Psychosocial Interventions for Adolescents and Young Adults with Cancer

Evidence-Based Recommendations: An Integrative Review

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Psychosocial Interventions for Adolescents and Young Adults With Cancer: An Integrative Review

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Introduction

- AYAs (15-39) are a growing, concerning oncology population[1,2]
- Need to address psychosocial aspects of care[4,5] a responsibility of nursing[3]
  - Addresses quality of life
  - Improves side effect profile of treatment
  - Reduces mortality rates
- Addressing psychosocial needs facilitates promotes lifelong health and wellbeing

PURPOSE: To report on the types and efficacy of psychosocial interventions for AYAs currently undergoing therapy for cancer

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Search

Concept	Search terms	
Adolescent and young adults	Adolescent* Young adult [MeSH] Adolescent [MeSH]	Teen* Young adult*
Cancer	Neoplasms [MeSH] Neoplasm*	Cancer* Tumor*
Psychosocial metrics	Adaptation, Psychological [MeSH] Behavior Cope Coping [MeSH] Mental Health Self-efficacy [MeSH]	Social isolation [MeSH] Social support [MeSH] Stress, Psychological [MeSH] Stress [MeSH] Psych* Quality of Life
Outcome measures	Intervention Outcome Effect*	Impact* Therapy

Inclusion criteria	Exclusion criteria
Peer reviewed Adolescent or young adult population (≤40 years) Participants on active therapy Report any psychosocial outcomes Discuss intervention or modifiable care approach	Dissertations or conference abstracts Sibling or parent studies Participants in survivorship/post therapy

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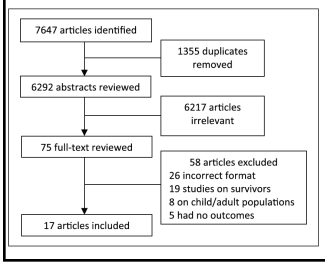
Findings



- 17 articles were included for analysis
  - 1,226 patients
  - 11-40 years of age
- Evaluated level of evidence and quality of work
- Analyzed publications
  - Coded based on type of intervention
  - Discussed together to synthesize findings

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Discussion

- Creative Expression
- Promoting Peer Interactions
- Individual Coaching
- Engaging Technology
- Promoting Physical Activity
- Clinical Interactions

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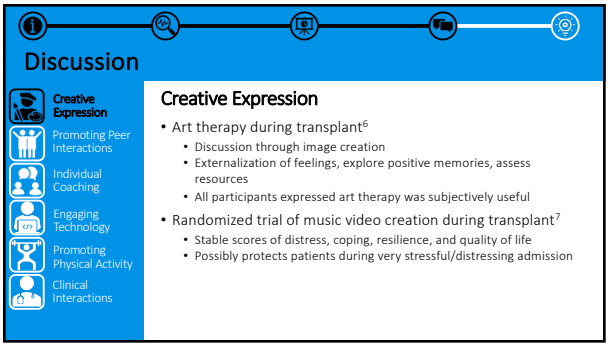
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Clinical Interactions
Creative Expression
• Art therapy during transplant[6]
• Discussion through image creation
• Externalization of feelings, explore positive memories, assess resources
• All participants expressed art therapy was subjectively useful
• Randomized trial of music video creation during transplant[7]
• Stable scores of distress, coping, resilience, and quality of life
• Possibly protects patients during very stressful/distressing admission

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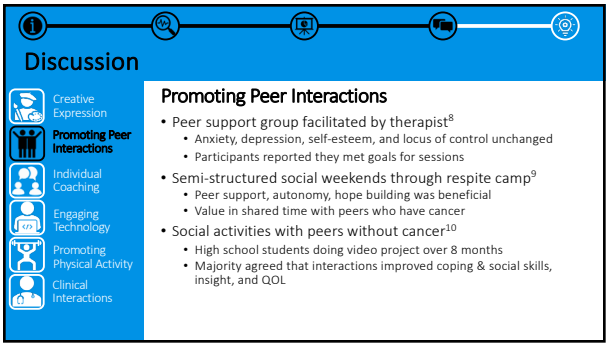
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Clinical Interactions
Promoting Peer Interactions
• Peer support group facilitated by therapist[8]
• Anxiety, depression, self-esteem, and locus of control unchanged
• Participants reported they met goals for sessions
• Semi-structured social weekends through respite camp[9]
• Peer support, autonomy, hope building was beneficial
• Value in shared time with peers who have cancer
• Social activities with peers without cancer[10]
• High school students doing video project over 8 months
• Majority agreed that interactions improved coping & social skills, insight, and QOL

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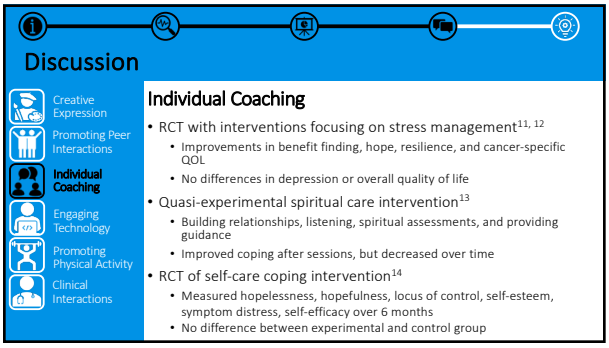
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Individual Coaching
• RCT with interventions focusing on stress management[11, 12]
• Improvements in benefit finding, hope, resilience, and cancer-specific QOL
• No differences in depression or overall quality of life
• Quasi-experimental spiritual care intervention[13]
• Building relationships, listening, spiritual assessments, and providing guidance
• Improved coping after sessions, but decreased over time
• RCT of self-care coping intervention[14]
• Measured hopelessness, hopefulness, locus of control, self-esteem, symptom distress, self-efficacy over 6 months
• No difference between experimental and control group

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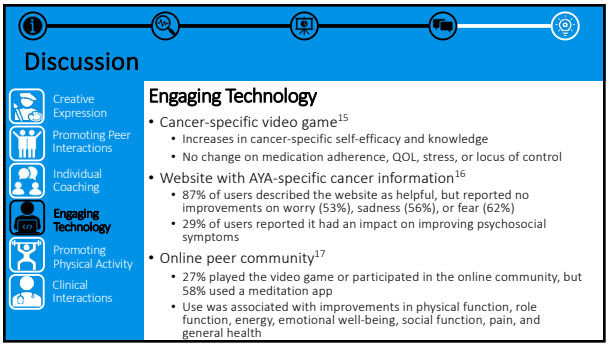
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• Cancer-specific video game[15]
• Increases in cancer-specific self-efficacy and knowledge
• No change on medication adherence, QOL, stress, or locus of control
• Website with AYA-specific cancer information[16]
• 87% of users described the website as helpful, but reported no improvements on worry (53%), sadness (56%), or fear (62%)
• 29% of users reported it had an impact on improving psychosocial symptoms
• Online peer community[17]
• 27% played the video game or participated in the online community, but 58% used a meditation app
• Use was associated with improvements in physical function, role function, energy, emotional well-being, social function, pain, and general health

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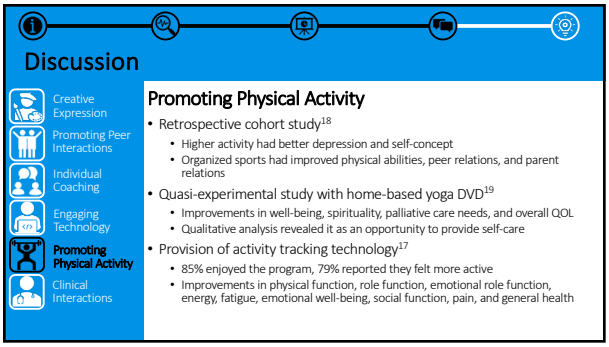
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Promoting Physical Activity
• Retrospective cohort study[18]
• Higher activity had better depression and self-concept
• Organized sports had improved physical abilities, peer relations, and parent relations
• Quasi-experimental study with home-based yoga DVD[19]
• Improvements in well-being, spirituality, palliative care needs, and overall QOL
• Qualitative analysis revealed it as an opportunity to provide self-care
• Provision of activity tracking technology[17]
• 85% enjoyed the program, 79% reported they felt more active
• Improvements in physical function, role function, emotional role function, energy, fatigue, emotional well-being, social function, pain, and general health

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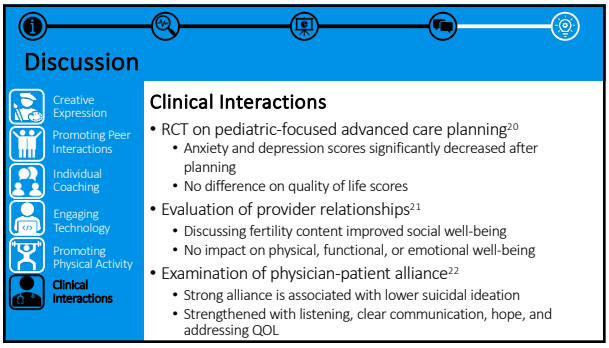
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Clinical Interactions
• RCT on pediatric-focused advanced care planning[20]
• Anxiety and depression scores significantly decreased after planning
• No difference on quality of life scores
• Evaluation of provider relationships[21]
• Discussing fertility content improved social well-being
• No impact on physical, functional, or emotional well-being
• Examination of physician-patient alliance[22]
• Strong alliance is associated with lower suicidal ideation
• Strengthened with listening, clear communication, hope, and addressing QOL

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Discussion

- Effective interventions used interdisciplinary teams
  - Art therapy
  - Social work
  - Clinicians
  - Spiritual workers
  - Psychologists and counselors
- Successful interventions recognized AYA values
  - Privacy
  - Autonomy
  - Decision making
  - Social interactions

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Conclusion

- Interventions should be designed for the needs of AYAs
  - Offer choice as a means to respect values of autonomy
  - Be direct, professional, and individualized to match need for privacy and respect as an adult
  - Facilitate typical social interactions and physical activities to develop peer support and provide physical health

Addressing psychosocial impacts of cancer therapy and improving quality of life is an important component of continuing the progress of therapy

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