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## Background

The recent development of Major Trauma Networks resulted in many more people surviving with lifelong disabilities. Music therapy has been effective for people with brain injury. It also has a positive impact on those suffering from psychological and emotional difficulties suggesting applicability to patients who have experienced major trauma.

## Aims

To explore the benefits of music therapy for patients and staff in a Major Trauma Centre (MTC).

## Methods and Materials

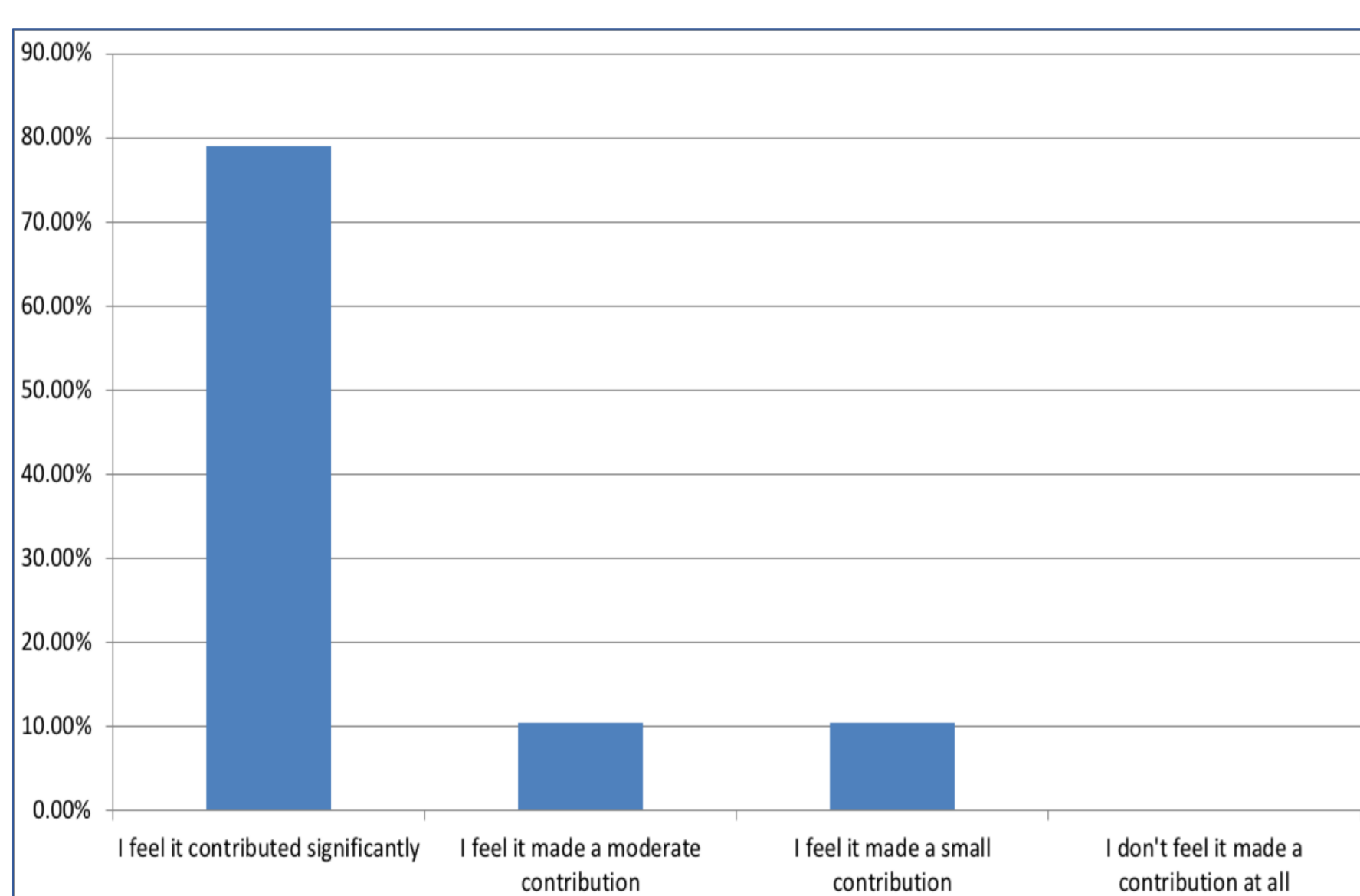
One Music Therapist (MT), provided clinical work for acute trauma patients across four wards at the Royal London Hospital, for 2 half days per week. This time allowed for approximately six clinical sessions per week. Therapy teams referred to the MT highlighting goals for MT intervention. Data was captured on an Excel spreadsheet and qualitative information was gained from clinicians via Survey Monkey after the six-month pilot as well as patient feedback.

## Evaluating Impact: Staff Survey

Questions (both closed and open) included:

- Perceived impact on patients
- Perceived patient engagement
- Service contribution
- Suggestions for improvement

Respondents (19) included Physiotherapists, Occupational Therapists, Speech and Language Therapists and Trauma Nursing Staff.



**Chart 2.** Music therapy's contribution towards patient assessment/early rehabilitation, as rated by hospital staff

68% of respondents felt patients engaged in music therapy when they had not been engaging in other therapies

## Results

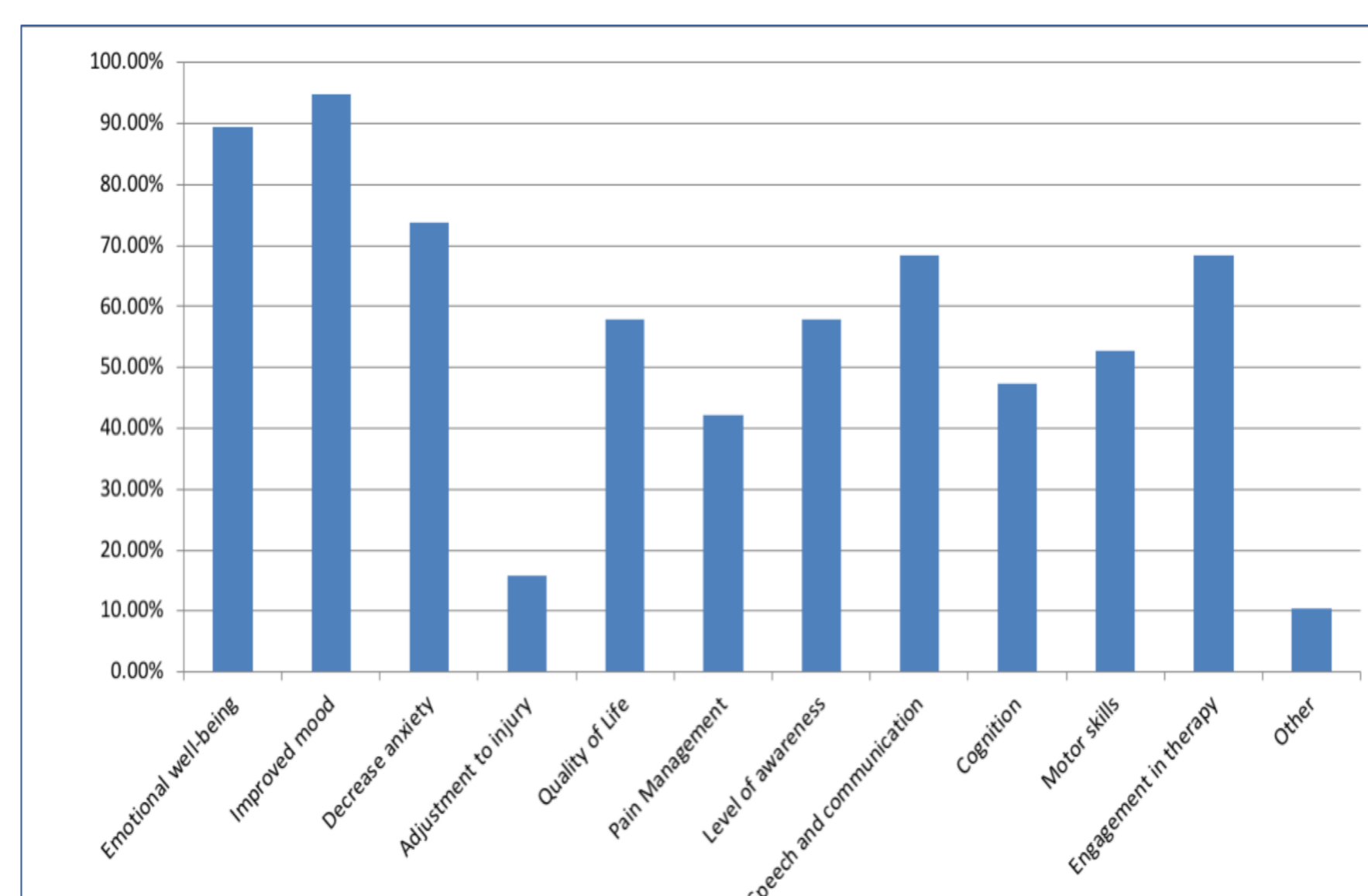
41 patients were referred in five months ranging between 16-82 years old, 33 (80%) being male. Reasons for referrals included emotional well-being/engagement (34%), MATADOC Assessment (20%), speech and communication (17%) cognition (17%), motor skills (2%) and 10% psychosocial. Evaluation of interventions with patients revealed that 90% of patients engaged in music therapy due to psychosocial and emotional needs rather than reasons for referral. Patient outcome data are presented on a single case basis for 20 patients due to the heterogeneity of patients and their impairment, limiting comparable outcomes.

Eighty percent of the 19 staff members that responded to the evaluation questionnaire felt that music therapy contributed significantly toward the assessment and/or early rehabilitation of patients on the four trauma ward. Staff felt that patients were calmer and more approachable and willing to engage in medial and rehabilitation interventions reducing the need for additional staff for patients with extra cognitive/psychological needs.



**Figure 1.** A patient at the Royal London engaging in music therapy.

100% of respondents would recommend music therapy to other trauma services in the healthcare sector.



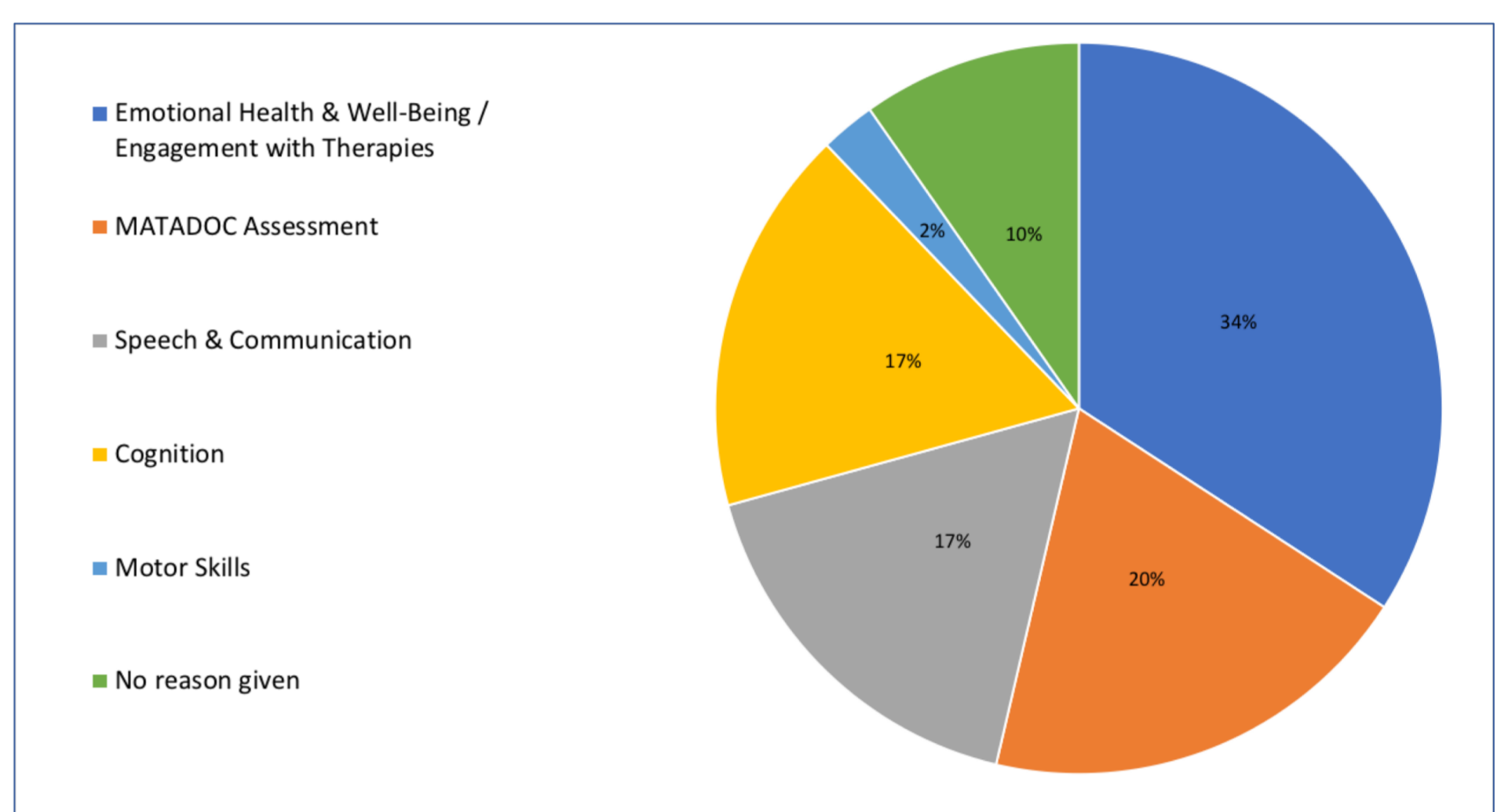
**Chart 3.** Positive impact of music therapy for patients, as rated by hospital staff

## Discussion

A six-month pilot of music therapy in a Major Trauma Centre demonstrated benefits to both patients and staff.

This early service evaluation of Music Therapy in a Major Trauma Centre demonstrates the potential on both patient and staff benefit.

A more rigorous research proposal will enable further evaluation of the benefits of Music Therapy in the Major Trauma Population.



**Chart 1.** patients referred to music therapy ; reasons for referral

80% of respondents felt music therapy created an improved and more comprehensive service for patients while 10% felt it slightly improved the overall service.

90% of respondents would refer a client again to music therapy, with 10% responding they may refer depending on patient needs.

## Looking Forward

Future Suggestions: at the Hospital

- More time on-site - two half days not enough time.
- More time earmarked for CPD/staff training opportunities.
- More streamlined referral process.
- More fully embedded music therapy service.
- Music therapist as part of MDT meetings.

Future Suggestions: Beyond the Hospital

- Music Therapy service to have the capacity to follow into the community and provide home programs to support functional carryover.
- Transition before community, support during long wait time, periods of stress and uncertainty.
- Linking in with local support groups at discharge.

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