Selected abstracts from CAPO Scientific Conference—April 2015

The Canadian Association of Psychosocial Oncology recently held its annual scientific conference in Montreal. The abstracts shared below are from presentations offered at the conference. The content of these abstracts will be of interest to cancer nurses across Canada. The authors have given permission to contact them if you want to know more about their work.

“Would you like an appointment with a counsellor?” Examining Disease-site Differences in Measured Distress and the use of Psychosocial Services
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Purpose: Cancer diagnoses are not equal and differences in reported distress levels differ by disease. We assessed how differences in distress relate to psychosocial service-use across four primary disease sites.

Methods: Patients (n=3,268) signed a Release of Information Form allowing information to be extracted from records. The present research focuses on breast, prostate, colorectal, and lung cancer patients identifying their distress level (Hospital Anxiety and Depression Scale, HADS), the use of available services, and basic patient and disease information (age, sex, stage).

Results: Prostate cancer patients were the least likely to score above the threshold on the HADS (16.7%) or to become supportive care clients (24.5%). Lung patients were most likely to score above threshold on the HADS (39.8%) and breast cancer patients were the most likely to become supportive care clients (79.4%). Differences by disease site were significant for supportive care status and the number of appointments. Female colorectal patients were more likely to score above threshold on the HADS but females with lung cancer were more likely to become psychosocial clients and attend more psychosocial appointments.

Conclusions: In some instances (prostate) reported distress and use of available services do line-up, in other instances the use is higher than one might expect given the reported distress level (breast). Reported distress level cannot be the only criterion upon which to base assumptions about the need for use of psychosocial services.

Information and Support: Bringing Hope and Making a Difference to Canadians with Cancer
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The need for information and support services among those dealing with cancer is well documented (e.g., Supportive Care Framework: A foundation for person-centred care, 2008; Breaking Down Barriers, 2003). Psychosocial professionals are ideally placed to inform patients about additional sources for information and support—but need to know the program they are recommending is credible and likely to meet the individual’s needs.

To help establish this credibility the Canadian Cancer Society commissioned an evaluation of their three major information and support programs. University-based research institute, the Propel Centre for Populations Health Impact, conducted the study in 2013.

This session will describe key features of the three programs and focus on the impact evaluation results. Findings indicate that the Society’s services helped clients understand and feel informed about living with cancer and helped them feel more comfortable talking to health care providers and family. The majority of respondents (n=438 who completed the survey) reported that the programs helped them cope and helped them feel more in control of their lives, two measures that have been associated with empowerment. The presentation will also share how the findings informed decisions on service delivery and plans for further evaluation.

Patients and caregivers tell us that health care professionals are a trusted source of information and they want you to tell them about additional programs that can help them. This session will provide the information you need to help your patients get information and support that will contribute to their whole person care.

Rapid Diagnostic Assessment for a Suspicious Breast Abnormality: Examining the Impact on Anxiety and Uncertainty
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Purpose: Rapid diagnostic centres (RDC) for breast cancer offer speedier process from the discovery of a suspicious breast lump to further testing with same-day investigation and confirmation. This sequential mixed-method with repeated measures study tracked the anxiety and uncertainty levels of 13 women who underwent rapid diagnostic testing following the discovery of a suspicious breast abnormality.

Methods: Quantitative measures were taken at three time points: pre-diagnosis, three days and three weeks post-diagnosis. Qualitative data were obtained through a telephone interview where the women described their diagnostic experience process, the support they received, and offered recommendations for change. Descriptive and non-parametric analysis was used along with qualitative content analysis, as guided by Grahaheim and Lundman (2014), that followed a meta-matrix approach to allow for pattern recognition across both data sets.
Results: The mixed data results mainly showed congruency between women scoring high on levels of anxiety and uncertainty and describing their experience as stressful and uncertain both before and after testing. The anticipatory process before testing was more stressful for women with family histories with cancer. However, the women who did retain effective coping skills to contain their thoughts and emotions up to the days leading to testing scored below anxiety and uncertainty clinical thresholds.

Discussion: Uncertainty and anxiety levels were above clinical thresholds for more than half of the women while waiting for further testing. These levels were again high at the three week mark post-diagnosis for close to half of the women regardless of diagnosis received.

Conclusion: While RDC testing reduces wait time to obtain further testing, results suggest that the period leading up to the day of testing is highly stressful and uncertain with some women continuing to experience high levels post-testing, warranting further investigation on appropriate strengths-base nursing care to provide with RDCs services.

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Logging in Strained, Logging out Sustained: A First-hand Examination of the Value of Caregiver Online Support Groups

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Caregiver burden is a growing public health concern involving a broad range of mental and physical health problems including, but not limited to social and physical isolation, financial strain, and relationship, psychological, and somatic difficulties. What is particularly troubling is that caregivers often cope in solitude without adequate support resources, and are more likely than non-caregivers to neglect their own health care needs. Evidently, these individuals represent a highly vulnerable population for whom it is important to develop accessible support resources.

One such burgeoning resource that has recently garnered empirical interest is the online support group (OSG), as it operates according to many of the same therapeutic processes as traditional support groups, but offers the advantages of attendance without physical separation from the patient or time spent travelling to meetings, and creates a resource for rural-dwelling caregivers who may otherwise be unable to access such support.

The present study sought to identify how, in practice, these groups meet the needs of, and are perceived by, their members. Using a grounded theory approach, the complete set of chat transcripts from four separate caregiver OSGs were analyzed and, through the process of generating the main category, elucidated how these groups served as a virtual space where members eagerly ‘logged in strained and logged out sustained’. This therapeutic context was achieved as a function of three main factors (sub-categories): the group (i) served as ‘a mosaic of resources’, (ii) it ‘approximated face-to-face reality’, and (iii) it was valued as ‘an indispensable community’. These findings confirm in-vivo that OSGs meet an important demand within our health care system. Furthermore, by analyzing in-vivo group interactions, the results illustrate how, as a process, this is achieved, and thus point to future directions in terms of sustaining and improving the potential value of these groups to their members.

Development of an Internet-based, Psychosexual Intervention for Couples following Treatment for Breast Cancer

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Despite well-established evidence that many couples experience sexual difficulties following breast cancer (BC), few interventions have been designed exclusively to reduce sexual problems in BC survivors. Many of the interventions that do exist have focused on the physiological aspects of sexual dysfunction, or have incorporated sexuality as a component of a broader program to enhance coping. Accordingly, there is a need to develop and evaluate more focused intervention that addresses the psychosexual needs of couples facing BC.

This presentation discusses the development of a novel, online, couples-based intervention designed to address sexual problems associated with BC and treatment. In addition to allowing couples to participate in this intervention from the privacy and convenience of their own home, an advantage of this online modality is its ability to enhance outreach of Acceptance and Commitment Therapy (ACT). This six-session intervention addresses topics such as communication, sexual values and expectations, body image, and strategies for enhancing intimacy and/or sexual satisfaction, and will be delivered via secure video conferencing. ACT has shown considerable promise in the treatment of many mental health issues including anxiety, depression, chronic pain; it also has been used to improve the quality of life after cancer and address relationship distress. The ways in which ACT principles transfer well to sexual issues specific to BC will be discussed.

The theoretical underpinnings of ACT, including mindfulness, acceptance, and valued living, were adapted to facilitate couples’ acceptance of a “new normal” in the context of post-cancer sexuality, with the aim of improving their intimacy and sexual relationship.

‘Getting Physical’ after Treatment for Breast Cancer: Couples’ Experiences Participating in an Online Exercise to Help Restore Intimacy

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Physical disfigurement and compromised sexual function due to breast cancer (BC) treatment have a profound impact on a couple’s sexual relationship. Concerns regarding sexuality and the ability to reclaim a satisfying sex life with one’s partner once active treatment is complete, are among the most commonly reported survivorship concerns.
Evidence suggests that the most important predictor of sexual well-being in women following BC is the quality of their intimate relationship. The quality of the relationship, in turn, has proven to be as strong—if not stronger—a predictor of sexual satisfaction, function, and desire post-treatment than the physical and/or hormonal changes to the woman’s body.

In this presentation, these themes are explored in depth through an analysis of couples’ experiences undertaking a sexually-focused exercise as one component of a 6-session online relationship enhancement intervention for young couples affected by BC. Twenty couples participated in the “Getting Physical” dyadic learning module where each couple is prompted to reflect on satisfying sexual experiences from their past and the elements that made them so, and later complete a sensate focus exercise.

The Getting Physical module is intended as a non-threatening means to helping partners reconnect on a physical level, as one step toward reclaiming their sexual relations, which are often disrupted or halted by BC. Sixteen of the 20 participating couples completed the full exercise. A multiple case study design was used to examine participant reactions to the exercise as observed through module content, written post-module reflections, ratings of satisfaction and benefit, and during the post-treatment interviews. Particular attention is paid to the trajectory of five couples who spontaneously identified sexuality as a primary concern during the baseline data collection phase, and how they responded to the module.

** Sélection d’abrégés du congrès scientifique de l’ACOP—avril 2015 **

L’Association canadienne d’oncologie psychosociale a récemment tenu son congrès scientifique annuel à Montréal. Les abrégés partagés ci-dessous proviennent de présentations faites au congrès. Le contenu de ces abrégés intéressera le personnel infirmier à travers le Canada.

Les auteurs ont donné leur permission pour que vous les contactiez si vous aimeriez avoir plus de renseignements au sujet de leur travail.

“Would you like an appointment with a counsellor?” Examining Disease-site Differences in Measured Distress and the use of Psychosocial Services [“Aimeriez-vous prendre rendez-vous avec une conseillère?” Examen des différences entre les sièges de la maladie concernant la détresse mesurée et l’utilisation des services psychosociaux]
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Objectif: Les diagnostics du cancer ne sont pas égaux, et les différences de niveaux de détresse rapportés diffèrent selon la maladie. Nous avons évalué en quoi les différences de détresse étaient liées à l’utilisation de services psychosociaux pour quatre sièges de maladie primaire.

Méthode: Les patients (n=3268) ont signé un formulaire de divulgation d’information permettant l’extraction de données de leur dossier médical. La présente recherche se concentre sur les patients touchés par le cancer du sein, de la prostate et de la poumon ainsi que par le cancer colorectal en déterminant leur niveau de détresse au moyen de l’Echelle hospitalière de mesure de l’anxiété et de la dépression (HADS), l’utilisation des services disponibles et l’information de base relative aux patients et à la maladie (âge, sexe, stade).

Résultats: Les patients touchés par le cancer de la prostate étaient les moins susceptibles d’avoir un résultat au-dessus de l’HADS (16.7 %) ou de devenir des clients en soins de soutien (24.5 %). Les patients touchés par le cancer du poumon étaient les plus susceptibles d’avoir un résultat au-dessus de l’seil de l’HADS (39.8 %) et les patients touchés par le cancer du sein étaient les plus susceptibles de devenir des clients en soins de soutien (79.4 %). Les différences en raison des sièges de la maladie étaient significatives en ce qui a trait à la situation en soins de soutien et au nombre de rendez-vous. Les patientes touchées par le cancer colorectal étaient plus susceptibles d’avoir un résultat dépassant le seuil de l’HADS tandis que les patientes touchées par le cancer du poumon étaient les plus susceptibles de devenir des clientes en soutien psychosocial et d’avoir plus de rendez-vous psychosociaux.

Conclusions: Dans certains cas (prostate), la détresse rapportée et l’utilisation des services disponibles coïncident et, dans d’autres cas, l’utilisation des services est plus forte que ce à quoi on aurait pu s’attendre si l’on se fiait uniquement au niveau de détresse rapporté (sein). Le niveau de détresse rapporté ne peut pas être le seul critère qui détermine toute supposition sur le besoin d’utilisation de services psychosociaux.

Information and Support: Bringing Hope and Making a Difference to Canadians with Cancer [Information et soutien : Insuffler de l’espoir et faire une différence dans le vécu des Canadiens atteints de cancer]
Heather Sinardo, Sandra Krueckl, Jennifer Yessis et Barbara Zupko Courriel : hsinardo@ontario.cancer.ca

Le besoin d’information et de services de soutien chez ceux qui font face au cancer est bien documenté (p.ex. Supportive Care Framework: A foundation for person-centered care, 2008; Breaking Down Barriers, 2003). Les professionnels du domaine psychosocial occupent une situation idéale pour informer les patients au sujet de sources additionnelles d’information et de soutien — mais ils doivent être sûrs que les programmes qu’ils recommandent sont crédibles et qu’ils sont susceptibles de répondre aux besoins de la personne.

Afin d’aider à établir cette crédibilité, la Société canadienne du cancer a commandé une évaluation de ses 3...