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Group music therapy for adolescents who have unhealthy relationships with music

Submission date
23/07/2013

Recruitment status
No longer recruiting

Registration date
05/08/2013

Overall study status
Completed

Last Edited
05/08/2013

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
This study builds on the opinions shared by 40 Australian teenagers ranging from healthy to depressed. Analysis of how they described their own relationship with music revealed a number of risk and protective factors for healthy music use including isolation/bonding, rumination /processing and other coping strategies. The results of the analysis of interviews were used to create 38 questions that asked about healthy uses of music by teenagers. 187 older adolescents answered these questions as well as 10 questions that were used to measure their risk of being depressed. Analysis of how the questions were answered identified 17 questions that appear to measure healthy and unhealthy aspects of five types of musical behavior: rumination & getting stuck, mood improvement, energy and relaxation, positive identity (social and self-identity), alienation & social avoidance, avoidance of feelings, bad behaviour. These 17 questions are now compiled as the Healthy Uses of Music Scale (HUMS) and this will be used to identify adolescents who have unhealthy relationships with music for the present study.
The aim of this study is to determine whether group music therapy with younger teenagers changes their relationship with music, and if so, whether this results in significant changes in their mental health status. Studies show that music therapy has been effective for adults who have depression and young people who have psychopathology; however, preventative interventions have not been measured previously.

Who can participate?
600 students aged approximately 14-15 years in 20 schools will complete the HUMS and 20% (top scoring 6 in each school) will be recruited to the study.

What does the study involve?
The students will be randomly allocated to one of the two groups. Half of the students will participate in 8 weeks of music therapy group that focuses on improving their relationship with music. The other half will be encouraged to listen to preferred music that makes them feel better and will be provided with iTunes vouchers worth $30AUD so that they are able to purchase new music. All 120 participants will complete the HUMS again approximately 3 months from recruitment. Four different trained and registered professionals who are experienced in adolescent group work will facilitate the music therapy groups. The groups will consist of a regular structure including warm-ups, therapeutic work using music, and closure. The groups will

all include establishing a therapeutic alliance between young people and therapist, empathic listening by the therapist, responsiveness to ideas contributed by young people as well as the therapist, and respect for different genres of music. The music therapy methods to be used will include group improvisation, group song writing, playlist creation and discussion of music preferences. The use of these methods is considered to be both unique and essential. Groups may also include some amount of self-disclosure, group discussion on students own music and assigning playlist creation homework. Individual improvisation, individual songwriting and being directive about musical choices will not be included in the music therapy groups.

What are the possible benefits and risks of participating?
Participants in the music therapy groups will have the opportunity to explore issues related to their mental health, as reflected in their uses of music. Music therapy is a professional practice requiring two years of Masters coursework training in Australia. Music therapists are able to manage the needs of participants within music therapy interventions and are ethically required to access additional support for group members if this is suitable. Within this project, the first level of additional support with be school wellbeing coordinators who have access to a range of additional professional support for students including psychologists, social workers and local doctors.
Previous research suggests that music therapy is helpful for struggling young people, based on their reports and as seen by improved mental health. Therefore participation is possibly very helpful. In addition, it is very important to understand the impact of unhealthy relationships with music since young people now have more access to a greater range of music than ever before. If the group is effective, music therapy may be recognized as an important preventative health strategy that could make a difference in the lives of many more young people.
In the recruitment for this study, young people will be asked a series of questions about their relationship with music and their mental health. A number of questionnaires will be included that measure risk of psychological distress, degree of rumination, and emotional well-being. Because many of these questions ask about the participants quality of mental health, it may lead participants to reflect on how they are feeling. It is possible that some young people may be saddened by their reflections. A question at the end of the survey asks students to identify if they require further support and if this box is ticked, we will ask school wellbeing officers to follow up immediately.

Where is the study run from?
The study will take place in 20 Australian schools across the state of Victoria. The government-funded schools include both inner city, outer suburban and rural locations. The socio-economic status of the schools is diverse, as will be the cultural backgrounds of participants.

When is the study starting and how long is it expected to run for?
Data collection for the study will take place between August 2013 and July 2014.

Who is funding the study?
The research has been funded by the Australian Research Council, which is the major government funding agency for studies in the Humanities and Social Sciences.

Who is the main contact?
Associate Professor Katrina Skewes McFerran
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Contact information

Type(s)
Scientific

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Protocol serial number
DP110102483

Study information

Scientific Title
Effectiveness of a music therapy group to promote Healthy Uses of MuSic by adolescents

Acronym
HUMS Trial

Study objectives
1. Does music therapy, compared to a self-guided music intervention, have an effect on adolescents risky and protective relationships with music?
2. Does it have an effect on the level of depression, rumination, and psychological well-being?

Ethics approval required
Old ethics approval format

Ethics approval(s)
1. Department of Education and Early Childhood Development (2012_001839) 18th January, 2013
2. The University of Melbourne, Human Research Ethics Committee (HREC) # 1238526.2, 27th May, 2013

Primary study design
Interventional

Study design
Multicentre parallel cluster-randomised controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Unhealthy relationships with music, which may indicate risk of mood disorder

Interventions
1. Group music therapy: Half of the students will participate in 8 weeks of group music therapy that focuses on improving their relationship with music. Four trained and registered professionals who are experienced in adolescent group work will facilitate the music therapy groups. The groups will consist of a regular structure including warm-ups, therapeutic work using music, and closure. The groups will all include establishing a therapeutic alliance between young people and therapist, empathic listening by the therapist, responsiveness to ideas contributed by young people as well as therapist, and respect for different genres of music. The music therapy methods to be used will include group improvisation, group song writing, playlist creation and discussion of music preferences. The use of these methods is considered to be both unique and essential. Groups may also include some amount of self-disclosure, group discussion on students own music and assigning playlist creation homework. Individual improvisation, individual songwriting and being directive about musical choices will not be included in the music therapy groups.
2. Self-directed music listening: The other half will be encouraged to listen to preferred music that they choose because it makes them feel better and will be provided with iTunes vouchers worth $30AUD so that they are able to purchase new musical material.
Duration of follow-up in all groups: 3 months.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Total score of the Healthy Uses of Music Scale (HUMS; McFerran, Saarikallio & Gold, in preparation). This is a self-report scale assessing healthy and unhealthy uses of music that may be associated with risk for developing mental health problems. It consists of 17 Likert-scaled items. Reliability and validity have been tested and confirmed in a separate sample.

Key secondary outcome(s)
1. Depression, as measured with the Kessler 10 Depression scale (a 10-item self-report scale; Kessler et al., 2002, Psychol Med).
2. Rumination, as measured with the respective subscale of the Reflection-Rumination Questionnaire (RRQ; a self-report with 12 items for this subscale; Trapnell & Campbell, 1999, J Pers Soc Psychol)
3. Reflection, as measured with the respective subscale of the RRQ (12 items for this subscale)
4. Psychological wellbeing, as measured by the Keyes well-being scale (a 14-item self-report scale; Keyes et al, 2006, Adolescent & Family Health).
5. A Ten-item Personality Inventory (TIPI) based on the Big-Five dimensions (Gosling, Rentfrow & Swann, 2003).

Completion date
31/07/2014

Eligibility

Key inclusion criteria
Students in Years 8 and 9 (aged approx. 14-15) in government-funded secondary schools in the state of Victoria, Australia, who have unhealthy relationships with music, as identified by a high HUMS score. Following a survey using the Healthy Uses of Music Scale (HUMS), those six with the highest scores in each school will be eligible to participate.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Child

Lower age limit
14 Years

Upper age limit
15 Years

Sex
All

Key exclusion criteria
Does not meet inclusion criteria

Date of first enrolment
01/08/2013

Date of final enrolment
31/07/2014

Locations

Countries of recruitment
Australia

Study participating centre
151 Barry Street
University of Melbourne
Australia
3010

Sponsor information

Organisation
University of Melbourne (Australia)

ROR
https://ror.org/01ej9dk98

Funder(s)

Funder type
Research council

Funder Name
Australian Research Council (project no. DP110102483) (Australia)

Alternative Name(s)
arc_gov_au, The Australian Research Council, Australian Government Australian Research Council (ARC), ARC

Funding Body Type
Government organisation

Funding Body Subtype
Other non-profit organizations

Location
Australia

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration