

CREATING COMMUNITY, HOME, AND RESOURCES WITH MUSIC THERAPY:

A PROGRAM PROPOSAL FOR FAMILY OF WOODSTOCK

by

Noah Pomerselig

In Partial Fulfillment of the Requirements for the Degree of

MASTERS OF SCIENCE

in

The Department of Music Therapy

State University of New York
New Paltz, New York 12561

May 2021

CREATING COMMUNITY, HOME, AND RESOURCES WITH MUSIC THERAPY:

A PROGRAM PROPOSAL FOR FAMILY OF WOODSTOCK

Noah Pomerselig

State University of New York at New Paltz

We, the thesis committee for the above candidate for the
Master of Science degree, hereby recommend
acceptance of this thesis.

Kathleen Murphy, PhD, MT-BC, Thesis Advisor

Department of Music Therapy, SUNY New Paltz

Heather Wagner, PhD, MT-BC, Thesis Committee Member

Department of Music Therapy, SUNY New Paltz

Submitted in partial fulfillment
of the requirements for the Master of Science degree
in Music Therapy
at the State University of New York at New Paltz

Acknowledgements

The author wishes to express sincere gratitude and appreciation for the support and feedback of the members of the thesis committee, Dr. Kathleen Murphy and Dr. Heather Wagner.

Table of Contents

Summary Statement	6
Statement of Need	6
Defining Music Therapy	7
Philosophical Orientation	8
Literature Review	9
Challenges Faced by Homeless Adolescents	9
Post-Traumatic Stress Disorder	10
Substance Abuse	11
Importance of Music in the Development and Lives of Adolescents	11
Music and Socialization	12
Music and Wellbeing	14
Protective Factors	15
Music Therapy in Related Settings	16
Music Therapy and Adolescent Mental Health Treatment	16
Music Therapy with Homeless Adolescents	17
Music Therapy with Adolescent Refugees	19
Community Music Therapy	20
Qualities of CoMT	21
Community Music Therapy and Homeless Adolescents	23
Proposed Program	24
Participants	24
Format	25
Group Music Therapy	25
Individual Music Therapy	26
Context of Therapy	26
Music Experiences	27
Songwriting/Composition	27
Improvisation	28
Receptive Music Therapy	29
Performance/Re-creation	30
Proposed Schedule	30
Financial Implications	32
Outcomes and Assessment	35
Documentation	35

Referral35
Assessment35
Treatment Plan36
Session Notes36
Evaluation of Services36
Organization Context and Further Developments37
Conclusion38
References39
Appendices52
 Appendix A - Music Therapy Fact Sheet52
 Appendix B - Music Therapy Referral Form53
 Appendix C - Music Therapy Assessment54
 Appendix D - Participant Evaluation Form58
 Appendix E - Resume60

Summary Statement

The following is a proposal for the implementation of a music therapy program for adolescents experiencing homelessness within Family of Woodstock's continuum of care. This proposal outlines the rationale and theoretical justification of this program as well as outlining the content and structure of the proposed music therapy services. This proposal includes descriptions of music therapy in general and how it has been implemented with this population in other programs. This program is designed to be implemented by one full-time music therapist and integrates with the existing services provided by the organization. The integration of a music therapy program is congruent with Family of Woodstock's mission statement and organization goals.

Statement of Need

Family of Woodstock provides a broad spectrum of accessible care and services to individuals and families in Ulster County and surrounding communities including crisis intervention, informational resources, prevention and support services (Family of Woodstock, n.d.-a) This is guided by a non-judgemental and non-directive philosophy organized to empower individuals to find their own solutions in a way that honors their context, culture, and community. One of the primary focuses of the organization is providing housing and supportive services to homeless individuals and families. This includes: Family House, a 14-bed runaway and homeless youth facility; the Darmstadt Shelter for the Homeless, a 19-bed shelter for adults, primarily for individuals in recovery; the Family Inn, a 27-bed shelter for homeless families; the Washbourne House, a domestic violence shelter for women and their children; and

the Midway program, two supervised transitional living residences which can house up to six adolescents each (Family of Woodstock, n.d.-b).

The purpose of this proposal is to describe the practice of music therapy and how the clinical use of music by a credentialed music therapist aligns with the goals and philosophy of Family of Woodstock to meet the needs of the community that it serves. The proposed music therapy program will focus primarily on meeting the needs of homeless adolescents and emerging adults as well as the staff who work with them. This proposal will outline the impact that music therapy can have with homeless adolescents and emerging adults as well as how music therapy can help meet Family of Woodstock's goal to "assist people to achieve self-sufficiency and self-respect" (Family of Woodstock, n.d.-b, para. 2) through music experiences and therapeutic relationships.

Defining Music Therapy

The American Music Therapy Association (AMTA) defines music therapy as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program" (AMTA, 2020a, para. 1). Furthermore, music therapy is "a reflexive process wherein the therapist helps the client to optimize the client's health using various facets of music experience and the relationship formed through them as the impetus for change" (Bruscia, 2014, p. 36). While music has been used to promote health for centuries, the profession of music therapy began to form in response to World War I and II to treat the trauma of returning veterans (AMTA, 2020b). The first music therapy professional organization was founded in 1950, and the

field of music therapy has grown to serve many diverse populations and needs (AMTA, 2020c). Music therapy is now an established health profession that is framed by a variety of theoretical orientations that are supported by neurobiological and music psychology research as well as research in the field of music therapy. Music therapy treatment utilizes interventions where the various aspects of music experiences are used to affect change (Bruscia, 2014).

Music therapists are required to undergo extensive musical and clinical training. A credentialed music therapist must have completed a bachelor degree or higher at an AMTA approved college or university program (AMTA, 2020d). In addition to completing the collegiate course work, music therapy students must also complete 1,200 hours of clinical training, including a supervised internship. Upon completing these requirements, music therapists can sit for the national board certification in order to receive the MT-BC (Music Therapist – Board Certified) credential that is needed to be a practicing music therapist (AMTA, 2020d).

Philosophical Orientation

There are many theoretical approaches that are used to guide music therapists in how they approach the therapeutic process. I practice within an integrative approach that is based on Community Music Therapy (CoMT) as well as resource-oriented and humanistic theories. This approach focuses on participatory action in therapy in order to connect with personal and communal resources to enable individual, communal, and sociocultural change (Stige & Aarø, 2012). Within this context, the therapist and participants collaborate through the therapeutic process, enhancing empowerment and democratic relationships in community contexts (Stige, 2012).

This approach aligns with the philosophy of Family of Woodstock and addresses the needs of homeless adolescents/emerging adults because of the focus on empowerment, democratic involvement, and the development of internal and communal resources. The participants in this program will be active collaborators in the therapeutic process, thus providing healthy experiences of belonging and community in context while addressing the primary needs of the participants. Music will serve as a context and facilitator of change and community in a variety of individual and group music experiences.

Literature Review

Homelessness in adolescents and emerging adults is a major issue in the United States and in New York State. Across the nation in 2019, an estimated average of 152,000 youth and emerging adults experienced homelessness on any given night and only 27.3% of these individuals were sheltered (Henry et al., 2019). During the same time, an estimated average of 5,500 unaccompanied and parenting youth experienced homelessness in New York State alone (U.S. Department of Housing and Urban Development, 2019). Emergency shelters and transitional housing play a major role in assisting unaccompanied homeless youth in New York State. Only 6.5% of unaccompanied homeless youth in New York State were unsheltered in 2019, compared to the national average of 49.5% (Henry et al., 2019).

Challenges Faced by Homeless Adolescents

Homeless youth are under a considerable amount of stress compared to housed peers, both from the primary factors that caused their homelessness as well as factors that are a result of homelessness (Tyler & Schmitz, 2020). Common services received by youth in crisis homeless

shelters are: housing, clothing, job training, educational assistance, medical services, and recreation (Barber et al., 2005). Some of the primary perceived needed services of homeless adolescents are: housing, mental health counseling/resources, substance abuse counseling/programs, and case management (Pedersen et al., 2018).

Adolescents dealing with homelessness face many additional mental health challenges in addition to the normal challenges of adolescence. Homeless adolescents are about 20% more likely to deal with major depression than housed peers of the same age (Votta & Farrell, 2009; Votta & Manion, 2003). These youth are also at a high risk for suicidality due to a number of factors including: substance use, abusive family history, loneliness, and low self-esteem (Kidd, 2006). Cauce et al. (2000) report that more than 50% of the homeless adolescents met the requirements to be diagnosed with Conduct Disorder or Oppositional Defiant Disorder. This diagnostic information is partially indicative of the adversity that is faced by homeless adolescents. Other factors can create further challenges. For example, homeless adolescents are also at a higher risk of being arrested and having negative interactions with law enforcement (Chapple, 2004), and homeless LGBTQIA youth are at a heightened vulnerability for depression and externalizing behavior due to added social and societal pressure and higher risk for trauma (Whitbeck et al., 2004).

Post-Traumatic Stress Disorder

Trauma is common both relating to the causes and results of homelessness for many homeless youth (Tyler & Schmitz, 2020). Whitbeck et al. (2007) indicated that more than a third of homeless and runaway adolescents met lifetime criteria for posttraumatic stress disorder

(PTSD), with female adolescents being twice as likely to meet the PTSD criteria as their male counterparts. Additionally, PTSD rarely occurred without comorbidities. More than 90% of the adolescents who met PTSD criteria also met the criteria of major depressive disorder, conduct disorder, or substance abuse disorder (Whitbeck et al., 2007). Meeting the criteria for PTSD has been correlated to lower self-efficacy, lower social connectedness, and increased further victimization in homeless young adults (Kim et al., 2018).

Substance Abuse

Substance abuse is a common issue for many homeless and runaway adolescents. In general, substance use is high among adolescents and emerging adults. Rice et al. (2011) reported the frequency of substance use among homeless adolescents as: 9% lifetime heroin use, 34% lifetime methamphetamine use, 30% lifetime cocaine use, 69% recent alcohol use, and 58% recent marijuana use. Of the 428 homeless adolescents interviewed by Johnson et al. (2005), 60.5% of participants met the lifetime requirements for substance abuse, and 48.1% met the 12-month criteria for substance abuse. Substance use disorder in homeless adolescents was also correlated with other issues. In addition, 60% of substance-using runaway adolescents had dual or multiple diagnoses and were twice as likely to have anxiety disorders compared to non-homeless substance-using adolescents (Selsnick & Prestopnik, 2005).

Importance of Music in the Development and Lives of Adolescents

The vast majority of adolescents engage in some type of music experiences. North et al. (2000) noted nearly 20% of adolescents reported that they currently played an instrument, and over 50% said that they had previously played an instrument. Furthermore, almost 50% of

adolescents reported listening to music for more than 7.5 hours a week (Kistler et al., 2010). In addition, adolescents rate music as a more important part of their life when compared to adults over 30 (Bonneville-Roussy et al., 2013).

Music serves various roles in the lived experience of adolescents in both social and individual experiences (Bonneville-Roussy et al., 2013; Tarrant et al., 2000). Music can be intrinsically motivating for many adolescents since it can meet many of their emotional and psychological needs as they develop into adulthood (McFerran, 2010). Some common self-reported reasons for listening to or engaging in music include: assisting concentration, providing entertainment, exploring identity, facilitating social connection and experiences, expressing emotions or creativity, alleviating loneliness or anxiety, and expressing belonging in a social group or subculture (Lonsdale & North, 2011; North et al., 2004). Adolescent music tends to feature suffering or angst, thus providing a safe place through the music to explore conflict (McFerran, 2011). Some relevant themes in music for adolescents include: identity, sexuality, drugs, autonomy, dancing, social changes, and drinking. The functions of music for adolescents can be separated into two general categories: music where identity is performed in relationship with others and music that reflects self-knowledge (McFerran, 2011).

Music and Socialization

Music provides adolescents with opportunities for increased social interaction and connectedness. The majority of surveyed adolescents described having music experiences that create a sense of community and belonging (Ter Bogt et al., 2017; Campbell et al., 2007; North et al., 2000). Music experiences can facilitate enhanced connectedness at the community and

cultural level as well as the immediate interpersonal level (McFerran, 2010). Cross (2006, 2008) proposes that music can overcome social and cultural barriers because shared music making creates opportunities to communicate without an individual intention, underpinning shared humanity and social capacity.

Active music-making activities can be a vehicle for meeting new people that might not be otherwise brought together, in a variety of contexts (Campbell et al., 2007). For example, singers in high school choral performance groups describe an enhanced sense of social cohesion because they sing together in a shared experience and this experience provides opportunities to have positive experiences in community such as: leadership, contribution, risk-taking, accountability, group-belonging, and bonding (Parker, 2010, 2014). Music performance includes many ancillary activities. Extra rehearsals, practice sessions, traveling, and setting up for performances provide additional opportunities to extend the experience of social group cohesion (Parker, 2010).

Music listening can play an equally valuable role in the social experience of adolescents. The process of sharing music is used by adolescents to build relationships and communicate with friends and family (Papinczak et al., 2015). Music preference and listening can facilitate social connection and identity development within social groups (Campbell et al., 2007; North et al., 2000; Tarrant et al., 2000). In addition, shared music preference and general interest in music can overcome intergroup bias in adolescent social groups (Bakagiannis & Tarrant, 2006). Listening to live music at concerts and music festivals provides highly enjoyable opportunities to connect with friends, families, and a larger community of fans (Papinczak et al., 2015).

Music and Wellbeing

Adolescents can use music to regulate and enhance emotions and affect. Music can be an effective tool to modify or enhance mood for many adolescents (Papinczak et al., 2015). Using music to improve and modify mood to improve coping and enhance resilience is common among the majority of music listeners (North et al., 2000; Ter Bogt et al., 2010; Ter Bogt et al., 2017). Adolescents and young adults who are highly involved in music are more likely to react positively while listening to music; but they can also have strong negative reactions, such as anger or sadness (Ter Bogt et al., 2010). In addition to enhancing or modifying emotions, music can assist in the processing of emotions. One prominent strategy used by adolescents is to use mood-congruent music to immerse themselves in the emotion they are experiencing (Papinczak et al., 2015; Ter Bogt et al., 2019). This allows them to fully experience and move through difficult emotions. “Extreme” music, such as heavy metal, can help people who enjoy “extreme” music to process anger by matching the physiological arousal that they are experiencing (Sharman & Dingle, 2015). The authors of this study note that it is important that this music was preferred by the listeners. Listening to self-chosen music is effective in regulating negative affect, managing mood, and assisting stress coping (Groarke & Hogan, 2019; Labbe et al., 2007; McFerran et al., 2015).

However, it is important to note that there are both healthy and unhealthy ways to listen to music. Ter Bogt et al. (2019) found that 17% of adolescents reported in a survey that mood was negatively impacted by listening to sad music and that they were more likely to be negatively impacted if they were affected by a variety of risk factors, such as: negative family climate,

bullying, anxiety/depression, and poor social integration. Saarikallio et al. (2015) developed the Healthy-Unhealthy Uses of Music Scale, which is a diagnostic tool to assess adolescents' musical engagement as an indicator of susceptibility to depression. In some cases, it can be helpful for a music therapist to help these individuals to work towards more health-oriented ways of interacting with music.

Music experiences can also be an opportunity for exploring identity in context. The experience of agency and empowerment in a variety of music experiences can be a resource for health and identity development (Ruud, 1997). Identifying with music artists and identities can be a way for adolescents to rehearse and perform their identity as it develops (McFerran, 2010). Music performance experience can provide an opportunity to actively create and assert one's identity in community as opposed to narrating past history (Ansdell, 2003). Adolescent music participation can contribute to experiences of competence (McFerran, 2010). This can contribute to general self-esteem and identity development, since active music participation is linked to positive self-esteem and is interconnected with global self-concept (Scalas et al., 2017).

Protective Factors

Music can provide a positive social influence in some circumstances. Music and ancillary activities can provide an alternative to drug and alcohol use, as well as other risky activities such as gang life (Campbell et al., 2007; Kuntsche & Jonker, 2014). While research on this phenomenon is limited, music experiences may reduce the motivation for riskier social activities since they can provide meaningful social bonding and connection.

Music experiences can be a source of resilience for adolescents (McFerran, 2010). For example, music listening or participation can contribute to positive coping in response to stressful and negative experiences. Many of the metal fans interviewed by Rowe (2017) described experiences of social marginalization in their early adolescents. After being exposed to metal music and culture, these adolescents found resilience in forming a new identity that was self-chosen and not defined by popular peers or bullies. One key aspect of this is that this process is undertaken alone, allowing for enhanced self-esteem and sense of belonging for adolescents without a strong peer network (Rowe, 2017). Some music genres, such as Hip-Hop, metal, and punk, explicitly focus on themes of addressing disenfranchisement, racism, and other societal issues. Engaging in music that addresses an adolescent's social and societal environment can be empowering and can help them redefine resilience in regards to the challenges they are facing, especially for adolescents who are displaced, disenfranchised, or alienated (Brooks et al., 2015; Creese, 2015).

Music Therapy in Related Settings

Music Therapy and Adolescent Mental Health Treatment

Music therapy has been used with adolescents to address a variety of needs in mental health treatment settings. In inpatient mental health settings, music therapy has been used to help adolescents address goals such as: improving self-esteem, positive socialization, and increasing functional knowledge of coping skills (Johnson & Heiderscheidt, 2018). Short-term music therapy programs using individualized music relaxation have been effective in improving mood and lowering state anxiety in hospitalized adolescents in a mental health unit (Archambault et al.,

2019). With adolescents dually diagnosed with depression and substance abuse, improvisational music therapy improved measures of depression when compared to traditional treatment programs alone (Albornoz, 2011).

Some common music therapy methods used in these contexts include: song discussion, improvisation, and songwriting/composition (Archambault et al., 2019; Johnson & Heiderscheid, 2018). Song discussion involves the psychological processes of identification and empathy and provides projective experiences that can be part of a psychotherapeutic process (Gardstrom & Hiller, 2010). Songwriting helps adolescents access relevant therapeutic issues as well as help provide a context and process for identity development (Viega, 2016). Improvisation has been used as an exploratory method to help identify and define therapeutic issues, help establish rapport/connection, and serve as a projective medium (Albornoz, 2011; Carruthers, 2014).

Music Therapy with Homeless Adolescents

Music therapy has been used to help meet the psychosocial needs of homeless adolescents in a variety of contexts. Homeless youth participating in semi-structured and structured music and art groups at a large homelessness shelter in Canada identified the primary benefits of creative arts therapies as: managing mental health challenges through art creation, promoting coping skills through art creation, trauma recovery through experiencing safe spaces in creativity, self-expression, and promoting positive self-esteem and hope (Schwan et al., 2018). Collaborative group songwriting has been used to provide youth navigating homelessness and family violence an experience of resilience, hope, and creative escape from the challenges they are facing through creativity and connection in the group process (Fairchild & McFerran, 2019).

Community music performance is one method music therapists have used to engage with homeless adolescents. Fairchild et al. (2016) describe the process of homeless youth and families preparing for, experiencing, and making meaning of a musical performance. The concert consisted of performances of original and popular songs, instrumental performances, and streaming of an original music video. The performance itself was a peak experience of social connection and community validation for some of the participants. However, the process of preparing for the concert was also meaningful. While the youth participants described difficulty staying motivated, they also said that the music created a sense of ownership in the musical process and motivated them to come to more music therapy group sessions (Fairchild et al., 2016). Adult and emerging adult participants in a community music program called The Shelter Band reported that involvement in this musical group improved their perceptions of their social support and self-esteem, while some participants cited this group as a key factor in their process of escaping chronic homelessness (Knapp & Silva, 2019). Participants described that the success of preparing to perform as well as the success of performance were meaningful parts of the experience of developing self-esteem.

Songwriting and music composition can be a useful part of the therapeutic process for homeless adolescents. Thomas (2020) described a music therapy program for limited resource adolescents during which they created Hip Hop music referencing their lived experience. This composition process provided an opportunity for participants to use an authentic voice to express their identity development as well as their experiences in community and Hip Hop culture. Some themes that emerged from the therapeutic process were the importance of community,

prioritizing the artistic identities of the participants, and the desire to affirm and be affirmed (Thomas, 2020).

The development of a resident music studio in a transitional living program for emerging adults created a positive social setting where residents could connect around creating music, was strength- and talent-centered, and helped to engage disconnected residents (Kelly, 2019). Additionally, this program found that the music studio program was a motivator for some residents to re-engage with academic pursuits. The use of music technology, such as synthesizers and drum machines that are endemic to Hip Hop and electronic music, in music therapy contexts for performance or composition can help assist individuals develop the sense of identity through offering a sense of empowerment, independence, and competency (Burland & Magee, 2014).

Music Therapy with Adolescent Refugees

Music therapy has been used with refugee adolescents who were displaced to meet a variety of needs (Choi, 2010; Krüger & Stige, 2015; Wiess & Bensimon, 2020). A variety of music therapy experiences in group music therapy addressed themes of avoidance, distrust, loneliness, loss, and fear among student refugees from North Korea (Choi, 2010). Through a music performance process in music therapy, adolescent refugees were able to redefine their concept of self as well as how they related to their old and new communities (Enge, 2015). Refugees in a music therapy program in the Southwest United States identified three factors contributing to their experience of healing through performance in music therapy: recovery from trauma, communication of hope, and integration of identity and experiences (Muriithi, 2020). Adolescent refugees participating in music therapy while in the Norwegian child welfare system

found music to be a resource for resilience and enhancing communication skills (Krüger & Stige, 2015).

Music can provide a structure for ritual and repeated experiences that allow for adolescents to experience safety and begin to process the experience of being uprooted (Wiess & Bensimon, 2020). Singing songs in music therapy provided a playful and resilient context for youth refugees to reframe their trauma of surviving wars (Bensimon, 2020). In this context, the terror of the life-threatening experiences of war were safely reframed through musical games and experiences. Establishing a creative space where these youth were safe and could regain a sense of control contributed to the fostering of resilience and to begin to work through their trauma (Bensimon, 2020).

Community Music Therapy

Community Music Therapy (CoMT) is an emerging area of professional health practice where music-making occurs within community “as a planned process of collaboration between client and therapist with a specific focus on the promotion of sociocultural and communal change through a participatory approach where music as ecology is used in nonclinical and inclusive settings” (Stige, 2012, p. 450). CoMT practice is developed in response to local culture and communities. Therefore, the agenda for therapy can include: individual change, communal/sociocultural change, pleasure, and performance as well as solidarity and struggle (Stige, 2012). CoMT also responds to sociocultural changes of late modernity. From this systemic perspective, CoMT emphasizes health as quality of life, empowerment, democratic relationships, and working in community contexts (Stige, 2012; Stige & Aarø, 2012).

CoMT differs from traditional music therapy in a few significant ways. Collaboration between the therapist and client through participatory music-making is a key element of CoMT. There is less of a focus on fixing or correcting the problems of the client and more of a focus on mobilizing and realizing internal and external resources (Stige & Aarø, 2012). Context is another important aspect of CoMT. This approach is often practiced in more accessible spaces, including nonclinical settings in clinical arenas and open community settings (Stige, 2012).

Qualities of CoMT

Stige & Aarø (2012) defined a number of qualities of CoMT. These qualities describe the key therapeutic factors and how the aspects of this approach relate to community, music, and change.

Participatory and Resource-Oriented, The participatory quality describes the musical and interpersonal opportunities for individual and social participation within the therapeutic process (Stige & Aarø, 2012). This is characterized by the collaboration within the therapeutic relationships, where the therapist is not always directing it as an expert, and the willingness to listen to all voices within decision-making contexts. The participatory quality is linked to a focus on human rights, mutual empowerment, and democratic decision-making (Stige & Aarø, 2012).

The resource-oriented quality refers to the process of mobilizing and realizing personal strengths as well as social, cultural, and material resources within the collaborative therapeutic process (Stige & Aarø, 2012). Resources within music therapy can take a variety of forms, including musical skill and social resources. A resource-oriented approach seeks to nurture the

personal resources and increase access to communal resources when appropriate (Stige & Aarø, 2012).

Ecological and Performative. The ecological quality of CoMT refers to the fact that the focus is not only on the individuals in therapy but also on working with the reciprocal relationships that occur between individuals, groups, and networks within these contexts (Stige & Aarø, 2012). Therefore, therapy is not only concerned with interactions within the microsystems of the participants. What systems and ecological levels are involved in the therapeutic process depends on the context and community that the therapy is taking place in (Stige & Aarø, 2012).

The performative quality refers to the focus on human development through action and performances of self and social systems (Stige & Aarø, 2012). Music provides an expressive medium that provides opportunities for development through preparing for and performing music within an ecological context. This is linked to the role that music can play in the everyday health of participants (Stige & Aarø, 2012).

Activist, Reflective, and Ethics Driven. The activist quality refers to the acknowledgement that people's problems and health are related to limitations in society and a willingness to act in reaction to this (Stige & Aarø, 2012). This may require the therapist to step out of traditional roles to address these issues. Often this is facilitated through a collaborative response between the participants and therapist (Stige & Aarø, 2012).

The reflective quality refers to the collaboration in understanding and valuing processes and outcomes of the therapeutic process (Stige & Aarø, 2012). This quality complements the

participatory qualities of CoMT. This is important for both CoMT practice and research, which highlights the importance of participatory research.

Ethics-driven is the final quality of CoMT. The practice, theory, and research of this approach is rights-based (Stige & Aarø, 2012). This is an organizing principle that is nurtured by the values of freedom, respect, equality, and solidarity within the therapeutic process (Stige & Aarø, 2012).

Community Music Therapy and Homeless Adolescents

Community Music Therapy is uniquely positioned to meet the needs of adolescents and emerging adults living with homelessness. Enge (2015) describes a link between the focus on action and performance in CoMT and the ability of youth participants to experience improved self-concept, socialization, and resource development. Similarly, a CoMT project with limited-resource adolescents found that the performative and culturally-located experiences in music therapy encouraged the participants to connect with each other and the broader community in new ways as well as enhancing access to internal and communal resources (Thomas, 2020). Additionally, democratic decision-making in this project contributed to increased participant engagement through the entire process.

Krüger and Stige (2015) describe a CoMT program with refugee adolescents and emerging adults in the Norwegian child welfare system. The participants described stigma and difficulty having meaningful and productive conversations with adults as major themes in their everyday struggle and experience in the welfare system. Through their experiences in the CoMT program, the participants identified that they were able to use music to contain and give structure

to their stories as well as facilitating productive dialogue with peers and adults (Krüger & Stige, 2015). The participatory and ecological qualities of CoMT combined with a systemic sociocultural perspective contributed to the development of the resources of these adolescents and music itself became a sustaining resource for these individuals in their everyday life.

Proposed Program

The proposed Community Music Therapy (CoMT) program at Family of Woodstock is designed to be implemented by one full-time music therapist and focuses on meeting the needs of the homeless adolescents and emerging adults in Family of Woodstock's continuum of care. While beyond the scope of this proposal, once this program is established, it could expand to meet the needs of the broader community that Family of Woodstock provides resources and services to. This program will focus on providing democratic and participatory action experiences within music with the goal of promoting change at a personal, communal, and sociocultural level. The program will be designed and implemented in a way that fits with the values, mission, and purpose of Family of Woodstock.

Participants

The homeless adolescents in Family of Woodstock's continuum of care would be the primary participants in this music therapy program. However, it could be beneficial to include other individuals as well as the broader community. Cunha (2017) described a CoMT group that involved students, teachers, and staff at a university. Through this process, the participants

overcame differences in the group to redefine social and power relationships towards a healthier and more equitable community in that context.

In this proposed program, staff that support the adolescents would be invited to participate in some of the music therapy groups. This would provide the staff and adolescents an opportunity to experience being together in a way that may not be possible at other times and to see a new aspect of their personality through sharing the music experiences. This also has the additional potential benefit of providing an experience of self-care for the staff, thus additionally supporting the staff in their work. There are some cases when the wider community may also participate in the music therapy process. This may include performances, collaborative music experiences, or opportunities for mentorship.

Format

Music therapy will be offered in a variety of forms in order to meet the needs and enhance the resources of the participants. Music therapy with adolescents has been studied in both individual and group session formats (McFerran, 2010). The most common goals for adolescent treatment are within the domains of identity formation and social development.

Group Music Therapy

Group music therapy can be effective and meaningful for adolescents partially because of the importance of peer relationships to adolescents (McFerran, 2010). Group music experiences can provide a context to develop, explore, and perform identity in context. Some common uses of music in these groups include: improvisation, songwriting, and receptive music listening

(McFerran, 2010). Music therapy groups are often the context for music rehearsal and performance for performance-based music therapy processes. These group performance experiences could include concerts, album release parties, open mics, and other opportunities as the therapeutic process develops.

Individual Music Therapy

The context of individual music therapy allows the therapeutic process to focus exclusively on the needs and development of one individual. There are some processes that may be more appropriate for a one-on-one context. This can be seen as preparation for meaningfully engaging with their community. This may include: therapeutic music lessons, social skill development, or emotional expression using the methods and experiences detailed below.

Context of Therapy

The proposed music therapy sessions will take place in the location where the participants are living. Partially, this limits logistical challenges of transportation for the participants. Furthermore, it moves music therapy out of a clinical space and into the home community of the participants. This allows the therapeutic process to expand to include elements that influence the participants' health that are outside the individual.

While outside the scope of this proposal, one of the long term goals of this proposed program is the development of a community music studio. This music studio would allow participants to participate in, record, and experience meaningful music experiences in a

community context. This would provide another context for music therapy within a communal setting.

Music Experiences

A music therapy process can contain a variety of music therapy methods that utilize the many facets of the music experience to meet the needs of the participants. Common therapeutic intentions for music therapy with adolescents include: fostering understanding, offering acceptance, and facilitating development (McFerran, 2010). The music experiences that are ultimately used in that process are driven by the goals and interests of the participants. Since CoMT is a participatory and collaborative process, the participants have an active role in determining the content and process of therapy (Stige, 2012).

Songwriting/Composition

Compositional music therapy experiences are characterized by the participants writing songs or instrumental music pieces with the assistance of the music therapist (Bruscia, 2014). The composition process can assist in enhancing self-expression, organizing thoughts and feelings, and developing decision making and communication skills as well as exploring therapeutic themes. In addition, songwriting provides a music-centered avenue to understand and process the challenges of the participants in a way that is more accessible for some adolescents (McFerran, 2010). The role of the music therapist is to provide the resources and guidance needed for the participants to create songs or music through a meaningful process. The structure

and content of the composition is determined by the therapeutic issues and the participants' familiarity with the process.

Recording an original song can be an important part of the therapeutic process. This gives the participants an opportunity to consolidate therapeutic insights and meaningful experiences in therapy through the musical process of recording the music they have written. In addition to the therapeutic benefits of the composition process, the participants are left with a product that resulted from their experience in therapy. This can later be utilized as a resource for the participants through either re-listening, reinforcing insights or experiences from the therapy process, or performance, sharing their growth and development with others.

Improvisation

Improvisation music therapy experiences are characterized by the participants creating new music in the moment, using any music medium that is within their capability. This process can be a venue for establishing non-verbal communication, providing a means of self-expression, exploring identity in relation to others, developing interpersonal and group skills, and developing creativity and expressiveness (Bruscia, 2014). The extemporaneous creation of music provides an opportunity to be in touch with emotions and thoughts in the here-and-now of therapy. Improvisation can utilize musical instruments, the participants' voices, or a combination of both. Improvisation can be a part of group and individual sessions. These experiences can contribute to enhanced feelings of self-efficacy, safety, and group cohesion for adolescents (McFerran, 2010).

Receptive Music Therapy

Receptive music therapy experiences are characterized by participants listening to and responding to live or recorded music. Goals may include: evoking emotional states/experiences, exploring ideas and thoughts of other people, connecting to a community or group, and promoting receptivity (Bruscia, 2014). These are several examples of how these experiences can be structured:

Song Discussion. Songs are an important source of identity, empathy, and group belonging for adolescents (McFerran, 2010). “Songs are ways that human beings explore emotion. They express who we are and how we feel, they bring us closer together, they keep us company when we are alone” (Bruscia, 1998, p. 25). During a song discussion, a song serves as a springboard for discussing issues and experiences that are relevant to the participants (Bruscia, 2014).

Projective Listening. This method is characterized by participants identifying, describing, interpreting, responding or free associating to presented music through verbal or non-verbal means (Bruscia, 2014). This often involves creative expression while listening to music, such as: projective drawing, movement, writing, and storytelling. These experiences provide opportunities for fostering understanding and exploration around experiences and issues relevant to the participants.

Performance/Re-creation

Re-creative music therapy experiences are characterized by the participants learning, singing, playing, or performing pre-composed music. These experiences can facilitate the release of emotions within a safe context, promote identification or empathy with others, improving interactional and group skills, and awareness of self and others (Bruscia, 2014). The music that is re-created could be chosen by the therapist to facilitate group experiences, by the participants themselves, or be the product of a composition music therapy experience.

Music performance can serve a unique role in the therapeutic process. Performance experiences have both musical and paramusical aspects, including: preparing for the performance, socialization before and after performances, and celebrating the success of a performance with other participants (Stige, 2012). These experiences can be useful for facilitating health and healthy experiences of being in community. Music is not just the medium of therapy as it is also the scene where participants perform relationships in context (Stige, 2012).

Proposed Schedule

The primary responsibilities of the music therapist would include the planning and facilitation of group and individual music therapy sessions at the organization's facilities. In addition, the music therapist will carry out the administrative tasks required to run the music therapy program and plan performance opportunities for the participants. The music therapist will also participate in interdisciplinary team meetings for the participants in order to update the

team on progress and challenges in music therapy as well as receiving important information from these meetings. See Figure 1 for proposed schedule.

Figure 1

Proposed Music Therapist Schedule

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
10:00 AM					Administrative Tasks & Session Prep			
10:30 AM								
11:00 AM								
11:30 AM								
12:00 PM	Interdisciplinary Staff Meeting	Administrative Tasks & Session Prep	Interdisciplinary Staff Meeting	Administrative Tasks & Session Prep	Individual Sessions			
12:30 PM								
1:00 PM	Administrative Tasks & Session Prep	Individual Sessions	Administrative Tasks & Session Prep	Individual Sessions				
1:30 PM								
2:00 PM	Individual Sessions							
2:30 PM								
3:00 PM								
3:30 PM						Documentation		
4:00 PM						Meal Period		
4:30 PM	Documentation	Documentation	Documentation	Documentation				
5:00 PM	Meal Period	Meal Period	Meal Period	Meal Period		Open Mic - Kingston		
5:30 PM	Session Prep	Session Prep	Session Prep	Session Prep				
6:00 PM								
6:30 PM	Group Session @ Family Inn	Songwriting Group @ Midway Ellenville	Group Session @ Family House	Songwriting Group @ Midway Kingston				
7:00 PM								
7:30 PM	Documentation	Documentation	Documentation	Documentation				

Note: This schedule is subject to change based on the availability and interests of the participants. Session frequencies and times can be adjusted to meet the needs and interests of the participants.

Financial Implications

The financial impact of this program includes initial and annual expenses. The ongoing annual and initial budget is outlined in Table 1 and Table 2 respectively. Annual expenses will include employee salary, continuing education, CBMT license maintenance fee, professional membership in the American Music Therapy Association (AMTA), and musical instrument maintenance. In 2020, the average salary of a full-time music therapist in New York state was \$66,548 (AMTA, 2020f). The CBMT credential maintenance fee is required to maintain the MT-BC credential which is required to practice music therapy. AMTA membership is a valuable resource for professional music therapists. Membership in this professional organization provides access to the journals of music therapy, continuing education, and professional conferences. This supports music therapists in deepening their clinical and musical skills throughout their career.

The initial expenses include musical instruments and equipment that are needed to provide a variety of meaningful music therapy experiences. The items included in this budget were selected based on the criteria of quality and affordability. The musical instruments and equipment that were selected will perform well in the context of music therapy sessions and have a fairly high degree of longevity. The longevity of these items is extended by the sustaining investment in equipment maintenance. This diminishes the rate at which instruments and equipment need to be replaced.

Table 1*Annual Budget*

Item	Cost
Salary (68.4%)	\$66,548
Benefits (31.6%) Derived from https://www.bls.gov/news.release/pdf/ecec.pdf	\$30,744
Continuing Education	\$500
CBMT Maintenance Fee	\$80
AMTA Membership	\$250
AMTA Conference & Travel Fees	Registration - \$350 Travel expenses - \$400 Hotel for two nights - \$500
Equipment Maintenance and Upgrades	\$1000
Total:	\$100,372

Table 2*Initial Expenses*

Item	Cost
iPad 10.2" iPad, 128Gb, Wifi Derived from https://www.apple.com/shop/buy-ipad/ipad-10-2/128gb-space-gray-wifi	\$429.00
Acoustic-Electric Guitar Martin Special 000 X1AE Style, Natural	\$599.99
Guitar Case Gator Cases: GBE-Dread Gig Bag	\$24.99

Digital Piano + Accessories Yamaha PSR-EW310 Keyboard Home Package. Includes: Keyboard, Stand, Sustain Pedal, & Headphones	\$439.99
Maracas LP Pro Maracas	29.99
Tambourine (x2) CP Single Row Tambourine, 10"	\$24.99 ea.
Egg Shaker (set of 12) Rhythm Band (RB210S) 12-Pack	\$23.99
Cajon Pearl Cabana Cajon, Mahogany	\$119.99
Frame Drum (x2) Remo Fiberskyn Frame Drum, Walnut, 14"	\$18.95 ea.
Multi-timbre Rhythm Instrument Set Hohner, 25 pieces	\$170.00
Tubano Drum Pack Remo Versa; 9, 11, & 13 inch drum	\$449.00
Drum Machine Pocket Operator PO-12 Derived from https://teenage.engineering/products/po	\$59.00
Synthesizer Pocket Operator PO-16 Derived from https://teenage.engineering/products/po	\$49.00
Bluetooth Speaker JBL FLIP 4 Derived from https://www.amazon.com/JBL-Bluetooth-Portable-Stereo-Speaker/dp/B01MSYQWNY	\$79.95
Audio Interface Focusrite iTrack Solo Audio Interface	\$129.99
Microphone + Accessories Shure Stage Performance Kit: SM58 Microphone, Microphone Stand, XLR cable, and Storage Bag	\$129.00
Total:	\$2,821.76

Note. All prices derived from www.guitarcenter.com unless otherwise specified. Pricing may vary slightly if other vendors are used.

Outcomes and Assessment

Documentation

The music therapist is responsible for documenting all parts of the music therapy treatment process including referrals, assessments, treatment plans, and session notes (Waldon, 2016). This is important for documenting progress and change throughout the therapeutic process.

Referral

Referrals can be made by clinical staff, support staff, or by the participants themselves. Referral forms will be made available to staff members to be returned to the music therapist when making a referral. It is possible that referrals to music therapy be done verbally, especially when a participant is self-referring to the service. In this case, it is the responsibility of the music therapist to complete a referral form to document the verbal referral. Some music therapy groups or events may be open to the Family of Woodstock community or general community and thus do not require a referral. A sample referral form can be found in Appendix C.

Assessment

Initial assessment occurs during the first session with a participant. The music therapist will design music experiences to assess the strengths, interests, and needs of the participant. This will be included in the participant's documentation and inform the development of the treatment plan. A sample assessment form can be found in Appendix D.

Treatment Plan

Treatment plans will be developed in collaboration with the participants. The goals of treatment should reflect the goals and intentions of the participants. Therefore, it can be helpful for them to take an active role in the development of their own treatment plan. The music therapist will support the participant in outlining their goals for music therapy. These may include but are not limited to the musical, emotional, cognitive, interpersonal, or communal domains.

Session Notes

Session notes will document and be completed after each music therapy session. These notes will document the music experiences that were used and how the participants responded to these experiences, thus tracking the progress and experiences occurring in the therapeutic process.

Evaluation of Services

Program evaluation will be completed annually to ensure that the music therapy program is meeting the needs and supporting the interests of the participants. Participants will be given the opportunity to complete a survey to evaluate music therapy services annually or when treatment is terminated. The music therapist will also be responsible for ongoing reflexive program evaluation throughout the year. A sample participant survey is included in Appendix E.

Organization Context and Further Developments

This program is designed to integrate with the broader spectrum of care that Family of Woodstock provides for homeless adolescents. Music therapy is well suited to provide adolescents with experiences that enhance their internal resources and integration with their community. The focus on strength-building to empower adolescents to live their lives fit with the philosophy of Family of Woodstock's adolescents' services (Family of Woodstock, n.d.-c).

Once the program has been implemented and established, there are many possible ways for it to grow and expand. Ideally, this process would correlate with the growth of the community. Therefore, the growth and direction of the expansion of this music therapy program would be co-led by the participants, their community, and the music therapist. While the proposed program focuses on providing music therapy for homeless adolescents that receive services through Family of Woodstock, this program could be expanded to include many more youth and adults within Family of Woodstock's continuum of care. One example of what this could look like is the development of a community music recording studio. This would support members of the Family of Woodstock and the broader community in addressing health goals through the use of live and recorded music. This project would broaden the scope of music therapy services at Family of Woodstock as well as integrate and support the proposed program for homeless adolescents.

Conclusion

The addition of music therapy services would benefit the homeless adolescents within Family of Woodstock's continuum of care. Music is a critical resource in the development of individual, interpersonal, and communal growth in adolescents (Campbell et al., 2007; North et al., 2000; Ter Bogt et al., 2017). Music therapy would provide opportunities for identity development (Viega, 2016), improvement of self esteem and positive coping skills (Johnson & Heiderscheit, 2018), and enhance the feeling of community belonging of the participants (Fairchild et al., 2016). Furthermore, music therapy can help participants develop and enhance their feelings of empowerment, independence, and competence even in the face of difficult circumstances (Burland & Magee, 2014; Thomas, 2020). The implementation of music therapy would complement and integrate with the existing services for homeless adolescents.

References

- Albornoz, Y. (2011). The effects of group improvisational music therapy on depression in adolescents and adults with substance abuse: A randomized controlled trial. *Nordic Journal of Music Therapy*, 20(3), 208-224.
<https://doi.org/10.1080/08098131.2010.522717>
- American Music Therapy Association. (2020a). Definition and quotes about music therapy. Retrieved from <https://www.musictherapy.org/about/quotes/>
- American Music Therapy Association. (2020b). History of music therapy. Retrieved from <https://www.musictherapy.org/about/history/>
- American Music Therapy Association. (2020c). Music therapy historical review. Retrieved from https://www.musictherapy.org/about/music_therapy_historical_review/
- American Music Therapy Association. (2020d). Professional requirements for music therapists. Retrieved from <https://www.musictherapy.org/about/requirements/>
- American Music Therapy Association. (2020e). Frequently asked questions. Retrieved from <https://www.musictherapy.org/faq/#40>
- American Music Therapy Association. (2020f). 2020 AMTA member survey and workforce analysis: A descriptive, statistical profile of the 2020 AMTA membership and music therapy community. Retrieved from:

https://netforum.avectra.com/eweb/shopping/shopping.aspx?site=amta2&prd_key=d1398306-a522-4be2-a72c-b8454a45748b&trp_key=cdce19bb-fafa-416a-b2ac-a394b8f6e8bd

Ansdell, G. (2003). The stories we tell: Some meta-theoretical reflections on music therapy.

Nordic Journal of Music Therapy, 12(2), 152-160.

<https://doi.org/10.1080/08098130309478085>

Archambault, K., Vaugon, K., Deumie, V., Brault, M., Perez, R. M. & Peyrin, J. (2019). MAP: A personalized receptive music therapy intervention to improve the affective well-being of youths hospitalized in a mental health unit. *Journal of Music Therapy*, 56(4), 381-402.

<https://doi.org/10.1093/jmt/thz013>

Barber, C. C., Simulinas, M., Fonagy, P., Fultz, J. & Yates, M. (2005). Homeless near a thousand homes: Outcomes of homeless youth in crisis shelters. *American Journal of*

Orthopsychiatry, 75(3), 347-355. <https://doi.org/10.1037/0002-9432.75.3.347>

Bakagiannis, S. & Tarrant, M. (2006). Can music bring people together? Effects of shared musical preferences on intergroup bias in adolescence. *Scandinavian Journal of*

Psychology, 47(1), 129-136. <https://doi.org/10.1111/j.1467-9450.2006.00500.x>

Bensimon, M. (2020). Perceptions of music therapists regarding their work with children living under continuous war threat: Experiential reframing of trauma through songs. *Nordic*

Journal of Music Therapy, 29(4), 300-316.

<https://doi.org/10.1080/08098131.2019.1703210>

- Bonneville-Roussy, A., Rentfrow, P. J., Xu, M. K. & Potter, J. (2013). Music through the ages: Trends in musical engagement from adolescence through middle adulthood. *Journal of Personality and Social Psychology*, *105*(4), 703-717. <https://doi.org/10.1037/a0033770>
- Brooks, C. M., Daschul, M. D., Poudrier, J. & Almond, N. (2015). First nations youth redefine resilience: Listening to artistic productions of ‘thug life’ and hip-hop. *Journal of Youth Studies*, *18*(6), 706-725. <https://doi.org/10.1080/13676261.2014.992322>
- Bruscia, K. E. (1998). *The dynamics of music psychotherapy*. Barcelona Publishers.
- Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). Barcelona Publishers.
- Bureau of Labor Statistics & U.S Department of Labor. (2020). *Employer costs for employee compensation*. Bureau of Labor Statistics. <https://www.bls.gov/news.release/pdf/ecec.pdf>
- Burland, K. & Magee, W. (2014). Developing identities using music technology in therapeutic settings. *Psychology of Music*, *42*(2), 177-189.
<https://doi.org/10.1177/0305735612463773>
- Campbell, P. S., Connell, C. & Beegle, A. (2007). Adolescents’ expressed meanings of music in and out of school. *Journal of Research in Music Education* *55*(3), 220-236.
<https://doi.org/10.1177/002242940705500304>
- Cauce, A. M., Paradise, M., Ginzler, J. A., Embry, L., Morgan, C. J., Lohr, Y. & Theofelis, J. (2000). The characteristics and mental health of homeless adolescents: Age and gender

- differences. *Journal of Emotional and Behavioral Disorders*, 8(4), p.230-239.
<https://doi.org/10.1177/106342660000800403>
- Carruthers, E. (2017). Safety, connection, foundation: Single-session individual music therapy with adolescents. *Canadian Journal of Music therapy*, 20(2), 43-63.
- Chapple, C. L., Johnson, K. D., & Whitbeck, L. D. (2004). Gender and arrest among homeless and runaway youth: An analysis of background, family, and situational factors. *Youth Violence and Juvenile Justice*, 2(2), 129–147. <https://doi.org/10.1177/1541204003262227>
- Choi, C. M. H. (2010). A pilot analysis of the psychological themes found during the CARING at Columbia – Music therapy program with refugee adolescents from North Korea. *Journal of Music Therapy*, 47(4), 380-407. <https://doi.org/10.1093/jmt/47.4.380>
- Creese, G. (2015). Growing up where ‘no one looked like me’: Gender, race, hip hop and identity in Vancouver. *Gender Issues*, 32(1), 201-219.
<https://doi.org/10.1007/s12147-015-9138-1>
- Cross, I. (2006). Music and social being. *Musicology Australia*, 28(1), 114-126.
<https://doi.org/10.1080/08145857.2005.10415281>
- Cross, I. (2008). Musicality and the human capacity for culture. *Musicae Scientiae*, 12(1), 147-167. <https://doi.org/10.1177/1029864908012001071>

- Cunha, R. (2017). Musicking together: Affective, cognitive and physical aspects of a music therapy group work. *Voices: A World Forum for Music Therapy*, 17(2).
<https://doi.org/10.15845/voices.v17i1.895>
- Enge, K. E. A. (2015). Community music therapy with asylum-seeking and refugee children in Norway. *Journal of Applied Arts & Health*, 6(2), 205-215.
https://doi.org/10.1386/jaah.6.2.205_1
- Family of Woodstock. (n.d.-a). *Mission Statement*. Retrieved October 4, 2020, from
<https://www.familyofwoodstockinc.org/who-we-are/mission-statement/>
- Family of Woodstock (n.d.-b). *Philosophy*. Retrieved October 4, 2020, from
<https://www.familyofwoodstockinc.org/who-we-are/philosophy/>
- Family of Woodstock (n.d.-c). *Services for Youth and Adolescents*. Retrieved October 4, 2020, from <https://www.familyofwoodstockinc.org/services-for-youth-adolescents/>
- Fairchild, R., Thompson, G. & McFerran, K. S. (2016). Exploring the meaning of a performance in music therapy for children and their families experiencing homelessness and family violence. *Music Therapy Perspectives*, 35(1), 36-49. <https://doi.org/10.1093/mtp/miw004>
- Fairchild, R. & McFerran, K. S. (2019). “Music is everything”: Using collaborative group songwriting as an arts-based method with children experiencing homelessness and family violence. *Nordic Journal of Music Therapy*, 28(2), 88-107.
<https://doi.org/10.1080/08098131.2018.1509106>

- Gardstrom, S C. & Hiller, J. (2010). Song discussion as music therapy. *Music Therapy Perspectives*, 28(2), 147-156. <https://doi.org/10.1093/mtp/28.2.147>
- Groarke, J. M. & Hogan, M. J. (2019). Listening to self-chosen music regulates induced negative affect for both younger and older adults. *PLoS ONE* 14(6), 1-19.
<https://doi.org/10.1371/journal.pone.0218017>
- Henry, M., Watt, R., Mahathey, A., Ouellette, J. & Sitler, A. (2019). *The 2019 annual homeless assessment report (AHAR) to congress*. U.S. Department of Housing and Urban Development.
<https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf>
- Hense, C., Silverman, M. & McFerran, K. S. (2018). Using the healthy-unhealthy uses of music scale as a single-session music therapy intervention on an acute youth mental health inpatient unit. *Music Therapy Perspective*, 36(2), 267-276.
<https://doi.org/10.1093/mtp/miy013>
- Johnson, K., Whitbeck, L., & Hoyt, D. (2005). Substance abuse disorders among homeless and runaway adolescents. *Journal of Drug Issues*, 35(4), 799–816.
<https://doi.org/10.1177/002204260503500407>
- Johnson, K. & Heiderscheid, A. (2018). A survey of music therapy methods on adolescent inpatient mental health units. *Journal of Music Therapy*, 55(4), 463-488.
<https://doi.org/10.1093/jmt/thy015>

- Kelly, B. L. (2019). Positive youth development: Developing, implementing, and sustaining music-based services for emerging adults experiencing homelessness. *Emerging Adulthood, 7*(5), 331-341. <https://doi.org/10.1177/2167696818777347>
- Kidd, S. A. (2006). Factors precipitating suicidality among homeless youth: A quantitative follow-up. *Youth and Society, 37*(4), 393-422.
<https://doi.org/10.1177/0044118X05282763>
- Knapp, D. H. & Silva, C. (2019). The Shelter Band: Homelessness, social support, self-esteem in a community music partnership. *International Journal of Community Music, 12*(2), 229-247. https://doi.org/10.1386/ijcm.12.2.229_1
- Kim, Y., Bender, K., Ferguson, K. M., Begun, S. & DiNitto, D. M. (2018). Trauma and posttraumatic stress disorder among homeless young adults: The importance of victimization experiences in childhood and once homeless. *Journal of Emotional and Behavioral Disorders, 26*(3), 131-142. <https://doi.org/10.1177/1063426617710239>
- Kistler, M., Rodgers, K. B., Power, T., Weintraub-Austin, E. & Griner-Hill, L. (2010). Adolescents and music media: Toward an involvement-mediation model of consumption and self-concept. *Journal of Research on Adolescence, 20*(3), 616-630.
<https://doi.org/10.1111/j.1532-7795.2010.00651.x>
- Kuntsche, E & Jonker, A. (2014). Could music potentially serve as a functional alternative to alcohol consumption? The importance of music motives among drinking and

- non-drinking adolescents. *Journal of Behavioral Addictions*, 3(4), 223-230.
<https://doi.org/10.1556/JBA.3.2014.4.3>
- Labbé, E, Schmidt, N, Babin, J. & Pharr, M. (2007). Coping with stress: The effectiveness of different types of music. *Applied Psychophysiology and Biofeedback*, 32(3-4), 163-168.
<https://doi.org/10.1007/s10484-007-9043-9>
- Lonsdale, A. J. & North, A. C. (2011). Why do we listen to music? A uses and gratifications analysis. *British Journal of Psychology*, 102(1), 108-134.
<https://doi.org/10.1348/000712610X506831>
- McFerran, K. S. (2010). *Adolescents, music, and music therapy methods and techniques for clinicians, educators, and students*. Jessica Kingsley Publishers.
- McFerran, K. S. (2011). Music and adolescents. In N. S. Rickard & K. S. McFerran (Eds.), *Lifelong engagement with music* (pp. 97-108). Nova Science Publishers.
- McFerran, K. S., Garrido, S., O'Grady, L., Grocke, D. & Sawyer, S. M. (2015). Examining the relationship between self-reported mood management and music preference of Australian teenagers. *Nordic Journal of Music Therapy*, 24(3), 187-203.
<https://doi.org/10.1080/08098131.2014.908942>
- Muriithi, B. A. K. (2020). Music as the medicine of trauma among refugees in Arizona. *Voices: A World Forum for Music Therapy*, 20(2), 1-15.
<https://doi.org/10.15845/voices.v20i2.2891>

North, A. C., Hargreaves, D. J. & O'Neill, S. A. (2000). The importance of music to adolescents. *British Journal of Educational Psychology*, 70(1), 255-272.

<https://doi.org/10.1348/000709900158083>

North, A. C., Hargreaves, D. J. & Hargreaves, J. J. (2004). Uses of music in everyday life. *Music Perception*, 22(1), 41-77. <https://doi.org/10.1525/mp.2004.22.1.41>

Papinczak, Z. E., Dingle, G. A., Stoyanov, S. R., Hides, L. & Zelenko, O. (2015). Young people's uses of music for well-being. *Journal of Youth Studies*, 18(9), 1119-1134.

<http://dx.doi.org/10.1080/13676261.2015.1020935>

Parker, E. C. (2010). Exploring student experiences of belonging within an urban high school choral ensemble: an action research study. *Music Education Research* 12(4), 339-352.

<https://doi.org/10.1080/14613808.2010.519379>

Parker, E. C. (2014). The process of social identity development in adolescent high school choral singers: A grounded theory. *Journal of Research in Music Education*, 62(1), 18-32.

<https://doi.org/10.1177/0022429413520009>

Pedersen, E. R., Tucker, J. S., Klein, D. J. & Parast, L. (2018). Perceived need and receipt of behavioral health services at drop-in centers among homeless youth. *Health Services Research*, 53(6), 4609-4628. <https://doi.org/10.1111/1475-6773.12990>

Rudd, E. (1997). Music and the quality of life. *Nordic Journal of Music Therapy*, 6(2), 86-97.

- Rice, E., Milburn, N., & Monro, W. (2011). Social networking technology, social network composition, and reductions in substance use among homeless adolescents. *Prevention Science, 12*(1), 80–88. <https://doi.org/10.1007/s11121-010-0191-4>
- Rowe, P. (2017). Becoming metal; narrative reflections on the early formation and embodiment of heavy metal identities. *Journal of Youth Studies, 20*(6), 713-731. <https://doi.org/10.1080/13676261.2016.1260696>
- Saarikallio, S., Gold, C., & McFerran, K. (2015). Development and validation of the Healthy-Unhealthy Music Scale. *Child and Adolescent Mental Health, 20*(4), 210–217. <https://doi.org/10.1111/camh.12109>
- Scalas, L. F., Marsh, H. W., Vispoel, W., Morin, A. J. S. & Wen, Z. (2016). Music self-concept and self-esteem formation in adolescence: A comparison between individual and normative models of importance within a latent framework. *Psychology of Music, 45*(6), 763-780. <https://doi.org/10.1177/0305735616672317>
- Schwan, K. J., Falon, B. & Milne, B. (2018). “The one thing that actually helps”: Art creation as a self-care and health-promoting practice amongst youth experiencing homelessness. *Children and Youth Services Review, 93*(1), 355-364. <https://doi.org/10.1016/j.childyouth.2018.08.002>
- Sharman, L. & Dingle, G. A. (2015). Extreme metal music and anger processing. *Frontiers in Human Neuroscience, 1*-11. <https://doi.org/10.3389/fnhum.2015.00272>

- Slesnick, N. & Prestopnik, J. (2005). Dual and multiple diagnosis among substance using runaway youth. *The American Journal of Drug and Alcohol Abuse*, 31(1), 179-201.
<https://doi.org/10.1081/ADA-200047916>
- Stige, B. (2012). *Elaborations towards a notion of community music therapy*. Barcelona Publishers.
- Stige, B. & Aarø, L. E. (2012). *Invitation to community music therapy*. Taylor & Francis.
- Tarrant, M., North, A. C. & Hargreaves, D. (2000). English and American adolescents' reasons for listening to music. *Psychology of Music*, 28(2), 166-173.
<https://doi.org/10.1177/0305735600282005>
- Ter Bogt, T. F., Mulder, J., Raaijmakers, Q. A. & Gabhainn, S. N. (2010). Moved by music: A typology of music listeners. *Psychology of Music*, 39(2), 147-163.
<https://doi.org/10.1177/0305735610370223>
- Ter Bogt, T. F., Vieno, A., Doornwaard, S. M., Pastore, M. & Van Den Eijnden, J. J. M. (2017). “You’re not alone”: Music as a source of consolation among adolescents and young adults. *Psychology of Music*, 45(2), 155-171. <https://doi.org/10.1177/0305735616650029>
- Ter Bogt, T. F., Canale, N., Lenzi, M., Vieno, A. & Van Den Eijnden, R. (2019). Sad music depresses sad adolescents: A listener’s profile. *Psychology of Music*.
<https://doi.org/10.1177/0305735619849622>

- Thomas, N. (2020). Community-based referential music making with limited-resource adolescents: A pilot study. *Music Therapy Perspectives*, 38(2), 112-118.
<https://doi.org/10.1093/mtp/miaa016>
- Tyler, K A. & Schmitz, R. M. (2020). Childhood disadvantage, social and psychological stress, and substance use among homeless youth: A life stress framework. *Youth and Society*, 52(2), 272-287. <https://doi.org/10.1177/0044118X18767032>
- U.S. Department of Housing and Urban Development. (2019). *HUD 2019 continuum of care homeless assistance populations and subpopulations* [New York].
https://files.hudexchange.info/reports/published/CoC_PopSub_State_NY_2019.pdf
- Viega, M. (2016). Performing “Rising From the Ashes” arts-based research results from the study “Loving Me and my Butterfly Wings”: An analysis of hip hop songs written by adolescents in music therapy. *Music Therapy Perspectives*, 34(1), 46-47.
<https://doi.org/10.1093/mtp/miv044>
- Votta, E. & Manion, I. (2003). Factors in the psychological adjustment of homeless adolescent males: The role of coping style. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(7), 778-785.
- Votta, E. & Farrell, S. (2009) Predictors of psychological adjustment among homeless and housed female youth. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*, 18(2), 126-132.

Waldon, E. (2016). Clinical documentation in music therapy: Standards, guidelines, and laws.

Music Therapy Perspectives, 34(1), 57-63. <https://doi.org/10.1093/mtp/miv040>

Weiss, C. & Bensimon, M. (2020). Group music therapy with uprooted teenagers: The

importance of structure. *Nordic Journal of Music Therapy*, 29(2), 174-189.

<https://doi.org/10.1080/08098131.2019.1695281>

Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. & Johnson, K. D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *The Journal of Sex Research*, 41(4), 329-342.

<https://doi.org/10.1080/00224490409552240>

Whitbeck, L. B., Hoyt, D. R., Johnson, K. & Chen, X. (2007). Victimization and posttraumatic stress disorder among runaway and homeless adolescents. *Violence and Victims*, 22(6),

721-734. <https://doi.org/10.1891/088667007782793165>

Appendix A

Music Therapy Fact Sheet**What is music therapy?**

Music therapy is “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2020a, para. 1).

Community Music Therapy (CoMT) is an approach to music therapy that emphasizes participatory action, democratic decision-making, and sociocultural change (Stige & Aarø, 2012). There is less of a focus on ‘fixing’ pathology and more focus on developing individual and communal resources to facilitate change and promote health.

Who can benefit from music therapy?

Music is a multifaceted experience that can be utilized within the context of therapy to optimize health (Bruscia, 2014). Music therapy can meet a variety of needs of individuals and communities, including: cognitive, physical, emotional, psychological, social, ecological, spiritual, and communal needs. Music therapy has been utilized with children, adolescents, adults, and the elderly in a variety of settings, including but not limited to: psychiatric and medical hospitals, rehabilitation centers, community mental health centers, halfway houses, schools, and nursing homes (AMTA, 2020e).

Do I have to study music to participate?

Music therapy can have benefits for many people regardless of their musical skill level. The musical experiences can be adapted by the music therapist to meet the needs and strengths of the participants. If a participant is interested in furthering their musical skills, that can often be incorporated into the therapeutic process.

Who is qualified to practice music therapy?

An individual can only become a music therapist by completing an approved music therapy program, completing 1,200 hours of clinical training, and passing the nation certification exam administered by the Certification Board for Music Therapists (AMTA, 2020d). Once these requirements are met, an individual receives the necessary credential of Music Therapist - Board Certified (MT-BC).

Appendix B

Music Therapy Referral Form

Client Name: _____ Date: _____

Program: Darmstadt Shelter Family House Family Inn Midway-Ellenville
 Midway-Kingston Washbourne House Other: _____

Reason for Referral: _____

Music Preferences: _____
Experience with musical performance: _____

Additional Comments: _____

Referred by: _____
Contact Information: _____

Please return this form to the music therapist

Appendix C

Music Therapy Assessment

Name: _____ DoB: _____

Program: _____ Date: _____

Referral

Referral Date: _____ Referred by: _____

Reason for Referral:

Background/Context

Resources

Musical:

Social:

Emotional/Affective:

Communication:

Challenges

Musical:

Social:

Emotional/Affective:

Communication:

Summary:

Treatment Recommendations:

Therapist Signature: _____

Date: _____

Appendix D

Participant Evaluation of Music Therapy Services

Name: _____

How did you find out about music therapy? _____

Approximately how long have you participated in music therapy? _____

Check the box that indicates how you identify with each of the following statements.

- 1 - Strongly agree
- 2 - Agree
- 3 - Not applicable
- 4 - Disagree
- 5 - Strongly disagree

	1	2	3	4	5
1. I felt validated and seen in music therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I enjoyed participating in music experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Music therapy helped me connect socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Music therapy helped me cope with depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Music therapy helped me cope with anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I had a say in what happened during sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Music therapy helped meet my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel like I contributed to the music therapy group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall, I benefited from music therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I think that other people would benefit from music therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What could have made your experience in music therapy more meaningful?

What are you taking away from your experiences in music therapy?

Please share anything else that was relevant to your experience.

Thank you for completing this evaluation.

Please return to the music therapist.

Appendix E

Resume

Noah Pomerselig

(845)-444-4890 ▪ npomsel@gmail.com

Education*SUNY New Paltz* - M.S. in Music Therapy (May, 2021)

Outstanding Graduate Award - 2021

SUNY New Paltz - B.A. in Music (2018)

Outstanding Graduate Award - 2018

Dean's List - 2017-2018

Core Qualifications

- Understanding of contemporary theories and practice of music therapy
- Understanding of the complex needs of adolescent patients
- Ability to plan, implement, and document high quality music therapy treatment for individuals and groups that address a variety of needs
- Creative musician, proficient with a variety of instruments
- Competent in music therapy standards of practice
- Clear verbal and written communication skills
- Proficient in music technology
- Caring and empathetic presence

Music Therapy Training ExperienceFall 2020 - **Hudson Valley Hospice**, Poughkeepsie, NYSpring 2021 *Music Therapy Intern*

Design and implement music therapy treatment for hospice patients and families in homecare, acute care, bereavement, and nursing home settings. Complete assessments and treatment plans as well as participates in interdisciplinary team meetings.

Fall 2019 **Northeast Center for Rehabilitation & Brain Injury**, Kingston, NY*Fieldwork Student*

Designed and implemented music therapy treatment for individuals with a variety of brain injuries in group and individual settings.

Spring 2019 **Hudson Valley Hospice**, Poughkeepsie, NY*Fieldwork Student*

Designed and implemented music therapy treatment for hospice patients and families in homecare and nursing home settings.

Fall 2018 **Elizabeth Seton Pediatric Center**, Yonkers, NY*Practicum Student*

Designed and implemented music therapy treatment for children with disorders of consciousness and complex medical conditions.

Work Experience2015 - Present **Barcone's Music** - Kingston, NY*Musical Instrument Repair Technician*

Repair high volume of musical instruments for school programs and individual musicians.

2013 - Present **Self-Employed** - Kingston, NY*Music Teacher*

Provide individualized music instruction for children and adults.

References available upon request