



**Sir Charles Gairdner Hospital**  
Celebrating 50 years of excellence: 1958-2008

**A Formative Evaluation of the  
Therapeutic Intervention**

**DRUMBEAT**

*Discovering Relationships Using Music, Beliefs, Emotions, Attitudes & Thoughts*

**with patients from**

**The Department of Psychiatry  
at Sir Charles Gairdner Hospital**

September 2008



Sir Charles Gairdner Hospital  
OCCUPATIONAL THERAPY DEPARTMENT  
Psychiatry

**DRUMBEAT PILOT PROGRAM**

**EXECUTIVE SUMMARY**

The Department of Psychiatry at Sir Charles Gairdner Hospital is a 36 bed acute voluntary inpatient mental health facility. Over a five week period in June and July 2008, a 10 session pilot 'DRUMBEAT' Program was conducted by the Occupational Therapy Department in the Department of Psychiatry in collaboration with Holyoake. Holyoake is a leading national drug and alcohol treatment service and the developer of the DRUMBEAT intervention. Both in-patients and day-patients were involved.

The program aimed to explore the efficacy of a music-based program (learning to play hand drums) within this setting, as an alternative to psycho-educational groups in the exploration of social relationships and management of emotional states and symptoms of mental illness in the participants.

The DRUMBEAT program was adapted slightly from its original formula, primarily to meet the needs of a short-term population. Thus the 10 week program of once weekly sessions was adapted to twice weekly for a period of five weeks. Apart from this variation of the frequency, both the content and formula of the groups remained close to that of the original program.

In all, twelve patients participated in the programme for one group session or more. Five out of seven participants who took part in three or more sessions were surveyed by phone as part of the program evaluation. The overall findings for this population were overwhelmingly positive. In self-report interviews following completion of the program, all participants interviewed stated benefits in self-esteem, mood, concentration, and motivation. All participants surveyed reported that they would recommend it to other individuals with mental health difficulties and that they would participate in the program again if it was made available to them.

The implication drawn from these results is that continued provision in this setting of a drumming program along the lines of the original DRUMBEAT program is fully supported by participants in this pilot program. DRUMBEAT provided a physically engaging, music based therapeutic environment. Participants can build skills in social interaction, mood and symptom management as well as motivational factors in a non-confronting and pleasurable way.

Based on the outcome of this pilot programme and as a direct result of collaboration with Holyoake, a DRUMBEAT program will be offered in the Department of Psychiatry at SCGH. One staff member has been trained as a DRUMBEAT facilitator and funding has been provided for purchase of the drums.

## **DRUMBEAT AT SIR CHARLES GAIRDNER HOSPITAL**

The Department of Psychiatry at Sir Charles Gairdner Hospital is a 36 bed acute voluntary inpatient mental health facility. Patients have a wide-range of psychiatric disorders, including psychosis, depression, anxiety, personality disorders and dual-diagnosis, mental health and drug and alcohol issues. Length of stay averages at approximately two weeks per admission.

The therapeutic group program within the unit aims to engage participants early in their admission in meaningful activities, skills based and psycho-educational groups to enhance mood and develop coping strategies. Various factors contribute to difficulty engaging patients in the group program at times. Psycho-educational groups may be deemed by patients to be somewhat confronting in the early acute phase of illness. At the time of the DRUMBEAT trial there were no other music-based therapy groups available to patients, and it was felt that DRUMBEAT would provide a possible “bridge” between purely activity-based therapies and the psycho-educational discussion groups, as DRUMBEAT combines components of each in an active and enjoyable format.

## **NATURE OF THE DRUMBEAT PROGRAM**

The original DRUMBEAT program arose out of the failure of traditional interventions to engage young people most at risk of harm from the use of drugs and alcohol, and who often have difficulties with social relationships and a sense of belonging. It was developed by the Holyoake Institute in 2003 to assist these young people to gain social skills, and increase their self confidence, utilising a medium that is exciting, powerful and easy to play – the African drum. The Holyoake program is taught to groups of 8 – 10 participants in ten sessions over ten weeks. The first six sessions have a theme – these being the rhythm of life, relationships, harmony, identity, emotions and feelings and teamwork. The last four sessions work towards an end of program performance.

DRUMBEAT combines an experiential learning process with cognitive behavioural therapy. The program utilises music to engage clients and develop social skills and lift self esteem. As well the program explores relationship issues using analogies drawn from the drum circle and discussions that focus on self awareness and participants own experiences in relationships with others. The theory underlying DRUMBEAT is that by increasing participants understanding of the factors that contribute to healthy relationships we assist them develop a more positive and supportive social context.

In the slightly modified DRUMBEAT program conducted at SCGH, content remained similar, with the program run twice weekly over 5 weeks. This provided concentrated input while in-patients and to ensure length of stay of day patients did not become unnecessarily prolonged. Further modification of latter group sessions occurred in response to inconsistency of attendance, some participants withdrawing and new participants wanting to become involved. This pattern of attendance was primarily influenced by the availability of inpatient beds.

The DRUMBEAT program was offered to current in-patients and day patient attendees. Only patients too acutely unwell to attend Occupational Therapy were

excluded from participation. Fliers were distributed to 'advertise' the program around the unit. The group was run in the group therapy room in the Occupational Therapy Department. This area was on the floor above the ward and away from areas that require quiet. However, the drumming was audible from other areas of the occupational therapy department and attracted considerable interest from patients attending other groups at the time.

## **PARTICIPANTS**

Seven participants were originally recruited for the program, four females and three males. One of the original eight dropped out before the first session, and one attended only the first session. A further two participants joined during the first two weeks. A further three in-patients took part in the later groups on one off sessions basis, making a total of twelve participants overall.

Patient diagnoses included major anxiety disorder, schizophrenia, major depression, borderline personality disorder and paranoid psychosis. Three of the patients had dual diagnoses with alcohol and drug problems as well as their mental health difficulties. Participants' ages ranged from nineteen to the mid fifties. Two participants commenced as day patients only, and the status of five participants changed during the program from in-patient to day patient. The remaining participants attended as in-patients only. As mentioned previously, regular attendance was not well maintained, with numbers fluctuating from seven to three participants per group session. Three participants remained for the five week program; another two attended between five and seven sessions; three attended between two and four sessions; and the remaining participants attended less than two sessions. Reasons for drop-out from the DRUMBEAT program included being discharged from hospital, physical health problems and other out patient treatment clashing with group times. One patient withdrew stating that the drumming exacerbated her psychotic symptoms.

## **FACILITATORS**

The DRUMBEAT program was facilitated by Simon Faulkner, Manager of the DRUMBEAT Program at Holyoake, and the developer of the intervention, and Jane Featherstone, Senior Occupational Therapist at SCGH with 20 years experience in mental health and group facilitation.

## **EVALUATION**

The central questions were:

- Is the DRUMBEAT program relevant to adults with psychiatric diagnosis in an acute in-patient facility?
- Is the current format appropriate for this population and if not, how can it be adapted to suit this environment?
- What were the specific benefits for this patient population and were they similar to those of the original program, e.g. socialisation and self-confidence building.
- Were there other benefits beyond the original program goals that were of particular relevance to this population group?

## **OBJECTIVE MEASURES**

Questionnaires were initially to be used in the evaluation, but it was considered that these measures would not accurately predict shifts in mood, emotional intelligence, and self-esteem after such a short period of time and with a population who were recovering from the acute phase of mental illness. Variables such as medications, other therapies undertaken while on the ward, and resuming their normal occupations post-discharge would also influence these measures. Therefore, alternative methods of evaluation were selected in preference.

## **QUALITATIVE SELF-REPORT EVALUATION**

Face to face and phone interviews following a series of questions were undertaken in the four weeks following completion of the program. Feedback was obtained from 5 of 7 participants who undertook more than 2 group sessions.

## **SUBJECTIVE OBSERVATION BY OCCUPATIONAL THERAPISTS**

Observation of aspects of mood and social interaction were made by Jane, co-facilitator and Brett Horner, occupational therapy assistant. Patients' capacity to follow instructions, create their own rhythms, problem solve, and interact cooperatively with one another were observed, along with body movements and facial expressions.

## **RESULTS**

### **Self Report Feedback**

Feedback from participants supported many of the observations made by the co-facilitator. (See Appendix II, evaluation form). Five of seven participants who had attended more than two sessions provided feedback.

- All participants stated they had enjoyed the program.

*“it made me feel good, increased my confidence”*

*“it was perfect”*

- All participants stated that they had gained benefits from the program including improved mental clarity, learning new skills, gaining social confidence, better problem solving outside of the group, improved mood and developing a new interest they could continue in the community.

*“it was good to learn a new skill, and gave me more mental clarity, even after the group”*

*“It got me out of my head and took me away from my worries”*

*“It made things generally a heck of a lot easier to deal with in life”*

*“I enjoyed the teamwork and dependence on the group”*

*“I loved planning the journey as part of a group of people and being integrated into a group.”*

*“It made me want to continue something, return to classes”*

- All participants stated they would recommend the program to other people suffering with mental health difficulties
- One change was suggested – to add extra sessions as one participant felt the program was too short.

### **Therapist observation**

Patients were noted to become more confident in the use of the drums, and to exhibit more spontaneous behaviours over the duration of the program. The facial expression of two patients with markedly blunted affect became more animated, including more regular smiling and laughing. Movements became more fluid in many participants while engaged in drumming and were integrated into broader movement patterns .e.g swaying to the rhythm, foot tapping etc.

Social confidence improved. One patient, who would initially leave the group when it was her turn to perform a simple sequence, after attending three group sessions, was able to stay until the end of the session and to perform sequences as part of the whole group.

Cognitive benefits were also observed. For example another patient, D, suffering from major depression and convinced that she had major cognitive deficits due to prior amphetamine use, was able to pick up the drumming sequences very quickly. It was pointed out to her that her cognitive skills were still very much intact.

Interestingly, one participant who initially enjoyed the sessions, left after two sessions stating that she had become very agitated, and that the rhythm of the drums was increasing some of her somatic delusions regarding how her body functioned. Another group member also had to leave one session due to the drumming increasing her agitation, but returned the next week and went on to complete the program.

### **Third Party Feedback**

The following general observations were noted by Brett Horner, Occupational Therapy Assistant at SCGH, on the patients who undertook the DRUMBEAT program.

Overall, it was noted that patients became more confident in themselves as their interest, engagement and abilities developed over the duration of the program. Enthusiasm to attend the sessions was noted amongst participants, both before a class as well as afterwards in anticipation of the next session, and it was noted that this enthusiasm generally carried over to other areas of their treatment and group attendance.

It was also noted that the interaction between participants and the support for one another that forms part of the program, tended to carry over for most patients into their daily activities outside the DRUMBEAT sessions. The environment that the

program created where teamwork enhanced the experience seemed to re-ignite a belief in most that they had the ability to function again in such an environment.

## **CONCLUSIONS AND FUTURE DIRECTIONS**

The DRUMBEAT program has relevance for an acute in-patient psychiatric ward of patients with mixed diagnosis. As a complimentary therapy to existing psycho-educational programs it provided an important option for engaging patients who might otherwise avoid existing support services. The program engaged and transferred social learning to patients who are reticent to engage in traditional psycho-educational groups. Additionally improvements in cognitive functioning and mood were apparent.

The “closed” group format was problematic in this setting due to short length of stay and other variables that impacted on patients participation in the program. Even condensing the 10 week program into 5 weeks of 2 sessions per week did not fully address this issue, although it was more practical for this patient group. Finding ways to adapt the program to suit a more open group format will be a priority for future DRUMBEAT programs to be run at Sir Charles Gairdner Hospital.

While the majority of feedback from participants was overwhelmingly positive some contra-indications for participation were noted. Notable was the tendency to increase agitation in one patient. This may have implications for restricting attendance by people with high levels of agitation due to psychosis, major anxiety disorder or bipolar disorder.

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