

A Randomized Trial Comparing Two Low-Intensity Psychological Interventions for Distressed Patients With Cancer and Their Caregivers

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The worldwide burden of cancer is set to increase owing to the growth and aging of the population, as well as the continued uptake by individuals of lifestyle behaviors that increase cancer risk, such as smoking, physical inactivity, and dietary habits that lead to obesity (Jemal et al., 2011). Although a cancer diagnosis will bring with it a range of physical morbidities, a significant psychological cost also is registered. Many people with cancer experience heightened psychological distress, such as anxiety and depression (Andrykowski, Cordova, McGrath, Sloan, & Kenady, 2000; Sheppard, 2007; Zabora, BrintzenhofeSzoc, Curbow, Hooker, & Piantadosi, 2001), with partners or caregivers reporting high levels of distress that, in some cases, will be greater than the patient's (Chambers, Schover, et al., 2013; Northouse, 2012).

Efforts to alleviate the psychological costs of cancer have included both individual and group programs applying therapies such as cognitive behavioral, supportive expressive, and psychoeducation or coping skills training. Numerous reviews have summarized the effectiveness of these interventions (Fors et al., 2011; Graves, 2003; Northouse, Katapodi, Song, Zhang, & Mood, 2010; Osborn, Demoncada, & Feuerstein, 2006). Since the 1990s, an additional focus has emerged internationally proposing that a preceding step, screening patient populations for high psychological distress, is needed to direct scarce and expensive clinical resources to where they are most needed (Holland & Bultz, 2007; Holland, Watson, & Dunn, 2011). Consistent with this, new quality standards now provide a mandate for psychosocial care as a routine part of oncology care (Harvey, Rogak, Ford, & Holland, 2013). Nurses in cancer care have a central role to play in the identification of emotional distress in patients and in the provision of care to meet these

Purpose/Objectives: To compare the effectiveness of two low-intensity approaches for distressed patients with cancer and caregivers who had called cancer helplines seeking support. Baseline distress was hypothesized as a moderator of intervention effect.

Design: Randomized trial.

Setting: Community-based cancer helplines in Queensland and New South Wales, Australia.

Sample: 354 patients with cancer and 336 caregivers.

Methods: Participants were randomized to either a single session of nurse-led self-management intervention or a five-session psychologist cognitive behavioral intervention delivered by telephone. Assessments were undertaken at baseline (preintervention) and at 3, 6, and 12 months.

Main Research Variables: Psychological and cancer-specific distress and post-traumatic growth.

Findings: No significant moderation by baseline cancer-specific distress was noted. For low-education patients, only the psychologist intervention was associated with a significant drop in distress. For all other participants, distress decreased over time in both arms with small to large effect sizes (Cohen's d s = 0.05–0.82). Post-traumatic growth increased over time for all participants (Cohen's d s = 0.6–0.64).

Conclusions: Many distressed patients with cancer and their caregivers may benefit significantly from a single session of a nurse psychoeducation intervention that can be delivered remotely by telephone and supported by self-management materials. Research is needed to develop an algorithm that moves beyond the use of distress as the only indicator for referral to specialist psychological services. Survivors and caregivers with low education and low literacy may require more in-depth and targeted support.

Implications for Nursing: Brief nurse psychoeducation and stress management for cancer survivors and caregivers should be considered as part of a tiered approach to psychosocial care.

Key Words: cancer; psychological intervention; nursing practice; low intensity; caregivers

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