Impact of Songwriting on Behavior of Adolescents With Suicidal Ideation in a Residential Psychiatric Setting: An Exploratory Study

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Abstract

This study addressed the lack of literature reflecting effective innovative programming suited to the needs of adolescents who suffer with severe suicidal ideation (SI) in residential treatment centers (RTC). Behavior, such as self-harm, determines admission to RTC and behavior, such as utilizing positive coping strategies, determines discharge from RTC. Studies show that adolescents responded positively to songwriting which is a creative, strength-based and trauma informed music therapy method (Rolvsjord, 2005). Songwriting offers choice, freedom, and structure (Davies, 2005; Derrington, 2005). It is an effective vehicle for processing emotions and thoughts associated with trauma (Crowe, 2007; Dalton & Krout, 2005; Gooding, 2008; Lindberg, 1995), and exploring new behaviors (Goldstein, 1990). This pre-experimental exploratory study examined the impact of songwriting on behavior of five participants ages 13-17 living in a residential treatment center in a psychiatric hospital who suffered from suicidal ideation. The study utilized a within-group comparison of data (the observed behavioral outcomes for each participant) with and without the songwriting intervention, using a site-specific protocol that identified unsafe behaviors as major violations (MV). The study showed mixed results; three participants’ MVs decreased, and two participants’ MVs initially increased then decreased during six songwriting sessions. Participants wrote individual songs reflecting personal struggles and strengths, while drawing on group support and feedback. Coping tools identified from the songwriting process may have had a positive impact on behavioral change. Recommendations for continued research include qualitative and mixed methods studies examining multiple benefits of songwriting as a vehicle for coping with trauma, challenging thoughts and emotions, and exploring links to behavioral change.
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Introduction

Background

Rising numbers of adolescents in the United States today face significant mental health issues yet are gravely underserved. In 2013, one out of six high school students had seriously considered attempting suicide in the previous 12 months (Centers for Disease Control, 2013). Suicide is the second leading cause of death in 10- to 24-year-olds. Nevertheless, adolescents with suicidal ideation (SI) rarely receive the health services they need. Screening, detection and treatment need to improve. SI is a national mental health issue that takes a toll on our society, health systems, communities, schools and families (Crosby, Ortega, & Melanson, 2011).

Inpatient hospitalization for adolescents increased by 30% between 1996 and 2007 while insurance criteria became stricter, decreasing the number of available beds and reducing the proportion of days covered from 52% to 22% (Blader, 2011). The Health Care Cost Institute (2012) reported inpatient mental health admissions increased 24% from 2007-2010, while the use and cost of services and medications for teenagers also increased. Adolescents who experience more severe issues often need residential treatment that can offer the highest level of help, yet therapeutic strategies and programming are under-researched and inconsistent (U. S. Department of Justice, 2009). McCarty et al. (2011) suggest utilizing longer lasting treatment, attuned to the distinct needs of adolescents. Programming that accesses adolescents’ creative potential may be a key component to meeting their needs if shown to effectively influence behavioral change.

Creative arts therapies offer effective treatment for individuals with mental health disorders (Stuckey, 2010; Levy, 2012). Creativity is a vital human need regardless of one’s state of mental health according to Maslow (1943). Observed to be unusually strong in individuals
with mental illness, creativity may be a foundational component in healing rather than a final stage as in the original order of Maslow’s Hierarchy of Needs (Reitan, 2013). One such approach that utilizes creativity is music therapy.

Individuals with mental health needs were the third largest population served by music therapists in 2016 according to the Certification Board of Music Therapists (CBMT) (CBMT Continuing Education Coordinator, H. Burkett, personal communication, November 23, 2016). Music therapy is “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2015, para. 2). Music is a language adolescents understand (Crowe, 2007).

Music therapy literature identifies songwriting in particular as a successful intervention with psychiatric populations (Baker, Wigram, Stott, & McFerran, 2009; Rolvsjord, 2005; Silverman, 2006, 2011, 2012). Songwriting in music therapy is beneficial for adolescents with emotional and behavioral disorders offering control, choice, freedom, coherence and structure. Songwriting as an intervention increases communication, processing of emotions, increases self-esteem, enhances relationships, reduces anxiety, helps coping with grief and reduces depression (Crowe, 2007; Dalton & Krout, 2005; Davies, 2005; Derrington, 2005; Gooding, 2008; Goldstein, 1990). The literature strongly suggests that songwriting may be a beneficial treatment for adolescents with suicidal ideation.

Given the severity of suicidal ideation in adolescents and the exorbitant costs of residential treatment centers (RTC) at $7.1 million a day nationally in 2009 (Justice Policy Institute, 2009), innovative creative programming for adolescents in RTCs warrants more attention. There is little research that examines the use of songwriting for adolescents in
psychiatric residential treatment centers. Quantitative studies of Silverman (2006, 2011, and 2012) support the use of songwriting in short-term acute psychiatric care with adults, however studies of adolescents in long term residential settings is lacking. More quantitative research that explores the impact of creative interventions on behavioral outcomes may support the use of more expressive therapy approaches in psychiatric settings. Therefore, the purpose of this study is to explore the impact of songwriting on the behavior of adolescents with suicidal ideation in a psychiatric residential setting.

**Research Question**

Could songwriting have an impact on behaviors of a group of adolescents with suicidal ideation in a residential treatment center (RTC)?

**Definitions**

For the purposes of this study *songwriting* refers to the creative process of composing a musical form with words based on experiences, thoughts and emotions in a structured manner facilitated by a credentialed professional. The term *behavior* for this study will specifically refer to acts that constitute *major violations* (MVs) including: harm to self, property, or others; refusing treatment; refusing medication, and; elopement. The term *adolescents with suicidal ideation* refers to individuals between 13-17 years of age, who upon assessment, are identified as having chronic suicidal thoughts requiring treatment. A *psychiatric residential setting* refers to a psychiatric inpatient facility that offers long-term treatment for an average of six months.
Review of Literature

Adolescents

Adolescents’ roles and relationships in society have changed throughout history. Young people between the ages of 12-19 are considered adolescents today (National Institute of Health, 2013) however in the 1600’s during Shakespeare’s time, 13-year olds were considered adults. In the 19th Century teens rarely lived at home; rather they were sent away to apprenticeships or to live with relatives (Steinberg, 2014). Also the onset of puberty has become increasingly early, now considered beginning six years earlier than in 1850 and lasting twice as long (Steinberg, 2014). During the 1930s the majority of adolescents left school to join the workforce at about age 14. Gradually the length of schooling increased and in the 1940s teens began to have a particular identity. The 1950s brought both marginalization and condemnation towards adolescents by the adult society. Since 1995, increased scientific study of adolescence, through the lens of neuroscience, behavioral science and social science, has altered the view of adolescents (Steinberg, 2014).

Adolescents have unique characteristics within three areas: intellectual, social and personality development (Hughes, 2010). During adolescence intellectual reasoning shifts from concrete to abstract and hypothetical. Socially adolescents seek out authentic and intimate relationships with their peers, not merely social groups to which they belong. Creating an identity and achieving self-awareness and self-acceptance is also the focus of personality development. Adolescents often believe their interests and passions are automatically shared with others, or alternately, that no one could share or understand their thoughts or feelings (Hughes, 2010).
Adolescence is a powerful, complex and vulnerable period of a person’s life (National Institute of Health, 2011, 2013; Hughes, 2010; Steinberg, 2014). Developing independence and strength before decision-making skills are fully mature, adolescents often find themselves in high-risk situations, such as driving when drinking, engaging in unprotected sex and using drugs. Even though adolescents are at their peak physically and mentally, death rates due to injury are six times that of children ages 10-14. Crime and alcohol abuse rates measure the highest during adolescent years. Reasons for this may be that the development of the brain is still in transition. Hormonal and brain circuitry changes affect their responses to stress and emotions. Basic functionality, such as controlling movement and processing information from the senses, mature first in childhood. Self-regulation or impulse control, such as planning ahead, matures last, leaving adolescents in a vulnerable position. The plasticity of the adolescent brain allows the effects of both beneficial and damaging experiences to change the person (Steinberg, 2014). The combination of brain development, need for peer approval, pressure from home or school, and conflicts increases the risk of depression and suicide in adolescents (National Institute of Health, 2011, 2013).

**Adolescents with suicidal ideation (SI).** Suicidal ideation (SI) is defined as thinking about, considering, or planning to commit suicide (Rubin, 2013). Seventeen percent of high school students experience suicidal ideation (Centers for Disease Control, 2013). Adolescents with SI often suffer from functional impairment (e.g., decreased physical, emotional or cognitive abilities), severe depression, anxiety and are twice as likely to reach the critical limit in aggressive behaviors, substance abuse and anxiety. Twenty-nine percent of individuals with SI make a suicide attempt (McCarty et al., 2011). Suicide was the second leading cause of death in 2014 for the age group of 15-24 year olds, claiming 5,079 lives (Centers for Disease Control and
Prevention, 2016). Crosby et al. (2011) reported that adolescents with SI rarely received the health services they needed, suggesting that screening, detection and treatment need to improve. SI is often associated with violent behavior that is self-directed. The consequences of self-violence are physical, psychological and social, impacting healthcare, economic, social, and justice systems. Health care fields need to define the problem, identify what may increase or decrease its risks, evaluate preventative measures and offer effective interventions (Crosby, Ortega, & Melanson, 2011).

**Treating Adolescents with SI.** Short-term inpatient psychiatric hospitalization is on the rise for adolescents. Between 1996-2007, the number of psychiatric hospitalizations decreased for adults; for youth however, they increased. Shockingly, insurance rates increased also by 30% for adolescents while the proportion of hospital days covered declined from 52% to 22%, as did the number of beds. The trend suggests a higher clinical need in this population. In addition, quality of care, insurance and reimbursement issues need to be researched (Blader, 2011). When adolescents cannot safely function at home or school and short-term hospitalization is not sufficient, other options become necessary.

Residential treatment centers (RTCs) are organizations that provide individual mental health treatment programs and residential care other than acute inpatient care for seriously emotionally disturbed children and youth, ages 17 and younger (U.S. Department of Justice, 2011). The four main reasons for admission to a RTC are: severe emotional disturbance; aggressive or violent behaviors within family, school and/or community; behavioral disorders; or engaging in substance abuse. In the latest census of the Office of Juvenile Justice and Delinquency Prevention (OJJDP, 2011), 900 facilities identified themselves as a RTC. Without a standard definition though, these self-identified RTCs may include training schools,
ranch/wilderness camps, reception or diagnostic centers, detention centers and shelters for homeless and runaway youth. A survey by Warner and Pottick in 2003 found that 66,000 youth were in RTCs. States spend an average of $7.1 million a day keeping youths in RTCs according to a report from the Justice Policy Institute (2009). Most are estimated at housing 11-50 residents in an environment that is secured and supervised 24 hours a day, 43% of which had locked doors, gates or other confinements. They also must provide for basic needs, including schooling and requirements of daily living. Fifty-eight percent of RTCs offer counseling services such as psychoanalytic therapy, group counseling, psychoeducational counseling, medication management and family counseling.

Alternatives to residential facilities for youth with severe behavioral health issues include wraparound/case management services in which the individual stays at home but receives intensive treatment and programming within the community. In addition, youth may utilize specialized foster care, in-home confinement or house arrest, day or evening reporting centers, shelters or intensive supervision programs (American Association of Children’s Residential Centers, 1999). Group homes assist with food, shelter and activities of daily living, but do not emphasize mental health treatment. Reports cite a diversity in services, deficits in literature regarding effective treatment, and a lack of research examining strategies and elements of programming with successful outcomes. Effective treatments within a residential setting are paramount for adolescents with SI (American Association of Children’s Residential Centers, 1999; Baker, Fulmore & Collins, 2008; U.S. Department of Justice, 2011).

The creative arts have much to offer adolescent mental health. Levy (2012) provided a strength-based and trauma-informed program for adolescent girls in a Canadian lock down facility who had sustained abuse and/or trauma. A trauma-informed model is an approach based
on understanding and responding to the impact of the trauma (Department of Family and Protective Services, 2013). A strength-based approach focuses on resiliency and resources already present in an individual rather than deficits or problems (Hammond, 2010). In a safe non-judgmental environment, the participants used writing, photography, video and visual arts to express their painful pasts and hope for healing. Results included greater self-awareness, insights and resolution of inner conflicts. A review of the current literature regarding art, healing, and public health cites the relationship between chronic illness and psycho-emotional conditions such as stress and depression. The literature provides evidence that the arts offer effective treatment for these underlying causes. Evidenced-based research further supports creative arts therapies in public health such as poetry and music therapy found to reduce anxiety and depression (Stuckey & Nobel, 2010).

**Music Therapy**

The American Music Therapy Association (AMTA, 2016) defines music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (para.2). Music therapy originated in the 1940s in psychiatric hospitals. World War I and II veterans suffering with *shell shock* (similar to what might be labeled *Post-Traumatic Stress Disorder* in 2016) exhibited positive emotional and physical responses to music. Formal education and training programs developed and a professional organization emerged in 1950 (AMTA, 2016).

In 2016, 6,857 board certified music therapists worked in a variety of settings according to the Certification Board for Music Therapists. These include psychiatric hospitals, rehabilitative facilities, medical hospitals, outpatient clinics, day care treatment centers, agencies
serving persons with developmental disabilities, community mental health centers, drug and alcohol programs, senior centers, nursing homes, hospice programs, correctional facilities, halfway houses, schools, and private practice (AMTA, 2016). Methods of music therapy include 1) improvisation (i.e. making music in the moment), 2) re-creative methods (i.e. learning or performing pre-composed music), 3) composition, and 4) receptive listening (Bruscia, 1998).

Music therapy with persons with mental health issues. Music therapists serve in community mental health centers, outpatient clinics, psychiatric treatment centers, group homes, substance abuse programs, medical hospitals, rehabilitation facilities, hospice, senior centers, schools, and other facilities. The goals of music therapy treatment in mental health include improving communication, self-esteem (AMTA, 2015) and self-compassion (Neff & McGehee, 2010). Other goals may include increasing insight, making positive emotional changes, supporting a sense of control over one’s life, and enhancing healthy expression of issues not easily verbalized. Results of music therapy treatment include: reduced muscle tension, anxiety, and agitation; and improved self-esteem, self-image, verbal communication, motivation, interpersonal relationships, group dynamics; and safe emotional release (AMTA, 2015).

Markovitch and Tatsumi (2015) conducted a quasi-experimental study with adults in an acute psychiatric setting examining the effects of single-session music therapy interventions compared to cognitive behavioral therapy on mood. Researchers addressed the challenging emotional impact of hospitalization and the need for improved mood to assist in stabilization and treatment. Results showed that music therapy utilizing receptive methods was significantly more effective in improving moods of patients than cognitive behavioral therapy. Researchers suggested that the music facilitated increased self-disclosure and connection to one’s emotions.
Music therapy for adolescents in mental health settings. Crowe (2007) identifies the importance of music in the lives of adolescents. Adolescents actively use music in a variety of ways such as to assist in dealing with others, to handle psychological pain, to relax, and to relieve boredom. Music changes moods and helps teens escape from emotionally difficult situations. Problem areas for adolescents with emotional and behavioral challenges entail acting out behaviors in social settings such as peer and adult relationships, negative self-image, depression, aggression and assault. Because music enables adolescents to express themselves authentically, music therapy is effective in treating these problem areas. Goals in music therapy target improving interpersonal relationships, developing a sense of empowerment, care for others, insight and increased self-expression (Lindberg, 1995). Creativity is a central component of many of the interventions for this population. Adolescents need to have a sense of independence and control balanced with required respect and safety throughout treatment sessions. Many of these goals are also supported by neuroscience (Field et al. 1998).

Music had a positive effect on depressed adolescents’ brains in both physiological and biochemical measures (Field et al., 1998). Levels of cortisol, a stress hormone, decreased and a shift in the left frontal EEG activity occurred, associated with positive affect. Many methods and interventions affect this positive change such as singing, improvisation, instrument playing, receptive listening, movement or art expression with music, and songwriting.

Songwriting as a music therapy method. Therapeutic songwriting in music therapy is most prevalent within individual therapy, psychiatric settings and in single-session treatments. Most goals relate to developing a sense of self, externalizing thoughts or emotions, telling one’s story and gaining insight. Citing psychoanalytic theories, Ficken (1976) noted the power of songs to elicit unconscious material such as repressed emotions. Likewise, songwriting in the
psychiatric setting supports this connection to unconscious material. Using various techniques, Ficken illustrated the effectiveness of songwriting to express unexplored emotions, increase cohesiveness in groups, to encourage creativity and freedom, and provide instant feedback.

In response to the severity or limitations of the patient’s condition, as well as time constraints in psychiatric settings, the therapist often creates the music (Baker, Wigram, Stott, & McFerran, 2009). Using a predefined structure, such as blues or verse-chorus form, helps organize and reinforce a positive message. The stages of writing include brainstorming, creating lyrics, grouping ideas into a structure, writing the music, rehearsing, performing, and recording. Songs are also effective coping tools addressing treatment goals (Baker, Wigram, Stott, & McFerran, 2009).

Music therapists may collaborate in songwriting with clients. Using a resource-based and empowerment approach, Rolvsjord (2005) encouraged clients to identify and use their strengths. Clients created lyrics and melodies in various ways, such as choosing words from a list or using a poem. Individuals also experienced positive emotions such as pleasure and joy. The case study illustrated how songwriting effectively expresses memories and regulates emotions related to trauma when verbalizing is too difficult.

Silverman (2011) studied the effects of songwriting on knowledge of coping skills, often a predictor of therapeutic outcomes, and the working alliance of adults in psychiatric care. The experimental condition was a songwriting psychoeducational group while the control group received only psychoeducation. Results showed no significant between-group differences, however the music therapy group had higher attendance and included patients with a greater number of previous hospitalizations. Results also demonstrated higher mean scores in the
therapist-patient working alliance and suggested that this method could teach patients how to manage their illness more actively.

Silverman (2012) also studied the effect of group songwriting on depression and quality of life in adult acute psychiatric inpatients. The researcher tested the effectiveness of psychoeducation, songwriting and recreational music therapy for acute psychiatric inpatients. Participants in the songwriting treatment tended to have the highest mean measures of quality of life and lowest mean depression scores. The results of this study suggest that psychoeducation with group songwriting can be utilized to increase the wellbeing of acute psychiatric inpatients. Other benefits included increased perceptions of helpfulness, enjoyment, and comfort. The researcher also used more structured songs given the short time frame.

**Songwriting with adolescents in mental health settings**

Adolescents use songwriting for a variety of therapeutic reasons in mental health settings such as coping with death (Dalton & Krout, 2005). Adolescents often struggle with the loss of a loved one perhaps through accidents, drugs or suicide, which, if not processed, can affect nearly every part of life and learning. Researchers designed a seven-week songwriting group protocol. The purpose of their study was to determine if this protocol would help the grieving process of bereaved adolescents using the Grief Process Scale (GPS). The areas assessed were obtained from 123 songs written previously by bereaved adolescents and organized into five categories-understanding, feeling, remembering, integrating, and growing. Results showed that the songwriting treatment protocol helped improve grief processing in bereaved adolescents.

Derrington (2005) used songwriting in high schools with teens with emotional, behavioral and developmental needs. The focus was on reducing tension, anxiety and challenging behaviors, to gain insight and provide a mode of self-expression. The inherent
organization of songs became a powerful tool for adolescents already in a structured school environment. Teens exercised creativity, freedom, choice and control in a succinct and coherent format. Since adolescents also typically focus on their social role, songwriting allowed them to express themselves and explore new ways of communicating with others. The content of songs included conflicts, relationships and identity. Recording and performing the songs provided meaningful ways to share and feel recognized by their peers and families.

Davies (2005) used songwriting to assist adolescents to express negative, difficult or confusing emotions in acceptable and meaningful ways at the Croft Unit for Child and Family Psychiatry in Cambridge, England. This facility served children and adolescents with complex emotional and behavioral disorders including attachment disorders, conduct disorders, bipolar disorders, psychosomatic illnesses and autism. Patients gained renewed respect and attention from peers, which served to improve self-esteem and self-confidence.

Gooding (2008) reviewed common songwriting techniques with adolescents in poetry therapy and music therapy using both structured and free formats. The outcomes included enhanced self-disclosure, insight, and cohesion. In an example of these particular songwriting techniques, McFerran et al. (2006) found the most common themes were of identity, positive self-talk and exploring new behaviors.

In a review of literature and case study, Lindberg (1995) explored songwriting used to increase emotional expression and self-esteem with an adolescent who had experienced sexual abuse. Symptoms included suicidal ideation as well as eating disorders. The study concluded that physically and emotionally traumatized adolescents need a vehicle to work through their trauma.
Summary/Purpose Statement

Adolescents in crisis are a growing concern in our society. Suicidal ideation with accompanying emotional/behavioral disorders is on the rise and affects nearly 20% of all teens. Placement in residential treatment programs is also increasing, although RTCs have varying qualities of care and treatment programming (American Association of Children’s Residential Centers, 1999; Baker, Fulmore, & Collins, 2008; U.S. Department of Justice, 2011). Studies show that adolescents respond to creative, strength-based, trauma-informed approaches that offer freedom, choice and structure (Crowe, 2007; Levy, 2012; Stuckey & Nobel, 2010). Adolescents love music and listen to songs often 4-6 hours a day (Crowe, 2007). Music therapy interventions that highlight songwriting are highly successful, yet a paucity exists in research that examines songwriting interventions with adolescents in residential psychiatric settings. The purpose of this study is to explore the impact of songwriting on the behavior of adolescents with suicidal ideation in a psychiatric residential setting.
Method

Design

This researcher performed an exploratory study with a pre-experimental, pre-test/post-test design in which the researcher studied a single group of participants and introduced a new intervention (Creswell, 2014). This study was exploratory because it was an initial examination of a novel idea in a setting with many complex factors. The objective was not to seek conclusive evidence, but to gain information about the possible impact of a new protocol to inform various appropriate study designs in the future. This study was pre-experimental due to the lack of a control group in which conditions or treatment were withheld to test for efficacy of songwriting. This event consisted of group music therapy sessions that focused on individual songwriting projects. The researcher facilitating the sessions was a board-certified music therapist with over five years of experience working with psychiatric consumers. The study utilized a within-group comparison of data, the observed behavioral outcomes of the group, with and without the songwriting intervention. The following was a visual model for the design (Cambell and Stanley, 1963, p.6).

X= 1 week of treatment
O= observation or measurement recorded

Group A: O1-O2-O3-X-O4-X-O5-X-O6

Therapeutic techniques included interventions this author had previously used with adolescents in acute inpatient and partial hospitalization programs, as well as various songwriting methods (Baker & Wigram, 2005; Dalton & Krout, 2005; McFerran et al., 2006; McFerran, 2010). Participants received two 45-minute sessions per week for three weeks.
Participants

Research participants were a convenience sample of adolescent patients treated for suicidal ideation (SI) in the residential treatment center of a hospital in the Midwest. The researcher recruited patients through informational meetings and referrals from the therapist and psychiatric nurse on their treatment team. Due to legal changes in consent procedures when over 18, patients chosen were between ages 13-17. Patients on this unit typically remain for an average of six months. For the purposes of this study, participants chosen did not have a discharge plan earlier than eight weeks from onset of the study. Participants had experienced SI upon admission to treatment and exhibited an interest in creative and innovative treatment programming. The charge psychiatric nurse acquired the measures of observed behaviors (Major Violations or MVs) to control for possible threats to internal validity in testing procedures. Those patients not qualified for participation in the study due to not having symptoms of SI or who would be discharged too early were offered an alternate musical activity to avoid any possible resentment or jealousy of the research group.

Variables

The independent variable in this study was the songwriting protocol administered in each music therapy session. The dependent variable was the observed behaviors, called Major Violations (MV) in this setting, exhibited by the single group of participants prior to and during the three-week treatment period.

Materials and Instruments

Materials needed: guitar, keyboard, percussion instruments (e.g. egg shakers, cabasa, frog rasp, rain stick, djembe), iPad or laptop with Garage Band and audio playback capacity)
**Procedures**

Each parent or guardian received an Informed Consent Form to Participate, Limits of Confidentiality, Assent Form for participants, and an Audio Addendum, in accordance with the American Psychological Association (APA, 2010) and American Music Therapy Association (AMTA, 2014). In addition, these forms indicated participants’ right to withdraw at any time without prejudice. Those who gave appropriate consent became participants for the study.

The charge nurse measured the participants’ behaviors before the songwriting intervention, using a site-specific protocol, which identifies and tracks behaviors known as *major violations* (MVs). Examples of MVs include harm to self/property/others, refusing treatment, refusing medication and elopement. Songwriting interventions addressed these major behavior areas using positive coping skills such as emotional expression, self-compassion, recovering hope, self/other-respect and gaining strength from the group. The steps of the procedure were:

1. Researcher recorded the number of MVs accrued by each participant (as tallied by the charge nurse) for each of three weeks (O1, O2, and O3 separately) prior to the songwriting intervention.

2. Researcher recorded the *total MVs* that accrued for the three-week period prior to songwriting (O1 + O2 + O3) for each participant.

3. Participants received the songwriting protocol (three weeks). At the end of each week of treatment, MVs were measured (O4, O5, and O6) for each participant.

4. Researcher recorded the *total MVs* that accrued during the three-week songwriting period (O4 + O5 + O6) for each participant.
The songwriting procedure was structured, creative and strength-based utilizing the following format (Baker et al., 2009; Davies, 2005; Derrington, 2005). The researcher offered feedback, support and opportunities for collaboration.

Session 1: Building rapport and choosing a topic.

1. Opening: Participants were asked to “fill in the blank” during a 12-bar blues song format: “_______ (name) woke up this morning, and he/she was feeling so ____” (repeated), “By the end of this session, he’d/she’d like to feel more ____”.

2. Warm up: Participants selected and listened to a recording of a popular song given several choices and identified its topic or message.

3. Brainstorm: Participants wrote down possible topics of interest.

4. Share ideas: Participants shared topic ideas with group (if desired) and had opportunity to give and receive positive feedback.

5. Closing: Participants sang the “fill in the blank” blues song: “Beginning of this session, you wanted to feel more _____” (repeated). “Well, it’s the end of the session and now you feel more _____”.

Session 2: Creating lyrics

1. Opening

2. Writing: Participants wrote about their topic, including any associations, images, metaphors, thoughts and feelings.

3. Share: Participants had opportunity to share lyrics from their songs.

Participants offered and received feedback from each other and music therapist.
(Note: Some lyrics described past trauma and evoked strong emotions that necessitated processing. The researcher focused on maintaining a safe, trusting and nurturing presence for all participants and made referrals to nurse or therapist when indicated.)

4. Closing: Participants engaged in active music making through improvisation, focusing on rhythmic components to ground and contain the process.

(Participants were invited to continue writing between sessions if desired.)

Session 3: Grouping ideas into a structure

1. Opening

2. Creating structure: Participants identified important words or phrases, positioned lyrics for desired emphasis, chose song form (e.g. chorus-verse-chorus, rap form). Researcher offered assistance as needed.

3. Share: Participants had opportunity to share progress, offering and receiving feedback as needed.

4. Closing

(Participants were invited to continue writing between sessions if desired.)

Session 4: Writing the music

1. Opening

2. Musical components: Participants learned about musical components (e.g. melody, harmony, rhythm, timbre, dynamics, and tempo). Using prompt, “let lyrics lead” participants explored how to illustrate or support lyrics through musical choices. Researcher gave brief examples through improvisation (e.g. singing the word “inspire” with a rising melodic phrase or a “sad” lyric with a
minor chord). Giving examples in popular music excerpts would also be possible.

3. Musical construction: Participants began to assign instruments, melodies, and harmonies to lyrics using pre-composed melodies, familiar chord sequences, rapping, and exploring “word painting” (i.e. illustrating moods or images in music) with assistance as needed.
   a. Collaboration: Participants collaborated in pairs assisting each other as needed (e.g. playing instruments for songs such as guitar or percussion, help singing, and using Garage Band).

4. Write/Record: Participants began to record or write music with assistance as needed.

5. Closing

(Participants were invited to continue writing between sessions if desired.)

Session 5: Writing the music (continued)

1. Opening

2. Participants continued collaborative or individual writing process as in session #4. Researcher reassured group that individuals may be in different phases of progress and/or completion.

3. Record: Participants recorded their songs on Garage Band if desired or sang for each other in small groups.

4. Closing

Session 6: “Taking it home”

1. Opening
2. Share songs: Participants were given opportunity to share songs with group in an informal performance.

3. Affirm strengths: Participants identified a positive message from their song or songwriting process as a coping tool for treatment goals.

4. Closing

The resulting songs reflected individual and/or group processes and, as such, remained confidential. The psychiatric nurse measured and tallied the weekly MVs of each participant in the group accrued during the three-week music therapy protocol and reported data to researcher.

Data Analysis

The researcher compared the total weekly number of MVs of the three-week period prior to and for the duration of the experimental condition for each patient. There were three data points before the intervention and three during the protocol. In addition, a line graph illustrated the entire six-week period including baseline and treatment phases of the exploratory study to observe any overall individual and group trends.

Threats to Validity

Possible threats to internal validity of the study included other treatment protocols and experiences patients underwent during the experimental condition, such as individual and family therapy, recreation therapy, art therapy, personal journaling, outings, mentor visits, family visitations and passes home. The discussion section notes the difficulty to control for these confounding independent variables. Another threat was discharge dates for patients. In the event that participants may have been discharged earlier than expected or drop out of the study, the researcher recruited as large a sample as possible.
External validity may have been threatened by the particular interaction of the selection of participants and the treatment. Given the nature of an exploratory, pre-experimental study, this researcher restricted any generalization to other groups, such as acute inpatient or partial hospitalization. In addition, the researcher avoided making generalizations regarding the setting and treatment (e.g. other residential centers, youth shelters). Another threat may be the interaction of history and treatment effect, which refers to variations in treatment among participants recently admitted or close to discharge. Inadequate measurement instruments also may have threatened validity (i.e., using the site-specific format to determine major violations rather than a standardized behavior measurement instrument). The same nurse on the unit identified behaviors that constituted MVs to protect for this threat. This researcher determined that using the protocol already established at the site was the most appropriate.

**Ethical Considerations**

This study was approved by the Institutional Review Boards (IRB) of St Mary-of-the-Woods College, Terre Haute, Indiana and the facility in which the author conducted the study. The use of informed consent forms ensured that participants acknowledged the level of risk they agreed to through participation in the study.

This author was required to follow standards of the American Psychological Association (APA, 2010) and American Music Therapy Association (AMTA, 2014) Code of Ethics to protect the rights and welfare of research participants. Each participant and parent or guardian received an Informed Consent to participate, the Limits of Confidentiality and Assent forms for participants to sign in accordance with APA and AMTA. In addition, the Consent/Assent forms indicated their right to withdraw at any time without prejudice. This author was prohibited from disclosing any confidential and identifying information concerning the participants. Songwriting
material often contained confidential and personal information and as such was not disclosed in publication of this study unless the participant desired such disclosure and signed a statement confirming this. Participant’s names were withheld or changed in this event.

This author acknowledges the possibility of a conflict of interest in this exploratory study as the author works at the psychiatric facility and promotes the use of expressive therapies with adolescents in RTC. The possibility of this bias may have influenced the study. To protect for this the charge nurse, rather than this author, collected data before and after the experimental condition.

Data were stored in a binder on the nurse’s station with all other confidential charts and files on patients. Doors are locked at all times and only staff personnel have access to these records. Data will be destroyed according to the protocol of the hospital, as this information is part of the weekly charting of all patients. A copy of the data of the particular participants in the research study during the six-week period of the study was obtained by this researcher and stored in a locked file, accessible only by the researcher, until the study was completed. At that time, all data were shredded in accordance with Health Insurance Portability and Accountability Act (HIPAA), which regulates patient privacy. Data were used to illustrate the impact of the treatment protocol on the behavior of the participants. Data were shared in the results and discussion sections of the study and in line and bar graphs.
Results

Data were collected over a period of six weeks. A nurse collected data once a week for three weeks prior to the beginning of treatment and again for the three weeks during the treatment. A total of five participants were part of the study with two additional non-study patients participating. Two participants were absent for two sessions, one due to being on family passes and the other due to emotional challenges. Songwriting sessions were conducted on Tuesdays and Fridays of weeks four, five and six. MVs were tallied on the Sunday of each week of the study. To determine if songwriting may have had an impact on behavior of participants, total MVs accrued by each patient during the six-week period were tallied and charted in three figures.

Figure 1 illustrates participant tendencies, patterns and changes over time. Individual fluctuations occurred throughout weeks one to four, gradually narrowing to a similar range among all participants within weeks five and six. MVs numbered similarly at the beginning and end of study.
Figure 1. Total Weekly Major Violations (MV) of each Participant throughout study.

Figure 2 illustrates individual participant responses, comparing their total numbers of MVs with and without songwriting. The range of MVs without songwriting (pre-test) spanned from 1-19, compared to the range of MVs with songwriting (post-test) that spanned from 0-10. Participants 1, 2 and 5 had the lowest number of MVs (from 0-3) throughout the study. Participants 3 and 4 had the highest number of MVs during the pre-test period; Participant 4 showed the greatest decrease in MVs, from 19-7, in the post-test period.
Figure 2. Comparison of three week Totals of Major Violations Without and With Songwriting

Figure 3 illustrates total MVs of all participants during three weeks without treatment compared to three weeks with treatment. MVs numbered 36 without songwriting compared to 23 with songwriting; nearly a 3:2 ratio or 30% decrease in total MVs.

Figure 3: Total MVs Without and With Treatment
Summary of Participants’ Responses in Treatment Sessions (Weeks four-six)

Although this was a quantitative study, select reactions and quotations from participants are provided in this section to give the reader a context for what occurred in each session. These reactions and quotations were not analyzed within the study.

Session 1 focused on rapport-building and choosing topics. Participants first listened to a popular song, identified its topic or message, and then explored their own topics for songwriting. Participant 1 chose the topic of family and felt positive in the session. Participant 2 explored the topics of brother, interests, past journey, and “insecurities and how to make them better” and exhibited mild anxiety. Participant 3 explored topics of hope/encouragement (e.g., dolphins, my Mom and family, suicide of a friend, and survival) and exhibited a positive demeanor. Participant 4 chose to write about life at the hospital and expressed both bitterness and humor. Participant 5 explored topics of family, home, past trauma, losing a best friend, and “how painful it is to be torn apart from family”; participant exhibited positive demeanor at closing.

Session 2 focused on individual lyric-writing and proved challenging for some. Participants 2 and 3 who chose topics of “getting over insecurities” and “suicide of a friend” respectively, reported anxiety during the quiet time of writing. Participants 1 and 4 who chose “happy family memories” and “life at the hospital” felt calm and relieved during the quiet time to focus on their thoughts. Participant 5 was absent due to a family pass. The closing for this session included a rhythmic body percussion intervention to assist with grounding, resulting in increased positive affect (e.g., happy, energized, relieved, awake).

Session 3 focused on structuring the lyrics into a song format. This session however, was the most challenging emotionally for all participants due to another patient being discharged at the same time. Participant 1 integrated the emotions into a new topic for a song, “It’s OK to cry.”
Participant 2 also incorporated grief and frustration into a song, called “Why?” wishing to be discharged too. Participant 3 expressed the emotions of wanting to help others just not knowing how. Participant 4 felt “up and down” and wrote new lyrics expressing emotions about the hospital. Participant 5 was tearful and withdrawn and did not work on a song.

Session 4 provided opportunities for collaboration incorporating music with lyrics. Participant 1 (with Participant 4) worked on Garage Band creating beat tracks to accompany rapping and reported feeling “happy and confident.” Participant 2, initially hesitant, exhibited increased excitement when assisted with constructing melodies to illustrate lyrics. Participant 3 chose not to participate due to the lyrics triggering traumatic memories of friend’s suicide. That participant was referred to the psychiatric nurse and therapist. Participant 4 reported feeling mentally and physically tired. Participant 5 missed the session due to being on a family pass, but reported working on the song at home.

Session 5 was a continuation of writing music. Participant 1 felt “like a boss” and added more tracks to the rap song. Participant 2 assessed the work from the previous session, edited melodic choices and reported feeling “awesome.” Participant 3 still did not participate in this session due to stressors of the topic. Participant 4 had “writer’s block” then “got through it” and reported feeling relieved. Participant 5 matched original lyrics about “summer, love and happiness” with music of another popular song and reported feeling “fantastic.”

Session 6 focused on sharing songs and identifying coping skills from the process. Participant 1 felt “really nervous, like I’m going to screw up” and asked another participant to read the rap while participant 1 played the tracks created on Garage Band. Participant 1 shared that it was incomplete, still in process and used this as a positive message, i.e., “I’m [also] a work in progress.” At the closing participant 1 reported feeling happy. Participant 2 felt self-
conscious and embarrassed, asking the music therapist to sing the song they had composed together, and then shared, “thanks you guys for not judging.” Participant 2 felt more “confidence” from trusting the group and taking risks. Participant 3 returned to the songwriting session reporting “I was scared to come back, but other patients helped.” Participant sang the song about a classmate suicide and shared, “I opened up and now I’ve made new friends, feel more at home on the unit.” The song also brought happy memories back about the friend. Participant 4 felt anxious, lost the original song and chose to freestyle rap in the moment, “gotta go with the flow.” At the closing participant 4 shared, “I’m not where I used to be” and reported no longer feeling anxious. Participant 5 sang a song about a friend that had died of suicide and reported having a better understanding of “the gift of acceptance and letting go of what I can’t control.” Participant 5 felt positive and excited at closing.
Discussion

The purpose of this study was to explore the impact of songwriting on the behavior of adolescents with suicidal ideation in a psychiatric residential setting. The research question investigated if songwriting could have an impact on behaviors of a group of adolescents with suicidal ideation in a residential treatment center (RTC).

Results of this study were mixed. During the course of the songwriting protocol three out of five participants exhibited a decrease in unsafe behaviors (MVs) during the three-week songwriting protocol, compared to the three weeks without songwriting. However, two participants (#1 and #5) showed a slight increase of MVs in weeks four and five. Both participants however showed fewer MVs (decreased to 0) in week six.

Each participant experienced individual challenges and successes during the six-week research period, as seen in the wide range of MVs. That range gradually narrowed in the last week (week six) among all participants suggesting an impact of treatment on MVs. Total MVs during 3 weeks with no treatment numbered 36 compared to 23 with treatment; nearly a 3:2 ratio or 30% decrease in MVs. In general, data showed a movement toward overall lower MVs by the close of the study. MVs decreased during songwriting suggesting that songwriting may have impacted participants’ behaviors.

Limits of Interpretation

This researcher recognizes that interpretation of the findings may lack internal validity and generalizability as this was a pre-experimental exploratory study. Participants received a variety of treatment interventions in addition to songwriting, such as individual therapy, family sessions, art therapy, recreation therapy, and psychoeducation, making it difficult to rule out alternative explanations to changes in behavior. Participants also experienced challenges that
may have contributed to an increase in MVs at any time, with or without songwriting, such as family conflicts while on a pass, sad news via phone, a new patient admitted or a patient discharged. This study, though, may offer preliminary evidence supporting the positive impact of songwriting on MVs in a RTC. It also addresses the severity of SI in adolescents and under-researched innovative creative programming in this setting.

Role of Coping Tools

The numbers do not tell the whole story. Identifying coping tools may have contributed to fewer MVs. In previous studies, group songwriting was effective in teaching and reinforcing coping skills to adult patients (Silverman, 2011). The current study differed in that participants were adolescents, not adults, and songs were individualized, yet written in a group setting to allow for collaboration, support and feedback. Participants identified personal coping skills in an independent and creative manner using the content of their songs and experiences in the writing process. Songs included challenging topics (e.g. past suicidal thoughts, suicide of friends, grief, loss of love, despair, and hope).

Challenges to Implementation

Implementation of the songwriting intervention was challenging and sessions were often unpredictable as can be expected in this setting. For example, during session 3, a patient not in the study was discharged at the precise time of the songwriting session. Research participants left the session to say good-bye and were emotionally distraught. Interestingly, the experience provided song topics and lyric material for two patients. Songwriting may have been a successful vehicle for emotions that otherwise might have felt overwhelming, possibly leading to unsafe behaviors such as self-harm.
Attendance of participants was also unpredictable. One missed a session due to being on a family pass as three of the sessions were on Fridays. Participant #3 missed two sessions, reporting it brought up past memories; the researcher referred that participant to the psychotherapist and the participant later chose to return, continued working, and shared the song. That participant reported feeling increased courage, group cohesion, and expressed interest in writing more songs.

Addressing multiple needs in one setting was another challenge. For example, one participant felt anxious during lyric writing with the extended silence, while others appreciated the quiet to help focus. Working collaboratively to add music to lyrics as stated in the procedures was challenging. It necessitated supervising and supporting small groups or partners, and finding private spaces for them all to work. Using the hallway outside the room and another staff person to supervise the use of technology (Garage Band) was essential.

It was important to accept many methods of writing and/or recording songs. One participant sang *a cappella*, and two in a rap style. Another used a popular song with a karaoke version adding new lyrics. One participant requested assistance from the researcher who offered simple melodic and harmonic choices to illustrate words. The researcher had to multi-task yet remain focused on the therapeutic relationship, and find resources to support every part of the session. Using flexibility, creativity and good communication was necessary in the unpredictable RTC setting. The unexpected events also facilitated new learning and coping skills for the participants and the researcher.

**Recommendations for further research**

The researcher, upon reflection, notes several factors that could be changed to bear better results, such as: 1) including choice of calming music during lyric writing session, 2) identifying
alternate room if session runs over time, 3) acquiring two or more Garage Band applications, e.g., laptop, iPad, etc., 4) including in consent form permission to print lyrics in songbook if participants so choose, 5) devoting the final session entirely to sharing rather than completing material, and 6) encouraging participants to work independently after the study was completed. In addition, focusing on process over product was a source of relief and comfort for participants.

It was vital that participants controlled the direction and choices of their process while supported in a therapeutic and structured environment. This maintained creativity and integrity, and validated participants’ inner resources, rather than imposing ideas from an external source.

Previous songwriting research studies included short-term psychiatric treatment (Silverman, 2006, 2011, 2012; Markovich, R. & Tatsumi, K., 2015), high schools, (Derrington, 2005), family residential units (Davies, 2005), and outpatient clinics (Dalton & Krout, 2005). Although single-session MT research is encouraged, due to current and projected trends for the use of acute short term treatment (Silverman, 2011) many youths still reside and continue to be placed in long term residential psychiatric treatment centers. Neglect of effective innovative programming for adolescents in RTC is unwarranted. This exploratory study initiates an underserved area of research and treatment in music therapy, that of the use of creative programming to support behavioral change in adolescents in RTC. It is hoped that reinforcing patients’ creativity may have positively impacted thoughts and emotions that are causal factors of such behaviors. This idea warrants further study.

The significant differences in long-term residential treatment should be addressed in future music therapy research, approaches and practice. Some unique opportunities in RTC research include extended numbers of sessions, incorporating follow-up measures, and
collaboration with other creative arts therapies in the facility. Using trauma-informed and resource-based approaches also seem particularly appropriate for adolescents in RTC.

Further recommendations include utilizing larger sample sizes and standardized measurement instruments to test the effect of songwriting on other dependent variables (e.g., suicidal ideation, depression and self-compassion). A replication of the study is also advised to determine if similar outcomes may result with patients who are newly admitted compared with those who are close to discharge. The researcher also noted that environmental factors (such as another patient being discharged to go home) may have had an effect on participants’ MVs. This possible connection should be further investigated.

Qualitative and mixed-method models may be most appropriate for future examinations and analyses of songwriting, utilizing surveys, descriptive narratives of patient responses, and follow-up studies to test for generalization. Qualitative studies may afford a deeper exploration of the role of songwriting and creative methods in treating adolescents who suffer from trauma and its many manifestations such as suicidal behavior. Studies may also explore how songwriting relates to emotional, cognitive, social, and spiritual domains that then impact behaviors. Mixed method studies are also recommended to reflect both quantitative data important to hospitals and funding sources as well as including qualitative discussions of song content and personal testimony.

**Summary**

This study explored the impact of songwriting on the behavior of adolescents with suicidal ideation in a psychiatric residential setting. Songwriting offered a model for active and creative engagement in which adolescents honestly expressed thoughts and emotions. Participants spontaneously integrated life events into their songs and worked collaboratively.
Given limited creative outlets in RTC, thoughts and emotions often escalate into unsafe behaviors. Patients in such environments deserve to explore their own creative resources through music therapy interventions such as songwriting. These interventions can offer positive coping skills as shown in the current study, which may impact healthy behavioral choices and strengthen overall healing.
References


Markovich, R., & Tatsumi, K. (2015). The effects of single-session music therapy interventions in comparison with a cognitive behavioral intervention on mood with adult psychiatric


APPENDICES

Letter of Consent

The Impact of Songwriting on Behavior in Adolescents with Suicidal Ideation in a Residential Psychiatric Setting: An Exploratory Study

Your child is being asked to participate in a research study conducted by Gloria Stearns-Bruner, graduate student at St. Mary-of-the-Woods College (and Tracy Richardson, PhD., MT-BC, faculty sponsor) from the Department of Music Therapy. This research is being conducted as part of a Master’s thesis requirement. Your child’s participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand before deciding whether or not you agree to your child’s participation. Your child has been asked to participate because he or she is an adolescent challenged by events that have led to suicidal ideation and is living in a psychiatric residential treatment center (RTC).

PURPOSE OF STUDY
The purpose of this study is to explore the impact of songwriting on the behavior of adolescents with suicidal ideation in a psychiatric residential setting.

PROCEDURES
This pre-experimental exploratory study is intended to introduce and explore a new idea. It will address challenging behaviors your child may display and offer creative positive coping skills. Your child’s behaviors will be measured by the charge nurse before and after the study using a site-specific protocol which identifies and tracks behaviors known as “major violations” (MVs). Examples of MVs include harm to self/property/others, refusing treatment, refusing medication and elopement. Songwriting interventions will address these major behavior areas using positive coping skills such as emotional expression, self-compassion, recovering hope, self/other-respect and gaining strength from the group. The study is expected to last for a total of 6 weeks, with the songwriting interventions lasting for 3 of those weeks. Your child will work on individual songs in a group setting, which offers feedback, support, and collaboration.

The following steps will be used in the study:

- Researcher will record the total MVs accrued for the 3-week period prior to songwriting for each participant.
- Participants will receive the music therapy treatment protocol (2x/per week for 3 weeks).
  The following format is to be used:
  - Session 1: Building Rapport. Choosing a topic.
  - Session 2: Create Lyrics
  - Session 3: Grouping ideas into a structure
  - Session 4 and 5: Writing the music
  - Session 6: Completion, recording for personal use and creating coping skills
- Researcher will record the MVs that may have accrued during the 3-week songwriting period.

POTENTIAL RISKS OR DISCOMFORTS
The study involves no more than moderate risk. Your child may find that personal and emotional issues arise during songwriting including past trauma and family relationships. As such he or she
will be treated with support and care in a therapeutic environment. In the case of any active thoughts of suicide or self-harm, the researcher will immediately refer your child to a qualified mental health professional.

**POTENTIAL BENEFITS**
There are no anticipated benefits to your child for participating in this research project. However, it is possible that his or her participation in the songwriting sessions could result in changes in behavior, social interactions and/or self-esteem.

**CONFIDENTIALITY**
HIPPA regulations at [facility] protects anonymity for all patients. Although the researcher will have access to data that can be associated with particular participants, any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by coding the data with numbers (instead of names) and keeping the consent forms and key to names on a hard copy and on a removable flash drive which will be locked in a cabinet. Only the researcher and charge nurse will have access to the data.
All data and consent forms will be kept in locked cabinets in the researcher’s locked office for a period of four years after the data collection is complete. After four years, the data and consent forms will be destroyed. No individual data will be released. Overall results from the study will be used for completing this researcher’s master’s thesis and for publication and educational presentations.

**PARTICIPATION AND WITHDRAWAL**
You may choose whether or not to have your child be in this study. If you approve your child to volunteer to be in this study, you may authorize his or her withdrawal at any time without consequences of any kind or loss of benefits and services to which your child is otherwise entitled.

**ALTERNATIVES TO PARTICIPATION**
Participation in the research study is voluntary. If patients would like to participate in songwriting but not be in the research study, a songwriting music therapy session will be provided after the completion of the study through the Expressive Therapy Department at [facility]

**IDENTIFICATION OF INVESTIGATORS**
If you have any questions or concerns about this research, please contact:

<table>
<thead>
<tr>
<th>Principal Investigator:</th>
<th>Co-Investigator:</th>
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<tbody>
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<td><a href="mailto:gstearns-bruner@smwc.edu">gstearns-bruner@smwc.edu</a></td>
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Saint Mary-of-the-Woods College
1 St Mary of Woods College
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(812) 535-5232
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RIGHTS OF RESEARCH PARTICIPANTS
If you have questions about your child’s rights as a participant in this research, you may contact the Institutional Review Board (IRB) in the Office of Academic Affairs at Saint Mary-of-the-Woods College or email the IRB Chair at lpantazi@smwc.edu.
You will be given an opportunity to discuss any questions about your child’s rights as a research participant with a member of the IRB. The IRB is an independent committee composed of members of the College community, as well as lay members of the community not connected with SMWC.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to have my child participate in this study. I have been given a copy of this form.

_________________________________________________
Name of Child

_________________________________________________
Printed name of Parent/Guardian  Signature of Parent/Guardian

_________________________________________________
Email Address  Date

_________________________________________________
Mailing address (if you do NOT have email)
Letter of Assent

The Impact of Songwriting on Behavior in Adolescents with Suicidal Ideation in a Residential Psychiatric Setting: An Exploratory Study

You are being asked to participate in a research study conducted by Gloria Stearns-Bruner, graduate student at St. Mary-of-the-Woods College (and Tracy Richardson, PhD., MT-BC, faculty sponsor) from the Department of Music Therapy. This research is being conducted as part of a Master’s thesis requirement. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand before deciding whether or not to participate. You have been asked to participate because you are an adolescent challenged by events that have led to suicidal ideation, living in a psychiatric residential treatment center (RTC).

PURPOSE OF STUDY
The purpose of this study is to explore the impact of songwriting on the behavior of adolescents with suicidal ideation in a psychiatric residential setting

PROCEDURES
This pre-experimental exploratory study is intended to introduce and explore a new idea. It will address challenging behaviors you may display and offer creative positive coping skills. The study is expected to last for 5 weeks. You will work on individual songs in a group setting, which offers feedback, support, and collaboration. Your behaviors will be measured by the charge nurse before and after the study using a site-specific protocol which identifies and tracks behaviors known as “major violations” (MVs). Examples of MVs include harm to self/property/others, refusing treatment, refusing medication and elopement. Songwriting interventions will address these major behavior areas using positive coping skills such as emotional expression, self-compassion, recovering hope, self/other-respect and gaining strength from the group.

The following steps will be used in the study:

- Charge nurse tallies MVs of each participant for 3-week period prior to songwriting.
- Participants will receive the music therapy treatment protocol (2x/week for 3 weeks).
  The following format is to be used:
  - Session 1: Building Rapport. Choosing a topic.
  - Session 2: Create Lyrics
  - Session 3: Grouping ideas into a structure
  - Session 4 and 5: Writing the music
  - Session 6: Completion, recording for personal use and creating coping skills
- Charge nurse tallies MVs after the three-week songwriting period

POTENTIAL RISKS OR DISCOMFORTS
The study involves no more than moderate risk. You may find that personal and emotional issues arise during songwriting including past trauma and family relationships. As such you will be treated with support and care in a therapeutic environment. In the case of any active thoughts of suicide or self-harm, the researcher will immediately refer you to a qualified mental health professional.
**POTENTIAL BENEFITS**
There are no anticipated benefits to you for participating in this research project. However, it is possible that your participation in the songwriting sessions could result in changes in your behavior, social interactions and/or self-esteem.

**CONFIDENTIALITY**
HIPPA regulations at [facility] protects anonymity for all patients. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

**PARTICIPATION AND WITHDRAWAL**
You may choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits and services to which your child is otherwise entitled.

**ALTERNATIVES TO PARTICIPATION**
Participation in the research study is voluntary. If patients would like to participate in songwriting but not be in the research study, a songwriting music therapy session will be provided after the completion of the study through the Expressive Therapy Department at [facility].

**RIGHTS OF RESEARCH PARTICIPANTS**
If you have questions about your rights as a participant in this research, you may contact the researcher or your parent/guardian.

__________________________________________________________
I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

__________________________________________________________
Printed name of Participant                                      Signature of Participant
AUDIO ADDENDUM TO CONSENT FORM

You have already agreed to have your child participate in a research study entitled: The Impact of Songwriting on Behavior of Adolescents with Suicidal Ideation in a Residential Psychiatric Setting; An Exploratory Study, conducted by Gloria Stearns-Bruner. We are asking for your permission to allow us to audiotape as part of that research study if your child so requests. You do not have to agree to your child being recorded in order for him or her to participate in the main part of the study.

The recording(s) will be for your child’s personal use to take home upon discharge.

The recording(s) may include your child’s voice in his or her own song. Your child may also be singing in a group for other participants’ songs however it is not anticipated that separate voices will be discernible in these cases.

The recording(s) will be on a flash drive stored in a locked file cabinet and linked with a numerical code to your child’s identity. Recordings will not be used for data. They will be retained for four years and then destroyed.

Your signature on this form grants the investigator named above permission to record your child as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than those stated in the consent form without your written permission.

_____________________________________
Name of Child

_____________________________________
Printed name of Parent/Guardian

_____________________________________
Signature of Parent/Guardian

_____________________________________
Email Address

_____________________________________
Date