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Community and Cultural-Centered Music Therapy with the Boys & Girls Club: A Qualitative Case Study

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**COMMUNITY AND CULTURAL-CENTERED MUSIC THERAPY WITH THE BOYS &
GIRLS CLUB: A QUALITATIVE CASE STUDY**

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Chapter 1

Introduction

Introduction

The Boys & Girls Clubs of America (B&GCA) is a national organization that had its beginning in 1860 with the help of Mary and Alice Goodwin, Elizabeth Hammersley, and Louisa Bushnell from Hartsfield, Connecticut. The three women believed the “boys who roamed the streets should have a positive alternative” (The Official Site of the BGCA, 2022). Therefore, The Boy’s Club of America was founded with the objective of making an accessible environment that would allow boys to take on new interests.

By 1906, The Boys Clubs affiliated 53 member organizations to become The Federated Boys Clubs in Boston. In 1956, the Federated Boys Club celebrated their 50th anniversary, and received a U.S. Congressional Charter (BGCA, 2022). When it was recognized that girls were also victims of societal, social, and environmental risks, the national organization’s name was changed to a more inclusive title, the Boys & Girls Clubs of America in 1990 (BGCA, 2022). The continued objective of The Boys & Girls Clubs of America is to provide the youth with academic assistance, leadership development, access to technology, and the exposure to colleges and careers to build great futures (BCGA of Hartford, 2022). The Boys & Girls Club has grown to become the world’s largest youth, and youth at risk organization in America, serving more than 4.6 million youth in over 4,738 clubs nationwide (BCGA of Hartford, 2022).

Needs of At-Promise Youth Population

The at-promise youth population are often adolescents that occupy low-income inner-city neighborhoods where they participate in gang-related, drug-related, and other criminal-related

activities (Smith, 2012). Often, individuals in this population live in poor neighborhoods, familial households with a lack of structure, poor education, poor emotional support/awareness, and decreased self-awareness (Smith, 2012). Other terms that have been used to describe adolescents at-risk in other literature and research studies include terms such as low-resourceful, underserved, underrepresented, dropout, and more. The term “at-risk” contains controversy due to the stigmatization and word labeling that are associated with certain groups of individuals. The term “at-risk” also indicates that there is no little to know hope to seek out of the risk. The recent term, “opportunity youth” that was coined by John Bridgeland, CEO of Civic Enterprises, gave the meaning that young people could have the opportunity to “find their way back” to the right path (Kamenetz, 2015, pp. 27-30).

The at-risk youth population includes young adolescents from the ages 10 to 13 that are less likely to transition successfully into adulthood due to engaging in risky behavior such as, gang-related activities, drug activity, shootings, theft and robbery, assaults, and more unfortunate events (At-risk youth population Programs, 2022). The needs of the at-risk youth population include sustained and trustworthy relationships with peers and mentors, reachable and attainable goals and objectives, engagement with and within the community, and a scheduled routine (Edutopia, 2022; Elias, 2009; Smith, 2016). Most of these needs are emotional, behavioral, and social, most likely due to the decline in social and academic structure of the school and familial setting.

Emotional needs in at-risk youth population include emotional awareness of their surroundings, self-awareness, and the ability to manage emotions in various circumstances and amongst peers (Edutopia, 2022; Elias, 2009; Smith, 2016). Behavioral needs with this population include appropriate behavior around peers and the ability to demonstrate cooperation. Lastly,

social needs in at-promise youth population would include social awareness amongst peers, social interaction, and engagement in social activities such as recreational activities (Edutopia, 2022; Elias, 2009; Smith, 2016).

Available options of outreach programs for the at-promise youth population include after school programs, non-profit organizations such as Head Start, Girl Scouts of the USA, Big Brothers/Big Sisters of America, and other nationwide organizations like The Boys & Girls Clubs of America that focus on the youths' social, academic, emotional, and creative betterment. These afterschool programs provide support in social and emotional skill progression with adolescent peers, caring and sustained built relationships with one another, and engagement within the community and school settings (Edutopia, 2009).

At-Promise Youth Population and Socioeconomic Demographics

The number of individuals living in poverty in rural middle Georgia includes 11.4%. In Hart and Risley's 2003 research study, they reported that children from low socio-economic (SES) hear less words than their peers from working class or professional families. Children who are raised in low income and welfare families are most of the time not surrounded by quality schools and neighborhoods that are progressive to them and their families. As these children grow up to become adolescents, most of what they learn comes from home and comes from what they observe in their environment. For low socio-economic adolescents, without a strong foundation within their home and education, there is very little developmental progress that they adapt. This can be demonstrated by the high dropout rates in school, the engagement in violent acts, and more unprogressive acts.

Hart and Riley's (2003) study revealed that recorded vocabulary size, within Welfare households, parents spoke a vocabulary size of 974 words and children in this household spoke of only a 525-vocabulary size. Additionally, Hernandez (2012) found about 31% of reported poor African American students and 33% of poor Hispanic students did not hit the third-grade proficiency mark, failing to graduate. These findings are like the backgrounds of welfare families in the middle Georgia area and cause the same effects of limited vocabulary, dropping out of school, and choosing to engage in malice activity.

Boys & Girls Clubs of Rural Middle Georgia

Most of the youth and teen populations that participate in the Boys & Girls Club of America are of African, Hispanic, and Asian ethnic background. The Boys & Girls Clubs in the rural area of middle Georgia has a population of adolescents that are mostly African American with the addition of a smaller White and biracial youth population (M. Adams, personal communication, November 29, 2022). In this organization, these at-risk youths are receiving the benefits and attention of community care, team leadership, and academic support, such as homework assistance (M. Adams, personal communication, November 29, 2022). Unit Director, Ms. Michelle Adams (2022) stated that The Boys & Girls Club of a rural area of middle Georgia serves for the youth where it is their objective to make sure that their youth realizes that "great futures start here."

Furthermore, the Boys & Girls Club of a rural area of middle Georgia includes a mission statement stating that their goal is to, "enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens" (Boys & Girls Clubs of Baldwin and Jones Counties, Inc., 2022). The following outcomes for the youth push for positive self-identity, educational, employment, social, emotional, and cultural competencies,

community involvement, health and well-being, and moral compass. The environment of the club provides a safe, positive place for the youth population from the ages of six to 18 (Boys & Girls Clubs of Baldwin and Jones Counties, Inc., 2022).

The facility is open and available to the youth throughout the school year and summer. The facility is open from 2:30 pm to 6:30 pm throughout the school year and open from 12:30 pm to 6:00 pm for the summer (M. Adams, personal communication, November 29, 2022). The activities that take place with the facility include education and career development which entails of homework assistance, tutoring, Reading for Success, health, and life skills such as sustaining positive and meaningful relationships with one another, character and leadership development, creative writing and performing arts, and lastly, sports, fitness, and recreational activities (Boys & Girls Clubs of Baldwin and Jones Counties, Inc., 2022).

Culture-Centered Music Therapy

Culture-Centered Music Therapy is the focus of culture serving as a resource for the dynamic interplay between self and society (Stige, 2016). Culture-Centered Music Therapy is based on the ecological understanding of the relationship between humans and their surroundings. Stige (2016) classified three basic tenets of Culture-Centered Music Therapy as culture as a resource for self and society, music as situated activity, and music therapy as health musicking. Culture-Centered Music Therapy uses the idea of music serving as a facilitator to better understand, communicate, and empathize to the client's cultural point-of-view (the way that they think, speak, live, and view society) (Stige, 2016). Stige (2016) defined Culture-Centered Music Therapy as "an orientation that highlights mobilization of resources through health musicking" (p. 545).

The action of negotiation between the therapist and client when utilizing Culture-Centered Music Therapy might include sessions focusing on rhythmic entrainment, improvisation, and community outreach (e.g., community singing). This approach puts the focus on the client to better understand why they think, act, speak, and perceive the way that they do, making assessment and observation accessible to a music therapist.

Culture-Centered Music Therapy would fit accordingly with the club because the neighborhoods in this community have developed close bonds. Culture-Centered Music Therapy could be implemented with this population with first acceptance of the cultural diversity of each youth and formulating music therapy sessions that include cultural backgrounds that they are familiar with, such as trending popular music and artists that they enjoy listening to. Community engagement with music therapy, musical entrainment, health musicking, group improvisation, and even an end of the year music therapy performance would allow the population to experience effectiveness within their community and most importantly for the self.

Community Music Therapy (CoMT)

Community Music Therapy intertwines social and community dimensions that are incorporated in professional music therapy practice usually in individual sessions, small groups, choirs, and even bands (Andsell & Stige, 2016). The acronym PREPARE, which was coined by Stige et al. (2016), is utilized to characterize Community Music Therapy through a series of qualities being: participatory, resource-oriented, ecological, performative, activist, reflective, ethics-driven. Each quality in PREPARE is imperative for a client because music is fostered to all where collaboration is encouraged. With CoMT there is the opportunity for clients and therapists to engage in social change and promote ecological relationships with one another and within the community. In music therapy sessions, CoMT would include interventions such as

lyric analysis, music making, songwriting, and even improvisation because there is a call for group effort and participation.

Community Music Therapy could help the club by creating an environment that offers group collaboration, social interaction, musicking for bringing in social equality, and respect for musical endeavors. With activities such as community drum groups, group lyric analysis, and solo performances, these youth will have the experience of musical collaboration and the benefits that CoMT offers. Community Music Therapy could also help this population by creating an environment that is socially accepting of one another. Leadership skills utilized with this music therapy approach would be developed, as well as personal goals for the youth.

Chapter 2

Literature Review

Introduction

This review of literature presents research relevant to understanding the needs of at-promise youth population and the role of music therapy within their culture and community. The chapter begins with a section outlining music therapy with the at-promise youth population. The second section describes the needs of the at-promise youth population and their culture. The third section focuses on music therapy with the at-promise population. The last section of this chapter examines cultural and community music therapy.

Music Therapy with the At-Promise Youth Population

Researchers have sought to identify the role of music therapy with the at-promise youth population. Clark et al. (2013) identified the current practices of 60 credentialed music therapists working with high-risk youth in Canada and the United States. Recruitment criteria included having worked part-time or full-time with high-risk youth within the previous 10 years and having one of the following music therapy credentials: Music Therapist Accredited (MTA), Music Therapist–Board Certified (MT–BC), Certified Music Therapist (CMT), and Registered Music Therapist (RMT). A survey questionnaire through Survey Monkey was sent out to 1,151 potential participants.

Researchers in the study measured their participants with goals to determine how music therapy benefitted youth with goals ranging from self-expression, self-esteem, coping skills, social skills, behavior management skills, self-awareness skills, communication skills, and more (Clark, et al., 2013). The results in the study indicated that high-risk youth received a broad

range of music therapy approaches including drum circles and songwriting (Clark, et al., 2013). Additionally, high-risk youth in the study were encouraged to share their personal stories and to achieve their personal goals that they set for themselves. The goals for this study were to “examine the development of music therapy with the at-risk youth population as a catalyst for greater accessibility to relevant resources and the continuation of research efforts” (Clark et al. 2013, p. 83). Agreeably, music therapy served to the at-risk youth population should expand the population’s accessibility to resources in the community and communities, the development to promote and develop better education, social experiences, and healthy daily routines and coping mechanisms.

McFerran (2011) also aimed to better understand how music therapy benefits the at-risk youth population. The purpose of this qualitative study was to “better understand how music therapy results in pertinent change for bereaved teenagers through analysis of young people’s descriptions during in-depth interviews” (McFerran, 2011, p.18). McFerran defined music therapy in the context of providing an opportunity for prevention of mental health problems through the successful resolution of grief-related issues. The researcher worked with bereaved youth to address different grief-related topics through participation in song composition each week, the results demonstrated improvements in grief processing compared to youth in a wait-list control group whose status remained relatively unchanged. Youth who participated in music therapy experiences believed that what helped them “feel better” were the opportunities for emotional expression and feeling understood that resulted from the fun and creative experiences they shared (McFerran, 2011, p. 20). The behavioral change that occurred in the results of the study included a feeling of happiness, inclusiveness, creativeness, and effectiveness.

The approach used for Mcferran's study focused on musical participation that highlighted (group improvisation) and composition where youth found it better to express themselves through these approaches. The methods in this study included six bereaved teenagers that participated in group improvisation where they left feedback explaining their "freedom to let out their emotions" (Mcferran, 2011, p.18). Music reception or listening to another's most meaningful music was another activity in Mcferran's research study where the focus group was able to voice what their preferred music was. Lastly, a follow up investigation of the study revealed that with a psychodynamic approach, there was importance in expressing and understanding feelings associated with music (Mcferran, 2011).

Moreover, in a qualitative study, Snow and D'Amico (2010) explored possible therapeutic benefits from the implementation of a music therapy drumming circle with at-risk youth population in an alternative high school. There were nine student participants that ranged from the ages of 16 to 17. Drum circle music therapy sessions were used to promote ensemble participation, social interaction, and self-expression. The group engaged in sessions that taught basic hand-drumming techniques at the beginning of each session. The techniques were practiced through 'warm-ups' in which everybody played their own djembe drum. Rhythms were introduced after this, followed by other segments such as 'call-and-response' 'drum dialogues' or 'drum battles. Data collection was executed by questionnaires completed by each student, videotapes of six of the 12 sessions, and observations of each group carried out by an educational psychology researcher. The results of the study were based off the music therapist's observation of each participant. Half of the students reported that the group may have helped them with stress, anger, and lack of motivation, as well as self-confidence. The results also indicated that, "A majority of students reported feeling better about themselves, and that the

group helped them to feel more open. Half of the students reported that the group may have helped them with stress, anger, and lack of motivation, as well as self-confidence (Snow & D'Amico, 2010, p.34).

Needs of Youth

Researchers have identified needs of the at-risk youth population, where some examples include poor education, a lack of social skills, and low economic resources. Pasiali and Clark (2021) explored how group music therapy was utilized with low-resourceful children in an afterschool program. Low-resourceful children often are at risk for poorer socio-emotional development and academic performance. Music therapy was utilized in the study to determine the potential benefits of music therapy on social skills development. A single group pre/post-test design was utilized in the study where there were 11 females and nine males, ages five to 11 years old. The Social Skills Improvement System (SSIS) was utilized as a rating scale to measure communication cooperation, empathy, and engagement. Music therapy interventions and activities that took place involved music-making, Orff-based musical exercises, improvisation, songwriting, role-play, music performance, and music-assisted relaxation. The results of this quantitative study revealed that exposing children to playing, touching, and hearing multiple instruments-maintained engagement of the children. The use of a teaching approach was effective when “empowering the older children to assist during the afterschool program” (Pasiali & Clark, 2021, p. 297).

Social skills, problem behaviors, and academic competence was measured by SSIS and reported that children in afterschool programs receiving music therapy showed improvements in social competence (Pasiali & Clark, 2021). Children who were in low-income families showed improvements in self-expression, self-efficacy, and social skills. The hands-on component of

both singing and playing instruments served to maintain the engagement of children. Attrition was the result of family circumstances and changes in housing, and not due to a lack of interest in or decision to discontinue the music therapy program.

Similarly, the purpose of Perez et al.'s (2022) research study was to analyze the significant impact of music therapy on a group of adolescents who have committed Child to Parent Violence (CPV) and a second group of teenagers at social risk. CPV is described as “a violence where the son or daughter acts intentionally and consciously with the desire to cause harm, injury, or suffering to their parents over time, gaining power” (Perez et al. 2022, p.8). Community Music Therapy was reported to promote musical participation, social inclusion, and equitable access to resources and collaborative efforts for wellbeing and health, which provided youth the opportunity to interact in open and shared group discussions. A quasi-experimental design with two groups of previously assigned adolescents was used. There was a total of 11 participants between 13 and 21 years of age where six of the participants were male. Anxiety levels were measured by the State-Trait Anxiety Inventory survey, is a psychological inventory that measures state and trait anxiety. It can also be used to distinguish anxiety from depressive syndromes. A mixed ANOVA was used to measure state and trait anxiety levels. Different ANOVA tests were used to measure each of the anxiety levels for all music therapy sessions (session one, four, five, and eight).

Music therapy effectively reduced both trait and state levels and therapy produced greater changes in state anxiety among adolescents with CPV compared to the trait anxiety among minors at social risk (Perez, et al., 2022). Results indicated that there was no interaction with the treatment in session one with lowered anxiety from the adolescents, but there was a significant difference between the pre and post treatment measures of their anxiety levels before and after

music therapy interventions, ($p < .017$). Session four revealed that there was a large effect size with the interaction between the treatment and type of participants. There were clear levels of anxiety decrease after the treatment in this session ($p < .002$). Session five indicated that the only effect observed was the intra-subject effect where there was effectiveness in both groups ($p < .003$) (Perez, et al., 2022). The results of this study indicated that music therapy was impactful for the adolescent participants where they were able to develop healthy coping mechanisms and decrease stress and high anxiety levels.

Community Music Therapy and Youth

Community Music Therapy has been utilized with the at-risk youth population. Mitchell (2021) explored the community music therapy group “Coffee House” held biannually at an adolescent mental health treatment facility in Ontario, Canada (Mitchell, 2021, p. 196). The participants in the study included seven adolescent clients and 11 staff members. The methodology of the study was a narrative research design, which allowed the clients to self-identify themselves using their “own narratives” (Mitchell, 2021, p. 197). Data was collected through semi-structured interviews and analyzed through coding. Clients were given the ability to self-narrate their experiences with Coffee House music therapy. The themes found among the participant narratives included self-identity, accomplishment within music, and increased musical self-efficacy where the most common theme was self-identity. There was also the opportunity for their voices to be heard in a community music therapy setting. “We cannot give people a voice, but we can contribute to the construction of conditions that allow for previously unheard voices to be heard” (Mitchell, 2021, p. 202). The youth participants enjoyed learning about music, sharing their music, lyrics, and improvisation. The clients looked forward to

performing their musical works and projects where they would showcase their work and collaborations within the community.

Likewise, in a pilot study, Thomas (2020) explored the feasibility and behavioral processes of a community-based referential music-making intervention for limited resource adolescents labeled as “at-risk” in an afterschool program. The methods consisted of a concurrent nested (embedded) mixed methods design based on the principles of participatory actions research (PAR), during which qualitative data were collected during eight focus group style music-making sessions. Participants in the study were Black/African American adolescents from limited-resource communities that faced challenges and circumstances that were unique to their racialization and socioeconomic status. Therefore, community-engaged resources, such as community music therapy, were equally unique in creating culturally responsive opportunities for limited-resource adolescents to engage socially with peers and experience meaningful success in a safe, supportive environment.

Participants were purposefully recruited via convenience sampling of students 11 to 14 years of age by staff at a community agency for youth labeled “at-risk” in New Orleans, LA. Interventions that included Hip Hop-related musical activities such as beat making, music production, songwriting, and rapping or dancing took place with the participants to encourage social interaction, self-expression, and gaining social trust with peers and the community. In general, the artistic process of creating a piece of Hip Hop music that referenced participants lived experiences enabled participants to give an authentic voice to their identities and experiences as Black/African Americans with ties to Hip Hop culture (Thomas, 2020). The results of the study revealed that the group of seventh grade participants found it preferable to define words and expressions in simpler terms.

Community Music Therapy and Cultural Music Therapy

Community music therapy and cultural music therapy were both implemented in Tyson's (2002) article on Hip Hop Therapy. Rap and Hip-Hop music were prominent and birthed in the African American community where most Black youth grew up listening to this genre of music because it was a part of their culture. There was a total of 11 participants in the study where five were in the experimental group and six were in the comparison group. There were various ethnicities of participants which included White, Hispanic, and Black. A pre-test/posttest control (comparison) group experimental design was utilized to compare Hip Hop Therapy to the standard agency group curriculum. After each youth participant read, discussed, and signed the informed consent form, they completed two pretest measures. Quantitative and qualitative data were assessed in the study (sample t-tests). The music therapists provided direct support with a preventative or treatment orientation, for example providing workshops and consultation services where provided are a range of musical experiences.

Music therapy interventions such as lyrical analysis and songwriting were reported to be commonly used with the adolescent population. Bibliotherapy was another element in the Tyson study where poetry was implemented as a therapy to provide insight to problems, stimulate discussions about problems, communicate new values and attitudes, create awareness of others who shared similar problems, and provide solutions to problems. Results indicated that at-risk and delinquent youth already have interest in Rap music, because of the related lyricism and similar social experiences. Therefore, youth who participated in music therapy believed that what helped them feel better were the opportunities for emotional expression and feeling understood that resulted from the fun and creative experiences they shared.

Another study that combined community music therapy and cultural music therapy was researcher Smith (2012) who explored the use of popular music, songwriting, technology, and music and video production with at-risk youth population in an urban environment. The use of the teenager's relationship and understanding of technology (both musical and non-musical) in a community-based therapeutic experience were measured in the study. There were seven girl participants aged 10 through 13 where three of the youth were Hispanic and four were of African American heritage. Each female participant in the study resided in poor communities that contained buildings left in despair and neglect. Violence such as gang-related activity and drugs were prevalent in the areas of where the participants resided. During the study, the female participants recorded and produced a video production of a rehearsed performance. The video was created over the course of nine sessions: "coming together as a group", "creating the chorus", "beginning the solos", "completing the solos", "creating the group verse", "dancing and more dancing", "dancing solo", "putting on the finishing touches", and the "premiere party" (Smith, 2012, p. 19-23).

Participant outcomes from the video collaboration included improvements in leadership skills, social trust and interaction, self-expression, and social engagement (Smith, 2012). At the completion of every video recording session, the therapist took data through detailed notes on the group where the levels of participation, interaction styles, and creative expression, such as lyric writing and movement and visual arts were recorded. Saved video recordings of each rehearsal were documented. A supportive level of the therapeutic process tended to focus on developing social skills, improving behaviors, and self-expression, while the intensive level of the therapeutic process supportive that sessions could be oriented toward addressing and working through emotional and psychosocial problems associated with living in poor urban

neighborhoods, such as identity, depression, isolation, and trauma. With group collaboration and collective agreement, the female participants agreed upon the name of their group being called the “Sparkling Divas” (Smith, 2012, p. 20).

The results of Smith’s qualitative study revealed that the use of music in songwriting, movement, and video production created an environment through which all female participants felt safe to explore and release their creativity and playfulness. Their built relationships allowed them to experience creativity collectively, giving them the sense of their worth and potential. For the last session, which was the premier party, there were a total of five girls that were able to perform; however only one of the participant’s family was able to attend. The result of the final premier performance also indicated that although the young female participants were positively impacted and actively engaged in a group collaboration, their loved ones and family members remained insensitive to the dreams, wants, and desires of the girls’ successes. The overall design of Smith’s study was to create an outlet for adolescent female youth to participate in music therapy sessions that promoted increased communication, self-awareness, and coping skills. The limitations in the study included some of the participants dropping out of the group where there was inconsistency. Some participants in the study did not have support of families and guardians to showcase their group performance.

Conclusion

Adolescents with “at-risk” behaviors exhibit concerning behaviors that can result in criminal violence and activity, harm towards others, decline in education, and more unfortunate events that later cause detriment for their future (Smith, 2012). With this given environment, these at-risk youths suffer from mental health needs and little to no way of dealing with coping skills or strategies (Clark et al. 2013; Mitchell, 2021). Preferred music such as Rap/Hip-

Hop is an example of genre of music that helps most adolescent have a sense of relatedness from the lyrics of the artist to the lived experiences. Community and Cultural music Therapy served with the youth at risk population includes interventions with drumming circles, songwriting activities, performance, and beat making, musical production, and even rapping (Thomas, 2020).

Hip hop allows these adolescents to express how they feel and relate to the lyrics of the lived experiences that they can relate to, creating a “hip hop therapy” (Tyson, 2002, Pg. 133). Hip-hop therapy is a way that this population can mentally escape and relieve their feelings that they often keep to themselves and deal with on their own. Music therapy with the at-risk youth population helps them develop leadership skills, collaboration with peers, self-awareness, and social awareness (Smith, 2012). Music therapy is not only a provided service for this population, but it is a beneficial outlet that builds character and strengthens the adolescent’s targeted needs into preparing them for a manageable and accessible future (Pasiali & Clark, 2018). The limitation of Tyson’s research included hip hop music being the only option for participants to listen to and was the only genre of music that the study was focused on.

Community and Cultural-Centered music therapy served with the at-risk youth has been researched and there have been results indicating that they have served participants well by increasing social interaction, self-identification, and self-awareness. What is not as commonly researched with Community and Cultural-Centered music therapy with the at-risk youth population is the ethnographic approach where the researcher is one with their population and immersed in their community. With this, there could be a better understanding of how Community and Cultural-Centered music therapy influences the youth-at risk population. My study will consist of establishing relationships with the at-risk youth population in their communities and facilitating music therapy experiences to address social and emotional needs. I

will research what this population prefers musically, whether they find music therapy as a helpful coping outlet, if music therapy does not influence them socially and emotionally in their daily routines, or perhaps, whether they have even heard of music therapy. A qualitative approach would be beneficial in learning and understanding the perceptions and behaviors of the at-risk youth population specifically in the community of a rural area of middle Georgia.

Statement of the Problem

At-risk youth population populations are often adolescents that occupy low-income inner-city neighborhoods where they participate in gang-related, drug-related, and other criminal-related activities (Smith, 2012). It is not common for the at-risk youth population to come from impressive and privileged backgrounds. It is most of the time that at-risk youth population come from not only low-income neighborhoods, but also poor family supported households with lack of structure, low experience with education, low emotional support/awareness, and low self-awareness (Smith, 2012). Some of the outlets that the at-risk youth population indulge in include unhealthy activities such as gang violence, dropping out of school, and more criminal activities.

Most of these needs are personal, emotional, behavioral, and social, most likely due to the decline in social and academic structure of the school and familial setting (Smith, 2016). Emotional needs in an at-risk youth population include emotional awareness of their surroundings, self-awareness, and the ability to manage emotions in various circumstances and amongst peers. Behavioral needs with this population include appropriate behavior around peers and the ability to demonstrate cooperativeness (Education Systems, 2022). Lastly, social needs in at-risk youth population would include social awareness amongst peers, social interaction, and engagement in social activities such as recreational activities (Education Systems, 2022).

This raises the question of how the needs of the at-risk youth population will be addressed by their communities. Also, what programs and specific services will aid them with these needs and coping strategies?

There is a gap in research between services that offer solutions and beneficial coping mechanisms for the at-risk youth population. Although there are different nationwide programs for the at-risk youth population, there should be services that benefit this population for a healthier social life and mental well-being. An example of such a service would be music therapy to learn proper coping mechanisms such as turn-taking, group musical projects, music reception, lyrical analysis, songwriting, and even video recording (Smith, 2012). Certain organizations such as The Boys & Girls Clubs of America provide music therapy services where youth are granted the opportunity to engage in positive coping activities that are memorable and beneficial. It has been reported that music therapy with the at-risk youth population with The Boys & Girls Club has built social skills and self-awareness such as group collaboration, leadership skills, performance skills, and more (Smith, 2016). These developed skills allow adolescents in this population to benefit from active listening and socialization from others where there is a gain in friendships and positive memories with peers. These benefits from music therapy have helped the at-risk youth population develop positive ways to cope, where they most likely did not have the support and attention in their personal lives before (Smith, 2012).

The Boys & Girls Club in Womelsdorf, Pennsylvania is one example of a B&GC that provides supportive programming musical performance, self-identity activities, and group collaboration. A research study with music therapist, Lauren Smith, conducted a music therapy research study with the B&GC of the northeast region and named her focus group the Sparkling Divas (Smith, 2012). The study revealed that using “music in songwriting, movement, and video

creation created an environment through which the participants in the study felt safe to explore and release their creativity and playfulness. They were given a sense of worth and potential” (Smith, 2012, p. 24).

The Boys & Girls Club of a rural area of middle Georgia focuses on the needs of their youth including social skills such as social etiquette, social interaction, and social awareness, conflict resolution skills like problem-solving, and literacy such as reading and writing, spelling, presenting, and group collaboration (Boys & Girls Clubs of Baldwin and Jones Counties Inc., 2022). Although these provided concentrations are detrimental to this population, the need of music therapy services, as it has been studied, builds, and develops life-long coping mechanisms that contribute to positive and beneficial life lessons for this population than it does destroy. The B&GC of a rural area of middle Georgia have only experienced music therapy primarily through practicum students in the music therapy program at a Liberal arts university once a year.

As it was mentioned, there are some youths in The Boys & Girls Club that need to develop with social skills and literacy, so music therapy sessions that include songwriting and academic goals, such as a lyrical analysis would best fit the goals and objectives of the youth at this site (M. Adams, personal communication, November 29, 2022). The B&GC of a rural area of middle Georgia have only experienced music therapy primarily through practicum students in the music therapy program at a Liberal arts university once a year, however it is not consistent due to the university year’s calendar.

Music therapy with The Boys & Girls Club of a rural area of middle Georgia would create a positive outlet for the youth to delve into an experience that would create worthwhile opportunities for them outside of their everyday routine, while implementing coping mechanisms, self-actualizing habits, and social benefits. With the implementation of music therapy used in The

Boys & Girls Club of The Big Bend, this population would be exposed to not only a therapy that they are not accustomed to, but they would most likely learn to appreciate music therapy to cope in their everyday life that will assist them to be prepared for a self-actualized and sufficient future.

With a Community Music Therapy approach, this population would share the act of participating in musical engagement and the ability to possibly present their musical works through group interventions, creating a space where there is social interaction and social awareness from peers. With my similar background of being an individual of African American descent in a society that does not always cater to my needs, there could be a better understanding of how Community and Cultural-Centered music therapy influences the at-risk youth population.

The purpose of this qualitative research study is to understand the influence of music therapy on the social, emotional, and behavioral needs of the at-risk youth population participating in a community and cultural-centered music therapy program. My research questions for this study include: 1) How does Community and Cultural Centered music therapy influence the at-risk youth population? and 2) How does the at-risk population in an after-school program view music therapy on an emotional and social level?

Chapter 3

Methodology

The purpose of this study is to conduct music therapy interventions with adolescents from the ages of 10 to 16 in an afterschool program to observe how these adolescents experience music therapy on a social and emotional timeline. The session plans of lyric analysis, music reception, and music improvisation were utilized with the focus group to help measure creative expression, group collaboration, and social and emotional awareness. The study took place in fall of 2023 at The Boys and Girls Club of Tuesday's and Thursday's from 4:30 pm to 5:30 pm. The study was IRB approved on October 13, 2023 (See **Appendix A**).

Researcher's Worldview

I am an African American female that was raised in an environment that would be considered as middle-class. I am understanding that although I do not share the exact demographics or statistics as my population of study, the one thing that we both have in common is that we are all African American descent and limited to certain professions because they are not predominantly catered or broadcasted to us. Music therapy is observed to be a predominantly White female profession where it is now more common that people of minority background are entering the profession. To be able to conduct music therapy with adolescents who are in the Boys & Girls Club as an African American researcher would create an environment of familiarity and a sense of identity for the adolescents. I also believe that conducting this research study would also encourage this population to encourage therapeutic services for their future and even provide the possible interest of being future music therapists of color.

Essential/Realist Approach

The Essential/Realist approach of thematic analysis has been defined as “reality being ‘out there’ and discoverable through the research process; people’s words provide direct access to reality” (Terry et al., 2017, p.21). The objective of my research study is to utilize community and culture-centered music therapy with a population of adolescents to answer the research questions of how the experiences and influences are shared in music therapy and how music therapy is viewed by the promise at-youth population on an emotional and social level. This approach further focuses and captures an understanding that “language captures participants’ experiences of reality” (Terry et al., 2017, p.21). The Essential/Realist approach would be an appropriate fit for my study because the voices and shared experiences of the at-promise youth population would use language to better identify their reality. There is a sense of straightforwardness with this approach and with the aim to observe and discover influences and voiced experiences in real time, this approach is appropriate (Braun & Clarke, 2006).

Participants

Four participants were included in the study. Inclusion criteria included the participants were natives of a rural area of middle Georgia and were adolescents between the ages of 10-16. Two males and two females were chosen for the study. Participants were for the study by their willingness to participate in the research study. The participants were informed of the purpose of the study and its components by the researcher. Participants completed an assent form, and their guardians completed a Parental Permission consent form prior to beginning the research study (See **Appendix B**). Each participant was assigned a pseudonym to protect their identity. The following vignettes will describe each participant.

Participant Vignettes

John

John is a 10-year-old African American male that has been attending the Boys & Girls Club of a rural area of middle Georgia for three years. He is from Gray, Georgia. He stated that he enjoys playing with friends at school and that his favorite subject is science. John shared that he could come off as a “little rude” and has issues with sometimes dealing with stress. He explained that he lives in a peaceful neighborhood, however, there has been reported violence such as a recent kidnapping. John is family-oriented and likes to play with his brothers and sisters. He shared that he is familiar with music therapy because Georgia College practicum students conduct music therapy services with the adolescents in a rural area of middle Georgia facility. His mother is active in his life where she was the primary guardian that granted him parental permission to participate in the study.

Dexter

Dexter is a 10-year-old African American male that has been attending the Boys & Girls Club of a rural area of middle Georgia for two years. He is from Gray, Georgia. Dexter enjoys playing with his peers at school and enjoys playing with neighborhood peers in his community. He

describes himself as “funny” and “fun.”

When allotted free time, Dexter likes to read and play outside. School is an interest of his because he likes to learn new things. When dealing with stress, Dexter copes by reading and playing outside. His mother was the primary guardian that granted him parental permission to participate in the study.

Diana

Diana is a 16-year-old African American female that has been attending the Boys & Girls Club of a rural area of middle Georgia for three years. She is from Gray, Georgia. Anna comes from a two-parent household, and she is family-oriented. She enjoys going on trips with her family, playing music with her family, and doing extracurricular activities with her family. She describes herself as “funny” and enjoys school activities such as being in a school choir and cheerleading. Anna is an individual with a speech impediment where she also has inconsistency with her writing. She speaks with a muffle and stutter where she also repeats words like “Uhm” and “Uh.” Anna stated that she loves playing the guitar. Her mother was the guardian that granted her parental permission to participate in the study.

Anna

Anna is a 16-year-old African American female that has been attending the Boys & Girls Club of a rural area of middle Georgia for three years. She is from Gray, Georgia. Diana comes from a two-parent household. She describes herself as “smart,” “caring,” and “helpful.” She attends the Boys & Girls Club because her mother must work late when she leaves school. She stated that she

likes the Boys & Girls Club because the teachers are nice. She is active in her community by attending block parties and local events. Diana deals with stress by speaking encouraging words to herself. Diana is active in school and enjoys reading. Her mother was the guardian that granted her parental permission to participate in the study.

Data Collection

The data in the research study has been verified through semi-structured interviews, observations, and memos from the three music therapy sessions with the four participants, and an analysis of recorded observations of behaviors and participation with the music therapy sessions. Recordings of any behavioral changes of the four participants have been noted through field notes and analyzed in the study to measure any change in behavior such as coping skills, group collaboration, socialization etc. Final data of only participant John was collected and compared to the initial or pre-interview response and analyzed with the recorded behaviors during the five music therapy sessions and documented. The other participants of the focus group were not present for a post-interview.

Interviews

At the start of the study, all the participants completed a one-on-one semi-structured interview that contained eleven questions documenting their personal feelings, lived experiences, current educational status, and daily routines. Four participants comprised of the focus group of the study. There was a created focus group of four, including adolescents from the ages of 10 to

16, that were in the data collection. The focus group was included in each music therapy session throughout the study. In a group music therapy setting, after one-on-one, open-ended interviews were completed, the focus group participated in music therapy sessions created by the researcher where social, emotional, and creative expression interventions took place. All recorded observations and behaviors of the four participants have been documented in analytic notes.

The purpose of the pre-semi-structured interview questions was to allow the four participants to tell their own story, in their own words (**See Appendix C**). The interview questions granted the opportunity for each of the four participants to freely answer the questions in their own words. The interview and interview questions with each of the four participants took about five minutes per participant whereas the total number of days for the interviews to be completed took two days. Interviews took place in the office of the facility's supervisor's room, so that disturbances were avoided. The supervision of another adult in the room was encouraged where the participants felt comfortable.

Music Therapy

Music therapy sessions with the four at-risk youth population participants of the Boys & Girls Club consisted of only four sessions of one hour duration (**See Appendix D**). Homework and tutoring hours at the facility take place from 2:30pm to 4:30pm; therefore, music therapy occurred from 4:30 to 5:30pm (one hour) in an enclosed classroom of the facility. Music therapy sessions were planned to last for six total weeks for two days a week, however due to the Thanksgiving holiday with the schools being on vacation, the last two sessions of lyric substitution and original songwriting composition were terminated so that the research study could be finished at a timely manner. The three session activities that took place included musical improvisation, music reception, and lyric analysis. Based on previous literature with the

at-risk youth population, interventions were utilized to support the needs of the participants such as creative expression, group collaboration, and social and emotional awareness.

Music Therapy Interventions/Sessions

Based on the previous literature of Tyson (2002) and Smith (2012), only four music therapy interventions of, lyric analysis, music improvisation, and music reception were applied in the planned sessions. Sessions were twice a week for only two full weeks. All four sessions covered a full hour of music therapy with the Boys & Girls Club where all materials and items were the responsibility of the music therapist. All activities were designed to be approachable for each participant where there was the intention of group participation to address (social awareness, social interaction, emotional awareness, group collaboration, coping skill development, and creative thinking). The equipment that was provided during each session included pens for the participants to complete pre- and post-evaluations regarding their mood before and after music therapy sessions. There were provided forms of the evaluation of mood, and equipment such as lyric sheets and instruments for the corresponding intervention.

The instruments that were provided for the musical improvisation session included a recorder, harmonica, egg shaker, and tambourine. Each participant had to choose an instrument and stay with that designated instrument throughout the session to avoid the spread of cross-contamination. All instruments were sanitized prior to and after each use.

The first music therapy session took place on Tuesday, November 7, 2023, at 4:30 pm, and was a music improvisation intervention that focused on creative expression, self-awareness, musical expression and awareness, and group collaboration. Participants John and Dexter were the only two that were present as Anna and Diana were not present. They were instructed by the

researcher to complete a pre and post mood evaluation sheet that examined how they felt before and after the session. Participant Dexter wrote that prior to the music therapy intervention, he felt, “Great” and participant John shared that he felt, “Wonderful.” The session began with an introductory hello song to, “I Can See Clearly Now” by Johnny Nash. The next intervention was a music improvisation activity that served as an opportunity for the focus group to engage in a jam session where the participants were observed to wait for their turn to play and pass their rhythm(s) to one another. The participants were observed to demonstrate creating rhythms, passing their rhythm to the next participant, and the ability for them to follow each other’s lead to play as a group. The goal of the session was to increase creative expression within a group setting.

The next main intervention that took place was the “Pass the Beat” musical improvisation activity that included an egg shaker and the accompaniment of the guitar played by the researcher. The purpose of the activity was to demonstrate turn-taking and creative expression with creating rhythms and passing the rhythm to the next participant. When the music that was played by the researcher stopped on the participant with the egg shaker, that participant had to play a beat that they create in their head and demonstrate it on the egg shaker. The next participant then plays that rhythm, and the game continues where the participants pass on their provided beat.

The second main intervention that took place was a storytelling musical improvisation activity that’s purpose was to encourage creative expression, social, and emotional awareness. The activity encouraged participants John and Dexter to listen to a story that was created by the researcher and utilize their instruments to illustrate sounds and animals in the woods or forest. John had an egg shaker and Dexter had a recorder. Illustrations such as a snake, frog, and the sun

shining in the forest were demonstrated on each instrument. Each participant participated well and appropriately demonstrated each instrument in the manner that they could best narrate it to each animal or sound in the forest.

The last main intervention that took place was a jamming session where John and Dexter were instructed to simply play on their designated instrument and play whatever they wanted. They were advised by the researcher that when improvising, there was no right or wrong. They were encouraged to play what they simply felt. The researcher also engaged in the jamming session where the guitar was used. John had to leave the class five minutes beforehand around 5:15 pm where he was escorted out by staff. The researcher and participant Dexter continued the session.

For the conclusion of the session, there was only time for the wind down where the researcher played, “I Can See Clearly Now” again on the guitar and the session was terminated for the day. Participants John and Dexter were advised by the researcher that the next session would take place on Thursday, November 9, 2023. The behaviors observed for this first session with John and Dexter included behaviors of turn taking, following directions, creative expression, and social awareness. John and Dexter were able to adjust learning about group collaboration and taking turns passing the egg shaker to one another and learning about improvisation as a skill, such as creating rhythm and sounds that they create themselves. The researcher grounded the participants and informed them that the next class would take place on Thursday, November 9, 2023, at 4:30 pm. The session ended at 5:30 pm. When the Mood evaluation forms were distributed to Dexter and John, Dexter wrote that he felt, “Great” after the session where John wrote that he felt, “Motivated.”

The second music therapy session took place on Thursday, November the 9, 2023 at 4:30 pm, and was the continuation of the musical improvisation activity where the goal was to increase creative expression. For this session, Anna, Diana, and Dexter were present. They were instructed by the researcher to complete a pre and post mood evaluation sheet that examined how they felt before and after the session. Participant Dexter wrote that prior to the music therapy intervention, he felt, “Good”, participant Diana shared that she felt, “Happy” and that “People bullying me.” Participant Anna wrote, “I feel okay.” The beginning of the session was another hello song to, “Heya” by Outkast. All three participants were observed to find interest in the new hello song by dancing along to it, and it was decided that “Heya” would be the signature hello song for the remaining music therapy sessions. A warm-up activity followed the hello song where each participant independently participated and shared one warm-up movement in the group setting. Participant Anna did a shoulder roll exercise, Diana did a leg exercise, and Dexter demonstrated a body turn exercise.

The same “Pass the Beat” egg shaker game was utilized in the session where participants Anna and Diana were introduced, since they were absent for the last session. Participant Dexter was willing to assist them with the activity since he was present for the last Tuesday session. The researcher played background music where the participants each demonstrated their beats with one another and once the music stopped, the participant that they had the egg shaker was expected to create their own beat. The game continued for 15 minutes. The behaviors that were observed during the Pass the Beat activity included attentiveness to one another’s rhythms, turn taking, and creative expression with the created rhythms of each participant. Each participant engaged in the activity.

Like the Tuesday session's jam session intervention, the purpose of the musical improvisation session was to establish the skill of group collaboration where the focus group's aim was to learn how to listen to one another as demonstrated by sustaining eye contact and taking turns when prompted by one another. This session took place in an empty classroom where the provided musical instruments included a harmonica, egg shaker, recorder, and tambourine. The focus group had the option to choose from these four sanitized instruments where they were instructed to keep them throughout the session to avoid cross-contamination. Participant Anna played tambourine, Diana played an egg shaker, and Dexter played the guitar, with the permission of the researcher. The researcher played the recorder.

The jam session intervention that participants Anna, Diana, and Dexter engaged in called for them to each be a leader and to lead one another into joining in the jam session. Each participant gets a turn to lead with their musical instrument. Once they open their jam session with a rhythm of their choice, they then direct eye contact with another participant and cue them to join in with the jam. The same pattern of cuing the next participant takes place until all participants are playing and jamming together as a group. The goal of the musical improvisational jam intervention was to promote musicianship, group collaboration turn-taking, and social awareness. Everyone had to pay attention to the leader for them to know when it was their cue to join in the jam session.

For the last intervention, the researcher encouraged the participants if they would like to demonstrate an example of improvisation on their selected instrument. The instructions that were given instructed them that they were allowed to play any rhythm and freestyle of their choice where there was no right or wrong way to play. The instructions emphasized what musical improvisation was and the researcher shared that improvisation in music therapy was, "the way

that we experience music.” Diana was the only willing participant who independently volunteered to play a solo on the guitar that she titled, “This is Me.” When asked if she created that song on her own, she said, “I made this song at home.” Participant Diana stated that she likes to play the guitar and has one at home. Participants Anna and Dexter watched Diana play her solo and clapped for her when she was done.

The conclusion of the session included the goodbye song, “I Can See Clearly Now” by Johnny Nash where the researcher asked each participant for their takeaway. Dexter’s takeaway was that he learned that Diana could sing, Anna’s takeaway was that she learned what improvisation was, and Diana’s takeaway was that she enjoyed playing the guitar. The participants were grounded by the researcher and the post evaluation mood form was completed by each of the participants. When the Mood evaluation forms were distributed back to Dexter, he wrote that he was, “Happy” after the session where Diana wrote that she felt, “Happy” and Anna wrote, “I feel happy” after the session. The researcher informed the participants that they would be seen next Tuesday, November 14, 2023, at 4:30 pm. The session ended at 5:30 pm.

The third music therapy session that took place on Tuesday, November 14, 2023, at 4:30 pm introduced a music reception session activity. The goal of the session was to increase the focus group’s self-expression, musical, emotional, and social awareness, and the ability to identify changes in music and their moods. The participants that attended the session included Anna, Diana, and Dexter. They were instructed by the researcher to complete a pre and post mood evaluation sheet that examined how they felt before and after the session. Participant Diana wrote, “I feel good”, and Anna said, “I feel good”, and Dexter wrote “I am feeling great. That’s how I am feeling right now.” The goal of the session was to increase musical awareness within a group setting.

The session opened with the signature hello song to, “Heya” by Outkast where each of the three participants in the focus group were observed to be smiling and dancing along to the song. Following the hello song was the warm-up activity where the researcher played different accompaniment patterns on the guitar and asked each participant to demonstrate physical movement. Participant Anna’s physical movement was a leg movement, Diana’s was a foot tapping movement, and Dexter’s was a head turning movement.

The main intervention was introduced to the focus group as a preferred music reception activity where all three participants could select a favorite song of theirs for the rest to listen to from beginning to end. The purpose of the activity was to increase emotional awareness and self-expression for the focus group. Participant Anna requested a song by the Chloe and Halle Bailey sisters called, “Do It”, Dexter chose a song by Rod Wave called, “Fight the Feeling”, and Anna chose a song by Jennifer Lopez called, “Ain’t Your Mama.” Once each participant had their song played from beginning to end, then the researcher would ask prompting questions about the songs to open an open discussion about emotional awareness. Questions such as, “How did the song sound to you”, “How did you feel before and after the song?”, and “What did the song mean to you?” were posed by the researcher. For the first song to, “Do It”, Dexter shared with the group that he liked “Nothing” about the song. Anna shared with the group that she liked “the beats in the music.” Diana stated that the song was, “Not so bad.” The observed behaviors included self-expression for the three participants, emotional awareness, and social awareness. The participants appeared to be more engaged in music than they preferred.

The preferred music reception session occupied the majority of the third session meeting where when the main activity was over, there was just enough time for the goodbye song, “I Can See Clearly Now” by Johnny Nash to be played. The focus group was grounded by the

researcher and informed that there will be class for Thursday, November 16, 2023, at 4:30 pm. The post evaluation mood form was completed by each of the participants and class ended at 5:30 pm. Diana completed her post Mood evaluation and wrote that she felt “Happy” after the session. Dexter wrote that he felt “Great” after the music reception session and Anna wrote, “I feel happy and terrific” for her post Mood evaluation.

The final music therapy session on Thursday, November 16, 2023, at 4:30 pm introduced a lyric analysis intervention. The goal of the session was to increase emotional awareness through self-identification and relatedness in the lyrics and opinions regarding the selected song. The facility’s supervisor informed the researcher that this would have to be the last week of music therapy with the adolescents because the center would be closed for the whole week of Thanksgiving. John and Diana were present for this session. They were instructed by the researcher to complete a pre and post mood evaluation sheet that examined how they felt before and after the session. John’s pre-Mood evaluation form shared that he was feeling “Nothing” before the intervention and for Diana’s Pre-Mood evaluation, she wrote, “I do not feel like talking right now.” The session opened with the signature hello song, “Heya” by Outkast where the participants were actively engaged and attentive by sustaining eye contact and dancing to the hello song.

The warm-up intervention was the proceeding activity where each participant engaged in their own physical movement. John demonstrated an arm stretch activity and Diana chose not to demonstrate. When Diana was asked why she did not wish to demonstrate a movement, she simply shook her head and did not have a response.

For the main intervention to a lyric analysis to the song, “I Can See Clearly Now”, the focus group were given a lyric sheet and instructed to listen to the song and follow along to the

song and when the song was finished, they were instructed by the researcher to discuss the song. The behaviors that were observed from participants John and Diana included following along to the lyric sheet, sharing how they felt about the song, and their opinions about the song (self-awareness and emotional awareness). Questions that were asked after the song was played included, “Did you like the song?”, “Did the song have a positive or negative message or theme?”, and “What do you think the song was about?”

Participant John shared that the song sounded positive to him and that he liked the song. Participant Diana was quiet and did not participate in the activity. She left the session five minutes prior to the end of class where she did not complete her post-mood evaluation form. The researcher said goodbye to Diana and participant John stated that she was not in a good mood because she had an issue earlier with other peers in the afterschool program.

For the end of the session, the researcher informed participant John that music therapy sessions were completed and asked him if he had any questions or takeaways for the termination of the study. He said that he enjoyed the musical improvisation activity and enjoyed the two sessions that he was able to attend. The researcher thanked John and asked him if it were alright with him to complete a post-interview questionnaire for the study. Participant John wrote for his post-Mood evaluation that he felt, “Happy.” Participant Diana was unable to complete her post-Mood evaluation because her mother picked her up early (**See Appendix E**). John was advised that all information would be confidential and protected. John gave assent for the post-interview questionnaire and his final interview was completed and transcribed and coded.

Post-interview questions were conducted at the end of the research study to collect the ending results, opinions, and experiences that each of the participants encountered. Near the termination of the study, participant John was the only one that was able to complete a post-

interview because the other participants were absent. The questions that were provided in the post-interview portion of the study reflected on the experiences that participant John underwent (See Appendix F).

Data Analysis

Thematic analysis has been reported to have various functions of how themes or patterns can create a vast range of data collection in qualitative research (Braun & Clarke, 2006). This means that because there can be many themes and patterns that are identified through data (i.e., interviews), there is the opportunity to see which codes or patterns belong together to represent their own themes throughout the research. This analytical technique allows flexibility in research where there are several decisions to be made regarding data collection, the ways that research questions can be answered, what counts as a pattern or theme in the study, and how rich data set and collection can be due to how frequent or consistent themes recur in the study. All field notes of the participants, sessions, and the topics that were discussed in the study were recorded (See Appendix G).

Gerund Coding

The methodology for this qualitative case study research project has been analyzed through thematic analysis with the Boys & Girls Club of a rural area of middle Georgia where the study collected common themes through emergent coding. Miyoaka et al. (2023) discussed emergent coding as a qualitative coding system that is the process after transcription that includes the researcher comparing consistent and repeating themes from their study group. “High-level themes” often derive from emergent coding that was common-ground data from the study group (p.12).

During the interview process, all data pertaining to participant information were protected by being appropriately stored on the computer's file (secured jump drive) and locked and safely stored in my apartment. It is important to add that all information will be destroyed or permanently deleted once the study has terminated. Once each willing participant has completed their interview, they were notified that their responses are completely safe and confidential. Participant John was notified that his post interview was also confidential and securely protected, since he was the only participant to receive a post interview.

Continuing with the thematic analysis process, behaviors, and responses that the participants share with me have been recorded via Word document where all recordings and notes will be done through Word Document. There was no video recording taken place with this study. Once transcription was taken place per individual, the transcriptions of the interview were returned to each participant for member checking to allow for the opportunity to check for the accuracy of the transcriptions. Once each interview was verified by the participant, the interviews were analyzed for patterns and codes. Codes were then collated with supporting data where groups will be associated altogether, creating categories of themes. This process can also be defined as gerund coding. Once the codes were grouped together to form themes that all correspond to one another, it was then that revision took place to make sure that appropriate coding groups coincide and complemented each other.

Chapter 4

Results

The purpose of this qualitative research study is to understand the influence of music therapy on the social, emotional, and behavioral needs of the at-risk youth population participating in a community and cultural-centered music therapy program. My research questions for this study include: 1) How does Community and Cultural Centered music therapy influence the at-risk youth population? and 2) How does the at-risk population in an after-school program view music therapy on an emotional and social level?

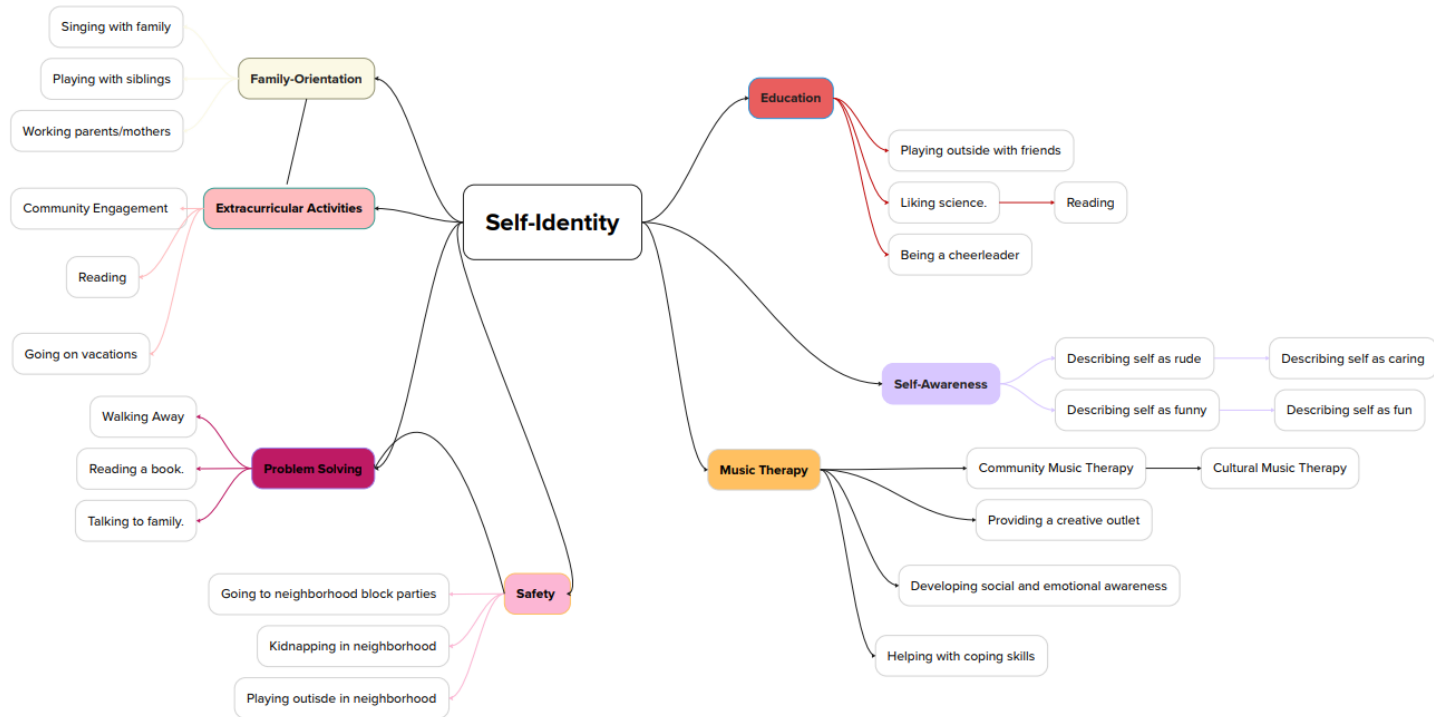


Figure 1: Thematic Map

This thematic map illustrates the main theme of self-identity with its sub themes that corresponded with the four participants in the study. Coding of the participants pre and post interviews took place where the codes were then analyzed and arranged in their own subcategories.

Self-Identity

Self-identity was the underlying theme in the study because the participants initially executed a sense of knowing who they were by describing themselves using adjectives such as “funny”, “fun”, “rude”, “quiet”, “caring”, “helpful”, and “smart.” During the focus group’s first interview each participant felt secure enough to share with me information regarding who they were as a person inside and outside of the Boys & Girls Club. The focus group as a collective was able to chronologically share their daily routines from when they first woke up, went to school, and reported to the Boys & Girls Club after school. They were able to voice that they had parents, mostly mothers, who worked late and would pick them up from the facility after work. With an established and consistent daily routine that the participants described during the pre-interview process, it is important to note that self-identity appeared to be consistent because there was the principle of responsibilities. These adolescents have been molded by school, communities, and present families that have allowed them to discover and know who they are as a self.

Self-Awareness

Self-awareness was an observed sub theme throughout the study with the focus group from the start of the research study and the duration of the study. The participants were able to initially describe themselves from various adjectives such as “Caring”, “Fun”, “Funny”, and even “Rude”, having a sense of knowing who they were as a character. For the lyric analysis intervention, John, who was one of the two present participants demonstrated self-awareness by being able to relate himself to the lyrics to the song, *I Can See Clearly Now* by Johnny Nash. Participant John was able to share that after listening to the song that he shared that he felt “positive. The focus group also displayed self-awareness in the study by how they described their daily routine including going to school, arriving at the Boys & Girls Club, and engaging in extracurricular activities when they have free time.

Self-awareness was also presented as a subtheme where participants were given a mood evaluation form prior to music therapy interventions and after the interventions. Each participant that was present for the intervention was able to independently state how they were feeling currently and then stating how they felt after music therapy was completed. For the first session of musical improvisation, participant Diana stated that she was currently feeling “Happy” before the intervention and once it was over, she stated that she was, “Happy.” In that same week, Anna

stated that she “Felt okay” and after the session took place, she “felt happy.” Dexter was able to state that he was feeling great before the intervention and then shared that after, he felt “great.” Lastly, participant John shared that he felt “Wonderful” prior to the intervention and then after the intervention shared that he felt “Motivated.” The provided Mood Evaluation forms provide feedback from all participants where the researcher securely obtains them.

Education

Education was another sub theme of the research study because the focus group involved adolescents that were in an after-school program. Education played an important role in the research study because it influenced the music intervention therapy discussions, and the mind sets that the participants had regarding communicating with one another and having access to the Boys & Girls Club. Some of the participants have built communications and friendships with others in the facility where they might even attend the same school. Education was prominent with the focus group because it was often referred to by the participants. Examples of how education played an important role in this research study included participant John stating that he “learned science.” John shared what he learned when he stated, “Did you know it takes about eight minutes for one from the sun to get here?” Diana stating that she is a “cheerleader” and stated that was “her dream to be a cheerleader.” Dexter shared that he “likes to read because we are learning about new things.” Anna also shared that she is “in the school choir.” Education appeared to be one of the sub themes that proved to be the most recurring because it allowed the participants to engage in music therapy sessions with the understanding of learning about new goals of the interventions that they probably if not, already deal with in school.

Safety

Safety was another theme in the research study when the topic of community engagement was introduced during the pre-interview process. Although three out of the four participants stated that they were actively involved in their communities such as attending block parties and playing in the neighborhood with friends and family, John was the one participant that willingly shared that his neighborhood was “Pretty peaceful”, but there was also a recent “kidnapping” that took place in that exact neighborhood during the pre-interview portion of the study. An environment that is not considered safe and a detriment to a participant, just like anyone, plays a role in how people reflect on their own self-identity and how they trust their peers. Participant

John shared that there was a recent “kidnapping in his neighborhood”, so because of his safety, there is a possibility that John puts up a shield of protection and defensive behavior because he does not want to risk his safety. Out of all the participants, John was the only one who verbalized that, “every single second he is dealing or arguing with somebody” in his post-interview. According to John, he described himself as “rude”, however throughout the study, he was observed to independently engage and participate in the study.

In a more positive perspective, participants Diana, Anna, and Dexter experienced safety differently where they stated that they were actively involved in their community and comfortable in their neighborhoods. Safety played a role in their daily routine that they even attended block parties and read and play outside. The safe space of their communities contributed to music therapy because they have already experienced group collaborations and social events. Safety has also been practiced in music therapy interventions where all instruments were sanitized before each use and instruction was given to each participant by the researcher.

Safety was implemented in the beginning of the study with mandatory consent and assent forms that were to be signed by the focus group and their guardians. The participants’ names were protected by pseudonyms and all voice recordings were securely stored and locked on the researcher’s phone. Music therapy sessions provided sanitized instruments that were sanitized after each use and properly utilized by the participants. Participants were informed to notify the researcher about any interventions that they did not feel comfortable with. Participants were reminded from the beginning of the study to the end to address any discomforts that they might have felt to the researcher.

Problem Solving

Problem solving was a subtheme in the study because the participants described during the initial phase of the study how they deal with stress and how they cope when feeling stressed. The responses to how the participants dealt with stress varied. The focus group shared that they “Scream”, “Vent to my mom and friend”, “Breathe” and “Walk away” in dealing with stress and coping with anger. Problem solving intertwined with the other subtheme of safety in the study because most of the problem solving and coping skills that the participants shared were positive and ensured a safe and productive outcome like Dexter stating that he, “Breathes” and “walks away” from stressful situation and Anna for example, who said that she “says positive and

encouraging words to herself.” John stated that he, “leaves his head down and at home, gets under the covers” as his way of coping from stress. Although each participant coped in a different way when stressed, they all were able to problem solve during music therapy interventions. These problem-solving skills were proficient for the second musical improvisation intervention where turn-taking and group collaboration took place. The participants were expected to listen to one another and work together to create an improvisational musical jamming session.

Problem solving was also demonstrated in the music therapy lyric analysis intervention where participants John and Diana were present. John independently participated in the session as evidenced by relaying his emotions to the selected song, “I Can See Clearly Now” by Johnny Nash and was able to identify the context of the song as “Positive.” Diana expressed minimal to no participation where she declined questions asked by the researcher and left the session early with no verbal dismissal because she had to leave. Although problem-solving was not a strength of Diana’s due to her episode of shutting down emotionally and socially in difficult situations, John was able to execute strength in problem-solving to help his counterparts. John throughout the study developed a sense of social and emotional awareness around his peers and engaged in the music therapy interventions that had the goals of increasing social and emotional awareness.

Extracurricular Activities

The sub theme of extracurricular activities played an important role with the participants in the focus group because it demonstrated how active the participants were outside of the music therapy interventions and the facility of the Boys & Girls Club. Outside of the afterschool program, the participants engaged in other extracurricular activities such as, “Playing with a tablet and sleeping”, “Read and play outside”, and “Organize things.” The participants were adolescents who enjoyed the activities that adolescents ordinarily engage in and enjoy. The extracurricular activities that Diana did for example, were family-oriented, which is why the subthemes of family orientation and extracurricular activities intertwine.

Family Orientation

Family orientation turned out to be a subtheme in the study because as evident as it was, the participants attended the Boys & Girls Club afterschool program because their guardians

worked late. In the study, it was observed that each participant in the focus group relied on their mother to pick them up from the facility following music therapy interventions. During the pre-interview process of the study, the participants shared that their mother picked them up and that their mother put them in the program, hence why the parental consent forms were signed by the mothers of the participants. Participants Diana, Anna, and Dexter came from a nuclear family where participant John stated that he had, “Two mothers.” Diana expressed that she was family-oriented in her pre-interview in the way that she shared how her family takes vacations. With the information about family that was provided by the participants, there was the understanding that family involvement was present in their personal life.

Music Therapy

Music therapy served as a subtheme in the study because the purpose was to facilitate music therapy interventions to improve emotional and social awareness, self-expression, and group collaboration through self-experience. Each of the participants had a prior understanding of music therapy where they shared that music therapy because it was addressed by the unit director of the program that the participants have received music therapy before from practicum music therapy students. During the pre-interview process of the study, the focus group shared and defined what they thought music therapy was. Answers that were shared during the interview varied from “Music and just therapy”, “you make music”, “Hip Hop”, and that music therapy will help with “physical, mental, and emotional health.” Although music therapy serves as a subtheme in this research study, it also falls under the other subthemes in different components such as group collaboration, creative expression, and social and emotional awareness. The interventions of music improvisation, musical reception, and lyric analysis provided for the participants to experience group collaboration, self-expression, and social and emotional awareness of one another.

Conclusion

Self-identity was the main theme in this qualitative case study because the participants could describe themselves in full character as students that benefitted from education, children of mothers who work late, and families that they engage with, whether they play outside together or go on trips together. Self-identity also served as a main theme in the study because each

participant experienced their daily routines and music therapy interventions through their own lens of self-awareness and emotional awareness.

Some participants experienced safe neighborhoods and communities that they could play outside freely in and engage in extracurricular activities in, while others unfortunately had acts of violence that made them limited to certain activities. Problem solving serving as a sub theme in this research study turned out to be a coping skill that was experienced in session and also prepared the participants to engage in music therapy interventions that included them to listen to one another, work in group collaborations, and even improvise in music therapy interventions, promoting self-expression. Problem-solving was demonstrated within the focus group, for example by participants being able to identify and express concern for other participants in the study.

Chapter 5

Discussion

During this study, I wanted to explore how community and cultural-centered music therapy influence the at-risk youth population. What I learned was that music therapy sessions served as a way for the focus group to increase creative and self-expression and promote social and emotional awareness among the group. Furthermore, the results of the study indicated that Community and Cultural Centered music therapy influenced the at-risk youth population through experiencing group collaboration, self-expression, and social and emotional awareness from the musical improvisation, music reception, and lyric analysis interventions. Through these four music therapy interventions, the focus group experienced music together for example by jamming together, or musicking, such as creating their own patterns with instruments and being able to pass beats to one another. Although they had the opportunity to collaborate with one another, the participants experienced through group collaboration how to listen to one another, execute leadership and turn-taking, and the important goal of expressing themselves freely.

Two of the four participants in the focus group came from nuclear families where the other two participants were reported to only speak about their mothers. All participants shared in common that their mothers picked them up from the afterschool program. The participants were observed to value their extracurricular activities that they spent in school, home, and their communities. I discovered that three participants felt that they were safe in their communities or neighborhoods where they could play outside with family and friends. Just like a well-known African proverb states, “It takes a village to raise a child”, three of the participants appeared to live in communities where they were safe to attend and partake in church events, take family vacations, and play in the neighborhood with family and friends. Being of African American descent, I can attest that this African proverb can almost be viewed as a lifestyle or culture that is prominent to the African American community because within these communities, there are local churches, schools, and families that convene and engage in traditions that include mixtures of generations from old to new. Extended families in the community are really considered as “family.” Although the one participant stated that his biological mother lived in a neighborhood

that had a kidnapping, he was observed to not be negatively affected during music therapy interventions.

Like the Clark et al. study (2013), researchers in the study measured the participants with goals of self-expression, self-esteem, coping skills, communication skills, and more to determine how music therapy benefitted the youth where the goals ranged from. In this study with the Boys & Girls Club, there has been more of observed social and emotional awareness, group collaboration, and self-expression during the musical improvisation music therapy intervention as evidenced by the various patterns that each of the participants initiated. The focus group was able to independently execute their own musical pattern on their provided instrument and wait their turn to lead the group. Turn-taking was experienced in this activity and the ability for the participants to experience musicking, or musical jam sessions with peers created self-expression.

The results of the Clark et al.'s (2013) study revealed that drum circle and songwriting interventions were one of the many broad ranges of music therapy approaches that helped the participants measure their development of music therapy as a catalyst for greater accessibility to relevant resources. Like the Clark et al.'s study, this study with the Boys & Girls Club was to understand the influence of music therapy on the social, emotional, and behavioral needs of the at-risk youth population participating in a community and cultural-centered music therapy program. The study revealed that the at-risk youth population experienced music therapy as an opportunity to engage in social and emotional outlets that also granted them the adoption of self-expression.

In addition, I also wanted to explore how the at-risk population in an after-school program view music therapy on an emotional and social level. The results of the study also indicated that the at-risk population in an after-school program views music therapy as emotionally helpful with dealing with stress and socially helpful when it comes to self-expression and improvisational interventions such as "Pass the Beat" and musical jamming. Though it is considered that only one out of the four participants completed a Post-interview in this study, the participant who completed the Post-interview was also consistent with actively engaging in music therapy sessions when he was present to participate. The participant stated that he liked the "Pass the Beat" improvisation intervention where he explained that he liked to

pass the egg shaker to a fellow participant. This observation indicated that the participant expressed strengths in turn-taking, group collaboration, and self-expression.

The receptive music intervention was another intervention where the participants experienced and engaged in social and emotional awareness where the goal of the intervention was to measure mood change and social stimulation with other participants in the intervention. The predominant genre of music that was preferred by the participants in the music reception intervention included Rap and R&B where musical artists such as rapper, Rod Wave and R&B singers Jennifer Lopez and the Halle and Chloe Bailey sisters were chosen artists that the participants suggested. Parallel to the Tyson article (2002), Tyson stated that “hip hop allows adolescents to express how they feel and relate to the lyrics of the lived experiences that they can relate to” (Tyson, p.20). The music reception intervention with the Boys & Girls Club focus group allowed the participants to learn about one another and discover the social awarenesses of other peers. Relating to one another in a cultural way such as music that is culturally more common was an experience in music therapy that revealed how impactful hip hop and R&B music is for this certain population.

There was only four music therapy sessions with the participants in the Boys & Girls Club where the lyric analysis was the shortest and final session. Only two participants showed up where the female participant was the first to leave the session. For all conducted music therapy interventions, it is important to report that musical improvisation, music reception, and lyric analysis are evidenced to be positively experienced through the participants’ ability to develop new coping skills, practice self-expression, and engage in group collaboration. Similar to the Smith article (2012), the Boys & Girls Club is an afterschool program that contains adolescents of a demographic who are considered to not be as represented in society as their counterpart adolescents. Through music therapy interventions that’s goals increase group collaboration and self-expression. Like the results of Smith’s study, the focus group in this study were able to explore and release their creativity within group settings and that creativity was experienced collectively.

The limitations that impacted the effectiveness of this research study included a great number. The limited timeline of conducting music therapy interventions with the focus group for

three total weeks was limiting because the opportunity to observe more behaviors and learn more about the participants was minimal. Due to the Thanksgiving holiday in late November, music therapy interventions were terminated with the participants because they had a week off and the remaining time that was allotted to me was to work on the data analysis and the last two chapters in my paper. Another limitation in the study was the small number of participants that were apart of the study. Although the focus group was originally planned to make up of four participants, during some sessions, only half of the participants were present. I feel that if there were more participants in the study, as well as participants that varied in age, then it would've created more experience with music therapy interventions and even more rich data.

Member checking was another limitation of the study because following-up with the other participants of the study would've better supported the end results of the study where there could have been more post-interviews about their experience with music therapy and the interventions that they attended. There was only one post-interview for the study, creating limited data to compare. The last limitation of the study was the inconsistent communication with the middle Georgia Boys & Girls Club facility where the study could have been conducted a month in advance if there was more accessibility to connect and communicate with the facility. All in all, it is with humble privilege that the study was able to be conducted with the adolescents in the Boys & Girls Club of rural middle Georgia.

There should be more research about music therapy with adolescents in the Boys & Girls Club in dealing with self-expression because it would allow there to be the sense of knowing how well the participants are able to execute the ability to express how they feel and communicate their feelings to one another and understanding one another. I believe that with more research about self-expression with adolescents that are in this population, there will be a better understanding as to why this population is a needed candidate for music therapy. To be able to know what other interventions, besides musical improvisation, work towards the goal of self-expression would also be informative.

While having the opportunity to conduct a Community and Cultural-Centered music therapy qualitative case study with the Boys & Girls Club facility in the rural middle Georgia with adolescent participants, I have learned with this focus group that the common trait that they

shared included the main theme of self-identification. The afterschool program adolescent population were witnessed to identify their emotions and learn how to express themselves through creative and self-expression through music therapy improvisation interventions for example. I believe that there is a need in possibly establishing a music therapy program with this population because they are still learning about themselves and peers. With an established music therapy program in the Boys & Girls Club facility, a healthy structure would be provided to promote social and emotional needs so that the adolescents would be able to increase their chances of developing coping skills that they can experience that they might not experience at school, home, or outside of the afterschool program. Community and Cultural-Centered music therapy would represent another form of a village that would allow access to a healthy and positive key in the adolescent population.

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Appendix A

IRB Approval



Institutional Review Board

Office of Academic Affairs

irb@gcsu.edu

<http://www.gcsu.edu/irb>

DATE: 2023-10-13

TO: Moriah Venita Treadwell

FROM: Sallie Coke, Ph.D. - Chair of Georgia College Institutional Review Board

RE: Your IRB protocol 19025 is Approved for 2023-10-13 - 2024-10-13

Dear Moriah Venita Treadwell,

The proposal you submitted, "Community and Cultural-Centered Music Therapy with The Boys & Girls Club of Jones County: A Qualitative Case Study," has been granted approval by the Georgia College Institutional Review Board. You may proceed but are responsible for complying with all stipulations described under the Code of Federal Relationship 45 CFR 46 (Protection of Human Subjects). This document can be obtained from the following address:

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

The approval period is for one year, starting from the date of approval. After that time, an extension may be requested. It is your responsibility to notify this committee of any changes to the study or any problems that occur. You are to provide the committee with a summary statement. Please use the IRB Portal (<https://irb-portal.gcsu.edu/>) to request an extension, report changes, or report the completion of your study.

Finally, on behalf of IRB, we wish you the best of luck with your study. Please contact GC IRB at any time for assistance.

Sincerely,

Sallie Coke, Ph.D.

Appendix B

Parental Consent and Minor Assent

Parental Permission/Consent

Dear Parent/Guardian:

I am from the Department of Music Therapy at Georgia College & State University. My supervisor and I have provided our contact information at the bottom of this letter.

I am conducting a research study on Music Therapy Experience with The Boys & Girls Club of Jones Counties and would be able to represent them in a research study where they would benefit from music therapy interventions such as music improvisation, music composition, peer collaboration, and healthy coping skills. Your child was selected as a possible participant of this study because they attend the Boys & Girls Club afterschool program and are of adolescent age (10-14). The study will take place in the building of the Boys & Girls Club of Jones Counties. If your child takes part in this project, it should take approximately a month to complete the research study.

If your child takes part in this project, he/she will be asked to do the following activities:

1. Engage in an interview that will ask questions regarding daily school and personal activities and routines (age-friendly questions).
2. Participate in one-hour group music therapy sessions where there will be a supervisor
2. Participate in a songwriting group music therapy session
3. Participate in a lyrical analysis group music therapy session
4. Participate in a music -listening group music therapy session
5. Participate in an improvisational group music therapy session and,
6. Participate in a concluding original song group music therapy session

This research has the following risks:

1. Not wanting to share information be it personal information due to the feeling of discomfort.

This risk will be avoided by knowing how comfortable the adolescent is with the study, prior to agreeing to be in the study.

The research has the following benefits:

1. Social and emotional awareness for a better and healthier way to identify your emotions and the emotions of others.
2. The development of positive ways to cope when under stress (drawing to music, creating songs, etc.), and
3. The appreciation of music therapy.

Note: monetary compensation is not considered a benefit of being in the study).

The information in this research will be kept confidential. Field notes and observation notes will be recorded, and Research data will be stored in a secure location. In addition, interviews will be audio recorded for the purpose of accurately transcribing the experiences of the participants and all audio recordings will be deleted at the completion of the study. All gathered information will be stored and protected in a file drive that has privacy protection on it. The data will be made available only to the people conducting the research. No reference will be made in oral or written reports that could link your child to the research.

Your child's participation in this project is completely voluntary. Your decision whether to allow our child to participate will not affect your or your child's relationship with the Boys & Girls Club of Of a rural area of middle Georgia. In addition to your permission, your child will also be asked if he or she would like to take part in this project. Only those children who have parental permission and who want to participate will do so, and any child may stop taking part at any time. You are free to withdraw your permission for your child's participation at any time and for any reason without penalty.

You may keep a copy of this document for your records.

If you have any questions about this project, please contact us using the information below. If you have any questions about your or your child's rights as a participant, contact the Georgia College IRB (contact information at the bottom of the page).

Sincerely,

Moriah Treadwell, Graduate Music Therapy Student

(850) 694-4498

moriah.treadwell@bobcats.gcsu.edu

Supervisor:

Dr. Laurie Peebles, Assistant Professor of Music Therapy and Graduate Coordinator

(478) 445-8512

laurie.peebles@gcsu.edu

I DO / DO NOT (circle one) give permission for my child _____
(name of child)

to participate in the research project described above.

(Print) Parent's name

Parent's signature

Date

.....
Research at Georgia College involving human participants is carried out under the oversight of the Institutional Review Board. Address questions or problems regarding these activities to the GC IRB Chair, email: irb@gcsu.edu.

Minor Written Assent

Project Title: Community and Culture-Centered Music Therapy with The Boys & Girls Club of Jones Counties: A Qualitative Case Study

Researcher and contact information:

Moriah Treadwell – Graduate music therapy student at Georgia College & State University

Email: moriah.treadwell@bobcats.gcsu

Cell: (850) 694-4498

Dr. Laurie Peebles – Assistant Professor of Music Therapy and Graduate Coordinator at Georgia College & State University

Email: laurie.peebles@gcsu.edu

Cell: 478-445-8512

1. What is this study about? What will I do in this study?

I am doing a research study about using music therapy with students like you in the Boys & Girls Club and how music therapy makes you feel. Research studies are ways to learn more about people. If you are interested in being in this study, you would be a representation of how music therapy could help you in many ways. If you decide that you want to be part of this study, please let Ms. Adams or your supervisor know where you will be asked to please have this form completed.

2. Could anything bad happen to me?

There will be very minimal chances for you to be harmed, as I will be present during all music therapy sessions and provided supervision from the supervisors of the Boys & Girls Club.

If you feel uncomfortable during any part of the session such as discomfort with a certain activity or topic, you have all the right to leave music therapy sessions.

You can discontinue or permanently leave any part of the study if you feel uncomfortable.

3. Can anything good happen to me?

I think this study has some benefits. A benefit means that something good happens to you. We think these benefits might be social and emotional awareness for a better and healthier way to identify your emotions and the emotions of others, the development of positive ways to cope when under stress (drawing to music, creating songs, etc.), and the appreciation of music therapy. You will be the representation to your community of how a person of color is granted the opportunity to participate in a study that will provide you with the resources and activities that music therapy has to offer. You will enrich this research study and your participation matters to me.

5. Will anyone know I am in the study?

When I am finished with this study, I will write a report about what was learned. This report will not include your name or that you were in the study. Your full identity will never be exposed or revealed to anything or anyone.

6. What if I don't want to be in the study?

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your parents are fully aware of you participating in the study.

If you decide you DO want to be in this study, please write and sign your name in the blank below.

I, _____, want to be in this research study.

(Write your name here)

(Sign your name here)

(Date)

.....
Research at Georgia College involving human participants is carried out under the oversight of the Institutional Review Board. Address questions or problems regarding these activities to the GC IRB Chair, email: irb@gcsu.edu

Appendix C

Interview Questionnaires – Pre-Interview

Provided are twelve open-ended interview questions that will be used for the data collection of the four adolescents in my study. This data collection will provide pre-standing information of the participants' and will later be compared to their post-standing information at the end of the research study. All questions pertain to the participants' needs.

Interviewer: Hello, my name is Moriah Treadwell, and I am a master's music therapy student at Georgia College. I am conducting a research study with music therapy served to The Boys & Girls Club of a rural area of middle Georgia where you are a chosen and willing participant of the study. I will be asking you ten questions that you are allowed to answer in any way that you feel comfortable.

Question one: What words would you use to describe yourself?

Question two: Why are you in The Boys & Girls Club?

Question three: What is a normal day for you like? Give me an example of what happens in your daily routine.

Question four: What in school or out of school activities are you in?

Tell me about the community that you live in. What is close by your neighborhood?

Question five: How are you active and/or have participated in your community?

Question six: What do you like to do in your spare or free time?

Question seven: What do you like about school? What do you not like about school? What is something fun you did in school lately?

Question eight: How do you deal with worry? When you feel frustrated, what do you do to make it better?

Question nine: How do you react when you experience a difficult situation?

Question ten: What is your favorite type of music and song?

Question eleven: What do you think of when you hear “music therapy?”

Appendix D

Session Plans

Week One: Improvisation with the Boys & Girls Club in a rural area of middle Georgia		
Goal: To increase creative expression within a group setting.		
Objective: The participants will be able to demonstrate group collaboration through improvisation activities at least three times by November 9, 2023.		
Student Therapist: <u>Moriah Treadwell</u>		
Date: <u>11/7/2023</u>	Time: <u>4:30pm – 5:30pm</u>	Session Number: <u>1</u>
Setting: <u>The Boys & Girls Club of a rural area of middle Georgia</u>		
Phase: <u>Baseline</u> (e.g., <i>Assessment/Baseline, Treatment, Closure</i>)		
Activities/Experiences	Behavior(s) Being Observed	
Opening: “I Can See Clearly Now” by Johnny Nash (Hello song)	Eye contact Verbal response Singing along Greeting one another	
Warm-up: Introduction Activity - My name is ...	Turn-taking Participation Socialization Communication	
Main Activities: 1. Jam session (egg shaker, recorder, harmonica, hand tambourine, and guitar) 2. Pass the Beat (musical instrument activity) 3. Improvisation storytelling activity	Group Collaboration Socialization Comprehension Critical thinking Memory recall Creative expression Willingness to participate	
Wind down: Closing song to, “I Can See Clearly Now” by Johnny Nash	Improvisation Musicality development Group collaboration Eye contact	

Closing: This is the Day and Be Glad in it! (Goodbye song)	Social cues Eye contact See you next time!
Therapeutic Techniques: Positive reinforcements through verbal praise, call and response, introduction to new music (repeat after me), self-expression, creativity, and repetition.	
Reinforcement Schedule: Partial reinforcement schedule.	

Week One: Improvisation with the Boys & Girls Club of a rural area of middle Georgia		
Goal: To increase creative expression within a group setting.		
Objective: The participants will be able to demonstrate group collaboration through improvisation activities at least three times by November 9, 2023.		
Student Therapist: <u>Moriah Treadwell</u>		
Date: <u>11/9/2023</u>	Time: <u>4:30pm – 5:30pm</u>	Session Number: <u>2</u>
Setting: <u>The Boys & Girls Club of a rural area of middle Georgia</u>		
Phase: <u>Baseline</u> (e.g., <i>Assessment/Baseline, Treatment, Closure</i>)		
Activities/Experiences	Behavior(s) Being Observed	
Opening: “Heya” by Outkast (Hello song)	Eye contact Verbal response Singing along Greeting one another	
Warm-up: Warm-up body exercises (High knees, foot tapping, head rotations, shoulder shrugs)	Turn-taking Participation Socialization Communication	
Main Activities: 4. Pass the Beat (musical instrument activity) 5. Jam session (egg shaker, recorder, harmonica, hand tambourine, and guitar) 6. Show and tell (improvisation showcase)	Group Collaboration Socialization Comprehension Critical thinking Memory recall Creative expression Willingness to participate	
Wind down: Takeaway	Musicality development Eye contact Self-reflection Takeaway	
Closing: “I Can See Clearly Now” (Goodbye song)	Social cues Eye contact See you next time!	

Therapeutic Techniques: Positive reinforcements through verbal praise, call and response, introduction to new music (repeat after me), self-expression, creativity, and repetition.

Reinforcement Schedule: Partial reinforcement schedule.

Week Two: Musical Reception with the Boys & Girls Club of a rural area of middle Georgia		
Goal: To increase musical awareness within a group setting.		
Objective: The participants will be able to demonstrate musical elements and emotional awareness through music reception activities at least three times by November 16, 2023.		
Student Therapist: <u>Moriah Treadwell</u>		
Date: <u>11/14/2023</u>	Time: <u>4:30pm – 5:30pm</u>	Session Number: <u>3</u>
Setting: <u>The Boys & Girls Club of a rural area of middle Georgia</u>		
Phase: <u>Baseline</u> (e.g., <i>Assessment/Baseline, Treatment, Closure</i>)		
Activities/Experiences	Behavior(s) Being Observed	
Opening: “Heya” by Outkast (Hello song)	Eye contact Verbal response Singing along Greeting one another	
Warm-up: Warm-up body exercises (High knees, foot tapping, head rotations, shoulder shrugs)	Turn-taking Participation Socialization Communication	
Main Activities: 1. Music reception to preferred songs of the participants. - How did the songs sound to you? - Did the songs represent a positive message? How? - How did you feel before listening to the song? - How do you feel after the song?	Group Collaboration Socialization Comprehension Critical thinking Memory recall Creative expression Willingness to participate. Emotional awareness	
Wind down: Takeaway	Musicality development Eye contact Self-reflection Takeaway	
Closing: I Can See Clearly Now (Goodbye song)	Social cues Eye contact See you next time!	

Therapeutic Techniques: Positive reinforcements through verbal praise, call and response, introduction to new music (repeat after me), self-expression, creativity, and repetition.	
Reinforcement Schedule: Partial reinforcement schedule.	

Week Two: Lyric Analysis with the Boys & Girls Club of a rural area of middle Georgia		
Goal: To increase musical awareness within a group setting.		
Objective: The participants will be able to demonstrate musical elements and emotional awareness through music reception activities at least three times by November 16, 2023.		
Student Therapist: <u>Moriah Treadwell</u>		
Date: <u>11/16/2023</u>	Time: <u>4:30pm – 5:30pm</u>	Session Number: <u>4</u>
Setting: <u>The Boys & Girls Club of a rural area of middle Georgia</u>		
Phase: <u>Baseline</u> (e.g., <i>Assessment/Baseline, Treatment, Closure</i>)		
Activities/Experiences	Behavior(s) Being Observed	
Opening: “Heya” by Outkast (Hello song)	Eye contact Verbal response Singing along Greeting one another	
Warm-up: Warm-up body exercises (High knees, foot tapping, head rotations, shoulder shrugs)	Turn-taking Participation Socialization Communication	
Main Activities: Lyric analysis to the song, “I Can See Clearly Now” by Johnny Nash <ul style="list-style-type: none"> - Did you like the song? - What did the song mean to you? - Can you relate to the song? - What part of the song did you like? 	Group Collaboration Socialization Comprehension Critical thinking Memory recall Creative expression Willingness to participate. Emotional awareness	
Wind down: Takeaway	Musicality development Eye contact Self-reflection Takeaway	
Closing: I Can See Clearly Now (Goodbye song)	Social cues Eye contact See you next time!	

Therapeutic Techniques: Positive reinforcements through verbal praise, call and response, introduction to new music (repeat after me), self-expression, creativity, and repetition.

Reinforcement Schedule: Partial reinforcement schedule.

Appendix E

Mood Sheets

Open-Ended Mood sheets to measure and evaluate pre and post moods of the participants once music therapy interventions have taken place.

Week One – Session 1

Name: _____

Date: _____

1. How are you feeling right now?

2. How are you feeling after the music therapy improvisation activity?

Name: _____

Date: _____

Week One – Session 2

1. How are you feeling right now?

2. How are you feeling after the music therapy improvisation activity?

Name: _____

Date: _____

Week Two – Session 3

1. How are you feeling right now?

2. How are you feeling after the music reception activity?

Name: _____

Date: _____

Week Two – Session 4

1. How are you feeling right now?

2. How are you feeling after the lyric analysis activity?

Appendix F

Post-Interview Questionnaire

Interviewer: Thank you once again for being a willing participant in my music therapy qualitative research study with the Boys & Girls Club of Of a rural area of middle Georgia. My name is Ms. Moriah Treadwell. Your willingness to participate in this study allowed me to learn more about you and your words and participation are important and they matter in this research study.

I have for you post interview questions for the end of this research study where there are only a total of twelve questions. Please answer each question to your own comfortability. If you are not comfortable with any of the questions, you have the right to not answer the question.

Question 1: What have you learned about music therapy?

Question 2: What was your favorite activity/session that we engaged in as a group?

Question 3: What did you not like about music therapy?

Question 4: In any capacity, do you feel that music therapy helped you? For example, in dealing with situations or dealing with stress.

Question 5: When we did the Pass the Beat activity for the music improvisation session, did you find it fun? What did you learn about that activity? Were you able to express yourself the way that you wanted to.

Question 6: How are you handling stress in school recently?

Question 7: Did you find any of the music therapy sessions helpful in any way?

Question 8: Going back to our musical improvisation storytelling activity, what did you learn about that session?

Question 9: Do you think that the skills that you learned here during the music therapy sessions will help you in your future? For example, creative expression, group collaboration, and improvisation.

Question 10: Do you find that working with other students your age fun, enjoyable, maybe hard? Why?

Question 11: Now that you have experienced some of the activities in music therapy, when you're feeling stressed, how will you now cope with stress for future stressful situations?

Question 12: Would you recommend music therapy to a friend or even your community? Why?

Appendix G

Field Notes

Thursday, October 22, 2023:

I arrived at the Boys & Girls Club in a rural area of middle Georgia approximately at 4:30 pm. Upon arrival, there were a total of fifteen adolescents awaiting in the room. I made sure to inform Ms. Waller, the facility staff and supervisor that I only needed a total of four adolescents from the ages of 10 and up for the study. Although there initially appeared to be confusion about this information, she acknowledged the information and I made sure to also inform Ms. Pamela Peek, the CEO of the Boys & Girls Club about this matter. Once there was an established understanding, I was able to interview one male adolescent in the supervisor's office where the interview was recorded, with assent. The participant was the only one that was able to participate in the interview because he completed a minor assent and parental consent form. The interview lasted for seven minutes and twenty-nine seconds. I am still awaiting the other three participants' parent consent forms to complete the focus group.

I made sure to remind and enforce to the three other female participants to please complete their parental consent forms by Thursday, October the 26th so that once interviewed, the actual study can take place. Once the one interview with the male participant was completed, I made sure to touch base and speak to the other three female participants about seeing them next week Tuesday and Thursday. I made sure to encourage them to have their completed parental forms. It is also important to note that the selected four participants that will compose the focus group have all willingly agreed to be a part of this study. I left the facility at 5:30 pm.

Tuesday, October 24, 2023:

I arrived at the Boys & Girls Club at approximately 4:38 pm. Upon arrival, the adolescents were in a different room at the back of the building. I was able to collect my focus group of four where instructions were enforced for them to please have complete their parental consent and assent forms. Ms. Waller, the facility staff and Ms. Peek, the CEO of the club were present in the building.

One out of the four participants were able to be interviewed and their interview was transcribed. I am currently awaiting consent forms and one assent form to interview the rest of the participants. I made sure to announce to the four adolescents that as soon as next Tuesday, we will be able to start our first music therapy session as a group once all forms of consent and assent have been signed. Due to the disinterest of the one female participants in the study, there was a male participant who voluntarily wanted to be a part of the study who met the qualifications. The male participant was able to have his parental permission form signed, but he needed to sign a minor assent form. With that being said, the new focus group consists of two girls and two boys from the ages of 10 to 16. I left the facility at 5:25 pm.

Thursday, October 26, 2023:

I arrived at the Boys & Girls Club at approximately 4:25 pm. Upon arrival, the male participant who needed to sign the minor assent form was present. I made sure to provide the minor assent form for him, so that he was able to sign and complete his interview for the day. The interview with this male participant only lasted for five minutes and thirty-nine minutes. It is important to add that the participant was informed that his interview would be voice recorded prior to where I needed his permission. The male participant was thanked for the interview and informed that once the two female participants complete their parental permission form, music therapy sessions would soon then take place.

It is also important to add that the two female participants that will be in the focus group were not present on today. The facility staff member informed me that the two female participants “are not always here every day.” Once I receive their parental permission form letters, then the research study can continue forward with music therapy sessions.

Tuesday, October 31, 2023:

I arrived at the Boys & Girls Club at approximately 4:40 pm. Upon arrival, there was only one male participant in the study that was present. The other male participant and the two female participants were not present. Upon arriving at the campus, the boys and girls were making their way to the playground in groups. I spoke to the facility staff and informed them that I will be seeing them on Thursday, November the 2nd.

I will make sure to address the absence of the two female participants to my committee team so that I know whether I can continue the study maybe without them or not.

Thursday, November 2, 2023:

I arrived at the Boys & Girls Club in a rural area of middle Georgia promptly at 4:30 pm where the two male and two female participants were present. The two female participants provided their completed parental consent forms and submitted them to me where they have been securely and privately filed. The only thing to complete for the time that I was there were the two interviews of both female participants.

Like the other two male participants, the two female participants were interviewed in the facility staff supervisor's office where one at a time, both sisters were interviewed. Once the female participants were complete with their interview, they were informed by me that starting next week, Tuesday and Thursday, music therapy sessions would take place. The two male participants were informed as well. The first music therapy intervention that will take place will include Music Improvisation.

I left the facility at exactly 5:30 pm.

Tuesday, November 7, 2023:

I arrived at the Boys & Girls Club in a rural area of middle Georgia promptly at 4:30 pm where the two male participants were present. This week focused on improvisation with the goal of increasing creative expression in a group setting. Before the session took place, the two male participants received an open-ended mood sheet that recorded pre and post moods before and after the music therapy session. During the session, a hello song took place to the song, “I Can See Clearly Now”, and an introduction activity followed where the two male participants introduced themselves (names, age, and how their day is going). For the main activities, there was a Pass the Beat activity where each participant leads with a set beat and the others follow along, an improvisational storytelling activity, and a jam session where there was an egg shaker, tambourine, recorder, and harmonica. It is important to note that all instruments were properly sanitized prior to and after each use. The session ended with a takeaway and a repeat of the hello song where the participants were able to reflect and record how they were feeling after the session took place.

The two female participants were not present of today’s session. The next session will be a repeat of today where the same evaluations will take place.

I left the facility at exactly 5:30 pm.

Thursday, November 9, 2023:

I arrived at the Boys & Girls Club in a rural area of middle Georgia promptly at 4:30 pm where one male and the two female participants were present. This week focused on improvisation with the goal of increasing creative expression in a group setting. Before the session took place, the male and to female participants received an open-ended mood sheet that recorded pre and post moods before and after the music therapy session. During the session, a hello song took place to the song, “Heya” by Outkast, where the objective was to encourage the participants to greet one another in different ways (what’s up, hi, etc.). For the main activities, there was a Pass the Beat activity where each participant leads with a set beat and the others follow along, and a jam session where there was an egg shaker, tambourine, recorder, and harmonica for each of the participants to utilize. The third and last main activity was a Show and Tell improvisation activity where the participants were encouraged to demonstrate an improvisational performance. The one female participant performed a self-taught improvisation song on the guitar titled, “This is Me.” It is important to note that all instruments were properly sanitized prior to and after each use. The session ended with a takeaway and a selection on the guitar which was, “This is the Day.” The participants were able to reflect and record how they were feeling after the session took place.

The male participant #1 was not present for today’s session. The next two sessions for the next week will cover music reception.

I left the facility at exactly 5:30 pm.

Tuesday, November 14, 2023:

I arrived at the Boys & Girls Club in a rural area of middle Georgia promptly at 4:30 pm where one male and the two female participants were present. Today's session focused on music reception musical reception with the goal of increasing creative expression in a group setting. Before the session took place, the male and two female participants received an open-ended mood sheet that recorded pre and post moods before and after the music therapy session. During the session, a hello song took place to the song, "Heya" by Outkast, where the objective was to encourage the participants to greet one another in different ways (what's up, hi, etc.). For the main activities, there was an instructed preferred music activity where each participant chose a favorite song of theirs and after it was played, an open discussion took place about their feelings about the song.

Male participant John was not present for today's session. Questions such as, "How did you like the song," "What does the song mean to you?", etc. were asked after each participant's song choice was played.

At the end of the session, the participants were grounded and informed that there would be class, Thursday, November 16, 2023, at 4:40 pm. The researcher informed the participants to complete the post-mood evaluation form after the goodbye song to, "I Can See Clearly Now."

I left the facility at exactly 5:30 pm.

Thursday, November 16, 2023:

I arrived at the Boys & Girls Club in a rural area of middle Georgia promptly at 4:30 pm where only participant John and participant Diana were present. The site supervisor informed me that this would have to be the last day of music therapy sessions because the site would be closed all next week because of the Thanksgiving holiday. This also granted me the time to have to work on my data collection.

Today's session focused on lyric analysis with the goal of increasing emotional awareness. Before the session took place, the male and female participants received an open-ended mood sheet that recorded pre and post moods before and after the music therapy session. During the session, a hello song took place to the song, "Heya" by Outkast, where the objective was to encourage the participants to greet one another in different ways (what's up, hi, etc.). For the main activity, there was a lyric sheet to the song, "I Can See Clearly Now" by Johnny Nash that were dispersed to each participant. Once the song was played by the researcher, the focus group was advised to discuss the song and the meaning of the song. Questions such as "Did you like

the song?” “What does the song mean to you?” “Have you ever heard of this song? etc. were asked after each participant’s song choice was played.

Participant John actively engaged in the intervention where participant Diana was silent and observed to be uninterested in the intervention. John shared that Diana had gotten into a disagreement with other peers in the afterschool program before the music therapy session took place.

At the end of the session, participant Diana left the session five minutes early and did not complete the post-mood evaluation form. She was appropriately dismissed by the researcher and John was the only remaining participant. The researcher informed John that this would be the last day of music therapy research and that his willingness to participate was appreciated.

The researcher asked for permission to conduct a post-interview questionnaire with John and shared that it would be completely confidential. John granted assent and a post-interview questionnaire was completed.

I left the facility at exactly 5:30 pm.