Music therapy with forensic schizophrenic patients – establishing the therapeutic relationship

Frederiksen, Britta Vinkler; Ridder, Hanne Mette Ochsner; Pedersen, Liselotte

Publication date:
2012

Document Version
Early version, also known as pre-print

Link to publication from Aalborg University

Citation for published version (APA):
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 & Horvart 1999). How the patients evaluate and the quality of the therapeutic relationship in the first phase of 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 (Smeijsters 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

**Procedures**

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

**References**


Hougaard, Helm (2006), Retopsykologiske patienter i DK. Legeriforlatter for Læger 168(23):2225


Britta Frederiksen  
Music Therapist, MA; Nurse, RN  
Department of Forensic Psychiatry, Nykøbing Zealand  
Psychiatric Research Unit  
Tebiholken 9  
4000 Roskilde  
Denmark  
brf@regionjaelland.dk

**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)