



Introduction

- Mr X was a 60-year-old man with Locked In Syndrome.
- He presented with intact cognition & minimal movement. He communicated with eye gaze computer software or alphabet board, & had a reliable yes/no.
- Mr X was referred to Psychology & Music Therapy due to low mood. He reported symptoms of depression including feeling sad, tearful and lonely, increased worry, feeling slowed-down, anhedonia, and hopelessness.
- Staff reported he was spending 18-20 hours in bed and writing daily emails with complaints regarding his care.
- In Psychology, Mr X agreed to engage in behaviour activation, which has shown to alleviate depressive symptoms, modify maladaptive thoughts and improve life functioning (Lejuez, Hopko & Hopko, 2001).
- In Music Therapy he indicated a preference for music listening/song lyric discussion and song creation. Song-writing can act as an outlet for held emotions and provide a means for the communication of thoughts and feelings that are normally difficult to express verbally. (O'Brien, 2005).

Methods

- In Psychology, Mr X identified factors contributing to low mood & barriers to communication with staff.
- Joint MDT work was undertaken with nursing and SLT to support communication and upskill staff in the use of his communication aids in order to build a more trusting relationship.
- Psychology supported decision making re: medical management of depression. Mr X agreed to a review by consultant neuropsychiatrist, Sertraline was prescribed on 22.01.19.
- In MT: Mr X created lyrics to songs initially put to music by therapist. Subsequent conjoint creation of music via musical options.
- Themes of songs included his emotional state, comments on world issues and family. Song lyric discussion consisted of musical and philosophical topics.

Discussion

- Liaison between therapies was important to coordinate aspects of his care (for example, nursing staff supporting him to get back out of bed after an evening nap).
- With Mr X's permission, Psychology communicated parts of therapy discussions to the team with the aim of changing perceptions for motivations for Mr X's behaviour. Highlighting underlying emotions & distress (i.e., Mr X was lonely & seeking meaningful interactions, not 'difficult' on purpose).
- Therapy also focussed on supporting Mr X's understanding of impact of his actions i.e., staff avoiding interactions due to concerns that it would lead to complaint – further impacting loneliness.
- Mr X reported feeling like his emotions were accepted and not judged. He felt he could be open and listened to, and issues resolved through ongoing discussion & via exploring his emotional responses to situations in more detail and in a way that he chose (through songs).

References

1. Lejuez, C. W., Hopko, D. R., & Hopko S. D. (2001). A brief behavioural activation treatment for depression: Treatment manual. Behaviour Modification, 25(2), 255-286.
2. O'Brien (2005) 'Songwriting with Adult Patients in Oncology and Clinical Haematology Wards.' In Baker, F and Wigram, T. eds. (2005) Songwriting: Methods, Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students. London: Jessica Kingsley Publishers.
3. Ylvisaker, M., Harvey, H. E., & Feeney, T. 1, (2003). Positive supports for people who experience behavioural and cognitive disability after brain injury. A review. Journal of Head Trauma Rehabilitation, 18(1), 7-32.

Results

Figure 1

Song 1 - Sept 2018

*Just a head on a stick
That's what I've become
An object to be gawped at,
a fading burden for some.*

*Can't move can't speak
can't eat can't drink
Sorry them's the rules
Blinded in one eye by fools
Just to add to blues*

Song 13 - Aug 2019

*There is a place I visit
If only in my mind
With true aloha spirit
It's not that hard to find*

*Now if you will excuse me
I'll go there if you please
Thus venture to my haven
Where I can rest at ease*

Emotions Expressed

- Beginning treatment, Mr X was expressing significant anger, bitterness, and helplessness both in Psychology & via song-writing.
- As mood improved, songs became lighter in emotional intensity and more positive.
- 13 songs were created in one year-sense of humour emerged.
- He reported that the song writing process was 'therapeutic'.
- Mr X requested for a CD of his songs to be made.

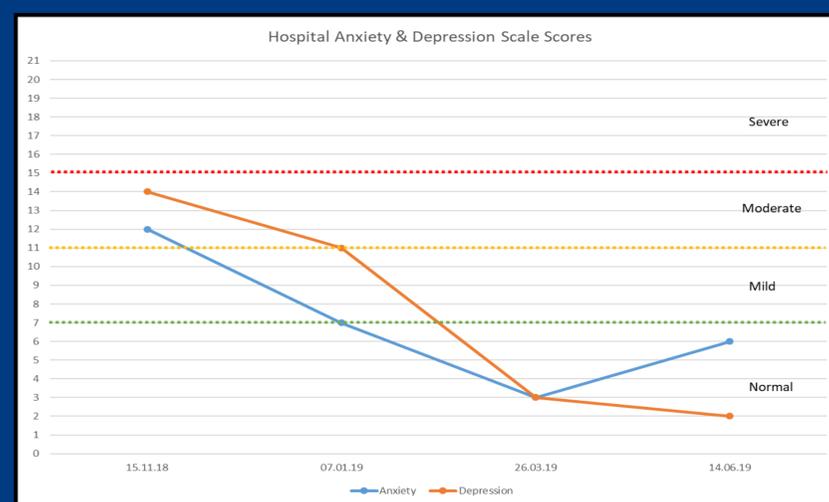
Figure 2



Increased Valued Activity

- In Psychology, discussion of values was used to identify motivations behind daily emails – conceptualised as a way of 'reaching out' due to severe loneliness.
- Values-led activities were also discussed. Mr X agreed to spend less time in bed and engage in more meaningful activities like writing, listening to audiobooks, reading with his family, and agreed to a referral for an additional volunteer and visits from a therapy dog.

Figure 3



Mental Health Symptoms

- Mr X's symptoms of anxiety and depression were on the Moderate range at the start of treatment. This decreased to the Mild-Normal range with the combination of Psychology & MT work.
- On 22.01.19, Mr X began taking antidepressants. By March, Mr X was no longer experiencing clinically significant symptoms of anxiety and depression.
- Mr X's time in bed reduced from 18-20 hours on start of treatment, to 13 (with a small nap during the day).
- He was discharged from Psychology in June 2019.

'I can't believe the change it has made – Do you mind if I write a song about it?' - Mr X re: his thoughts on psychotherapy.