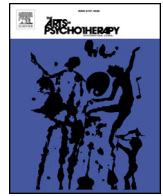




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Research Article

Acute care mental health workers' assumptions and expectations of music therapy: A qualitative investigation

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ABSTRACT

A small number of papers indicate that music therapists are interested in how their work is perceived by other healthcare professionals. The research reported in this paper examined assumptions and expectations of music therapy by mental health professionals in order to understand better how music therapists might use effective strategies to empower greater knowledge of their practice and services. We conducted semi-structured interviews with seven clinical staff members of an acute mental health facility that did not have music therapy. Data were analyzed via the six phases of thematic analysis. Member checking and trustworthiness were also used. Guided by the interplay between the user, music, and music therapist that conceptualizes music therapy, we identified five emerging themes concerning assumptions and expectations of music therapy: 1) the client – potential benefits to service users, perceptions of the appropriate service user ‘type;’ 2) the music therapist – unawareness of the music therapy as an established profession with required training and skills; 3) the music – types of music ideal for therapeutic impact; 4) music therapy – treatment expectations; and 5) the context – music therapy would augment and complement existing psychosocial treatment programming. Participants tended to be unfamiliar with most aspects of music therapy and continued education and advocacy are warranted. Emerging themes can provide a framework for information to be included within educational in-services. Suggestions for future research, limitations, and implications for music therapists are provided.

Introduction

Although a high percentage of music therapists practice in mental health settings in the United States (AMTA, 2017), there remains a need for additional services to increase access to care. Potentially hindering the development of additional music therapy services, many non-music therapy mental health care workers have limited knowledge about the profession. A small number of papers indicate that music therapists are interested in how their work is perceived by other healthcare professionals. In order to address this gap in the literature, the research reported in this paper examined assumptions and expectations of music therapy by mental health professionals in order to understand better how music therapists might use effective strategies to empower greater knowledge of their practice and services.

Literature review

Music therapy remains a relatively small profession and many related health care providers may not be aware of the training music

therapists receive, the populations music therapists serve, how interventions target clinical objectives, and supporting research. This lack of knowledge may adversely impact people's perceptions of the field, expectations for treatment, and subsequent access to music therapy treatment for mental health service users (henceforth “users”). For example, if staff members on a mental health unit are unaware of the field and supporting literature, they may not encourage administrators to hire music therapists. Even if music therapy is available as a psychosocial service but the unit staff are unaware of exactly what it is and can do for users, the workers may not recommend that users attend music therapy sessions or provide music therapy referrals. Thus, as collaborative and integrated members of the treatment team (Twyford & Watson, 2008), staff members' assumptions and expectations of music therapy are consequential and warrant scientific investigation.

There is a small research base reporting staff members' perceptions of music therapy. Hoskyns (1988) published one of the first of these studies and included both staff and service users to obtain a more holistic perspective. In this investigation, the researcher provided group-based music therapy for adult offenders and briefly interviewed

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staff and group members to determine how they perceived music therapy. Additionally, participants watched videos of themselves in music therapy and provided commentaries. Users and staff were reported to be supportive of music therapy. In a more recent study, after initiating clinical music therapy services, staff working on an adolescent mental health inpatient unit supported and valued music therapy as a complement to talk-based therapy (Patterson et al., 2015). The researchers conducted semi-structured interviews with staff and unit managers, who “unanimously” (p. 4) endorsed music therapy after the researchers implemented 16 sessions. Moreover, the participants noted that music therapy improved their own moods and positively impacted the ward milieu. In a similar study conducted in an aged care setting, researchers investigated healthcare workers’ ($N = 8$, including geriatricians, nurses, nurse assistants, speech and language pathologists, physiotherapists, and music therapists) perceptions of a new music therapy program for older adults (Khan, Mohamad Onn Yap, O’Neill, & Moss, 2016). An analysis of semi-structured interviews revealed 1. That music therapy benefitted patients as well as staff, 2. Participants were keen to share ideas concerning how music therapy should be implemented, and 3. A desire for an expansion of music therapy clinical services. Other researchers have found that healthcare professionals who observed and participated in creative arts therapy sessions (Kennedy, Reed, & Wamboldt, 2014) or music therapy sessions (Choi, 1997) with clients were more likely to develop a greater understanding and appreciation of that therapy. However, while there are studies evaluating staff and patient perceptions of music therapy, there remains a lack of literature studying the assumptions and expectations of staff members concerning music therapy *before* it is implemented.

Music therapists establishing new programs experience unique challenges. In consideration of the introduction of music therapy to inter-professional team members, Ledger, Edwards, and Morley (2013) described the resistance and challenges music therapists face in these situations, although they noted that other healthcare professionals developing new services described similar experiences. Other difficulties music therapists can experience when working with other professionals to establish new services can include role ambiguity (Edwards, 2005; Loewy, 2001; O’Neill & Pavlicevic, 2003), isolation (Miles, 2007), and fitting into existing contexts (Edwards, 2005). In a recent action research study exploring how stakeholder input influenced the implementation and sustainability of a new music therapy program in a mental health setting, researchers found that the successful implementation and sustainability of a music therapy program is dependent on the flexibility of the program to the context and culture of the existing health care setting (Bibb, Castle, & McFerran, 2018). For a period of 12 months, researchers conducted two cycles of assessment, action and evaluation where data was collected through interviews with staff members, feedback from clients and attendance in sessions. A number of influential factors were identified as important in the successful implementation of the music therapy program, including: The degree of staff support received; how the program was structured and facilitated; promotion of the program within the service; effective evaluation of the program; and congruence with the existing therapeutic services.

As music therapy remains a relatively small field, many mental health professionals may not be aware of how it is implemented and how it can benefit participants. Moreover, despite being knowledgeable about the users they serve within their unique contexts, these professionals may have assumptions or expectations about music therapy. In-services can represent a time-efficient, direct, customized, and personable technique to educate others about music therapy. In-services are often utilized to teach people concerning varied topics including non-traditional complementary or integrated healthcare services that may contribute to and augment user care (Silverman, 2015). Music therapists can design and implement specifically tailored educational in-services to increase the awareness of the profession for clinical staff and administrators (Darsie, 2009; Silverman & Chaput, 2011; Silverman,

2015). Increased awareness via education and advocacy can potentially result in additional positions, an increase in referrals and access to care, and additional support for music therapy that may encourage users to attend sessions. However, there is a lack of research concerning what information should be included within music therapy in-services.

To date, there is limited published literature concerning staff members’ knowledge of, assumptions, or expectations of music therapy prior to in-service training, observation, or direct experience. Some of these data can be found in music therapy literature wherein pretests were used to assess baseline levels of knowledge before an in-service was provided. For example, in a study using pre- and posttests, Darsie (2009) examined interdisciplinary medical and psychosocial support staffs’ perceptions of music therapy and its function in a pediatric clinic. The researcher found that the educational in-service was effective as there were significant differences between pre- and posttest survey items concerning goal setting, assessment, and procedural support. Overall, participants had inadequate knowledge of music therapy before the in-service. In a related study, Silverman and Chaput (2011) found a 15-minute in-service to be an effective and efficient technique to educate oncology nurses and gain support for music therapy clinical services and research. These researchers found that participants had limited knowledge about music therapy before the in-service and tended to perceive it as a receptive intervention using recorded music to primarily target relaxation.

To the best of the authors’ knowledge, there is no research concerning initial assumptions or expectations of music therapy from adult acute mental health care workers. These data would enable music therapists to design efficient and effective in-services to educate staff, fund additional positions, and increase access to care for mental health service users. Knowledge concerning staff members’ pre-conceived notions and expectations of music therapy may help music therapists to design more efficient and effective in-services and advocate for the profession. As a result of increased advocacy, there may be growth in access to music therapy services for users. Moreover, other healthcare professionals possess valuable knowledge about their unique contexts and service users’ needs that could be beneficial for informing the development of new music therapy positions. Therefore, the purpose of this study was to interview adult acute care mental health direct care staff members to understand their assumptions and expectations of music therapy. The guiding research question was: What assumptions and expectations do acute mental health direct care staff have of music therapy treatment for their service users?

Method

Participants

Participants were seven clinical staff members who worked on an acute care mental health unit of a large urban hospital in the southwestern part of the United States. Participants included six nurses with 15 months, 18 months, 9 years, 25 years, 36 years, and 39 years of experience as well as a mental health technician with 13 years of experience. All participants volunteered to take part in the study. As the main research question targeted people who would be familiar with the users and unit, the researchers purposely focused on direct care unit staff who had frequent interactions with users within the contextual parameters of the unit. Thus, administrators, managers, or policy makers at the hospital were not recruited. An original researcher left her position at the hospital after performing interviews and collecting data and requested no further involvement in the project. The first author was responsible for the design and approval of the study. The second author was added to the study after data had been collected. This project was approved by all necessary Institutional Review Boards.

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