Music:
A Common Denominator With Youth

by

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As a clinical psychologist and certified addictions counselor who has been in practice in one manner or another since 1983, it has become painfully obvious to me that almost all of my colleagues have little to no knowledge of the possible therapeutic applications of music with adolescents and/or young adults. To an even more bottom–line level concern, most of us are not even taught the basics of performing therapy with this population while in graduate school. In most academic classes on development, psychopathology, or therapy techniques, teens are either lumped inappropriately into the categories of children or of adults; however, rarely are they discussed as a separate developmental entity entire of themselves. If they are discussed at all, the most frequent message any of us gets is that teens are often "resistant" and "difficult" individuals with whom to work. It is little wonder, therefore, why there is a dearth of clinicians willing to work with this population. Most of those who do work with adolescents often only do so either as a source of added income when they are in need of more revenue or as a courtesy to some desperate adult patient or referral source. It is rare to find a clinician who actually seeks out and enjoys this population for all the beauty, wonder, and potential that adolescents provide for the individual who is open and willing enough to receive them. Further, a majority of future psychologists appear to have been asleep during the graduate lectures in the dreaded "History and Systems of Psychology" class when individuals such as William James, Plato, and Hippocrates were discussed (all of whom believed in and strongly advocated music as a spiritual and healing force).

Having been a musician long before becoming a psychologist or addictions professional, I have always considered myself an "artist" first and foremost, an iconoclast second, and a "scientist" last. It has, therefore, been my incredible blessing to work with teens and young adults as my primary population of choice for their incredible energy, grow potential, and creative challenge.

Because of their special needs and complex issues (first among these, from a therapeutic stance, being the need to establish trust and rapport with the teen), I have long abandoned the irrational notion of performing therapy in a "traditional" manner or in the way that I perform therapy with adults. In order better reach them, I have extensively investigated and experimented with a plethora of techniques that synthesize my artistic, creative nature with my empirical, academic training as a mental health professional.

One of the results of this process has been the development of a new form of music-assisted therapy that significantly differs from the more common, traditional uses of music by academically trained music therapists or other mental health providers. Past applications involving either individual or group uses of music therapy (MT) have employed various forms of music (although almost always using instrumental and/or classical music) in order to alter such things as social behaviors, academic responses, schizophrenic behaviors, miscellaneous disruptive behaviors, geriatric patients' functioning, stress reactions, out-of-seat bus behaviors, and stereotypic behaviors. Although these MT-based programs have used the contingent application and/or removal of music to change immediate, short-term behaviors within specific settings, none have done so by directly influencing either the emotions or thoughts leading to more permanent self-enhancing behaviors that would also generalize to other relevant areas of the patients' functioning. Further, the following aspects have been conspicuously absent from these more common MT applications: (a) an organized approach in a packaged, sequenced, systematized, or programmed approach, (b) formalized approaches in any way, shape, or form, (c) using a combination of cognitive, behavioral, and affective resources, (d) applying the principles to a broad range of concerns to the specific target populations of adolescents, young adults, and/or families, (E) individualizing the techniques for each therapeutic setting and its particular population's concerns, (F) using a group-based approach that is equally adaptable to individuals, (G) combining prescribed and well-defined role play and social skills training exercises with the musical interventions, (H) possessing the ability to be used with a wide variety of therapeutic schools of thought.

This, then, is a musically-based program that uses a variety of therapeutic paradigms primarily in a group setting to help adolescents and young adults come to terms with the myriad of

issues facing them and their peers, friends, relationships, families, and primary caregivers (i.e., autonomy, identity, self-esteem, goal planning, problem solving, conflict resolution, communication patterns, relationships, existential concerns). With youth who are further challenged by Attention Deficit Hyperactivity Disorders (ADHD), Learning Disorders (LD), and/or mild forms of Developmental Delays/Disorders (DD), I have found this approach to work well. Since many of these individuals often have difficulties staying on task with more traditional psychotherapy activities, this therapeutic modality utilizes types of activities and skills that ADHD, LD, and DD youth often already possess (i.e., listening to popular music, operating in social groups, talking about their viewpoints on topics of importance to them with their peers). Since it is also a nonthreatening communication medium, it becomes a vehicle for the growth-enhancing, sociointerpersonal aspects so important to young people to be maximized through group unity, trust, cohesion, input, problem solving, and support. These tendencies, in turn, can generalize to other important arenas in the teens' existence making life more enhanced for them and those who interact with them.