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Music Therapy: Music Sharing Intervention with Acute Adolescents

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Abstract

This thesis explores a music therapy song sharing group method with acute adolescents in community-based acute treatment and partial hospitalization. While there is research on music therapy and acute adolescents, there is a gap in the literature surrounding the topic of acute adolescents participating in music therapy group sessions. Research on music therapy and adolescents focuses on interventions for an outpatient setting and/or a variety of different interventions. There was limited research on inpatient music therapy with adolescents and more research on adult inpatients working with music therapy. The method presented here incorporates sharing personal songs that clients have a connection with, describing the connection through lyric analysis and/or sound descriptions, identifying when they listen to the song (as a coping skill), and opening conversations with the group about the song. Results indicated that adolescents enjoy sharing personal music, feel comfortable expressing themselves and discussing their history, and as a coping skill music reduces their symptoms. As a group, sharing the songs sparked a variety of conversations based on the different themes of each song, such as: loss, trauma, drugs, suicide, society's labels, mental health, resilience, and so forth. From this method, the participants felt comfortable processing intense feelings and were able to join together as a community.

Keywords: music therapy, acute treatment, adolescents, song discussion, song listening

Music Therapy: Music Sharing Intervention with Acute Adolescents

Music therapy can promote positive and meaningful interactions over time, it creates a context for developing healthy relationships. ~ Varvara Pasiali

My clients report that music is a great coping skill because the music reminds them that they are not alone. Over time, they have built a relationship with the music because they feel understood. Sharing personal music in a group allows clients to understand one another, with the potential outcome of group cohesion. When music sharing is implemented in a group music therapy setting, it builds a connection between each participant. The population I work with is acute adolescents struggling to understand their thoughts, emotions, and behaviors. This song sharing group method I created for this population helps them with self-expression, modulating their coping skills at home, and building a sense of community. My clients positively responded to music therapy and were cooperative during sessions. Past participants in research studies of music therapy sessions responded positively to the therapy and reported they would have liked to continue treatment with music therapy (Patterson et al., 2015; Silverman, 2011). I encouraged my clients to continue to use music as a coping skill and to adopt any of the new music they were exposed to from their peers during the song sharing group. I also put together a Spotify account so that my clients will always be a part of the group, even when they are not present. I hope that through their positive experience in my group that they will reach for the music account in the future.

At my internship site, we work with clients for a short period of time to help stabilize them before transitioning into society. There are articles discussing short-term music therapy and the problem with the lack of interventions for short-term music therapy (Carr, Odell-Miller, & Priebe, 2013; Carruthers, 2014). Carr, Odell-Miller, and Priebe (2013) refer to research that

mentioned the concern of the quantity of sessions that occur in acute settings: “Research to date suggests many more sessions are required for clinically meaningful effects than may be accessed in hospital and there has been little distinction between interventions offered in acute stages of illness, and those offered long-term” (p. 1). Carruthers (2014) also mentioned the need for interventions that are effective and “must be developed to meet the needs of clients in the moment and to provide them with strategies to be used when returning to daily life outside the hospital or treatment centre” (p. 47). It was my hope to deepen this conversation by implementing a method with clients with whom I work for no more than two weeks.

There are articles discussing models of music therapy within acute psychiatric settings and how therapists incorporate music therapy within preexisting approaches, which are implemented at sites with an absence of music therapy (Carr, Odell-Miller, & Priebe, 2013; Ghetti, 2004). This is relevant because understanding other models is essential with molding my method (Carr, Odell-Miller, &Priebe, 2013) and, similar to Ghetti’s (2004) topic, I am introducing music therapy for the first time at my site. I hoped that my music therapy method would increase the use of coping skills with clients and decrease the numbers of repeat clients.

In this thesis I review music therapy literature on coping skills, short-term music therapy, song sharing and discussion, group cohesion, and building a sense of community. In relation to my literary findings, I propose a method for short-term group music therapy with acute adolescents that I implemented with this population and report on my findings. Based on of my results, I conclude with recommendations for individuals who are interested in explore this topic further.

Literature Review

Music therapists can help clients by utilizing a variety of methods that will benefit the person's health. The focus of this thesis is to explore a method created to support acute adolescents. The research that supports this new method reflects on music therapists working with inpatient clients ranging from adolescents to adults, music as a coping skill, short-term individual and group music therapy, lyric analysis, and building relationships with others. There is a gap in research on acute adolescents sharing personal music that they identify as a coping skill, short-term group music therapy, and sharing intimate music in a group setting.

Music as a Coping Skill

"Music therapists should encourage psychiatric consumers to utilize music as a coping skill and help identify ways to facilitate its use (i.e., portable music players, concerts, community music groups)" (Silverman, 2011, p. 127). There is a limited conversation in music therapy research that addresses this concept. Silverman (2011) suggested this idea of music as a coping skill and highlighted the need for further investigation on the different music therapy interventions.

> It may be that passive music listening has different results and this is certainly an area for future controlled investigation. As it is becoming increasingly important to differentiate music therapy from other helping therapies incorporating music, examining differences between active music therapy interventions and passive music listening remains a key item on the research agenda. (p. 127)

The method I have created transforms passive music listening into active music listening. The group is directed to actively listen to each song, rather than passively listen, not only out of respect for one another but to empathize with one another. Silverman (2011) conducted two

pilot studies to "compare the effects of music therapy and psychoeducation on the proactive coping skills of psychiatric patients one-month post hospital discharge" and "immediately after a single treatment session" (p. 125). Both studies had complications. In the first study researchers had a difficult time collecting follow-up data; and, the second "did not incorporate the use of a follow-up, so determining if effects were maintained is impossible" (p. 129). However, the "results tend to support the use of music therapy with acute psychiatric inpatients" (p. 129) and addressed how important coping skills are in acute care for the mental health population.

Shuman et al. (2016) examined "whether group music therapy affects mood states of adolescent inpatients in a psychiatric hospital service" (p. 50). The study was implemented in three different units: Psychiatric Day Treatment (PDT), Adolescent Psychiatric Inpatient Unit (APU) and Eating Disorders Unit (EDU). The music therapy intervention used with the APU clients was "simply letting patients choose a song that they'd like to listen to" (p. 52). This intervention sparked the conversation of music listening as a coping skill and the possible affects in a group setting where "patients might practice making validating statements about each other's references" (p. 52). Ghetti (2004) examined the concept of "incorporating music therapy into the harm reduction approach" (p. 84) with a population struggling with substance use. One topic considered was how music as a coping skill helps digest any troublesome emotions: "music therapy offers a context in which these emotions may be experienced and worked through in a more manageable form" (p. 87). Coping skills for this population helps them transition back into society and gives them a tool to utilize once they transition from their acute short-term treatment.

Short-term Therapy

Practitioners in psychiatric music therapy and short-term music therapy are asking for more research in the mental health field. Silverman (2011) acknowledges criticism in short-term

therapy, stating, “the most common criticism of brief therapy is that the effects may not only be limited, but are short in duration” (p. 129). Others, however, emphasize the need for interventions in short-term music therapy (Carruthers, 2014; Schuman et al., 2016). On the topic of, “single-session individual music therapy with adolescents” (Carrunthers, 2014, p. 43), Carruthers addressed the gap in research and the importance of interventions for short-term music therapy sessions. Shuman et al. (2016) conducted a study in a hospital setting, which is typically short-term and the results explained that it illustrate “the need for both qualitative and quantitative research on mood changes of adolescent patients who participate in music therapy” (p. 52).

Song Sharing and Discussion

Song sharing is more then clients sharing a coping skill, it also opens up a discussion as to what the song means to the client. Waddelow and Taul (2016) acknowledge song discussion, stating it is “a versatile and powerful therapeutic tool for music therapists working with adolescents” (p. 78). Although they studied popular songs that were carefully chosen by the authors, their research addressed how insightful music can be for clients. Silverman and Marcionetti (2004), studied the effects of five different interventions with mentally ill adults based on pre-tests and post-tests and found that the lyric analysis intervention showed a positive decrease in symptoms (p. 297). Due to the positive results of the lyric analysis intervention, the authors hypothesized that “the lyric analysis intervention, being quite cognitive, was actually able to increase the insight of the participants and, therefore, improve their capacity to understand the symptoms of their mental illness and their current state of being hospitalized” (p. 297). Gladding, Newsome, Binkley, and Henderson (2008) illustrate how “lyrics can be used to help clients convey feelings of hurting and healing” (p. 212). They divided different underlying

themes in music into two different groups: dealing with hurt, pain, and grief lyrics, and healing lyrics (p. 214). When listening to songs with the themes of hurt, pain, and grief, clients may realize "they are not alone in having such pain, clients may find some consolation and even some resolution of sorrows, especially if they share the words of the song and the particulars of their situations with counselors" (p. 214). As for lyrics with the theme of healing, "healing lyrics are impactful, motivating, and can be instructive in regard to clients finding happiness and fulfillment" (p. 214). Gladding et al. also reviewed how music that is identified as a coping skill has the powerful ability to change moods (p. 217). Ghetti (2004) proposed different interventions and using lyric analysis to assess our maladaptive coping styles (p. 87).

Group Cohesion and Community

Group cohesion and building a sense of community are two goals the method being explored in this thesis. In the literature review, "Music Therapy and Attachment Relationships Across the Life Span," Pasiali (2013) explores the concept of music therapy fostering attachment to, and supporting healthy relationships with, others. This supports music therapy as a tool to support and promote healthy relationships, which therefore can lead to group cohesion and building a sense of community. Some of the clients who were a part of the song sharing group I conducted, have a trauma background and "participation in music therapy may transcend the effects of traumatic experiences by rebuilding the capacity to form or restore relationships" (p. 205). Music therapy can create a safe space for clients to share experiences, "a music therapist can create a therapeutic space that allows the energy of negative emotions to manifest and change" (p. 207). Therefore, music can support clients in gaining insights about real life situations and allow individuals to understand others' perceptions to these situations (p. 210). Ghetti (2004) also mentioned about clients gaining introspection, which can remove the stigma

of mental health (p. 87). If the clients are more engaged during the groups they are more likely to make a connection with at least one other person, which will help them in their recovery process.

Music is a diverse instrument that can be used as therapy and for therapy. A music therapist can utilize music to promote insight, to have continued after affect following short-term treatment, to stimulate conversations, to build relationships, and to therefore build a sense of community. The acute adolescents that I am working with need to improve their introspective skills, improve their social skills, and have a need to feel as if they belong to a community. Music can evolve from a tool in therapy into a therapeutic tool for this population to use in their environment.

Method

Population

The method is a song sharing group-based method that was created to support acute adolescents in self-expression, introducing music as a coping skill, and group cohesion. This method was implemented with groups of acute adolescents ranging from ages 12 to 18. These groups contained ten to fifteen participants each varying in gender - male, female, transgender, and non-conforming. The facility where the method was conducted diagnoses and treats acute adolescents with dissociative disorders, impulse control disorders, mood disorders, personality disorders, psychosis, thinking disorders, and trauma and stressor-related disorders. The most common diagnoses in this group are major depressive disorder (MDD), generalized anxiety disorder (GAD), social phobia, posttraumatic stress disorder (PTSD), bipolar disorders, and clients with specified psychosis attached to their primary diagnosis. The participants were placed either in community-based acute treatment (CBAT) or partial hospitalization (PHP). CBAT clients live in the facility typically for ten to fourteen days due to reports of high suicidal ideation with a plan, intent, and means to follow through; or, they have a current self-harm history that presents a safety concern because the self-harming behavior is lethal. Their symptoms may also include mood lability, trauma reactive symptoms, and disturbances in sleep, appetite, energy, motivation, and concentration. PHP clients live at home and attend the program Monday through Friday for five to ten days. These clients present less of a safety concern but, similar to the CBAT clients, have difficulty functioning in their community. This difficulty with functioning is due to their mental health acting as a barrier in school, home, and/or relationships. Overall, the most common concerns and symptoms from this group are suicidal ideation, self-injury, and psychosis.

Prevalence. In 2015, suicide was the tenth leading cause of death in the US, "the third leading cause of death among individuals between the ages of 10 and 14, and the second leading cause of death among individuals between the ages of 15 and 34" (National Institute of Mental Health, 2017). According the America Foundation for Suicide Prevention (2016) and the 2015 Youth Risk Behaviors Survey, "8.6 percent of youth in grade 9-12 reported that they had made at least one suicide attempt in the past 12 months" (American Foundation for Suicide Prevention, 2016). In 2016, "an estimated 3.1 million adolescents aged 12 to 17 in the United States had at least one major depressive episode. This number represented 12.8% of the U.S. population aged 12 to 17" (National Institute of Mental Health, 2017). From Mental Health in America (2016), at least "8.2% of youth (1.9 million youth) experienced severe depression" that included symptoms resulting as a substantial barrier in school, home, and in relationships.

Group Setting

The groups were held in an open room containing chairs, small couches, and larger couches that are organized against the perimeter. Occasionally, participants would sit on the floor instead of the seating arrangements. I would sit on a chair as a part of the circle with the participants. This group would typically occur after lunch and once everyone was settled in.

Engagement

Due to the variety of symptoms among participants, I would remind the group to be mindful and respectful of one another. I would explain that this group was intended for them to share important personal music and to not focus on whether or not they like or dislike another participant's song. Not only should their comments be respectful, but they should also refrain from any side conversations. If redirection was needed my colleagues or I would redirect the

participants. Once I finished with directions, I would follow with an explanation as to what we would be doing in the group.

Building the Method

This method was inspired by the Attachment, Regulation, and Competency (ARC) Framework (ARC Framework, 2016). ARC was co-developed by Kristine Kinniburgh and Margaret Blaustein and is a "flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregiving systems" (para 1). The first domain is attachment, which in the framework focuses on strengthening the caregiving system by enhancing supports, skills, and relational resources for adult caregivers. One of the goals of this method is to create a sense of community, which can happen with building empathy and relationships. This method was not implemented with any of the participants' family members; however, it supports this population in building healthy relationships in a therapeutic way. The second domain for the ARC framework is regulation, which focuses on building an awareness and understanding of feelings, thoughts, and behaviors, develop the ability to manage physiological and emotional experiences, and enhancing tolerance for and skill building relational connection. In comparison, a goal in this method is for the participants to identify using music as a coping skill, to understand the impact of music upon them, to know when to use music as a coping skill, and to acquire new music from their peers. Coping skills are a way to help in tolerating or understanding overwhelming emotions and music is an expressive way to do so. The third domain of the framework is competency, which is to increase resiliency and identity. In this method, group-cohesion is a goal to encourage resiliency by sharing personal music that these participants identify with. From obtaining group-cohesion

with this method, it is hoped that the participants begin to feel resiliency and motivation in wanting to overcome their stressors.

Method

Due to the large number of participants, the group was divided into two days where the group was held on Wednesdays and Fridays. In the beginning of the week, the participants were given a sign-up sheet directing them to choose two songs that make them feel hopeful and good inside. This sheet stated that each person would only share one song but they were directed to choose two just in case one of the two was inappropriate. I verbally explained to the participants that the songs could have swears as long as they were not inappropriate and disrespectful. On the sheet there was a section on the left where a participant could write their name and then to the right was a box to write the title and artist of the songs. I collected this sheet at the end of the day so I could monitor the songs for appropriateness. If both songs were inappropriate, I would approach them on the following day to explain why the songs were not appropriate for the group and if they have another choice. If a participant decided not to share a song or for some reason did not have a song I encouraged them to share different coping skills that help them when they feel overwhelmed. For the group I brought with me a worksheet I created to organize the results, the lists of songs the participants gave me, my cell phone to access Spotify to play the songs, speakers, and blank paper and writing utensils for the participants. The participants were directed to write down any words, phrases, feelings, images, and/or memories that came up for them while listening to each song. Once the song ended, the person who was sharing the song would talk about it. I would ask them to tell me about the song. During this time, I looked for information as to why they chose the song, whether it was because of the lyrics or the way it sounded or if it was attached to a person, place, or memory. Once they finished I asked them the

first time they had heard the song and what it felt like listening to it for the first time. Depending on their answer I would follow with asking if there was a difference in their feelings now in comparison to the first time they heard the song. The last question I would ask was when they reach for and listen to the song. Once the person who was sharing was finished, the discussion would open up to the group to talk about what they had wrote.

Collecting Results

I recorded what was said in the group by taking notes. This sheet would state the participant's name, song title, and artist. There was space for me to write the sharing participant's response and the group's response. For the participant's response, the sheet had the questions I asked but abbreviated: why this song, when first heard, when you listen. As for the group's response, I had a blank space that was labeled *group discussion*. If any thoughts or surprises occurred during the group I would write along the margin of the sheet, which could contain my response to the song, the participant who shared, or the group.

Results

Choice Themes

Participants were asked why they are sharing the song they chose. There were four common themes in song selection: resilience, relatability, remembrance of a happy memory, and emotional release and expression. Across the board every participant expressed that they felt connected to their song. Some of the topics discussed when the participants were explaining their song choice included, grieving people who have passed or grieving past relationships, suicide attempts either by themselves or by others they care about, sexual and physical abuse, self harm, people in their lives struggling with addiction, and any connections to their mental health. These topics contained different environments and people, such as school, home, in public, with family, friends, and by themselves.

Coping Skill Themes

Participants were asked to share with the group as to when they listen to the song that they have shared. This was for the person sharing and the group to gain more insight as to using music as a coping skill rather than a distraction them from their stressors. The most common answer that the participants gave was that they listen to these songs whenever they have an increase in symptoms of depression, anxiety, PTSD, and psychosis. These symptoms consisted of feelings of rejection, overwhelmed, guilty, less confident, sad, hopeful, lonely, despair, angry, and being misunderstood. Those who expressed that they reached for their music when their PTSD and psychosis symptoms increased said they use the music to drown out the voices or to help pull them out of their flashbacks. For those struggling with depression and anxiety said they used the music to work through their feelings. For example, someone who is sad or depressed would listen to a sad song to help release any bottled feelings. A smaller portion of

the participants said they listen to their song all the time and did not specify further. Table 1 lists the songs that were shared in the groups. One example of music being used as a coping skill for one participant shared the song "Titanium" by David Guetta (Furler, Guetta, Tuinfort, & van de Wall, 2011). The participant shared this song because it always reminds her to keep moving forward and to be resilient. She shared with the group that when she was younger she was homeless with her mother and siblings, that a young boy sexually assaulted her, that she was bullied, and that she had not seen her mother or siblings in years, due to her father taking custody of her. From sharing this song she expressed feelings of sadness, anxiety, and anger, and that the song helps her processes all of these overwhelming emotions.

Table 1

Song Sharing List

Song Title	**Artist**
¼	Circus P
1-800-273-8255	Logic ft. Alessia Cara, Khalid
Addict with a Pen	Twenty-One Pilots
Angel with a Shotgun	The Cab
Another Way Out	Hollywood Undead
Blackbird	India Jean-Jacques
Black Dog	Led Zeppelin
Cake	Melanie Martinez
Car Radio	Twenty-One Pilots
Certain Things	James Arthur
Freeze Your Brain	Heathers
How Could You Leave Us	NF
In a Perfect World	Phora
In the Blood	John Mayer
Miss You	Bo En
One Shot of Whiskey	Ron Pope
River	Eminem ft. Ed Sheeran
Rise Up	Andra Day
Silent Scream	Anna Blue
Smile	PnB Rock
Till It Happens To You	Lady Gaga
Titanium	David Guetta ft. Sia
Welcome to the Black Parade	My Chemical Romance

Note. See the Appendix for full citations.

Group Responses

For the most part the participants that were listening and writing down their reactions to other people's songs shared what they had written down. However, there were some groups that had a difficult time participating and sharing their thoughts on each song. For the groups that were able to share and felt comfortable sharing, there were interesting conversations connected to the sharer's reason for the song choice. Some participants shared any words or phrases that stood out to them in the songs and were able to give insight as to how it related to them. Also, many participants openly talked about their past trauma.

One of the most extraordinary group conversations was when one participant shared the song "Smile" by PnB Rock (Allen, Schindler, Abacan, Norris, & Tucker, 2017). The participant explained that the song reminded her of past friends and her cousin who passed away. The song talks about the loss of a relationship and how the rapper misses that person's smile. This participant explained how she missed the relationships she used to have with her old friends and that she missed seeing her cousin's smile. She explained further that she listens to the song at least three times a day. This sparked a conversation about grieving people who have died and people who are not in their lives anymore but are not necessarily dead. Some of the responses mentioned close friends who have passed, a parent who had committed suicide, and a sibling who had passed away. The participant who mentioned his sister who passed away had high anxiety in social settings, which was one of the reasons for his admissions. During this group, it was a large milestone for him to share something so personal with the group. This was also the only voluntary comment he had made as a member of the group.

Outliers

There were only two participants, in separate groups, who chose not to share a song. Both, however, explained that they do not use music as a coping skill, nor do they view it as something that could cause them to feel hopeful. One was the boy who engaged in the conversation about his sister's death. He had explained that he listens to music as background noise when playing videogames or spending time with friends. As a substitute for the song, I encouraged him to share with the group different coping skills worked for him. He was able to share with the group about how he plays videogames, talks with his friends, and uses sensory soothers to calm him down. The other participant that did not want to share a song, did not explain why. I had asked her if she would be comfortable sharing coping skills help her throughout the day and she refused to share that as well.

There was only one participant that volunteered to share both songs, separately between the two days. This participant explained that he thoroughly enjoyed the group because music was the only way that he could express himself. He explained that if it was possible to create a playlist of his life that he could do it. The two songs he shared were different in themes and he had talked about two different stressors in his life.

There was also only one participant that shared a song just because they liked the song and explained that the song was not connected to any emotions. She shared the song "Black Dog" by Led Zeppelin (Jones, Page, & Plant, 1971) and said that it is her favorite song and she listens to it whenever she can. Although this song to her was not connected to any emotion or personal memories, it started a conversation about parents due to its popularity in the '70s. Many of the participants in the group talked about how it reminded them of their father or mother because they listened to the song. Some of these memories were happy ones and some

were not so happy. Some connected the song to past traumas or to the death of one of their parents. One participant shared that the song reminded her of her father who passed away a few years ago and that she plans on getting a tattoo of a Led Zeppelin album cover because her Dad had that specific tattoo.

Goals

The goals for this group were to create a sense of community, identify using music as a coping skill, and build group-cohesion to encourage resilience. The participants reported that music could help them express, process, and reduce overwhelming emotions. Through sharing songs, the participants were able to freely talk about intense traumas, feelings, thoughts, and past behaviors. If I had explicitly asked any of these participants to share their trauma history, some of them would probably not be comfortable doing so. However, with the support of the group and the help of the songs as an expressive tool the group was able to share these stories, events, and overwhelming symptoms.

Discussion

The outcomes of this method suggest a positive impact on adolescents when sharing personal music. When the group was finished, the participants wanted to continue with listening to music and sharing music with each other. This method intended to provide intense music therapy for a short duration of time and, based on the positive outcomes, it has done so. It was also intended to provide easy modulation of a coping skill into their environment, which is why the site's playlist on Spotify (2018) was created. This paper makes a contribution to the field of music therapy by furthering the process of finding interventions for acute adolescents that are in short term treatment. It contributes and supports to the conversation of the need in creating different methods for this population and short-term therapy (Carruthers, 2014; Schuman et al., 2016). This will also be an addition to the conversation on music therapy in the mental health field (Eyre & Lee, 2015).

Limitations

In general the groups went well, however, there were moments when the participants did not participate in the group discussion, which seemed to be based on their mood. There were some participants that would sleep during the group. Attendance was consistent where all of the clients in the building would be present, however, there were times where clients were not in the building but signed up for the group. CBAT clients are allowed to spend time during the day out of the building with family and friends. There were different situations where clients were unable to share their song because they were out of the building. This lack of attendance was not because the client did not want to attend, it was because going out into their community was a part of their treatment. Being able to function outside of the program is critical and one way to observe how the clients function in their community is to allow the clients to spend time with

family and friends. Due to the safety of the clients being a priority, organizing days to implement this method was difficult. There were weeks that I was unable to implement the method due to the facility needing me to help when there is a crisis situation, if an intake was scheduled, or if a family meeting was scheduled. There lacked privacy for the group because the groups were held in an open space, which was due to a lack of private rooms. Majority of the participants were female with a small sample of males, transgender, and non-conforming participants. Majority of the participants were white with a small portion of varying ethnicities.

Future Research

Future studies should consider having participants from diverse cultures. It would also help facilitating the groups in a private room where the participants can have a safe space to express themselves. I encourage music therapists to use this method with other populations and attempt to implement it. This could advance the study on this method with other populations and with treatments with different longevity (i.e. outpatient therapy). Surveys created to measure the benefit of the Spotify (2018) account would benefit in future studies to see if any of the participants used the playlist once they left the program and if it supported their use of music as a coping skill.

Conclusion

I have learned a vast amount from implementing this method at my site. I have gained information as to where participants came from and where they aspire to be once they move on from the program. The groups that I have facilitated have opened my eyes to as to understanding each individual that attended the group. I hear referrals for potential clients every morning at my site but reading from a clinical lens only reveals so much about what a person is going through. As well as simply talking to an individual only discloses so much information. In the groups, I

have witnessed the participants empathizing with one another and gain insight as to what they have going on or what they are bringing to the group.

As I continue my journey as a professional I will look back on this experience with pride and fondness. I feel that I have grown close with the individuals that attended my groups and will carry them with me as inspiration moving forward. I will be ending my internship at this site in May 2018 and will begin my search to start my career. I hope to use this method with the next population I work with.

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Appendix

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