

Mechanisms of Active Music Engagements to Improve Health Outcomes of children with Cancer & Parents

Principal Investigator: Sheri Robb, PhD, MT-BC

Dates of Support: 07/06/2016– 05/31/2019 **Total Award Amount:** \$1,395,039.00

Funding Agency: National Institute of Nursing Research
(R01NR015789)

Abstract:

Emotional distress in parents and their young child (ages 3-8) with cancer during acute treatment is a prevalent, persistent problem associated with physical symptom distress and diminished quality of life and family function. In the longer term, this acute emotional distress is related to traumatic stress symptoms after treatment ends. As many as 58% of parents and 40% of childhood cancer survivors later report traumatic stress symptoms in the moderate to severe range. These young children and parents require palliative care interventions to manage acute treatment distress and prevent secondary psychosocial morbidity, yet a recent systematic review revealed a glaring absence of empirically validated interventions for this age group.

Music therapy, one of the most frequently used arts-based therapies, has become standard palliative care in many pediatric and adult hospitals; however, few studies have examined mechanisms by which music therapy works. Music-based play is a pervasive, spontaneous, and normal aspect of family life that structures and supports meaningful interactions, and is a primary way young children cope with traumatic experiences.

Based on Robb's music therapy theoretical framework, we developed and tested the Active Music Engagement (AME) intervention, establishing it as a feasible/acceptable intervention that reduces emotional distress in young children hospitalized for cancer treatment. The music therapist-led AME uses music-based play and parent education/support (music play resource kit; tip sheets). The AME builds on existing skills, minimizing the burden of learning new skills during a stressful time when learning can be less efficient. As parents witness intervention benefits for their child and learn how to use normalizing play activities to help manage their child's distress, traumatic reactions to and distressing memories of hospitalization may be minimized for both children and parents. The AME is particularly viable because it is easy to implement and teaches parents/children how to therapeutically use a familiar activity to manage distress.

The purpose of this two group randomized controlled trial is to identify behavioral, sociological, and psychological variables contributing to positive outcomes observed in previous AME studies.