Examining How Music Therapists Describe Providing Safety for Children and Adolescents Who Have Had Traumatic Experiences: A Critical Interpretive Synthesis

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This paper presents the result of a critical interpretive synthesis (CIS) that examines how safety is created, explained and represented in the current literature of music therapy trauma recovery programs. Creating a sense of safety is fundamental when providing programs for people who have had traumatic experiences. However, minimal music therapy literature has presented detailed descriptions of constructing safety in the program. The investigators examined a total of twenty-two manuscripts with the intention of gathering multiple perspectives on how safety is described. We first identified the meaning of safety and different vocabulary used by the authors to represent safety taking account of the clients' state of mind, the relationship with the therapist and/or the peers, and the environment. We discovered that the therapists' decisions about using different engagement strategies might have the most impact on creating a sense of safety in programs. These engaging strategies included providing structure, active listening, giving the participants control over the activities and offering choices.

Moreover, it appears that when a trusting relationship was established in the program, a sense of safety may be created. However, there was little information provided in the manuscripts describing or evaluating the participants' responses and feedback about their feelings of safety. To conclude, we suggest the lack of detailed descriptions of how safety is created demonstrates the need for more studies to understand the phenomenon better.

Keywords: *safety, critical review, children, adolescents, childhood trauma*

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Providing a sense of safety is central when working with people who have experienced trauma. However, the notion of safety may have different dimensions and is difficult to define. In reviewing the popular trauma-informed care theory (SAMSHA, 2015) to find the descriptions as the first step when establishing the program and that both physical and psychological safety is considered a high priority. However, one of the limitations with this explanation is that it does not explain in more detail what safety means. Only one trauma-informed program provided a more detailed explanation about safety (Bloom, 2017). The Sanctuary Model suggests there are four levels of safety when dealing with people who had been through trauma, as detailed here.

- Physical Safety: being safe in one's body and an environment free of threats.
- Psychological Safety: being safe with oneself and being able

to display self-control, self-discipline and self-protection.
- Social Safety: being in a safe environment and feeling secure, trusted and supported by others.
- Moral Safety: being safe in an environment that has a structure supported system.

These descriptions present safety in different aspects and provide directions for us. However, we had not yet found a convincing elaboration of safety until we came to Haigh's (2013) article explaining the five principles of creating a therapeutic environment. He describes safety as a containment; "the structural features which embody the principle of containment, and make a therapeutic environment feel safe, are about support, rules and holding the boundaries" (p.9). This suggests that containment is implicated in all aspects of safety (physical, psychological, social safety and moral safety), as well as emphasising a supportive and structured environment.

Rather than providing descriptions of safety, some leading theorists have focused on explaining different strategies to create safety. Herman (2015) seems to emphasise a trusting client-therapist relationship and supported peers relationships to create safety for survivors. Van der Kolk (2014) describes relaxation and mindfulness breathing techniques to provide a sense of security for the participant. Porges (2009), Perry and Szalavitz (2006) highlight the importance of providing a safe working environment with no threatening objects is essential to create safety.

These descriptions from the broader field of trauma studies provide a foundation for looking more closely at safety in music therapy trauma recovery programs. Within our own field, some authors have provided more detailed explanations than others, who tend to mention safety but not elaborate further. For example, a number of authors broadly state that music therapy has the potential to create a 'safe space'. Christenbury (2017), Kim (2015) and Felsenstein (2013) have all claimed that music provides a non-threatening environment for traumatised children and adolescents. Christenbury (2017) also mentioned that making music may provide feelings of safety for the participants as they felt accepted and supported. However, this concept of safety is rarely defined further beyond these affirmations. Schneck & Berger (2006) suggest that the nature of music from a psychological perspective is very interactive and a majority of people use music to express their thoughts and feelings when speaking is difficult. This perhaps contrasts with the traditional understandings of safety, because it suggests that music opens things up, rather than containing or holding them.

An initial reading of the literature suggested that safety is only implied and is interpreted diversely in the music therapy literature. Although music therapists claim to create a safe and trusting environment for clients to express their feelings, they do not explain how this is achieved. However, this cursory observation may not be substantiated by a more systematic examination. The possibility of more carefully investigating this topic raised our curiosity. This article demonstrates how we interrogated the literature in the hope that clearer guidance about how safety was generated within music therapy programs would be discovered.

The main research aims to be examined through a critical interpretive review of the literature were:

1. To understand how music therapists describe safety.
2. To understand what engaging strategies music therapists used in creating a sense of safety.
3. To understand whether some music therapy methods may be considered to create safety.
4. To better understand the individual-therapist relationship and how this may relate to creating safety.

Design

Critical Interpretive Synthesis

The researchers were guided by an approach called Critical Interpretive Synthesis (CIS), which is a systematic approach to the analysis of both qualitative and quantitative studies described by Dixon-Woods and colleagues (2006). The methodology is focused on answering certain research questions rather than providing descriptive reviews. CIS aims to present the whole process of review with the searching of articles, critique, analysis occurring concurrently, defining and applying codes and categories and refining the research question (Dixon-Woods et al., 2006). This approach importantly acknowledges the researcher's interpretations and reflexivity in critiquing the data (Dixon-Woods et al., 2006).

The CIS presented in this article includes three steps: approaching/searching the literature, gathering the data according to the questions and analysing and interpreting the findings into a synthesis.

Searching the Literature

The search began with a variety of mediums starting with google scholar and the university databases. The combination of the following keywords was used in identifying the articles: 'safety', 'trauma and/or complex trauma', 'music therapy', 'music', 'adverse childhood experiences', 'ACE', 'abuse', 'youth', 'children', 'adolescents', 'adolescents or violence'. Our first approach was to identify relevant studies which are music therapy literature that presented a different aspect of safety and were conducted both nationally and internationally. Results of twenty-two articles were selected, and this literature provided either group or individual recovery programs for musical activities that incorporate children or young participants.

The date of publications searched ranged from 2004 to 2019 and included papers published by authors from the United States of America (10), UK(2), Canada (1), South Africa (2), South Korea (1), Israel (2), Scotland (1), Germany (1), Sweden (1), and Venezuela (1). These articles presented several disciplines, including music therapy, Guided Imagery and Music (GIM), art therapy, sound recording, relaxation, counselling, and play therapy. A list of the articles included is shown in table 1.

Table 1

Articles Included in the Synthesis

Author/s	Year	Title
Albornoz	2011	The effects of group improvisational music therapy on depression in adolescents and adults with substance abuse: A randomized controlled trial
Amir	2004	Giving Trauma a Voice: The Role of Improvisational Music Therapy in Exposing, dealing with and Healing a Traumatic Experience of Sexual Abuse

Barron et al.	2017	Pilot Study of a Group-Based Psychosocial Trauma Recovery Program in Secure Accommodation in Scotland
Carruthers	2014	Safety, Connection, Foundation: Single-Session Individual Music Therapy With Adolescents
Chin et al.	2018	Art and Music Therapy with adopted children under five
Choi	2010	A Pilot Analysis of the Psychological Themes Found During the CARING at Columbia—Music Therapy Program with Refugee Adolescents from North Korea
Christenbury	2017	I Will Follow You: The Combined Use of Songwriting and Art to Promote Healing in a Child Who Has Been Traumatised
Davis	2010	Music and the Expressive Arts With Children Experiencing Trauma
Dos Santos & Wagner	2018	Musical Elicitation Methods: Insights From a Study With Becoming-Adolescents Referred to Group Music Therapy for Aggression
Felsenstein	2012	From uprooting to replanting: On post-trauma group music therapy for pre-school children
Flores et al.	2016	Drumming as a medium to promote emotional and social functioning of children in middle childhood in residential care.
Ho et al.	2011	The Impact of Group Drumming on Social-Emotional Behavior in Low-Income Children
Hussey	2003	Music Therapy With Emotionally Disturbed Children
Kim	2015	Music therapy with children who have been exposed to ongoing child abuse and poverty: A pilot study
Perryman et al.	2019	Using creative arts in trauma therapy: The Neuroscience of Healing
Robarts	2011	Supporting the development of mindfulness and meaning: Clinical pathways in music therapy with a sexually abused child
Rudstam et al.	2017	Trauma-focused group music and imagery with women suffering from PTSD/complex PTSD: a feasibility study
Schrader & Wendland	2012	Music Therapy Programming at an Aftercare Center in Cambodia for Survivors of Child Sexual Exploitation and Rape and Their Caregivers
Strehlow	2009	The use of music therapy in treating sexually abused children
Stuart	2018	Musical Ripples and Reflections: The Story of Charlie, His Music and His New Foster Family
Viega	2013	"Loving me and my butterfly wings" A study of hip-hop songs written by adolescents in music therapy
Zanders	2015	Music Therapy Practices and Processes with Foster-Care Youth: Formulating an Approach to Clinical Work

Approach to Data Extraction

Gathering the Data

We extracted data under the following subheadings: author details and publication year, the title of the articles, age of participants, number of participants, settings, countries of the programs, music therapy methods, safety-related words, types of research methods, description of the relationship, the cause of trauma and description of the participants' behaviours and their presenting issues.

Data were sorted into spreadsheets, according to each sub-question:

- What words do authors use when describing the concept of safety?
- What music therapy methods do authors use when creating safety?
- What were engaging strategies used by the authors when creating safety?
- What types of individual -therapist relationships may relate to creating safety?

Analysis and Results

Safety Related Words

There were a number of words used by the authors which seemed to point towards notions of safety or creating a safe environment. Twenty words were extracted from the literature and compiled in a table to see how frequently each one was used (Table 2).

Table 2

Most Commonly Used Words from the Literature that May Indicate Safety

Words	Number of Articles
Trust	9
Safe	9
Support	7
Connect	5
Secure	4
Calm	3
Stable	3
Control	3
Accept	3
Relax	3
Engage	3

Predictable	1
Settle	1
Authentic	1
Structure	1
Comfortable	1
Organised	1
Being understood	1
Non-threatening	1
Focus	1

Identifying Different Aspects of Safety in the Literature

Following our initial data extraction, we decided to focus specifically on a few aspects of safety (physical, psychological, relational, environmental) as described by Bloom (2017). Next, we examined whether there were any patterns in the ways authors described strategies for creating safety which led to the discovery of some similarities. Finally, we looked at the descriptions of how relationships were established between the therapists and the clients as the initial soft analysis of the literature suggested that these were thought to be one of the key features in creating safety. Based on the evidence found, we categorised four dimensions: physical, psychological, relational, and environmental safety (Table 3).

Table 3

Four Aspects of Safety

Four aspects of Safety	Physical Safety	Relational Safety	Psychological Safety	Environmental Safety
Words	Calm Relax Settle	Accept Authentic Connect Engage Support Secure Non-threatening Trust Being understood	Control Focus Stable Comfortable	Safe Structure Predictable Organised

Physical Safety. For our analysis, this dimension included words that described how safety feels in the body, such as 'relax', 'settle' and 'calm'. We noticed that the authors explained the participants' physical state-based mostly through their second-person observation. Zander (2015) and Ho et al. (2011) described the participants as 'calmer' because the body was relaxed to collaborate during music therapy activities. However, being calm may not necessarily mean that the individual felt safe. Albornoz (2011) stated the music improvisation helped the group members to be 'relaxed' in the program. There were no detail descriptions to present the connection between relaxation and safety. Robarts (2009) spoke about the participant's appearance as 'settled' and engaged better in the quiet play. However, Robarts (2009) did not explain how the individual was engaged in this activity or how his/her physical movements indicated that they were settled.

Relational Safety. Words seemed to describe how participants felt in relation to the therapist and/or the group, such as 'accept', 'connect', 'engage', 'secure', 'support', 'trust' and 'being understood'. It also included words that seemed to describe the therapists' response to the participants, such as 'authentic' and 'non-threatening'.

We identified three articles that used the word 'accept' to describe safety. It pointed in two different directions; either participants were accepted by the therapist (Perryman et al., 2019; Stuart, 2018) or participants were accepted by the peers in the group (dos Santos & Wagner, 2018). However, we are not convinced that being accepted may be a form of being safe in the program. Next, we looked at 'connect' and 'engage'. Carruthers (2014) and Rudstam et al. (2017) emphasised how the connection between the group members may establish a sense of safety through sharing and discussing music activities. Others talked about how being connected and engaged in the music playing with the therapists, or the group may improve feelings of safety in the programs(Chin et al., 2018; Hussey et al., 2008; Stuart, 2018). We understand based on the information presented that when the participants were actively engaging or sharing in the music activities may indicate that they felt safe. However, the authors did not explain how they evaluate the participants' reactions towards to the therapists and the group. The words 'secure' and 'support' were used when authors describe how the participants felt secure with the therapists in the program may helped their expression in instrumental playing (Amir, 2004; Strehlow, 2009; Viega, 2013). Viega (2013) stated that the participant felt safe to express her feelings in her songs when she was supported by the therapist in the song-writing process. It seemed when the participants felt secure and supported, and they were able to musically interact with the therapists and the group. Once again, there was no clear explanation of how the authors discovered the participants were feeling safe. We assumed the authors examined the individual's program participants to understand if they felt safe to express their thoughts in the activities. Although, many authors suggested that when the participants trusted the therapists or the group a sense of safety may be created (Choi, 2010; Perryman et al., 2019; Strehlow, 2009; Viega, 2016; Zanders, 2015). We were disappointed that very little evidence was found to understand why safety can be created by trusting therapists.

Last, we looked at being 'understood', 'authentic' and 'non-threatening'. We found the authors stated that a sense of safety might be created when the participants' feelings were understood by the therapist (dos Santos & Wagner, 2018), and the therapists were authentic towards the participants (Perryman et al., 2019), and the therapists provide a non-threatening environment (Hussey et al., 2008). However, no appropriate references to explain exactly how the authors measured the feelings of safety when those techniques were used.

Psychological Safety. Words that may describe fundamental states of being including cognitive and regulatory states, such as 'stable', 'focus', 'control' and 'comfortable'. According to the description in the Sanctuary Model (Esaki et al., 2013), psychological safety also referred to oneself knowing how to self-control, self-discipline and self-protection.

In understanding 'control' and 'stable', Strehlow (2009) and Christenbury (2017) demonstrated that giving out some form of control to the individual over the session may help him/her to establish their own form of security. This may position the individual to act as a leader or co-leader in the program. We

suspect that this may be a way to display some form of self-control and self-discipline. Dos Santos & Wangner (2018) also have findings stating that a sense of cohesion and safety was established by letting the young participants lead the program, making their own choices of the activities and discussing their thoughts and reflection. These findings helped us to understand how the authors evaluated and examined their participants. Next, we found 'stable' referred to a stable environment (Felsenstein, 2013) and the stability within the individual's body (Rudstam et al., 2017; Zanders, 2015), which referred to a therapeutic space and the others presented as the one's physical state. Then, we looked at 'focus' and 'comfortable'. These authors explained how the participants felt when interacting (Ho et al., 2011) and sharing thoughts in the program (Christenbury, 2017). These descriptions presented that when the individual felt a sense of safety, they were able to either actively participate in the program or lead activities.

Environmental Safety. Words that may explain how the therapists create and prepare the environment for the program included 'safe', 'structure', 'predictable' and 'organised'. We drew our understanding of environmental safety to Haigh's (2013) theory of space is full of support and rules and boundaries. We found some studies indicated that the word 'safe' reflected a safe space for their participants to interact with the therapists or the group members (Chin et al., 2018; Christenbury, 2017; Flores et al., 2016; Stuart, 2018; Viega, 2013). Most of the authors noted that when the participants were communicating and interacting with the therapist or the group meant that they felt safe. We examined the use of 'structure,' 'predictable', and 'organised,' and these words pointed directed to creating a therapeutic environment (Felsenstein, 2013; Flores et al., 2016; Robarts, 2009.) This information seems to be in conjunction with Haigh's (2013) perception of safety that provides a predictable, structure and organised space may be appropriate to elicit safety in the environment.

As previously mentioned, there was little evidence in the articles of how music therapists create safety in the programs. Instead, we identified broad statements and assumptions (Table 4).

Table 4

The Statements about Safety

The statements	Authors/year/ page no.
1. My therapeutic aim was to provide **a safe environment** where participants could express their feelings and emotions through music while having a positive individual session experience.	Carruthers, 2014, p.50
2. I strive to create **a comfortable, safe, and successful music therapy experience** for my clients.	Carruthers, 2014, p.50
3. Drum playing can target feelings of anger and aggression, **providing a safe context for expression**, and simultaneously communicating these feelings to the staff.	Dos Santos & Wagner, 2018, p.398
4. This created the **safe, secure and stable environment** necessary for participants to engage in free self-expression and positive interaction.	Flores et al., 2016, p.263
5. The child can explore difficult issues and painful feelings associated with abuse and become able to share these issues and **feelings in the safe environment** of music therapy sessions.	Kim, 2015, p.30
6. My role is to support her, listen, and provide a **safe framework** in which she may find stillness	Robarts, 2009, p.390
7. Music can work with dynamic expressive and sensory levels of experience in a relationship from which trust, **a sense of safety**, and new patterns of healthy attachment or intersubjectivity can begin to develop.	Robarts, 2009, p.381
8. Sometimes the music was selected to be supportive and help restore **a sense of safety**, and sometimes more evocative, to stimulate strength and/or become in touch with feelings.	Rudstam et al., 2017, p.213
9. GrpMI sessions have the **potential to create safety and to build strength**, thus helping the client to access and tolerate feelings.	Rudstam et al., 2017,p.205
10. I offered Charlie many opportunities to explore and expand his sense of self and others, as well as **provide a safe space** for him to experience being in a relationship with another.	Stuart, 2018, p.3

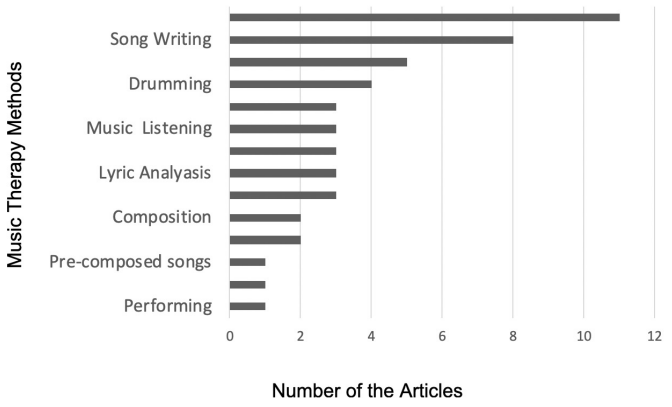
As we can see from the statements, the authors used music to create a safe space, environment, framework or expression. However, the lack of detailed descriptions of how safety was created demonstrates that more studies are required to understand how music therapy and music therapists provide safety in trauma recovery programs. Next, we looked at the music therapy methods to exam how safety was provided.

Commonly Used Music Therapy Methods

We identified commonly used music therapy activities in these twenty-two articles. They were as followed: improvisation, songwriting, instrumental playing, drumming, relaxation, music listening, music and imagery, lyric analysis, composition, singing, pre-composed songs, preferred song singing and performing (Figure 1).

Figure 1

The Music Therapy Methods that Used to Create Safety



Common Directions when Providing Music Therapy Methods. No evidence was found between the link of creating a sense of safety and the use of these music therapy methods. Therefore, the full details of the music therapy activities will not be discussed here. We will present directions as the authors described in the articles to provide clues for creating a sense of safety.

Provide Emotional Expression. The emotional expression discussed here means the individuals' emotions, feelings and thoughts while participating in the activities and it also implied to thoughts and feelings about past traumatic events (Carruthers, 2014; Christenbury, 2017; Strehlow, 2009; Zander, 2015). Providing emotional expression may be the main direction as we found in nine out of twelve methods (improvisation, songwriting, instrumental playing, lyric analysis, singing, performing, singing preferred songs, music listening, relaxation and music and imagery). The authors feel essential or the "need" for the participants to express/ share their emotions or feelings/ thoughts through music therapy methods (Choi, 2010; Felsenstein, 2012). However, the authors did not explain expressing emotions as a way to connect with creating a sense of safety. We suspect the authors felt expressing self-feelings may mean being safe and comfortable in the program.

Provide Relaxation. Providing relaxation was found in five methods (drumming, musical games, music listening, relaxation, music and imagery). Although the articles failed to explain the connection between relaxation and safety, the authors seem to agree with the idea that is providing methods which elicit relaxation is important for young people who have experienced significate trauma. Being relaxed and feeling safe is often a foreign concept for this client group. Stuart (2018) and Christenbury (2017) demonstrated drumming, and musical games helped their participants to relax and became more playful with their peers. Rudstam et al. (2017) described the participants felt relaxed and connected with themselves through music and imagery. Barron et al. (2017) had a similar finding when providing relaxation; the participants felt relaxed and were able to reconnect with themselves. Schrader & Wendland (2012) described relaxation as being a self-calming strategy in music listening. These statements gave us some clues about relaxation and safety, maybe the body and the mind require connection and calmness to relax and to feel safe.

Establish Collaborative Leadership with the Participants. Activities such as improvisation, instrumental playing, performing, songwriting and preferred song singing emphasised establishing collaborative leadership provided opportunities for equality and gaining a sense of control over the environment (Albornoz, 2011; Amir, 2004; Carruthers, 2014). This indicates that the participants may act as a leader or a co-leader in the activities (Schrader & Wendland, 2012). The participants, as described by the authors, felt respected and may be safe enough to create their music in the programs (Albornoz, 2011; Schrader & Wendland, 2012; Viega, 2013). However, we doubt being a leader or a co-leader represents feeling safe in the program. This information fails to demonstrate or provide more details on how safety was formed by being a leader. Next, we reviewed the strategies when the therapists were facilitating the programs to gain more information on safety.

Therapists' Engaging Strategies

The explanation for the strategies used that focuses on making the environment secure and creating a sense of safety for the individuals is discussed below. Four different categories emerged that gathered similar ideas about the engaging strategies present in the literature. These strategies are: offering choices, giving the participants control over activities, active listening and providing structure (Table 5).

Table 5

Engaging Strategies

Strategies	Descriptions	Literatures
1.Offering Choices	Providing different options for activities the participants could choose from.	Carruthers (2014); Chin et al. (2018); Christenbury (2017); Kim (2015); Peeryman et al. (2019); Zander (2015)
2. Giving the Participants Control over the Activities	Giving the participants some or all control over activities and enabling them to act as leaders in that certain activities.	Alboronz (2011) ; Amir (2004) ; Barron et al. (2017) ; Carruthers (2014); Christenbury (2017) ; Felsenstein (2012); Rudstam et al. (2017); Strelow (2009) ; Dos Santos & Wagner (2018); Viega (2013)
3. Active Listening	The therapists paid full attention to the participants and were engaged in the conversations.	Alboronz (2011); Amir (2004); Barron et al. (2017); Carruthers (2014); Davis (2010); Peeryman et al. (2019); Robarts (2009); Rudstam et al. (2017); Strelow (2009)

4. Providing Structure	The therapists act as a leader for the activities in the program.	Carruthers (2014); Chin et al. (2018); Chio (2010); Davis (2010); Felsenstein (2012); Flores et al. (2016); Ho et al. (2011); Hussey et al. (2003); Kim (2015); Robarts (2009); Schrader & Wendland (2012); Dos Santos & Wagner (2018); Strelow (2009); Stuart (2018); Viega (2013) ; Zander (2015)

Offering Choices. Offering choices was identified in six articles and all in the individual therapeutic settings. Christenbury (2017), Kim (2015) and Chin et al. (2018) found when participants were presented with choices between two activities or more, and they were more engaged in the program. The participants felt they had been respected, and their voices were heard by the therapists (Peeryman et al., 2019; Zander, 2015). While the authors did not identify offering choices as a way to create a sense of safety, we can infer that safety might be enhanced or established through this strategy.

Giving the Participants Control Over the Activities. "Control" is a key feature when engaging with the participants who experienced trauma (Amir, 2004; Flores et al., 2016). The authors stated that when the participants have some form of control to lead the activities or collaborate with the therapist, they felt supported, trusted and became more confident in the role of leader/ facilitator (Albornoz, 2011; Amir, 2004; Flores et al., 2016; Kim, 2015; Zander, 2015).

These authors all emphasised on the importance of participant-led play where the individual acted as a leader and had the control of the musical activities. This is similar to the findings of the music therapy method section, as both identified that establishing collaborative leadership enhanced a sense of control. It seems promising that giving out control may create a sense of safety.

Active Listening. Active listening was a technique found in nine articles. Some authors described when the therapists were actively listening to the participants. They felt supported and respected by the therapist (Peeryman et al., 2019; Strewlow, 2009). Others mentioned the participants felt less anxious when being heard with full attention from the therapists (Carruthers, 2014; Barron et al., 2017). The description of being supported and respected really interest us as these vocabularies seem to present a state of being trusted and being safe. However, the articles did not adequately discuss how being an active listener to improve a sense of safety for the participants.

Providing Structure. Providing structure is the most common strategy that was adopted by the therapists. It was found in fifteen sources of literature, from both individual and group settings. Many authors stated that child participants found clear, structured programs especially easy to join in and relax (Chin et al., 2018; Felsenstein, 2012; Schrader & Wendland, 2012; Flores et al., 2016). This approach helped them to feel comfortable to express their feelings through instrumental playing (Davis, 2010; Choi, 2010; Chin et al., 2018). Stuart (2018) mentioned that a steady, concrete and playful structure provided participants with a sense of trust and security. A structure provided by the therapists when engaging the participants may create a safe environment for the participants as the authors describe how the individuals relaxed and expressing their feelings in the programs. However, this study did not present a direct link between relaxation and creating safety.

To sum up, we clearly noticed some keywords that were used to describe safety, such as 'supported', 'being in control', 'respected' and 'safe'. However, further investigation and research is required to better understand how music therapists make decisions in selecting different strategies that they feel will create safety. For example, it is not clearly described whether the therapists depend on their intuition and/or their experiences. These reflections could not be found in the limited current music therapy literature. Next, we looked at the relationship that the therapist and the participant established in the program to understand how safety was created.

The Relationship

Our focus here is to investigate the client-therapist relationship and/or peer's relationship contributed to creating safety in the program. There were ten groups and twelve individual programs, and each had a different aim and focus. We looked at these differences and examined the relationship statements that were made at the start and at the end of the program, to understand how safety was related.

Group Programs. The ten group programs had a focus on creating an environment for the members to actively interact with each other musically and verbally and freely express their thoughts and feelings in the sessions (Barron et al., 2017; Choi, 2010). Flores et al. (2016) and Schrader & Wendland (2012) stated that group member gain self-confidence through music-making and they felt supported by the group. Barron et al.(2017) and Felsenstein (2013) reported that group members felt a sense of belonging and intimate relationships were formed through group communication after the musical activities. Feeling a sense of belonging or supported by the group and have an intimate relationship with the group may have the tendency to present that safety was formed. However, these authors did not provide clear explanations of how this was linked to safety. In contrast, Rudstam et al.(2017) presented some insight, when they purposely choose the same gender (female) therapists for the sexually abused participants, and the group members actually all felt connected and safe with each other in the program.

Based on these findings, we can see that the group participants express and interact better in a supported environment. Perhaps the most serious disadvantage of these findings is that no evidence was found to describe the connection between peer relationship or the client-therapist relationship and creating safety in the music therapy group settings. Before proceeding to examine the individual program, let us now consider the relationship statements made by the authors both at the start and the end of the program to create safety.

Authors described situations at the start of the program as tense (Choi, 2010), challenging (Flores et al., 2016), intense (Felsenstein, 2013), the clients felt excluded and conflict (Choi, 2010). An exception was Rudstam et al.(2017), who claimed their

participants felt safe due to the gender of the group (all female members and therapists). Whereas at the end of the program, the authors explained the participants felt trusted (Felsenstein, 2013), accepted (Dos Santos & Wagner,2018), relaxed (Albornoz, 2011) and secure (Viega, 2013) with the therapist. One key feature was found when we examined this change. It was the highly structured program and boundaries set by the authors which allow the child participants to be more comfortable playing music with peers (Davis, 2010; Choi, 2010; Felsenstein, 2012; Viega, 2013). Boundaries also allowed group members to discuss or lead some activities to ease the tension (Barron et al., 2017; Flores et al., 2016). These statements may suggest that the authors feel structure and boundaries are the two factors to create safety in the group setting. The limitation with this is that no articles provide a full description of how safety is related through a structured program. Turning now to investigate the individual programs.

Individual Programs. Unlike the group design, these individual programs had longer program durations from several months to several years. Christenbury (2017) and Strehlow (2009) provided detailed session progress notes or descriptions of the participants, which allowed the readers to better understand how the therapeutic relationship was formed. The individual programs focus more on developing a trusting relationship between the therapist and the client (Carruthers, 2014; Zander, 2015; Stuart, 2018). The authors generally agree that traumatised young participants developed a lack of trust in people (Amir, 2004; Christenbury, 2017; Strehlow, 2009). Therefore, providing an environment that elicits trust is important. To establish a trusting relationship, we discovered that the therapists were more involved and willing to communicate and explore the needs of the participants, give them time to make choices and have control over some activities (Carruthers, 2014; Stuart, 2018; Zander, 2015). Moving on now to consider the relationship statements.

The findings are pretty similar to those in the group settings, the authors described the situation at the start of the program, as unsafe (Stuart, 2018), tension (Christenbury, 2017), tense (Zander, 2015), fearful (Strehlow, 2009) and uncomfortable (Robarts, 2009). While at the end of the program, the participants felt trusted (Christenbury, 2017; Zander, 2015), accepted (Chin et al., 2018; Robarts,2009) and safe (Christenbury, 2017; Stuart, 2018) with the therapist. One strategy that we found by many authors to create a sense of safety was to provided more space and time for the participants to become familiar with the therapists and the environment and offered opportunities for them to explore or make choices (Zander, 2015; Christenbury, 2017; Stuart, 2018). However, this finding does not specify the connection between allowing the participants time in the program and create a trusting client-therapist relationship and creating safety.

Group programs tend to focus on establishing an interactive and supportive environment more than the individual program. Whereas individual programs focus more on creating a trusting client-therapist relationship. Both settings presented little descriptions for creating a sense of safety.

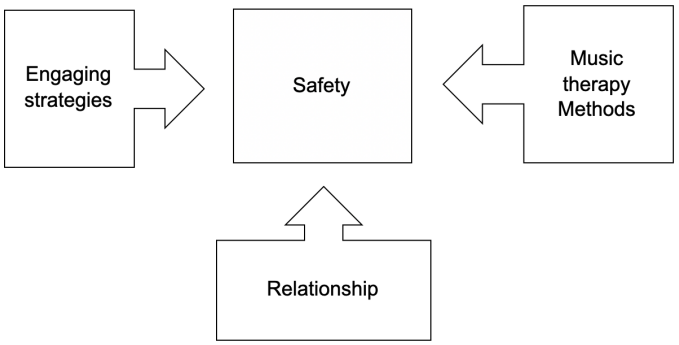
Synthesis & Conclusion

The result of this critical interpretive synthesis has been the construction of some perspectives of how music therapists create safety. Although, we could not find any specific music therapy methods or the engagement strategies that are best suited to providing safety. We learnt that the therapists were flexible to adjust the way they lead the program accordingly to the young participants' situation on the day. The music therapists also observe the participants' anticipations and musical responses and interpreted these messages into the meaningful expression to understand whether they felt safe or not. However, these may not be the precise feelings that the participants were experiencing. We suggested that the lack of information yields a need for further investigation and research in this field. The participants' insights and thoughts would be important and valuable for professionals to understand and learn how to structure a safe music therapy program.

As we come to the end of the investigation on how music therapy literature discusses creating safety in the programs, we found that safety may be created through three features (Figure 2).

Figure 2

Three Features of Creating Safety in the Program



From our analysis, the therapist appears to play an important role in providing suitable engaging strategies and music therapy methods for the participants in creating a sense of safety. We discovered that the authors pay careful attention to the needs of the participants and examined the individuals' actions and reactions' towards each activity and the environment, in order to select their interaction methods. They also pay attention to the participants' feelings and non-verbal expressions. We understand therapists have abilities to evaluate their participants; however, when dealing with traumatised individuals, the therapists may require extra sensitivities when providing the programs as the participants' responses were usually unpredictable and are not generally easy to communicate. Little is known about how the therapists recognised the signals of the participants and adjusted their strategies and methods or even the way they interacted with the participants. However, based on the information provided in this CIS, it is still not clear how exactly safety was created by the music therapists.

Based on the findings from this CIS, we recommend the importance of filling in the gaps in the current literature to guide the music therapy researchers who are interested in providing programs with young people who have had traumatic experiences. We propose that interviews of both the therapists and the participants may provide insights into how and what might be needed to create and feel safe in programs. Further, we suggest perhaps future research can include more descriptions of the individuals' background (age, personality, family framework,

type of traumatic events, duration of the past trauma experiences) as this information may affect their response and reaction towards the music therapy program. The future studies can also include more detailed program process notes (the individuals or groups' mood states, responses and relationship with the music activities, themselves, the peers and the therapists). This information will be crucial and important to understand how the therapists make their decisions on providing different engaging strategies and music therapy methods and how they establish a trusted and secure relationship with the participants. Moreover, it will help the readers understand how music therapists construct their programs in terms of creating a sense of safety.

Footnotes

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