Interventions with Acute Psychiatric Patients in Short-Term Music Therapy: A Narrative Review of the Literature

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Napat Tangsujaritpun : Interventions with Acute Psychiatric Patients in Short-Term Music Therapy: A Narrative Review of the Literature. Advisor: Asst. Prof. KULLAYA PISITSUNGKAGARN, Ph.D. Co-advisor: Prof. Jos Antoine R De Baker, Ph.D.

Numerous music therapy models have been formulated for implementation in the field of mental healthcare. However, few have specifically focused on the features and contexts of short-term therapy in acute psychiatric settings. The purpose of this narrative review was to identify music therapy interventions utilized in short-term music therapy with acute psychiatric patients. Studies that described interventions with acute psychiatric patients in short-term music therapy were selected based on the keyword searches of computerized databases, hand searches, and authoritative texts. Eleven papers met the inclusion criteria. They were published during 2004-2022. The majority of papers were conducted in the USA. The majority utilized a group format and were based on cognitive-behavioral approach. The interventions were synthesized into themes according to its clinical aim focus. The focus areas were psychoeducation, interpersonal, symptoms reduction, and quality of life. The findings suggest that lyrics analysis and improvisation are interventions popularly utilized in studies from the USA and Europe respectively. Although the outcomes of clinical aims were relatively consistent and suggested the significant benefits of short-term music therapy, currently there is insufficient evidence to establish a definitive music therapy model that effectively addresses the specific needs of acute care settings. Further research is required to develop and validate short-term music therapy models for this particular group of patients.

Field of Study:	Music Therapy	Student's Signature .....
Academic Year:	2022	Advisor's Signature .....
		Co-advisor's Signature .....

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As my background is from a musical performance field of study, I used to write a note (score) more than a text, conducting an independent study was akin to embarking on a journey into unfamiliar grounds. Many times I did not know what to do and where to go, the companions confronted me and pointed out which ways I could take and which ways I should avoid. Moreover, writing this paper alongside other works is a heavy burden. Thus, without the support and encouragement from the companions, this research could never have happened. I therefore would like to thank them sincerely.

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CHAPTER 1

Introduction

During the second year of study in the master of arts in music therapy program at Chulalongkorn University, I began an internship at King Chulalongkorn Memorial Hospital (KCMH) where I have worked with acute psychiatric in-patients in a group music therapy format. At the acute in-patient ward at the Panjamarachini building, KCMH, the length of admission often varies from weeks to a few months. Therefore, a single-session music therapy is not unexpected, according to this, which interventions should I utilize? I experienced that, due to the limited resources, timeframe is essential. As the challenges of acute care are the brief duration of in-patient stays and the diverse range of individual needs, how can music therapy produce optimal benefits in a limited amount of time?

I investigated the database for the literature regarding the music therapy intervention in acute psychiatric context. I had noticed that there is only a small number of studies in this field. While there are emerging studies of music therapy in mental health care, which requires many more sessions in order to achieve clinical effectiveness, less focus has been paid to music therapy treatment in short-term care with acute psychiatric patients. Information on this regard would be highly beneficial, given the limited resources of mental health care services in Thailand. The understanding regarding music therapy interventions effective in short-term care for these patients should help increase the support for acute psychiatric patients in Thailand and other developing countries.

1.1 Research Question

This narrative review is conducted to address the following question: *What music therapy interventions are used in short-term music therapy sessions with acute psychiatric patients?*

The expected outcomes are:

(1) A comprehensive overview of the current state of research on short-term music therapy interventions with acute psychiatric patients, key findings, trends, as well as knowledge and research gaps;

(2) An overview of music interventions that effectively address the challenges of acute psychiatric patients in short-term music therapy.

1.2 Definition of Terms

Music Therapy

Music therapy is a form of evidence-based therapy that utilizes music experiences and therapeutic relationships to bring about therapeutic changes. There are several theoretical frameworks that underpin music therapy practice, such as behavioral, biomedical, psychodynamic, humanistic, transpersonal, and culture-centered orientations (Bruscia, 2014). Bruscia (2014) described that music therapy is a process that takes place over time, for the client, the time involves a process of change, and for the therapist, it is a time-ordered sequence of interventions.

Music Therapy Interventions

Music therapy intervention is a type of therapeutic approach that uses music to address individual needs (e.g., physical, emotional, cognitive, and social). In music, there are four distinct categories of experiences: improvisation, recreation (or

performance), composition, and listening. Each has its own unique characteristic that serves as the primary method of music therapy intervention (Bruscia, 2014).

Short-Term Therapy

Despite variations in definitions, depending on the theory, goal, practitioner, client population, and service location, short-term therapy refers to music therapy that generally requires a shorter period of intervention, normally lasting up to 10-20 sessions (M.S., 2013).

Acute Psychiatry

Acute psychiatric care is offered when patients are in a severe crisis to provide treatment and care within a secure therapeutic environment to support individuals in the most acute and vulnerable stage of their illness (DOH., 2002).

CHAPTER 2

Literature Review

The literature review was intended to cover a range of aspects on which the subsequent review is based and with which the results have relevance. This included an overview of music therapy practice in the psychiatric field, main methods of music therapy interventions, background of short-term therapy, and characteristics of acute psychiatry.

2.1 Music Therapy and Mental Health

Music therapy has been utilized and studied as a treatment for mental health for many decades (Golden et al., 2021). Previous studies suggested that music therapy has demonstrated effectiveness in various psychiatric disorders, including schizophrenia, major depressive disorder, bipolar disorder, anxiety disorder, and post-traumatic disorders (Erkkilä et al., 2011; Geretsegger et al., 2017; Gold et al., 2009; Golden et al., 2021). The findings suggest that music therapy is an effective therapeutic approach that aids individuals with mental disorders in enhancing their overall well-being, symptomatology, and functional abilities. The systematic review and meta-analysis of Gold et al. (2009) suggested that while slight improvements in psychiatric patients can be observed with a limited number of therapy sessions, more significant benefits can be attained through longer processes or increased frequency of sessions.

Depending on the needs of the patient(s), music therapy can be offered to any individual, group, or even community. Individual music therapy involves one-on-one sessions with a client and music therapist working together to address specific goal(s). In group music therapy, there are two possibilities. Firstly, the music therapist focuses

on promoting change within an individual, and then the individual in turn causes the group accordingly, without further involvement of the therapist. Conversely, changes occurring within the group, society, or environment can potentially stimulate corresponding changes within the individual (Bruscia, 2014).

2.2 Music Therapy Interventions

In therapy, interventions are required to meet three criteria: (1) the client must require external assistance to achieve a health-related goal; (2) the interventions must be purposeful, regardless of the outcomes; and (3) a therapist must conduct the interventions within the context of therapist-client relationship. In music, there are four distinct types of musical experience that serve as the primary method of music therapy intervention (Bruscia, 2014).

Improvisational Methods. The client makes up music extemporaneously playing any instrument or body percussion, or singing. They may improvise alone, duet with a music therapist, or in a group that includes therapist(s) and other clients. It could be totally free, or theme based (established by client or therapist), or structured by a therapist (Bruscia, 2014). The goals of improvisational music therapy include helping the client become more aware and attentive to themselves and others, aiding in self expression and communication, and promoting insight and personal and interpersonal freedom (Bruscia, 1987).

"*Clinical improvisation: The use of musical improvisation in an environment of trust and support established to meet the needs of clients. (Wigram, 2004)*"

Re-creative methods. The client reproduces precomposed songs or musical form by singing and/or playing, which also involve structured music activities and games with defined roles. The goals include improving attention and reality

orientation, providing a safe and appropriate outlet for experiencing and expressing emotions, as well as developing skills in perceiving, interpreting, and communicating ideas and emotions, and developing a sense of community (Bruscia, 2014).

Definition of interventions

- *Playing an instrument:* The client plays an instrument in a prescribed way, learning/rehearsing an instrument, or performing imitative tasks on an instrument (e.g., drum circle).
- *Singing a song:* The client vocalizes in a prescribed way, singing songs, chanting, rehearsing choral groups, vocally imitating or learning melodies.
- *Music based activities/games:* The client participates in activities or games structured by music (e.g., music chairs, musical charades, name that tune)

Composition Methods. The therapist helps the client create any kind of musical product. For instance, writing songs/lyrics/instrumental pieces, creating music videos, and etc. The goals can be to develop: skills in organizing thoughts and feelings; abilities to explore different ways of expressing thoughts and emotions within the structure; decision-making skills (Bruscia, 2014).

Definition of interventions

- *Songwriting (writing lyrics):* The client composes original lyrics with varying levels of technical assistance from a music therapist (i.e., provide accompaniment or melodic ideas).
- *Instrumental composition:* The client composes an original piece of music, with the music therapist providing varying levels of technical

support. The process typically includes some form of notation or recording to capture the final product.

Receptive methods. The client listens to music (live/recorded) and responds verbally, nonverbally, or in another modality. The goals can be to: stimulate or relax the person; explore ideas and thoughts of others; connect listeners to a sociocultural group (Bruscia, 2014).

Definition of interventions

- *Lyrics analysis:* The therapist brings in song(s) that serve as a springboard for discussion to fulfill the therapeutic aims.
- *Music listening:* The client is invited to choose a recorded music for the group or individual to listen to, also talk about music, artists, and sing along.

2.3 Short-Term Therapy

The recognition of the restriction of resources, particularly time, as well as the attempts to enhance the effectiveness of psychological support have led to increased attempts in shortening time for psychotherapy (Corey, 2012). In music therapy alike, short-term therapy has become more recognized (Storz, 2005). Time-limited groups are often simultaneously referred to as short-term or brief treatment (Alissi & Casper, 1985). Short-term therapy, or time-limited therapy, or brief therapy recognized as a valid treatment modality (Klein, 1985). Short-term psychotherapy gained recognition in the 1950s, coinciding with the emergence of behavioral and family therapies that provided a more direct approach to addressing mental health disorders compared to psychodynamic approaches. Its popularity further increased in the 1980s, with the publication of reports on benefits of short-term treatments (M.S., 2013). According to

Casper (1981), the definitions of short-term group therapy can vary depending on factors such as theoretical perspectives, practitioners involved, objectives, client populations, service settings, and how the concept of "time" is conceptualized. Storz (2005) mentioned that the general duration of a therapy is predominantly determined by economical aspects, this means as short as possible. And many music therapists often encounter treatment scenarios that are limited to a few weeks or months, requiring them to work within a relatively short time frame. Storz (2005) referred his time limitation model ‘a focal music therapy’ to the psychodynamic short-term therapy concept, the presumption of the concept assumes a treatment duration of 2 to 4 months, with an average frequency of 10 to 25 hours of music therapy. In a comparable manner, the psychology dictionary defined short-term therapy as it may last as long as 10-20 sessions (M.S., 2013).

2.4 Acute Psychiatry

Acute psychiatric disorders can be caused by various factors, including: (1) new onset psychotic episode; (2) acute worsening/deterioration of existing psychiatric disorder; (3) organic causes of psychosis (e.g., drugs used, medical conditions). Differential diagnosis of psychiatric disorders causing acute psychiatric disease including: (1) disorder of thought (e.g., schizophrenia, schizoaffective); (2) mood disorders (e.g., depression, bipolar); (3) personality disorders (e.g., borderline personality disorder); (4) conversion disorder; (5) delirium (Pattanshetty, 2016).

The admission to acute psychiatric care can occur either voluntarily or through compulsory legal detention. The reasons for admission often include assessment, treatment of acute symptoms, or relapse prevention, with the aim for patients to recover and be able to return to the community (Carr et al., 2013). According to

Sainsbury Centre for Mental Health (SCMH) (2006), an average is less than four weeks, and continues to decrease.

CHAPTER 3

Methodology

A narrative review was conducted utilizing summarized synthesis existing research on this particular topic in a narrative format.

3.1 Criteria

Inclusion

Papers were included if they described:

(1) Music therapy as a component of the treatment;

(2) Acute psychiatric patients as participants or samples;

(3) Music-based intervention used in short-term context (no more than 20 sessions in accordance to Sam (2013)).

Exclusion

Papers were excluded if:

(1) The study was conducted without music therapist as one of the researcher:

(2) Music was offered without a focus upon therapeutic relationships;

(3) The primary aim of interventions does not include mental health promotion (e.g., the intervention was aimed solely for increasing musical skills).

3.2 Search Strategy

Databases were identified and searched based on Green et al.'s guideline (2006). Relevance journals were hand-searched. The search terms employed were as follows:

("music therapy" or "musical therapy" or "music intervention") AND (acute or psychiatry or psychiatric or mental) AND "short-term intervention"

1. Use EBSCOhost multidisciplinary databases to search relevant literature

2. Use the similar search string in SCOPUS multidisciplinary database; unidisciplinary databases (PubMed, MEDLINE, PSYCARTICLES) and the music therapy disciplinary journals (Journal of music therapy, Nordic journal, British Journal of music therapy, The arts in psychotherapy, Music therapy perspectives and Voices).
3. Search through the reference section in the relevant articles that are found to widen the breadth of search.

Table 1
Results of search

Date of search	Database	Years searched	Search terms	Strings of terms	Results
11/5/22	EBSCOhost	All time	Music therapy; acute psychiatric	("music therapy" OR "music intervention" OR "musical therapy") AND (acute OR psychiatry OR psychiatric OR mental)	38,176
11/5/22	EBSCOhost	All time	Music therapy; acute psychiatric; short-term intervention	("music therapy" OR "music intervention" OR "musical therapy") AND (acute OR psychiatry OR psychiatric OR mental) AND ("short term intervention")	155
11/5/22	EBSCOhost	Past ten years	Music therapy; acute psychiatric; short-term intervention	("music therapy" OR "music intervention" OR "musical therapy") AND (acute OR psychiatry OR psychiatric OR mental) AND ("short term intervention")	108
11/5/22	EBSCOhost	All time	Music therapy; acute psychiatric; short-term intervention	(TI ("music therapy" OR "music intervention" OR "musical therapy" OR "music-based intervention" OR "therapeutic music")) AND (AB (acute OR psychiatry OR psychiatric OR mental)) AND ("short term intervention")	4

Date of search	Database	Years searched	Search terms	Strings of terms	Results
1/14/23	SCOPUS	All time	Music therapy; acute psychiatric; short-term intervention	("music therapy" OR "music intervention" OR "musical therapy") AND (acute OR psychiatry OR psychiatric OR mental) AND ("short term intervention")	1
1/14/23	SCOPUS	All time	Music therapy; acute psychiatric; short-term intervention	("music therapy" OR "music intervention" OR "musical therapy") AND (acute OR psychiatry OR psychiatric OR mental) AND ("short term")	70
1/14/23	PubMed	All time	Music therapy; acute psychiatric; short-term intervention	("music therapy" OR "music intervention" OR "musical therapy") AND (acute OR psychiatry OR psychiatric OR mental) AND ("short term intervention")	0
1/14/23	PubMed	All time	Music therapy; acute psychiatric; short-term intervention	("music therapy" OR "music intervention" OR "musical therapy") AND (acute OR psychiatry OR psychiatric OR mental) AND ("short term")	50
1/15/23	Journal of Music Therapy	All time	Music therapy; acute psychiatric; short-term	Music therapy AND acute psychiatric AND short-term	9

3.3 Study Selection

The author screened the titles and abstracts of the papers and categorized them as included, excluded, or uncertain. Papers marked as uncertain were further reviewed and reevaluated to determine if they met the inclusion criteria or not.

3.4 Limitations of the Search

According to the Psychology Dictionary, short-term therapy may last as long as 10-20 sessions (M.S., 2013). Therefore, the therapy sessions could vary from a single meeting to up to 20 sessions. Thus, for instance, some papers were found using the term “single-session” representing “short-term” and some papers with sessions

falling into the category of short-term music therapy may not explicitly use the term “short-term” in the title or abstract. Therefore, the methodology of each article was inspected to clarify if each fit with the selection criteria.

CHAPTER 4

Analysis

4.1 Results

Eleven papers were identified as fulfilling the criteria for inclusion in the review. They were published during 2004-2022, with the majority being conducted in the USA (*N* = 6), and the others from Europe (*N* =5). All included papers studied with adult participants (i.e., age ranged from 18-65 years). The majority of papers studied a mixed diagnosis group of acute psychiatric patients. The interventions used were found mostly underpinning by cognitive-behavioral theory, with the group format being predominant. Despite being classifiable as "short-term," the number of the sessions varied (i.e., ranging from one session to twelve weeks). Details and contents of papers are shown in the following tables.

Table 2
Characteristics of the Papers Analyzed

Characteristics		*Number (N)*	*Percentage (%)*
Location where the studies were conducted	USA	6	55%
	UK	2	18%
	BEL, GER, & ITA	3	27%
Diagnosis	Mixed Diagnosis	7	58%
	Schizophrenia & Schizoaffective	2	18%
	Depressive disorder	1	8%
	PTSD	1	8%
	Psychosis and forensic psychiatric	1	8%

Characteristics		*Number (N)*	*Percentage (%)*
Type of therapy	Group	9	82%
	Individual	2	18%
Duration of therapy	Multiple-session (range 0.3-12 weeks)	6	55%
	Single-session	5	45%
Theoretical framework	Cognitive-behavioral	6	55%
	Psychodynamic	3	27%
	Psychoanalytic	1	9%
	Eclectic	1	9%

Table 3
Summary of included papers

Title	Author	Participan & Diagnoses	No. of patients per session	No. of session/ duration	Theoretical Framework	Intervention/ Technique	Goal/Aim/ Focus of Therapy	Outcomes
Acute Effects of Music Therapy in Subjects with Psychosis During Inpatient Treatment	Volpe et al., 2018 (ITA)	106 samples (control group N=45), Schizophrenia and bipolar (female, age 18-65)	≤10 per *MT group*	<4 weeks ,60 mins per session, biweekly	Benenzon's music therapy model, rooted from psychoanalytic theory	- singing songs - writing songs - improvisation	to improve interpersonal communication and facilitate emotional expression	The MT group had a statistically significant reduction of BPRS and CGI scores, compared to the control group.
Implementing a Music Therapy Program at a New 72-Hour Acute Psychiatric Admissions Unit: A Case Study of a Patient Who Was Malingering	Silverman, 2009b (USA)	1 case study. Depressive, substance abuse w/ suicidal ideation	3-day group intervention for 26,14,10 patient	3 sessions	Cognitive behavioral theory	- began with an introduction song - lyrics analysis - composed blues song about life at hospital - drum circle - music based games	(1) To increase knowledge of coping skills (2) To confront and address personal issues (e.g., suicidal ideation)	A suicidal attempt had been reported disappear in depressive patient upon the discharge in the case study. The participant reported that he was feeling good and almost ready for discharge.

Title	Author	Participan & Diagnoses	No. of patients per session	No. of session/ duration	Theoretical Framework	Intervention/ Technique	Goal/Aim/ Focus of Therapy	Outcomes
The Effect of Single-Session Psychoeducational Music Therapy on Verbalizations and Perceptions in Psychiatric Patients	Silverman, 2009a (USA)	105. Bipolar, MDD, Substance abuse, Schizoaffective, Schizophrenia	4 participants per session	Single session	Cognitive behavioral theory	Opening song; Lyrics analysis focusing on relapse prevention and management of mental illness	(1) To develop coping skill (2) To improve quality of life	Participants rated helpfulness, enjoyment, and perceived comfort level slightly higher in the MT group. No significant differences were found in measures of helpfulness, enjoyment, and satisfaction with life. (using Likert-type scales, SWLS, KIRI)
Group music therapy for patients with persistent post-traumatic stress disorder – an exploratory randomized controlled trial with mixed methods evaluation	Carr et al., 2012 (UK)	Patient w/ significant PTSD symptoms (n=17) (Treatment-group n=9, MT+CBT),	9	1 hr weekly, for 10 weeks	Psychodynamic	Free Improvisation, and verbal reflection on thoughts and feelings arising from the musical experience.	(1) Foster safety and encourage use of the setting and instruments to communicate. (2) Increase self-independency. (3) Alleviate re-experiencing, avoidance, hyperarousal, and associated depression	Treatment-group experienced a significant reduction in severity of PTSD and depression symptoms, assessed on the impact of Events Scale-Revised (ES-R) and Beck Depression Inventory II (BDI-II) (mixed methods, RCT+qualitative content analysis+interview). Patients viewed MT as helpful.

Title	Author	Participan & Diagnoses	No. of patients per session	No. of session/ duration	Theoretical Framework	Intervention/ Technique	Goal/Aim/ Focus of Therapy	Outcomes
Immediate effects of a single music therapy intervention with persons who are severely mentally ill	Silverman & Marcionetti, 2004 (USA)	Schizophrenia, Schizoaffective, Bipolar, MDD, Psychosis	3-15 per eight separate group	Single session, ~45 minutes	Cognitive behavioral theory	1.Facilitated group drumming 2.Music games (Rock and roll bingo, talked of music) 3.Lyrics analysis (Desperado) 4.Songwriting (composed lyrics to 12-bar blues) 5.Music listening (choose music for the group to listen, sing along, and talk about it)	Self-esteem, expression, coping skills, mood, symptoms	Participants completed surveys (Self-reported mood; Psychiatric symptoms; Self-esteem; Self-expression; Knowledge of coping skills; Managing anger; Appraisal of MT) before and after taking part in MT groups. Pre-survey means were lower than post survey means. The data show that no matter the *interventions*, music therapy consistently was rated as positively influencing participants.
Music therapy for in-patients with schizophrenia: Exploratory randomised controlled trial	Talwar et al., 2006 (UK)	Schizophrenia	Individually	Once a week, 45 min, ≤12 weeks, MT+standard care	Psychodynamic	Free improvisation	Co-creating improvised music, and interpreting the musical experience.	Changes in total the Positive and Negative Syndrome Scale scores (PANSS) in the treatment group were significantly greater than the control group.

Title	Author	Participan & Diagnoses	No. of patients per session	No. of session/ duration	Theoretical Framework	Intervention/ Technique	Goal/Aim/ Focus of Therapy	Outcomes
The additional therapeutic effect of group music therapy for schizophrenic patients: a randomized study	Ulrich et al., 2007 (GER)	20 male & 17 female, aged 22-56. Schizophrenia; schizoaffective; schizotypal; drug-induced psychosis; depression w/ psychosis	Group	5 weeks, Average 7.5 sessions, 1.6 sessions/week, 45 mins	Eclectic w/ behavioristic accents	Structured/semi-structured group MT using active music making: (1) playing rhythm instruments; (2) playing /singing pre-composed song (famous rock and pop songs); (3) verbal reflection	Learning how to work together with others in a social setting, Increasing interpersonal contact, reducing negative symptoms and enhanc- ing QOL	Using Gießen-Test-Screening (GTS), significant effects of the MT group were found in patients' self-evaluation of their psychosocial orientation and for negative symptoms. The Assessment of Negative Symptoms (SANS) indicated that the MT group had less negative symptoms than the control group. No significant differences were found in QOL
Effects of a Single-Session Assertiveness Music Therapy Role Playing Protocol for Psychiatric Inpatients	Silverman, 2011 (USA)	133 inpatients on an acute psychiatric unit	~8.44 participants per group	Single-session	Cognitive-behavioral	Assertive MT: (1) 12-bar blues hello song; (2) Verbal processes "Define assertive behavior"; (3) Lyrics analysis (Bob Marly's Get up, stand up); (4) Singing precomposed songs; (5) "Rock opera" role playing	Quality of life, coping skills	Participants in both assertiveness conditions tended to have slightly higher mean total quality of life and locus of control scores (Using the SmithKline Beecham Quality of Life Scale (SBQOL).

Title	Author	Participan & Diagnoses	No. of patients per session	No. of session/ duration	Theoretical Framework	Intervention/ Technique	Goal/Aim/ Focus of Therapy	Outcomes
Effects of a Live Educational Music Therapy Intervention on Acute Psychiatric Inpatients' Perceived Social Support and Trust in the Therapist: A Four-Group Randomized Effectiveness Study	Silverman, 2014 (USA)	96 inpatients on an acute psychiatric unit: bipolar, MDD, schizoaffective, schizophrenia.	~17 participants per group	Single-session, cluster-randomized four-group	cognitive-behavioral	Live Ed MT: 1. 12-bar E blues hello song, 2. Lyrics analysis focused on social supports (Soul Asylum's "Runaway Train") The music therapist used acoustic guitar for an accompaniment.	Imparting psychoeducational knowledge about the importance of social support in the recovery process.	Using the Multidimensional Scale of Perceived Social Support (MSPSS) and the Wake Forest Physician Trust Scale; (a) Live Ed MT group reported significantly higher perceived therapist competence compared with Rec Ed MT. (b) Live Ed MT group reported significantly higher perceived support from friends compared w/ Recreational MT group. No difference for social support.
Immediate quantitative effects of recreational music therapy on mood and perceived helpfulness in acute psychiatric inpatients: An exploratory investigation	Silverman & Rosenow, 2013	41 patients (21 female & 20 male), mean age = 41.90. Bipolar, MDD, chemical dependency,and personal disorders.	5.76 patients per group session.	Single-session	Cognitive-behavioral	10 recreational MT intervention: musical hot potato, name that tune, music jeopardy, a TV theme song, music wheel of fortune, junk band percussion, art and music, a music and dice game, complete the lyrics, and music-based charades.	(1) social integration; (2) utilization of health leisure; and (3) coping skills.	Using the Quick Mood Scale, it seems that recreational MT interventions can have an immediate positive impact on patients' moods. The specific type of intervention does not affect outcome.

Title	Author	Participan & Diagnoses	No. of patients per session	No. of session/ duration	Theoretical Framework	Intervention/ Technique	Goal/Aim/ Focus of Therapy	Outcomes
Composition Plus: A Process- Compositional Approach in Music Therapy to Empower Creative Potential	De Backer et al., 2022 (BEL)	Two cases study: Psychosis and forensic psychiatric problems	Individual	12-session, weekly (30-45 mins)	Psychodynamic	Composition Plus	Empower creative potential	*Composition Plus* could be considered as treatment models for short-term music therapy, as it has a predetermined number of therapeutic sessions with clearly predefined objectives. *Composition Plus* intends to empower the patients' explorative ability to engage in human everyday life. Further research is needed to validate the effectiveness of outcomes.

The music therapy interventions across included papers were categorized under the four main methods in Table 4.

Table 4

Music therapy interventions across the papers reviewed.

Type of Music Experiences	Interventions	*Number (N)*	*Percentage (%)*
Improvisational methods	Free improvisation (individual)	2	8%
	Free improvisation (group)	1	4%
	Structured improvisation	1	4%
	Not stated	1	4%
Re-creative methods	Playing instrument (Drumming)	3	12%
	Singing	3	12%
	Music based games	4	16%
Compositional methods	Songwriting (lyrics)	3	12%
	Music composition	1	4%
Receptive methods	Lyric analysis	5	20%
	Music listening (recorded)	1	4%

** All interventions were delivered in a group format, except for the 'free improvisation' (N=2) which was conducted in individual sessions.*

4.2 Thematic Synthesis

Based on the studies obtained, themes regarding the clinical aim of the intervention delivered emerged. These could be classified into four areas. These were:

(1) psychoeducation; (2) interpersonal; (3) symptoms reduction; and (4) quality of life.

Music Therapy Interventions for Psychoeducational Aim

All studies from the United States *(N=6)* (Silverman, 2009a, 2009b, 2011, 2014; Silverman & Marcionetti, 2004; Silverman & Rosenow, 2013) used music therapy to develop/increase knowledge regarding hospitalization and illness in acute psychiatric patients. Five of them were focusing on the immediate effects of a 'single-session music therapy'. An only exception was the study of Silverman (2009b), here the study was conducted in three sessions.

The six studies shared the same theoretical framework, which is *cognitive-behavioral theory*, with aims to enhance skills and address knowledge beneficial to the patients. The subject matters mentioned in included studies such as knowledge regarding coping skills, management of emotional arousal, relapse prevention, appropriate behaviors for treatment gains, and the importance of social support.

All the studies conducted music therapy in a group format in an inpatient acute psychiatric unit, the number of participants per group varies from 4 to 26 patients (see Table 3). In each group, the diagnoses are also diverse, including major depressive disorder, substance use disorder, bipolar disorder, personality disorder, schizophrenia, schizoaffective, and psychosis. The procedure of interventions were similar, in which the music therapist employed music as a medium to assist participants in identifying, exploring, evaluating, rehearsing, and implementing the necessary changes for improved mental health. The intervention and songs used are prepared to expand the patients' understanding during or after the songs/activities.

'Lyrics analysis,' which used songs as a springboard for the discussion, is the most often used intervention in this area (*N=5*) (i.e., with an only exception of Silverman's study (2013), which used only music based games and did not include lyrics analysis as a part of the session activities). Interestingly, the study from Silverman and Marcionetti (2004) compared the effectiveness of five different music therapy interventions (i.e., drumming, music based game, lyrics analysis, songwriting, and music listening) on specific psychiatric deficit areas. The data revealed that regardless of the specific intervention used, music therapy consistently received positive ratings for its influence on participants. However, in the discussion, the researchers raised a question regarding whether participants might derive greater benefits from the lyrics analysis intervention. This speculation was based on the fact that the this intervention was the only one that exhibited a lower post-test rating compared to the pre-test rating in the symptoms deficit area, which they discussed further that the intervention perhaps was able to increase participants' insight and, therefore, enhance their capacity to comprehend the symptoms associated their mental illness.

With the aim of knowledge expansion, all six studies from the USA reported in the same direction that the treatment group receiving music therapy had a significantly greater effect than the control group, or the post-survey means were higher than pre-survey means.

Music Therapy Interventions for Interpersonal Aim

The interpersonal processes focused upon making verbal and nonverbal contact/communication with others, building awareness of how one interacts with others, fostering a sense of interpersonal trust, encouragement of nonverbal

expression, improving relationships, teamwork and socialization. Six of the included studies had an area of interpersonal as a main clinical aim of the therapy, including four studies from Europe (Carr et al., 2012; De Backer et al., 2022; Ulrich et al., 2007; Volpe et al., 2018) and two studies from Silverman's mid-2010s works (Silverman, 2014; Silverman & Rosenow, 2013).

'*Improvisation*', a non-verbal process, is the most used intervention in this area of focus *(N=4)*, all studies that used this intervention are from Europe. Studies from Carr et al. (2012) and De Backer et al. (2022), which are underpinned by *psychodynamic theory*, used improvisation as the main component of the therapeutic processes, even so they were different in group-individual settings. While studies from Ulrich et al. (2007) (*behavioral-eclectic*) and Volpe et al. (2018) (rooted from *psychoanalytic theory*) used improvisation as one of the included group activities, along with *song based activities*.

On the other hand, two studies from the USA, based on *cognitive-behavioral theory*, used more of the verbal process to address social goal areas in mixed diagnoses groups. The study of Silverman & Rosenow (2013) used *music based games* to integrate social interaction and teamwork between patients during their admission. Silverman (2014) used *lyrics analysis* focusing on the importance of social support in the recovery process.

Three studies specifically measured this area in a quantitative fashion (Silverman, 2014; Ulrich et al., 2007; Volpe et al., 2018). The significant positive effects of music therapy regarding the interpersonal area were found across all three papers. Ulrich et al. (2007) further asserted that music therapy appears to enhance interpersonal connections and has the potential to enhance patients' ability to adapt to

the social environment within the community following their discharge from the hospital.

Carr et al. (2012) conducted a follow up interview with patients after receiving group music therapy. Apart from the significant positive quantitative results, in qualitative content analysis, the majority of patients valued music therapy as social support and opportunity for expression.

Notably, De Backer et al. (2022) described a music therapy method *Composition Plus*, that is rooted in the music therapeutic improvisational practice. It is developed particularly to meet the need of short-term therapy, intending to foster a sense of interpersonal trust and empower the patients' explorative ability and bravery to engage in human everyday life.

Music Therapy Interventions for Symptom Reduction Aim

Three studies from Europe, with different theoretical frameworks, focused on reducing psychotic symptoms (Talwar et al., 2006; Ulrich et al., 2007; Volpe et al., 2018). Talwar et al. (2006) worked individually with *schizophrenia* patients, while Ulrich et al. (2007) and Volpe et al. (2018) worked in a mixed diagnosis group with *schizophrenia* as a majority of patients. Interestingly, all studies using different measurements reported consistent findings, indicating that the treatment group had a significant reduction of psychosis symptoms, compared to the control group. Carr et al. (2012) conducted a group music therapy with patients with significant *PTSD* symptoms. The result was the treatment group had a greater significant reduction of PTSD symptoms.

It is noteworthy that these three studies had an *improvisation* as providing intervention.

Music Therapy Interventions for Quality of Life Aim

Although many of the included studies mentioned about the quality of life aspect of music therapy, only three studies measured in this area (Silverman, 2009a, 2011; Ulrich et al., 2007). Interestingly, these three studies, using different scales/instruments (see table 3), reported in the same way that no significant effects regarding the quality of life were found.

No intervention applied specifically for the aim to enhance quality of life.

CHAPTER 5

Discussion

This review has identified clinical practices employed within the context of acute mental health care from the past twenty years, with the purpose of examining music therapy interventions utilized in short-term context with acute psychiatric patients. Akin to movements in psychotherapy (Corey, 2012), therapeutic interventions that require a shorter timeframe have received increased attention for the promise in its efficiency. These promises become even more important in acute care where the shorter timeframe is essential. Still, compared to the evidence based for music therapy with mental disorders, research in acute psychiatry seems to be a minority. Hence, this narrative study was conducted.

Although the outcomes of included papers were relatively consistent and suggested the significant benefits of short-term music therapy for acute psychiatric patients, factors such as diagnoses and number of sessions seemed to vary for some degree. Therefore, currently there is still not enough evidence to clearly define a music therapy model that effectively addresses the challenges of acute care settings. A greater number of research in acute psychiatry work is required in order to qualify the evidence based for practice in this field.

Finding discussions here, hence, will focus on addressing key aspects of the review obtained, particularly the nature of the treatment where short-term music therapy was used and the nature of the intervention.

5.1 Music therapy Interventions

Active music techniques, such like improvisation, or singing/playing precomposed songs, has played a dominant role, it was found being included in the

procedures across all studies. Receptive music techniques such as guided imagery and music-assisted relaxation were not found, only music listening was found in Silverman's works, which was usually followed by an active verbal process such as lyrics analysis.

***Lyrics Analysis*.** Most of Michael J. Silverman's studies in acute work are defined as 'Single-session', and the most common found intervention in his work is 'lyrics analysis'. Although CBT can frequently be seen as a short-term treatment (Corey, 2012), therapeutic relationships remained significant. With trust and rapport establishment taking time, music was used as a medium for relationship establishment. As an alternative to apply CBT directly, Silverman used the song and content in it for this purpose. Discussing songs appeared less threatening for some clients than directly discussing their personal difficulties straight away in a one session therapy. Hence, lyrics analysis could have promised this positive effect. Additionally, this technique, a music therapy intervention underpinning by a *Cognitive Behavioral* framework, could be considered when working with a single-session group of acute psychiatric patients with psychoeducational aim.

However, due to the unclear diagnosis focus and individual needs in a wide range of participants' amount and diagnosis group, careful adaptation is required for therapists when replicating the studies across cultures. The song choice is an important thing to think about thoroughly. It could vary depending on many factors such as culture, language, ages, lyrics content, musical arrangement, and etc.

Improvisation. It is interesting that the included papers from the United States, where jazz begins and improvisation has played an important role in their culture, did not include the clinical improvisation as one of the components of the session with

acute psychiatric patients in a short-term context. Vice versa, all studies from Europe used clinical improvisation as a main component of the therapeutic process. It is notable that the trend of using improvisation in acute care is toward the aims to reduce psychosis symptoms, and to enhance interpersonal area in acute psychiatric patients, more likely toward *psychosis or schizophrenia*. However, the lack of clear procedures in conducting an improvisation in acute care can pose challenges for therapists working in this context. This is evident in the difficulties encountered in effectively communicating the procedure, value, and purpose of the intervention to the multidisciplinary team. Further research is needed to strengthen the process along with validating its potential effectiveness in short-term music therapy.

Notably, the majority of papers evaluated the effect of pre-existing, with minor adaptation, music therapy interventions utilizing in short-term context, an only exception was the study of De Backer et al. (2022). De Backer et al. (2022) presented a *Composition Plus* model, which was designed particularly for short-term music therapy, as it was structured to have a predetermined number of sessions with clearly predefined objectives. However, further research to validate the potential therapeutic impact of this model is required.

5.2 Clinical Aims in Music Therapy

Since patients in acute psychiatric settings are noted to be in crises, the aim of the in-patient psychiatric unit is to provide a safe and supportive environment for the individual to receive treatment and prevent harm to themselves or others. Within the included papers, aims focus upon fostering safety, building interpersonal relationships, and immediate effects of symptom reduction, appear to match those needs well. Psychoeducational aims in regard to developing coping skills, or

understanding of symptoms itself, appear to promote long-term insight during short-term care. Further research into the impact of short-term psychoeducation music therapy on reducing relapse rate is therefore required.

It is understandable that the aim to enhance quality of life from included studies, was found to have no significant effects in short-term music therapy with acute psychiatric patients. This was potentially due to various factors. To begin with, life satisfaction was based on the individuals' perception, comparing their current life conditions with those in their ideals (Diener et al., 1985). With the relatively restricted condition of the inpatient condition of most patients participating in the studies reviewed, it was unlikely that, despite their symptom improvements, the patients would perceive their life quality as high and reported high life satisfaction.

Encouragingly, the finding in the study of Silverman & Marcionetti (2004) suggested that participants consistently reported positive influences resulting from music therapy interventions. According to this discussion, psychoeducational aims toward increasing motivation for change of the patients. With increased knowledge and understanding of the treatment, higher control perceptions and expectation for treatment gain was anticipated and this is intrinsic to motivation enhancement (Vroom, 1964) as well as the patients' willingness to be collaborative during their recovery. These potential outcomes may be considered for future research.

5.3 Group versus Individual Format of Music Therapy

Although the majority of included papers conducted music therapy in a group context, there is yet not enough evidence to conclude whether group or individual music therapy is better for short-term musical therapy for acute psychiatric patients. The choice between group or individual therapy in acute care may depend on the

individual needs of the patient, as well as the resources and availability of the settings. However, there are distinct characteristics of delivery that serve as an advantage over others.

Group music therapy. In group therapy, 'peer support' plays an important role. With a sense of connection from persons who are facing similar situations or problems, the patients could feel interconnected, supported, and less alone (Gilbert et al., 2005). On the other hand, patients may feel self-worth from supporting others. Interventions found used in short-term group music therapy with acute psychiatric patients for instance, lyrics analysis, music-based activities, and group improvisation appeared to serve these potential benefits.

Individual music therapy. In individual therapy, the therapist can work more closely with the patient, which can be beneficial in order to address more complex needs or specific symptoms that require more individualized attention (American Psychological Association). The only intervention found utilized in the individual context is *improvisation.* Interestingly, two studies (De Backer et al., 2022; Talwar et al., 2006) that conducted music therapy individually, had the same number of sessions (i.e., 12 weekly sessions), no paper was found studying a single-individual session. Considering this, in order to address needs, along with the music experience, therapeutic relationships in an individual format might have required a longer duration so that relationships can be developed between therapist-patient and play an important role as dynamic forces of change (Bruscia, 2014).

5.4 Future Research

In addition to further research to increase replicability and validate specific areas described previously (i.e., psychoeducational aim on reducing relapse rate and

increasing motivation), a gap remains in terms of the usage of short-term musical therapy for acute psychiatric patients in non-Western culture, let alone Thailand.

In the acute psychiatry field of study, it seems to be clear that the American and European cultures have their own distinct way of practicing music therapy. Included studies from the USA are defined by cognitive-behavioral theory, while European studies are more inclined toward psychodynamic theory. Following this, cultural differences need to be considered. As Thailand is in the beginning stage of developing the music therapy profession, we need to develop our distinct way of working in this field, a new music therapy intervention should be developed specifically in Thai cultural context. Considering Thai and Asian culture, what music therapy interventions can effectively address the challenges associated with providing short-term music therapy within the context of acute mental health care in Thailand? Future research within Thailand's acute psychiatric setting needs to be conducted in order to specifically regularize music therapy practice with acute psychiatric patients in the context, where resources of mental health services remain limited and patients should highly benefit from the short-term one within the Thai cultural context.

5.5 Limitations

There are a number of limitations in this review. Firstly, the search strategy was limited to a specific time period and a select set of databases, which may have led to the exclusion of relevant studies. Secondly, the studies included were primarily conducted in the USA and Europe, which are not comprehensive to cover Asian or other contexts. Thirdly, included studies from the USA were restricted to those conducted by Michael J. Silverman as a primary researcher, which may limit the analysis of the findings. Lastly, whereas the definition of “short-term” music therapy

used here was well researched; with a relatively wide range in the specified duration (i.e., ranging from single to 20 sessions), variations occur. Future studies could focus on specific length and analyze closely subtypes of short-term music therapy (e.g., a single session, the group format which is generally shorter than the individual one) to better clarify the characteristics of each.

CHAPTER 6

Conclusion

This narrative review of the literature identified interventions utilized in short-term music therapy with acute psychiatric patients across eleven papers, and synthesized it into themes according to its clinical aims. These included: (1) psychoeducation; (2) interpersonal relationships; (3) symptoms reduction; and (4) quality of life. In addition to the music therapy intervention, this review also summarized the theoretical frameworks underpinned music therapy practice, and the outcomes across included studies.

Despite the significant positive outcomes of short-term music therapy in acute care, this review suggests that currently there is not enough research and evidence to conclude which music therapy intervention is more suitable for the challenges in acute psychiatry. The lack of clearly defined criteria for indication or selection, timeframe, and diagnosis focus are the gaps that further research needs to develop and address.

Nevertheless, findings indicate that music therapy interventions ‘lyrics analysis’, with cognitive-behavioral theory underpinnings, and ‘improvisation’, with psychodynamic theory underpinnings, are the trends toward short-term music therapy with acute psychiatric patients in the studies from the USA and Europe, respectively. Taking this into account, considering Thai and Asian cultural contexts, future research within Thailand's acute psychiatric setting needs to be conducted in order to develop music therapy practices that best fit with this context, in Thailand.

Personal Epilogue

To do this topic of narrative review of the literature, I am personally motivated through my internship of almost a year at the acute psychiatric in-patient care in the King Chulalongkorn Memorial Hospital in Bangkok. Prior to my supervisor, who is the first full-time music therapist at this hospital, there used to be nurses conducting a music group in the ward. It has been two years now since music therapy was first delivered by the music therapist and music therapy students to acute psychiatric patients at KCMH. Still, the outcomes and benefits of music therapy remain ambiguous. From my experiences, the observation of individuals from the multidisciplinary team perceive music therapy as efficacious in entertaining, relaxing, and promoting leisure time for patients during their admission. Hence, further research in this field at this ward (if feasible) needs to be conducted to validate other possible benefits of music therapy (i.e., symptoms reduction, and interpersonal area). So that music therapy could be considered as a choice of non-pharmacological interventions for acute psychiatric patients.

Due to the limited resources, there is a limited time for in-patient stay, thus immediate effect of treatment is needed. Mostly, the patients at the acute ward at KCMH receive Electroconvulsive therapy (ECT) combined with ingesting medicine. ECT has demonstrated effectiveness in treating severe mental illnesses, but also known that it has possible risk and side effects (American Psychiatric Association). There was an individual with a diagnosis of acute psychosis who had participated in group music therapy that I conducted for a month, where she perceived that every time was her first time being in the group. She mentioned that she lost some of her memories after receiving ECT. Referring to this, I strongly hope and believe that

music therapy could be validated effective in symptom reduction for acute psychiatric patients.

Considering ‘new music therapy intervention in Thai cultural context’ from the previous chapter, I affirm that it needs to be developed, not only in the acute psychiatric field, but also with other populations (i.e., elderly, palliative care). Based on my hands-on experiences, I utilized almost every intervention found across included papers directly, including interventions learnt from the master degree program. From this action, along with conducting this review, I realized that this is not the way to do it at all, replicating the studies across cultures. It may get better with minor adaptations to match the cultural context and individual needs, but it seems to be halfway in the middle. What if… we do not replicate, we design a brand new music therapy intervention, or we utilize pre-existing intervention from western culture with major changes and adaptation to be more compatible with our cultural context? Only future research could answer these questions.

Potential Music Therapy Program for Acute Psychiatric Patients in Thai Cultural Context

Combining materials from this review, practice from the master degree training, and clinical experiences working with acute psychiatric patients in Thai cultural context, I formed an overview of a music therapy session plan for a single group-session with acute psychiatric patients, which could be considered for future work with this population. The interventions included: (1) tick-tock; (2) structured drumming; (3) improvisation; (4) instrumental re-creation; and (5) singing songs.

Description of Group and Setting. Including a music therapist and co-therapist, the group should be no bigger than 7-8 people, so that every patient could

be focused thoroughly. The duration of the session is approximately 45-50 minutes. The music therapist prepares a variety of easy-to-play musical instruments (i.e., small percussion, xylophone, metallophone, djembe), and each instrument should be introduced briefly, for the reason that Thai people are mostly not familiar with western musical instruments. If there were, Thai musical instruments can be also included, but the compatibility of the pitch with western instruments should be examined prior to use.

Begin with Pulsation. After a brief introduction of music therapy, I have found that playing just a simple beat on djembe (or conga) is a good activity to start with, as it could draw the patients' attention with its grounding tone, promote a sense of group pulsation, and also the therapist could assess how the patients are with the pulsation. Possible intervention is *'Tick-Tock'* (De Backer, personal communication, May 12, 2022), in which the therapist provides a reference beat (like a metronome) for patients to follow, and then continues with playing without.

Structured Drumming. Depending, this could refer to structured or theme-based improvisation or recreational music therapy. After the patients get familiar with the instruments, the therapist may introduce the activity based on patients' capability. It could be highly structured or more freedom. The intervention could apply Thai rhythmic patterns such as '3-cha', with the group playing the pattern and anyone could take turns to solo on it.

Improvisation. The hardest thing about this intervention is not the play, but how it is being introduced, as Thai people are not familiar with this term although there is a translation from the Thai dictionary (การด้นสด, ปฏิภาณไวหาร). I decided not to use the term 'improvisation' to explain the intervention after I have found that it incurred

confusion, and rather explained that we are going to create the music together freely/openly, in which everyone has the right to play anything or not to play. Pitched percussion instruments such as xylophone and metallophone can be introduced to be used specifically in this intervention.

Instrumental Re-creation. Before having this slot, I used to continue with a second variation of improvisation, in which I experienced that the meaning in music, compared to the first movement, started to diminish, evident by, during the second variation, the attention on music has been shifted more frequently, patients starting to talk more and play less. Considering repetitive patients' reflections informed that they (mostly depressive patients) did not know what to play, it would be interesting if they could play with the provided score. Thus, I arranged a simple version of Thai pop song using numeric notation (i.e., 1 = first degree of a major scale) for patients to play on tone chimes instruments, wherein the patients are able to play melody and harmony of their familiar song.

Singing songs. As Thai people like singing and listening to the song very much, this intervention therefore being put in the last slot, not just it is a good intervention to end with, but as a result of if there is a time left, the patient might ask for more and more songs. Choosing songs may be the hardest part of this intervention, as it is the first session and the therapist cannot know the patient's preference, only hint is age. I normally choose 5-6 Thai popular songs based on age-appropriate. The song with a sensitive content will be excluded (e.g., sexual, violence). Songs are being chosen by patients (mostly 3-4 songs are chosen, depending on the time left), lyrics sheets will be provided, with the therapist leading the singing and play

accompaniment on the acoustic guitar. At the end of each song, a song discussion may be applied shortly.

The music therapy session should be flexible. For instance, if the improvisation takes a while, I will skip the fourth intervention and continue with singing songs. Or if I could sense that playing an instrument is sufficient for the group, I would use other song-based activities such as songwriting fill-in-the-blank interchange with the instrumental re-creation.

This plan still needs to be developed and validated by future research. For me, the interventions in slots 2, 3, 4 are changeable, it can be rotated or interchanged with other interventions. As discussed earlier, *new intervention* in Thai cultural context needs to be developed and added to this plan.

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