

Submission Id: 4212

Title

Virtual Music Therapy for Substance Use Disorders in a Federally Qualified Health Center

Priority 1 (Research Category)

Health Care Disparities

Presenters

Julie Schoonover, MD

Abstract

Context: Multimodal approaches are essential to improve substance use disorder (SUD) management in the primary care setting. Music therapy (MT) is an effective treatment for SUD that is primarily available in inpatient treatment centers. There are few studies on MT in the outpatient primary care setting. Objective: To evaluate the feasibility and acceptability of remote group MT to treat SUD in a Federally Qualified Health Center (FQHC). Secondary aim: change in craving and frequency of use of substances, depression and anxiety. Study Design and Analysis: Single group intervention with pre-post evaluation using mixed methods. Frequencies graphed with SAS software, three researchers independently analyzed the qualitative data using grounded theory methodology. Setting: FQHC network. Population studied: Adults seen at our FQHCs with moderate to severe SUD. Intervention: Eight weekly, remote group MT sessions conducted by a licensed music therapist using a medical musical psychotherapy approach. Outcome Measures: Feasibility was measured by the time to implement the program, rate of enrollment, session attendance, and reasons for non-attendance/dropout. PHQ9, GAD7, substance use and craving were measured before and after the intervention. Individual qualitative interviews eliciting participant perceptions were conducted. Results: It took 3.5 months to onboard the music therapist and 3 months to recruit participants. Of the six enrolled, three participated in five or more sessions, and every session was attended by one to five individuals. Anxiety and depression scores trended down, as did the number of days of substance use, although there was no change in craving. Participants reported that group MT was “soothing” and “calming,” gave them tools to treat cravings and stress, and created a sense of community. They reported they were distracted from substance use during the sessions and afterwards, improving their cravings at that moment. They all stated they would seek out MT again. Conclusions: Our results suggest that remote group MT is feasible and acceptable to our FQHC patients with SUD. We saw an improvement in participants’ mood and substance use, and in their ability to manage stress. We wish to build on the results of this pilot study to enhance our understanding of the effects of MT in the outpatient setting, and broaden our patients’ access to MT for SUD in our FQHC.