A Case Study of Telephone Interpersonal Counseling for Women With Breast Cancer and Their Partners

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Purpose/Objectives: To present a case study of one woman with breast cancer and her partner to provide a firsthand account of an innovative telephone interpersonal counseling intervention.

Data Sources: Journal articles, book chapters, research data, and transcriptions of telephone counseling sessions.

Data Synthesis: Substantial evidence exists that face-to-face psychosocial interventions improve psychological adjustment and health-related quality of life for patients with cancer. Yet psychosocial interventions are not offered routinely, and many patients with cancer do not use face-to-face counseling mechanisms. The telephone may be an innovative and effective method of delivering interventions, and telephone-delivered interpersonal counseling may be an especially effective intervention for women with breast cancer and their partners.

Conclusions: Despite the fact that the telephone counseling occurred over a brief period of time, the woman and her partner in this case study reported substantial positive changes in their own distress (e.g., symptoms such as depression and anxiety) and the nature of their relationships with each other and their children. This is precisely the effect that would be predicted by interpersonal theories of psychological distress. These results were not atypical for other women and their partners who participated in the study.

Implications for Nursing: Family members play a significant role in supporting women through the breast cancer experience; thus, nurses should assess the emotional distress of both partners during the course of treatment and, if needed, provide critical education and referral to psychosocial interventions. This woman and her partner clearly benefited from the intervention, resulting in improved symptom management and quality of life. Although this intervention requires additional training in the advanced practice nursing role, some techniques of the intervention can be used by all nurses, regardless of specialty training.

In 2004, more than 200,000 women will be diagnosed with breast cancer (Jemal et al., 2004), and the majority will have treatment-related side effects associated with their cancer experience (Badger, Braden, & Mishel, 2001; Lewis, Zahlis, Shands, Sinheimer, & Hammond, 1996; Winningham et al., 1994). Of the side effects experienced, treatment-related fatigue is the most common, and its incidence is estimated to be 40%–100% (Meek et al., 2000; Nail, 1996; Winningham et al.). The most common psychological symptom for women with breast cancer is depression, with incidence estimates ranging from 4.5%–50% (Newport & Nemeroff, 1998). Women often rate depression and fatigue among the top five most distressing side effects of the cancer experience (Badger, Braden, et al., 2001; Nail). These side effects significantly influence cancer recovery, quality of life (QOL), and long-term survival (Badger, Braden, Longman, & Mishel, 1999; Giese-Davis & Spiegel, 2003; Newport & Nemeroff; Paraska & Bender, 2003; Pasacreta, 1997).

Substantial evidence exists that psychosocial interventions improve patients’ psychological adjustment and health-related QOL (Bottomley, 1997; Bultz, Speca, Brasher, Geggie, & Page, 2000; Fawzy, Fawzy, Arndt, & Pasnau, 1995; Meyer & Mark, 1995; Newport & Nemeroff, 1998). Psychosocial interventions can influence daily activities such as diet, exercise, sleep, ability...