



**Mind Pad**

Canada's student written, edited,  
and published psychology newsletter.

**Notes d'idées**

Le bulletin rédigé, édité et publié par les étudiants  
de la Société canadienne de la psychologie.

FALL 2014

# Mind Pad

Canada's student written, edited,  
and published psychology newsletter.

## Notes d'idées

Le bulletin rédigé, édité et publié par les étudiants  
de la Société canadienne de la psychologie.

*Mind Pad* has two mandated goals:

1. It aims to provide a professional newsletter that is written and reviewed by students of psychology who are affiliates of the Canadian Psychological Association. The content of the newsletter should be of interest to all who are practicing and studying psychology, but the primary audience of the newsletter is students of psychology.
2. It aims to offer studying psychology researchers and writers an opportunity to experience a formal submission process, including submission, review, and resubmission from the points of view of both submitter and reviewer/editor.

*Mind Pad* is a student journal of the Canadian Psychological Association (CPA) over which the CPA holds copyright. The opinions expressed are strictly those of the authors and do not necessarily reflect the opinions of the Canadian Psychological Association, its officers, directors, or employees. *Mind Pad* is published semi-annually, only in electronic form and made available to members of the CPA and the general public.

Le mandat de *Notes d'idées* a deux objectifs :

1. Fournir un bulletin professionnel rédigé et évalué par les étudiants en psychologie qui sont membres affiliés de la Société canadienne de psychologie. Le contenu devrait être d'intérêt à tous les praticiens et étudiants en psychologie, mais les étudiants en psychologie sont les lecteurs cibles.
2. Fournir aux étudiants en psychologie l'opportunité de connaître le processus formel de soumission y compris la soumission, la révision, et la resoumission du point de vue d'auteur et d'évaluateur/redacteur.

*Notes d'idées* est une revue étudiante de la Société canadienne de psychologie (SCP). La SCP réserve les droits d'auteur. Les opinions exprimées sont strictement celles des auteurs et ne reflètent pas nécessairement les opinions de la Société canadienne de psychologie, ses représentants, directeurs, ou employés. *Notes d'idées* paraît deux fois par année et n'est publié qu'en format électronique. Le bulletin est disponible aux membres de la SCP et au public.

## Table of contents

**3** A Reliability Generalization of the Beck Scale for Suicidal Ideation (BSS)  
*Chelsi King, M.A., Trisha M. Kivisalu, M.A., Colleen E. Phillips, M.A., and Siobhan K. O'Toole, Ph.D.*

**8** Integrative Behavioral Couple Therapy: Values and Limitations  
*Julie Lorrain*

**12** Paving the Way for International Research on Arab Youth Identity Development  
*Shawna A. Scott, M.A., and Aranda Wingsong, B.A.*

**16** The Kids Aren't Alright: Non-medical Prescription Opioid Use Amongst Canadian Youth  
*Daniel P. Hargadon, B.A. Hons*

**22** If you Build it, They Will Come: New Special Concentration in Forensic Psychology Offered at StFX  
*Christopher J. Lively, B.Sc., B.A.*

**27** Music for the Soul: Teaching Guitar to Women Offenders  
*Christopher J. Lively, B.Sc., B.A. and Margo C. Watt, Ph.D., R. Psych.*

### Editor:

Justin Feeney, University of Western Ontario  
jfeeney3@uwo.ca

### Graduate Reviewers:

Maisha Syeda, University of Calgary  
mmsyeda@ucalgary.ca

Andrew Brankley, Ryerson University  
andrew.brankley@psych.ryerson.ca

Lara Hiseler, University of Alberta  
lara1@ualberta.ca

Maia Kredentser, University of Manitoba  
umkreden@cc.umanitoba.ca

### Undergraduate Reviewers:

Marlene Bonjar, Simon Fraser University  
mmb6@sfu.ca

Somayya Saleemi, York University  
somayyas6@gmail.com

Scott Emerson, University of British Columbia  
semerson@alumni.ubc.ca

**Senior Advisor:** Dorothy Cotton, dcotton@nintu.net

**CPA Liaison:** Lisa Votta-Bleeker, executiveoffice@cpa.ca  
Tyler Stacey-Holmes, styler@cpa.ca

**Design:** memoproductions.ca – Raymond Leveille

CANADIAN  
PSYCHOLOGICAL  
ASSOCIATION



SOCIÉTÉ  
CANADIENNE  
DE PSYCHOLOGIE

# A Reliability Generalization of the Beck Scale for Suicidal Ideation (BSS)

Chelsi King, M.A., Trisha M. Kivisalu, M.A.,  
Colleen E. Phillips, M.A., and Siobhan K. O'Toole, Ph.D.

California School of Professional Psychology  
at Alliant International University, Fresno, CA

## Abstract

A reliability generalization was performed on the Beck Scale for Suicide Ideation (BSS) to assess the variability in reported alpha coefficients from previous studies using the BSS. Since reliability can be affected by measurement and sample characteristics, it is important to assess alpha coefficients across studies to ensure scales are maintaining adequate reliability for various populations. Reported alpha coefficients were obtained from 12 previously published studies representing 1,644 participants to assess whether assorted variables impacted reliability scores. Reliability scores from clinical inpatients were significantly higher than from non-inpatients. Reliability scores were also higher for studies conducted in English within the US and Canada compared to studies conducted in other languages and other countries. This suggests possible language and cultural variations relating to how suicidal ideation is implied and expressed within the U.S. and Canada compared to other countries.

## Résumé

Une généralisation de la fidélité de l'échelle d'idéation suicidaire de Beck (Beck Scale for Suicidal Ideation - BSS) a été effectuée dans le but d'évaluer la variabilité des coefficients alpha rapportés dans des études précédentes à l'aide de la BSS. Étant donné que la fidélité peut être affectée par les propriétés métrologiques et les caractéristiques de l'échantillon, il est important d'évaluer les coefficients alpha dans l'ensemble des études pour s'assurer que les échelles maintiennent une fidélité suffisante dans différentes populations. Les coefficients alpha rapportés sont tirés de 12 études publiées, représentant 1 644 participants, et ont servi à évaluer si les échantillons de variables avaient une in-

cidence sur les résultats de fidélité. Les résultats de fidélité chez les patients hospitalisés étaient significativement plus élevés que chez les patients non hospitalisés. Ils étaient également plus élevés dans le cas des études menées en anglais aux États-Unis et au Canada, comparativement à celles menées dans d'autres langues et dans d'autres pays. Cela donne à penser qu'il existerait des variations linguistiques et culturelles liées à la façon dont l'idéation suicidaire est sous-entendue et exprimée aux États-Unis et au Canada, comparativement à d'autres pays.



## Introduction

In the U.S. alone, the rate of death by suicide is 15.2 per 100,000 for the general adult population; suicidal behavior accounts for nearly 200,000 hospitalizations and over 300,000 emergency department visits per year (Crosby, Han, Ortega, Parks, & Gfroerer, 2011). The risk for suicidal ideation and death by suicide is even higher for psychiatric populations (Kaplan, Harrow, & Faull, 2012). A review of studies on suicide indicates that 91% of people who committed suicide had a diagnosable psychiatric condition at the time of their death (Cavanagh, Carson, Sharpe, & Lawrie, 2003). Brown, Beck, Steer, and Grishman (2000) reported in a study of 6,891 psychiatric outpatients that diagnosis of a major depressive disorder is a significant predictor of eventual death by suicide. Subsequently, it is important for clinicians and researchers to have access to instruments that will produce reliable scores related to suicidal ideation.

The Beck Scale for Suicide Ideation (BSS) is a 19-item self-report instrument intended to assist clinicians in identifying adult clients with active or passive thoughts of killing themselves (Beck & Steer, 1991). The authors later revised the BSS to a 21-item meas-

ure (Beck & Steer, 1991). Beck, Kovacs, and Weissman (1979) identified suicidal ideation by a client's current wishes or plans to commit suicide. Research demonstrates that diverse groups are using the BSS in which it is important to discover whether reliability can be generalized across these disparate samples. As reliability scores can be affected by sample characteristics, it is important to assess whether various populations respond to items assessing suicidality in a consistent manner. This is imperative as many psychological instruments are administered to populations that differ from the sample on which the instrument was originally assessed. Given that reliability scores can fluctuate from one sample to the next, it is important for clinicians and researchers to have access to reliability estimates for varied samples to provide a better understanding of the reliability of the BSS when used with particular populations.

Nunnally and Bernstein (1994) suggested that in instances where high-risk clinical decisions may be influenced by results from an instrument, reliability coefficients should be at least .95. This stringent requirement reflects the consequences that may result from incorrect identification of suicide ideation. It is especially critical for authors using the BSS to publish reliability coefficients to enable other researchers to evaluate the "quality and appropriate use of an instrument especially in light of high-stake decisions such as the diagnosis of a psychiatric disorder" (Wheeler, Vassar, Worley, & Barnes, 2011, p. 233).

The goals of the present research were to: a) determine the frequency with which authors report reliability for their current sample, b) assess the average and variation of reliability scores on the BSS, and c) assess whether sample and measurement characteristics impact reliability scores for the BSS.

### Reliability Generalization

Psychological instruments are often referred to as being "reliable," yet reliability is a property of scores, not tests (Vacha-Haase, 1998). This misunderstanding presents serious challenges regarding the appropriate selection and interpretation of a test. Score reliability is influenced by variations in sample characteristics (Rexrode, Petersen, & O'Toole, 2008) as well as parameters of the instrument itself, such as number of items or item wording. Reliability generalization (RG), proposed by Vacha-Haase (1998), summarizes the average reliability score obtained and possible sources contributing to the variability in the reliability scores. Dawis (1987) suggested reliability is influenced by properties of an instrument as well

as other factors aside from an instrument's characteristics. For example, an instrument that has provided scores with high reliability in the past when used with predominantly male populations may not demonstrate the same level of reliability when used with females. Therefore, citing testing manuals or previous studies describing the reliability of an instrument is insufficient for describing the reliability of a research study's *present* sample population.

Reliability coefficients also provide important information on effect size (Reinhardt, 1996) and statistical power (Vacha-Haase, Henson, & Caruso, 2002). If reliability is not assessed and reported, clinicians and researchers are unable to understand how suitable an instrument is for any given sample (Crocker & Algina, 1986) and effect sizes cannot be properly attenuated (Wilkinson & the APA Task Force on Statistical Inference, 1999). The current authors applied the RG methodology to assess the reliability of the BSS.

### Method

We searched for the term *Beck scale for suicidal ideation* in four separate databases (PsychINFO, Health Source, Medline, and ERIC) for studies published from 1979 through 2013 and resulted in 93 possible sources. Of these, 36 studies were dropped from the analyses as these publications were not in English (13), not research (3), did not use the BSS (18), or were not locatable (2) resulting in 57 studies.

Nearly half (45.6%) of the 57 studies that used the BSS failed to mention reliability in any form. Eighteen (31.6%) studies mentioned reliability, but did not provide an alpha coefficient for their sample; they either cited a previous source or stated the BSS was reliable. Although Vacha-Haase (1998) and the APA Task Force on Statistical Inference (Wilkinson, 1999) both suggested more stringent requirements for reliability reporting in published research, in the current study, more recent publications have not assessed reliability more frequently than previous years. In total only 13 (22.8%) studies provided reliability information for their sample population. Final analyses consisted of 12 (21.1%) peer-reviewed studies that provided coefficient alphas representing 1,644 participants.

### Coding and analysis

To assess characteristics of studies using the BSS, a coding sheet was created to encapsulate variables of interest in the current study. All studies were coded blind by two raters to ensure the accuracy of coding. All discrepancies were discussed by the first

three authors until consensus was reached. Continuous variables were used in their original format. Given the low sample size, grouping variables were dichotomized (See Appendix). All dichotomous variables were assessed using independent samples *t*-tests and continuous variables were analyzed using bivariate correlations. All studies conducted outside the U.S. or Canada used a translation of the BSS, causing variable redundancy.

### Results

Reliability coefficients for the BSS ranged from 0.75 to 0.96, ( $M = 0.89$ ,  $SD = 0.06$ ). The majority of Cronbach's alphas reported (91.7%) were above 0.80, which is considered adequate reliability (Thompson, 1992).

Next, we assessed for sample characteristics, which might influence reliability scores for the BSS by comparing the average level of reliability obtained for each group using three independent samples *t*-tests. Samples consisting of clinical inpatients produced significantly higher reliability scores than non-inpatient samples,  $t(10) = 2.72$ ,  $p = 0.02$ , Cohen's  $d = 1.76$ ). The mean reliability score for clinical inpatients was 0.93 ( $SD = 0.03$ ), compared to 0.85 ( $SD = 0.06$ ) for non-inpatients. Next location/language was assessed producing a statistically significant result with a large effect size ( $t(10) = 2.38$ ,  $p = 0.039$ , Cohen's  $d = 2.61$ ). In the studies conducted in the US or Canada, researchers obtained the samples in English. These samples demonstrated higher reliability ( $M = 0.91$ ,  $SD = 0.05$ ) compared to samples obtained overseas using a translation of the BSS ( $M = 0.83$ ,  $SD = 0.07$ ). Finally, results indicate the BSS produces consistent scores regardless of the sample's racial makeup ( $t(7) = 0.84$ ,  $p = 0.46$ , Cohen's  $d = 0.63$ ).

### Discussion

Only 22.8% of the published studies using the BSS provided reliability coefficients for their sample population, suggesting that underreporting of reliability still remains a major concern in the literature. Our review of the literature on the BSS found that 100% of the studies using the BSS from 1979 through 1989 reported reliability; however from 1990 to 1999 only 27% of studies reported reliability, further dropping to 15% of studies from 2000 through 2010, and 20% for 2011 through 2013. Despite recommendations regarding the importance of reporting reliability for every sample, (Vacha-Haase, 1998; Wilkinson & the APA Task Force on Statistical Inference, 1999), it ap-

pears this issue is not receiving adequate attention.

From studies assessed in the current investigation, Cronbach's alpha ranged from 0.75 to 0.96 with the majority reporting a reliability coefficient above 0.80. Significant differences in reliability scores were found for studies conducted within the U.S. or Canada compared to studies conducted elsewhere. Reliability coefficients found for populations outside the U.S. and Canada may have been impacted by the location, language, or translation. The BSS demonstrates a higher level of reliability and more consistently measures suicidal ideas, plans, and thoughts in U.S. and Canadian samples in English, which is likely a cultural implication regarding how suicidal ideation is viewed and conceptualized in this relatively close geographical region.

The BSS produces greater reliability scores when it is used with clinical inpatient samples. The BSS was originally created using clinical populations and intended for use in individuals with diagnosable psychiatric conditions (Beck & Steer, 1991), and these findings suggests the instrument has maintained its purpose. Although there were significant differences between inpatient and non-inpatient groups, both samples achieved adequate reliability averages above 0.80. This suggests clinical inpatients answered items on the BSS more consistently than outpatients. This finding is not surprising given that this matches the original intent of the instrument but not necessarily its subsequent use.

Finally, the results of this study indicate the BSS appears to be appropriate for cross-cultural use within the U.S. and Canada. It is likely individuals who are administered the BSS in the U.S. and Canada more closely reflect the normed population of this instrument, rather than individuals from other geographical locations and cultures. The BSS appears to be appropriate for use and assessment of suicidal thinking in both males and females. However, caution is encouraged on the basis of the current study's small sample size.

### Limitations

This RG study only examined peer-reviewed articles reporting use of the BSS that were published in English. Of the 57 research and clinical studies meeting these criteria, only 21% included information on their sample's reliability. Results from the current study suggest that less reliable results can be related to an assortment of variables; however, the number of studies reporting Cronbach's alpha limits the scope of interpretations.

## Implications and Summary

The results of the current study support the importance of assessing and reporting reliability coefficients in all research using psychological instruments. As found within this study, relatively few studies report reliability. Reliability is a construct assessed that specifically relates to the scores obtained each time an instrument is used. Reliability coefficients need to be reported more consistently in psychological research. It is important to investigate the reliability of an instrument with various populations to ensure it is being appropriately used. Graduate students writing empirical theses or dissertations as well as authors of journal articles should report reliability coefficients from previous literature, as well as calculate internal consistency for their sample (Vacha-Haase, 1998; Wilkinson & the APA Task Force on Statistical Inference, 1999).

Our results help to identify sample characteristics that can foster internal consistency for the BSS. Findings from this study indicate the BSS is most likely to produce highly reliable scores when it is used in the U.S. or Canada, with inpatient populations. The BSS may be considered when assessing both male and female populations of any race. For researchers and clinicians alike, ensuring the selection of appropriate measures is paramount.

---

## References

\*References marked with an asterisk indicate studies included in the current sample.

- \*Ayub, N. (2008). Validation of the Urdu Translation of the Beck Scale for Suicide Ideation. *Assessment, 15*(3), 287-293.
- \*Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology, 47*(2), 343-352.
- Beck, A. T., & Steer, R. A. (1991). *Beck Scale for Suicidal Ideation: Manual*. San Antonio, TX: The Psychological Corporation.
- Brown, G. K., Beck, A. T., Steer, R. A., & Grisham, J. R. (2000). Risk factors for suicide in psychiatric outpatients: A 20-year prospective study. *Journal of Consulting and Clinical Psychology, 68*(3), 371-377.
- Cavanagh, J., Carson, A. J., Sharpe, M., & Lawrie, S. (2003). Psychological autopsy studies of suicide: A systematic review. *Psychological Medicine, 33*, 395-405.
- Crocker, L., & Algina, J. (1986). *Introduction to classical and modern test theory*. Orlando, FL: Harcourt Brace Jovanovich.
- Crosby, A., Han, B., Ortega, L., Parks, S., & Gfroerer, J. (2011). Suicidal thoughts and behaviors among adults aged  $\geq 18$  years--United States, 2008-2009. *Morbidity and Mortality Weekly Report. Surveillance Summaries (Washington, D.C.: 2002), 60*(13), 1-22.
- Dawis, R. V. (1987). Scale construction. *Journal of Consulting Psychology, 34*, 481-489.
- \*Houry, D., Kembal, R., Click, L., & Kaslow, N. (2007). Development of a brief mental health screen for intimate partner violence victims in the emergency department. *Academic Emergency Medicine: Official Journal of the Society for Academic Emergency Medicine, 14*(3), 202-209.
- \*Hung, T., Tang, H., Chiu, C., Chen, Y., Chou, K., Chiou, H., & Chang, H. (2010). Anxiety, depressive symptom and suicidal ideation of outpatients with obsessive compulsive disorders in Taiwan. *Journal of Clinical Nursing, 19*(21-22), 3092-3101.
- Kaplan, K. J., Harrow, M., & Faull, R. N. (2012). Are there gender specific risk factors for suicidal activity among patients with schizophrenia and depression? *Suicide and Life-Threatening Behavior, 42*(6), 614-627.
- \*Kumar, G., & Steer, R. A. (1995). Psychosocial correlates of suicidal ideation in adolescent psychiatric inpatients. *Suicide and Life-Threatening Behavior, 25*(3), 339-346.
- \*Lipschitz, J. M., Yen, S., Weinstock, L. M., & Spirito, A. (2012). Adolescent and caregiver perception of family functioning: Relation to suicide ideation and attempts. *Psychiatry Research, 200*(2-3), 400-403.
- \*Mendonca, J., & Holden, R. (1996). Are all suicidal ideas closely linked to hopelessness? *Acta Psychiatrica Scandinavica, 93*(4), 246-251.
- \*Miller, I., Norman, W., Bishop, S., & Dow, M. (1986). The modified scale for suicidal ideation: Reliability and validity. *Journal of Consulting and Clinical Psychology, 54*(5), 724-725.
- Nunnally, J. C., & Bernstein, I. (1994). *Psychometric theory* (3<sup>rd</sup> ed.). New York: McGraw-Hill.
- \*Pinninti, N. N., Steer, R. A., Rissmiller, D. J., Nelson, S. S., & Beck, A. T. (2002). Use of the Beck Scale for Suicide Ideation with psychiatric inpatients diagnosed with schizophrenia, schizoaffective, or bipolar disorders. *Behaviour Research & Therapy, 40*(9), 1071.
- Reinhardt, B. (1996). Factors affecting coefficient alphas: A mini Monte Carlo study. In B. Thompson (Ed.), *Advances in social science methodology* (Vol. 4, pp. 3-20). Greenwich, CT: JAI.
- Rexrode, K. R., Petersen, S., & O'Toole, S. (2008). The Ways of Coping Scale: A reliability generalization study. *Educational and Psychological Measurement, 68*(2), 262-280.
- \*Rudd, M., & Rajab, M. (1995). Use of the modified scale for suicidal ideation with suicide ideators and attempters. *Journal of Clinical Psychology, 51*(5), 632-635.
- \*Steer, R. A., Kumar, G., & Beck, A. T. (1993). Self-reported suicidal ideation in adolescent psychiatric inpatients. *Journal of Consulting and Clinical Psychology, 61*(6), 1096-1099.
- \*Steer, R. A., Rissmiller, D. J., Ranieri, W. F., & Beck, A. T. (1993). Dimensions of suicidal ideation in psychiatric inpatients. *Behaviour Research and Therapy, 31*(2), 229-236.
- Thompson, B. (1992). Two and one-half decades of lead-



- ership in measurement and evaluation. *Journal of Counseling and Development*, 70, 434-438.
- Vacha-Haase, T. (1998). Reliability generalization: Exploring variance in measurement error affecting score reliability across studies. *Educational and Psychological Measurement*, 58(1), 6-20.
- Vacha-Haase, T., Henson, R. K., & Caruso, J. C. (2002). Reliability generalization: Moving toward improved understanding and use of score reliability. *Educational and Psychological Measurement*, 62(4), 562-569.
- \*van Spijker, B., Majo, M., Smit, F., van Straten, A., & Kerkhof, A. (2012). Reducing suicidal ideation: Cost-effectiveness analysis of a randomized controlled trial of unguided web-based self-help. *Journal of Medical Internet Research*, 14(5), e141.
- Wheeler, D. L., Vassar, M., Worley, J. A., & Barnes, L. B. (2011). A reliability generalization meta-analysis of coefficient alpha for the Maslach Burnout Inventory. *Educational and Psychological Measurement*, 71(1), 231-244.
- Wilkinson, L., & the APA Task Force on Statistical Inference. (1999). Statistical methods in psychology journals: Guidelines and explanations. *American Psychologist*, 54(8), 594-604.

## Appendix

### *Coding method*

To assess characteristics of studies using the BSS, a coding sheet was created to encapsulate variables of interest in the current study:

1. Publication year
2. Reliability coefficient (Cronbach's alpha)

### *Sample Characteristics*

3. Sex, coded as percentage of females in each sample
4. Race, coded categorically as 0= predominantly Caucasian, 1= predominantly other races
5. Age, (mean age of participants in the sample)
6. Sample size, (number of participants in each study)
7. Previous suicide attempt (percentage of sample reporting previous suicide attempt(s))
8. Sample type, coded categorically as 0= clinical inpatient, 1= non-inpatient
9. Location, coded categorically as 0= within the U.S., 1= countries outside of the U.S.

### *Measurement Characteristics*

10. BSS language, coded categorically as 1= English, 2= languages other than English

# Integrative Behavioral Couple Therapy: Values and Limitations

Julie Lorrain

Undergraduate student, Bishop's University, Sherbrooke, Québec

## Abstract

This paper examined the therapeutic approach of Integrative Behavioral Couple Therapy (IBCT) by comparing and contrasting to other therapeutic modalities. Developed by Andrew Christensen and Neil S. Jacobson, IBCT is an empirically-based treatment form of couples therapy. The behavioral aspect is contextually based and helps couples achieve satisfaction and change. Derived from Traditional Behavioral Couple Therapy (TBCT), IBCT is unique since it integrates both acceptance and behavioral approaches like behavior exchange (commitment to change one's own behavior), and communication/problem solving. For this, IBCT holds a promising future as an effective approach to help couples work through their problems.

## Résumé

Le présent article porte sur l'approche thérapeutique de la thérapie de couple comportementale intégrative (Integrative Behavioral Couple Therapy - IBCT) en comparant celle-ci à d'autres modalités thérapeutiques et en exposant les différences. Élaborée par Andrew Christensen et Neil S. Jacobson, l'IBCT est une forme de traitement validé empiriquement utilisé en thérapie conjugale. L'aspect comportemental est fondé sur le contexte et aide les couples à tirer une satisfaction dans leur vie conjugale et à introduire des changements. Dérivée de la thérapie de couple comportementale traditionnelle, l'IBCT est unique car elle intègre à la fois acceptation et approches comportementales, comme les changements comportementaux fondés sur la théorie de l'échange (engagement à modifier son propre comportement) et la communication/résolution de problèmes. Pour cette raison, l'IBCT a un avenir prometteur car elle est une approche efficace pour aider les couples à résoudre leurs problèmes.

Many couples begin their life journeys together hoping for a happy ever after ending. However, some people discover that the weight of everyday life can easily take precedence over love and romance. Failing to acknowledge the potential impact of everyday stressors may lead to miscommunication, feelings of betrayal, disempowerment, and lack of trustworthiness or love, which may contribute to infidelity, separation and divorce (Epstein & Baucom, 2002). The influences of individual, relational, and environmental factors of each partner are also potential stressors on couple functioning, which may differ according to ethnicity, gender, and cultural backgrounds (Gurman, 2008).

Recent research demonstrates that what each partner brings into marriage has an impact on its outcome; the idea of marital interaction, social support and affect, as well as individual strengths and weaknesses are predictors of unreceptive marital communication. (Bradbury & Karney, 2004). Fortunately, various modalities of couples therapy are available to help couples in distress. Couples therapy has been a therapeutic modality for over 80 years and has developed through four main phases (Gurman, 2008). Established in the United States around 1930 as 'Marriage Counselling', couples therapy was practiced mostly by obstetricians, family life educators, and clergymen. This non-theory based approach aimed mostly at individuals was short and moralistic in nature. During the mid-1960s, the second phase began when it became increasingly relevant that couples therapy should be conducted with actual couples. Since this approach was grounded in psychoanalytic theory, most marriage counsellors of the time did not welcome therapists who adopted a 'multiple views approach' and professional excommunication was an actual threat for them (Gurman & Fraenkel, 2002).

The third phase, also referred to as the 'Quiet Revolution', lasted from 1963 to 1985 and was known as





'Family Therapy Incorporation' (Gurman, 2008). Names like Sullivan, Don Jackson, Virginia Satir, and Murray Brown are but a few people who contributed to the development of couples therapy during this time. Treatment approaches became increasingly varied and were offered by mental health professionals. The fourth and final phase called 'Refinement, Extension, Diversification, and Integration', extended from 1986 to today. Approaches such as behavioral and cognitive-behavioral couple therapy (BCT and CBCT), traditional behavioral couple therapy (TBCT), integrative behavioral couple therapy (IBCT), attachment-oriented emotionally focused couple therapy (EFT), and psychodynamic couples therapy were established in an attempt to differentiate from earlier psychological traditions such as social learning theory, humanism-existentialism, and psychodynamics (Gurman & Fraenkel, 2002).

Developed by Andrew Christensen and Neil S. Jacobson who worked from empirical studies and clinical observation (Christensen, Jacobson, & Babcock, 1995, as cited in Gurman, 2008), IBCT was inspired primarily from the widely practiced and change-oriented treatment of TBCT. As the name indicates, IBCT incorporates a behavioral approach aimed at the betterment of couples' contentment and adjustment. IBCT also shares similarities with other approaches. For example, the tolerance interventions used in IBCT resemble techniques from strategic therapy (the goal of these interventions is to help partners let go of futile attempts to change one another and focus on problems irrelevant to the increase of the couple's well-being), and the acceptance intervention of emphatic joining resemble emotion-focused therapy techniques. For example, a partner able to express a great deal of pain without directing accusation and blame toward the other partner is demonstrating emphatic joining.

Although inspired from many established therapeutic modalities, IBCT is indeed a unique approach. While its techniques are grounded in a behavioral perspective, they are facilitated differently and have different purposes. For example, sessions generally consist of one 50 minute session per week for typically 15-26 sessions. The therapist's first objective is to evaluate each partner's presenting problems and goals grounded in a collaborative approach. Clients are educated on the premise of IBCT and it is emphasized that IBCT is based on the philosophy that discrepancies are a normal part of romantic relationships and such discord is not necessarily fully resolved upon termination of therapy. Acceptance-ori-

ented sessions focus on discussions salient to the couples' disagreements while change-oriented sessions focus more on structured exercises provided by the therapist. As mentioned earlier, the acceptance component of an IBCT session focuses on the couples' affect and can be approached through either emphatic joining or unified detachment. An example of the latter would be the therapist encouraging the partners to consider a problem as an 'it' as a means to develop distance and provide a more intellectual analysis of the conflict.

The change component of an IBCT session relates to the behavioral aspect of the couples' relationship and brings some of the change strategies of behavioral couple therapy. For example, based on the underlying principle that individuals are better at changing themselves than others, the therapist would encourage each partner to focus on one's own behavior as a means to ameliorate the satisfaction and pleasure levels of both partners.

The unique aspects of IBCT have garnered considerable research to establish an evidence base for practice. In 2004, Christensen and colleagues compared the effects of TBCT and IBCT on a sample of distraught married couples (N = 134), randomly assigned to the treatments within one of the following strata: moderately and severely distressed. The results showed that both treatment groups were comparable for clinically significant improvement when measured on the Dyadic Adjustment Scale (Spanier, 1979, as cited in Christensen et al., 2004); 71% of the IBCT couples and 59% of the TBCT demonstrated reliable improvement or recovery. Communication and individual functioning were also positively correlated with marital contentment. But, as opposed to the TBCT couples who improved their level of satisfaction more quickly early in the treatment only to see it plateau later, couples in IBCT showed consistent improvements throughout their treatments. Such a steady growth is bound to have a positive influence on the trust a couple is likely to develop towards a particular treatment.

Further research demonstrates the efficacy of IBCT. In another study observing marital distress (Jacobson, Christensen, Prince, Cardova, and Eldridge, 2000), 21 legally married couples ranging from 21 to 60 years old were randomly assigned to the IBCT or TBCT treatment conditions. Levels of distress were evaluated by the Global Distress Scale (GDS) of the Marital Satisfaction Inventory (MSI; Snyder, 1979, as cited in Jacobsen et al., 2000) pre and post-treatment. Results indicated that the partners' levels of

**TABLE 1***Pre to Post Treatment Improvement by Treatment Condition*

GDS	IBCT				TBCT				
	Pre test		Post test		Pre test		Post test		ES
	M	SD	M	SD	M	SD	M	SD	
Husbands	64.80	11.20	57.30	11.49	69.09	9.44	65.09	13.00	0.62
Wives	64.50	6.65	56.10	8.94	68.91	6.67	64.64	11.36	0.78

Note. IBCT = Integrative behavioral couple therapy, TBCT = Traditional behavioral couple therapy, ES = Effect size.

marital distress had a larger pretest to post-test decrease in IBCT than in TBCT, thus distinguishing the IBCT approach as a good alternative to TBCT and a distinct treatment. See Table 1 for further details.

More recently, Christensen, Andrew, Atkins, and Yi (2010) conducted another study assessing marital satisfaction by following 134 distressed married couples who were randomly assigned to either IBCT or TBCT for a period of eight months. During treatment marital status and satisfaction were measured approximately every three months while it was measured every six months after treatment ended. The results showed that the pre and post treatment effect sizes were not significantly different with  $d = 0.90$  for IBCT, and  $d = 0.71$  for TBCT. A follow up conducted two years later showed an increase in relationship satisfaction for IBCT compared to TBCT, but later records demonstrated that the differences in the treatment outcomes became non-significant as they increased in similarity. A five years follow up indicated that both approaches produced considerable effect sizes with  $d = 1.03$  for OBCT, and  $d = 0.92$  for TBCT. Although IBCT yielded slightly superior results over the first two years, both approaches' efficacies seem to converge after longer follow up periods.

In conclusion, IBCT has both values and limitations. A study conducted by Jacobson and Addis (1993) on the comparison of different approaches revealed that there were no reliable differences between the observed models: behavioral couple therapy (BCT), emotion-focused couple therapy (EFT), and insight-oriented couple therapy (IOCT). Other couples therapy approaches may be more fitting for some than others when taken into context their individuals concerns and context. However, IBCT demonstrates a strong research base and a unique integration of acceptance and behaviourist approaches in order to

enact change in clients. IBCT differentiates itself from the other methods and is best suited for couples who are willing to go beyond a more rigid behavior therapy (Gurman, 2008). It's integrative and more flexible nature makes it a suitable approach for enacting behavioral changes. The findings of an empirical study demonstrate that IBCT produced greater changes in observed negativity and withdrawal in a 2-year follow-up assessment when compared to TBCT (Baucom, Sevier, Eldridge, Doss, & Christensen, 2011). While further studies should be conducted to assess IBCT's values and limitations, IBCT currently stands strong as an evidence-based approach to help couples work through their challenges and regain marital bliss.



## References

- Baucom, K. J. W., Sevier, M., Eldridge, K. A., Doss, B. D., & Christensen, A. (2011). Observed communication in couples two years after Integrative and Traditional Behavioral Couple Therapy: Outcome and link with five-year follow-up. *Journal of Consulting and Clinical Psychology, 79*(5), 565-576, doi: 10.1037/a0025121
- Bradbury, T. N., & Karney, B. R. (2004). Understanding and altering the longitudinal course of marriage. *Journal of Marriage and the Family 66*, 862-879, doi: 10.1111/j.0022-2445.2004.00059.x
- Christensen, A., Jacobson, N. S., & Babcock, J. C. (1995). Integrative behavioral couple therapy. In N. S. Jacobson & A. S. Gurman (Eds.), *Clinical handbook of couple therapy* (pp. 31-64). New York, NY: The Guilford Press.
- Christensen, A., Atkins, D. C., Berns, S., Wheeler, J., Baucom, D.H., & Simpson, L. E. (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples. *Journal of Consulting and Clinical Psychology, 72*(2), 176-191. doi: 10.1037/0022-006X.72.2.176

- Christensen, A., Atkins, D. C., Baucom, B., & Yi, Jean. (2010). Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. *Journal of Consulting and Clinical Psychology, 78*(2), 225-235. doi: 10.1037/a0018132
- Epstein, N., & Baucom, D. H. (2002). *Enhanced cognitive-behavioral therapy for couples : A contextual approach*. Washington, DC: American Psychological Association.
- Gurman, A. S., & Fraenkel, P. (2002). The history of couple therapy: A millennial review. *Family Process, 41*, 199-260, doi: 10.1111/famp.2002.41.issue-2/issue-toc
- Gurman, A. S. (2008). *Clinical handbook of couple therapy*. New York, NY: The Guilford Press.
- Jacobson, N. S., & Addis, M. E. (1993). Research on couples and couple therapy: What do we know? Where are we going? *Journal of Consulting and Clinical Psychology, 61*(1), 85-93.
- Jacobson, N. S., Christensen, A., Prince, S. E., Cardova, J., & Eldridge, K. (2000). Integrative behavioral couple therapy: An acceptance-based, promising new treatment for couple discord. *Journal of Consulting and Clinical Psychology, 68*(2), 351-355. doi: 10.1037/0022-006X.68.2.351
- Snyder, D. K. (1979). Multidimensional assessment of marital satisfaction. *Journal of Marriage and Family, 11*, 813-823.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family, 38*, 15-28.

# Paving the Way for International Research on Arab Youth Identity Development

Shawna A. Scott, M.A., and Aranda Wingsiong, B.A.  
University of Windsor, Windsor, Ontario

## ABSTRACT

Canada is home to over 380,000 people of Arab descent. Arab Canadians represent a large, rapidly growing, and relatively young group. A key developmental task among emerging adults is the construction of ethnic and racial identities. There is a need for research on Arab youth identity, as Arab immigrants may experience stressors related to migration, interpersonal relationships, access to resources and services, acculturation, poverty, and discrimination. Associations between identity development and subsequent psychosocial adaptation have been found. Dr. Hakim-Larson and Dr. Rosanne Menna of University of Windsor developed the International Symposium on Arab Youth, and this report highlights the rationale for initiating such a symposium. Next, the formation of the Immigrant Youth Research Group and subsequent student involvement is described. Also addressed is the impact of the symposium on researchers and students, as well as a description of the future international research projects paved way by the symposium.

## RÉSUMÉ

Trois cent quatre-vingts mille personnes d'origine arabe vivent au Canada. La population de Canadiens d'origine arabe est nombreuse; elle affiche un fort taux de croissance et est relativement jeune. La principale tâche développementale que doivent accomplir les adultes naissants est la construction de leur identité ethnique et raciale. Il faut faire de la recherche sur l'identité des jeunes Arabes, car il est possible que les immigrants arabes subissent des stressors particuliers liés à la migration, aux relations interpersonnelles, à l'accès aux ressources et aux services, à l'acculturation, à la pauvreté et à la discrimination. Il est également nécessaire de découvrir les associations entre développement de l'identité et adaptation

psychosociale subséquente. Les D<sup>rs</sup> Hakim-Larson et Rosanne Menna, de l'Université de Windsor, ont organisé l'International Symposium on Arab Youth, un colloque international sur la jeunesse arabe, et le présent rapport résume la raison d'être de ce colloque. On décrit ensuite dans le rapport la création du groupe de recherche sur les jeunes immigrants et l'implication ultérieure des étudiants. Le rapport traite également de l'impact du colloque sur les chercheurs et les étudiants et décrit les projets de recherche internationaux qui ont émergé du colloque.



Arab Canadians form a large, rapidly growing, and relatively young group. In Canada's 2011 National Household Survey (Statistics Canada, 2011a), 380,625 respondents reported having an Arab ethnicity; among this group, over 67% of the Arab Canadians reported having status as an immigrant. From 2006 to 2011, Canada received over 83,000 Arab immigrants; within this group of Arab immigrants, over 13% were ages 15-24 years (Statistics Canada, 2011a). In 2011, Arab immigrants were the second largest immigrant group (Canadian Arab Institute, 2013). Among visible minorities, those of Arab ancestry represent the second youngest group, with a median age of 30.2 years, as compared to 40.1 years for the overall Canadian population (Statistics Canada, 2011b). The United Nations High Commissioner on Refugees (UNHCR, 2014) estimated that there were 163,756 refugees residing in Canada in 2012. Many people originating from the Middle East have been displaced as refugees as a result of humanitarian crises and have since settled in Canada. Thus, there has been an increase in the Arab youth immigrant and refugee population in Canada. At present, there is a need for research on the identity development of Arab youth. The examination of Arab youth identity development may help explain youths'

reactions to stressors associated with migration, family and peer relationships, access to resources and mental health services, acculturation, poverty, violence, prejudice, and discrimination in response to sociopolitical events. In better explaining Arab youths' reactions to these challenges, researchers have started to investigate relations between ethnic identity and psychosocial adaptation in Arab youth.

Ethnic identity involves the subjective importance placed on one's ethnicity or cultural background (Phinney & Ong, 2007), and this identity formation may be associated with one's immigration status. One's identity may incorporate religious, ethnic, political, intrapersonal, sexual, and social domains. The period of emerging adulthood presents a key developmental task: the construction of ethnic and racial identities (Cummings, Davies, & Campbell, 2000; Rivas-Drake et al., 2014). Overcoming the developmental challenge of identity formation has been thought of as an individual difference in developmental trajectories (Cummings et al., 2000). Rivas-Drake and colleagues (2014) posited that ethnic or racial identity may promote positive adjustment in terms of psychosocial, academic, and health outcomes. Arabs with stronger ethnic identity are likely to have a more salient interdependent sense of self compared to those with a weaker ethnic identity (Barry, Elliot, & Evans; 2000); in turn, this may create challenges for the integration of ethnic group membership and the individualistic demands Western culture. Paterson and Hakim-Larson (2012) examined 98 Arab Canadian college students' orientation to their Arab cultural heritage, family life satisfaction, and perceived family social support. They found that family social support mediated the relation between a positive Arab cultural orientation and family life satisfaction. Also, Arab Canadians' strong identification to the European Canadian culture, but not to their Arab cultural heritage, was positively associated to school satisfaction (Paterson & Hakim-Larson, 2012). Their findings highlighted the importance of examining the adaptation, social support, family functioning, and school satisfaction of Arab youth.

There are a number of direct implications for research on Arab youth identity. Middle Eastern Americans, especially those who are recent immigrants with war-related trauma and difficulties adapting to Western life, are at an increased risk for anxiety, depression, and disorders associated with trauma (Hakim-Larson, Nassar-McMillan, & Paterson, 2012). By attending to the unique needs of Arab youth, cli-

nicians may address psychosocial factors that bolster resilience. Understanding the experiences of Arab youth may assist with the development of services and guidelines for addressing the needs of this growing population. Research on the identity development of Arab youth may impact a number of fields associated with clinical psychology and counselling, health, education, public policy, politics, and economics. The researchers in the Immigrant Youth Research Group (IYRG) and their international research partners aim to investigate and disseminate research on the identity development of Arab youth.

### **Development of an International Symposium on Arab Youth**

In order to examine the unique needs of the Arab youth population, Dr. Julie Hakim-Larson and Dr. Rosanne Menna of University of Windsor developed and organized the International Symposium on Arab Youth – Developmental Pathways for Identity, which was funded by a Social Sciences and Humanities Research Council (SSHRC) Connection Grant and the Society for Research in Child Development (SRCD). The main objectives of the symposium were to (1) share knowledge and collaborate on international research studies, (2) promote joint international research with university and community partners, and (3) involve undergraduate and graduate students in an international symposium and research related to Arab youth identity. In preparation to host this symposium, the IYRG was formed. Undergraduate and graduate students assisted on various committees: those on the Organizing Committee coordinated the volunteer duties; those on the Scientific Committee reviewed the poster abstract submissions; and those on the Website Committee helped with the presentation of symposium materials.

The International Symposium on Arab Youth took place at University of Windsor from May 29 to 30, 2013. Conference attendees included students and faculty members from several departments at University of Windsor, Wayne State University, and University of Michigan-Dearborn, as well as representatives from community organizations (e.g., Multicultural Council of Windsor and Essex County). Keynote speaker Professor Emeritus John W. Berry of Queen's University spoke about acculturation, identity, and wellbeing among ethnocultural youth. Dr. Berry also presented on theory and methodology in cross-cultural and intercultural psychology. Individual presenters provided a comprehensive examination of social

relations and sexuality among Arab youth, child rearing practices, mental illness and chronic disease among immigrants and refugees, and interventions for traumatic stress. During the symposium, international researchers presented posters on topics pertaining to areas such as acculturation, help-seeking behaviour, discrimination, friendships, and developmental outcomes in Arab youth.

Researchers from countries such as Lebanon, Egypt, England, and the United States participated in roundtable discussions on the second day of the symposium. One area of focus was on the development of international projects with an emphasis on exploring how “Arab” can be defined, recruitment and funding issues, assessment of needs, and ways to select research questions that are appropriate for all international partners. Other discussion topics included interventions within a community-based approach, the assessment of community needs, the importance of gaining trust of the community members, and appropriate ways to gather information (e.g., examining youths’ involvement in social groups and their sense of belonging). Participants in roundtable discussions also addressed ways that ethnic pride can be increased among Arab youth. Those who contributed to this discussion also expressed the importance of conducting pilot studies prior to proceeding with the international project, the over-reliance on samples of undergraduate students, and the importance of involving community partners in future work. Lastly, the challenges that may occur in community research and directions for future research were discussed.

### **Impact of the International Symposium on Arab Youth**

The International Symposium on Arab Youth was successful in promoting awareness of Arab youth identity research. The impact of the symposium extended far beyond its initial intent. The symposium has stimulated the generation of new research questions, conceptualization of current initiatives, and interest in aspiring researchers. The themes discussed during the symposium have served as a guide for future research directions with the aim of identifying major constructs contributing to identity development in Arab youth. The symposium promoted both the exchange of knowledge, through individual presentations and roundtable discussions, as well as its mobilization. In fostering collaborative research opportunities with faculty, students, and community organizations and partners, attendees contributed to

creating a reciprocal connection between researchers and research consumers. In order to maximize the impact of the symposium, an emphasis was placed on knowledge mobilization; for example, conference proceedings are publicly accessible from <http://scholar.uwindsor.ca/arabyouthsymp/>. Moreover, the collaborative nature of the event provided attendees with the opportunity to network with international scholars who have an interest in conducting cross-cultural studies on Arab youth identity issues. “Learning from professors that are from all around the world gave me a wider perspective on life, especially on culture” said Ali Haider, an undergraduate psychology student.

In many cases, the symposium has introduced students to a new “driving force” of their research and career paths. In preparation for dissertations and theses, student members of the IYRG have conducted literature reviews on intergenerational relationships, attachment, acculturation, and developmental outcomes. Many of the students also attested to the value of networking with other researchers and professionals from the symposium. Cassandra Pasiak, a Ph.D. candidate in Clinical Psychology who helped organize the symposium and coordinate the student volunteers, described the symposium as fostering her interest in cross-cultural research. She became involved in the IYRG as a graduate research assistant in order to increase her multicultural competence and to gain knowledge from esteemed researchers in the field of cross-cultural psychology. Riham Al-Saadi, a Master of Social Work graduate, expressed that, although she has always felt a strong personal connection and enthusiasm for learning about Arab youth experience, the symposium has influenced her goals and she hopes continue graduate studies to further pursue these research interests.

### **Forthcoming Contributions and Future Goals**

While the research focus of the IYRG will be on the identity development of Arab Canadian youth ages 17 to 25, addressing the unique needs of the Arab youth population is a goal common to all researchers affiliated with the symposium. With collaboration from international researchers, IYRG members are actively contributing to the literature on Arab youth identity development. For example, a team of members from the IYRG has prepared a conference poster on a developmental psychopathology approach to promoting resilience in Arab youth immigrants to North America. Further, some researchers in the IYRG have pre-

pared book chapters that are currently under editorial review; topics include Arab families from the Levant, as well as the acculturation, enculturation, and ethnic identity of Arab Americans.

The research shared at the symposium has served as the impetus for a range of studies to be conducted by the IYRG. The IYRG is designing an international study in order to investigate developmental tasks of adolescence and emerging adulthood, with the goal of understanding how individuals subscribe meaning to life events. There is a culturally diverse population residing within the Windsor-Essex region of Ontario, and University of Windsor itself has a wide representation of ethnic diversity. IYRG researchers are launching an online study, using well-established measures developed by their international research partners, in order to examine social-cultural identity and adjustment of immigrant and non-immigrant youth. To follow the online study, Dr. Hakim-Larson and Dr. Menna will collaborate with members of international research groups in order to develop focus groups and individual interviews with immigrant youth. Possible areas of investigation include what it means to be an Arab Canadian; how Arab Canadians negotiate having multiple identities; and how they are impacted by cultural traditions, family celebrations, and relationships in the family. Taken together, the International Symposium on Arab Youth has provided researchers and research consumers with a unique opportunity to gain more knowledge about the identity development of Arab youth living in Canada and around the world.



## References

- Barry, D., Elliott, R., & Evans, E. M. (2000). Foreigners in a strange land: Self-construal and ethnic identity in male Arabic immigrants. *Journal of Immigrant Health, 2*(3), 133. doi: 10.1023/A:1009508919598
- Canadian Arab Institute. (2013). Arab immigration to Canada hits record high. Retrieved from [http://www.canadianarabinstitute.org/publications/reports/arab-immigration-canada-hits-record-high/#\\_ftn1](http://www.canadianarabinstitute.org/publications/reports/arab-immigration-canada-hits-record-high/#_ftn1)
- Cummings, E. M., Davies, P. T., & Campbell, S. B. (2000). *Developmental psychopathology and family process: Theory, research and clinical implications*. New York, NY: Guilford Press.
- Hakim-Larson, J., Nassar-McMillan, S., & Paterson, A. D. (2012). Counseling Middle Eastern Americans. In G. McAuliffe (Ed.), *Culturally alert counseling: A comprehensive introduction 2nd edition*. Thousand Oaks, CA: Sage Publications Ltd.
- Paterson, A., & Hakim-Larson, J. (2012). Arab youth in Canada: Acculturation, enculturation, social support, and life satisfaction. *Journal of Multicultural Counseling and Development, 40*(4). doi: 10.1002/j.2161-1912.2012.00018.x
- Phinney, J. S., & Ong, A. D. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. *Journal of Counseling Psychology, 54*, 271-281. doi: 10.1037/0022-0167.54.3.271
- Rivas-Drake, D., Seaton, E. K., Markstrom, C., Quintana, S., Syed, M., Lee, R. M. ... & Yip, T. (2014). Ethnic and racial identity in adolescence: Implications for psychosocial, academic, and health outcomes. *Child Development, 85*(1), 40-57. doi:10.1111/cdev.12200
- Statistics Canada. (2011a). 2011 National Household Survey: Data tables. Visible Minority, Immigrant Status and Period of Immigration, Age Groups and Sex for the Population in Private Households of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations. Catalogue number 99-010-X2011030 retrieved February 14, 2014 from Statistics Canada.
- Statistics Canada. (2011b). Immigration and Ethnocultural Diversity in Canada. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm#a2>
- UNHCR (2014). 2014 UNHCR regional operations profile - North America and the Caribbean. Retrieved from <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e491336&submit=GO>

# The Kids Aren't Alright: Non-medical Prescription Opioid Use Amongst Canadian Youth

Daniel P. Hargadon, B.A. Hons  
Carleton University, Ottawa, Ontario

## ABSTRACT

Non-medical prescription opioid use (NMPOU) is a growing trend among Canadian adolescent and young adult populations. Research indicates youth are less informed of, and more susceptible to, the risks and harms associated with NMPOU (Canadian Centre on Substance Abuse, 2013). Abuse of prescription opioids is associated with serious negative outcomes such as the development of substance use and psychiatric disorders (Martins, Keyes, Stor, Zhu & Chlcoat, 2009; Schepis and Hakes, 2013). Many report experiencing symptoms of opioid dependence or comorbid mood and anxiety problems yet few perceive a need for treatment (Li-Tzy, Blazer, Li & Woody, 2011). While recent interventions have been effective in reducing opioid use in older populations (Fischer, Ialomiteanu, Kurdyak, Mann & Rehm, 2013), they do not specifically target the needs of young adults. This article reviews prevalence rates and risks faced by young adults who engage in NMPOU with a focus on comorbid mental health conditions. Harm education, stigma reduction, and awareness of treatment resources are identified as areas of focus for prevention strategies.

## RÉSUMÉ

L'utilisation non médicale d'opioïdes d'ordonnance est une tendance croissante chez les jeunes adultes et les adolescents canadiens. La recherche montre que les jeunes sont moins informés des risques et des dommages associés à l'utilisation non médicale d'opioïdes d'ordonnance, et que, de ce fait, ils y sont plus exposés (Centre canadien de lutte contre les toxicomanies, 2013). L'abus d'opioïdes d'ordonnance est associé à des effets négatifs graves, comme les problèmes de toxicomanie et le développement de troubles psychiatriques (Martins, Keyes, Stor, Zhu et Chlcoat, 2009; Schepis et Hakes, 2013). Plusieurs jeunes disent éprouver des symptômes de dépendance aux opi-

oïdes ou des problèmes concomitants d'humeur et d'anxiété, mais peu d'entre eux croient avoir besoin d'un traitement (Li-Tzy, Blazer, Li et Woody, 2011). Bien que certaines interventions récentes se soient avérées efficaces pour réduire la consommation d'opioïdes chez les personnes âgées (Fischer, Ialomiteanu, Kurdyak, Mann et Rehm, 2013), celles-ci ne ciblent pas spécifiquement les besoins des jeunes adultes. Le présent article examine les taux de prévalence et les risques auxquels s'exposent les jeunes adultes qui se livrent à l'utilisation non médicale d'opioïdes d'ordonnance en mettant l'accent sur les problèmes de santé mentale concomitants. Les stratégies de prévention doivent être axées sur la sensibilisation aux méfaits, la réduction de la stigmatisation et l'information sur les ressources thérapeutiques existantes.



Non-medical prescription opioid use (NMPOU) is a growing trend garnering increased attention by both health and mental health professionals. It is defined as taking prescription opioids in a manner, or for a reason, other than directed by the prescribing physician (Health Canada, 2012) and includes a wide range of behaviours from treatment non-compliance to recreational use. Recent estimates from the Canadian Alcohol and Drug Use Monitoring Survey indicate that 24% of Canadians over the age of 15 report past-year NMPOU; 3.4% report using prescription opioid medication specifically to “get high” (Health Canada, 2013). Rates of individuals seeking treatment for prescription opioid substance use and comorbid conditions have increased substantially in the past decade (Canfield et al., 2010); 60% of these individuals being under the age of 35 (Fischer, Nakamura, Rush, Rehm & Urbanoski, 2010).

The effectiveness of opioid medications, coupled



with increasing demand, have contributed their increased availability in North America. Opioid analgesics are potent pain treatments often administered to manage pain related to dental surgery, severe injuries, and cancer (Keuhn, 2007). They are also frequently prescribed among aging populations to manage chronic pain (Simoni-Wastila & Yang, 2006). In the United States, adults 65 and over account for one third of all outpatient spending on prescription medications (National Institute on Drug Abuse, 2011) and the need for prescription opioids is expected to increase substantially as the baby-boom population continues to age (Canadian Centre on Substance Abuse, 2013). This creates a considerable problem for prescribing physicians: While prescription opioids are viable and necessary treatments, they are also associated with a number of risks such as diversion, abuse, dependence, and mortality (National Advisory Committee on Prescription Drug Misuse, 2013).

Due to the high abuse-liability of prescription opioids, volume effects have been observed. Availability is positively related to non-medical use, abuse, and related problems (Fischer, Jones, Ubrbanoski, Skinner & Rehm, 2013; Shield, Jones, Rhem, & Fisher, 2012). As the world's second largest per-capita prescriber of prescription opioids (International Narcotics Control Board, 2013), these problems are especially relevant in the Canadian context. Rates of prescription opioid related deaths have doubled in the past decade (National Advisory Committee on Prescription Drug Misuse, 2013) and emergency department visits related to NMPOU have grown by 250% between 2005-2006 and 2010-2011 (Government of Ontario, 2012).

In Canada, prescription opioids are the second most abused drug after marijuana (Health Canada, 2012) with the largest increases in non-medical use occurring among adolescent and young adult populations (Shield, Jones, Rehm & Fischer, 2013). Recent research indicates 15.3% of all Canadian students in grades 7 to 12 report past-year NMPOU (Fischer, Ialomiteanu, Boak, Adlaf, Rehm & Mann, 2013). The highest rates of NMPOU are observed among females aged 15 to 17, while use to "get high" is most prevalent in males and females aged 15 to 17 and 18 to 24 respectively (Shield et al., 2013). Rates of use tend to vary geographically with more use being reported in urban centers (Boak, Hamilton, Adlaf & Mann, 2013).

Young adults who engage in NMPOU report a high rates of polysubstance use. While rates of tobacco, cannabis, and alcohol use are higher compared to older adults (Fischer et al., 2013), young adults also

report high rates of cocaine, sedative and stimulant use (Marsh et al., 2005; Subramaniam & Stitzer, 2009). NMPOU between the ages of 18 and 24 is accompanied with a three-fold risk of the development of a substance use disorder (Boyd, Teter, West, Morales & McCabe, 2009). Indeed, by the time many young adults engage treatment services for opioid dependence issues, 83% will meet the criteria for at least three or more substance use disorders (Subramaniam & Stitzer, 2009). Most young adults will display one or two symptoms of dependence, thus meeting the criteria for subthreshold substance use (Wu, Blazer, Li & Woody, 2011).

Opioid substance use disorders can develop as early as age 16 (Subramaniam, Stitzer, Woody, Fismham & Kolodner, 2009), yet the median delay between onset and presentation to treatment is 3.83 years (Blanco, Schwartz, Rafful, Wang & Olfson, 2013). This is a long period of time during a crucial developmental stage where treatment needs are unmet. Misconceptions about safety, and access to prescription medication from trusted sources, may entice those interested in drug experimentation or seeking to alleviate perceived physical or psychological distress to use prescription opioids. The majority of youth believe prescription opioids are safer (Quintero, Peterson & Young, 2006) and less addictive (Office of National Drug Control Policy, 2007) than their illicit counterparts. Many youth report easy access by obtaining prescription opioids from parents and siblings (Brands, Paglia-Boak, Sproule, Leslie & Adlaf, 2010) or friends (Boak et al., 2013).

Repeated exposure to opioids can be developmentally detrimental. Neuroimaging studies have indicated structural deficits, similar to those observed in individuals with major depressive disorder, result from sustained opioid use (Lin et al., 2012). Due to the underdevelopment of the prefrontal cortex during adolescence and young adulthood (Steinberg, 2008), reductions in self-regulatory ability may support opioid dependence (Schepis & Hakes, 2013). Combined, these factors may also promote behaviors such as intravenous drug use and risky sexual activity, raising the probability of contacting sexually transmitted infections (Tapert, Aarons, Sedlar & Brown, 2001; United Nations Office on Drugs and Crime, 2011). NMPOU is also associated with reduced academic success (McCabe, Teter, Boyd, Knight, & Wechsler, 2005). Unfortunately, substance dependence issues often go unnoticed until externalizing symptoms, such as criminal behavior or acute psychopathology, man-

ifest (Maddux, Desmond & Costello, 1987; Strain, 2002). As a result, the neurological, psychological, physical health, and social consequences that occur between substance use disorder onset and presentation at treatment may be pronounced.

In addition to other substance use disorders, adolescents and young adults with prescription opioid dependence are increasingly likely to report mental health and behavioural challenges. Young adults presenting for opioid dependence treatment report high rates of comorbid psychopathology, such as moderate to severe symptoms of depression, attention-deficit/hyperactivity, generalized anxiety, and conduct disorders (Marsh et al., 2005; Subramaniam & Stitzer, 2009). 78% of young adults with prescription opioid use problems that present for treatment have an Axis-I psychiatric disorder, and 72% will meet the criteria for two or more psychiatric disorders (Subramaniam & Stitzer, 2009). Many also have histories with the criminal justice system (Wu et al., 2011). On average, youth report higher numbers of comorbid psychiatric disorders than heroin users of the same age (Subramaniam & Stitzer, 2009).

Opioid dependence and psychopathology have a synergistic relationship (Katz, El-Gabalawy, Keyes, Martins & Jitender, 2013; Schepis & Hakes, 2013). Three pathways explain the etiology of comorbid substance dependence and mental health disorders: self-medication, precipitational, and shared vulnerability (Martins et al., 2012). Firstly, the self-medication pathway predicts individuals develop dependence by using drugs to relieve symptoms of pre-existing psychiatric conditions (Khantzian, 2003). Second, in the precipitational pathway, excessive drug use can cause neuronal-adaptation in brain reward mechanisms thus promoting the development of psychiatric disorders (McEwen, 2000). Third, in the absence of temporal sequencing, the shared vulnerability model suggests individual and environmental factors interact to increase the likelihood of developing comorbid mental health and substance use problems (Martins et al., 2012).

Evidence supporting the self-medication and precipitational pathways has been observed in connection to NMPOU. Individuals diagnosed with a mood disorder are 1.5 times more likely to report NMPOU (Martins, Keyes, Stor, Zhu & Chilcoat, 2009; Martins et al., 2012) while those with no prior history of psychopathology are 1.85 and 1.67 times more likely to develop a mood or anxiety disorder following sustained use (Schepis & Hakes, 2013). Evidence sup-

porting both pathways is considered to indicate higher-order factors likely contribute to NMPOU and mood disorder comorbidity (Martins et al., 2012). A recent meta-analysis found NMPOU was associated with comorbid depression and anxiety disorders at rates of 27% and 29% respectively (Goldner, Lusted, Roerecke, Rehm & Fischer, 2014). If examining symptomatology alone, rates increase to 57% for depression and 50% for anxiety (Goldner et al., 2014).

The substantial comorbid mental health and substance use challenges highlight the complexity of NMPOU in young adults. As evidenced by the high prevalence of comorbid conditions, negative outcomes are not solely limited to opioid dependence. Comorbidity is more likely in young adults with prescription opioid dependence (Centre for Addiction and Mental Health, 2009) and ultimately reduces psychosocial functioning, increases the severity of substance use and psychiatric symptoms, and complicates treatment outcomes (Strain, 2002). In addition, there is the risk of developmental or physical health harms. Many young adults who report past year NMPOU also experience symptoms of opioid dependence, however, the majority do not perceive a need for treatment (Wu et al., 2011).

There is an increasing need for primary prevention and the promotion of treatment seeking through harm reduction campaigns and policy interventions. As evidenced by efforts to improve regulatory control, inform clinical practice guidelines, create tools to screen at-risk patients, and implement prescription monitoring programs (College of Physicians and Surgeons of Ontario, 2010), Canadian initiatives have largely targeted opioid misuse in the context of pain management. Interventions involve the development of tamper-resistant medication, limiting the duration of treatment and dosage covered by health insurance, and programs that educate patients about safe self-administration, storage, and disposal of prescription opioid medication (Canadian Centre on Substance Abuse, 2013).

While the aforementioned strategies are undoubtedly relevant, they do not adequately address the needs of many young Canadians. These interventions have resulted in decreased NMPOU among older adults, yet there has been no observed decline in younger populations (Fischer, Ialomiteanu, Kurdyak, Mann & Rehm, 2013). Perhaps the greatest barrier to informing appropriate interventions is a prevailing notion that NMPOU is a problem solely in the context of chronic pain treatment (Lynch, 2013). While this per-

spective may accurately describe some individuals, it is not representative of young Canadians. Pain relief is often reported as the primary motivation for NMPOU among aging populations (Levi-Minzi, Surratt, Kurtz & Buttram, 2013), yet young adults more frequently endorse “getting high”, reducing anxiety and stress, and aiding sleep as reasons for use (Rigg & Ibanez, 2010). Additionally, some young women report engaging in NMPOU primarily to reduce discomfort related to pre-menstrual syndrome or emotional distress (Wu et al., 2009). Drug experimentation often takes place in young adulthood (Shedler & Block, 1990) and many young individuals who report high stress tend to employ unhealthy coping mechanisms (American Psychological Association, 2014). Engaging in NMPOU to self-medicate dysphoria and stress is extremely risky because opioid addiction occurs rapidly and dependence can form with few administrations (National Institute of Drug Abuse, 2011).

Youth have unique treatment needs that require specific evidence-based treatment approaches. The Canadian Centre on Substance Abuse (2013) has identified many at risk groups such as youth, women, seniors, First Nations and Inuit, and newborns. Interventions that are successful in one population may exacerbate issues in others. For example, while the removal and replacement of OxyContin (Oxycodone) with a tamperproof alternative (OxyNeo) has positively impacted rates of misuse (Fischer et al., 2013), some evidence suggests these strategies may encourage those who have developed opioid dependence from sustained NMPOU to initiate heroin use (Muhuri, Gfroerer & Davies, 2013). Nomothetic policy interventions may fail to target the needs of individual at-risk groups. Harm education, stigma reduction, and access to mental health and addiction resources are areas of focus that directly address the needs of young adults.

Addiction is often attributed to moral or personal failings, and such stigmatization can significantly impede treatment seeking and aggravate substance use (Livingston, Milne, Fang & Amari, 2012). Failure to seek treatment may be attributed to concerns about the negative opinions of others or an inability to recognize the dangers of NMPOU (Wu et al., 2011). Intervention strategies should highlight the harms associated with prescription opioid misuse while reducing stigma surrounding mental health and addiction. To this end, portrayals of individuals who have been successfully treated have been effective in reducing stigma and promoting treatment seeking behav-

our in youth (Romer & Bock, 2008).

Mental health education is particularly important in promoting healthy coping mechanisms, recognizing problem behaviours, and ensuring treatment needs are met. Preliminary results from evidence-based-preventative-interventions aimed at reducing rates of NMPOU among adolescents via targeted educational programs have shown positive results (Crowley, Jones, Coffman & Greenberg, 2014). However, further research is required to demonstrate the ongoing efficacy of primary care interventions such as counselling, printed materials, videos, and computer-based tools (Moyer, 2014). As a result, the United States and Canada currently rely on strategies that have been successful at reducing tobacco and alcohol consumption (Canadian Centre on Substance Abuse, 2013) such as delaying initiation and minimizing harmful consequences (Boak et al., 2013). This highlights a significant need for future research into NMPOU intervention programs.

The landscape of NMPOU, subsets of users, and their associated risks continues to be investigated by health care practitioners. Presently, the highest rates of NMPOU initiation occurs among adolescent and young adults and these individuals are more vulnerable to the harms that accompany such use. Policy changes that have been enacted in response to NMPOU in Canada have not made a substantial impact on this population. Evidence-based interventions must target all at-risk groups in the prescription opioid landscape to ensure their individual needs are addressed. With respect to young adults, interventions could be strengthened by targeting the lack of education surrounding the harms associated with NMPOU with a specific focus on comorbid mental health conditions. Further, it is important to reduce stigma related to mental illness and substance dependence while promoting the availability of treatment resources. These efforts may prevent young adults from initiating prescription opioid use, reduce harm, and provide motivation for those in need to seek treatment.

### **Acknowledgements**

I would like to thank Dr. John Weekes for his assistance, feedback, and encouragement throughout the development of this work. His willingness to give time so generously has been very much appreciated. I would like to thank two anonymous *Mindpad* reviewers for their helpful feedback.



## References

- American Psychological Association. (2014). *Stress in America: Are teens adopting adults' stress habits?* American Psychological Association: Washington, DC. Retrieved from: <https://www.apa.org/news/press/releases/stress/2013/stress-report.pdf>
- Blanco, C., Schwartz, R. P., Rafful, C., Wang, S., & Olfson, M. (2013). Probability and predictors of treatment-seeking for prescription opioid use disorders: A national study. *Drug and Alcohol Dependence*, 131, 143-148.
- Boak, A., Hamilton, H., A., Adlaf, E. M., & Mann, R. E. (2013). *Drug use among Ontario students 1977-2013: Detailed OSDUHS findings (CAMH research document series no. 36)*. Toronto, ON: Centre for Addiction and Mental Health.
- Boyd, C. J., Teter, C. J., West, B. T., Morales, M., & McCabe, S. E. (2009). Non-medical use of prescription analgesics: A three-year national longitudinal study. *Journal of Addictive Diseases*, 28, 232-242.
- Brands, B., Paglia-Boak, A., Sproule, B. A., Leslie, K., & Adlaf, E. M. (2010). Nonmedical use of opioid analgesics among Ontario students. *Canadian Family Physician*, 56, 256-262.
- Canadian Centre on Substance Abuse. (2013). *Canadian drug summary: Prescription opioids*. Retrieved from: [http://www.ccsa.ca/2013\\_CCSA\\_Documents/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2013-en.pdf](http://www.ccsa.ca/2013_CCSA_Documents/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2013-en.pdf)
- Canfield, M. C., Keller, C. E., Frydrych, L. M., Ashrafioun, L., Purdy, C. H., & Blondell, R. D. (2010). Prescription opioid use among patients seeking treatment for opioid dependence. *Journal of Addiction Medicine*, 4, 108-113.
- Centre for Addiction and Mental Health. (2009). *Screening for concurrent substance use and mental health problems in youth*. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from: [http://knowledgex.camh.net/amhspecialists/Screening\\_assessment/screening/screen\\_CD\\_youth/Documents/youth\\_screening\\_tools.pdf](http://knowledgex.camh.net/amhspecialists/Screening_assessment/screening/screen_CD_youth/Documents/youth_screening_tools.pdf)
- College of Physicians and Surgeons of Ontario. (2010). *Avoiding abuse, achieving a balance: Tackling the opioid public health crisis*. College of Physicians and Surgeons of Ontario. Retrieved from: [http://www.cpso.on.ca/CPSO/media/uploadedfiles/policies/policies/Opioid\\_report\\_final.pdf](http://www.cpso.on.ca/CPSO/media/uploadedfiles/policies/policies/Opioid_report_final.pdf)
- Crowley, D. M., Jones, D. E., Coffman, D. L., & Greenberg, M. T. (2014). Can we build an efficient response to the prescription drug abuse epidemic? Assessing the cost effectiveness of universal prevention in the PROSPER trial. *Preventative Medicine*, 62, 71-77.
- Fischer, B., Ialomiteanu, A., Kurdyak, P., Mann, R. E., & Rehm, J. (2013). Reductions in non-medical prescription opioid use among adults in Ontario, Canada: Are recent policy interventions working? *Substance Abuse Treatment, Prevention, and Policy*, 8(7), 1-4.
- Fischer, B., Jones, W., Ubrbanoski, K., Skinner, R., & Rehm, J. (2013). Correlations between prescription opioid analgesic dispensing levels and related mortality and morbidity in Ontario, Canada, 2005-2011. *Alcohol and Drug Review*, 33(1), 19-26.
- Fischer, B., Nakamura, N., Rush, B., Rehm, J., & Urbanoski, K. (2010). Changes in and characteristics of admission to treatment related to problematic prescription opioid use in Ontario, 2004-2009. *Drug and Alcohol Dependence*, 109, 257-260.
- Goldner, E. M., Lusted, A., Roerecke, M., Rehm, J., & Fischer, B. (2014). Prevalence of Axis-I psychiatric (with focus on depression and anxiety) disorder and symptomatology among non-medical prescription opioid users in substance use treatment: Systematic review and meta-analysis. *Addictive Behaviors*, 39, 520-531.
- Government of Canada. (2006). *The human face of mental health and mental illness in Canada*. Minister of Public Works and Government Services Canada.
- Government of Ontario. Ministry of Health and Long Term Care. (2012). *The way forward: Stewardship for prescription opioid narcotics in Ontario*. Retrieved from: [http://www.health.gov.on.ca/en/public/publications/mental/docs/way\\_forward\\_2012.pdf](http://www.health.gov.on.ca/en/public/publications/mental/docs/way_forward_2012.pdf)
- Gros, D. F., Milanak, M. E., Brady, K. T., & Back, S. E. (2013). Frequency and severity of comorbid mood and anxiety disorders in prescription opioid dependence. *The American Journal of Addictions*, 22, 261-265.
- Health Canada, Controlled Substances and Tobacco Directorate. (2012). *Canadian Alcohol and Drug Use Monitoring Survey: 2011*. Ottawa, ON: Statistics Canada.
- Health Canada, Controlled Substances and Tobacco Directorate. (2013). *Canadian Alcohol and Drug Use Monitoring Survey: 2012*. Ottawa, ON: Statistics Canada.
- International Narcotics Control Board. (2013). *Narcotic drugs: Estimated world requirements for 2013-statistics for 2011*. New York, NY: United Nations.
- Katz, C., El-Gabalawy, R., Keyes, K. M., Martins, S. S., & Jitender, S. (2013). Risk factors for incident nonmedical prescription opioid use and abuse and dependence: Results from a nationally representative sample. *Drug and Alcohol Dependence*, 132, 107-113.
- Keuhn, B. M. (2007). Opioid prescriptions soar. *Journal of the American Medical Association*, 297, 249-253.
- Khantzian, E.J., (2003). The self-medication hypothesis revisited: The dually diagnosed patient. *Primary Psychiatry*, 10, 47-54.
- Levi-Minzi, M. A., Surratt, H. L., Kurtz, S. P., & Buttram, M. E. (2013). Under treatment of pain: A prescription for opioid misuse among the elderly? *Pain Medicine*, 13, 1719-1729.
- Lin, W., Chou, K., Chen, H., Huang, C., Lu, C., Li, S., Wang, Y., Cheng, Y., Lin, C., & Chen, C. (2012). Structural deficits in the emotion circuit and cerebellum are associated with depression, anxiety and cognitive dysfunction in methadone maintenance patients: A voxel-based morphometric study. *Psychiatry Research: Neuroimaging*, 201, 89-97.
- Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction*, 107, 39-50.

- Maddux, J. F., Desmond, D. P., & Costello, R. P. (1987). Depression in opioid users varies with substance use status. *American Journal of Drug and Alcohol Abuse*, *13*, 375-385.
- Marsh, L. A., Bickel, W. K., Badger, G. J., Stothart, M. E., Quesnel, K. J., Stanger, C., & Brooklyn, J. (2005). Comparison of pharmacological treatments for opioid-dependent adolescents: A randomized controlled trial. *Achieves of General Psychiatry*, *62*, 1157-1164.
- Martins, S. S., Fenton, M. C., Keyes, K. M., Blanco, C., Zhu, H., & Storr, C. L. (2012). Mood and anxiety disorders and their association with non-medical prescription opioid use and prescription opioid-use disorder: Longitudinal evidence from the national epidemiologic study on alcohol and related conditions. *Psychological Medicine*, *42*, 1261-1272.
- Martins, S. S., Keyes, K. M., Stor, C. L., Zhu, H., & Chlcoat, H. D. (2009). Pathways between nonmedical opioid use/dependence and psychiatric disorders: Results from the national epidemiologic survey on alcohol and related conditions. *Drug and Alcohol Dependence*, *103*, 16-24.
- McCabe, S. E., Teter, C. J., Boyd, C. J., Knight, J. R., & Wechsler, H. (2005). Nonmedical use of prescription opioids among U.S. college students: Prevalence and correlates from a national survey. *Addictive Behaviors*, *30*, 789-805.
- McEwen, B.S., (2000). Allostasis and allostatic load: Implications for neuropsychopharmacology. *Neuropsychopharmacology*, *22*, 108-124.
- Moyer, V. A. (2014). Primary care behavioral interventions to reduce illicit drug and nonmedical pharmaceutical use in children and adolescents: U.S. preventive services task force recommendation statement. *Annals of Internal Medicine*, 1-7. Retrieved from <http://annals.org/article.aspx?articleid=1840850>
- Muhuri, P. K., Gfroerer, J. C., & Davies, C. M. Center for Behavioral Health and Statistics Quality, (2013). *Associations of nonmedical pain reliever use and initiation of heroin use in the United States*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.htm>
- National Advisory Committee on Prescription Drug Misuse, (2013). *First do no harm: Responding to Canada's prescription drug crisis*. Ottawa, ON: Canadian Centre on Substance Abuse.
- National Institute on Drug Abuse. U.S. Department of Health and Human Services, National Institutes of Health. (2011). *Research report series: Prescription drug abuse (11-4881)*. Retrieved from: <http://www.drugabuse.gov/publications/research-reports/prescription-drugs>
- Quintero, G., Peterson, J., & Young, B. (2006). An exploratory study of socio-cultural factors contributing to prescription drug Misuse among college Students. *Journal of Drug Issues* *22*, 903-926.
- Rigg, K. K., & Ibanez, G. E. (2010). Motivations for non-medical prescription drug use: A mixed methods analysis. *Journal of Substance Abuse Treatment*, *39*, 236-247.
- Romer, D., & Bock, M. (2008). Reducing the stigma of mental illness among adolescents and young adults: The effects of treatment information. *Journal of Health Communication*, *13*, 742-758.
- Schepis, T. S., & Hakes, J. K. (2013). Dose-related effects for the precipitation of psychopathology by opioid or tranquilizer/sedative nonmedical prescription use: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Addictive Medicine*, *7*(1), 39-44.
- Shedler, J., & Block, J. (1990). Adolescent drug use and psychological health: A longitudinal inquiry. *American Psychologist*, *45*, 612-630.
- Shield, K. D., Jones, W., Rehm, J., & Fischer, B. (2013). Use and nonmedical use of prescription opioid analgesics in the general population of Canada and correlations with dispensing levels in 2009. *Pain Research and Management*, *18*, 69-74.
- Simoni-Wastila, L., & Yang, H. K. (2006). Psychoactive drug abuse in older adults. *American Journal of Geriatric Pharmacotherapy*, *4*, 380-394.
- Statistics Canada. (2013). Canadian community mental health survey: Mental health 2012. Retrieved from: <http://www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.pdf>
- Steinberg, L. (2008). A social neuroscience perspective on adolescent risk-taking. *Developmental Review*, *28*, 78-106.
- Strain, E. C. (2002). Assessment and treatment of comorbid psychiatric disorders in opioid-dependent patients. *The Clinical Journal of Pain*, *18*, S14-S27.
- Subramaniam, G. A., & Stitzer, M. A. (2009). Clinical characteristics of treatment-seeking prescription opioid vs. heroin-using adolescents with opioid use disorder. *Drug and Alcohol Dependence*, *101*, 13-19.
- Subramaniam, G. A., Stitzer, M. L., Woody, G., Fishman, M. J., & Kolodner, K. (2009). Clinical characteristics of treatment-seeking adolescents with opioid versus cannabis/alcohol use disorders. *Drug and Alcohol Dependence*, *99*, 141-149.
- Tapert, S. F., Aarons, G. A., Sedlar, G. R., & Brown, S. A. (2001). Adolescent substance use and sexual risk-taking behavior. *Journal of Adolescent Health*, *28*, 181-189.
- United Nations Office on Drugs and Crime, (2011). *The non-medical use of prescription drugs: Policy direction issues*. New York, NY: United Nations.
- Wu, L., Ringwald, C. L., Yang, C., Reeve, B. B., Pan, J., & Blazer, D. (2009). Construct and differential item functioning in the assessment of prescription opioid use disorders among American adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, *48*, 563-573.
- Wu, L-T, Blazer, D. G., Li, T-K., & Woody, G. E. (2011). Treatment use and barriers among adolescents with prescription opioid use disorders. *Addictive Behaviors*, *36*, 1233-1239.

# If you Build it, They Will Come: New Special Concentration in Forensic Psychology Offered at StFX

Christopher J. Lively, B.Sc., B.A.  
Department of Psychology,  
St. Francis Xavier University, Antigonish, Nova Scotia

## ABSTRACT

In its simplest form, psychology is the study of the human mind and behaviour. At many undergraduate universities, students can learn about a variety of sub-fields within the discipline of psychology, including Forensic Psychology. St. Francis Xavier University (StFX) is now offering psychology students a way to receive hands-on training in the domain of Forensic Psychology through the launch of their new “Special Concentration in Forensic Psychology.” This 2-year offering provides students with the opportunity for specialized academic training and hands-on experiences by participating in practicum placements at forensically-relevant sites (e.g., correctional facilities, parole offices), while completing courses relevant to their regular 4-year Bachelor of Arts degree. Each March, students host an annual “Forensic Psychology Day @ X” conference, where criminal justice and correctional professionals come to StFX to share their wisdom and experience with current students. A call for applications for prospective students is issued and due every March.

## RÉSUMÉ

Dans sa forme la plus simple, la psychologie est l'étude de l'esprit et du comportement humains. Dans de nombreuses universités de premier cycle, les élèves peuvent s'initier à différents sous-domaines de la psychologie, dont la psychologie judiciaire. Avec le lancement de sa nouvelle concentration en psychologie judiciaire, l'Université St. Francis Xavier offre désormais aux étudiants en psychologie la possibilité de recevoir une formation pratique dans ce domaine. Cette formation de deux ans offre aux étudiants l'occasion de suivre une formation universitaire spécialisée et d'acquérir de l'expérience pratique en faisant un stage dans des milieux où s'exercent des activités médico-légales (p. ex., établissements correctionnels,

bureaux de libération conditionnelle), tout en suivant les cours pertinents dans le cadre de leur programme de baccalauréat ès arts général de quatre ans. Chaque année, en mars, les étudiants organisent la « Forensic Psychology Day @ X », une journée où des professionnels de la justice pénale et du milieu correctionnel viennent à l'Université St. Francis Xavier pour partager avec les étudiants inscrits au programme leur sagesse et leur expérience. En mars de chaque année, l'université procède au recrutement des étudiants potentiels.



The discipline of Psychology is a popular field of study for many undergraduates. In fact, the number of bachelor's degrees awarded in psychology between 1950 and 2006 increased over 900% (approximately 10,000 in 1950 to over 90,000 in 2006; National Center for Education Statistics, 2010 as cited in Halonen, 2011). Moreover, the American Psychological Association (APA; 2014) reports that approximately 15 million students partake in an introductory psychology course each year. Without a doubt, there are a variety of reasons as to why Psychology is an attractive area of study for students (e.g., to better understand themselves or others, an interest in research). Simply defined, Psychology is “the study of the mind and behaviour” (VandenBos & APA, 2007, p. 753; Canadian Psychological Association, 2014). One subfield of psychology where this definition might be very intriguing to students is in courses dedicated to Forensic Psychology. This domain examines topics at the interface of psychology and law (Grisso & Brigham, 2013). Since its inception in the latter part of the 19<sup>th</sup> century when James McKeen Cattell (1895) began to explore eyewitness testimony and Albert von Schrenck-Notzing studied pre-trial publicity (1897, as cited in Bartol & Bartol,



***The first nine students admitted to the “Special Concentration in Forensic Psychology.” Front left to right: Valerie Lemay, Alli Copp, Catherine Gallagher, Brenna Gavel, and Brianna Boyle. Back left to right: Stewart Barclay, Justine Lucas, Angelina MacLellan, Dr. Margo Watt (Program Coordinator), and Chris Lively. (Photo credit: Shelley Cameron-McCarron).***

1999), Forensic Psychology continued to explode in the 1960s and 1970s with Milgram’s (1963) study of obedience, and Zimbardo’s (Haney, Banks, & Zimbardo, 1973) study of role acquisition in prisons. More recently, interest in Forensic Psychology has been fuelled by the popularity of shows such as *Law and Order*, *Criminal Minds*, *Prison Break*, *Dexter*, and *Orange is the New Black*, but students who study Forensic Psychology soon learn that there is much more to the subject than Hollywood dramas might suggest. A new offering at an Atlantic Canadian University now provides students with practical opportunity to learn and see the reality of this exciting area of Psychology.

The Department of Psychology at St. Francis Xavier University (StFX) launched a 2-year “Special Concentration in Forensic Psychology” in September 2013. This is a unique offering for undergraduates and is intended to enhance their marketable skills and eligibility for graduate and professional schools. The Special Concentration evolved over time from its

origins in a single Forensic Psychology course. This original course (e.g., Psychology 380) was initially designed by Dr. Margo Watt, a clinical forensic psychologist, who felt strongly about the importance of providing students with experiential learning. While classroom training of skills is essential, gaining more practical (hands-on) experiences can be invaluable. Participating in practical training experiences can make the material covered in classroom come to life. Moreover, research shows that practical learning experiences can foster understanding of material that might remain elusive in the classroom (e.g., Riskowski, Todd, Wee, Dark, & Harbor, 2009). The Forensic Psychology course at StFX resembles Forensic Psychology courses offered at other Atlantic undergraduate institutions, with topics including: history of the relationship between psychology and law; Canadian criminal law; assessment, treatment, and rehabilitation of offenders; eyewitness testimony; deception detection; jury decision making; and topics related to policing. In other ways, however, the StFX’s

course is quite unique. Perhaps, the component that is most unique, as compared to other Atlantic universities, and most attractive to students is the field trips. Students who are fortunate enough to get into the class soon find themselves travelling to many of the federal correctional facilities in the Atlantic Region, visiting the East Coast Forensic Hospital, as well as provincial and supreme courts to observe trial proceedings.

Students in the Forensic Psychology course also are treated to a number of guest speakers who come to share their wisdom and experience. For example, an RCMP officer shares with the class the inside story of police stress. Another RCMP officer explains the operations of the polygraph while administering it to one of the students. A forensic hospital psychologist explains the difference between an assessment of fitness to stand trial and criminal responsibility. A correctional psychologist explains the theory and mechanics of forensic risk assessment. Indeed, StFX students who have completed the Forensic Psychology course often indicate that this particular class was one of their favourite and most memorable due to the course material, field trip component, guest speakers, and the yearly Forensic Psychology conference.

Each March, students in the Forensic Psychology course play host to the annual “Forensic Psychology Day @ X” conference (previously known as “CSC@X Day”). The conference invites professionals from the criminal justice and correctional fields to come and share their wisdom and experiences with the Forensic Psychology students, the campus community, and the general public. Previous conference speakers have included some of the aforementioned guest speakers in the Forensic Psychology course, as well as parole officers, a prison warden, a deputy sheriff, and a behavioural counsellor. Almost every year, conference participants have had the pleasure of hearing an offender talk about his or her life and learning inside correctional facilities. Delegates of the conference often present on a variety of relevant topics including, mental health initiatives in the Correctional Service of Canada (CSC), psychological counselling, drug treatment programs, complex case studies, and women offenders. One of the biggest highlights of the conference is a panel of graduated StFX alumni who have established careers in related forensic settings, and return to discuss with current students the ways in which they went from StFX to their current employment position.

Seeing the interest and response to the Forensic Psychology course grow so much, and realizing that no other such program existed at any other Canadian undergraduate university, Dr. Watt believed that the development of a 2-year specialized concentration in forensic psychology studies and practice was the next logical step. In these times, when universities in Atlantic Canada struggle to maintain enrolments in the face of declining populations, programs such as the Special Concentration can help universities like StFX to attract and retain students. Interest in this offering has been growing with students both local to StFX and from other post-secondary institutions. In fact, the Special Concentration’s coordinator has received inquiries from some high school students who desire to begin their university studies at StFX in order to participate in this one-of-a-kind opportunity. For students who desire to continue with graduate or professional studies, it is anticipated that participating in this program will set the alumni apart from graduates at other universities. Receiving practical hands-on experience at the undergraduate level, especially in a forensic setting, is rare and typically not offered at other institutions. Moreover, for students who elect to use their degree in more general employment, the psychology training received in the Special Concentration will serve them well in working with people.

The Special Concentration allows students to complete their regular Bachelor of Arts (BA) studies, while gaining a specific focus in forensically-relevant courses (e.g., forensic psychology, abnormal psychology, human sexuality, clinical psychology, drugs and behaviour). Typically, students apply for entry to the Concentration at the end of their sophomore year; however, the Special Concentration Selection Committee welcomes undergraduate student applicants from all levels. In other words, students may also apply for entry in their junior or senior years. After completing the within-concentration requirements, and fulfilling all of the university’s academic program requisites, students will receive their regular 4-year BA degree with a specialization in Forensic Psychology. Students in the Special Concentration meet weekly to prepare for their practicum placements (e.g., learning about types of clientele and diverse work environments), ethics, and other professional issues as related to the placement sites. Students also have the opportunity to give presentations about a relevant forensic topic and their practicum experiences.

One of the main aspects of Special Concentration is the two 40-hour practica placements that students



must complete; one practicum in each year of the program. Placement sites might include correctional facilities, parole offices, the mental health court, or with children's aid services. Current students in the Special Concentration have participated in practicum placements at a number of sites including, federal prisons (e.g., Nova Institution for Women, Truro NS; Springhill Institution for Men, Springhill NS); the Nova Scotia Youth Facility, Waterville NS; the IWK Youth Forensic Services, Halifax NS; Addiction Services, Antigonish NS, and Pictou NS; and the Elizabeth Fry Society, Sydney NS. It should be noted that placement sites are not limited to locations within Nova Scotia. In fact, students in the Forensic Psychology course have completed service learning placements in Prince Edward Island, Ontario, British Columbia, and Bermuda. Indeed, students are encouraged to seek out placements in their home communities.

The inaugural Special Concentration students were challenged to consider ways in which they could provide a service to their respective placement sites. Certainly, the students responded and a number of different services manifested. For instance, a student doing a placement with the Elizabeth Fry Society created a reference information package for women entering halfway houses with mental illness. Another student assisted with the leisure and canine programs at a women's correctional facility, while some others helped out with recreational activities at an Addiction Service Detox Centre. Furthermore, two students are assisted with co-facilitating a workshop about suicide awareness and prevention at a male correctional reception site, and another student provided basic guitar instruction to women offenders (see Lively & Watt, 2014). Current students rave about the practicum experiences, saying that these practical opportunities have provided an educational insight into areas or groups of people that are often misunderstood, fostered a desire to educate others about correctional populations, and in some cases, have also helped solidify a chosen career related to forensic psychology. In fact, this inaugural group have created poster presentations about their practicum experiences and learning outcomes, and presented talks about their respective placements to a group of interested students and faculty members. The posters are currently on display within the Psychology Department at StFX. Indeed, the inaugural "Special Concentration in Forensic Psychology" class has created some buzz within the department, around the university, and has even garnered local media atten-

tion (e.g., Cameron-McCarron, 2013; Hiltz, 2013).

A call for applications is sent out every March and prospective students should contact the "Special Concentration in Forensic Psychology" coordinator, Dr. Margo Watt (mwatt@stfx.ca), or visit the Special Concentration's website ([http://sites.stfx.ca/forensic\\_psychology/](http://sites.stfx.ca/forensic_psychology/)) for more information about the admission criteria and application process. For additional details about upcoming "Forensic Psychology Day @ X" conferences, please also contact Dr. Margo Watt.

Undergraduate psychology programs in Canada strive to help students develop skills in critical thinking, oral and written communication, statistical analyses, and research methodology. In addition to the above skills, students who participate in the Special Concentration also have the privilege of gaining first-hand experience of seeing the classroom theory played out in real-life; a rare opportunity at the undergraduate level.



## References

- American Psychological Association. (2014). How many undergraduates in the United States enrol in a psychology course each year? Retrieved from <https://www.apa.org/support/education/statistics/students.aspx#answer>
- Bartol, C. R., & Bartol, A. M. (1999). History of forensic psychology. In A. K. Hess & I. B. Weiner (Eds.), *Handbook of forensic psychology* 2<sup>nd</sup> ed. (pp. 3-23). New York, NY: John Wiley & Sons, Inc.
- Cameron-McCarron, S. (2013, November 6). StFX launches special concentration in forensic psychology. Retrieved from <http://www.stfx.ca/news/view/11621/>
- Canadian Psychological Association. (2014). What is a psychologist? Retrieved from <http://cpa.ca/public/whatisapsychologist/>
- Cattell, J. M. (1895). Measurements of the accuracy of recollection. *Science*, 2, 761-766. doi: 10.1126/science.2.49.761
- Grisso, T., & Brigham, J. C. (2013). Forensic psychology. In D. K. Freedheim & I. B. Weiner (Eds.), *Handbook of psychology, Vol. 1: History of psychology* 2<sup>nd</sup> ed. (pp. 429-447). Hoboken, NJ: John Wiley & Sons, Inc.
- Halonen, J. S. (2011, February 5). Are there too many psychology majors? Retrieved from [http://www.cogdop.org/page\\_attachments/0000/0200/FLA\\_White\\_Paper\\_for\\_cogop\\_posting.pdf](http://www.cogdop.org/page_attachments/0000/0200/FLA_White_Paper_for_cogop_posting.pdf)
- Haney, C., Banks, C., & Zimbardo, P. (1973). Interpersonal dynamics in a simulated prison. *International Journal of Criminology and Penology*, 1, 69-97.
- Hiltz, E. (2013, December 5). Student guitar instructor

- meets inmates 'where they're at'. *UNews*. Retrieved from <http://unews.ca/student-guitar-instructor-meets-inmates-where-theyre-at/>
- Lively, C. J., & Watt, M. C. (2014). Music for the soul: Teaching guitar to women offenders. Manuscript submitted for publication.
- Milgram, S. (1963). Behavioral study of obedience. *Journal of Abnormal and Social Psychology*, *67*, 371–378. doi: 10.1037/h0040525
- Riskowski, J. L., Todd, C. D., Wee, B., Dark, M., & Harbor, J. (2009). Exploring the effectiveness of an interdisciplinary water resources engineering module in an eighth grade science course. *International Journal of Engineering Education*, *25*, 181-195.
- VandenBos, G. R., & American Psychological Association. (2007). *APA dictionary of psychology*. Washington, DC: American Psychological Association

# Music for the Soul: Teaching Guitar to Women Offenders

Christopher J. Lively, B.Sc., B.A.

Department of Psychology, St. Francis Xavier University, Antigonish, Nova Scotia

Margo C. Watt, Ph.D., R. Psych.

Department of Psychology, St. Francis Xavier University, Antigonish, Nova Scotia

Department of Psychology, Dalhousie University, Halifax, Nova Scotia

Department of Psychology, Acadia University, Wolfville, Nova Scotia

## ABSTRACT

Research shows that music offers physical (e.g., reduced pain) and mental (e.g., reduced anxiety; enhance mood) health benefits for a variety of people in a variety of contexts. In populations identified with high and complex mental health needs (e.g., women offenders), music might render some of these health benefits. In fact, some international studies have explored the effects of music programs in correctional facilities but, to date, Canadian data is limited. The Correctional Service of Canada manages offenders sentenced to serve at least two years plus a day. Staff within these institutions often look for activities that might have therapeutic value for these diverse populations. Thus, the first author has been offering guitar instruction to women offenders in a multi-level security institution. For the first author, the experience has been a valuable learning opportunity that has challenged preconceived notions of offender populations, and cultivated a new passion in Forensic Psychology.

## RÉSUMÉ

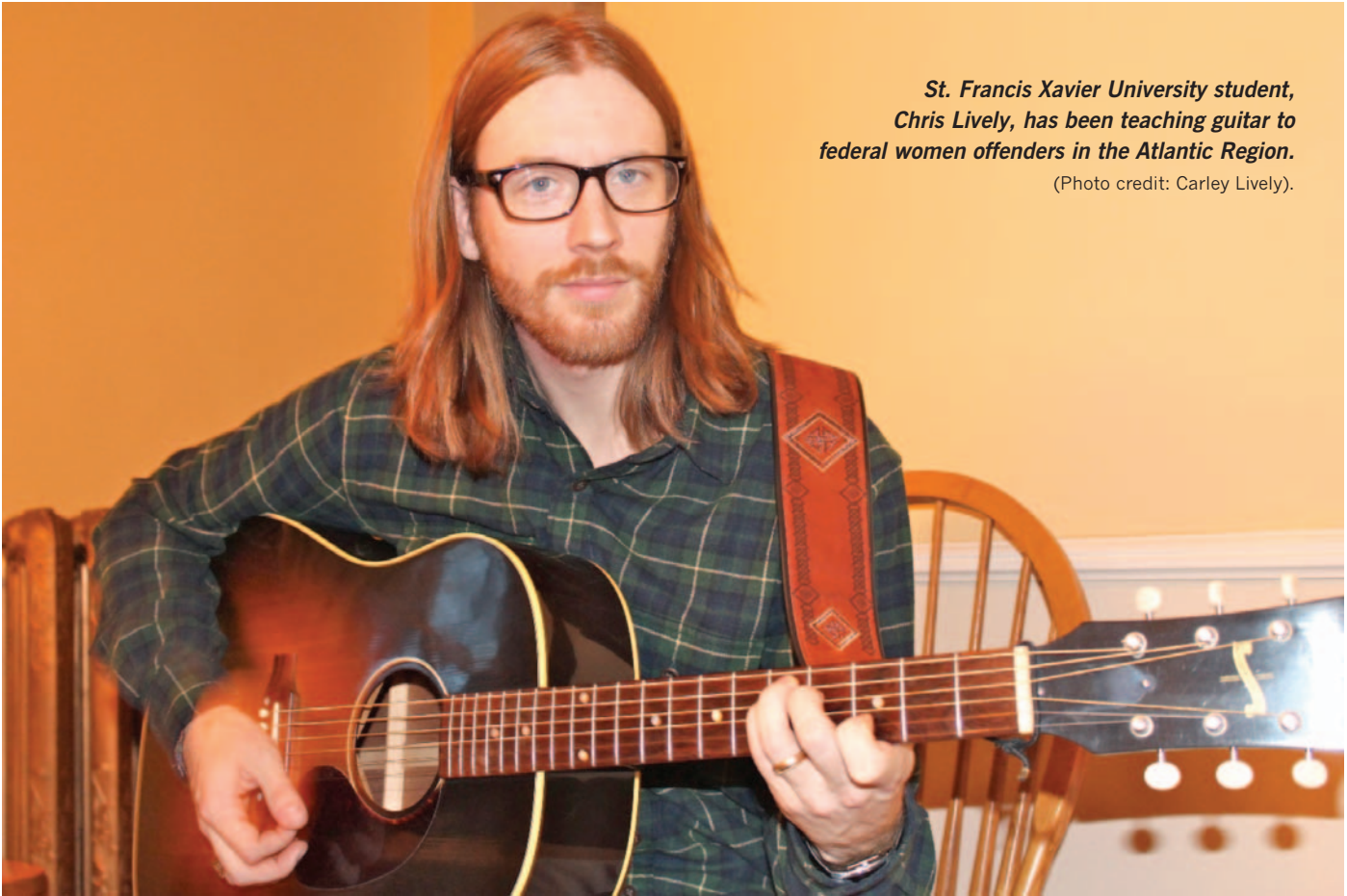
La recherche montre que la musique procure à différentes personnes, et dans différents contextes, des avantages pour la santé physique (p. ex. réduction de la douleur) et mentale (p. ex. diminution de l'anxiété, amélioration de l'humeur). Dans les populations où les besoins en santé mentale sont reconnus comme étant grands et complexes (p. ex. chez les délinquantes), la musique peut être bénéfique pour la santé. Effectivement, certaines études internationales

ont exploré les effets des programmes de musique dans les établissements correctionnels, mais jusqu'à présent, les données canadiennes sont limitées. Le Service correctionnel du Canada s'occupe des délinquants condamnés à des peines de deux ans ou plus. Le personnel des établissements correctionnels fédéraux recherche souvent des activités qui pourraient avoir une valeur thérapeutique dans les différentes populations carcérales. Le premier auteur a donc offert des cours de guitare aux femmes délinquantes détenues dans un établissement à niveaux de sécurité multiples. Pour le premier auteur, l'expérience a été une occasion d'apprentissage précieuse, qui remet en question les idées préconçues au sujet des populations carcérales, et a fait naître chez lui une passion pour la psychologie judiciaire.



Authors Note: Although this is written from the perspective of the first author, the second author is credited for her contributions to the conception and intellectual content.

*Musical training is a more potent instrument than any other in the integration of the human being because rhythm and harmony find their way into the inward places of the Soul on which they mightily fasten, imparting grace, and making the Soul of him who is rightly educated truly graceful. ~ Plato (The Republic, Book III, 400d; Plato & Jowett, 2008).*



**St. Francis Xavier University student, Chris Lively, has been teaching guitar to federal women offenders in the Atlantic Region.**

(Photo credit: Carley Lively).

### **Music as a Historic Treatment and Current Supporting Research**

According to Plato, musical instruction is a valuable endeavour for people. Whether through music therapy (MT<sup>1</sup>; i.e., the planned use of musical elements by a music therapist, to accomplish therapeutic outcomes [Castillo-Pérez, Gómez-Pérez, Velasco, Pérez-Campos, & Mayoral, 2010]), music lessons (i.e., guided instruction on how to perform vocally or with an instrument), or just by listening to or playing an instrument, music appears to have the power to heal and enhance people's quality of life (McCaffrey, 2008). Arguably, music has been present in a variety of cultures for thousands of years (see Zatorre & Peretz, 2001), and used to treat a number of distressing symptoms. For example, some have referred to Greek philosophers (e.g., Asclepiades, Pythagoras, Xenocrates) using music to treat a variety of physical and mental illnesses (Hall, 1982; Hurt-Thaut, 2011).

During the 19<sup>th</sup> and 20<sup>th</sup> centuries, some studies emerged reporting correlations between music and physiological changes, such as lowering blood pressure, heart rhythm, and respiratory patterns (Chan, 2007; Gali ska, 1987, as cited in Dobrzy ska, Cesarz, Rymaszewska, & Kiejna, 2006).

Despite the historic examples of music rendering positive health outcomes, music was not considered to be a formal method of treatment until after the Second World War (Dobrzy ska et al., 2006; Hurt-Thaut, 2011). It was observed that exposing music to soldiers recovering in hospitals appeared to produce physical, emotional, and social health benefits for these patients (Hurt-Thaut, 2011). Shortly thereafter, the use of music as a treatment emerged (Dobrzy ska et al., 2006) and standards of practice began to form for MT (Schulberg, 1981). Moreover, a number of organizations (e.g., American Music Therapy Association) and academic journals (e.g., *Journal*

---

<sup>1</sup> MT is presently not recognized as an empirically supported therapy by the American or Canadian Psychological Associations. The term is used throughout this article, however, so as to remain consistent with its use in the extant literature. For a discussion of evidence-based practice in music therapy, see Otera (2013).

of Music Therapy) were created as the result of recognizing MT as its own profession. There are many approaches used in MT (e.g., production, reproduction, and reception; see Mössler, Assmus, Heldal, Fuchs, & Gold, 2012), and some have suggested that these techniques can provide or promote sociability, emotional meaning, and evoke physical movement (Maratos, Crawford, & Procter, 2011). In fact, a recent literature review indicates that when MT is administered as an alternative or adjunctive treatment approach, adults' mental health outcomes were enhanced (Lee & Thyer, 2013).

MT is not the only way that music promotes positive health outcomes. Music listening or playing music has also been found to promote physical (e.g., reduced pain) and mental (e.g., reduced anxiety; enhance mood) health. For example, one study found that pediatric patients undergoing intravenous treatment expressed less pain and stress while listening to music (Hartling et al., 2013). Other studies have found that when cancer patients have the opportunity to select what music they would like to listen to, they report less pain in general immediately following music listening than cancer patients who just rest in bed (Huang, Good, & Zauszniewski, 2010). Another study reports that different music activities (e.g., singing, music listening, and playing instruments) have been found to reduce aspects of mental health (e.g., depression and anxiety, anger, and stress, respectively) in clients identified with alcohol dependence (Hwang & Oh, 2013). Still, others (e.g., Twiss, Seaver, & McCaffrey, 2006) have found that listening to music during and after surgery (vs. not listening to music) reduced anxiety in patients undergoing coronary artery bypass surgery.

### **Music in Corrections: A Potential Therapeutic Activity for Women Offenders**

Given its recognized physical and mental health benefits, some have wondered whether music might yield other therapeutic effects, such as the rehabilitation (e.g., reduction in recidivism and improved mental health) of criminal offenders. Hoskyns (1988), for example, found that 40% of a British sample of adult recidivist offenders (N = 15) indicated that they felt their participation in an MT program lowered their risk of re-offending. An American study found that patients in a forensic psychiatric hospital reported less stress and enhanced mood following three months of MT (Thaut, 1987, 1989). Similarly, Australian researchers found that offenders revealed more self-ex-

pression and relaxation, and less stress, immediately following 12 sessions of MT (Daverson & Edwards, 2001). To date, no published results are available for Canadian carceral institutions.

The Correctional Service of Canada (CSC) manages 56 federal institutions across the country, housing offenders who have been sentenced to serve at least two years plus a day. CSC's mission is to contribute to public safety by assisting offenders to become law-abiding citizens through safe, secure, and dignified methods (CSC, 2012a). Consequently, CSC offers a number of programs (e.g., violence prevention, treatment for substance abuse, and rehabilitation for sex offenders) designed to rehabilitate offenders (CSC, 2011). Mental health teams, including psychologists, social workers, and other mental health care professionals, serve an important role in federal institutions. These teams strive to address the ever-increasing mental health needs of offenders, especially women offenders. Almost one-third (29%) of female offenders, versus 13% of male offenders, have at least one mental health problem (CSC, 2013), and often are comorbid with other disorders (this can include mood [9.8%], anxiety [16.2%], and psychotic [17.7%] disorders) (Brink, Doherty, & Boer, 2001).

Women offenders account for only six percent of the Canadian federal population (Mahony, 2011), but their numbers have been increasing exponentially (650%) over the past 30 years; from 93 women in 1981 to 604 women in 2012 (Matheson, Doherty, & Grant, 2009; Sapers, 2012). Women offenders tend to have different needs as compared to their male counterparts (Kong & AuCoin, 2008). Women (vs. men) offenders are more apt to report histories of emotional abuse, childhood maltreatment, sexual abuse and/or violence, intimate partner violence, and having children removed from their care (Loper & Levitt, 2011). Women's institutions are tasked with managing a population with high and complex needs, including mental health needs. Managers within these institutions often look for resources and activities that might have therapeutic value. Considering that the literature reports a number of mental health benefits of music, and the fact that women offenders tend to have high mental health needs, offering music lessons to women offenders with high mental health needs was seen as a potential therapeutic activity. Thus, I accepted an opportunity to provide a service of music instruction with offenders.

## The Experience of Providing Music Instruction inside a Women's Prison

Nova Institution (Truro NS) is one of five federal correctional facilities for women. Nova is a multi-level security facility with a capacity for 80 offenders (CSC, 2012b), and was the first prison that I had the opportunity to visit as part of my Forensic Psychology class at St. Francis Xavier University (StFX). The exposure to Nova Institution sparked my curiosity about prisons, and inspired me to learn more about the role of psychology in correctional settings. This eventually led me to apply to a new program offering at StFX; namely, a 2-year Special Concentration in Forensic Psychology (Cameron-McCarron, 2013; see Lively, 2014). Shortly after being accepted into the new Concentration, a unique opportunity arose to provide guitar lessons to one of the women offenders at Nova Institution. This particular woman had been identified as having severe and complex mental health needs, and staff was exploring various options for engaging her in activities with a potential to be therapeutic. Given my musical background (e.g., Juno and East Coast Music Awards nominations), experience, and perceived suitability for working with vulnerable individuals, my professor felt that I would be a good fit to provide music instruction for this particular offender. Starting in September 2013, I travelled to Nova Institution once or twice a week to provide basic guitar instruction to this one woman. Lessons ended when she was released to a half-way house two months later but, by that time, other women became interested in taking lessons. To date, I have provided guitar lessons to eleven women from different security areas of the prison, including the maximum security unit.

Anecdotally, the women have reported that they enjoy the guitar lessons. Moreover, staff members have indicated that offenders look forward to the weekly sessions. This subjective oral feedback raised questions as to whether these guitar lessons were rendering therapeutic benefits. Currently, these questions remain unanswered and are the subject of further investigation. Consequently, my professor and I applied for ethics approval to collect feedback from the women participants in order to assess the perceived value of the guitar lessons (e.g., reduced stress and anxiety, enhance mood and self-esteem). It is hoped that collecting this future data will guide the design of a more formalized program of music education and participation that may contribute to the rehabilitation and therapeutic activities for women offenders.

Teaching guitar to a group of incarcerated women has been a unique learning experience. I initially felt quite apprehensive about this task, and was sensitive to the fact that these women are part of a vulnerable population. Although I had previous exposure to offenders through my Forensic Psychology class, this would be my first time working directly one-on-one with offenders. Working with people in any capacity can be challenging, but given the type of clientele (e.g., clinical offending population), I was determined to ensure that my interaction with this population was conducted properly and professionally. As a male going into an all female offender institution, I wondered whether my sex/gender would pose a challenge. Although my task was simply to provide basic music lessons (i.e., not MT), I had hoped that my being male would not add stress to their lives (e.g., induce fear or traumatic memories). Research (e.g., Loper & Levitt, 2011) shows that women offenders often have experienced maltreatment (e.g., emotional and sexual abuse and/or violence) by male partners. As such, I wanted to ensure my sex/gender would not be a source of apprehension for the women if previous traumatic histories existed. Instead, I hoped that our interactions via music might offer an example of what a healthy male-female professionally-based relationship could look like (e.g., proper use of personal boundaries, polite communication). Through both the encouragement from my professor, classmates, and institution staff, and from building rapport with the women, my initial concerns soon diminished. I quickly realized that I was learning as much, if not more, from the women than what I was providing through guitar instruction. Through working with these women, I have learned how mistaken were some of my preconceived notions about prisons, offenders, guards; how diverse was this population; and how important are the women's attitudes, perspectives, future aspirations, and humour in remaining optimistic about their circumstances. Many of my ideas of prison prior to this experience were shaped by prime-time television dramas (e.g., *Orange is the New Black*). I had expected the interaction with the women to be manic and stereotypical (e.g., of bad character, scary), but I'm pleased to report that all contact was normal and non-dramatic; completely opposite to what I had presumed.

This experience has also been valuable in shaping my own personal and academic goals. Having this opportunity has catalyzed my passion for clinical psychology and interest in forensic psychology,

particularly the idea of working with and researching correctional populations. Currently, I am continuing with this endeavour in hopes to hone my clinical training skills and to provide a service to the women and CSC. I hope that our future research initiative will lead to answers for questions such as: does music instruction “impart grace onto the soul” or, at least, hope? Based on my own observations and learning experiences thus far, I concur with Plato’s notions. Indeed, many of the women have exhibited rhythm and harmony from within themselves that they may not have known was there. To have a front row seat and see “gracefulness” being manifested in action has warmed my soul, and left me feeling both “rightly educated” and truly grateful.



## References

- Brink, J. H., Doherty, D., & Boer, A. (2001). Mental disorder in federal offenders: A Canadian prevalence study. *International Journal Of Law And Psychiatry*, 24, 339-356. doi: 10.1016/S0160-2527(01)00071-1
- Cameron-McCarron, S. (2013, November 6). StFX launches special concentration in forensic psychology. Retrieved from <http://www.stfx.ca/news/view/11621/>
- Castillo-Pérez, S., Gómez-Pérez, V., Velasco, M. C., Pérez-Campos, E., & Mayoral, M. -A. (2010). Effects of music therapy on depression compared with psychotherapy. *The Arts in Psychotherapy*, 37, 387-390. doi: 10.1016/j.aip.2010.07.001
- Chan, M. F. (2007). Effects of music on patients undergoing a C-clamp procedure after percutaneous coronary interventions: A randomized controlled trial. *Heart and Lung*, 36, 431-439.
- Correctional Service Canada. (2011, November 11). Correctional program descriptions. Retrieved from <http://www.csc-scc.gc.ca/text/prgrm/cor-pro-2009-eng.shtml>
- Correctional Service Canada. (2012a, October 22). About us. Retrieved from <http://www.csc-scc.gc.ca/about-us/index-eng.shtml>
- Correctional Service Canada. (2012b, November 1). Nova institution for women. Retrieved from <http://www.csc-scc.gc.ca/institutions/001002-1003-eng.shtml>
- Correctional Service Canada. (2013, June 21). Mental health strategy. Retrieved from <http://www.csc-scc.gc.ca/publications/005007-3020-eng.shtml>
- Daveson, B. A., & Edwards, J. (2001). A descriptive study exploring the role of music therapy in prisons. *The Arts in Psychotherapy*, 28, 137-141. doi: 10.1016/S0197-4556(00)00089-7
- Dobrzy ska, E., Cesarz, H., Rymaszewska, J., & Kiejna, A. (2006). Music therapy – history, definitions and application. *Archives of Psychiatry and Psychotherapy*, 8, 47-52.
- Hall, M. P. (1982). *The therapeutic value of music including the philosophy of music*. Los Angeles, CA: Philosophical Research Society, Inc.
- Hartling, L., Newton, A. S., Liang, Y., Jou, H., Hewson, K., Klassen, T. P., & Curtis, S. (2013). Music to reduce pain and distress in the pediatric emergency department: A randomized clinical trial. *JAMA Pediatrics*, 167, 826-835. doi: 10.1001/jamapediatrics.2013.200
- Hoskyns, S. (1988). Studying group music therapy with adult offenders: Research in progress. *Psychology Of Music*, 16, 25-41. doi: 10.1177/0305735688161003
- Huang, S., Good, M., & Zauszniewski, J. A. (2010). The effectiveness of music in relieving pain in cancer patients: A randomized controlled trial. *International Journal Of Nursing Studies*, 47, 1354-1362. doi: 10.1016/j.ijnurstu.2010.03.008
- Hurt-Thaut, C. (2011). Clinical practice in music therapy. In S. Hallam, I. Cross, & M. Thaut (Eds.), *The oxford handbook of music psychology* (pp. 503-514). Oxford, UK: Oxford University Press.
- Hwang, E., & Oh, S. (2013). A comparison of the effects of music therapy interventions on depression, anxiety, anger, and stress on alcohol-dependent clients: A pilot study. *Music and Medicine*, 5, 136-144.
- Kong, R., & AuCoin, K. (2008). Female offenders in Canada. *Juristat*, 28, 1-23.
- Lee, J., & Thyer, B. A. (2013). Does music therapy improve mental health in adults? A review. *Journal of Human Behavior in the Social Environment*, 23, 591-603. doi: 10.1080/10911359.2013.766147
- Lively, C. J. (2014). If you build it, they will come: New special concentration in forensic psychology offered at StFX. Manuscript submitted for publication.
- Loper, A., & Levitt, L. (2011). Mental health needs of female offenders. In T. J. Fagan, R. K. Ax (Eds.), *Correctional mental health: From theory to best practice* (pp. 214-234). Thousand Oaks, CA US: Sage Publications, Inc.
- Mahony, T. H. (2011). Women and the criminal justice system. *Women in Canada: A gender-based statistical report* (6<sup>th</sup> ed., Catalogue N 89-503-X). Ottawa, ON: Statistics Canada.
- Maratos, A., Crawford, M. J., & Procter, S. (2011). Music therapy for depression: It seems to work, but how?. *British Journal Of Psychiatry*, 199, 92-93.
- Matheson, F. I., Doherty, S., & Grant, B. A. (2009). *Women offender substance abuse programming and community reintegration*. Ottawa, ON: Correctional Service of Canada.
- McCaffrey, R. (2008). Music listening: Its effect in creating a healing environment. *Journal of Psychosocial Nursing and Mental Health Services*, 46, 39-44. doi: 10.3928/02793695-20081001-08
- Mössler, K., Assmus, J., Heldal, T., Fuchs, K., & Gold, C. (2012). Music therapy techniques as predictors of

- change in mental health care. *The Arts In Psychotherapy*, 39, 333-341. doi:10.1016/j.aip.2012.05.002
- Otera, M. (2013). Is the movement of evidence-based practice a real threat to music therapy?. *Voices: A World Forum For Music Therapy*, 13. Retrieved from <https://voices.no/index.php/voices/article/view/696/604>
- Plato, & Jowett, B. (2008). *The republic: By Plato*. Retrieved from [http://books.google.ca/books?id=TAE-MYsf\\_QCwC&printsec=frontcover#v=onepage&q&f=false](http://books.google.ca/books?id=TAE-MYsf_QCwC&printsec=frontcover#v=onepage&q&f=false)
- Sapers, H. (2012). *Annual report of the office of the correctional investigator, 2011-2012*. Ottawa, ON: Correctional Service of Canada.
- Schulberg, C. H. (1981). *The music therapy sourcebook: A collection of activities categorized and analyzed*. New York, NY: Human Sciences Press.
- Thaut, M. H. (1987). A new challenge for music therapy: The correctional setting. *Music Therapy Perspectives*, 4, 44-50.
- Thaut, M. H. (1989). The influence of music therapy interventions on self-rated changes in relaxation, affect, and thought in psychiatric prisoner-patients. *Journal of Music Therapy*, 26, 155-166.
- Twiss, E., Seaver, J., & McCaffrey, R. (2006). The effect of music listening on older adults undergoing cardiovascular surgery. *Nursing in Critical Care*, 11, 224-231. doi: 10.1111/j.1478-5153.2006.00174.x
- Zatorre, R. J., & Peretz, I. (2001). *The biological foundations of music*. New York, NY: New York Academy of Sciences.



**The Canadian Psychological Association (CPA)  
was organized in 1939 and incorporated under the  
Canada Corporations Act, Part II, in May 1950.**

CANADIAN  
PSYCHOLOGICAL  
ASSOCIATION



SOCIÉTÉ  
CANADIENNE  
DE PSYCHOLOGIE

**CPA's objectives are:**

- To improve the health and welfare of all Canadians;
- To promote excellence and innovation in psychological research, education, and practice;
- To promote the advancement, development, dissemination, and application of psychological knowledge; and
- To provide high-quality services to members.

**Benefits and services of CPA membership include,  
but are not limited to:**

- CPA Journals
- Psynopsis (Canada's psychology magazine)
- CPA News (CPA's electronic newsletter)
- Reduced fees for access to APA's PsycNET® GOLD package
- Publications
- CPA's Annual Convention
- Awards
- Advocacy
- Sections and Special Interest Groups
- Continuing Education
- Accreditation
- Liability Insurance
- Personal Home and Auto Insurance
- Student Members (living in Canada)  
receive a complimentary CPA Student Price Card
- Pro Bono Legal Advice
- Laptop Theft Recovery
- Practice and Personal Banking Products

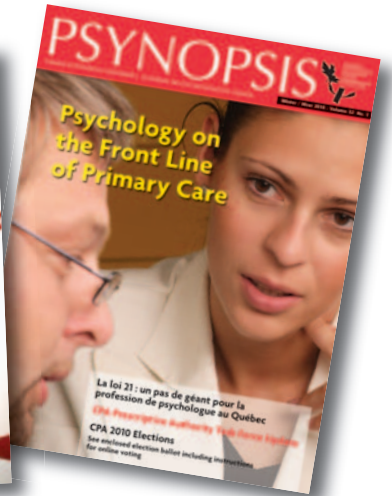
**Visit [www.cpa.ca/membership/becomeamemberofcpa](http://www.cpa.ca/membership/becomeamemberofcpa) to join today!**

ANNONCEZ DANS LE MAGAZINE  
DE PSYCHOLOGIE DU CANADA

ADVERTISE IN

# PSYNOOPSIS

CANADA'S PSYCHOLOGY  
MAGAZINE



Published quarterly, Psynopsis, Canada's Psychology Magazine, presents articles on a wide range of topics of interest to scientists, educators, and practitioners in psychology.

Help increase the awareness of your products and services, including job opportunities, by advertising in Psynopsis, the formal vehicle by which CPA, CPA members, psychologists and those outside of psychology communicate with the diverse psychology community in Canada.

With a circulation of more than 6,000 members, Psynopsis offers the widest and most effective penetration of the Canadian psychology marketplace.

## Did You Know?

**Psynopsis is also posted on the Canadian Psychological Association's website, one of the most powerful marketing tools available.**

In 2010, the design, look and feel of the on-line edition of Psynopsis changed in leaps and bounds! See for yourself, visit <http://www.cpa.ca/membership/membershipbenefitsandservices/psynopsis/>

With flexible layout options and with the opportunity to display your advertisement in black and white or in colour, take advantage of our discounts by purchasing repeat advertising placements that can span over a couple of issues. To view our rates visit <http://www.cpa.ca/membership/membershipbenefitsandservices/psynopsis/advertisinginpsynopsis/>

To submit your advertisement for publication consideration contact the CPA Head office at [publicrelations@cpa.ca](mailto:publicrelations@cpa.ca).

Publié à tous les trimestres, Psynopsis, Le magazine de psychologie du Canada, présente des articles sur une vaste gamme de sujets d'intérêt pour les scientifiques, les enseignants et les praticiens en psychologie.

Vous pouvez aider à faire connaître davantage vos produits et services, y compris vos offres d'emploi, en annonçant dans Psynopsis, l'organe officiel par lequel la SCP, les membres de la SCP, les psychologues et tous ceux à l'extérieur de la psychologie communiquent avec la communauté de la psychologie canadienne dans toute sa diversité.

Avec un tirage de plus de 6 000 numéros, Psynopsis offre la pénétration la plus large et la plus efficace dans le marché de la psychologie au pays.

## Saviez-vous que?

**Psynopsis est également publié sur le site Web de la Société canadienne de psychologie, l'un des outils de commercialisation le plus puissant disponible.**

En 2010, la conception, l'aspect et la convivialité de l'édition en ligne de Psynopsis ont changé à pas de géant! Rendez-vous compte par vous-même, visitez <http://www.cpa.ca/adhesion/avantagesdemembresdelascp/psynopsis/>

Grâce à des options de mise en page flexibles et la possibilité d'afficher vos annonces en noir et blanc ou en couleur, tirez avantage de nos rabais en achetant des placements publicitaires répétés qui peuvent s'étaler sur quelques parutions. Pour voir nos tarifs rendez-vous à <http://www.cpa.ca/adhesion/avantagesdemembresdelascp/psynopsis/publicite/>

Pour proposer votre annonce pour fins de publication, communiquez avec le siège social de la SCP à l'adresse [publicrelations@cpa.ca](mailto:publicrelations@cpa.ca).