Symposium

**Cancer patients and their families**

Side by Side – Effects of a psychosocial intervention for couples facing cancer (Nina Heinrichs, Germany)

A controlled study of teenagers’ adaptation to cancer in their fathers (Elisabeth Jeppesen, Norway)

Illness appraisal in couples affected by breast cancer (Nina Rottmann, Denmark)

Sexual information and counseling needs among cancer outpatients and their significant others (Nanna Frioriksdottir, Iceland)
Psychosocial Interventions (for Breast Cancer)

- primarily individual or in groups with other patients
- social support vs. dyadic support
  - (Intimate) relationships as a potential resource in coping with cancer
- female breast or gynecological cancers cause additional concerns about the women’s body image and sexual functioning (Kayser & Scott, 2008, Scott & Kayser, 2009)
  - may provoke or enhance maladaptive patterns of interaction between the couple
- Cancer-related concerns rock the entire family
  - not only the individual but also the couple’s and family functioning may be challenged by the diagnosis
SIDE BY SIDE: A COUPLE-BASED SKILLS INTERVENTION FOR BREAST AND GYNECOLOGICAL CANCER PATIENTS

Nina Heinrichs, Tanja Zimmermann & Peter Herschbach
STUDY DESIGN

• RCT at 2 sites in Germany (Braunschweig & Munich)
  • two intervention groups (total sample size 72)
    ▪ couple-based skills intervention (EG; N = 38)
    ▪ couples control program with psychoeducation (CG; N = 34)
  • dependent variables: individual and dyadic distress/skills
INTERVENTIONS

• RELATIONSHIP SKILLS PROGRAM – SIDE BY SIDE
  ▪ skills on a dyadic level
    • enhancement of communication skills
    • enhancement of dyadic coping
    • support in communicating with underage children
    • enhancement of sexuality/intimacy
  ▪ skills on an individual level
    • psychoeducation about cancer
    • activity scheduling
    • dealing with unhelpful thoughts

• COUPLES CONTROL PROGRAM
  ▪ skills on an individual level
    • psychoeducation about cancer
Cancer-Related Distress (Female Only)

Heinrichs, Zimmermann, Huber, Herschbach, Russell & Baucom, 2011; Annals of Behavioral Medicine
Dyadic Coping

Heinrichs, Zimmermann, Huber, Herschbach, Russell & Baucom, 2011; Annals of Behavioral Medicine
Short-and Long-term Effects (Study I)

• Side by Side showed (short-term) more benefit in
  ▪ dyadic coping (and fear of progression, communication, sexuality - but: no additional benefit in a number of other variables, such as cancer-related distress!)

• Dyadic benefits hint at prevention effect in relationship (control group scores deteriorate)

• BUT: No more differential effects at 12 months- follow-up

• DUE to: Improvements in the control group
  ▪ Selective drop-out following the post measurement
  ▪ Drop-out for couples with more distress

• Dose effect? (higher dose in Side by Side)

Heinrichs, Zimmermann, Huber, Herschbach, Russell & Baucom, 2011; Annals of Behavioral Medicine
Study II: RCT at the end of medical tx

• When?
  - Following the medical treatment

• Screening
  - Psychological distress (FBK-10) or
  - Relationship distress

• 2 groups à 4 sessions
  - EG: Side by side
  - CG: Progressive muscle relaxation following Jacobsen with both partners

• Still running at present; sample very similar to the first one (mid fifties, long-standing relationships)

Zimmermann, T., Müller, M. & Heinrichs, N. (in preparation)
CANCER-RELATED DISTRESS (FEMALE PATIENT ONLY)

Zimmermann, Müller, & Heinrichs, in preparation
Relationship satisfaction (total score PFB)

Zimmermann, Müller, & Heinrichs, in preparation
Conclusions

• Similar results in 2 RCTs with beneficial results in dyadic variables but no superiority in individual variables

• Promising approach for cancer patients and their partner

• Screening seems useful
  - Choose couples, who are either extremely stressed by the disease, experience low dyadic support or report low relationship satisfaction (Martire et al., 2010)

• Best point in time for intervention
  - After diagnosis or following the medical treatment?

Females benefit more – why?

Recruitment challenges – is this an intervention needed?
Thank you very much!