

Living with Prostate Cancer: A Group Therapy Intervention to Alleviate Psychological Distress in Men with Prostate Cancer

David Kuhl^{a,b}, Kevin Lutz^c, Eugenia Wu^b, Olga Arsovska^b, Lindsay Hedden^{b,d}, S. Phil Pollock^b, Maria Spillane^b, Jonathan Berkowitz^e, Monita Sundar^b, Larry Goldenberg^{a,b}, Celestia S. Higano^{a,b,f}

^aDepartment of Urologic Sciences, UBC; ^bVancouver Prostate Centre, Vancouver, BC; ^cEducation and Counselling Psychology, and Special Education, Faculty of Education, UBC; ^dSchool of Population and Public Health, UBC; ^eSauder School of Business, UBC; ^fUniversity of Washington, Fred Hutchinson Cancer Research Centre, Seattle, WA.

✉ PCSC@vch.ca



Background

Many men diagnosed with and/or treated for prostate cancer (PC) experience psychological distress at some point after diagnosis and treatment. Frequently, men do not speak of their distress nor do they seek psychological support.

The Prostate Care Supportive Care (PCSC) Program at the Vancouver Prostate Centre was designed to address the complex supportive care needs of men with PC by providing educational and clinical services. To complement existing psycho-social resources available, the PCSC program initiated a pilot study called *Living with Prostate Cancer* (LPC).

The objective of this analysis is to determine the effectiveness of the LPC Program.

Methods

Men who met with the PCSC clinical counsellor for at least 1 private appointment between Jan 2016 and Mar 2018 and who were deemed suitable for group sessions were invited to participate. The study was approved by UBC CREB (H16-02050). Study measurements included:

- Questionnaires at Day 1 and 3 of the sessions, as well as 3-, 6-, 12 months post intervention

Beck Depression Inventory II (BDI)
➤ measure for assessing depression
Personal Attributes Questionnaire (PAQ)
➤ assesses masculinity and femininity in terms of respondents' self-perceived possession of various traits that are stereotypically believed to differentiate the sexes
Masculine Behaviour Scale (MBS)
➤ objective self-report instrument designed to measure restrictive emotionality, inhibited affection, success dedication and exaggerated self-reliance
Warwick Mental Well-Being (WEMWBS)
➤ measures mental well-being using a 14 item scale

- Focus group at 3 months and individual telephone interviews at 12 months to capture the qualitative components.

LPC Program:

- Small-group format (5-7 participants with 2 facilitators).
- Guided autobiography life review to develop a cohesive working group, learn communication skills, and understand and address life stressors (e.g. grief, depression, altered sense of self and relationships with partners).
- Process and integrate critical events that contribute to present day identity and psychological function, and consolidates lessons participants learn about themselves and the impact of their experience.

Methods, cont'd

Measures and Analyses:

Quantitative: Comparison of each time point with the pre-test as the baseline, using Paired T-tests and Wilcoxon Signed-Rank Tests.

Qualitative: Based on 8 focus groups conducted 3 months after the program. Content of the focus groups was reviewed by 3 people. Themes were identified by consensus.

Results

Characteristic	Number N=42	Percent
Age (median (range))	64 (54, 74)	N/A
Age at diagnosis (median (range))	62.5 (52, 72)	N/A
Time from diagnosis to participation (days) (median (range))	361 (45, 3020)	N/A
Gleason grade		
<7	6	14
3+4	16	36
4+3	7	16
8	4	9
9-10	11	25
Questionnaire Completion Rate		
Pre-test	41	98
Post-test	42	100
3 months	42	100
6 months	41	98
12 months	38	91

Table 1. Participant Characteristics and Response Rates

	Mean	N	SD	Mean Diff.	SD Diff.	95% CI Diff.	t-stat	t-test p-value	Wilcoxon p-value	Effect Size
Beck Depression Scale (BDI)										
Pre-test	10.9	41	6.31							
Post-test	9.47	41	5.63	1.43	3.68	0.27, 2.59	2.49	0.017	0.017	0.39
Masculine Behaviour Scale (Success Dedication Subscale)										
Pre-test	10.9	41	6.31							
3 Month	8.86	41	5.59	2.04	4.43	0.64, 3.43	2.95	0.005	0.012	0.46
Warwick-Edinburgh Mental Well-being (WEMWBS)										
Pre-test	11.28	39	6.23							
6 Month	9.57	39	6.35	1.71	4.86	0.13, 3.28	2.19	0.035	0.023	0.35
Warwick-Edinburgh Mental Well-being (WEMWBS)										
Pre-test	11.1	38	6.21							
12 Month	8.66	38	6.18	2.44	5.84	0.52, 4.36	2.58	0.014	0.012	0.42
Warwick-Edinburgh Mental Well-being (WEMWBS)										
Pre-test	33.81	39	7.92							
Post-test	36.65	39	7.75	-2.83	5.33	-4.56, -1.11	-3.32	0.002	0.001	0.53
Masculine Behaviour Scale (Success Dedication Subscale)										
Pre-test	33.81	39	7.92							
3 Month	36.79	39	8.05	-2.98	6.8	-5.19, -0.77	-2.74	0.009	0.011	0.43
Masculine Behaviour Scale (Success Dedication Subscale)										
Pre-test	33.48	37	7.95							
6 Month	34.7	37	9.38	-1.22	7.58	-3.75, 1.31	-0.98	0.33	0.37	N/A
Masculine Behaviour Scale (Success Dedication Subscale)										
Pre-test	33.69	36	7.96							
12 Month	34.7	36	6.07	-1.81	7.94	-4.50, 0.87	-1.37	0.18	0.2	N/A

Table 2. Comparison of questionnaire responses at each timepoint

- Majority of pts (28/42, 66.7%) received prostatectomy as their primary treatment. 6/42 (14.2%) received ADT with/without chemotherapy, 5/42 (11.9%) were still deciding or awaiting treatment, and 3/42 (7.1%) were on active surveillance.
- High completion rates for the questionnaires were observed (Table 1).

Results, cont'd

BDI:

- Scores are indicative of minimal depression (0-13) at baseline.
- Decrease in depressive symptoms was seen from the end of the group sessions to 12 months post-intervention (Table 2).

WEMWBS:

- Scores can range from 14-70, with higher scores associating with higher levels of mental well-being.
- Responses showed an increase in mental well-being at 3 months post-intervention (Table 2).

MBS:

- The Success Dedication Subscale in the MBS showed an improvement up to 12 months post-intervention (Table 2), suggesting that they are less concerned about attaining success.
 - No statistically significant differences found in the other subscales suggesting no changes in restrictive emotionality, inhibited affection and exaggerated self-reliance.
- PAQ:
- No statistically significant differences in the PAQ, suggesting that the self-perceived possession of various traits of masculinity (self-assertive/instrumental) and femininity (interpersonal/expressive) that are stereotypically believed to differentiate the sexes (gender-role identity) did not change.

Qualitative Themes Identified:

Group process was effective in creating a space of safety, trust and inclusion

"...created a bit of a **community** or a **tribe**...where we also had an experience together...for men as we can often be isolated, especially when it comes to emotional things, so this was very valuable, very useful."

"What I found particularly useful was hearing the real stories...I thought [that] was comforting and reassuring...**to know that you are not alone.**"

The program alleviates/diminishes psychological distress

"It was very, very **powerful**, very **helpful**, very **healing** in a way. It helped me unburden myself of certain things I wasn't able to say to somebody before."

"To be able to **get ideas** from the other members, to **strengthen my hope** for the future...the most important strength [is] **dispelling the fear.**"

Learning communication and relationship skills are of value within the group, and with family members and friends

"I really did like, I call it **skill development**...actually learning how to interact."

"**how to tell your family**, friends...that's helped me."

Results, cont'd

Group content was effective in assisting participants to identify significant issues/concerns in their lives

"**Self-examination**, attempting to understand one's emotions or reactions, that's all really helpful."

"It just builds a lot of **empathy**, and a **better understanding** of where you are at yourself."

Facilitators and their approach to facilitation are essential to guiding participants to "speak the unspeakable"

"The facilitators ability to create a **safe environment**...Everyone felt **comfortable** opening up."

"I thought there was real value and...strength [in] having a **medical doctor** and a **psychologist** who have knowledge of prostate cancer."

Summary & Conclusions

Men with PC who speak of their experience in a group setting with a guided process incorporating features of a life review gain insight into the impact of PC in their lives with:

- diminished features of depression, distress and isolation.
 - enhanced communication skills within the group and with family and friends.
 - increased hope for the future.
- Addressing those features ought to be a high priority for healthcare teams working with men with PC in order to enhance their quality of life.

Challenges faced:

- Recruitment: many participants were skeptical and reluctant to attend at first, due to the unfamiliarity with group therapy sessions.
- Scheduling conflicts between the participants and facilitators.

These issues would need to be addressed in order to allow the LPC program to be systematically applied on a wider scale.

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