Hip Hop, Empowerment, and Therapeutic Beat Making:

Potential Solutions for Summer Learning Loss, Depression, and Anxiety in Youth

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The past ten years have seen an influx of empirical attention to phenomena alternatively dubbed as summer learning loss or summer learning slide, where a portion of academic gains achieved by students during the school year is lost during summer months. To explain summer learning loss, literature has focused on how families may differ in their ability to invest in learning resources and educational opportunities during the summer, and how families may have different expectations for how youth spend their time during the summer (Gershenson and Hayes, 2018). However, limited attention has been given to student stressors, the residual effects of trauma, and general mental health concerns that persist during the summer months. Additionally, there is little insight as to the mechanisms by which these stressors may persist or be exacerbated for some youth. For example, mental health may be influenced by reduced access to school-based structure, supports, safety, and services (i.e., from teachers, staff, administrators, and school peers), and a reduced buffer to home instability during these months (Pierce, Bowden, McCullagh, Diehl, Chissell, Rodriguez, and D'Adamo, 2017).

Annual United States statistics show that almost one-third of high school students (31.5%) experienced feeling sad or hopeless for an extended period in the prior year (Youth Risk Behavior Surveillance-United States 2017 [YRBSS], 2018). When compared to male high school students (21.4%), female high school students reported rates of sadness and hopelessness almost twice as high (41.1%) (YRBSS, 2018). Anxiety, stress, and trauma are further cause for concern and may contribute to or exacerbate sadness and hopelessness trends. Trauma experiences, especially for those coping with childhood trauma, constitute a significant source of morbidity affecting the brain (regions and neurochemical), mind (cognition and emotions), and body (non-neuronal

physiological) (National Academies of Science, Engineering, and Medicine [NAS], 2018; Wong et al., 2016).

Evidence continues to mount for education as (1) a correlate of immediate health and well-being, and (2) a precursor to health and well-being over the life-course (Hahn and Truman, 2015). This suggests the need to ensure that interventions across the educational spectrum integrate mental health strategies to improve academic, social, emotional, and behavioral competencies (Travis & Childs, 2018). The present study focuses on a summer program to address learning loss, showing how a program traditionally focusing on academic purposes can be modified to also address mental health needs.

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the World Health Organization (WHO) show behavioral health challenges have the most significant influence on disability burden, often defined as the social, personal and economic costs of poor health (SAMHSA, 2018; WHO, 2017). While explicit recognition exists for the role that cultural factors play in this space, culturally responsive practices are not keeping pace with increasing diversity among student populations, which means traditional psychotherapy and interventions are insufficiently engaging for youth (Alvarez, 2012; Viega, 2018; Washington, 2018). To this point, clearly articulated, theory-driven, culturally sustaining, justice-oriented, and music technology-integrated therapeutic strategies are limited, especially ones that also embrace Hip Hop. The connections between music-based emotional regulation goals for anxiety/stress and additional health development processes that positively affect the mind and body via music and technology are also missing. Finally, at a systems level, innovation is necessary in conceptualizing policies that help schools to supplement educational and therapeutic supports available to youth during summer months.

To address these conceptual and systemic gaps, an innovative, Therapeutic Beat Making (TBM) and Hip Hop Empowerment (HHE) intervention was created to promote positive mental health and well-being within a broader summer learning loss program. The present paper presents the outcomes of this intervention, and more specifically discusses the conceptual underpinnings of a brief and targeted Hip Hop-integrated intervention for a cohort of youth with elevated depression and anxiety symptoms.

Summer Learning Loss and the Need for Summer Learning Excellence

The general premise of summer learning loss, as described by Harris Cooper and colleagues (1996), is that students lose a portion of the academic gains achieved during the traditional school year during summer months spent out of school (Kerry and Davies, 2018). These losses compound over time, piling academic losses on top of losses like a snowball rolling down a hill. While these losses occur for many students, evidence suggests they may be more pronounced for lower-income students, especially in reading (Cooper et al., 1996; Gershenson & Hayes, 2017; Patton & Reschly, 2013). The cumulative impacts and differences among higher and lower income in academic areas are so substantial that some have equated a significant proportion of identified achievement gaps among youth to these phenomena; influencing school accountability reports, year to year disparities, and disproportionate high school graduation and college attendance rates (Alexander et al., 2007; McEachin & Attenbury, 2017). Explanations suggest the presence of an "opportunity gap", where lower income youth do not have similar access to resources which can be invested in opportunities to participate in enrichment activities that support academic skills and healthy development (Augustine, McCombs, Schwartz, & Zakaras, 2013; Gershenson and Hayes, 2018; McCombs, Augustine, & Schwartz, 2011). Interventions focused on narrowing potential

opportunity gaps have shown promise in trying to ameliorate these challenges (Bowers &
Schwartz, 2018).

Summer Learning and Central Texas.

Research from the National Summer Learning Association and Austin's E3 Alliance
(2014) looked carefully at summer learning initiatives in the Greater Austin region. The brief
examined sixty participating organizations which facilitated 64 summer learning programs that
enrolled 32,525 youth. Two-thirds of these programs were facilitated by community-based
organizations or the School District. More than three-quarters of these programs emphasized
programming content geared toward general academic enrichment, nutrition and physical health,
or sports and recreation. The next tier of specific content areas included: the environment; social
and emotional learning; and Science, Technology, Engineering and Math (STEM). Eligibility for
approximately 50 of the 64 programs heavily favored elementary and middle school-aged youth.

Best Practices for Summer Learning Programs

Increased opportunities for summer learning experiences within the United States has been
complemented by a growing body of research on best practice in this area. This research is
beginning to help provide clarity as to what makes for intervention success, through identifying
both the challenges and opportunities of this kind of program provision. National reviews show
that most summer learning loss programs are mainly academic, and curriculum driven. However,
they are also contextualized in the same manner as Out-of-School Time (OST) initiatives:
approaches are more innovative, interactive, real-world oriented, supportive, and engaging than
traditional classroom models (Terzian, Moore, Hamilton, Wallace, & Child, 2009). The articulated
benefits of these approaches are that they offer more freedom and flexibility in how learning occurs
(Terzian et al., 2009).

Research also shows how summer learning loss initiatives are effective outside traditional schooling contexts. Improved academic achievement and reduced summer learning loss have been observed among programs that are school-district driven, non-district driven, and even home-based (Augustine et al., 2013; McCombs et al., 2011). Data suggests that the factors which are most important for successful initiatives are that they: (1) start planning early, (2) anchor the program in a commercially available and tested curriculum, (3) recruit motivated teachers, (4) operate the program for five to six weeks, (5) schedule three to four hours of academics, (6) select providers with well-qualified instructors who have experience in behavior management, (7) establish a clear attendance policy, (8) consider cost so that programs are affordable and accessible (Augustine et al., 2013).

Assessing Quality in Summer Learning Programs

Definitions and measurements of success in summer learning programs are said to be linked to philosophies of quality and standards in Out-of-School-Time (OST) programming. Measurement outcomes tend to capture traditional academic skills, with reading and math as the identified target areas. However, there is also a focus on positive youth development (PYD), social and emotional learning (SEL), and nutritional and physical activity outcomes linked to enrichment activities (Terzian et al., 2009). Prior research suggests that psychological support, structured learning opportunities, and family social capital during the summer distinguish excellent performing programs from lower performing programs (Slates, Alexander, Entwisle, & Olson, 2012).

Positive Youth Development and Social Emotional Learning as Refinements to Understanding Healthy Development

While academic skills are prioritized outcomes for academic curricula within summer learning programs, Positive Youth Development (PYD) and Social Emotional Learning (SEL) are the health development outcomes prioritized for enrichment activities. In ideal circumstances, there is synergy between academic and enrichment priorities that allows a more holistic approach in which all positive outcomes reinforce one another. While SEL and PYD are distinct, each speaks to reinforcing positive developmental outcomes that enable youth to thrive psychologically, emotionally, socially, and behaviorally. Researchers have been busy seeking ways to help articulate the linkages and points of departure for these positive developmental constructs (Chung et al., 2015; Travis & Rodwin, 2018). However, for this paper, we embrace their similarities as helpful indicators of health development alongside measurement of depression and anxiety symptoms.

Leveraging the Arts to Promote Summer Learning Excellence

Significant opportunity exists to think broadly about continuous learning and growth goals, while also meeting the unique needs of the whole child during afterschool and summer hours. Reconceptualizing programs in this way allows the possibility to reposition summer months as a period of "summer learning excellence." Exploring the affordances of creative arts in this space presents unique potential, particularly when building upon growing awareness of the benefits they offer in academic (Lorenzo, et al., 2014), emotional (McFerran, Roberts, & O'Grady, 2010), behavioral health (Baker & Jones, 2006), and medicine/public health (Hanna, Rollins, & Lewis, 2017) strategies.

Hip Hop as a Culture and as a Therapeutic Tool

Examination of Hip Hop culture in academic literature has moved from examining potential risky effects of rap music exposure, to the nuances of Hip Hop's cultural significance,

influences on individual and community identity, and practical uses as an educational, therapeutic, and social change tool (Hadley & Yancy, 2012; Travis, 2016, p.192; Viega, 2016). Scholars and practitioners have been forthright in cross-examining what constitutes advanced level therapy versus therapeutic strategies in the Hip Hop space (Travis, Rodwin, and Allcorn, 2018; Viega, 2016). In short, therapeutic strategies range from self-care, health promotion and PYD to more advanced and complex levels of treatment, and advanced levels of training, supervision, and self-reflection are recommended for facilitators of more advanced levels of therapeutic practice. Hip Hop has been shown as a useful and culturally appropriate tool for attracting young people to mental health services, and improving engagement and rapport-building (Tyson, 2003; Washington, 2018), behavior management, emotional stability, positive mental health, and quality of life (DeCarlo, 2001; Elligan, 2000; Hakvoort, 2015; Olson-McBride & Page, 2012; Washington, 2018). As a tool, most prior empirical discussions have focused on singular Hip Hop elements, with rap as the primary intervention modality. Travis (2016) has discussed the therapeutic value of all Hip Hop's elements (pp.212-213) and Viega (2016) has suggested the need for newer therapeutic approaches that employ multiple Hip Hop elements for more potent and engaging therapeutic benefits.

Hip Hop and Empowerment (HHE) Therapeutic Strategies

Hip Hop and Empowerment (HHE) strategies "use Hip Hop culture as a foundation and vehicle to promote empowerment and overall health development across the spectrum of interventions for mental health" (Travis, Crooke, Gann, and Jenkins, 2018). The conceptual foundations of this approach were introduced by Travis and Deepak (2011) and elaborated upon by Travis (2016). At the core of these strategies are five unique and overlapping dimensions of empowerment (i.e., esteem, resilience, growth, community, and change) that enable helping

professionals to both understand and guide Hip Hop experiences. These empowering experiences – what Viega (2018) calls "engagement with Hip Hop Culture's *refinitions*" (p.3) – coincide with the negotiation of potentially risky attitudes and behaviors. The resulting self and community improvement strategies can be employed as (1) standalone practices that guide health promotion, youth development, or interventions; or (2) practices that complement other therapeutic strategies (Travis, Rodwin, and Allcorn, 2018). In other instances, these empowering uses of Hip Hop culture and its elements may be used by individuals on their own as methods of self-care.

The primary theory of change with HHE strategies suggests that deliberate and purposeful engagement in musical experiences (and other empowering aspects of Hip Hop culture) help the evocation, modulation, or termination of emotions, and subsequently promote health development through the cascading and reinforcing aspects of development (Travis, 2016, pp. 128-131). In practice these "activities and experiences may be within everyday listening, creating entirely new pieces (e.g., music lyrics, poems, visual art pieces), analyzing existing pieces, or re-contextualizing pieces (e.g., sampling, remixing, or mash-ups)" (Travis et al., 2018, p. 13).

As identified by Travis et al. (2018) several key aspects of HHE strategies that differ from others forms of Hip Hop Therapy are that "it is grounded socio-historically in the immediate and distal origins of Hip Hop culture from the South Bronx and New York metropolitan area to the broader African and Latinx Diaspora," (p. 13) and:

1) Primary, secondary and tertiary artifacts of Hip Hop culture are always the singular referent piece(s) (Travis, 2016, pp.4-6), but other genres of music, art, and expressivity can be significant complementary parts of the therapeutic strategy,

2) Multimedia prompts (e.g., text, graphics, audio/video, and animation) and music technology are prominent tools throughout the therapeutic process (Crooke, 2018; Viega, 2018),

3) Analysis of existing music and art is prioritized, recognizing the archival nature of Hip Hop culture, alongside creating and re-contextualizing pieces,

4) Individual and Community Empowerment (ICE) dimensions of esteem, resilience, growth, community, and change are *necessary* components of analysis and goal-setting, aligned with Hip Hop culture's core values of self and community improvement, within the context of EMPYD and health development,

5) Affect, including emotions, is a central theme within hypothesized pathways of change,

6) Classic clinical practice theories and approaches (e.g., Cognitive Theory, Psychodynamic Theory, Adlerian Therapy) may be featured in change efforts, but as tools or components integrated eclectically within the broader empowerment-based framework of change,

7) Improvements in EMPYD indicators and SEL competencies, and decreases of depression, anxiety, and risky attitudes/behaviors, are the priority outcomes, along with equity, justice, and inhibited trauma-inducing experiences (Travis et al., 2018).

Therapeutic Beat Making Model (TBM) Strategies

The Therapeutic Beat Making model, introduced by [Author 3], proposes three dimensions of therapeutic benefit: *Relational*, *Expressive*, and *Self-concept* (Psygon, 2018; Richmond 2013; Sorcinelli, 2018).

Relational. Building relationships and engaging participants are integral to any therapeutic or educational endeavor. Beat making offers a highly-engaging intervention approach; near-instant

gratification in the form of aural and visual feedback when using beat making equipment and technology means rapport can be rapidly developed in a fun and interactive way. So, too, can the affiliative and relational function of an interactive activity like beat making lead to a greater sense of trust and depth of the relationship, and serve as a transformational and therapeutic process itself in the context of the relationship. Additionally, these activities, the lack of stigma associated with more traditional therapeutic interventions, and the externalization of non-verbal, artistic, and musical processes through beat making, allow for lower levels of anxiety and less challenging of defenses. Given the central role of beat making in contemporary global youth culture, the modality also offers a format that is culturally responsive and resonant for most youth: practice-based observations indicate young people immediately understand the purpose of beat making activities as creating music and songs, even if they may not realize the rapport-building, relational, or transformative functions it offers in a therapeutic capacity.

Expressive. Artistic activities like beat making or rapping offer opportunities for people to express and channel their emotions, while also gaining a sense of release or catharsis (Travis, 2016, p.45). Following research on music and regulation by scholars such as Baltazar and Saarikallio (2017), it is also proposed that listening to or creating beats may facilitate affect modulation, and or the downregulation of the stress-response system. The potential for beats to regulate or modulate affect is intuitively acknowledged in Hip Hop culture; for example, participants and artists within the culture often refer to the ability for a beat to "get you open", which can be understood to refer to the process of entering a more calm, regulated, or trance-like state.

Self-Concept. The *Self-Concept* dimension encapsulates benefits for both self-esteem and self-efficacy. Self-esteem pertains to how one sees themselves in regard to an ideal sense of self, while self-efficacy relates a sense of agency, or the ability to have an effect or impact on the world.

At a basic level, beat making offers the opportunity for a range of skills, intelligences, and strengths to be validated as competencies. Additionally, the act of building mastery within a community or cultural context that youth value, can scaffold the acquisition of confidence with increased social capital (Bloustien, 2007; Clennon, 2013). Any tangible products produced through this affiliative and cooperative activity can also foster a sense of mastery and increase in self-esteem and self-efficacy, offering key links to the Self-Concept domain in EMPYD. Importantly, the TBM model stresses that none of this happens in a vacuum; positive feedback and sharing of the experience either with a therapist, musical mentor and/or peers can have an essential impact on identity, and the concept of one's self in the context of the group, peers, and community (Burlingame, Fuhriman, & Johnson, 2001; Gann, 2010; Limon & Boster, 2003; Paukste & Harris, 2015). Similarly, in the context of Rap/Hip Hop Therapy, [Author 3] asserts how the group (fellow group members, facilitators and mentors) serves an important reflective function for the individual when engaging in original written or freestyle raps and rhymes.

Often, individuals who are exposed to trauma are labeled, and whether they receive a formal diagnosis or not they may be viewed only as this label, and not appreciated for other aspects of their identity, capacities, and skillsets (Marlowe, 2010). Hip Hop culture allows individuals to assume an alternative identity and sense of self through a tradition of aliases and monikers, which also offers an important function in this space. The opportunity to reinvent oneself, the autonomy of choosing one's alias, or the critical relational aspect of being awarded or given a nickname or alias from another respected community member and accepting this, is an important rite of passage within Hip Hop culture. So, too, is an associated feeling of belonging and identification with the group and culture, which is also offers direct links to the Self-Concept domain and sense of community within EMPYD.

The Present Study

The HHE-TBM intervention presented in this study represented collaborative links between public schools, higher education, and non-profit arts organizations. The intervention focused on using educational, mental health, and empowerment strategies, grounded in Hip Hop culture, to improve positive youth development, and decrease depression and anxiety symptoms.

Research Questions

The present study used non-parametric paired sample analyses to help answer the following three research questions:

1) Does the integrated Hip Hop, Empowerment, and Therapeutic Beat Making (HHE-TBM) intervention facilitate increased positive youth development?

2) Does the integrated Hip Hop, Empowerment, and Therapeutic Beat Making (HHE-TBM) intervention facilitate decreased depression and anxiety symptoms?

3) Is there a significant difference between the Hip Hop, Empowerment, and Therapeutic Beat Making (HHE-TBM) intervention participants on non-intervention participants for positive youth development, and depression and anxiety symptoms at Time 2 (post-intervention)?

Methods

Setting.

Two summer experiences co-existed for participants. Regional service partners were brought together for an initiative that provided opportunities for academic learning *and* healthy development among a cohort of middle school youth. The broad program, with summer learning loss objectives, included an overarching philosophy of creating strategies to augment academic learning and healthy development within *the overall* middle school experience. In other words,

this initiative positioned summer as an integrated part of the full continuum of learning and healthy development that begins during the transition from fifth grade (elementary school) and concludes with the successful transition into ninth grade (high school). High-quality programming during school, out-of-school, and during summer months are all components of the overall middle school experience. Two sites were part of this programming initiative, and youth participated during June and July months. Improving academic, positive youth development, social and emotional learning, and mood-related outcomes were objectives of these efforts. A snapshot of the intervention and results are listed below.

The HHE and TBM Therapeutic Intervention integrates two practice approaches into a coordinated, theory-driven strategy that leverages the best of activities, reflections, and discussions of both. The eight core steps of the intervention approach include:

1. Establish Relationship and Introductory Beat Making

2. Basic Assessment and Empowerment (ICE) Inventory

3. Music or Other Artistic (Hip Hop Culture) Prompt

4. Therapeutic Discussion (By Scaffolded Empowerment Dimensions)

5. Expressive activities (By Scaffolded Empowerment Dimensions)

6. Therapeutic Beat Making (An introduction to drum programming, melody composition, arrangement, sampling, plus production (e.g., reverb, filters, and mixing))

7. Reflection, Discussion, and Synthesis of Expressive Activities and Beat Making

8. Beat Making Experimentation ("Free Play")

Participants.

Participants included a convenience sample of 35 middle-school students participating in a non-residential summer program to prevent summer learning loss. Three of these thirty-five

students also participated in an individualized one-on-one Hip Hop and Empowerment intervention twice per week for one hour. As shown in Table 1, ages ranged from 11 to 15 years old with the majority aged 12 and 13. Twenty participants identified as female and 15 identified as male. Twenty-five participants identified only as Black (17) or Latino/Hispanic (8). Three identified as Asian American, five identified as multiracial, and two did not identify a racial or ethnic category. To maximize confidentiality, the intervention participants will only be identified by age and gender. There were three participants in the intervention, two of whom were 12 years of age and one 13 years old. Two of these participants identified as female and one as male. Self-administered pre-post questionnaires were completed on-site on an individualized computer for each participant with an adult facilitator to assist with any questions.

Measures.

Data was collected at baseline (Time 1) and conclusion (Time 2) of the summer program. The outcomes were selected because of the strong theoretical connection between the research intervention strategies and empowerment-based positive youth development (EMPYD). The two primary constructs measured were: (1) Empowerment-based Positive Youth Development (EMPYD), including proxies for its seven component indicators (i.e., connection, confidence, competence, caring, character, sense of community, and active and engaged citizenship), and (2) depression and anxiety.

To mitigate response burden and participant fatigue, an abbreviated version of the EMPYD measure was used. All measurement scales, outlined below, are drawn from published, empirically validated, and widely used measurement tools. EMPYD: The full (80 questions) and abbreviated (24 questions) versions of this scale, and their component subscales have been piloted over the last five years with acceptable reliability scores for all iterations of the constructs (Travis & Ausbrooks,

2012; Travis, 2013). Specifically, these scales capture EMPYD indicators for *connection, confidence, competence, caring, character, sense of community,* and *active and engaged citizenship*.

Across scales, question prompts existed with response options on a Likert type scale from 1 (Strongly Disagree) to 5 (Strongly Agree), or 1 (Never) to 5 (Always). As shown in Table 3, scales demonstrated acceptable reliability at Time 1 and Time 2, ranging from a low of .613 to a high of .921. Many of the EMPYD indicators showed strong correlation as expected, with statistically significant correlations ranging from .351 (connection with sense of community) to .828 (sense of community with active and engaged citizenship). A combined *depression and anxiety* symptoms scale was also used. Depression and Anxiety was significantly correlated with competence (i.e., higher depression/anxiety and lower competence) and character (i.e., higher depression/anxiety and lower character). Scales and measures are described more fully below.

Connection. Connection is measured by a subset of indicators from the Vaux Social Support Record (Vaux, Vacek, Coyle, & Vera, 2010). The original scale has three indicators to capture each of three types of positive and supportive relationships in school, at home, and among friends. The abbreviated scale for the present study uses one indicator to identify each type of relationship instead of all three (e.g., I have friends I can talk to, who care about my feelings and what happens to me). The connection subscale consisted of 3 items (Time 2 α = .742), as shown in Table 4 questions #1 to #3.

Confidence. Confidence is measured by a subset of indicators from the Self-Efficacy Scale (DeJong, Spiro, and Wilson-Brewer, 1992). The original scale includes seven items meant to capture confidence in achieving educational and professional goals. The abbreviated scale for the present study included four of the seven indicators and sought to capture confidence in achieving

major life milestones related to high school, college and professional success along with social relationships (e.g., I can get along well with most people). The confidence subscale (Time 2 α = .701) is reflected in Table 4 questions #8 to #11.

Competence. Competence is measured by a subset of self-competence indicators from an earlier Tafarodi and Swann (1995) Self-Liking/Self Competence Scale. The original scale has seven self-competence indicators. The abbreviated scale for the present study included three of the seven indicators and sought to capture the breadth of perceived competency, present competency, and perceptions of future competency. The competence subscale (Time 2 α = .792) is reflected in Table 4 questions #12 to #14, with questions like, "I recognize that I can do a number of things well."

Caring. Caring is measured by a subset of indicators from the Caruso and Mayer (1998) Measure of Emotional Empathy for Adolescents and Adults. The original scale is multi-dimensional with seven dimensions captured using thirty indicators. The present study uses four of the original eleven indicators from the Emotional Suffering subscale. The selected indicators were used to identify empathy related to typically happy and unhappy prompts (e.g., It hurts to see another person in pain). The caring subscale (Time 2 α = .613) is reflected in Table 4 questions #4 to #7.

Character. Character is measured by a subset of indicators from the Loeber, Farrington, Stouthamer-Loeber, and Van Kammen (1998) Pittsburgh Youth Study Attitude Towards Delinquency subscale. The original scale captures attitudes about participating in "delinquent" behaviors using eleven indicators. The present study uses four of the eleven indicators, to capture perspectives on antisocial/risky behaviors related to school, interacting with adults, other people's property, and weapons (e.g., How often do you think it is okay for someone your age to Skip

school without an excuse?). The character subscale (Time 2 α = .792) is reflected in Table 4 questions #25 to #28.

   Sense of Community. Sense of community is measured by a subset of indicators from the Chavis, Lee, and Acosta (2008) Sense of Community Index 2 (SCI-2). The original multidimensional scale captures sense of community using twenty-four indicators across four subscale dimensions: (a) reinforcement of needs, (b) membership, (c) influence, and (d) and shared emotional connection. The present study uses three total indicators to broadly capture three of the four subscale dimensions: reinforcement of needs, membership, and shared emotional connection. For example, first "There is a group that I am proud to be a part of, not based on race/ethnicity" is used to determine the presence of an important community for participants. Next, "I can trust people in this community" is part of the *membership* subscale. The sense of community subscale (Time 2 α = .672) is reflected in Table 4 questions #15 to #17.

   Active and Engaged Citizenship. Active and engaged citizenship is measured by a subset of indicators adapted from the Zaff, Boyd, Li, Lerner, & Lerner (2010) theoretical model of Active and Engaged Citizenship. The original multidimensional scale uses thirty questions across four dimensions. The present study adapts six indicators to capture the Civic Duty (e.g., I believe I have a role to play in improving my community) and the Civic Participation (e.g., Helping to make your city or town a better place to live in is important) dimensions. The active and engaged citizenship subscale (Time 2 α = .691) is reflected in Table 4 questions #18 to #20.

   Depression and Anxiety. Depression and anxiety are measured collectively using items identified by Lang, Norman, Means-Christensen, & Stein (2009) for an Abbreviated Brief Symptom Inventory. Lang et al. (2009) identified four items that can effectively identify individuals with depression and anxiety. The present study uses these four items but adds a time

dimension for "within the past week." It includes two items for depression (e.g., Within the last week, have you experienced feelings of worthlessness?) and two items for anxiety (e.g., Within the last week, have you experienced nervousness or shakiness inside?). The depression and anxiety scale (Time 2 α = .921) is reflected in Table 4 questions #21 to #24.

Analysis.

SPSS 24 (IBM, 2017) was used for all analyses, including reliability scores and mean comparisons. Given the small sample size, nonparametric strategies were used to determine whether mean differences were significant between the intervention and non-intervention groups. The Independent Samples Mann-Whitney U Test helped to clarify whether the intervention group demonstrated a significant positive change in well-being outcomes.

Hypothesis.

The hypothesis is that Therapeutic Beat Making (TBM) and Hip Hop Empowerment (HHE) strategies ("the intervention") will positively influence Empowerment-Based Positive Youth Development (EMPYD) and reduce symptoms of depression and anxiety. The intervention group will show improvements between baseline (Time 1) and post-intervention (Time 2) measurement scores for all seven EMPYD indicators, and depression and anxiety symptoms. The hypotheses also maintain that the intervention and non-intervention group will differ for Time 2 measurement scores, with the intervention group's scores being higher for EMPYD outcomes and lower for depression and anxiety symptoms. The differences between the intervention and non-intervention groups are expected to be statistically significant based on a non-parametric statistics for small sample sizes.

Summer Program Highlights

Existing research offers excellent guideposts for developing and implementing effective summer learning strategies. Recent reports from researchers at RAND provide evidence for how characteristics of planning, curriculum and instruction, teacher/staff selection and training, enrichment activities, attendance, time on task, and program cost and funding help summer learning programs achieve their best results (Augustine et al., 2013; McCombs et al., 2011).

Summer Programs.

The summer learning program, offered at a middle school site, was developed allowing substantial time to ensure *academic curricula and instruction* were implemented at the highest quality level. *Teacher and staff selection and training* were also paramount, with the recognition that these roles are critical to the success of summer learning programs. *Enrichment activities* were varied, enough to gauge interest and keep group sizes small, and facilitated by partners with a wealth of experience in working with youth. Enrollment guidelines were established alongside *attendance* goals. Field trips and other incentives were a significant aspect of the programming budget for the explicit purpose of attracting and sustaining youth involvement. The programs were comprehensive in their academic curricula, in their enrichment partnerships and activities, and *time on task* as full-day, six-week programs.

Results

The present research aimed to determine whether a Hip Hop-integrated intervention used with middle school youth in a summer program setting can facilitate improvements in well-being. More specifically, research questions examined whether the hybrid HHE and TBM "intervention" contributed to (a) improvements in positive youth development [i.e., measured by EMPYD indicators of *Connection*, *Confidence*, *Competence*, *Caring*, *Character*, *Sense of community*, and *Active and engaged citizenship*], (b) decreased depression and anxiety symptoms, and (c)

significantly better outcomes for the intervention group compared to the non-intervention group. A series of analyses were conducted to analyze and compare means across Time 1 and Time 2 for both intervention and non-intervention groups.

EMPYD, Depression, and Anxiety

As shown in Table 5, mean Time 1 values for EMPYD indicators were similar across intervention and non-intervention participants. However, *Connection* was substantially higher (i.e., 12.25 vs. 14.00) and *Competence* was substantially lower (i.e., 11.94 vs. 10.33) among the intervention group. Depression and anxiety scores were also substantially higher among the intervention group (i.e., 9.28 vs. 12.00), but this was expected as it was the selection variable that prompted the invitation into the intervention.

Intervention vs. Non-Intervention Outcomes

All main hypotheses related to the intervention group were supported. The intervention group reported an increase in positive development between Time 1 and Time 2 for, and these improvements were more favorable when compared to the non-intervention group. Furthermore, for several indicators the Time 2 differences (in mean change) were statistically significant for the intervention participants in comparison to the non-intervention group. Mean differences were tested using the Independent Samples Mann-Whitney U Test. Depression and anxiety symptoms also decreased. More specifically, as shown in Table 5, between Time 1 and Time 2 results were that:

- Intervention youth improved across all seven EMPYD indicators compared to three (i.e., *Confidence*, *Competence*, and *Sense of community*) for the non-intervention group.

- Non-intervention youth score increases for individual indicators were minimal, all less than .5. Intervention group increases were substantial for indicators, with four two-point gains and one four point gain.

- When looking closely at within-model developmental networks (or reinforcing model indicators) the intervention participants showed a significant contrast in mean change scores at Time 2 within the Mastery network (i.e., *Connection*, *Confidence*, and *Competence*) and *Character*.

- When comparing within sample differences for the intervention cohort between Time 1 and Time 2 (pre-post change after intervention), statistically significant differences were found for *Character*, and depression and anxiety.

- The intervention group began Time 1 with a depression and anxiety measure score of 12, substantially higher than the non-intervention group measure of 9.28. However, at Time 2 the intervention group depression and anxiety measure was 5.00, substantially lower than the 9.88 of the non-intervention group.

The Intervention Participants.

The intervention group comprised three students. The aggregate scores for the intervention participants suggested favorable overall outcomes that in many instances were significantly better than the non-intervention group. As shown in Table 6, when looking closely at the specific measurement scores, two of the three intervention students demonstrated consistently better results across all seven positive youth development indicators. All three youth in the intervention cohort showed favorable decreases in depression and anxiety scores.

While Student C did not show improvements in all areas, there was relative stability in youth development indicators. Four indicators maintained the same score, and two decreased by

only one point. This general stability occurred along with the aforementioned reduction in depression and anxiety symptoms. The one EMPYD indicator that was a substantial departure from the overall favorable outcomes was a lower Time 2 *Active and engaged citizenship* score (-8) compared to Time 1.

As also shown in Table 3, youth in the intervention group started Time 1 at higher levels of depressive symptoms (at risk, with a mean score of 12, compared to the non-intervention group average of 9.28), but ended at much lower levels of depressive symptoms (no more risk, with a mean score of 5, compared to the non-intervention average of 9.88). Aside from improvements in depression and anxiety symptoms, the most significant net youth development gains among the intervention participants were for *Competence*, *Confidence*, *Sense of community*, *Engaged citizenship* and *Character* respectively.

Discussion

The present study has conceptual relevance for (1) promoting positive educational and mental health outcomes within educational contexts, (2) integrating creative arts within mental health and educational interventions, (3) using Hip Hop-based strategies in education and mental health, (4) refining practice and measurement related to Hip Hop and rap therapy approaches, and (5) advancing theories of positive youth development. Within the literature on Hip Hop-integrated interventions, the present study advances theory by conceptualizing and testing the integration of a Therapeutic Beat Making model with a Hip Hop and Empowerment model. The present study also contributes to conversations about the measurement of Hip Hop-integrated strategies to help determine intervention effectiveness in general, but also the theorized developmental pathways more specifically.

First and foremost, results suggest the potential value of screening and treatment for depression and anxiety among middle school youth, especially during the summer months. This brief music and empowerment intervention was effective in promoting positive development as it relates to both person and environment (i.e., *Connection*, *Confidence*, *Competence*, *Caring*, *Character*, *Sense of community*, and *Active and engaged citizenship*). Recognizing pathways to healthy development adds to conversations about how to facilitate positive experiences which are known to buffer the deleterious effects of adverse childhood experiences (Sege et al., 2017).

The intervention also complemented efforts to reduce summer learning loss, highlighting the ability to co-exist with educational efforts, and bolstering support for a more holistic approach which leverages the potential synergies between education and mental health. It also offers support for the advantages of formal and informal educational opportunities within summer and afterschool programs. Overall, the intervention appeared to help youth manage and reduce elevated depressive symptoms. Brief-arts based strategies warrant further exploration as effective low- and moderate-intensity mental health interventions for youth.

Positive results presented here also support existing recommendations on the delivery of music programs aimed at improving student psychosocial well-being (Crooke & McFerran, 2014). These recommendations were published in response to the notable inconsistency in existing evidence regarding the well-being benefits of musical participation in education settings (Crooke, 2015). Relevant to this paper include the recommendations that music programs aimed at promoting well-being should: (1) occur outside of mainstream classroom settings, (2) be delivered by a "facilitator skilled in engaging participants, and using music to address [psychosocial well-being] goals" (Crooke & McFerran, 2014, p. 25), (3) be targeted explicitly towards well-being outcomes, (4) include group activities, (5) use musical styles and activities considered engaging

by the students, and (6) integrate music technology in general and Therapeutic Beat Making tools more specifically (Crooke, 2018; Viega, 2018). That this study is among the few to capture the well-being benefits of students' music participation supports the need to attend to such factors when designing and delivering programs for this goal.

Findings lend support to growing discourse surrounding the benefits of Hip Hop and Beat Making in well-being and educational contexts. Most importantly, this relates to the value of both educators (Emdin, 2008; Petchauer, 2009), social workers and other youth work professionals (Alvarez, 2012; Levy, Emdin, and Adjapong, 2018; Viega, 2016) employing strategies that resonate with the culture and life experiences of young people, and are thus best-placed to engage youth in their own positive development. HHE and TBM offer several key points of relevance, including the central position of Hip Hop and Beat Making within contemporary youth cultures; the immediacy and accessibility of Beat Making activities; and the ability for facilitators familiar with or participating in these cultures themselves to connect with students and provide spaces for positive development (Crooke & Moreno-Almeida, 2017).

Scholars such as Ladson-Billings (2015) also argue Hip Hop-based programs provide valuable opportunities for young people to participate in musical experiences that exist outside of and can often challenge Eurocentric musical experiences. She argues such opportunities are particularly valuable for groups who are further marginalized in relation to culture, identity, self-esteem, and social connectedness via the colonial narratives sustained through Eurocentric musical activities. In the same way, Paris and Alim (2017) argue such Hip Hop and related programs be "culturally sustaining." In the context of music education philosophy, some authors see such opportunities as extending beyond mere youth engagement, and as constituting a fundamental human right regarding access to culture (Bowman, 2007; Jorgensen, 1995, 2007).

 Limitations

Several limitations exist within the present study. First, Time 1 *Connection* scores were higher for the intervention group, increasing the possibility that developmental trajectories were already "primed" for more positive outcomes. Further, among the intervention group, one of the three students did not demonstrate appreciably higher youth development outcomes. While Student C was relatively stable across outcomes, we did not see the same global improvements as the other two youth. The present intervention sample was also less representative of the age range of the overall group (only 12 and 13-year-olds were in the intervention group). When looking at the components of the intervention, it was less explicit in recognizing what was "Hip Hop" in contrast to what was related to music in general within the actual intervention. Lastly, representativeness across racial/ethnic group range was less explicit.

Conclusion

The concept of summer learning loss, where students lose a portion of academic gains gained throughout a school year during summer holidays, has received increasing attention in recent years. Yet, less attention has been paid to how disconnection from school during summer months can also negatively impact social and emotional wellbeing and positive youth development. This study aimed to explore the impact of a novel Hip Hop-based intervention on the wellbeing of three students attending a summer learning program in Austin, Texas. Specifically, it sought to test the benefits of a program that integrated existing models of Hip Hop Empowerment and Therapeutic Beat Making on measures of positive youth development, depression, and anxiety. Results indicated the Hip Hop-integrated intervention resulted in positive changes for students across all measures, and that these positive changes were considerable when compared to a non-intervention group participating in summer learning

programming without the Hip Hop intervention. The most notable benefits were reduced anxiety and depression scores and increased positive youth development scores on the subconstructs of *Competence*, *Confidence*, *Sense of community*, *Engaged citizenship* and *Character*. Overall, these results demonstrate the value of integrating arts-based well-being strategies into summer learning programs. Results also highlight the value of Hip Hop-based interventions which use multiple elements (or modalities), in this instance it was the integration of the Therapeutic Beat Making and Hip Hop and Empowerment strategies. This study builds on the existing literature that argues Hip Hop-based strategies are uniquely suited for supporting youth in educational and well-being settings, given their ability to connect with many students' cultural and lived realities. Based on this growing body of evidence, the present authors argue the need for administrators and policymakers to support Hip Hop-based programs in this space.

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Table 1.

Demographics of Participants

Characteristics (at Time 1)	n	% of Sample
Age		
11	6	17.1
12	13	37.1
13	9	25.7
14	6	17.1
15	1	2.9
Gender		
Male	15	42.9
Female	20	57.1
Race or Ethnicity		
Black or African American	17	48.6
Latinx or Hispanic	8	22.9
Asian or Pacific Islander	3	8.6
Multi-racial	5	14.3
Other	1	2.9
Missing	1	2.9
Intervention Status		
Intervention	3	8.6
Non-Intervention	32	91.4

Table 2.

Correlations for EMPYD indicators and Depression and Anxiety Symptoms

Scale	CONN	CARE	CONF	COMP	CHAR	COMM	AEC	DEPR/ANX
CONN	1	.499**	.433**	.476**	-.291	.351*	.423*	-.001
CARE	.499**	1	.286	.506**	-.253	.426*	.559**	.243
CONF	.433**	.286	1	.517**	-.040	.386*	.626**	-.127
COMP	.476**	.506**	.517**	1	-.453**	.631**	.757**	-.261
CHAR	-.291	-.253	.-.040	-.453**	1	-.433**	-.377*	.344*
COMM	.351*	.426	.386*	.631**	-.433**	1	.828**	-.156
AEC	.423*	.559**	.626**	.757**	-.377*	.828**	1	-.168
DEPR/ANX	-.001	.243	-.127	.344*	.344*	-.156	-.168	1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Note for Scales: CONN is connection; CARE is caring; CONF is confidence; COMP is competence; CHAR is character; COMM is community; AEC is active and engaged citizenship; DEPR/ANX is depression and anxiety symptoms. *Character* and *Depression and Anxiety* are reverse scaled. Lower scores are desirable.

Table 3.

Time 1 & Time 2 Reliability for EMPYD and Depression/Anxiety Scales, All Youth

Scale & Subscale Name (# Items)	Alpha Time 1 (Standardized)	Alpha Time 2 (Standardized)
EMPYD		
Connection (3)	.684	.742
Confidence (4)	.816	.701
Competence (3)	.784	.792
Caring (4)	.738	.613
Character (4)	.750	.792
Sense of Community (3)	.695	.672
Active & Engaged Citizenship (3)	.639	.691
Depression and Anxiety (4)	.733	.921

Note: EMPYD is Empowerment-based Positive Youth Development with component indicators of connection, confidence, competence, caring, character, sense of community, and active and engaged citizenship, as introduced by Travis and Leech (2013).

Table 4.

Brief Empowerment-Based Positive Youth Development (EMPYD) Questionnaire

| SD = Strongly Disagree, D = Disagree, NS = Not Sure, A = Agree, SA = Strongly Agree	SD	D	NS	A	SA
1. At school, there are adults I can talk to, who care about my feelings and what happens to me.	☐	☐	☐	☐	☐
2. There are people in my family I can talk to, who care about my feelings and what happens to me.	☐	☐	☐	☐	☐
3. I have friends I can talk to, who care about my feelings and what happens to me.	☐	☐	☐	☐	☐
4. Certain pieces of music can really move me.	☐	☐	☐	☐	☐
5. It makes me happy when I see people being nice to others.	☐	☐	☐	☐	☐
6. I feel good when I help someone out or do something nice for someone.	☐	☐	☐	☐	☐
7. It hurts to see another person in pain.	☐	☐	☐	☐	☐
8. I will graduate from high school.	☐	☐	☐	☐	☐
9. I will finish college.	☐	☐	☐	☐	☐
10. I will get a job I really want.	☐	☐	☐	☐	☐
11. I can get along well with most people.	☐	☐	☐	☐	☐
12. In recognizing what I am capable of, I honor my potential.	☐	☐	☐	☐	☐
13. I have done well in life so far.	☐	☐	☐	☐	☐
14. I recognize that I can do a number of things well.	☐	☐	☐	☐	☐
15. There is a group that I am proud to be a part of, not based on race/ethnicity (Think: neighborhood, team, church/religious group, school, interest group). **Insert group name: _____**	☐	☐	☐	☐	☐
16. Being a member of this community gives me strength.	☐	☐	☐	☐	☐
17. I can trust people in this community.	☐	☐	☐	☐	☐
18. Helping to make your city or town a better place to live in is important	☐	☐	☐	☐	☐
19. Helping other people is important.	☐	☐	☐	☐	☐
20. It is important to me to contribute to my community and society.	☐	☐	☐	☐	☐
Rate: N = Never, R = Rarely, O = Occasionally, OF = Often, A = Always	**N**	**R**	**O**	**OF**	**A**
21. Within the last week, have you experienced feeling sad?	☐	☐	☐	☐	☐
22. Within the last week, have you experienced feelings of worthlessness?	☐	☐	☐	☐	☐
23. Within the last week, have you experienced nervousness or shakiness inside?	☐	☐	☐	☐	☐
24. Within the last week, have you experienced feeling tense or keyed up?	☐	☐	☐	☐	☐
25. Skip school without an excuse?	☐	☐	☐	☐	☐
26. Lie, disobey or talk back to adults such as parents, teachers, or others?	☐	☐	☐	☐	☐
27. Purposely damage or destroy property that did not belong to him?	☐	☐	☐	☐	☐
28. Use a weapon, force, or strong-arm methods to get money or things from people?	☐	☐	☐	☐	☐

Table 5.

Time 1 and Time 2 Mean and Changes in Mean for Intervention and Non-intervention Groups for Youth Development, and Depression and Anxiety Scales

| Subscale Name	Non-intervention Time 1	Non-intervention Time 2	Change Non-intervention (n=32)	Intervention Time 1	Intervention Time 2	Change Intervention (n=3)
EMPYD						
Connection	12.25	11.91	-.34	14.00	14.67	+.67
Confidence	17.22	17.31	+.09	17.00	19.67	+2.67
Competence	11.94	12.38	+.44	10.33	14.33	+4.00
Caring	15.97	15.88	-.09	16.33	17.00	+.67
Character	6.38	8.50	+2.12	6.00	4.00	-2.00
Sense of Community	11.63	11.90	+.28	11.33	13.33	+2.00
Active/Engaged Citizenship	23.84	23.69	-.15	24.00	26.00	+2.00
Depression and Anxiety	9.28	9.88	+.60	12.00	5.00	-7.00

Figure 1.

Spectrum of Mental Health Strategies across Settings (Self-Care at Home to Inpatient Care): Health Promotion and Positive Youth Development Strategies to Long-Term Disorder Treatment and Recovery Services
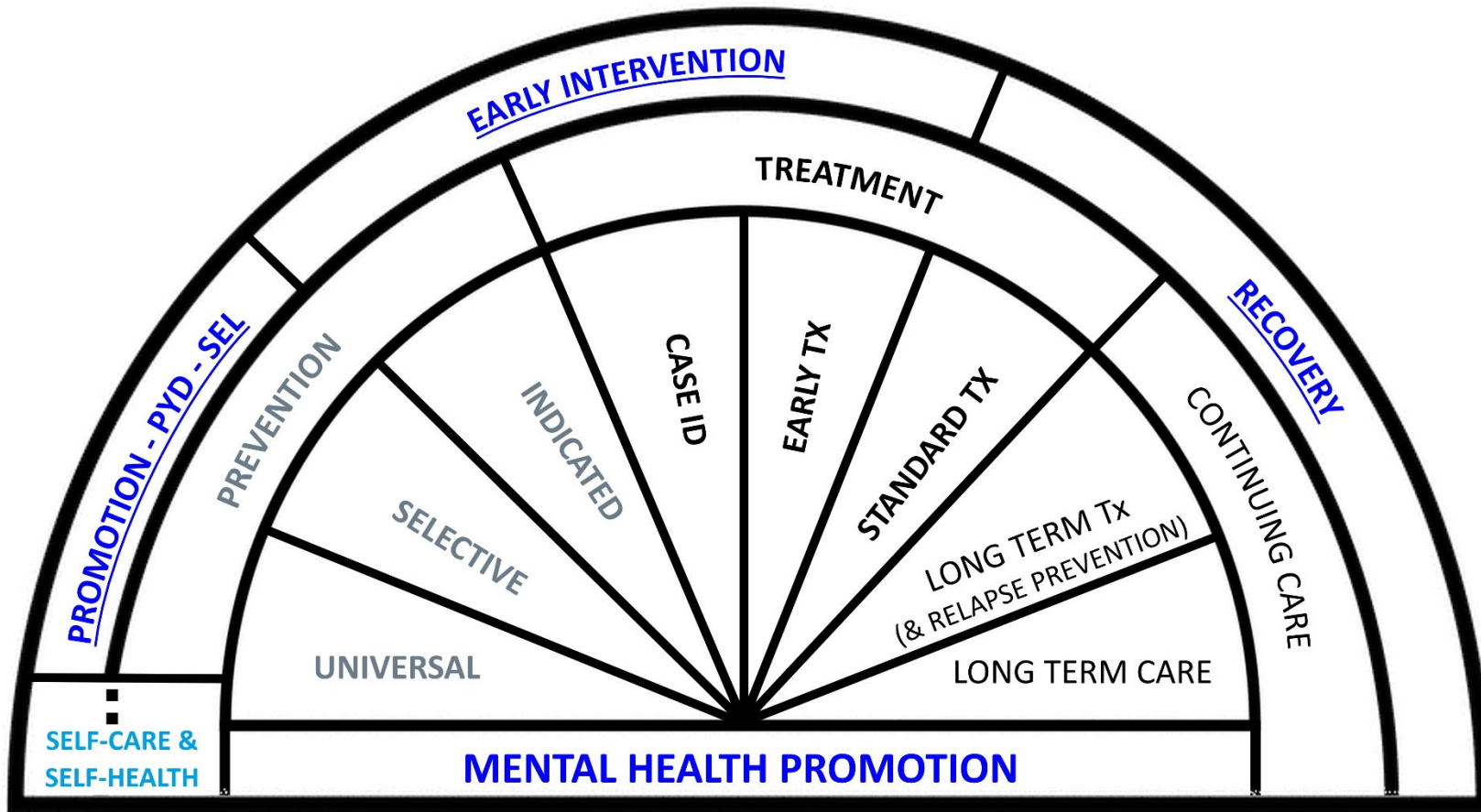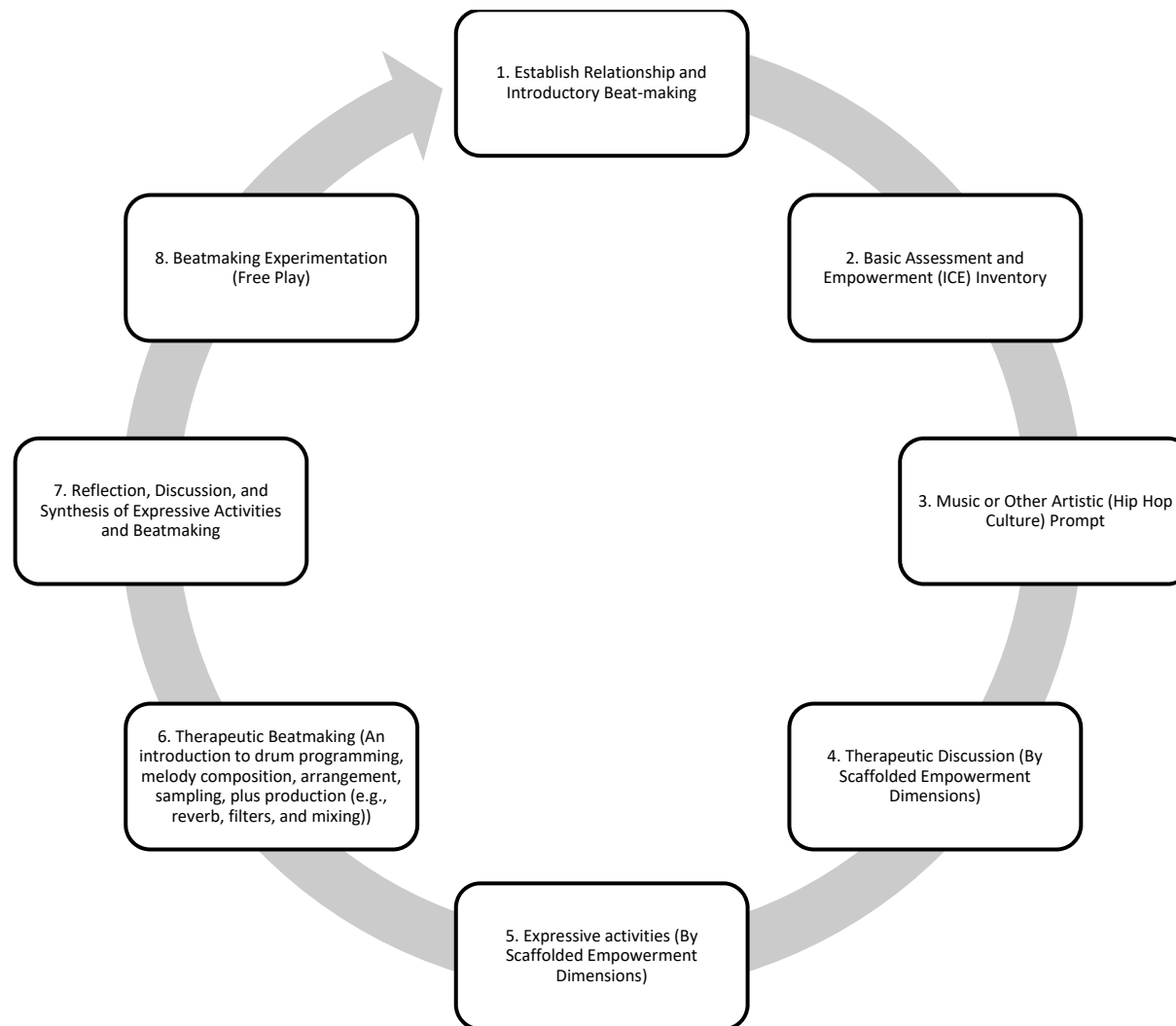

Note: Adapted from National Academies of Sciences, Engineering, and Medicine. (2016). *Preventing Bullying Through Science, Policy, and Practice.* Washington, DC: The National Academies Press. DOI: 10.17226/23482. Figure 5-2, p.181.

Figure 2.

ICE to EMPYD: Hip Hop's Empowerment Narratives as reflections of Reinforcing Pathways of Youth Development
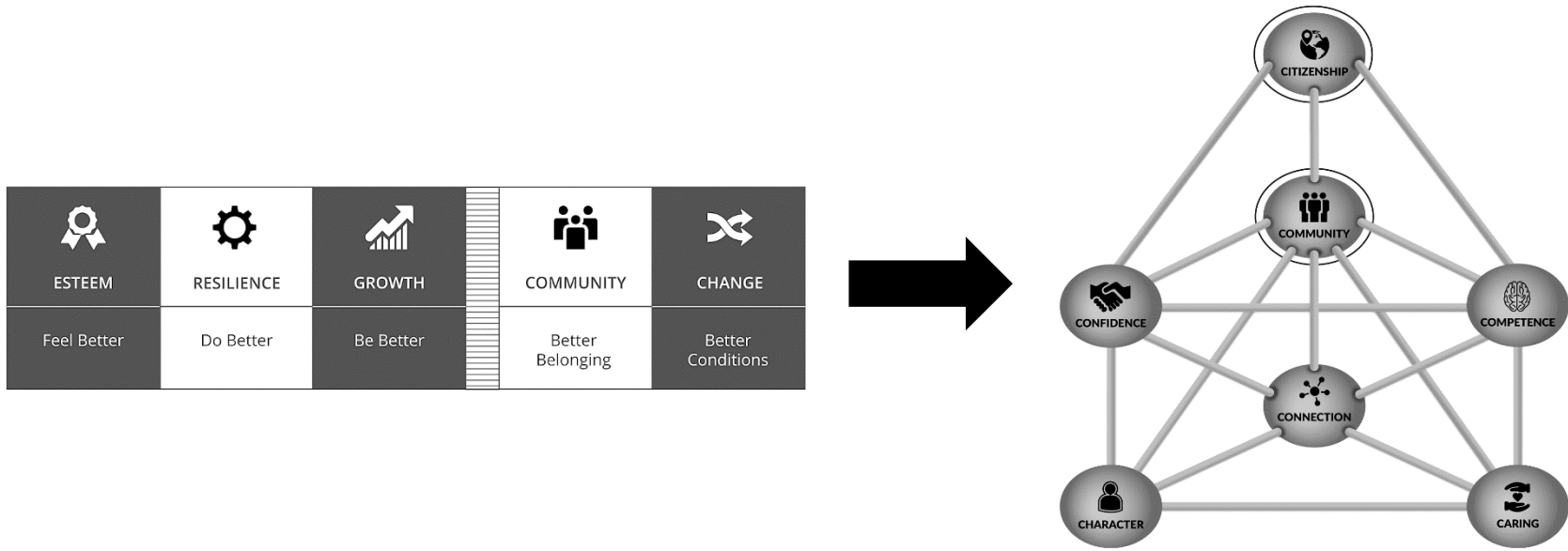
Figure 3. Stages of the Integrated Hip Hop Empowerment and Therapeutic Beat Making Intervention