

THE FLORIDA STATE UNIVERSITY

SCHOOL OF MUSIC

THE EFFECTS OF MUSIC RELAXATION TECHNIQUES ON STRESS LEVELS OF  
DAY TREATMENT CLIENTS

By

JULIE ANN BOON

A Thesis submitted to the  
School of Music  
In partial fulfillment of the  
requirements for the degree of  
Master of Music

Degree Awarded:  
Summer Semester, 2004

The members of the Committee approve the Thesis of Julie Ann Boon defended on June 14, 2004.

---

Jayne Standley  
Professor Directing Thesis

---

Clifford Madsen  
Committee Member

---

Dianne Gregory  
Committee Member

Approved:

---

John Piersol  
Dean, School of Music

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

This Thesis is dedicated to my Mom and Dad  
for their support and encouragement to continue in my  
education and not take the easy route out.

I would also like to dedicate this to Dr. Brian Brink,  
a wonderful friend, teacher and “life coach.”  
Your words of advice and reassurance have  
brought me through this journey and  
will continue guiding me through many more.

## ACKNOWLEDGEMENTS

I would like to thank Dr. Standley for her support and encouragement through completing my course work, thesis and especially my internship here at FSU. Dr. Madsen, I would like to thank you for instilling upon me the fact that everything in life does transfer. Thank you for your support and guidance. I would also like to thank Dianne Gregory for her time, knowledge and support throughout my degree.

I would also like to express my gratitude for the Apalachee Day Treatment Facility in Tallahassee, Florida. I thank the clients for giving their time and patients to be involved in this study. Thank you Bob Walker for you wonderful sense of humor and support in helping make this study happen. And thank you to the staff for being flexiable to my research needs. I am also thankful for the help of my Yoga teacher, Leslie Hanks, for her editing skills and guidance through this project.

## TABLE OF CONTENTS

List of Tables .....	vii
List of Figures .....	viii
Abstract .....	ix
I. REVIEW OF THE LITERATURE .....	1
Adult Psychiatric Day Treatment.....	1
Stress in Mental Health Clients.....	2
Relaxation .....	3
Physiological Theories of Relaxation .....	4
Autonomic Nervous System .....	4
Transcendental Meditation.....	8
Zen and Yoga.....	8
Autogenic Training & Hypnosis.....	8
Sentic Cycles.....	10
Skeletal Musculature System.....	10
Passive and Progressive Relaxation.....	10
Psychological Theories of Relaxation .....	10
Visual Imagery.....	11
Effects of Music Therapy on Relaxation .....	11
Measurements of Stress and Relaxation .....	12
State-Trait Anxiety Inventory .....	13
Visual Analogue Scale.....	13
Behavioral Observation .....	13
Music Therapy in Community Mental Health.....	13
Statement of the Problem.....	14
Research Hypotheses .....	14
II. METHOD .....	16
Subjects.....	16
Materials and Instruments.....	17
Procedures.....	18
Relaxation Intervention.....	18
Music Selection.....	19
Data Analysis.....	19
III. RESULTS .....	20
IV. DISCUSSION .....	21
Implications for Future Research.....	23
Limitations and Conclusion .....	24
APPENDICES .....	25
A. Informed Consent Form.....	25
B. Human Subjects Committee Approval .....	26
C. Questionnaire and Visual Analogue Scale.....	27

D. State Trait Anxiety Form Y-1 (State Form).....	28
E. Demographic Information.....	29
F. Tense Release Script.....	30
G. Autogenic Training.....	32
H. Yoga Meditation Script.....	34
I. Passive Relaxation Script.....	36
J. Mindfulness Breathing with Visual Imagery Script .....	38
REFERENCES .....	40
BIOGRAPHICAL SKETCH .....	45

## LIST OF TABLES

Table 1: Demographic Information .....	16
Table 2: Mann-Whitney U Test Results .....	20

## LIST OF FIGURES

Figure 1: Sympathetic outflow.....	5
Figure 2: Parasympathetic outflow .....	6
Figure 3: Physiological measures as seen in the relaxation response.....	7
Figure 4: STAI Mean Scores .....	21
Figure 5: VAS Mean Scores .....	22
Figure 6: Questionnaire Mean Scores.....	23

## ABSTRACT

The purpose of this study was to investigate the difference in relaxation between subjects participating in music relaxation techniques (n=14) and subjects participating in their daily group sessions (n=13). Subjects consisted of 15 male and 12 female subjects assigned to one of the two groups mentioned above. Measurements of perceived anxiety and relaxation were taken by means of the State form of the State Trait Anxiety Inventory, a Visual Analogue Scale and a questionnaire written by the researcher. The experimental group used music with relaxation techniques such as Tense Release, Autogenic Training, Yoga Meditation, Passive Relaxation and Mindfulness Breathing exercises. Music was selected on the basis of being slow, quiet, non-vocal and/or claiming to be effective in relaxation. While the experimenter hypothesized subjects in the experimental group would show an increase in relaxation, there were no significant differences found between the two groups. Further study may develop more appropriate relaxation techniques useful to people with mental illnesses.

## CHAPTER I: REVIEW OF THE LITERATURE

### Adult Psychiatric Day Treatment

In 1963 the Community Mental Health Centers Act was passed to provide matching federal money to local dollars for community mental health needs and services outside of the state hospital systems. Through this act community services were to provide inpatient care, partial hospitalization, emergency services, consultation, and education. A revision to this act further added precare and aftercare, diagnostic services, rehabilitation, training, and research and evaluation services (Fitpatrick, 2001). These community centers were meant to provide services to the products of deinstitutionalization from the state hospitals. In order to meet the needs of these patients thousands of public and private community mental health centers opened to meet the needs listed above. These centers have proven to be less costly than inpatient programs such as state institutions and show better outcomes in treatment of psychiatric patients (Howes et al., 1997).

In 1972 a program began to meet the above mental health needs for the community called Program of Assertive Community Treatment or PACT. With this model of community treatment the individual with a mental illness may live in the community and still receive intensive treatment, rehabilitation, and support services in their homes, on the job and in social settings as if they were still receiving the services of a mental hospital. This program and other programs designed in similar styles have proven to decrease the average stay in the hospital and to facilitate the community living and psychosocial rehabilitation of persons with severe and persistent mental illnesses (Allness & Knoelder, 1998).

The PACT model provides a multidisciplinary mental health model providing a wide range of services for the mental health client. The services are readily available for clients in a mobile fashion to address problems in a familiar environment to the client. Such services include treatment of the symptoms of mental illness by minimizing or preventing recurrent acute episodes, meet basic needs and enhance quality of life, improve functioning in adult social and employment roles and activities, increase

community tenure, and to lessen the burden of family that may be providing care (Allnes & Knoelder, 1998). With the use of case management, community health systems are able to keep these clients in their least restrictive environment with the ability to receive the services they need.

Many community facilities incorporate day treatment facilities to provide intensive group therapy, counseling, psychotherapy, sessions and activities beneficial to the clients' rehabilitation goals. Group sessions provide information on basic living skills and social rehabilitation topics beneficial for mental health clients working on staying out of the hospital (Cohen, 1990). Basic living skill group sessions promote development or restoration of basic needs for daily living such as food planning, community awareness, and maintenance of living environment, personal hygiene, and mental health awareness education. Social rehabilitation groups focus on eliminating psychosocial barriers in order to promote independent functioning in the client. Research on a short-term mental health day treatment program with many of the activities listed above, indicated that the program provided a strong support for a wide range of patients (Howes, et al, 1997).

### Stress in Mental Health Clients

Stress is considered to be a contributory cause of many medical disorders such as hypertension, ulcers, skin disorders, headaches, and arteriosclerosis (Hanser, 1985). Stress can come from environmental events and internal stressors. Environmental stressors may come from work, social or family systems whereas internal stressors evolve according to one's personality type (Payne, 2000). Bailey and Bailey (1997) suggest that the severity and onset of a mental illness depends on how the individual perceives stress. Many people with mental illnesses have lesser capabilities in coping with stress than those without a mental illness. Horwitz and Scheid (1999) explain that depression along with other forms of emotional distress, social distress and environmental demands are factors of stress in those with mental illness. Due to these factors along with other deficiencies in coping skills, daily events may appear more stressful than they would appear to someone without a mental illness.

## Relaxation

The Merriam Webster's Collegiate Dictionary defines relaxation as, "the act of relaxing or state of being relaxed, a relaxing or recreative state, activity, or pastime, and the lengthening that characterizes inactive muscle fibers or muscles (Mish, 1996)". In a paper written by Arron T. Beck relaxation is referred to as doing nothing (Beck, 1984). A more comprehensive view of relaxation is quoted in the book "Relaxation Techniques" which defines relaxation as a 'state of consciousness characterized by feelings of peace, and release from tension, anxiety and fear' (Payne, 2000). A large variety of relaxation techniques can evolve from these definitions.

There is a large selection of books written on the subject of relaxation. Many of these books offer several relaxation procedures for the individual to select from to fit their personal needs. When one finds the form of relaxation most beneficial to their needs, they may then begin a more intense focus on this technique. Some common forms of relaxation include progressive relaxation (Bernstein, 1993), tense-release relaxation, behavioral relaxation, stretching, breathing, yoga, meditation, visual imagery and autogenic training among a large quantity of other methods. Many relaxation techniques have been tailored to fit specific stressors such as music relaxation with gynecological procedures (Davis, 1992) and expectant mothers during labor (Hanser, 1983), the personal story approach used with psychotherapy clients (Goldberg, 2003), progressive relaxation on "high pressure" job professionals (Bernstein, 1993) and yoga and meditation beneficial with all ages.

Payne (2004) suggests that relaxation has three aims, being a preventive measure, a treatment to stress, or as a coping skill to allow the mind to become clearer. These aims suggest that there are physiological and psychological aspects associated with relaxation. Physiological aspects of relaxation include the autonomic nervous system, the endocrine system, and the skeletal musculature system. Psychological aspects of relaxation include cognitive, behaviour, and cognitive-behaviour.

### *Physiological Theories of Relaxation*

*Autonomic Nervous System.* The autonomic nervous systems, with its sympathetic and parasympathetic branches, manage the physiological arousal in the body. During normal function of the autonomic nervous system, the parasympathetic branch is in control of the body (See Figure 1). When the body feels threat or harm, the sympathetic nervous system becomes aroused to aid in the body's ability to cope with difficulties (See Figure 2). During this time the parasympathetic nervous system relinquishes control of the body so that the body is able to make a physical response to protect itself. This action is referred to as the "fight-flight response," or as Beck (1993) calls it, a "critical response." During this time the sympathetic nervous system increases one's heart rate, blood pressure, blood coagulation rate, blood flow to voluntary muscles, glucose content of the blood respiratory rate, acuity of the senses, and sweat gland activity to enable the body to make a physical response to harm (Payne, 2004, Benson, 2000). Once the threat is over the parasympathetic nervous system restores the body to its preceding calm state.

Relaxation techniques useful in balancing the autonomic nervous system are considered unitary theories. Unitary theories involve the use of muscular and autonomic relaxation theories such as meditation, the relaxation response, autogenic training, tense-release exercise, progressive relaxation, hypnosis, and sentic cycles. Studies on these techniques suggest that they decrease the activity in the sympathetic nervous system. Physiologist Herbert Benson researched the effects of meditation on the sympathetic nervous system. His method of meditation included a quiet environment, a comfortable position, a mental devise such as a word to focus on and a passive attitude (Benson, 2000). The effects of Benson's method of meditative relaxation are also seen in other forms of relaxation mentioned above. Figure 3 illustrates different techniques that elicit the same physiologic changes as seen in the relaxation response.

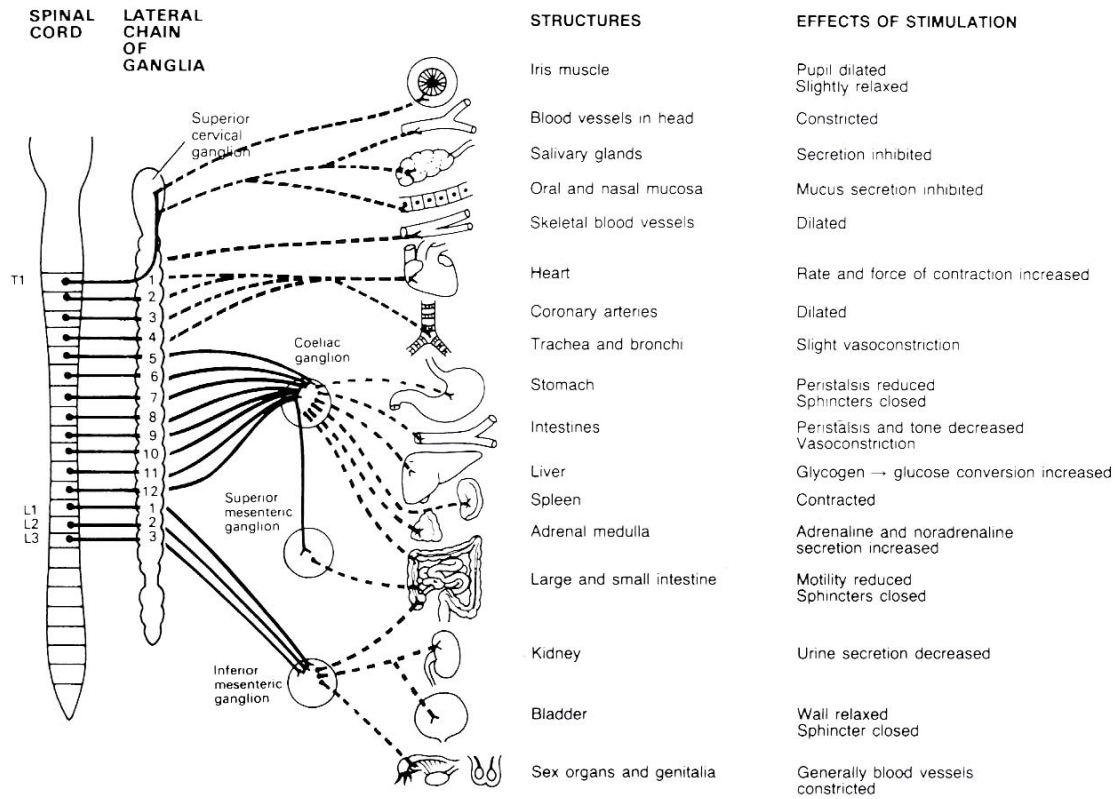


Figure 1. The sympathetic outflow, the main structures supplied, and the effects of stimulation. Solid lines preganglionic fibres; broken lines postganglionic fibers (Payne, 2000)

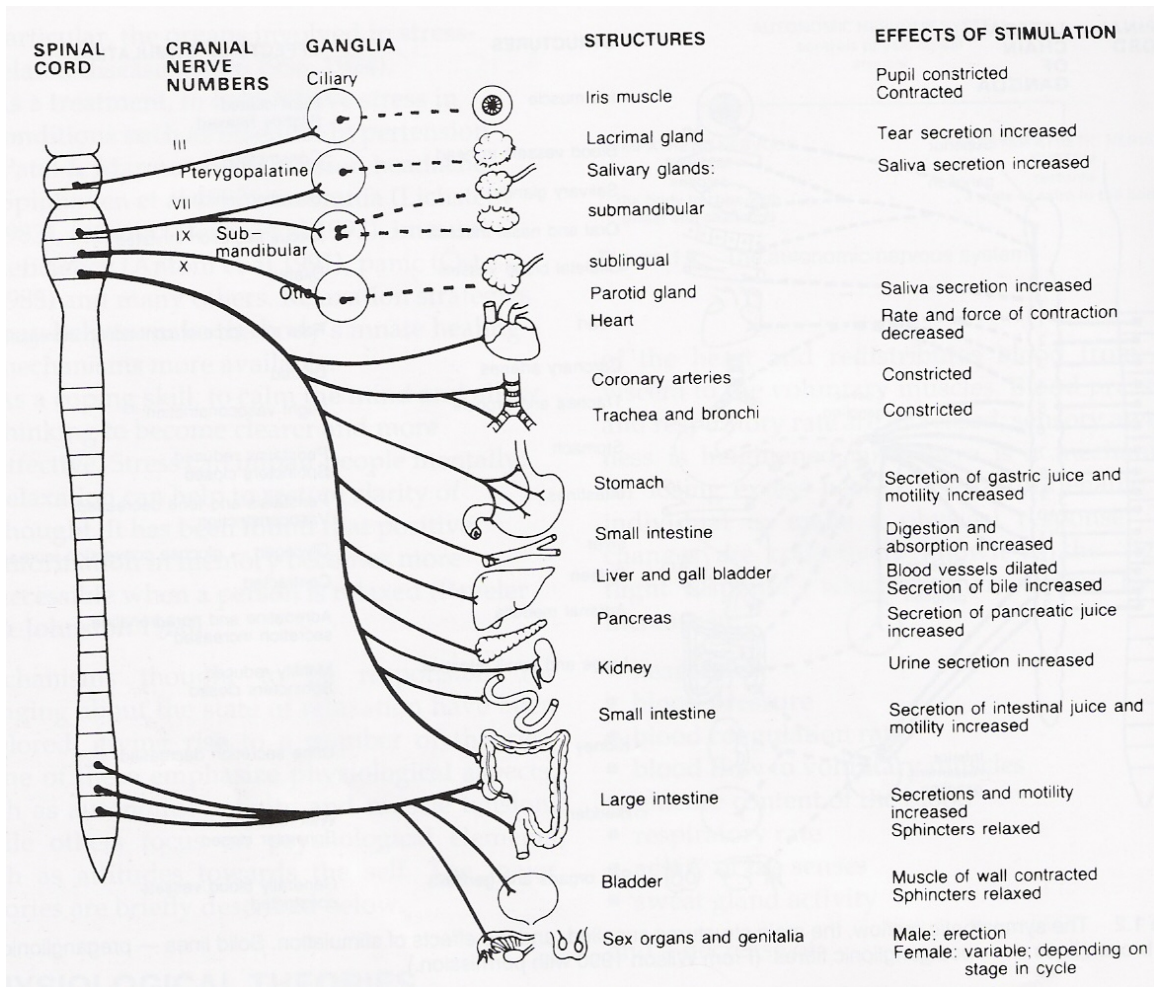


Figure 2. The parasympathetic outflow, the main structures supplied and the effects of stimulation. Solid lines preganglionic fibres; broken lines, postganglionic fibres (Payne, 2000).

<b>Physiologic Measurement</b>	Oxygen Consumption	Respiratory Rate	Heart Rate	Alpha Waves	Blood Pressure	Muscle Tension
<b>Technique</b>						
Transcendental Meditation	Decreases	Decreases	Decreases	Increases	Decreases*	Not Measured
Zen and Yoga	Decreases	Decreases	Decreases	Increases	Decreases*	Not Measured
Autogenic Training	Not Measured	Decreases	Decreases	Increases	Inconclusive Results	Decreases
Progressive Relaxation	Not Measured	Not Measured	Not Measured	Not Measured	Inconclusive Results	Decreased
Hypnosis With Suggested Deep Relaxation	Decreases	Decreases	Decreases	Not Measured	Inconclusive Results	Not Measured
Sentic Cycles	Decreases	Decreases	Decreases	Not Measured	Not Measured	Not Measured

\*In patients with elevated blood pressure.

Figure 3. Physiological measures as seen in the relaxation response (Benson, 2000).

*Transcendental Meditation.* After being turned away from the Harvard Medical School for research, the practitioners of Transcendental Meditation, also called TM, continued their mission of being studied to see if TM actually lowered their blood pressure. Benson eventually took on the study to find that the use of TM did decrease blood pressure along with decreasing the heart rate, breathing rate, oxygen consumption and blood lactate levels (Payne, 2004).

This form of Yoga meditation involves a trained instructor who tells you a secret word, sound or phrase known as a mantra. The meditator sits in a comfortable position and repeats this word over and over in his mind disregarding any thoughts that arise. It is recommended that the meditator practice for twenty minutes in the morning and in the evening (Benson 2000).

*Zen and Yoga.* Studies on brain waves by Drs. A. Kasamatsu, T. Hirai, and B.K. Anand have shown that the use of Yoga and Zen increases alpha wave activity in the brain (Benson 2000). This increase of alpha waves are said to be associated with feelings of well-being in the brain.

Zen and Yoga are ancient Oriental traditions that are holistic in nature and focus on creating a sense of physical and mental well-being. Deepak Chopra defines Yoga as ‘Vedic knowledge for attaining union with the transcendent, synonymous with “transcending,” and the physical exercise incorporated with Yoga is called Hatha Yoga (Chopra, 1991). The purpose of Yoga is to achieve longevity, rejuvenation and self-realization (Lad, 1985). Yoga includes the use of meditation, breathing and stretching technique to center the body into a state of relaxation. With the use of yoga one can find peace of mind becoming balanced, centered and calm.

Yoga uses a combination of 14 breathing exercises based on abdominal breathing. Diaphragmatic breathing being one of the essential breaths providing the body with oxygen, forces waste product from the lungs that can cause fatigue, massages abdominal organs and increases circulation (Ford, Complete guide to pilates, yoga, meditation and stress relief, 2002). Studies have found Yoga to be useful for hypertension and relaxation (Patel, 1993).

*Autogenic Training & Hypnosis.* Widely practiced as one of the oldest biobehavioral techniques known and used today for stress management, autogenic

training (AT) is used over Europe, Russia and Japan (Linden, 1993). Developer German neurologist Johannes Heinrich Schultz considered AT a type of self-hypnosis. This technique is a suggestive trip through the body using phrases that can propose relaxation throughout the body (Pearson, 2004, Linden, 1993, Benson, 2000, Payne, 2000).

Autogenic training has four requirements in teaching the body and mind to relax:

1. Practice in a quiet, softly lit room with minimal stimuli.
2. An attitude of passive concentration or an attitude of “let it happen” similar to that found in meditation.
3. The repetition of phrases to draw the persons attention away from the outside and focus on the inside such as
  - a. Heaviness in the arms and legs
  - b. Warmth in the arms and legs
  - c. Calm and regular heartbeat
  - d. Calm breathing
  - e. Warm solar plexus
  - f. Cool forehead
4. Mental contact with the body part spoken in the phrase (Linden, 1993, Benson, 2000, Payne, 2000).

This form of self-hypnosis should be practiced several times a day to obtain the desired effects mentioned in number three above. The actual exercise may be done as a group or alone allowing about 30 seconds for each exercise. The exercises flow through the body stating affirmations such as, I feel at peace, heavy, calm, warm or cool. The individual thinks this statement in his mind and takes a moment to focus on the specific part of the body. A case study by Linden proved that AT reduced blood pressure after an 8-week training session in a 25 year old woman with a 10 week old baby at home showing signs of high blood pressure (Linden, 1993). This form of relaxation does not necessarily work for all people. A study by Jacobson, Follette, & Revenstorf (1984) discovered that some patients benefit, where as others do not change at all or get worse.

Autogenic Training is a form of self-hypnosis. In the more widely known technique of hypnosis, a hypnotist puts a subject into an altered stated of consciousness.

In this state the subjects' receptiveness to suggestions is increased allowing the hypnotist to be able to suggest that the client becomes relaxed or drowsy (Benson, 2000).

*Sentic Cycles.* Dr. Manfred Clynes created sentic cycles as a close relationship between emotional states and predictable physiologic changes (Benson, 2000). This relaxation technique is a combination of eight cycles of emotional experiences including: no emotion; anger; hate; grief; love; sex; joy; reverence. The subject focuses on each of these topics in order and changes topic at the sound of a recorded tick.

*Skeletal Musculature System.* Research has shown that the release of tension in the muscles has the effect of calming the mind in target treatment areas such as chemotherapy, postpartum depression, hypertension, and tension headache (Bernstein, 1993). Relaxation techniques such as progressive relaxation, Yoga, passive muscular relaxation, stretching, physical exercise, applied relaxation and tense-release methods focus on releasing the tension in the muscles.

*Passive and Progressive Relaxation.* A physician, Edmund Jacobson, developed the Progressive Relaxation technique. This technique further developed into a tense-release technique and a passive muscular approach to relaxation. His relaxation technique is based on a theory that the body's muscle tension is from anxiety-provoking thoughts and events (Davis et. all, 2000). Therefore deep muscle relaxation reduces physiological tension. In a tense release form of relaxation the trainee follows a pattern through the body creating and releasing tension until the different levels of tension are recognized. Training in progressive relaxation was proven successful in a case study of a 32-year-old attorney with anxiety, phobias and other personal complaints of being "burned out" (McGuigan, 1993).

### *Psychological Theories of Relaxation*

Psychological theories of relaxation concern our cognition and behavior. The cognitive approach on relaxation acknowledges feelings as a function of how we think an event happened. Relaxation techniques that focus on the psychological issues include, self-awareness, personal story approach, imagery, goal-directed visualization, autogenic training, and meditation. These methods have proven to be successful for reducing stress in expectant mothers during labor (Hanser, 1983), in psychotherapy clients learning to

listen to themselves while seeking intimate connectedness (Goldberg, 2003), and reduction of stress in staff members at a chemical dependency/alcoholism unit (Hammer, 1996).

*Visual Imagery.* In Visual Imagery a trainer constructs a scene for the trainee to imagine himself experiencing (Poppen, 1998). One's sight, sound, smell, taste and touch can be incorporated into this exercise. During the exercise one should avoid all external stimuli and think only in pictures, not words. Aristotle and Einstein both found imagery to be a necessary part of thought in what could be considered creative thinking (Payne, 2000). Various forms of visual imagery have been presented such as single sense imagery, imagery as symbol, imagery as metaphor, goal directed imagery, color and/or guided imagery and guided imagery through music.

Visual imagery begins with the subject in a state of relaxation. At this time the trainer will give a short explanation of the exercise. The trainer will imply different ideas or thoughts for the subject to consider. The session will extend for as long as necessary and end with a gradual fade of the image and the visualizer slowly brings their attention back to the room.

#### *Effects of Music Therapy on Relaxation*

In the past music has been shown to positively effect relaxation and stress reduction. Music has been used on pain and anxiety during gynecological procedures, (Davis, 1992), to reduce state and trait anxiety (Hammer, 1996), to ease stress (Hanser, 1985), to increase relaxation during labor (Hanser et al., 1983), with abused women, (Lasswell, 2000), to reduce anxiety in adolescent pregnancies (Liebman, 1991), to decrease levels of anxiety and increase relaxation (Robb, 2000), and to decrease preoperative anxiety (Robb et al., 1995).

The selection of music has proven to have variable importance in relaxation. In a study observing the frequency of observed inappropriate behaviors in a large communal area of a state mental hospital, hard rock and rap music were found to have the highest number of observed inappropriate behaviors (Harris et al, 1992). This study suggests that hard rock and rap would be inappropriate to prompt relaxation in clients with behavioral problems. A 1993 study researched the influence of subject versus experimenter chosen

music on affect, anxiety and relaxation (Thaut & Davis, 1993). This study found that all participants received increase relaxation scores regardless of their selection of music or no music selection. A study involving preferred and non-preferred music on pain, discovered that preferred music was effective on increasing pain tolerance. Other studies reported an increased feeling of relaxation with sedative music rather than excitative music (Iwanaga, 1996, Strauser, 1997, Thaut, 1993) and increased pain tolerance with non-preferred sedative music (Hekmat & Hertel, 1993).

Calm, sedative music has been used in conjunction with relaxation techniques to achieve increased relaxation. Other relaxation techniques used with music include diaphragmatic breathing, rhythmic breathing, progressive muscle relaxation, imagery, Guided Imagery through Music (GIM) and deep breathing visualization relaxation instruction (Robb et al., 1995, Hanser et al., 1983, Davis, 1992, Robb, 2000, Hammer, 1996, and Strauser, 1997). The Robb et al, (1995) and Davis (1992) studies observed a decrease in anxiety of preoperative anxiety and gynecological procedures with the use of music and relaxation techniques. Other studies showed evidence of equally effective relaxation among relaxation techniques with and without music (Hanser et al., 1983, Robb, 2000, and Strauser, 1997).

### Measurements of Stress and Relaxation

Music Therapy research has provided a large variety of studies measuring the effects of music on relaxation and stress reduction. Assessments such as physiological measurements, anxiety inventories or psychological test, behavioral observation, and interviews have each been used to assess the effects of relaxation and stress (Hanser, 1985). Physiological testing includes observing heart or pulse rate, blood pressure, galvanic skin response and peripheral skin temperature measures, electromyography and electroencephalography (Hanser, 1985, Davis, 1992, Iwanaga, 1996, Strauser, 1997, Scartelli, 1984). Anxiety inventories or psychological tests rely more on self-reporting of personal feelings. These tests include the State-Trait Anxiety Inventory, Likert scales, a visual analog scale, the relaxation inventory or the Relaxation Wordlist. Behavioral observations rely on observations made by an external observer which judges how

relaxed or stressed the client looks (Poppin 1998). Questionnaires rely on the given answer to a question to rate the client's state of relaxation.

*State-Trait Anxiety Inventory.* The STAI has been used to measure reduced levels of anxiety on the effects of Guided Imagery through Music (Hammer, 1996), the effects of music and relaxation on adolescent pregnancy and on the effects of patients receiving chiropractic interventions (Strauser, 1997) among other studies. The STAI was developed by Charles D. Spielberger to measure state and trait feelings of anxiety in individuals. Trait anxiety refers to the proneness one has to anxiety and the differences in people's way of perceiving stressful situations. The trait anxiety can be a precursor to state anxiety. State anxiety is the intensity of anxiety at the moment which depends on how the individual responds to stressful situations. Both the State and Trait anxiety scales consist of twenty statements to assess how people feel "right now, at this moment" and "in general" respectively. Scores on the S-anxiety scale increase in response to physical danger and psychological stress and decrease as a result of relaxation training (Spielberger, 1983). The T-anxiety form is widely used in screening students for anxiety problems and assessing clinical anxiety. Signs of psychoneuroticism and depression result in high scores on this scale.

*Visual Analogue Scale.* The Visual Analogue Scale (VAS) is composed of a 10 centimeter horizontal line having one end labeled "Very Tense" and the other end labeled "Very Relaxed." The person makes a mark on the line of how he or she feels. Later the distance from one side of the line to the mark is taken for data.

*Behavioral Observation.* Observing behaviors takes into consideration how relaxed a person is as evidence of his motoric behavior which is characteristic to relaxation. The methods of rating these observations are based on a behavioral relaxation scale. This scale includes 10 postures and activities which are characteristic of a fully relaxed person (Poppen, 1998).

### Music Therapy in Community Mental Health

In the beginning of community mental health services, Music Therapist had to reevaluate their purpose as therapists. In the previous mental health hospital system

Music Therapist were depended on to give more musical activity than therapy to the clients. In 1963 when the Community Mental Health Centers Act was passed, MT's had to expand their therapeutic significance to provide a larger variety of services deemed necessary to the public. A study on the Milwaukee County Mental Health Center describes how the Music Therapists were called on to expand their services in order to serve the needs of patients in the community rather than in the hospital (Rubin, 1975). At this mental health center the MT was asked to provide services for in-patient programs, day hospital, and out patient programs in the community. A previous study by Rubin (1973) described the successful use of music therapy as a therapeutic interaction for clients in an inner city outreach station of the above-mentioned Milwaukee County Mental Health Center.

More recently music has been effective in teaching coping skills and stress management, relaxation and anger management skills on both mental illness and substance abusers with mental illnesses (Fritzpatrick & Wilke, 2001, Gallagher, 2002; Fulford, 2002). This study focuses relaxation in mental health; a coping skill much needed in psychiatric day treatment clients. Day treatment clients experience a large assortment of stressors during their daily lives. Many are suffering from stress inflicted disorders which make it more difficult for them to relax. The research provides strong evidence that relaxation and music is effective for reducing stress and increasing ones variety of coping skills to use in stressful moments.

#### Statement of the Problem

The primary purpose fro this study was to investigate the effects of music relaxation techniques on stress levels of day treatment clients. By use of the State Trait Anxiety Form, Visual Analogue Scale and a questionnaire this study will observe the effects of music relaxation over one week of music therapy intervention on stress levels.

## Research Hypotheses

Based on the research literature, this study is expected to:

- Have an increase in self-perceived relaxation after music therapy research as shown by Pre and Post Test data of the experimental group.
- Have a significant difference between experimental and control group self perceived relaxation scores after a relaxation group compared to a normal day treatment group.
- Show evidence of knowledge of relaxation techniques retained by evidence of increased Pre-Post test questionnaire.

## CHAPTER II: METHOD

### *Subjects*

Clients of the Apalachee Center Day Treatment Facility in Tallahassee, Florida were invited to participate in this study. The study was explained to the clients and written informed consent was taken as they agreed to participate (See Appendix A). A total of 32 clients volunteered for the research study and were randomly selected for two separate groups (See Table 1 for demographic information). Clients had to be in attendance for 3 of the 5 groups to be included in the study.

### Experimental Design

The study used a two group experimental design with Pre and Post test: experimental music and relaxation group (n = 16) and control group without music or relaxation intervention (n = 26). Dependent variables were a Visual analogue Scale and the State form of the State Trait Anxiety Inventory.

### Facilities

The study took place at the Day Treatment Facility of the Apalachee Center in Tallahassee, FL. Research groups were implemented during the client’s Basic Living Skills group or Social Rehabilitation group. These groups are each 45 minutes and are held at 10:00 am and 11:00 am with a 15 minute break between groups. Both groups were conducted in the regular group rooms with the assistance of one Mental Health Assistant from The Apalachee Center.

*Table 1.* Demographic information between experimental and control groups.

		Experimental Group	Control Group
		20 to 68	22 to 70
Age:			
Gender:	Male	7	8
	Female	7	5
Race:	Black	9	10
	White	5	3
Marital Status:	Married	2	3
	Single	8	7
	Divorced	3	2
	Widowed	1	1
Education	8th grade or less	4	5
	Some High School	6	3
	High School Grad/GED	3	4
	College/Tech School		1

Table 1. Continued.

Currently Employed?	Yes	1	0
	No	13	13
Prior Employment?	Yes	6	6
	No	8	7
Living Situation	Room Mate	1	1
	Group Home	8	7
	Family	5	5
Number of Medication	1 to 5	9	12
	5 to 10	2	1
	10 to 15	3	0
Time in Day Treatment	Less than 1 year	1	0
	1 to 5 years	7	9
	5 to 10 years	4	4
	More than 10 years	2	0
Previous Hospitalizations?	Yes	11	12
	No	3	1
History of Illness	Less than 10 years	5	3
	10-20 years	7	2
	More than 10 years	2	8
DSM Diagnosis AXIS I	Bipolar	2	1
	Major Depression Recurrant	5	1
	Psychotic Disorder NOS	0	1
	Schizophrenia, Paranoid	4	3
	Schizophrenia, Disorganized	1	0
	Schizophrenia, Residual	0	1
	Schizophrenia, Undifferentiated	0	4
	Schizoaffective Dissorder	3	2
	Specific Organ Brain Syndrom	1	0
Substance Abuse	Yes	3	3
	No	11	10

### *Materials and Instruments*

The following is a list of materials and testing materials used in the data collection and computation of this study:

- Forms (Consent forms, VAS Pre and Post test, STAI Pre and Post, questionnaire pre and post test, demographic information)
- Sony, Mega Bass Port CD/Tape player Boom Box with electric plug
- Pencils
- 5 relaxation CD's
- Quiet room with tables and seating for 16 with lighting control
- Ruler

- Dell Inspiron 1100 computer with CD burner
- Awards for client participation

### *Procedures*

Volunteers were randomly separated into a control and an experimental group each containing 16 clients. Each group met for 5 days during one week for 45 minutes. Prior to each group the clients were asked to complete the pretest questionnaire developed by the researcher (See Appendix C). This test was taken prior to group so that the instructor would be able to help the clients read and understand the questions. The first ten minutes of group were taken to rate the client's perceived state of relaxation by means of the State part of the State Trait Anxiety Inventory (See Appendix D) and a Visual Analogue Scale (See Appendix E). The State Anxiety Inventory was administered verbally for clients with difficulty in reading. The same tests were administered at the end of group to note any change in their anxiety and stress levels. The experimental group took 25-30 minutes in each group for 5 different relaxation procedures. The control group completed the pre and posttest data and continued with their regular group discussion activities. Discussion activities included stress related topics, but did not include the Mental Health Assistance administering any relaxation techniques for the group to relax by.

### *Relaxation Intervention*

The researcher administered five different relaxation techniques proven to be beneficial by researchers in the past. Each technique took 25-30 minutes. The room was set up with 16 chairs surrounding the long table in the center of the room. The clients were asked to sit up in their seats with their backs touching the back of the chair and to rest their hands on their laps. Clients were reminded to be silent during the relaxation exercises to not interrupt their peers. The overhead lights of the room were turned off during the relaxation exercise to dim the room as four windows on two sides of the room provided dim lighting for the room. The following relaxation interventions were used, one per day, in the order they are listed:

- Tense Release Script (See Appendix G)
- Autogenic Training Script (See Appendix H)

- Yoga Meditation Script (See Appendix I)
- Passive Relaxation Script (See Appendix J)
- Mindfulness Breathing Exercises (See Appendix K)

### *Music Selection*

Music was selected on the basis of being slow, quiet, non-vocal and/or claiming to be effective in relaxation. The music of “The Healing Harp” claims to “soothe the soul and heal the body as well.” The music of the harp is said to be calming and uplifting (Yoshino, 1995). This recording was used on the first day to accompany the tense release relaxation exercise. On the second day of relaxation, the Autogenic Training was paired with a recording created for a calming and rejuvenation effect developed by Music Therapist, Joseph Nagler named, Music For Rejuvenation. The recording claims to be able to increase the inner awareness of your bodies’ inner rhythms in order to develop a healthier lifestyle. The recording includes piano, violin, guitar, percussion, trumpet and soprano saxophone. The third day of the study incorporated Yoga practices and a selection of Indian music from a recording called “The Divine Gypsy.” This recording was composed of instrumental arrangements of ‘cosmic chants,’ which are believed to have properties of physical and emotional well-being.

The researcher combined selective relaxing songs from a selection of Bach Cello Suites and the recording artist Enya, for use in this study. The Bach Cello Suites were paired with the passive relaxation technique and the Enya selection paired with the Mindfulness Breathing Exercises. Each recording was 30 minutes in continuous music. Pieces were chosen with regard to tempo, tonality and intensity.

### *Data Analysis*

The mean scores provided by the experimental and control groups were statistically analyzed by use of the Mann-Whitney U test.

### CHAPTER III: RESULTS

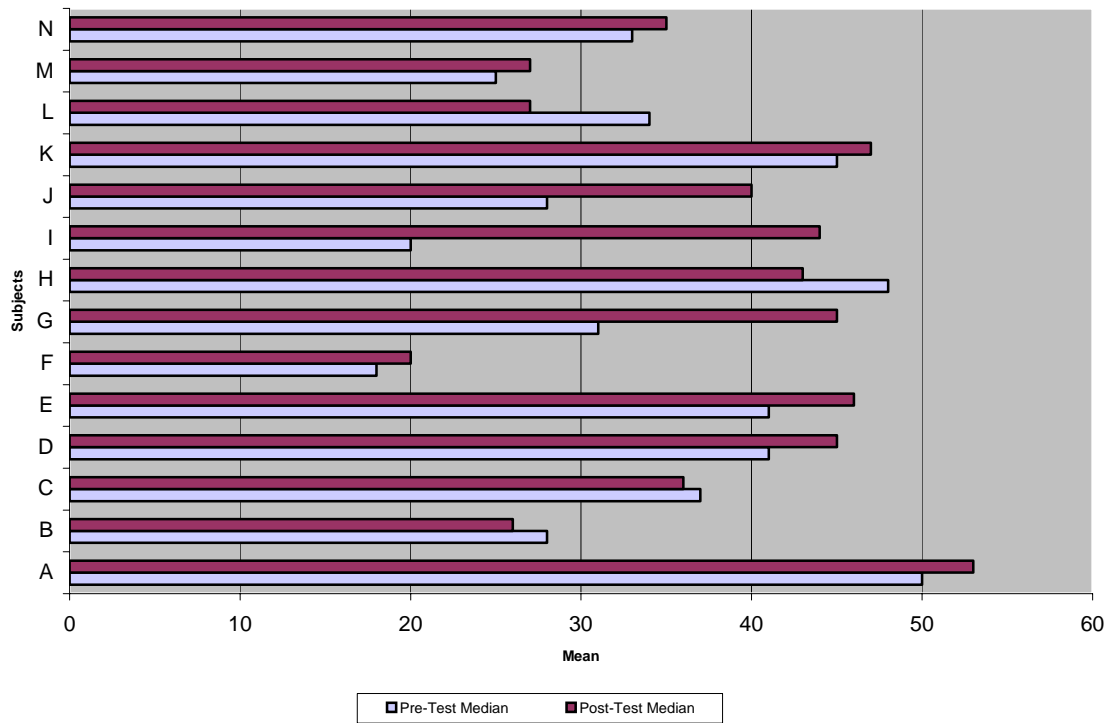
Three measurements were used to collect data for this study. The State portion of the State Trait Anxiety Inventory (STAI) was used to rate the self-perceived level of anxiety at the moment of taking the inventory. The Visual Analogue Scale (VAS) measured the level of self-perceived relaxation on a 10-centimeter line and the researcher's formed questionnaire rated the participants' opinion on relaxation techniques and whether or not they had increased knowledge of the relaxation techniques throughout the week. The Mann-Whitney U one-tailed test revealed no significant differences between the experimental and control groups Pre and Post data on any of the above measurements with  $n_1=14$ ,  $n_2=13$  and  $\alpha = .05$  (see Figure 1).

*Table 2.* Mann-Whitney U test results between the experimental and control group.

<u>STAI Pre-Test</u>				
	<u>n</u>	<u>U</u>	<u>Critical Value</u>	
Experimental Group	14	108	56	
Control Group	13	74	56	
<u>VAS Pre-Test</u>				
	<u>n</u>	<u>U</u>	<u>Critical Value</u>	
Experimental Group	14	100.5	56	
Control Group	13	81.5	56	
<u>Questionnaire Pre-Test</u>				
	<u>n</u>	<u>U</u>	<u>Critical Value</u>	
Experimental Group	14	82	56	
Control Group	13	100	56	
<u>STAI Post-Test</u>				
	<u>n</u>	<u>U</u>	<u>Critical Value</u>	
Experimental Group	14	88.5	56	
Control Group	13	93.5	50	
<u>VAS Post-Test</u>				
	<u>n</u>	<u>U</u>	<u>Critical Value</u>	
Experimental Group	14	72	56	
Control Group	13	110	56	
<u>Questionnaire Post-Test</u>				
	<u>n</u>	<u>U</u>	<u>Critical Value</u>	
Experimental Group	14	57.5	56	
Control Group	13	124.5	56	

## CHAPTER IV: DISCUSSION

Even though there were no significant findings between the experimental and control groups of this study, many of the participants appeared to have benefited from this study. Figure 2 shows the median scores from pre and post test STAI scores throughout the week of the study for the experimental group. Ten out of 14 participants showed a decrease in anxiety after the relaxation exercise.



*Figure 4.* Mean scores of the experimental STAI Pre and Post Test data.

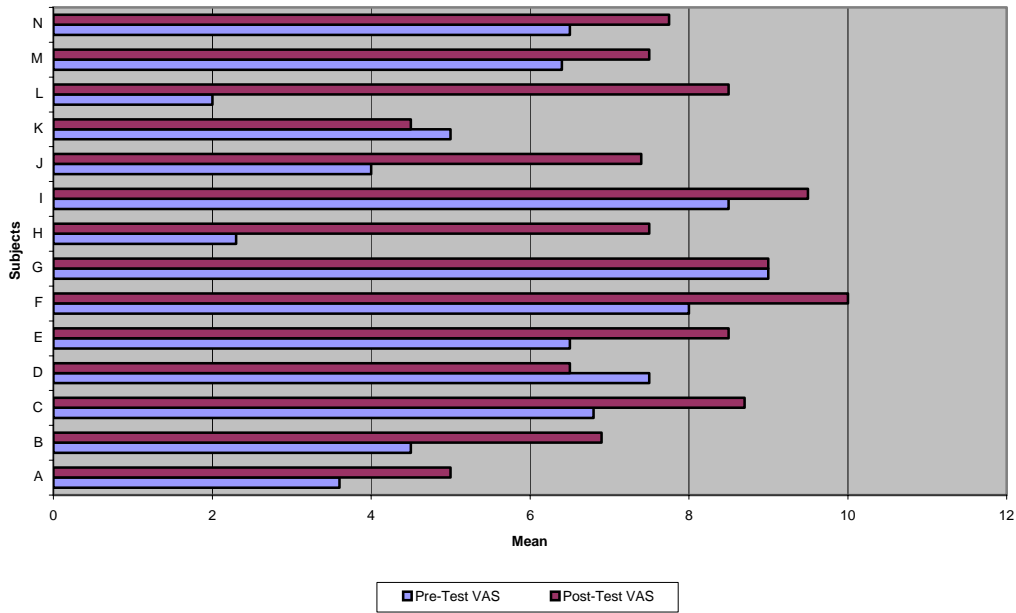


Figure 5. Mean scores from the experimental VAS Pre and Post Test.

The median scores of the VAS scale showed that only 2 out of 14 participants did not experience greater relaxation from the music and relaxation techniques. The researcher-designed questionnaire resulted in no difference between pre and post test data with the control group due to the lack of relaxation techniques. In the experimental group there was a slight increase between clients, which may suggest that the client transferred the day’s new knowledge of relaxation to the Post Test questionnaire (See figure 4).

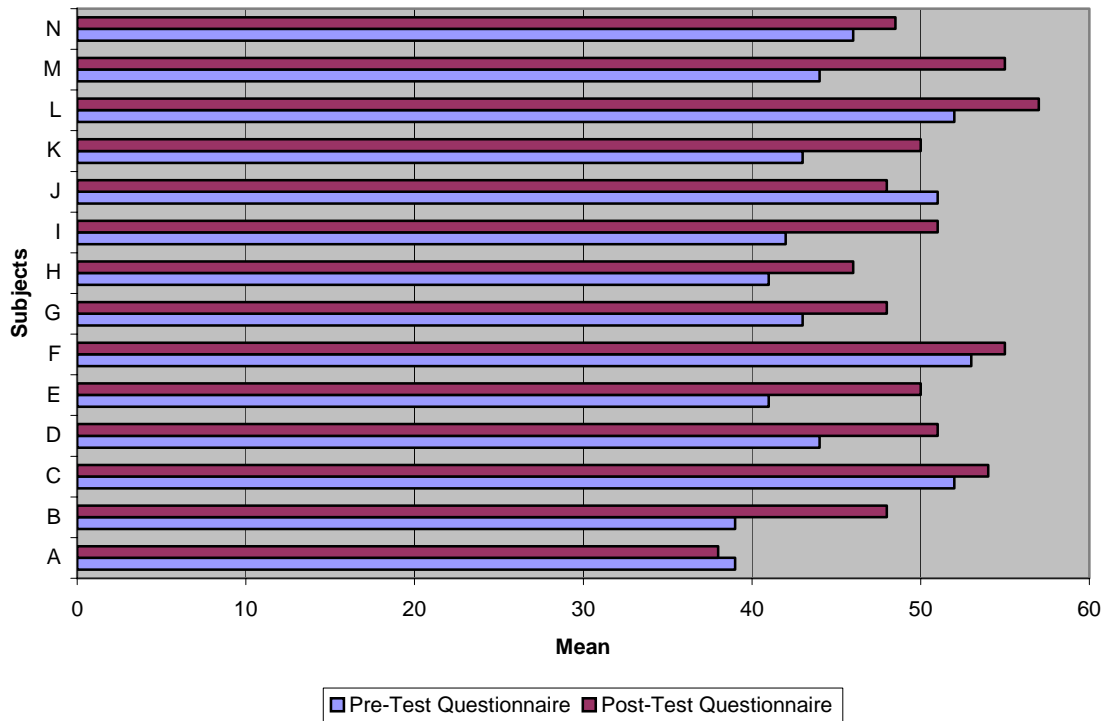


Figure 6. Mean scores from the experimental VAS Pre and Post Test.

### *Implications For Future Research*

Even though there were no statistically significant differences in any of the data collected, many participants did show and express an increased rate of relaxation after the relaxation techniques. A lengthier study similar to this one may provide significant changes in perceived anxiety and relaxation. In the opinion of the researcher, further studies on the effectiveness of music relaxation techniques on mental health clients would be beneficial for day treatment facilities in implementing group sessions beneficial for the client. These clients have mediocre skills when it comes to dealing with stressful situations and just being able to relax. This lack of skill may be due to their mental illness or a learning disability. Further study should consider relaxation techniques that are simple and easy to do on ones own throughout the day. The less complex the technique, the more likely the mental health client to remember it in a stressful situation.

### *Limitations and Conclusion*

During the data collection the researcher and a Mental Health Assistant had to help many of the participants fill out their Pre and Post test questionnaires. Some of the participants were reluctant to ask for help or did not ask for help at all. These factors may have affected the results in the questionnaire as evident of some days clients stating they believed music to be good for relaxation and other days it not being good for relaxation. Varying levels of education and ability to read may also have factored into the measurements for data collection.

Participants from the experimental group expressed their gratitude and enjoyment of the relaxation exercises to the researcher after the group sessions every day. Two of the men in the group stated that they were surprised that “that weird stuff actually works” and made them feel more relaxed. Over all the men in the group appeared to have been effected more by the relaxation techniques than the women. The control group also expressed their gratitude to the researcher even though they received their normal group sessions. The clients at the Apalachee Day Treatment Facility were all very cooperative and energetic during the study. Even though the study did not provide significant differences in relaxation between groups, it gave the participants a meaningful activity to be apart, increasing their sense of self worth and feelings of being able to help others.

# APPENDIX A

## Informed Consent Form

### Informed Consent

I freely and voluntarily and without element of force or coercion, consent to be a participant in the research study titled, "The effect of music relaxation techniques on stress levels of day treatment clients."

This study is being conducted by Julie Boon, a graduate student at Florida State University. I understand the purpose of her research is to fulfill requirement for the degree of a Master in Music Therapy and to better understand the use of music on relaxation in a day treatment facility.

I understand that the purpose of her study is to determine the effects of music and relaxation techniques on stress levels of day treatment clients. If I agree to participate, the study will take place during my social rehabilitation or daily living skills class. During this time I will have to fill out questionnaires on my feelings of relaxation and my personal relaxing preferences. If I am in the Social Rehabilitation class I will be asked to participate in relaxation exercises with music and if I am in the Life Management Skills class I will have to fill out the same forms and participate in regular class activities. I understand to be included in the study I must attend all 5 days during the week of the study and participate in all activities.

I understand my participation is totally voluntary and I may stop participation at anytime. I understand that a demographic information sheet will be attached to this consent form that will reveal characteristics about myself but will be kept in the strictest of confidence by the use of subject code numbers. At the conclusion of this study all identifying information will be destroyed and my participation will remain anonymous to the extent allowed by law. I understand that all information given to the researcher will be handled in the strictest confidence and be kept in a locked cabinet in Bob Walkers office at the Day Treatment facility until the conclusion of the study. The only exception to this policy of confidentiality is information about intent to hurt myself or someone else.

I understand that there is a possibility of minimal risk involved in this study. The intent of this study is to initiate relaxation and reduce stress levels. If I experience any form of discomfort the researcher will be available to talk with me on these matters. I understand that I may end my participation at any time I wish.

I understand the benefit for participating in this research project is that I will increase my awareness of relaxation and stress reducing exercises. Also my participation will contribute to the study of relaxation techniques with music and will not serve to yield any personal benefits or impairments to me.

I understand that my decision to participate or not in this research will not positively or negatively affect my treatment or any benefits to which I am otherwise entitled. I have been given the right to ask and have answered any inquiry concerning the study. My questions have been answered to my satisfaction.

I understand that I may contact Julie Boon or Bob Walker at the day treatment facility, Sue Conger of the Internal Review Board of the Apalachee Center at (850)523-3247, Jayne Standley at Florida State University, School of Music at (850) 644-4565 or you can contact the Chair of the Human Subjects committee at Florida State University, Institutional Review Board, through the office of the Vice President for Research, at (850) 644-8633 if you have any other questions about your rights as participants in this research. Group results will be sent to me upon my request.

I have read and understand this consent form and voluntarily agree to be in this study.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_



APPENDIX B

Human Subjects Committee Approval



Office of the Vice President For Research  
Human Subjects Committee  
Tallahassee, Florida 32306-2763  
(850) 644-8673 · FAX (850) 644-4392

**APPROVAL MEMORANDUM (for change in research protocol)**

Date: 5/27/2004

To:  
Julie Ann Boon  
130 Whetherbine Way West  
Tallahassee, FL 32301

Dept: MUSIC SCHOOL

From: John Tomkowiak, Chair

A handwritten signature in black ink that reads "John Tomkowiak".

Re: Use of Human subjects in Research  
Project entitled: The effect of music relaxation techniques on stress levels of dat treatment clients.

The memorandum that you submitted to this office in regard to the requested change in your research protocol for the above-referenced project have been reviewed and approved. Thank you for informing the Committee of this change.

A reminder that if the project has not been completed by 4/13/2005, you must request renewed approval for continuation of the project.

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

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

cc: Jayne Standley  
APPLICATION NO. 2004.259

APPENDIX C

Questionnaire and Visual Analogue Scale

Pre and Post Questionnaire  
With  
Visual Analogue Scale

Please rate each of the following questions.

1. Disagree, 2. Somewhat disagree, 3. Somewhat agree, 4. Agree

- 1. I use relaxation techniques during the day. .... 1 2 3 4
- 2. I can use relaxation techniques when I feel stressed. .... 1 2 3 4
- 3. I noticed a change in my behavior when I take time to relax. 1 2 3 4
- 4. I have a more positive mood when I relax. .... 1 2 3 4
- 5. I think music is good for relaxation..... 1 2 3 4
- 6. I can relax with music alone..... 1 2 3 4
- 7. I can relax when music makes me remember happy thoughts.1 2 3 4
- 8. I feel more relaxed when I listen to my favorite type of music1 2 3 4
- 9. I can't relax with music I haven't heard before. .... 1 2 3 4
- 10.It is easiest for me to relax with calm music..... 1 2 3 4
- 11.It is easiest for me to relax with up beat music ..... 1 2 3 4
- 12.Breathing exercises help me relax..... 1 2 3 4
- 13.I feel relaxed when I use visual imagery ..... 1 2 3 4
- 14.I feel relaxed when I use muscle relaxation exercises. .... 1 2 3 4
- 15.I can relax best with music and a relaxation technique. .... 1 2 3 4

Make a mark on the line of how relaxed do you feel at this moment?

\_\_\_\_\_

Not relaxed at all Very Relaxed

APPENDIX D

State Trait Anxiety Form Y-1 (State Form)

**DIRECTIONS:**  
 A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm .....	1	2	3	4
2. I feel secure .....	1	2	3	4
3. I am tense .....	1	2	3	4
4. I feel strained .....	1	2	3	4
5. I feel at ease .....	1	2	3	4
6. I feel upset .....	1	2	3	4
7. I am presently worrying over possible misfortunes .....	1	2	3	4
8. I feel satisfied .....	1	2	3	4
9. I feel frightened .....	1	2	3	4
10. I feel comfortable .....	1	2	3	4
11. I feel self-confident .....	1	2	3	4
12. I feel nervous .....	1	2	3	4
13. I am jittery .....	1	2	3	4
14. I feel indecisive .....	1	2	3	4
15. I am relaxed .....	1	2	3	4
16. I feel content .....	1	2	3	4
17. I am worried .....	1	2	3	4
18. I feel confused .....	1	2	3	4
19. I feel steady .....	1	2	3	4
20. I feel pleasant .....	1	2	3	4

APPENDIX E

Demographic Information

Demographic Information

Age: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: Black \_\_\_\_\_  
 White \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Other \_\_\_\_\_

Marital Status: Married \_\_\_\_\_  
 Single \_\_\_\_\_  
 Divorced \_\_\_\_\_  
 Separated \_\_\_\_\_

Education: 8<sup>th</sup> grade or less \_\_\_\_\_  
 Some high school \_\_\_\_\_  
 High school grad/GED \_\_\_\_\_  
 College/tech school \_\_\_\_\_

Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Prior Employment: Yes \_\_\_\_\_ No \_\_\_\_\_

Living Situation: Alone \_\_\_\_\_  
 Room mate \_\_\_\_\_  
 Group Home \_\_\_\_\_  
 With Parents \_\_\_\_\_  
 With Relatives \_\_\_\_\_

Number of Medications \_\_\_\_\_

Length of time in program \_\_\_\_\_

Previously hospitalized due to mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

History of Illness \_\_\_\_\_ > 10 years  
 \_\_\_\_\_ 10-20 years  
 \_\_\_\_\_ > 20 years

DSM Diagnosis: Axis I \_\_\_\_\_  
 Axis II \_\_\_\_\_  
 Axis III \_\_\_\_\_  
 Axis IV \_\_\_\_\_  
 GAF \_\_\_\_\_

## APPENDIX F

### Tense-Release Script

*Participants will experience tensing for 5-10 seconds and relaxing for 30-40 seconds.*

I am going to lead you through some of the major muscle groups of the body, asking you to contract and relax them, one by one. Tensing and releasing muscles can help to induce a feeling of physical relaxation. You may also feel mentally relaxed. As you carry out the items, you'll experience sensations in the muscles. These sensations indicate tension which you will learn to identify and to release. This is a skill which enables you to relax yourself any time you want to and the more you practice it the easier it will become.

Please make yourself as comfortable as you can. Let your breathing settle down and observe its natural rhythm. (Take time to breath) Breath in through your nose, and breath out. Breath in and exhale. Breath in and follow a natural breath out, making it a little bit longer than usual... Let the air in... let it gently fill your lungs...and...breath out slowly, releasing your tensions with the air...and now let your breathing take care of itself...now we are going to try a few different exercises. I want you to wait for the word now to perform the action.

I'd like you to focus your attention on your arms sitting in your lap. Turn your palms down on your thigh and slowly press the fingertips into your thigh...don't force the movement, just put a bit of effort into it...Now...as you hold the position, notice the tensions in the hands and the underside of the forearms...feel them build up...then...relax...let the tension go...relax the muscles...let the tension disappear and go on disappearing as you give the hands time to get more and more relaxed... notice how it feels when it's fully relaxed...  
(Repeat once more using less force)

Turning your attention to your feet which are flat on the floor...keep your toes firmly in contact with the floor, raise your heels up in the air...now...feel the tension in your calf muscles...hold the action...then...Relax...drop your heels to the ground...notice the relief...the comfort...the warm, tingling sensation in your calves...the enjoyable feeling of relaxing your feet...go on letting those feelings continue until your feet and calves are completely relaxed...then, a little bit further...continue letting go until you can't relax any further.

This time, keep your heels on the ground, and raise the front part of your feet as if you were about to tap a rhythm... Now...Keep your toes up in the air while you take notice of the tension sensation in the muscles around the shinbones...and...relax...let the feet fall down...notice the relief in the shin area...feel the tension leaving you...draining out through your feet and toes...and continuing to drain out a bit longer...  
(Repeat both foot exercises with less tension)

Focus next on the abdominal muscles...make the area over your internal organs go flat and hard as you pull the muscles in...Now...feel the tension under your ribs, over your organs and around the back of your pelvis...then...relax...let go...allow your muscles to

spread themselves...feel a sense of deep relaxation...and let that relaxation become deeper as the moments pass...  
(Repeat using less tension)

Moving to the region of the back, bring your attention to the blade-bones behind your shoulders. Draw them back so that they get nearer to each other (without putting too much effort into it)...Now...feel them being gently squeezed together...notice also, how your chest is lifted away from the supporting surface...and then...relax...release the tension...let the muscles soften...feel your back lying once again in contact with the back of the chair...and then...relax...release the tension...let the muscles soften...feel your back lying once again in contact with the back of the chair...notice the feeling of relaxation and let that feeling continue and on and on...  
(Repeat with less tension)

Moving to the neck region, I'd like you to lift your shoulders...hunch them up as if to touch your ears...Now...feel the tension in the lower neck...register the sensation...and...relax...let the shoulders drop...and go on dropping...further and further as the tension ebbs away...feel your shoulders completely relaxed...  
(Repeat using diminished tension)

And the head...keeping your chin in, press your head back making double chins in the front...stop short of discomfort...Now...notice the feelings you get from the working muscles...tension in the back of the neck...and relax...let go...feel the area relax...notice the sense of ease that floods into the area...allow the relaxation to deepen until all the tension has left your neck...  
(Repeat using less tension)

Moving to the face, to the many muscles responsible for subtle changes of expression: would you squish your face in...squish all your muscles into the center of your face...now...feel the tension in your eyes, cheeks and lips...relax...let the tension flow out...feel the face being smoothed...continue until there is no tension left in your face...then a little bit further...  
(Repeat using less tension)

And so, I'm going to bring this session to an end...gradually I'd like you to return to normal activity, but first I'll count from one to three to help you make the adjustment...when I get to three, I'd like you to open your eyes, feeling fresh and alert and ready to carry on with your life...one...two...three...before getting up, stretch your arms gently...now stretch your legs gently.

## APPENDIX G

### Autogenic Training

Please close your eyes. Imagine yourself in a place that makes you feel relaxed...perhaps a warm, sunny meadow. Picture yourself lying there...

(Pause for a moment)

In a moment I am going to ask you to focus your attention on different parts of your body, but first I want to remind you how important it is for you to adopt a passive and casual attitude towards the heaviness and warmth arise on their own rather than making an effort to bring them about. Spend a few moments setting yourself...

(Pause for a few moments of silence)

Continue concentrating on the warm sunny meadow.

I feel at peace. My right arm is heavy. My right arm is heavy.  
I feel at peace. My right arm is heavy. My right arm is heavy.

Please continue to think about the heaviness in your arm as you sit in the sunny meadow.

I feel at peace. My left arm is heavy. My left arm is heavy.  
I feel at peace. My left arm is heavy. My left arm is heavy.

Think of your arm being heavy as lead.

I feel at peace. Both my arms are heavy. Both my arms are heavy.  
I feel at peace. Both my arms are heavy. Both my arms are heavy.

See yourself lying in the meadow, with your arms resting heavily on the lush grass.

I feel at peace. My right leg is heavy. My right leg is heavy.  
I feel at peace. My right leg is heavy. My right leg is heavy.

Think of your leg as being heavy as lead.

I feel at peace. My left leg is heavy. My left leg is heavy.  
I feel at peace. My left leg is heavy. My left leg is heavy.

I feel at peace. Both my legs are heavy. Both my legs are heavy.  
I feel at peace. Both my legs are heavy. Both my legs are heavy.

Feel your legs sinking into the ground.

I feel at peace. My arms and legs are heavy. My arms and legs are heavy.  
I feel at peace. My arms and legs are heavy. My arms and legs are heavy.  
Continue to imagine yourself with heaviness in your arms and legs, lying in a sunny meadow.

(Repeat arms and legs but substitute warmth for heaviness, images of the sun's warmth.)

I feel at peace. My arms and legs are heavy and warm.  
My heartbeat is calm and regular. My heartbeat is calm and regular.  
I feel at peace. My heartbeat is calm and regular. My heartbeat is calm and regular.

I feel at peace. My arms and legs are heavy and warm. My heartbeat is calm and regular.  
My breathing is calm. My breathing is calm.  
I feel at peace. My breathing is calm. My breathing is calm.

I feel at peace. My arms and legs are heavy and warm.  
My heartbeat is calm and regular. My breathing is calm.  
My abdomen is warm. My abdomen is warm.  
I feel calm. My abdomen is warm. My abdomen is warm.

I feel at peace. My arms and legs are heavy and warm.  
My heartbeat is calm and regular. My breathing is calm. My abdomen is warm  
My forehead is cool. My forehead is cool.  
I feel at peace. My forehead is cool. My forehead is cool.

(Pause)

When you are ready, slowly allow yourself to become aware of the room you are in.  
Open your eyes. Let them scan the interior of the room. Tell yourself you are going to feel refreshed and alert. Make a few weak fists with your hands. Bend and stretch your elbows a few times. Then your knees. Gently stretch out your legs. Slowly stand up when you feel ready.

## APPENDIX H

### Yoga Meditation Script

Today we are going to do a few yoga postures and meditation. We will concentrate on our breathing because as long as there is breath in the body there is life. We will also focus on meditation as a way of clearing away the mental clutter that fills our minds. I want everyone to move their chairs away from the table enough so you can bend at the waist and not touch the table. Once you have moved your chair I want you to sit up in the chair with you back against the chair back. We will begin with our eyes shut.

Take a deep breath and exhale. Feel the breath come in and out of the body.

We are now going to check our seated posture. Put your hands on your legs with your fingers pointed inward. Slide your hands down to your knees and bend over at the waist exhaling as you bend over. As you breath in come up slowly and raise your hands, bring them together in prayer position. Raise them up over and behind your head keeping your palms together. Take three deep breaths in this position. As you lower your hands, bring them behind your back and grasp. While looking up, raise your arms behind you. Extend your neck, chin up, pulling hands up. Don't stress your muscles or stretch to far, only stretch as far as your breath can go. Continue to breath in and out. Now lower your hands and keep your shoulders down and back and your back straight bring your hands around and rest in your lap with palms up. Sitting in an open position like this allows you to release any tension.

Take a deep breath in and out. Take note of how your body feels in this position.

Now that we have taken the time to correct our posture, we are going to focus on our breathing. In yoga we call this diaphragmatic breathing. Take your right hand, fan out your fingers. Place your thumb on your chest bone and your pinky on your navel. As you breath in, breath into your stomach and notice it is expanding. As you exhale pull in your stomach muscles. Continue to repeat this cycle. Now place your hand back in your lap, palms up and from now on continue to take deep breaths into your stomach.

Our next posture is called the chest expansion posture. Continue to focus on your breathing. Slowly pull your hands together into a round circle in front of the body. As they come in front of your face pause for a moment and notice the feeling in your chest. Exhale as you bring your hands above your head to the imaginary center point of your head, take a deep breath in. As you exhale bring your hands back in front of your face. Looking forward, exhale while bend your head down at the neck keeping your shoulders in place. Breath into this position three times. Feel the back of your neck stretch extending the spine. Now slowly bring your arms behind your back and grasp your hands together. As you bring your arms up, look up and breath in, as they go down, exhale. After doing this 3 times, bend forward at your hips, exhaling as you go down and inhaling as you come up 3 times. If you can, rest your head on the table and raise and lower your arms behind you. Breath in and out with the movements. Rest your hands down and come up with your breath. Now keeping this posture return your hands to your lap. Feel the open circles in your chest and the straightness of your back. Continue to breath in and out.

Continue to focus on your breathing.

Sitting up straight, keep your eyes closed. We will now do the Clock which is the nine fixed positions of the eyes. (Hold the following 15 seconds each) Left and up, this is your visual memory, left and down, this is your auditory memory, right and down, this is touch, right and up, new visual forms, right horizontal, composer, left horizontal, auditory, at your nose, olfactory, your tongue, gustatory, and your eyes straight ahead which is awareness. Before you open your eyes, bend at the neck placing your chin on your chest. As you bring your awareness back to the present, look through your body, do you notice any changes? Notice if your breathing has it slowed down considerably from when we started. Take a moment to look through your body and when your ready raise your head and return to the room.

## APPENDIX I

### Passive Relaxation Approach

Settle into your chair, setting well back into the seat, your feet flat on the floor and your hands in your lap. Close your eyes. Become aware of the parts of your body that touch the chair and the floor. Feel the weight of your body passing through those points: hips, thighs, feet, back and arms, some of them carrying more weight than others. If the back of the chair is high enough, use it to support your head. If not your head may be dropping forwards which is all right if you find it comfortable, but it tends to put a strain on the neck muscles if held for a long time. Try raising your head and seeing it as a weight supported by a pole. If you can balance it in this way, on your spine, you will be giving your neck muscles a rest.

With your eyes closed, let your attention focus on your breathing. . . notice how gentle, slow and how regular it is becoming. . . imagine each breath out carrying your tensions away, leaving you more relaxed than you were before. . . if you want to, take one deep breath. . . then allow your breathing to settle into its own rhythm. . . easy, calm and even...and forget about it.

I'm going to ask you to take a trip round the body, checking that all the muscle groups are as relaxed as possible and letting go any tension that might still remain. If outside thoughts creep in, hold them in a bubble and let them float away. I'll begin with the feet.

Bring your attention to your toes...are they lying still? If they are curled or stretched out or in some way not entirely comfortable, waggle them gently. As they come to rest, feel all the tension leaving them... feel them sinking down, heavy and motionless.

Let your feet roll out at the ankles. This is the most relaxed position for them. Let all the tension flow out of them...enjoy the sensation of just letting them go.

Moving on to the lower legs: feel the tension leaving the calf muscles and the shins. As the tension goes, so they feel heavier...so they feel warm and pleasantly tingling.

The thighs next: to be fully relaxed they need to be slightly rolling outwards... feel the relaxing effect of this position...make sure you have released all tension, and feel your thighs relaxing.

Focus for a moment on the sensation of sagging heaviness throughout your legs... let the muscles shed their last remaining hint of tension and settle into a deep relaxation.

And now, think of your hips. Let them settle into the chair you are sitting on... recognize any tension that lingers in the muscles...then relax it away...let it go on relaxing a bit further than you thought possible.

Settle your spine into the chair...become aware of how it is resting on the back of

the chair...Let it sink down, making contact wherever it wants to...all tension draining out of it.

Let your abdominal muscles lose their tension. Let them go soft and loose. Feel them spreading as they give up their last vestige of tension...notice how your relaxed abdomen rises and falls with your breathing...rises as the air is drawn in and falls as the air is expelled...abdominal breathing is relaxed breathing.

Moving up to your shoulders, to muscles which are prone to carry tension...feel them letting go...feel them spreading...feel them easing into the chair, limp and heavy...feel them dropping down towards your feet...imagine them shedding their burdens...and as the space between your shoulders and your neck opens out, imagine your neck a bit longer than it was before.

Now, direct your thoughts to the muscles of your arms. Check that they lie limply in your lap. Notice the feeling of relaxation and allow this feeling to sweep down to your wrists and hands. Think of the fingers, are they curved and still?...neither drawn up nor stretched out...neither open nor closed, but gently resting...totally relaxed. As you breathe out, let the arms relax a little bit more...let them lie heavy and loose...so heavy and loose that if someone were to pick it up, then let go, it would flop down again like the arm of a rag doll.

Your neck muscles have no need to work with your head supported, so let them go...enjoy the feeling of “letting go” in muscles which work so hard the rest of the time to keep your head upright. If you find any tension in the neck, release it and let this process of releasing continue, even below the surface...feel how pleasant it is when you let go the tension in these muscles.

Bring your attention now to your face, to the many small muscles whose job it is to manage your expressions. At the moment there's no need to have any expression at all on your face, so allow your muscles to feel relaxed...imagine how your face is when you are asleep...calm and motionless...

With no expression on your face, your cheeks are relaxed and soft. If you think of your nose, it is just to register the passage of cool air traveling up your nostrils while the warmer air passes down...breathe tension out with the warm air...breathe stillness in with the cool air.

You have now relaxed all the major muscle groups in your body. Think about them now as a whole...a totally relaxed whole...soothed by your gentle breathing rhythm, feel the peacefulness of this idea...Images may drift in and out of your mind...see them as thoughts passing through. Feel yourself letting go of them. Say to yourself: “I am feeling calm, I am feeling peaceful.” Let your mind conjure up a scene of contentment.

(Moment of silence)

I am going to ask you to bring yourself slowly back to the room you are sitting in. Gradually become aware of it. Gently move your arms and legs...wriggle your spine, and in your own time, allow your eyes to open. Slowly sit up and take in your surroundings. Give your body plenty of time to adjust from the relaxed to the alert state.

## APPENDIX J

### Mindful Breathing and Exercises

Today we are going to focus on our breath and the many ways we can use breathing exercises for relaxation throughout the day. I would like you to sit up in your chair keeping your spine straight and let your shoulders drop. Close your eyes and become mindful to you breath....breath in...and exhale....in....and out....

Take a moment to focus on your breath.

Lets find a rhythm to our breath. Maybe you want to follow the beat of the music, breathing slowly in....and exhaling with the music...pick a rhythm for yourself...make sure your exhalation is the same length as your inhaling breath...focus on your rhythm.

Take a moment to focus on your newly found rhythm in your breath.

Keep the focus on your breathing, “being with” each inhale for its full duration and with each exhale for its full duration, as if you were riding the waves of your own breathing.

Every time you notice that your mind has wandered off the breath, notice what it was that took you away and then gently bring your attention back to your belly and the feeling of the breath coming in and out

If it helps you focus, fan out the fingers of your right hand and place the thumb on your chest and expand your hand to place your pinky on your navel. As you breath in you should feel your stomach expand. As you exhale feel your stomach come back in. Continue focusing on the breath and its rhythm. If your mind wonders 100 times, continue to bring it back to the breath.

Continue to focus on your breathing rhythm. In and out... At times we need a cleansing breath to clean out our lungs and energize the body. When your ready I want you to breath in to the full capacity of the lungs. Once you breath in, hold your breath and bend forward holding your breath. Hold this breath as long as you feel comfortable. When your ready, slowly without exhaling, bring your body back up straight and slowly let your breath leave the body. Now take a deep breath in and notice the feeling of fresh air filling your lungs. You should feel warmness in your body now, maybe in your forehead, neck or shoulders. Try it again if you feel your body needs it, but hold the breath for less time.

Continue to focus on the rhythm of your breath. In... and out... focus on your breath.

This next breath is considered a cooling breath. When I tell you to go, you will roll your tongue and take a deep breath through your tongue. You will feel your tongue turn cold. After you breath in, press your tongue to the roof of your mouth and exhale through your nose. This breath will begin cooling the body after doing about five to ten breathes.

Now let's practice this together. Curl your tongue...breath in through your tongue...exhale out your nose...feel the cooling sensation on your tongue...it almost feels like sucking on an ice cube...lets do this with ten deep breaths...

(After breaths) Now lets continue to concentrate on our breathing rhythm.

Your breath will be slower now that when we began. As we come back to our daily routine, I want you to think about ways you can use these breathing exercises throughout your day. Maybe in the car on your way somewhere, or while watching TV, or even better when you feel yourself getting tense. Stop and take a few minutes to gain control of your breath. Breathe to a rhythm and continue breathing to achieve a steady breath in and out.

Now begin to focus on the day ahead of you. Continue your breathing and bend your head down. Give your self a few seconds to come back to the group and open your eyes when you feel comfortable.

## REFERENCES

- Allness, D. J. & Knoedler, W. H. (1998). *The PACT Model of Community-Based Treatment for Persons with Severe and Persistent Mental Illnesses* (2<sup>nd</sup> ed.). Waldorf, MD: Programs of Assertive Community Treatment, Inc.
- Bailey, D. S., Bailey, D. R. (1997). *Therapeutic Approaches in Mental Health/Psychiatric Nursing* (4<sup>th</sup> ed.). Philadelphia, PA: F. A. Davis Company.
- Beck, A. T. (1984). Cognitive approaches to stress management. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management*. New York: The Guilford Press.
- Beck, A. T. (1993). Cognitive approaches to stress. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 333-371). New York: The Guilford Press.
- Benson, H. (2000). *The Relaxation Response* (Rev. ed.). New York: HarperCollins Publishers Inc.
- Bernstein, D. A., & Carlson, C. R. (1993). Progressive Relaxation: Abbreviated Methods. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 53-85). New York: The Guilford Press.
- Chopra, D. (1991). *Perfect Health; The complete mind/body guide*. New York: Crown Publishers, Inc.
- Cohen, N. C. (Ed.). (1990). *Psychiatry Takes to the Streets: Outreach and Crisis Intervention for the Mentally Ill*. New York: The Guilford Press.
- Complete guide to pilates, yoga, meditation and stress relief*. (2002). Bath, UK: Parragon Publishing.
- Davis, C. (1992). The effects of music and basic relaxation instruction on pain and anxiety of women undergoing in-office gynecological procedures. *Journal of Music Therapy*, 24(4), 202-216.
- Ford, T. (NA). *The Yoga Experience*. North Augusta, SC: The Yoga Experience.
- Fritzpatrick, J. J., & Wilke, P. A. (Eds.). (2001). *Psychiatric Mental Health Nursing Research Digest*. New York: Springer Publishing Company, Inc.
- Gallagher, L. M. & Steele, A. L. (2002). Music Therapy with Offenders in a Substance Abuse/Mental Illness Treatment Program. *Music Therapy Perspectives*, 20(2), 117-122.

- Goldberg, C., Crespo, V. R. (2003). The personal-story approach. *American Journal of Psychotherapy*, 57(3), 337-349.
- Hammer, S. E. (1996). The effects of guided imagery through music on state and trait anxiety. *Journal of Music Therapy*, 33(1), 47-70.
- Hanser, S. B. (1985). Music therapy and stress reduction research. *Journal of Music Therapy*, 12(4), 193-206.
- Hanser, S. B., Larson, S. C. & O'Connell, A. S. (1983). The effect of music on relaxation of expectant mothers during labor. *Journal of Music Therapy*, 20(2), 50-58.
- Harris, C. S., Bradley, R. J. & Titus, S. K. (1992). A comparison of the effects of hard rock and easy listening on the frequency of observed inappropriate behaviors: Control of environmental antecedents in a large public area.
- Hekmat, H. M. & Hertel, J. B. (1993). Pain attenuation effects of preferred versus non-preferred music interventions. *Psychology of Music*, 21, 163-173.
- Horwitz, A. V., & Scheid, T. L. (Eds.). (1999). *A Handbook for the Study of Mental Health: Social Context, Theories, and Systems*. New York: Cambridge University Press.
- Howes, J. L., Haworth, H., Reynolds, P., & Kavanaugh, M. (1997). Outcome evaluation of a short-term mental health day treatment program. *Canadian Journal of Psychiatry*, 42, 502-508.
- Ievleva, L. (1994). *Effects of relaxation on recovery of salivary immunoglobulin A following heavy swim training*. Unpublished doctoral dissertation, Florida State University of Tallahassee, Florida.
- Iwanaga, M., Ikeda, M. & Iwaki, T. (1996). The effects of repetitive exposure to music on subjective and physiological responses. *Journal of Music Therapy*, 33(3), 219-230.
- Jacobson, M. S., Follette, W. L., & Revenstorf, D. (1984). Psychotherapy outcome research: Methods of reporting variability and evaluating clinical significance. *Behavior Therapy*, 15, 336-352.
- Kronberg, M. E. (1983). Nursing interventions in the management of the assaultive patient. *Assaults within psychiatric facilities*. New York: Grune & Stratton.
- Lad, V. (1985). *Ayurveda: The science of Self-Healing* (2<sup>nd</sup> ed.). Twin Lakes, WI: Lotus Press.

- Lasswell, A. R. (2000). *The Effects of Music Assisted Relaxation on the Relaxation, Sleep quality, and Daytime Sleepiness of Sheltered, Abused Women*. Unpublished master's thesis, Florida State University.
- Lehrer, P. M., Carr, R., Sargunraj, D., & Woolfolk, R. L. (1993). Differential effects of stress management therapies on emotional and behavioral disorders. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp.481-512). New York: The Guilford Press.
- Lehrer, P. M. & Woolfolk, R. L. (Eds.). (1993). Specific effects of stress management techniques. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 521-533). New York: The Guilford Press.
- Lehrer, P. M. & Woolfolk, R. L. (Eds.). (1993). Research on clinical issues in stress management. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 521-533). New York: The Guilford Press.
- Liebman, S. S. & MacLaren, A. (1991). The effects of music and relaxation on third trimester anxiety in adolescent pregnancy. *Journal of Music Therapy*, 37(2), 89-100.
- Linden, W. (1993). The autogenic Training Method of J. H. Schultz. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 205-227). New York: The Guilford Press.
- Maranto, C. D. (1993). Music therapy and stress management. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 407-433). New York: The Guilford Press.
- McGuigan, F. J. (1993). Progressive Relaxation: Origins, Principles, and Clinical Applications. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 17-51). New York: The Guilford Press.
- Mish, F. C. et al. (Ed.). (1996). Merriam-Webster's Collegiate Dictionary (10<sup>th</sup> ed.). Springfield, Massachusetts: Merriam-Webster, Incorporated.
- Nagler, J. (2001). Music for Rejuvenation [CD]. New York: The Relaxation Company.
- Patel, C. (1993). Yoga-Based Therapy. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 89-133). New York: The Guilford Press.
- Payne, R. A. (2000). *Relaxation Techniques: A Practical Handbook for the Health Care Professional* (2<sup>nd</sup> ed.). London: Harcourt Publishers Limited.

- Pearson, M. (2004). *Emotional healing and self-esteem: Inner-life skills of relaxation, visualization and meditation for children and adolescents*. New York: Jessica Kingsley Publishers LTD.
- Peretti, P. O. & Swenson, K. (unknown). Effects of music on anxiety as determined by physiological skin responses. *Journal of Research in Music Education*, 22(4), 278-293.
- Poppin, R. (1998). *Behavioral Relaxation Training and Assessment* (2<sup>nd</sup> ed.). Thousand Oaks, CA; Sage Publications, Inc.
- Robb, S. L. (2000). Music assisted progressive muscle relaxation, progressive muscle relaxation, music listening, and silence: A comparison on relaxation techniques. *Journal of Music Therapy*, 37(1), 2-21.
- Robb, S. L., Nichols, R. J., Rutan, R. L., Bishop, B. L. & Parker, J. C. (1995). The effects of music assisted relaxation on preoperative anxiety. *Journal of Music Therapy*, 32(1), 2-21.
- Rubin, B. (1975). Music Therapy in a community Mental Health Program. *Journal of Music Therapy*, 12(2), 59-66.
- Rubin, B. (1973). Music Therapy in an outreach station of the Milwaukee County Mental Health Center. *Journal of Music Therapy*, 10, 201-204.
- Scartelli, J. P. (1984). The effect of EMG biofeedback and sedative music, EMG biofeedback only, and sedative music only on frontalis muscle relaxation ability. *Journal of Music Therapy*, 21(2), 67-78.
- Spielberger, C. D. (1983). *State-Trait Anxiety Inventory for Adults*. Redwood City, CA: Mind Garden.
- Strauser, J. M. (1997). The effects of music versus silence on measures of state anxiety, perceived relaxation, and physiological responses of patients receiving chiropractic interventions. *Journal of Music Therapy*, 34(2), 88-105.
- Smith, J. C. (Ed). (2001). *Advances in ABC Relaxation: Applications and inventories*. New York: Springer Publishing Company, Inc.
- Thaut, M. H. & Davis, W. B. (1993). The influence of subject-selected versus experimenter-chosen music on affect, anxiety, and relaxation. *Journal of Music Therapy*, 30(4), 210-223.
- Wheeler, B. L. (Ed.). (1995). *Music Therapy Research: Quantitative and qualitative perspectives*. Phoenixville, PA: Barcelona Publishers.

Wolfe, D. E. (2000). Group music therapy in acute mental health care: meeting the demands of effectiveness and efficiency. In *Effectiveness of Music Therapy Procedures: Documentation of Research and Clinical Practice* (pp. 265-296). Silver Spring, MD: The American Music Therapy Association, Inc.

Woolfolk, L. W., & Lehrer, P. M. (1993). The context of stress management. In Lehrer, P. M., & Woolfolk, R. L. (Eds.), *Principles and Practice of Stress Management* (pp. 3-16). New York: The Guilford Press.

Yoshino, N. (1995). *The Healing Harp* [CD]. Switzerland: Philips Classics Productions.

## BIOGRAPHICAL SKETCH

### EDUCATION

---

1998 – 2002	Florida Southern College Graduate BA in Music Education and Performance	Lakeland, FL
2002-2004	Florida State University Masters in Music Therapy	Tallahassee, FL
2004	Yoga Unlimited 200 Level Yoga Teacher Training Course	Tallahassee, FL

### WORK EXPERIENCE

---

1999 - 2000	City of Ocoee <i>Summer Recreation Counselor</i> <ol style="list-style-type: none"><li>1. Organized indoor and outdoor activities for children ages 5-14.</li></ol>	Ocoee, FL
2000-2002	Brandscome Auditorium/FM Services <i>Stage Hand, Light Technician, Wardrobe</i>	Lakeland, FL
Summer 2001	The Salvation Army <i>Conservatory Staff</i> <ul style="list-style-type: none"><li>▪ Directed beginning band, coordinated summer music year book</li><li>▪ Planned afternoon and night programs associated with music</li></ul>	Charlotte, NC
Spring 2002	Southwest Elementary School <i>Undergraduate internship in Elementary Music</i> <ul style="list-style-type: none"><li>▪ Taught general music classes to elementary school children grades K-5</li></ul>	Lakeland, FL
July 2002-Present	Opperaman & Ruby Diamond <i>Stage band, light, sound and recording technician</i>	Tallahassee, FL
July 2003-January 2004	Florida State Hospital <i>Music Therapy Internship</i> <ul style="list-style-type: none"><li>▪ Readiness Development, Substance Abuse Counselor</li><li>▪ Client Assessment</li><li>▪ Forensic, admissions and long term care experience</li></ul>	Chattahoochee, FL
April 2004-Present	Apalachee Day Treatment Facility <i>Mental Health Assistant</i>	Tallahassee, FL

## HONORARY AFFILIATION

---

Delta Omicron, Alpha Phi Chapter

- National honorary music fraternity

MENC

- The National Organization for Music Educators

AMTA

- American Music Therapy Association

Pi Kappa Lambda, Phi Chapter

- National Music Honor Society

## VOLUNTEER/PRACTICUM EXPERIENCE

---

1998-2002      Lakeland Salvation Army Church

*Assistant Youth Band Director*

2002              Tallahassee Salvation Army Church

*Youth Band Director/Organizer*

- Socialization through learning to play brass instruments.

Summer 2002    Alumni Village Preschool

*Mixed culture preschool for children with parents attending FSU*

- 2-3 and 3-4 year old classes participated in separate half hour music therapy sessions weekly on socialization and building basic learning concepts.

Fall 2002        Refuge House

*Battered women's shelter*

- Organized music therapy programs fit to meet the needs of the women present for one hour session.

Fall 2002        Arts In Medicine Service

*Tallahassee Medical Hospital*

- Visited patients in a live in facility four hours a week.
- Read to patients and planned/organized hands on projects.

Spring 2003     Tallahassee Medical Hospital/Behavioral Health Center

*Geriatric, Adolescent, Early childhood*

- Music therapy techniques for relaxation, adolescent rehabilitation, adult and adolescent psychiatric experience.