

Acceptability of a Dyadic Psychoeducational Intervention for Patients and Caregivers

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PURPOSE: To assess participants' acceptability of the FOCUS program, a psychoeducational intervention, delivered to multiple patient-caregiver dyads in a small-group format.

PARTICIPANTS & SETTING: A total of 72 adults diagnosed with cancer and their caregivers (36 dyads) who participated in 1 of 11 FOCUS programs delivered at two Cancer Support Community affiliates.

METHODOLOGIC APPROACH: A pre-/postintervention design was used to implement the FOCUS program. The FOCUS Satisfaction Instrument measured participants' satisfaction with the program, usefulness of the materials, helpfulness in coping with cancer, duplication of services, willingness to recommend the program to others, and the most and least beneficial aspects. Descriptive statistics, t tests, and content analysis were used.

FINDINGS: Most participants reported that the program did not duplicate services, that it helped them cope with cancer, and that they would recommend the program to others. The most beneficial aspects of the program were the group format and the dyadic approach.

IMPLICATIONS FOR NURSING: A group format and dyadic approach to address the psychosocial impact of cancer is highly valued by individuals with cancer and their caregivers. Nurses are well positioned to lead implementation of programs like the FOCUS program that complement other cancer support services.

KEYWORDS caregiver; satisfaction; coping; quality of life; acceptability; dyadic; small group

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The diagnosis of cancer affects the well-being and quality of life of individuals with cancer and their family caregivers (Ferrell & Wittenberg, 2017). As the demands placed on family caregivers increase, caregivers report higher emotional distress and lower quality of life, hindering their ability to provide high-quality patient care at home (Litzelman et al., 2016).

Dyadic programs are needed that treat the patient-caregiver dyad (i.e., the pair) as the unit of care. Dyadic programs should be based on the concept of interdependence and on prior research that indicates that responses to illness of patients with cancer and their family caregivers are significantly related; each person affects the other (Traa et al., 2015). Dyadic programs promote open patient-caregiver communication, encourage mutual support, foster effective dyadic coping, and provide education and support to help dyads manage the demands of illness (Baucom et al., 2012).

Most dyadic interventions have been delivered to individual patient-caregiver dyads (Ferrell & Wittenberg, 2017), with only a few delivered to multiple dyads using a small-group format (Dockham et al., 2016; Johns et al., 2019; Manne et al., 2016; Titler et al., 2017). Findings indicate that these dyadic interventions improve patient and caregiver outcomes by reducing depressive symptoms, anxiety, and distress (Johns et al., 2019; Manne et al., 2016; Titler et al., 2017) and by increasing self-efficacy, perceived benefits of illness, well-being, and quality of life (Dockham et al., 2016; Johns et al., 2019; Manne et al., 2016; Titler et al., 2017). However, despite these positive intervention effects, study enrollment rates can be low—such as 10.4%, as reported by Manne et al. (2016)—raising the question about the acceptability of dyadic, small-group interventions.

A systematic review by Ugalde et al. (2019) of cancer caregiver interventions and their potential