1996). One population that could benefit from this type of intervention is the inpatient homeless population as they may have a harder time getting access to resources to combat their mental illness.

Drama therapy is something that anyone from any socioeconomic background can participate in, especially patients who may be homeless and not have access to as many resources as someone who is more financially stable. With homeless patients being an underserved population, Schnee (1996) argued “homeless psychotic patients live in an unsafe world marked by chaotic interactions. The establishment of consistency, simplicity and predictability in the group helps them to develop a sense of the world as a dependable and safer place to be” (p. 55). Unfortunately, the consistency needed in treatment to combat this population’s pathology and sense of rejection cannot always be made available for patients. Though drama therapy provides a richer and deeper form of expression, treatment facilities may not always have the option to provide drama therapy to these populations (Schnee, 1996). Despite the ways in which the homeless population would benefit from short-term care, they are unable to benefit from care that does not offer the therapy they need in order to overcome their mental illness.

### **Music therapy**

Music therapy is defined as using an instrument and/or one’s voice to express oneself (Wärja, 1999). Within music therapy, there are two approaches that work well together: the *expressive* approach, which uses instruments and voice to express feelings and explore relationships, and the *receptive* approach, which uses pre-recorded or improvised music to evoke images in the listener to be further explored (Wärja, 1999). These two approaches together create a space where “an individual would use instruments and/or voice ‘to become’ a significant person, improvise on a figure from a dream or deal with an event from daily life” (Wärja 1999,

p. 173). The receptive approach alone, on the other hand, allows for feelings, emotions, and memories to emerge as they listen to the music. With so many varying genres of music, individuals have been able to create and nurture a personalized relationship with music. As musical preferences are both cultural and individualistic, it is the importance of that connection that varies from person to person:

The pleasure gained from listening; the warmth and sense of togetherness from being part of a group making music; the stimulus and satisfaction from regular practice and rehearsal; the intellectual delight of exploring the intricacies of musical forms and structures; the physical energy released within our bodies by both playing and listening to music, inspiring us often to move and dance. At the root of all these reasons lies the fact that music links with our innermost emotional, spiritual, and most private selves, and yet is also a social experience. Music helps us feel more human: what is essential about our humanity can be found in our music. (Bunt & Stige, 2014, pp. 1-2).

By acknowledging the rich and varied musical cultures that have adopted and been informed by music technology, as well as the cultural significance and musicality of electronic instruments, Crooke (2018) argues that they are recognized as valuable both musically and therapeutically.

### **Intermodal Therapy: Music Therapy and Drama therapy**

Among the creative art therapy approaches, there is overlap between the modalities: drama blends into art, which will blend into music, which will blend into dance movement. All creative art forms are able to influence each other and be adapted with one another because they are rooted in storytelling. There are many things that each modality can learn from the other, especially when looking at drama therapy and music therapy. According to Jackson (2018),

drama therapy may come off as intimidating for those who have little experience with it, whereas music is something that everyone may have a more familiar relationship with. Adult patients may feel they are not creative enough to engage in a drama therapy group. For example, they may not have practiced their imagination skills since childhood but may listen to music everyday as a grounding tool. Music, on the other hand, may be a lot more accessible to a population than theatre. Despite this, both approaches try to find ways to enable their patients to better communicate, to feel heard, and to build interpersonal skills. Where drama therapy requires the therapist to be in tune with the patient in order to understand their emotional vocabulary and be able to notice their non-verbal cues, the use of music in a drama therapy session might be beneficial for both parties as a patient's song choice may provide the words they do not yet have (Jackson, 2018).

The incorporation of music in drama therapy sessions can aid adult patients in achieving their therapeutic goals. These therapeutic goals include deepening character work, giving space to the present, emotional expression, communication and connection with self and others, and exploring fictional characters (Jackson, 2018). Although the creative arts therapies can be used seamlessly with one another, they are not an interchangeable approach, and each modality has their own set of rules that must be followed (Jackson, 2018). The ability to confidently bring art and music into drama therapy does not qualify a drama therapist as a music or art therapist but showcases the overlap within the creative arts therapies and the potential that merging them can have (Jackson, 2018).

The incorporation of music therapy into drama therapy may bring a sense of comfort to patients who are apprehensive about drama therapy. They would have music as a reference point to their creativity as opposed to believing they no longer had access to that part of themselves.

### **History of Hip-Hop**

Although a highly stigmatized genre of music, hip-hop has been able to thrive since its birth in the 1970's. During a time when New York was engulfed in flames, an impoverished community took it upon themselves to create a space where their own kind could destress, feel connected, and enjoy themselves. Like many of the other genres started in the black community, hip-hop not only became another way to protest social injustices, but it also became this community's therapy:

Rap music and hip-hop culture have enabled black ghetto youth to create their own social, political, and cultural world that counters the daily violence, crime, poverty, and alienation that haunt them in the inner cities, slums, barrios, and ghettos. When we suspend the juxtapositions of the Hip Hop Movement with the Civil Rights Movement and Black Power Movement, then we can easily detect the ways in which it not only diverges from previous movements, but also converges and continues the politics and social justice agendas of previous movements. (Rabaka, 2013, p. 277)

When the rest of the world abandoned the Black community to deal with their own traumas, the community was able to turn to music. Eventually, the music evolved into self-expression, protest, distraction, and a sign of hope. Due to its aggressive flow and targeted audience, though, hip-hop also became synonymous with violence and rebellion. Despite this, when pulling back the controversial veil society has placed on the genre, consumers may note that the purpose of this provocative form of black protest is used to educate and inform its listeners of the social, political, and cultural problems around them, while also offering viable solutions to the lack of available treatment and recognition of struggle (Rabaka, 2013). Hip-hop has developed into a series of coded messages that challenges the very institution that oppresses

Black Americans symbolically, ideologically, and materially (Rabaka, 2013). Hip-hop is to the black community what therapy is to the mental health community.

Rap music is a contemporary stage for the theater of the powerless. On this stage, rappers act out inversions of status hierarchies, tell alternative stories of contact [...], and draw portraits of contact with dominant groups in which the hidden transcript inverts/subverts the public. (Rose, 1994 as cited in Rabaka, 2013, p. 277)

At first glance, hip-hop and therapy might seem to have little in common. They are, however, both tools that those who struggle with depression and motivation use to deconstruct and rebuild a one's sense of self. Hip-hop has become a platform where both its producers and consumers can challenge the narrative that has been placed upon them by society while finding a community that supports them in a way that might be unfamiliar (Rabaka, 2013). In this same manner, therapy provides support, problem solving opportunities, and a focus on interpersonal relationships for clients (Dakin & Areán, 2013). Unfortunately, therapy is not always an easily accessible resource, so many marginalized communities look to hip-hop to provide what therapy would otherwise.

### **Hip-Hop in therapy**

Hip-Hop is equal parts lyric and beat. Beat is the underlying instrumental to a song and is usually reliant on a heavy bass and repetitive loops created by electronic soundboards. Unfortunately, the music therapy association does not recognize the value of music technology, such as soundboards, as an instrument, thus making hip-hop an undervalued genre within the modality (Crooke, 2018). Crooke (2018) also points out the damage that the exclusion of music technology does to the modality. Specifically, it aims to challenge the narrative of music

technology as providing an inferior musical and therapeutic experience; one that is primarily "assisting" or compensating for a lack of access to acoustic instruments (Crooke, 2018).

Despite this, what makes hip-hop such an interesting and fascinating culture, is that it can take root and flourish anywhere (Hadley and Yancy, 2011). It is a way of life for those who are immersed in the culture, a marker of their identity, and due to the intimate and dynamic relationship one may have with the genre, it transforms into a symbiotic relationship (Hadley & Yancy, 2011). According to Hadley and Yancy (2011), "Hence, to reject a client's preferred music [...] is to reject a part of who they are. To dismiss their musical preferences as worthless or inappropriate is to dismiss, for all intents and purposes, how they conceptualize themselves" (p. 31). This is a culture where its members feel heard, and that feel a sense of belonging, and to dismiss that within a therapeutic setting would be detrimental to their healing process.

### **Build-A-Bop: The Approach**

As previously mentioned, Build-A-Bop is an intervention that takes elements of both drama and music therapy. Through play, Build-A-Bop aims to create a space where role, method, DvT, and music are used for patients to work with and build upon their self-efficacy skills. To build self-efficacy, for example, activities revolve around performance experience, witnessing experience, social persuasion, imaginal experience, and physical and emotional states. The intervention for this paper was run at McLean Hospital in both the Short-Term Unit and the dissociative identity disorder unit over the course of two months. Patients were both male and female, between the ages of 17 and 65 years old, and diagnoses varied from Major Depressive Disorder, General Anxiety Disorder, Dissociative Identity Disorder, Post-traumatic Stress Disorder, and other personality disorders.

### **Purpose of the Intervention**

The goal of the Build-A-Bop intervention is to increase self-confidence, develop a stronger sense of self-advocacy, be open to challenging situations, and improve the ability to recover from setbacks that the patients may face in life. As previously mentioned, in a unit where therapy is not the main focus in a treatment plan, this intervention creates a space where patients can practice these goals while also fostering fun. On the McLean unit specifically, group therapy is encouraged, but not required, as part of a patient's treatment plan. Through embodying characteristics that build upon their self-efficacy skills within a safe space, they may become more comfortable in using them outside of McLean Hospital.

By embodying a persona that has elements that the patients wish to emulate, Build-A-Bop utilizes modeling, which “focuses on the skills to be learned, its context, and its consequences. The modeled event is effective if the observer (1) absorbs the skill information, and later (2) has the opportunity, motive, and self-belief to use it. (Bandura, 1997 as cited in Dowrick, 2004). It also uses self-modeling to give the patient's room to play with characteristics and traits that they are unfamiliar with in their own lives but can then imitate and adapt to their daily lives. It also utilizes laughter and play in order to make the approach less intimidating. As a result, Build-A-Bop focuses on boosting self-efficacy, self-esteem, and valuing people's strengths, while still acknowledging their struggles and negative emotions that they may be feeling. Build a bop works to validate an individual's feelings, as well as attempts to help individuals not feel stuck in their negative emotions and thought patterns.

### **Build-A-Bop Breakdown**

#### **Rap Persona**

The Build-A-Bop intervention consists of four main activities that were designed to help target different areas of self-efficacy. The first activity, Rap Persona, could be used as both a

warm-up and/or a closing exercise interchangeably. When used as a warm-up, the patients were asked to think of their favorite musical artist(s), and to name up to five characteristics they admire from them and wish they could emulate more. Once they named those characteristics, they were asked to try to act out these specific characteristics so that they had the chance to become more comfortable with them, if that is not yet the case.

Once the patients have chosen a list of characteristics to emulate, they should give a name to this new persona/role. Next, the creation of a Rap Persona helps them enter into the playspace, or “performance space,” as well as helps them create a role with enough aesthetic distance so that the performance piece from the other activities does not seem so intimidating. When used as a closure piece, they were asked to pinpoint moments during their performance that felt fun, different, empowering, or interesting. Some of the questions asked might include: Did you feel more like yourself? Did you feel the same? Did you feel less like yourself? It can be said that the new person that emerges during this exercise may be someone they can tap into during moments where they lack self-efficacy. With this in mind, clients can be tasked with naming this new persona.

### **Kids Bop**

Once in the performance space with a new persona, the two main activities of Build-A-Bop are “Kids Bop” and “Daily Rap.” Both activities require the patients to familiarize themselves with their chosen piece, to listen to an instrumental beat from the chosen piece, and then perform their chosen piece. The difference between these activities, however, lies in the chosen pieces themselves. Kids Bop, on the one hand, utilizes children's books, primarily rhyming books with either an embedded lesson, or humor. In these group sessions, Dr. Seuss’s “Green Eggs and Ham,” “There’s a Wocket in my Pocket,” “Sleep Book,” Shel Silverstien’s

“Where the Sidewalk Ends,” Anna Dewdney’s “Llama llama Mad at Mama,” “Llama llama and the Bully Goat,” “Llama llama Goes to School,” “Llama llama misses Mama,” and Tammi Sauer’s “Mary Had a Little Glam” were used. These books were-selected for the purpose of promoting-self-efficacy by building confidence in their ability to exert control over their motivation, behavior, and social environment.

Once each person has chosen a piece that they would like to perform, they are then asked to perform the piece while emoting the current emotion they are feeling. This is done to help them get comfortable with self-advocacy and self-expression. After everyone performs, a different piece is chosen, and they perform again (time permitting). Similar to DvT, there is no in-depth processing that happens after the performances, outside of the aforementioned “Rap Persona” warm-up and closure. Instead, a simple check-in to make sure that everyone feels safe-enough in the space is encouraged. From this, if any patient feels compelled to share their experiences, that is strongly encouraged as well. Additionally, if a discussion builds from there, the facilitator can engage with it, even though this is not the primary goal of the exercise.

### **Daily Rap Up**

When it comes to Daily Rap Up, while the foundations are similar to Kids Bop, the structure of it varies slightly. Where Kids Bop provides the patients the words that they could use to emote their feelings, Daily Rap Up gives them the chance to better understand what they are feeling through writing. Patients are provided a blank sheet of paper and four different prompts to express themselves. The prompts are: “How are you feeling today?”, “What is something you’re struggling with?”, “What is something that would help you overcome that struggle?”, and “What is a strength of yours?” The patients are given these prompts one at a time and are given 20 to 25 minutes to write their responses. They are limited to four to six bars and/or lines to write

for each prompt and are highly encouraged to rhyme for each prompt. Here, it is important to remind the participants that there is no right or wrong way to complete this activity, and that doing what feels most authentic to them is paramount.

Though it might be difficult to complete all four prompts in the time allotted, they must write at least one response to each, while also assuring them that they do not have to share anything they are not comfortable sharing. It is important that the prompts are given to them in order and that they complete all four because it gives them a chance to look at their situations introspectively. The activity then closes with the question: “What is something you’re proud of?” This is meant to gently encourage the patients-to reflect on the fact that there may be things that they are grateful for, and to find at least one good thing so this pattern may continue. The focus of Daily Rap Up is self-disclosure. To self-advocate and build self-efficacy, a person must be able to understand what they are feeling and self-disclose so that there is little to no confusion as to what it is that they want and/or need. After the performance, the patients reconvene as a group, and discuss what the process was like with everyone.

### **Album Covers**

The final activity is the creation of album covers. Since music is a commonly used coping and grounding mechanism, it was particularly useful for the harder days on the unit. The premise of this activity was to have the patients create a mini playlist consisting of six to ten songs that boosted their confidence, mood, and that overall, gave them a sense of hope. Since these varied with each patient, they were given seven to ten minutes to start their playlist. While there was no pressure to complete the playlist within this time limit, afterward, each person was asked to share one song with the group. The goal here was to create a group playlist for the patients to play as they transition into creating an album cover for their playlist. The directive for this album cover

creation was to create an image that best displays how their curated playlist makes them feel. This image can also be used to remind themselves of the personal strengths that these songs can offer. After they were given another 20 to 25 minutes to create these covers, the patients will come together as a group to share their curated playlist and the cover they created.

### **Results**

Given Lesley's University's thesis requirements, no formal data was collected. Instead, a journal was kept of the author's impressions of each exercise. The author also engaged in her own creative process in order to create an arts-based response to what she was observing in the clients as they participated in the exercises. The results are presented in the following sections and will be further broken down by each activity.

#### **Rap Persona**

Creating a Rap Persona was shown to be to be a lot more effective as a closure than a warm-up. After each group, patients were able to give a name to their rap personas that held meaning, and that they would be able to tap into whenever they needed. Names varied from childhood nicknames, to initials, to a favorite thing. Some patients needed some guidance when creating their names but were aided by the encouragement and help of the group. Additionally, some patients even came into the group already having rap aliases and creative names that they used outside of McLean.

#### **Kids Bop**

All three patients that attended this activity were active participants. The patients began the activity feeling apprehensive about the directive at first, but once another patient or the facilitator took a turn, they saw that this was achievable, and that there were no expectations to perform perfectly. The patients shared that Kids Bop gave them a chance to unwind and tap into

their playfulness, which is something they do not always have permission to do as adults. The patients also mentioned that their confidence increased while performing the books due to the encouragement of the group. While they were not worried about what to say, since this was already done, they instead were able to focus on how they were feeling in the moment and were able to focus on the overall grounding effect. If patients came to the group in a low mood, Kids Bop seemed to improve their mood, and if they were already in a good mood coming into the group, it appeared further elevated. Patients came out of the group feeling more confident, and open to the idea of vulnerability.

### **Daily Rap Up**

Daily Rap Up varied in terms of patient responses. Patients appeared to either respond well to the prompts or appeared to struggle with them. The prompt that seemed to be the easiest to complete was, “What are you struggling with today?” The hardest prompt was, “What is a strength of yours?” Whereas most of the patients participated in the Kids Bop performance, participation in Daily Rap Up was only about 50 to 60 percent. From this, where rhyming was encouraged for the Daily Rap Up prompts, only about 30 percent of the patients followed through, while the rest wrote it out as more of a journal entry. For the patients that did choose to perform and did not rhyme, they tried to speak or sing to the beat instead of rapping. Though the patients were less comfortable performing their written pieces, the discussion surrounding what they wrote allowed them more room to explore the feelings that arose. A lot of patients expressed that although the prompts seemed simple enough, they were not questions they normally asked themselves, and even if they were, their responses were normally surface level. Additionally, it was hard to self-disclose for the last prompt as it was not something they were

familiar with exploring. Overall, patients appeared to leave this group with a newfound sense of self exploration, even if they did not complete the prompts.

### **Album Cover**

Like Kids Bop, patients commented that the Album Cover activity seemed to help ground them, especially during particularly hard days. They felt more connected to the group due to the shared group playlist and noted that this group helped remind them that they were not alone in what they were feeling. The creation of the covers themselves helped draw out pieces of themselves that they were comfortable admitting they had because it was anchored in comfort songs.

### **Limitations**

The primary limitation to the intervention results is that these interventions are the first of their kind. While there are separate studies about the effectiveness of drama therapy, music therapy, and even hip-hop with adult therapy groups, Build-A-Bop can be considered a culmination of all three approaches. To fully test its effectiveness, though, Build-A-Bop should be run in different settings where therapy is an essential part of a patient's treatment plan, and run as a formal approved study, beyond educational research.

The second limitation concerning Build-A-Bop is the time constraint. This intervention was run over the course of two months on a short-term unit where the average stay was two weeks. Future studies should consider offering the intervention more consistently over an extended period of time. The final major limitation is the lack of cultural diversity within the population. In terms of a diverse population, the patients who participated were predominately White and middle-upper class. While there were Black and Brown patients that were admitted to the unit, they did not attend groups as often as their white counterparts. This could be due to the

stigmas surrounding mental health within their communities, as well as to the lack of diversity amongst the unit staff. If they are not comfortable in their environments, they may be less likely to attend group sessions, especially if they are not required to attend.

### **Conclusion**

Over the course of two months at McLean's short-term unit, Build-A-Bop was shown to be a promising intervention to support building self-efficacy skills in adult patients in a short-term Psychiatric Unit. Despite this positive discovery, though, both hip-hop and mental health continue to be attached to stigmas. Here, Build-A-Bop can be considered an intervention that is trying to challenge both sides of those stigmas; it is an introduction for patients who may be unfamiliar with the genre that serves to display the strength that lies in the genre and themselves. Furthermore, it demonstrates to everyone that a person is not defined by their diagnosis, and can overcome almost anything through practice, support, and belief. Build-A-Bop strives to remove the intimidation factor and works to implement fun. Many patients commented that they were able to come out of each directive feeling more confident in what they wanted for themselves, and each time they were able to practice moments of confidence, they became more comfortable and could draw on that experience in the future.

### References

- Ambresin, G., Despland, J.-N., Preisig, M., & de Roten, Y. (2012). Efficacy of an adjunctive brief psychodynamic psychotherapy to usual inpatient treatment of depression: rationale and design of a randomized controlled trial. *BMC Psychiatry*, *12*, (182), 1-9. <https://doi.org/10.1186/1471-244X-12-182>
- Bunt, L., & Stige, B. (2014). *Music therapy. [electronic resource]: an art beyond words* (2nd ed.). Taylor and Francis.
- Chiu, Hancock & Waddell (2015) Expressive arts therapy group helps improve mood state in an acute care psychiatric setting (Une thérapie de groupe ouverte en studio basée sur des arts de la scène améliore l'humeur des patients en psychiatrie dans un établissement de soins intensifs), *Canadian Art Therapy Association Journal*, *28*:1-2, 34-42, DOI: [10.180/08322473.2015.1100577](https://doi.org/10.180/08322473.2015.1100577)
- Crooke, A. (2018). Music Technology and the Hip Hop Beat Making Tradition: A History and Typology of Equipment for Music Therapy. *Voices: A World Forum for Music Therapy*, *18*(2). <https://doi.org/10.15845/voices.v18i2.996>
- Bandura, A. (2010). Self-efficacy. In W.E. Craighead & C.B. Nemeroff (Eds.), *The Concise Corsini Encyclopedia of Psychology and Behavioral Science* (4<sup>th</sup> ed.) 1-3. United States: John Wiley & Sons, Inc.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York; Freeman
- Benvenuti, S.M., Buodo, G., Mennella, R., Dal Bò, E., & Palomba, D. (2019). Appetitive and aversive motivation in depression: The temporal dynamics of task-elicited asymmetries in alpha oscillations. *Scientific Reports*, *9*(1), 1–11. <https://doi-org.ezproxyles.flo.org/10.1038/s41598-019-53639-8>

- Bongar, B. M., & Sullivan, G. (2013). *The suicidal patient. Clinical and legal standards of care*, (3rd ed.). Washington D.C., US: American Psychological Association. <http://dx.doi.org/10.1037/14184-000>
- Dakin, E. K., & Areán, P. (2013). Patient Perspectives on the Benefits of Psychotherapy for Late- Life Depression. *The American Journal of Geriatric Psychiatry*, 21(2), 155–163. <https://doi-org.ezproxyles.flo.org/10.1016/j.jagp.2012.10.016>
- Dowrick, P.W. (2004) Behavioral modeling. In W.E. Craighead & C.B. Nemeroff (Eds.), *The Concise Corsini Encyclopedia of Psychology and Behavioral Science* (3<sup>rd</sup> ed.) 111-113. United States: John Wiley & Sons, Inc.
- Frank, J. (2004) Effective components of psychotherapy. In W.E. Craigh ead & C.B. Nemeroff (Eds.), *The Concise Corsini Encyclopedia of Psychology and Behavioral Science* (3<sup>rd</sup> ed.) 312-314. United States: John Wiley & Sons, Inc.
- Forrester, A. M., & Johnson, D. R. (1996). The role of dramatherapy in an extremely short-term in-patient psychiatric unit. *Dramatic approaches to brief therapy*, 125-138.
- Guillory, L. E., & Gruenfeld, D. H. (2010). Fake it till you make it: How acting powerful leads to feeling empowered. *Manuscript in preparation*.
- Hadley, S., & Yancy, G. (2012). *Therapeutic uses of rap and hip hop. [electronic resource]*. Routledge.
- Jones, P. (2007). *Drama as therapy. [electronic resource] : theory, practice, and research* (2nd ed.). Routledge.
- Johnson, D. R. (2013). *Developmental Transformations: Text for practitioners, number two*. New Haven, CT: Institutes for the Arts in Psychotherapy.
- Johnson, D. R. (2014). Trauma-Centered Developmental Transformations. In N.

- Sajnani & D. R. Johnson (Eds.), *Trauma-Informed Drama Therapy: Transforming Clinics, Classrooms, and Communities* (pp. 41–92). Springfield, IL: Charles C. Thomas.
- Johnson, D. R., & Emunah, R. (2021). *Current approaches in drama therapy* (Third edition.). Charles C Thomas, Publisher, Ltd.
- Keisari, S., & Palgi, Y. (2017). Life-crossroads on stage: integrating life review and drama therapy for older adults. *Aging & Mental Health*, *21*(10), 1079–1089.  
<https://doi-org.ezproxyles.flo.org/10.1080/13607863.2016.1199012>
- Landy, R. (2009). Role theory and the role method of drama therapy. In D.R. Johnson & R. Emunah (Eds.), *Current Approaches in Drama Therapy (2nd ed.)* 65-88. Springfield, IL: Charles C Thomas Pub Ltd
- Landy, R. (2003). Role profiles: a drama therapy assessment instrument. *The Arts in Psychotherapy*, *30*(3), 151-16. [http://doi.org/10.1016/S0197-4556\(03\)00048-0](http://doi.org/10.1016/S0197-4556(03)00048-0)
- Landy, R. (2005). Drama therapy and psychodrama. In C.A. Malchiodi (Ed.). *Expressive Therapies*. New York, NY: Guilford Press.
- Landy, R. (2009). Role theory and the role method of drama therapy. In D.R. Johnson & R. Mayor, C., & Frydman, J. S. (2021). Understanding school-based drama therapy through the core processes: An analysis of intervention vignettes. *The Arts in Psychotherapy*, *73*.  
<https://doi.org/10.1016/j.aip.2021.101766>
- Oldfield, A., & Carr, M. (Dramatherapist). (2018). *Collaborations within and between dramatherapy and music therapy : experiences, challenges and opportunities in clinical and training contexts*. Jessica Kingsley Publishers.
- Pollock, M. (2018). *Exploring the Benefits of Developmental Transformations (DvT) with Adults on a Short-term Psychiatric Unit*. DigitalCommons@Lesley.

Rabaka, R. (2013). *The hip hop movement: from R & B and the civil rights movement to rap and the hip hop generation*. Lexington Books.

Schnee, G. (1996). Drama therapy in the treatment of the homeless mentally ill: treating interpersonal disengagement. *The Arts in Psychotherapy*.

Wärja, M. (1999). Music as mother. *Foundations of expressive arts therapy: Theoretical and clinical perspectives*, 171-193.

Yim, J. (2016). Therapeutic benefits of laughter in mental health: A theoretical review. *The Tohoku Journal of Experimental Medicine*, 239(3), 243-249. doi:10.1620/tjem.239.243

***THESIS APPROVAL FORM***

**Lesley University**

**Graduate School of Arts & Social Sciences**

**Expressive Therapies Division**

**Master of Arts in Clinical Mental Health Counseling: Drama Therapy, MA**

**Student's Name:** Keynessa Nazaire

**Type of Project:** Thesis

**Title:** The Effectiveness of Build-A-Bop as a tool to build Self-Efficacy on an Inpatient Unit

**Date of Graduation:** May 22, 2021

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

**Thesis Advisor:** Laura L. Wood, PhD, RDT/BCT

**E Signature:** 5/3/2021 6:09pm EST