Dyadic coping in cancer and couple-based interventions

Tim Regan, Bachelor of Psychology (Hons)

Submitted for the degree of Doctor of Philosophy

June, 2014

School of Medicine and Public Health, The University of Newcastle
Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University’s Digital Repository**, subject to the provisions of the Copyright Act 1968.

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I hereby certify that the work embodied in this thesis has been done in collaboration with other researchers, or carried out in other institutions (delete if not applicable). I have included as part of the thesis a statement clearly outlining the extent of collaboration, with whom and under what auspices

Statement of Authorship

I hereby certify that the work embodied in this thesis contains a published paper/s/scholarly work of which I am a joint author. I have included as part of the thesis a written statement, endorsed by my supervisor, attesting to my contribution to the joint publication/s/scholarly work.

Thesis by Publication (Refer to Rule 52 of the Rules Governing Research Higher Degrees)

I hereby certify that this thesis is in the form of a series of published papers of which I am a joint author. I have included as part of the thesis a written statement from each co-author, endorsed by the Faculty Assistant Dean (Research Training), attesting to my contribution to the joint publications.

02/06/2014
Candidate Signature
Date
Acknowledgments

First, I must acknowledge my supervisors Dr. Sylvie Lambert, Prof. Brian Kelly, and A/Prof. Patrick McElduff.

I am immensely grateful to Sylvie and Brian for their unerring support, guidance, understanding, and patience. Sylvie, your boundless enthusiasm and energy for research is infectious, and your commitment to Coping-Together is inspiring. I wouldn’t be where I am today without your support and patient feedback. Looking back from where we started together, and all the changes that have happened, I am immensely proud of the work we have completed together. Brian, you have been a constant source of wisdom and guidance since coming on board and agreeing to supervise me under exceptional circumstances. Your thoughtful and considered input has made this work immeasurably better, and has been invaluable in getting this thesis over the line. I could not have asked for two better mentors to guide me through this process. Without your willingness to constantly re-read drafts, the long-distance and early-morning/evening teleconferences, and your openness and humour I simply would not have made it to the end. For that I am truly thankful to you both.

To Patrick McElduff, I thank you for your guidance and speed in overseeing and explaining some pretty complex statistical analyses used in this thesis. To Afaf Girgis I thank you for bringing me into the research world with Coping-Together. To Janelle Levesque and Hayley Candler, I thank you for going above and beyond what was needed to ensure elements of Coping-Together needed for my thesis were taken care of when needed.

To all my PhD and RA counterparts from CHeRP to CTNMH: Jamie Bryant, Camille Short, Alex Cameron, Ryan Courtney, Alison Zucca, Ashleigh Guillaumier, Laura Twyman, Joanne Allen, and Tonelle Handley – thank you for all it’s been great to have such a fantastic support crew over the years. A special thanks must go to Jo for her being a constant sounding board for advice and many hours talking through the issues at the WPO, and to Ash for all the laughs and the hilarious hijinks that go along with trying to get through a “PhD”.

To my parents, Helen and Rob, I thank you for providing endless support and encouragement to pursue all my goals, academic and otherwise, and for instilling in me the value of hard work. Knowing you are always there for us is a comfort that I am incredibly lucky and thankful to have in my life.

Finally, to Amy - the most selfless, supportive, and loving person anyone could wish for. Without you there is no thesis, and knowing I would be coming home to you every night made this worth every second. This is for you and our future together.
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Synopsis

This thesis by publication is composed of an introduction, seven papers, and a final chapter that includes discussion of the overall body of work undertaken and its implications for future research. The research described in this thesis was undertaken concurrently with the development and initial testing of a novel, self-directed, couple-based intervention for patients with prostate cancer and their partners called Coping-Together. All papers relate to couple-based interventions for patients with cancer and their partners, and the role dyadic coping (i.e., how couples cope with cancer together) plays in couples’ adjustment to cancer. At the time of submission, four of seven papers have been accepted for publication, which meets the requirements set out by the University of Newcastle for submitting a thesis by publication.

The Introduction presents an overview of the psychological impact of cancer on couples and the role dyadic coping plays in their adjustment to the disease. It provides a discussion on the prevalence of psychological distress among patients and partners, a summary of how coping with cancer has evolved from an individual concept to a dyadic concept, and a rationale for why in some cases it may be beneficial to intervene with distressed patients and partners together, rather than separately.

Paper One, “Couples coping with cancer: Exploration of theoretical frameworks from dyadic studies”, presents a review of the various theories of dyadic coping that have been used to explore how couples adjust following a diagnosis of cancer. This is an important first step in outlining the current state of dyadic coping in the context of cancer. This narrative review identified seven theoretical perspectives of coping and interpersonal relationships that have been applied in the cancer context, including the Systemic Transactional Model of dyadic coping (STM), and provides a summary of the findings, and compared and contrasted the specific characteristics of
each theoretical perspective. This paper is currently under review with *Psycho-Oncology*.

**Paper Two**, “*Cross-sectional relationships between dyadic coping and anxiety, depression, and relationship satisfaction for patients with prostate cancer and their spouses*”, explores empirical data collected baseline survey of pilot study of a couple-based intervention called *Coping-Together*. This paper adds to the growing empirical evidence that patients’ and partners’ dyadic coping behaviour influence their own psychosocial outcomes and that of their spouse. The results suggested that positive forms of dyadic coping were associated with increased relationship satisfaction, whereas negative forms of dyadic coping were associated with decreased relationship satisfaction and increased anxiety and depression. The results also indicated that spouses’ use of dyadic coping influenced one another’s outcomes on anxiety, depression, and relationship satisfaction. This paper has been accepted for publication in *Patient Education and Counseling*.

**Paper Three**, “*Do Couple-Based Interventions Make a Difference for Couples Affected by Cancer?: A Systematic Review*”, presents the results of a systematic review of couple-based interventions for patients with cancer and their partners. Given the growing evidence that suggests couples’ react to cancer as an interdependent system, interventions designed for couples are becoming increasingly popular in psychooncology. This paper summarises the current evidence regarding the efficacy, feasibility, and acceptability of couple-based interventions in the context of cancer. The review indicated that couple-based interventions have a moderate impact on quality of life, psychological and relationship outcomes for couples affected that is comparable to individual-based interventions for patients and partners. However the uptake of these interventions by couples, coupled with the rates of attrition from them, is an issue that
requires further exploration. This paper has been accepted for publication in *BMC Cancer*.

**Paper Four**, “*Uptake and attrition in couple-based interventions for cancer: Perspectives from the literature*”, presents a review of the uptake and attrition rates of patients and partners approached to participate in randomised controlled trials of couple-based interventions. Paper Three indicated that couple-based interventions were efficacious, however their applicability and feasibility needs to be explored in greater detail. This descriptive review explores the variation in uptake and attrition by cancer type and stage, and by intervention type, content, and delivery. The results suggested that uptake did differ between patients and partners, and was not affected by cancer type. In terms of attrition, partners of patients with late-stage cancer were more likely to drop out of a trial compared to patients. This paper has been accepted for publication in *Psycho-Oncology*.

**Paper Five**, “*A Qualitative Investigation of Health Care Professionals’, Patients’ and Partners’ Views on Psychosocial Issues and Related Interventions for Couples Coping with Cancer*” is a qualitative paper that compares and contrasts the perspectives of health care professionals (HCPs) involved in cancer care and couples facing cancer on how best to provide psychosocial support for couples. This paper provides a more in-depth exploration of the factors that influence the dissemination of couple-focused care. A range of HCPs, including oncologists, nurses, and psychologists, and couples facing various cancer diagnoses (e.g., breast prostate, head and neck) were interviewed. Results showed that HCPs and couples have different views regarding couple-focused care in cancer. For example, whereas most HCPs discussed the importance of referring couples to specialist psychosocial care, most couples felt they were coping well enough without specialist couple-focused psychosocial care and that
their primary health care professionals could provide sufficient psychosocial support. This paper is currently under review with *BMC Cancer*.

**Paper Six**, “‘You need something like this to give you guidelines on what to do’: *Patients' and partners' use and perceptions of a self-directed coping skills training resource*” is a qualitative paper exploring the feasibility of a self-directed, couple-based intervention called *Coping-Together* for patients with cancer and their partners. The results showed that couples enjoyed the self-directed format, and the intervention’s focus on practical strategies made it a welcome addition to other resources. Despite this, couples felt that the intervention included too many exercises, and felt that it was not feasible to expect both spouses to use the resource simultaneously as was intended. This paper has been accepted for publication in *Supportive Care in Cancer*.

**Paper Seven**, “*A pilot, multisite, randomized controlled trial of a self-directed coping skills training intervention for couples facing prostate cancer: Accrual, retention, and data collection issues*” reports on the implementation and two month follow-up from the *Coping-Together* pilot study. *Coping-Together* was found to be a feasible and acceptable intervention for couples that is well placed to be adapted in to routine cancer care. A lack of statistical power makes inferences regarding the efficacy of *Coping-Together* difficult, although the majority of non-significant trends that emerged suggest that the intervention has potential. This paper is currently under review with the *British Journal of Cancer*.

**In conclusion**, this body of work examined the current evidence and theoretical frameworks relevant to dyadic coping in couples facing cancer; examined the empirical basis for dyadic coping and couple-based interventions in couples; explored the barriers and facilitators of couple-based interventions and psychosocial care in routine practice; explored the feasibility, acceptability and efficacy of the first self-directed couple-based
intervention for couples coping with prostate cancer. The findings for this thesis fill important research gaps in psycho-oncology, specifically relating to the role of dyadic coping, the variation in HCPs and couples’ views on couple-focused care, and the potential of self-directed interventions for couples.
List of citations for papers included in this thesis

**Paper One:** Regan T., Lambert, S., et al. (2014). Couples coping with cancer: Exploration of theoretical frameworks from dyadic studies. *under review with Anxiety, Stress, and Coping.* [Appendix 1.1].


**Paper Four:** Regan, T., Lambert, S., et al. (2013). "Uptake and attrition in couple-based interventions for cancer: Perspectives from the literature." *Psycho-Oncology, 22(12).* [Appendix 4.1].


**Paper Six:** Lambert, S. D., Girgis, A., Turner, J., **Regan, T.**, et al. (2013). “You need something like this to give you guidelines on what to do”: Patients' and partners' use and perceptions of a self-directed coping skills training resource. *Supportive Care in Cancer, 12(21).* [Appendix 6.1].

**Paper Seven:** Lambert, S. D., McElduff, P., Girgis, A., Levesque, J., **Regan, T.**, et al. (2013). A pilot, multisite, randomized controlled trial of a self-directed coping skills