

**COMMUNITY CORRECTIONS TREATMENT OPTIONS IN TIMES OF
BUDGET CUTS:
EXPLORING THE OPTION OF MUSIC THERAPY**

Approved: Mike Klemp-North, PhD Date: 5-17-13

Advisor

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Charles A. Sosinski

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ABSTRACT

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Charles A. Sosinski

Under the Supervision of Dr. Mike Klemp-North

STATEMENT OF THE PROBLEM

Between 2006 and 2010 community correction agencies saw a population increase as much as 10 percent. During this time, expenditures for community corrections increased another 13 percent (Subramanian & Tublitz, 2012). With appropriate evidence based practice treatment, recidivism can be reduced, while reducing correctional budgets. Music therapy has evidence based practices which have shown effectiveness in other areas and community corrections may have the same effect.

METHODS OF APPROACH

This study used secondary research, literature reviews and related empirical information along with theoretical and practical findings will be analyzed to justify the argument that music therapy is effective and how it can help a myriad of issues in one session providing a cost savings to agencies. Information related to the use of music therapy in corrections and related fields and data from accredited journals and sites to include the US Department of Justice and the American Music Therapy Association along with observations and professional experiences will be summarized in order to ascertain the limitations current use of music therapy in community corrections.

SUMMARY OF FINDINGS

A series of administrative, program and research recommendations are proposed to help provide music therapy to offenders and assist with maintain or reducing correctional budgets.

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CHAPTER 1: INTRODUCTION

This is important during a time in the United States where many states are increasingly struggling to balance their budgets. It is becoming clear that governments are no longer able to work with the high costs of incarceration and recidivism rates. Legislatures and governors must consider innovative policies to continue to increase public safety and reduce crime (Solomon, 2008).

Music therapy may be able to assist correctional agencies in providing services to offenders in a nontraditional manner in an economical way. Music therapies have been used to help individuals with substance abuse problems, mental health issues as well as help reduce negative behaviors in aggressive individuals. These issues are similar to those experienced by individuals on community supervision

Therefore, the purpose of this literature review is to examine and analyze the uses of music, therapy, aimed at reducing budgets and providing rehabilitative services to offenders on community supervision. This will help to inform corrections professionals and music therapy practitioners as well as others as to the use music therapy is an effective means of providing services to offenders within clinical and non-clinical settings.

Relevant literature in the field of music therapy in corrections is minimal; therefore, investigating various sources that describe the use of music therapy in community corrections may benefit scholars and researchers, and may help create possibilities for a theoretical framework in dealing with this population through

the arts in the future. It will also help corrections administrative officials to look outside of the realm of traditional correctional therapy to help lower the cost of treatment and the ability to provide services to more offenders. The eventual growth of music therapy programs in corrections may result in continued budget saving and potentially more prison bed space which would result in further budget savings for corrections departments

It is assumed that music therapy effectiveness in social programs, medical programs, and mental health setting are similar to those found in community corrections. Therefore the evidence of success or failure in those settings are presumed to be similar in community corrections.

For the purposes of this study, music therapy is defined a process that involves assessment, treatment, and evaluation. Kenneth Bruscia (1998), a well-known researcher in Music therapy describes the process of music therapy as many engagements which happen over a period of time. The engagement then results in a relationship, known as a therapeutic relationship.

The goal of music therapy is to address the criminogenic needs. The needs identified and discussed for the purposes of this paper are the following, history of anti-social behavior, anti-social personality, anti-social cognition, and anti-social companions] The other four criminogenic needs are family or marital issues, substance abuse, school and/or work issues, and lack of leisure or recreation. Music therapy is able to address these needs by helping offender reduce conflict, improve relationship communications and build more positive relationships.

Music therapy can help reduce the usages of drugs and alcohol, create support for abuse behaviors and create alternatives to substance abuse. Music therapy can teach offenders a sense of completion and satisfaction which will help them increase their performance and rewards as school and or work. Finally, music therapy will involve satisfaction in pro-social activities (Bourgon & Armstrong, 2005).

Current treatment modalities used in community corrections are separated into issues for example; there are substance abuse treatment, anger management, domestic violence, cognitive interventions, mental health services and sex offender treatment (Brusica, 1998).

CHAPTER 2: LITERATURE REVIEW

2.1 MUSIC THERAPY

Music therapy can be found in institutions such as psychiatric hospitals, medical hospitals, nursing homes, correctional facilities and schools. It is also commonly found in the community in rehabilitative facilities, outpatient clinics, day care treatment centers, agencies serving developmentally disabled persons, community mental health centers, drug and alcohol programs, correctional facilities, halfway houses, schools, and in private practice (FAQ Music Therapy, 2008).

Research has shown the validity and efficiency of music therapy in corrections. Many offenders in these setting suffer from physical, psychological, emotional, social, behavioral, cognitive, communicative, and other challenges, all

of which can be addressed by music therapy (American Music Therapy Association, 2006).

Therapist's in music therapy use of music as support and motivation. By listening to and discussing songs, offenders can find ways to express themselves in safe and socially accepted ways, while at the same time examining personal issues that may influence their criminogenic needs. Improvisation is a way of creating of music using voice, instruments, and body sounds. This music-making activity allows for creative expression, It also assists with releasing energy, that may be pent up by emotions. Improvisation also assists with the development of personal insight, and provides a redirection of difficult and counterproductive emotions. All of this can take place in either an individual or group setting (American Music Therapy Association, 2006).

Finally, composition methods creating both vocal and instrumental pieces can be an effective means of expression and a source of self-satisfaction. This encourages offenders to be thoughtful, and work over time towards the end result. The final product can be preserved on paper or recording for future inspiration to the offender and those around them.

In Philadelphia, a four week music camp, Peace in the Streets...Peace on Earth! (Mahon, 2008) is devoted to helping youth resolve conflict peacefully through songwriting and lyric analysis. The goals of this project was to engage youth in creative ways of resolving conflict, the musical role playing and

songwriting/ rap music, as well as managing their anger and contributing positive ideas to the group process.

2.2 MUSIC THERAPY IN CORRECTIONS

In corrections, music therapy can be used in several therapeutic applications. It can be used to address substance abuse, Anger Management, impulse control, communication and proper socialization techniques. Music therapy can also be used with victims of physical, emotional and sexual abuse. It helps get prisoners to be social, reducing anti-social personality. Research shows that individuals become more engaged with music therapy and often times participate more than with other therapeutic methods (Bruscia, 1998).

In corrections settings re-creative experiences that focus on singing and playing pre-composed music develop skills that lead to a sense of mastery and increased confidence and purpose. Doing this in an ensemble, such as a choir, or instrument combo, provides opportunities for meaningful social interaction with is often lacking in correctional populations. A side effect of this is that it can contribute to the productive leisure time in secure setting and in the community (American Music Therapy Association, 2006).

2.3 MUSIC THERAPY USES

According to the American Music Therapy Association (2006), many goals that can be met while use music therapy in the correctional setting. Some of them are to increase self-awareness, improve reality testing and problem-solving skills, instill respect for others, including peers and authority figures, develop

verbal and non-verbal communication skills, decrease impulsivity, accept responsibility for thoughts and feelings learn relaxation and coping skills, develop effective leisure skills, explore feelings and make positive changes in their lives.

By using music therapy, several needs or issues can be addressed during one session (Bruscia, 1998). For example, an offender can be in a group designed for substance abuse treatment and have anxiety and impulse control addressed at the same time. This would not necessarily happen in a therapeutic community as the focus would be on cognitive issues as it relates to their drug abuse.

Music therapy has been proven to have a positive impact on both adults and adolescents that are afflicted with depression. A study conducted by Jones and Field (1999), show that adults with depression have EEG asymmetry in their frontal lobe. When they are provided with music therapy, the asymmetry is stabilized. This happens when music stimulates the decreases in the stress hormone cortisol levels in the brain (Jones & Field, 1999). Therefore relaxation techniques used with music therapy can decrease symptoms of depression.

2.3.1 SUBSTANCE ABUSE

Substance abuse is a complex issue and often one of the most commonly treated issues in community corrections. It specifically addresses social and psychological addiction disorders. Often time's victims of abuse and drug addict's limit their personal interaction. Music making forces offenders to make decisions and act during a session. This allows participants to learn how to trust themselves

and make decisions independently, one of the first steps that addicts need to overcome (Verheul, 1997).

When addressing substance abuse, music therapy is effective in clinical practice for the treatment of individuals with addictions. Like structured drug and alcohol treatment programs, music therapy sessions provide a path for expression and recreation outside of standard individual and group counseling. Music therapy acts as a stimulus for release of the individuals emotions. The emotional release can bridge the gap that addiction creates between the mind, body, and emotion (Alvin, 1978). Allowing offenders with addictions to feel emotions often encourages them to move past denial. This is an important component of many addiction treatment programs (Treder-Wolff, 1990).

The biggest obstacle for treating substance abuse disorders is engaging and keeping individuals in treatment. Dingle, Gleadhill, & Baker, (2008), conducted a clinical study of a 7-week trial of music therapy as an adjunct to group cognitive behavior therapy with the aim of increasing patient engagement in an open group program. Patient attendance rates and perceptions of the music therapy were collected at the end of each music therapy session by an anonymous survey. Twenty-four surveys were analyzed, representing feedback from 10 men and 14 women, aged between 17 and 52 years. The average attendance rate over the 7-week trial was 75%. The explanation for this was their enjoyment and motivation to participate during the sessions was uniformly high. About 83 percent of participants reported that they would attend another music therapy session, and 46 percent endorsed that music therapy helped them to feel more a

part of the group. The study also revealed that music therapy was able to engage patients regardless of their age group or substance of choice.

Group music therapy is often utilized to foster new relationships that can replace an individual's relationship with a substance, and often times effectively decrease an addict's anti-social personality and seclusion that is commonly found in individuals with addiction disorders (Covington, 1997). The effect of group music therapy is similar to the success of the 12-step approach programs where group dynamics and participation are the effective capitals that improve alcohol and drug addiction outcomes (Humphreys, 2003)(Morgenstern, 2003).

In most music therapy programs, the freedom of expression through music and the responses to music, emotional expression, and a group bond between participants results in positive social interactions which addresses several criminogenic needs. Several studies indicated positive results for participants that generally enjoyed music or displayed an interest in music (Gallagher, 2002)(Gallant et.al, 1997)(Soshensky, 2001).

2.3.2 REDUCING VIOLENCE

Music therapy is also used to reduce violence in prisons. Music therapy can help address issues associated with violence such as impulse control and communication. According to researcher Jeffrey Roth violence tends to stem from a variety of social, psychosocial and biological factors. (Roth, 2004). Factors such as poverty, sex role socialization, gangs and family disorganization contribute to

social dispositions to crime. Roth claims the individual also has predispositions to violence.

Roth has been able to identify specific behaviors that prompt violence. From social issues comes a social event that acts as the basis for the confrontation. Communication problems escalate the incident. The social factors combine with an individual's lack of impulse control and the recognition of an opportunity which creates a sensory signal error. Music therapy addresses these issues.

Music therapy has also been used to treat youths exposed to violence as explained by Vanessa Camilleri's (2002) "Community Building Through Drumming." In many schools, there is an absence of security for many students, with the prevalence of violence as a means of settling disputes between students. She sought to promote the use of drumming as a way to keep the peace between students. She used the foundation that group drumming is an acknowledged and accepted method of reducing violent behavior in schools, citing the works of Slotoroff (1994), Hull (1998) and Friedman (2000). Camilleri used specific group drumming techniques for youth and provided a means for them to express themselves and release anger and to learn from each other's musical contributions. She did this by having them listening to one another, using the drum to lead the rest of the group and having the drum represent the clients voice. Camilleri (2002) describes the group drumming process that took place at the Reach Charter School, and argues that the technique was productive in helping

the students work together, share their feelings, and explore other problems that began to just reach the surface of these traumatized youth.

2.3.3 ANGER MANAGEMENT

Anger Management is also addressed in music therapy. Commonly drumming circles are used with participants. Drumming has shown to reduce stress and even improve one's immune system by improving posture which increases blood flow that can lead to anxiety and stress reduction (Slotoroff, 1994).

2.3.4 MENTAL ILLNESS

Mental illness is often confronted and diagnosed in institutions. Schizophrenia or Bipolar Disorder can also be treated in part with music therapy. Music can help orient, redirect and reduce or eliminate disruptive or deviant behaviors. (Member Association, Canadian Music Therapy Association, 2008). Music therapy along with standard care helps people with schizophrenia improve their global state and improves their mental state and functioning if a sufficient number of music therapy sessions are provided (Pavlicevic, Trevarthen, & Duncan, 1994). According to Silverman (2003), at the end of 10 music therapy sessions patients showed a significant improvement of the Brief Psychiatric Rating Scale and increased their level of interaction with the therapist.

Taunt (1989), evaluated the self-perceived changes in states of relaxation, mood/emotion, and thought/insight in psychiatric and prisoner patients pre- and post- music therapy. The study was conducted over a 3-month period with eight

different groups of patients (N = 50); with each group participating in three different treatment modalities: group music therapy, instrumental group improvisation, and music and relaxation. His study found that there was a significant ($p < .05$) change in self-perceived ratings. All eight groups showed similar responses, and the different treatment modalities did not significantly influence the results.

Music therapy can address an offender's ability to develop coping skills. Dijkstra (2007), states that offender must to learn to deal with their emotions and impulses while interacting with the world. Music therapy allows offenders to act and by doing so they start to show their coping styles. It is imperative that this occurs when the offender is sober as coping styles typically become altered when mind altering substances such as illicit drugs and alcohol are consumed. This is a key advantage of music therapy as both issues can be addressed in one session. Music therapy allows inmates to develop new coping strategies, and gives them a structured and safe environment to open up about their addictions. Inmates learn how to focus their behaviors with music. Once they learn how to do that, the next step is to apply those new behaviors to fight their addiction (Dijkstra, 2007)

Gussak conducted a study in a Florida prison with participants that were involved in art and music therapy. The study examined inmate feelings after participating in arts based therapy. Inmates claimed participating in their groups elevated their moods and they felt better after participating. Prison staff also filled out questioners related to inmate behaviors while in a general population after participating in groups. The results showed that those who participated in art

and music therapy had fewer conflicts with other inmates and interacted more appropriately than those who did not participate (Gussak , 2007).

2.4 CORRECTIONAL BUDGETS

According to the Association of State Correctional Administrators (2011), state budget cuts have been the biggest issues they have faced since 2009. In 2011, state budget cut issues were ranked the biggest issue facing correctional administrators according to 12 of the 27 respondents another six states indicated budget cuts were one of their top four issues. One of the states responding to the survey conducted by the association indicated that community corrections in their state would face substantial programmatic cuts due to state budget cuts. Another state indicated that cuts are impacting the Department of Corrections constitutional obligations to provide adequate services.

In 2007, states started to see budgets decline and began looking at reforming corrections departments to help bridge the gap. In California, Gov. Arnold Schwarzenegger crafted a plan to release up to 22,000 low-risk offenders from the states crowded prison system. At the time, California faced an overall budget shortfall of more than \$14 billion over a year and a half period. Colorado, Maine and Nevada sanctioned to studies to evaluate the effectiveness of their sentencing practices. While both New Mexico and Pennsylvania directed their sentencing commissions to evaluate specific aspects of their sentencing models, such as use of mandatory minimum sentences to reduce their costs (Gramlich, 2008).

While California was planning on releasing thousands of prisoners, they along with Hawaii, Louisiana and Washington expanded their community re-entry services to help offenders transition to life outside prison and ensure lower recidivism rates (Gramlich, 2008).

Many jurisdictions continue to pay more each year for correctional expenditures with the intent to improve public safety. This is because law makers have the desire to keep pace with growing prison and jail populations, higher rates of arrest and prison sentences which have increased the cost of the entire justice system. According to the National Association of State Budget Officers, State Expenditure Report, in fiscal year 2011 corrections accounted for 3.1 percent of all state expenditures for a total of \$52 billion dollars. This is a 1.1 percent increase over fiscal year spending in 2010. Spending in fiscal year 2012 was expected to increase 2.5 percent to \$53.3 billion dollars. In 2010, the state of Wisconsin spent \$1,224 million dollars on corrections, while it was estimated that Wisconsin would only spend \$1,194 million in 2012. This accounted for 3.1 percent of the state budget in 2010 and 2.9 percent of the budget in 2012. Between state and federal funding, Wisconsin was expected to lose 6 percent of their corrections budget due to cuts.

In 2009, the Pew Center Charitable Trusts conducted a study involving correctional spending for 34 states. Collectively, those states spent \$18.65 billion on prisons in fiscal 2008. During the same period of time, they only spent \$2.53 billion on community corrections programs - a ratio of more than seven to one.

The average daily cost of supervising someone was \$3.42 in fiscal 2008, compared with \$78.95 for the cost of incarcerating an inmate (Gramlich, 2009).

Between 2006 and 2010, majority community corrections agencies across the nation saw increases in their parole and probation populations. Eleven states saw increases greater than 10 percent, while another 11 states registered a decrease in the number of offenders on community supervision. Over the five years as a whole, expenditures for community corrections saw an average increase of 13.3 percent. Over half of the states have increased their correctional expenditures by more than 100 percent. However, funding trends show a lag in services. Fiscal year 2009 - 2010, community corrections expenditures also declined—with more than half of responding states reporting a decrease in community corrections expenditures. During this period, Illinois, Alabama, and Utah reported decreases in spending by more than 10 percent. Five states saw significant increases in community corrections spending: Michigan, West Virginia, Arkansas, Hawaii, and Nebraska all increased spending between 8 and 21 percent (Subramanian & Tublitz, 2012). These figures are not accurately telling the entire picture.

In Wisconsin, community corrections population dropped by more than 11 percent, while expenditure increased by 17 percent. This was to pay for day reporting centers, alcohol and drug treatment, and expanded employment training and placement services. There was also an increase in global positioning system program to track sex offenders released to the community. At least one official from the state's department of corrections believes that the increased availability

of community-based alternatives (Subramanian & Tublitz, 2012). In 2009, 26 per 1,000 people were under some form of supervision (Gramlich, 2009).

2.5 EVIDENCE BASED PRACTICES IN CORRECTIONS

Evidence based practices has become increasingly popular over the past two decades in the United States. Essentially, evidence based practices is utilizing empirical evidence to base decisions. Before the use of evidence based practices, most decisions were based on customs, intuition, ideology and feelings. Often times, statistics and facts were overlooked, in many fields, this caused senseless problems. In the medical field, unnecessary deaths occurred, in education, learning impaired children failed to learn to the best of their ability. In corrections, when evidence based practices are ignored, offenders are not reformed and more individuals are victimized (Ayers, 2007). Correctional programs were often innovative interventions and were based on common sense. Programs that were developed and appeared to be successful were imitated within an agency and shared with other states across the country (Gendreau, Goggin, Cullen, & Pappozzi, 2002). Criminal justice has lagged behind other fields in adopting evidence based practices. Sherman (1998) saw the value of the evidence based practice approach and began pushing for evidence based policy decision making. Since then others have followed suit.

Evidence based practices picked up interest in corrections as a way for agencies to direct their resources to get the greatest gain for their budgets. The first impact that was targeted was reducing recidivism to reduce cost. In Georgia,

there was a one percent reduction in parole recidivism. This saved the state seven million dollars in incarceration costs. In Texas, there was a one percent reduction in felony revocation and return to incarceration. That saved the state \$55 million in costs (Rylander, 2000).

According to AOs, Phipps, Barnoski, and Lieb (2001), there has been a wealth of research conducted on what programs work and what does not. Now agencies can consider the comparative economics of the successful options and can be used to improve public resource allocation. Evidence Based Practices utilizes eight different principles. Assess actuarial risk and needs, enhance intrinsic motivation, target interventions, skill train with directed practice, increase positive reinforcement, engage ongoing support in natural communities, measure processes and practices, and provide measurement feedback.

Andrews & Bonta (2006), suggest that to reduce recidivism one must first find the risk by accurately identifying the level of risk an offender has to maximize the investment of resources. Corrections professionals must then identify the needs of an individual offender and how those needs relate to their recidivism. Finally, the offender must be treated for their criminogenic needs through programming and supervision to reduce the risk of recidivism.

Through evidence based practices, corrections professionals have learned that there is no evidence that intensive services with the highest risk, egocentric, offenders will reduce re-offending (Andrews, 1987). Letessa (2004), found that directing supervision resources toward low risk offenders does not reduce their

risk of re-offending and may even have a negative effect. According to the Carey Group (2012) 35 percent of individuals on probation are low risk, five percent are high risk and 60 percent are medium/high risk offenders. Focusing the treatment on the medium to high risk offender can reduce recidivism by thirty percent according to evidence based practices.

According to Andrews and Bonta (2006), the link between treatment and recidivism is significant compared to other correctional tools. Sanctions have been shown to increase recidivism by seven percent according to 30 different studies with meta-analysis. Inappropriate treatment can increase recidivism by six percent according to 38 different studies with meta-analysis. Intensive supervision programs can increase recidivism by seven percent according to 47 different studies with meta-analysis. Providing offender with the appropriate treatment can decrease recidivism according to 54 different studies with meta-analysis.

The amount of services provided to an offender, commonly referred to as dosage, is the number of hours needed to make an impact on their criminogenic needs. According to Bourgon & Armstrong (2005), there is no appropriate dosage for low risk offenders as they are not in need of services. However, for medium offenders, the appropriate dosage is 100 hours, medium to high risk offenders is 200 hours and very high risk offenders need 300 hours of cognitive behavior therapy. Programs are limited by size, budget, and available resources. Music therapy is another tool to ensure that offenders are getting the appropriate dosage for offenders who are on community supervision.

CHAPTER 3: THEORETICAL FRAMEWORK

The theories that exist that attempt to explain the causation of crime are numerous. There are however several theories of crime causation that are able to illustrate why music therapy in community corrections would be successful.

3.1. LACK OF SOCIAL SUPPORTS

Francis Cullen (2006) explains that a lack of social support is a cause from crime. One type of social support according to Cullen is expressive support, the ability to share feelings, express frustrations in one's life and having validation of one's feelings. This expressive social support also encompasses the ability to find love and affection in society. Social support can occur from friends, family, significant others, and even social networking. Cullen contends that communities with higher rates of family disruption, weak friendship networks, and low community participation rates, have higher rates of crime.

Cullen believes that when social support is increased in an individual's social network, the individuals will be less likely to engage in crime. Strain theorists such as House (1981) and Vaux (1988) both linked social supports prevented stresses and can lessen the negative effects of societal stress. Agnew (1992) suggested that ability to cope with criminogenic stressors is contingent on social support. Therefore, if an individual's social bonds are weak and they are susceptible to societal stress, they are more likely to commit crime.

If an individual is anti-social they often tend to not socialize in a group. Often time they do not socialize with others around them. They may have a

friend or two, however a common trait is that they cannot trust another person. They also fear that they cannot get close to anyone out of fear of hurting them.

3.2 GENERAL STRAIN THEORY OF CRIME

Robert Agnew (2005) asserts that crime occurs due to issues from the self, family, school, peers, and employment. Essentially when opportunity for crime occurs and the individual has a high motivation to commit the crime, crime occurs (cited by Gold 1963, Sheley 1983, Tittle 1995).

How the individual responds and perceives the experience and acts on those factors to causes crime. Individuals with low levels of self-control, who are impulsive and fail to think about the long term consequences of their behavior are often more likely to commit crimes. These people are commonly referred to as out of control by the general public. They often experience a poor family life where parenting lacking or nonexistent. Individuals that experienced poor performance and negative experiences in school including having a lack of education are also at risk of having a higher motivation to commit crime. Those who have frequent contact with criminal or delinquent peers also fall into this category (Agnew, 2005).

Strain from the outside source can cause negative feelings in an individual such as defeat, despair, and fear, but the feeling that is most applicable to crime is anger. When individuals become angry they blame their problems or poor relationships on others. Anger was found to incite a person to action and create a desire for revenge. This is caused by poor coping strategies for the strain or the

strategies they employ are unable to absorb the amount of strain they are faced with (Agnew, 1992). With the increase in strain in an individual or in a community, there is an increase in crime.

If an individual who is in a relationship with another loses their job and they fear that the significant other will no longer love them if they no longer have an income. The individual may resort to criminal means for income to ensure they keep a relationship. This is an example of the general strain theory.

3.3 GENERAL THEORY OF CRIME

Hirschi's general theory of crime ascertains that an individual's belief or the degree to which one adheres to the values associated with their behaviors, to conform to the laws of society can explain criminal behavior. Simply put, if an individual's values are increased, their criminal behavior will decrease. According to Hirschi, the link between one's attitudes and behaviors is their pro-social attitudes. The more pro-social attitudes constrain people from committing the crimes they otherwise would have in the absence of such social bonds. The effect of those bonds over time continues to control our behavior, even when the bonds are no longer present in our lives. For example, if you were in a rural area and there was no traffic and coming up to a stop sign, and there were no squad cars in the area. Most individuals would still stop. Hirschi would explain this as an "indirect" psychological control exerted by our social bonds that causes us to stop at that intersection (Hirschi, 1969).

3.4 SOCIAL LEARNING THEORY

Social learning theory is based on the interaction of three separate but networking regulatory systems the external stimulus, external reinforcement, and cognitive mediation. In this theory, the influence of environmental events on behavior is determined by cognitive processes, which govern what environmental influences are attended to, how they are perceived, and how the individual interprets them. The person is the agent of change. Humans are capable of self-directed behavior change. Social learning theory believes that individuals determine what he or she would like to do before doing it.

A study was completed by Alison Marganski (2013) investigating if the criminological construct of attachment played a role in family violence victimization experiences in childhood and adult violent behavior. The results revealed significant associations between direct experiences of victimization and violent behavior. Marganski concluded that social learning theory may be useful in explaining violence among those who have experienced high victimization, and explained adult violence for those who have experienced low or no levels of violence early in life.

Some individuals learn to be criminals. For example, children may learn that to settle a fight with their significant other is through violence. When they are older and in an intimate relationship with another, this learned response to disagreements may emerge causing them to rely on their learned response. They

also may see another individual commit a crime and go on to commit the same crime this is commonly referred to a copy-cat crime.

3.5 DECREASE CRIME RELATED ISSUES

Music therapy is able to address many issues related to the above theories such as Increasing social support, improving social skills, increasing social bonds, dealing with life event stress, improving impulse control, recognizing triggers and addressing substance abuse.

3.5.1 INCREASE SOCIAL SUPPORT

Social support can be increased by the use of music therapy. A study conducted by Abbey Lynn Dvorak (2011) found that when music therapy is conducted in a group setting with cancer patients and caregivers found that those who participated in the music therapy group who had a lesser degree of social support found a greater sense of social support after participating in the group. The study indicated that peer support groups help overcome social isolation. This supports the study by Nolan (2005) which indicated that when participants actively engage in the creative process, such as music therapy, social benefits occur.

3.5.2 IMPROVE SOCIAL SKILLS

Lori Gooding (2011) conducted a study examining music therapy-based intervention programs being used to improve social skill competence in children and adolescents with social skills deficits. The study was conducted in

educational, residential and after-school care settings to test the effectiveness of a five session social skills training curriculum with music-based interventions.

Individuals in the study had deficits in peer relations and self-management skills.

Participants for this study included a mixture of typically developing children and children with generalized social, conduct and/or behavioral deficits. The results indicated a significant difference for the case manager's pre and post treatment ratings on the Antisocial Subscale of the Home and Community Social Behavior Scales. Researchers also observed a significant difference in behavioral observations which showed significant social improvements across time.

3.5.3 INCREASE SOCIAL BONDS

Music therapy is also effective at strengthening social bonds. Dr. David Huron (2003) explored how music helps strengthen the bond within peer-groups. Music has been used by Native American tribes and other groups for survival. At one point, music was used in the American and other militaries around the world to act in unison. Music is also used in rituals to synchronize moods of groups. Neuroscience research suggests that music may increase our connection to each other through hormone modification. Listening to music releases oxytocin, a hormone linked to maternal behaviors, pair bonding, social recognition, and anxiety. By releasing oxytocin, music clearly plays a role in group bonding and social identification. This can be observed when watching a college group sing their fight song at a home game or a military veteran tearing up to the anthem of

their military branch. Therefore, when individuals participate in group music therapy, they strengthen the bond with other social peers and groups.

Researchers Thaut & Smeltekop (1990) investigated the neuropsychological effects of individuals in Music therapy. They found that individuals who are involved in music therapy are provided with opportunities for safe group and individual interactions and musical experiences. They are able to address how others interact with their environment and examine how they as individuals affect their own environment. The social interactions among each other can take the forms of talking about thoughts and feelings, contributing to the group experience, cooperating with others or responding to each other's' needs. The safe environment and interpersonal interaction increased the individual's comfort of social interaction and found that the individuals increased their social bonds with members of the group, the music therapist and other staff that were involved in the process.

3.5.4 LIFE EVENT STRESS

When individuals encounter unique situations which cause them to make decisions and act in a criminal manner, it is important that they learn alternate ways of dealing with the stress in their lives. Music therapy can be effective in this role according to Wolfe (1978). He found that a successfully employed music therapy discussion group that is designed to encourage group members to talk to one another in a way to stimulate constructive discussion concerning ways of improving unpleasant and stressful situations.

Learning to play instruments while in music therapy has the added benefit of providing the client with a leisure skill that serves as a means of tension release. While learning to play the instrument, the music setting as a model for the environment in which stress-evoking interactions and/or events may occur. Problems may be identified and solved within the therapy session (Hanser, 1985).

Stress-related behaviors and patterns can be observed within the music therapy session and dealt with or changed within this controlled environment. Also, beyond simply learning relaxation techniques, Saperston (1989), found that the music therapy setting can help individuals learn to recognize when they would benefit from performing their relaxation induction, providing another effective means of coping with stress and stressful life events.

3.5.5 IMPORVE IMPULSE CONTROL

Music is a time ordered, structured stimulus. Music therapy can provide treatment programs geared towards the client's level of cognition and awareness. By utilizing structured reality based music experiences such as writing a song can help reality orientation and awareness to one's impulsiveness, it diverts from neurotic concerns or obsessions and helps improve impulsive behavior control (Gfeller & Thaut, 1999). When individuals have learned that physical violence or victimizing others by criminal means is the appropriate way to deal with anger or an environmental response as portrayed by the social learning theory, music therapy is able to address these impulses.

According to a study conducted by Silverman (2003) impulse control was found to be decreased with the use of music therapy in substance abuse treatment for females. It was also shown to be extremely effective in increasing relaxation and energy level and in substance abusers.

3.5.6 RECOGNIZING TRIGGERS

Music therapy can be effective in helping an individual learn to recognize triggers or feelings and behaviors associated with stress. It will allow them to redirect their prior behaviors and express these emotions in more positive and appropriate ways. Stress and individuals with stress-related disorders disrupt an individual's normal functioning and understanding of others. Music therapy can heighten an individual's awareness of the emotional toll stress is taking on their life. When an individual successfully internalized these feelings, musical experience, being both personal and internal, can provide an appropriate behavior (Brown, et al., 1989). Lyric analysis can be used as a tool for discussion, to identify areas of stress, identify and express feelings and emotions associated with stress and share them with the group and receive valuable feedback (Baker, et al., 2007).

3.5.7 IMPROVE SUBSTANCE ABUSE

Albornoz (2011) conducted a study investigating the effectiveness of improvisational music therapy with adolescents and adults with depression and substance abuse issues. The study confirmed that improvisational music therapy was effective at reducing therapist observed depression in both adolescents and

adults with substance abuse issues. During the study, they also observed that there was a decrease in the rate of relapse in substance abuse treatment. Therefore, improvisational music therapy can have a positive impact on depression and may have a success when used for relapse prevention for substance abusers.

Cevasco, Kennedy, and Generally (2005) conducted a study on females in substance abuse treatment utilizing different music therapy techniques. All three music therapy interventions that were utilized were equally shown to be effective in decreasing depression, stress, anxiety and anger and anger while addressing their substance abuse issues.

3.6 CURRENT TREATMENT ISSUES IN COMMUNITY CORRECTIONS

With budgets declining across the country, some states such as Wisconsin, receive private funds to afford treatment programs in community corrections. In the 2009-11 budget released by the Joint Finance Committee, it included an annual \$10 million GPR appropriation of the “Becky Young Community Corrections” appropriation for the specific purpose of increasing public safety and reducing recidivism in community corrections. Part of using the “Becky Young Community Corrections” funds, the department of corrections is required to use these funds to improve community corrections services by correcting gaps in service availability for offenders and develop accountability procedures (2009-11 Biennial Report).

Music therapy can improve treatment and meets the criteria to use private funds such as the Becky Young Funds while addressing some common issues that are currently found in community corrections

A common question when discussing correctional treatment is, how effective is correctional treatment in reducing recidivism? Knight, Simpson, & Hiller's (2003) assessment of correctional treatment did not show that intensive probation-based treatment is effective or ineffective for drug-involved offenders. They believe that programs which did not have specific directed interventions designed to address the problems faced by many probationers as they deal with their drug and alcohol problems, emotional and mental health, employment barriers, and social adjustment, it seems unlikely that these individuals would not be rehabilitated for various reasons.

3.6.1 ATTENDANCE ISSUES

A study by Wormith and Oliver (2002) found the biggest treatment issue surrounding community corrections is non-attendance. Treatment non-completion is particularly poor for violent offenders. This is a problem that is not limited to the United States, in Britain, referrals to treatment over a 7-year period resulted in a 56 percent non-completion rate (Dalton, Major, & Sharkey, 1998). About one half of the offenders failed to attend a single appointment. Hambridge (1990) reported a 25.6% nonattendance and early dropout rate from a forensic outpatient service.

Anger management programs suffer from attendance problems as noted by Hird, Williams, and Markham (1997). The study reported a 82 percent non-completion rate for anger management. Whereas, Gondolf and Foster (1991) reported attrition rates of 73 percent between initial inquiry into the program and the intake assessment. By the time clients entered into batterers counseling there was an 86 percent attrition rate. After 12 sessions, 93% of the initial treatment referrals had dropped out, and at the end of the 8-month program, only 1% of the men referred had successfully completed the program.

Music therapy is a mode of treatment that is often times more enjoyable for offenders than other forms of treatment. Clients in music therapy express many different emotions as they are in a safe environment. Because of this, music therapy clients are more engaged in treatment and tend to enjoy the program better than other forms of traditional therapies (Baker, Et al, 2007). When utilizing music therapy as a treatment modality, community corrections agencies may have an easier time getting offenders to attend their sessions and receive the treatment they need. This will also ensure that treatment sessions are utilized and not skipped.

3.6.2 EDUCATION LEVEL

Wormith and Oliver's (2002) study also found that those with a limited amount of academic attainments were related to propensity of failure to complete treatment. The study found that often times, correctional programming is too sophisticated, demanding, or had complex and compound assignments such as

reading and homework for offenders who do not have sufficient education. The authors offer two simple solutions to the problem. First, provide various formats of treatment to offenders and second, slow the pace of the group so all individuals can understand the material presented. Ultimately, many current correctional treatment programs fail to assess responsiveness of offenders and their readiness to participate in treatment (Wormith & Oliver, 2002). Education level is not necessarily important in music therapy as it relies more on expression of emotion and learning alternative ways to deal with negative emotions rather than on reading and writing skills (Dijkstra, 2007).

3.6.3 LACK OF MENTAL HEALTH TREATMENT

As of June 2008, approximately 31 percent of all incarcerated adult offenders in Wisconsin were identified as suffering from some form of mental illness. Nationally, it is estimated that only 12 percent of the 70 percent -85 percent of state inmates who need substance abuse treatment are receiving it, due in part to long waiting lists, lack of incentives to participate in treatment, and a shortage of trained providers. Community corrections often lack the tools needed to perform mental health assessments, and further lack outlets to available treatment (Denckla et al, 2010).

The rate of recidivism among offenders with serious mental illness is 46 percent (CSG, 2009). According to the Association of State Correctional Administrators (2011), many states are unable to deal with the volume of mental health care needs in their respective community corrections populations. In

addition to the volume of offenders, mental health offenders require special attention in treatment which comes with increased costs of services.

With community corrections not having the ability to keep up with the volume of mental health offenders that require treatment, let alone dual diagnosis offenders. Music therapy can be beneficial in simultaneously treating issues is for individuals who suffer from dual diagnosis addiction and mental health disorder. In fact, the diagnoses could be responsible for each other or be independently occurring. Regardless of the cause, the treatment must address both issues simultaneously to be most effective (Winkelman, 2003).

According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2013) approximately 8.9 million adults have co-occurring mental and substance use disorders. Of those, only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent are receiving no treatment at all. A conservative estimate of the number of adult individuals with a substance abuse problem and a co-existing disability is approximated at 4.7 million Americans.

This has a negative impact on offenders on community supervision with substance-abuse issues or co-existing, as the recidivism cycle threatens to repeat itself. Thirty percent of offenders show evidence of substance use within the first two months of release from prison (CSG, 2009). In 2007, 77% of offenders revoked from community corrections admitted to drug use while on supervision. One study showed parolees who participate in alcohol and drug treatment reduced recidivism by 7% (PLNDP, 2008).

CHAPTER 4: SUMMARY, RECOMMENDATION, & CONCLUSION

4.1 SUMMARY

With community corrections agencies facing budget cuts (ASCA, 2011), agencies are looking for new ways to provide services at a lower cost. Music therapy is one alternative that can give administrators more services for their money. The benefit of Music therapy comes from the ability to address multiple issues in one music therapy session. This is because music therapy is interdisciplinary in nature and not bound to a single treatment goal (Boxill, 1985).

As Baker, Gleadhill, Thy & Dingle (2007) described, participants in music therapy for substance abuse found the therapy to be beneficial and it also helped their anxiety, mood, and were less impulsive when they were done with the first session.

According to lack of social support theory, general strain theory, general crime theory, and social learning theory, there are several behaviors that should be addressed to reduce crime. Music therapy has the ability to address all the issues including social issues, impulse control, anger issues mental health issues such as depression, stress, anxiety, and substance abuse treatment (Cevasco, Kennedy, & Generally, 2005) (Albornoz, 2011).

Offenders in music therapy learn how to build non-criminal behaviors to utilize in risky situations, addresses problem solving and anger management, and coping skills. Music therapy is able to help offenders recognize their risky thinking and address their feelings and give them a self of identity that is not criminal in nature. By working with others in the group setting, music therapy

creates and social pro-social behaviors. It can also help reduce the usages of drugs and alcohol, create support for abuse behaviors and create alternatives to substance abuse. Music therapy can teach offenders a sense of completion and satisfaction which will help them increase their performance and rewards as school and or work. Finally, music therapy will involve satisfaction in pro-social activities.

Current treatment modalities in community corrections suffer from the ability to get offenders motivated to attend treatment and interested to stay in treatment. Other offenders have a problem comprehending what the treatment is dealing with due to their lack of education (Wormith & Oliver, 2002). Most concerning, there is a shortage of mental health treatment (Denckla et al, 2010) . Music therapy is able to address all of these issues affecting community corrections.

Music therapy has been proven effective in many social services areas and in the medical field. It has a current evidence based practices for effective use and research to support its effectiveness and has been proven to be effective in correctional institution (Bruscia, 1998) (American Music Therapy Association, 2006) (FAQ Music Therapy, 2008). It appears that music therapy is appropriate for use in community corrections.

4.2 PROGRAM RECOMENDATION

Community corrections agencies should make music therapy available to offender. Ideally, group therapy be utilized in community corrections agencies.

This will give offenders a chance to work on their socialization skills that are much needed to address their criminogenic needs (Bourgon & Armstrong, 2005).

Groups are best run when they are capped at roughly 8 to 10 individuals. Agencies should be offering several groups at different times of the day to reach as many working and non-working offenders as possible. Offenders would be referred to groups by their agent/officer of record. Included with the referral would be accompanying background information pertaining to each offender. The music therapist would assess each offender during a one-to-one intake for their needs. Once the information is reviewed and the offender has been assessed, the therapist would create a goal with the offender to address their criminogenic needs. The offender would then be assigned to a group for a specified period of time by the music therapist (American Music Therapy Association, 2006). During the length of the program, data would be collected on each offender that attends, the length of their therapy, any technical or criminal violations of their supervision. This data is able to be reviewed annually to observe results from the group and assist researchers who choose to study the program.

4.3 CONCLUSION

This paper has demonstrated that there are alternatives to current treatment practices in community corrections. While music therapy is a relatively new discipline, it has shown through studies to be effective multiple disciplines including the medical and mental health fields.

Evidenced based practices in correctional institutions have shown that music therapy is a proven way to address issues associated with criminal behavior. The use of music therapy in community corrections is exceptionally limited at the time and empirical studies investigating the effectiveness music therapy are not available.

Music therapy would be especially beneficial in community corrections as it has the ability to address several issues at a time. One of the limitations of this paper is the limited studies linking music therapy with specific community corrections programs.

As more music therapy programs in community corrections are developed and deployed, studies should be completed, this information will be available for practitioners to review and refine programs for more efficient use. Specifically, studies should determine if music therapy in community corrections has an effect on an offender's criminogenic needs. It should also be studied if those who receive music therapy are less likely to become a recidivism statistic.

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