



FACT SHEET

Rhythmic Interventions for People with Drug and Alcohol Issues

Peer Pressure & Healthy Relationships

A common theme underlying problematic drug & alcohol use is relationship dysfunction. Traumatic childhoods & ongoing relational insecurity leads many to use drugs to self-medicate internal pain. A history of insecure attachment is often followed by a vulnerability to peer influence & many people enter into problematic drug & alcohol use this way. There is a strong focus on developing healthy relationships in rhythmic therapies as the music made is a reflection of the relationship of those working together in the drum-circle, & can be easily examined to promote awareness of important relational skills. Similarly, the issue of peer-pressure can be explored, & vulnerability reduced, using specific rhythms to represent patterns of behaviour & then challenging individuals or groups to maintain these 'healthy rhythms' in the face of different (unhelpful) rhythms from other members of the community. These types of exercises are fun & challenging at the same time, allowing people to open up on a topic that might otherwise be difficult.

Comorbidity – Mental Health & AOD

Mental health disorders are extremely common in clients in AOD treatment. Problematic AOD use may develop in response to a primary psychological condition as an attempt to relieve the distress of painful thoughts & feelings, or AOD use may lead to adverse psychological health (Marsh, Dale & Willis, 2007). Long term drug or alcohol use often significantly impacts executive functioning. Improvements in affect, mood, and cognitive functioning (increased levels of focus and concentration), have each been noted after rhythmic based musical interventions (Schneck & Berger, 2005). Further research in MH has shown rhythm based interventions deliver significant benefits for people managing mental health conditions, including reductions in anxiety and social isolation (Fancourt et al, 2016).

The Therapeutic Relationship

What works in treating drug and alcohol users? A lot of research has looked at different models of practice and found no substantive difference between different models, (Hubble, Duncan & Miller, 1999). What does make a difference to people's lives is the perceived quality of the relationship by the client: when clients value the relationship positive change happens. One of the most challenging roles for the counsellor is connecting to a client who presents with addiction issues, particularly younger clients who have been mandated to attend therapy. Rhythmic exercises can help change the nature of that relationship, reducing the power differential and ameliorating the intrusive nature of direct questioning that comes with purely cognitive interventions. Having fun together, whilst exploring issues is a great way to cement a therapeutic relationship.

Addressing Risk & Protective Factors

Research has identified a number of 'risk factors' that make it more likely an individual will struggle with drug addiction over the course of their lives and also 'protective factors' that can reduce this likelihood. Many of these factors are related to social and emotional health, (Ryder, Salmon & Walker, 2001). Rhythmic based group work allows a facilitator to explore a wide range of social and emotional themes within a fun context, drawn from exercises that utilise the interpersonal relationships played out in the drum-circle. At the same time this therapeutic approach fosters social connection and a sense of belonging; key 'protective factors' that act to reduce the need for drugs or alcohol.

Relapse Prevention

Relapse is a common issue when working with drug users, particularly young people. Managing relapse means discussing it openly and developing strategies to minimise the risk of reoccurrence. Psychological stress and environments that are not conducive to abstinence are amongst the commonest causes of relapse (Marsh, Dale & Willis, 2007). Research has shown that rhythmic exercises can assist clients with stress management and reduce levels of hyper-vigilant thought patterns that give rise to psychological distress (Martin et al, 2014). Additionally, the depression that often accompanies withdrawal from AOD use can be ameliorated by the pleasure and achievement that comes from participation in group drumming activities.

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