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Author/s:

Lai, HIC;Thompson, G;McFerran, KS

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Music therapists' perceptions of creating safety in the context of trauma with children and adolescents: A qualitative study

Hsin-I Cindy Lai , Grace Thompson  and Katrina Skewes McFerran 

Fine Arts and Music, The University of Melbourne, Melbourne, Australia

ABSTRACT

Introduction: Ensuring the safety of children and adolescents who have experienced trauma is a paramount consideration in therapeutic practices, yet research specifically addressing this within music therapy is lacking. To bridge this gap, the authors aimed to use semi-structured interviews to investigate how experienced music therapists from diverse cultural backgrounds describe providing safety while working with children and adolescents who experienced trauma.

Method: This research employed hermeneutic phenomenology to analyze the perspectives of 18 music therapists representing 11 countries. Their descriptions of cultivating safety and establishing secure environments were shared via online interviews and techniques from Interpretative Phenomenological Analysis (IPA) were used to generate results.


Results: Analysis of the interviews revealed four prominent themes delineating the techniques music therapists use in their sessions to foster safety. These themes encompassed various aspects such as establishing a safe space, implementing a semi-structured program, providing opportunities for control and choice, and thoughtfully incorporating music. Collectively, these themes illuminate the approaches music therapists effectively deploy to create safety in their therapeutic sessions.

Discussion: The experienced music therapists in this study underscored the importance of attuning to the needs of children and adolescents who have experienced adversity. Newer practitioners may be interested in the ways they described maintaining a delicate balance between openness, flexibility, well-defined boundaries, and a reliable, caring presence. These fundamental elements support the development of safe connections and meaningful engagement, potentially fostering a sense of safety for both therapists and the young people they work with.

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CONTACT Hsin-I Cindy Lai  cindy.lai@unimelb.edu.au

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Introduction

Safety

Safety is a psychological state that encompasses feeling secure in one's environment, free from harm or danger (Safety, 2022). It often involves managing acceptable risks and requires resilience (Anna & Logan, 2021). Maslow (1943) emphasized this importance in his hierarchy of needs, where safety ranks second only to physiological needs and he asserted that humans are inherently safety-seeking beings. This inclination driving our preference for the familiar over the unknown persists from early childhood through adulthood (Maslow, 1943, p. 349), highlighting safety's crucial role in human development.

Childhood trauma, whether singular events or prolonged experiences, profoundly impacts survivor's perception of safety and belief systems, which are typically eroded following trauma (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). From a biological perspective, Porges' Polyvagal Theory describes how the body detects and responds to threats and safety, using three principles – hierarchy, neuroception, and co-regulation (Porges, 2011). Hesse (2002) notes "Trauma survivors almost always feel a loss of safety" (p. 299). From a relational perspective, studies have also shown that prolonged experiences of abuse and neglect disrupt relationships that afford children safety and protection (Dye, 2018; Kliethermes et al., 2014). Survivors often grapple with a diminished sense of safety and trust in close relationships (Herman, 1997/2015; van der Kolk, 2014), leading to enduring effects on mental health, contributing to difficulties in stress regulation (Lawson & Quinn, 2013), emotional management (Dye, 2018), aggressive behaviors (McLaughlin et al., 2020), self-harming behaviors (Herman, 1997/2015), and interpersonal relationships (van der Kolk, 2014). Combining both biological and relational standpoints, it is clear that restoring young people's ability to trust adults and feel safe in their company is a critical mechanism of therapy.

Trauma recovery approaches that emphasize safety

Polyvagal Theory (Porges, 2011) has profoundly influenced the development of many trauma-recovery approaches that emphasize safety such as Somatic Experiencing (Payne et al., 2015), trauma-informed yoga (van der Kolk et al., 2014), and Sensorimotor Psychotherapy (Fisher & Ogden, 2009). These body-focused approaches to safety are complemented by other methods that emphasize play, music, and sensory movement interventions for youth and families to enhance relational safety (Tucci et al., 2018). Similarly, Herman (1997/2015) advocated for restoring control to the body and the environment through trust within the client-therapist relationship. Many approaches to trauma-informed practice highlight the importance of respecting a person's choice, collaborative relationship that promotes an equal ground for the person and therapist and providing a safe environment for exploration. For example, both Seeking Safety (Najavits, 2002; Najavits et al., 1996) and Structuring Safety (Richardson & Reynolds, 2014) used talk-based techniques to address safety concerns through developing coping skills and exploring internal safety mechanisms (Najavits, 2002; Najavits et al., 1996), and negotiation and co-construction of safe situations and relationships within therapy (Richardson & Reynolds, 2014).

Music therapy, safety and trauma research

While trauma-informed care principles are being incorporated into music therapy (Heiderscheit & Murphy, 2021), methods for establishing safety remain under-articulated. Scrine (2021, 2022) critiques the literature for overemphasizing positive outcomes while neglecting to critically examine whether music inherently creates safety. She advocates considering the concept of Structuring Safety by Richardson and Reynolds (2014) to navigate consent and control in therapy sessions, and to conceptualize safety and therapists' self-awareness within a trauma-informed context. This aligns with our previous critique of music therapy literature on safety (Lai et al., 2020), which highlights the frequent references to safety without clear descriptions of what constitutes safety in music therapy or when it becomes unsafe. This research emerged from the need to generate more specific descriptions to that end.

Music therapists have also increasingly recognized that the potential of music to foster safety and connections (Porges, 2022) requires careful qualification, especially when working with young trauma survivors (Hense et al., 2018). Recent studies suggest that music may not always promote positive experiences (Hense et al., 2018; McFerran & Saarikallio, 2014). Listening to music, for example, can have both regulatory and triggering effects, necessitating therapists to assess individual responsiveness and contextual factors when using musical interventions (Lai et al., 2020; McFerran et al., 2020). This complex relationship between music and emotions necessitates careful guidance by the therapist, and there have been calls for further research to clarify music's role in providing safety (Flater, 2020). This research endeavors to address this need by examining what experienced music therapists do in practice and how they describe working with safety in their sessions.

Expressive arts and music therapy are increasingly valued in trauma care (Beer & Birnbaum, 2022; Chesner & Lykou, 2021; Malchiodi, 2020), but more understanding of how to ensure safety in sessions would be valuable. This research sought to contribute rich descriptions of the phenomenon as a starting point, focusing first on professional understandings whilst recognizing that the perspectives of young people should be sought once this foundational knowledge has been established. This was intended to address the ethical principle of beneficence by ensuring we had examined our own possibilities of understanding that could then inform future studies which would place demands on the time and contributions of young people who might wish to be reassured that this foundational work has been done. We acknowledge the study's limitations and view it as an initial exploration. Our research questions: (1) How do music therapists create safety in their programs? (2) How does the music contribute to the creation of safety?

Method

Research approach

Interpretative Phenomenological Analysis (IPA)

The study is positioned within a phenomenological approach to discovering meaning that aims to generate rich descriptions of the phenomenon, using hermeneutics, reflexivity, with a keen awareness of the connections between the individual and the world they inhabit (Finlay, 2011, 2022; Smith et al., 2009). Interpretative Phenomenological Analysis (IPA) is a specific method within the broader terrain

and was developed by Smith and colleagues (Smith et al., 2009). IPA involves the participant making sense of their experience of a phenomenon, while the researcher is challenged to examine and understand the participant's experience from their perspective and be willing to question and critique their perceptions (Smith & Osborn, 2008). IPA has three fundamental tenets: (a) reflexive analysis of the experience of the participant, (b) idiographic sensitivity through focusing on the participant's unique perspectives of the particular situation, and (c) hermeneutics, which refers to the multi-layered interpretations employed by the analyst to attempt to grasp the complexities of the phenomena (Smith et al., 2009). IPA was chosen for its ability to honor each participant's uniqueness and for its adaptable approach, allowing for a thorough examination of interview transcripts (Finlay, 2011; Smith et al., 2009).

Researcher reflexivity

In some traditional forms of phenomenology, bracketing is often employed to minimize the influence of researcher preconceptions (Finlay, 2008). However, this process is commonly misconstrued as eliminating subjectivity rather than acknowledging and managing pre-assumptions (Finlay, 2011). In this study, we utilized several strategies to address our biases. Author 1 maintained a reflexive journal that she returned to throughout the analysis to identify whether her pre-assumptions were presenting themselves in her findings. She also shared insights from the reflexive journal in supervision with Author 3. For example, Author 1's excitement about practices similar to her own experiences prompted reflection on the representation of different perspectives. This enthusiasm was evidenced in how much she wrote about those interviews and apparent in supervision by her level of animation. Author 3 noticed this higher animation and asked Author 1 to reflect on how many of the themes were informed by the participants with whom she identified, and whether the less resonant perspectives were equally represented. Author 1 contemplated this as she undertook another layer of interpretive analysis. She recognized that this was not balanced and returned to the less familiar perspectives to scrutinize them further and embed them more clearly. This is seen in the theme "Implementing a semi-structured approach." Additionally, we critically examined the assumption that music would create safety – an idea that is present in the literature as well as our pre-assumptions, but which we wanted to carefully interrogate. This was done by reflexively considering and questioning all statements made during interviews to understand their deeper meanings.

Participants and recruitment

This study included 15 people identifying as women and 3 as men who were qualified music therapists living in eleven countries (Australia, Chile, Denmark, England, Finland, Germany, Israel, Malaysia, Scotland, South Korea, USA). The inclusion criteria were: (a) qualified experienced music therapists who have worked in the field of childhood trauma for 5 years, including at least 2 years full-time equivalent; and (b) currently working or formerly working with children and adolescents with adverse or traumatic experiences. Most of them focused on individual work with children and adolescents who had experienced adversity and thus, made limited reference to group work.

Participants were recruited through the supervising researcher's networks via a post on her public social media profile. Eighteen music therapists responded to the post via

private messaging and were provided with information about the study before agreeing to participate. Online interviews were then scheduled with the first author via email. No further identifying information is included here to ensure the anonymity of participants and their clients, as per ethics requirements.

Ethical considerations

Prior to the interviews, participants signed consent forms, and the project received ethics approval from the University of Melbourne (Ethics Approval # 2056814). Anonymity was a topic of dialogue with the committee who were conscious that talking about working with people who have experienced adversity could introduce risk related to exposure. Pseudonyms are used in the presentation of results, as agreed by participants.

Data collection

Data was gathered through the online, video-recorded, semi-structured interviews conducted by Author 1. Interviews spanned 29 to 79 minutes. Participants responded to approximately seven topic prompts emanating from the primary research question, including their own definition of safety, how they create safety, how they experience safety, what activities/strategies they use to provide safety, what they think how their clients experience safety, and advise on providing safety. These prompts were offered in a broad and explorative way to encourage participants to elaborate on their unique views (Smith et al., 2009) rather than providing brief answers to direct questions. Most participants offered extensive, detailed responses, while a few provided brief insights.

Data analysis

Data were analyzed inductively using a comprehensive, two-phase, 13-step analytical process that emerged as Author 1 worked with the data and simultaneously read existing guidelines about IPA analysis and discussed the process with Author 3 who has extensive experience in qualitative data analysis. The six-step Interpretative Phenomenological Analysis (IPA) was informed specifically by Smith et al. (2009) approach and a seven-step microanalysis procedure documented by McFerran and Grocke (2007) (see Figure 1 in the online [supplemental material](#)). Author 1 meticulously transcribed the interviews and checked them against the recordings, simultaneously immersing herself in the data through multiple readings. Transcripts were analyzed first by working in word documents and then using NVIVO, a systematic coding platform (Lumivero, 2020). The first phase retained a commitment to idiographic analysis, focusing on investigating specific patterns expressed by each participant. Regular supervisions and consultations were used to review emerging themes and explore the relationship between themes and sub-themes.

In the second phase, van Manen's (1997) phenomenological reduction was used to navigate the complexity of the multiple voices contributing diverse perspectives. This phenomenological attitude has been described by Heinonen (2015) as: "it empowers the researcher to see the research as parts and as a whole" (p. 34) and enables the researcher to make "significant decisions at a complex level" (p. 31). Finlay (2011)

describes the process as a dance between reduction and reflexivity, and it felt that way as the researchers moved back and forth between possible interpretations. The process involved gathering codes created from the first stage and categorizing them into themes and sub-themes across the different participants. This cross-case analysis is the focus of this manuscript.

Results

The analysis answered the questions of how music therapists create safety in their sessions and specifically, utilize music in that process. Four themes were generated that gathered together similar strategies employed by the experienced music therapists in this study to foster safety: creating a safe space, implementing a semi-structured approach, providing opportunity for control and choice, and thoughtfully incorporating music and recognizing that music isn't always safe. These themes are broad to capture alignments between the practices described, and more details are provided below to add richness and demonstrate how they each perceived themselves as contributing to fostering a safe therapeutic space.

Creating a safe space

All participants unanimously agreed that their utmost priority was creating a safe space for participants and young people. Their descriptions demonstrate a variety of features of safety across physical, environmental, and psychological domains. They believed that to thoughtfully establish these three domains of safety, the following five key approaches could be employed:

Removing potentially harmful instruments and objects

All participants emphasized the significance of setting up a music therapy room free from harmful objects to foster physical and environmental safety. Mary explained,

I can assist them in being safe that means restricting particular instruments or taking things off instruments that could be a danger to them . . . I had to take the label, the metal label off the instruments of all the djembes because there were kids that were taking them off and using them for self-hurt, deliberate self-harm.

Keeping an appropriate physical distance

More than half of participants suggested that keeping a respectful physical distance between participants and their young people enhances physical safety, with Rose elaborating, "I believe in creating physical distance if a child has an issue with contact or a close physical distance [to ensure their safety]." Zoe and Alex suggested allowing children to choose their seating first, then asking where participants could sit in the room to maintain a safe distance.

Ensuring privacy by locking the door

Although unconventional, Ella considered door locking to be a significant precaution. She emphasized the cultural value of privacy in her region of the world, particularly amidst ongoing conflicts and wars, as a means to enhance environmental safety. She explained,

I lock the door, the key is always in the door, and this is what I told the client at the beginning of the session and repeated, that you can leave at any time, the key in the door isn't locked for you or me . . . the door is locked so that nobody from outside suddenly barges in, this is creating a safe space for them.

Establishing clear safety rules

Half of the participants emphasized the importance of setting clear rules to establish safety boundaries. Lily shared her approach of informing adolescents about safety rules at the start of sessions, giving them a sense of security. Lily explained, “my rules are really simple: no kind of violence is allowed, no destruction is allowed, and you are not allowed to break things on purpose . . . the final rule is that we start and end the session accurately like scheduled.”

A gentle and friendly greeting

Most participants highlighted the importance of gentle and friendly interactions with their young people, including greeting them into the session, for cultivating psychological safety. Alex explained the importance of first impressions, explaining, “creating safety or a feeling of safety in the music therapy session is about how you start, so about how you introduce yourself to the child at the beginning.” Lily, Lucy, and Nora embraced this concept through their voice and posture, conveying a reassuring atmosphere. Lily added,

The first thing when the client comes to my clinic is to create a safe base for them and that happens through the interaction between me and the client . . . it's about making them feel welcome . . . it's about using my voice, my tone of voice, the rhythm of the voice, the melody of my voice . . . I'm more vivid with my voice, and it is also about my attitude towards them.

Implementing a semi-structured approach

The majority of participants described their approaches as semi-structured, emphasizing three fundamental principles: clear beginning and ending activities, strict session durations, and being open, flexible, and responsive to the person's needs. They reported that this approach contributes to the cultivation of feelings of safety.

Clear beginning and ending activities

Most participants underscored the importance of providing concrete beginning and ending activities, as this structure creates predictability and may elicit feelings of security and stability. Lucy, for instance, incorporated traditional music therapy hello and goodbye songs, revealing, “I always have a song that we do in the beginning . . . and then another song in the end.” Ella highlighted the significance of anticipatory structure, stating, “the structure and being able to anticipate what's going to happen is a great point in creating safety in the first place.”

Strict session durations

Most participants emphasized the value of adhering the strict time frames during program sessions. Rose reported that keeping strict time length is important “especially during the early stages of the therapy.” Ann reinforced this notion by affirming that adhering the firm time boundaries bolstered adolescents' sense of safety. She shared, “we stick to it [the session length], and my responsibility is making sure that happens week on week, I'm

making sure that therapy sessions are very firmly bound in terms of time so that they feel safe.”

Being open, flexible, and responsive to the person's needs

All 18 participants recognized the importance of being flexible and adjusting and responding to the present moment and the individual needs of young people. Acknowledging the unpredictable nature of traumatized young people, Mary remarked, “they’re different from minute to minute.” Angel elucidated,

It’s the work I believe that requires incredible flexibility, which all therapists would say they had. I generally find that session plans go out the window within the first couple of minutes of the session ... so it probably takes a real level of confidence in being able to adapt and be responsive as opposed to planned and like structured in that way.

Importantly, the participants described that the semi-structured framework not only provided a scaffold that engendered familiarity and security among young people but also permitted participants to pivot and respond to the unique dynamics of each therapy session. By finding a balance between structure and flexibility tailored to each young person’s needs, participants created an environment that facilitated young people’s experience of predictability, control, and security.

Providing opportunity for control and choice

All participants confirmed that providing opportunities for young people to exercise control and making choices may help to establish a sense of safety. They identified the importance of having control. Ann stated that engaging with adolescents in the program was “always about exercising control and competing.” Similarly, Angel explained her perspective on control stating, “we all have a sense of safety when we’ve got some control over our environment.” Nora also emphasized the value of providing choice and control during sessions, saying that it “really establishes a sense of safety because they [adolescents] don’t feel overwhelmed and controlled.” Nora added, “in my work, I really encourage them to have that sense of agency and to make choices that are meaningful to them, making them aware that they can remain in control.” The participants’ descriptions suggested two techniques for providing control and choice: following the young person’s lead and providing limited choices.

Following the young person's lead

Most participants revealed the importance of following the young person’s lead and avoiding pressuring them into activities. This approach effectively creates a secure foundation for engagement in the session. Sun described her program as being “very much led by them [adolescents] in terms of what they’re comfortable with.” Ava shared a similar approach: “I try to go with them [children] ... mostly go with what they’re presenting in the room.” Ann and Alex used the expression “go with the flow” to indicate that they follow the person’s lead or direction. Ann also mentioned “just following the young person” to explain how she encourages them to participate and trust in their leadership. Her example sheds light on this process:

It tends to be like if they [adolescents] are sitting at the drum kit while they're telling me how the week has been . . . perhaps they're drumming, then I would sit at the other drum kit, so the musical interactions would come through quite spontaneously.

Providing limited choices

A few participants recalled the importance of setting boundaries when their young people make unreasonable choices (e.g. loud drumming). Others stressed that providing limited choices may be more appropriate for some young people who have experienced trauma. Mia confirmed that “having lots of abstract open-ended questions is overwhelming, especially depending on what types of trauma they've experienced and their capacities for regulation and choice making.” Lucy who has worked with children also felt that providing limited choices was helpful: “always giving them the options to choose between different exercises.” Importantly, Mary explained that being directive in decision-making could communicate her support and guidance to adolescents, especially at the start of the program:

I'm more of a leader, so very directive, because sometimes they [adolescents] are so demotivated, so unwell they can't choose anything, they're having a hard time choosing life, let alone choosing an instrument, so being a bit more directive in saying, here we are who were experiencing difficulties in making choices.

In addition to providing control and choices, half of the participants emphasized the significance of their awareness in addressing the needs of young people in the present moment, rather than imposing predetermined activities.

Thoughtfully incorporating music and recognizing that music isn't always safe

All participants expressed that while music is often utilized as an engaging and therapeutic tool, it is essential to acknowledge that its safety cannot be assumed in all cases. Further, many participants noted that music was not always the preferred choice of engagement for some young people. Angel's response might provide some insights: “there's no one activity I can say that's perfect [for creating safety], it's very individual.”

Preferred songs/music listening

Most participants agreed that listening to preferred songs/music may promote a sense of safety and have positive influences on young people. Nora, for instance, encourages her adolescent clients to engage with their preferred music, and “encourage them to share how music affects their mood, their thinking to generally encouraging self-awareness around arousal levels.” Sun underscores the importance of preferred music that provides predictability. She stated, “what I find is that they [adolescents] need that predictability to come from that safe place, like their songs that they already know, rather than pushing them too far to play randomly on instruments.”

Participants identified four key aspects of preferred music listening: identity, familiarity, respect, and connection. Poppy explained that “many people feel music so close to their own identity like it's special to them . . . it's a part of them.” Nora emphasized that “preferred music establishes a sense of safety and familiarity . . . familiarity basically equals safety for people,” while Mary and Sun highlighted the importance of showing interest, and asking questions about the person's preferred song/music

displayed respect and trust towards the person. It was also noted that the connection between preferred songs/music and memories may trigger the emotions, necessitating careful consideration to prevent potential re-traumatization.

Songwriting

Many participants described how songwriting can act as a bridge to connect young people with their emotions and past traumas. Lyrics often served as clues to past experiences, with Angel highlighting “songwriting can be a safe way” to explore adolescents’ life stories. Mary emphasized that “songwriting can release the genie out of the bottle . . . it can take you on a way to know what’s really going on in the person.” Sun pointed out that creating original melodies was often preferred by adolescents, fostering a creative process that encouraged self-expression.

Non-musical experiences

All 18 participants highlighted the uniqueness of each young person’s needs and preferences, underscoring the importance of considering alternative methods alongside music. Non-musical experiences were widely adopted by nearly all participants in their music therapy practice. Only one participant mentioned exclusively using musical methods. These non-musical approaches were described as serving the purpose of meeting young people’s needs at a specific moment. They involved various activities, such as arts-based endeavors like drawing or painting while listening to music, as well as talking and engaging with different resources like games, sand-trays, iPad apps, YouTube, stories, books, and toys. Here are some examples demonstrating the integration of creative activities: Daisy highlighted, “I usually have painting activities accompanied by music.” Alex described how electronic apps engage children in drawing with music: “I worked with children using iPad and Apps, some of which use elements of drawing or creating design connected to music.” Zoe respected young people’s choice to chat “they start talking, so the safety is that they don’t have to play music, then I will listen if they just choose to chat.”

Music is not always safe

Notably, nearly all participants reported that specific musical experiences could potentially be unsafe for traumatized young people. Two activities were highlighted as potential sources of concern: free improvisation and loud drumming.

Free improvisation. Free improvisation was considered less suitable for some young people with traumatic experiences due to its unstructured nature. A few participants suggested that some children might find it frightening, lacking the necessary familiarity and structure to engage comfortably. Jade explained, “children find improvisational approach threatening and daunting.” Sun added that while improvisation itself may not be inherently unsafe, it often pushes some children outside their comfort zones. In Sun’s words:

Going back to improvisation, I wouldn’t necessarily say that it’s unsafe, but it’s definitely more outside of young people’s comfort zones, sometimes that can feel a bit uncomfortable, if you’re saying to someone who’s experienced trauma, just play whatever comes to mind and it can sometimes be too free for them, and often they need a bit more structure . . . I’ve tried to use it, it probably is not feeling safe because it’s just too free . . . so what I find is that they need that predictability . . . so, I wouldn’t say that it’s always unsafe, but probably in my context, it would be perceived as the most unsafe for the young person to engage in that.

Loud drumming. It could facilitate some young people to express themselves physically and release emotions. However, it also risks triggering feelings of unsafety and distress. Angel explained:

Some kids need to express themselves in a really loud physical, hard drumming kind of way and that helps them to feel safe because they actually safely get to express themselves essentially on an instrument, but for others that can create a real sense of being unsafe because they kind of lose control and it all becomes a bit big... it may trigger memories of a violent experience where things were loud.

These concerns led most participants to approach musical experiences with caution and integrate non-musical methods into their practice. They recognized the significance of respecting young people's choices not to engage with music and ensuring their comfort and preferences were prioritized. Ella specifically highlighted that "some clients [children] might feel intimidated when asked to play musical instruments without proper knowledge," this may potentially hinder their willingness to participate and engage in the therapeutic process. By understanding and accommodating the children and adolescents' needs, preferences, and comfort levels, therapists aimed to establish a sense of safety within the therapeutic environment.

Discussion

In this study, we have explored how 18 experienced music therapists describe creating a sense of safety when working individually with young people who experience trauma. Analysis suggested that the music therapists attempt to establish some level of safety before the program by preparing a predictable psychological space and secured physical environment. In contrast, they also explained adopting an open and flexible approach, providing opportunities for control when appropriate, and selecting suitable activities, as well as assisting them to deal with unpredictable circumstances during therapy sessions. They describe responding to the sometimes unpredictable responses of young people by offering patience, careful planning and flexibility. In reflecting on the findings, we identified four dimensions that might benefit from further discussion, particularly for music therapists who are new to the field and keen to understand how best to promote safety in their practice. The following will be discussed concerning the literature: (a) create a safe therapeutic space, (b) an open and flexible approach, (c) provide opportunity for control, and (d) utilize music experiences.

Creating a safe therapeutic space

"Safety is about how I set up the space, physical space and within the mind" (Poppy).

Participants described that setting a secure space is a crucial foundation to create some level of safety and minimize the risk of injury. Previous research indicates that trauma survivors can exhibit aggressive behaviors (McLaughlin et al., 2020), and may self-harm (Herman, 1997/2015). As early as 1996, Connors reported in his study on self-harm and trauma survivors that the purposes of self-harm can be tension relief, building relationships, attracting attention and seeking help and support (Connors, 1996). This is echoed in a study by McLaughlin et al. (2020) who found that young trauma survivors are more likely to display violent acts. Therefore, creating a "harm-free" environment may protect both therapists and young people (Borges et al., 2019).

Participants suggested removing potentially harmful objects and maintaining a considerable physical distance to create a basic safe space. These strategies align with findings of Ferns et al. (2005) and Kmitta and Mannino (2012), who advocate for the removal of unsafe objects to protect therapists and their clients. Similarly, M. Chen et al. (2020) and Collie et al. (2002) suggest that maintaining appropriate physical distance appears to convey respect to adolescents.

Participants also emphasized the significance of setting safety rules and boundaries at the beginning of the session to create secure boundaries and a safe environment. This is similar to recommendations of Pearson and Wilson (2019) and Venet (2019) who suggest that rules provide stability, predictability, and protection, fostering trust and predictability. Applying rules to create boundaries and safety is not a novel concept, with the founder of psychoanalysis, Freud (1913), describing how he also valued rules and boundaries in his psychoanalytic program and that this later seemed to have a major influence on his followers. Similarly, in Langs' (1998) book, *Grounding Rules in Psychotherapy and Counselling* explains that rules are useful for providing stability and can serve as a safeguard for people. However, participants in this study highlighted that it is important to consider young people's unique needs and preferences when it comes to creating safety. Our findings suggest that participants believe some young people may benefit from reinforced rules, while others may find them restrictive. Therefore, being flexible and adapting approaches to suit young people and the situation seems to be crucial.

Another strategy for creating a safe space suggested by most participants was the use of structured and routine beginning and end activities. This echoes the studies by Blaustein (2013) and Patterson and Melsom (2022), both of which affirmed that the repetition of activities seems to support young people to become familiar with the framework of the therapy sessions and feel secure. Wiess and Bensimon (2020) also support the notion that repeated structural routine interventions create containment for young people to regain control and feel safe in the program.

The structure of repeating certain activities in music therapy is not foreign; many therapists have considered it a fundamental approach. However, the link between this approach and creating safety in music therapy trauma care may require further investigation. What we understood from the music therapists in this study was that concrete activities may create predictability and familiarity for young people and therefore, this approach may elicit feelings of safety.

An open and flexible approach

“The main thing is being flexible and open to what's needed in the moment” (Nora).

Participants in this study and Felsenstein (2013) both affirmed that openness and flexibility may seem to be requirements for all music therapists; however, they are even more crucial in trauma care. This finding is consistent with previous studies on trauma. Jones and Branco (2020) found that flexibility in therapeutic options and support can help survivors process and engage in therapy. Annesley (2018) and Eichfeld et al. (2019) emphasized that flexibility allows the therapist to provide appropriate interventions that meet young people's needs and enhance their sense of safety. This approach aligns with Richardson and Reynolds' (2014) Structuring Safety, which emphasizes the therapist's flexible and collaborative stance inviting the sharing of

power and responsibility to survivors to experience safety in the program. A probable explanation for this is that the therapist's flexibility and openness to allow a degree of control/power and to work collaboratively with the young person enables them to experience a sense of safety. However, both participants and Davis (2019) remind professionals that maintaining clear boundaries is also important within a flexible approach so that young people learn to exercise their control respectfully. This perspective seems to echo creating "safety rules" in the last dimension discussed and reflects the importance of setting informed and consensual boundaries and expectations. Similarly, in Structuring Safety, Richardson and Reynolds (2014) spoke about how negotiation and communication in collaboration can also generate safety.

Many participants made statements that were congruent with the idea of having a person-centered focus, and that this helped them to be more open and flexible and establish better collaboration and relationships with young people. They described that creating a space for communication and shared decision-making, where young people's opinions are respected, fosters confidence and engagement in the program. This is consistent with the research findings of McCaffrey et al. (2018) who explore user perspectives of music therapy in adult mental health, reporting that a flexible and adaptable approach, which centred on the individual, was key. Further, McCaffrey et al. (2018) also reported that one of their participants felt that he "was in the driver's seat" as joint decision making and collaboration were central to the program. This open, collaborative, and person-centered perspective echoes some of the ideologies of Rolvsjord's (2010) resource-oriented music therapy approach and McCaffrey et al. (2018) principles of user resource, which are to understand and acknowledge the person's strengths and potential; and to work collaboratively with the people in the program.

Additionally, most music therapists in this study suggested that being responsive to young people's immediate needs and preferences is another aspect of an open and flexible approach. Due to the impact of trauma, some young people's responses to situations can be unpredictable, and their moods can change rapidly (Beattie et al., 2019; Berman et al., 2020). By being fully alert and working with what young people present in the moment, a safer space and a close connection may be established. This idea of responding or being in the moment mirrors Fiorillo et al. (2017) concept of psychological flexibility. Their work with women with trauma-related problems found that being flexible to cope with and accept difficult therapeutic situations promotes positive interactions (Fiorillo et al., 2017).

Providing the opportunity for control

The music therapists in this study suggested that offering choice and leadership to young people may provide the opportunity for them to exercise control. As Judith Herman (1997/2015) describes, "trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor" (p. 159). Therefore, providing an opportunity for choice-making and control is often considered as primary for traumatized people. Allowing young people to take the lead can empower them, develop their decision-making skills, and help them feel safe in the therapeutic setting (Lai et al., 2020). This approach has been shown to increase confidence and restore control in young people with traumatic experiences (Scrine & Koike, 2022).

One aspect is of determining whether to provide engaging method suggestions or offer the opportunity to lead is through careful and constant observation of the person's non-verbal expression. J. P. Wilson and Thomas (2004) described that people with traumatic experiences often communicate through a non-verbal form and display their unconscious and conscious information through multiple channels including body language/posture and voice modulations. Walkley and Cox (2013) report that observing people's body language, posture, and signs of agitation helps therapists understand their responses and maintain a sense of safety in the session. Courtois (2004) suggests that when the therapist is sensitive to the young person's non-verbal communication (e.g. feeling overwhelmed or uncomfortable), the young person feels safer in the program. She also affirms that detecting and understanding irregular nonverbal signals can assist therapists in accommodating young people's safety (Courtois, 2004; Courtois & Ford, 2022).

Although providing choices and leadership to young people may restore control and self-confidence, it is crucial and challenging for therapists to provide the "right" level of control and appropriate methods. Gibson and Cartwright (2013), who studied agency and young people, reminded therapists to find an appropriate balance when providing power to the young person because "power imbalances between a professional and a young person can evoke psychological distress in a young person's mind" (p. 350). Henning and Brand (2019) suggest that some young people may still rely on the therapist's guidance and support, and therapists must be flexible in their facilitation.

Utilizing musical experiences

The findings of this study suggest that the use of music in therapy can have a profound impact on individuals, particularly those who have experienced trauma. Several studies have shown that music therapy positively influences the social, emotional, and physical development of traumatized young people (Ahonen, 2016; Kurtzman, 2019; Robarts, 2014). Although some participants in this study revealed that music and music therapy methods were not always the young people's choice of methods, they did engage them in some form of musical experiences during the sessions.

The music therapists in this study often noted how often they introduce listening to preferred songs/music in sessions. Listening to preferred music was described as establishing a sense of safety, comfort, and familiarity for young people, fostering collaboration, connection, and relaxation. Preferred music may also serve as a window into young people's inner worlds, allowing therapists to gain insight into their feelings, thoughts, and past experiences (C. J. Chen et al., 2015). This aligns with the idea that recognizable elements, like familiar music, create a more secure environment (Blaustein, 2013). Additionally, preferred music can serve as a representation of identity (McFerran, 2012), especially for adolescents, intensifying their uniqueness (Adams, 2019) and revealing aspects of their thoughts, experiences, attitudes, moods, and mental health (Fletcher, 2018).

While preferred music has many positive influences, therapists must consider potential risks and challenges. The connection between music preference and risk-taking behaviors among adolescents has been established in studies, highlighting the need for careful consideration of music choices (Baker & Bor, 2008; Youssef et al.,

2020). Moreover, listening to preferred music can potentially trigger memories and feelings of insecurity for some young people (Altun & Özdemir, 2018). It is crucial for therapists to discuss song content and assess its appropriateness for each session.

Improvisation can be both beneficial and challenging, with varying perspectives among music therapists in this study. Three main approaches to improvisation were identified through our analysis of the descriptions offered by participants – they could be categorized as referential improvisation, free improvisation, and improvised songs (Bruscia, 1987). Some participants described how they encourage adolescents to improvise about their emotions and found that this method elicited more expression within them. This belief supports previous literature by Orth (2005) and Hedigan (2005), who described how referential improvisation provided young people with a safe emotional platform to express inner thoughts and explore challenging issues. Others described how free improvisation might support young people to explore deeper conscious and unconscious thoughts through sounds that bypass the verbal in an equal, non-judgmental atmosphere (Fadel, 2021; Siljamäki, 2021). However, a few participants in the study expressed concerns that free improvisation may be “too free” and “too frightening” for traumatized young people who have difficulties constructing thoughts, controlling their emotional responses, and expressing their feelings. They were concerned that free improvisation may therefore be a traumatic stimulus for some young people since it could feel intrusive and remind them of feeling threatened (Streeck-Fischer & van der Kolk, 2000; van der Kolk, 2014). Therefore, some music therapists in this study preferred the more structured method of improvised songs, where young people create music and lyrics spontaneously within a song framework, which some felt could be a transformative experience that helps them connect with their inner world and express feelings related to past trauma.

Additionally, the findings highlight the use of songwriting as a frequently used musical experience by many music therapists. The process of writing a song offers the opportunity to form conscious thoughts into the creation of a musical piece and has been described as a satisfactory experience for young people to construct creativity (Baker et al., 2008; Viega, 2013). However, the literature rarely addresses the link between songwriting and establishing safety with traumatized young people. Our participants suggested that rewriting lyrics from existing songs can offer young people comfort, support and safety while they explore their creativity through lyrics (Viega, 2016, 2018).

The music therapists in this study described carefully considering music choices, addressing potential risks, and ensuring a supportive and secure environment for young people. This leads to the suggestion that these modalities can be appropriate vehicles or a channel for traumatized young people to connect with themselves. Furthermore, when these musical experiences are applied with care, they also appear to be safer ways for traumatized young people to express themselves and communicate.

Conclusion

“Safety is not the absence of threat; it is the presence of connection” (Maté, 2022).

This statement by Gabor Maté strongly resonates with the findings of the current study and our own practices. In reviewing the perspectives of the 18 experienced music therapists, we found a consistent theme was that connection was fostered through therapists being open and flexible to create safe spaces that allowed young people to experience healthy human connections. Although this represents the therapists’

perspectives, and is not to be mistaken for objective evidence, we were touched by the humility and care expressed by participants, who provided rich data that recognized the young person as the main determinant of their own recovery, and highlighted the important role of the therapist as being present with them in each moment to provide support in whatever way they were ready for. To address the growing need for services in trauma recovery with young survivors, further research should include service users' perspectives to gain a more complete view of safety in the context of trauma and in particular, whether and when they feel "safe" in the music therapy sessions.

This research encouraged us to reflect deeply on how we can safely engage young people in music therapy sessions in ways that promote their recovery from trauma. In some ways, the findings of this research suggest that music therapy can offer more in trauma care than just providing safety. The therapists described using music carefully and consciously within the therapeutic relationship, and in doing so, creating a gentle space for exploration and expression. It can also be a valuable tool for traumatized young people to reconnect with themselves, others, and the world. We hope this article will encourage further research into the role of music therapy in trauma care, deepening our knowledge and understanding of the specific contributions that music therapists bring to trauma recovery.

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Notes on contributors

Hsin I Cindy Lai is a dedicated music therapist and associate lecturer at the University of Melbourne, specializing in trauma care for young children and adolescents. Her research focuses on understanding and addressing the needs of individuals who have experienced trauma. Previously, Cindy collaborated closely with child protection agencies, providing vital support to vulnerable children and adolescents. Cindy has authored three books on music therapy in Chinese, published in Taiwan.

Grace Thompson is a music therapist and Associate Professor in Music Therapy at the University of Melbourne. Her research focuses on the ways music therapists can foster relationships and social connection through participating in engaging and accessible music making. Grace is author of the book "Goal processes in music therapy", and co-editor of the book "Music Therapy with Families: Therapeutic Approaches and Theoretical Perspectives". She is currently Editor-in-Chief of the *Nordic Journal of Music Therapy*.

Katrina Skewes McFerran is Professor of Music Therapy in the Faculty of Fine Arts and Music at the University of Melbourne. Her research and practice has been focused on understanding how music therapy might benefit young people who are struggling with a range of challenges including experiencing adversity and marginalization. Her first book on Adolescents, Music and Music Therapy was published by Jessica Kingsley Publishers in 2010, and since then she has published a further five books, 25 book chapters and more than 100 articles. She is committed to educating the public about how music works and created a free Massive Open Online Course about How Music Can Change Your Life on the Coursera Platform and a TedX talk about Returning from the Darkside with Music.

ORCID

Hsin-I Cindy Lai  <http://orcid.org/0009-0006-5647-1372>
 Grace Thompson  <http://orcid.org/0000-0002-7501-5325>
 Katrina Skewes McFerran  <http://orcid.org/0000-0003-0699-3683>

References

- Adams, B. G. (2019). Self-selected music for relational trauma: Commentary on the psychotherapy case of "James". *Pragmatic Case Studies in Psychotherapy*, 15(2), 198–205. <https://doi.org/10.14713/pcsp.v15i2.2054>
- Ahonen, H. (2016). Adult trauma work in music therapy. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (pp. 268–288). Oxford University Press.
- Altun, Z., & Özdemir, M. (2018). The role of the music in coping with trauma experiences. *European Journal of Education Studies*. <https://doi.org/10.46827/ejes.v0i0.1853>
- Anna, K., & Logan, T. M. (2021). Resilience: Lessons to be learned from safety and acceptable risk. *Journal of Safety Science and Resilience*, 2(4), 253–257. <https://doi.org/10.1016/j.jnlssr.2021.10.002>
- Annesley, L. (2018). Music therapy within an integrated project for families exposed to domestic violence: A qualitative study of professionals' perspectives. *British Journal of Music Therapy*, 32(2), 96–104. <https://doi.org/10.1177/1359457518805281>
- Baker, F., & Bor, W. (2008). Can music preference indicate mental health status in young people? *Australasian Psychiatry*, 16(4), 284–288. <https://doi.org/10.1080/10398560701879589>
- Baker, F., Wigram, T., Stott, D., & McFerran, K. (2008). Therapeutic songwriting in music therapy: Part I: Who are the therapists, who are the clients, and why is songwriting used? *Nordic Journal of Music Therapy*, 17(2), 105–123. <https://doi.org/10.1080/08098130809478203>
- Beattie, J., Griffiths, D., Innes, K., & Morphet, J. (2019). Workplace violence perpetrated by clients of health care: A need for safety and trauma-informed care. *Journal of Clinical Nursing*, 28(1–2), 116–124. <https://doi.org/10.1111/jocn.14683>
- Beer, L. E., & Birnbaum, J. C. (Eds.). (2022). *Trauma-informed music therapy*. Routledge.
- Berman, S. L., Montgomery, M. J., & Ratner, K. (2020). Trauma and identity: A reciprocal relationship? *Journal of Adolescence*, 79(1), 275–278. <https://doi.org/10.1016/j.adolescence.2020.01.018>
- Blaustein, M. E. (2013). Childhood trauma and a framework for intervention. In E. Rossen & R. Hull (Eds.), *Supporting and educating traumatized students* (pp. 3–21). Oxford University Press.
- Borges, L. M., Nazem, S., Matarazzo, B. B., Barnes, S. M., & Wortzel, H. S. (2019). Therapeutic risk management: Chain analysis of suicidal ideation and behavior. *Journal of Psychiatric Practice*, 25(1), 46–53. <https://doi.org/10.1097/PRA.0000000000000358>
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Charles C. Thomas Publishers.
- Chen, C. J., Sung, H. C., Lee, M. S., & Chang, C. Y. (2015). The effects of Chinese five-element music therapy on nursing students with depressed mood. *International Journal of Nursing Practice*, 21(2), 192–199. <https://doi.org/10.1111/ijn.12236>
- Chen, M., Sun, X., Chen, Q., & Chan, K. L. (2020). Parental migration, children's safety and psychological adjustment in rural China: A meta-analysis. *Trauma, Violence & Abuse*, 21(1), 113–122. <https://doi.org/10.1177/1524838017744768>
- Chesner, A., & Lykou, S. (Eds.). (2021). *Trauma in the creative and embodied therapies: When words are not enough*. Routledge.
- Collie, K., Čubranić, D., & Long, B. C. (2002). Audiographic communication for distance counselling: A feasibility study. *British Journal of Guidance & Counselling*, 30(3), 269–284. <https://doi.org/10.1080/0306988021000002317>
- Connors, R. (1996). Self-injury in trauma survivors: 2. Levels of clinical response. *The American Journal of Orthopsychiatry*, 66(2), 207–216. <https://doi.org/10.1037/h0080172>
- Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. *Psychotherapy Theory, Research, Practice, Training*, 41(4), 86–100. <https://doi.org/10.1037/0033-3204.41.4.412>

- Courtois, C., & Ford, J. (2022). Sequenced relationship-based psychotherapy for complex posttraumatic stress disorder: Commentary on the application of the model to the hybrid case of “Chloe”. *Pragmatic Case Studies in Psychotherapy*, 18(2), 210–239. <https://doi.org/10.55818/pcsp.v18i2.2113>
- Davis, A. (2019). *Political communication: A new introduction for crisis times*. John Wiley & Sons.
- Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment*, 28(3), 381–392. <https://doi.org/10.1080/10911359.2018.1435328>
- Eichfeld, C., Farrell, D., Mattheß, M., Bumke, P., Sodemann, U., Ean, N., Phoehn, B., Diezka, Y., Firmansyah, F., Sumampouw, N. E. J., & Mattheß, H. (2019). Trauma stabilization as a sole treatment intervention for post-traumatic stress disorder in Southeast Asia. *Psychiatric Quarterly*, 90(1), 63–88. <https://doi.org/10.1007/s1126-018-9598-z>
- Fadel, T. (2021). *Use what we have: Ways to contextualize and improvise in the Classroom* [Master thesis, Western Oregon University]. Digital Commons WOU. <https://digitalcommons.wou.edu/theses/96>
- Felsenstein, R. (2013). From uprooting to replanting: On post-trauma group music therapy for pre-school children. *Nordic Journal of Music Therapy*, 22(1), 69–85. <https://doi.org/10.1080/08098131.2012.667824>
- Ferns, T., Cork, A., & Rew, M. (2005). Personal safety in the accident and emergency department. *The British Journal of Nursing*, 14(13), 725–730. <https://doi.org/10.12968/bjon.2005.14.13.18458>
- Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the “phenomenological psychological attitude”. *Journal of Phenomenological Psychology*, 39(1), 1–32. <https://doi.org/10.1163/156916208X311601>
- Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. John Wiley & Sons.
- Finlay, L. (2022, December 12). *Phenomenology*. <https://www.lindafinlay.co.uk/phenomenology/>
- Fiorillo, D., McLean, C., Pistorello, J., Hayes, S. C., & Follette, V. M. (2017). Evaluation of a web-based acceptance and commitment therapy program for women with trauma-related problems: A pilot study. *Journal of Contextual Behavioral Science*, 6(1), 104–113. <https://doi.org/10.1016/j.jcbs.2016.11.003>
- Fisher, J., & Ogden, P. (2009). Sensorimotor psychotherapy. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 312–328). New York: Guilford Press.
- Flater, B. (2020). *Safety and connection in the polyvagal theory. Implications for music therapy in mental health care* [Unpublished Master’s thesis]. Norwegian Academy of Music.
- Fletcher, J. (2018). Rap in music therapy with Appalachian youth with adverse childhood experiences. *Voices: A World Forum for Music Therapy*, 18(4). <https://doi.org/10.15845/voices.v18i4.2591>
- Freud, S. (1913). On beginning the treatment. In G. Thompson (Ed.), *The truth about Freud’s technique: The encounter with the real* (pp. 123–144). NYU Press. <https://www.jstor.org/stable/j.ctt9qfvqq.27?seq=1>
- Gibson, K., & Cartwright, C. (2013). Agency in young clients’ narratives of counseling: “It’s whatever you want to make of it”. *Journal of Counseling Psychology*, 60(3), 340–352. <https://doi.org/10.1037/a0033110>
- Hedigan, J. (2005). Music therapy in a therapeutic community: Bringing the music to the players. *Music Therapy Today*, 6(1), 5–22. <https://doi.org/10.1093/mt/5.1.22>
- Heiderscheid, A., & Murphy, K. M. (2021). Trauma-informed care in music therapy: Principles, guidelines, and a clinical case illustration. *Music Therapy Perspectives*, 39(2), 142–151. <https://doi.org/10.1093/mtp/miab011>
- Heinonen, K. (2015). Methodological and hermeneutic reduction—a study of Finnish multiple-birth families. *Nurse Research*, 22(6), 28–34. <https://doi.org/10.7748/nr.22.6.28.e1328>
- Henning, J. A., & Brand, B. L. (2019). Implications of the American Psychological Association’s posttraumatic stress disorder treatment guideline for trauma education and training. *Psychotherapy Theory, Research, Practice, Training*, 56(3), 422–430. <https://doi.org/10.1037/pst0000237>
- Hense, C., Silverman, M. J., & McFerran, K. S. (2018). Using unhealthy uses of music scale as a single-session music therapy intervention on an acute youth mental health inpatient unit. *Music Therapy Perspectives*, 36(2), 267–276. <https://doi.org/10.1093/mtp/miy013>
- Herman, J. L. (1997/2015). *Trauma and recovery*. Basic Books.
- Hesse, A. R. (2002). Secondary trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal*, 30(3), 293–309. <https://doi.org/10.1023/A:1016049632545>

- Jones, C. T., & Branco, S. F. (2020). Trauma-informed supervision: Clinical supervision of substance use disorder counselors. *Journal of Addictions & Offender Counseling*, 41(1), 2–17. <https://doi.org/10.1002/jaoc.12072>
- Kliethermes, M., Schacht, M., & Drewry, K. (2014). Complex trauma. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 339–361. <https://doi.org/10.1016/j.chc.2013.12.009>
- Kmita, K. B., & Mannino, M. T. (2012). Managing risk with potentially dangerous clients. In L. Hecker (Ed.), *Ethics and professional issues in couple and family therapy* (pp. 161–174). Routledge.
- Kurtzman, G. (2019). *Trauma-focused CBT informed music therapy: Connecting traumatized youth with affective modulation — Developing a method*. DigitalCommons Lesley. https://digitalcommons.lesley.edu/expressive_theses/178
- Lai, H. I., Thompson, G. A., & McFerran, K. S. (2020). Examining how music therapists describe providing safety for children and adolescents who have had traumatic experiences: A critical interpretive synthesis. *Australian Counselling Research Journal*, 14, 1–10.
- Langs, R. J. (1998). *Ground rules in psychotherapy and counselling*. Karnac Books.
- Lawson, D. M., & Quinn, J. (2013). Complex trauma in children and adolescents: Evidence-based practice in clinical settings. *Journal of Clinical Psychology*, 69(5), 497–509. <https://doi.org/10.1002/jclp.21990>
- Lumivero. (2020). NVivo (Version 13) [Computer software]. www.lumivero.com
- Malchiodi, C. A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. Guilford Publications.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>
- Maté, G. (2022, October 20). *Dr. Gabor Maté: The myth of normal & the power of connection* [Video]. YouTube. <https://www.youtube.com/watch?v=X0cODqqYyi8>
- McCaffrey, T., Carr, C., Solli, H. P., & Hense, C. (2018). Music therapy and recovery in mental health: Seeking a way forward. *Voices: A World Forum for Music Therapy*, 18(1). <https://doi.org/10.15845/voices.v18i1.918>
- McFerran, K. S. (2012). Music and adolescents. In N. S. Rickard & K. McFerran (Eds.), *Life-long engagement in music: Benefits for health and well-being* (pp. 95–106). Nova Science Publishers, Inc.
- McFerran, K. S., & Grocke, D. (2007). Understanding music therapy experiences through interviewing: A phenomenological microanalysis. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy* (pp. 273–284). Jessica Kingsley Publishers.
- McFerran, K. S., Lai, H. I. C., Chang, W. H., Acquaro, D., Chin, T. C., Stokes, H., & Croke, A. H. D. (2020). Music, rhythm and trauma: A critical interpretive synthesis of research literature. *Frontiers in Psychology*, 11, Article 324. <https://doi.org/10.3389/fpsyg.2020.00324>
- McFerran, K. S., & Saarikallio, S. (2014). Depending on music to feel better: Being conscious of responsibility when appropriating the power of music. *The Arts in Psychotherapy*, 41(1), 89–97. <https://doi.org/10.1016/j.aip.2013.11.007>
- McLaughlin, K. A., Colich, N. L., Rodman, A. M., & Weissman, D. G. (2020). Mechanisms linking childhood trauma exposure and psychopathology: A transdiagnostic model of risk and resilience. *BMC Medicine*, 18(1), 1–11. <https://doi.org/10.1186/s12916-020-01561-6>
- Najavits, L. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. Guilford Publications.
- Najavits, L. M., Weiss, R. D., & Liese, B. S. (1996). Group cognitive-behavioral therapy for women with PTSD and substance use disorder. *Journal of Substance Abuse Treatment*, 13(1), 13–22. [https://doi.org/10.1016/0740-5472\(95\)02025-X](https://doi.org/10.1016/0740-5472(95)02025-X)
- Orth, J. (2005). Music therapy with traumatized refugees in a clinical setting. *Voices: A World Forum for Music Therapy*, 5(2). <https://doi.org/10.15845/voices.v5i2.227>
- Patterson, M., & Melsom, A. M. (2022). Dance/Movement therapy: A trauma-informed approach to engagement in the treatment of substance use. In R. Dieterich-Hartwell & A. M. Melsom (Eds.), *Dance/Movement therapy for trauma survivors: Theoretical, clinical, and cultural perspectives* (pp. 128–143). Routledge.
- Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6, Article 93. <https://doi.org/10.3389/fpsyg.2015.00093>
- Pearson, M., & Wilson, H. (2019). Sandplay therapy: A safe, creative space for trauma recovery. *Australian Counselling Research Journal*, 13(1), 20–24.

- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.
- Porges, S. W. (2022). Polyvagal theory: A science of safety. *Frontiers in Integrative Neuroscience*, 16. <https://doi.org/10.3389/fnint.2022.871227>
- Richardson, C., & Reynolds, V. (2014). Structuring safety in therapeutic work alongside indigenous survivors of residential schools. *The Canadian Journal of Native Studies*, 34(2), 147–164. <http://www.responsebasedpractice.com/wp-content/uploads/2020/04/Structuring-Safety-in-Therapeutic-Work-Alongside-Indigenous-Survivors.pdf>
- Robarts, J. Z. (2014). Music therapy and children with developmental trauma disorder. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *Creative arts and play therapy for attachment problems* (pp. 67–83). The Guilford Press.
- Rolvsgjord, R. (2010). *Resource-oriented music therapy in mental health care*. Barcelona Publishers.
- Safety. (2022, March 30). In Wikipedia. <https://en.wikipedia.org/wiki/Safety>
- Scrine, E. (2021). The limits of resilience and the need for resistance: Articulating the role of music therapy with young people within a shifting trauma paradigm. *Frontiers in Psychology*, 12, Article 26. <https://doi.org/10.3389/fpsyg.2021.600245>
- Scrine, E., & Koike, A. (2022). Questioning the promise of safety in trauma-informed music therapy practice. In L. E. Beer & J. C. Birnbaum (Eds.), *Trauma-informed music therapy* (pp. 37–44). Routledge.
- Siljamäki, E. (2021). Free improvisation in choral settings: An ecological perspective. *Research Studies in Music Education*, 44(1), 234–256. <https://doi.org/10.1177/1321103X20985314>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.
- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to methods* (2nd ed., pp. 53–80). Sage Publications.
- Streeck-Fischer, A., & van der Kolk, B. A. (2000). Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development. *The Australian and New Zealand Journal of Psychiatry*, 34(6), 903–918. <https://doi.org/10.1080/000486700265>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma- Informed approach* HHS Publication No. (SMA) 14-4884. U. S. Department of Health Human. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
- Tucci, J., Weller, A., & Mitchell, J. (2018). "Deep" safety for children who have experienced abuse: Application of polyvagal theory in therapeutic work with traumatized children and young people. In S. W. Porges & D. Dana (Eds.), *Clinical applications of the polyvagal theory: The emergence of polyvagal-informed therapies* (pp. 89–105). W.W. Norton and Company.
- van der Kolk, B. (2014). *The body keeps the score: Mind, brain and body in the transformation of trauma*. Penguin.
- van der Kolk, B., Laura, B. A., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an adjunctive treatment for posttraumatic stress disorder: A randomized controlled trial. *The Journal of Clinical Psychiatry*, 75(6), 559–565. <https://doi.org/10.4088/JCP.13m08561>
- van Manen, M. (1997). From meaning to method. *Qualitative Health Research*, 7(3), 345–369. <https://doi.org/10.1177/104973239700700303>
- Venet, A. S. (2019). Role-clarity and boundaries for trauma-informed teachers. *Educational Considerations*, 44(2), 3. <https://doi.org/10.4148/0146-9282.2175>
- Viega, M. (2013). "Loving me and my butterfly wings: " A study of hip-hop songs written by adolescents in music therapy (Publication No. 3552365) [Doctoral thesis, Temple University]. ProQuest Dissertations and Theses Global.
- Viega, M. (2016). Exploring the discourse in hip hop and implications for music therapy practice. *Music Therapy Perspectives*, 34(2), 138–146. <https://doi.org/10.1093/mtp/miv035>
- Viega, M. (2018). A humanistic understanding of the use of digital technology in therapeutic songwriting. *Music Therapy Perspectives*, 36(2), 152–160. <https://doi.org/10.1093/mtp/miy014>
- Walkley, M., & Cox, T. L. (2013). Building trauma-informed schools and communities. *Children & Schools*, 35(2), 123–126. <https://doi.org/10.1093/cs/cdt007>
- Wiess, C., & Bensimon, M. (2020). Group music therapy with uprooted teenagers: The importance of structure. *Nordic Journal of Music Therapy*, 29(2), 174–189. <https://doi.org/10.1080/08098131.2019.1695281>

Wilson, J. P., & Thomas, R. B. (2004). *Empathy in the treatment of trauma and PTSD*. Routledge.

Youssef, A., Wiljer, D., Mylopoulos, M., Maunder, R., & Sockalingam, S. (2020). "Caring About Me": A pilot framework to understand patient-centered care experience in integrated care - a qualitative study. *British Medical Journal Open*, 10(7), Article e034970. <https://doi.org/10.1136/bmjopen-2019-034970>