

Houston Music and Wellness Center

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HealthRHYTHMS Publish Research Summary

Rehabilitative Opportunities for At-Risk Populations

Creative Musical Expression as A Catalyst For Quality-Of-Life Improvement

**IN INNER-CITY ADOLESCENTS PLACED IN A COURT-REFERRED RESIDENTIAL
TREATMENT PROGRAM**

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ABSTRACT

Background:

Obstacles to effectively rehabilitate inner-city adolescents in staff-secure residential treatment centers should not be underestimated. Effective evidence-based protocols are lacking to help juveniles who are often angry, detached, frustrated, and in direct conflict with their peers. Facing a myriad of issues ranging from youth delinquency offenses to trauma, abuse, drug/ alcohol use, peer pressure/gang-related activities, lack of structure in home environments, mental health diagnoses, and cognitive functioning difficulties, these adolescents present extraordinary challenges to an over-stressed juvenile justice system.

Material/methods:

A randomized controlled crossover study is utilized to comprehensively evaluate the effectiveness of a novel creative musical expression protocol as a catalyst for nonverbal and verbal disclosure leading to improvements in quality of life for inner-city youth in a court-referred residential treatment program. A total of 52 (30 females and 22 males) African-American, Asian, Caucasian, and Puerto Rican subjects ranging in age from 12 to 18 (mean age 14.5) completed the study.

Results:

Dependent variable measures included the Child and Adolescent Functional Assessment Scale (CAFAS), the Adolescent Psychopathology Scale (APS), the Adolescent Anger Rating Scale (AARS), the Reynolds Adolescent Depression Scale, 2nd edition (RADS 2), and the Adolescent Visual-Analog Recreational Music Making Assessment (A-VARMMA). Statistically significant (experimental vs control) improvements in multiple parameters include school/work role performance, total depression, anhedonia/negative affect, negative self-evaluation, and instrumental anger. In addition, extended impact (experimental vs control) is characterized by statistically significant improvements 6 weeks after completion of the protocol, for school/work role performance, behavior toward others, anhedonia/negative affect, total anger, instrumental anger, and interpersonal problems.

Limitations:

The primary limitations of this study include an extended follow-up period of only 6 weeks post completion of the protocol, and the inability to blind the counselors performing standardized assessments.

Conclusions:

This study is the first of its kind to test a replicable creative musical expression protocol as a catalyst for nonverbal and verbal disclosure leading to improved quality of life for inner-city youth in a court-referred residential treatment program. With substantial potential for widespread dissemination, this innovative protocol for adolescents can be readily utilized by behavioral health professionals without prior musical experience.