

TEACHING GROUP DRUMMING TO MENTAL HEALTH PROFESSIONALS

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The author John Updike is quoted as saying “What art offers is space—a certain breathing room for the spirit.” Over the past 10 years, there has been a growing recognition of the healing and restorative power of the arts. Music, art, poetry, and movement therapy are commonly being introduced into healthcare settings. An organization, the Society for the Arts in Healthcare (www.sah.org), has been formed to demonstrate the valuable role that the arts can play in enhancing the healing process. The Society also provides resources and education to healthcare and arts professionals and encourages and supports research on the beneficial effects of the arts in healthcare. In the column this month, Ping Ho and her colleagues describe an innovative program at UCLA where drumming was taught to mental health professionals who, in turn, were encouraged to bring drumming to public school classrooms in underserved areas. The evi-

dence described below suggests that the mental health professionals were receptive to education and roughly a third of those who went through the training, in turn, offered a program to clients in the school. — MJK

There is strong evidence from the field of psychoneuroimmunology that stress reduction and social support improve health and resistance to disease.^{1,2} Ping Ho and colleagues recently completed a study that focused on the use of drumming in a Los Angeles public school with low-income children. They reported that group drumming, integrated with activities from group counseling, led to significant improvements in a wide spectrum of social-emotional behaviors.³ Significant reductions in the intervention group compared to controls were found in overall problem behavior and in behaviors reflective of specific problems, such as withdrawn/depression, anxiety, posttraumatic stress, attention deficit/hyperactivity, oppositional defiance, and sluggish cognitive tempo. In this study, a school counselor with no music experience was used to deliver the intervention that was designed to accommodate an entire classroom of children, including children with special needs and abilities.

Curious as to whether it was possible to educate a group of health professionals on the use of the drumming program, the research team sought support from integrative health advocate Remo Belli (founder and CEO of Remo, Inc) that enabled them to offer free professional development training to an entire division of mental health professionals largely serving elementary youth in underperforming schools in the Los Angeles Unified School District—the second largest school district in the nation. The training took place over a period of two

days in October 2008. Day 1 was an experiential overview of the entire program; Day 2 allowed for more intensive practice in leading components of the program. Attendance at both training days was required in order to receive curriculum materials. Continuing education units were offered for participation, and all participants were encouraged by their division head to attend both days of training.

Sixty-seven out of 86 participants (78%) attended both training days. *t* test analyses of pre-post surveys indicated that trainees acquired significant knowledge of the material from pretest Day 1 to posttest Day 1 ($P < .0001$) and from posttest Day 1 to posttest Day 2 ($P < .01$).

By the end of one year, all 86 participants were surveyed by telephone or email regarding whether or not they had implemented any form of drumming in their school settings within the academic year in which they received the training. Twenty-six (30%) reported that they had implemented some form of drumming; twenty-one had attended both days of training, three had attended the first day only, and two had attended the second day only. Implementation ranged from full program delivery with school purchase of up to 30 lap-height hand drums, to the creative use of one frame drum passed around to small numbers of children in counseling groups. In the latter case, one counselor recounted:

I used the one drum I had to encourage kids to talk about their problems and to have them give information verbally and with rhythm on the drum. A lot of them would synchronize their words with the rhythm,

Content on integrative healthcare and complementary and alternative medicine is being taught in hundreds of educational programs across the country. Nursing, medical, osteopathic, chiropractic, acupuncture, naturopathic, and other programs are finding creative and innovative ways to include these approaches in new models of education and practice. This column spotlights such innovations in integrative healthcare and CAM education and presents readers with specific educational interventions they can adapt into new or ongoing educational efforts at their institution or programs. We invite readers to submit brief descriptions of efforts in their institutions that reflect the creativity, diversity, and interdisciplinary nature of the field. Please submit to Dr. Sierpina at vssierpi@utmb.edu or Dr. Kreitzer at kreit003@umn.edu. Submissions should be no more than 500-1,500 words. Please include any Website or other resource that is relevant as well as contact information.

which enabled them to at once have a show and also a useful experience. The kids loved it. Sometimes I had kids who were referred for acting out; others [were referred] for withdrawn behavior and poor self-image. I would balance the groups to optimize them. I noticed improvements in behavior with a greater sense of cooperation between the children. Working in groups with music can be helpful with kids because the children who were shy or acting out would bring each other's qualities out in one another to level each other out. Some of these children if put together previously would have been fighting. Then they became a group and you don't beat up a member of your group. I really appreciated the training.

Predictors of implementation included:

- Satisfaction with the training program (a composite of ratings on communication effectiveness of presenters, program organization, and helpfulness of audiovisual aids) at posttest Day 1 ($P < .02$)
- Confidence in the ability to implement the program at pretest Day 1 ($P < .01$) and posttest Day 2 ($P < .003$)
- Beliefs about preparedness for program delivery (a composite of ratings on the helpfulness of experiential training, and feelings of adequacy in preparation for delivery of drumming and self-disclosure aspects of the program) at posttest Day 2 ($P < .0004$)
- Interest in the drumming aspect of the training program at posttest Day 2 ($P < .0007$)
- Perceived barriers to implementation (a composite of ratings on scheduling, administrative support, teacher support, funding for equipment, storage of equipment, and space availability) at posttest Day 1 ($P < .05$)
- Teacher support as a perceived barrier to implementation at posttest Day 1 ($P < .05$)
- Space availability for program delivery as a perceived barrier to implementation at posttest Day 1 ($P < .02$)

Adoption of the drumming program by school mental health professionals has potentially broad public health value, given the variety of ways in which children express stress,^{4,7}

their increasing lack of access to care,⁸⁻¹⁰ and the critical role that schools play as their primary source of mental health support.¹¹ In addition, it offers a means of addressing the rising societal healthcare burden from chronic diseases rooted in emotions and behavior.¹² The one-year results of the training program demonstrate not only the perceived value of drumming as a therapeutic tool but also the possibility of training mental health professionals to deliver it.

The variables predicting implementation represent potential target areas to be addressed in future training programs, and they may also help to identify participants to whom additional support should be offered. Among those that did not implement the program, many expressed the desire to do so in the future; therefore, many counselor trainees, regardless of whether or not they had actually implemented the program, would be potential advocates of the arts as a therapeutic tool. Diffusion of Innovations Theory asserts that information forwarded from interpersonal channels, particularly among near peers, is more effective than information from other sources in getting individuals to adopt new behaviors or ideas.¹³

We know from national surveys that cultural creatives and persons who have had a transformative experience are more likely to use complementary and alternative medicine.¹⁴ The process of creative expression reveals unconscious information that can facilitate insight in a transformative way. Arts-based therapeutic activities are easy to implement in places such as healthcare settings and schools—where nearly everyone travels.

We need creative solutions for the healthcare challenges that we face as a society. An arts-based model of care can not only enhance the environment of medicine but also provide a public health safety net. Moreover, it may prove to be viable in changing the culture of medicine.

Arts-based therapeutic programs offer accessible, nonverbal, and universal tools for improving health by reducing stress and increasing social support—without the stigma of therapy.

REFERENCES

1. Kiecolt-Glaser JK, McGuire L, Robles TF, Glaser R. Psychoneuroimmunology: psychological influences on immune function and health. *J Consult Clin Psychol*. 2002;70:537-547.

2. Kiecolt-Glaser JK, Gouin JP, Hantsoo L. Close relationships, inflammation, and health. *Neurosci Biobehav Rev*. 2010;35:33-38.
3. Ho P, Tsao JCI, Bloch L, Zeltzer L. The impact of group drumming on social-emotional behavior in low-income children. *eCAM*. vol. 2011, Article ID 250708, 14 pages, 2011;doi: 10.1093/ecam/neaq072.
4. Grant KE, Katz BN, Thomas KJ, et al. Psychological symptoms affecting low-income urban youth. *J Adolesc Res*. 2004;19:613-634.
5. Schwab-Stone M, Chen C, Greenberger E, Silver D, Lichtman J, Voyce C. No safe haven II: the effects of violence exposure on urban youth. *J Am Acad Child Adolesc Psychiatry*. 1999;38:359-367.
6. Pastore DR, Fisher M, Friedman SB. Violence and mental health problems among urban high school students. *J Adolesc Health*. 1996;18:320-324.
7. O'Donnell L, O'Donnell C, Wardlaw DM, Stueve A. Risk and resiliency factors influencing suicidality among urban African American and Latino youth. *Am J Commun Psychol*. 2004;33:37-49.
8. DeNavas-Walt C, Proctor BD, Smith JC. *Income, Poverty, and Health Insurance Coverage in the United States: 2007*. Washington, DC: U.S. Census Bureau. Current Population Reports, P60-235; 2008.
9. Ku L, Waidmann T. *How Race/Ethnicity, Immigration Status, and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low Income Population*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured; 2003.
10. Flores G, Tomany-Korman SC. Racial and ethnic disparities in medical and dental health, access to care, and use of services in US children. *Pediatrics*. 2008; 121:e286-e298.
11. Burns BJ, Costello EJ, Angold A, et al. Children's mental health service use across service sectors. *Health Aff (Millwood)*. 1995; 14:147-159.
12. Torrens PR. Historical evolution and overview of health services in the United States. In: Williams SJ, Torrens PR, eds. *Introduction to Health Services*. Albany, NY: Delmar; 2002.
13. Rogers EM. *The Elements of Diffusion. Diffusion of Innovations*. 4th ed. New York, NY: The Free Press; 1995:1-37.
14. Astin JA. Why patients use alternative medicine. *JAMA*. 1998;279:1548-1553.

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