Empirical analysis of outpatient music therapy in Germany

A pilot experiment for quality assurance in music therapy

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Starting position

- Since 1989, paragraphs §135 to §139 of the German Sozialgesetzbuch stipulate quality assurance for all types of service. Legal regulations for quality control measures in outpatient treatment were also implemented.
- While established forms of psychotherapy (such as behaviour therapy or face-to-face conversation-style psychotherapy) have been examining the quality of therapeutic measures in outpatient and stationary treatment since the early 90's, there are comparatively few approaches in music therapy concerned with the issue of quality control.

Quality control

- In the context of the „ Empirical analysis of outpatient music therapy in Germany (WaM)“ a basic documentation system for internal quality control in outpatient music therapy was developed and put into use for the first time.
- The basic documentation plays a central part in quality control. It comprises data on patients, treatment and results. Quality control can not take place, statements about quality and results can not be made without an adequate, standardized documentation.

Table 1: Basic documentation system for outpatient music therapy, giving information on relevant socio-demographic and clinical data

Initial diagnostics	Process diagnostics	Outcome diagnostics
• Diagnosis sheet and medical history • Questions on patients' general situation in life • Hertlingshausen satisfaction questionnaire (HZFB) • Outcome Questionnaire (OQ45.2)	• Hertlingshausen satisfaction questionnaire (HZFB) • Outcome Questionnaire (OQ45.2)	• Documentation of methodology, interventions and treatment • Hertlingshausen satisfaction questionnaire (HZFB) • Outcome Questionnaire (OQ45.2)

Process- and outcome evaluation of outpatient music therapy

- Based on empiricism (current standards of research): pre-post-comparison, Clinical Significance, 'Jacobson Plot' depiction
- Data monitoring is a central technique in quality management with which selected aspects of clinical activity can be monitored.
  The Hertlingshausen satisfaction questionnaire (HZFB; Bolay 2000) was used for the evaluation of therapies with children, adolescents and therapies with mentally and physically impaired persons. For adult patients, the Outcome Questionnaire (OQ45.2; Lambert 1996) was used. Questionnaires were used at the beginning and end of therapy as well as after every tenth session.
- Data feedback took place in semi annual project-related quality management meetings.

Results

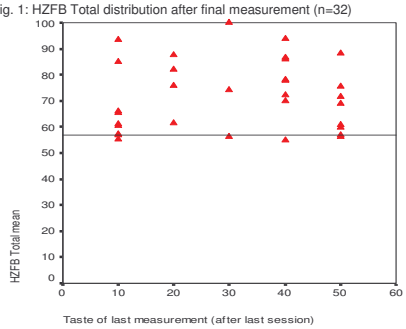
1. Within the study's two-year duration, 96 music therapies were recorded using the basic documentation system. The main area of work for the music therapists taking part in the project was music therapy for children; 69 cases (72 % of therapies evaluated) were examined. Also, 13 cases (13,5 %) of therapy with adolescents and 14 cases of therapy with adults were evaluated. The majority of patients treated were male. Disorders of psychological development (F8) and Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F9) were the main areas of symptoms treated in the therapies with children and adolescents. Adult treatment mainly covered organic, including symptomatic, mental disorders (F0) and neurotic, stress-related and somatoform disorders (F4) (Table 2).

Table 2: Data status after study termination

	Sample	Gender male	Gender female	Diagnostic emphasis (ICD-10)	Therapies completed
Children	69 (72%)	50	19	F8, F9	36
Adolescents	13 (13,5%)	8	5	F8, F9	10
Adults	14 (14,5%)	4	10	F0, F4	11
Total	**96 (100%)**	**62 (64%)**	**34 (36%)**	**F4, F8, F9**	**57 (59%)**

2. For infant and adolescent therapy, HZFB (n=32) outcome showed a high level of satisfaction in patients' immediate families (parents) with the effects of music therapy. According to the parametric approach of clinical significance by Jacobson et al. (1991) a cut off coefficient was calculated defining the interval for „satisfied“ or „dissatisfied“ immediate family members. Hereby, scale values larger than 57 can be classified as satisfied, values smaller than 57 as dissatisfied. (Fig. 1).

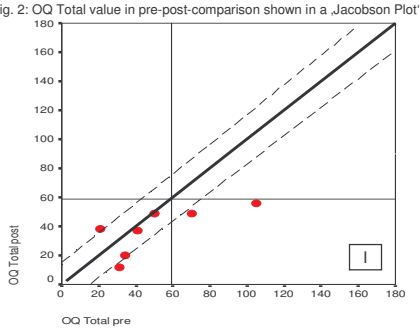
Fig. 1: HZFB Total distribution after final measurement (n=32)



Especially in quality management regulations (e.g. DIN ISO regulations) customer/client satisfaction (in our case parents' satisfaction) is vitally important. Practical work with children and adolescents confirms that parents as main attachment figures play an important role in children's development and are often the initiating force behind therapeutic measures. Accordingly, parent satisfaction has great impact on progress and outcome of music therapy treatment.

3. In adult therapy, OQ45.2 (n=7) analysis according to the concept of clinical significance yielded clinically significant improvement regarding the OQ Total value for 2 patients (Area I), reliable improvement for 1 patient (below the dashed parallel to the black diagonal), no change for 3 patients (between the black diagonal and the dashed parallels) and reliable deterioration for one patient (above the dashed parallel to the black diagonal) (Fig. 2).

Fig. 2: OQ Total value in pre-post-comparison shown in a 'Jacobson Plot' depiction (n=7)



Conclusions

- Basic documentation is a valid instrument for showing changes and outcome in music therapy (Fig. 1 and 2)
- 72% of participating music therapists have an emphasis on therapy with children (see Table 2)
- Optimisation of initial and progress diagnostics (diagnosis and formulation of goals, therapy documentation; see Tab. 1).
- Valorization of music therapy's standing through evidence of quality control and research measures towards sponsors.
- An extension of the system using more specific diagnostic and music therapeutic instruments of measurement should be considered.
- Advancement and EDP-supported implementation of quality standards in the context of the DATAMED project.

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