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Music therapy with forensic schizophrenic patients – establishing the therapeutic relationship

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Background

Most patients in forensic psychiatry are diagnosed within the schizophrenic spectrum. Supportive psychotherapeutic dialogues with patients suffering from schizophrenia is emphasized (Thorgaard et al 2009, Bachelor & Horvath 1999). How the patients evaluate and the quality of the therapeutic relationship in the first phase in therapy is predictive of the final outcome (Horvath et al 2011).

Differentiated treatment in forensic psychiatry focusing on themes like addiction, impulsivity, and aggression is important (Hougaard 2006). In music therapy the patients can be meet at a bodily-energetic level expressing aggression and impulsivity in a social acceptable way (Smejsters 2008). Music therapy is found to be useful in the first attempts to build a contact and relation to patients with schizophrenia (Frederiksen & Lindvang 2005).

There is a growing interest and research in the field of attachment, arousal and affect regulation, also in the field of forensic psychiatry. Regulating and synchronizing at a non-verbal level creates the context for establishing the therapeutic relationship (Schore 2006). In music therapy it is possible to support arousal regulation in the patient and by that support the patient's ability to focus and being in contact with others (Ridder 2007).

There is lot of studies on the outcome of a good therapeutic relationship but very little on how the therapist and patient influence the therapeutic relationship.

Research Questions:

1. Investigate how music therapy in the first 6 months of a period of therapy can contribute to the development of the therapeutic relationship with forensic psychiatric inpatients with schizophrenia?
2. How can the way the patient and the music therapist experience the therapeutic relationship contribute to illuminate and clarify which elements in music therapy improve the development of a therapeutic relation?
3. Investigate if measurement of arousal in forensic psychiatric patients with schizophrenia during music therapy sessions can be used to clarify pivotal moments* in the therapy?

*Pivotal moments: Moments of importance in relation to the development of the therapeutic relationship

Method

It is a mixed method multiple case study.

Quantitative data will be systematized and correlated with qualitative data from each patient participating in the study using grounded theory and triangulation.

Participants

Inclusion criteria:

- Diagnosed within the schizophrenic spectrum (F20, ICD 10)
- GAF score 10-40
- A sentence to psychiatric treatment or a sentence to be placed in a forensic psychiatric institution
- Hospitalized within a year
- In a starting phase of a period of music therapy

Procedure

Data will be collected from music therapy sessions ½ hour every week

During the first 6 month of music therapy

Individual music therapy with 4-5 patients

Data collection

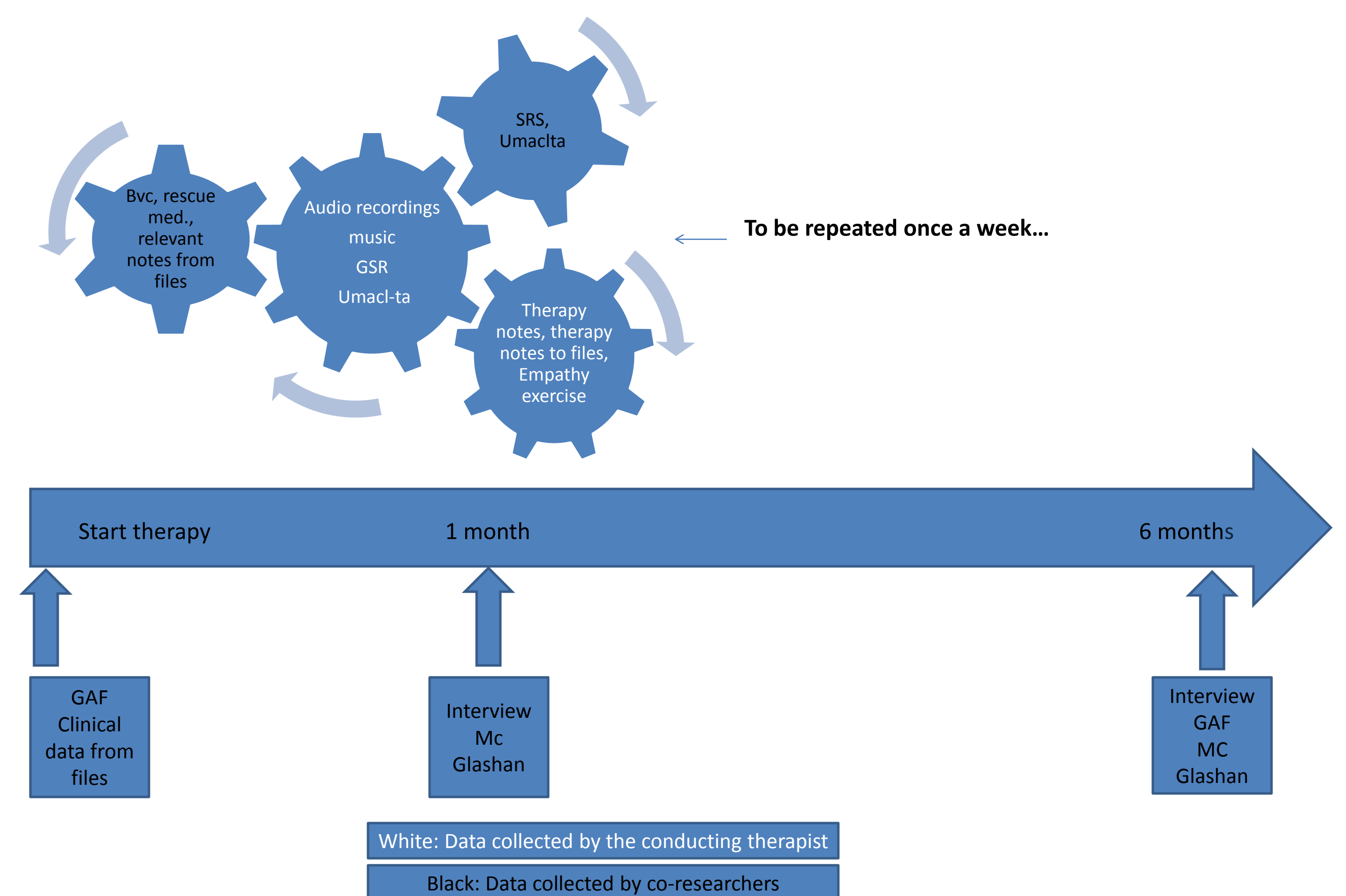
Quantitative data:

- Session Rating Scale
- UMACL-TA (Mood adjective checklist)
- Clinical data: BVC score, Medicine, Rescue medicine
- Physiological data (Galvanic skin response)
- GAF score
- Mc Glashan relational levels

Qualitative data:

- Audio recordings of sessions
- The music played in the therapy
- Music therapy notes and report to journal
- Empathy exercises (Thorgaard 2006)
- Clinical data from daily files
- Semi structured interview

Data collection process:



There will be a pilot study to test the design. Results from the pilot study will be used in adjusting the methods suggested in the design

Ethics

The primary researcher and the conducting therapist is the same person. This may give some challenges in the collection of data, due to objectivity issues. Steps will be taken to reduce this bias, e.g. by including co-researchers in the data collection. (see the illustration above)

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