



We Can Cope: Family Support When a Parent Has Cancer

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Abbreviated Abstract

The diagnosis of cancer forces entire families to learn how to cope. This is especially true when the patient is the parent of young children. Past interventions for families dealing with parental cancer have focused on the intermediate and late stages of illness and treatment, including bereavement. There are no programs with demonstrated effectiveness available to families which focus on the parent and child needs in the period immediately following diagnosis. This application proposes development of a video intervention designed to help families make healthier adjustments and increase their resiliency when a parent has cancer. The program consists of three videos (parent tape, child tape, adolescent tape) and a comprehensive guidebook. The program will be designed to alleviate acute stress, facilitate adaptive coping, and reduce the negative psychological and emotional effects of newly diagnosed parental cancer on children. The program will offer specific help to parents about how to communicate with their children and how to understand children's developmental needs. Phase I addressed development of the structure and content of the program. Phase II will produce a beta version of the program and include a clinical trial to test the efficacy and safety of the program..

Primary Investigator

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Simon H. Budman, Ph.D., is the founder and President of Inflexxion, Inc. in Newton, MA. He is also on the faculty of the Harvard Medical School. Trained as a clinical psychologist, Dr. Budman worked for 20 years at the Harvard Community Health Plan, first as the Director of Mental Health Research and then as the Director of Mental Health Training. He also served as the Associate Director of the Harvard School of Public Health Institute for Health Research. Inflexxion's work is focused on several major areas: the use of multimedia (CD-ROM, Internet, and video) in behavioral oncology, smoking cessation and prevention, substance abuse, and college student health. Dr. Budman is the 2000 winner of the American Psychological Association Award for Distinguished Contributions to Professional Knowledge and the 2000 recipient of the Cummings Foundation Psyche Award.

Research Team & Affiliations

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Total Budget

\$822,216.68

Research Objectives

Aim1: Completion of the three videotapes; one for parents, one for young children, and one for teenagers. Completion of the parent guidebook to accompany the videotapes.

Aim 2: Test the main hypotheses, test the secondary hypotheses, assess the safety of the program, and assess participant satisfaction.

Theory/Hypothesis

1. Families who receive the program will report better family functioning.
2. Three dimensions for understanding family functioning would be explored: communication; cohesion; and adaptability.
3. The program would reduce the extent to which children within the targeted age range develop symptoms or functional problems as a reaction to the stress of illness.
4. The secondary hypothesis was during the study period non ill family members exposed to the program will utilize.

Experimental Design

Two hundred and thirty three participants were recruited, either parents with cancer or their partners. Parents who were diagnosed with cancer within the past 12 months and had at least one child between the ages of six and eighteen years old were invited to participate in the study. Participants were recruited from a variety of sites including cancer treatment programs, support and resource programs, and from internet sites developed to provide information and support to people with cancer. All measures were given to participants at baseline and follow up. Follow up assessments occurred at six weeks and twelve weeks after the intervention was given. In this study half of the participants were given the We Can Cope program and half received standard psycho-social care.

Final Sample Size & Study Demographics

There were 226 final participants in the study. The majority of participants were non Hispanic white (78%), married (80%), women (84%), and partial college education or beyond (86%). These participants had an average of 2.36 children. In the sample breast cancer was most prevalent, (49%), followed by leukemia (30%), then by lymphoma (7%), lung cancer (6%), colon cancer (4%), ovarian cancer (2%) and testicular cancer (1%).

Data Collection Methods

All measures were completed via paper and pencil and mailed to participants at baseline and follow up. Follow up assessments occurred at six weeks and twelve weeks following the intervention.

Outcome Measures

Primary Outcome Measures

1. Family Functioning
2. Child Behavior as Reported by Parents

Secondary Outcome Measures

1. Health Resources Utilized
2. Program Safety and Satisfaction

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Evaluation Methods

1. Family Environmental Scale
2. Child Behavior Checklist

Research Results

On the Family Environment Scale primary outcomes were similar between groups at baseline. The FES expressiveness subscale was slightly higher among experimental families than control families. There were significant correlations among several of the FES subscales. However, on most of the subscales there were no significant changes over time. Taking time since cancer diagnosis into account, there was a significant decrease in the conflict subscale score among those patients who viewed WCC who were recently diagnosed, compared to their counterparts who received the control intervention.

Barriers & Solutions

There were a low number of fathers with cancer and non white participants. In addition there were a significantly greater number of stage three cancers in the experimental group and more stage two cancers in the control group.

Product(s) Developed from This Research

We Can Cope: When a Parent Has Cancer