

Florida State University Libraries

Electronic Theses, Treatises and Dissertations

The Graduate School

2008

Word Usage and Thematic Content of Song Lyric Analyses: A Comparison of Adolescents Living in Community and Residential Environments

Thomas J. Petterson



FLORIDA STATE UNIVERSITY

COLLEGE OF MUSIC

WORD USAGE AND THEMATIC CONTENT OF SONG LYRIC ANALYSES:
A COMPARISON OF ADOLESCENTS LIVING IN COMMUNITY AND
RESIDENTIAL ENVIRONMENTS

By

THOMAS J. PETTERSON

A Thesis submitted to the
College of Music
in partial fulfillment of the
requirements for the degree of
Master of Music

Degree Awarded:
Summer Semester, 2008

The members of the Committee approve the Thesis of Thomas J. Petterson defended on July 3, 2008.

Alice-Ann Darrow
Professor Directing Thesis

Jayne M. Standley
Committee Member

Dianne Gregory
Committee Member

Approved:

Don Gibson, Dean, College of Music

The Office of Graduate Studies has verified and approved the above named committee members.

This thesis is dedicated to my grandmother Dolores,
for instilling in me a love of music and learning.

ACKNOWLEDGMENTS

I would like to express my deep gratitude to the many people who have helped me throughout the process of writing this thesis paper. First of all, I would like to thank Sherronda Thomas and Kacy Dennis of Boys & Girls Clubs of the Big Bend, as well as Shannon Martin and Rhonda Johnson of Capital City Youth Services for their help in coordinating and implementing this study at their respective organizations. Thanks to my fantastic content analysis team of Sabina and Sean. Additional thanks go to Sabina for lending me many hours of her time, treating me to numerous bits of thesis writing insight, and allowing me to record her lovely voice for this project. Thank you to Tara, for helping me to keep life in perspective while writing this paper. Many thanks go to my parents Karen and Kyle, for their overwhelming support, encouragement, and wisdom, and to my brother Luke, for always being just a phone call away. Thank you to Dr. Jayne Standley and Professor Dianne Gregory for introducing me to the world of music therapy and for serving on my thesis committee. Finally, I would like to thank my advising professor, Dr. Alice-Ann Darrow, for her endless enthusiasm, words of encouragement, and patient guidance – all of which were greatly needed and much appreciated.

TABLE OF CONTENTS

List of Tables	vii
Abstract	viii
I. Introduction	1
Purpose of Study	4
II. Review of Literature	6
At-Risk Youth	6
Continuum of Residential Treatment Options for Adolescents	10
Creative Arts Therapies with At-Risk Youth	14
Music Therapy with At-Risk Youth	17
Lyric Analysis Interventions	22
Songwriting Interventions	25
Rationale for Study	30
Research Questions	30
III. Method	31
Participants	31
Setting	31
Materials and Equipment	32
Procedure	33
Measurements	34
IV. Results	37
Data Analyses for Research Question One	37
Data Analyses for Research Question Two	40

Data Analyses for Research Question Three	48
V. Discussion	49
APPENDICES	58
A. Song Lyrics for Lyric Analyses	58
B. Lyric Analysis Interview Questions	63
C. Participant-Composed Song Lyrics	65
D. Institutional Review Board Approval and Consent Forms	70
REFERENCES	75
BIOGRAPHICAL SKETCH	92

LIST OF TABLES

Table 1. LIWC Output Categories	35
Table 2. Content Analysis of Songs Written by Participants	38
Table 3. LIWC Results for Songwriting Lyrics	39
Table 4. <i>t</i> -tests of LIWC Categories of Word Usage	40
Table 5. Question 1: What does the song say about life? Song: There's Hope	41
Table 6. Question 1: What does the song say about life? Song: Hey Mama	42
Table 7. Question 2: What feelings does the song bring to mind?	43
Table 8. Question 3: What did the song make you think about? Song: There's Hope	44
Table 9. Question 3: What did the song make you think about? Song: Hey Mama	44
Table 10. Question 4: Did you like the song?	45
Table 11. Question 4: Why or why not?	45
Table 12. Question 5: Select two lyric lines from the song which are most meaningful to you. Song: There's Hope	46
Table 13. Question 5: Select two lyric lines from the song which are most meaningful to you. Song: Hey Mama	46

ABSTRACT

The purpose of this study was to examine and compare the thematic content and word use patterns found in lyric analysis responses and songwriting lyrics of at-risk adolescents from community and residential settings. Adolescents living in a voluntary, short-term residential facility (n = 15) and adolescents living with family members in a typical home environment (n = 15) served as participants. The study was conducted in three phases: a lyric analysis phase, participant interview phase, and group songwriting phase. During the first two phases, participants individually listened to two popular songs—one rap and one R&B, and then responded orally to a series of questions regarding the lyrics of each song. Oral responses of participants were audio recorded and transcribed. Content analysis was employed to code interview responses and participant-composed song lyrics into thematic categories. Linguistic Inquiry and Word Count, a software program that analyzes the content of written text, was also employed to identify trends in word usage. Content analysis revealed a focus on themes within the responses of the residential group that was not found in the community group. These themes were: regret, loss of control, feeling restrained, and finding happiness regardless of wealth. Conversely, song lyric lines of the community group contained more thematic content in the categories of negative experiences and social/peer groups. Significant differences were also found in the lyric analysis responses of the two at-risk groups. Word use of the community group was significantly greater than the residential group in two categories—total pronouns and impersonal pronouns. Similarities were found between the two at-risk groups in their use of feeling words, their music preferences, and the thematic category of family in their lyric analyses and songwriting lyrics. Data found in this study align with typical therapeutic objectives of adolescents receiving residential and non-residential treatment. This alignment indicates that lyric analysis and songwriting interventions may be effective methods for providing therapy to at-risk youth. Additionally, findings of this study suggest that adolescents are willing to disclose information and engage in dialogue related to therapeutic issues within the context of lyric analyses and songwriting. These music therapy interventions, therefore, appear to be viable and effective therapeutic strategies for use with at-risk adolescent populations.

CHAPTER I

INTRODUCTION

Youth in the United States make up a vital portion of our country's population, and are an integral asset in determining the future success of our nation. The U.S. Census Bureau estimated that in 2007 there were nearly 74 million children under the age of 18 residing in the United States; thus, comprising 24.5% of our nation's total estimated population (U.S. Census Bureau, Population Division, 2008). The U.S. Census Bureau has also estimated that the number of individuals under the age of 18 in our nation will steadily increase throughout the first half of the century, culminating in a 36% total increase from 2000 to 2050 (Snyder & Sickmund, 2006). The importance of investing in and maintaining the health and well-being of our nation's youth becomes evident upon analysis of these data. Adolescents in the U.S. currently face a host of challenges that may prevent them from maturing into healthy, responsible adults. As the adolescent population in the U.S. increases, so too does our nation's responsibility to ensure the success of these young people.

At-Risk Youth

Certain characteristics and situations tend to place adolescents at risk for future problem conditions. Individuals who experience an accumulation of these risk factors face a greater probability of negative behavioral outcomes and encountering difficulties later in life (Taylor, Barry, & Walls, 1997). Conversely, protective factors that offset the effects of risk factors and assist individuals in avoiding these negative outcomes may also be present in the lives of adolescents. Risk factors affecting youth emerge within broad environmental conditions, family, school, or neighborhood conditions, and individually, through psychosocial and biological characteristics. Thus, adolescents whose lives are characterized by a supportive family and community, positive parental and peer relationships, and ample opportunities for education, employment, growth and achievement are at minimal risk for encountering problems. Unfortunately, many adolescents in our nation are faced with poverty, discrimination, unsupportive families, negative peer influences, and a lack of opportunities – all of which place them at imminent risk of negative outcomes. (Fraser, 1997; McWhirter, McWhirter, McWhirter, & McWhirter, 1993)

The literature has identified a number of negative behavioral outcomes that typically manifest within adolescents whose lives and environments are characterized by the aforementioned risk factors. These outcomes include juvenile delinquency, school failure or dropout, substance abuse, risky sexual behavior, and suicide (Dryfoos, 1990; McWhirter et al., 1993). Although recent evidence has indicated a mild decrease among some of these behaviors in adolescents, such high-risk behaviors are still characteristic of large segments of our nation's youth. Statistics from the past decade shed light on the prevalence of these behaviors. Law enforcement agencies recorded 2.2 million juvenile arrests in 2003, 68% of which involved crimes committed by youth ages 16 to 17 (Snyder & Sickmund, 2006). Nearly one third of our nation's students fail to complete high school within four years, and approximately 500,000 students drop out of school altogether each year (Bridgeland, Dilulio, & Morison, 2006; Northeastern University, Center for Labor Market Studies, 2003). Youth self-reports have indicated that 43% of high school students consume alcohol frequently and nearly 10% of youth ages 12 to 17 use illegal drugs (National Youth Violence Prevention Resource Center, 2001). In 2005, 34% of high school students were currently sexually active, 17% reported having seriously contemplated suicide in the past year, and 8.4% had previously attempted suicide (Centers for Disease Control and Prevention, 2006).

Continuum of Residential Treatment Options for Adolescents

Interventions for adolescents at risk may be viewed as a form of treatment and preventative care. Although many adolescents already exhibit high-risk behaviors before being exposed to any sort of formal treatment, more severe consequences can be anticipated in the absence of sufficient intervention. Researchers estimated that in 1997, 1 in 50 children under the age of 18 and 1 in 30 adolescents ages 13 to 17 were admitted to inpatient, outpatient, or residential care. Seventy-three percent of these youth received outpatient care, 22% received inpatient care, and 5% received residential care. Adolescents accounted for three fourths of the individuals who received residential care (Pottick, et al., 2002). Many guidelines are used in order to determine the most appropriate setting for intervention to take place. The most frequently mentioned principle is that of least restrictive environment; identifying a treatment setting which is least disruptive to the individual's natural environment, yet still efficiently addresses the individual's needs (Lyman, Prentice-Dunn, Wilson, & Taylor, 1989). In surveying the treatment options available to adolescents, a continuum becomes apparent. At the least

restrictive end of this continuum are nonresidential treatments, including outpatient, home- and school-based therapies. At the most restrictive end of the continuum are inpatient hospitalization and institutional treatment. Information on evidence-based practices is essential to providing optimal service delivery and treatment for adolescents.

Creative Arts Therapies with At-Risk Youth

According to the National Coalition of Creative Arts Therapies Associations (2008), art therapy, dance/movement therapy, drama therapy, music therapy, poetry therapy, and psychodrama all employ arts modalities and creative processes in the context of therapeutic intervention. The creative arts take advantage of familiar and culturally relevant media, resulting in a uniquely accessible and appealing form of intervention for adolescents. Participation in and expression through the arts is socially acceptable and intrinsically gratifying for most youth; thus, providing opportunities to address therapeutic issues which are often met with resistance or disinterest (Camilleri, 2007). As the body of research literature supporting the use of these therapeutic modalities continues to grow, the creative arts have increasingly been utilized as a component of prevention and treatment programs for adolescents (Rapp-Paglicci, Ersing, & Rowe, 2006).

Music Therapy with At-Risk Youth

Music has been used extensively as a therapeutic modality to address the challenges facing at-risk adolescents. Music therapists interact with adolescents at many points along the continuum of treatment settings discussed above, including community programs (Ragland & Apprey, 1974), school settings (Wasserman, 1993), foster and group care homes (Layman, Hussey, & Laing, 2002), residential treatment centers (Steele, 1975), acute and chronic inpatient treatment facilities (Brooks, 1989), and offender treatment programs (Baker & Homan, 2007; Gardstrom, 1987). Therapeutic goals addressed in music therapy are diverse and usually developed on an individual level, but remain characteristically consistent with the treatment goals of the settings in which the therapy is being employed.

Music Therapy Interventions: Lyric Analysis and Songwriting

An individual's music of choice tends to carry a special level of significance in the lives of adolescents. Roe (1987) noted that "a great deal of adolescent discourse centers around the language and terminology of [popular music]; and that music provides the core values of numerous adolescent subcultures" (p. 215). Songs are a medium through which adolescents

communicate regularly, articulating values and beliefs with comfort and ease. Songwriting and lyric analysis are two music therapy techniques which take advantage of the communicative aspect of songs and the appeal of preferred music.

Lyric analysis involves the careful selection of appropriate, client-preferred songs by a music therapist, or the use of songs selected by clients. Clients listen to and discuss songs in order to gain insight into therapeutic issues. As choice of song is key to a successful lyric analysis activity, considerable effort has been put forth by music therapists in recent years to identify appropriate songs from within current genres of music. Unfortunately, such genres often appear to be rife with explicit language, violence, and other themes of dubious moral value. A number of clinicians have demonstrated methods of overcoming this challenge, either by unearthing songs with positive themes in each genre or by directly addressing negative themes found in the lyrics as part of the intervention. Thus, songs from rock, heavy metal and hip-hop music genres have been successfully incorporated into lyric analysis interventions with adolescents (Kobin & Tyson, 2006; Mark, 1986; Wyatt, 2002).

Songwriting is an exceptionally adaptable form of therapeutic intervention. Consequently, music therapists implement songwriting activities with clients spanning a wide range of ages and functioning abilities (Edgerton, 1990; Edwards, 1998; Freed, 1987; Glassman, 1991; Mayers, 1995; Silber & Hes, 1995). Within the songwriting process, clients are allowed as much control as possible, while the music therapist provides a lyrical and musical framework to the extent necessary for a successful experience. Wigram and Baker (2005) emphasize that songwriting operates therapeutically as both a process and a product. The creation of a song is a process in which a client's experiences, thoughts, and feelings are organized and expressed. Upon completion of the song, the client has a product with which to reflect upon, take pride in, and share with others. Songwriting provides an opportunity for addressing therapeutic issues creatively in a manner appealing to adolescents.

Purpose of Study

Investigating the thematic content of client-composed songs has provided considerable insight into the strengths, perceptions, and experiences of populations served by music therapists (Baker, Kennelly, & Tamplin, 2005; O'Callaghan, 1996; Robb & Ebberts, 2003b). However, no studies could be found which analyzed the thematic content or word usage of songs written by at-risk adolescents. Nor could studies be found in the music therapy literature that have

investigated the thematic content or word usage within lyric analysis responses of adolescent populations. The purpose of this study, therefore, is to examine and compare the thematic content of lyric analysis responses and songwriting lyrics of at-risk adolescents from community and residential settings.

CHAPTER II

REVIEW OF LITERATURE

At-Risk Youth

Definition of At-Risk. Literature from a variety of disciplines has exhibited a lack of agreement regarding the definition of the term ‘at-risk’ when speaking about children and adolescents. This term has taken on many different meanings, depending on the context and field of study within which it is being applied. In a school setting, ‘at-risk’ may be used to characterize a student in danger of performing poorly or dropping out (Duerksen & Darrow, 1991; Taylor et al., 1997). In reference to delinquency, ‘at-risk’ can mean being in danger of offending as a juvenile or re-offending as an adult (Farrington & Welsh, 2007). Psychologists, social workers, and counselors often refer to adolescents suffering from emotional or adjustment issues as being at risk (McWhirter et al., 1993).

McWhirter et al. (1993) define at-risk youth as individuals who are in danger of negative future events as the result of a set of cause and effect dynamics in place in their lives. In example, youth who use tobacco are at risk for alcohol use, youth who use alcohol are at risk for illicit drug use, and youth who use illicit drugs are consequently at risk for drug abuse. Risk factors make it more likely that the negative future events will occur. A risk factor is “any influence that increases the probability of onset, digression to a more serious state, or the maintenance of a problem condition” (Fraser, 1997, p. 3). Similarly, certain behaviors, attitudes or deficiencies exhibited by adolescent individuals may be indicators of future problem behaviors. At-risk status is not viewed as a diagnostic category, but rather as a sequence of steps along a continuum. If multiple risk factors are present in a youth’s life, this may be an indicator that the individual is at high risk for certain negative future outcomes. Alternatively, if a youth’s circumstances are devoid of risk factors, the individual may be considered at minimal risk for these same future outcomes (Fraser, 1997; McWhirter et al., 1993). The broad, inclusive use of the term ‘at-risk’ described above will be employed for the purposes of this study.

Domains of Risk Predictors. Many serious, widespread environmental risk factors threaten our nation’s youth, including low socioeconomic status, poverty, and racial and ethnic discrimination (McWhirter et al., 1993). Within the context of these broad environmental factors, youth risk prevention efforts typically target one or more of the following domains of

youth development: family, school, peer groups, and community. These domains are not isolated from each other. In example, peer groups can be found within a school setting as well as in the larger community (Delgado, 2002). Also, healthy family attachment is associated with low levels of adolescent risk taking behaviors. However, these same risk taking behaviors generally become elevated with the inclusion of low school involvement and high peer group involvement, irrespective of family attachment (Wade & Brannigan, 1998). Thus, these domains appear to be thoroughly interconnected with one another and are most accurately viewed as an interweaving network of risk factors, rather than discrete, solitary units.

Family. The importance of the family in youth-development cannot be overstated. The family unit has the potential to promote youth resiliency and serve as a protective factor against adolescent risk behaviors. Even if youth are raised in high risk environments, they are likely to experience positive outcomes if their lives are personified by caring and ongoing relationships with parents and high parental expectations (Delgado, 2002). Unfortunately, negative family interactions may place youth at risk for additional problems in their future. Structural (i.e. single-parent or two-parent families) and contextual (i.e. parental supervision, parent-child connectedness) familial characteristics can both be predictors of adolescent risk behaviors, such as delinquency, substance use and sexual activity.

Farrington and Welsh (2007) state that having criminal or antisocial parents is the strongest familial predictor of future offending, followed by poor parental supervision, parental conflict, disrupted families, and large family size. Parent-child relationships which lack closeness, warmth and affection also increase the risk of adolescent delinquency (Smith & Stern, 1997). Additionally, Gerard and Buehler (1999) reported that overt interparental conflict and poor parenting were two significant risk predictors of youth problem behaviors, and had a cumulative effect on such behaviors. Familial factors have similar effects on adolescent substance use. The accumulation of family stressors and strain has been identified as a predictor of adolescent cigarette, alcohol and drug use (McCubbin, Needle, & Wilson, 1985). Studies have also indicated that adolescents living in single-parent, stepparent, or father-custody families are at increased risk of drug use (Hoffmann, 2002; Hoffmann & Johnson, 1998). Besides substance use, lack of parent-child connectedness and low or overly intrusive parental supervision have all been related to higher adolescent pregnancy risk (Miller, 2002).

Characteristics of the family are also intertwined with adolescent peer relations. In 1994, Curtner-Smith and MacKinnon-Lewis discovered that adolescents were more susceptible to antisocial peer pressure if they perceived that their fathers monitored them infrequently and practiced inappropriate discipline, and if their mothers reported an authoritarian style of parenting. Quality of family interaction can also affect adolescent peer relationships. Cui, Conger, Bryant and Elder (2002) found that supportive parental behavior toward adolescent children promoted supportive behaviors and increased intimacy of adolescents toward siblings and friends, whereas hostile parental behaviors towards adolescents resulted in adolescent hostility towards siblings and peers.

Peer Groups. Peer groups are an influential force in the lives of adolescents. This is understandably so, as one estimate has stated that the average adolescent spends approximately twice as much time with peers as with his or her parents (Delgado, 2002). Although peer groups do not implicitly influence youth in a negative manner, association with peers exhibiting certain characteristics does serve as a predictor of future risk behaviors in adolescents. Tenth-graders were more likely to engage in drug use, alcohol consumption, and cigarette smoking if a high percentage of school-based peers participated in these activities (Gaviria & Raphael, 2001). Additionally, youth were more at risk of dropping out of high school if school-based peers had a high dropout rate (Cairns, Cairns, & Neckerman, 1989; Gaviria & Raphael, 2001). Studies have also documented the effects of antisocial peer groups on youth violence. Kaufmann, Wyman, Forbes-Jones, and Barry (2007) determined that antisocial peer relations (individuals who engaged in frequent drug and alcohol use or other illegal acts) were a predictor of increased aggressive, disruptive conduct and acts of delinquency among urban adolescents ages 13 to 15. In a study with African-American urban adolescents, Foney and Cunningham (2002) found that negative peer influences were associated with increased antisocial fighting behaviors. Additionally, adolescents who become affiliated with a deviant peer group are at an increased risk of injury, incarceration and death (Lacourse et al., 2006).

School. The level of success youth experience within the school environment has many far-reaching implications in other areas of youth development. School dropout is associated with many negative individual, social, and economic outcomes. Students who drop out of high school have fewer employment options, higher unemployment rates, and lower average income than high school graduates (Christle, Jolivette, & Nelson, 2007; Rumberger, 1987). Students who

drop out are also at increased risk of having health problems, abusing substances, engaging in criminal activities, and depending on government programs for assistance (Guagliardo, Huang, Hicks, & D'Angelo, 1998; Rumberger, 1995).

As the negative implications of school dropout are so severe, researchers have expended extensive resources investigating factors which place youth at risk for dropping out. Grade retention and poor academic performance, including academic failure, are consistently cited as two of the strongest predictors of school dropout (Cairns et al., 1989; Dryfoos, 1990; Needham, Crosnoe, & Muller, 2004). Roderick (1994) argues that grade retention causes students to be overage for their grade level, resulting in disengagement from school. School quality can also be a determinant of school dropout. Higher dropout rates have been found in schools that are segregated, contain low teacher-pupil ratios, and emphasize tracking and testing (Dryfoos, 1990). Pittman and Haughwout (1987) found that increased school size is linked to increased dropout rates because of school climate; namely, student participation decreases and the severity of problem environments increases when school size increases. A variety of other factors contribute to school dropout as well. Stroup and Robins (1972) conducted a study among black male students and concluded that truancy, early drinking activity, low parental social status, and attending a high number of elementary schools were all early indicators of high school drop out.

The mental and physical health of students affects school performance as well. Adolescents who reported experiencing physical health problems and emotional distress exhibited increased absenteeism, difficulties with homework, and a disconnect with adults in the school system. Subsequently, these three factors were closely associated with academic failure of one or more classes (Needham et al., 2004). School commitment, another area of study, may predict acts of school-based delinquency. Crime and misconduct in school and lack of school attendance have all been associated with a low sense of commitment in adolescents (Jenkins, 1995).

Community. Along with schools, certain characteristics of communities serve as predictors of adolescent risk behaviors. In 1969, Shaw and McKay found that communities typified by disorganized neighborhoods, physical deterioration, and high residential mobility also contained the highest rates of juvenile delinquency (based on residence of offenders). Type of housing has also been identified as a predictor for delinquency. Public housing and private renting have been associated with high juvenile offender rates, whereas low offender rates have

been found in areas of owner-occupied housing (Farrington & Welsh, 2007). Besides delinquency, adolescents residing within communities suffering from poor economic conditions, high rates of joblessness among men, and disorganization are at an increased risk of drug use (Brook & Brook, 1996; Hoffmann, 2002). However, effects of community on antisocial behaviors of youth have often been attributed to the indirect effects that neighborhoods have on families. Additionally, the question has been raised as to whether community characteristics cause antisocial behaviors in youth, or if families characteristic of antisocial behaviors simply tend to live in such neighborhoods (Farrington & Welsh, 2007).

Confronting the sheer number of risk factors which face many of our nation's youth can be a daunting task. Nonetheless, in the absence of intervention, at-risk youth – and by extension, our society – are in danger of numerous future difficulties. A spectrum of residential and non-residential treatment settings are available to assist adolescents with current problems and prevent further negative outcomes from becoming a reality.

Continuum of Residential Treatment Options for Adolescents

Treatment care for youth is frequently categorized on a continuum of restrictiveness. This classification is based on the principle of least restrictive environment. In their system of care philosophy, Stroul and Friedman (1996) state that services should be provided to youth in “the least restrictive, most normative environment that is clinically appropriate” (p. 8). Similarly, Lyman and Barry (2006) add that treatment should be provided in a setting that is “least disruptive of the child’s natural environment while still providing effective intervention” (p. 261).

Regardless of the field’s consensus to abide by the least restrictive environment principle, considerable debate exists over which treatment options are the most effective, appropriate, and cost-efficient for specific youth problems or collections of problems. Additionally, levels of restrictiveness within types of residential settings can be convoluted and not as clear cut as indicated. Bates, English, and Kouidou-Giles (1997) point out that “there are often significant differences in the level of restrictiveness and treatment intensity both between and within points on the continuum” (p. 9). Thus, the following list of treatment options contains a simplified set of characteristics outlining the complex and variable qualities of available treatment programs, based on a continuum of intensity of treatment and restrictiveness of environment.

Outpatient Treatment. Outpatient treatment is the most prevalent form of treatment among children and adolescents (Burns, Hoagwood, & Mrazek, 1999; Tuma, 1989). According to one study, 70% of mental health admissions of youth ages 10 to 18 were in outpatient treatment (Burns, 1991). Outpatient treatment varies widely in theory and practice. Treatment often includes play therapy, psychotherapy, behavior therapy, and family therapy (Lyman & Barry, 2006). Therapy is offered in the context of individual, family, or group sessions, usually not exceeding two to three hours per week. Length of treatment ranges from a few sessions to over a year (Burns et al., 1999; Lyman & Barry, 2006).

Recently, researchers have conducted studies of intensive outpatient therapy programs, focusing on interventions in the home or at school. These studies have had promising results, and consequently, home- and school-based outpatient therapy has been proposed as a viable alternative to residential treatment. Intensive family preservation services (Feldman, 1991), multisystemic therapy (Saldana & Henggeler, 2006), and Lochman's Coping Power program (Lochman, Powell, Jackson, & Czopp, 2006) are three such approaches that have proven effective as forms of youth intervention. Proponents of these therapies argue that such treatment is less expensive and preserves the natural environment of the youth more accurately than residential treatment.

Day Treatment. Day treatment, or partial hospitalization, is characterized by the provision of mental health services at a treatment center during the day, and return of the youth to his or her home at night. Day treatment is specialized and intensive; less restrictive than inpatient care, but more so than outpatient treatment. Frequently cited benefits of day treatment for youth include extended treatment contact, the continued involvement with family and peers outside of treatment, and academic and behavioral improvements (Burns et al., 1999; Lyman & Barry, 2006). Day treatment centers often function as schools with therapeutic components in the curriculum. Others offer comprehensive treatment services, providing education, counseling (individual, group, or family), pharmacological treatment, and social support (Farley, 1991; Tuma, 1989). A summary of research by Burns, Hoagwood, and Maultsby (1998) indicated that day treatment can be an effective intervention, but involvement of the family is critical to success.

Treatment (Therapeutic) Foster Care. Therapeutic foster care utilizes specially trained foster parents in private houses to produce a therapeutic environment within the context of a

family home (Burns et al., 1999). This home-like setting recreates the youth's natural environment more precisely than other 24 hour residential facilities, and therefore is considered the least disruptive residential setting. Research suggests that youth who receive therapeutic foster care are highly successful in being discharged to less restrictive setting (Bates et al., 1997; Burns et al., 1999; Rosen, 1998). One analysis of the research found that 62 to 89% of youth are discharged in this fashion (Burns et al., 1998). Research has also indicated positive behavioral and emotional outcomes of participation in therapeutic foster care, including sustainable improvements in adjustment, self-esteem, sense of identity, and aggressive behavior. Additionally, therapeutic foster care is less costly than other forms of residential treatment (Burns et al., 1999; Rosen, 1998). Therapeutic foster care also appears to be beneficial among juvenile delinquents. Studies have indicated that adolescent males who participated in multidimensional treatment foster care committed significantly fewer criminal and delinquent acts, returned to live at home more frequently, and had fewer associations with delinquent peers than adolescent males who participated in group care (Chamberlain & Reid, 1998; Leve & Chamberlain, 2005).

Youth Crisis Shelters. Youth crisis shelters are short-term facilities serving youth populations for a wide variety of purposes. Youth crisis shelters function to protect and help youth that have been removed from harmful environments (as in cases of abuse or neglect), serve as a transitional home between foster or group care placements (Hurley, Ingram, Czyz, Juliano, & Wilson, 2006), provide shelter for runaway youth (Thompson & Pillai, 2006), support and aid parents or other caregivers through respite care (Lyman & Barry, 2006), and rehabilitate street youth (Karabanow & Clement, 2004). Depending on the purpose of a particular shelter, length of stay can vary. Some facilities restrict length of stay to a matter of hours, days or weeks, whereas others will provide services for months if necessary (Hurley et al., 2006; Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006). In addition to supplying the basic needs of food, shelter, and safety, most youth crisis shelters provide other assistance, such as medical treatment, counseling (for youth and families), and skill-building services (Karabanow & Clement, 2004). A common, often required, objective for many shelters is the reunification of runaway youth and their parents. In these scenarios, after-care services to support adolescents and their parents are considered integral to prevent potential victimization of the youth and achieve successful reintegration into the home environment (Thompson, Zittel-Palamara, & Maccio, 2004).

Residential Treatment Centers. Reviewing literature on residential treatment centers (RTC) is difficult, resulting from a lack of consensus on characteristics which define residential treatment (Frensch & Cameron, 2002). Some of the most consistent descriptors of an RTC are summarized by Hair (2005): “Residential treatment centers are out-of-home 24 hour facilities that offer mental health treatment using multi-disciplinary teams that often make therapeutic use of the daily living milieu, but are less restrictive than inpatient psychiatric units” (p. 552). Placement in an RTC is typically reserved for youth with serious emotional and behavioral issues. A well-developed, formal treatment program is usually in place and implemented by trained staff and licensed mental health professionals. Additionally, RTCs tend to bear less resemblance to the youth’s natural environment than foster and group homes (Lyman & Barry, 2006). However, in some cases, RTCs can be indistinguishable from other types of residential settings. They may range from small, functional units serving groups of 8 to 20 adolescents, to institutional programs serving over 100 youth (Frensch & Cameron, 2002; Lyman & Barry, 2006). Also, in practice, RTCs are often less restrictive and intensive than some foster homes or more so than certain inpatient psychiatric facilities (Bates et al., 1997).

Debate exists over whether or not it is beneficial to remove a youth from his or her family and home environment for treatment. Behavior of youth is context-dependent. Positive outcomes achieved in a setting highly unlike that of a youth’s original environment often dissipate quickly upon returning to this environment, if transferring at all (Barker, 1988; Frensch & Cameron, 2002). Another criticism of RTCs is that the environment of many facilities leads to youth adopting deviant and antisocial behaviors learned from other youth receiving treatment (Burns et al., 1999). Nonetheless, proponents of this treatment setting argue that RTCs can promote positive development in adolescents with severe emotional and behavioral problems. Hair (2005) states that RTCs “can provide a consistent nurturing environment with predictable, consistent expectations that are designed to help shape desirable behaviors and emotional responses” (p. 555).

Little evidence regarding long-term outcomes of residential care is present in the literature. However, studies documenting short-term outcomes are plentiful. Reviews of residential treatment outcome studies by Knorth, Harder, Zandberg, and Kendrick (2008) and Hair (2005) have indicated that the best short-term outcomes were produced by residential programs that were multi-modal, holistic, and ecological in approach, applied behavioral therapy

methods, and emphasized family involvement. Larzelere et al. (2001) found that adolescents made significant positive gains in behavioral outcomes ten months after being discharged from a residential program that utilized a teaching family model and emphasized extensive services and support after discharge. Hair (2005) also emphasized that success after discharge was reliant on family involvement, stability of the post-discharge environment, and the availability of aftercare support.

Inpatient Hospitalization. The most restrictive setting in the continuum of residential treatment services for youth is inpatient hospitalization. This form of treatment is characterized by extremely regimented daily living, the provision of total care in a hospital setting, and little resemblance to the youth's natural environment (Tuma, 1989). Although other therapies are available, the primary therapeutic modalities regularly consist of pharmacological treatment and other biological interventions (Lyman & Barry, 2006).

In the past two decades, average length of stay for youth at inpatient hospitals has decreased from a year or more to less than a month. The managed care system, which provides access to an array of less restrictive residential settings and other aftercare services, has accounted for much of this change. As a result, current inpatient hospitalization tends to resemble crisis-stabilization more than full-fledged residential treatment (Lyman & Barry, 2006). One treatment modality whose use has been documented at all points of this continuum is that of the creative arts therapies.

Creative Arts Therapies with At-Risk Youth

In the past three decades, a consistent body of literature has documented the use of the creative arts therapies in rehabilitative, school, community, and therapeutic settings. Gibson (1980) states that "the creative arts therapies depend upon the planned and deliberate utilization of the artistic experience as a creative process" (p. 5). According to the National Coalition of Creative Arts Therapies Associations (2008), the creative arts therapies are used "to foster health, communication, and expression; promote the integration of physical, emotional, cognitive, and social functioning; enhance self-awareness; and facilitate change" (§ 1). Use of the creative arts is appropriate for use with adolescent populations.

Tyson and Baffour (2004) assert that a strengths-based approach – in which capabilities of clients are emphasized, may be more effective in therapy with adolescents than an approach focusing on an individual's pathology and personal deficits. The same authors conducted a study

in which youth in acute psychiatric care reported that they frequently coped with crises through use of the creative arts, including listening to music, writing, creating artwork, and singing or playing instruments (2004). Focusing on creative strengths in therapy may empower adolescents and increase their sense of self-worth and value (Tyson & Baffour, 2004; Wengrower, 2001).

Other authors cite additional reasons the creative arts may be successful with at-risk youth. Adolescents are often not willing or capable to express themselves verbally; thus, through non-verbal interventions, the creative arts therapies may engage adolescent individuals in a more direct and immediate manner than verbal therapies (Gibson, 1980). Wengrower (2001) contends that therapy based on the arts is less stigmatizing to adolescents than traditional verbal therapy, as expression through art has value to adolescents and is considered socially acceptable among their peers. From a cultural perspective, Henderson and Gladding (1998) argue that the creative arts have the potential to transcend cultural boundaries, promote mental health, and build rapport between clients and therapists of differing cultural backgrounds.

In order to reflect the many differing interests of adolescent individuals, Rapp-Paglicci et al. (2006) emphasize that a diversity of prevention and intervention programs should be available to address risk behaviors of adolescents. Correspondingly, the body of literature describes many creative arts programs targeting at-risk youth. Dutton (2001) identified an array of youth development programs that have used the creative arts in school and community environments to yield positive results among adolescents. Camilleri and Jackson (2005) assert that creative arts performing groups may help youth build commitment, responsibility, and a sense of community. Additionally, Long and Soble (1999) used an arts-based project to promote violence prevention among sixth-grade students. Participants used creative arts activities to express their attitudes, thoughts and feelings on violence, develop problem-solving strategies, and actively communicate with one another.

The National Coalition of Creative Arts Therapies Associations identifies six core creative arts therapies: art therapy, dance/movement therapy, drama therapy, psychodrama, music therapy, and poetry therapy. The use of each of these treatment modalities has been used to address the needs of at-risk adolescents. Art therapists employ various visual media to aid clients in expressing themselves and in finding solutions to problems and issues (Worrall & Jerry, 2007). The use of art therapy in therapeutic and rehabilitative settings has been extensively documented with adolescents who have suicidal tendencies (Conger, 1988; Harnden,

Rosales & Greenfield, 2004; Walsh, 1993), psychiatric diagnoses (Fliegel, 2000), eating disorders (Crowl, 1980; Wolf, Willmuth, & Watkins, 1986), substance abuse issues (Cox & Price, 1990), emotional disturbances (Moon, 1999), a history of sexual abuse (Backos & Pagon, 1999; Carozza & Heirsteiner, 1982), and who have committed sexual offenses (Gerber, 1994). Art therapy has also been successfully implemented in community and school settings (Dorr, 2007; McGuire, 2007; Odell, 2007; Tibbets & Stone, 1990). McGuire (2007) integrated art therapy into a community program with inner-city at-risk adolescents to address issues of violence, create a sense of empowerment within individuals, and build trust among students and their families. Dorr (2007) used creative art-making and collaborative group processes to improve conflict resolution skills, anger management and self-esteem in adolescents enrolled in a school-suspension program.

Programs serving adolescents often apply dance and movement interventions as well. Ritter and Low (1996) surveyed 23 studies as part of a meta-analysis to identify the effects of dance/movement therapy. Results indicated that dance/movement interventions were most effective in reducing symptoms of anxiety and treating adolescent and adult groups. Dance and movement activities were used by Cohen and Walco (1999) to holistically address the psychosocial needs of adolescents with cancer. In a classroom setting, Farber (2001) created a dance/movement curriculum designed to help adolescents develop an awareness of physical, social, and cultural factors that may shape personal identity. Farr (1997) argues that many elements in the theory of dance/movement therapy parallel values of African-American youth culture, including an “inclination toward a physical and aesthetic expression of feeling” (p. 187). As a result, Farr states that dance/movement interventions may be effective in achieving certain outcomes among African-American at-risk youth, such as the communication of affect and sensation, development of socially adaptive behaviors, and an increased sense of competence.

Drama therapists use a different facet of the arts, creative drama, with youth through interventions including role-playing, theatrical performances, and discussion. Drama therapy may help adolescents to meet social outcomes such as adjusting to a new social environment (Rousseau et al., 2007), building healthy relationships (Dayton, 2007), and learning to cooperate and resolve conflicts appropriately with peers (Novy, 2003). Snow, D’Amico, and Tanguay (2003) discussed using theatrical performance with adolescents to meet emotional outcomes, including improved self-confidence and self-image. Within individual therapy, creative drama

techniques have been used to relieve problematic symptoms and promote personal growth (Dunne, 1988; Goodrich & Goodrich, 1986). Psychoeducational drama has been used successfully with individuals attending middle- and high-school to increase awareness of substance abuse, sexual harassment, and other at-risk behaviors (Kruczek & Zigelbaum, 2004; Harding & Safer, 1996).

Psychodrama – a form of group psychotherapy that uses creative drama to enact scenes approximate and relevant to an individual’s life, has also been employed effectively with adolescents (Dayton, 2007). Psychodrama has been practiced within a full range of educational and mental health settings (Kipper & Hundal, 2003). Kipper and Ritchie (2003) conducted a meta-analysis of 25 experimental studies utilizing psychodrama. Their study indicated a large improvement effect size, comparable to or greater than that of traditional group psychotherapy.

Unlike drama therapy, the fields of poetry therapy and bibliotherapy focus on the written word as a therapeutic tool (Mazza, 1999). Writing poetry in a therapeutic setting has helped adolescents to express thoughts and feelings, identify personal strengths and build self-esteem (Alexander, 1990; Bowman & Halfacre, 1994). Bibliotherapeutic interventions have been used to empower adolescents and help them develop coping skills and problem solving strategies. Through reading and discussing relevant and culturally-appropriate literature, adolescents may gain insight into their problems and develop coping strategies and solutions related to these problems (Pardeck, 1994). Holman (1996) used ethnically-appropriate literature with a minority adolescent in therapy. He states that the literature was a source of empowerment for the adolescent and helped him to establish a positive sense of identity. Whereas poetry therapy makes use of the written or spoken word to channel therapeutic change, music therapy primarily employs music to promote positive therapeutic outcomes.

Music Therapy with At-Risk Youth

In a 2003 study surveying over two-thousand 8- to 18-year-olds, researchers determined that youth in the U.S. spent an average of 1 hour and 44 minutes listening to music each day, while older teens spent close to two and a half hours doing so. Additionally, the nature of how music is accessed by youth has expanded in recent years. Almost two thirds of young people reportedly own a portable CD or tape player, 18% own an MP3 player, and 48% listen to internet radio (Rideout, Roberts, & Foehr, 2005). According to Roe (1987), “the whole adolescent milieu is penetrated at many levels by an active interest in music” (p. 215). Furthermore, music

has a powerful presence within the social milieu of youth (Beckley & Chalfant, 1977). Music then, seems to be a logical medium for therapeutic intervention.

In working with adolescents, music therapists have pursued treatment outcomes such as building self-esteem, developing pro-social skills, encouraging healthy communication and self-expression, promoting formation of identity, and developing skills for problem solving and coping. Interventions frequently employed by music therapists to address these goals include group singing, songwriting, lyric analysis, improvisation, music games, dance and movement to music, creating musical stories, learning instrumental or rhythmic compositions, and relaxation set to music (Brooks, 1989; Camilleri, 2000; Wyatt, 2002).

The Power of Music Preference. Camilleri (2000) mentions that “music therapy capitalizes on the familiarity and accessibility of music to help people recover, cope, learn, and grow” (p. 2). This statement may be especially true among adolescents. Adolescents tend to identify deeply with and show a strong commitment toward their music of preference (Austin, 2007; McFerran-Skewes, 2004). Tervo (2001) proposed that adolescents were able to connect with emotions and express themselves effectively through the application of rock music in therapy. Research has indicated that listening to preferred music has physiological effects on the body as well. Wilson and Aiken (1977) found that college students who preferred rock music responded physiologically through a general arousal-attention state when listening to this type of music.

At-risk youth may be more likely to prefer music that is not socially accepted over mainstream music. High academic achievement has been positively correlated to preference for mainstream popular music, and negatively linked to an increased preference for music that is not socially accepted (Roe, 1987). In addition, studies have indicated that youth who prefer music that is not socially accepted may be more affected by their music of preference than youth who prefer mainstream music, thus making them more receptive to therapies which include such music. Roberts, Dimsdale, East, and Friedman (1998) discovered a relationship between high-risk behavior and a strong, emotional response to preferred music among adolescents. The authors suggested that individual personality traits (i.e. sensation-seeking) may be a linking factor between risk-taking behaviors, emotional responsiveness, and music preference. Wooten (1992) found that adolescents in a psychiatric inpatient facility who preferred heavy metal music increased significantly in positive affect after listening to heavy metal. However, adolescents

who preferred mainstream rock did not respond similarly upon listening to rock music. Along with individual and social factors, cultural background may impact the music preference of adolescents.

The Office of Juvenile Justice and Delinquency Prevention estimated that between 2000 and 2020 the number of Hispanic juveniles in the U.S. will increase 58%. Increases of 9% for black juveniles, 16% for American Indian juveniles, and 59% for Asian juveniles were also estimated. However, white juveniles will increase only by 7% (Snyder & Sickmund, 2006). As our nation's youth become more culturally diverse, cultural sensitivity becomes increasingly important in the implementation of music therapy with at-risk youth. Establishing a positive ethnic identity is central to healthy development in minority adolescents (Holman, 1996). This objective may be addressed in music therapy through the use of culturally-appropriate music. Hadley, Hadley, Dickens, and Jordan (2001) assert that utilizing styles and genres of music which clients are able to identify with can be useful in a therapeutic setting to address learning deficiencies, violence, and behavioral problems in youth populations. In addition, music can assist in bridging cultural dissimilarities between counselors and clients of different cultural backgrounds (Hadley et al., 2001; Kobin & Tyson, 2006). In example, a steadily growing body of literature is available which details the success of using rap music – a genre securely embedded within the culture of African-American youth, as an intervention with minority juvenile delinquents and at-risk adolescents (Baker & Homan, 2007; Ciardiello, 2003; DeCarlo & Hockman, 2003; Tillie Allen, 2005; Tyson, 2003). Kobin and Tyson (2006) state that rap music has the potential to “bolster the self-efficacy of disempowered clients” (p. 345) and is “a catalyst for culturally relevant self-expression” (p. 346).

Music Therapy Studies with At-Risk Youth. Many authors have documented the success of music therapy programs for at-risk youth. Ragland and Apprey (1974) discussed the implementation of a music therapy program in a community setting with black, at-risk youth. Interventions such as choir rehearsal, music relaxation, music games, and lyric analysis resulted in a variety of social and academic benefits for participants. Wasserman (1993) used group singing, improvisation, and individual music lessons with girls living in foster homes to build group cohesion and increase self-expression and self-confidence.

Authors have also identified specific elements of music therapy programs that contribute to their success. In a 1975 study, Steele found that pre-teens and adolescents within a resident

treatment center exhibited a high frequency of productive, on-task behavior during music therapy groups. These results were concurrent with a therapist response style that was consistent, frequently used non-verbal feedback, and primarily provided feedback in response to appropriate behaviors. Sausser and Waller (2006) proposed a curriculum for using music therapy with students with emotional and behavioral disorders to enhance self-confidence, self-worth and socialization, among other outcomes. The authors concluded that music therapy programs that are structured for successful experiences and feature hands-on activities are especially appropriate for students with emotional and behavioral disorders.

Generalizing behaviors learned in a therapeutic setting and transferring these skills to situations where they are applicable is often challenging for adolescents in therapy. Eidson, Jr. (1989) conducted an experimental study with middle school students with emotional disorders. Results indicated that the on-task behavior of music therapy participants increased significantly in comparison to the control group. Interpersonal skills and behaviors developed in the music therapy group transferred to the students' general classrooms as well. Rickson and Watkins (2003) reported similar results in a pilot study with adolescent boys with emotional, social, and learning difficulties. Pro-social behaviors cultivated in music therapy groups purportedly increased participants' positive peer interactions when in the living area of their residential facility.

Empirical studies support using music therapy to attain other treatment goals with at-risk youth as well. Henderson (1983) found that music combined with group discussion, drawing, identification of body language, and story composition resulted in significant improvements on measures of group cohesion in a study with adolescents diagnosed with adjustment disorders. Clendenon-Wallen (1991) reported that sexually-abused adolescents who participated in music therapy groups exhibited an increase in self-confidence and self-esteem. Additionally, learning new skills in music therapy was empowering to these adolescents. Montello and Coons (1998) investigated the use of active and passive group music therapy interventions with pre-adolescents who had emotional, learning and behavioral disorders. Both methods of music therapy significantly improved attention, motivation, and hostility behaviors in participants.

Although the majority of published studies document the use of music with adolescents in a group setting, music has been used effectively in individual therapy with adolescents as well (Dvorkin, 1991; Keen, 2004; Kivland, 1986; Lefebvre, 1991). Keen (2004) employed music

during individual therapy with adolescents who had emotional disorders. Music was used to create a safe, welcoming environment for clients, and promote honest communication between therapist and client. Kivland (1986) conducted an experimental study using piano playing and music theory lessons therapeutically with an adolescent with conduct disorder. Results indicated that self-esteem increased throughout the course of the intervention. Behaviors developed in music therapy reportedly transferred successfully to other areas of the adolescent's life as well. In addition to the aforementioned at-risk populations, music therapists often work with juvenile delinquents.

Studies have indicated that music can be effective in encouraging positive changes among juvenile offenders. Johnson (1981) reported that involvement in music therapy resulted in significant improvements on measures of self-concept among juvenile delinquents. Madsen and Madsen (1968) utilized music as part of a behavioral modification approach with a juvenile delinquent. Results indicated that background music and contingent music activities helped to decrease the adolescent's maladaptive behaviors and increase his positive social skills. Gardstrom (1987) applied music therapy interventions within the framework of a group-oriented treatment model for juvenile delinquents known as Positive Peer Culture. Peer feedback and the accomplishment of challenging music activities helped young offenders develop pro-social skills and a healthy self-image. Rio and Tenney (2002) used music with groups of adolescent male, female, and sex offenders in a residential facility to pursue a number of social outcomes, such as improving social interaction and relatedness, decreasing hostile and disruptive behavior, developing empathy, and developing appropriate means of releasing energy.

One of the key treatment goals for juvenile offenders is to avoid recidivism by building skills relevant to functioning successfully in society upon release. Wyatt (2002) describes using music therapy interventions with this population to develop these functional skills, some of which include impulse control, social aptitude, and problem solving. Similarly, Baker and Homan (2007) included rapping, music sequencing, and song composition in a music program with black juvenile offenders to encourage self-expression and strengthen skills such as decision-making, organization, and socialization. The use of music therapy to address treatment issues of at-risk youth in various settings has been thoroughly documented. Lyric analysis is one of the most prominent music therapy interventions mentioned by researchers and clinicians in this body of literature.

Lyric Analysis Interventions

Lyric analysis is a commonly cited music therapy intervention which involves listening to a popular song, interpreting the lyrics, and discussing feelings and issues that relate to the content of the song lyrics (Bruscia, 1989; Silverman, 2003; Wolfe, 2000). This method is referred to by various names: song lyric analysis (James & Freed, 1989), song discussion (Bruscia, 1989), song lyric discussion (Grocke & Wigram, 2007), and active listening (Plach, 1980), to name a few. As 'lyric analysis' appears to be the most commonly used term for this therapeutic technique, it will be employed in this study. Lyric analysis interventions have been employed with a diverse selection of populations, including psychiatric patients (Butler, 1966; Gfeller, 1990), children (Heimlich, 1983; Hong, Hussey, & Heng, 1998), adolescents (Mark, 1986; Tyson, 2002), people who are chemically dependent (James, 1988; Jones, 2005; Mark, 1986), dually-diagnosed young adults (Bednarz & Nikkel, 1992), cancer patients (Bailey, 1984), and prisoners under psychiatric care (Thaut, 1987).

Lyric analysis techniques may vary considerably depending on the therapeutic milieu, objectives, and applied therapeutic framework. Lyric analysis has been used in both group (Thaut, 1987) and individual settings (Elligan, 2004). In addition, songs for analysis and discussion are played via recording (Thaut, 1987) or performed live (Butler, 1966), and are either selected by the music therapist (Butler, 1966; Gfeller, 1990; James, 1988) or the client (Bailey, 1984; Grocke & Wigram, 2007; Hong et al., 1998). Lyric analysis has been utilized within a variety of therapeutic orientations, including cognitive-behavioral (Selm, 1991), rational-behavioral (Maultsby, 1977), rational-emotive (Ellis, 1981), and psychoanalytic (Diaz de Chumaceiro, 1992) therapies. Each approach to lyric analysis has its own benefits and unique strategies for addressing individual therapeutic goals.

Benefits of Lyric Analysis. Lyric analysis, as opposed to direct verbal interactions, is commonly regarded as a safe, non-threatening therapeutic intervention. The familiarity of music provides a sense of comfort and competence of communication (Mark, 1988). In a group setting, lyric analyses promote sharing and openness to therapy (Baumel, 1973). Discussion of song lyrics is also an engaging activity that can build rapport between the therapist and client (Bednarz & Nikkel, 1992). James and Freed (1989) used lyric analysis to help create a sense of relatedness and interpersonal identity between group members. Song lyrics were used as a

stimulus for individuals to share experiences, perceptions, and values with one another, thus building trust and group cohesion.

Along with establishing a safe environment, lyric analyses can also promote the expression of feelings and self in individuals who are unable or unwilling to do so. An individual can project his or her own thoughts, feelings and experiences into the song lyrics (Butler, 1966; Grocke & Wigram, 2007; Hong et al., 1998; Kaser, 1993). Many issues are often too charged with emotion for an individual to discuss or acknowledge. When found within the context of song lyrics, feelings regarding a subject can be externalized and desensitized (Charlesworth, 1982); thus, conflicts that he or she is not capable of addressing directly can be discussed comfortably through the words of the song (Mark, 1988).

Elements inherent to music also contribute to the effectiveness of analyzing songs as a therapeutic intervention. Although similar to speech, song lyrics have the additional qualities of rhyme and rhythm. These musical features make songs pleasurable and attractive as a therapeutic technique (Heimlich, 1983). Additionally, music functions as a strong, affective stimulus, capable of inducing and altering emotional reactions (Schiff & Frances, 1974; Thaut, 1989). In a 1994 study, Stratton and Zalanowski determined that combining music and lyrics had a stronger affective influence on individuals than music or lyrics alone. In addition, Galizio and Hendrick (1972) found that adding musical elements to a song's lyrics resulted in greater arousal of emotions and acceptance of the song's message. Once aroused, emotions can be analyzed and processed through cognitive discussion. Actual experience of an emotion in a therapeutic setting, as opposed to simply discussing the feeling, can increase the effectiveness of verbally processing emotions (Thaut, 1989). Furthermore, Maultsby (1977) states that the combination of heightened emotion and cognitive processing of lyrics can be an effective catalyst for rational learning. Finally, Funahashi and Carterette (1985) asserted that, when stimulated by music, a reaction in the brain is often produced that facilitates empathy. Thus, Kobin and Tyson (2006) suggest that "listening to or creating music in a group setting could trigger client dialogue and exploration of relevant issues that would otherwise be difficult to identify or access" (p. 344). The use of lyric analyses, then, appears warranted with at-risk adolescents, as stimulating productive dialogue in a group setting with this population is often a challenge.

Lyric Analysis & At-Risk Adolescents. Lyric analysis techniques fit well into the treatment of adolescent populations. The use of popular song lyrics with adolescents is a culturally relevant way to enhance treatment goals (Tyson, 2002). As discussed earlier, the use of preferred music is a particularly powerful tool with adolescents. Mark (1988) states that, “Adolescents readily accept the messages in the songs and feel comfortable and competent communicating in this familiar medium,” (p. 313).

Mark (1988) described the use of lyric analysis to address substance abuse issues with male adolescent juvenile offenders in a treatment center. Song lyrics of rock music were used to illustrate stages in the progression of addiction, supplementing a comprehensive drug education. Analysis of song lyrics also provided adolescents an opportunity to identify and explore personal feelings and experiences regarding addiction, confront defense mechanisms and discover alternative methods of coping.

The use of rap music in therapy to engage at-risk and delinquent youth, occasionally referred to as Hip-Hop Therapy (HHT) (Tyson, 2002, 2003; Tillie Allen, 2005) or Rap Therapy (DeCarlo & Hockman, 2003; Elligan, 2004), has become popular in recent years. Rap music originated in the 1970s as a major component of hip-hop culture, and is characterized by rhyming lyrics which are spoken or “rapped” over a rhythmic backbeat (Decarlo & Hockman, 2003; Tyson, 2003). Although predominantly a cultural extension of African-American and Latino youth, rap music’s popularity and influence is prevalent among youth of various races and ethnic backgrounds (Tyson, 2003). The practice of both HHT and Rap Therapy is centered around the analysis and discussion of rap music lyrics to either challenge negative messages found in the lyrics and facilitate new interpretations of the lyrics or to use positive messages in the lyrics to empower individuals and identify pro-social attitudes and appropriate behaviors (DeCarlo & Hockman, 2003; Kobin & Tyson, 2006; Tillie Allen, 2005). Engaging and empowering youth through music that is familiar and relevant to them is a key component of HHT. By incorporating values and practice principles of the contemporary social work field such as cultural-sensitivity, the strengths perspective, and the empowerment model, HHT builds on the assets of adolescent individuals and their culture to develop solutions to problems (Kobin & Tyson, 2006). Similarly, Elligan’s (2004) description of Rap Therapy includes a 5-step plan for the therapeutic use of rap music with urban adolescents: 1) assess the individual’s interest and background in hip-hop culture and develop a plan accordingly, 2) build rapport with the

individual through discussion of preferred music, 3) use songs lyrics of preferred rap music to challenge and reframe patterns of thinking and behavior, 4) pursue personal goals through rap songwriting, and 5) maintain progress.

Although the inclusion of lyric analysis in programs serving at-risk adolescents is frequently described (Ciardiello, 2003; Elligan, 2004; Mark, 1988; Wyatt, 2002), few empirical studies clearly documenting the effects of lyric analysis could be found (James, 1988; Jones, 2005; Moss, 2004; Tyson, 2002). In 1988, James measured the effects of four one-hour group sessions employing lyric analysis with adolescents in substance abuse rehabilitation. Results indicated that lyric analysis interventions can positively affect locus of control – or perceived amount of control one has over one’s environment, and self-worth in adolescents experiencing chemical dependency. Moss (2004) found that group discussion following lyric analysis was effective in increasing clarification of values and decision-making skills of juvenile delinquents. Tyson (2002) conducted a study using analysis of rap music with delinquent and at-risk youth as an intervention to improve peer relations, self-concept, and experiences in therapy. Quantitative results regarding peer relations and self-concept were not statistically significant, but qualitative data suggested that youth were more enthusiastic toward treatment and more involved in the treatment process when rap music was employed. Overall, the literature indicates that analyzing songs from preferred genres of music can successfully engage at-risk adolescents and address therapeutic issues in a non-confrontational manner. Songwriting is another music therapy intervention that has been successfully implemented with at-risk youth.

Songwriting Interventions

Whereas the analysis of and reflection upon pre-composed song lyrics fundamental to lyric analyses is a receptive process, songwriting is an active process, involving hands-on musical and lyrical creation (McFerran-Skewes, 2004). Wigram and Baker (2005) described songwriting in a therapeutic context as follows:

The process and product of writing a song within therapy sessions *is* the therapeutic intervention. The therapeutic effect is brought about through the client’s creation, performance and/or recording of his or her own song. The therapist’s role within the therapeutic relationship is to facilitate this process ensuring that the client creates a composition that can be felt as owned by the client and expressive of his or her personal needs, feelings and thoughts (p. 14).

As a medium for self-expression, songwriting simultaneously provides a well-defined sense of structure and allows for a wide breadth of flexibility (Robb, 1996). Schmidt (1983) and Ficken (1976) both recommend approaching lyric writing through steps of approximation, based on the level of functioning and comfort of the client. Music therapists have used a mixture of songwriting techniques to ensure a successful experience, provide the appropriate level of structure for individuals, and meet a variety of objectives (Ficken, 1976; Freed, 1987; Goldstein, 1990; Robb, 1996). The fill-in-the-blank technique, or cloze procedure, is highly structured and non-threatening. Individuals either fill in specific words or complete lead-in sentences of edited popular songs (Freed, 1987; Goldstein, 1990; Robb, 1996; Schmidt, 1983). Song parodies involve replacing the lyrics of a popular song with original lyrics. A sense of familiarity and comfort is sustained by retaining the song's melodic and harmonic components (Freed, 1987; McFerran-Skewes, 2004). Fully composed songs contain original musical and lyrical song components. The music therapist generally assists individuals by brainstorming with them, organizing lyrics, and offering choices regarding musical aspects of the song, such as melodic or chord progressions (Edgerton, 1990; Ficken, 1976). Songwriting through vocal improvisation provides an immediate musical experience and is characterized by the spontaneous creation of lyrics. This mode of songwriting often takes on a storytelling or question/answer format and may be accompanied by instrumental improvisation (Derrington, 2005; Edwards, 1998; Robb, 1996; Schmidt, 1983). Other modes of songwriting not mentioned here also have been described in the literature (Ficken, 1976; Tamplin, 2006). Selecting the appropriate mode of songwriting for a given group or individual is integral in order to allow individuals to "express and define themselves in a format that meets their emotional needs in an organized and productive way" (Derrington, 2005, p. 81).

The flexibility of songwriting as a music therapy intervention makes it an effective tool to address a myriad of objectives within a diverse assortment of populations. As such, the use of songwriting as a therapeutic intervention has been well documented in the music therapy literature (Edwards, 1998; Ficken, 1976; Gallagher & Steele, 2002; Gfeller, 1987; Glassman, 1991; Mayers, 1995; O'Callaghan, 1996; Silber & Hes, 1995; Silverman, 2003; Wigram & Baker, 2005). Songwriting with adolescent populations is equally well-represented. The literature includes a wealth of case studies and a few empirical research articles (Wigram & Baker, 2005).

Adolescents and Songwriting. The use of writing as a form of self-expression among adolescents is common. In a 1985 study, Roscoe, Krug and Schmidt found that 86% of high school students engaged in writing poetry, diary entries, short stories, or songs for personal self-expression. Since adolescents naturally gravitate towards writing to express themselves, songwriting may be indicated as a safe, non-threatening medium with which to meet these youth in the therapeutic realm. Songwriting has frequently been implemented by music therapists to address the needs of adolescents in hospital, psychiatric, and bereavement settings (Dalton & Krout, 2005, 2006; Frisch, 1990; Goldstein, 1990; Robb, 1996; Robb & Ebberts, 2003a, 2003b). The application of songwriting with at-risk youth has also been described by a number of authors (Derrington, 2005; Edgerton, 1990, Elligan, 2004; Gardstrom, 1987; McFerran-Skewes, 2004).

The most pervasive problem among delinquent youth, according to Gardstrom (1987), is low self-concept. Whereas a distorted and low sense of self can lead to numerous consequent problems, a healthy self-image can alleviate many of these issues. Camilleri (2000) adds that “low self-esteem can affect students’ academic results, social interactions, and the overall development of strengths and skills” (p. 187). Songwriting has been used with at-risk adolescents to address self-esteem, as well as self-expression and other therapeutic goals relating to emotional difficulties (Lindberg, 1995; Frisch, 1990).

Lindberg (1995) employed songwriting as an intervention with an abused adolescent to promote expression of feelings and build self-esteem, assertiveness skills, and decision-making skills. Progress was also identified through a steady increase in the adolescent’s level of participation and a progressively more positive outlook evident in the lyrical content of the adolescent’s songs. Among adolescent psychiatric inpatients, Frisch (1990) emphasized the importance of songwriting in its ability to allow such individuals to express intense emotions, cope with anxiety and change, and work through difficult issues in a safe and appealing environment. She added that “songs can make powerful statements that neither words nor music, alone, can” (Frisch, 1990, p. 26). Similarly, in a study with adolescents who have been sexually abused, Clendenon-Wallen (1991) noted that songwriting combined with rhythm playing was a particularly strong intervention for stimulating creative self-expression.

Cognitive benefits of songwriting have been detailed by several authors (Elligan, 2004; Glassman, 1991; Jones, 2005; Robb, 1996). Elligan (2004) used rap songwriting to encourage adolescent clients to take an active role in their treatment. Clients would write a succession of

songs throughout treatment and analyze the lyrics collaboratively with the therapist.

Songwriting stimulated a cognitive shift among clients, enabling them to progress from initially maladaptive thought processes to healthier, more productive ways of thinking.

The use of songwriting in a group setting is frequently mentioned throughout the literature (Cordobes, 1997; Dalton & Krout, 2006; Edgerton, 1990; Ficken, 1976; Gallagher & Steele, 2002; Jones, 2005; McFerran-Skewes, 2004; Murphy, 1983; Schmidt, 1983; Silber & Hes, 1995). Gardstrom (1987) stated that in group songwriting, adolescents learned to overcome individual differences, cooperate and compromise, putting needs of the group over that of the individual. Edgerton (1990) described the use of songwriting with groups of emotionally impaired male adolescents in a residential facility. Edgerton used a success-oriented approach referred to as Creative Group Songwriting. In this approach, adolescents were just as involved in constructing musical components of a song and learning to perform a song instrumentally and vocally as they were in writing the song's lyrics. Development of group cohesion and an increase in self-esteem were evident among group members throughout the activity. Composing, lyric writing and performing songs also provided a channel for self-expression. McFerran-Skewes (2004) found that songwriting can be effective in encouraging honest, authentic sharing and developing group cohesion among teenagers who had social and school difficulties. Identity formation, a common area of internal conflict in adolescents, was achieved by expressing oneself through song and receiving feedback from the group.

The literature has clearly indicated a number of ways in which songwriting can address the needs of at-risk adolescents. Although many studies have described songwriting techniques and their associated benefits, few studies have attempted to identify themes in songwriting and how these themes may relate to treatment issues (Baker et al., 2005; O'Callaghan, 1996; Robb & Ebberts, 2003b).

Content Analysis and the Identification of Songwriting Themes. Content analysis is the process of classifying and reducing textual materials into content categories that are smaller and more manageable in order to make valid inferences about the original text (Weber, 1990). Music therapy studies which aimed to identify themes in songs written by clients all employed some form of content analysis to examine and classify lyrics into appropriate categories.

Cordobes (1997) included content analysis in an experimental study with adults diagnosed with depression, as well as having AIDS or being HIV-Seropositive. Eighteen

participants were randomly placed in groups participating in either songwriting, game-playing, or no treatment. Both the percentage of emotion words and number of total words used within the songwriting group were significantly greater than that of the game playing group. In addition, a content analysis of group discussions and song lyrics showed that a focus on issues related to treatment was evident in the songwriting group which did not appear in the other experimental groups.

In 2005, Baker et al. analyzed songs from 32 clients between ages 5 and 60. Themes in lyrics of songs written by clients with traumatic brain injury were identified. The researchers used a modified content analysis approach, in which 8 themes and 24 subcategories were generated prior to analyzing songs. Each lyric line of 82 songs written by clients was assigned to a category according to best fit. Themes most frequently found in the songs were self-reflections and messages, followed by memories and reflections upon significant others. The authors concluded that songwriting is not only important in providing clients with traumatic brain injury a means to express themselves and reflect upon their situation, but also to communicate messages to family and friends.

Robb and Ebberts (2003b) employed content analysis of lyrics written by pediatric patients undergoing bone marrow transplantation as one element of a two-part study. Four independent reviewers surveyed songs written by three patients, then conferred as a group to establish thematic coding categories. Themes present in the songs included positive coping, hope, positive and negative views of physical status, positive mental status, and appreciation. The study provided insight into patient experiences and coping strategies. Robb and Ebberts concluded that songwriting may be warranted for treatment, as themes in the songs were primarily positive and represented processes indicative of healthy growth, adjustment, and quality of life in adolescent patients.

Finally, O'Callaghan (1996) used content analysis and a modified Grounded Theory approach to identify lyrical themes in songs by palliative care patients. Thirty-nine patients wrote a total of 64 songs that were broken down and categorized into eight themes and 27 coding categories. The most frequently appearing lyrical categories were compliments to friends, family or staff, messages for others, and memories. The author pointed out that the lyrical themes identified in this study paralleled many goals of palliative care. Thus, songwriting "may aid in

meeting their [patients'] physical, psycho-social, and spiritual needs," (O'Callaghan, 1996, p. 74) and can be an effective intervention for patients in this population.

Rationale for Study

This study addresses a gap in the research literature regarding songwriting and lyric analysis interventions with at-risk adolescents. Few published studies have conducted a thorough analysis of lyrical content in songs written by clients within a therapeutic setting. No published studies were found which served to examine themes in songs written by at-risk adolescents. Along the same lines, no published music therapy studies with at-risk adolescents could be found that employed content analysis to examine verbal responses within a lyric analysis activity.

The identification of themes and trends of word use in at-risk adolescent songwriting lyrics and lyric analysis responses may serve a number of purposes. Robb and Ebberts (2003b) emphasized that insight could be gleaned by recognizing themes in songs written by clients. Thus, such an examination may offer insight into strengths, perceptions and experiences of adolescents that could guide music therapists in appropriate implementation of future music therapy interventions. O'Callaghan's (1996) assessment of themes in songs written by patients was analogous to aims of treatment in palliative care. Along these lines, investigation into themes and word use within songwriting and lyric analysis activities may support the efficacy of applying these music therapy interventions with at-risk youth. Finally, identifying differences, if any, between at-risk adolescents in community and residential settings in regards to these music therapy interventions may help music therapists specify treatment to the needs of each of these populations.

Research Questions

1. Do songs written by adolescents living in a residential setting and adolescents living in a typical home environment contain similar thematic content and word usage?
2. Do adolescents living in a residential setting and adolescents living in a typical home environment exhibit similar thematic content and word usage in responses to lyric analysis questions?
3. Do themes found in adolescent lyric analysis responses and songwriting lyrics parallel therapeutic goals of this population?

CHAPTER III

METHOD

Participants

Participants were two groups of adolescents (N = 30). One group was living with family members in a typical home environment (n = 15) and the other group was living in a voluntary, short-term, residential facility (n = 15). Ages ranged from 12 to 17 years with a mean age of 13.8 years. Eighteen female and 12 male adolescents participated in the study, and participants consisted of 28 African-American and two Caucasian individuals. Adolescents at the residential facility included runaway youth and individuals who were admitted by their parents. Youth were admitted in order to receive counseling, and to have a “cooling off” period for both parents and children as a result of difficult issues between family members at home. Participants living in a typical home environment were selected from a community after-school program designed to offer guidance to disadvantaged youth. Although neither program had requirements to receive services, both programs primarily served minority youth from low socioeconomic families. Permissions from all participants and parents or guardians were obtained through the collection of child assent forms and parent consent forms or letters.

Setting

The setting was dependent upon the phase of the study. This study was conducted in three phases: a listening phase, participant interview phase, and group songwriting phase. The setting was an enclosed activity room at each facility. When staff was available to assist the researcher, the listening phase of the study took place in a second room to accelerate the research process and to work within the time constraints of the facility.

For the listening phase and participant interview phase, a Sony ICF-CD831 CD player and a Sony ICD-P520 digital voice recorder were placed on a table in the activity room next to the researcher. Two chairs were set up near the table so that the researcher and participant sat face-to-face during the participant interview phase. Music volume of the CD player was adjusted to the participant’s preference prior to the start of the study.

The group songwriting phase of the study was conducted in groups of three to four participants. This group size is typical for adolescent therapy groups and still small enough to allow for individual input during group activities. Chairs equivalent to the number of

participants were placed in a semi-circle near a marker board in the room, along with a chair for the researcher facing the participants.

Materials and Equipment

Songs used for lyric analyses were selected by the researcher based on the following criteria:

- 1) Song lyrics contain no obscene language or violent, sexual, or otherwise inappropriate themes.
- 2) Songs contain lyrics that are intelligible and audibly understandable.
- 3) Content of song lyrics is relevant to contemporary adolescent issues.
- 4) Songs are within the popular music genre and have been released within the past three years of this study.

The two songs selected for use in this study were *There's Hope* by India.Arie and *Hey Mama* by Kanye West. Compact-disc recordings of each song were obtained and played on a CD player. In addition, lyric sheets for each song were given to all participants prior to the presentation of each song (See Appendix A).

A handout containing a series of questions about the song lyrics was used to prompt participant responses during the participant interview phase of the study. Questions used in the participant interview phase were chosen by first surveying a wide range of sources describing song analysis techniques (Ahola, 2005; Beacon Learning Center, 2005; Grocke & Wigram, 2007; Library of Congress, 2002, 2007; Steele, 2007; Waligora, 2006; Wiehe, 1996). The researcher then selected and/or revised twenty questions that were most appropriate for the purposes of this study. A group of five practicing music therapists and music therapy interns were then asked to choose five questions out of the twenty that they felt would best elicit responses from an adolescent population. Based on their expertise, the researcher devised the final list of questions to be used in the study. Questions were the same for each song analyzed. Participants were asked to answer five open-ended questions regarding the song lyrics and to select two lines within each song's lyrics that they felt were most meaningful to them (See Appendix B).

Participants orally responded to the questions on their handout. A digital voice recorder was used to capture responses for transcription and analysis purposes. The decision to have participants respond orally circumvented the typically weak writing skills of many disadvantaged youth (Chall & Jacobs, 1983). Also, some adolescents in this population may have been

intimidated or discouraged by the prospect of providing paragraph-length written responses to the number of lyric analysis questions used in this study; therefore, it is likely that responding orally allowed participants to express themselves more easily and thoroughly than if they were required to respond in writing.

Musical equipment used in the songwriting activity included an acoustic guitar, electronic keyboard, hand drums and other percussion instruments. Song lyrics, song structure and musical details of each song were written down on a large marker board during the activity.

Procedure

Listening Phase. Participants were given lyric sheets for both songs and a handout containing the lyric analysis interview questions. Verbal instructions and a description of the activity were provided and the interview questions were reviewed. At this point, any questions from participants regarding the procedure were answered. For each song, participants first followed along on the lyric sheet while listening to a recorded voice reading the song lyrics. This opportunity was provided in order to allow participants to become familiar with the text prior to listening to the song, thus freeing them to focus on the meaning of the lyrics when the music was playing. Once participants completed reading the lyrics for both songs, a compact-disc recording of the song was played via a CD player.

Participant Interview Phase. Participants were interviewed individually after listening to the audio recording of each song. Questions were asked verbatim from the interview question handout. Participants were instructed to speak as much as they could in response to each question, and to indicate when they were finished by saying, “next.” This procedure prevented the researcher from interrupting and asking if the participant had anything more to say. Responses were provided orally and audio recorded for transcription.

Group Songwriting Phase. After all participants for the day had individually completed the participant interview phase, the activity room was set up for the group songwriting phase and participants were called back into the room. In order to assure that the lyrics were truly that of the participants, the researcher contributed no lyrical content to the participants’ songs during this phase of the study. Instead, the researcher prompted participants with questions to assist with brainstorming and organizing lyrics.

Each group first chose a topic for their song. To stimulate ideas for a topic, the researcher prompted participants by asking, “How do musicians decide what they are going to

write about in their songs?” Most groups eventually concluded that songwriters wrote about “personal experiences” or “things that are important to them,” and used these conclusions as a basis for their own songs. As participants suggested song topics, a list was created on the marker board. Participants then voted on their favorite song topic. Once a topic was selected, participants brainstormed ideas related to the main topic by stating single words or phrases related to the central topic. Next, the actual lyrics were written, utilizing input from all individuals. Throughout this process, the researcher encouraged participants to consider if their song lyrics accurately portrayed their thoughts and feelings, and to strive for fluency and consistency of word rhythm within the song lyrics. Song structure tended to develop organically; that is, as lyrics were created and written down, ideal placement of chorus and verses became evident to participants.

All lyrical aspects of the song were original creations by the participants. Musical aspects of the song were original creations by the researcher and participants, including key, genre, rhythms, harmony, melody, and instrumentation. The researcher provided guidance by suggesting options for participants to choose from (i.e. presenting two chord progressions for the chorus) or encouraging individuals to create original musical ideas (i.e. devising percussive rhythms to supplement the song).

Measurements

Linguistic Inquiry and Word Count. Participants’ interview responses and songwriting lyrics were analyzed with Linguistic Inquiry and Word Count (LIWC) (Pennebaker, Booth, & Francis, 2007), a software program that analyzes the content of written text. Interview responses were first transcribed into written form, and then entered into LIWC. The 2007 version of the program utilizes a dictionary of nearly 4,500 words and word stems. The dictionary database is searched to find matches for each word of a text entered into the program. Words from a text are then categorized into 80 wide-ranging output variables. Some output categories include general descriptors (i.e. word count, words per sentence, percent of words longer than six letters), standard linguistic dimensions (i.e. pronouns, articles, verbs, negations), and psychological constructs (i.e. positive or negative emotion, social references, cognitive processes) (Pennebaker, Chung, Ireland, Gonzales, & Booth, 2007). Output variables used in this study are listed in Table 1. To ensure that texts of different lengths can be compared, all results in LIWC are listed as percentages of total word use.

The LIWC dictionary lists were originally compiled through numerous brainstorming sessions conducted by three to six judges. Three independent judges then rated each category to determine word inclusion in the dictionary. Final rates of agreement for inclusion in each category ranged from 93 to 100%. Validity of LIWC has been further supported in a study by Kahn, Tobin, Massey, and Anderson (2007). These researchers conducted a set of three experimental studies which indicated that LIWC accurately assesses verbal expression of emotion.

Table 1
LIWC Output Categories

LIWC Output Categories	Examples of Words in Category
Social Processes	Mate, talk, they, child
Family	Daughter, husband, aunt
Affective Processes	Happy, cried, abandon
Positive Emotion	Love, nice, sweet
Negative Emotion	Hurt, ugly, nasty
Cognitive Mechanics	Cause, know, ought
Total Pronouns	I, them, itself
Personal Pronouns	I, them, her
1 st Person Singular	I, me, mine
1 st Person Plural	We, us, our
Total 2 nd Person	You, your, thou
3 rd Person Singular	She, her, him
3 rd Person Plural	They their, they'd
Impersonal Pronouns	It, it's those
Past Tense	Went, ran, had
Present Tense	Is, does, hear
Future Tense	Will, gonna

Content Analysis. Interview responses and group songwriting lyrics were analyzed for thematic content and patterns through content analysis. Interview responses were first transcribed, then analyzed. Through classification, content analysis condenses textual material into more pertinent, manageable pieces of data. Content analysis is commonly used to reveal the focus of an individual or group and to describe trends in the content of communication (Weber, 1990). The content analysis process was utilized in this study to reduce words within written texts into fewer content categories.

In content analysis, thematic coding categories are not identified beforehand, but rather are based upon texts generated by participants. In the current study, thematic coding categories were developed by carefully reviewing song lyrics and interview responses. Three readers, all board-certified music therapists, independently reviewed lyrics of songs written by participants in order to identify thematic categories and patterns. Upon conferring with one another, the readers designed a separate set of categories and their operational definitions for the song lyrics. The readers then independently analyzed the texts again and placed each song lyric line into the most appropriate thematic category. Each lyric line was assigned to a single category. Duplicate lyric lines from chorus sections were only coded once. Interrater reliability scores were calculated during the concluding phase of categorization to ensure uniformity between content raters. At least two out of the three researchers selected the same category for 91% of the lyric lines, while 9% of the lyric lines had to be re-discussed among the three readers due to all readers selecting different categories.

Transcripts of interview responses were similarly analyzed and placed into thematic categories devised by the researcher, with the assistance of a reliability observer. Unlike coding of the song lyrics, if the thematic content of a participant's interview response covered multiple topics and warranted being coded into multiple categories, the response was coded in this manner. To demonstrate interrater reliability, interview responses from six participants (20% of N) were randomly selected and given to one board-certified music therapist. This reliability observer attempted to code interview responses into thematic categories based upon the categories devised by the researcher. Based on this procedure, interrater reliability was 84%.

CHAPTER IV

RESULTS

Data Analyses for Research Question One

Do songs written by adolescents living in a residential setting and adolescents living in a typical home environment contain similar thematic content and word usage?

Participant-composed song lyrics are listed in Appendix C. Sixteen categories emerged from the content analysis of songs written by participants. Some of these categories warrant explanations, while others are self-explanatory. The categories are listed below:

- Regret*: Statements conveying a sense of remorse for past actions.
- Loss of control or feeling restrained*: Statements conveying feelings of helplessness or experiences of events beyond one's ability to control.
- Determination*: Statements conveying a sense of purpose, intention, or resolution toward future actions.
- Positive self-image*
- Reflections of home or childhood*
- Hope*: Positive statements regarding future outcomes, including wishes and desires.
- Social/peers (positive or negative)*
- Family (positive or negative)*
- Expression of feelings or self (positive or negative)*
- Experiences (positive or negative)*
- Coping strategies (positive or negative)*: Statements describing behavioral or psychological methods of responding to stressful events.

Each lyric line from the songs written by participants was placed into the most appropriate category using the method described in the previous chapter. Frequencies of the thematic categories are listed in Table 2. Highlighted lines on the table indicate categories containing the most noteworthy differences between the two groups. Predominant themes found in songs written by participants in the residential setting included 'loss of control or feeling restrained', 'regret', 'positive self-image', and 'coping strategies'. Predominant themes found in songs written by participants in the community setting included 'negative experiences', 'positive social/peers', and 'positive self-image'. Songs written by participants in the residential setting

contained considerably more lyric lines which expressed regret, loss of control, and feeling restrained, whereas participants in the community setting devoted more lyric lines to discussing positive aspects of peer relationships and negative general experiences.

Table 2
Content Analysis of Songs Written by Participants

Thematic Categories	Percentage of Lyric Lines	
	Residential Setting	Community Setting
Regret	10.0	0
Loss of Control or Feeling Restrained	18.0	2.2
Determination	6.0	8.7
Positive Self-Image	14.0	10.7
Reflections of Home or Childhood	6.0	6.5
Hope	4.0	0
Social/Peers	4.0	19.6
Positive	0	13.0
Negative	4.0	6.5
Family	8.0	10.7
Positive	8.0	4.3
Negative	0	6.5
Expression of Feelings or Self	10.0	4.3
Positive	2.0	2.2
Negative	8.0	2.2
Experiences	6.0	26.1
Positive	2.0	4.3
Negative	4.0	21.7
Coping Strategies	14.0	10.7
Positive	10.0	2.2
Negative	4.0	8.7

Note. Frequency of themes was calculated as a percentage by use of the following formula:
Number of lyric lines coded in a thematic category/total number of lyric lines

Results calculated by the LIWC software program identifying frequency of word usage are listed in Table 3. The most notable discrepancies between the two at-risk groups were found in the output categories of ‘social processes’, ‘impersonal pronouns’, and ‘past tense’ words.

Table 3
LIWC Results for Songwriting Lyrics

LIWC Output Categories	Percentage of Word Usage	
	Residential Setting	Community Setting
Social Processes	9.48	13.49
Family	.75	2.12
Affective Processes	9.23	9.26
Positive Emotion	4.74	7.41
Negative Emotion	4.49	2.91
Cognitive Mechanics	18.95	19.84
Total Pronouns	21.70	22.75
Personal Pronouns	18.20	16.67
1 st Person Singular	12.72	10.85
1 st Person Plural	.25	1.85
Total 2 nd Person	4.24	2.91
3 rd Person Singular	0	.53
3 rd Person Plural	1.00	.53
Impersonal Pronouns	3.49	6.08
Past Tense	3.99	1.06
Present Tense	13.47	14.55
Future Tense	2	1.32

Summary response to the research question.

Songs written by participants from both groups contained themes reflecting both positive and negative aspects of their lives, and were relevant to their current life situations. The participants’ songs described relationships with other people, hardships and difficulties the participants were facing (or had faced), and personal strengths and triumphs. However, some distinct differences emerged within the thematic content of song lyrics between the at-risk groups. Combined, the thematic categories ‘regret’ and ‘loss of control or feeling restrained’ comprised 28% of lyric lines written by participants from the residential setting, compared to 2.2% of the community group’s lyric lines. In contrast, participants from the community setting wrote considerably more lyric lines within the thematic categories of ‘positive social/peers’ and ‘negative experiences’. Percentage of word usage in song lyrics supported the results found in

some thematic categories. ‘Past tense’ word usage was greater for the residential group, which ran parallel to the high frequency of this group’s lyric lines in the ‘regret’ thematic category. Percentage of word usage in the ‘social processes’ category was greater for the community group, similar to the higher frequency of this group’s lyric lines in the ‘social/peers’ thematic category. Other thematic categories, including ‘positive self-image’ and ‘family,’ appeared frequently in lyric lines of songs written by participants from both groups.

Data Analyses for Research Question Two

Do adolescents living in a residential setting and adolescents living in a typical home environment exhibit similar thematic content and word usage in responses to lyric analysis questions?

Responses to all five lyric analysis questions within the participant interview phase of the study were transcribed and entered into the LIWC software program. A *t*-test revealed a significant difference between participants from residential and community settings in the LIWC output categories of ‘total pronouns’ and ‘impersonal pronouns’. Participants from the community setting used significantly more pronouns and impersonal pronouns than participants from the residential setting. No significant differences were found between the at-risk groups concerning word use in any other categories. The results of these *t*-tests are displayed in Table 4.

Table 4
t-tests of LIWC Categories of Word Usage

Category	<i>T</i>	<i>Df</i>	<i>P</i>
Social Processes	1.13	28	.27
Family	1.14	28	.26
Affective Processes	.36	28	.72
Positive Emotion	.47	28	.64
Negative Emotion	.30	28	.77
Cognitive Mechanics	.10	28	.92
Total Pronouns	3.06	28	.00*
Personal Pronouns	.44	28	.66
1 st Person Singular	.12	28	.91
1 st Person Plural	.60	28	.55
Total 2 nd Person	.25	28	.81
3 rd Person Singular	1.05	28	.30
3 rd Person Plural	1.28	28	.21
Impersonal Pronouns	3.39	28	.00*

Table 4—continued
t-tests of LIWC Categories of Word Usage

Category	<i>T</i>	<i>Df</i>	<i>P</i>
Past Tense	1.41	28	.17
Present Tense	.14	28	.89
Future Tense	.29	28	.77

**p* < .05

Content analyses of each of the five interview questions were also performed. These results are outlined below. Due to the disparity of themes present between questions and songs, responses were analyzed and coded into thematic categories separately for each question. For questions one, three, and five, responses were also coded separately for each of the two songs analyzed. Additionally, within questions one, three, and five, thematic categories that did not appear at least twice within one group were excluded from the tables below.

Question 1: What does the song say about life?

Results of the content analyses for Question 1 are displayed in Tables 5 and 6. Responses to the song “There’s Hope” indicated that participants from the residential setting placed a far greater importance on the idea that wealth is not a requirement for happiness than did participants from the community setting (See Themes 1 and 3 on Table 5).

Table 5
Question 1: What does the song say about life?
Song: There’s Hope

Themes	Percentage of Responses	
	Residential	Community
1. Life is what you make of it; you can be happy and live life to the fullest with what you have	33.3	6.7
2. There is always hope in life	26.7	26.7
3. You don’t need money to be happy	26.7	6.7
4. You can accomplish anything you wish to pursue in life	13.3	33.3
5. Don’t give up	13.3	13.3
6. The song told a story about traveling and/or meeting people from different cultures	0	20.0
7. Stand up for yourself and your beliefs	0	13.3

Themes containing positive perceptions of family appeared more frequently than any other themes among both groups of participants in responses to “Hey Mama”. Five out of the six most prominent themes contained a positive portrayal of one’s mother (See Table 6). This is significant, bearing in mind the high level of family instability many individuals from the residential setting were facing during participation in this study.

Table 6

Question 1: What does the song say about life?

Song: Hey Mama

Themes	Percentage of Responses	
	Residential	Community
1. Love your mother	40.0	13.3
2. Support and give back to your mother when you can	33.3	20.0
3. Appreciate your mother	13.3	13.3
4. Mothers support their children	13.3	0
5. Life is too short to waste	13.3	0
6. Have faith in your mother and don’t give up on her	0	13.3

Question 2: What feelings does the song bring to mind?

Responses to this question are presented in Table 7. The number of participants who used positive and negative feeling words to describe each song was strikingly similar between groups. Also of note was the amount of responses which utilized no feeling words whatsoever in response to this question. Over one third of participants from both groups responded without using any feeling words. In addition, when using feeling words, participants from both groups predominantly used simplistic words to describe their feelings. In Table 7, categories labeled ‘Other’ indicate the use of a wider vocabulary of feeling words such as ‘proud’, ‘depressed’, and ‘confident’. However, the use of these feeling words was vastly outnumbered by such basic feeling words as ‘happy’, ‘love’, and ‘sad’.

Table 7

Question 2: What feelings does the song bring to mind?

Themes	Frequencies	
	Residential	Community
Positive feeling words used to describe song	14	16
1. Happy	10	5
2. Hope	1	5
3. Love	1	4
4. Good	1	1
5. Other	5	3
Negative feeling words used to describe song	6	4
1. Sad	3	4
2. Other	3	2
Did not mention any feeling words in the response	12	11
1. Told a story or described something else	6	10
2. Stated “No feelings” or “Nothing”	4	1
3. Stated “I don’t know”	2	0
Stated “emotional” or “deep” feelings	1	1

Note. Some participants used more than one type of positive or negative feeling word in their response, thus the total frequencies of all subcategories within a particular thematic category may not be equal to the total number of responses in that thematic category.

Question 3: What did the song make you think about?

Results of the content analyses for Question 3 are displayed in Tables 8 and 9. Responses concerning “There’s Hope” were primarily positive, and did not contain any major discrepancies between groups. However, it is of note that the emphasis on wealth not being a requirement for happiness, as with Question 1, appears most prominently among participants from the residential setting (Theme 2 on Table 8).

Table 8

Question 3: What did the song make you think about?

Song: There's Hope

Themes	Percentage of Responses	
	Residential	Community
1. Positive feelings or sense of self	26.7	20.0
2. Some people aren't as fortunate as me, and I can be happy and thankful for what I have	26.7	13.3
3. Having hope	26.7	6.7
4. Family	20.0	13.3
5. Current events	13.3	20.0
6. Helping people who don't have as much as me	0	13.3
7. Meeting new people, possibly from different cultures	0	13.3
8. God	0	13.3

For “Hey Mama”, a substantial number of participants responded to Question 3 by simply stating “my mother,” or answering equivalently. Regardless, as with Question 1, positive themes concerning one’s mother were most prevalent among both groups of participants in responses to “Hey Mama”. The one exception to this was the theme of regret (Theme 2 on Table 9), which appeared only among participants from the residential setting.

Table 9

Question 3: What did the song make you think about?

Song: Hey Mama

Themes	Percentage of Responses	
	Residential	Community
1. My mother	40.0	60.0
2. Regret	20.0	0
3. Appreciation for the things my mother does for me	13.3	20.0
4. Will pay back and support my mother when I can	13.3	13.3
5. Positive close relationships	13.3	0
6. Love	0	20.0
7. Trying to do the best I can in the future	0	13.3

Question 4: Did you like the song? Why or why not?

Table 10 indicates participants’ preference for the two songs used in this study, whereas Table 11 states their reason for liking or disliking the songs. Participants from residential and community settings responded similarly to Question 4, unanimously approving of both songs.

Table 10

Question 4: Did you like the song?

Themes	Percentage of Responses	
	Residential	Community
1. Yes	86.7	93.3
2. No	6.7	6.7
3. Neutral	6.7	0

The vast majority of participants also identified aspects of the song's lyrics as the determining factor as to why they did or did not like the song, as opposed to identifying a song's musical characteristics, musical genre, or performing artist as a contributing factor.

Table 11

Question 4: Why or why not?

Themes	Percentage of Responses	
	Residential	Community
1. Lyrics	70.0	73.3
2. Music	16.7	20.0
3. Undeterminable	13.3	6.7

Question 5: Select two lyric lines from the song which are most meaningful to you. Which lines did you choose and why?

Tables 12 and 13 list each group's most frequently selected lyric lines. Each song contains lyric lines selected frequently by participants from both groups (See Lyric Line 1 on Table 12), as well as some selected almost, if not totally, exclusively by one group or the other (See Lyric Lines 1, 2, and 7 on Table 13). Selected lyric lines may be indicative of specific issues important to a particular population. For instance, Lyric Lines 1 and 2 on Table 13 may indicate that similar experiences have been faced by participants from the residential setting in the past. This was generally supported through participants' explanations as to why they selected each lyric line.

Table 12

Question 5: Select two lyric lines from the song which are most meaningful to you.

Song: There's Hope

Lyric Lines	Percentage of Responses	
	Residential	Community
1. It ain't about the size of your car, it's about the size of the faith in your heart	33.3	26.7
2. Stand up for your rights	20.0	13.3
3. You better thank God for that	13.3	26.7
4. That I could accomplish anything, you see just like me he wanted to sing	6.7	26.7
5. You see zero didn't satisfy me, a million didn't make happy	13.3	20.0
6. It doesn't cost a thing to smile	13.3	20.0

Table 13

Question 5: Select two lyric lines from the song which are most meaningful to you.

Song: Hey Mama

Lyric Lines	Percentage of Responses	
	Residential	Community
1. You work late nights just to keep on the lights	26.7	6.7
2. And you never put no man over me	26.7	0
3. I appreciate what you allowed for me	13.3	20.0
4. I said mommy I'ma love you till you don't hurt no more	13.3	20.0
5. It don't gotta be Mother's Day or your birthday	13.3	20.0
6. I just want you to be proud of me	6.7	20.0
7. Hey mama, I wanna scream so loud for you, because I'm so proud of you	0	20.0

Reasons for selecting lyric lines were so diverse that themes could not be summarized. Most participants' explanations mirrored the content of the lyric lines they selected. Some examples are as follows:

“Because if you got a car, and it's all nice and blinged up, people gonna start hating on you and stuff. But, if you got a big heart, people gonna start to like you. But they're gonna like you better than that car you have.”

“I thought that was kinda cool cause, it's like when you learn something, you gonna learn more about yourself and what the lesson is. So, if you made a mistake, you gonna learn about that mistake and hopefully not do it over again.”

“Cause that’s a true statement. Cause everyday you see somebody going out trying to shoot somebody, blow up something, try to kill somebody. So I guess that what she’s saying is real.”

“Just don’t let things get to you. I started letting things get to me, but now I realize that I got control of the issue.”

“My mama made the best food I ever tasted. I always wanted me a second bowl.”

“I like that because I can relate to him when he says that. Because my mom, she used to work late to keep the lights on and keep us food in the house. So that’s why I liked that one.”

“The first one I chose because my mama always worked late nights. She was the number one dispatcher. And we was going through so much and she was trying to keep the lights on, but she got fired and the lights got turned off and now she’s where she’s at.”

“Because when I chose to do things that I wanted to do, my mom stood there and she never turned her back, even though I felt like she did.”

“Cause something similar happened to me and my mother. She was in the bathroom crying because of a man and I sat down with her.”

“Because I smile a lot and if it did cost anything to smile, then I would be paying a lot of money.”

Summary response to the research question.

Analysis of word usage within lyric analysis responses using the LIWC software program revealed a high level of correspondence between the groups, with the exception of two categories. Usage of words from the ‘total pronouns’ and ‘impersonal pronouns’ categories was significantly greater within the community group. The thematic content of lyric analysis responses for both songs contained unanimously positive themes between the two at-risk groups, and focused repeatedly on the same topics. The focus of responses to “There’s Hope” centered on having hope, self-confidence, and pride. Likewise, responses to “Hey Mama” were focused on positive portrayals of one’s mother, as well as showing appreciation and support for her. Both groups used substantially more positive feeling words than negative feeling words in their responses. Additionally, the majority of participants from both groups indicated that they enjoyed the songs, for similar reasons. Thematic content appearing more prominently within responses of the residential group included regret and finding happiness regardless of wealth.

Data Analyses for Research Question Three

Do themes found in adolescent lyric analysis responses and songwriting lyrics parallel therapeutic goals of this population?

Because of the nature of this research question, it is more appropriately addressed in the discussion chapter that follows.

CHAPTER V

DISCUSSION

The purpose of this study was to examine and compare the thematic content and word usage in lyric analysis responses and songwriting lyrics of at-risk adolescents from community and residential settings. Content analysis revealed a focus on themes within the responses of the residential group that was not found in the community group. These themes were: regret, loss of control, feeling restrained, and finding happiness regardless of wealth. Conversely, song lyric lines of the community group contained more thematic content in the categories of ‘negative experiences’ and ‘social/peers.’ Significant differences were also found in the lyric analysis responses of the at-risk groups. Word use of the community group was significantly greater than the residential group in two categories – ‘total pronouns’ and ‘impersonal pronouns.’ Striking similarities between the at-risk groups were found in their use of feeling words, their music preferences, and the thematic category of ‘family’ in their lyric analyses and songwriting lyrics.

Relationship to Extant Literature

Results of the present study both corroborate and refute previous music therapy studies regarding the thematic content of client song lyrics. Robb and Ebberts (2003) found that all pediatric patients in the music condition of their study, due to their unique medical condition, wrote songs about themselves and their cancer. Additionally, positive coping strategies were well-represented in the patients’ song lyrics. Similar to Robb and Ebberts’ findings, both groups in the present study wrote songs about their lives and current issues they were facing. Coping strategies also appeared frequently in song lyrics of the present study, accounting for 14% and 10.7% of lyric lines written by participants from the residential and community settings respectively. Robb and Ebberts also found that most song lyrics contained themes that were overwhelmingly positive and represented individual, family, and social protective factors of participants. Similarly, Roscoe et al. (1985) found that songwriting was the only form of written expression within which high school students primarily expressed positive emotions, such as happiness, joy, and contentment. However, in the present study, thematic material of song lyrics was not exceedingly positive. Instead, participants expressed a variety of both positive and negative content. In previous studies, some of the most prevalent themes found in song lyrics written by palliative care patients and clients with traumatic brain injury included compliments

and messages to friends, family, and caretakers (Baker et al., 2005; O'Callaghan, 1996). With one notable exception, song lyrics written by participants in the present study included no messages or compliments to other people. Alternatively, their lyrics were focused intently on personal experiences, thoughts, and feelings.

Limitations of the Present Study

Several factors may have influenced the results of this study. Due to slow turnover of residents at the residential facility, the sample size was small. As the songwriting phase of this study was conducted with a group and not individuals, the total number of songs written by participants was less than optimal. Additionally, this study was required to fit into each facility's schedule. As a result, it was necessary for the songwriting phase of this study to take place over the course of a single session. This limited time resulted in concise songs which consisted of only one or two verses and a chorus. Multiple sessions, or at least a lengthier single session, would have provided the opportunity to produce additional verses for each song.

Every attempt was made by the researcher to keep conditions as controlled as possible during the course of this study. Realistically, however, external variables still existed. Programs serving at-risk adolescents are forced to remain flexible due to the unpredictability of adolescent behavior, staffing shortages, and the varying schedules of individuals being served. As a result, many factors affecting this study were out of the researcher's control. For instance, staff members were not available to assist the researcher during all sessions. The setting often changed depending on which rooms were available within each facility on a given day. Loud noises caused by other activities being conducted in the facility and interruptions due to other individuals walking into the room were common distractions while the study was being conducted. Occasionally, time allowed for all phases of the study to be conducted in succession, but often the songwriting phase had to be conducted on a separate day.

Suggestions for Future Research

Replications of this study might be conducted using a larger sample size. Word count software programs such as LIWC are more effective with greater bodies of text. Additionally, researchers may be able to identify consistencies in thematic material more accurately with a larger sample size. Collecting a greater number of songs produced by participants is also recommended. Songs could be written individually instead of in a group setting in order to generate more song lyrics within the same sample size. Another solution is to collect multiple

songs from each participant over an extended period of time, as in studies by O’Callaghan (1996) and Baker et al. (2005). Replications of this study could also be conducted with participants in residential facilities at other points on the continuum of care. In this study, participants generally had been at the facility for fewer than two weeks and were expected to return to their home environment in the near future. Song lyrics and lyric analysis responses of adolescents residing in long-term treatment facilities or foster care may contain different thematic material or word use trends than that which was found in this study.

Word usage in song lyrics and lyric analysis responses warrants further investigation than was possible in this study. The existing body of literature on linguistic analysis suggests that much can be learned through examination of language use (Chung & Pennebaker, 2007; Pennebaker, Mehl, & Niederhoffer, 2003). Although content analysis computer software programs have their limitations, these programs generally eliminate the concern of reader biases and allow large bodies of texts to be analyzed quickly and objectively. In this study, impersonal pronoun use of participants from the community setting was significantly greater than that of participants from the residential setting. Although some discussion regarding the implications of this difference is mentioned below, much has yet to be learned on this subject. Would differences in other categories of word use (i.e. affective processes, social processes, cognitive processes) become apparent within a larger sample size or among participants from different residential settings? What are the implications of these differences and how might they influence therapeutic practice?

Finally, future researchers might compare thematic content and word use found within music therapy interventions to that found in other therapeutic mediums, such as typical adolescent group therapy sessions. In this fashion, Cordobes (1997) conducted a content analysis of song lyrics and participant discussions to identify the extent to which HIV-Seropositive adult patients focused on therapeutic issues in group songwriting and other therapeutic conditions. A similar design could be implemented with adolescent populations.

Discussion

A number of themes relevant to therapeutic objectives of at-risk adolescents emerged within the content analysis employed in this study. Discussion of the following thematic categories draws on combined data from participant song lyrics and lyric analysis responses.

Family. Due to the recent instability and volatility of home life experienced by many participants from the residential facility, one might assume that negative perceptions of family would be present in the data collected from these individuals. However, no such views were found within song lyrics or lyric analysis responses of the residential group. Thematic material regarding family was overwhelmingly positive within both groups of participants. The lyrics of “Hey Mama” implicitly discuss positive experiences between the musical artist and his mother. These lyrics could potentially be seen as a trigger of positive responses in participants. However, in Questions 1, 3, and 5, participants typically went beyond stating that the song’s message was a positive portrayal of the musical artist’s mother, and regularly applied these insights to their own family relationships. Song lyrics written by participants were thematically similar. The following song excerpt of participants from the residential setting exemplifies the perception of family which emerged in this study:

Mama, I got a couple things to say to you.

It’s coming from my heart, so you know it’s true.

About how I act, about what I do.

Yes mama, you know, I love you.

Coping skills. Fourteen percent of lyric lines from the residential group and 10.7% from the community group described coping strategies. It should be noted that participants appeared to be cognizant of the negative ramifications of some lyric lines that were coded into the ‘negative coping skills’ category. For instance, one lyric line written by participants from the residential setting reads, “Even if you run away, there your problems will remain.” Cognitively processing problems and analyzing potential solutions are important catalysts for therapeutic change. The present study indicates that songwriting may promote this therapeutic process.

Regret. The theme of regret appeared exclusively in song lyrics (10% of lyric lines) and lyric analysis responses (Question 3, “Hey Mama”, 20% of participant responses) of participants from the residential setting. Most of this regret was focused on recent decisions made and actions taken that negatively affected participants’ family members. Both of these music therapy interventions appear to have provided these adolescents an opportunity to process their past actions and the repercussions of those actions.

Loss of control or feeling restrained. The thematic category ‘loss of control or feeling restrained’ comprised 18% of lyric lines written by the residential group and 2.2% written by the

community group. Adolescents often experience a sense of helplessness and loss of control when living in a residential setting (James, 1987, 1988). James (1987, 1988) found that participation in lyric analysis interventions may be effective in decreasing this sense of helplessness and increasing a locus of control among adolescents.

Wealth is not a requirement for happiness. A number of thematic categories within lyric analysis responses to the song “There’s Hope” expressed the idea that wealth is not a requirement for happiness. In responses to questions regarding “There’s Hope,” this theme appeared 20 times in the residential group and 11 times in the community group. According to administrators from each facility, both groups consisted primarily of participants with low socioeconomic status. This theme could have been particularly meaningful to participants at the residential setting, who not only were from families bearing a low socioeconomic status, but were residing at a facility where they currently had very little to call their own.

Negative experiences. Songs written by the community group contained a greater percentage of lyric lines in the ‘negative experiences’ category (21.7%) than songs written by the residential group (4.0%). It may be that both groups expressed a similar amount of negative experiences, but expression of negative experiences was specific enough in the residential group to be coded in the ‘regret’ and ‘loss of control or feeling restrained’ categories. Conversely, negative experiences expressed by the community group covered a wide variety of content, including disappointment, problems at school, boredom, and difficulties of life as a teenager.

Social/Peers. Songs written by participants from the community setting contained a greater percentage of lyric lines in the ‘social/peers’ category (19.6%) than songs written by participants from the residential setting (4.0%). Percentage of word usage in the ‘social processes’ category was also greater among the community group (13.49% vs. 9.48% within songwriting lyrics and 18.74% vs. 15.69% within lyric analysis responses). These differences may be affected by the participants’ environments. Songs written by participants from the residential facility generally focused on recent events leading up to their arrival at the facility, descriptions and feelings about life at the facility, and hopes or wishes for leaving the facility. Because of the short-term nature of this residential facility, residents may have had little opportunity to develop relationships with other residents. Thus, a stable peer social life may not have been present in their current situation. On the other hand, adolescents from the community setting participated in an after-school environment with long-term peers, many of whom

undoubtedly played a role in the participants' lives outside of the after-school program. This study may indicate, then, that participant lyric analysis responses and song lyrics are influenced by the current social framework of the adolescents' lives.

Total and impersonal pronoun usage. Participants from the community setting used a significantly greater percentage of words than participants from the residential setting in the 'total pronoun' and 'impersonal pronoun' categories within lyric analysis responses. The greater overall use of pronouns among participants from the community setting appears to be primarily a result of the greater use of impersonal pronouns among the same group. Participants from the community setting also used considerably more impersonal pronouns than participants from the residential group in their song lyrics (6.08% vs. 3.49%). When responding to lyric analysis questions, participants may use a variety of types of pronouns. For instance, in response to the question, "What did the song make you think about?" an individual may use 3rd person singular pronouns ("The artist is proud of *his* mom..."), 2nd person pronouns ("*You* should be proud of *your* mom..."), impersonal pronouns ("*Everybody* should be proud of their mom..."), or 1st person singular pronouns ("*I* am proud of *my* mom..." or "*I* am not proud of *my* mom...").

One of the goals of lyric analyses is to develop insight into personal experiences and issues (Mark, 1986). A smaller percentage of responses using impersonal pronouns could indicate that an individual is relating the song to him or herself more than to others, and thus the intervention is effective at promoting self awareness. As word usage of the residential group contained significantly fewer impersonal pronouns, it is possible that these participants were responding to the lyric analysis questions in such a manner. Perhaps participants from the residential setting related more to the songs personally, or were more willing to discuss songs in direct relation to themselves. On the other hand, adolescents from the residential setting were receiving more therapy than adolescents from the community setting and may have been accustomed to talking about themselves in the context of therapeutic interventions. However, although a significant difference in the use of impersonal pronouns emerged, the use of 1st person singular pronouns between groups was markedly similar ($t = .12, P = .91$). Thus, data from the present study are not conclusive enough to make solid assumptions based on pronoun usage as differences in pronoun use may be a result of other factors.

The following discussion is in relation to data collected from responses to specific lyric analysis questions.

Question 2: What feelings does the song bring to mind? Results indicated that participants from the two groups used equivalently more positive than negative feeling words in their responses to this question. Content analysis of word usage with the LIWC software indicated similar trends within lyric analysis responses for all five questions combined. Few participants used actual feeling words in response to this question, and those that did used simple feeling words such as ‘happy’, ‘love’, and ‘sad’. Behrens (1988) states that being able to identify and verbally label emotions is one of the key steps to healthy, successful expression of feelings. The results of this study indicate that adolescents from both groups were either unable or unwilling to label emotions and communicate with feeling words when prompted. With the assistance of a music therapist, songwriting and lyric analysis interventions could potentially be used to target this deficiency and promote development of a vocabulary of emotion words. Development of this vocabulary, in turn, may aid adolescents in the area of healthy self-expression – a key objective for many individuals in this population.

Question 4: Did you like the song? Why or why not? Researchers often assert that a powerful connection exists between adolescents and their preferred music (Austin, 2007; Mark, 1988; McFerran-Skewes, 2004). Likewise, proponents of Rap and Hip-Hop Therapy frequently describe the power of using culturally appropriate music with at-risk adolescents (DeCarlo & Hockman, 2003; Elligan, 2004; Tyson, 2003). In the present study, over 70% of participants from both groups responded that they liked each of the songs because of the lyrics, while less than 20% from each group identified the artist or style of music as a reason for approving or disapproving of each song. It should be noted that the songs used were selected from genres (rap and R&B) that were expected to be preferred by adolescents at these particular programs. If a song from a substantially different musical genre (i.e. country) were used, responses to this question may have been very different. However, the present study may indicate that if song lyrics are selected carefully and presented correctly, adolescents may be open to songs from genres outside of their immediate preference during music therapy sessions. Expanding the potential repertoire of songs to use with an adolescent population may help music therapists in finding songs to address the unique and diverse needs of adolescent individuals.

Question 5: Select two lyric lines from the song which are most meaningful to you. Which lines did you choose and why? Lyric analyses are often described in the music therapy literature as safe, non-threatening interventions (Bailey, 1984; Butler, 1966; Grocke & Wigram,

2007; Heimlich, 1983). Clients are able to express themselves through songs by projecting their personal thoughts and feelings onto song lyrics without feeling vulnerable. Responses to Question 5 support these findings. Asking participants to select specific lines allowed them an opportunity to identify portions of a song which were especially important to them. Jones (2005) used a similar lyric analysis technique with adults with chemical dependency. In the present study, participants from both groups openly discussed personal difficulties, relationships, and experiences related to their selected lyric lines. Furthermore, a sense of excitement and purpose, not resistance, accompanied the majority of participants' explanations.

Implications for Practice

Adolescents are often resistant to verbal psychotherapy (Austin, 2007; Berkovitz, 1995). A creative, culturally-appropriate therapeutic approach may be more effective than traditional verbal therapy at addressing the needs of at-risk adolescents (Henderson & Gladding, 1998; Tyson & Baffour, 2004). In the present study, songwriting and lyric analysis interventions appeared to have provided at-risk adolescents the opportunity to discuss issues relevant to therapeutic objectives. Themes of regret, loss of control, and feelings of restraint were found almost exclusively among participants from the residential setting, while thematic content regarding peer groups and general negative experiences was more prevalent among participants from the community setting. Coping skills appeared frequently within song lyrics of both groups. All of these themes represent items of importance to these adolescent populations. Results of the present study may indicate that songwriting and lyric analysis interventions encourage adolescents to express issues of importance (both positive and negative in nature) in a creative and productive manner. Upon surfacing, these thoughts and feelings may be processed effectively within a therapeutic setting. These findings suggest that music therapy can be appropriately implemented as the primary or as a complimentary therapy for at-risk youth in community and residential settings.

Developing and maintaining positive family relationships is one of the primary goals at adolescent residential facilities (Farmer, Mustillo, Burns, & Holden, 2008; Lyman & Barry, 2006). Two complications of long-term residential facilities for adolescents include family disengagement and difficulty re-entering the family upon discharge (Lyman & Barry, 2006). In relation to family, thematic content of adolescent song lyrics and lyric analysis responses in the present study was consistently positive. These results indicate that songwriting and lyric analysis

interventions may be conducive to fostering positive family relationships. Through direction and expansion upon these positive familial themes, music therapists could use these interventions with adolescents to provide the basis for positive family interactions.

Many distinct differences have been identified between the song lyrics and lyric analysis responses of adolescents from residential and community settings in the present study. These differences reflect the specific needs of adolescents at different points on the continuum of residential treatment. These data may assist music therapists working in these settings to understand the responses and song lyrics of clients within therapy. However, despite the unique challenges facing adolescents receiving treatment in various residential settings, findings from the present study indicate that adolescents from residential and community settings share the same enthusiasm for music. No difference in positive or negative emotional processes in word usage or prevalence of overall positive or negative themes in song lyrics was found. No additional resistance or negativity towards music therapy interventions was apparent within either group. Results of the current study indicate that, regardless of present living environment, adolescents are typically willing to engage in therapeutic discourse through music.

Conclusions

In the present study, content analysis of themes and word usage in song lyrics and lyric analysis responses revealed a greater focus on regret, loss of control, feeling restrained, and finding happiness regardless of wealth among adolescents living in a residential setting, and a greater focus on general negative experiences and peer groups among adolescents residing in a typical living situation. Other themes and trends in word use were equally represented among these two groups, including coping skills, family, and emotion word usage. Findings of the present study indicate that songwriting and lyric analysis interventions promote a focus on thematic content relevant to the therapeutic objectives of at-risk adolescent populations. These findings support past research which indicates that songwriting interventions assist clients in making therapeutic progress by promoting the disclosure and processing of relevant topics. Songwriting and lyric analyses can be valuable therapeutic tools for music therapists when working with at-risk adolescents in community and residential settings.

APPENDIX A
SONG LYRICS FOR LYRIC ANALYSES

There's Hope
India.Arie

Verse 1:

Back when I had a little I thought that I needed a lot
A little was over rated, but a lot was a little too complicated
You see zero didn't satisfy me, a million didn't make me happy
That's when I learned a lesson, that it's all about your perception
Hey, are you a pauper or a superstar, so you act, so you feel, so you are
It ain't about the size of your car, it's about the size of the faith in your heart

Chorus:

There's hope

It doesn't cost a thing to smile

You don't have to pay to laugh

You better thank God for that

There's hope

It doesn't cost a thing to smile

You don't have to pay to laugh

You better thank God for that

Verse 2:

Off in the back country of Brazil, I met a young brother that made me feel
That I could accomplish anything, you see just like me he wanted to sing
He had no windows and no doors, he lived a simple life and was extremely poor
On top of all of that he had no eye sight,
but that didn't keep him from seeing the light
He said, "what's it like in the USA," and all I did was complain
He said "living here is paradise," he taught me paradise is in your mind

Back to Chorus

Every time I turn on the T.V., somebody's acting crazy
If you let it, it will drive you crazy, but I'm takin' back my power today
Gas prices they just keep on rising, the government they keep on lying
But we gotta keep on surviving, keep living our truth and do the best we can do

Back to Chorus

Stand up for your rights
Keep shining your light
And show the world your smile

Stand up for your rights
Keep shining your light
And show the world your smile

Back to Chorus

Hey Mama
Kanye West

Chorus:

Hey Mama, I wanna scream so loud for you, cause I'm so proud of you
Let me tell you what I'm about to do
I know I act a fool but, I promise you I'm going back to school
I appreciate what you allowed for me
I just want you to be proud of me

Verse 1:

I wanna tell the whole world about a friend of mine
This little light of mine, I'm finna let it shine
I'm finna take y'all back to them better times
I'm finna talk about my mama if y'all don't mind
I was three years old, when you and I moved to the Chi
Late December, harsh winter gave me a cold
You fixed me up something that was good for my soul
Famous homemade chicken soup, can I have another bowl?
You work late nights just to keep on the lights
Mommy got me training wheels so I could keep on my bike
And you would give me anything in this world
Michael Jackson leather and a glove, but didn't give me no curl
And you never put no man over me
And I love you for that mommy can't you see?
Seven years old, caught you with tears in your eyes
Cause a boy cheating, telling you lies, then I started to cry
As we knelt on the kitchen floor
I said mommy I'ma love you till you don't hurt no more
And when I'm older, you ain't gotta work no more
And I'ma get you that mansion that we couldn't afford
See you're, unbreakable, unmistakable
Highly capable, lady that's making loot
A living legend too, just look at what heaven do
Send us an angel, and I thank you

Back to Chorus

Verse 2

Forrest Gump mama said, life is like a box of chocolates
My mama told me go to school, get your doctorate
Something to fall back on, you could profit with
But still supported me when I did the opposite
Now I feel like it's things I gotta get
Things I gotta do, just to prove to you
You was getting through, can the choir please
Give me a verse of "You Are So Beautiful To Me"
Can't you see, you're like a book of poetry
Maya Angelou, Nikki Giovanni, turn one page and there's my mommy
Come on mommy just dance with me, let the whole world see your dancing feet
Now when I say "Hey," y'all say "Mama," now everybody answer me

Back to Chorus

Verse 3

I guess it all depends though, if my ends low
Second they get up you gonna get that Benzo
Tint the windows, ride around the city and let your friends know
Tell your job you gotta fake them out
Since you brought me in this world, let me take you out
To a restaurant, upper echelon
I'ma get you a Jag, whatever else you want
Just tell me what kind of S-Type Donda West like?
Tell me the perfect color so I make it just right
It don't gotta be Mother's Day, or your birthday
For me to just call and say

Hey Mama, I wanna scream so loud for you, cause I'm so proud of you
Let me tell you what I'm about to do
You know I love you so and I'd never let you go
I wrote this song just so you know
No matter where you go, my love is true

APPENDIX B
LYRIC ANALYSIS INTERVIEW QUESTIONS

Lyric Analysis Interview Questions

- 1. What does the song say about life?**
- 2. What feelings does the song bring to mind?**
- 3. What did the song make you think about?**
- 4. Did you like the song? Why or why not?**
- 5. Select two lyric lines from the song which are most meaningful to you. Place a checkmark next to the lines. Which lines did you choose and why?**

APPENDIX C
PARTICIPANT-COMPOSED SONG LYRICS

Appendix C1: Song Lyrics Written by Participants from the Residential Setting

Song One

Sometimes it's boring, sometimes it's fun
I'm not living my life the way it's supposed to be done
I'm stuck in here, I want to shout
I don't want to do this no more, I want out
Let me be free, freer than ever
If you let me out, I swear I'll do better

Take me away, I want out
Take me away, this is not my route (x2)

Song Two

I walk up in the club, cause I'm V.I.P.
The ladies come running cause they know they love me

I walk on stage with my guitar
I got a lot of chicks running to my car
My wicks do tricks when I hit my scissor kicks
People running on stage so my band can sign their sticks
But instead of signing sticks they were looking at my wicks

I walk up in the club, cause I'm V.I.P.
The ladies come running cause they know they love me

Song Three

Even if you run away, there your problems will remain
Causing you many tears, causing you much pain
Making you scared, confused, insecure with the blues
Feeling like your life is through, not a clue what to do

If you run away you got no where to stay
And when you come back the problem's there the next day

Facing your problems can be safe, putting you in a better place
Being at C-C-Y-S, getting you up out this mess
Striving to be the best, never settling for less

If you run away you got no where to stay
And when you come back the problem's there the next day

Have a great and wonderful CCYS day!

Song Four

*Mama, I got a couple things to say to you
It's coming from my heart, so you know it's true
About how I act, about what I do
Yes mama, you know, I love you*

If I could change my past
I would make every decision like it was my last
I shouldn't have got up and walked
When my mama tried to talk
If I could move on
I would make wiser decisions
I would keep good friends close
And to the bad friends – Adios

*Mama, I got a couple things to say to you
It's coming from my heart, so you know it's true
About how I act, about what I do
Yes mama, you know, I love you*

Song Five

*Hated by many, confronted by none
Wanna go home to see my hon'
We could've been having fun
Hated by many, confronted by none*

Got put in here yesterday
Don't know how long I can stay
I want to get out of here now
Wish I could but I don't know how
I miss so many things from home
Like my TV, CDs and cell phone
When I get back to the things I miss
Might even get my second kiss

*Hated by many, confronted by none
Wanna go home to see my hon'
We could've been having fun
Hated by many, confronted by none*

Appendix C2: Song Lyrics Written by Participants from the Community Setting

Song Six

It's my life

And I'ma live it right (x2)

You know it's hard out here for us
Stupid boyfriends making you cuss
Living this double life is hard
Trying to make money playing cards
You know it sucks living this hard life
Making D's and F's that ain't right
Parents want you to be perfect
But it's my life and it ain't worth it
I'm just me, so you have to deal with me, ya dig?

It's my life

And I'ma live it right (x2)

Song Seven

Heartbreak and death makes me sad
Sometimes it's hard, sometimes it's bad
Losing my grandma was hard on my mama
But I gotta keep my life from being in trauma

All about me, there's life, there's school

There's joy, my home, those childhood moments

I don't like school, sometimes it's hard
When we don't have homework it seems fine
But when we do have homework, it's like a barrier in our way
So we can't go outside and play
My childhood was so much fun
I used to get money from my grandma's son
I used to yell and scream and cry like a baby
Until old sweet grandma would cheer me up

All about me, there's life, there's school

There's joy, my home, those childhood moments

Song Eight

Sometimes you have sad moments in your life
Boyfriend beat me up, now he wants me to be his wife
We're always fighting and I wonder where's the love?
I just get on my knees and pray to the man above
Things are not much different with my family
Too much drama and I wonder if I should leave
My mama yelling out, "Baby don't, baby please"
"Baby please..."

*How you going to eat, where you going to sleep
When you living out on those streets. (x2)*

Song Nine

Some boys and girls are entertaining
Some boys and girls are not
Some boys are funny and some girls are hot
Some of them I like them a lot
Lots of people say I have a passion
And for me, it's all about fashion
When me and my homies get together
We play video games in any kind of weather

I like having fun, I like to chill
When it comes down, I'm always real
When I'm spending money or with my friends
Happy and excited is how I feel

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL AND CONSENT FORMS



Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8633 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 11/15/2007

To:
Thomas Petterson
2226 Dozier Dr.
Tallahassee, FL 32301

Dept.: **MUSIC SCHOOL**

From: **Thomas L. Jacobson, Chair**

Re: **Use of Human Subjects in Research**
Word Usage and Thematic Content of Song Lyric Analyses: A Comparison of
Adolescents Living in Community and Residential Environments

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Human Subjects Committee at its meeting on **10/10/2007**. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals which may be required.

If the project has not been completed by **10/9/2008** you must request renewed approval for continuation of the project.

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. The principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

cc: Alice-Ann Darrow
HSC No. 2007.824

CHILD ASSENT FORM

I would like your help in a study that I am conducting. I will be coming to [Someplace Else, Boys & Girls Club] to carry out a music project. You will be asked to listen to two popular songs and answer a series of questions about the song lyrics. Your answers will be audio recorded so that you do not need to write your answers down. You will also be asked to write a song with some other kids and fill out a short questionnaire.

Your commitment will be for a total of one hour. Your participation is totally voluntary and you may stop participating at any time. Any song lyrics, audio-recorded responses, and questionnaires that I may collect from you will be strictly confidential with no identifying information. All data will be kept in a locked filing cabinet in my home or in a password-protected Word file during the course of the project and will be destroyed at the end of this project.

There will be no risk involved, as the music project will take place in the activity room at your program's facility and staff will be present at all times.

A potential benefit to your participation is the opportunity to listen to popular songs and discuss the song lyrics, as well as take part in a songwriting activity with other kids free of charge.

Please know that you can withdraw your consent at any time without any penalty or punishment. You may also ask any questions you may have about the project and I will be happy to answer them to your satisfaction. I will also be happy to share the results of this project with you at its conclusion. You or your parent/guardian may also contact me at (850) 591-1946 or Alice-Ann Darrow at (850) 645-1438 later with any questions.

Sincerely,

Tom Petterson

I have read and understand this consent form.

Student's name

Date



PARENTAL CONSENT FORM

I freely and voluntarily and without element of force or coercion, allow my child to be a participant in the research project entitled "Word Usage and Thematic Content of Song Lyric Analyses: A Comparison of Adolescents Living in Community and Residential Environments."

This project is being conducted by Tom Petterson, a graduate student in the College of Music at Florida State University. I understand the purpose of his project is to identify adolescent interpretations of themes in songs and analyze the text of songs written by adolescents. My child will be asked to listen to two popular songs and answer a series of questions about the song lyrics. His/her answers will be audio recorded so that written responses will not be required. He/she will also participate in a group songwriting activity with other participants and fill out a short questionnaire regarding the study.

I understand that the total time commitment will be approximately 60 minutes. If my child participates in the project, the researcher will, at my request, be willing to discuss the results of my child's responses with me at the end of the project. My questions will be answered by the researcher or he will refer me to a knowledgeable source.

I understand my child's participation is totally voluntary and I may stop his/her participation at any time. My child's questionnaire, interview responses, and song lyrics will be kept confidential, to the extent allowed by law, and identified by only a number. My child's name will not appear on any of the results. All data will be kept in a locked filing cabinet in the researcher's home or in a password-protected Word file during the course of the project destroyed at the end of the project.

I understand there is no risk involved if I agree to allow my child to participate in this study. The project will occur at the Someplace Else facility and staff members will be present at all times.

I understand there are benefits for participating in this research project. My child will be able to participate in an enjoyable music activity with other children free of charge. I understand that this consent may be withdrawn at any time without prejudice, penalty or adverse effect on my child whatsoever. I have been given the right to ask and have answered any inquiry concerning the study. Questions, if any, have been answered to my satisfaction.

I understand that I may contact Tom Petterson, (850) 591-1946, Alice-Ann Darrow, (850) 645-1438, or the Human Subjects Committee at Florida State University, (850) 644-7900 for answers to questions about this research or my rights. Individual results of my child will be sent to me upon my request.

I have read and understand this consent form.



Child's Name

Parent's Name

Date

Parent's Signature

PARENTAL CONSENT LETTER

Dear Parent:

I am a graduate student under the direction of Professor Alice-Ann Darrow in the College of Music at Florida State University. I am conducting a project to identify themes in song interpretations and lyrics written by adolescents, and to determine if living environment affects these themes.

Your child's participation will involve listening to two popular songs and answering a series of questions about the song lyrics. Lyrics will contain no explicit language or inappropriate subject matter. His/her answers will be audio recorded so that written responses will not be required. He/she will also take part in a group songwriting activity with other participants and fill out a short questionnaire regarding the study. Your child's commitment will be a total of one hour.

Your participation, as well as that of your child, in this study is voluntary. If you or your child chooses not to participate or to withdraw from the study at any time, there will be no penalty (it will not affect your child's care). The results of the research study may be published, but your child's name will not be used.

Your child's questionnaire, interview responses, and song lyrics will be kept confidential, to the extent allowed by law, and identified only by number. Your child's name will not appear on any of the results. All data will be kept in a locked filing cabinet in my home or in a password-protected Word file during the project and destroyed at the end of the project.

There will be no risk involved as the music project will take place in the activity room in your program's facility and staff will be present at all times. A possible benefit of your child's participation is the opportunity to take part in a songwriting activity with other kids free of charge.

If you have any questions concerning this research study or your child's participation in the study, please call me at (850) 591-1946 or Alice-Ann Darrow at (850) 645-1438.

Sincerely,

Tom Petterson

I give consent for my child _____ to participate in the above study.

Parent's Name: _____

Parent's Signature: _____

Date: _____



If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Vice President for the Office of Research at (850) 644-8633.

REFERENCES

- Ahola, S. K (2005). Digging deeper into songs: A writing activity. *The Internet TESL Journal*, 11(2). Retrieved August 18, 2007, from <http://iteslj.org/Lessons/Ahola-Songs.html>
- Alexander, K. C. (1990). Communicating with potential adolescent suicides through poetry. *The Arts in Psychotherapy*, 17(2), 125-130.
- Austin, D. (2007). Lifesongs: Music therapy with adolescents in foster care. In V. A. Camilleri (Ed.), *Healing the inner city child: Creative arts therapies with at-risk youth* (pp. 92-103). London: Jessica Kingsley.
- Backos, A. K., & Pagon, B. E. (1999). Finding a voice: Art therapy with female adolescent sexual abuse survivors. *Art Therapy: Journal of the American Art Therapy Association*, 16(3), 126-132.
- Bailey, L. M. (1984). The use of songs in music therapy with cancer patients and their families. *Music Therapy*, 4(1), 5-17.
- Baker, F., Kennelly, J., & Tamplin, J. (2005). Adjusting to change through song: Themes in songs written by clients with traumatic brain injury. *Brain Impairment*, 6(3), 205-211.
- Baker, S., & Homan, S. (2007). Rap, recidivism and the creative self: A popular music programme for young offenders in detention. *Journal of Youth Studies*, 10(4), 459-476.
- Barker, P. (1988). The future of residential treatment for children. In C. E. Schaefer & A. J. Swanson (Eds.), *Children in residential care: Critical issues in treatment* (pp. 1-16). New York: Van Nostrand Reinhold.
- Bates, B. C., English, D. J., & Kouidou-Giles, S. (1997). Residential treatment and its alternatives: A review of the literature. *Child & Youth Care Forum*, 26(1), 7-51.
- Baumel, L. N. (1973). Psychiatrist as Music Therapist. *Journal of Music Therapy*, 10, 83-85.
- Beacon Learning Center. (2005). Writing situation for song analysis. Retrieved August 18, 2007, from http://www.beaconlearningcenter.com/documents/386_01.pdf
- Beckley, R. E., & Chalfant, P. H. (1979). Contrasting images of alcohol and drug use in country and rock music. *Journal of Alcohol and Drug Education*, 25, 44-51.
- Bednarz, L. F., & Nikkel, B. (1992). The role of music therapy in the treatment of young adults diagnosed with mental illness and substance abuse. *Music Therapy Perspectives*, 10(1), 21-26.
- Bowman, D. O., & Halfacre, D. L. (1994). Poetry therapy with the sexually abused adolescent: A case study. *The Arts in Psychotherapy*, 21(1), 11-16.

- Bridgeland, J. M., Dilulio, Jr., J. J., & Morison, K. B. (2006). *The silent epidemic: Perspectives of high school dropouts*. Retrieved May 28, 2008, from the Bill & Melinda Gates Foundation Web site: <http://www.gatesfoundation.org/nr/downloads/ed/thesilentepidemic3-06final.pdf>
- Brook, J. S., & Brook, D. W. (1996). Risk and protective factors for drug use: Etiological considerations. In C. B. McCoy, L. R. Metsch, J. A. Inciardi (Eds.), *Intervening with Drug-Involved Youth* (pp. 23-44). Thousand Oaks, CA: SAGE Publications.
- Brooks, D. M. (1989). Music therapy enhances treatment with adolescents. *Music Therapy Perspectives*, 6, 37-39.
- Bruscia, K. E. (1989). *Defining Music Therapy*. Phoenixville, PA: Barcelona.
- Burns, B. J. (1991). Mental health service use by adolescents in the 1970s and 1980s. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(1), 144-150.
- Burns, B. J., Hoagwood, K., & Maultsby, L. T. (1998). Improving outcomes for children and adolescents with serious emotional and behavioral disorders: Current and future directions. In M. H. Epstein, K. Kutash, A. Duchnowski (Eds.), *Outcomes for children & youth with behavioral and emotional disorders and their families: Programs & evaluation best practices* (pp. 685-707). Austin, TX: Pro-Ed.
- Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review*, 2(4), 199-254.
- Butler, B. (1966). Music group psychotherapy. *Journal of Music Therapy*, 3(2), 53-56.
- Cairns, R. B., Cairns, B. D., & Neckerman, H. J. (1989). Early school dropout: Configurations and determinants. *Child Development*, 60(6), 1437-1452.
- Camilleri, V. (2000). Music therapy groups: A path to social-emotional growth and academic success. *Educational Horizons*, 78(4), 184-189.
- Camilleri, V. A., & Jackson, A. D. (2005). Nurturing excellence through the arts. *Educational Leadership*, 62(6), 60-64.
- Camilleri, V. A. (Ed.) (2007). *Healing the inner city child: Creative arts therapies with at-risk youth*. London: Jessica Kingsley.
- Carozza, P. M., & Heirsteiner, C. L. (1983). Young female incest victims in treatment: Stages of growth seen with a group art therapy model. *Clinical Social Work Journal*, 10(3), 165-175.

- Centers for Disease Control and Prevention. (2006). *Youth risk behavior surveillance – United States, 2005*. Retrieved May 28, 2008, from <http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>
- Chall, J. S., & Jacobs, V. A. (1983). Writing and reading in the elementary grades: Developmental trends among low SES children. *Language Arts, 60*(5), 617-626.
- Chamberlain, P., & Reid, J. B. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology, 66*(4), 624-633.
- Charlesworth, E. A. (1982). Music, psychology, and psychotherapy. *The Arts in Psychotherapy, 9*(3), 191-202.
- Christle, C. A., Jolivette, K., & Nelson, C. M. (2007). School characteristics related to high school dropout rates. *Remedial and Special Education, 28*(6), 325-339.
- Chung, C. K., & Pennebkaer, J. W. (2007). The psychological functions of function words. In K. Fiedler (Ed.), *Social communication: Frontiers of social psychology* (pp. 343-359). New York: Psychology Press.
- Ciardello, S. (2003). Meet them in the lab: Using hip-hop music therapy groups with adolescents in residential settings. In N. E. Sullivan, E. S. Mesbur, N. C. Lang, D. Goodman, & L. Mitchell (Eds.), *Social work with groups: Social justice through personal, community, and societal change* (pp. 103-115). New York: Haworth Press.
- Clendenon-Wallen, J. (1991). The use of music therapy to influence the self-confidence and self-esteem of adolescents who are sexually abused. *Music Therapy Perspectives, 9*, 73-81.
- Cohen, S. O., & Walco, G. A. (1999). Dance/movement therapy for children and adolescents with cancer. *Cancer Practice, 7*(1), 34-42.
- Conger, D. (1988). Suicidal youth: The challenge to art therapy. *The American Journal of Art Therapy, 27*, 34-44.
- Cordobes, T. K. (1997). Group songwriting as a method for developing group cohesion for HIV-seropositive adult patients with depression. *Journal of Music Therapy, 34*(1), 46-67.
- Cox, K. L., & Price, K. (1990). Breaking through: Incident drawings with adolescent substance abusers. *The Arts in Psychotherapy, 17*(4), 333-337.
- Crowl, M. A. (1980). Art therapy with patients suffering from anorexia nervosa. *The Arts in Psychotherapy, 7*(2), 141-151.

- Cui, M., Conger, R. D., Bryant, C. M., & Elder, Jr., G. H. (2002). Parental behavior and the quality of adolescent friendships: A social-contextual perspective. *Journal of Marriage and the Family*, 64(3), 676-689.
- Curtner-Smith, M. E., & MacKinnon-Lewis, C. E. (1994). Family process effects on adolescent males' susceptibility to antisocial peer pressure. *Family Relations*, 43(4), 462-468.
- Dalton, T. A., & Krout, R. E. (2005). Development of the grief process scale through music therapy songwriting with bereaved adolescents. *The Arts in Psychotherapy*, 32(2), 131-143.
- Dalton, T. A., & Krout, R. E. (2006). The grief song-writing process with bereaved adolescents: An integrated grief model and music therapy protocol. *Music Therapy Perspectives*, 24(2), 94-107.
- Dayton, T. (2007). Emotional repair through action methods: The use of psychodrama, sociometry, psychodramatic journaling and experiential group therapy with adolescents. In V. A. Camilleri (Ed.), *Healing the inner city child: Creative arts therapies with at-risk youth* (pp. 197-211). London: Jessica Kingsley.
- DeCarlo, A., & Hockman, E. (2003). RAP therapy: A group work intervention method for urban adolescents. *Social Work with Groups*, 26(3), 45-59.
- Delgado, M. (2002). *New Frontiers for Youth Development in the Twenty-First Century: Revitalizing and Broadening Youth Development*. New York: Columbia University Press.
- Derrington, P. (2005). Teenagers and songwriting: Supporting students in a mainstream secondary school. In F. Baker & T. Wigram (Eds.), *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators and students* (pp. 68-81). London: Jessica Kingsley.
- Diaz de Chumaceiro, C. L. (1992). Transference-countertransference in psychology integrations for music therapy in the 1970s and 1980s. *Journal of Music Therapy*, 29(4), 217-235.
- Dorr, A. R. (2007). Collaboration and creativity: Art therapy groups in a school suspension program. In V. A. Camilleri (Ed.), *Healing the inner city child: Creative arts therapies with at-risk youth* (pp. 164-179). London: Jessica Kingsley.
- Dryfoos, J. G. (1990). *Adolescents at Risk: Prevalence and Prevention*. New York: Oxford University Press.
- Duerksen, G. L., & Darrow, A. A. (1991). Music class for the at-risk: A music therapist's perspective. *Music Educators Journal*, 78(3), 46-49.

- Dunne, P. B. (1988). Drama therapy techniques in one-to-one treatment with disturbed children and adolescents. *The Arts in Psychotherapy*, 15(2), 139-149.
- Dutton, S. E. (2001). Urban youth development – Broadway style: Using theatre and group work as vehicles for positive youth development. *Social Work with Groups*, 23(4), 39-58.
- Dvorkin, J. M. (1991). Individual music therapy for an adolescent with borderline personality disorder: An object relations approach. In K. E. Bruscia (Ed.), *Case studies in music therapy* (pp. 251-268). Phoenixville, PA: Barcelona.
- Edwards, J. (1998). Music therapy for children with severe burn injury. *Music Therapy Perspectives*, 16(1), 21-26.
- Edgerton, C. D. (1990). Creative group songwriting. *Music Therapy Perspectives*, 8, 15-19.
- Eidson, Jr., C. E. (1989). The effect of behavioral music therapy on the generalization of interpersonal skills from sessions to the classroom by emotionally handicapped middle school students. *Journal of Music Therapy*, 26(4), 206-221.
- Elligan, D. (2004). *Rap therapy: A practical guide for communicating with youth and young adults through rap music*. New York: Kensington.
- Ellis, A. (1981). The use of rational humorous songs in psychotherapy. *Voices: The Art and Science of Psychotherapy*, 16(4), 29-36.
- Farber, K. (2001). When bodies matter: Teaching adolescents about community, critical consciousness, and identity through movement. In P. O'Reilly, E. M. Penn, K. Demarrais (Eds.), *Educating young adolescent girls* (pp. 103-121). Mahwah, NJ: Lawrence Erlbaum Associates.
- Farley, G. K. (1991). A profile of the day care center, past and present. In S. G. Zimet & G. K. Farley (Eds.), *Day treatment for children with emotional disorders: Vol 1. A model in action* (pp. 5-17). New York: Plenum Press.
- Farmer, E. M. Z., Mustillo, S., Burns, B. J., & Holden, E. W. (2008). Use and predictors of out-of-home placements within systems of care. *Journal of Emotional and Behavioral Disorders*, 16(1), 5-14.
- Farr, M. (1997). The role of dance/movement therapy in treating at-risk African American adolescents. *The Arts in Psychotherapy*, 24(2), 183-191.
- Farrington, D. P., & Welsh, B. C. (2007). *Saving Children from a Life of Crime: Early Risk Factors and Effective Interventions*. New York: Oxford University Press.

- Feldman, L. H. (1991). Evaluating the impact of intensive family preservation services in New Jersey. In K. Wells & D. Biegel (Eds.), *Family preservation services: Research and evaluation* (pp. 47-71). Newbury Park, CA: Sage.
- Ficken, T. (1976). The use of songwriting in a psychiatric setting. *Journal of Music Therapy*, 13(4), 163-172.
- Fliegel, L. S. (2000). An unfound door: Reconceptualizing art therapy as a community-linked treatment. *American Journal of Art Therapy*, 38, 81-89.
- Foney, D. M., & Cunningham, M. (2002). Why do good kids do bad things? Considering multiple contexts in the study of antisocial fighting behaviors in African American urban youth. *The Journal of Negro Education*, 71(3), 143-157.
- Fraser, M. W. (1997). The ecology of childhood: A multisystems perspective. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 1-9). Washington, D.C: NASW Press.
- Freed, B. S. (1987). Songwriting with the chemically dependent. *Music Therapy Perspectives*, 4, 13-18.
- Frensch, K. M., & Cameron, G. (2002). Treatment of choice or a last resort? A review of residential mental health placements for children and youth. *Child & Youth Care Forum*, 31(5), 307-339.
- Frisch, A. (1990). Symbol and structure: Music therapy for the adolescent psychiatric inpatient. *Music Therapy*, 9, 16-34.
- Funahashi, A., & Carterette, E. C. (1985). Musical empathy (Einfuhling). *Journal of Auditory Research*, 25(1), 47-65.
- Galizio, M., & Hendrick, C. (1972). Effect of musical accompaniment on attitude: The guitar as a prop for persuasion. *Journal of Applied Social Psychology*, 2(4), 350-359.
- Gallagher, L. M., & Steele, A. L. (2002). Music therapy with offenders in a substance abuse/mental illness treatment program. *Music Therapy Perspectives*, 20(2), 117-122.
- Gardstrom, S. C. (1987). Positive peer culture: A working definition for the music therapist. *Music Therapy Perspectives*, 4, 19-23.
- Gaviria, A., & Raphael, S. (2001). School-based peer effects and juvenile behavior. *The Review of Economics and Statistics*, 83(2), 257-268.
- Gerard, J. M., & Buehler, C. (1999). Multiple risk factors in the family environment and youth problem behaviors. *Journal of Marriage and the Family*, 61(2), 343-361.

- Gerber, J. (1994). The use of art therapy in juvenile sex offender specific treatment. *The Arts in Psychotherapy, 21*(5), 367-374.
- Gfeller, K. E. (1987). Songwriting as a tool for reading and language remediation. *Music Therapy, 6*, 28-38.
- Gfeller, K. E. (1990). The function of aesthetic stimuli in the therapeutic process. In R. F. Unkefer (Ed.), *Music Therapy in the Treatment of Adults with Mental Disorders: Theoretical Bases and Clinical Interventions* (pp. 70-81). New York: Schirmer Books.
- Gibson, R. W. (1980). The creative arts therapies: An overview. *Journal of the National Association of Private Psychiatric Hospitals, 11*(2), 4-6.
- Glassman, L. R. (1991). Music therapy and bibliotherapy in the rehabilitation of traumatic brain injury: A case study. *The Arts in Psychotherapy, 18*(2), 149-156.
- Goldstein, S. L. (1990). A songwriting assessment for hopelessness in depressed adolescents: A review of the literature and a pilot study. *The Arts in Psychotherapy, 17*(2), 117-124.
- Goodrich, J., & Goodrich, W. (1986). Drama therapy with a learning disabled, personality disordered adolescent. *The Arts in Psychotherapy, 13*(4), 285-291.
- Grocke, D., & Wigram, T. (2007). *Receptive Methods in Music Therapy: Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. London: Jessica Kingsley.
- Guagliardo, M. F., Huang, H., Hicks, J., & D'Angelo, L. (1998). Increased drug use among old-for-grade and dropout urban adolescents. *American Journal of Preventive Medicine, 15*(1), 42-48.
- Hadley, R. T., Hadley, W. H., Dickens, V., & Jordon, E. G. (2001). Music therapy: A treatment modality for special-needs populations. *International Journal for the Advancement of Counselling, 23*(3), 215-221.
- Hair, H. J. (2005). Outcomes for children and adolescents after residential treatment: A review of research from 1993 to 2003. *Journal of Child and Family Studies, 14*(4), 551-575.
- Harding, C. G., & Safer, L. A. (1996). Using live theatre combined with role playing and discussion to examine what at-risk adolescents think about substance abuse, its consequences, and prevention. *Adolescence, 31*, 783-796.
- Harnden, B., Rosales, A. B., & Greenfield, B. (2004). Outpatient art therapy with a suicidal adolescent female. *The Arts in Psychotherapy, 31*(3), 165-180.
- Heimlich, E. P. (1983). The metaphoric use of song lyrics as paraverbal communication. *Child Psychiatry and Human Development, 14*(2), 67-75.

- Henderson, D. A., & Gladding, S. T. (1998). The creative arts in counseling: A multicultural approach. *The Arts in Psychotherapy, 25*(3), 183-187.
- Henderson, S. M. (1983). Effects of a music therapy program upon awareness of mood in music, group cohesion, and self-esteem among hospitalized adolescent patients. *Journal of Music Therapy, 20*(1), 14-20.
- Hoffmann, J. P. (2002). The community context of family structure and adolescent drug use. *Journal of Marriage and the Family, 64*(2), 314-330.
- Hoffmann, J. P., & Johnson, R. A. (1998). A national portrait of family structure and adolescent drug use. *Journal of Marriage and the Family, 60*(3), 633-645.
- Holman, W. D. (1996). The power of poetry: Validating ethnic identity through a bibliotherapeutic intervention with a Puerto Rican adolescent. *Child and Adolescent Social Work Journal, 13*(5), 371-383.
- Hong, M., Hussey, D., & Heng, M. (1998). Music therapy with children with severe emotional disturbances in a residential treatment setting. *Music Therapy, 4*, 5-17.
- Hurley, K. D., Ingram, S., Czyz, J. D., Juliano, N., & Wilson, E. (2006). Treatment for youth in short-term care facilities: The impact of a comprehensive behavior management intervention. *Journal of Child and Family Studies, 15*(5), 617-632.
- James, M. R. (1988). Music therapy values clarification: A positive influence on perceived locus of control. *Journal of Music Therapy, 25*(4), 206-215.
- James, M. R., & Freed, B. S. (1989). A sequential model for developing group cohesion in music therapy. *Music Therapy Perspectives, 7*, 28-34.
- Jenkins, P. H. (1995). School delinquency and school commitment. *Sociology of Education, 68*(3), 221-239.
- Johnson, E. R. (1981). The role of objective and concrete feedback in self-concept treatment of juvenile delinquents in music therapy. *Journal of Music Therapy, 18*(3), 137-147.
- Jones, J. D. (2005). A comparison of songwriting and lyric analysis techniques to evoke emotional change in a single session with people who are chemically dependent. *Journal of Music Therapy, 42*(2), 94-110.
- Kahn, J. H., Tobin, R. M., Massey, A. E., & Anderson, J. A. (2007). Measuring emotional expression with the Linguistic Inquiry and Word Count. *American Journal of Psychology, 120*(2), 263-286.
- Karabanow, J., & Clement, P. (2004). Interventions with street youth: A commentary on the practice-based research literature. *Brief Treatment and Crisis Intervention, 4*(1), 93-108.

- Kaser, V. A. (1993). Musical expressions of subconscious feelings: A clinical perspective. *Music Therapy Perspectives, 11*(1), 16-23.
- Kaufmann, D. R., Wyman, P. A., Forbes-Jones, E. L., & Barry, J. (2007). Prosocial involvement and antisocial peer affiliations as predictors of behavior problems in urban adolescents: Main effects and moderating effects. *Journal of Community Psychology, 35*(4), 417-434.
- Keen, A. W. (2004). Using music as a therapy tool to motivate troubled adolescents. *Social Work in Health Care, 39*, 361-373.
- Kipper, D. A., & Hundal, J. (2003). A survey of clinical reports on the application of psychodrama. *Journal of Group Psychotherapy, Psychodrama, & Sociometry, 55*(4), 141-157.
- Kipper, D. A., & Ritchie, T. D. (2003). The effectiveness of psychodramatic techniques: A meta-analysis. *Group Dynamics: Theory, Research, and Practice, 7*(1), 13-25.
- Kivland, M. J. (1986). The use of music to increase self-esteem in a conduct disordered adolescent. *Journal of Music Therapy, 23*(1), 25-29.
- Knorth, E. J., Harder, A. T., Zandberg, T., & Kendrick, A. J. (2008). Under one roof: A review and selective meta-analysis on the outcomes of residential child and youth care. *Children and Youth Services Review, 30*, 123-140.
- Kobin, C., & Tyson, E. (2006). Thematic analysis of hip-hop music: Can hip-hop in therapy facilitate empathic connections when working with clients in urban settings? *The Arts in Psychotherapy, 33*(4), 343-356.
- Kruczek, T., & Zigelbaum, A. (2004). Increasing adolescent awareness of at risk behaviors via psychoeducational drama. *The Arts in Psychotherapy, 31*(1), 1-10.
- Lacourse, E., Nagin, D. S., Vitaro, F., Cote, S., Arseneault, L., & Tremblay, R. E. (2006). Prediction of early-onset deviant peer group affiliation. *Archives of General Psychiatry, 63*, 562-568.
- Larzelere, R. E., Dinges, K., Schmidt, M. D., Spellman, D. F., Criste, T. R., & Connell, P. (2001). Outcomes of residential treatment: A study of the adolescent clients of Girls and Boys Town. *Child & Youth Care Forum, 30*(3), 175-185.
- Layman, D., Hussey, D., & Laing, S. (2002). Foster care trends in the United States: Ramifications for music therapists. *Music Therapy Perspectives, 20*(1), 38-46.
- Lefebvre, C. (1991). All her "yesterdays:" An adolescent's search for a better today through music. In K. E. Bruscia (Ed.), *Case studies in music therapy* (pp. 219-230). Phoenixville, PA: Barcelona.

- Leve, L. D., & Chamberlain, P. (2005). Association with delinquent peers: Intervention effects for youth in the juvenile justice system. *Journal of Abnormal Child Psychology*, 33(3), 339-347.
- Library of Congress (2007). Thinking about songs as historical artifacts. Retrieved August 18, 2007, from <http://www.loc.gov/teachers/lyrical/tools/docs/songs.pdf>
- Library of Congress (2002, September 26). Stand up and sing: Music analysis sheet. Retrieved on August 18, 2007, from <http://memory.loc.gov/learn/lessons/99/sing/analysis.html>
- Lindberg, K. A. (1995). Songs of healing: Songwriting with an abused adolescent. *Music Therapy*, 13, 93-108.
- Lochman, J. E., Powell, N. R., Jackson, M. F., & Czopp, W. (2006). Cognitive-behavioral psychotherapy for conduct disorder: The Coping Power Program. In W. M. Nelson, III, A. J. Finch, Jr., & K. J. Hart (Eds.), *Conduct disorders: A practitioner's guide to comparative treatments* (pp. 177-216). New York: Springer.
- Long, J. K., & Soble, L. (1999). Report: An arts-based violence prevention project for sixth grade students. *The Arts in Psychotherapy*, 26(5), 329-344.
- Lyman, R. D., & Barry, C. T. (2006). The continuum of residential treatment care for conduct-disordered youth. In W. M. Nelson, III, A. J. Finch, Jr., & K. J. Hart (Eds.), *Conduct disorders: A practitioner's guide to comparative treatments* (pp. 259-297). New York: Springer.
- Lyman, R. D., Prentice-Dunn, S., Wilson, D. R., & Taylor, Jr., G. E. (1989). Issues in residential and inpatient treatment. In R. D. Lyman, S. Prentice-Dunn, & S. Gabel (Eds.), *Residential and inpatient treatment of children and adolescents* (pp. 3-22). New York: Plenum Press.
- Madsen, C. K., & Madsen, Jr., C. H. (1968). Music as a behavior modification technique with a juvenile delinquent. *Journal of Music Therapy*, 5(3), 72-76.
- Mark, A. (1986). Adolescents discuss themselves and drugs through music. *Journal of Substance Abuse Treatment*, 3(5), 243-249.
- Mark, A. (1988). Metaphoric lyrics as a bridge to the adolescent's world. *Adolescence*, 23, 313-323.
- Maultsby, M. C. (1977). Combining music therapy and rational behavior therapy. *Journal of Music Therapy*, 14(2), 89-97.
- Mayers, K. S. (1995). Songwriting as a way to decrease anxiety and distress in traumatized children. *The Arts in Psychotherapy*, 22(5), 495-498.

- Mazza, N. (1999). *Poetry therapy: Interface of the arts and psychology*. Boca Raton, FL: CRC Press.
- McCubbin, H. I., Needle, R. H., & Wilson, M. (1985). Adolescent health risk behaviors: Family stress and adolescent coping as critical factors. *Family Relations*, 34(1), 51-62.
- McFerran-Skewes, K. (2004). Using songs with groups of teenagers: How does it work? *Social Work with Groups*, 27, 143-157.
- McGuire, D. C. (2007). The architecture of self-expression: Creating community through art with children on Chicago's south side. In V. A. Camilleri (Ed.), *Healing the inner city child: Creative arts therapies with at-risk youth* (pp. 131-144). London: Jessica Kingsley.
- McWhirter, J. J., McWhirter, B. T., McWhirter, A. M., & McWhirter, E. H. (1993). *At-Risk Youth: A Comprehensive Response for Counselors, Teachers, and Human Service Professionals*. Pacific Grove, CA: Brooks/Cole.
- Miller, B. C. (2002). Family influences on adolescent sexual and contraceptive behavior. *The Journal of Sex Research*, 39(1), 22-26.
- Montello, L., & Coons, E. E. (1998). Effects of active versus passive group music therapy on preadolescents with emotional, learning, and behavioral disorders. *Journal of Music Therapy*, 35(1), 49-67.
- Moon, B. L. (1999). The tears make me paint: The role of responsive artmaking in adolescent art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 16(2), 78-82.
- Moss, L. S. (2004). *The effects of lyric analysis and group discussion vs. traditional music therapy on values clarification and decision making in adolescent delinquents*. Unpublished master's thesis, Florida State University, Tallahassee.
- Murphy, M. (1983). Music therapy: A self-help group experience for substance abuse patients. *Music Therapy*, 3, 52-62.
- National Coalition of Creative Arts Therapies Associations. (2008). Retrieved March 10, 2008, from <http://www.nccata.org>
- National Youth Violence Prevention Resource Center. (2001). *Substance abuse fact sheet*. Retrieved on May 28, 2008 from <http://www.safeyouth.org/scripts/facts/substance.asp>
- Needham, B. L., Crosnoe, R., & Muller, C. (2004). Academic failure in secondary school: The inter-related role of health problems and educational context. *Social Problems*, 51(4), 569-586.

- Northeastern University, Center for Labor Market Studies. (2003, February). *The hidden crisis in the high school dropout problems of young adults in the U.S.: Recent trends in overall school dropout rates and gender differences in dropout behavior*. Retrieved May 28, 2008, from the Business Roundtable Web site: <http://www.businessroundtable.org/pdf/914.pdf>
- Novy, C. (2003). Drama therapy with pre-adolescents: A narrative perspective. *The Arts in Psychotherapy, 30*(4), 201-207.
- O'Callaghan, C. C. (1996). Lyrical themes in songs written by palliative care patients. *Journal of Music Therapy, 33*(2), 74-92.
- Odell, L. K. (2007). SOHO – Space of her own: An art-based mentoring program for girls. In V. A. Camilleri (Ed.), *Healing the inner city child: Creative arts therapies with at-risk youth* (pp. 145-163). London: Jessica Kingsley.
- Pardeck, J. (1994). Using literature to help adolescents cope with problems. *Adolescence, 29*, 421-427.
- Pennebaker, J.W., Booth, R.J., & Francis, M.E. (2007). LIWC2007: Linguistic Inquiry and Word Count. Austin, TX: Liwc.net.
- Pennebaker, J.W., Chung, C.K., Ireland, M., Gonzales, A., & Booth, R.J. (2007). *The Development and Psychometric Properties of LIWC2007*. Austin, TX: LIWC.
- Pennebaker, J. W., Mehl, M. R., & Niederhoffer, K. G. (2003). Psychological aspects of natural language use: Our words, our selves. *Annual Review of Psychology, 54*, 547-577.
- Pittman, R. B., & Haughwout, P. (1987). Influence of high school size on dropout rate. *Educational Evaluation and Policy Analysis, 9*(4), 337-343.
- Plach, T. (1980). *The creative use of music in group therapy*. Springfield, IL: Charles C. Thomas.
- Pollio, D. E., Thompson, S. J., Tobias, L., Reid, D., & Spitznagel, E. (2006). Longitudinal outcomes for youth receiving runaway/homeless shelter services. *Journal of Youth and Adolescence, 35*(5), 859-866.
- Pottick, K. J., Warner, L. A., Isaacs, M., Henderson, M. J., Milazzo-Sayre, L., & Manderscheid, R. W. (2002). Children and adolescents admitted to specialty mental health care programs in the united states, 1986 and 1997. In R. W. Manderscheid, & M. J. Henderson (Eds.), *Mental health, United States, 2002* (pp. 314-326). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

- Ragland, Z., & Apprey, M. (1974). Community music therapy with adolescents. *Journal of Music Therapy, 11*(3), 147-155.
- Rapp-Paglicci, L. A., Ersing, R., & Rowe, W. (2006). The effects of cultural arts programs on at-risk youth: Are there more than anecdotes and promises? *Journal of Social Service Research, 33*(2), 51-56.
- Rickson, D. J., & Watkins, W. G. (2003). Music therapy to promote prosocial behaviors in aggressive adolescent boys – A pilot study. *Journal of Music Therapy, 40*(4), 283-301.
- Rideout, V., Roberts, D. F., & Foehr, U. G. (2005). *Generation M: Media in the lives of 8-18 year-olds*. Menlo Park, CA: Henry J. Kaiser Family Foundation.
- Rio, R. E., & Tenney, K. S. (2002). Music therapy for juvenile offenders in residential treatment. *Music Therapy Perspectives, 20*(2), 89-97.
- Ritter, M., & Low, K. G. (1996). Effects of dance/movement therapy: A meta-analysis. *The Arts in Psychotherapy, 23*(3), 249-260.
- Robb, S. L. (1996). Techniques in song writing: Restoring emotional and physical well being in adolescents who have been traumatically injured. *Music Therapy Perspectives, 14*(1), 30-37.
- Robb, S. L., & Ebberts, A. G. (2003a). Songwriting and digital video production interventions for pediatric patients undergoing bone marrow transplantation, part I: An analysis of depression and anxiety levels according to phase of treatment. *Journal of Pediatric Oncology Nursing, 20*(1), 2-15.
- Robb, S. L., & Ebberts, A. G. (2003b). Songwriting and digital video production interventions for pediatric patients undergoing bone marrow transplantation, part II: An analysis of patient-generated songs and patient perceptions regarding intervention efficacy. *Journal of Pediatric Oncology Nursing, 20*(1), 16-25.
- Roberts, K. R., Dimsdale, J., East, P., & Friedman, L. (1998). Adolescent emotional response to music and its relationship to risk-taking behaviors. *Journal of Adolescent Health, 23*(1), 49-54.
- Roderick, M. (1994). Grade retention and school dropout: Investigating the association. *American Educational Research Journal, 31*(4), 729-759.
- Roe, K. (1987). The school and music in adolescent socialization. In J. Lull (Ed), *Popular music and communication* (pp. 212-230). Newbury Park, CA: Sage.
- Roscoe, B., Krug, K., & Schmidt, J. (1985). Written forms of self-expression utilized by adolescents. *Adolescence, 20*, 841-844.

- Rosen, M. (1998). *Treating children in out-of-home placements*. Binghamton, NY: Haworth Press.
- Rousseau, C., Benoit, M., Gauthier, M., Lacroix, L., Alain, N., Rojas, M.V., et al. (2007). Classroom drama therapy program for immigrant and refugee adolescents: A pilot study. *Clinical Child Psychology and Psychiatry*, *12*(3), 451-465.
- Rumberger, R. W. (1987). High school dropouts: A review of issues and evidence. *Review of Educational Research*, *57*(2), 101-121.
- Rumberger, R. W. (1995). Dropping out of middle school: A multilevel analysis of students and schools. *American Educational Research Journal*, *32*(3), 583-625.
- Saldana, L., & Henggeler, S. W. (2006). Multisystemic therapy in the treatment of adolescent conduct disorder. In W. M. Nelson, III, A. J. Finch, Jr., & K. J. Hart (Eds.), *Conduct disorders: A practitioner's guide to comparative treatments* (pp. 217-258). New York: Springer.
- Sausser, S., Waller, R. J. (2006). A model for music therapy with students with emotional and behavioral disorders. *The Arts in Psychotherapy*, *33*(1), 1-10.
- Schiff, M., & Frances, A. (1974). Popular music: A training catalyst. *Journal of Music Therapy*, *11*(1), 33-40.
- Schmidt, J. A. (1983). Songwriting as a therapeutic procedure. *Music Therapy Perspectives*, *1*(2), 4-7.
- Selm, M. E. (1991). Chronic pain: Three issues in treatment and implications for music therapy. *Music Therapy Perspectives*, *9*, 91-97.
- Shaw, C. R., & McKay, H. D. (1969). *Juvenile Delinquency and Urban Areas* (Rev. ed.). Chicago: University of Chicago Press.
- Silber, F., & Hes, J. P. (1995). The use of songwriting with patients diagnosed with Alzheimer's disease. *Music Therapy Perspectives*, *13*, 31-34.
- Silverman, M. J. (2003). Music therapy and clients who are chemically dependent: A review of literature and pilot study. *The Arts in Psychotherapy*, *30*(5), 273-281
- Simpson, I. A., Burch, B., & Harrington, T. (2006). There's hope [Recorded by India.Arie]. On *Testimony: Vol. 1, life & relationship* [CD]. New York: Motown Records.
- Smith, C. A., & Stern, S. B. (1997). Delinquency and antisocial behavior: A review of family processes and intervention research. *Social Service Review*, *71*(3), 382-420.

- Snow, S., D'Amico, M., Tanguay, D. (2003). Therapeutic theatre and well-being. *The Arts in Psychotherapy, 30*(2), 73-82.
- Snyder, H. N., & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Steele, A. L. (1975). Three year study of a music therapy program in a residential treatment center. *Journal of Music Therapy, 12*(2), 67-83.
- Steele, K. (2007). Ideas and content in songs. Retrieved August 18, 2007, from <http://www.kimskorner4teachertalk.com/writing/sixtrait/ideascontent/songs.html>
- Stratton, V. N., & Zalanowski, A. H. (1994). Affective impact of music vs. lyrics. *Empirical Studies of the Arts, 12*(2), 173-184.
- Stroup, A. L., & Robins, L. N. (1972). Elementary school predictors of high school dropout among Black males. *Sociology of Education, 45*(2), 212-222.
- Stroul, B. A., & Friedman, R. M. (1996). The system of care concept and philosophy. In B. A. Stroul (Ed.), *Children's mental health: Creating systems of care in a changing society* (pp. 3-21). Baltimore: Paul H. Brookes.
- Tamplin, J. (2006). Song collage technique: A new approach to songwriting. *Nordic Journal of Music Therapy, 15*(2), 177-190.
- Taylor, J. A., Barry, N. H., & Walls, K. C. (1997). *Music and Students at Risk: Creative Solutions for a National Dilemma*. Reston, VA: Music Educators National Conference.
- Tervo, J. (2001). Music therapy for adolescents. *Clinical Child Psychology and Psychiatry, 6*(1), 79-91.
- Thaut, M. H. (1987). A new challenge for music therapy: The correctional setting. *Music Therapy Perspectives, 4*, 44-50.
- Thompson, S. J., & Pillai, V. K. (2006). Determinants of runaway episodes among adolescents using crisis shelter services. *International Journal of Social Welfare, 15*(2), 142-149.
- Thompson, S. J., Zittel-Palamara, K. M., & Maccio, E. M. (2004). Runaway youth utilizing crisis shelter services: Predictors of presenting problems. *Child & Youth Care Forum, 33*(6), 387-404.
- Tibbetts, T. J., & Stone, B. (1990). Short-term art therapy with seriously emotionally disturbed adolescents. *The Arts in Psychotherapy, 17*(2), 139-146.
- Tillie Allen, N. M. (2005). Exploring hip-hop therapy with high-risk youth. *Praxis, 5*, 30-36.

- Tuma, J. M. (1989). Mental health services for children: The state of the art. *American Psychologist*, 44(2), 188-199.
- Tyson, E. H. (2002). Hip Hop Therapy: An exploratory study of a rap music intervention with at-risk and delinquent youth. *Journal of Poetry Therapy*, 15(3), 131-144.
- Tyson, E. H. (2003). Rap music in social work practice with African-American and Latino youth: A conceptual model with practical applications. *Journal of Human Behavior in the Social Environment*, 8(4), 1-21.
- Tyson, E. H., & Baffour, T. D. (2004). Arts-based strengths: A solution-focused intervention with adolescents in an acute-care psychiatric setting. *The Arts in Psychotherapy*, 31(4), 213-227.
- U.S. Census Bureau, Population Division. (2008). *Annual estimates of the population by sex and selected age groups for the United States: April 1, 2000 to July 1, 2007* (NC-EST2007-02). Retrieved May 28, 2008, from <http://www.census.gov/popest/national/asrh/NC-EST2007/NC-EST2007-02.xls>
- Wade, T. J., & Brannigan, A. (1998). The genesis of adolescent risk-taking: Pathways through family, school, and peers. *Canadian Journal of Sociology*, 23(1), 1-19.
- Waligora, L. (2006). Expansion and reform: The common man's America (Not Jackson's). *Voices Across Time: American History Through Music* (unit 3). Retrieved August 18, 2007, from <http://www.voicesacrosstime.org/come-all-ye/ti/2006/Lesson%20Plans/03WaligoraCommonMan.html>
- Walsh, S. M. (1993). Future images: An art intervention with suicidal adolescents. *Applied Nursing Research*, 6(3), 111-118.
- Wasserman, C. (1993). Learning to listen. *Chamber Music*, 10, 28-29, 49-50.
- Weber, R. P. (1990). *Basic content analysis* (2nd ed.). Newbury Park, CA: Sage Publications.
- Wengrower, H. (2001). Arts therapies in educational settings: An intercultural encounter. *The Arts in Psychotherapy*, 28(2), 109-115.
- West, K. (2005). Hey mama. On *Late registration* [CD]. New York: Roc-a-Fella.
- Wiehe, J. A. (1996). *Music and lyrics: A study of perceived meaningfulness*. Unpublished doctoral dissertation, University of Texas – Austin.
- Wigram, T., & Baker, F. (2005). Songwriting as therapy. In F. Baker & T. Wigram (Eds.), *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators and students* (pp. 11-23). London: Jessica Kingsley.

- Wilson, C. V., & Aiken, L. S. (1977). The effect of intensity levels upon physiological and subjective affective response to rock music. *Journal of Music Therapy, 14*(2), 60-76.
- Wolf, J. M., Willmuth, M. E., & Watkins, A. (1986). Art therapy's role in the treatment of anorexia nervosa. *The American Journal of Art Therapy, 25*, 39-46.
- Wolfe, D. E. (2000). Group music therapy in acute mental health care: Meeting the demands of effectiveness and efficiency. In D. S. Smith (Ed.), *Effectiveness of Music Therapy Procedures: Documentation of Research and Clinical Practice* (3rd ed., pp. 265-296). Silver Spring, MD: National Association for Music Therapy.
- Wooten, M. A. (1992). The effects of heavy metal music on affects shifts of adolescents in an inpatient psychiatric setting. *Music Therapy Perspectives, 10*(2), 93-98.
- Worrall, L., & Jerry, P. (2007). Resiliency and its relationship to art therapy. *The Canadian Art Therapy Association Journal, 20*(2), 35-53.
- Wyatt, J. G. (2002). From the field: Clinical resources for music therapy with juvenile offenders. *Music Therapy Perspectives, 20*(2), 80-88.

BIOGRAPHICAL SKETCH

Thomas J. Petterson

Education

- ◆ **Bachelor of Music in Piano Performance** – Summa Cum Laude, August 2001 -
Concordia College, Moorhead, MN May 2005

Related Experience

- ◆ **Healing Hearts** – Tallahassee, FL August 2007 –
Music Therapist February 2008
- ◆ **Florida State Hospital** – Chattahoochee, FL January 2007 –
Music Therapy Intern July 2007
- ◆ **Music Lessons Express** – Tallahassee, FL August 2006 –
Music Instructor
- ◆ **College of Music, Florida State University** – Tallahassee, FL August 2005 –
Graduate Teaching Assistant December 2006
- ◆ **Leon Advocacy and Resource Center** – Tallahassee, FL May 2006 –
Group Home Caretaker October 2006
- ◆ **Friendship, Inc.** – Fargo, ND June 2004 –
Group Home Caretaker August 2005
- ◆ **Private Piano Instructor** June 2002 –

Professional Certifications

- ◆ **Music Therapist, Board-Certified (MT-BC)** – National August 2007
accreditation for music therapy.
- ◆ **Certified NICU-MT** – Specialized music therapy training in a October 2007
neonatal intensive care unit.