

Discovering Strength Through Connection: A Novel In-Person Support Group for Teens Affected By A Parent’s Cancer Diagnosis

Ahuva Morris, LMSW, Children’s Program Coordinator at CancerCare



ABSTRACT SUMMARY

An estimated 2.85 million children under the age of 18 are living with a parent who has cancer. While adolescence is focused on identity formation and increased social interactions, a parent’s illness may lead to feelings of isolation and questions of “where do I fit in?” Cancer also affects family interactions, sometimes triggering conflict and sometimes increasing a family’s bonding and avoidance of conflict. As teens are moving toward individuation, they may be pulled closer to their family unit as their parent needs extra help. These family dynamic changes appear on a spectrum and often raise questions regarding how teens balance increased family responsibilities and their need to maintain social and academic normalcy. While children and teens may feel overwhelmed with emotions such as shock, fear, anxiety, sadness and uncertainty after learning of a parent’s cancer, they may lack the language or simply feel uncomfortable verbally expressing their feelings. Many teens are uncomfortable confiding in friends and seek connection with other teens who can relate to their experiences. Support groups, often accessible for adult patients, are limited for the adolescent population.

Oncology social workers understand that emotional support is essential to physical and mental health and are well-equipped to implement programs that address the needs of this underserved population. Having the opportunity to meet in a group setting and share experiences through creative expression helps teens feel empowered as they cope with their parent’s diagnosis. This innovative 12-week support group intervention is designed to address the psychosocial needs of teens coping with a parent’s cancer. The model incorporates talk therapy and creative expression through art and writing and can be implemented across medical and non-medical settings. Group interventions include ice breakers, art activities and writing exercises. Social workers utilize clinical skills to facilitate group trust, conversations about cancer and coping, and art and writing activities. Discussing the impact of cancer on identity, autonomy, emotional wellbeing, family dynamics and other relationships with peers who “get it” decreases feelings of isolation and provides a renewed sense of hope and ability to cope. This group becomes a safe harbor.

GROUP OBJECTIVES

- Provide a safe, supportive space for teens coping with parental cancer to meet other teens in similar situations and share experiences thereby decreasing feelings of isolation
- Utilize creative art and writing activities to help teens express their emotions related to coping with their parent’s diagnosis
- Inspire hope and empowerment through discussion of healthy coping skills to deal with stresses of parental cancer

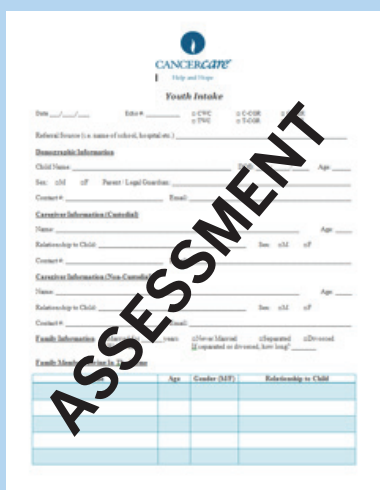


GROUP PROCESS

- Creation of Group Structure & Agenda**
- Goals of support group
 - Topic for each session and corresponding creative expression activities
 - Discussion questions
 - Journal prompts



- Recruitment**
- Community outreach to local schools, hospitals and other healthcare professionals.
 - CancerCare social media platforms
 - Outreach to parents receiving counseling services at CancerCare



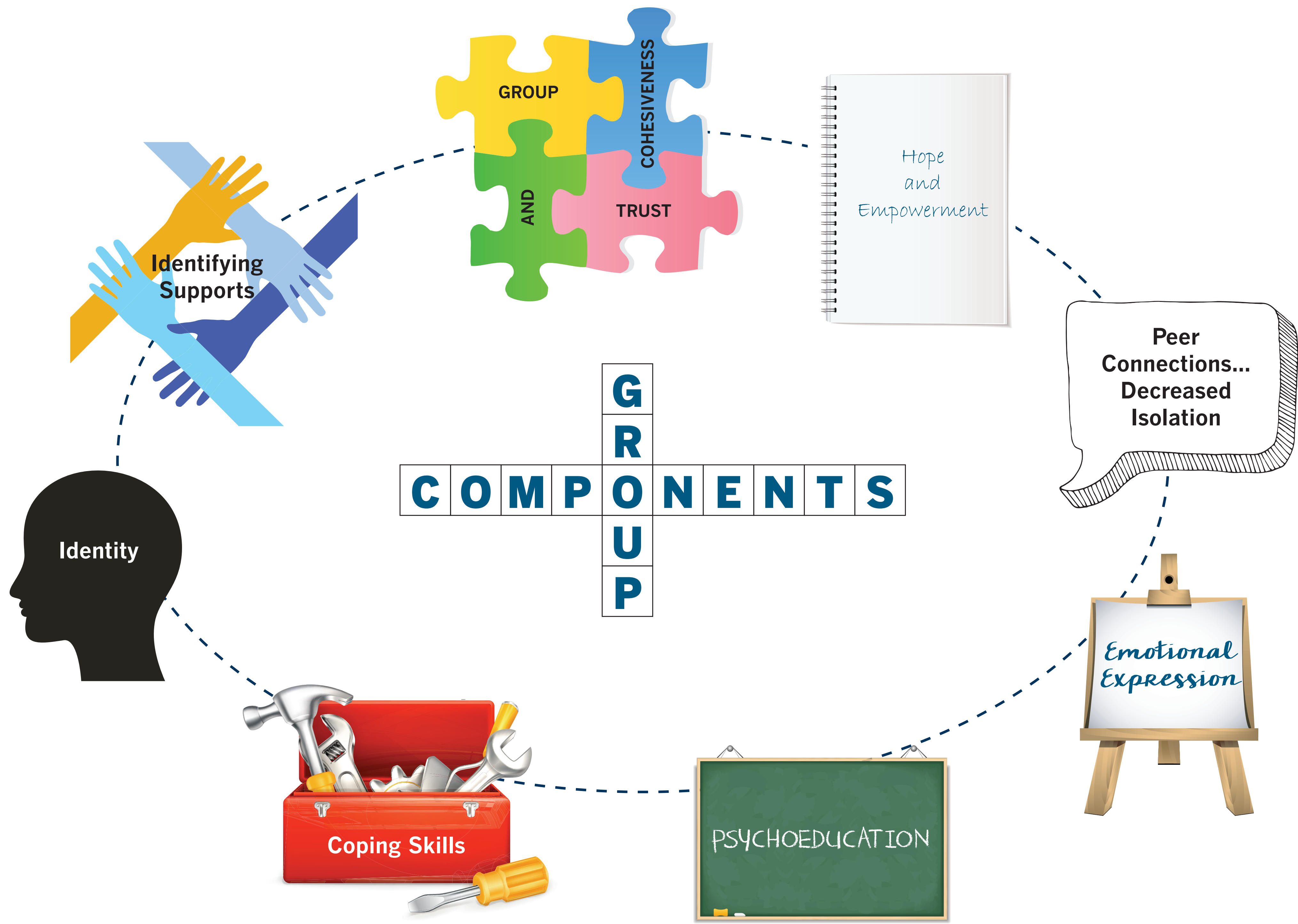
- Clinical Assessment & Parental Consent**
- Intake with parent(s) and teen to obtain information about parent’s diagnosis and assess teen’s coping
 - Written parental consent
 - Reviewed group structure and confidentiality with parents and teen



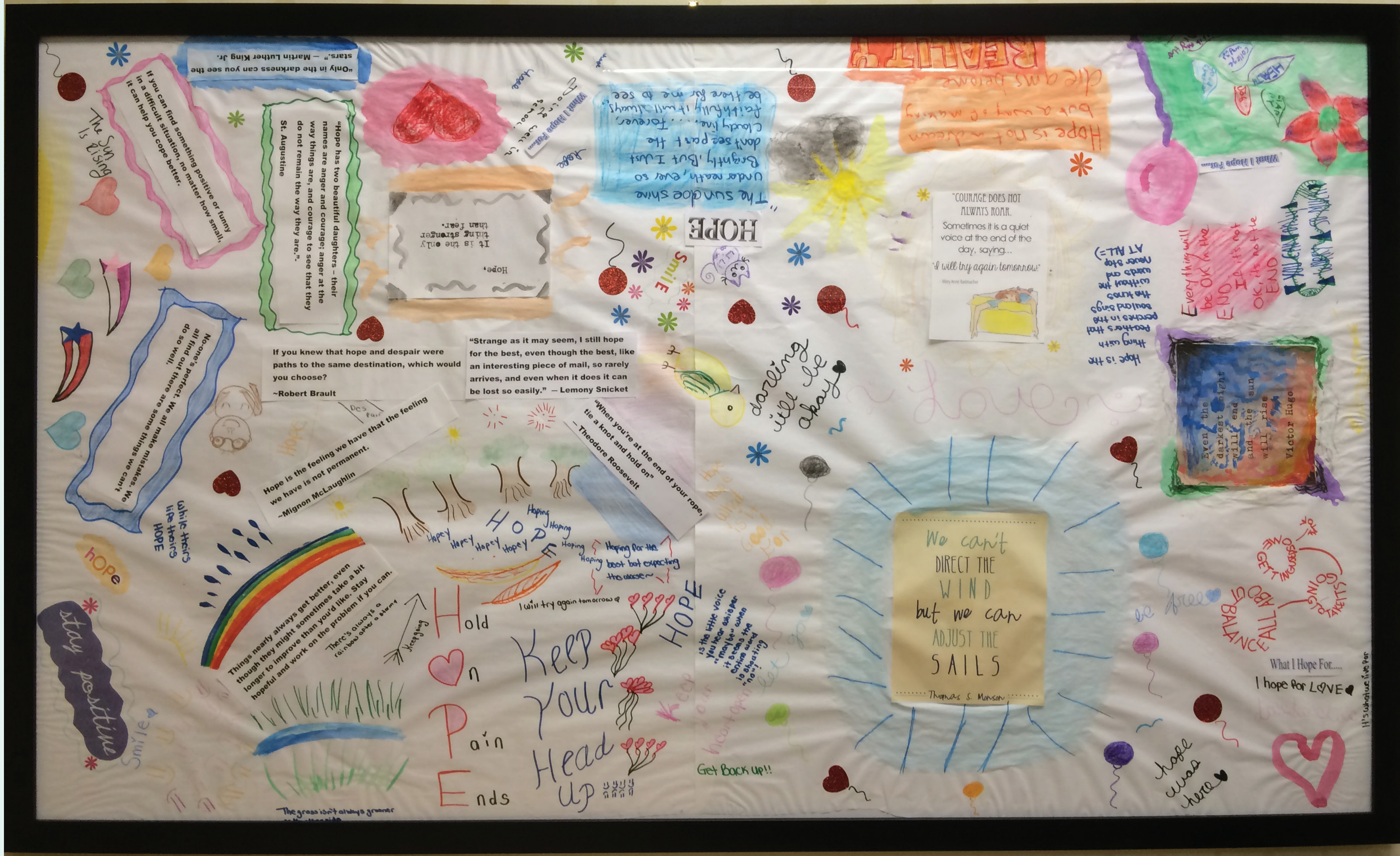
- Group Participation**
- 12-week group cycle
 - 1 ¼ hour session
 - Weekly attendance was encouraged



- Group Closure & Evaluation**
- Discussion about group experiences
 - Written evaluations—Responses corresponded to group objectives confirming that objectives had been successfully met
 - Ongoing clinical evaluation during group cycle and after termination



HOPE COLLAGE



TESTIMONIALS

What did you feel you gained from participating in this group?

“I gained the support so that I’m not alone and the knowledge that I’ll have a place where people actually understand what I’m going through and are there to help me.”

“Coming to this group was great, besides being helpful, it added so much to my week by being something to look forward to. I really gained a lot from everything. I’m able to be more hopeful and have a positive outlook by being able to talk with other people.”

How did your participation in group affect how you are coping with your loved one’s diagnosis?

“Participating in the group helped me realize how I was feeling about my mom’s situation and helped me find other ways to deal with it, such as talking about it and having hope.”

“It made me feel more positive and less alone because now I can actually see that there are others going through the same thing as I am. It was easier—having a safe place to talk about my feelings.”

What did you like most/least about group?

“I loved that we did art activities—this was really nice, therapeutic and relaxing.”

“I liked that I got to open up about what both my mom and I are going through. I liked that I wasn’t judged for what I said and that I was able to have other supports.”

CHALLENGES

- Recruitment
 - Low response rate from outreach efforts. May be due to newness of group and organizations not being aware that group was being offered.
- Attendance
 - Some teens attended group inconsistently due to scheduling conflicts or for other reasons.
- Extended “warm-up” time
 - Teens experience heightened level of self-consciousness and take more time to feel comfortable with one another
- Mental health issues
 - Mental health issues exacerbated stress level for some members. Provided supplemental counseling and mental health referrals as needed.

CLINICAL POINTERS

Social workers can use the following skills to engage teens in a group setting:

- Social workers’ role
 - Involve teens in process of creating group guidelines (“rules”); guidelines create safety
 - Utilize ice breakers until group has completely warmed up
 - Take active role as long as necessary
 - Provide encouragement and positive feedback as teens share
- Social and psychosocial support
 - Food and beverages create relaxed environment
 - “High’s and Low’s” check-in each week
 - Binder of art activities and journal serve as transitional object
- Flexibility
 - Follow teens’ lead in regards to group discussions
 - Change session agenda or activity to adapt to specific needs of group
- Co-facilitation
 - Allows social workers to collaborate about group interventions
 - Helps when responding to group dynamics
 - Have a backup facilitator in case one social worker is absent

REFERENCES
American Psychological Association (2002, January). Developing Adolescents: A Reference for Professionals. Retrieved from <https://www.apa.org/pi/families/resources/develop.pdf>.
Christ, G. (2015). Parental Cancer: Developmentally Informed Practice Guidelines for Family Consultation and Communication. Handbook of Oncology Social Work (pp. 419- 428). New York: Oxford University Press.
Davey, M.P., Tubbs, C.Y., Kissile, K., & Nino, A. “We are survivors too”: African American youths’ experiences of coping with parental breast cancer. Psycho- Oncology. 2011; 20: 77-87.

Ernst, J.C., Belerlein, V., Romer, G., Moller, B., Koch, U. & Bergelt, C. Use and need for psychosocial support in cancer patients. Cancer. 2013; 119 (12): 2333-2341.
Huang, X., O'Connor M. & Lee, S. School-aged and adolescent children’s experience when a parent has non-terminal cancer: a systematic review and meta-synthesis of qualitative studies. Psycho-Oncology. 2014; 23: 493-506.
Kornreich D, Mannheim H, Axelrod D. How children live with parental cancer. Primary Psychiatry. 2008;15(10):64-70.
Roberts, Albert R. (2009). Working with and Strengthening Social Networks. Social Workers Desk Reference (pp. 710- 713). New York: Oxford University Press.