Jennifer Currin-McCulloch  
Research Statement

My research trajectory, informed by two decades of clinical practice as an oncology and palliative care social worker, investigates psychosocial adaptation to illness and the function of hope in balancing developmental and physical transitions. Specifically, my dissertation focuses on young adults with advanced cancer and how they engage hope to cope with their life-limiting illness.

While working as an oncology and palliative care social worker at a teaching hospital in Georgia, I consistently incorporated research into my patient care. I served as principal investigator and co-investigator in eight different studies that focused on adjustment to cancer, quality of life, and the psychosocial impacts of transitions in care for those with cancer. For instance, I conducted a mixed methods study of women with breast cancer to study their biopsychosocial quality of life at three, six, 12, and 18 months after completion of cancer treatment. I also developed two studies exploring the impacts of massage on individuals receiving cancer treatment. The initial study (n=251), “A Hospital-Based Intervention Using Massage to Reduce Distress among Oncology Patients,” was published in Cancer Nursing (IF:1.844). The second study (n= 56) aimed to discover how a series of six massage therapy interventions influenced the self-identified biopsychosocial-spiritual concerns of individuals receiving treatment for breast, colorectal, gynecologic and lung cancers.

Prior to leaving practice, I became intrigued by the relationship between social determinants of health and the physiological and emotional presentations of distress among individuals at the time of cancer diagnosis. I developed a study (n=143) to look at the roles education, race/ethnicity, and insurance status played in adjusting to cancer. The results showed that insurance status predicted higher levels of distress than education, disease stage, or symptom burden. For the majority of these studies, I sought out grant funding and received support from state, foundation, and private funders. Performing these research studies provided a solid foundation for me in psychosocial research; however, I wanted to answer deeper questions about coping, resilience, and adaptation and to gather additional experience in qualitative and mixed method study design and data analysis.

As a Doctoral Fellow in the Institute for Collaborative Health Research and Practice, I collaborate with my mentor, Barbara Jones, Ph.D., and student peers. I work with the research team to study the impacts of cancer on patients and their families. I assist with assenting, consenting, and administering study measurements to parents who have cancer and their minor children between the ages of 5 and 15. These measurements assess the effects of a six-session, child-centered, group psychosocial intervention utilizing play, recreation, education, and self-expression. The randomized controlled trial (RCT), which has 60 families enrolled, examines differences between the intervention and waitlist control groups in family communication, child behavior, and child anxiety at three points in time. Another of our studies that has received significant national attention is a study entitled, “Psychosocial Standards of Care for Children with Cancer and Their Families: A National Survey of Pediatric Oncology Social Workers,” which appears in Social Work in Health Care (IF:1.097).

We are currently conducting a study with 115 English- and Spanish-speaking adults receiving cancer treatment and their caregivers to assess functional quality of life, anxiety,
depression, and financial distress. In the first of two assessment points, we found significant relationships between depression, pain, and financial distress on functional quality of life. Additionally, we discovered that this random sample of patients in the clinic included a majority who were stage IV at time of diagnosis, uninsured or underinsured, and earned below $25,000 a year. These findings led me to develop a qualitative sub-study to discover the specific ways in which the financial burdens of cancer treatment effect participants’ physical, social and emotional well-being. Results from this mixed-methods study will inform the development of holistic programs to address patients’ and caregivers’ unmet biopsychosocial needs at the LIVESTRONG Cancer Institutes at the Dell Seton Medical Center at The University of Texas at Austin.

Due to my primary research focus on psychosocial oncology, I partnered with Anao Zhang, a fellow colleague with similar academic interests. We initially examined the role of SFBT in medical settings which yielded a publication in Behavioral Medicine entitled, “The Effectiveness of Strength-Based, Solution-Focused Brief Therapy in Medical Settings: A Systematic Review and Meta-Analysis” (IF:2.880). Next, we developed and pilot-tested a tool to determine the unmet needs of parents of children with cancer at a pediatric hospital in Shanghai, China. The study, “Assessing the Needs of Parents of Children Diagnosed with Cancer in China: A Psychometric Development of a Needs Assessment Tool” was published in the Journal of Pediatric Oncology Nursing (IF:1.294). Lastly, we designed a study to determine the effectiveness of SFBT in pediatric oncology settings. The study compared SFBT with cognitive behavioral therapy (CBT) and found that SFBT significantly exceeded CBT in improving parental depression, anxiety and increasing hope. The study, “Solution-Focused Brief Therapy for Parents of Children with Cancer in China: A Randomized Controlled Trial” was published in Supportive Care in Cancer (IF:2.676).

My dissertation study, funded by the American Cancer Society and a P.E.O. Scholars Award, marries my practice experience and research interests into a grounded theory study entitled The Meaning and Function of Hope among Young Adults with Advanced Cancer. The purpose of the study is to develop a theory that explains how young adults (YAs), aged 18-39, with advanced cancer engage hope to cope with their life-limiting illness. This traditional dissertation includes a three-fold approach. First, I will investigate the meaning and function of hope among YAs with advanced cancer throughout their disease trajectory. Second, I will explore how YAs engage internal, interpersonal, and structural resources to cultivate hope. Lastly, I will discover how YAs employ hope to balance dual transitions from adolescence into young adulthood and from perceived longevity to the knowledge of living within a shortened timeframe. I anticipate a sample size of 20-25 participants, based on previous studies of hope in mixed-age samples of adults with advanced cancer. Recruitment sites include two hospital systems, the LIVESTRONG Cancer Institutes, and Memorial Health University Medical Center in, Savannah, Georgia, as well as cancer support organizations in Central Texas.

My extensive clinical practice has fed the development of a substantial list of research questions that I would like to explore. I will initially focus on advancing my dissertation findings to develop a Hope-Engendering SFBT Intervention for YAs with advanced cancer. My long-term research goals include further studies with YAs and how they navigate periods of liminality, anticipatory grief, and preparations for the final phase of life.