Is the role of music therapy in paediatric burns care changing?

Phases in music therapy treatment of a three-year-old boy with severe burn injury

Aniek Janssen, RMT, Music Therapist at Lady Cilento Children’s Hospital, Brisbane

Introduction

Historically, music therapy research in burns has focused on music analgesia, where music therapy interventions and techniques are used to ease the sufferings of the burns patient (Whitehead-Pleaux, 2013). However, in more recent developments, the role of music therapy appears to be changing as clinical procedures such as debriement and dressing changes are conducted under a general anaesthetic.

It is time to explore the changing role of music therapy in paediatric burns care and clinicians are invited to consider modifying and adapting techniques to meet patient needs in an evolving clinical practice area.

Method

When working with a three-year-old boy with severe burn injury the music therapist applied music therapy techniques in different phases of his six-month music therapy program. The patient, ‘Jack’, was admitted to a large paediatric hospital with severe burns and in his treatment, we can identify different roles music therapy played in his acute and sub-acute care in an extended length of stay. We can distinguish six different stages in music therapy treatment for severe burn injury:

Six Roles

1. Pain management, settling/relaxing, parental engagement

During Jack’s stay in Paediatric Intensive Care Unit (PICU), music therapy assisted with settling and pain management, especially during and after distressing procedures, and it provided his family with a sense of being included in his cares when he was sedated and intubated.

Interventions:

Gentle humming/singing of familiar songs, fingerpicking guitar in basic chords, recorded music program for settling, introducing music-based imagery for pain management, echoing and reframing pain vocalisations, vocalised breathing

2. Weaning sedatives, delirium

Following Jack’s transfer to the ward, music therapy provided support and assistance for orientating to the here and now while he emerged from his delirious state.

Interventions:

Singing and humming familiar songs, music-based imagery, vocalised breathing

3. Provide Choice and Control

Music therapy helped Jack deal with his lengthy admission by having a place to play and be in control of his environment, being able to say “no” and have a choice in activities.

Interventions:

Introducing active musical play with instruments, choice of songs and games and choice of participation

4. Emotional coping, dealing with the trauma

Music therapy helped him safely explore the trauma and grief around the loss of a sibling and his severe burn injuries.

Interventions:

Singing of familiar songs to induce memories, music-based imagery, active musical play, recorded music program

5. Physical Rehabilitation

Music therapy supported in the physical rehabilitation by providing Jack with opportunity to playfully increase moments of purposeful movement to achieve an extended range of motion in his upper limbs and regain fine motor skills.

Interventions:

Singing familiar songs to induce speech, active musical play on different instruments (drums, shakers, keyboard)

6. Procedural support during minor dressing changes and medical imaging.

Interventions:

Gentle singing and humming, echoing and reframing pain vocalisations, vocalised breathing, music-based imagery, active musical play for refocusing

Rationale

The method used to shape Jack’s music therapy treatment was individual patient-directed music therapy, following the phases in burns care music therapy treatment (acute care, rehabilitation and reconstructive care) described by Neugebauer (2008), using familiar music (children’s songs), music-based imagery and improvisational music therapy.

Conclusion and discussion

The role of music therapy in burns care appears to be changing with less focus on the interventions aimed at easing the sufferings of the burns patient during burn wound care. This case study indicates there still is a role, or multiple roles, for a music therapist in burns care.

Especially in the very early stages of acute care, where music therapy was involved for settling and pain management and assisted Jack with orientating to the here and now while he emerged from his delirious state. This role hasn’t been described in literature extensively and could use research.

Music therapy had an important role in laying the groundwork for Jack starting to process his emotions and trauma by inducing memories of the sibling he lost, his family and his house.

References: