MUSIC THERAPY AS A TOOL FOR RECOVERY: A PROGRAM PROPOSAL FOR MOUNTAINSIDE ADDICTION TREATMENT CENTER

by

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Summary Statement

I am proposing a music therapy program for Mountainside Addiction Treatment Center (Mountainside), at their main campus by the foothills of the Berkshire mountain range in Canaan, Connecticut. The purpose of this paper is to educate and impart knowledge of music therapy, including potential benefits, how it can be applied to addiction treatment, and why a music therapy program should be integrated into the continuous supportive care of clients at Mountainside.

Addiction is a life-changing disease that can have a significant impact on all aspects of a person's health, including their physical, social, and emotional well-being. Music therapy is an effective form of supportive care for affected individuals throughout the treatment process, and can improve overall wellness and quality of life. This paper reviews some of the common wants and needs of this population, and how music therapy serves as a means for support and a medium for change. It provides a foundational description of music therapy treatment as a whole, areas of application within the substance abuse treatment setting, and evidence-based research examples to support recommendations. The services offered by the music therapist will be presented, as well as the role of music therapy in ongoing collaboration with the clients' individual care team and treatment plan, facilitating specific interventions, and creating a therapeutic and healing environment that improves clients' experiences.

Statement of Need

Mountainside provides their clients with a broad spectrum of specialized, multidisciplinary care, and believes that "supplementing traditional therapies with holistic wellness practices could vastly improve the efficacy of substance abuse treatment and better

equip people with the tools they need to maintain long-term sobriety" (Mountainside, "About us," n.d., para. 2). Acknowledging that true well-being and complete healing involve the body, mind, and spirit, Mountainside offers numerous alternative wellness therapies including yoga, art therapy, acupuncture and adventure therapy, to complement their other medical, psychiatric, and clinical services. The program was designed to be a new type of alcohol and drug rehabilitation program, one that is centered on the individual rather than on a predetermined treatment methodology. Mountainside explores the connection between mental, physical, and spiritual well-being, and offers their clients personalized care, evidence-based treatment, and holistic therapies, an ideal setting for a music therapy program.

The purpose of this proposal is to describe the field of music therapy and the clinical use of music by a credentialed music therapist, and to explain how the music therapist's approach fully aligns with Mountainside's mission and values. Additionally, this proposal will describe the significant impact that music therapy will have on the individuals under Mountainside's care, and on the treatment center as a whole. The Mountainside team and its employees will learn about the positive changes that music therapy will make in the wellness and quality of life of their clients, and why music therapy should be integrated into their addiction treatment.

What is Music Therapy?

The American Music Therapy Association (AMTA; 2020a) 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" (para. 1). The profession formally began after World War I and World War II, however, music has been used for healing purposes in many different cultures for thousands of

years (AMTA, 2020b; Thaut, 2015). Music therapy is an established health profession in which music and all of its facets are used to address cognitive, physical, emotional, aesthetic, mental, spiritual, psychological, and social needs of individuals of all ages in a myriad of settings. There are many underlying theories behind the different music therapy approaches and techniques, including psychodynamic, cognitive, behavioral, and neurobiological theories. Music therapy methods are often categorized into four broad areas: improvisational methods, re-creative methods, receptive methods, and composition methods (Bruscia, 2014). Music and its therapeutic application has the capacity to reach all aspects of the mind, body, spirit, brain, and nearly all aspects of the human experience, and can greatly improve people's health and overall quality of life (Darrow, 2008).

The AMTA sets the educational standards for music therapists (AMTA, 2020c). In order to become a qualified music therapist, one must obtain a bachelor's degree or higher in music therapy from an AMTA-approved academic program. In addition to academic coursework, students are required to complete 1200 hours of clinical training through fieldwork and internships. Upon completion of these requirements, one is eligible to sit for the national board certification exam to obtain the credential MT-BC (Music Therapist - Board Certified) which is necessary for professional practice (AMTA, 2020c). Music therapists are trained to work in collaboration with other professionals in order to provide the most meaningful and effective treatment. Music therapy has the potential to provide a unique perspective of an individual's journey toward recovery, and can be a vital part of the care provided at Mountainside.

Theoretical Orientations

There are various theoretical frameworks and approaches to music therapy that guide music therapists in their work. Within my personal practice, I integrate elements of humanistic and psychodynamic theories, from a relational, intersubjective perspective. Based on a relational model of psychology, intersubjectivity highlights the subjective worlds of therapist and client, and the complex system, or field, that is created when individual subjectivities come together (Stolorow, 1988). The sharing of subjective states in this context, means that "both the client and the therapist bring something of themselves and of their respective past emotional experience to the therapeutic relationship" (Larson, 2005, p. 3). The relationship between therapist and client is seen as a constant, mutually influencing loop, and the emphasis is on interpersonal experience as the agent of therapeutic change. This perspective takes lived-experiences into account at a nonverbal level, and highlights the importance of nonverbal communication and unconscious experiences.

This approach is relevant to Mountainside and the substance abuse population, because it emphasizes the importance of the relationship between client and therapist. The focus is not on curative measures through procedural techniques, but rather, on self-healing, conscious thoughts, and the here-and-now. The individuals in this setting will be active partners in their journey toward healing, and will work with the music therapist through a channel of empathy, warmth, and deep connection.

Literature Review

Addiction is defined as "a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences" (National Institute on Drug Abuse [NIDA],

2018b, p. 4). It is a "disease of brain reward, motivation, memory and related circuitry" (American Society of Addiction Medicine [ASAM], 2011, p. 1) and it disrupts the normal, healthy functioning of the brain and body. Dysfunction in these circuits leads to characteristic biological, social, psychological, and spiritual manifestations, and has serious harmful effects. Without treatment or active engagement in recovery, addiction is progressive and can lead to disability and premature death (ASAM, 2011).

According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association [APA], 2013), the underlying changes in brain circuits that are characteristic of substance use disorders, may persist beyond detoxification. The behavioral effects of these changes often manifest in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli. Individuals with addiction experience impaired control over substance use, and often take the substance in larger quantities or over longer periods of time than originally intended (APA, 2013). They may express a persistent desire to cut down or regulate their use, and may report "multiple unsuccessful efforts to decrease or discontinue use" (APA, 2013, p. 483). The individual often spends a great deal of time obtaining, using, and/or recovering from the substance and its effects, and in some cases, virtually all of the individual's daily activities revolve around the substance (APA, 2013).

Social impairment is the second grouping of criteria in the DSM-5 (APA, 2013). The individual's recurrent substance use often results in failure to fulfill major role obligations at work, home, or school, and they may continue use of the substance despite having "persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance" (APA, 2013, p. 483). They may give up important occupational, social, or recreational activities

because of their substance use, and they may withdraw from family events and personal hobbies in order to use their substance. Addicted individuals often use in physically hazardous situations, and may continue substance use despite knowledge of having an unrelenting psychological or physical problem that is likely to have been caused and/or exacerbated by the substance (APA, 2013). The key issue in evaluating this is "not the existence of the problem, but rather the individual's failure to abstain from using the substance despite the difficulty it is causing" (APA, 2013, p. 483). They also develop craving, tolerance, and withdrawal symptoms (APA, 2013).

According to the National Survey on Drug Use and Health, approximately 20.3 million people in the United States aged 12 or older had a substance use disorder in 2018 (Substance Abuse and Mental Health Services Administration, 2019). Drug overdose deaths have more than tripled since 1990, and more than 700,000 Americans died from overdosing on a drug between 1999 to 2017 (Addiction Center (AC), 2019). In the United States alone, about 88,000 people die as a result of alcohol every year, and about 130 Americans die every day from an opioid overdose (AC, 2019). About 300 million people throughout the world have an alcohol use disorder, and alcohol and drug addiction cost the U.S. economy over $600 billion every year (AC, 2019).

Substance use disorders are often comorbid with other mental illnesses. Comorbidity is when two or more disorders or illnesses are occurring in the same person (NIDA, 2018, para. 1). They can occur simultaneously, or one after the other. Comorbidity also implies "interactions between the illnesses that can worsen the course of both" (NIDA, 2018, para. 1). Many people who have a substance use disorder also develop other mental illnesses, and many people who are

diagnosed with mental illness are often diagnosed with a substance use disorder. About half of people who have one condition also have the other (NIDA, 2018).

Addiction is often considered to be a three-pronged illness: physical, emotional, and spiritual. Recovery "can and should occur in all three areas to be considered effective and long lasting" (Borling, 2011, p. 338). Like other chronic diseases, addiction often involves cycles of relapse and remission (ASAM, 2011). Treatment programs for individuals with substance use disorders include body detoxification, medication assisted treatment, counseling, 12-Step Programs, psychosocial, pharmaceutical, and psychotherapeutic treatment, as well as recovery management, in various inpatient and outpatient settings (Hohmann, Bradt, Stegemann, & Koelsch, 2017; Murphy, 2017). Unfortunately, not only do a minority of people get the help they need, the treatment completion rates are low and the relapse rates are high (Hohmann et al., 2017).

According to the American Music Therapy Association (2020), in working with individuals with trauma, depression, and substance abuse, music therapy can enhance interpersonal or social, cognitive, affective, and behavioral functioning. Research indicates that music therapy is effective at reducing muscle tension, decreasing anxiety and agitation, increasing self-esteem, enhancing self-awareness, and promoting relaxation, verbalization, interpersonal relationships, and group cohesiveness, which can set the stage for open communication and non-threatening support and processing (AMTA, 2020, p. 1). Music therapy can also be used to develop open mindedness, positive mood, and willingness to grow, all of which are associated with spiritual growth, an important part of the treatment process for people with addiction (Silverman, 2003). In certain settings, the active use of music therapy

interventions has resulted in a shorter treatment period, and more efficient response to the clients' intervention plans overall (AMTA, 2020, p. 1).

Depression, Anxiety, and Emotion Regulation

Active engagement in music therapy can alleviate depression and anxiety, and a reduction in such symptoms may improve adherence to treatment and promote improved general functioning (Ghetti et al., 2017). At a neurobiological level, music experiences can stimulate neural reward and emotion systems similar to those that are activated by drugs of abuse. Because of these similar patterns of neural activity, music has the potential to promote positive mood states, and to enable emotional regulation (Blood & Zatorre, 2001; Koelsch, 2015; Moore, 2013).

Kaser (2011) presented a case study using music therapy with an inmate at an adult forensic mental health facility who was diagnosed with polysubstance dependence, schizoaffective disorder, and antisocial personality disorder. Treatment goals focused on positive social interactions, self-integration, decreasing stress, agitation, and anxiety. In the 12-month treatment period, the client showed negative behavior decreases in anxiety and agitation, developed more meaningful peer relationships, and was able to express his emotions through music. Gardstrom and Diestelkamp (2013) studied the impact of improvisation on women with co-occurring substance abuse disorder and anxiety. Through the use of self-rating scales, 84.6% indicated a decrease in anxiety post treatment. Additionally, the participants found that they had increased self-realization, group cohesion, and a greater sense of hope.

Albornoz (2011) studied the effect of group improvisational music therapy on depression symptoms in 24 adults and adolescents in a rehabilitation hospital. Participants in the study completed the Beck Depression Inventory and the Hamilton Rating Scale for Depression

(HRSD). The control group participated in the standard treatment program, and the experimental group participated in12 group improvisation sessions over a three-month period in addition to the standard treatment program. Post-test measures were completed at the end of each treatment cycle, and results showed that the experimental group scored as significantly less depressed after treatment than the control group, as measured by the HRSD.

The creative process within music therapy increases the clients' ability to access creative power in order to fulfill both emotional and spiritual needs, rather than depending on substances to provide an externally induced experience (Silverman, 2003). Music therapy has the potential to dynamically engage a client through music experiences, and in "a paradoxical manner this dynamic engagement introduces the client to both the challenge (emotional or spiritual) and the resolution (again, emotional or spiritual) on this journey to a sober life" (Borling, 2017, p. 61).

Motivation and Readiness to Change

Relapse and lack of motivation are two challenges that individuals with substance abuse face (Rinehart, 2015). Music therapy works with these needs, and as a result, may shorten the length of a client's stay. Silverman (2009, 2011a, 2011b, 2012) explored the effects of music therapy on inpatients' readiness to change, and found that there was a significant difference in readiness to change in the music therapy groups, compared to the verbal therapy condition. He also found that lyric analysis interventions indicated higher treatment motivation than control group participants in patients on a detoxification unit (Silverman, 2015). This implies that a single group-based music therapy lyric analysis session can be an effective psychosocial treatment intervention to enhance treatment motivation in patients on a detoxification.

Both readiness to change and treatment motivation are key components in the beginning stages of rehabilitation for people with substance use disorders (DiClemente, 1999). Ghetti et al. (2017) noted that by "motivating engagement in treatment, facilitating development of therapeutic rapport, and musically approaching strong emotions as a means of expanding coping skills" music therapy can "promote readiness for treatment and reduce resistance, thereby promoting treatment retention and the subsequent reduction of substance use" (p. 2).

Group Cohesiveness, Connection, and Interpersonal Relationships

Music therapy provides a broad range of effects for people with addiction, from neurobiological to social and cultural impacts (Aldridge & Fachner, 2010). The social and interpersonal benefits of engaging in music help provide communal experiences that offer participants opportunities for expression and connection (Ghetti et al., 2017). Individuals who are chemically dependent often have difficulty with interpersonal relationships. In a group setting, music therapy has been shown to counteract isolation, enhance members' motivation to participate, increase group attendance, and increase members' enjoyment (Buino & Simon, 2011; Kinney, 2009). While substance dependent adults in residential treatment will normally have extensive experience of different kinds of group processes, music therapy may provide a new and unique way for them to connect and communicate together. Group music therapy provides a uniquely shared experience that can help participants overcome the deep-seated isolation and alienation that many chronic substance users have become accustomed to (Ghetti, 2004; Hedigan, 2010). Music could be used as a way to connect group members who feel they have little in common, and the connections made in treatment can transfer to other life interactions. After experiencing positive interactions with group members, participants are not only more

capable of building effective relationships, but also more capable of better utilizing support systems, which is a crucial component of the recovery process (Buino & Simon, 2011).

Hedigan (2010) explored the experience of group music therapy for substance dependent adults living in a therapeutic community, with a particular focus on authenticity, relationships, and verbal processing of musical experiences. The music therapy group served as an intimate experience that developed closeness between members, as well as deepened self-understanding and the understanding of relationships with others. The group provoked feelings of discomfort, and group members described certain moments as "challenging, uncomfortable, awkward and confronting" (Hedigan, 2010, p. 49). However, ultimately seeing and hearing that others in the group shared those same feelings made it easier for group members to be honest about personal discomfort. The dynamic processes of group therapy that can expose maladaptive interpersonal relating styles. Groups for substance dependent adults can provide opportunities for: peer acceptance, support, and role modelling, acquisition of new coping skills, therapeutic confrontation and realistic feedback, mutual identification and reduced feelings of isolation and shame, and instillation of optimism and hope (Hedigan, 2010).

Proposed Music Therapy Program

Mountainside is a nationally acclaimed behavioral health network, with various programs throughout New York and Connecticut. Ideally, a team of music therapists would be employed to provide services throughout the Mountainside network, and even a small team just for the main campus, which is spread across over 80 acres, and includes a complete range of substance abuse treatment programs. However, this proposal will focus on the addition of a single music therapist to serve clients in the detox program and intensive 30-day inpatient residential treatment

program at Mountainside's main campus in Canaan, CT. The music therapy program will be structured and designed in a way that aligns with the values, beliefs and standards of Mountainside, and reflects the perspective of addiction as a three-pronged illness, attending to the physical, emotional, and spiritual needs of each client. Music therapy will take place in both group settings and individual settings, and will utilize several different methods and techniques that support the individualized nature of music therapy, and address the needs of each client.

Format

According to Bruscia (2014), a client is "any individual, group, community, or environment that needs or seeks help from a therapist, in the form of services provided within a professional relationship, for the purpose of addressing a health-related concern or goal, using music experiences and the relationships formed through them" (p. 40). Clients may be individual people, or groups of people, such as families, couples, groups, and communities. The format and structure of music therapy treatment varies based on client need.

Group Music Therapy

In the treatment of substance abuse, group therapy is the most successful and widely used modality (Hedigan, 2010). Group therapy is a dynamic process that provides exposure of maladaptive interpersonal relating styles in a safe and supportive environment, while enhancing group members' connection to each other, as well as to the recovery process as a whole (Aldridge & Fachner, 2010; Buino and Simon, 2011). Group music therapy provides new and unique ways for clients to experience therapeutic confrontation and feedback, social support, mutual identification, cohesiveness, and peer acceptance. This helps clients counteract the

isolation and alienation that often accompanies addiction, and assists them in the reintegration of self (Hedigan, 2010).

Individuals who struggle with substance abuse often have difficulty with interpersonal relationships (Buino and Simon, 2011). Group music therapy creates the space and environment for clients to analyze and explore group dynamics and interpersonal relationships, providing clients with the opportunity to "develop connections between interpersonal events in the music and patterns which occur in their everyday relationships" (Nolan, 2005, p. 21). Through the social dynamics that evolve within the group, clients will work toward positive social interaction and connection. Connections made in treatment can transfer to other areas of clients' lives, and "after experiencing positive interactions with group members, people are more capable of building effective relationships and of better utilizing support systems, a crucial component of the recovery process" (Buino and Simon, 2011, p. 286).

Individual Music Therapy

There are a variety of reasons why a client may participate in individual music therapy. Although clients within a particular unit may be at the same stage of treatment, the stages of one's personal journey toward recovery are not always as concrete, and clients' perceptions and experiences of recovery may differ. Individual music therapy sessions provide effective and direct treatment, and may be better suited to address the specific goals and unique needs of certain clients. While individual music therapy sessions may be instead of group music therapy for some clients, individual music therapy may also be offered as extended support for clients who are involved in group music therapy.

Music Therapy Experiences

In both group music therapy and individual music therapy, there are a multitude of music therapy experiences and interventions that can be provided. As previously mentioned, music therapy methods are often categorized as improvisational, re-creative, receptive, and composition (Bruscia, 2014). Some of the specific techniques within those categories that will be utilized at Mountainside are described below.

Song Discussion

Many different terms have been used to describe this technique and its variations, such as lyric analysis, song analysis, lyric discussion, and song-based discussion. In this context, the term song discussion is used intentionally, due its lack of emphasis on just the lyrics or just the music, as well as its lack of the word analysis, which suggests "an official or academic scrutiny of the text, a process that is likely to take place on a cerebral rather than an emotional or interpersonal level" (Gardstrom & Hiller, 2010, p. 147). Song discussion involves the process of listening and reflecting. Clients will listen to a song, and engage in a discussion about how they may perceive, relate to, or interpret it. At Mountainside, song discussion will be used in a psychotherapeutic approach, to help stimulate, intensify, and identify thoughts and feelings, so that clients are able to express themselves, in a way that they may not be able to in a more traditional therapy situation (Gardstrom & Hiller, 2010). In this context, the music serves as a "catalyst for the surfacing of cognitions and emotions of the client" (Gardstrom & Hiller, 2010, p. 148), and is aimed toward the "exposition, exploration, and restoration of the client's inner, psychological life" (Gardstrom & Hiller, 2010, p. 148).

Song discussion can be conducted in a variety of different ways. Typically, a lyric sheet is given to each client, which allows them to have the lyrics in their hands while they listen to the song, and provides them with something concrete from which to base their thoughts (Walker, 1995). Generally, after listening to the song, an open discussion will take place. Oftentimes, the music therapist will ask clients to underline significant words or phrases, or think about specific questions as they listen to the song, and encourage the sharing of their answers when the song is over. The music therapist may also hand out a separate sheet of paper that contains certain words, ideas, or themes to focus on while listening, or ask clients to search the lyrics for specific content (Buino & Simon, 2011). Common goals and outcomes include improved self-insight, enhanced identification and authentic expression of difficult feelings (Gardstrom & Hiller, 2010), increased interpersonal awareness, and identification of commonalities among participants in a group setting (James & Freed, 1989).

When song discussion is utilized at Mountainside, the experience will be planned in advance by the music therapist. Songs will be chosen based on therapeutic usefulness, with the aim of enhancing the clients' connection to each other, and to the recovery process as a whole. The music therapist will facilitate discussion about the experience, and reinforce the concepts gained during the session . (Buino & Simon, 2011).

Improvisation

Clinical improvisation is the spontaneous creation of music and sound, often used for the purpose of expressing emotions, as well as improving awareness of intrapersonal and interpersonal dynamics (Ghetti, 2004). The creative process inherent in improvisation "allows individuals to transcend their everyday selves and experience other aspects of their being---often

healthy, vibrant parts of the self that have lain dormant" (Ghetti, 2004, p. 88), and achieving this transcendent experience can "lead to an increased-awareness of the individual's full potential as a human being" (Ghetti, 2004, p. 88). Improvisation is particularly attentive to the here-and-now, and can expose clinical material that can then be verbalized and explored further (Stern, 2004). When utilizing musical improvisation, the music therapy session functions as a "laboratory of behaviour and interaction patterns" (Scovel and Gardstrom, 2002, p.186), and provides a structured environment for the practice of socially appropriate behavior, expression of feelings, release of tension, confrontation of low frustration tolerance, and interaction to combat isolation (Murphy, 1983; Scovel & Gardstrom, 2002). This kind of experience provides a new and unique way for clients to connect and communicate with each other, and can foster a sense of belonging to a larger recovering community (Gardstrom et al., 2013).

Clinical improvisation can be conducted in a variety of ways. It can be referential, non-referential, structured, or entirely spontaneous and undirected. In a group setting, an improvisation can have a fixed leader, a rotating leadership, or no leader at all (Aldridge & Fachner, 2010). An improvisation can involve everybody playing simultaneously, or participants improvising in turns, as the rest of the group listens and reflects, either joining that individual as support, or playing afterward in response as a way to validate that individual's expression (Gardstrom et al., 2013). When clinical improvisation is utilized at Mountainside, a portion of the session will be reserved for verbal processing, during which the group will verbally process the experience from both a group and individual perspective. The verbal processing of improvisations can "facilitate a means by which a client can verbally express previously non-verbal affective states" (Hedigan, 2010, p. 40), and the experience as a whole can improve

self-awareness, increase self-esteem, facilitate self-expression, and instill hope for the future (Ghetti, 2004). Clinical improvisation is a great way to help clients cultivate a connectedness that extends beyond verbal discussion, while "while counteracting feelings of isolation that may lead to despair and, ultimately, to relapse" (Gardstrom et al., 2013, p. 99).

Songwriting

Songwriting is another effective method that is utilized in substance abuse treatment (Vega, 2017). This technique is widely used to facilitate creativity and self expression (Baker & Wigram, 2005), increase self-esteem (Freed, 1987), establish group identity and meet other social goals in a group setting (Ghetti, 2004), gain further awareness and insight into addiction (Murphy, 1983), and guide the expression of thoughts and feelings. It offers both empathy and confrontation in a safe environment (Murphy, 1983), allowing the client(s) to "deal with the deeper emotions and conflicts without being overwhelmed by them" (Borling, 2011, p. 343).

In general, the process of songwriting in a clinical context involves the therapist facilitating the writing or recreation of a song that is centered around a specific topic or subject matter that is particularly relevant to the client(s) at that point in time (Borling, 2011). Multiple techniques may be used to guide the songwriting process, such as writing raps, changing lyrics to pre-existing melodies, and fill-in-the-blank (Walker, 1995). At Mountainside, sessions will most often be designed with a relatively high level of structure, in order to allow the time needed for the development of a theme, creation of music/lyrics, and verbal discussion.

The primary goal of songwriting in this context is to encourage expression of feelings that relate to the individual's situation. There are often repressed feelings surrounding social and family situations, losses suffered, depression, love, illness, relationships, treatment, and the

disease of addiction overall, and these are prominent themes that often emerge in the songwriting with this population (Freed, 1987; Vega, 2017). Songwriting allows the clients' feelings to be validated by the therapist and/or others in the group, and this validation helps with acceptance, self-esteem, and vulnerability. (Borling, 2011; Murphy, 1983). It provides opportunities for clients to think about and discuss various important topics, and once the song is created, it can be used again and again to "remind, reinforce, and relive" (Ficken, 2010, p. 111).

Music Relaxation

In music-assisted relaxation, the combination of music and relaxation techniques is used to promote anxiety reduction, anger management, relapse prevention, and positive coping skills for relaxation (Gallagher & Steele, 2002; Vega, 2017). Music relaxation can also reduce stress, which is "extremely important for clients because the beginning of recovery is particularly stressful" (Walker, 1995, p. 153). Clients will be taught various ways in which they can achieve a relaxed or altered state of consciousness without the use of chemicals (Gallagher & Steele, 2002), and will be given tools that they can use outside of music therapy, and take with them when they leave treatment.

A music therapy relaxation session involves either live or pre-recorded music, with techniques such as progressive muscle relaxation, imagery, meditation, deep breathing, mindfulness, mandala drawing, and guided movements. Certain music relaxation exercises can provide clients with the opportunity to explore areas of recovery that lie just below their threshold of awareness, and allow them to "work from a broader span of consciousness" (Borling, 2011, p. 23). Sessions will include both scripted and non-scripted experiences, and help

clients establish full relaxation and a deep sense of calm, while learning new, healthy behavioral and lifestyle practices (Wynd, 1992).

Drumming

This technique will mainly be used in a group setting. In group drumming, clients will engage in structured and unstructured music making, utilizing a variety of drums and percussion instruments. This experience can be organized with varying levels of structure, which will be determined based on what the music therapist thinks is needed for each specific group of clients, in that very moment. Oftentimes in group drumming, the therapist will provide a rhythmic foundation (usually a steady beat), as group members explore and release through simple playing on top of it (Borling, 2011). In a more structured instance, the therapist may ask each individual to express their own rhythm one by one, perhaps including some verbal processing. Other group drumming experiences may just be free musical expression the entire time.

Therapeutic aims of this group include group cohesiveness, peer interaction, integration of self, and self-expression. Group drumming can be used to help clients express emotions in a safe format, as well as communicate and connect with themselves and their peers (Ross, et al., 2008). It can function particularly well as a way to decrease isolation and encourage inclusion, and it allows for "sharing and support of one another through the in-the-moment creation of authentic music" (Gardstrom et al., 2013, p. 99).

Financial Implications

The proposed budget includes both initial and annual expenses. Annual expenses include employee salary, AMTA membership, AMTA conference costs, and maintenance of instruments. In the year 2018, the average annual salary of a full-time music therapist in the state of

Connecticut was $56,667 (AMTA, 2018a). Being an AMTA member is important for professional music therapists, because it provides access to conferences, research journals, and continuing education courses, which will further support the clinical work being done, and continue to contribute to future research. Initial expenses will include one-time purchases that are necessary for development of the program. While these expenses may seem high, it is imperative that the instruments obtained are of high quality, to ensure authenticity and longevity. Additionally, high quality instruments will decrease and possibly eliminate the need to spend money on repairs and replacements. In the future, having the music therapy program partially funded through philanthropy and grants is a possibility, and I will be active in locating different opportunities and grants for further program development. An itemized budget is detailed in Table 1 and Table 2 below, and can also be found in Appendix A.

Table 1

Annual Budget

Item	Cost
Salary (68.6%) Derived from https://www.musictherapy.org/assets/1/7/18WorkforceAnalysis.pdf	$56,667
Estimated Benefits (31.4%) Derived from https://www.bls.gov/news.release/pdf/ecec.pdf	$25,938
AMTA Membership Derived from https://netforum.avectra.com/eweb/shopping/shopping.aspx?site=amta2&cart=0&shopsearch=&shopsearchCat=Membership&	$250
AMTA Conferences + Travel Fees Derived from https://www.musictherapy.org/events/amta_2020_conference/#Conference%20Policies	$1000
Instrument Maintenance and Repair	$600
	Total: $84,455

Table 2

Initial Expenses

Item	Cost
Lyons 6-piece Orff Instrument Set Soprano Xylophone (1), Soprano Metallophone (1), Alto Xylophones (2), Alto Metallophone (1), Bass Xylophone (1)	$1,399.99
Digital Piano Casio CDP-S100 Compact Digital Piano	$449.99
Digital Piano Stand and Bench On-Stage KPK6500 Keyboard Stand and Bench Pack	$69.95
Acoustic-Electric Guitar Martin Special Grand Performance Cutaway Road Series Style Acoustic-Electric Guitar Natural	$759.99
Tabletop Chimes Treeworks Tabletop Chime with Steel Stand	$69.99
Thunder Tube Remo SP-0207-TL Spring Drum Thunder Tube - Stormy Graphic, 2.32"	$8.95
Maracas Meinl Percussion, Standard Size with ABS Plastic Shells and Wooden Handles (PM2BK)	$16.99
Claves Meinl Classic Wood Claves	$7.95
Cabasa Rhythm Tech Cabasa, Chrome (RT8000)	$16.95
Guiro LP CP249A Fish Style Guiro	$23.99
Tambourine Rhythm Tech True Colors Tambourine 8 in.	$13.99
Ergonomic Tambourine Meinl Headliner Series Handheld ABS Tambourine	$16.99
Cowbell Stagg Cowbell 7.5 IN	$19.99
Rainstick Meinl Rainstick Black Extra Large	$34.99
Egg Shakers LP Plastic 36-Piece Egg Shakers	$44.13

Ocean Drum Remo Ocean Drum Clear 2.5 In x 22 In	$87.99
Cajon Meinl Jam Cajon Light Brown	$69.99
Conga Set with Matching Bongos Meinl Headliner Series Conga Set with Free Matching Bongos	$369.99
Tumbau Remo Versa Timbau TF 15 Head	$174
Tubano Remo Festival Tubano Drum 10 in.	$119
Djembe Set Toca Freestyle ColorSound Djembe Set of 7 7 in.	$249.99
Frame Drum Set Remo Thinline Frame Drum Full Set - 8", 10", 12", 14", 16"	$197.99
Portable Bluetooth Speaker Ultimate Ears Boom 3 Portable Waterproof Bluetooth Speaker Derived from https://www.amazon.com/dp/B07DD7ZFKW?tag=georiot-us-default-20&th=1&psc=1&ascsubtag=trd-8767313052661405000-20	$118.95

Total: $4,342.73

Note. All instrument prices were derived from www.guitarcenter.com

Larger Facility Context

As healthcare trends continue to shift more toward holistic approaches in medicine and behavioral health, music therapy is well-suited for a health network like Mountainside, which is already operating within this framework, and actively working with innovative clinical and holistic therapies to "raise the standard in comprehensive addiction treatment and provide an unsurpassed treatment experience" (Mountainside, "About us," n.d., para. 2) for their clients.

Music therapists are trained to collaborate with other professionals, and function as members of an interdisciplinary team. The music therapist can be a vital part of the treatment team at Mountainside, and provide a unique perspective of the client's experience (AMTA,

2006; Bruscia 2014). The music therapist would attend meetings in order to stay updated on the status of the clients she serves, and would work closely with other members of the care team. Furthermore, the music therapist's documentation would allow other disciplines on the client's treatment team to follow the client's progress. As a whole, music therapy programming will greatly contribute to Mountainside's culture of truly comprehensive care, especially as the field continues to grow.

Additionally, after the music therapy program at Mountainside has been established, time will be dedicated to the creation of an alumni performance group. This group would contribute greatly to continuity of care at Mountainside, and serve as a tool for the reinforcement, growth, strengthening and sustainment of the Mountainside community. The music therapist would work closely with Mountainside's continuing care team, alumni team, and recovery coaching team, to not only ensure that those who qualify to be in the performance group are aware of it, but also to coordinate the appropriate scheduling, events and support that may be needed. While there is potential for this to eventually become community music therapy in the future, initially, the group would only be open to Mountainside alumni, which includes those who have participated in any of Mountainside's various addiction treatment services/programs. The group would meet regularly and work toward scheduled performances, which would hopefully include gigs at some of the educational workshops, wellness events, fun outings, and dinners that Mountainside alumni services organize to help clients "connect with others who share the same desire to live a happy and healthy life free of alcohol and drugs" (Mountainside, "Alumni services," n.d., para. 1). Performing at public sober recovery events would contribute to the wider recovery community as a whole, as well as advertise the success of Mountainside. Ideally, there would be

frequent performances at Mountainside's inpatient programs such as the residential inpatient and detox units at Mountainside's main campus. This gives the group members an opportunity to give back to a community that played a role in their recovery journey, and can also be a way of validating changes that group members have made internally (Turry, 2001). It will not only help cultivate a sense of gratitude for the performers, but it will also serve as inspiration for current clients. It allows them to see recovery in action. It not only introduces them to the group so that they know about it when they leave treatment, but it also gives the current clients the chance to see the possibility of recovery as real. For current clients to see people who struggle in similar ways that they do have fun, accomplish goals, and remain sober, is important.

Through the performance group, members can experience meaning, identity, engagement, and belonging (Jampel, 2011). The process promotes socialization, improves communication skills, and gives individuals the time and space to share passions, interests and knowledge with each other, while "learning to negotiate differing musical needs and tastes" (Jampel, 2011, para. 4). Successful performances can help create hope, and increase self-esteem, as support and camaraderie develops among group members (Turry, 2001). This performance group will give clients another way to stay connected to Mountainside and the support network they might have built while in treatment, and can help smooth the transition from treatment back to everyday life.

Outcomes and Assessment

The music therapist will adhere to the standard procedure for clinical practice with this population, which consists of referrals, assessments, treatment planning, treatment implementation, documentation, termination of services, continuing education, and supervision

(AMTA, 2015). Clients' progress will be evaluated, and the music therapist will make appropriate modifications to a client's treatment plan if needed. Evaluation will be measured qualitatively and quantitatively. Ongoing observations will be made, and pre/post-music therapy session surveys will be developed.

Documentation

Documentation helps to ensure that the music therapist is providing the best possible care to each client. For each procedural step, there are general standards that a music therapist adheres to in regard to documentation (AMTA, 2018b).

Referral

If a staff member at Mountainside thinks that a particular client would benefit from music therapy, they will fill out a referral, which is then given to the music therapist. The referral form often includes some client information, and why they are being referred to the music therapist (See Appendix B for an example of a referral form).

Assessment

When providing individual music therapy, the music therapist will conduct an assessment during the first session with a client. Through assessing the client, the music therapist will get a better idea of what the client's wants and needs are (See Appendix C for a sample assessment form).

Treatment plan

After the assessment, the music therapist will make a treatment plan for the individual client. The treatment plan will outline the client's goals and objectives, as well as the intended interventions. The treatment plan is reassessed after each session to track progress.

Progress Notes

Progress notes are an important element of documentation, and will be written after each session. The documentation of progress will describe significant intervention techniques that were used in a session, and the client's response(s) to them (AMTA, 2015).

Termination Report

When a client is preparing for discharge, or when the client no longer needs individual music therapy sessions, a termination report will be created by the music therapist. The report will show the changes that the client made over the duration of time that they were participating in music therapy. Additionally, the termination report will include recommendations for maintaining progress.

Evaluation

A program evaluation will be completed each year to assess the efficacy of the interventions that the music therapist employed. The principal mode of evaluation will be through the collection of client surveys, which clients will be invited to fill out as part of their discharge process and/or termination of services. The survey addresses clients' overall satisfaction of the music therapy program, and would allow for quality assurance of music therapy at Mountainside as perceived by those who engage in it (See Appendix D for an example of this survey). Responses will be discussed at team meetings, and serve as a way to assess and improve the program.

Conclusion

Historically, music has been associated with health and healing in many different cultures around the world (Sepúlveda-Vildósola et al., 2014). Nowadays, with music therapy as an

established profession, music is being used in unique ways in a myriad of different contexts and settings. As a therapeutic invention, the use of music by a credentialed music therapist can be individualized for a specific person, for a specific purpose, within a specific amount of time, for a myriad of needs. Music therapy is an affordable and holistic form of therapy for individuals dealing with addiction, and a music therapy program will be an effective and appealing addition to Mountainside's treatment.

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Appendix A

Annual Budget	
Item	**Cost**
Salary (68.6%) Derived from https://www.musictherapy.org/assets/1/7/18WorkforceAnalysis.pdf	$56,667
Estimated Benefits (31.4%) Derived from https://www.bls.gov/news.release/pdf/ecec.pdf	$25,938
AMTA Membership Derived from https://netforum.avectra.com/eweb/shopping/shopping.aspx?site=amta2&cart=0&shopsearch=&shopsearchCat=Membership&	$250
AMTA Conferences + Travel Fees Derived from https://www.musictherapy.org/events/amta_2020_conference/#Conference%20Policies	$1000
Instrument Maintenance and Repair	$600
	Total: $84,455

All instrument prices derived from Guitar Center (www.guitarcenter.com)

Initial Expenses	
Item	**Cost**
Lyons 6-piece Orff Instrument Set Soprano Xylophone (1), Soprano Metallophone (1), Alto Xylophones (2), Alto Metallophone (1), Bass Xylophone (1)	$1,399.99
Digital Piano Casio CDP-S100 Compact Digital Piano	$449.99
Digital Piano Stand and Bench On-Stage KPK6500 Keyboard Stand and Bench Pack	$69.95
Acoustic-Electric Guitar Martin Special Grand Performance Cutaway Road Series Style Acoustic-Electric Guitar Natural	$759.99
Tabletop Chimes Treeworks Tabletop Chime with Steel Stand	$69.99
Thunder Tube Remo SP-0207-TL Spring Drum Thunder Tube - Stormy Graphic, 2.32"	$8.95
Maracas Meinl Percussion, Standard Size with ABS Plastic Shells and Wooden Handles (PM2BK)	$16.99

Claves Meinl Classic Wood Claves	$7.95
Cabasa Rhythm Tech Cabasa, Chrome (RT8000)	$16.95
Guiro LP CP249A Fish Style Guiro	$23.99
Tambourine Rhythm Tech True Colors Tambourine 8 in.	$13.99
Ergonomic Tambourine Meinl Headliner Series Handheld ABS Tambourine	$16.99
Cowbell Stagg Cowbell 7.5 IN	$19.99
Rainstick Meinl Rainstick Black Extra Large	$34.99
Egg Shakers LP Plastic 36-Piece Egg Shakers	$44.13
Ocean Drum Remo Ocean Drum Clear 2.5 In x 22 In	$87.99
Cajon Meinl Jam Cajon Light Brown	$69.99
Conga Set with Matching Bongos Meinl Headliner Series Conga Set with Free Matching Bongos	$369.99
Tumbau Remo Versa Timbau TF 15 Head	$174
Tubano Remo Festival Tubano Drum 10 in.	$119
Djembe Set Toca Freestyle ColorSound Djembe Set of 7 7 in.	$249.99
Frame Drum Set Remo Thinline Frame Drum Full Set - 8", 10", 12", 14", 16"	$197.99
Portable Bluetooth Speaker* Ultimate Ears Boom 3 Portable Waterproof Bluetooth Speaker	$118.95

Total: $4,342.73

*Derived from https://www.amazon.com/dp/B07DD7ZFKW?tag=georiot-us-default-20&th=1&psc=1&ascsubtag=trd-8767313052661405000-20

Appendix B

Music Therapy Referral Form

Date: _____

Client Name: _____ DOB:_____

Unit/Room:_____ Date of Admission: _____

Diagnoses: _____

Drug(s) of Choice: _____

Reason for Referral: _____
_____
_____

Additional Comments/Concerns: _____
_____
_____

Referred by: _____ Office/Phone #: _____

Please return to the music therapist

Appendix C

MUSIC THERAPY ASSESSMENT

Name:_____ DOB:_____

Unit/Room:_____ Diagnoses:_____

Assessment Date(s)_____ Therapist:_____

Check all areas that are applicable. Use (√+) for usually; (√) for sometimes; (√-) for rarely

COMMUNICATION:

1. Client makes eye contact ____
2. Client verbalizes choices of activity/instrument/song ____
3. Client can state his/her own needs ____
4. Client can listen to others ____
5. Client demonstrates appropriate gestures ____
6. Client can fill-in-the-blank ____
7. Client understands directions ____
8. Client can answer questions ____
9. Client engages in call-and-response ____
10. Articulation of speech
    - Intelligible ____
    - Fairly Intelligible ____
    - Unintelligible ____

COGNITIVE

1. Client identifies changes in tempo and dynamics ____
2. Client repeats simple/complex rhythms ____
3. Client recalls melodies and themes ____

4. Client plays a steady beat therapist ____

5. Client plays loud/soft with therapist ____

6. Client can remember lyrics of songs ____

7. Client can repeat simple melodies ____

SOCIAL:

1. Client participates in musical activities ____

2. Client makes and maintains eye contact ____

3. Client greets and uses gestures to others ____

4. Client converses with others ____

5. Client demonstrates appropriate response to activities ____

6. Client can identify sources of support ____

7. Client passes and shares instruments ____

8. Client engages in improvisation ____

9. Client responds to name ____

10. Client acknowledges others ____

MOTOR:

1. Client can play piano with more than two fingers ____

2. Client can participate in signing activities ____

3. Client can clap during a song ____

4. Client can point to body parts ____

5. Client can imitate basic movements through song ____

MUSIC:

1. Client sings in pitch ____

2. Client can finish musical phrase ____

3. Client identifies structure and form ____

4. Client can choose a song or style ____
5. Client matches/imitates rhythm ____
6. Client keeps a steady beat ____
7. Client adapts to rhythmic changes ____
8. Client adapts to changes in volume ____
9. Client chooses an instrument ____
10. Client uses instruments expressively ____

EMOTIONAL/AFFECT

1. Client displays range of affect ____
2. Client expresses feelings on instrument ____
3. Client shows feelings through words ____
4. Client identifies his own mood/emotions ____
5. Client shows appropriate facial expression ____
6. Client expresses likes/dislikes ____

Assessment Summary _____

_____

_____

Recommendations: _____

_____

_____

Therapist Signature: _____ Date:_____

Adapted from https://www.scribd.com/doc/258707623/MUSIC-THERAPY-Assessment-Form

Appendix D

Music Therapy Satisfaction Survey

Introduction

This questionnaire has been developed by the music therapy department in order to review and improve the music therapy service in Mountainside. If you are happy to participate, we would be grateful for a few minutes of your time to answer a few questions.

There are no right or wrong answers. Anything you say will be kept strictly confidential. If you do not wish to participate this will not affect your treatment.

Section 1 - Information to be gathered before questionnaire

Name of client
M☐ F☐
Age
Name of person conducting questionnaire
Date
Unit
Admission date
Discharge date (if applicable)
Music therapy start date
Music therapy end date (if applicable)

Section 2 - Music therapy sessions

Please think about the music therapy you have received and indicate how much you agree or disagree with the following statements.
1 = Strongly agree
2 = Agree
3 = Uncertain
4= Disagree
5 = Strongly disagree

	1	2	3	4	5
1. Overall, music therapy was of benefit to me	☐	☐	☐	☐	☐
2. I felt respected and supported in music therapy	☐	☐	☐	☐	☐
3. I had an opportunity to be myself and talk to someone	☐	☐	☐	☐	☐

4. Music therapy helped me to cope with my feelings ☐☐☐☐☐
5. Music therapy made me feel less isolated ☐☐☐☐☐
6. Music therapy helped me to cope with being in treatment ☐☐☐☐☐
7. Music therapy helped my physical recovery ☐☐☐☐☐
8. Music therapy was of no benefit to me ☐☐☐☐☐
9. Music therapy helped me feel less anxious ☐☐☐☐☐
10. Music therapy helped me to communicate ☐☐☐☐☐
11. Music therapy helped me feel less depressed ☐☐☐☐☐
12.I had a private, supportive space to explore my feelings ☐☐☐☐☐

Section 3-Critical Moment

3a. Please think back to a time when you found music therapy particularly beneficial. Please describe what happened in as much detail as possible

(Prompt questions:)
1. When did the moment happen?
2. What were the circumstances leading up to the session?
3. What exactly happened?
4. What resulted that made you feel the therapy was particularly satisfying?

3b Please think back to a time when you found music therapy particularly dissatisfying. Please describe what happened in as much detail as possible

(Prompt questions:)
1. When did the moment happen?
2. What were the circumstances leading up to the session?

3. What exactly happened?
4. What resulted that made you feel the therapy was particularly dissatisfying?

Section 4 Overview of music therapy service

Please think about the overall service you received from the Music Therapist.

1. Do you feel music therapy was explained to you adequately? Yes ☐ No ☐
2. Do you feel that your cultural background and religion were acknowledged and respected? Yes ☐ No ☐
3. Did you have a choice of session time? Yes ☐ No ☐
4. Overall, how satisfied are you with your overall rehabilitation at the present time?
   - Very satisfied ☐
   - Satisfied ☐
   - Uncertain ☐
   - Dissatisfied ☐
   - Very dissatisfied ☐
5. Do you think music therapy should be offered on this ward in future? Yes ☐ No ☐
6. Would you like music therapy to be offered on an outpatient basis? Yes ☐ No ☐
7. Any further comments: _____

_____

_____

Thank you very much.
Please return to Tamara Sastow, Music Therapist.

Adapted from Moss (2003)

Appendix E

Music Therapy Fact Sheet

What is Music Therapy?

"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).

Who can benefit from music therapy?

Music therapy is used to address cognitive, physical, emotional, aesthetic, mental, spiritual, psychological, and social needs of individuals of all ages in a myriad of settings. Music and its therapeutic application has the capacity to reach all aspects of the mind, body, spirit, brain, and nearly all aspects of the human experience, and can greatly improve people's health and overall quality of life (Darrow, 2008). Music therapists have the opportunity to work with people across the entire lifespan. Clients can be just beginning their lives as newborns in the NICU, or near the end of life in a nursing facility or hospice care.

Do you have to know how to play an instrument to participate in music therapy?

Absolutely not! There is no need for prior music instruction in order to benefit from music therapy. Music therapists are able to tailor sessions to the level of exposure of each and every client, from those who have never picked up an instrument before, to seasoned professional musicians.

Who is qualified to practice music therapy?

A music therapist is someone who has completed training at an approved music therapy program, and has passed the national exam, which is administered by the Certification Board for Music Therapists (CBMT). Once the exam has been completed successfully, the necessary credential of Music Therapist-Board Certified (MT-BC) is earned.