

Running head: THE EFFECT OF MUSIC THERAPY TECHNIQUES

THE EFFECT OF MUSIC THERAPY TECHNIQUES IN A COPING SKILLS GROUP  
FOR INDIVIDUALS WITH A DUAL DIAGNOSIS OF  
MENTAL ILLNESS AND SUBSTANCE DEPENDENCE

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By

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## ABSTRACT

The purpose of this study was to compare the effect of the use of music versus non-music treatment conditions in a coping skills therapy group with individuals who are dually-diagnosed with a mental illness and substance-related disorder. In order to assess the effectiveness of the music therapy procedures, a comparison was made between the non-music condition (passage selection and reflection from a book of daily readings for individuals with addiction and emotional/psychiatric illnesses) and the music condition (song choice and lyric analysis from a packet of songs created by the researcher). The participants consisted of eight individuals (M=5, F=3), dually diagnosed with a mental illness and substance-related disorder. Data was obtained through weekly surveys which assessed various factors such as level of enjoyment, accomplishment, and helpfulness in each session. The participants' attendance, passage/song selection and the number of times they offered advice/insight to other group members was also recorded. A concurrent schedule/alternating treatments single subject experiment design was employed for this study. The participants served as their own control under two conditions: coping ability with music (song selection and lyric analysis) and coping ability with no-music (passages from a book). Participants rated both the music therapy techniques and passage selections effective, resulting in very similar scores under all of the variables except one. The extent to which the issues of chemical dependence were discussed during the sessions was rated by participants as statistically significantly higher under the music condition. During the music condition sessions, group attendance was also significantly higher than in the non-music condition sessions.

The Effect of Music Therapy Techniques in a Coping Skills Group  
for Individuals with a Dual Diagnosis  
of Mental Illness and Substance Dependence

Mental disorders are frequently complicated by comorbid disorders, such as substance related disorders. The National Institute of Mental Health indicates that 10 million individuals are affected by dual disorders each year. This means that the chance of an individual with a substance abuse disorder also having at least one psychiatric disorder lies between 41% and 65.5%, while the chance an individual with a psychiatric disorder having at least one substance abuse disorder is 51% (Gallagher, 2002). Individuals who are dually-diagnosed with a mental illness and substance related disorder pose a great challenge to mental health clinicians because substance abuse often exacerbates their psychiatric symptoms. Research indicates that individuals with dual diagnoses compared to psychiatric inpatients with no substance abuse issues have shorter but more frequent hospitalizations, are younger, and exhibit more suicidal, homicidal, destructive, and irresponsible behaviors. These individuals are also less able to manage their lives in the community and have poorer medication compliance (Bednarz, 1992). Therefore, it is important to focus on the coping skills of these individuals so they are better equipped to deal with the obstacles they face dealing with not only one, but two challenging diagnoses. Although the literature on the effects of music therapy and individuals who are dually-diagnosed is limited, music therapy has been shown to be an effective treatment modality for individuals with mental illness as well as individuals with substance related disorders.

There have been many studies which demonstrate the effectiveness of music therapy with individuals who have psychiatric diagnoses (Silverman, 2003a). These diagnoses may include Schizophrenia, Bi-polar Disorder, Major Depression, Post Traumatic Stress Disorder (PTSD), among others. These individuals often have difficulties with coping and problem solving skills, socialization and self-expression. Music therapy offers a noninvasive approach to strengthen these skills and change maladaptive behaviors (Covington, 2001). Because music is something that most people enjoy and to which they can relate, music therapy is often found more enjoyable to clients than other, more traditional therapies. A study of 27 patients hospitalized on a psychiatric ward in New Orleans evaluated music therapy compared to other treatment modalities. Music therapy was rated significantly more pleasurable than other therapies offered (Heaney, 1992). Music therapy has also been used to improve self-reported changes in relaxation, mood/emotions and thoughts about self in psychiatric prisoner-patients (Thaut, 1989). Individuals who have psychiatric diagnoses have also benefited from music therapy in a group format. One study was conducted to assess the influence of a music therapy activity on interpersonal skills of adult psychiatric patients. A significant increase in peer acceptance, group cohesiveness, and general interpersonal relationships was found when comparing group guitar lessons to the control group (Cassity, 1976).

Music therapy has also been shown to be effective with individuals with substance related disorders (Silverman, 2003b). A variety of music therapy techniques have been used including lyric analysis, song writing, improvisation, and drumming. Jones (2005) compared the use of song writing and lyric analysis techniques to evoke emotional change in a single session with people who were chemically dependent.

Although individuals with substance dependency often have a difficult time expressing their feelings, the use of songwriting can facilitate disclosure of emotional experiences. Lyric analysis may allow individuals to relate and empathize with the song's principle character and in doing so, project their own feelings. Although not statistically significant, music therapy techniques increased feelings of joy and acceptance and decreased feelings of guilt, blame, and fear. Seventy-five percent of the participants in this study found music therapy to be an effective tool for recovery. Musical improvisation is another treatment modality commonly used in this setting. Therapeutic behavior patterns addressed in an improvisation session include confrontation of low frustration tolerance, conformity through a creative experience, interaction to combat isolation, validation of self-esteem, and release of tension to support treatment in rehabilitation (Murphy, 1983). Drumming circles have also been used as complementary addition therapy, especially for repeated relapse and when other counseling modalities have failed (Winkleman, 2003).

While there has been extensive research showing the effectiveness of music therapy with individuals with mental illness and individuals with substance-related disorders, there is minimal research which has documented the positive outcomes of music therapy with those who are dually-diagnosed. The first study regarding this population was conducted in 1992 with young adults as a part of a National Institute of Mental Health demonstration project. Bednarz and Nikkel used case examples to demonstrate how music therapy interventions such as music discussion, music instruction, group participatory music, music listening and expressive music were used to

treat the five stages of a dual diagnosis: engagement, crisis intervention, stabilization, active treatment and recovery (1992).

Gallagher and Steele (2002) also described how music therapy services can benefit individuals who are dually-diagnosed in a Substance Abuse/Mental Illness program. A service model was provided using music therapy for individuals in an outpatient abstinence-based program structured on the 12-step principles of Alcoholics Anonymous. While this study was not experimental, the authors suggested that music therapy can be an effective and important component to the treatment of those who have dual-disorders. Many clients expressed that music therapy was one of their favorite groups and became an important part of their recovery, providing effective coping skills for stress management, mental health stability and relapse prevention.

Because music therapy with this population has been especially challenging and not well-documented, the current research attempts to show the effect of music therapy techniques (specifically song choice and lyric analysis) in a coping skills group for individuals with a dual diagnosis of mental illness and substance dependence. The anticipated direct benefit to these participants by using song selection and lyric analysis is an increase in group attendance, group cohesion, and enjoyment in the session. Because music lyrics tend to be less specific, it is anticipated that the participants will be able to relate to them better and apply them to situations in their own lives. It is also anticipated that the use of music will increase the participants' ability to express themselves and give them insight into their own thoughts and behaviors. It is anticipated that the use of music will affect the participants' perceived levels of how helpful and supportive the group was. In addition, it is anticipated that with music they will feel a greater sense of

accomplishment after the session is completed as well as an increase in the extent the group addressed issues of chemical dependence.

With a greater enjoyment and sense of accomplishment in the music condition, the class of participants may attend groups more regularly. By being able to relate to the songs, the participants may be better able to express their own feelings and have greater insight to their own problems. This in turn creates a better group dynamic where more is able to be processed in a helpful, supportive way. If the participants are better able to understand themselves and others, they may have better coping skills to deal with their issues of chemical dependence.

With more effective coping skills, these individuals may be less likely to have a relapse. With more individuals in control of their substance abuse issues, society at large will certainly benefit. There will be less people in the community who unable to control themselves. Especially since many people in this population are unable to maintain a job, they receive government funding. If these individuals stay sober and receive the help they need, there is a better chance they will gain the skills necessary to hold a job. With more effective coping skills, these individuals may need less supportive services, which allow tax dollars to be spent in more productive ways.

#### *Research Question*

Can music therapy procedures involving song selection and lyric analysis enhance attendance, group cohesiveness and positive thinking in individuals with a dual diagnosis of mental illness and substance-related disorder in a coping skills group?

## METHOD

*Participants*

The participants consisted of eight individuals (M=5, F=3) from a continuing day treatment program for adults with psychiatric diagnoses in a rural community in upstate, New York. All participants were above the age of 18 and diagnosed with an Axis I mental illness as well as substance-related diagnosis according to the Diagnostic and Statistical Manual-IV-TR (2000). Participants' diagnoses included Schizoaffective disorder, Post Traumatic Stress Disorder (PTSD), Depression or Bi-polar disorder, in addition to substance-related disorders of various types including Alcohol Dependence, Cannabis Dependence, or Poly-substance Dependence (See Appendix A for Participant Descriptions). [Insert Appendix A here]

All individuals with a dual-diagnosis who attended the coping skills group at the aforementioned facility were invited to participate. Participants were previously receiving traditional verbal therapy in a coping skills group (using passage selection from a book of daily readings for individuals with addiction and emotional/psychiatric illnesses). In order to compare the use of song selection versus the use of passage selection, individuals in this group were the only appropriate subjects for this study.

Because the participants of this study were already in a weekly coping skills group, the therapist of the group introduced the study with a script written by the researcher (See Appendix B for Script). [Insert Appendix B here] The therapist then left a sign-up sheet for the individuals to leave their name if they wished to participate. The researcher then met with these participants individually in order to go over any questions they may have had, in addition to having the participants sign a consent form.

### *Materials*

During the non-music condition, participants were given a packet of hand-outs of daily passages from the book, *Today I Will Do One Thing: Daily Readings for Awareness and Hope (for those of us with addiction and emotional or psychiatric illness)* by Hazelden Mediation (1995) (See Appendix C for List of Passage Titles). [Insert Appendix C here] During the music condition, the participants were given a packet of song lyrics created by the researcher (See Appendix D for List of Song Titles). [Insert Appendix D here] A guitar was used during the music condition, in order to play through the songs selected by each participant.

Each participant was asked to complete an 8-item survey at the completion of each session (See Appendix E for Survey Questions). This survey was used to assess the participants' satisfaction with the session. It examines factors such as how well they related to the passage/song lyrics, how well they were able to express themselves, how supported they felt by group members, how accomplished they felt, how helpful and enjoyable the session was, to what extent issues of chemical dependence were dealt with and to what extent they were given insight to their thoughts and behaviors. [Insert Appendix E here]

A data collection sheet was also filled out by the researcher and study team member, which assessed the participants' attendance, passage or song choice, and the number of times the each participant offered advice/insight to other group members (See Appendix F for Data Collection Sheet). [Insert Appendix F here]

*Procedure*

The study took place during the already established meeting time of the coping skills group. This group met once per week for 90 minutes with a 15 minute break. The music condition and non-music condition were alternated on a week to week basis. The experiment took place over the span of 10 weeks. During the non-music condition weeks, participants were provided a packet of passages to read. They were instructed to select a passage to which they could relate, read it aloud to the group, and share why they selected that passage. During the music weeks, the participants were provided a packet of song lyrics to read. Similarly, they were instructed to select a song with lyrics to which they could relate, and share which song they selected with the group. The researcher then played the song on her guitar and encouraged the participants to sing along. The researcher encouraged each participant to share why they selected that song and if there were any lyrics which had particular significance. During both conditions, a survey was handed out at the end of each session which took the participants approximately five minutes to complete. The researcher and study team member also filled out data collection forms throughout each session which assessed the participants' attendance, passage/song selections, and the number of times each participant offered advice/insight to the other group members.

*Ethical Considerations*

It was unlikely that the effect of the procedure would cause any physical injury, social/economic harm, or legal risks. However, there was a minimal risk for emotional stress as music can be a trigger for painful memories or emotions. In the case that an individual began to cry or become verbally aggressive, they would have been asked to

leave the room. It is for this reason, that it is the policy of the facility to have two therapists co-facilitate each group. Therefore, if an individual had become upset, one therapist could continue to lead the group while the other could assist that individual. The risk of loss of confidentiality was addressed by the researcher by keeping the participants' identifiable information in a locked file cabinet or a in a password protected file. There was no deception in the procedure. A debriefing letter was given to the participants of the study after the data has been analyzed to inform them of the findings.

### *Design Overview*

A concurrent schedule/alternating treatments single subject experiment design was employed for this study. The participants served as their own control under two conditions: coping ability with music (song selection and lyric analysis) and coping ability with no-music (passages from a book).

The independent variables studied were the use of music therapy techniques (song selection and lyric analysis) and the use of a no-music condition (passage selection and reflection). The dependent variables measured by the researcher included group attendance, song/passage selection, and group cohesiveness as measured by the number of times individuals offered advice/insight to one another. Dependent variables were how well they related to the passage/song lyrics, how well they were able to express themselves, how supported they felt by group members, how accomplished they felt, how helpful and enjoyable the session was, to what extent issues of chemical dependence were dealt with and to what extent they were given insight to their thoughts and behaviors. This information was obtained through the use of surveys.

*Reliability*

Reliability observations were made for all 10 sessions. The observations were made by comparing the researcher's data to the data collected by the study team member, another therapist at the facility who co-facilitated the coping skills group throughout the experiment. The reliability index measured the number of times the participants offered advice to other group members throughout the 10 sessions. The percentage of reliability was calculated for each participant by adding up the total number of times the researcher observed that participant give advice over the 10 sessions and dividing it by the total number of times advice was observed by the study team member. Overall reliability was found by calculating the mean of the each of these percentages.

For Participant 1 the reliability was 91% (range: 20-22), for Participant 2 the reliability was 96% (range: 28-29), for Participant 3 the reliability was 100% (range: 9), for Participant 4 the reliability was 100% (range: 11), for Participant 5 the reliability was 90% (range: 18-20), for Participant 6 the reliability was 94% (range: 32-33), for Participant 7 the reliability was 95% (range: 18-19) and for Participant 8 the reliability was 100% (range:17). The overall reliability was 96%.

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## RESULTS

The Wilcoxon Signed Rank Test<sup>1</sup> was conducted on the survey results to determine the interaction among the conditions (music vs. non-music) and the variables measuring technique effectiveness. The mean for the perceived level of feelings of relatedness was 8.9729 under the music condition compared to 9.2188 under the non-music condition. The mean for the perceived level of helpfulness was 8.9250 under the music condition compared to 9.2062 under the non-music condition. The mean for the perceived level of enjoyment during the session was 8.9354 under the music condition compared to 9.1271 under the non-music condition. The mean for the perceived level of ability to express oneself throughout the session was 9.0625 under the music condition compared to 9.0417 under the non-music condition. The mean for the perceived level of support throughout the session was 9.0062 under the music condition compared to 9.2000 under the non-music condition. The mean for the perceived level of accomplishment throughout the session was 9.3062 under the music condition compared to 9.3375 under the non-music condition. The mean for the perceived level of personal insight throughout the session was 9.4375 under the music condition compared to 9.3937 under the non-music condition. The mean for the perceived level the issue of chemical dependence was focused on throughout the group was 9.1625 under the music condition compared to 8.3333 under the non-music condition.

A significant difference was found between music and non-music conditions regarding attendance rates (See Figure 1 for Comparison of Attendance Rates in Music vs. Non-Music Conditions). [Enter Figure 1 here] Participants were present for the entire

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<sup>1</sup> The Wilcoxon Signed Rank test is a two-sample equivalent design used when measurements achieve ordinal level both between and within pairs.

session 80% of the time in music-condition sessions, compared to only 62.5% of the non-music sessions  $(5.71, 2.50) = - 2.094; T = .036$ . Participants were present for partial sessions (in which the participant either came in late to the session or left the session early) in 10% of the music conditions sessions compared to 7.5% of non-music conditions. The rate of absenteeism was only 10% under the music condition compared to 30% in the non-music condition  $(5.57, 3.00) = - 1.992; T = .046$ . (See Table 1 for Attendance Rates by Condition). [Insert Table 1 here]

A significant difference also was found between the music and non-music condition regarding the extent to which participants felt the issues of chemical dependence were discussed throughout each session  $(5.42, 1.75) = - 2.033, T = .042$ .

The test revealed no significant differences between music and non-music conditions when comparing self-reported measures of relatedness  $(1.5, 4.5) = - 1.572; T = .116$ , helpfulness  $(3.0, 4.4) = - 1.357; T = .175$ , enjoyment  $(3.5, 4.2) = - 1.183; T = .237$ , accomplishment  $(3.5, 4.67) = 0.0; T = 1.0$ , expression  $(3.8, 4.5) = - .851; T = .395$ , insight  $(2.5, 2.5) = 0.0; T = 1.0$  and feeling supported  $(2.5, 4.5) = -.631; T = .528$ .

The experiment results did not reveal any significant differences between music and non-music conditions regarding the number of times the participants offered advice to other group members throughout the sessions. Under the music condition, the mean number of times the participants offered advice to other group members was 2.3542 (range: 0-7), compared to 2.6562 (range: 0-6) under the non-music condition.

## DISCUSSION

When comparing the use of music therapy techniques of song selection and lyric analysis to a more traditional, non-music approach, in a coping skills group for individuals who deal with issues involving mental health and substance dependency, participant attendance was shown to be considerably higher during the music condition compared to non-music. Survey results also corroborated the findings that participants felt the issues surrounding chemical dependence were dealt with more effectively during music-condition sessions than during the non-music sessions.

When comparing means, the participants found the music and non-music conditions to be similarly effective in terms of measuring feelings of relatedness, helpfulness, enjoyment, accomplishment, expression, insight, and being supported. It should be noted that although there was no statistically significant difference between conditions when rating these factors, the participants rated both the music and non-music methods very highly, with both of the conditions receiving the same mean score of 9.1 out of 10.

Although most of the variables measured by participant self-report did not yield results which showed that music therapy sessions were preferable to non-music sessions, attendance did play a significant role. Because many individuals receiving mental health services tend to have chronic difficulties with motivation and group therapy attendance, music may play a major role in enticing clients to come to groups in the first place that they may have otherwise skipped.

On average, participants offered advice the same number of times during music sessions and non-music sessions. However, one factor that was not taken into

consideration when comparing these results was the length of time spent reading the passages versus the length of time it took to sing through the songs. Because the length of the songs was typically longer than the passages, it took the participants longer to read through their choices. In addition, it took longer to sing through each participant's song choice than for the participants to read aloud the passage that they had selected.

Therefore, there was less available time during music sessions for discussion and the possibility of giving advice than during the non-music sessions. In future studies, this researcher suggests to account for the length of time it takes to complete each technique to create a more accurate comparison. One way to account for this difference would be to create a percentage based on the number of times participants offered advice over the amount of time available for discussion. This would allow for a more accurate comparison.

An especially interesting point to consider is the fact that the participants found using the song selection technique to be more effective when dealing with issues of chemical dependence than the passage selection, which is geared specifically towards those issues. Most of the song choices available did not refer specifically to drugs or alcohol, but rather to larger themes such as hope, acceptance, change, and struggles. The participants were very proficient at interpreting a song's lyrics and applying it to their own life, making it personal to their own difficulties with addiction and dependence. For example, a participant may be more easily relate the song lyric by R.E.M. which sings, "If you're on your own in this life, the days and nights are long. When you think you've had too much of this life, hang on. Well, everybody hurts sometimes, everybody cries.

And everybody hurts sometimes.” than a more specific line from a passage selection titled “I can make it through the pain” stating,

My friends tell me that such emotions are not uncommon in dual disorder recovery. (I thought I was the only one who had ever felt this way.) Quitting an addiction and starting therapy for emotional problems are powerful changes. It’s reassuring when they say I am not “crazy” (I just feel like it) and that in a couple of weeks the medication I started with will help me to settle down (although I would prefer the pain to go away *now*). I am grateful for my friends especially because they keep telling me, “You can get through the pain.” Yes, I *can* get through the pain. (Hazelden, 1995).

It may be beneficial for future researchers to compare the effectiveness of using broader concepts such as hope, resilience, acceptance, change, and struggles compared to more specific, focused concepts which may not allow for as much personal interpretation. Passages and songs could be labeled by the theme in order to look for trends in the participants’ choices.

One limitation to this study was its small sample size. Although these participants were the only individuals appropriate for this study which were available to this researcher at the time, there may have been stronger results if there were two groups available to split into control and experimental conditions. Due to this constraint, the experiment focused on one group of individuals, and a counter-balanced design was utilized which alternated conditions on a weekly basis.

Another limitation to this study was using the survey as the data collection tool. It was the impression of the researcher that many of the participants did not take this survey

seriously or take the time to consider each question on a weekly basis. The participants' lack of consideration when filling out this tool may have played a part in the lack of differences found between the music and non-music conditions.

In addition to the survey instrument appearing somewhat ineffective, this study did not consider any qualitative data. For example, when the researcher walked in with her guitar, the participants would often make comments such as, "Oh, good! It's a music week!" or during the non-music weeks, participants verbally expressed the difficulty they had with finding a passage that they could relate to because they were too specific. However, the conception of this study did not include a record of this. In future studies, this researcher suggests recording the sessions on video and asking more open-ended questions about their perceptions of the quality of the session and effectiveness of the technique. Implementing homework assignment between sessions may also serve as an effective way to assess whether or not the participants were able to employ any of skills learned throughout each session.

The music therapy condition of song selection and lyric analysis was shown to be effective and well-received by the participants of a coping skills group which focuses on substance dependency issues. On average, participants attended the music therapy sessions more frequently than the non-music sessions and found that the issues of chemical dependence were focused on more using songs whose lyrics may have had broader terms, which they could better relate to. Finding ways of including music or other creative arts into group therapy settings may prove to be helpful and beneficial for individuals dealing with mental health and substance dependency issues.

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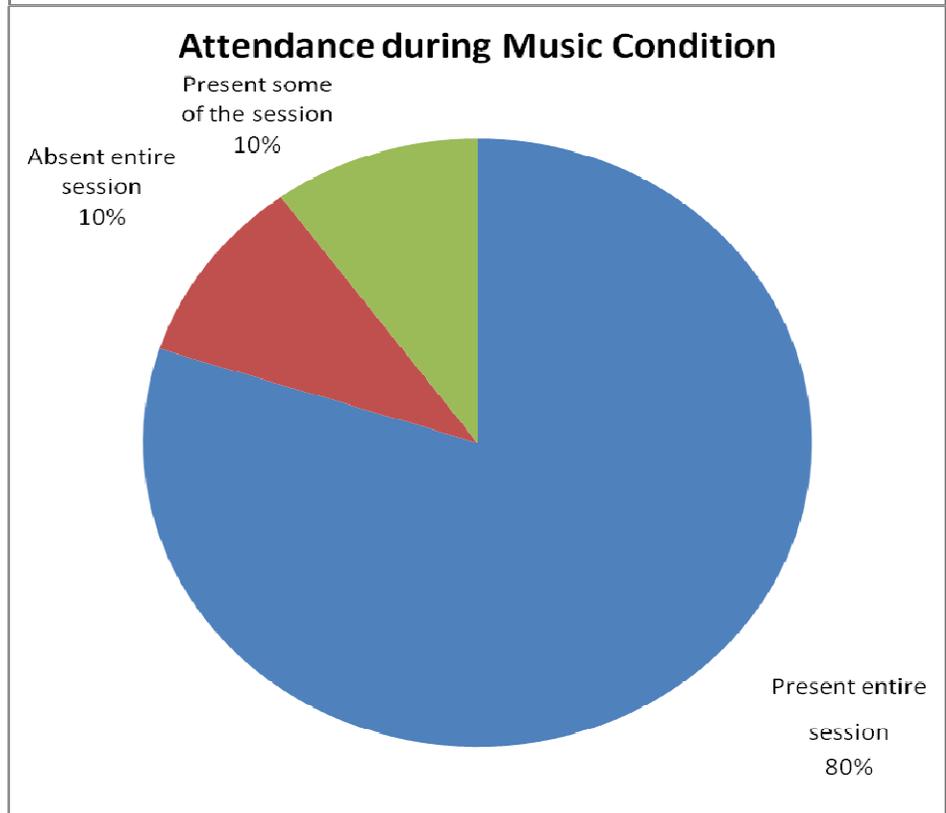
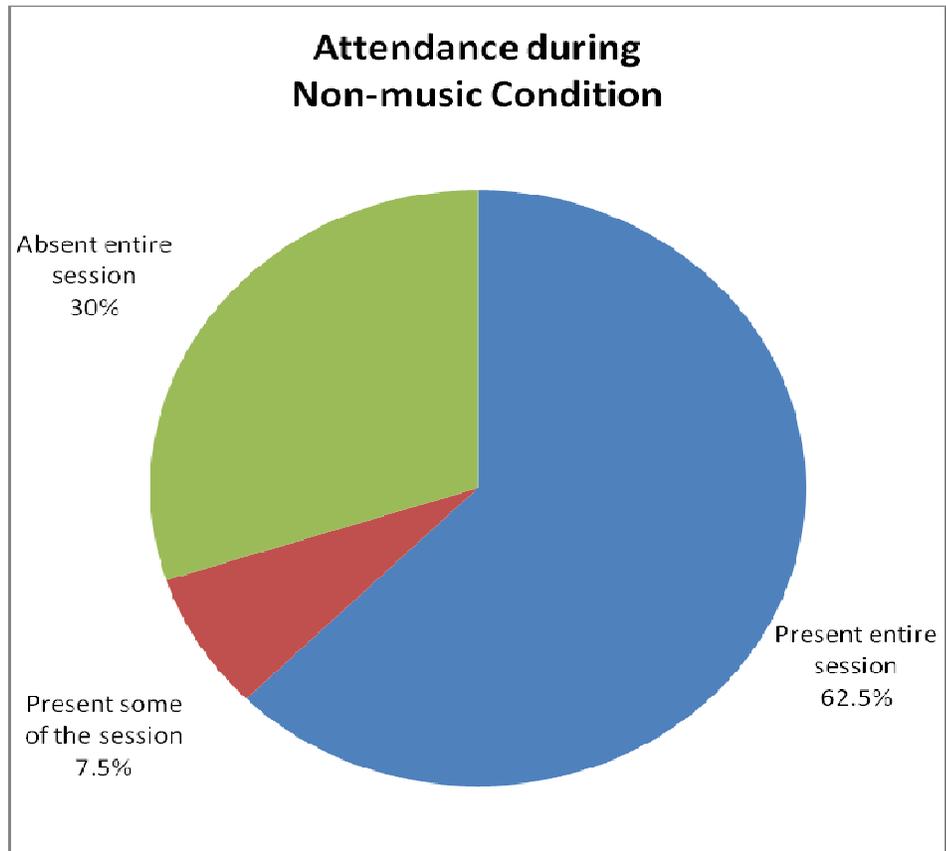
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TABLE 1  
Attendance Rates by Condition

Client	Music Condition			Non-music Condition		
	Present entire session	Present some of the session	Absent entire session	Present entire session	Present some of the session	Absent entire session
<b>1</b>	3	0	2	4	0	1
<b>2</b>	5	0	0	2	1	2
<b>3</b>	4	1	0	4	0	1
<b>4</b>	5	0	0	3	0	2
<b>5</b>	4	1	0	2	0	3
<b>6</b>	5	0	0	4	0	1
<b>7</b>	5	0	0	4	0	1
<b>8</b>	1	2	2	2	2	1
<b>Total</b>	<b>32</b>	<b>4</b>	<b>4</b>	<b>25</b>	<b>3</b>	<b>12</b>
<b>Percentages</b>	<b>80%</b>	<b>10%</b>	<b>10%</b>	<b>62.5%</b>	<b>7.5%</b>	<b>30%</b>

Figure Caption

*Figure 1.* Pie chart comparing attendance rates during non-music and music conditions.



## APPENDIX A

**Participant Descriptions**

*Participant 1.* The first participant was a 39-year-old male who is diagnosed with Post Traumatic Stress Disorder, Cognitive Disorder NOS (post-concussive syndrome) and Poly-substance Dependence Disorder.

*Participant 2.* The second participant was a 43-year-old male who is diagnosed with Schizophrenia (paranoid type). Although he is not currently diagnosed with a substance-related disorder, he has a past history of substance abuse.

*Participant 3.* The third participant was a 50-year-old female who is diagnosed with Bi-Polar II Disorder, Schizoaffective Disorder, and Poly-substance Dependence Disorder.

*Participant 4.* The fourth participant was a 46-year-old male who is diagnosed with Schizophrenia (chronic, paranoid type). Although he is not currently diagnosed with a substance-related disorder, he has a past history of poly-substance abuse.

*Participant 5.* The fifth participant was a 49-year-old male who is diagnosed with Schizophrenia (paranoid type). Although he is not currently diagnosed with a substance-related disorder, he has a past history of alcohol abuse.

*Participant 6.* The sixth participant was a 44-year-old female who is diagnosed with Bi-polar I Disorder (single manic episode, unspecified), Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Trichotillomania in remission, and Poly-Substance Dependence Disorder.

*Participant 7.* The seventh participant was a 59-year-old female who is diagnosed with Bi-polar I Disorder, Post Traumatic Stress Disorder and Alcohol Dependence in remission.

*Participant 8.* The eighth participant was a 49-year-old male who is diagnosed with Schizoaffective Disorder. Although he is not currently diagnosed with a substance-related disorder, he has a past history of poly-substance abuse.

APPENDIX B  
**Script**

(Therapist reads to individuals in coping skills group)

Before we start our group for today, I want to talk to you about something. As most of you know, Adrienne is here as part of a requirement for her Master's degree from SUNY New Paltz. Another requirement that she must complete to graduate is a research study. She wishes to conduct a research study to see the effect of using the music in the coping skills group. This will be done by comparing the use of the book of daily readings for individuals with addiction and emotional/psychiatric illnesses to the use a packet of songs created by the researcher. Your name and any identifiable information about you would remain confidential. Once you agreed to be in the study, your only obligation would be to fill out a short survey at the end of each group. She believes that the maximum time the study would continue would be for 15 weeks.

I need to emphasize that you do not have to be a part of this study and if you do sign up you may discontinue your participation at any time. You will still receive the same treatments and data will still be collected, it just wouldn't be used in the study. If you are interested in participating in this study, please sign the sheet that I'm leaving out. By signing this sheet you are in no way obligated to be a part of the study. You are only agreeing that Adrienne talk to you about the possibility of you participating in the study and answer any questions you may have.

APPENDIX C

**List of passage titles used in non-music condition**

**Week 2**

I am learning to deal with a slip with my emotional illness  
I can learn and grow stronger by sitting still  
I can make a commitment to recovery  
I want a better life for myself  
I am not a bad person  
I need to learn what pushes my buttons  
I let in faith when I let go

**Week 4**

I can call my doctor when I need to  
I can handle my changes  
I am OK when I make a mistake  
I am trying to accept my medication  
I am grateful for a good night's rest  
I need to channel my anger  
I am accepting my dual disorder

**Week 6**

I can help myself by taking medication  
I am finding the help I need  
My emotions are connected to my body  
I can expect to feel some ups and downs  
My program provides helpful tools for recovery  
I need a quiet place  
I deserve respect

**Week 8**

I am letting go of my low mood  
I need to use my support network  
I am coming alive in recovery  
I want to talk about my problems  
I need a guide  
I am grateful for the 12 steps  
I am accepting my dual disorder

**Week 9**

I need to keep trying  
I am right where I am supposed to be  
I can't quit my meds just yet  
What am I feeling right now?  
I can deal with this slip  
I am beginning to see improvement  
The Twelve Steps are important to me

## APPENDIX D

**List of songs used in music condition****Week 1**

Welcome to wherever you are – Bon Jovi  
 Blowin' in the wind – Bob Dylan  
 Landslide – Fleetwood Mac  
 I can see clearly now – Johnny Nash  
 Here comes the sun – The Beatles  
 The reason – Hoostabank  
 Everybody hurts – R.E.M.

**Week 3**

Supply and demand – Amos Lee  
 Time of your life – Green Day  
 Bridge over troubled water – Simon and Garfunkel  
 In repair – John Mayer  
 Better way – Ben Harper  
 Times they are a-changin' – Bob Dylan  
 Somewhere over the rainbow – Judy Garland

**Week 5**

Sweet surrender – John Denver  
 Proud – Heather Small  
 Be like that – Three Doors Down  
 Better way – Ben Harper  
 Supply and demand – Amos Lee  
 Desperado – The Eagles  
 Getting better – The Beatles

**Week 7**

Amazing grace – Traditional hymn  
 Wish you were here – Pink Floyd  
 After the thrill is gone – The Eagles  
 Bad day – Daniel Powter  
 Let it be – The Beatles  
 Heal the world – Michael Jackson  
 I'm walking away – Craig David

**Week 10**

These hard times – Matchbox 20  
 Change – Tracy Chapman  
 I'm walking away – Craig David  
 Only God knows why – Kid Rock  
 Don't stop dancing – Creed  
 Mary Jane – Alanis Morissette  
 I am a rock – Simon and Garfunkel

APPENDIX E

**Survey**

*Circle that number that best applies*

How well do you feel that the passage/song lyrics you chose related to your current situation/feelings?

(1= didn't apply at all, 10=applied exactly)

1    2    3    4    5    6    7    8    9    10

How helpful was this session this session for you?

(1=not helpful at all, 10=extremely helpful)

1    2    3    4    5    6    7    8    9    10

How enjoyable was this session for you?

(1=not enjoyable at all, 10=very enjoyable)

1    2    3    4    5    6    7    8    9    10

How well do you feel you were able to express yourself in this session?

(1=I was not able to express myself at all, 10=I was able to express myself fully)

1    2    3    4    5    6    7    8    9    10

How supported did you feel by other group members in this session?

(1=I did not feel supported at all, 10= I felt fully supported)

1    2    3    4    5    6    7    8    9    10

To what extent do you feel like you've accomplished something in this session?

(1=I don't feel like I've accomplished anything, 10=I feel I accomplished a great deal)

1    2    3    4    5    6    7    8    9    10

To what extent do you feel that issues of chemical dependence were dealt with in this session?

(1=issues of chemical dependence were not dealt with at all, 10=issues of chemical dependence were dealt with a great deal)

1    2    3    4    5    6    7    8    9    10

To what extent did this session give you insight to your thoughts and behaviors?

(1=this session gave no insight to my thoughts and behaviors, 10=gave great insight to my thoughts and behaviors)

1    2    3    4    5    6    7    8    9    10

