Couple-based Approaches for Coping with Chronic Illness

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Overview

- Marriage and health
- Types of dyadic interventions
- Communication skills training interventions
- Caregiver-assisted coping skills training
- Challenges and opportunities for dyadic intervention research
Marriage & Health
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- Marriage associated with decreased mortality & morbidity
  - Across a range of acute and chronic conditions
  - Health benefits of marriage are stronger for men than women

- Why?
  - Selection: healthier people more likely to marry
  - Protection: more social support, less stress, more resources, better health behaviors

*Kiecolt-Glaser & Newton, 2001*
Marriage & Health

• Cancer patients who are married have better outcomes
  – Less likely to present with metastatic disease
  – More likely to receive definitive therapy
  – Less likely to die as a result of their cancer
  • For 5 cancers, survival benefit of marriage was greater than that associated with chemotherapy

MARRIAGE IS GOOD!

Aizer et al., 2013
Or is it?

Illness in the female partner is more likely to result in divorce. (Glantz et al., 2009; Karakker et al., 2014)
The interpersonal context of illness
Importance of Relationships in the Context of Illness

Communication

- Emotional Support
- Practical Support
- Problem solving
- Relationship equity
Communication Difficulties

• Many important issues are difficult to discuss (e.g., fear, pain, dependence, guilt, resentment, sex….)

• Avoidance is common

• Even for couples in happy relationships
Types of Dyadic Interventions
Types of Dyadic Interventions

Partner-Assisted
- Focused on patient’s needs
- Care partner is there to support, encourage
- Outcomes are individual

Couple-based
- Dyadic focus
- Patient and partner are equal participants
- Outcomes are relational
- More appropriate for couples in intimate relationships (?)
Communication Skills Training
Interventions
Types of Communication

Sharing thoughts and feelings

Decision making
Sharing thoughts & feelings: Speaker guidelines

- Pick a time and place where you will not be rushed or distracted.
- Talk from your own point of view, using “I” statements.
- Be honest about your thoughts and feelings. Don’t give your partner misinformation (such as saying that everything is fine when it is not).
- Speak in “paragraphs.” Give your partner a chance to respond to one main idea.
Sharing thoughts & feelings: Listener guidelines

When your partner is speaking…
- Show that you understand and accept your partner’s thoughts and feelings.
- Try to put yourself in your partner’s place.

When your partner finishes speaking…
- Summarize your partner’s most important thoughts and feelings.

When you are the listener, do NOT…
- Ask questions, except for clarification
- Express your own opinion
- Attempt to solve a problem if one exists
- Judge what your partner has said
Partner-Assisted Emotional Disclosure

- Four session intervention based on Pennebaker’s emotional disclosure intervention
- **Goal**: Patient disclosure of cancer-related thoughts and feelings facilitated by partner supportive listening
- Comparison condition: Four session education/support

**Benefits for the Relationship:**
- ↑ Intimacy
- ↑ Understanding
- ↑ Support

**Benefits for the Patient:**
- ↑ Cognitive processing
- ↓ Psychological distress
- ↓ Symptoms

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Participants

• 130 couples randomized to PAED or education/support

• Patient characteristics:
  – GI cancer, Stages 2-4
  – 71% male
  – average age 59 yrs (SD=12, range=31-91)
  – 86% white, 11% AA
  – average length of marriage=24 years (SD=16, range=1-57)
  – 66% had Stage 4 cancer
Results

- Couples in the disclosure intervention reported significant increases in relationship quality and intimacy.
- Effects were stronger for couples in which patient was high in holding back at baseline.
- No significant effects on psychological distress.
- Same results for patients and partners.
- Results maintained at 8 week follow up.

Porter et al., 2009, 2012
Patients who reported lower levels of relationship quality, higher levels of holding back, and higher partner avoidance at baseline were rated as more expressive during the sessions.

High levels of patient expressiveness during the disclosure sessions were associated with improvements in relationship quality and intimacy.

Porter et al., 2011, 2012
“Coping Together”: Feasibility of a videoconference communication intervention

- Targets couples high in holding back
- More comprehensive intervention
  - Both patient and partner share thoughts & feeling
  - Decision making
- Delivered via videoconference

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Case Example

- Female patient; married 7 years; stage 4 cancer
- First session:
  - H: “I am guarded and private. I minimize things.”
  - W: “I am also private. He has a realistic view on things. I have a different view of the cancer. This won’t kill me.” “Most of the time I am very positive, but there are times that I am petrified.”
  - Communication: “We don’t like to burden each other. But then nothing gets done.” “We don’t often express emotions.” H: “My job is to reassure her.”
- Topics discussed:
  - financial planning (why important to him)
  - planning party (why important to her)
  - thoughts/feelings about his spending time away from her
  - different reactions to diagnosis
  - sadness about possibility of dying early
Participant feedback

W: “This whole cancer thing has not been easy to go through and I know its’ been difficult to talk about. These sessions have helped us figure out how to communicate through all this crap. Talking has gotten easier.”

H: “It was helpful to have a third person who is neutral to help the conversation along and in some cases to force the conversation… sometimes you need that person to point out the elephant in the room.”

Both: “It sure beats having conversations in my head/alone in my truck.”

“This type of service should be available to all cancer patients.”
Caregiver-Assisted Coping Skills Training
Key Features

- Focused on individual coping skills to manage symptoms and distress (relaxation, imagery, calming self-statements, activity pacing, pleasant activity scheduling)

- 14 sessions conducted over the telephone

- Compared to cancer education/support intervention involving caregiver

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Frank Keefe, PI
Participants

• 233 dyads
• Patients/Caregivers:
  – 47% / 69% female
  – average age 65.3 yrs (SD=9.5)/ 59.3 (SD=12.3)
  – 84% white, 12% AA
  – 76% caregivers were spouses; 14% adult children
• Cancer stage
  – 53% NSCLC Stage I
  – 16% NSCLC Stage II
  – 36% NSCLC Stage III
  – 4% Small cell limited stage
Results

Both treatment conditions:

- Patients - improvements in pain, depression, self-efficacy, and QOL

- Caregivers - improvements in anxiety and self-efficacy for helping patient control symptoms

Cancer stage moderated intervention effects:

- CST more beneficial for patients/caregivers when patients had stage II or III cancer; Education/support better for those with Stage I cancer

Porter et al., 2011
Patient Anxiety

Stage I

Stage II-III
Caregiver Self-Efficacy

Stage I

Stage II-III
Other current/recent dyadic intervention studies

- Partner-assisted pain management for cancer patients at end of life (Keefe)
- Couple-based relationship enhancement for early stage breast cancer (Baucom)
- Caregiver-assisted uncertainty management for patients awaiting liver transplant (Bailey)
- Caregiver-assisted CST for ICU survivors (Cox)
- Couple-based intervention for parents of children with cancer (Porter)
Challenges & Opportunities
Challenges

- Recruitment
- Interventionist training
- Control group
- Mode of delivery
  - Face-to-face
  - Telephone
  - Videoconference
- Analyses
Opportunities

- Health Behaviors
- Coping with Distress
- Screening
- Palliative Care
- Treatment Adherence
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