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Effects of music therapy on psychiatric patients' proactive coping skills: Two pilot studies

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ABSTRACT

The purpose of the first study was to compare the effects of music therapy and psychoeducation on the proactive coping skills of psychiatric patients at one-month post hospital discharge using a randomized and controlled design. Though results approached significance, there were no statistically significant between-group differences. Participants in the music therapy condition had higher proactive coping skills than participants in the psychoeducational control condition. Additionally, during the follow-up interview, most participants from both treatment groups noted that they had used music as a coping skill. Results should be interpreted with caution due to an undersized sample. In order to increase the number of participants, the purpose of the second study was to compare the effects of music therapy and psychoeducation on the proactive coping skills of psychiatric patients immediately after a single treatment session. Analysis of descriptive statistics indicated that participants in the music therapy condition tended to have slightly higher proactive coping skills scores than participants in the psychoeducational control condition, though differences were not significant. During both studies, experimental and control participants noted that they would want their session to occur on a daily basis, potentially indicating that participants recognized a need for additional therapeutic/educational programming.

Literature review

Twenty-three percent of American adults have a diagnosable mental disorder each year. Additionally, a total of 5.4% are diagnosed with a severe mental illness (Kessler et al., 1998). Unfortunately, recidivism remains high (Langdon, Yaguez, Brown, & Hope, 2001; Rabinowitz, Mark, Popper, & Slyuzberg, 1995) while pharmacological and psychosocial treatments – typically considered essential treatment components for people with mental disorders – remain exceedingly expensive (Gadit, 2004). Thus, as pharmacological interventions are primarily designed to treat the symptoms of people with mental disorders, clinicians still need to provide effective psychosocial interventions to reduce the risk of recidivism. However, as psychosocial treatments are also expensive, research concerning their efficacy and effectiveness is warranted to justify funding and refine interventions.

Music therapy is a psychosocial music-based treatment that many people diagnosed with mental illnesses have found both favorable and effective (Heaney, 1992; Silverman, 2006). In the 2010 edition of American Music Therapy Association *Member Sourcebook*, 18.5% of respondents indicated they worked with the mental health population. This was the single largest population served by music therapists. Music therapists working in mental health settings use interventions such as songwriting, singalongs, lyric analysis, improvisation, and music-based games to address non-musical objective areas. Based on current literature, outcome data are positive but it does not seem that a specific type of music therapy intervention (i.e., songwriting, improvisation, lyric analysis, music-based games) is superior (Silverman, 2008).

To date, the results of the majority of research studies concerning music therapy and adults with mental illnesses have shown positive results and support its use. Although an exhaustive review of these studies is beyond the scope of this paper, during a systematic review of literature concerning music therapy for schizophrenia and schizophrenia-like illnesses, Gold, Heldal, Dahle, and Wigram (2005) found that music therapy, in addition to standard care, was superior to standard care alone in measures of global state and general mental state. Additionally, Silverman (2003) found music and music therapy to be effective in suppressing and/or combating the symptoms of psychosis in a meta-analysis. However, in both studies, the authors acknowledged the petite number of studies that met inclusion criteria and recommended that additional research is warranted. Finally, the National Institute for Health and Clinical Excellence (2009) recognized that the arts therapies (including art, music, drama, and dance movement therapies) consistently demonstrated efficacy in

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the reduction of negative symptoms in people with schizophrenia. Thus, while researchers have found music therapy can be an effective psychosocial intervention for people with schizophrenia and schizophrenia-like illness, the literature base remains limited.

With an augmented emphasis on evidence-based practice in music therapy (Abrams, 2010; Edwards, 2005; Kern, 2010), it has become essential to enlarge the psychiatric music therapy literature base (for the purposes of this paper, "psychiatric music therapy" [Cassity, 2007] refers to active music therapy interventions for adults with mental health disorders not related to aging). The deficiency of quantitative research in psychiatric music therapy has been recognized and articulated by a number of authors (Choi, 1997; Gold et al., 2005; Silverman, 2003, 2008, 2010). Furthermore, as many meta-analyses and systematic reviews only utilize randomized and controlled trials (RCTs), designing, conducting, presenting, and publishing RCTs concerning the effects of music therapy on psychiatric consumers is crucial. While some RCTs concerning music therapy and mental health do exist (i.e., studies reviewed in Gold et al., 2005; Silverman, 2008, 2010), additional randomized and controlled research is needed to increase the number of studies used in future meta-analyses.

Another key component of high-quality research essential to evidence-based practice is the use of follow-up measurements. These types of longer-term outcome data are becoming increasingly crucial to validate treatment maintenance for evidence-based practice, managed care, and funding (Silverman, 2009a). Researchers have noted that in order for treatment effects to be considered effective in an empirically consequential manner, the direction, duration, and maintenance (Gay, 1996) of the therapeutic effects should be taken into consideration (Brodsky & Sloboda, 1997). Specific to music therapy research with people diagnosed with mental disorders, only two published quantitative studies utilized a follow-up (Hayashi et al., 2002; Silverman, 2009b). However, neither study found a significant between-group difference in follow-up data. Gold et al. (2005) and Silverman (2008) specifically noted that additional psychiatric music therapy research utilizing follow-up methodology is needed.

Coping skills training is a chief component of contemporary psychosocial treatment programming for people with mental disorders. The ability to cope can supersede susceptibility to stress thus reducing relapses and increasing psychosocial functioning (Liberman et al., 1986). Specifically, proactive coping combines quality of life management and self-regulatory goal attainment by exceeding conventional forms of risk management. Proactive behaviors are the processes where people anticipate or detect potential stressors and act in advance to prevent these problems. Proactive persons continually take initiative to seek improvement in their life and environment as opposed to responding to hardship. Theoretically, proactive behavior can eradicate stress before it occurs. Planning, organization, goal setting, and mental stimulation are skills associated with these types of behaviors (Aspinwall & Taylor, 1997). This approach is consistent with the shift in psychiatric counseling approaches from helplessness and pathology to an optimistic and positive approach focused on well-being and health (Folkman, 1997; Seligman, 1990).

Specific to people diagnosed with mental disorders, many music therapists work to educate their clients about coping skills. In a descriptive study of psychiatric music therapists, coping skills was identified as the fourth most frequently utilized objective participants reported focusing on during the last week of clinical practice: Approximately 76 percent of 138 participants reported they had addressed this psychoeducational topic during sessions (Silverman, 2007). Furthermore, although songwriting was as effective as psychoeducation in teaching *knowledge* of coping skills (Silverman, in press), there have been no controlled studies investigating the potential effects of music therapy on psychiatric consumers' proactive coping skills utilizing follow-up methodology. In today's era of evidence-based practice, this is a consequential gap in the research base that warrants systematic investigation. Therefore, the purpose of the first study was to compare the effects of psychoeducational music therapy versus psychoeducation on proactive coping skills of psychiatric patients at one-month post hospital discharge using a randomized control group design with pretest and follow-up data. The purpose of the second study was to evaluate the immediate effects of a single psychoeducational music therapy session on psychiatric patients' proactive coping skills using a randomized control group design.

Study 1: method

Research participants

Participants were adult inpatients at a 16-bed acute psychiatric center in the southeastern part of the United States. Patients on the unit were insured and their Axis I diagnoses were diverse and typical of most current psychiatric institutions (bipolar disorder, major depressive disorder, schizoaffective disorder, various types of substance abuse, and schizophrenia). Participants were also scheduled for a variety of treatment on the unit: art therapy, community group (daily rules and goals set during morning group), skill builders group (covers topics such as stress, depression), assertiveness training, and closure group (assess happenings of day and whether patients met goals originally set during community group).

Instrument

The Proactive Coping Inventory (PCI) (Greenglass, Schwarzer, Jakubiec, Fiksenbaum, & Taubert, 1999) utilizes a multidimensional cognitive and behavioral approach to coping. The PCI was developed from its predecessor that originally contained a set of 137 questions and consisted of seven subscales (Proactive Coping Scale, Reflective Coping Scale, Strategic Planning, Preventative Coping, Instrumental Support Seeking, Emotional Support Seeking, and Avoidance Coping) with 55 total questions. For purposes of the present study, only the Proactive Coping Subscale was used. This subscale consists of 14 items that are positively and negatively worded. The items are scored 1–4 (not at all, barely true, somewhat true, and completely true) for a low of 14 and high of 56. This subscale had reliability quotients of .85 and .80 in the two samples used to test it. The authors noted "the scale shows good item-total correlations and acceptable skewness as an indicator of symmetry around the mean" and "a principal component analysis confirmed its factorial and homogeneity" (Greenglass et al., 1999, p. 6). The subscale is consistently and negatively associated with depression indicating that when techniques of proactive coping are employed, depression is less likely an outcome and quality of life should improve. These findings are uniform with research that conceptualizes depression as characterized by lack of initiative and activity, and helplessness (Seligman, 1975).

Procedure

Each day of the study, the researcher used a list of all patients on the acute psychiatric care unit at the facility to randomly assign participants to a music therapy (experimental) or psychoeducation (active control) condition. If a participant was at the hospital for multiple days, they remained in their original group/condition (even if the time of the session changed). All sessions were facilitated by the researcher/therapist (RT), who was a Board-Certified Music Therapist. The RT utilized a cognitive-behavioral approach controlled by the treatment manual created by Cather et al. (2005).