MEMT 455: Psychology of Music

Introduction Writing

Name: _____ Date: _____

Mental illness is a health condition that affects thoughts, feelings, and behavior, and causes distress and difficulty in functioning (National Institute of Health, 2007 [NIH]). Approximately 13.4 percent of adults in the United States receive treatment related to some type of mental illness (Substance Abuse and Mental Health Services Administration, 2008, [SAMHSA]). Serious and persistent mental illness (SPMI) affects 4.1 percent of U.S. adults, approximately 9.6 million people, and includes diagnoses of schizophrenia, bipolar disorder, severe depression, and other psychotic disorders (National Institute of Mental Health, 2012, [NIMH]). Although definitions vary, SPMI is a term used to describe adults with a current psychiatric diagnosis that results in debilitating and extended impairment in functioning in selfcare, activities of daily living, social functioning, concentration, and/or task completion (Office of Mental Health, 2013, [OMH]).

Psychosocial rehabilitation (PSR) includes a range of social, educational, occupational, behavioral, and cognitive interventions designed to increase role performance, enhance recovery, maximize self-sufficiency, and focus on empowerment, competency, and recovery for people with SPMI (Barton, 1999). PSR attempts to address the psychosocial impairment for people with SPMI that often remains despite pharmacological treatment (Pratt, Van Citters, Mueser, & Bartels, 2008). Medications typically reduce positive symptoms (i.e. hallucinations and delusions), but may not affect negative symptoms (i.e. flat affect, difficulty planning and completing activities, trouble interacting with other people). PSR programs provide support and guidance, allow connections with others in similar circumstances, promote the highest level of social functioning, advance personal well-being and empowerment, support independent functioning in the community, and attempt to avoid costly recurrent hospitalizations (Chou et al., 2012; Fleischaker, 2014).

The National Institute for Mental Health estimates the total cost of serious mental illness at 317.6 billion per year (NIMH, 2012). PSR interventions may decrease costs by reducing the duration and frequency of expensive inpatient hospitalizations, thus saving health care systems and communities money. For example, in a six-year review of 311 veterans with serious mental illness, veterans who used PSR interventions had decreased duration of hospitalizations and an average mental health cost savings per person of $17,739 per year (VanMeerten et al., 2013).

However, adherence is a factor for people with SPMI. Participants must be motivated to attend the PSR groups in order to derive benefit from them. Participant input, collaboration, and involvement in treatment planning may improve motivation and empowerment within the PSR model (Phillips & Schade, 2011). People with severe mental illness may be more inclined to attend a music therapy group over other types of psychosocial therapy groups (Silverman, 2012). In studies using patient preferred music, Silverman (2009, 2011) noted higher mean attendance in music therapy groups when compared to psychoeducational control conditions. In addition, people with SPMI who attended music therapy groups that involved active music making had higher durational attendance scores (i.e. stayed in the group longer) than those involving listening to music (Silverman, 2012). These studies indicate that perhaps the addition of music therapy within the psychosocial rehabilitation model could be used to improve attendance and treatment adherence, if a music therapist uses patient preferred music and interventions.

A music therapist uses music experiences to help people with SPMI develop relationships and address psychosocial issues they may not be able to communicate using words alone (Mossler, Chen, Heldal, & Gold, 2011). Music experiences may include singing,

songwriting, movement, playing instruments, listening to music, talking about songs, musicassisted relaxation, and creative arts with music (Unkfer & Thaut, 2005, Silverman, 2007). Music may be used therapeutically to affect physical, psychological, and social functioning of people of all ages and populations due to the familiarity, predictability, and feelings associated with the music (AMTA, 2013).

Previous research involving psychiatric consumers and music therapy groups indicate improved mood (Silverman & Rosenow, 2013), improved quality of life (Grocke, Bloch, & Castle, 2009; Grocke et al., 2014), greater attendance (Silverman, 2009; Silverman, 2011), and higher enjoyment and comfort (Silverman, 2012) as a result of participation in active music therapy interventions. In a Cochrane review of eight randomized controlled trials involving music therapy and patients with schizophrenia or schizophrenia-like illness, music therapy added to standard care improved global state, mental state, and social functioning if a sufficient number of sessions are provided by a qualified music therapist (Mossler, Chen, Heldal, & Gold, 2011).

Grocke et al (2014) studied quality of life, social enrichment, self-esteem, spirituality, and psychiatric symptoms of 99 adults with severe mental illness in a randomized crossover embedded-experimental mixed methods design. Participants completed either weekly group music therapy sessions or standard care; crossover occurred after 13 weeks. The group music therapy (GMT) sessions focused on singing, songwriting, and recording songs in a professional studio. Participants reported significantly improved quality of life and spirituality on the quantitative measures, and the focus group interviews indicated themes related to enjoyment, appreciation, achievement, anxiety, and recommendation of the GMT to others.

Although patient perception of treatment is crucial to adherence and recovery, only one music therapy study to date focuses on client perception of music therapy interventions in mental health. Silverman (2010) used a mixed methods approach regarding the perception of five different music therapy interventions with psychiatric inpatients diagnosed with serious mental illness. Although participants rated an individual music game as most helpful and a group music game as most enjoyable, analysis revealed no differences between music therapy intervention types. However, participants across the five sessions were different, diminishing the ability for individuals to consistently compare intervention types across the sessions. Further research from the client perspective regarding preferences for music therapy interventions and their perceived benefit in treatment is warranted.

Purpose

The purpose of this study was to explore the preferences and benefits of participation in music therapy psychosocial rehabilitation groups (MTPRG) for adults diagnosed with a severe and persistent mental illness (SPMI). Research questions included: (a) What are the music therapy intervention preferences for adults with SPMI? (b) What are the benefits of participation in the MTPRG for adults diagnosed with SPMI?

Method

Participants

Participants were six adult clients with SPMI (n=3 male, 3 female; *M*=46.67). Participants were eligible for the study if they were: (a) at least 18 years of age, (b) diagnosed with a severe and persistent mental illness, (c) able to speak, read, and write in English, and (d) physically able to attend the MTPRG weekly. Table 1 includes background demographic information for participants.

[Insert Table 1 about here]

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1. "Coherence in writing means that the ideas tie together and logically flow from one sentence to another and from one paragraph to another" (Creswell, 2014, p 88). Please work with a peer to review the two-page draft above.

2. Following the hook-and-eye technique on p. 89 of your book, connect the major thoughts and words of each sentence and paragraph. Circle the major thought/word/variable and draw lines to connect these keywords from sentence to sentence (and paragraph to paragraph).

3. If the sentences or paragraphs do not connect, then edit the document by inserting transition words or rewriting the sentence.

4. Look at the verbs in each sentence. Edit any verbs that are not strong active verbs (i.e. verbs that lack action such as "is" or "was").

5. Look at the sentence structure. Identify any passive voice and change to active voice.
   Passive voice: The IRB training has been completed by the researcher.
   Active voice: The researcher completed IRB training. (The subject acts).

6. Trim the fat. In other words, delete any additional words that are unnecessary to convey the meaning of ideas (Creswell, 2014).

7. What narrative hook would you write for this document? Remember, a narrative hook means "words that serve to draw, engage, or hook the reader into the study" (Creswell, 2014, p. 114). Please write your narrative hook at the top of the page.

8. What is the research problem? Identify it by starring the information and writing the key words in the margin.

9. Identify the purpose statement and underline it.

10. Identify the research questions by placing a box around them.

11. What questions do you still have about the topic not addressed in the introduction?