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Reach Me and You Can Teach Me

Engagement and Social Learning Through a Hand Drumming Program in Australia

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Abstract
This article explores the general challenges faced by therapists and youth workers when developing a trusting therapeutic relationship. In particular, it focuses on Australian school based counsellors and their struggle to engage alienated young people, including those of Aboriginal descent. It describes how this challenge led to the development of the rhythm based intervention DRUMBEAT — Discovering Relationships Using Music, Beliefs, Emotions, Attitudes, and Thoughts. The core elements of the DRUMBEAT program are presented and the research that supports its efficacy is reviewed.

"Why should I trust you?"

"I don't even know you!"

"No way I'm talking to you!"

Comments such as these, or glum looks of silence, are typical of the daily responses of alienated young people to counsellors' attempts to engage them through questioning. The struggle to engage young people and build a therapeutic alliance is an ever present challenge for the youth counsellor as the weight of the child's history of negative experience acts to undermine relationship. Yet without a relationship grounded by trust, genuineness, and empathy, the potential of the therapy itself is extremely limited.

Meta-analysis has shown that the strongest predictors of positive outcomes for clients include this fundamental element of relationship (Horvath & Symonds, 1991; Karver, Handelsman, Fields & Bickman, 2006).

There are a wide range of reasons why engaging young people, particularly adolescents, is so challenging. Many of these stem from the young person's relational history with adult and authority figures. Relationships that precede therapy can instill a sense of mistrust and oppositional behaviour based on prior experience. Many young people in therapy have histories of neglect or abuse that lead to fearful interactions with adults, (Eltz, Shirk & Sarlin, 1995). The intrinsic need at the developmental stage of adolescence for autonomy and independence also creates friction when placed against a program's structured therapeutic objectives and activities. The mandated requirement of many therapeutic programs delivered to young people may add additional resistance and skepticism over the value of the process as a whole (Digiuseppe et al., 1996). It is estimated that between 50 and 75 % of young people fail to complete the therapeutic program in which they are enrolled (Kazdin, Siegel & Bass, 1990).

The sense of mistrust and unease for a young person entering a therapeutic program is often only the first barrier to effective engagement. Mistrust may be reinforced by the design of the program or the therapist or the facilitators own actions and behaviour. Motivating young people to engage in a prevention or treatment program can often unknowingly

be sabotaged by both the process of therapy, when designed without due consideration to a young person's needs, and the facilitation skills of the therapist when these are under-developed and poorly employed (Ackerman & Hilsenroth, 2001). Many interventions currently employed to assist young people draw on cognitive based approaches which are effective with adults but developmentally inappropriate for young people (Weisz & Weersing, 1999).

Group work with young people and adolescents is one of the most powerful and effective approaches for assisting them achieve success in confronting the many challenges of adolescence and the transition to adulthood (Malekoff, 2004). Groups provide many of the 'protective factors' associated with resilience and positive social development including the need for belonging, support, acceptance, and recognition (Hawkins, Catalano & Miller, 1992). In groups young people can benefit from the positive influence of peers, whose influence on behaviour often outweighs that of prominent adults at this developmental stage (Sauter, Heyne, and Westenberg, 2009). Groups also diffuse the level of focus that individual therapy requires thus reducing self-consciousness and increasing the feeling of safety (Malekoff, 2004).

Group work with young people and adolescents is at the same time a challenging process (Malekoff, 2004). Behavioural issues that arise, as a matter of course, from young people with social deficits can be exacerbated in group settings due to an increase in arousal triggers and negative peer influence. These behaviours may dominate and undermine a session (Sharry & Owens, 2000). Additionally, trust in groups takes time to establish, particularly if the group format is open to continuous intake (Truneckova, & Viney, 2005).

The biggest single factor that works against the cognitive behavioural process in individual and group approaches with young people is the reliance on verbal communication (Malekoff, 2004). Problems with interpretation, misunderstanding, listening, and faulty reasoning are already likely to be present when working with alienated young people and these are at risk of being exacerbated by an over-reliance on the spoken word. Talk based therapies often meet resistance from young people who are not comfortable with expressing themselves verbally or who have a limited vocabulary (Castro-Blanco & Karver, 2010). Cultural differences may also see young people with limited understanding of the dominant language enter therapy delivered in a language with subtle nuances beyond their understanding. In both situations therapy is an exhausting, ongoing process of translation and interpretation (Lynch & Hanson, 1992).

Another reason that a purely cognitive response to working with young people is becoming less acceptable is the growing evidence that links developmental biology to ongoing behavioural issues (Perry, 2009). This evidence implicates the primitive regions of the brain, beyond the reach of cognitive reasoning, to behaviours associated with anxiety and emotional regulation; specifically damage to these regions due to trauma or neglect in in-utero or early childhood will have ongoing repercussion across the lifespan and can only be addressed through work that directly impacts this level of the brain (Perry, 2009). It is becoming increasingly apparent that unless this region of the brain is addressed and realigned, higher level functioning cannot be achieved. Sensorimotor exercises are the preferred means of working in this area and are recommended, in combination with relational and cognitive approaches, in order to achieve optimal outcomes (Ogden, Minton & Pain, 2006).

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In response to the limitations noted above, a number of experiential therapies have developed. These therapeutic programs include approaches, such as music, dance, and art, to engage young people and encourage the expression of feelings in a safe context. Other group programs make use of sport and adventure activities such as rope courses to develop teamwork skills and

self-confidence. These programs are often highly palatable to young people and influence personal, social and physical growth in ways that are not always possible with program's whose sole emphasis is reflective thinking.

Behavioural change, emotional growth, and personal empowerment are among the benefits of effective experiential therapy programs (Stuckey, & Nobel, 2010). Young people in experiential therapy programs are often focused on the task or activity at hand — rather than on the therapeutic aspect of the experience, and so are more likely to behave in a natural and less self-conscious way. This shift of focus also increases the level of safety in the group process as the level of direct questioning is reduced; particularly when the activity in question is one that is not competitive and is within the capacity of the participants. Increased feelings of comfort and safety are directly correlated to a positive therapeutic alliance and to improved therapeutic outcomes for the young person (Shirk & Karver, 2003).

Reflection on behaviour, thoughts, and feelings takes place as part of the process of the experience and is often extended by the facilitator through appropriate questioning. A skilled facilitator will move between reflective questioning and the different activities in order to keep the program dynamic and within the comfort level of participants. Experiential therapies also offer the participants activities that can become recreational and ongoing, providing new opportunities for social connection and the use of leisure time. Poor use of recreational time is a recognized 'risk factor' for both illegal drug use and other forms of criminal activity (Cottle, Lee & Heilbrun, 2001).

Responding to these challenges – a Case Study in Australia

Background

The Holyoake Institute (Holyoake) provides treatment and prevention programs for individuals, families, and communities impacted by problematic drug and alcohol use. Holyoake has branches across Australia including those in remote and regional areas. Holyoake's model of intervention is based on a combination of social learning and family systems theories. They offer group programs which are primarily concerned with exploring relationship issues that allow clients to build the support networks and healthy relationships necessary to combat addiction.

In 2003 staff from Holyoake's Wheatbelt office began development of the DRUMBEAT program. DRUMBEAT is an acronym for Discovering Relationships Using Music - Beliefs, Emotions, Attitudes, and Thoughts. The Wheatbelt is a regional area in Western Australia with a comparatively high density of Aboriginal Australians, and a significant number of drug and alcohol related social problems. DRUMBEAT was originally developed to reach young Aboriginal men (Faulkner, Wood, Ivery, & Donovan, 2012). Aboriginal Australians make up an average 2.5% of the Australian population and are significantly over-represented amongst those with chronic health problems, school dropouts, family violence and criminal activity (Health infonet, 2013). These issues are linked to the ongoing trauma of colonization, the removal of Aboriginal people from their traditional territory, and the government policy which saw the forced removal of Aboriginal children from their families resulting in a 'stolen generation' (De Maio et al, 2005).

Youth counsellors in Australia face significant issues engaging and supporting Aboriginal youth due to factors that include a history of suspicion between the two groups, language and literacy difficulties, cultural stigma (shame), and the in-appropriateness of models of therapeutic support that are dominated by the cognitive techniques previously described (Groome & Hamilton, 1995). These issues prompted Holyoake staff to look at alternative options, and prior to the development of DRUMBEAT a number of other experiential

programs were trialed with varying degrees of success.

The original concept for the DRUMBEAT program arose from a chance conversation in 2002 with an Aboriginal education officer who had noticed an affinity between the boys he worked with and drumming. Initially this relationship was considered purely for its motivational value — perhaps the opportunity to drum would be an incentive to attend group therapy programs which previously were plagued by low attendance and open resistance to group activities. Over the course of time the therapeutic value of drumming itself has become increasingly apparent, both through the responses of program members and through the increasing evidence base related to music therapy and child trauma fields (Wood et al, 2013).

Program content and delivery

While drumming per se can provide much fun and enjoyment, the DRUMBEAT program was developed with sound consideration of evidence relating to risk factors, student learning models, group processes, and behavioural outcomes. The design of the DRUMBEAT program was based on an understanding of risk and protective factors and sought to replicate the underlying theory of other Holyoake interventions by focusing on relationships and how the social context influences behaviour. Designed to be run over ten sessions, the program explores a different relationship theme each week and finishes with a short performance. The session content includes core rhythms, rhythm games, discussion, and improvisation. Each of these elements is designed to be flexible, giving the facilitator the opportunity to adapt the content to the needs of the group on any particular day. As illustrated in Figure 1 the core elements are related to skill acquisition and behavioural outcomes.

The drumming in DRUMBEAT, like the activities in other experiential therapies, provides young people with a distraction from the confronting nature of the therapy itself. It provides the group with a common purpose —drums are an instrument that can be

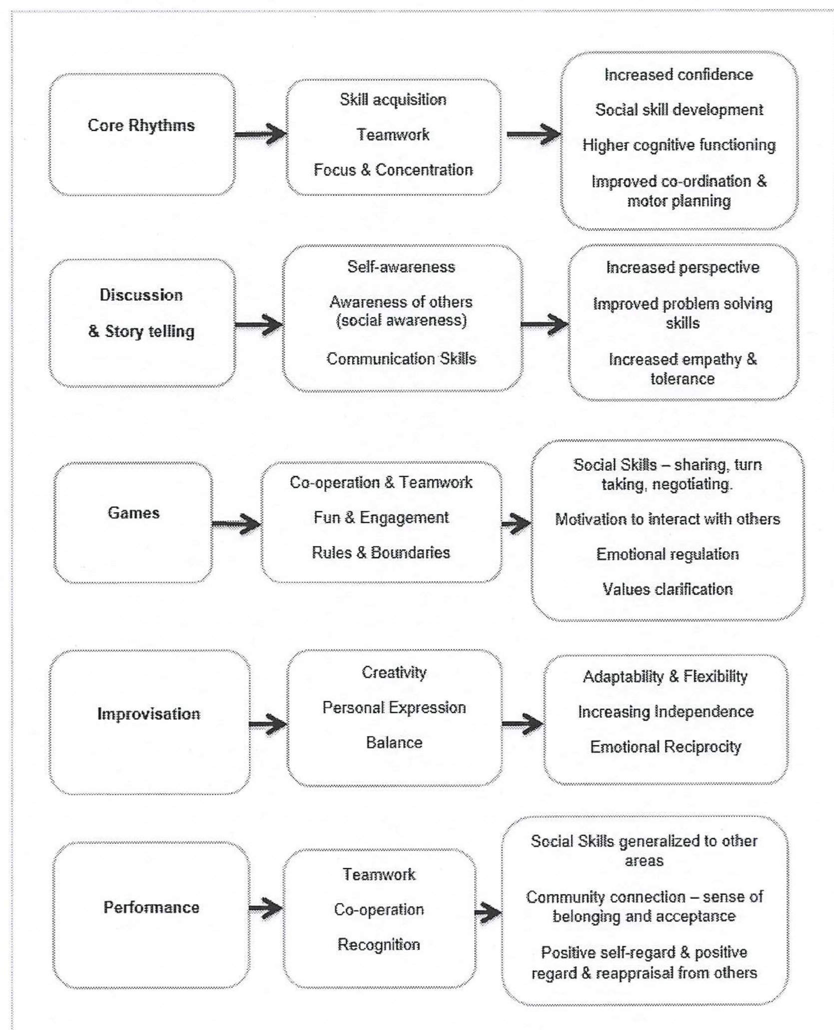

Figure 1
DRUMBEAT – the five core elements

played easily, delivering the reward of quick success, promoting confidence, and encouraging young people to continue. The drumming creates a safe medium for communication and emotional expression. Questions asked in group programs that might well be met by silence can be asked in DRUMBEAT and answered with confidence on the drum. Incidents that might invoke shame and embarrassment if discussed verbally can be displayed safely on the drum. For instance, in response to a specific scenario, the facilitator can invite participants to "Play how that felt on your drum" and follow that up with a question "Can you name that feeling?"

Rhythm games form a core part of DRUMBEAT but are not competitive. The games are played to encourage participation, teamwork, and to open up areas of discussion. Game play allows young people to practise social interaction in a safe and fun context. Through drumming they learn to master the more intricate levels of social interaction. The process of playing with others not only provides motivation for learning social skills, it also provides excellent practice (Lillard & Curenton, 1999). Play provides many opportunities for conflict and negotiation, which helps participants to consider the needs and feelings of others. Socially isolated youth can learn how to more competently assess peer norms, values, and expectations and to select actions that

may help them gain increased acceptance from others (Oden, 1987). For instance, in the game 'The Labyrinth' students work together to support a blind-folded colleague negotiate their way through a maze of drums without knocking them over. The blind-folded participant is guided by the sound of the drums, played by the rest of the group, which informs their direction.

Each of the themed sessions of the DRUMBEAT program include activities that utilize the drum to focus attention on a specific relationship issue; issues closely connected to real life challenges that can impact on a young person's future. Activities address subjects such as values, peer pressure, communication, risk taking, bullying, emotional expression, and social responsibility. An example of one of these exercises is the 'Peer Pressure Challenge' where each member of the group is asked to try to hold onto their rhythm while the group plays another and try to cajole them into joining the majority part. This simple exercise opens up a conversation on peer pressure and how to resist it when necessary.

Improvisation is another important part of the DRUMBEAT program. Young people are given instruction in set rhythm parts at the beginning of the program but in the latter stages of the course they are encouraged to improvise. This element is critical in fostering adaption and creativity in order for young people to be able to respond to changes in circumstance in the world around them. The skills of improvisation require belief in oneself, trust, listening, patience, and tolerance as the individual seeks to enter the drumming song with their own voice; marrying their own identity with that of the community.

Although the program uses African style drums, the DRUMBEAT program is not culturally based and the rhythms taught are not culturally specific. The program teaches a mix of unaligned world rhythms that avoid imposing one cultural tradition upon another. Set rhythms provide a safe skills framework before the emphasis shifts to improvisation. The fact that the

drumming is not culturally based has allowed the program to be welcomed into Pacific Island and Native American cultures which have their own drumming traditions without compromising the authenticity of those cultural practices.

In addition to the more overt rhythmic activities, discussion, and team building components of the program; DRUMBEAT is also designed to work on all levels of the brain. It engages the primitive parts of the brain (brain-stem) associated with emotional regulation, using rhythm exercises pitched at tempos that replicate the nurturing rhythms of early childhood – the mother's heartbeat, rocking, patting, and the lilt of a mother's voice. These rhythmic exercises are associated with an increase in regulation and a decrease in anxiety (Perry, 2009). The program engages the emotional or relational part of the brain (amygdala) through the wide range of social activities incorporated in its content and through specific exercises that focus on social interaction. The cognitive part of the brain (frontal cortex) is engaged in self-reflection and self-awareness through discussion, but in a way that provides a unique platform of safety (Faulkner, 2012).

How do we know if it works?

Evidence on the efficacy of the DRUMBEAT program is growing with several independent studies completed and some significant research projects underway. In 2009, an evaluation was undertaken of the 10-week DRUMBEAT program as delivered in 19 Western Australian schools to students who were considered 'high risk' (Wood et al, 2013). Participating students (n=180) completed pre, interim, and post-program surveys, and school-based data on student behaviour and teacher feedback was also collected. Overall, positive changes were observed on a number of measures that serve as indicators of "risk" for young people, including a 10 per cent increase in self-esteem scores at program completion, and a decrease in reported behaviour incidents for nearly one third of participants, and reduced 'unexplained absenteeism' (Wood et al, 2013). Another smaller study, utilizing a before and after with control design, found similar levels of change (Faulkner et al, 2012).

Emperical measures only go part way in capturing the 'lived experience' and benefits of experiential therapies such as the DRUMBEAT program, hence qualitative data is also collected as part of evaluation where-ever possible. As reflected in the examples of feedback from teachers participating in the 2009 schools evaluation, the program can yield a number of additional benefits for students own personal development, as well as for their school engagement:

> *"The behaviour of students participating in the DRUMBEAT program has improved. Those that are quite shy are starting to speak up a bit. They are learning how to be an integral part of society."*

> *"When you are in that small group situation you can address things in more depth...the way we can speak about the way they cope with situations in everyday life, whether it be outside of school or in school. And if you don't want to talk you can just bang it on the drum. It's giving children a different way of out letting anything they want to say."*

> *"It enables them to consider the broader concept of life skills and how they function, not only with themselves but also when it comes to other people, so there is an immediate sensory pleasure which comes from playing the drums and there is a long term payoff for them as well."*

A big focus of the program is on building trust; trust between participants, between participants and the facilitator, and redressing the erosion of trust in others that is borne by some participants. Self-reported feedback from students completing the program showed a 95% comfort rating in the program at the halfway stage and a 99% comfort rating at the programs completion (Wood et al, 2013). Again, teacher feedback

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provides additional compelling insight into the power of the DRUMBEAT program in this regard:

> *"I have found in our school that DRUMBEAT really benefits the children that are being abused at home. I have had two girls disclose sexual abuse to me and the good thing about it is that they haven't disclosed it in the circle; they have come to me afterwards. DRUMBEAT has given them a channel, an outlet to someone that they can trust."*

> *"A boy was thinking about killing himself a lot, he was very suicidal and then DRUMBEAT gave him the outlet to tell me about that. To which I then contacted relevant people to get him help."*

Since its inception in 2003, the DRUMBEAT program has expanded into a diversity of settings and is now delivered in schools, behavioural centres, youth centres, drug and alcohol rehabilitation centres, child and adolescent mental health centres, juvenile detention centres, children's hospitals, child trauma centres, refugee centres, and child protection residential centres. Over 4,000 professionals have now completed the DRUMBEAT Facilitator training course. The central theme of relationships and the accessible nature of the program have made it relevant and popular in many areas beyond its original scope.

The program also encourages flexibility and adaption on behalf of the facilitator, welcoming professionals to find their own analogies within the core content to meet the needs of the client groups they work with. This has led to a wide range of innovative activities and applications and empowered facilitators to lead from their own strengths. Coupled with the fun nature of the program, this flexibility makes for a more relaxed and responsive process that engenders trust.

The therapeutic alliance is the corner stone of effective interventions with young people and often one of the most challenging relationships to build (Eltz, Shirk, & Sarlin, 1995). Experiential therapies such as the Australian example DRUMBEAT offer insight into effective strategies for engagement as a prelude to therapy itself. The dominance of cognitive, talk based interventions, prevalent today in all areas of youth interventions, continues to present a significant challenge to counsellors seeking to engage young people, particularly those from minority cultures, and those with anxiety around social interaction (Castro-Blanco & Karver, 2010). Although many music and arts programs report anecdotal accounts of a positive impact on participant's wellbeing, there is often a dearth of evidence, and this can impede the uptake and sustained funding of such programs in a world that increasingly calls for programs to be 'evidence-based' and cost effective. Evidence of the effectiveness of alternative approaches such as DRUMBEAT can assist funders and decision makers in youth service provision with new and often more youth friendly mediums for therapeutic intervention.

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"Always in the big woods when you leave familiar ground and step off alone into a new place there will be, along with the feelings of curiosity and excitement, a little nagging of dread. It is the ancient fear of the unknown, and it is your first bond with the wilderness you are going into. What you are doing is exploring. You are undertaking the first experience, not of the place, but of yourself in that place. It is an experience of essential loneliness, for nobody can discover the world for anyone else. It is only after we have discovered it for ourselves that it becomes a common ground and a common bond, and we cease to be alone."

Wendell Berry
The One Inch Journey

Relational Child & Youth Care Practice