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Holistic Music Therapy – Reconnecting Mind to Body Through SMART-Supplemented Music Therapy: Development of a Method

Jacqueline San Nicolas
Lesley University, jacquelinedanaesn@gmail.com

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Jacqueline San Nicolas

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Thesis Instructor: Michelle Napoli

Abstract

This capstone project explores the combination of Sensory Motor Arousal Regulation Treatment (SMART) and therapeutic songwriting for the treatment of adolescents with complex developmental trauma in a therapeutic boarding school to strengthen attachment, regulation, and competency. As an inherently sensory experience, Music Therapy and SMART can work as a strengths-based approach that engages both body and brain to move clients through traumatic memories. As the literature states, since trauma effects the whole individual, it is crucial to engage both brain and body in trauma treatment to move through it, rather than only addressing mental aspects of trauma through strictly verbal processing. In grounding music therapy in SMART work and body rhythms, the trauma processing becomes more contained, the client's central nervous system is more regulated, and thus the client is involved in a less threatening experience. While the data recording method proved to be challenging and in need of further development, utilizing SMART-supplemented music therapy was observed as a valuable way of rebuilding positive self-identity and creating positive new responses to trauma through regulating attachment to the music therapist.

Holistic Music Therapy – Reconnecting Mind to Body Through SMART-Supplemented Music Therapy: Development of a Method

Introduction

Gina Strehlow stated that in trauma treatment, music can be used as a "way out of silence" (2009, p.181). In working with clients who have been silenced, music therapy can be used as a way for clients to reclaim their power and re-shape their narrative. Due to the many non-verbal components of music therapy, it can be utilized to help foster verbal communication without relying on verbal communication as a central facet of trauma treatment.

As research has proved time and time again, trauma is deeply transformative not only in the minds of those affected, but in their bodies as well. Trauma impacts not only thought patterns and mindsets, but also physiological reactions and verbal processing of minor stressors. In the "*The Body Keeps the Score*", Bessel van der Kolk explains the far-reaching impacts of trauma by stating that "trauma by nature drives us to the edge of comprehension, cutting us off from language based on common experience or an imaginable past" (van der Kolk, 2014, p. 43). While verbal processing can be very helpful for many victims of trauma, for others it is crucial to address the way that their physical functioning has been altered and impaired as a result of trauma exposure. Memories are often held and expressed through speaking and explanations, but furthermore they are embodied and encoded into our very being through physical expression, nervous system, muscles, and mannerisms (Erskine, 2014). Through a combination of music therapy and SMART (Sensory Motor Arousal Regulation Treatment) technology, clients can learn how to process these memories in a contained and safe space. Not only does incorporating physical awareness and interventions allow for more holistic treatment, it also provides a method of therapy that does not rely primarily on verbal processing, a skill often impaired by trauma. In

discussing complications within the music therapy field, Miller (2011) described future possibilities for the field:

> Music therapy has roots in traditional mystical and healing practices of cultures throughout the world. It has continually aspired to attain legitimacy as a profession, in large part by adopting the medical model as a guide to inform practice, research, and public interface. There are dissenters within the field, however, who disagree and argue that empirical, reductionist research methods are not equipped to capture the rich, human experience of music that can impact a person on multiple levels. (p. 34)

One such dimension of music therapy that is often downplayed or ignored is the realm of energy responses as a result of music therapy treatment. Adolescents with complex developmental trauma often struggle with energy regulation. Since energy regulation is a built-in part of their treatment, incorporating SMART is one way to engage clients in music therapy in an approachable manner. Another framework that this work is grounded in is the Attachment, Regulation, and Competency model (Kinniburgh & Blaustein, 2005), which explores addressing attachment, regulation, and competency to enable and empower clients with trauma history to regain control over their behavior and functioning. Because many students at this site internalize their history by devaluing themselves and blaming themselves for the trauma inflicted upon them, it is crucial to actively work with them to empower them to see their bodies as possible tools for growth and hope. Physical and sexual abuse is common in their trauma histories, and many feel disconnected to their bodies as a result. Combining SMART technologies with music therapy is one way to foster a higher awareness of the mind-body connection. In using music therapy in combination with SMART, I hope to equip traumatized adolescent clients in a residential setting to reclaim their power and end the silence forced upon them.

Music Therapy in a Residential Setting

In discussing treatment in a residential setting, there are several factors to consider. The first is that the music therapist is by definition a part of a caregiving continuum, and thus, in collaboration with other members of a clinical team. While music therapy may look different than other therapeutic modalities, all members of the team are working to address clients where they are and stabilize them to move to a less intensive level of care. Secondly, since residential treatment under an ARC framework is explicitly about relationships and regulation through relationship, connecting music therapy to an already familiar modality treatment used by other clinicians offers an integrated, consistent approach to treatment. “Inclusion of multi-modal, multi-sensory, and nonverbal activities in each session helps practitioners to engage troubled children, caregivers, and residential staff to work together to cultivate trust with caregivers” (Kagan & Spinazzola, 2013, p. 708). As part of their treatment, clients at the residential site work with their primary clinicians in the SMART room in order to process through their trauma histories and become more comfortable and situated in their bodies.

As stated earlier, music is an inherently multi-sensory experience, and music therapy can be quite powerful in using that factor to address clinical goals. However, for many clients, music therapy can be intimidating in that clients perceive needing to have a certain level of musical aptitude to engage in music therapy. In using SMART interventions as a starting point, clients can enter into the artistic process in a more approachable and familiar way. Due to working at a site under the network of Justice Resource Institute, many of the authors referenced in this paper are related. Due to their connection and overall similar ideology, it is important to acknowledge that other trauma frameworks exist that define and treat trauma differently. Additionally, there are many gaps in the literature linking music therapy to other allied health professions.

Framework – ARC, SMART, and Feminist Music Therapy

The ARC framework describes three main domains that music be addressed in trauma treatment. These domains are attachment, regulation, and competency (Kinniburg, Blaustein & Spinazzola, 2005). Music therapy addresses each of these three components in powerful ways. Clients can learn how to form attachments through the medium of music, use rhythms to regulate through various energy states, and build competency through addressing both clinical goals as well as creating a musical product. Through using the ARC framework in combination with music therapy, traumatized adolescents can begin to see their bodies as a way to move through their trauma, as opposed to being an impediment to their clinical progress. One way to bring client's physical functioning into the music therapy space is to combine physical trauma treatment interventions with therapeutic songwriting. While embodied music therapy practices may not be explicitly discussed in the literature as a feminist practice, I believe that it is helping clients to regain control over their own bodies, and thus, reclaim their narrative and create new possibilities for growth.

Literature Review

Author Epistemology

As a music therapist, I do not come to this field as a blank slate. Rather, I am one therapist working under a series of frameworks and methods of knowing that influence the ways in which I work and create interventions for my clients. I identify myself as a feminist music therapist, working with both community music therapy and resource-oriented models. As a feminist music therapist, I do not deny the power imbalance between myself and my clients, but actively work to diminish that power differential whenever possible. Additionally, I hope to work with marginalized identity groups to create healing for those whom society has discarded,

mistreated, and cast off. As a Biracial, Mexican and Chamorro, female music therapist, I am claiming ownership of a practice that has roots in a Eurocentric framework in order to empower those most disenfranchised by a racialized and misogynist society. As a feminist music therapist, I understand that all therapeutic work exists in a larger picture of structural power, and that that power comes with a huge responsibility to act ethically and use that power justly. Additionally, coming from an anthropology background, I am interested in systems of oppression and how individuals are able to act within their various social circles. Lastly, as a feminist music therapist my goal is to highlight, acknowledge, and honor ways of knowing that have been treated as unimportant or irrelevant.

As a community music therapist, I understand that my clients exist within many systems of relationships. I understand that the ways in which they are enabled or impeded from growth and healing in their sessions has larger effects within their various communities. From a community music therapy perspective, the conversation changes from performer and receiver to two participants sharing the same space, experiencing a unique, individual, activity of music that brings people together in relationship. In conjunction with the feminist music therapy approach, community music therapy allows participants to find commonality through the shared language and experience of music (Stige, 2004). Tying this alongside the ARC framework, a community music therapy approach enables clients to better attach and regulate, and thus, be able to make deeper ties to their community.

As a resource-oriented music therapist, I come to sessions knowing that while every client has their own set of challenges, each client also comes with a unique set of skills and talents that have allowed them to survive and heal from hardships (Rolvsjord, 2009). While students with complex developmental trauma may see their bodies as a site of violence, as a

music therapist, I hope to empower them to see their bodies as sites of healing and tools for strength. In this way, I hope to shape the narrative that their bodies can be reclaimed through the process of their own healing.

Trauma

While trauma has recently re-emerged as a prevalent topic within the counseling profession, it is a subject that has been relevant to therapeutic treatment since the inception of the field of psychology. In 1997, Judith Herman reflected on the varied values that the concept of trauma has been given throughout the years. Herman (1997) stated:

> The study of trauma has a curious history--one of episodic amnesia. Periods of active investigation have alternated with periods of oblivion. Repeatedly in the past century, similar lines of inquiry have been taken up and abruptly abandoned, only to be rediscovered much later. Classic documents of fifty or one hundred years ago often read like contemporary works. Though the field has in fact an abundant and rich tradition, it has been periodically forgotten and must be periodically reclaimed. (p. 7)

Trauma, and in particular sexual trauma and abuses of power, was the basis of early Freudian psychoanalysis. Freud explored the concept of the overwhelming, all consuming weight of trauma, and the need to disguise it, with the term “transformation”. Freud explained how trauma, when not dealt with, inevitably leads to changes in behavior, and damage to self-concept (Freud, 2002). While van der Kolk (2014), explained trauma as being “beyond comprehension”, Richard Erskine (2014) detailed how trauma becomes encoded into personhood below:

> All experience, particularly if it occurs early in life or if it is affectively overwhelming, is stored within the amygdala and the limbic system of the brain as affect, visceral, and physiological sensation without symbolization and language. Instead of memory being

> conscious through thought and internal symbolizations, our experiences are expressed in the interplay of affect and body as visceral and somatic sensations. (p. 21)

Though trauma often evades language, it cannot be explained or hidden away, but transforms into a number of physiological symptoms. Trauma is not only silenced in the lives of victims, but in the larger public health discussion as well. While the importance of trauma-informed approaches to treatment have continued to resurface over the years, the recognition of trauma itself continues to be a highly politicized act. Even within the field of psychotherapy, the ability to explicitly respond to trauma has been uneven and shaky (Herman, 1997), as evidenced by the long trajectory of discussing trauma, and Posttraumatic Stress Disorder (PTSD) only being created as a diagnosis in 1980 (American Psychiatric Association, 1980). Acknowledging the effects of trauma requires contextualizing power and agency within larger societal systems. In dominant cultures inherently based in inequitable power relationships, there is less concern with holding the perpetrators of trauma accountable. In a context where oppression still exists, there has been pushback on the idea of trauma historically and again in present day discourse and practice.

As a feminist music therapist, I am aiming to shed light on issues that are often ignored and dismissed, and to validate the experience of marginalized peoples. While Freud was instrumental in developing a basis for our understanding of trauma, he eventually discounted his own work – and the suffering of many interpreting their lived experiences as fictitious (Herman, 1997). Herman contextualizes Freud's denial of his client's trauma, by stating:

> The dominant psychological theory of the next century was founded in the denial of women's reality. Sexuality remained the central focus of inquiry. But the exploitative social context in which sexual relations actually occur became utterly invisible.

> Psychoanalysis became a study of the internal vicissitudes of fantasy and desire, dissociated from the reality of experience. By the first decade of the twentieth century, without ever offering any clinical documentation of false complaints, Freud had concluded that his hysterical patients' accounts of childhood sexual abuse were untrue: "I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only fantasies which my patients had made up". (p. 14)

While the exploration of the ongoing clinical and historical definition of trauma is beyond the scope of this paper, it is important to note that fighting against the silencing of trauma is our ethical duty as clinicians, and in particular for myself as a feminist music therapist seeking anti-oppressive approaches to treatment.

Trauma Processing and Sensory Experience

While our understanding of trauma is still developing, there has recently been a shift in treatment formulation. While psychological treatment was historically founded in a Eurocentric context – and the United States - and based primarily on verbal processing, new modalities and treatment methods have developed to address client needs when verbal processing has proved ineffective (Hinz, 2009). Because trauma is clinically formulated to be an experience of real or perceived crisis which cuts one off from communication, traditional talk therapy methods are inherently problematic. van der Kolk explained the different treatment approaches as follows:

> There are fundamentally three avenues: 1) top down, by talking, (re-) connecting with others, and allowing ourselves to know and understand what is going on with us while processing the memories of the trauma; 2) by taking medicines that shut down inappropriate alarm reactions, or by utilizing other technologies that change the way the brain organizes information and 3) bottom up: by allowing the body to have experiences

> that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma. Which one of these is best for any particular survivor is an empirical question. Most people I have worked with require a combination of all three. (2014, p.3)

Though I believe that thinking of trauma processing as either top-down or bottom-up promotes a binaried and incomplete understanding of the human experience, it does provide a helpful framework to understand the starting point of treatment and how traumatized clients require different therapeutic solutions than those who have not experienced trauma. Because trauma victims experience a fragmented reality and sense of time, treatment models which interact with knowledge and experience beyond just cognitive verbal processing, are clinically indicated. While trauma undoubtedly affects a person's mental outlook on life, it also fundamentally changes physical and physiological reactions. van der Kolk (2014) describes this process and the impact of trauma, stating:

> After trauma, the world is experienced with a different nervous system. The survivors' energy now becomes focused on suppressing inner chaos, at the expense of spontaneous involvement in their life. These attempts to maintain control over unbearable physiological reactions can result in a whole range of physical symptoms… This explains why it is critical for trauma treatment to engage the entire organism, body, mind, and brain. (p. 53)

As a fairly new and still developing field, music therapy derives much of its strength and clinical effectiveness from the fact that it is a multisensory experience. In playing instruments, clients are engaged physically. In listening to music, clients are experiencing auditory processing. Because music therapy is an inherently sensory experience that engages both mind and body simultaneously, when conducted with careful client-attuned pacing, it can facilitate a powerful

treatment method for individuals healing from trauma. Clemens-Cortes and Bartel (2018) explained how music therapy is a sensory experience by stating that "making music is a function that requires auditory, emotional, linguistic, motor, and structural memories. Attention, auditory perception, executive function, memory, and motor control are activated when a person makes music" (p. 59). Music therapy, therefore, when at its best, is a holistic treatment approach that engages clients both in their mind and body, and can therefore regulate and help to mend the mind-body connection. While traumatized individuals need regulation due to lack of consistency and predictability in their life, music therapy can help establish both a literal and figurative baseline rhythm for them to regulate through with consistency and predictability. In developing the SMART manual, Warner, Cook, Westcott, and Koomar (2014) stated:

> Trauma happens in a developmental context derailing healthy biological, sensory and motor, emotional, cognitive and social development. Sensory experiences involving the body based senses, e.g. touch, proprioception, and vestibular input, are key to enhancing regulation. Treatment must begin with intervention at the foundational developmental level of the sensory motor systems. (p. 4)

While music therapy may traditionally be thought of as a mainly auditory experience, the clinical application of music as a "holding container" provides structure that allows clients to be more oriented to time and space, and as a result, to other body senses. Music therapy engages the sensory experiences mentioned above and aid in motor, emotional, cognitive, and social development. While music therapy may seem to be separate from body rhythms as a process involved with creation of a new musical product, typical basic self-soothing strategies often revolve around rhythms and repetition (Warner et al, 2014). These strategies can be carried out by increasing awareness and attunement to inner body rhythms and externalizing them through

musical expression. Music therapy can bridge the gap from awareness of rhythmic regulation to internalization of affect regulation and later, trauma processing.

Music Therapy & Teens

Each clinical population has unique skill sets and clinical needs, which are often correlated to their developmental stage and history. Teenagers are often thought of as being a particularly challenging population to work with, and in particular teenagers in residential settings. As Erikson has stated, adolescence is the stage when individuals begin to crystallize and act on individual identity (Arnold, 2017). This proves particularly challenging in a residential therapeutic school, where the teenagers have experienced great losses, including the loss of a sense of self and self-identity. Due to their trauma history, these clients struggle with appropriate boundaries and reading social pragmatics, and need carefully attuned support regarding containment within a therapy session. Many teenagers who have experienced trauma interpret their traumas as being their fault, and often tie their identity to being a fundamentally "bad" person (Sharma-Patel and Brown, 2016, p. 401). When they internalize these self-critical messages, they often act accordingly. Due to these complex histories and internalized messages, many adolescents in this situation may test boundaries and limits. Bruscia (1998) explained how this may influence treatment:

> When a client enters therapy with problems emanating from the preoedipal period, the lack of clear boundaries complicates the transference considerably. In fact, it might be argued that in these cases, the way the past is replicated goes beyond the construct of transference. (Bruscia, 1998, p. 14)

Clients exposed to long-term chronic trauma often function with a higher baseline level of anxiety than clients who have not experienced trauma. Therefore, successful treatment with this

population involves intentionally creating a predictable space, and responding consistently to clients in ways that creates attunement. One feature of music that helps to establish attunement and predictability is rhythm. In developing the SMART model, Warner et all (2014) explained the clinical impact of rhythm:

> Rhythm increases the engagement of the child with the therapist. It creates order in the movement and thus the child's behavior, and simultaneously it can regulate arousal such that the child can remain in her Window of Tolerance while playing and engaging with the adult. (p. 40)

While conversational and social rhythms absolutely exist in non-musical forms of therapeutic treatment, in other treatment forms rhythm is incidental as opposed to being central to treatment. In a residential setting, rhythm is the glue that holds treatment together through highly structured schedules and routines. If rhythm is what is crucial to developing a healthy therapeutic relationship with traumatized children, creativity is what is required and necessary to help those clients move from a mindset of surviving, to a mindset of thriving. While many clients with severe trauma exposure may not be aware of it, creativity is something that they innately have used to survive the situations that they have. Highlighting that fact and showing how creativity can be harnessed as a way to thrive can bring music therapy to a level that feels more accessible and less intimidating to clients. In other words, music therapy changes a focus on rhythm from being an entirely new experience to being a continuation of their strengths. Smyth (2002) described the transformative power of creativity:

> Creativity is necessary in the process of rebuilding a new schema after the shattering of one's belief system, of reconnecting with a changed 'reality' and of rediscovery of the

> mind– body connection. Anxiety and panic must either be understood and transformed, or new responses learned. (Smyth, 2002, p. 76)

While it may be daunting to enter a therapeutic relationship with clients who have had their trust violated and personhood shattered, in using rhythm and creativity as the foundation for new possibilities and realities, the music therapist can provide the structure for clients to flourish and heal (Borczon, 2004). With the possibility of creativity and the containment of rhythm, adolescents can move through challenges to build stronger identity. Due to the emphasis on music and rhythm, some music therapists would naturally turn to Neurological Music Therapy (NMT) as the inevitable method to treat clients. NMT is defined as "a research-based system of 20 standardized clinical techniques for sensorimotor training, speech and language training, and cognitive training" ("NMT", 2015). However, from this standpoint as well as my epistemological framework, I believe that is ignoring the person as a whole in order to favor intellectual and cerebral processes. Though NMT may be effective for treating certain populations and clinical goals, due to its medical – as opposed to expressive - basis, its use does not appear to be clinically indicated for trauma processing, nor does it seem to facilitate strengthening the mind-body connection. In following the development of music therapy as a field, Aigen (2013) explained, "There is no place for a conception of [neurological] music therapy as a form of psychotherapy, community building, identity creation…. All of these ways of conceptualizing music therapy are proscribed in favor of a strictly medical conception of music therapy" (p. 190). Because this paper is focused on music therapy as it relates to holistic health, the NMT framework and practices will not be utilized.

Gaps

While the understanding of trauma has developed greatly since the inception of the field

of psychology, there are still noticeable gaps in the relevant literature. Though the disconnect of mind from body is an important concept in understanding bottom-up versus top-down treatment, it furthers a Eurocentric view of treatment. Additionally, the reviewed literature, while explaining trauma as an incredibly individualized experience, tends to ignore societal factors that influence trauma processing. From a resource-oriented music therapy perspective, this capstone seeks to fill in the gap of resources for marginalized people groups healing from trauma, and comes from the perspective of a marginalized therapist. Though literature exists that states how marginalized social identities affect one's access to treatment, that is beyond the scope of this paper. While I have attempted to represent an accurate understanding of the generalized understanding of trauma, unfortunately there continues to be a lack of varied literature on the topic. Due to this fact, many of the authors referenced in this paper are related through the network of Justice Resource Institute and The Trauma Center. Due to their connection and overall similar ideology, it is important to acknowledge that other trauma frameworks exist that define and treat trauma differently. Additionally, there are many gaps in the literature linking music therapy to other allied health professions.

Identity in Practice

As a music therapist of color, I am often looking for ways to adapt treatment to the varied cultural contexts in which our clients experience in the world. While I understand that cultural humility is a lifelong process and practice, I believe that it starts with acknowledging the ways in which non-Eurocentric treatment methods have been erased and left out of therapeutic treatment narratives. This requires questioning what information is valued as valid research results, and reframing the way that we design our research to include a broad range of responses, and in particular non-verbal responses and gains. While the work referenced in this capstone project is

only one small part of that, I believe that it shows how crucial it is to analyze our own position and power as clinicians to validate various forms of therapeutic gains as important and worth seeking after. While this method was only implemented with one client, it is important to note that the importance of including treatment results of marginalized people groups is crucial in creating a music therapy culture that is inclusive and ethical. Within the therapeutic field, including opinions and narratives of people of color, and especially young women of color, has not been the norm.

Method

One individual SMART-supplemented music therapy session was implemented at a therapeutic boarding school for adolescents in the greater Boston area. Common diagnoses of residents at the site are PTSD, Major Depressive Disorder, Bipolar Disorder, Reactive Attachment Disorder and Attention Deficit Hyperactivity Disorder. Clients are typically referred to the site when they have demonstrated an inability to remain safe in their home communities and require stabilization and intensive clinical care. A typical stay in residential care ranges from 12-18 months. Staff are encouraged to maintain a continuum of care through holding tight limits, working on clinical goals, and modeling appropriate relationship boundaries. Expressive arts therapies, and music therapy in particular, are utilized at the site in both mandatory clinical class groups and optional individual music therapy sessions. This session was individualized and facilitated in the school's SMART room. The site's SMART room is a sensory room equipped with various tools and toys to provide various kinds of sensory input. The client involved in the method was comfortable and familiar with the use of the SMART room within her therapeutic treatment. This session occurred in order to observe the benefits of using the SMART room to regulate students' energy in order to benefit more fully from music therapy sessions. The goal

was to use an integrated approach of therapeutic songwriting and Sensory Motor Arousal Regulation Therapy (SMART) methods to optimally support positive identity formation by addressing attachment, regulation, and competency (ARC).

Participant

This intervention included one 16-year-old participant engaging in one individual music therapy session. She has lived at the site for over 6 months and is well-integrated into the program. The participant is female and identified as Afro-Latina. The participant had been thoroughly informed of the purpose of the study and agreed to participate freely, with the understanding that she could withdraw from the study at any time. This researcher consulted with the participant's primary clinician in order to identify triggers and clinical strengths to meet the client's individual needs and integrate into the continuum of care. The participant had already established a therapeutic relationship with this researcher over a period of 5 months in individualized and group music therapy, and had been selected through conversation with her primary clinician. The participant was selected for this method due to her identified use of the SMART room as a coping skill, and identified physical activity as well as musical competency as valuable parts of her identity. The client had identified utilizing tools in the SMART room to regulate when feeling excessively energetic, dysregulated, or angered.

Procedure

The sessions consisted of three components. These components were SMART warm-up, songwriting, and SMART closure. Songwriting was chosen as the music therapy intervention in order to facilitate the development of positive self-identity and personal narrative in the words of the client, leading to empowerment through storytelling (Baker, 2015). Additionally, the participant had identified songwriting as a preferred music therapy intervention. Songwriting

addresses the three components of the ARC formula through building attachment through song, facilitating emotional regulation through validating emotional experience, and building competency through developing communication and organizational skills. For the purpose of this capstone, I chose to do semi-structured songwriting, and provided the client with a one-word feeling prompt and used a pre-recorded background track chosen by the client to create a melody over. A pre-recorded background track was chosen to structure the session focus on the lyrics, and not any other musical components. For both the SMART warm-up and closure, in following a client-centered perspective, the participant engaged with sensory tools and activities of their own choosing, based on their presented energy levels at the time. The procedure is illustrated in Figure 1.

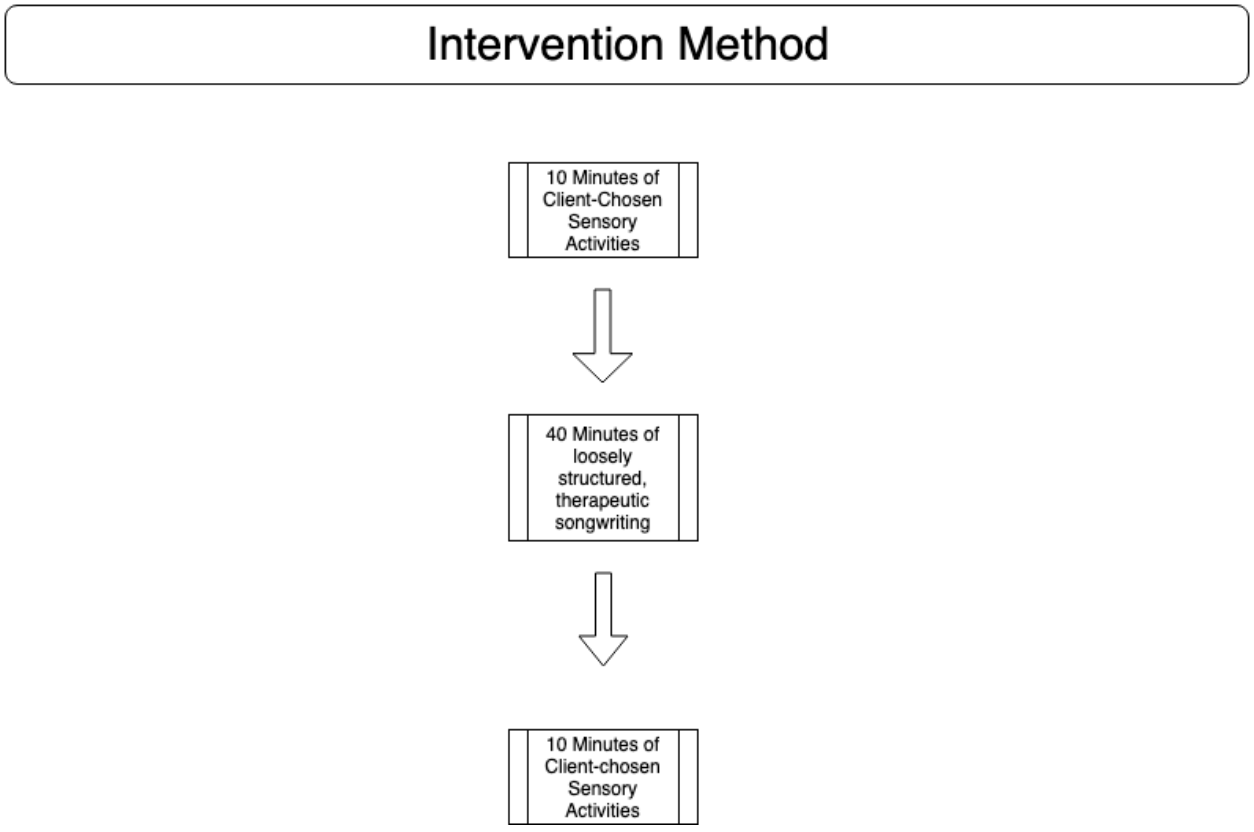

Figure 1. Intervention Method

Data Recording

In order to closely replicate the client's experience without breaking confidentiality by using their creations, I chose to engage in a parallel experience after each client session that repeated each step of the method, as detailed in Figure 2. This involved following the same procedure outlined earlier, paying careful attention to energy shifts and connection to my own body and analyzing the lyrical content created as a result of these sessions. In order to get as close to the client's experience as possible, I used the same SMART activities and background track to write lyrics over. This process is illustrated in Figure 2.

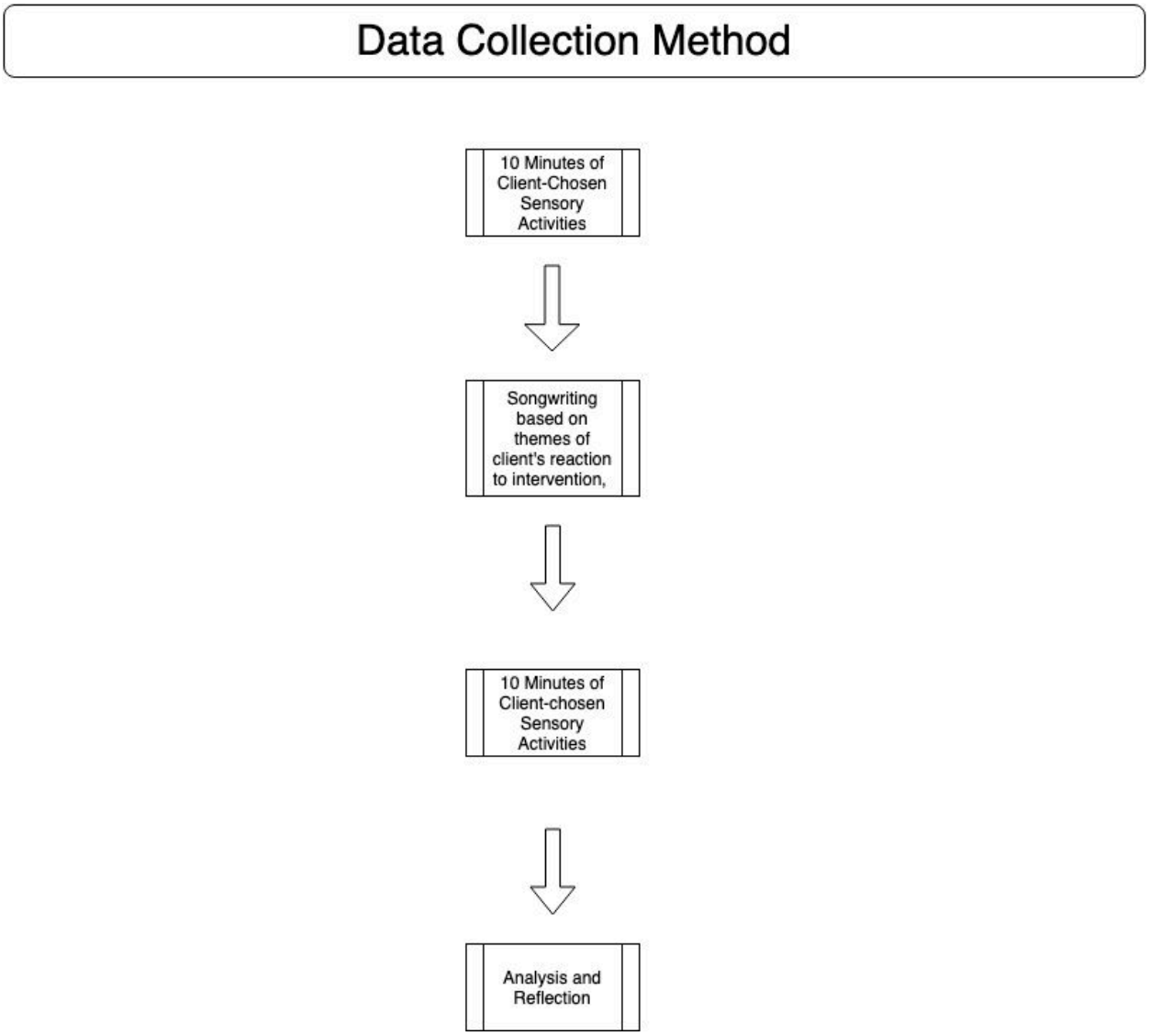

Figure 2. Data Collection Method

Results

Method Execution

While the method was initially planned to do over a series of three sessions with the same format, due to time constraints and site limits, I was only able to conduct one session using the method outlined above. While this impacts the scope and amount of data generated, it also points to the systematic challenges of working in a residential setting. In this case, even though I as the music therapy intern received support from staff, barriers such as space availability and scheduling continued to interfere with more research possibilities, as well as carefully planned clinical treatment. As a result of these challenges, the research method was based on just one session.

Reflection on use of SMART Room

While I had already established strong therapeutic rapport with the client in sessions not utilizing the SMART room, I did notice a significant difference in my own ability to reflect and attune to her body language and energy in the sessions utilizing the SMART room. In the session in the SMART room, I noticed an increased awareness and ability to respond to her energy states in a way that was not available in other sessions. In the session using the method with the SMART room, I was more aware of where I was holding tension in my own body, and felt a decrease of tension following the SMART interventions.

Lyrical Content

In my own lyrical content that I generated following the method, I noticed themes of identity as a process with stages, as opposed to a fixed and stagnant construct. This is evident

from the lyrics written after the session, as shown in Figure 3.

Figure 3. Songwriting Excerpt

In reflecting on the lyrics above (see Figure 3), I found themes of attachment, resilience, and growth. Additionally, the lyrics allude to feeling comfortable and using body senses as a way of working through trauma, instead of shutting down and feeling disconnected from one's body. These lyrics reflect a resource-oriented mentality and ability to look to one's own skills during times of conflict and distress.

Themes

Certain themes that were of significance during the songwriting process emerged in the art response after the method. These themes were connection to body, identity, trauma processing, and attachment. Below I will review the content created by me in the art response, as the researcher. I remain focused only on my art responses as data to protect client confidentiality, although similar themes arose in the client's lyrical content.

Body

In examining identity formation through the use of SMART processing, I paid careful attention to felt senses, shifts in energy, and the level of attunement that I felt in my body throughout the session. Throughout the sessions I focused on how attuned I felt to my body, and how the SMART activities increased my own ability to engage in the songwriting process. From my perspective, this was because the session with SMART provided an outlet and way to work through both high and low energy states. Moving beyond the warm up activity, I also paid attention to when lyrical content alluded to physical processes or movement.

Identity

A second theme that I examined throughout the songwriting process was identity. In analyzing the lyrical content that I generated, I focused on themes that focused on fixed versus fluid identity, in order to see if the procedure encouraged the client to see identity as something that they have control over. Through the parallel process of writing my own lyrics following the intervention, this process encouraged lyrical content around identity as a complex process.

Trauma Processing

Tied to identity, I paid careful attention to how trauma was tied to identity. In particular, I paid attention to moments where trauma was expressed as an all-consuming and defining event, as well as moments where trauma was situated as part of a larger and more complex identity.

Attachment

Lastly, in contextualizing the clients experience within the ARC framework, I analyzed how the combination of SMART and music therapy led to greater ability for this author to form attachment with the client, and greater ability to work through attachment to lead to increased ability to work through clinical issues. It appeared that physically regulating in the SMART room created a supportive atmosphere for the client to explore trauma history with myself, using sensory tools as a support and a way to feel grounded in her body. Through disclosure and mutual engagement with sensory tools, it appeared that the client was able to further develop attachment to myself.

Data Processing

While the method was grounded in literature and appropriate to both the population served and the setting, I struggled with the arts-based portion of this research. While this project is fundamentally an arts-based process, coming from a more theoretical rather than experiential framework, creating the data to engage with the method was anything but natural. From a feminist music therapy perspective, I struggled with the ethics of counting my own responses as a validation of research done to and with others. As a researcher, I am already biased to see my own work as valid, and I do not have the same life experience nor trauma history.

Discussion

All things considered, this method has the potential to be a valuable and viable option to address clinical needs of adolescents in a therapeutic boarding school. Through this method, the client appeared to have a heightened ability to situate some of her current relationship patterns to her trauma history, and explore that theme through songwriting, in a contained and safe environment. Additionally, through my own observations, I was able to attune to the client more

effectively through using the sensory activities. Lastly, I was able to create lyrical content that alluded to positive self-identity and ability to navigate through conflict and anxiety as opposed to retriggering trauma responses, as a reflection of the client's response to the method.

Limits

In reviewing the results of this study, it is important to note that though I was using the site's provided SMART room, and working from the SMART manual, I as the researcher am not technically a SMART-trained clinician. If given the resources and time, I would revisit this method after undergoing technical SMART-training, in order to maximize the benefits of the opening and closing portions of the session. A secondary limitation was the fact that this was a single-person, single-session study, and as such would need to be replicated on a larger scale to continue this work and validate results. In doing further work, I would revisit the method with a larger sample size, and across at least 3 sessions for each participant. In order to check the results of the work from my own biases, I would redo the study under a formal research method, utilizing the clients' own information and not my own, in order to enact the research in a more ethical and accurate manner.

Multidisciplinary Trauma Treatment

Though music therapy exists as a unique field requiring specific and focused training, it is important for us as health professionals to align with related professions and utilize the many tools that have already been developed to maximize our reach as music therapists. As mental health professionals, it is important for us to familiarize ourselves with other treatment modalities in order to enrich and further our own practice, creating new possibilities for healing and for our field. While this research explored only one such available treatment modality (SMART), it illustrates the importance of further combinations with other modalities.

Further Development of Method

In reviewing the results and literature, I found that combining songwriting with physical components in trauma treatment to be a clinically indicated approach that can provide many benefits for clients with trauma history. These benefits are strengthening and developing a positive sense of self-identity, increasing attachment skills through a regulated and attuned experience of working with a clinician, and allowing them a greater sense of control through equipping them to move through various energy states.

Music Therapy Futures

While music therapy is a viable treatment option for survivors of various kinds of trauma, it is crucial for music therapists to develop and treat trauma using as many resources as possible in order to bring the field to the level of trauma-informed care. Like other healthcare professions, music therapy must develop treatments that treat clients holistically, rather than simply treating symptoms without addressing their root cause. While this work illustrated some of the challenges that come with doing arts-based research, it is central to developing new methods of music therapy. However, this project illustrates the ethical implications and challenges of validating arts-based research through the lens of the therapist's artistic responses to an intervention, rather than data based directly on the client.

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THESIS APPROVAL FORM

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Student's Name: _____ Jacqueline San Nicolas**_____**

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Title: ___ Holistic Music Therapy – Reconnecting Mind to Body Through SMART-Supplemented Music Therapy: Development of a Method **_____**

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

Thesis Advisor: _____Michelle Napoli**_____**