

# Book of abstracts and one page summaries

PHD COURSE IN MUSIC THERAPY RESEARCH

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## One page summaries

### **Claudia Lelis: The music of the body, the healing function of the voice - first outlines of a research protocol**

The voice is our first and main musical instrument. The instrument we are born with, the body's voice, the body's music. A person's sounds reveal their body's emotional, cultural, spiritual history. The healing function of the voice through energetic experience of singing could facilitate integration between the flow of the head, internal organs, the spinal cords, arms and legs; could help put together action, emotion, thoughts; could facilitate the person to integrate physical sensations, with feelings and the deepest contact with the self. All these possibilities are tools of the music therapy process to recover the emotional health, grounding in life, grounding in relationships, grounding in society and the pleasure to be alive.

Since ancient times sounding and singing have been a way to communicate, express ourselves and create cure rituals in community. We all carry this primitive knowledge in our unconscious ancestral memory. Jung calls this atavistic memory and we can experience this looking at the social function of the music. Or how surprising singing and/or playing musical instruments can easily bring people together on many occasions. When we sing, our voices and our bodies are the instruments. We are intimately connected to the source of the sounds and the vibrations. Our voices resonate inward to help us connect to our bodies and feelings and express our emotions and they resonate outward to help us to connect to others.

The voice is a primary source of connection between mother and child. During the gestation the human fetus receives musical and other sound stimuli from vibrations transmitted through amniotic fluid. The baby knows the world through the mother's voice. The babies naturally tune in to the music of their mother's voice and the mother is attuned to her child's sounds and learns to distinguish the nuances of different sounds and the needs they convey. The deep vocal interaction between mother and child since womb is fundamental to develop life force and develop sense of self.

I notice in my experience how sounding and singing could awake deep strong feelings that were forgotten or blocked, when I sing with my clients or when they sing during their music therapy sessions.

My desire and inspiration to a research project about the healing function of the voice come from my clinical experience in music therapy where I could see the healing benefits of finding the deepest connection with our voice, our feelings and our physical-mental-emotional-spiritual health.

## Evangelia Papanikolaou: Predefence: Guided Imagery and Music in psychological care for women undergoing active treatment for gynecologic and breast cancer: An overview of a two-step preliminary study

**Supervisors:** Niels Hannibal & Cahty McKinney

**Title of the study:** Music therapy in Gynecologic Oncology: Guided Imagery and Music in psychological care for women undergoing active treatment for gynecologic and breast cancer.

This study explores the potential of the Guided Imagery and Music (GIM) method as psychological intervention for women receiving chemotherapy or radiotherapy in an outpatient Greek hospital unit for gynecologic oncology. The study has two main aims: The first aim is to assess the feasibility of GIM for cancer patients during the period they are receiving active treatment and its potential benefits. The second aim is to determine the feasibility of GIM as a complementary intervention in a hospital setting that offers no more than standard medical care. Should findings indicate that GIM could be an effective treatment, this knowledge can inform clinical practice and give suggestions for a larger scale research protocol.

This preliminary mixed-method study is a two-step design, consisting of two arms. The first arm is a feasibility with a small purposive sample of four participants. Women received a series of six almost weekly individual short GIM sessions, completed the Functional Assessment for Cancer Therapy-General (FACT-G) and Hospital Anxiety and Depression Scale (HADS) questionnaires at two time points (pre and post therapy) and Likert 10-point scales for fatigue and hope, before and after each single session. This was followed by an interview on the experience and participants' feedback on feasibility and delivery of the intervention. Positive changes in fatigue and hope were primary outcomes, and better mood levels as reported by the participants. These variables formulated the research questions of the second arm of the study.

The second arm is an experimental, random control trial (RCT) pilot, in which questions, procedure, and design have been re-evaluated and re-adjusted according to the feasibility's outcomes and pointing directions. Participants with breast and gynecologic cancer were split in intervention (N=10) and control groups (N=10). The intervention group received six almost weekly individual short GIM sessions and the control received two "placebo" counselling sessions at baseline and after six weeks whilst all completing the same questionnaires on mood, fatigue, and hope as measured by the Cancer Fatigue Scale (CFS), the Herth Hope Index (HHI), the Profile of Mood States (POMS-Brief) and two VAS for Hope and Fatigue. Preliminary results will be presented.

The second purpose of the study was to gather information as to whether GIM in the form suggested in this study can be a reasonable choice as a psychological intervention during active cancer treatment, and whether a full trial will be feasible to conduct. For this purpose, alongside the clinical preliminary results, I gathered information about various components that are necessary for a trial such as recruitment, adherence, and variability outcomes, and explored whether they work properly together. All these findings will be integrated and presented at the last part of this presentation.

## Helle Nystrup Lund: Music to improve sleep quality in patients with depression related insomnia: achievements and challenges collecting quantitative and qualitative data

**Supervisors:** Jan Mainz, Søren Paaske Johnsen & Inge Nygaard Pedersen

**Study Title:** Music to improve sleep quality in adults with depression related insomnia: a Randomized Controlled Trial using Mixed Methods.

### **Objective:**

The aim is to investigate whether music listening is effective in improving sleep quality, reducing symptoms of depression and improving quality of life in adults with depression and sleep disturbances.

### **Hypothesis:**

The controlled use of a sound pillow in combination with The Music Star app can serve as a sleep aid in reducing depression related sleeping problems, reducing symptoms of depression and improving quality of life.

### **Research design:**

The design is an explanatory sequential mixed methods design consisting of a randomized controlled trial (N=100) and an interview study (N=4). A single center RCT is performed in a two-arm parallel group design. An interview study provide qualitative data to explain quantitative data.

### **Method:**

RCT: Adult patients with depression related insomnia from a psychiatric outpatient unit at Aalborg University Hospital are randomized in a ratio of 1:1 to the intervention group and control group both receiving standard treatment for depression. The experimental group listen to music minimum 30 minutes at bedtime for four weeks. Participants are followed for 8 weeks. The primary endpoint is defined as change of subjective sleep quality from baseline at four weeks. Treatment benefit is achieved when Pittsburg Sleep Quality Index (PSQI) score is decreased with significant change after the four-week intervention period. The secondary endpoints are change of sleep quality, depression level and quality of life from baseline at four/eight weeks. Instruments: Subjective sleep quality (PSQI)\*, Objective sleep quality (Actigraphy), Symptoms of depression (HAM-D17)\*, Quality of life (WHO-5)\* and (WHOQOL-BREF)\*. \*= questionnaire.  
Interview study: Semi-structured interview of four participants by an independent interviewer. A phenomenological thematic analysis is performed.

**Current state of the study:** The data collection for the RCT is ongoing (N=65). The interview study is in progression; two of four interviews are performed in November. The manuscript for a protocol article is sent for publication in TRIALS. Review in progress.

### **Topic for the presentation:**

Introducing the study and present status. Discussion of sleep quality definitions and challenges using PSQI and actigraphy as measuring instruments. Discussion of translation issues when writing an article based on interviews in Danish.

## Julie Kolbe Krøier: Development of a dementia caregiver training manual of Person Attuned Musical Interactions

**Supervisors:** Professor Hanne Mette Ridder and Professor Brynjulf Stige

**Title of the study:** Exploring person attuned musical interactions (PAMI) between caregivers and persons with moderate to severe dementia living in nursing homes

### Research questions:

1. How is attunement understood in published dementia care research? (paper 1)?
2. How do music therapists talk about PAMI in their practice with persons with dementia (paper 2)?
3. How can PAMI can be disseminated to caregivers through a manual (together with the PAMI group, paper 3)? And how do the caregivers experience PAMI?

**Research design:** The PhD is a qualitative research study and interpretivist methods will be applied in order to answer the research questions. A multi-source strategy will be applied incorporating different kinds of data to integrate theory and clinical practice. The PhD will contain three interrelated parts that each explores PAMI from a different perspective and aim to develop a manual for music therapists teaching musical interaction cross-disciplinarily in dementia care (See research questions).

**Current state of the study:** A meta-ethnographic synthesis of attunement in Dementia Care has been conducted and is ready for submission. A phenomenological study of how music therapists talk about non-verbal communication with persons with severe dementia was performed incorporating art-based methods. The study has been written into an article, that is almost ready for submission.

The PAMI-group has been working on a manual that supports music therapists in teaching caregivers in how to apply musical interactions in dementia care. The manual will be tried out in a Danish care-home in January-march 2020 and I am currently preparing the data-collection.

**Topic for the presentation:** I will present the PAMI-manual developed together with the research group and the pilot trial that we are planning to carry out in 2020. I will furthermore present how I plan to collect data and how the study can be published as an article and integrated in the linking text of the thesis.



## **Pernilla Hugoson: Singing kangaroo-a collaborative research project between Sweden and Finland with preterm born infants and their parents. An interdisciplinary, collaborative research project**

**In collaboration with:** Kaisamari Kostilainen, Eino Partanen, Friederike Haslbeck, Louise Eulau, Gustaf Mårtensson, Satu Pakarinen, Kaija Mikkola, Jaakko Erkkilä, Vineta Fellman, Ulrika Ådén & Minna Huotilainen

### **Background**

Today the survival of extremely preterm born infants is high in the Nordic countries due to active perinatal care. Though, research shows that they are at risk for neurodevelopmental impairments, cognitive deficits and adverse language development up to 6,5 years of age (Serenius et al., 2016). In both Sweden and Finland, the care of extremely preterm born infants and their parents is based on family-centred developmentally supportive care with its roots in the Synactive Theory by Heidelise Als (2009). This care philosophy suits very well with the family-centred music therapy methods that recently has start to develop in Europe, Australia and Colombia, based on the theory of Communicative Musicality. In the beginning of life the communication between the infant and the caregiver is based on preverbal communicative skills including gestures, vocalizations, facial expressions and tactile input. Communication by infant directed singing is a natural and genuine way for parents to create security and comfort, to share love and tenderness (Ettenberger, 2017; Malloch and Trevarthen, 2009, Haslbeck and Hugoson, 2017; Shoemark, 2017). In this Nordic collaborative research project, we aim to investigate if parental singing during kangaroo care designed as a family-centred music therapy intervention based on current literature can enhance the infant's language development, early interaction/attachment/bonding between child and parents and the wellbeing of the parents.

### **Method**

This is a randomized prospective cohort study where kangaroo care is combined with parental singing. Preterm born infants (n=135 Stockholm n=43 Helsinki n= 92) born before 33 GW (gestational weeks) were randomized to a singing intervention or a control group. The families in the intervention group met the music therapist two times/week over the course of four weeks during their hospital stay in the NICU (neonatal intensive care unit). The music therapist mediated/inspired the parents on how they could sing/hum to their baby and supported them in finding their own voices and songs, there were also space for the parents to share feelings and thoughts about their situation. The duration of singing and/or kangaroo care was collected in parent diaries for both groups. Control group: standard care including skin to skin care.

### **Outcomes**

Parental singing behaviour (parent diary), auditory discrimination skills by magnetoencefalography (MEG, Stockholm) and electroencephalogram (EEG, Helsinki) at 40 weeks GA, video recordings of interaction between child and parent at 5 month corrected age (Parent Child Early Relational Assesment, PCERA), language development and neuromotor development at 2,5 years (Bayley III), parental anxiety before and after the intervention (State Trait Anxiety Inventory Index, STAI) and the parents experiences of the intervention (qualitative semi structured interviews, Stockholm), mothers wellbeing (questionnaires, Helsinki). MacArthur Bates questionnaire, Ages and Stages questionnaire, Check Behavior Check List questionnaire. The parents fill in the questionnaires in adherence to Bayley III testing.

## Sheila Pereiro Martínez: Music therapy in patients during weaning from mechanical ventilation in the intensive care unit (ICU)

Research study proposal

**In collaboration with:** Gustavo Gattino

**Title of the study:** Active music therapy and Posttraumatic Stress Disorder in patients during weaning from mechanical ventilation in the intensive care unit: A mixed methods study

**Research questions:**

Does the intervention with active music therapy affect the development of PTSD in patients in the process of disconnection of mechanical ventilation (weaning) in the intensive care unit?

In which way does the intervention with active music therapy affect the development of PTSD in patients in the process of disconnection of mechanical ventilation (weaning) in the intensive care unit?

**Research design:** My preliminary proposal shows a mixed methods design, in which qualitative and quantitative data can be obtained in parallel and analyzed in a convergent way. A randomized controlled Trial Design is suggested.

**Method:** It is planned to perform an intervention process with active music therapy during the weaning in patients with mechanical ventilation in the ICU. We propose the collection of physiological data pre, during and post weaning and 3 months after extubation. In addition, qualitative data collection is expected after 3 months of the extubation process completed with interviews.

**Current state of the study:** This is an initial proposal and for this reason, the study is in a previous phase of presentation, justification and acceptance.

**Topic for the presentation:** To introduce myself and my research idea, sharing with you my questions and reflections and taking in account your feedback, suggestions, comments,... to improve my proposal.



## Tim Honig: Researching GIM for depression – Adjusting scope and intent

**Supervisors:** Dr. Niels Hannibal, Dr. Cathy McKinney

**Title of the study:** Treatment Effects of the Bonny Method of Guided Imagery (GIM) in the Treatment of Depression

**Research questions:**

**Primary research question:** Is a series of Bonny Method of GIM sessions an effective treatment for persons with depression?

**Part I:** Developing a process to monitor treatment fidelity in GIM research.

**Part II:** Pilot/feasibility study with a randomized, controlled design based on the following research questions: In individuals with depression, does a series of GIM sessions a) reduce severity of depression, b) reduce severity of anxiety, or c) improve mental wellbeing in comparison to a control group?

**Part III:** Mixed-methods case study exploring lived experience of treatment while receiving a series of GIM sessions

**Part IV:** Development of a protocol for further research into GIM for depression

**Research design:** Mixed design with waitlist control group; mixed-methods case study

**Method:** Randomized controlled trial with a wait-list control group; descriptive case study using multiple types of data including interview, session materials, and quantitative data pertaining to the dependent variables

**Current state of the study:** The process for monitoring treatment fidelity has been created and the pilot stage is nearing completion. The arm of the research project that was initially conceived of as a small RCT has been adjusted to a pilot/feasibility study to test the randomized design, issues around multi-site recruitment, and gather preliminary data regarding the use of GIM in the treatment of depression. Recruitment, screening, and treatment continues for the multi-site trial.

**Topic for the presentation:** This presentation is focused on the impetus for and issues surrounding reconceptualizing the scope and intent of the randomized controlled trial examining GIM in the treatment of depression. Drawing on recommendations from the ORBIT model for progressive stages of research, I will describe the benefits of reconceptualizing it as a pilot/feasibility study with minimal changes to the design. Initial findings of the pilot stage for the process to monitor treatment fidelity will also be discussed.

## Lectures and workshops at the course

### **Sheri Robb: Current challenges and opportunities for the MT profession as the benefits of music for health gain broader interest and attention**

In recent years, interest in music therapy and the use of music for health has experienced significant growth. Music therapy research has grown in scope and rigor, and music therapists have developed sophisticated, evidence-based clinical programs. Yet, there is a gap in public understanding about music therapist training, in what circumstances that training is essential, and how music therapy is situated within the broader context of music and health. Through effective communication and interdisciplinary collaboration, the music therapy profession is uniquely positioned to help advance the informed use of music to improve health. During our time together, we will explore three topics by sharing experiences from our own work and country of origin. Topics include: (1) health policy/advocacy as it relates to music and health broadly, and music therapy specifically, (2) how music therapists communicate/engage with various audiences about their training and the intersection of music therapy with broader uses of music for health and well-being, and (3) importance of transdisciplinary collaboration.

**Sheri L. Robb**, PhD, MT-BC is a Professor in the Indiana University School of Nursing, and Director for the Indiana Clinical Translational Sciences Institute KL2 Young Investigators Program. Sheri's program of research focuses on development and testing of music therapy interventions to manage distress and improve positive health outcomes in children and adolescents with cancer and their parents. Recently, her team has begun incorporation of biomarkers to understand more fully how active music interventions work to mitigate cancer-related stress and its potential to improve immune function. Her work has received funding from the National Institutes of Health including the National Cancer Institute, National Institute of Nursing Research, and Children's Oncology Group.

### **Sheri Robb, Stine Lindahl Jacobsen & Hanne Mette Ridder: Examples of music for health projects and transdisciplinary collaboration**

In order to set the stage for conversation on health policy, the role of music therapists and the importance of transdisciplinary collaboration, we will provide an overview of recent events in US and Denmark, and give examples of work focused on skills sharing.

**Stine Lindahl Jacobsen**, PhD, is Associate Professor and Head of Music Therapy at Aalborg University in Denmark. She currently hosts the International Music Therapy Assessment Consortium (IMTAC) and the research center Arts & Health in North Jutland, Denmark. She has published various books, chapters and articles in the area families at risk, standardized music therapy assessment tools and effect studies.

**Hanne Mette Ridder**, PhD, professor of music therapy, Department of Communication and Psychology, AAU. Head of Doctoral Programme in Music Therapy. She is an approved clinical supervisor, finalizing her level III GIM training, and past president of the European Music Therapy Confederation (2010-2016). Her research and publications are mainly focused on music therapy in a psychosocial understanding of dementia care.

## **Sheri Robb: Writing for Publication & Peer Review: Manuscript Preparation and Publication Ethics**

This workshop was designed to provide information and develop practical skill in writing for publication in academic journals. The workshop is divided into four segments: (1) The Peer Review Process, (2) Selecting a Journal and Manuscript Preparation, (3) Responding to Reviewer Comments, and (4) Responsible Authorship: Five Common Questions. The first segment (peer review process) includes discussion centered on the importance of peer review, stages of review, and the unique roles of authors, reviewers, and editors. The second segment (journal selection/manuscript preparation) provides both didactic and applied exercises. We will explore strategies for selecting a journal and general manuscript preparation, followed by an in-depth look at essential content for each section of the manuscript (i.e., introduction, methods, results, discussion). We will look at example documents, and then participants will work individually and collaboratively on their own “works in progress.” During the third segment, we will explore strategies for handling and responding to reviewer comments. We will review example response documents, and identify essential content and features of a strong author response. The final segment of the workshop will focus on publication ethics, exploring five common questions publishing authors encounter.

### **Reading list and resources**

Articles & On-line Material:

Nahai, F. (2015). The rise of predatory journals: What difference does it make? *Aesthetic Surgery Journal*, 35(8), 1042-1043. <https://academic.oup.com/asj/article/35/8/1042/249412>

Sauermann, H., & Haeussler, C. (2017). Authorship and contribution disclosures. *Science Advances*, 3, e1700404.

<https://advances.sciencemag.org/content/3/11/e1700404>

Sense About Science (2012). Peer Review: The Nuts and Bolts.

<https://senseaboutscience.org/activities/peer-review-the-nuts-and-bolts/>

(read downloadable pdf)

International Committee of Medical Journal Editors (ICMJE). Defining the Role of Authors and Contributors. <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

(Read Why authorship matters, who is an author, non-author contributors).

Robb, SL, Burns, DS, Carpenter, JS. (2010). Reporting guidelines for music-based interventions. *Journal of Health Psychology*, 16(2), 342-352.

<https://journals.sagepub.com/doi/pdf/10.1177/1359105310374781>

Visit the Committee on Publication Ethics (COPE) website. <https://publicationethics.org/>



## Ulla Holck: Introduction to an ethnographic approach to video microanalysis

The overall purpose in the ethnographic approach to video analysis is to become aware of implicit/tacit knowledge in those being observed. That is, knowledge that cannot be acquired through interviews. In music therapy this approach can be used to analyze 'practices' or patterns of interaction between client and therapist either to be able to describe hidden or emerging abilities in the client, or as a step towards developing concepts for MT practices that are not already conceptualized. After the introduction to the approach, aims and method, we will briefly discuss the epistemology of the ethnographic approach to video observation.

**Ulla Holck**, MA and PhD in music therapy, is Associated Professor at the Music Therapy programme at Aalborg University, where she teaches BA and MA students and researches in music therapy with people with autism.

### Reading list

Holck, U. (2007). An Ethnographic Descriptive Approach to Video Micro Analysis. In Wosch & Wigram (Eds.): *Microanalysis in Music Therapy*, p.29-40. London: Jessica Kingsley Publishers (online at Aalborg University Library – use the link and your log in to AUB:

<https://ebookcentral.proquest.com/lib/aalborguniv-ebooks/detail.action?docID=334128>)

Nielsen, J. & Holck, U. (2019). Synchronicity in improvisational music therapy. Developing an intersubjective field with a child with autism spectrum disorder. *Nordic Journal of Music Therapy*. doi:10.1080/08098131.2019.1680571.

<https://www.tandfonline.com/doi/full/10.1080/08098131.2019.1680571>

## Niels Hannibal: Mentalization as a theoretical perspective in music therapy practice and research

This presentation will focus on the *what* and *how* in the integration of a new theoretical perspective on music therapy praxis, theory and research. The “what” include some description of the content of mentalization based therapy and theory, and the “how” include a description on the writing process, that so far has led to the following: a manual, book chapters, workshops, conference papers, conference roundtables, and publications in journals. Especially the creation and writing process of the last article (Strehlow & Hannibal, 2019) will be in focus.

**Niels Hannibal**, PhD, associate professor of music therapy, Department of Communication and Psychology, AAU.

### Reading list

Hannibal, N. J., & Schwantes, M. (2017). What does music therapy have to offer mentalization based treatment (MBT)? A mentalization-based view on music therapy clinical practice in psychiatry. *Voices: a world forum for music therapy*, 17(2). <https://doi.org/10.15845/voices.v17i2.897>

Strehlow, G., & Hannibal, N. (2019). Mentalizing in improvisational music therapy. *Nordic Journal of Music Therapy*, 28(4), 333-346. <https://doi.org/10.1080/08098131.2019.1574877>



## **Ridder, Hannibal, Anderson-Ingstrup, Papanicholaou and Stenderup: The content and structure of the PhD thesis**

The PhD thesis may have many formats. We will go through the requirements from Aalborg University in regard to the structure and content of monographs and paper based theses. We will focus on and discuss the architecture of the paper based thesis and present examples of theses in order to illustrate the connection between chapters, content and papers.