

# Psychological Functioning, Post-Traumatic Growth, and Coping in Parents and Siblings of Adolescent Cancer Survivors

Andrea M. Turner-Sack, PhD, Rosanne Menna, PhD, Sarah R. Setchell, PhD, Cathy Maan, PhD, and Danielle Cataudella, PsyD

Turner-Sack is a psychologist at JVS Toronto; Menna is a professor in the Department of Psychology at the University of Windsor; Setchell is a psychologist in supervised practice at the York Region District School Board; and Maan and Cataudella are both psychologists at the Children's Hospital London Health Science Center, all in Ontario, Canada.

This research was supported by a Canadian Institute for Health and Research Professional Student Training Award.

Turner-Sack and Menna contributed to the conceptualization and design, statistical support, and analysis. Turner-Sack, Maan, and Cataudella completed the data collection. All of the authors contributed to the manuscript preparation.

Turner-Sack can be reached at [andrea.turner.sack@gmail.com](mailto:andrea.turner.sack@gmail.com), with copy to editor at [ONFEditor@ons.org](mailto:ONFEditor@ons.org).

Submitted January 2015. Accepted for publication May 12, 2015.

**Key words:** leukemia; hematology; post-traumatic growth; adolescence; coping; family caregivers

ONF, 43(1), 48–56.

doi: 10.1188/16.ONF.48-56

**Purpose/Objectives:** To examine psychological functioning, post-traumatic growth (PTG), coping, and cancer-related characteristics of adolescent cancer survivors' parents and siblings.

**Design:** Descriptive, correlational.

**Setting:** Children's Hospital of Western Ontario in London, Ontario, Canada.

**Sample:** Adolescents who finished cancer treatment 2–10 years prior (n = 31), as well as their parents (n = 30) and siblings (n = 18).

**Methods:** Participants completed self-report measures of psychological distress, PTG, life satisfaction, coping, and cancer-related characteristics.

**Main Research Variables:** Psychological functioning, PTG, and coping.

**Findings:** Parents' and siblings' PTG levels were similar to survivors' PTG levels; however, parents reported higher PTG than siblings. Parents who used less avoidant coping, were younger, and had higher life satisfaction experienced less psychological distress. Parents whose survivor children used more active coping reported less psychological distress. Siblings who were older used more active coping, and the longer it had been since their brother or sister was diagnosed, the less avoidant coping they used.

**Conclusions:** Childhood and adolescent cancer affects survivors' siblings and parents in unique ways.

**Implications for Nursing:** Relationship to the survivor, use of coping strategies, life satisfaction, and time since diagnosis affect family members' postcancer experiences.

Since the 1980s, the incidence rates of childhood and adolescent cancer have increased and the mortality rates have decreased in the United States and Canada (National Cancer Institute, n.d.; National Cancer Institute of Canada, 2008). This has resulted in a growing population of young cancer survivors with a unique set of psychological issues. Researchers have explored some of these issues, including survivors' moods, anxieties, and coping strategies (Dejong & Fombonne, 2006; Schultz et al., 2007; Turner-Sack, Menna, Setchell, Mann, & Cataudella, 2012). However, the focus is often on the negative aspects of childhood cancer, such as depression, with fewer studies addressing a more positive aspect, such as positive changes in perspectives, life priorities, and interpersonal relationships (Kamibeppu et al., 2010; Seitz, Besier, & Goldbeck, 2009). In addition, the experiences of young cancer survivors' families often are ignored.

The diagnosis and treatment of cancer in childhood or adolescence can be exceptionally stressful not only for the young patients with cancer, but also for members of their family. Several studies suggest that parents of children and adolescents with cancer experience psychological distress, post-traumatic