# Music Therapy in Psychiatry in Denmark in 2008: Where, who, how and how much.

By

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# Disposition

- Why ask
- Employment situation
- The Music Therapy treatment
- The patients
- Drop out from treatment?

# Why ask?

- Conclusions!!!
- There are only very few music therapist in psychiatry in Denmark!!!! wrote the administration…therefore might save some money
- Made a survey in the MIP group to document presence
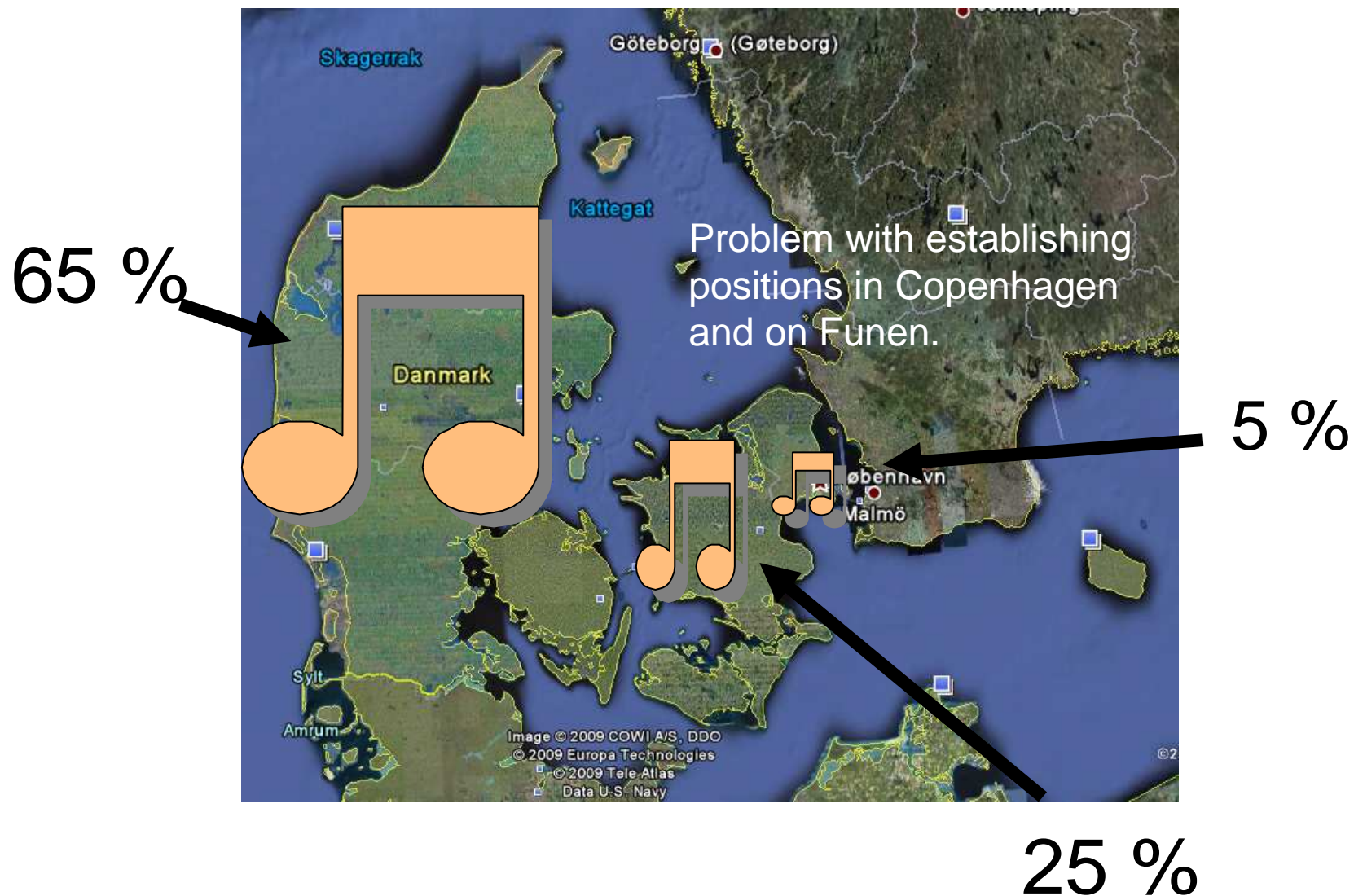- A pilot survey
- n = 20

# Some conclusions

- Music Therapy is in all levels of psychiatry treatment
- Music Therapy can be applied to all levels of symptoms, function and therapeutic capability
- Drop out rate is low
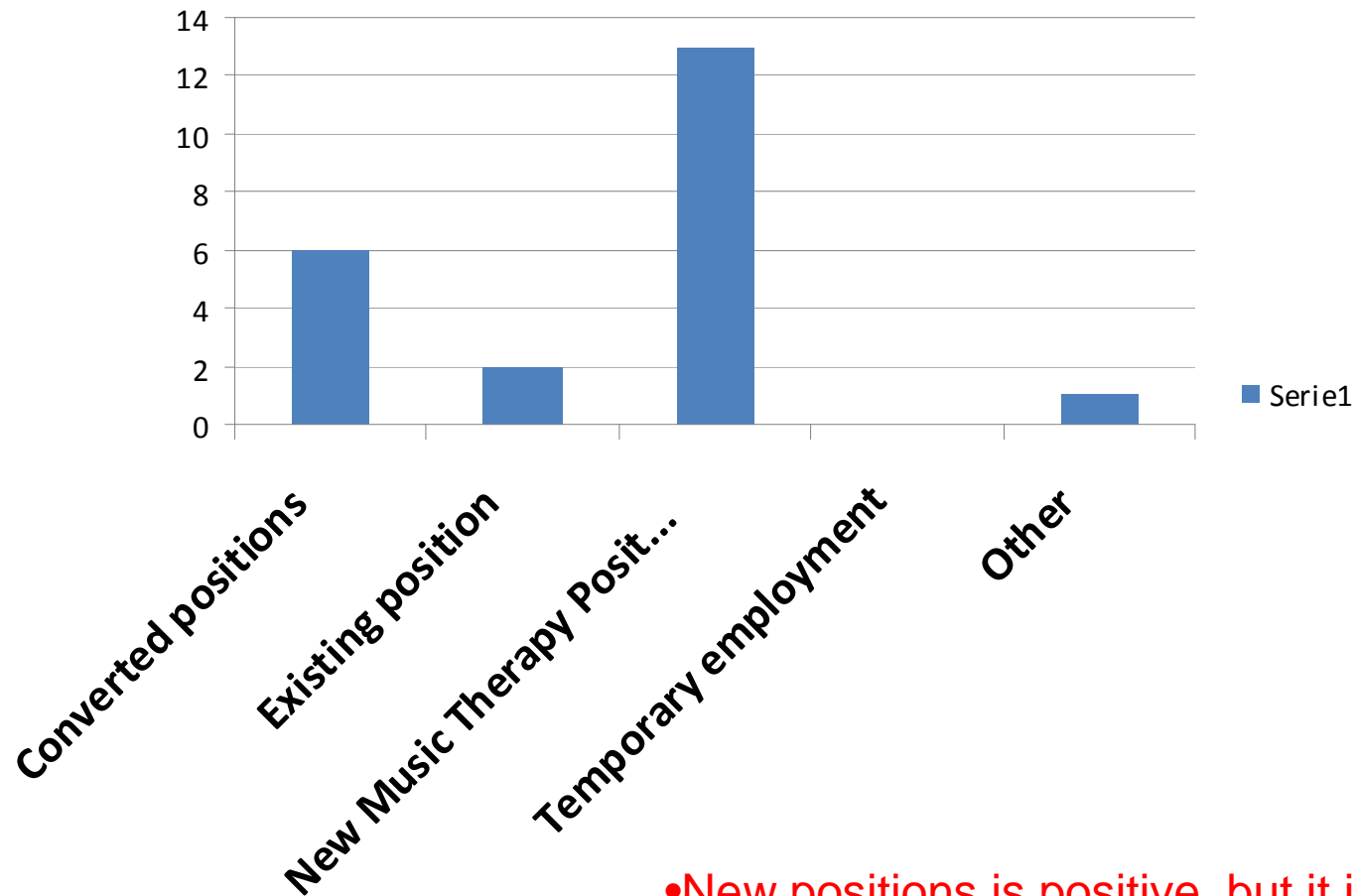- Music Therapy is most often used with patient diagnosed F 2 and F 6

# Employment situation

The Danish "Music Therapy in Psychiatry" Map

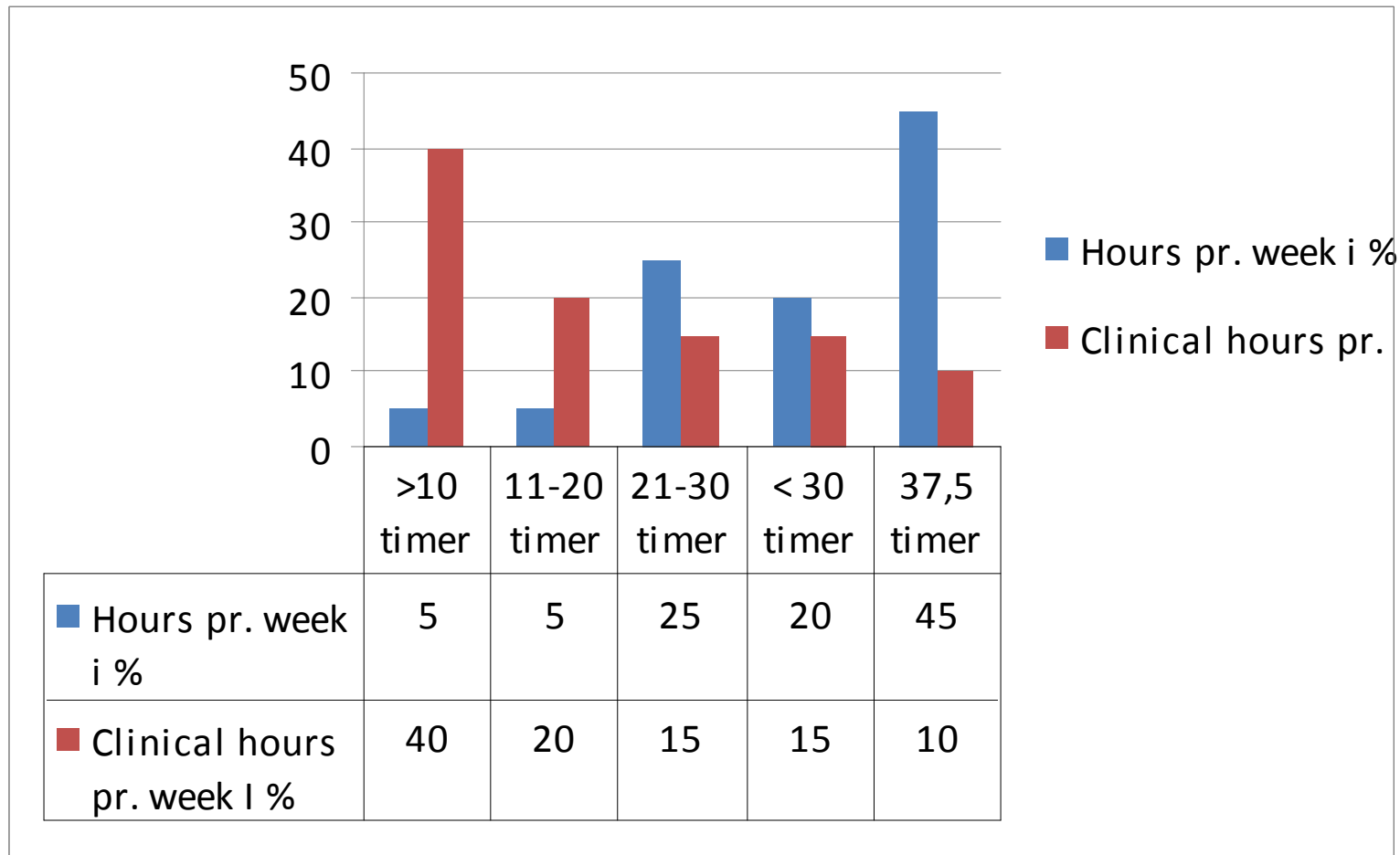# Types of positions



Chart axis labels:
14, 12, 10, 8, 6, 4, 2, 0

Categories: Converted positions, Existing position, New Music Therapy Posit..., Temporary employment, Other

Legend: Serie1

- New positions is positive, but it is still not satisfactory

# Level of Occupation



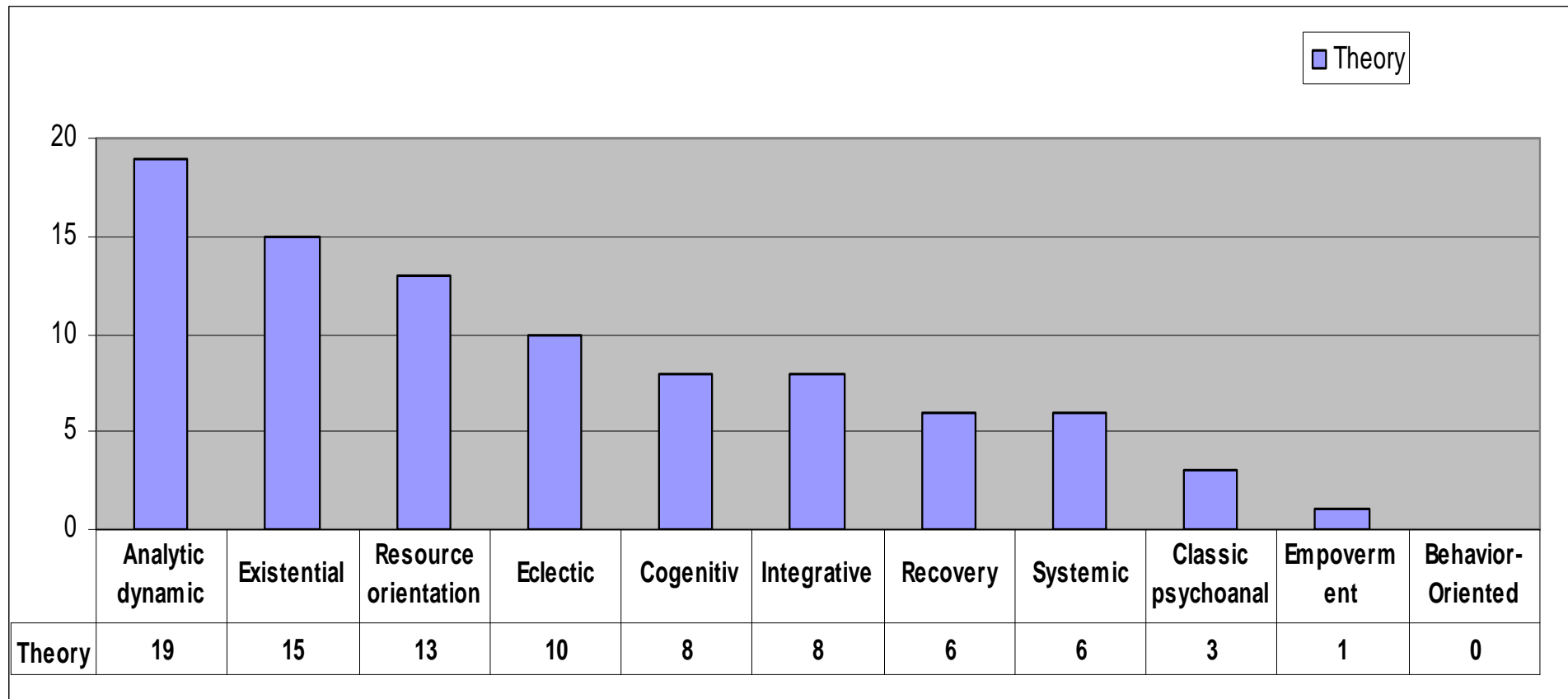| | >10 timer | 11-20 timer | 21-30 timer | < 30 timer | 37,5 timer |
|---|---|---|---|---|---|
| ■ Hours pr. week i % | 5 | 5 | 25 | 20 | 45 |
| ■ Clinical hours pr. week I % | 40 | 20 | 15 | 15 | 10 |

# Locus of Occupation (n=20)
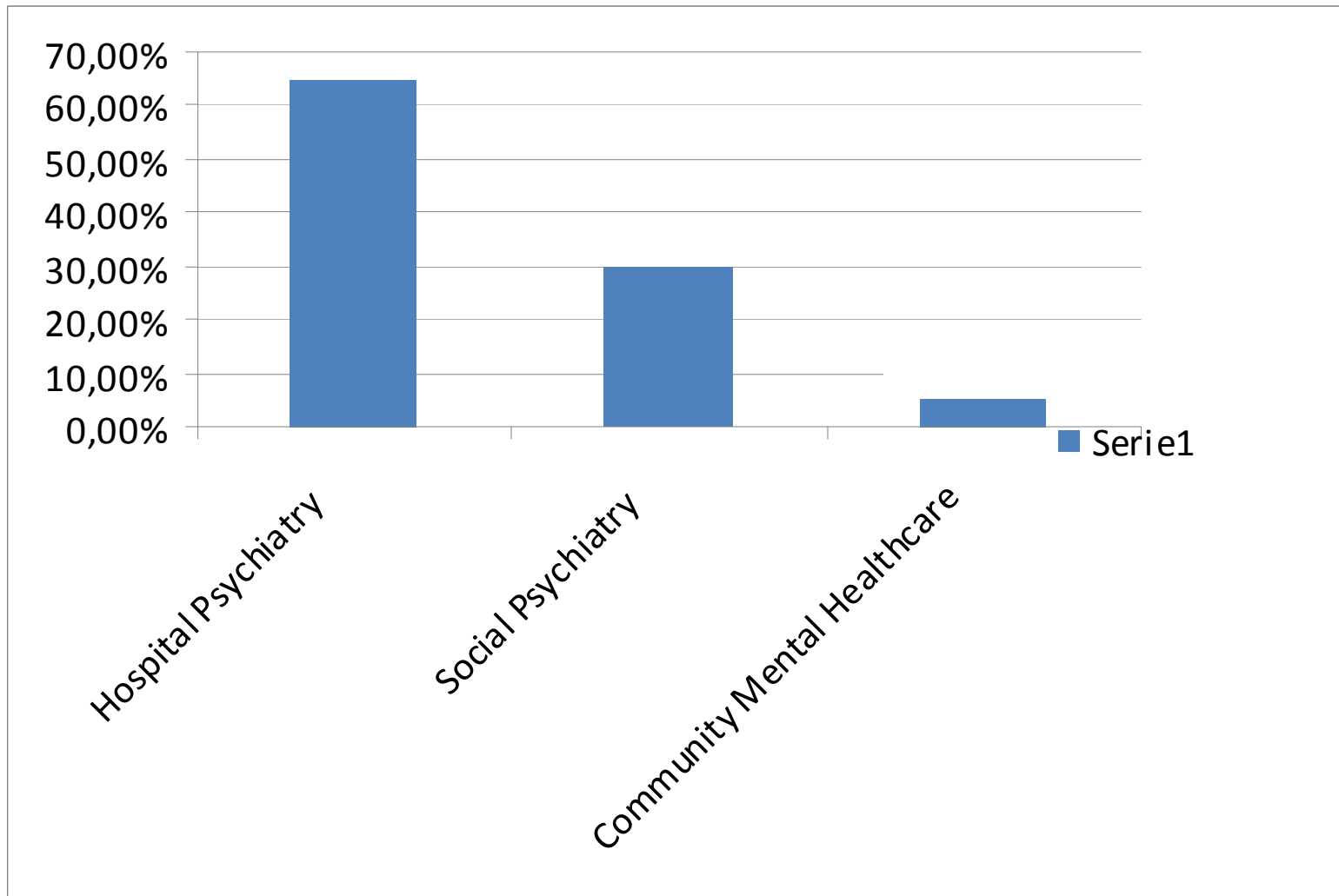
# Summary

- Mostly in Jutland
- 2/3 in real Music Therapy positions
- 65 % in positions with more then 30 hr/week
- Only 40 % has 15 clinical hours or less pr. week
- Over 60 % work in Hospital Psychiatry

# The Music Therapy treatment

# Theoretical Orientation



| Theory | Analytic dynamic | Existential | Resource orientation | Eclectic | Cogenitiv | Integrative | Recovery | Systemic | Classic psychoanal | Empoverment | Behavior-Oriented |
|--------|------------------|-------------|----------------------|----------|-----------|-------------|----------|----------|---------------------|-------------|-------------------|
| Theory | 19 | 15 | 13 | 10 | 8 | 8 | 6 | 6 | 3 | 1 | 0 |

Dominated by Analytical dynamic theory , existential theory and The Resources orientation

That is expected due to the profile of the education at Aalborg University

# Music Therapy Methods

- A= Active R=Receptive I=individual G=Group
- MT= Music Therapy W=Ward S=Song
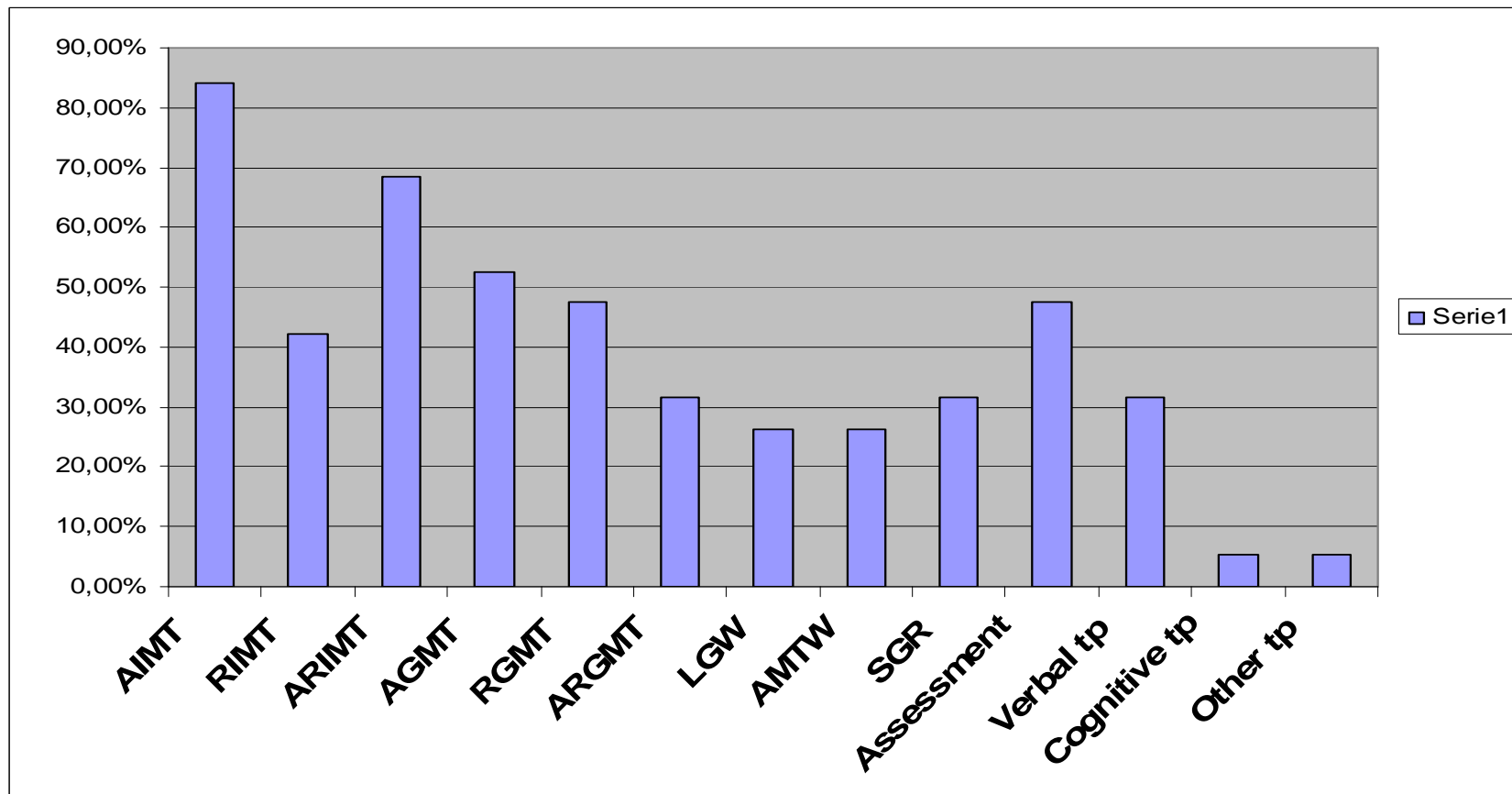
# Some referral criteria to Music Therapy
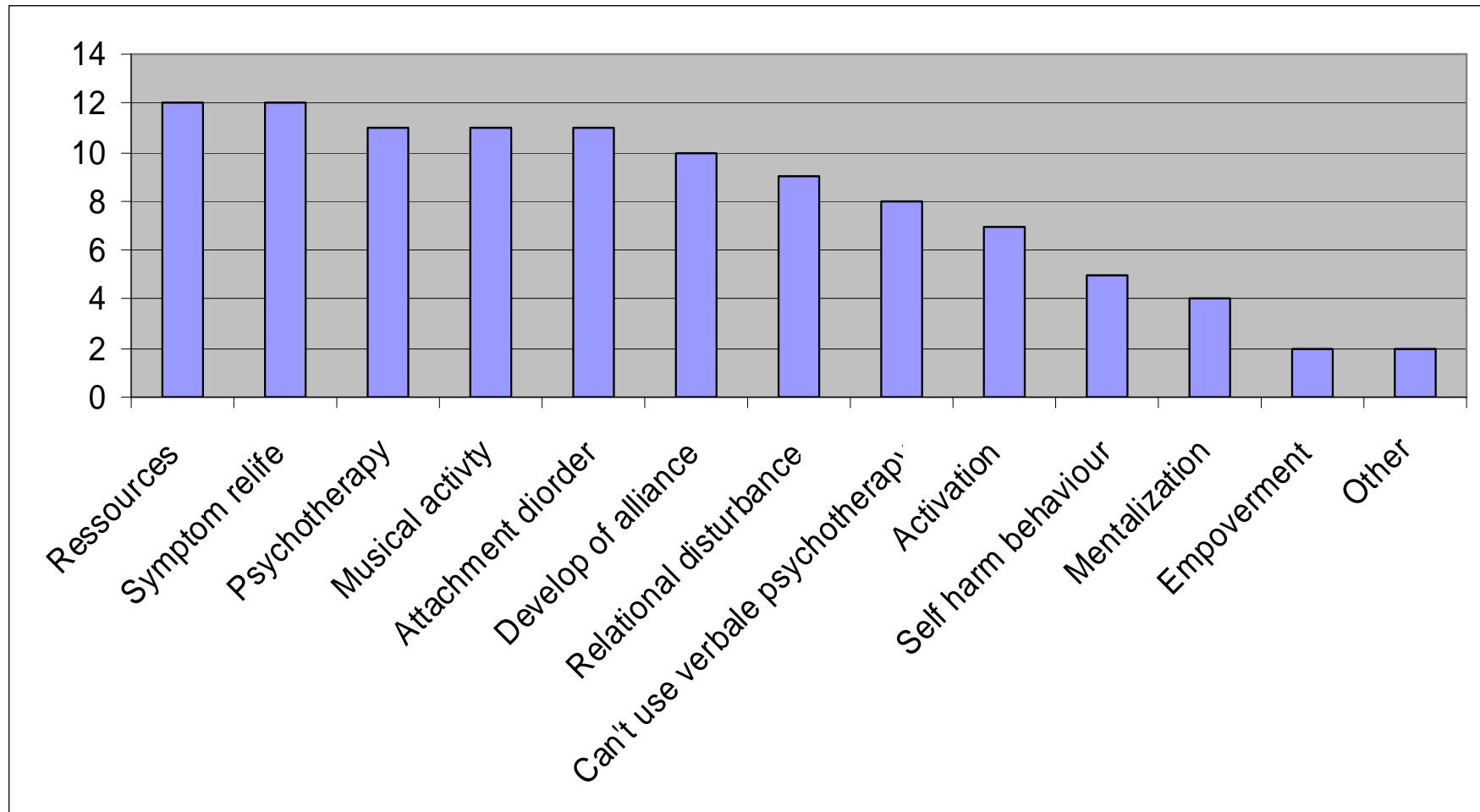
# Categories for referral to Music Therapy ?

| | | |
|---|---|---|
| Disease focus | Symptom relief | 12 |
| | Self harm behavior | 5 |
| | Relational disturbance | 9 |
| | Attachment disorder | 11 |
| Therapy focus | Psychotherapy | 11 |
| | Can't use verbal psychotherapy | 8 |
| | Develop of alliance | 10 |
| Ability focus | Mentalization | 4 |
| | Resources | 12 |
| | Empowerment | 2 |
| Music focus | Musical activity | 11 |
| | Activation | 7 |

# Summary

- Theoretical consensus and eclecticism

- Clinical methodological variety: Are the treatments "One kind of music therapy"?
- Referral criteria can be categories in:
    - disease,
    - psychotherapy,
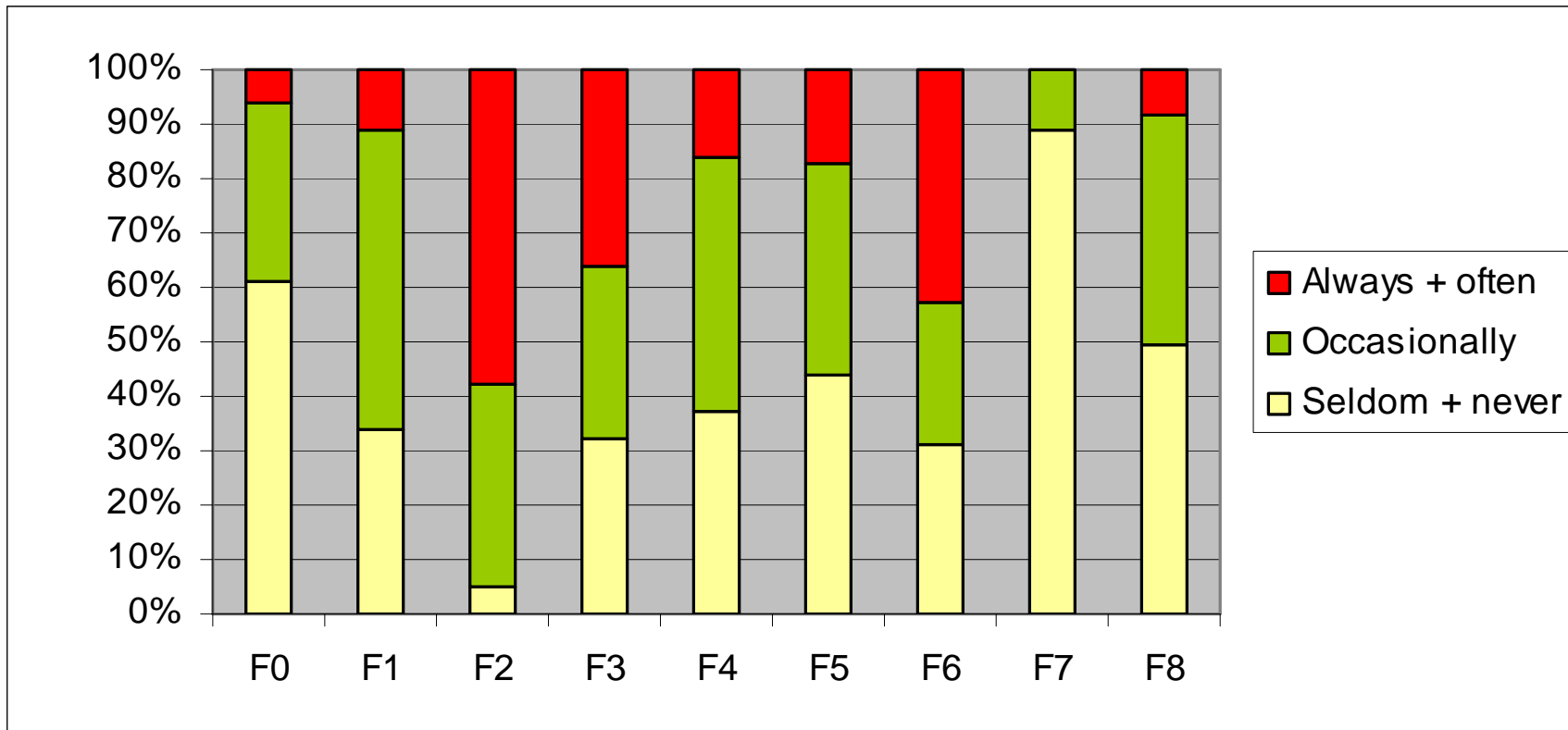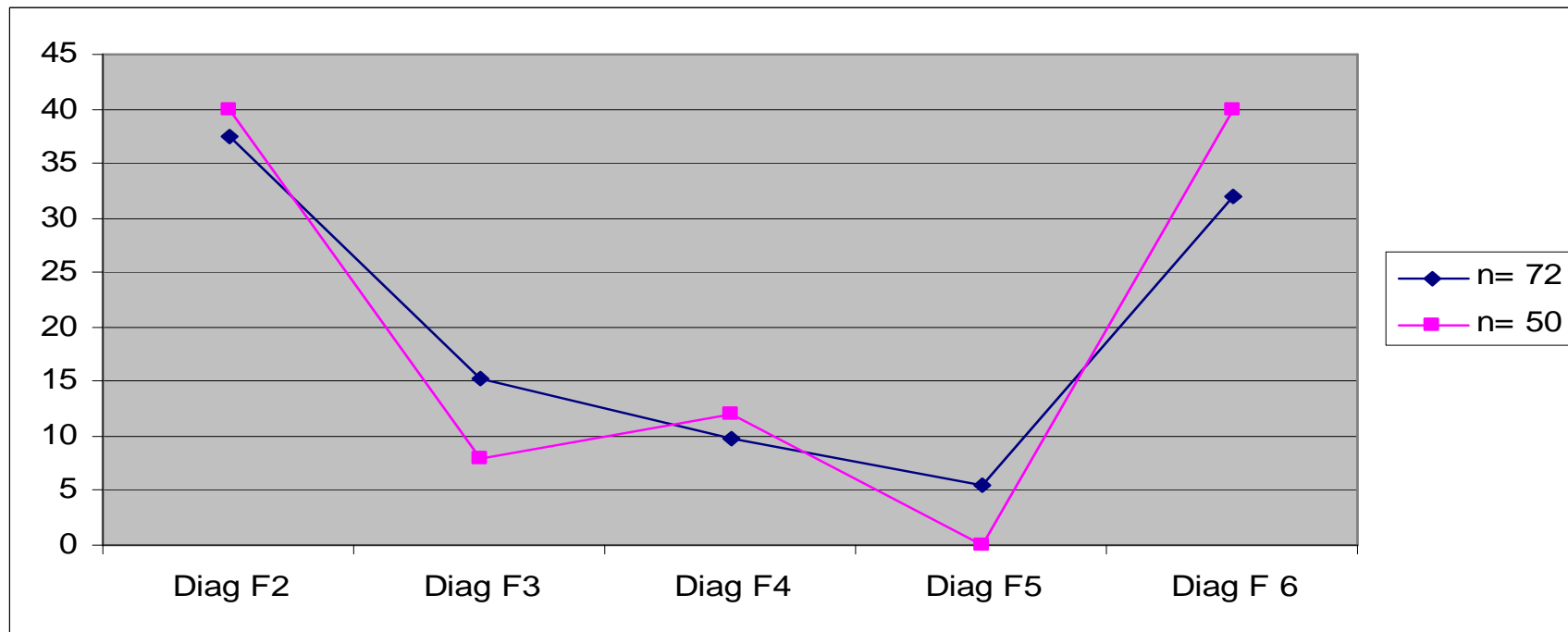    - ability and
    - music focus

# The Patients

# Recruitment Area for Clients to Music Therapy: Where From?
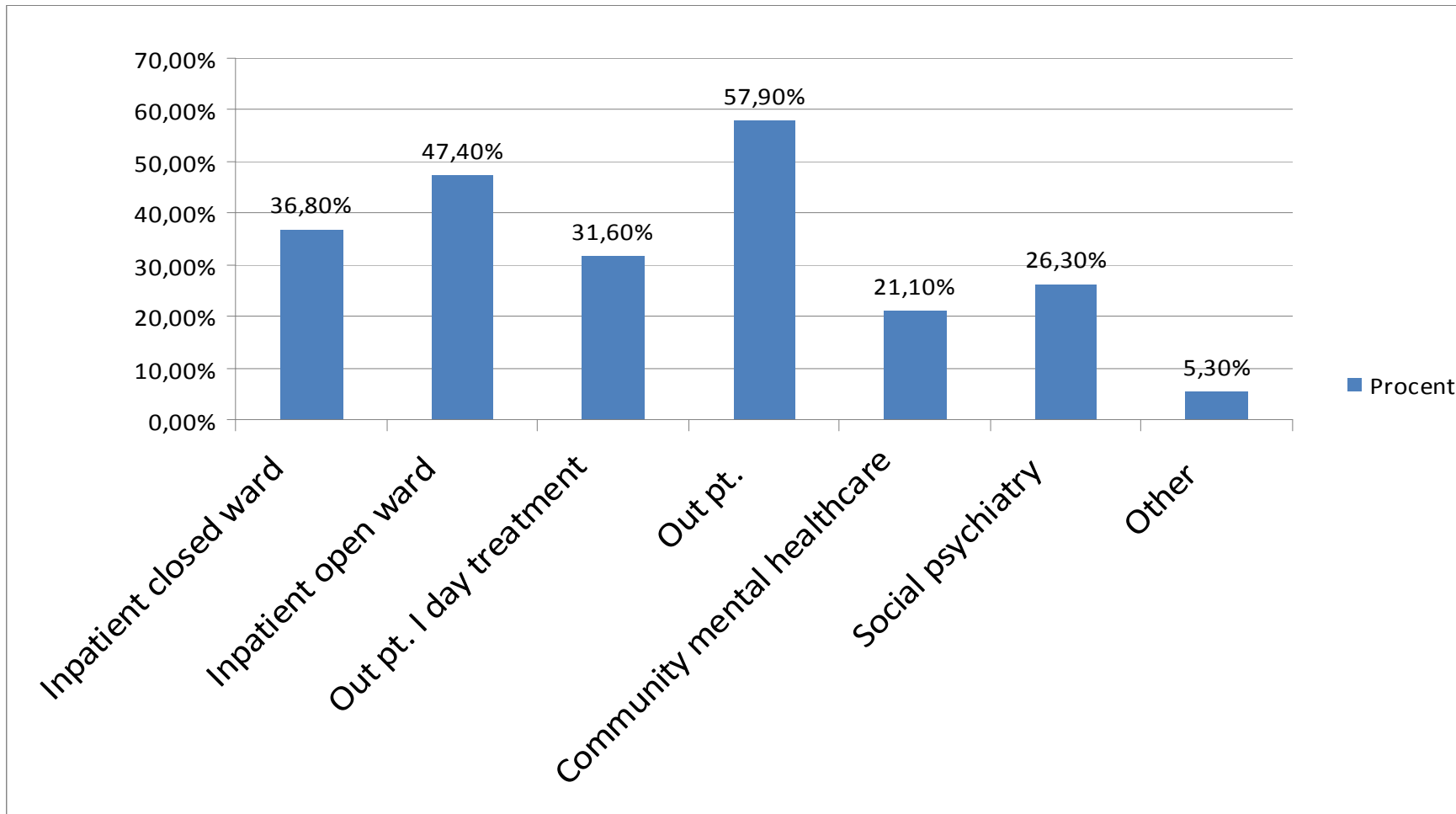
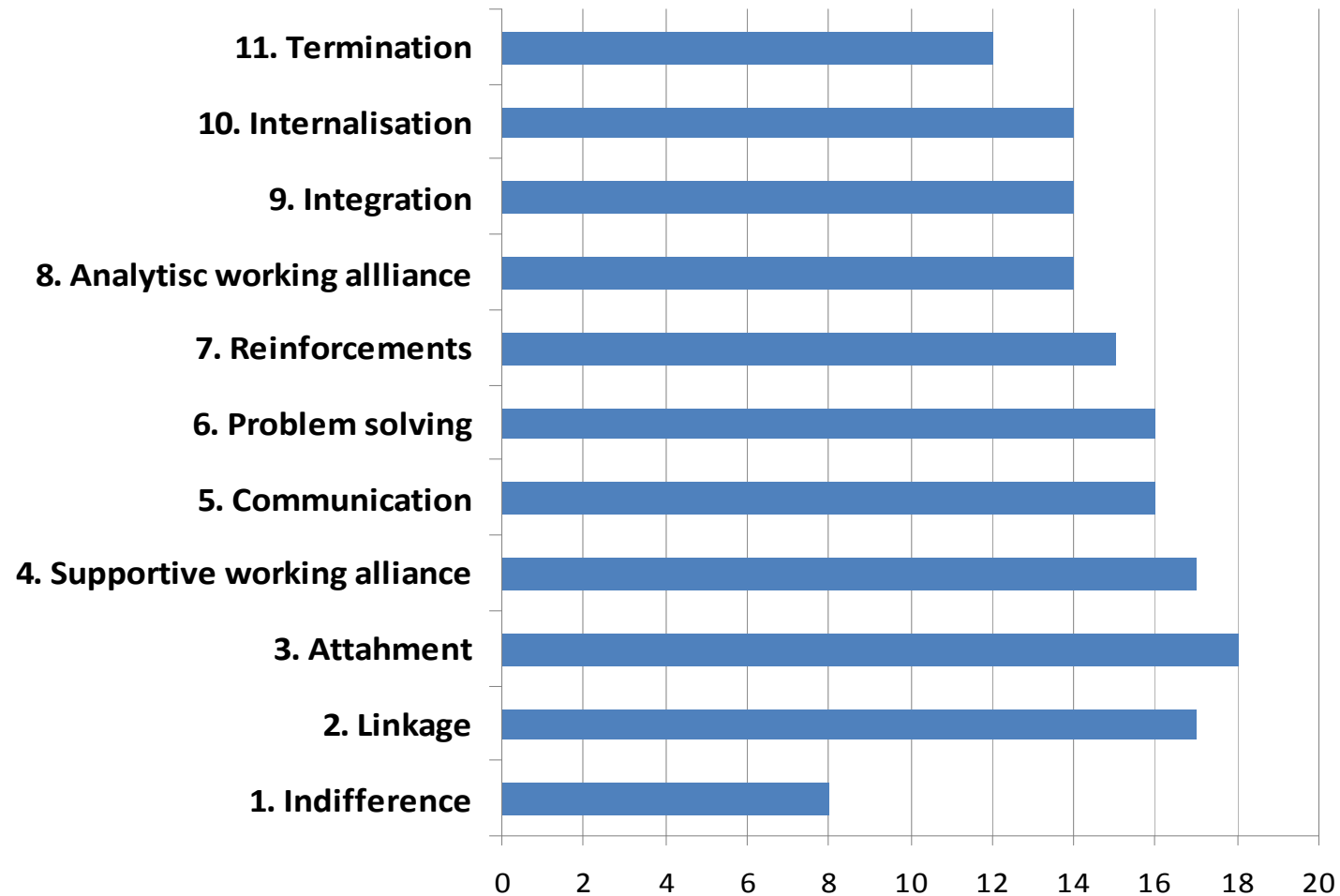# Estimated Distribution of Diagnosis: Who

# Population i % seen from a diagnostic perspective



Hannibal, 2005: Hannibal og Munk Jørgensen 2009

# McGlashans 11 relational process levels
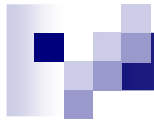
Thorgaard/
McGlashan

| | GAF | Pt (n=9) | Activ | Receptiv | A+R |
|---|---|---|---|---|---|
| Reduce Level 8-11 | 91-100 | 0 | 0 | 0 | 0 |
| | 81-90 | 0 | 0 | 0 | 0 |
| | 71-80 | 6 | 0 | 6 | 0 |
| | 61-70 | 3 | 1 | 2 | 0 |
| | | Pt (n=54) | Active | Receptiv | A+R |
| Utilize Level 4-7 | 51-60 | 15 | 5 | 6 | 4 |
| | 41-50 | 22 | 4 | 6 | 12 |
| | 31-40 | 17 | 7 | 5 | 5 |
| | | Pt (n=13) | Activ | Receptiv | A+R |
| Build Level 1-3 | 21-30 | 9 | 4 | 3 | 2 |
| | 11-20 | 2 | 2 | 0 | 0 |
| | 01-10 | 1 | 0 | 1 | 0 |
| | 0 | 1 | 0 | 1 | 0 |

# GAF and Method in Music Therapy in Psychiatry in April 2009
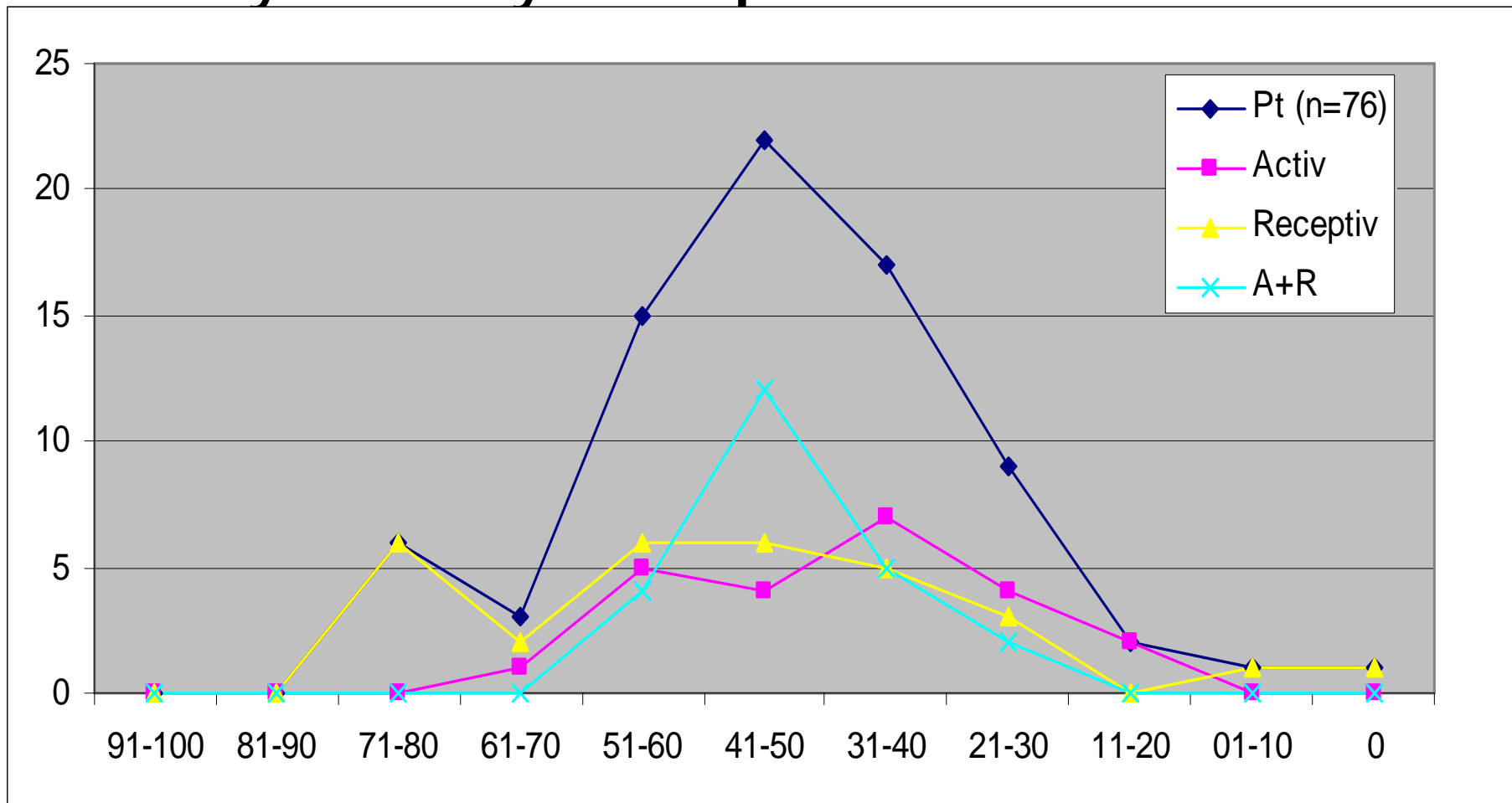
# Summary

- Board recruiting, from all levels in the treatment
- Mostly patient with the diagnosis F 2 and F6 – different then other studies (Gold et al, 2009)
- Patients GAF from 0 – 80
- All levels of process: McGlashan

# Drop out from treatment?

- Investigate clinical population
- Prior winding (Hannibal, 2003) up showed no significant predictive variable
- Sample form 2006 - 2007, with a follow up period to avoid falls positive
- Calculating Odds Ratio and p-value

Demographic features that predict drop out:

- Low income  (Baruch G, et al 1998)
- Social problems (Mark J. Edlund, et al, 2002)
- Employment status, (M. Chiesa, ET AL, 2000)
- Age (Baruch G, et al 1998) (Mark J. Edlund, et al, 2002)

Diagnostic features that predict drop out :

- Borderline personality disturbances (BPD) (M. Chiesa, et al, 2000)
- Personality disturbances: 44-66% drop out of hospitalised treatment (Skodol et al, 1983; Gunderson et al, 1989; Kelly et al. 1992)

# Table 3: Independent variables/parameters

| Demographic | Gender<br>Age<br>Employment<br>Education |
|---|---|
| Psychiatric | Diagnosis at time of referral to MT<br>Pt. status (In or out) at the time of referral<br>Pt. status (In or out) at the time of termination<br>Medical treat at the time of referral<br>Medical treat at the time of termination |
| Psychotherapeutic | Verbal psychotherapy experience<br>Concurrent Therapy<br>Specification of goals<br>Setting<br>Personal treatment goals<br>Drop out<br>Number of sessions |
| Music Therapeutic | Music Therapy experience<br>Referral criteria<br>Assessment<br>Familiarity with music<br>Personal treat. goals<br>Frame open or fixed |

Drop Out from Music Therapy calculated from data from three psychiatric institutions in Denmark 2006-2007 (n=50)

| **Demographic** | Variable | No DO | DO | Odds Ratio | 95%Conf Interval | p |
|---|---|---|---|---|---|---|
| Gender | m | 25 | 2 | 0.38 | 0.031 – 3.031 | 0.2591 |
|  | w | 19 | 4 |  |  |  |
| Age | 15-24 | 10 | 3 | 3.4 | 0.382 – 28.76 | 0.1729 |
|  | 25+ | 34 | 3 |  |  |  |
| Education | Shorter | 30 | 3 | 2.14 | 0.25 – 17.82 | 0.3262 |
|  | Longer | 14 | 3 |  |  |  |
| Occupation | + | 4 | 1 | 2 | 0.033- 26.36 | 0.4874 |
|  | - | 40 | 5 |  |  |  |

| Psychiatric | Variable | No DO | DO | Odds Ratio | 95%Conf. Interval | p |
|---|---|---|---|---|---|---|
| F2 Schizoph. | F2 | 18 | 2 | 0.72 | 0.059–5.71 | 0.5444 |
| | Other | 26 | 4 | | | |
| F6 Person. Disorder | F6 | 17 | 3 | 1.58 | 0.1884–13.15 | 0.4556 |
| | Other | 27 | 3 | | | |
| Out pt. at start | Out | 31 | 6 | – | – | 0.1463 |
| | In | 13 | 0 | | | |
| Out pt. at start | Out | 35 | 6 | – | – | 0.2830 |
| | In | 9 | 0 | | | |
| Medication at start | Yes | 39 | 5 | 0.64 | 0.052–36.30 | 0.5558 |
| | No | 5 | 1 | | | |
| Medication at start | Yes | 40 | 6 | – | – | 0.5895 |
| | No | 4 | 0 | | | |

| Therapeutic | Variable | No DO | DO | Odds Ratio | 95%Conf. Interval | p |
|---|---|---|---|---|---|---|
| Verbal Therap. Exp. | Yes | 32 | 4 | 0.75 | 0.0932–9.361 | 0.5453 |
| | No | 12 | 2 | | | |
| Music Therap. Exp. | Yes | 20 | 1 | 0.24 | 0.004–2.465 | 0.1868 |
| | No | 24 | 5 | | | |
| Concurrent Therapy | Yes | 27 | 4 | 1.25 | 0.159–15.279 | 0.5881 |
| | No | 17 | 2 | | | |
| Referral criteria | Yes | 31 | 3 | 0.42 | 0.050–3.618 | 0.2850 |
| | No | 13 | 3 | | | |
| Specification of goals | Yes | 26 | 3 | 0.70 | 0.0835–5.8122 | 0.4993 |
| | No | 18 | 3 | | | |
| Setting | Individual | 17 | 2 | 0.80 | 0.065–6.286 | 0.5881 |
| | Group | 27 | 4 | | | |

| Therapeutic | Variable | No DO | DO | Odds Ratio | 95%Conf. Interval | p |
|---|---|---|---|---|---|---|
| Assessment | Yes | 15 | 3 | 1.90 | 0.227–16.050 | 0.3686 |
| | No | 29 | 3 | | | |
| Suitable for MT | Yes | 28 | 1 | 0.12 | 0.002–1.198 | **0.040** |
| | Maybe | 16 | 5 | | | |
| Frame | Contract | 41 | 6 | – | – | 0.6757 |
| | + 1 sess. | 3 | 0 | | | |
| Familiarity with music | Yes | 38 | 5 | 0.79 | 0.068–43.48 | 0.6164 |
| | No | 6 | 1 | | | |
| Personal treat. goals | Yes | 30 | 5 | 2.33 | 0.225–118.10 | 0.4086 |
| | No | 14 | 1 | | | |
| More then 20 sessions | 20 > | 25 | 0 | – | – | **0.011** |
| | 1-19 | 19 | 6 | | | |
| Start before fall 2006 | New | 29 | 4 | 1.03 | 0.1301–12.664 | 0.6738 |
| | Old | 15 | 2 | | | |

# Drop out: Premature termination

- 12 % over all
- 10 % of pt with F 2 diagnose
- 15 % of pt with F 6 diagnose

# Summary

- Gender, age, education and education level don't predict drop out Diagnose, patient status, medication don't predict drop out
- Experience from verbal or music therapy, concurrent psychotherapy, referral criteria, Specification of goals or Setting don't predict drop out
- Correspond with (Zeek et al. 2004), (Piper et al 1999)

- Assessment, therapeutic "frame", familiarity with music as method and personal treatment goals don't predict drop out

- Drop out related to being assessed maybe suitable for MT and drop out happens before 20'th. session

# Some conclusions

- Music Therapy is in all levels of psychiatry treatment
- Music Therapy can be applied to all levels of symptoms, function and therapeutic capability
- Drop out rate is low
- Music Therapy is most often used with patient diagnosed F 2 and F 6
- Outcome not quantified - yet