MUSIC EDUCATION FOR ADOLESCENTS IN RESIDENTIAL TREATMENT

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MUSIC EDUCATION FOR ADOLESCENTS IN RESIDENTIAL TREATMENT

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Thesis

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ABSTRACT

Children and adolescents who are facing risk factors to their development and ultimate success can gain a variety of necessary social skills through participation in the creation and performance of music. Despite the existence of research supporting the positive impact that music education may have on at-risk adolescents, there is a lack of research and literature examining the possible effects of music education on adolescents who are involved in residential placements. The clients who are served in Bellefaire Jewish Children's Bureau's Intensive Treatment Unit, Cottage 10, receive comprehensive services to address their immediate safety and well being, as well as mental health, behavioral, and educational needs. Though the services provided by Bellefaire JCB are extensive, there is no music education or active music making taking place. This paper provides an in-depth examination of the services in place in the Intensive Treatment Unit, Cottage 10 as well as a proposal for a music education program for this facility. This program will provide the basis for further research to take place dealing with the possible effects of music education for adolescents in residential treatment.
DEDICATION

To Eric John Horowitz, Jr., whose short life provided inspiration for this work.
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CHAPTER I
INTRODUCTION

Some people are destined to be artists who evoke the deepest emotions with their words, others with music so beautiful you can feel it on your skin. Yet another artist can with a paintbrush touch the part of your soul you did not know existed. I, on the other hand, am the artist who will never perform for thousands or even hundreds. I will not draw or paint or dance. My name will not be well known. I will change the world through the eyes of a child.

Throughout my life, music and children have been two of my greatest passions. While pursuing a career in music education I had the opportunity to be involved in the creation of the Midstates Jazz Summer Camp. The University of Dayton provided scholarship money to bring students from inner city Dayton Public Schools to attend camp and learn from the professional jazz musicians who were our faculty. I was struck and amazed by the passion and excitement of these children. Many were mediocre musicians at best, but they were so invested in the experience of creating music, and were thrilled by every new skill that they learned. It was such a different experience than what I had seen in the traditional band classroom setting, where the perfection of the end product was the central focus.
After completing my Bachelors degree I was employed as the Program Coordinator for the ARC of Washington County’s Children’s Residential Program in Hagerstown, Maryland. The Children’s Program operates five community based therapeutic group homes for adolescents who are in the custody of the Department of Social Services due to their mental health issues, abuse and neglect histories, and need for a highly structured living environment. I worked with the Washington County Public School System to provide educational planning for our twenty-two residents. Throughout my involvement with various Special Education programs operated by Washington County Public Schools I was shocked and appalled by the lack of music and art education provided for the students. The children in my program, who all received special education services, spent their school days doing life skill work or as members of community based work crews. While these experiences are without a doubt necessary for their development and future work potential, they are starved for the stimulation of music and art.

During the summer of 2005 I was able to initiate a six week program entitled Discover: Fun with Music, which was sponsored by the ARC. The program involved the children served in the Children’s Residential Program as well as adults served by other agency programs. Sigma Alpha Iota Philanthropies provided instruments for the program, and our clients were able to experience music in ways that many of them never had. Through simple rhythm circles, listening activities, and exploration with piano, guitars, and recorders, I watched children I had known and worked with for three years transform. While facilitating this program and seeing the effect that it had on the children that I worked with, I became inspired to pursue music programming for children in
residential placements. Music should not be reserved only for those who are rich or intelligent. Children deserve to experience and appreciate music, to learn to be touched by others, express themselves, and to create in a way that is both educational and therapeutic. Imagine for a moment a child who has been beaten and then abandoned by his family, who finds comfort and security in the four notes he can play on a recorder. Or the teenager, who feels that she is inadequate because she is not smart enough or fast enough, but can find self-worth in the music that she creates.

While pursuing my Masters degree at the University of Akron I began searching for residential programs providing music education for their clients. I was disappointed to find only one. In addition, there is no research or literature dealing with music education for adolescents who are in residential placements. Instead, research dealing with music education for at-risk youth was reviewed, based on the assumption that being in a residential facility classifies an adolescent as at-risk. Most adolescents who are in residential placements are not receiving music education services or participating in active music making experiences, making it difficult to evaluate the effects that these experiences might have. Increased self-concept, self-esteem and pride are difficult to measure and evaluate quantitatively. Therefore much of the literature consists of anecdotal evidence in support of music education for at-risk youth, in the form of observations of parents, teachers, and the youth themselves regarding the positive effects music education has had on their lives.

In February of 2007 I became employed by Bellefaire Jewish Children’s Bureau’s Residential Division and began working in the Intensive Treatment Unit, Cottage 10. With the support of the Director of Residential Treatment, Stephanie Senter, I began an
in-depth examination of the services in place, with the intention of designing a music education program to be implemented in Cottage 10. The implementation of this program will provide a basis for further research and examination of music education for adolescents in residential treatment.
CHAPTER II
MUSIC PARTICIPATION FOR AT-RISK ADOLESCENTS

Children and adolescents who are facing risk factors to their development and ultimate success can gain a variety of necessary social skills through participation in the creation and performance of music. At-risk youth are facing a unique set of circumstances and challenges that cannot be easily solved by any one quick fix answer, but common factors that lead to success do exist. Essential to any child’s ability to succeed is self efficacy, or self concept, meaning that the child must believe that he or she is capable of success. Situations beyond the child’s control may leave him with low self-esteem, and the idea that he is not smart or talented enough to achieve anything. Through participation in a music performance ensemble children can increase their self concept while learning to work as a member of a group, communicate effectively with teachers and peers, and take on leadership roles. There are currently hundreds of outreach programs across the country that strive to engage at-risk youth in the creation and performance of music with great success.

Before attempting to examine the positive effects music participation has on at-risk youth, one must have some understanding of the term itself and the population to which it refers. Despite the extensive research and examination of this area and the thousands of youth which it refers to, there is no official definition of the term at-risk. It
is impossible to provide a profile of a typical at-risk child, because the factors involved in each situation are unique. There are, however, generalities that can be made for the purposes of this discussion. Children who are considered to be at-risk are faced with a variety of factors which inhibit their development and therefore make their road to success a much more difficult climb (Stringfield & Land, 2002). Most risk factors are beyond the child’s control. These might include living in a single parent household, low socioeconomic status, a high rate of crime or drug use within the community, alcohol or drug use within the home, parents or family members who did not complete high school, or child abuse or neglect within the home. Though there is no formula for determining which, or how many risk factors may exist, or the exact outcomes they may produce, the presence of one risk factor significantly increases the likelihood of other risk factors being present (Taylor, Barry & Walls, 1997). When one or more of these external risk factors are present, a child is considered to be at-risk of not completing his or her education, alcohol and drug addiction, teen pregnancy, and becoming involved in gangs and criminal activity.

The ability to interact appropriately is not an innate skill. Positive social interactions such as showing respect for authority figures, taking turns, and maintaining peer relationships are skills that must be taught and honed (Brooke, 2006). Many children who fall into the at-risk category do not develop these skills in the home setting, often because their parents have yet to master these skills themselves. In the school setting, acting out and negative behaviors displayed by the child often take away from time that should be spent learning. Problem behaviors that lead to a child being removed from the classroom or take away valuable instruction time lead to the child falling farther
behind academically, perpetuating the child's negative self-concept. Negative or acting out behaviors are the physical manifestation of the hurt or painful feelings that the child experiences but is unable or unwilling to express. Focus placed on the negative behaviors, rather than the thoughts and feelings behind them create more distance between the child and his avenues of success. It is important to recognize that all behavior has meaning, and that many children lack the skills necessary to express their feelings in a positive or productive way. Instead they act out negatively to gain recognition or divert attention from what they may view as their own shortcomings. The phrase boredom breeds behavior, which is widely used in residential child care settings, refers to the idea that children who are not engaged by activities and challenges in which they can be successful are more likely to become involved in negative behaviors. This idea can be expanded to include the concept that young people who are involved in productive activity in their free time are less likely to become involved in criminal activity or high risk behaviors.

The biggest challenge that most educators who work with at-risk youth face is the initial task of gaining the students' attention and engaging them in the activity at hand. Students who have had difficulty being successful throughout their lifetime are often hesitant to attempt new things for fear that they will fail again. As students fall farther behind academically it becomes increasingly difficult to engage them in traditional classroom settings. Music captures the attention of disruptive students because the focus becomes the music itself, rather than the power struggle or search for attention (Brooke, 2006). Once they are engaged in the creation of music, students are more open to
learning and developing not only their musical skills, but also other areas of learning that are presented (Brooke, 2006).

Given the dangerous world that they live in, children need to learn to be creative and flexible in order to survive. While traditional curriculum models focus on the ability to produce the single right answer, music celebrates multiple perspectives and personal interpretation, where children are challenged to find multiple solutions and express their own answers (Bresler, 2002; Taylor, Barry & Walls, 1997). Music teachers and state consultants involved in the development of the 1997 Music Educators National Conference publication “Music and Students at-risk: Creative Solutions for a National Dilemma” identify the environment of musical learning as vital to success. The music classroom is non-threatening, a place where students are allowed to develop naturally at their own rate and within their own limits. Within the music classroom students are exposed to visual, aural, and kinesthetic modalities, thereby accommodating the various learning styles that the students possess and allowing them to learn by doing (Taylor, Barry & Walls, 1997).

Perhaps the greatest hurdle that at-risk youth face is their own self-concept and value of themselves. The creation of music can provide students with a sense of accomplishment, which in turn increases their self-concept and raises their self-esteem. Opportunities for performance allow students to receive positive recognition and affirmation for their accomplishments and achievements, and even in some cases a sense of celebrity within their community of peers or the community at large. In many cases, this positive recognition and reinforcement is something new. For students experiencing feelings of anger, loss, or alienation, making music can provide a creative outlet in which
to express those feelings rather than turning to violence or other negative behaviors (Madden, 2006). Within the ensemble, children are able to create a safe, contained space for exploration of difficult and uncomfortable feelings within a musical context. This exploration can then help them to gain insights that are difficult to verbalize (Bunt, 1997). Being allowed, and even encouraged, to express feelings and emotions through the creation of music in an environment that is safe and nurturing can also open a child up to a positive relationship with the teacher, who, through the music, appears more approachable and reachable. The creation and performance of music is a socially acceptable form of emotional release which is necessary for the mental health and growth of all students, but even more important for those students who have not learned positive ways to express their emotions (Taylor, Barry & Walls, 1997).

Being a member of a performance ensemble is not easy, and requires a great deal of commitment and hard work. Learning to perform music requires a certain amount of self-regulation and self-discipline. Students must set goals for themselves as well as learn how to request and accept feedback in order to become a better musician (Bresler, 2002). Within the ensemble each member is vital to the success of the entire group, each student has a different voice which must blend together to produce beautiful music. Students must work cooperatively in order to achieve success. This successful collaboration, in turn, increases their commitment to the group and connections to their peers, providing the at-risk youth with a much needed sense of belonging (Taylor, Barry & Walls, 1997).

Creating and performing music is in many ways a very personal experience. In certain respects the musicians expose themselves in ways that they normally would not.
In considering the deeply personal nature of music, it is easy to see why students who participate in music ensembles have a very deep sense of ownership over their contribution to the group and the work that it does. Through this sense of pride and ownership, leaders emerge and evolve. Students who are older and have more experience in the ensemble are able to step up as leaders and mentors to newer or younger students. For many at-risk youth the opportunity to assume a positive leadership role is rare, and therefore even more meaningful (Taylor, Barry & Walls, 1997).

In addition to conditions of risk that may exist and the challenges that they create, children who are involved in the foster care system and removed from their homes face even greater hurdles to their ultimate success. In 2005 the US Department of Health and Human Services estimated that 514,000 children in the United States were living in alternative placements, including foster homes, group homes, and residential facilities. Most children are removed from their homes due to unsafe conditions or the lack of responsible adults to provide supervision and care. While being forced to adjust to a new home life and being away from their families, children who are placed in foster care or out of home placements are also faced with disruption in their education. It is rare for a child to enter placement and remain at the same school, and many children face multiple placements throughout their time in care. Unfortunately, this in turn results in children not only moving from placement to placement, but also from school to school, thereby increasing their risk of school failure. Attending new schools may lead to a foster child feeling isolated from his peers, and teachers are less likely to invest in building a relationship with a child that they do not know well (Zetlin & Weinberg, 2004). Children in foster care are also more likely than other children to have higher rates of absenteeism.
and academic and behavioral trouble in school. The majority of children in foster care perform below grade level, and more than half have been retained at least one year. In addition to poor performance in school, children in foster care are twice as likely to drop out and never complete high school (Zetlin & Weinberg, 2004).

Research has shown that the existence of protective factors and processes that lead to resiliency can contribute to the success of children in foster care and those facing various risk factors (Bresler, 2002; Masten & Coatsworth, 1998). A child’s intelligence, acquisition of social skills, level of self-esteem, empathy, faith, and hope are individual factors that are associated with resilience. Building relationships with adult role models who have positive expectations of the child also contributes to a child’s ability to become resilient (Drapeau, et al., 2007). Processes identified as building resilience in children facing risk factors include interventions that reduce the impact of the risk, which could include removing the child’s exposure to risk. In addition to reducing the impact of risk, interventions that foster self-esteem and provide new opportunities for the child to achieve success are processes that also contribute to resiliency (Drapeau, et al., 2007; Rutter, 1990).

The academic, cultural, and social benefits of participation in music have been examined and argued by many scholars over the years. While many aspects of the research are still under debate, it is clear that there are numerous benefits associated with the creation and performance of music for at-risk youth. At-risk students’ social development through music performance is more striking and essential because of the deficits these students faced. The at-risk child is starved for affection, attention, and a sense of self-worth; hungers which can be fed by music. Connection and belonging
found in a musical ensemble replaces the search for belonging that may lead many youth
to gangs or crime, and an increased sense of self-worth carries them further from drugs
and alcohol. For many at-risk youth, involvement in music may be the only positive part
of their school day, and may be the only reason they stay in school (Taylor, Barry &
Walls, 1997). Through their personal expression and creation, students have the
opportunity to heal and grow, and hopefully break the cycle of risk and for the first time
allow or enable them to visualize the endless possibilities of their future.
CHAPTER III

EXISTING MUSIC PROGRAMS IN NON-TRADITIONAL SETTINGS

While it would be impossible to highlight the work of the hundreds of programs that have been successful in engaging and empowering at-risk youth through the creation and performance of music, there are several programs that have made significant gains in the field and could provide a successful model. The Kidsingers program was initiated by choral conductor Paul McNeff in the inner city areas of Orange County, California in 1997 after music programs were cut from the Santa Ana Unified School District. Kidsingers provides a highly structured after-school choir program to engage children in quality music education and performance while keeping them off the streets and away from drugs and gangs. All of the children who make up the 150 member choir receive scholarship money in order to participate in the program, which focuses on the values of personal responsibility and self-worth. Since its inception, parents and teachers of the students involved in Kidsingers have seen increases in student confidence and self-discipline, as well as a decrease in acting out and violent behaviors (McNeff, 2006). Many students involved in this program have also developed into role models for other students in their classrooms because of their level of commitment to the ensemble and their academic work, and positive interactions with their peers.
During the 2004-2005 academic year, Anita L. Iannucci, PhD from the University of California’s Center for Statistical Consulting conducted a full impact study of the Kidsingers program. The results of the study revealed that over the course of the year all participants experienced an increase in self-esteem as measured by the Coopersmith Self-Esteem Inventory, a standardized psychological instrument. The increases in self-esteem were more significant in children who were from households with multiple children than those who lived in a single child household. In addition to the findings of the Coopersmith Inventory, 87% of the students reported feeling more confident about themselves and their abilities, and 85% of the students reported that they had learned to respect other people and other cultures through Kidsingers.

In the San Francisco, California bay area, Music in Schools Today created an intervention program titled Achieving Through Music using drumming circles to bring music to public schools and community centers. The program, which serves approximately 2,000 at-risk youth throughout the bay area, begins with large group drumming circles which may evolve and split off into smaller groups after students have mastered a certain number of skills and can successfully interact within a smaller group. Through the drumming program students learn self-expression, cooperation, and music skills, as well as respect for their peers, teachers and mentors that they work with. Long term goals of the program include reducing violence and other at-risk behaviors among youth and improving academic performance, school attendance and life skills. Since the program’s involvement at James Lick Middle School in San Francisco, the grade point averages of students participating in the program increased by an average of 4 percentage points while the grade averages of students not involved in the program decreased by
approximately the same amount. The average number of absences recorded by students not involved in the program was more than twice that of the students in the program. More notably, the Mayor's Office of Criminal Justice estimated that approximately one-third of African American males between the ages of 15 and 17 are arrested and placed in Juvenile Hall each year (DCYF Community Needs Assessment, 2005), while less than 1% of the students who have participated in the Achieving Through Music program in the past two years have been adjudicated and sentenced to Juvenile Hall (Madden, 2006). While these statistics are staggering, it is important to note that the youth who are served by the Achieving Through Music program are already involved in intervention services such as after school and mentoring programs. Youth in the control groups may not be receiving any type of intervention services and therefore continue to succumb to the risk factors that they face. With the information available it is not possible to determine if the positive gains made by the students involved in the Achieving Through Music program are the effect of their involvement in a music program or their involvement in an intervention program which fills their after school hours and provides positive adult role models in the form of mentors.

Established in Starlight Cove Community Elementary School in West Palm Beach, Florida in 1995, the Beat for Peace program is the result of a collaboration between school counselor Michael Kane and music teacher Paul Corbiere which focuses on reaching a portion of the student population who had become increasingly disenfranchised with school. Starlight Cove is a Title 1 school under the No Child Left Behind Act, meaning that it receives increased Federal funding to provide educational opportunities in order to improve the academic achievement of the disadvantaged. Title 1
schools are identified based on the percentage of students eligible for free or reduced lunch. Using the *World Music Drumming* curriculum developed by Will Schmid, Past President of the National Association of Music Educators and current Professor of Music at the University of Wisconsin, *Beat for Peace* focuses on reaching students with attendance, academic or behavioral difficulties, family conflict or dysfunction and those with poor self-esteem. Through the drumming program students learn not only techniques for playing various types of drums and percussion instruments, but also resiliency traits of social competence, school affiliation, self-concept, a sense of purpose and future, and the value and worth of diversity (Kane, 2007). As they play through the curriculum, students also discuss how their interactions within the ensemble and the musical tasks they have mastered can be applied to real life. The *Beat for Peace* program goals and objectives are also consistent with the Sunshine State Standards, and the program has been strategically recognized in the School Improvement Plan, which is part of the reporting and assessment requirement for schools receiving Title 1 funding. Observations from teachers include that students involved in the program have shown an increase in classroom focus, social competence and class participation (Kane, 2007). Currently, *Beat for Peace* is in the process of expanding its programming to Freedom Shores Elementary School and conducting evaluations through a series of surveys and student self-reflection.

The *Teens 2 Homes* program was begun in Shaker Heights, Ohio in 2006 offering a variety of programs designed to improve permanency for adolescents in the child welfare system. Through a project grant awarded by Health and Human Services, the Adoption Center at Bellefaire Jewish Children’s Bureau has developed and initiated the *Teens 2*
Homes program which includes Peer Groups, Summer Camp, Youth Leadership Council, Mentors and the Community Chorus. All of these programs work to help adolescents in the foster care system establish permanent connections to caring adults who are committed to being positive resources for youth who are involved in the foster care system or seeking adoption. The mission of the Teens 2 Homes Community Chorus is to connect youth to adults, promote a range of permanency options, enjoy making music together, educate the community about the importance of permanency for all children, and present an honest and positive face to the community. Participation in the chorus is open to anyone who has an interest in singing, though it can be an especially rewarding experience for families or individuals who are considering adoption, adult adoptees and former foster children, new teachers looking to gain more experience with at-risk youth, adoptive families and families with teenaged foster children, or anyone who wants to become involved with young people who need role models. Over its lifetime the Teens 2 Homes Community Chorus has evolved into a “hip-hop fusion” choir, and performs material that integrates rap with choral singing, the result of a strength-based programming process. As time passed the director of the chorus, Brad Wyner, learned through trial and error what types of songs would work and be successful for the group, focusing on building upon the strengths of both the group and individuals within it in order to reach higher levels of success.

Over the two and a half years that the Teens 2 Homes Community Chorus has been in existence, it has experienced a great deal of fluctuation in its membership and attendance numbers, as well as a shift in its musical objectives. The greatest barrier for attendance and membership for the teens involved in the choir is transportation. Many do
not have reliable forms of transportation to get to Bellefaire’s campus for rehearsals, leading the program’s administrators to consider holding rehearsals at alternative locations which are easier for the youth to reach, making arrangements with a taxi company to provide transportation, or even hiring someone responsible for transporting the teens to and from rehearsals. With the frequency in turn over of members, the chorus has adjusted its objectives to place less focus on music literacy and skill acquisition, and more focus on the group cohesion and the joy of performing and sharing with an audience. The repertoire of the chorus represents themes that are relevant to kids who need families. The youth who participate are able to make connections between the content of the music and their own lives. Brad Wyner has provided CDs with the group’s selections so that the members may listen and practice on their own time, lessening the anxiety associated with learning new material and boosting their confidence in their performance.

Located on a twenty-two acre campus in New Windsor, New York the Kaplan School for Special Education provides educational and behavioral health services to 116 boys ages 7-17 who are emotionally disturbed. Seventy-two students live with their families and attend the Kaplan School for their educational needs as well as individual and family counseling. The other forty-four students live in the Therapeutic Residential Treatment Program due to their difficulties at home and in the community, and the level of supervision and services they require. Students are referred to the Kaplan School by various New York State departments of social services, family courts, or school districts. As part of their regular curriculum students attend both art and music classes and also have the opportunity to participate in the McQuade Percussion and Dance Ensemble. In
this ensemble students learn techniques on a variety of percussion instruments, as well as Brazilian and African movement. The students work not only to prepare performances, but also to learn to conduct drumming workshops so that upon their discharge from Kaplan they can bring their experience and skills to their own communities. The McQuade Percussion and Dance Ensemble members frequently perform in the community and conduct workshops in other area schools; and, upon discharge, are given their own instruments to take with them in order to continue their drumming experience and share it with others. Teachers note that members of the ensemble have increased self-esteem and pride in themselves for their membership and contribution to the group, and show less instances of acting out (Muldoon, 2007).

Despite the number of innovative and engaging programs which bring music education and performance experiences to at-risk youth, the Kaplan School for Special Education and its Residential Treatment Program is the only residential program identified through this project which offers a structured musical learning experience for its clients. Teacher and staff observations signal the success of the program and the adolescents which it serves, but there has not been any formal evaluation or assessment of the program's goals and/or outcomes. Many of the community outreach programs which strive to provide musical interventions for youth facing the most risk factors do not have formal processes of evaluation and assessment, making it difficult to identify their strengths and weaknesses, or areas which could be improved upon. Despite the lack of formal evaluation of the programs investigated for the purposes of this project, there are similarities which contribute to each program's success. The most striking factor that all of these programs have in common is the emphasis placed on student accomplishment,
success, and personal growth through the musical learning process. None of these programs are attempting to develop professional musicians. These programs all provide opportunities for at-risk youth to learn new skills, develop and maintain relationships with responsible adults as well as peers, and to experience a sense of accomplishment and pride in their performances. The ultimate goal is to prepare youth to overcome the challenges they are faced with in order to have a greater chance at success in their lives. Music is the vehicle by which that goal is pursued (Kane, 2007).
CHAPTER IV

BELLEFAIRE JEWISH CHILDREN'S BUREAU'S INTENSIVE TREATMENT UNIT,
COTTAGE 10

Bellefaire Jewish Children's Bureau is a 501(c)(3) non-profit organization which
was established as a Jewish orphanage in 1868 and over the years has evolved into a
national leader in providing wellness, advocacy, and behavioral healthcare services to
children, youth and their families. In addition to the Residential Treatment services
examined in this project, Bellefaire JCB also provides adoption and foster care services,
residential and educational services for children with autism, outpatient, home and school
based services, and early childhood educational services.

The residential division of Bellefaire JCB includes two Intensive Treatment Units,
an Intermediate Unit, a Transitional Living Unit, and the Monarch Boarding Academy,
which provides residential care for children with autism. For the purpose of this project,
an in depth investigation of the services and programming in place in the Intensive
Treatment Unit, Cottage 10 was conducted. Cottage 10 is a locked, self-contained co-ed
unit which houses fourteen clients aged 11-17 who have severe social, emotional and
behavioral problems. Each client's treatment plan is individualized to focus on the
complex needs of that child. Treatment team members include psychiatrists;
psychologists; clinical counselors; social workers; individual, family, and group
therapists; child care workers; nursing staff; and educators who meet weekly to discuss each client’s status and progress in treatment. Due to the severity of the clients’ acute crises and/or persistent and pervasive problems, they require 24 hour supervision, and all necessary services, including medical, psychological, therapeutic, educational, and programming, are delivered within the locked unit.

The vast majority of clients who are admitted into Cottage 10 are under the care and supervision of various county departments of social services throughout Ohio and neighboring states; and clients’ treatment costs are covered by state funding. Many clients also come to Bellefaire JCB with involvement in the Juvenile Justice system and have parole officers assigned to their cases. Though it is possible for families to refer their children and pay privately for treatment, it is rare. According to the Agency Admission Criteria revised and adopted by the Intake Department in May, 2005, admission to the Intensive Treatment Unit is deemed clinically necessary based on the existence of one or more of the following criteria:

1. Self-injurious behavior that is recent (within the past 6 months), severe, and/or chronic.
2. Severe and/or potentially lethal suicide attempt and/or gesture within past 6 months.
3. Chronic AWOL behavior within past 6 months to dangerous or unsafe places and/or situations and that prevents client from receiving necessary treatment.
4. Chronic, severe, impulsive or explosive aggression that is mental-health related and does not involve use of a weapon.
5. Thought disorder and/or psychotic disorder with one or more of the following:
   a. Negative symptoms of schizophrenia to the degree that self-care is impaired.
   b. Medication evaluation and/or assessment (i.e. trial of different anti-psychotic medication).
c. Hallucinations and/or disordered thinking of a homicidal or suicidal nature (i.e. command hallucinations to hurt others or self).

d. Disturbance of thought to the degree that interpersonal relationships are severely impaired (i.e. catatonia, severe isolative behaviors).

6. Intensive medication assessment and/or monitoring that must occur in secured setting due to client’s safety risk (specific risks must be identified).

7. Intensive short-term stabilization that must occur in secured setting due to client’s safety risk (specific safety risks must be identified).

In addition to the existence or one of more of the criteria which necessitate admission to the Intensive Treatment Unit, all clients come into care with a variety of other factors which must be addressed through their treatment. Due to the complexity of each case, it would be impossible to describe a typical ITU client, but commonalities often occur. Many clients served in the ITU have a history of abuse and/or neglect, aggressive behaviors, a history of multiple unsuccessful placements, family system issues, severe school problems, and chronic mental health diagnoses. Though exceptions can and have been made, generally, clients are deemed not clinically appropriate for placement in the ITU with the existence of any of the following conditions:

1. Assaultive aggression with a weapon.
2. Actively suicidal with plan, intent, and means.
3. Need for primary sexual offender treatment
4. Thought disorder or psychotic disorder not compliant with medication, or with flagrantly psychotic symptoms to the degree that client and/or staff safety are at risk.
5. Severe to profound MR/DD.
6. Primary substance abuse issues.
7. Under the age of 11 years old.
8. 18 years old at time of admission.
9. Pregnant or parenting teenager (Note: parenting teenager is defined as a teenage parent whose child is physically with her and not living with a relative or other substitute caregiver.)
10. Corrections cases in the absence of mental health diagnosis.
11. Unmanageable medical condition as determined by health clinic staff.
12. Primary diagnosis of eating disorders.

Following admission to the Intensive Treatment Unit, Cottage 10, each client is assigned a case manager who is then responsible for supervising the services that are provided for the client. Case managers develop an Individualized Service Plan which includes the client’s treatment goals and a plan for reaching those goals through individual therapy, participation in the Partial Hospitalization group therapy program, and within the daily routines and expectations on the unit. Clients are oriented with the rules and structure of the program, as well as their expectations for active participation in their treatment.

Cottage 10 is a treatment facility which strives to discharge clients to a less restrictive setting as soon as possible. Ideally, clients move to a less restrictive setting after three to six months of intensive treatment. This could mean back to their natural families, to a foster or group home, or a step down to Bellefaire JCB’s Intermediate Unit. Unfortunately, a client’s inability or unwillingness to actively invest in their treatment, behaviors which detract from their treatment and other barriers such as difficulty in finding an appropriate less restrictive placement often leads to residency in Cottage 10 anywhere from six months to a year.

Each client in Cottage 10 receives individual therapy one to two days a week, and meets with a psychiatrist to address medication issues weekly. In addition to their work in individual therapy, all clients participate in the Partial Hospitalization Program (PH) which addresses a variety of emotional and psychological problems in a structured psychotherapeutic group setting. PH groups run in eight week cycles, and serve clients
from the two Intensive Treatment Units, as well as from the Intermediate Unit and occasionally the Monarch Boarding Academy. Two weeks prior to the beginning of each eight week cycle, the staff and directors of the PH department meet to develop groups for the new cycle. An analysis of the clients currently being served in the residential program, as well as an evaluation of the needs specific to the current group of clients takes place at these meetings. Issues needing to be addressed are identified at that point in time. Group facilitators then determine the groups that will take place for the upcoming cycle, and place clients in the groups based on their individual needs and the dynamics of the group being created. The types of groups that are offered vary from cycle to cycle based on the diagnoses and needs of the clients who are currently being served in the residential program. Partial Hospitalization groups last three hours, and are typically skill based. Facilitators can incorporate a variety of activities in order for clients to practice skills and interventions. These groups involve more active interventions, in which clients participate physically. These activities include bibliotherapy, art therapy, role playing, story telling, group play, interactive educational activities, and movement techniques. Group Behavioral Health Counseling (GBHC) groups are also run by the Partial Hospitalization program, but are classified as any group lasting less than three hours, and are mind to mind group therapy. In mind to mind group therapy all skills and interventions are presented in a discussion based format. Facilitators of GBHC groups must document how skills were presented to clients, and typically use more worksheets which then fuel discussions of clients’ answers, thoughts, and feelings. At the end of each eight week cycle clients are asked to evaluate the effectiveness of the group and what they learned from their participation in it. Currently
the PH department does not engage in any formalized evaluation or assessment processes, but rather must focus on the development of the next cycle of groups to be offered. While several groups involve art therapy, creative expression activities, and occasionally music listening activities, there is no active music making involved in any groups.

During their stay in Cottage 10, clients' educational needs are served by the Cleveland Heights-University Heights School District, which operates three containment classrooms within the locked building. Following admission to the cottage, clients' educational records are evaluated and they meet with the Bellevue School principal, Odessa Johnson and school psychologist Denise Wicks, who then determine the client's placement into one of the three classrooms. These three classrooms serve not only the fourteen clients from Cottage 10, but also the fourteen clients from the other Intensive Treatment Unit, Cottage 12, which operates within the same locked facility as Cottage 10. Many clients are admitted to Cottage 10 with a history of disruptions in their school placements, and often have educational records that are incomplete. While some clients have Individual Education Plans when they are admitted to the program, teachers estimate that many more clients should have Individual Education Plans based on their function level, special needs, and history of school disruptions. For many clients, these special education needs have not been addressed due to the disruption to their home and educational placements. Due to the broad range of ages and levels of education of the clients in the Intensive Treatment Units, the three classrooms are all a mixture of clients of various grade and functioning levels. All clients complete course work in the same subject areas, though specific assignments are modified to fulfill each individual's
required credits. For example, a history unit may fulfill the credit requirement in US History for one client, while being counted as a World History credit for another client. The subjects being taught in the Intensive Treatment Unit classrooms are English, History, Math, Math Lab, Science, Science Lab, Health, Physical Education, Art Lab, and Personal Development. At one point in time there was a Music class offered once a week, but currently the Cleveland Heights-University Heights School District does not provide any music education for the clients receiving educational services in the Intensive Treatment Unit classrooms.

In addition to the educational and therapeutic services that Cottage 10 clients are involved in on a daily basis, their time spent on the unit is highly structured with a variety of programming activities in order to keep them engaged throughout the day. Many clients come from disruptive homes where they have not learned to follow routines or have not had clear expectations of behavior. Providing structure and consistency to their day increases their ability to feel safe and nurtured, as well as to learn to modify their behavior in order to be safe and successful within the community. Quiet times occur throughout the day, during which clients must be in their rooms and engage in independent activities in order to help them learn to self-soothe and also to assist them in transitioning from one activity to the next. The client population in Cottage 10 covers a broad range in both age and functioning level, making it difficult to plan and schedule programming activities that are engaging and meaningful to the group as a whole. For that reason, the leadership team of Cottage 10 encourages new suggestions and ideas from both clients and Child Care Workers, and programming activities are reviewed and evaluated regularly. Some of the programming activities that are regularly taking place
include board, video and card games, arts and crafts activities, structured and unstructured gym time, movie nights, bingo, and personal hygiene groups. Each day is scheduled and structured, and clients who choose not to participate in programming activities are expected to remain in their rooms.

Cottage 10 utilizes the Stop-Think-Do Zone System in order to help clients learn and accomplish the goals in their Individual Service Plan and earn privileges by demonstrating improvement in their behavior and progress toward accomplishing their goals. Once a client has met the expectations for each Zone, they complete a petition packet which is then signed by members of their treatment team as well as a peer. The treatment team then decides if that client should advance to the next level. As they move through the level system clients are able to earn privileges such as a later bed time, extra phone call days, use of the cottage video game system, and leaving the locked unit to go on an outing in the community. In addition to privileges associated with the Zone System, clients who demonstrate stable behavior and receive written consent from their guardian may participate in the Teens 2 Homes Community Chorus on Monday evenings. There has been a recent increase in Cottage 10 clients who are interested in participating in the choir, and many clients have been highly motivated to maintain their behavior throughout the week so that they are able to attend rehearsal. The choir director, Brad Wyner, has observed that Cottage 10 clients who attend choir rehearsals are often the most engaged and enthusiastic participants. While both Mr. Wyner and the Cottage 10 team would encourage and support all clients’ participation in the Teens 2 Homes Community Chorus there are several barriers that exist. Clients who are placed in a locked Intensive Treatment Unit require a high level of constant supervision, and leaving
the locked unit to attend rehearsals in another building on campus is not an option for many clients. Contingencies in staffing patterns and crisis situations on the unit may also result in staff members not being available to accompany clients to rehearsal and provide supervision for them. In addition, the Teens 2 Homes Community Chorus often performs at locations out in the community, and most clients in Cottage 10 would not be permitted to attend those performances.

The clients who are placed in Bellefaire Jewish Children’s Bureau’s Intensive Treatment Unit, Cottage 10, receive a variety of services to meet their immediate needs of safety and security, and to provide them with the skills necessary to be returned to the community. For many clients, Cottage 10 is the first place they have felt safe and nurtured, and they are able to address the mental health and trauma issues that necessitate their placement in an Intensive Treatment Unit. Being involved in a structured music education program would provide the opportunity for clients to explore their personal creativity, express themselves in positive ways, build stronger bonds with staff and peers, learn new musical and non-musical skills, and take pride in their accomplishments.
CHAPTER V

PROGRAM PROPOSAL FOR FINDING THE BEAT

The purpose of the Finding the Beat program is to provide a structured musical learning experience for the clients in Bellefaire Jewish Children’s Bureau’s Intensive Treatment Unit, Cottage 10. Clients will learn musical skills as well as participate in active music making in a setting which is safe and nurturing. All of the clients served in Cottage 10 have experienced disruption in their home lives which has led to disruption in their education, and many have never been given the opportunity to play a musical instrument or learned to express themselves through music. Finding the Beat will focus on each client’s strengths and abilities, as well as the individual contributions he or she can make to the group. Clients will have the opportunity to experience other cultures through singing, drumming and movement techniques from around the world.

When the school year ends on June 5th, 2008 the cottage schedule will change dramatically, and the structure provided by the school day will cease. In order to maintain clients’ behavior and stability, they must be provided with an adequately structured day. For the summer of 2008, Cottage 10 will launch a new approach to summer programming. In the past, the clients participated in what was called the Summer Enrichment Program, which took place in the classrooms of the locked facility. Their schedule remained the same as it was during the school year, and they participated
in various activities in their classrooms, including educational games, arts and crafts, and movies. After returning to the unit in the afternoon, clients continued to participate in the Partial Hospitalization group therapy program and individual or family therapy as scheduled. Historically, the Summer Enrichment Program has not been successful. Clients were often bored and unwilling to participate, leading to acting out behaviors.

This summer will be different. The Partial Hospitalization Program will be run in the morning, with clients attending their daily groups before lunch. The afternoons will be structured like a day camp, with different themed activities taking place each afternoon. In order for clients to be able to participate in the afternoon camp activities they must actively participate in their morning treatment groups. Afternoon camp activities will be fun and exciting, providing much needed motivation for clients to attend and actively participate in their PH groups.

One afternoon per week will be designated for Finding the Beat. The two hour weekly sessions will be highly structured to provide a variety of musical activities which will keep clients engaged and active. All clients who completed their morning PH groups will participate in Finding the Beat activities, as will the staff members who are on duty for that shift. If there are clients who did not complete their morning PH group, staff members will be designated to remain on the unit with those clients. Active participation of the staff members who are on shift will be essential to the success of this program. In order to assist in the active participation of staff members, there will be two training periods scheduled before the program begins. Staff members will be required to attend one of these training sessions. During the training sessions staff members will be presented with program information as well as the background information which led to
the development of this program so that they will have an understanding of the benefits that clients may gain through participation in music. They will then learn the musical skills that will be presented to the clients so that they can not only actively participate in the sessions, but also be able to provide guidance as clients attempt new skills. Throughout the summer staff members will be expected to remain active in the program, and additional training sessions will be scheduled as needed. Any staff members who have musical skills or experiences that they would like to share will be encouraged to plan activities to be incorporated into the Finding the Beat program. It is essential that all staff members be familiar with the goals, objectives and skills involved in Finding the Beat, and that the team as a whole provides a nurturing and non-threatening environment in which clients are able to explore their musicality without fear. It is also important for staff members to be familiar with the material and skills presented so that if crisis situations arise in which this writer is unable to facilitate practice sessions another staff member may step in and lead the group. Due to the instability of the population of clients in Cottage 10 and the frequency of crisis situations that occur, providing a consistent level of programming will be the greatest barrier to the success of this program.

The majority of the music making activities will be drawn from the World Music Drumming curriculum developed by Dr. Will Schmid and published by the Hal Leonard Corporation in 1998. The World Music Drumming curriculum is the result of an eighteen month pilot program which involved twenty different schools where techniques were practiced and refined. Throughout its development, the World Music Drumming curriculum was adapted based on teacher, student and administrator reports and assessments in order to best meet the needs of the students, school, and community. The
World Music Drumming curriculum has been used with great success in schools around the country, as well as being adopted by the Beat for Peace program in West Palm Beach, Florida. The facilitators of the Beat for Peace program note that the World Music Drumming curriculum aligns easily with resiliency strategies and is effective in building the social competencies of the students involved in the program (Kane, 2007). In addition, the active, hands on approach of the World Music Drumming curriculum is physically engaging for students who have difficulty sitting still or focusing during more passive activities. The National Standards for Music Education are incorporated into the lessons, which can be easily modified and adapted to meet the needs of a wide range of student ages and abilities. Movement through the curriculum is dependant on the students’ ability to master techniques and skills. Thus, allowing for all students to experience success before moving on to the next activity.

In addition to the World Music Drumming curriculum, segments of the Finding the Beat sessions will be spent exploring the world of music and drumming performance through various listening and video activities. Each weekly session will last two hours, which is too long for clients to be engaged in only one activity. In order to keep clients actively engaged it will be important to provide a variety of experiences and activities. Being able to experience live performances of professional drummers and community drum circles will provide motivation for clients to learn and refine their skills, and also build excitement. A portion of each session will also be spent teaching clients how to properly clean, care for, and store the instruments they are learning to play. Each client will be assigned an instrument which they will be responsible for throughout the entire program.
Ideally, a professional drumming group would be brought to the Intensive Treatment Unit to perform as a kick off for the program. Unfortunately, due to issues of confidentiality and security, there are several stages of approval which must be received in order to bring individuals not employed by Bellefaire JCB into the Intensive Treatment Unit. The possibility of bringing professional performers into the unit is currently being pursued, and permission may be received before Finding the Beat is scheduled to begin in June. If it is not possible to bring performers into the unit, there are several live performances available on DVD which will be used to show the clients a variety of types of drumming.

Funding sources for Finding the Beat are currently being pursued by Bellefaire JCB’s Director of Residential Treatment, Stephanie Senter. The estimated cost to purchase necessary equipment and curriculum materials for Finding the Beat is $1500. Once instruments and curriculum materials are purchased for Cottage 10, commitment to supporting the ongoing cost of running the program is unclear and must be evaluated as the program continues. For the summer of 2008 this writer will implement and facilitate the program while employed by Bellefaire JCB as a Cottage 10 Supervisor. For that reason, there will be no additional salary cost associated with the program. However, the cost and funding required to continue this program in the future, or to implement similar programs in other residential treatment settings is a potential barrier to success. Funding for extra-curricular activities and programming will always be secondary to ensuring that clients’ basic needs are being met.

Evaluation and assessment of the Finding the Beat program will be ongoing. Prior to program implementation permission must be received from the parents and guardians
of all clients in order to participate in the evaluation and assessment process. Parents and guardians will be informed of the assessment used, and that all data collected from clients will be used only for the purpose of evaluating and improving the program and will not be published. Once permission is received from parents and guardians, clients will complete the Coopersmith Self-Esteem Inventory in order to obtain baseline information. Following each session of Finding the Beat, participating staff members and clients will be asked to provide feedback on the activities that took place. Staff members will be asked to identify aspects of the session which they felt were successful and how those activities benefited the clients. Clients will be asked to identify what they learned in each session, what they disliked in that session, and how the skills they have learned may be applied on the unit or in the community. In addition to the weekly feedback provided by the staff and clients, this writer will also keep a weekly record of progress toward programmatic goals and specific objectives. At the end of the summer, clients will once again complete the Coopersmith Self-Esteem Inventory. The results of the second administration of the Coopersmith Self-Esteem Inventory will then be compared with the data collected at the beginning of the summer to determine if gains in self-esteem have been made. The effectiveness of this program will be measured not only by the musical skills that clients develop throughout the program, but what affect, if any, their participation has on their progress toward treatment goals. It will also be beneficial to examine trends in the length of residency experienced by clients. Participation in Finding the Beat may have a positive effect by increasing clients’ progress toward accomplishing their treatment goals and thereby decreasing the average length of residency in the Intensive Treatment Unit. Following the completion of the program and collection and
organization of all data, this writer will meet with the Cottage 10 Leadership Team and the Director of Residential Treatment, Stephanie Senter, to examine the data and draw conclusions about the program's level of success.
CHAPTER VI

CONCLUSION

While extensive research and literature has been published dealing with music and at-risk youth, examination of adolescents placed in residential treatment and the possible effects music education may have on their lives has not taken place. Most children who are in residential placements are not receiving music education services or participating in active music making experiences, making it difficult to evaluate the impact that these experiences might have. Though there is a lack of research and literature dealing with the possible effects participation in a structured music education program may have on adolescents in residential treatment, several conclusions and assumptions may be drawn from the literature and research reviewed in this paper.

Both published literature and existing programs providing music education for at-risk youth support the positive outcomes which can be gained through participation in music. With the numerous challenges that youth face today, they must be increasingly flexible and resilient in order to achieve success in both school and the community. For those facing one or more risk factors to their development, avenues of success are even more limited. The ability to establish connections with positive role models, to believe in their capacity for success and take pride in their accomplishments have been shown to increase the likelihood of at-risk youth achieving success in their futures. Performance
and creation of music can provide even the most disenfranchised youth with the opportunity to experience success. Outreach programs such as Kidsingers, Achieving Through Music, Beat for Peace, The McQuade Percussion and Dance Ensemble, and The Teens 2 Homes Community Chorus have been successful in engaging at-risk youth in music education and performance. All of these programs have had positive effects on the youth that they serve, and continue to expand and develop.

Bellefaire Jewish Children’s Bureau is a national leader in providing intervention services for children and families. The clients who are placed in the Intensive Treatment Unit, Cottage 10 receive comprehensive services to meet their immediate needs and provide them with the treatment necessary for them to be reintegrated into the community. Despite the array of services provided for the clients in Cottage 10, there is no music. The implementation of Finding the Beat will provide for most Cottage 10 clients their first experience with active music making and participation in a music ensemble. Ongoing evaluation and assessment of the program will determine what effect, if any, clients’ participation in music education has on their progress toward their treatment goals and the length of their stay in Cottage 10. If the program is successful it will also provide a model by which other facilities may initiate music education programs for their clients.
BIBLIOGRAPHY

Published Materials


Unpublished Materials

Agency Admission Criteria. Bellefaire Jewish Children’s Bureau Intake Department. May 2005


APPENDIX

University of Akron

NOTICE OF APPROVAL

Date: March 4, 2006

To: Sarah E. Ford
1764 Hampton Knoll Drive
Akron, Ohio 44313

From: Sharon McWherter, IRB Administrator

Re: IRB Number 200800302
"Movie Education for Adolescents in Restorative Treatment"

Thank you for submitting your Exemption Request for the referenced study. Your request was approved on March 3, 2006. The protocol represents minimal risk to subjects and matches the following federal categories for exemption:

☒ Exemption 1 - Research conducted in established and commonly accepted educational settings, involving normal educational practices.

☐ Exemption 2 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.

☐ Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.

☐ Exemption 4 - Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.

☐ Exemption 5 - Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public or private programs or activities.

☒ Exemption 6 - "Data and/or quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to this study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exempt category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

Cc: Advisor / Endorsed

Approved on [waive form] enclosed

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Akron, OH 44325-9100
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