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Music Therapy for Men with Co-occurring Disorders

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Music Therapy for Men with Co-occurring Disorders

A Project Presented to
The Graduate Faculty of
Minnesota State University Moorhead
By
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Abstract

This project explores both quantitative and qualitative research that discusses the effectiveness of music therapy, its use in group settings, and its use in treatment of many different mental health states. This project also explores what the treatment process of music therapy looks like. Music therapy was found to be effective in lowering pain levels, anxiety, and promote better sleep in a research study done on cancer patients (Tang et al. 2021). The research done also showed that music therapies effectiveness extends to people with a variety of mental health histories and of different ages. This includes parent/child dyads (Teggelove et al. 2018), individuals in chemical dependency treatment (Buino and Simon 2011), individuals with dementia (Ridder et al. 2013), individuals with TBIs (Martineze et al 2021), children with trauma histories (Felsesteine 2012), people with borderline personality disorders (Kenner et al 2020), and others with severe mental illnesses (Grocke et al 2014). This project goes on to look at the specifics of what music therapy looks like in a group setting with individuals who are diagnosed with co-occurring disorders. Within some of the literature reviewed there were small sample sizes with other limitations such as individuals dropping out of the sample groups and being within a nondiverse community. However, each document reviewed on different groups and populations showed that due to the diverse options on how to utilize music therapy it has been effective for a range of individuals and groups. This research and the considerations of its limitations was utilized in creating a group manual to be used for music therapy groups of adult men with co-occurring disorders.

Keywords: Music Therapy, Group Therapy, Creative Therapy, Co-occurring Disorders, Substance Use Disorders.

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Introduction

Music has been used throughout human history as a means of communication, expression, and connection but it wasn't until the 1950s that the first music therapists began their practice as professionals in the new profession of music therapy (Byers 2016). This group manual was created in an attempt to give facilitators an opportunity to use music therapy in a group setting with adult males who have co-occurring disorders. This is for a chance of connecting others through their individual expression and similar mental health disorders. The literature for the manual covers some of the history of music therapy, the effectiveness of music therapy, what music therapy in groups looks like, the different mental states that music therapy can assist in treating, what the treatment process looks like in music therapy, and how music therapy with our specific population of adult men with co-occurring orders will look like. The group manual itself covers eleven weeks. The topics and practices of the group are to create connections, build communication skills, and build coping skills. The practices being utilized in the manual will be explored throughout the literature review. As a creative therapy, music therapy will look different with every group of individuals who participate in it but a group manual such as this is a great tool for facilitators to use in order to keep a group on topic and to guide their participants into using music as a coping skill in their daily lives.

Note: For the purpose of this project the term "severe mental illness" refers to mental health disorders that disrupt a person's ability to function in different life domains. Domains such as interpersonal relationships, vocation, housing, legal, etc. (NIMH, 2022).

Literature Review

Introduction

Mental illnesses are not easy to manage or overcome. Many individuals go through their lives with severe and persistent mental illnesses that disrupt their daily functioning in many life areas. There are many different forms of treatment proven to be effective for individuals diagnosed by one or more mental disorders. Music therapy though a relatively new form of therapy has taken strides in showing its effectiveness across the mental health field (Byers 2016). In America music therapy is heavily impacted by medicine and music education. Psychotherapy and occupational therapy have also had their impacts on music therapy in America (Byers 2016). Music in treatment began with being a tool for relaxation and recreation. Now music therapy presents with many different treatment modalities and is utilized in many different settings (Byers 2016). This review and the following manual focus on the group setting for music therapy.

A broad definition of music therapy is the professional use of music and its elements as a form or an intervention in the medical, educational, and everyday environments with individuals, families, groups, or communities. This is in order to optimize their quality of life (Edwards 2016). Though there is not much known on the history of music therapy in the United States before the 1950s it was found that a therapist by the name of James Leonard Corning (1855-1923) had success in using musical interventions in treatment (Davis, 2012). This information was found by researchers diving into the documentations of past treatments. Knowing this one can see that even though music therapy as a profession has a relatively short history, starting around the 1950s, it is possible that the idea of using music as a form of treatment has even deeper roots than one can imagine.

There are many things to take into consideration when conducting music therapy sessions. This may include the participants and the goals of the therapy. Remembering the effectiveness of music therapy, how to utilize it in groups, and who can benefit from this form of therapy is also important to know. As a group facilitator it is your duty to know the scope of your practice. It is also your duty to understand the literature and process behind your practice. Knowing the population, you are working with can make the therapy more effective. Individuals who are hesitant to participate in therapy or those who are legally obligated through civil commitments may need more prompting and encouragement. They may also challenge you as a facilitator or disrupt the group in order to 'get out of' participating. Making sure you are prepared for these challenges and having rules or goals that address this can majorly benefit you as a facilitator. Knowing the scope of your practice/the effectiveness/proper utilizations of it will allow you to predict an outlook on the impact your group will have and allow you to be more comfortable in conducting your group (Byers, 2016).

Effectiveness of Music Therapy

Music can have meaning and lasting effects on individuals. In an article presented by Blimling (2019) he explored using music in psychotherapy practice with specific individuals. He found that some of his clients shared the same appreciation for music he had and found it to be effective in helping them express their thoughts and feeling to him during their sessions. Music therapy has proven to be effective for a wide range of individuals. It was found to improve parent self-efficacy through the use of musical play activities between parents and their children (Teggelove et al. 2018). This is due to play being a large factor in how children communicate and connect with others. The study discovered that through the use of music in play and praise the parents' self-efficacy rose. This shows that music therapy was beneficial to both the parents

and the children when used in a dyadic treatment setting. Music therapy has also been shown effective in other settings and means. The use of music therapy in inpatient settings through the use of single-session improvisational groups has been explored and found to be effective (Chen 2019). Chen found that the use of improvisational music therapy in groups brought cohesion, focus, and common ground to the group and its participants. This shows that music can be utilized to bring connection between others even through a single session.

When thinking about music therapy and how it has been proven effective in different settings and by different means it brings up the question of, what are the boundaries of using music as a form of treatment? The answer is that there aren't many boundaries for the use of music as a form of treatment. Within music therapy there have been over 100 different models identified, this number continues to grow (Byers 2016). There is also an almost universal conviction between therapists/music therapists that music therapy as a clinical practice often develops as in response to whatever their clients' needs are (Byers 2016).

Some of the most well known and most commonly used music therapy models are the Nordoff-Robbins music therapy, The field of play, Community music therapy, Resource-oriented music therapy, Culture-centered music therapy, Aesthetic music therapy, and Vocal psychotherapy. Each of these models illuminate an aspect of music therapy that was deemed important by the founders of each model such as musical, sociocultural, relational, behavioral, or cause/response dimensions (Edwards 2016). Each of these models was created to target specific ideas and populations in the use of music therapy. Like other forms of therapy music therapy is also always growing and consistently being used to foster ideas on how to best improve the lives of those participating in it (Edwards 2016).

Music Therapy in Individual Sessions

Very commonly music therapy is used in individual sessions. It is often found that single sessions with individuals can be very effective when it comes to music therapy practices (Chen 2019). Individual music therapy sessions often focus on self discovery and growth. This can be especially useful in relieving confusion, anxiety, and unawareness of one's own self (Albornoz 2016). Because music therapy has been found effective in building relationships and fostering communication between individuals it is also used in individual treatment to enhance one's ability to build relationships. Often times when one has difficulty in building relationships or has unhealthy attachment to others (ex. parent-child relationships) a music therapist may provide individual music therapy sessions with them to build a working relationship and trust with the individual (Albornoz 2016).

One thing about individual music therapy is that it was found to be especially effective in those with dementia. In a study done on dementia patients it was found to decrease agitation and increase quality of life (Ridder et al. 2013). The study done included a control group. For six weeks they had participants located in a nursing home engaging in standard care and other participants engaging in both the standard care and music therapy (Ridder et al, 2013). They found decreased agitation and that some of those in the control group had an increased need for psychotropic medications while none of those in the group participating in music therapy did (Ridder et al. 2013). This study and their findings show how much individual music therapy may improve the lives of those who participate in it.

Using Music as Therapy in Groups

Due to the unpredictability of the combination of group members and the difficulty of creating set group goals because of the unpredictability single session music therapy practices are becoming more common in hospitalization settings (Chen 2019). This is not to say that a full

group therapy can't be effective in hospitalization but that it may be beneficial to mind the participants in group music therapy. It may be beneficial to have a sort of vetting process for group members. Keeping individuals with similar goals and treatments in groups together. Much of the research used in this review utilized very specific groups and goals to study in regards to music therapy. Some of these groups include patients with small cell lung cancer receiving platinum-based chemotherapy (Tang et al. 2021) and Resting-state network plasticity induced by music therapy after Traumatic Brain Injury (Martínez et al. 2021). These are projects that showed effectiveness of music therapy with the groups studied. This show that keeping to specific goals and specific group populations can increase the effectiveness of group music therapy.

In a study done by Grocke et al. in 2014 they found three major outcomes in using group music therapy as a form of treatment. These outcomes being that group music therapy proved to be effective in building self-esteem and quality of life. Group singing and songwriting can provide creative options of social connections, and that creative group music therapy can be considered a part of holistic care in the treatment of individuals with severe mental illnesses. Music therapy can be utilized to increase motivation, social function and a person's global state in those who have severe mental illness (Grocke et al. 2014). Grocke et al's study demonstrates that music in treatment has a wide range in its usefulness and that it can be integrated into the care of diverse individuals. Though this study didn't focus on a specific group or a specific outcome it focused on the individual's and their needs. Those needs being building connections and self-esteem as a part of a larger treatment that includes other practices and care for those participating.

The effectiveness of any group therapy session will also depend on two major factors, one being the participants, the other being the facilitator. An article posted by Boldt and Paul (2011) they explore additional considerations when setting up to do group music therapy. They discuss how as adults, individuals may filter themselves in their expression to avoid judgement or to give off a certain image rather than to truly express their desires or emotions. This brings to mind that when interviewing participants for attending group music therapy that questions to be asked should include their willingness to be vulnerable and express themselves. They also bring up the very important point on the qualifications of facilitators in running music therapy sessions. Those qualifications being that a facilitator must have experience and training within group therapy. They also have to be comfortable and willing to risk expressing themselves through art materials in the group. (Boldt and Paul 2011)

The Mental States Music Therapy Can be Used For

What can music therapy be used to treat? This is a major question that many people may ask when discussing the topic of music therapy. The answer to this is not a short one. There are many different mental states that music therapy can be used to treat. Included in this range is borderline personality disorder, trauma, individuals with severe mental illnesses, traumatic brain injuries, pain and anxiety, and individuals who are chemically dependent (Edwards 2016).

In using music therapy as treatment of borderline personality disorder it was found that a person's physio-emotional response was able to re-framed and/or lessened. This enabled the participants of the study done to experience music making with less judgement and attenuated physio-emotional responses (Kenner et al. 2020). Having exaggerated physio-emotional responses being one of the major disruptive factors in the symptoms of having borderline

personality disorder the lessening and reframing of these responses shows the true effectiveness in the use of music therapy with this population.

There are three major aspects of post-traumatic stress disorder. These being intrusions, avoidance, and hyper-arousal. Felsenstein (2012) explored how music therapy can help in the treatment of individuals post trauma, specifically pre-school children. In his study he found that through the use of song writing with this population allowed for a place for them to hear and be heard by others. Though he found difficulties in the specific population he was working with within some of the music therapy techniques he used Felsenstein was able see and determine positive effects such as increased coping and communication abilities. These positive effects of music therapy with trauma can have a very large impact on other treatment and future resilience (Felsenstein 2012).

Music therapy has also been proven useful in its treatment of severe mental illness. In the post interview of a study done on participants of a music therapy group where individuals with severe mental illnesses were chosen to participate, they found common themes in their responses to the group therapy. The participants found group songwriting both enjoyable and beneficial, they reported feelings of achievement, improved self-esteem, inspiration, and motivation (Grocke et al. 2014). This can be seen as a huge accomplishment as individuals with severe mental illness often struggle with their self-esteem and motivation due to a number of things including struggles with acceptance of their mental health states, lowering in functioning later in life due to the onset of their mental illness, and the stigma often associated with their mental health (Grock et al. 2014).

Traumatic brain injuries are a common occurrence with approximately 50 million cases a year (Martinez et al. 2021). In an experimental study done on individuals with traumatic brain

injuries they found that neurological based music therapy can lead to changes in the neuroplasticity within the resting-state networks of the brain. The music therapy performed facilitated integrations of sensory information between brain networks (Martinez et al. 2021). This really shows the range of practice for music therapy. Because of the diverseness of music and the diverseness of techniques used in it, it can be used to treat any number of things.

While working with cancer patients the broad range of music therapy's reach continued to show. It was found to relieve pain, anxiety, and promote sleep quality within cancer patients receiving chemotherapy (Tang et al. 2021). The study done used music therapy techniques related to breathing exercises, music imagery, drum therapy, and music rhythms. Their techniques and exercises proved to be effective. Their results showed that the practice of music therapy brought both physical and mental relaxation to the studies participants (Tang et al. 2021).

Chemical dependency treatment can prove to have its many challenges including an unwillingness to change and difficulties in building trusting relationships (Buino and Simon, 2011). These challenges are also often increased when those receiving treatment are civilly committed to treatment. Musical interventions have been effective in individuals with chemical dependency by creating or increasing identification of feelings, promoting exploration and discussion of emotional topics, and enhancing creativity. The musical interventions worked especially well on the chemically dependent population because music can be utilized to alter or produce emotion and mood much like psychoactive chemicals can. The aspects of music that affect this part of the nervous and circulatory system are sound and rhythm (Buino and Simon, 2011).

Music can provide a means for individuals, children and adults alike, to communicate and express themselves freely. This is found to be true not only with severe mental illness,

communication disorders, individuals with developmental delays, but also with those who are chemically dependent (Buino and Simon, 2011). Using music as a form of therapy with individuals of a variety of mental states and/or chemical dependency can foster further in-depth conversation, build relationships between the members and the facilitator, and enhance creativity (Buino and Simon 2011). This is of course on top of all the other benefits of music therapy that we have already explored.

The Treatment Process with Music

One study suggested to target each music therapy group to a specific outcome such as focusing on the expression of emotions or communication (Silverman, 2019). This information was determined based on the client preferences when participating in group therapy. This same study also made note that music therapy is specially designed to accomplish goals within a therapeutic relationship by a credentialed professional. Reminding us who can perform music therapy and the idea behind this form of therapy is for. The qualifications to meet in order to be qualified as a music therapist are to earn at least a bachelor's level of education in music therapy, psychology, or a related degree, receive 1,200 hours of clinical training, including internship, and pass a national board certification exam administered by the Certification Board for Music Therapist (American Music Therapy Association, 2022).

One of the most common uses of music therapy is using it to express emotion/as a form of communication. In a brief report on *The Magical Music Shop*, they share how they utilize music to do that. The individuals participating in their sessions partake by playing instruments with prompts to attempt to play a song that shows how you feel (Moreno, 2005). This report also takes care to share that it is always important to start a group off with an activity that will build relationships between participants and the facilitator. This can be done through a warm up, what

could be called a “Mood Song” or discussion on what each individuals goals are for the group. Different music therapy techniques that have proven their usefulness include songwriting, music imagery, rhythmic drumming, lyric analysis, playing a musical instrument, interpreting song through dance or art, combination of music and play therapy, and using song to redirect emotions (Cohen 2017).

The last important thing to remember when it comes to the group process is that individuals know what they like and like what they know. In a study where the participants had opportunities to choose what type of creative therapy they could participate in they found that participants chose what was most familiar to them (Millard et al, 2021). This same concept can be applied to their preferences in music genre. If one were to ask their grandmother and their mother what music they prefer they would both have differing answers from each other and both would also be different from the one asking the question. It may be important to keep groups within similar age groups due to this. Individuals may not benefit from a group where they can not relate to the other members due to the differing preferences in music based on age or other factors such as differences in mental disorders or goals (Millard et al, 2021).

Techniques Used in Music Therapy

There are many different techniques to use during the treatment process of music therapy. You may have heard of songwriting, music imagery, rhythmic drumming, lyric analysis, playing a musical instrument, interpreting song through dance or art, combination of music and play therapy, and using song to redirect emotions in relation to the utilization of music therapy. These different techniques have been effective in their practice which is why they are so widely used (Edwards, 2016).

The idea of using a “Mood Song” was created by what was already briefly explored in the past section. In the following group manual, the “Mood Song” is an integral part of each week the group is held. Joseph Moreno did an in-depth exploration on the *Magical Music Shop* which is what they call their music therapy group process (2005). The group they did always opened with a warm up song to get the clients in a good mood, build connection between participants, and build cohesiveness. Moreno was able to determine that their warm up song was something that was very important to their music therapy group process (2005). During their group process they also explored allowing participants to play songs as a form of self-expression. Utilizing music one can show others who they are (Moreno, 2005)

Rhythmic drumming is something that is also used in creative therapies. The use of rhythm and music produce stimulation. This can be seen in the use of mantras, prayers, or other rituals (Berger, Turow 2011). In Berger and Turow’s book on *Music, Science, and the Rhythmic Brain* they researched the effect that rhythm can have on the brain and found that its effects on stimulation were positive in the treatment of mental health disorders. This is where the idea of practicing rhythmic drumming for expression of self or calming the mind came from. This is also why rhythmic drumming as a technique is utilized in the following group manual.

In research done by Corke they looked into case studies on individuals who have difficulties in communication (2012). They explored using song/music to communicate feelings and to maintain and initiate social interactions with others. They did this through playing musical instruments and songs with certain meanings (Corke 2012). The song that they specifically use is what they call a ‘hello’ song. This is a song/little tune they created in order to teach children with social difficulties proper introductions and greetings to others. Both these ideas of using songs

with meanings and playing instruments as means to communicate are used in the following group manual.

The use of music as a coping skill is not just used in the creative therapies. Many may find themselves using music as a coping skill without even thinking about it. In a study titled *Influence of Music Therapy on Coping Skills and Anger Management in Forensic Psychiatric Patients* they discuss how music is used to redirect behaviors. This is done by playing music to express emotions, to stimulate endorphins in the brain (effective in the treatment of substance use disorders), and by learning to turn to music instead of aggression or impulse (Hakvoort et al. 2013). Again, this idea is utilized in the following manual. During their research it was also found that compared to those in the control groups those who participated in music therapy to work on behavioral changes saw those changes faster (Hakvoort et al 2013). This same study provided insight into how using music to recognize and manage emotions. With an individual whom had difficulties managing anger or aggression they curated a playlist that allowed him to sing, dance, and create his own words to songs he likes/knows. This let him get his feelings out in a healthy way and put his thoughts and emotions into words (Hakvoort et al, 2013).

Music Therapy in the Treatment of Co-Occurring Disorders

Within the field of helping professions co-occurring means much more than just mental health and substance use, it can also include physical or developmental disabilities. As previously explored in this review music therapy has proven its usefulness in the treatment of different mental and physical states as well as individuals with chemical dependency. Results of a study done indicated there are significant differences in illness management knowledge between those who participated in music therapy songwriting, lyric analysis, and the control group. The differences seen included vigor, measures of illness management knowledge,

depression, confusion, tension, and fatigue (Silverman, 2016). This study was conducted in regards to treating individuals who are resistant to treatment with educational music therapy. A piece of common knowledge in the mental health field is that often times those with severe mental illnesses utilize substance use as a form of self-treatment or coping with their symptoms. This study on the effectiveness of educational music therapy in illness management, depression, session, fatigue, and confusion shows that it can be effective in the treatment of those with co-occurring disorders.

When it comes to the treatment of co-occurring disorders group therapy in general has proven its usefulness. A controlled research study showed that group counseling, contingency management, and residential treatment improve rates of achieving substance use disorder remission among people with co-occurring disorders (Luciano et al. 2014). With the broad range of treatment effectiveness that we have already discussed with music therapy this holds true to treating co-occurring disorders with group music therapy sessions. Those with co-occurring disorders who achieved lasting sobriety attributed their success to experiences and strategies beyond the bounds of traditional medical care this included community building, using time effectively/keeping active and developing healthy attitudes (Luciano et al. 2014). Again, we have already explored the effectiveness that music therapy has on building relationships and improving mood. With these important aspects being such a huge part in the success of treatment of co-occurring disorders music therapy can bring major impacts to your treatment of individuals with mental, physical and/or chemical dependency disorders.

Conclusion

Music therapy has a lot of different means of use and a wide range of effectiveness. But it is most effective in narrowing down the population you are working with in order to keep

cohesiveness and effectiveness in creating and reaching the goals of the group. Music therapy's young history does not mean it isn't impactful. It can build relationships, lower pain levels, lower anxiety, create coping and communication skills, and give individuals something new to focus on. These benefits are important in treatment of all forms of individuals but has been proven to be especially useful in the treatment of individuals with co-occurring mental illness and chemical dependency disorders. Different techniques such as songwriting, music imagery, rhythmic drumming, lyric analysis, playing a musical instrument, interpreting song through dance or art, combination of music and play therapy, and using song to redirect emotions can all be utilized in treatments to assist in the recovery of individuals with co-occurring disorders (Edwards 2016).

The following group manual takes this information explored throughout the literature review and puts it into action. The different therapy techniques used in the manual are based on evidenced-based practices. These practices being ones that can guide, teach, and redirect individuals with co-occurring disorders to utilize healthy communication and coping skills. The idea behind each practice/activity used in the following group sessions are all taken from Hakvoort et al (2015), Corke (2012), Berger and Turow (2011), and Moreno (2005). These sources are all explored in the above literature.

Group Overview

Type of Group

This therapeutic group was created for a group size of up to 12 members and at least one facilitator. The group members are able to enter the group process at any point in the curriculum making the group an open group process. This group manual was built around the idea for the group to be held in a residential treatment facility but it could also be utilized as an outpatient group therapy as well.

Purpose

The purpose of this group is to build connections with individuals of similar mental health states (co-occurring disorders). The members will be able to have opportunities to build coping and communication skills for themselves and build trusting relationships with the facilitator and each other. The coping and communication skills build focus on using music/aspects of music to express feelings or to redirect feelings towards creating or focusing on music instead of unhealthy coping skills such as substance use or letting things build up and having emotion outbursts.

Facilitator Qualifications

A facilitator for a music therapy group must be a trained music therapist. A music therapist who is in training is also able to use this group manual to facilitate group therapy. The qualifications to meet to be qualified as a music therapist are to earn at least a bachelor's level of education in music therapy, psychology, or a related degree, receive 1,200 hours of clinical training, including internship, and pass a national board certification exam administered by the Certification Board for Music Therapist. (American Music Therapy Association, 2022).

Member Qualifications

As explored in the literature review individuals who have little to no interest in music may not be the best fit for this group. When interviewing members to participate in the group it would be beneficial to determine their willingness to participate in the creation and utilization of music in their daily lives as coping and communicating skills. The members do not need to be musicians for music therapy to be effective, simply having interest in music is more than enough. The members must also be adults (18+) to participate in the group in order to keep cohesiveness effectiveness of the relationships between participants. There is a sample informed consent in Appendix A.

Group Process

Each group member will be referred to the group by themselves or by a member of their individual treatment teams. The group members will all be separately interviewed to determine their fit for the group and to discuss and sign informed consent documentation. Due to this being an open group the members may not end the group with the same individuals they started the group with.

The group will take place once a week for approximately one hour for eleven weeks. Group rules include no phones within the group, taking turns when sharing or speaking, no interrupting/talking over other participants, respect the confidentiality of each other, nothing outside of the main lesson points leave the group room.

Group Session

Each group session held will open with a “mood song” a song to set the mood for the day (Moreno, 2005). This can be a song chosen by the facilitator or one of the participants. Then the rest of the group time will focus on reflection and practice on the topic of the weekly session. The activities in the group manual were chosen both by research-based ideas and by the creator’s

own ideas. Each session will last approximately one hour with each participant having an opportunity to share and participate in the group topic. The 11-session weekly layout is set to build up to using music in their daily lives. After the first session each week the members will have opportunities to learn new skills and how to use them. When it comes to the conclusion of the group each member will have an opportunity to share what they have learned and how the group has impacted them. They will also have a chance to share with other members their tips on how they use what they have learned in their daily lives.

Disclosure

It is important to note that the group may look different depending on the members of the group. The first session of the group is for the facilitator to determine what direction to take the group in regards to the type of music the group may prefer. The group may also not be effective for all people. The member qualifications are to help maximize the benefits of each individual in the group.

This manual was built around how it would fit into an IRTS program. The IRTS program is set to last 90 days, members enter and exit the program at different times, the facility can house up to 12 recipients at a time, and each day there are several one-hour groups held to meet the diverse needs of each recipient. These guidelines are why the group is 11 weeks which fits into under 90 days, lasts for an hour which fits in to the regular programming of the facility, can have up to 12 participants, and is an open group process (NBH 2022).

Group Manual Weekly Layout

Week 1: Introduction

Objective	The objective of week one is to get to know the group you are working with, establish group rules, and to give the group an idea of what the coming weeks will look like.
Discussion	<ol style="list-style-type: none"> 1. Review the informed consent that all participants have signed. 2. Present the group rules laid out in the overview. Then ask the group what other rules they would like the group to have. (write/display these for the group, ex. on a white board) 3. Discuss the purpose of the group.
Activity/Materials	<p>This activity is to get to know the participants. Ask each participant what their favorite song is and why they like it. Then have them play at least a minute of the song for the group to hear. (Moreno, 2005)</p> <p>-Materials needed: a device to search and play music on such as a laptop or a smart tv.</p>

Note: As a part of the discussion on group rules it would be beneficial to remind the participants that you do not need to be a musician to participate or benefit from this group.

Week 2: Music as a Coping Skill

Objective	This week's objective is to learn and practice a new coping skill utilizing music to calm the mind. The coping skill presented is to practice changing or calming your mood when you are experiencing unpleasant feelings such as anger, sadness, or anxiety.
Discussion	<ol style="list-style-type: none"> 1. Ask the group how they feel after presenting the mood song. Ask if their feeling that matched the song increased or decreased. 2. What kind of music does the group listen to when upset? 3. Present the idea behind the coping skill -angry music can anger the mind, calm music calms the mind- 4. Describe the process and purpose of using the coping skill.
Activity/Materials	<p>Time to practice the coping skill! Now is the time to play a different song for the group. Play a song that is opposite of the one you presented in the beginning of the group and ask again how their mood has changed.</p> <p>Then get the group involved. Create a list of moods and songs that are the opposite of that mood. (Hakvoort et al. 2015)</p> <p>-Materials needed: a devise to play music on, a white board or something similar to display the list you create.</p>

Note: this week we start by opening the group with a Mood Song. Ask the group how they are all feeling today. Then present them with a song that matches the general mood they are having.

Week 3: Creating Your Own Music

Objective	Introduce the group to different musical instruments and the basics of how to play them.
Discussion	<ol style="list-style-type: none"> 1. After playing the Mood Song ask the group what instruments they thought stuck out in the song. 2. Ask the group what instruments they know how to play and if they are familiar with any of the instruments in the room.
Activity/Materials	<p>This activity is meant to teach the participants the basics on how to use the musical instruments provided.</p> <p>Have each participant choose an instrument and attempt to use whether they are familiar with it or not. Then guide them in the basics of proper utilization of the instruments.</p> <p>Materials needed: a variety of instruments. Suggested ones are drums, piano, harmonica, tambourine, and xylophone. (Corke, 2012)</p>

Note: Choose this week's opening Mood Song based on the instrumental aspect. Choose a non-lyric based song.

Week 4: Playing What you Hear

Objective	The objective of this group is to practice following a beat/learning the deeper feelings of a song.
Discussion	<ol style="list-style-type: none"> 1. Talk with the group how instruments are a large part of what creates a songs emotion. (Give examples! Play a regular and acoustic version of a song and have the group discuss the differences in the feeling behind the song) 2. Ask the group what genres of music they enjoy and what kind of emotions the music in those songs present.
Activity/Materials	<p>Go back to the groups opening mood song and have them drum along on their laps with the song. Then without the music have each participant try to create a beat similar to what the heard and what emotion the song was giving off. (Berger, Turow, 2011)</p>

Note: Open with this week's Mood Song with an instrumental song based on how the group is feeling that day (choose one opposite of the general mood).

Week 5: Playing What you Feel

Objective	The objective of this session is to get the general feeling of how different emotions can be expressed through simple beats.
Discussion	<ol style="list-style-type: none"> 1. Have each group member name the emotions they have experienced through the day so far and where those emotions came from. 2. Discuss ways that people generally express their emotions (ex. Anger = yelling) 3. Describe how playing a simple beat can be a better way to express how you feel or might even calm one down if they are feeling heightened emotions.
Activity/Materials	<p>Practice playing your emotions. Have each participant pick an instrument in the room to use to express the emotions that they have felt today. (Berger, Turow, 2011)</p> <p>-Materials needed: a variety of musical instruments. (If you are able use the same instruments you used in week 3)</p>

Note: Choose this week's Mood Song to match the general mood of the participants that day.

Week 6: Music as Communication

Objective	This session is to learn and focus on the lyrics of music and how they communicate a message. The main objective is to learn how to communicate with song lyrics.
Discussion	<ol style="list-style-type: none"> 1. After playing the mood song ask the participants what they thought the message of the song was. 2. Once everyone has shared their thoughts go into a deep analysis of the lyrics to show how they message was shared and what the artist was saying.
Activity/Materials	<p>Have the participants practice using a song to express something that is important to them. For this activity the participants are to look for a song that contains lyrics that talk about something they value or are passionate about. Then have them play the part of the song that speaks to them the most and share what it means to them. (Corke, 2012)</p> <p>-Materials needed: participants are allowed to utilize their phones to find and play their songs.</p>

Note: Choose this week's Mood Song to share a specific message. This can be a song that speaks on social justice, importance of family/friends, etc.

The participants are allowed to utilize their phones during the activity of this group. Take care to make sure there are no recordings made or pictures taken. It may be beneficial to invite a co-facilitator to this session

Week 8: Music as Communication Continued

Objective	The purpose of this session is to show the participants how to write their own lyrics to express themselves.
Discussion	<ol style="list-style-type: none"> 1. During the mood song have the participants write the lyrics to the song played on a blank sheet of paper and after it is played discuss the parts of the song. (ex. Intro, verse, chorus) 2. Discuss how these parts of a song are often bridged together to create and share a specific story or message.
Activity/Materials	<p>Practice writing your own story of message! For this activity ask the participants to write their own message in lyric format. As the facilitator you can assist them in finding the right words for what they wish to say. (Corke, 2012)</p> <p>-Materials needed: writing utensils and lined paper for each participant.</p>

Note: The opening Mood Song for this group should be chosen based on how the participants are feeling that day following their mood and should be lyric based.

Week 9: Other Ways to Use Music for Coping

Objective	This session is to explore an alternative music based coping skill to the coping skill previously explored in week 2. Learn to make music to let out your emotions rather than doing something potentially dangerous or harmful.
Discussion	<ol style="list-style-type: none"> 1. This coping skill ties together ideas discussed and practiced in previous weeks to find a healthy way to let out your emotions. (how to write and how to play our emotions) 2. We can redirect our anxious, angry, isolative, or impulsive actions into doing something less harmful.
Activity/Materials	<p>Have the participants recall a time they were having negative emotions, what it looked like and what it felt like. Then ask them to use their song/beat creating skills to express what that was like to the rest of the group. (Hakvoort et al. 2015)</p> <p>Materials needed: variety of musical instruments, lined paper, and writing utensils.</p>

Note: Have a participant choose a Mood Song for the group today.

Week 10: Ways to Use Music in your Daily Life

Objective	Review the coping skills the group has discussed and practiced. Identify ways this could look like in their daily lives.
Discussion	<ol style="list-style-type: none"> 1. When do you use coping skills? 2. When to practice coping skills? 3. What skills can be practiced from this group?
Activity/Materials	<p>Have each member give examples of times they have utilized other unhealthy coping skills such as substance use or risk-taking behaviors and allow the other participants an opportunity to guide their peer on how to use one of the healthy skills learned in group instead. (Hakvoort et al. 2015)</p> <p>Materials needed: white board or similar means to write story points and the suggested changes.</p>

Note: Have a participant chose a Mood Song for the day.

Week 11: Group Conclusions

Objective	This is a time to reflect on the previous groups, what did the group learn, what were the things discussed, how does each member use what they learned.
Discussion	<ol style="list-style-type: none"> 1. Give each participant a chance to reflect on how they are feeling about the ending of the group. 2. Give a final overview on everything discussed in previous groups.
Activity/Materials	<p>Hand out a print off of questions for the group members to fill out (sample in Appendix B). Have each participant share a portion of the questions asked with the entire group. The answers shared should include what they learned in the group and what ways they have begun to utilize what they have learned in their daily life.</p> <p>Materials needed: printed handout, writing utensils.</p>

Note: Open this group with a Mood Song chosen by a participant. If so desired you may also play a closing song to say goodbye to the group after the completion of the discussion/activity.

*This group sessions activity is for the facilitator to see the effectiveness of the therapy provided and for them and the group participants to say goodbye. *

Critical Analysis

Strengths

Due to the nature of music therapy being so universal and having been proven to be effective with many populations a facilitator of music therapy will always see growth or change with the participants. This group manual targets specific difficulties typically found in those with co-occurring disorders in order to help them grow and improve their overall treatment. The manual utilizes evidence-base practices and works off of the literature reviewed to formulate the best layout to hold a group to build coping and communications skills.

Growth Areas

Possible growth areas for this group may include learning better qualifications to meet to participate in the group such as functionality, age, willingness, or other traits of each individual. Another possible area for group may include the facilitators methods for running a group. Each facilitator is different and always learning. This group and the results may give the facilitator ideas on how to improve their group process or even different aspects of the manual such as the order topics are presented or how an activity is conducted.

Perceived Difficulties

Due to the everchanging nature of humans and evidence-based practices the effectiveness of group therapy is not promised. Often times those participating in co-occurring therapy are there not of their own accord but due to being on a civil commitment. This may result in resistance or challenging behaviors towards the group. This group is highly participation based. If group members are unwilling/unable to participate in the groups activities and discussions the group may not prove to be effective in its goals. If a facilitator is not well practiced in working with individuals who have co-occurring disorders these difficulties may prove to be especially hard to overcome

Appendix A

Below is an example of an informed consent to utilize for this group.

Participants,

Group Therapy is a unique kind of therapy where a group of people who are likely experiencing similar challenges in the period of their lives gets together to share their difficulties which as a result give and at the same time, receive help from each other.

We make sure to maintain a safe environment that is conducive both for sharing and accepting each other where each can grow and trust one another and where each and everyone will feel respected and valued.

The purpose of this group is to assist you in growth and understanding of music, communication, expression, and coping skills. The facility and facilitator hosting the group will manage what is in their control to protect your confidentiality.

This group is an open group which means that you may not end the group with the same individuals you started.

Group rules include no phones within the group, taking turns when sharing or speaking, no interrupting/talking over other participants, respect the confidentiality of each other, nothing outside of the main lesson points leave the group room

By signing this document, you agree to protect the confidentiality of the other participants of the group, and to adhere to the group rules as described above.

Signature: _____ Date: _____

Appendix B

Below is an example of assessment questions to ask during the final group session to determine the effectiveness of the group and what the participants learned over the 11 weeks it was held.

Please answer each question below honestly and in as much detail as possible. This feedback will allow your facilitator to better conduct this group for future participants.

1. What activity did you enjoy the most throughout the group?
2. What practices of the group have you started to use in your daily life?
3. Have you noticed improvements in your coping or communications skills after starting the group?
4. Do you have any complaints about the group?

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