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Clinical Correspondence

Partners empowered: a couple-based intervention for newly diagnosed cancer

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Dear Editor,

Cancer and the couple

Cancer disrupts the lives of both patient and partner; often the patient and partner's level of distress are similar [1]. Although grappling with strong emotional reactions, couples with cancer face treatment side effects, changes in family roles, and communication challenges. Although spousal support can positively impact patients' adjustment [2], partners are challenged to provide support at a time when their resources may substantially exhausted [3]. Previous research has shown positive effects for couple-based interventions for cancer [4,5]; however, interventions that have specifically targeted enhancing the couple's relationship have primarily been conducted with breast and prostate cancer populations and have been site and stage specific, thus limiting the impact of couple-based interventions.

The current study examined the feasibility of a cognitive behavioral therapy communication-based couple framework developed for men and women with any diagnosis and stage of cancer. To our knowledge, marital satisfaction has not been examined as a moderator of couple-based interventions despite research findings that marital distress is associated with slowed recovery trajectories and poor outcomes [6]. We hypothesized that at posttest, patients and partners would report higher relationship satisfaction and that patients would report higher quality of life (QoF), and these effects would be moderated by relationship satisfaction. We hypothesized that distressed couples would benefit more from the intervention as they are in greater need of assistance.

Method

Participants

The Partners Empowered (PE) program was described on the website and monthly program of the community cancer support center at which the study took place. Brochures specifically describing the PE program were mailed to local oncology clinics where they were given directly to patients and placed in waiting areas. Brochures contained information about the intervention as well as the following inclusion criteria: diagnosed with cancer within 6 months, in a committed heterosexual or homosexual relationship, and able to speak and read English. Couples who were interested in participating contacted the study director and were screened for eligibility. Approximately 93 couples contacted the study director over a period of 5 years.

Eighty-seven couples enrolled in the study. Twenty-two couples discontinued early because of cancer-treatment-related side effects, illness progression, and death (12 couples); significant comorbid individual or couple issues that required more intensive intervention (5 couples); did not wish to focus on cancer diagnosis (2 couples); scheduling conflicts (1 couple); and unknown (2 couples). Data for one partner were incomplete and dropped from the analyses. Ninety-five percent of the sample self-identified as Caucasian. Types of cancer were breast 35%, lung 10%, lymphoma 9%, colon/rectum 7%, brain/central nervous system 9%, leukemia 5%, head/neck 5%, renal 3%, esophageal 2%, melanoma 2%, ovarian/uterine 6%, pancreatic 3%, and other 3%. Cancer stage at pretest was stage 0 1%, stage I 13%, stage II 17%, stage III 14%, stage IV 21%, and unknown/unreported 34%. Patients ranged in age from 30 to 78 years, and partners ranged in age from 27 to 81 years; both had a mean age of 52. Couples had been partnered for an average of 20 years. At pretest, 63% had undergone surgery, 69% had received chemotherapy, and 26% had received radiation. Two patients had received stem cell transplantation. Treatment data were missing for one patient.

Measures

Revised Dyadic Adjustment Scale [7] is a 14-item revision of the 32-item Dyadic Adjustment Scale, which has been used extensively to measure relationship satisfaction. Completed by patient and partner, higher scores indicated greater relationship satisfaction. Cronbach's alpha = 0.85 for patients and 0.84 for partners.

Functional Assessment of Cancer Therapy – General Version [8] is a 27-item measure of health-related quality of life (QoL) completed by the patient only. Higher scores reflect better QoL. Cronbach's alpha = 0.90.

Procedure

This study was approved by the institutional review board at the community-based cancer support center. Couples completed informed consent and study questionnaires at the initial meeting. All couples attended six face-to-face, 120 min, individual sessions with the first author, who is a licensed clinical psychologist. The sessions occurred approximately every other week.

PE was a manualized treatment that was developed to address the needs of the couple identified from the research literature and clinical experience. Session topics were as follows: (1) working as a team and communicating with medical staff, (2) reviewing and reallocating family tasks and roles, (3) enhancing couple communication and promoting supportive behavior, (4) discussing sexuality and physical intimacy, and (5) adopting effective coping strategies. For the sixth session, couples chose from the following topics: fertility, communicating with children, making lifestyle changes, coping with fatigue and pain, securing support outside of the family, or revisiting a topic from a previous session. Homework was assigned at each session and reviewed at the next session. Session topics were developed to be broad enough to apply across type and stage of cancer. Although the intervention was not developed to address end-of-life issues, couples coping with these issues often discussed related concerns in the context of session topics. End-of-life issues were treated as any other couple-initiated topic, and couples were encouraged to use open and supportive communication skills to address these issues. The post-assessment was conducted at the end of the couple's sixth session and included questionnaire measures as well as a qualitative measure of satisfaction with the intervention. Couples were not compensated monetarily for their participation, although there was no cost for the treatment in keeping with center practice.

Results

The mean scores and standard deviations are presented in Table 1. Independent *t*-tests confirmed that there were no significant differences between study dropouts and study completers at pretest for partners. However, QoL $t(1, 85) = 2.10$, $p < 0.05$ and marital satisfaction $t(1,84) = 2.96$, $p < 0.05$ at pretest were significantly worse for couples who withdrew compared to study completers.

Data analytic strategy

Because of the relatively small sample size and limited power to use inferential statistics, within-group effect sizes were used to evaluate the magnitude of change from pretest to posttest. Intent to treat analyses were performed to control for significant differences between study completers and those who withdrew. Effect sizes were computed separately for patients and partners. To examine the moderation effect of relationship satisfaction, patients and partners were separated into two groups: those who were satisfied with

Table 1. Means, standard deviations, and effect sizes moderated by relationship satisfaction

	Relationship satisfaction					
	Unsatisfied			Satisfied		
Variable	Pretest *M* *SD* (*n*)	Posttest *M* *SD* (*n*)	*d*	Pretest *M* *SD* (*n*)	Posttest *M* *SD* (*n*)	*d*
Patient						
	39.12	40.24	.14	52.98	52.56	−.09
	7.89	8.07		4.15	4.92	
RDAS	(23)	(23)		(64)	(64)	
FACT, Full Scale	62.40	64.67	.17	73.96	74.17	.08
	12.62	14.07		14.89	13.99	
	(23)	(23)		(64)	(64)	
Partner						
	41.06	41.99	.17	53.89	52.65	−.28
	5.49	5.23		3.70	4.99	
RDAS	(30)	(30)		(56)	(56)	

FACT, Functional Assessment of Cancer Therapy; RDAS, Revised Dyadic Adjustment Scale.

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their relationship and those who indicated relationship distress (using a cutoff score of 48 on the Revised Dyadic Adjustment Scale). See Table 1 for results.

Relationship satisfaction as a moderator

For patients and partners who were unsatisfied in their relationship, the effect sizes from pretest to posttest indicated possible minimal improvement in their relationships ($d = 0.14$ for patients and $d = 0.17$ for partners). However, for patients and partners who were satisfied with their relationship at pretest, there were declines in relationship satisfaction at posttest ($d = -0.09$ for patients and $d = -0.28$ for partners). Mean scores at posttest indicated that patients and partners remained in the relationship satisfied range.

Patients who were unsatisfied with their relationship at pretest showed minimal improvement in QoL at posttest ($d = 0.17$) as did patients who were satisfied with their relationship ($d = 0.08$).

Qualitative results

After the final session, participants provided written responses to 'What about the program was most helpful to you?' and 'What was not helpful or would have been helpful but not covered?' Couples indicated that the most helpful aspects of the program were that it provided a safe place to talk about difficult topics that they would have otherwise avoided, validated feelings and normalized the cancer experience, and improved coping. In terms of what was not helpful, couples reported that they wished they had started the program sooner, they wanted a program for life after treatment to address ongoing survivorship issues, and they wished the location had been easier to access.

Discussion

Previous couple-based interventions have primarily focused on homogenous groups of cancer type and stage. Although this approach has been supported by research, this level of specificity limits the number of patients who may benefit from these programs. This study showed that providing a communication-focused couple-based intervention for patients and partners coping with the challenges that occur among all cancer diagnoses and stages is feasible. Qualitative feedback also indicated that the intervention was well received by participants.

The effect sizes were small and need to be interpreted with caution given the single-arm nature of the study. Patients and partners initially unsatisfied with their relationships showed minimal relationship improvement, whereas those satisfied with their relationship declined over time while still remaining in the satisfied range. Both patient groups showed minimal improvements in QoL. Future research should utilize a control group, as previous research has shown that couple-based intervention may attenuate relationship decline when couples in the treatment group were compared with couples in the control group [9]. Cancer treatment disrupts patterns of interaction such as enjoying activities together that may influence standard relationship satisfaction measures; thus, future research should examine broader measures of relationship functioning such as partner support, intimacy, and caregiver burnout that may be less influenced by shared leisure activities.

Key points

- Cancer disrupts a couple's normal interactional patterns.
- Couple-based cancer research has focused on homogenous groups of cancer type and stage.
- This study concludes that it is feasible to deliver a cancer-focused, couple-based intervention to heterogeneous group of cancer type and stages.
- Treatment benefit was moderated by marital satisfaction.
- Future research should include randomized treatment control framework.

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