Benefits of a Brief Therapeutic Conversation Intervention for Families of Children and Adolescents in Active Cancer Treatment

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Cancer in children and adolescents differs from adults in that it has unique epidemiology (e.g., lymphoma, leukemia, endocrine tumors) and the treatment itself can have an impact on the child’s physical and relational development (Erickson et al., 2010). These children often are receiving medical treatment at a time when they are developing from childhood into the preadolescent or adolescent years, which requires significant psychosocial support from their families. In addition, because of the effect of radiation and chemotherapy on the central nervous system, childhood cancer survivors or their parents may need assistance from oncology team members to educate school personnel about potential learning problems children can experience as a result of cancer treatment (Quillen, Crawford, Plummer, Bradley, & Glidden, 2011).

Therefore, knowing what impact the cancer diagnosis has on the family and how the family can help the child adapt to the cancer treatment requires interactional or relational actions rather than individual actions. In other words, the behavior of each individual family member cannot be considered in isolation but rather in the context of the family situation (Wright & Bell, 2009; Wright & Leahey, 2009). Nevertheless, although research findings have been reported on the impact of pediatric cancer on family members’ well-being and quality of life (Svavarsdottir, 2005; Svavarsdottir & Sigurdardottir, 2005; Tamayo, Broxson, Munsell, & Cohen, 2010; Tanzi, 2011) and on family functioning (Svavarsdottir & Sigurdardottir, & Tryggvadottir, In press; Svavarsdottir, Tryggvadottir, & Sigurdardottir, 2012), little is known about how primary caregivers such as parents can impact their child’s well-being and help them to adjust to the medical treatment. In addition, little is known about how or in what way oncology nurses can support parent caregivers to help them to become well-functioning support persons for their child or adolescent with cancer. To begin to address that gap, a quasiexperimental family-level intervention