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Finding Harmony in Health for Treating Addiction: Support for Women in Recovery Through Music Therapy

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FINDING HARMONY IN HEALTH FOR TREATING ADDICTION:

Support for Women in Recovery Through Music Therapy

Molly Rea (*Music Therapy*)

STUDENT AUTHOR BIO SKETCH

Molly Rea is a senior music therapy student at Purdue University who is minoring in psychology and holds a degree from Ivy Tech Community College. She has gained clinical experience over the past three years by bringing music therapy to individual, nursing home, hospital, and group rehabilitation settings. She aspires to open and manage an integrative, holistic health care clinic to address the needs of individuals living in disadvantaged communities where mental health resources are scarce. Her passion lies in mental health awareness, and she hopes to address conditions such as depression, anxiety, and addiction, and suicide prevention during the course of her career. In fall 2018 she completed her music therapy practicum at the YWCA of Northeast Indiana providing services to women in recovery. Through this experience, women demonstrated interest in learning how to play an instrument, which inspired her current volunteer work leading a weekly ukulele class. In this article, she describes the new relationship between the YWCA of northeast Indiana and the Purdue University Fort Wayne music therapy program.

INTRODUCTION

The Music Therapy program at Purdue University Fort Wayne is the leading undergraduate music therapy degree in a public university in Indiana and is ranked in the top 20 nationally. Music therapists aim to improve the physical, mental, social, and spiritual health of their clients by providing therapeutic music experiences and supportive relationships during treatment. Dr. Kenneth Bruscia, Professor Emeritus of Music Therapy at Temple University and a leader in the field, defines music therapy as “a reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change” (2014, p. 36). Music is utilized as a form of communication, an outlet for expression, a means for self-reflection, and a highly powerful medium to foster personal growth and healing.

Training in music therapy requires four years of undergraduate-level coursework in core music classes, performance studies, English, math, social and behavioral sciences, biology, psychology, and physiology. Students are also required to complete 1,200 hours of fieldwork in an approved internship setting before sitting to pass a board certification exam.

Incorporated in the music therapy curriculum at PFW are four semesters of clinical practicum experience. Music therapy students are assigned clinical placements working with individuals or groups in various health care facilities around the Fort Wayne community as well as in our own university Music Therapy Clinic in Dolnick Hall, the only on-campus working clinic in a state university in Indiana. Through these clinical practicum experiences, students can then apply the skills they are learning in the classroom to real world situations in a clinical setting. The practicum schedule

is designed so that students gain experience in working with individuals with disabilities, older adults, special education classrooms, rehabilitation, medical, and mental health settings.

As part of my undergraduate training in music therapy, I have had the privilege of working with a young child with Down syndrome, a group of elderly adults at a local nursing home, children and families at Lutheran Children’s Hospital, and women in an addiction recovery program at the YWCA of Northeast Indiana. I feel honored to do this work and truly feel that it is my calling to help others with my musical abilities. In particular, working with the women at the YWCA has elicited immense gratitude in me, because I have seen addiction take the lives of some of my closest friends and loved ones. Because of my personal connection to this health crisis and witnessing the damage addiction causes, I was excited that my fourth practicum placement was centered on addiction services and other mental-health-related issues.

People across the nation are struggling with the opioid crisis. According to the National Survey on Drug Use and Health, “In 2016, an estimated 11.8 million people misused opioids in the past year . . . and approximately 20.1 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year” (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017, pp. 5–6). Additionally, SAMHSA reports that approximately 8.9 million Americans aged 8 years and older are dually diagnosed with SUDs and mental illnesses. In a 2009 publication, the National Institute on Drug Abuse assessed that people with addictions battling SUDs are two times more likely than those in the general population to be afflicted with mental illness (Bartkowski, Diestelkamp, Gardstrom, & Willenbrink, 2013, p. 116). For individuals with dual diagnosis of SUDs and mental illness, higher rates of homelessness, incarceration, hospitalizations, relapse, and lowered quality of life are sadly common. This widespread health issue does not discriminate and has directly affected Indiana communities, including Allen County. According to Addiction Center, an informational community composed of addiction counselors, therapists, and treatment advocates, “Between January and July of 2017, Fort Wayne reported 740 overdoses. In 2016, there were only 365 overdoses” (Juergens, 2018). This problem has more than doubled in the last year alone and is creating a devastating impact in our community. Here lies the need for this complex and lethal health problem to be addressed in new and resourceful ways.

I am passionate about making a difference in the future of those who struggle with drug and alcohol addiction. The objective of this article is to describe my first experience providing music therapy services to women in recovery. In doing so, my faculty supervisor Dr. Eileen Garwood and I introduced the YWCA to the benefits of music therapy, and exposed the women to a creative form of self-expression, empowerment, and healthy coping.

DESCRIPTION

The YWCA of Northeast Indiana is an organization with a vision to empower individuals, support families, and unite communities. Their mission statement boldly affirms their dedication to eliminate racism, empower women, and promote peace, justice, freedom, and dignity for all. The YWCA serves women and families in need and provides services in addiction recovery, domestic violence, and sexual assault, as well as programming such as Dress for Success and other community engagement endeavors.

Addiction recovery services have been in place through the YWCA since 1976 with single women receiving care at Hope House and women with children and families

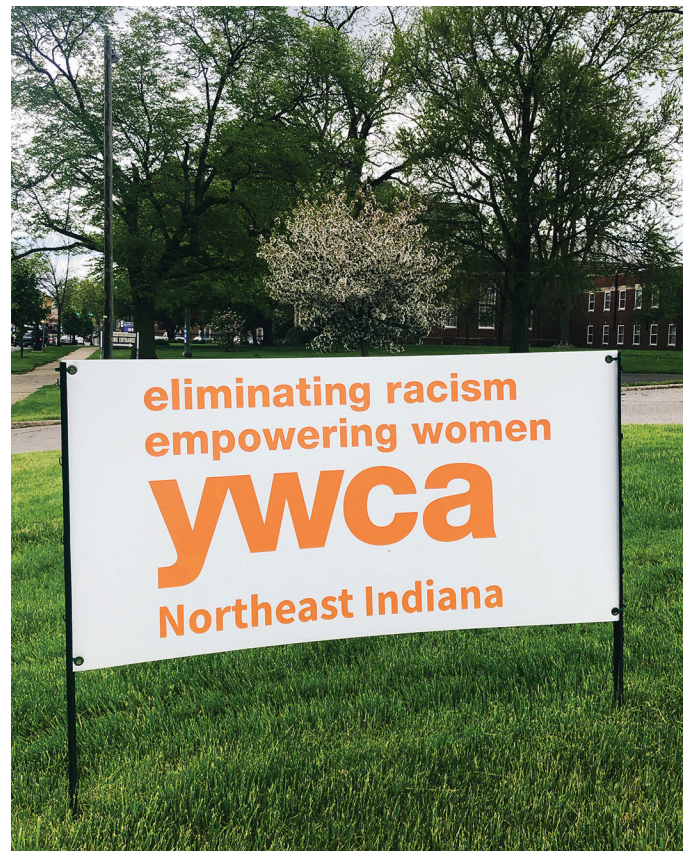


Figure 1. The YWCA logo and mission statement.

being placed at Harriet House. These services are residential, transitional programs aimed to help women rebuild their identities and reunify their families, complete 12-step programs, find and sustain employment, and secure affordable housing. Many of the women are actively working with the Department of Child Services to reunite with their children. The YWCA provides services through a holistic approach that addresses mental, physical, emotional, and spiritual wellness. Women receive one-on-one case management, skills groups, parental coaching, personalized counseling services, daily meditation and mindfulness, yoga and exercise, nutritional coaching, and music therapy. Mandatory groups in place at the YWCA focus on reestablishing healthy family relationships, improving parenting skills, and educating and supporting women through their recovery. These groups aim to create a sense of unity and belonging through experiences that help women feel included, connected, and less isolated. While it is the woman's responsibility and ultimate say in when she is ready to tackle her addiction, the group support truly plays an important part in that journey. The purpose in providing music therapy groups to women at the YWCA is to help them feel empowered, provide a healthy outlet for self-expression, and foster the use of music as a healthy coping skill that can be utilized throughout their recovery journey.

In fall 2018, I was introduced to the Harriet House program, designed for women who have children, as my final clinical practicum experience. This was in partial fulfillment of my undergraduate degree in music therapy. This particular placement was an exciting opportunity because of my interest in mental health services, specifically that of addiction and recovery. This newly established clinical placement at the YWCA is the first



Figure 2. Harriet House is a residential and transitional program for women receiving support services for drug and alcohol addiction. Women live in apartments at Harriet House and groups take place in the basement of the facility.



Figure 3: Hope House is an intensive residential program designed for single women without children. Clients stay for an average of 6–9 months working through a tiered program with the goal of reunifying with children, family, and friends, and achieving self-sufficiency.

practicum opportunity for Purdue music therapy students to actively engage in working with individuals receiving support services for drug and alcohol addiction.

The formation of a working relationship between the YWCA of Northeast Indiana and the music therapy program at PFW is groundbreaking and has opened doorways for so many. Serving two facilities for the countless women and families working to improve their lives, health, and well-being, and bringing change through the means of music therapy is an opportunity that paves the way for future students and community citizens in need.

There are four distinct methods used in music therapy that work to address the various needs of women in the program: receptive, re-creative, improvisation, and composition. Each unique method has its own therapeutic potential and implications that can be adapted and formed to best suit the needs of a client or a group.

In receptive music experiences, clients listen to recorded or live music. Receptive experiences can provide opportunity for relaxation, exploration of thoughts and ideas, connection to a community or group, or stimulation of spiritual insight and growth. An example of a receptive experience in music therapy could be a song discussion. Susan C. Gardstrom, PhD, MT-BC, is an active clinician and leading music therapist in the field who specializes her work around addiction services for women. She explains that “while women are physically present, they are emotionally disconnected—turned off, numb, and simply unable to express. Nonetheless, they are waiting

to come back to life—to feel again. Song listening and discussion can invite this process.” (Carlini, Gardstrom, Josefczyk, & Love, 2013, p. 100). Song discussion can be a stepping stone in which a woman finds the courage to disclose her inner thoughts and personal struggles.

Re-creative experiences or the re-creating of a piece of existing music, such as singing a meaningful song, can help clients experience and release feelings within a safe and appropriate medium, improve attention and memory skills, and promote identification of empathy with self and others. Favorite re-creative experiences of group members I was working with were singing “Unwritten” by Natasha Bedingfield and “Alive” by Sia. The lyrics resonated with their personal experiences, and the act of singing together as a unified group let the women feel less alone and isolated in their individual recovery journeys.

Improvisation is the creation of music that is extemporaneous and that occurs organically. By improvising with instruments or singing, clients can increase self-expression, explore difficult emotions, and work through these emotions musically. Improvisation is a safe way to strengthen group bonds by using musical facilitation techniques such as empathy, intimacy, and reflection (Carlini et al., 2013, p. 99). Every woman is accepted for whatever is contributed because they are respected for the inherent value they each add to the community of the group.

The last method is composition, in which clients create music such as an original song or instrumental piece. The benefits of composition include promoting self-expression and developing organization of thoughts and feelings while creating a structure in which they can be shared with others. Carlini et al. state, “Songwriting is a way for women to put damaged pieces of their lives back together again, giving them capacity for power and change. It offers a chance for them to be in control, to make choices and tell their own stories, which is part of the healing process” (2013, p. 101). The challenge of writing is daunting for many women because they have to draw upon their personal lives and also risk exposing their inner thoughts and feelings, not only to themselves, but to other group members. The results of self-reflection and self-empowerment are the vehicles that drive transformative change in their lives. In my personal experience, when a woman during group shared something difficult, traumatic, or downright heartbreaking, the other group members always rose to the occasion to show compassion, love, and respect for the woman who shared. The sense of unity and support in the group was astounding in those very vulnerable moments.

One experience the women did really well with was creating their own lyrics to the song “Bad Moon Rising” by Creedence Clearwater Revival. In music therapy, this technique is sometimes called song parody. The music from the original tune remains, but the lyrics get rewritten and transformed to attain personal meaning and substance from group members. The idea of writing a song came about based on the practice of using a chant originally written by Susan Gardstrom at the beginning of session to check in with the women. Music therapy students leading group went around the circle and checked in with each individual to see how they were doing emotionally and/or internally and then used their responses in a chant: *[(____) in this moment, (____) in this day, (____) in this lifetime is the only way. But you have the power, I have it too. You have the power to make (____) come true.]* This became a regular session starter because it allowed every person in the room to be recognized, heard, valued, and seen. By combining every individual’s responses as a whole in the form of a chant, the group was strengthened, encouraged, and supported musically. As a final project with this group, student music therapists wanted to be able to leave the women with a message of positivity and encouragement, as well as find a way to give them something permanent they could visit and reflect on as a final expression of what group therapy meant to them. The end result of this was an amazing song production using their own thoughts, ideas, and words about recovery, and a published recording of their work on YouTube. Through this process, the women collaborated, demonstrated leadership, supported one another’s ideas, and ultimately created something they will be able to look back on forever as a positive memory of their time in recovery.

Music therapy sessions at the YWCA Harriet House typically consisted of a group of five to eight women between the ages of 20 and 40. Sessions lasted one hour and were a mandatory group for women to attend. All of the women in this program have children, and there would be occasions when the children were present as well. Each woman being served by the YWCA comes to the program with her own idiosyncratic risk factors, be that physiological and/or biological in nature, or psychological and psychosocial. Women are already at higher risk for psychiatric disorders, and when coupling that with the existence of an SUD, personal snapshots of health and wellness can be highly complex when they first arrive.

A major struggle that must be kept in mind when working in addiction support services is that many of the individuals seeking treatment have a history of trauma. It is a very strong precursor for problems like addiction.

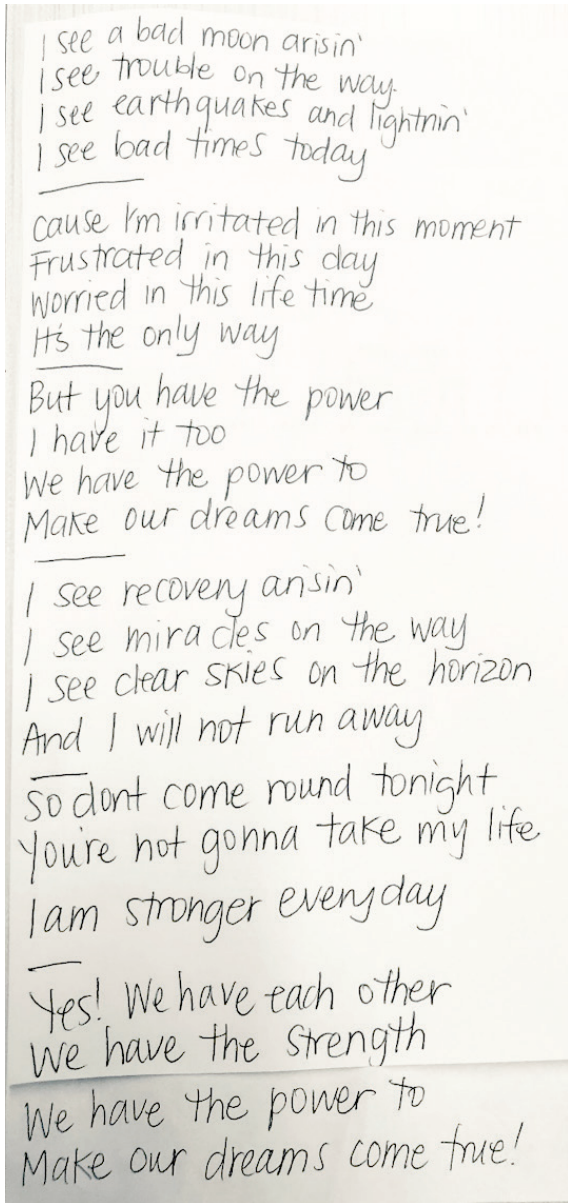


Figure 4. The lyrics to “Recovery Arisin.” This was a group project that took place over multiple sessions. They rewrote lyrics and recorded the song together, and their final product can be found on YouTube.

In 2007, Hyman, Paliwal, and Sinha reported that “the prevalence of self-reported exposure to traumatic life events is significantly higher among addicts than the general population and greater for women than men in both inpatient and outpatient treatment settings” (as cited by Carlini et al., 2013, p. 97). The report goes on to state that “70% of women in treatment for addiction have been sexually abused, as compared to 12% of men, and around 66% to 90% of women in treatment report trauma such as domestic violence, early childhood assault, and the loss of their own child.” These risk factors increase the chance of relapse and decrease a woman’s self-efficacy, an individual’s belief in his or her

own ability to overcome adversity. This is the primary reason that safety must be a critical concern and clinical posture for professionals working with vulnerable clients. Creating a safe environment and therapeutic space, both a physical and emotional construct, is of absolute importance.

When I made my initial visits to lead music therapy groups, I was met with some resistance and women were asking things such as, “How long do we have to be here?” and “Is this mandatory?” There was a felt uncertainty that emanated from these women. This was evidenced in their body language with crossed arms and a closed-off demeanor, as well as a lack of eye contact and verbal communication. Not only had they been forced to come, but they had never met me or my supervisor, or even heard about what music therapy was. We spent the first session explaining the purpose for the use of music therapy in recovery and educating them on what they could come to expect, but it was evident they still were not very sure of what I really had to offer them. It was clear to me after the first two sessions that I needed to work on building rapport, a close trusted relationship of mutual understanding and agreement with these women.

Building the therapeutic relationship in order to gain their trust was a critical component for them to fully engage in the treatment process. In order to do this, I began sessions with a verbal check-in to provide an opportunity for each woman to feel heard and express where they were at in the moment. This gave me important information that steered my clinical decision making for the remainder of the session. Without taking those few moments to truly get a better understanding of what was happening with the group members physically and emotionally, I would run the risk of introducing a music experience that might be triggering and contraindicative. The aim is to always bring beneficence to sessions, causing more good than harm, and the easiest way to make sure I was accomplishing that was to listen to what the women had to say in those verbal check-ins, and really hear them. My philosophy in music therapy takes a person-centered approach in which the client plays an equal role in deciding what we accomplish in music therapy for that day. Their input mattered as much as my clinical judgment, and this was an extremely important element that aided in their sense of empowerment and helped me gain their trust. After only a few sessions, my group was running overtime and the same women asking the previous questions were now responding with statements such as, “Do we have to leave?” and “I wasn’t very sure about this, but it was actually really helpful.”

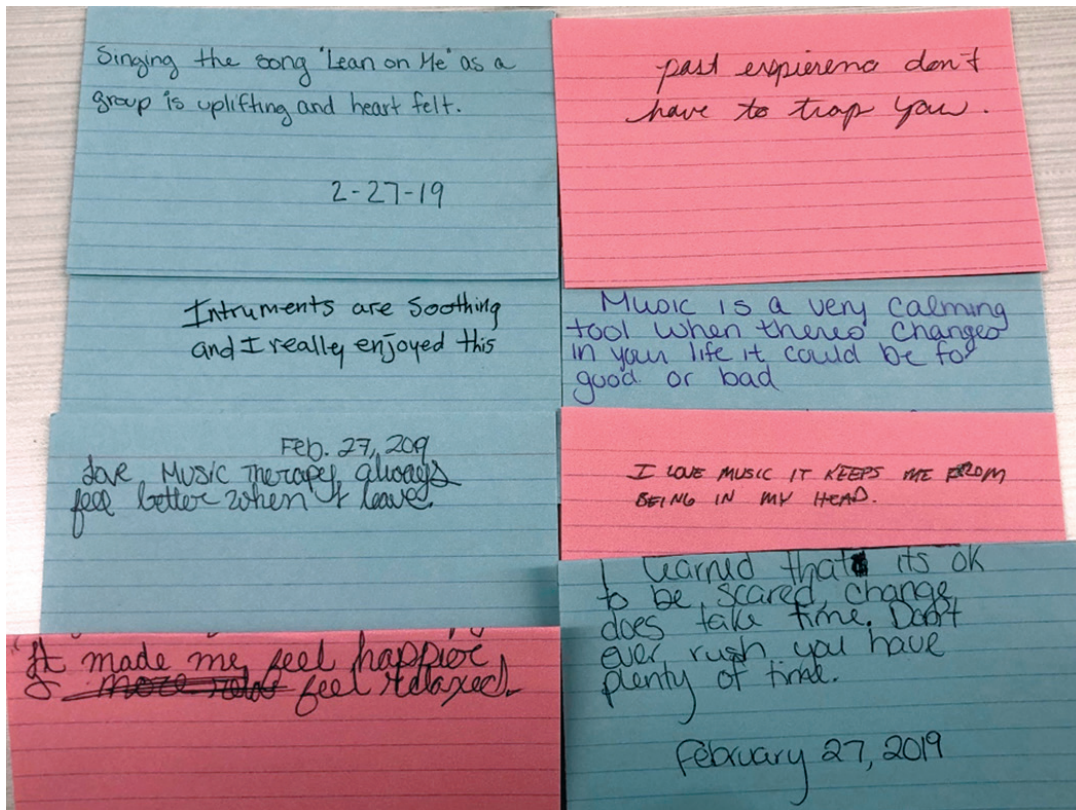


Figure 5. Personal statements made by women about music therapy and what it meant to them. Column 1 top to bottom: *Singing the song 'Lean on Me' as a group is uplifting and heartfelt // Instruments are soothing and I really enjoyed this // Love music therapy, always feel better when I leave // It made me feel happier and feel relaxed.* Column 2 top to bottom: *Past experiences don't have to trap you // Music is a very calming tool when there's changes in your life, it could be for good or bad // I love music—it keeps me from being in my head // I learned that it's okay to be scared, change does take time. Don't rush you have plenty of time.*



Figure 6. Here I am working on practicing new chord progressions and different types of strum patterns with one of the women who wanted to learn how to play ukulele. We always selected songs from their favorite bands and artists, and this encouraged their willingness to learn.

There were other struggles to be overcome throughout the therapeutic process as well, and also some struggles inherent in the structure of care being provided. One limitation I found was that sometimes during sessions, women would come late and/or leave early. In the same vein, when I arrived to group weekly, it was never the same group of women twice. With every session having a new group makeup, the group dynamic naturally changed, and that may have played a part in the way that women chose to share and participate, either actively or passively. It is important to note also that I had limited information about these women. What they chose to share was the framework of my knowledge, and I was not made aware of any of the prescription medications they were taking or any other relevant personal health histories prior to working with them. Some women were more symptomatic than others and verbally expressed some of their troubles navigating those waters, specifically the physical effects such as feeling tired, worn out, and withdrawn. Medication will not always mitigate the symptoms of a mental illness and/or addiction, and while cravings may subside with some pharmaceutical interventions, they do not take care of the addiction completely. Addiction is a much more complex issue than that, and while medication certainly helps for some, it is not the cure-all solution because attempting to correct a chemical dependency with another chemical substance alone, albeit legal, will not address deeper rooted issues such as family history and negative psychosocial environment.

Many music experiences were receptive and entailed me playing guitar and singing songs requested by the women that had lyrical content relating to recovery and other topics such as parenting, empowerment, and self-esteem. The purpose was not for entertainment, but for working diligently at going deeper than surface level. We discussed song lyrics and how the women related to the words and music. These song discussions brought forth important information about the women and led into more in-depth conversation and emotional processing of life events. Social support through these music experiences was critical and especially important because it extended farther than verbal discourse and ultimately created a sense of unity and connectedness throughout the group. Each woman's story is very much her own, but the unified goal of recovery and the objective of sobriety is the group's common thread, and that helped tie connecting pieces of every woman's story together as a whole effort.

One session in particular was very powerful for women in the group. A woman requested the song "That's My

Job" by Conway Twitty, which led into a discussion about parenting. Many women identified with their desire to become better mothers, but for the woman who requested the song, it took on a completely different meaning. It reminded her of her own father, as this was a favorite song of his that he used to play for her when she was young. She had recently lost him to a battle with cancer only a few days prior to the session. This woman came to group very reserved, quiet, and stoic, and she seemed reluctant to share experiences about her life with the rest of the group. After listening to the song, she openly shared her grief and was immediately met with support from other group members. The song was transformative for this woman as she was actively grieving and served as a doorway for her to share with others. The music provided a sort of container for her to actually feel her feelings, which were usually deadened by the use of drugs and alcohol, and rather than suppress them in a typical fashion, she was able to express her feelings of grief and heartbreak in a safe and supportive way. She was able to explore her relationship with her father and honor his life by playing one of his favorite songs. This music experience displayed the power that one song held for an individual and the potential for the song to be used as a form of healthy coping, as opposed to leaning on old habits and addictive tendencies.

One unintended outcome of therapy sessions was a request from the women to learn how to play an instrument. They expressed wanting to learn ukulele, and so my clinical supervisor and I began brainstorming ways to incorporate therapeutic music lessons. The Music Therapy Club at Purdue University Fort Wayne discussed ways to fundraise money so that we could purchase ukuleles that could be kept on-site at Harriet House. The result of this was a spontaneous and generous donation of six ukuleles and cases that came almost miraculously only days later from an anonymous patron. With the resources in place, we started the ukulele project in spring 2019 as a separate volunteer experience that I could lead. The ukulele group occurs weekly and is a supplement to the continuing music therapy services being provided by two other music therapy students. I plan to continue volunteering weekly, even after the spring semester ends at Purdue, through the summer with the ukulele project and a music-based relaxation program as well.

COMMUNITY IMPACT

Music therapy services in Fort Wayne are provided by board-certified music therapists who work primarily with individuals with intellectual and developmental



Figure 7. The donated ukuleles from a generous anonymous patron of the music therapy program at PFW.

disabilities. This is due to the ease of funding, as these services are reimbursed through the Medicaid Waiver Program. Largely due to the fact that music therapy is a new and growing field, it is difficult to obtain third-party reimbursement through insurance companies for other conditions such as life-threatening illnesses, physical rehabilitation, mental health, behavioral health, addictions, and more. For this reason, there is a need to educate mental health and community agencies in Fort Wayne about music therapy and its benefits. If we can expand and explore novel reimbursement opportunities, we can then provide services to others that are in need outside of the scope of intellectual and developmental disabilities. Music therapy services should not be limited to the ease or difficulty of funding and reimbursement, and there is a definite need for more relationships to form like that of the one between the YWCA and the PFW Music Therapy Program.

The introduction of music therapy groups to the YWCA has an impact, not only on the lives of each individual woman seeking treatment, but also on their families and the greater Fort Wayne community. Beyond music



Figure 8. Purdue music therapy students interacting with children in the community during our Family Fun Night 2018. The music therapy program is always seeking ways to engage with and participate in community events.



Figure 9. Purdue music therapy students together in the Dolnick Clinic working on song production.

therapy groups for women battling SUDs at Harriet House, we also have established new practicum experiences for students to work with children who are in the crisis shelter at the YWCA that serves victims of domestic violence as well as with refugee families at

Hope House. The relationship between the YWCA and PFW is mutually rewarding in that students get clinical experience in a unique setting, and clients being served by the YWCA are receiving a treatment modality they would otherwise not have access to. Through the music, they are learning new ways of coping and how to better maintain their physical and mental health during their recovery. By seeking to improve their parenting skills through these programs and by regaining custody of their children, they are setting an example for their children to break the cycle of addiction.

The ukulele group is conducted in a traditional classroom format and allows the women to experience a learning environment that is both rewarding and enjoyable. This could potentially encourage furthered educational endeavors and could improve the women's quality of life if they decide to go back to school. Their increased skillset through learning a new instrument can be generalized to other areas and transfer beyond the learning experience in ways such as routine, practice, and perseverance. One woman has expressed gratitude for the ukulele lessons because when her father, also a musician, comes to visit on the weekends, they are able to make music together and bond in a new way. She expressed that only her brothers would play music with her father, and that she had not. This was the first time that they played music together, and she stated that the opportunity felt like a special first step in reestablishing a healthy relationship with her dad. This experience later led to her stating that she might even want to teach her children how to play ukulele as well.

Individual music therapy sessions provide a safe space for the women to address their personal issues, tackling more in-depth goals surrounding self-care, resiliency, and their path to recovery. The ukulele group provides a unique outlet by allowing the women to engage with music in more of a social context. The group provides a sense of community, teaches the women that they are capable of learning new skills, and increases their likelihood of using music as a healthy coping skill by encouraging music as recreation.

STUDENT IMPACT

My experience in bringing music therapy to women in addiction recovery was immensely rewarding. I was exposed to working with a unique client population with its own set of challenges and learning curves. This experience helped to prepare me for internship-level work with individuals and groups and challenged me to grow in my clinical decision making and musical skillsets. I

had the opportunity to establish lasting relationships with the women over the course of an entire year. I was able to really get a feel for how treatment would progress over the course of time in a professional music therapy setting for long-term care. I learned new ways to document data, collect qualitative and quantitative evidence for charting, implement treatment plans, and evaluate the success of myself and of the group. Being able to apply my clinical skills in a real-life setting helped me to foster a greater sense of purpose in my passion of music therapy in mental health and taught me a lot about myself as a future clinician.

Working with the women was extremely humbling, and I am grateful for their dedication and hard work during the course of the last year. They taught me patience, humility, and grace. They taught me how to be present, and what to do with those moments of presence in relationship to the women and to the therapeutic space. So often in music therapy, the music is just as important as the therapeutic relationship formed between therapist and client. Many times they would thank me for simply coming and just being there, and the gratitude was completely reciprocated on my end. I have sadly lost five friends to heroin addiction and opioid misuse and have seen many lives of those around me consumed by addiction and mental illness, and so the chance to fulfill a sense of purpose and do something I feel so passionately about by helping these women during their recovery meant more to me than any other practicum experience I have had.

Having the opportunity to work closely with my faculty supervisor allowed me to measure my success in executing my skills as a music therapist. I worked on skills such as developing healthy interpersonal relationships between myself and clients, improving responsivity to the intensity of situations, and implementing appropriate musical choices to foster growth in the lives of the women at the YWCA.

CONCLUSION

The demand for complementary health care services such as music therapy is growing in response to the opioid epidemic and rampant substance use disorder crisis. The importance of providing alternative treatments has been shown in the work with the women seeking sobriety at the YWCA of Northeast Indiana. Relationships such as the one between the YWCA and PFW need to be sought out and procured for other mental health areas as well, such as depression, anxiety, and behavioral disorders. Due to the significant issues with music therapy

reimbursement for providing professional services, it remains a challenge to provide ongoing clinical practicum experiences for students, as agencies that serve these populations do not employ full-time music therapists. There is an absolute need to continue to educate and advocate at both state and national levels to support creative arts therapists and the clients they serve.

The experiences I was able to have through my practicum and volunteer work with music therapy sessions and the ukulele lessons provided me ample room for personal and professional growth and self-learning. This experiential learning will directly impact my future work as a music therapist in my hopes of reaching people in their journey toward wellness through music. I have lived through the accumulation of my life experiences, and they have shaped me personally and professionally—experiences such as the death of a close loved one to suicide, the loss of many friends to heroin, the struggle of alcoholism in relatives, and my own walk with mental health. These things and what comprises my life mosaic all add up to my dream of hoping to help others, those who have been in my shoes, or who have suffered in ways that I can understand and relate to, or who may just need someone to share a silent space with. These people and these events are the reasons I look forward to my professional career as a music therapist. I will continue in my profession to advocate for the helpless, speak for the voiceless, and care for anyone who is in need, and it will be the greatest joy in my life to know that I have given back and found a way to help by using my music and my compassion for the greater good.

REFERENCES

Bartkowski, J., Diestelkamp, W. S., Gardstrom, S. C., & Willenbrink, J. (2013). The impact of group music therapy on negative affect of people with co-occurring substance use disorders and mental illnesses. *Music Therapy Perspectives, 31*(2), 116–126.

Bruscia, K. (2014). *Defining music therapy* (3rd ed.). University Park, IL: Barcelona.

Carlini, M., Gardstrom, S. C., Josefczyk, J., & Love, A. (2013). Women with addictions: Music therapy clinical postures and interventions. *Music Therapy Perspectives, 31*(2), 95–104.

Jeurgens, J. (2018). *Drug and alcohol addiction in Fort Wayne*. Retrieved from <https://www.addictioncenter.com/rehabs/indiana/fort-wayne>

Substance Abuse and Mental Health Services Administration. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 national survey on drug use and health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

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