

A Pilot Study of a Cognitive-Behavioral Intervention for Breast Cancer Survivors

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Becker and Volker contributed to the conceptualization and design. Becker, Henneghan, and Mikan completed the data collection. Becker provided statistical support. Becker, Henneghan, and Volker provided the analysis. All of the authors contributed to the manuscript preparation.

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Purpose/Objectives: To test combining a group intervention to build self-efficacy for using compensatory strategies and lifestyle adjustments with brain-training practice to improve cognition.

Design: A quasiexperimental design.

Setting: Texas Oncology, a community oncology practice in Austin.

Sample: 20 women aged 35–65 years, who had finished chemotherapy at least three months before the study, were within five years of completing all treatment, and had self-reported cognitive concerns.

Methods: Six group sessions to build self-efficacy for using compensatory strategies, along with other health behaviors that affect cognitive performance, were combined with practice on a computer-based training program. Female breast cancer survivors were recruited through flyers, mailings, and personal contacts.

Main Research Variables: Cognitive performance, cognitive concerns, cognitive/memory strategies, fatigue, emotional distress, sleep disorders, and quality of life.

Findings: Participants reported that the intervention was useful in building cognitive abilities. Although scores on performance tests did not increase, ratings of cognitive concerns, fatigue, emotional distress, and sleep disturbance decreased significantly. Use of cognitive/memory strategies increased significantly.

Conclusions: This pilot study demonstrated the feasibility of combining a group intervention with brain-training practice. A larger randomized trial would afford a more rigorous test of efficacy.

Implications for Nursing: A growing body of evidence regarding potential interventions to address survivors' cognitive problems exists. Nurses should counsel breast cancer survivors about fatigue, sleep deprivation, and emotional distress, as well as the effects of cancer treatment on cognition.

A growing body of literature has linked cancer diagnosis and treatment with deficits in cognitive functioning (Ahles, Root, & Ryan, 2012; Ono et al., 2015; Von Ah, 2015). Breast cancer survivors have reported that cognitive impairment is one of the most troubling side effects of treatment, and survivors have expressed frustration that providers do not validate cognitive complaints or provide assistance for dealing with them (Boykoff, Moieni, & Subramanian, 2009; Myers, 2012; Von Ah, 2015). The most commonly reported deficits occur in attention, memory, processing speed, word finding, and executive functioning (Hutchinson, Hosking, Kichenadasse, Mattiske, & Wilson, 2012; Von Ah, 2015; Wefel, Kesler, Noll, & Schagen, 2015). The causes of these deficits are complex and continue to be investigated (Ahles et al., 2012).

Researchers have begun to explore interventions to help breast cancer survivors deal with their cognitive limitations (Cherrier et al., 2013; Ferguson et al.,