

# Benefits of a Brief Therapeutic Conversation Intervention for Families of Children and Adolescents in Active Cancer Treatment

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Cancer in children and adolescents differs from adults in that it has unique epidemiology (e.g., lymphoma, leukemia, endocrine tumors) and the treatment itself can have an impact on the child's physical and relational development (Erickson et al., 2010). These children often are receiving medical treatment at a time when they are developing from childhood into the pre-adolescent or adolescent years, which requires significant psychosocial support from their families. In addition, because of the effect of radiation and chemotherapy on the central nervous system, childhood cancer survivors or their parents may need assistance from oncology team members to educate school personnel about potential learning problems children can experience as a result of cancer treatment (Quillen, Crawford, Plummer, Bradley, & Glidden, 2011).

Therefore, knowing what impact the cancer diagnosis has on the family and how the family can help the child adapt to the cancer treatment requires interactional or relational actions rather than individual actions. In other words, the behavior of each individual family member cannot be considered in isolation but rather in the context of the family situation (Wright & Bell, 2009; Wright & Leahey, 2009). Nevertheless, although research findings have been reported on the impact of pediatric cancer on family members' well-being and quality of life (Svavarsdottir, 2005; Svavarsdottir & Sigurdardottir, 2005; Tamayo, Broxson, Munsell, & Cohen, 2010; Tanzi, 2011) and on family functioning (Svavarsdottir, Sigurdardottir, & Tryggvadottir, In press; Svavarsdottir, Tryggvadottir, & Sigurdardottir, 2012), little is known about how primary caregivers such as parents can impact their child's well-being and help them to adjust to the medical treatment. In addition, little is known about how or in what way oncology nurses can support parent caregivers to help them to become well-functioning support persons for their child or adolescent with cancer. To begin to address that gap, a quasiexperimental family-level intervention

**Purpose/Objectives:** To test the effectiveness of a two-to-three session family therapeutic conversation intervention (FAM-TCI) for primary and partner caregivers of children and adolescents in active cancer treatment on perceived family support and on expressive family functioning.

**Design:** Quasiexperimental; one group pre- and post-test.

**Setting:** Inpatient cancer unit and a day treatment cancer unit at the Children's Hospital in Reykjavik, Iceland.

**Sample:** 19 parent caregivers (10 primary, 9 partner) of children in active cancer medical treatment.

**Methods:** The caregivers completed baseline measure questionnaires and were offered the first sessions of the FAM-TCI. About four to eight weeks later, the second session was administered and then the caregivers were offered a third session, if needed, one week later. When the caregivers had finished all sessions, they answered the same set of questionnaires about one week later.

**Main Research Variables:** The FAM-TCI for primary and partner caregivers, family support, and expressive family functioning.

**Findings:** Primary caregivers perceived significantly higher family support after the intervention compared to before. Those caregivers also reported significantly higher expressive family functioning and significantly higher emotional communication after the intervention. Partner caregivers, however, reported significantly lower verbal communication after the FAM-TCI compared to before.

**Conclusions:** Shortening hospital stays in pediatric oncology populations has focused attention on effective short-term psychosocial interventions. The FAM-TCI is promising as an effective short-term intervention but requires additional testing.

**Implications for Nursing:** The FAM-TCI strengthened pediatric oncology caregivers in their caregiving activities and was found to benefit primary caregivers regarding their perception of family support and expressive family functioning; therefore, the intervention might benefit future families of children and adolescents in active cancer treatment.

**Knowledge Translation:** The FAM-TCI was brief, easy to provide, and well fitted. Pediatric oncology nurses can offer brief, beneficial interventions to families of children and adolescents with cancer who are in active treatment. Knowing that primary caregivers experienced support and information may result in more effective evidence-based family care.