

The emotional responses of a 9- year- old patient diagnosed with desmoplastic medulloblastoma

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Abstract

This case involves a 9 – year- old girl diagnosed with desmoplastic medulloblastoma, currently undergoing chemotherapy after previous surgery. She has been referred for psychological evaluation due to emotional distress, heightened anxiety, and difficulty managing anger adjustment to family changes. Clinical observations reveal significant fear of death, emotional withdrawal, and concerns about being replaced, which impact her well- being. The therapeutic focus is on emotional support, addressing fears, and improving her quality of life through cognitive – behavioral therapy and family counseling.

Keywords: Cognitive – behavioral therapy; Desmoplastic medulloblastoma; Emotional distress; Fear of death; Quality of life

1. Introduction

Medulloblastoma is the most common malignant brain tumor affecting children [1]. These tumors are high grade with propensity to metastasize within the central nervous system and, less frequently, outside the neuraxis [1]. During this period, the patient exhibits difficulties in managing anger and aggression as well as challenges in adapting to the new family structure. Cognitive - behavioral therapy will be used to address the patient's emotional difficulties.

2. Patient Identification

A. A date of birth 28.05.20216, was hospitalized for the first time one year ago, with diagnosis: Desmplastic medulloblastoma. After diagnosis was performed, there was began the chemotherapy treatment, according to the Protocol ACNS0332, A.A after two weeks of treatment she went to Italy to continue the treatment according to the protocol Siop Pnet 4, with radiotherapy (Proton therapy) and chemotherapy. The patient returned to Albania to continue the chemotherapy for the 7 cycles of the Maintenance phase. Actually, the patient is at the third cycle, second week of the Maintenance phase.

2.1 Reason for Referral

The patient was referred for psychological evaluation due to observed difficulties in regulating anger and aggressive behaviors, as well as challenges in adapting to recent changes within the family structure.

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2.1. Family History

The patient's parents have been divorced since she was approximately one year old. Despite the separation, they maintain a cooperative co-parenting relationship and jointly participate in decision-making regarding the patient's care.

2.2 Psychosocial Intervention

The ward's social worker has been actively engaged in supporting the patient with the objective of fostering a healthier hospitalization experience and promoting emotional well-being during her inpatient stay.

2.3 Clinical Observations

During the clinical interview, the patient expressed distress regarding her mother's desire to have another child. She articulated a belief that she was going to die, reflecting significant illness-related anxiety and emotional vulnerability, warranting further psychological intervention. The patient demonstrated signs of emotional overload, including anhedonia (inability to experience pleasure), avoidance of social or public environments, and pronounced social withdrawal. These were indicative of elevated anxiety levels. An anxiety inventory was administered, yielding a score of 29 points, which is consistent with a high level of clinically significant anxiety.

2.4 Therapeutic Focus

Psychological support for the patient will center on

- Processing fear of death. Therapeutic strategies will include child-centered approaches such as play therapy, expressive drawing, and storytelling. The aim is to encourage emotional safety and gradually reduce existential anxiety by providing a consistent supportive therapeutic relationship.
- Addressing feelings of potential replacement within the family. Therapy will explore any underlying worries that the child may have, about being replaced or losing her place in the family, especially in the context of a new sibling. Interventions will aim to reinforce her sense of importance and belonging within the family system through affirming conversations, emotional validation, and guided parent-child interactions.
- Reducing anhedonia through engagement in therapeutic activities. To counter the emotional numbness and loss of interest in previously activities the child will be supported in engaging in tailored therapeutic experiences such as art therapy, music therapy, and other meaningful, enjoyable activities appropriate to her physical and emotional condition. The goal is to rebuild her capacity for joy and motivation.

Additionally, the treatment plan includes involving both parents in counseling sessions to strengthen communication and support the child in a unified and effective manner.

2.5 Treatment Objectives

- Provide individualized emotional support
- Implement family-based therapeutic interventions
- Assist in managing death-related anxiety
- Improve quality of life through expressive modalities such as art, play, and guided conversation
- Normalize fear as an emotion and address difficult topics using developmentally appropriate language
- Ensure the child feels heard, supported, and not alone in her experiences

3 Psychological treatment plan

3.1 Cognitive-Behavioral Therapy (CBT)

CBT will be utilized to help the patient recognize and regulate her emotions, challenge catastrophic thoughts related to mortality, and re-engage in daily pleasurable activities [2].

3.2 Play Therapy

Symbolic play therapy will be employed to facilitate expression of fear and uncertainty, particularly given the patient's difficulty in verbalizing these emotions [3]. Through non-verbal tools such as drawing and role play, the child will be encouraged to represent and process complex emotions. For example, the child may be given drawing materials and asked to depict what sadness would look like in a picture. This modality has been shown to be particularly effective for pediatric oncology patients in addressing grief and existential anxiety without direct confrontation [4].

3.3 Family Support

Children's emotional states are significantly influenced by the reactions and behaviors of their caregivers. Therefore, family involvement is essential to the therapeutic process. Educating parents on how to communicate about illness and mortality in an age-appropriate, reassuring manner can substantially reduce the child's psychological distress [5].

4 Conclusion

The child will be provided with

- Active listening and empathic engagement, allowing her to feel heard, understood, and emotionally validated throughout the therapeutic process. This approach fosters trust and builds a safe therapeutic alliance essential for psychological healing.
- A psychologically safe environment to discuss fears, particularly related to illness, death and family changes. Creating this secure space helps reduce anxiety and supports the development of healthy emotional processing.
- Creative tools for emotional expression, such as art, play and storytelling, which are developmentally appropriate methods for helping children externalize and work through complex emotions that may be difficult to verbalize.
- Ongoing support from both family and clinical professionals, ensuring a consistent network of emotional care that strengthens resilience and addresses the child's psychological needs in a holistic manner.

Continued psychological follow-up is recommended to address the patient's emotional needs as treatment progresses.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from the parents.

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