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## INTRODUCTION

Breast cancer is primarily a diagnosis of older women i.e., age > 50, however 30 percent of women who develop this disease are in their childbearing years (1). While young women with breast cancer are in the minority, their disease often carries a poorer prognosis than that found in older women (2, 3) and they are at elevated risk for psychological morbidity (4, 5, 6, 7). Compared to their older counterparts, they perceive breast cancer to be a greater threat to their lives and this appraisal negatively affects their mental health (7). Younger women with serious physical impairments related to their breast cancer also show a greater deterioration of mental health than do similarly impaired older patients (7). In fact, younger age has been independently associated with poor mental health in breast cancer patients (7), but thus far young women have not been specifically targeted for psychosocial intervention. The increased psychosocial impact of breast cancer upon the younger woman has been attributed to: 1) the disease occurring at a stage in life when the woman does not expect a life-threatening illness, with this "off-time" event provoking worries about mortality, impact of the cancer treatment upon self-image, sexuality, marriage/relationships, care of children, and other concerns (6, 7, 8); 2) the strain of meeting family responsibilities, especially raising children who are likely to be younger and more dependent, and of shifting responsibilities within the family to accommodate cancer treatment and side-effects (4, 5, 6); and 3) the risk to the woman's financial stability as she may be actively working and supporting herself or her family (4). The impact of breast cancer can be especially profound for the woman with young children, as the illness prompts changes for her as an individual, in her roles as a wife and a mother, and in family routines. Factors contributing to the impact of breast cancer on the mother of young children and brief review of psychosocial interventions for cancer patients and are presented below.

Psychological Distress. Approximately 25% of women have a clinically significant adverse psychological response to a diagnosis of breast cancer (9). Symptoms of anxiety and depression are common, especially in younger women (4, 6, 10). The diagnostic and early phases of treatment are reported to be the periods of greatest stress (4, 11). However young women with breast cancer are more vulnerable in terms of their mental health and psychological well-being than their older counterparts up to five years after diagnosis (7, 12), in part due to an increased fear of disease recurrence and to the demands of caring for a young family (4). An extensive literature documents the impact of maternal psychiatric illness on children, with maternal depression cited as a potent risk factor for parenting problems (13, 14, 15, 16, 17, 18). When present, symptoms of depression can disrupt a mother's usual interactions with her children through alterations in her psychological availability, decreased supervision, less consistency of discipline, and increases in irritability, hostility and coerciveness (19, 20). For example, the mother's psychological distress may cause her to withdraw psychologically from her children, prompting responses by her offspring to increase parental attention such as behavioral acting out. A vicious cycle can be established whereby the child's increased demands for parental attention can add to the parent's stress and exacerbate any mood or anxiety problems. There is also evidence that a spouse's adjustment to the diagnosis of cancer is related to that of the patient (21, 22, 23, 24, 25). Consequently, the mother's psychological adjustment will have implications for the mental health of the entire family. The identification and treatment of mothers at risk for psychological disorders secondary to their diagnosis of breast cancer, is critical if we are to alleviate the mother's distress, enable her and her partner to better cope with her disease and its treatment, and prevent the development of behavioral or emotional problems in the children.

Changes In Family Roles And Routines. The diagnosis and treatment of breast cancer can significantly alter family roles. Preliminary findings of a longitudinal study to assess the couple's adjustment to breast cancer reveal that younger women report higher

levels of psychosocial role problems than older women, especially in the domestic area (6). Most mothers being treated for breast cancer will experience some reduction of energy level and physical capabilities in responding to their children's needs. Other family members, especially the spouse, may be called upon to meet child care and other household responsibilities previously managed by the mother. The additional demands can take their toll on the well spouse (26) and the marital relationship (27). Moreover, a deteriorating marital relationship in young women with cancer has been associated with increased behavioral disturbances in the children (27). In the family with young children i.e., those 12 years old and under, there will be a limited amount the children can do to assist the well spouse. Thus, the spouse's ability to take on the daily responsibilities of the sick mother will directly affect the children and the mother. Additionally, these responsibilities will need to be assumed at a time when the spouse, due to his age, is likely also experiencing significant demands related to his own career. In fact, caregivers of younger cancer patients report more disruption of daily routines and greater financial problems than do caregivers of older cancer patients (5). For mothers employed outside the home, absences from work due to cancer treatment or its side effects may result in the loss of income, social support from colleagues, disruption of daily routines and temporary or permanent loss of employment. Stable child care arrangements may also be lost due to the mother's absence from work or inability to pay a caregiver while she herself is not working.

The diagnosis of breast cancer also requires changes in family routines to accommodate cancer treatments and reductions in the mother's functional status. Studies that have examined the impact of major family transitions such as parental separation on the child have found these events disrupt family routines. Disruptions in family discipline practices in particular have been associated with child behavior problems (28, 29). A disruption of discipline routines for the mother with breast cancer may arise from a variety of sources, including: 1) reluctance to set limits on her children's misbehavior to avoid conflict, and to assure that positive interactions with her children predominate, especially if she anticipates her disease will be fatal; 2) decreased energy levels, due to depression or treatment side-effects; 3) changes in primary caretakers of the children, where different strategies of child management may occur. Fathers, older children, extended family and friends may be asked to take on a greater share of household tasks, typically representing changes in the family's routines. Routines most likely to provoke parent-child conflict, those related to meals, bedtime and visitors (30) will likely be affected by the mother's diagnosis with breast cancer as will other household tasks, such as shopping, housework, and household finances. The children's routines may also be disrupted, including those relating to day care, school, homework, and extracurricular activities. Each change in family routines represents an opportunity to reduce role strain for certain family members, but may potentially increase the stress of others, posing daily challenges to the family's coping resources. A high number of demands related to the illness or caregiving has in fact been associated with greater psychological distress in families of breast cancer patients (27, 31).

Impact Of The Mother's Illness On Preschool And School Age Children. The family is composed of members who are growing and developing and the age of the children and the developmental tasks they face need to be considered when evaluating how the mother's illness will affect the family (32). Parenting preschool children is an emotionally and physically demanding job due to the child's dependence on the parents for all aspects of their care. The relentless pace of mothering young children may be particularly stressful for the woman under treatment for breast cancer. Fatigue that accompanies chemotherapy may substantially interfere with the mother's ability to keep up with the young child's active pace and breast surgery may make the inevitable lifting of young children difficult. Due to their cognitive developmental level, preschoolers will have a limited understanding of the disease and the changes it brings to their mother's appearance and responsiveness and to family routines (33). The cascade of changes in family routines that comes with the diagnosis of cancer will likely have a disproportionate

effect on this age group as they are very context-dependent and are only beginning to develop the capacity to regulate their emotional responses to such disruptions. Coping difficulties in the preschooler are typically manifested in behavior disturbances, including regression in previously mastered tasks such as toileting, and problems with separation, sleep, and eating (34, 35).

School age children, while less dependent on their parents for instrumental needs, still require considerable parental input. At this stage children need the parents' active involvement in their school and extracurricular activities, as well as their counsel regarding relationships with peers. The diagnosis of cancer may significantly alter the extent of the ill parent's availability, and thus other family members or friends will need to provide the input the ill parent cannot. The lack of instrumental assistance for the parent with young children has been linked to increased adjustment difficulties in the families of cancer patients (4, 36). In the limited research examining the impact of parental cancer on young children, Vess et al. (4, 36) found one third of the parents reported behavioral problems in their children after the diagnosis of the parent's cancer, while Armsden and Lewis (19) found relatively positive behavioral adjustment with the exception of lower levels of self-esteem in school age children of women with breast cancer. Most studies have assessed the child's adjustment years after the parent's diagnosis e.g., (19, 37), with only Compas and colleagues (23, 38) providing information about the acute impact of the parent's cancer diagnosis on the family. Compas (23) reported developmental differences in the children's responses to parental cancer, with school age children reporting symptoms of a stress-response syndrome, whereas adolescents exhibited more anxiety and depression. No studies to date have examined the impact of a parent's cancer on the preschool child. The impact of the mother's illness on her children will be influenced by their developmental stage and her psychological and marital adjustment (20, 27, 39, 40). Protective factors such as perceived social support (6, 27) and an optimistic coping style (21, 41) and risk factors such as lower SES, financial strain (4, 40) and other concurrent stresses (40) will also likely moderate the impact of the mother's illness on the children.

Psychosocial Interventions for Cancer Patients. In a meta-analysis of psychosocial interventions for adult cancer patients Meyer & Mark (42) concluded that behavioral, educational, social support and nonbehavioral counseling, and therapy interventions have a "consistent beneficial effect" on emotional and functional adjustment and treatment and disease related symptoms (42), p. 106. While the efficacy of psychosocial interventions for cancer patients has been supported in several recent reviews, it is recommended that future research focus on direct treatment comparisons, identification of patients at risk and matching of treatments to patient needs (42, 43, 44, 45). To date there have been no psychosocial interventions simultaneously directed at younger cancer patients, their spouses and young children. Only a few reports in the literature describe the impact of psychosocial interventions on the spouses of cancer patients (8, 23, 27, 38, 46, 47). No reports were found to examine the impact of psychosocial interventions on the adjustment of children of breast cancer patients, in spite of a growing literature describing the risks parental illness poses to the parent-child relationship (23, 27, 38, 46, 47, 48). As preventive interventions to teach children to cope with stressful experiences have been found to enhance coping in school age children (49), it would be important to assess whether similar results can be shown for the young children of cancer patients. As young breast cancer patients are at increased risk for psychosocial morbidity, and their psychological functioning can have very significant effects on the adjustment of their spouse and their children, this research proposes to combine interventions previously shown to be effective for cancer patients, with techniques demonstrated to be effective for managing parenting and relationship stress e.g., (42, 43, 44, 45, 50, 51). Specifically, this study will assess the differential impact of a Basic psychosocial intervention that will involve a group for breast cancer patients and their partners only, and an Expanded psychosocial intervention that will include a group for the parents and for the preschool and school age children.

The specific aims of this research are to:

1. conduct a pilot study to assess: a) the psychological adjustment and parenting concerns of breast cancer patients with preschool and school age children and their spouses; and b) the emotional and behavioral functioning of the children;
2. design a Basic and Expanded psychosocial intervention for young women with breast cancer, their spouses, and children 3-12 years of age based upon the findings of the pilot study;
3. compare the effects of the Basic and Expanded psychosocial intervention on reducing psychological distress and enhancing family coping in young women with breast cancer and their spouses;
4. assess the effectiveness of a psychosocial intervention for preschool and school age children of mothers with breast cancer for enhancing behavioral and emotional adjustment.

Hypotheses:

The following hypotheses will be examined using a Basic intervention, an Expanded intervention and a Control group:

1. The intervention groups will show benefits in terms of reduced maternal and paternal psychological distress, improved family coping, and fewer child behavioral concerns as compared to the Control group.
2. The Expanded intervention will have a greater effect in reducing psychological distress and in improving family coping for the younger breast cancer patient and her spouse than will the Basic intervention.
3. Compared to children in the Basic intervention and the Control conditions, children in the Expanded intervention group will exhibit better behavioral and emotional adjustment as determined by parental reports of their preschool children's functioning and self and parent reports of the school age children's functioning.

## METHODS AND PROCEDURE

**Subjects.** Subjects are premenopausal women with breast cancer, their spouses and children aged 3-12. Women within five years of their diagnosis with breast cancer are invited to participate in the study. Patients with a current major psychiatric impairment such as a psychotic condition or a substance abuse disorder or a history of a DSM IV (52) Axis II condition such as mental retardation or personality disorder are excluded from the study. Non-English speaking patients will be excluded due to the lack of non-English versions of the assessment instruments. The patient's primary physician or nurse asks the patient's permission to have a research assistant contact her regarding the study who then describes the study and seeks informed consent from the patient and spouse, and assent from children aged eight and older. The research assistant gathers demographic information and screens the patient and her partner for their eligibility for the study with the Prime-MD (53) and questions regarding the family's medical and psychiatric history. Children aged 6-12 are scheduled to meet with the research assistant to receive an age appropriate description of the nature and purpose of the research. Subjects are recruited from the joint breast cancer program of the University of Pittsburgh Cancer Institute and Magee-Womens Hospital, University of Pittsburgh Medical System affiliated hospitals (UPMC-Passavant, UPMC-Shadyside, UPMC-Beaver Valley), four oncology practices associated with the University of Pittsburgh Cancer Institute and through Institutional Review Board approved press releases to local newspapers and public service announcements to local radio stations.

**Technical Objective 1: Conduct pilot study to assess: a) the psychological adjustment and parenting concerns of breast cancer patients with preschool and school age children and their spouses; and b) the emotional and behavioral functioning of the children.**



**Task 1:** Month 1 (September 1997). Obtain assessment instruments; Hire research assistant; Prepare assessment packets for parents and children; Contact clinics to begin subject recruitment; Set-up computer data base and coding manual.

A research assistant was hired and all assessment instruments were ordered. A computer data base was set up for the study. A coding and procedure manual was established for data entry and subject recruitment. University of Pittsburgh Medical Center (UPMC) associated hospitals (Magee-Womens Hospital-University of Pittsburgh Cancer Institute Joint Breast Cancer Program, Shadyside Hospital, Beaver Valley Hospital, Passavant Hospital) and four oncology offices associated with the University of Pittsburgh Medical Center within close geographical distance were contacted to recruit patients for the study. Nursing, child-life and psychology staff to be involved in the research were contacted and their commitment to participation in the study was confirmed.

**Task 2:** Months 2-7 (October 1997 - March 1998). Recruit pilot patients, spouses and families and collect data; Continue set-up of database and coding manual.

The database for the study and the coding and procedure manual were completed. Files for patient data were set-up, along with a procedure for the random assignment of case numbers to patients recruited for the study. Assessment packets were made up to be sent to patients invited to participate in the study. Clinics agreeing to recruit patients to the study were contacted to identify patient eligible for the pilot study.

**Pilot Study.** A pilot study was conducted to assess the impact of breast cancer on the premenopausal woman and her family and to determine the relative emphasis on individual, parental, relationship, and child issues in the Basic and Expanded intervention groups. Ten patients, their spouses and children aged 3-12 were invited to participate in the pilot study. The research assistant contacted the patients, screened for their eligibility for the study and gathered demographic information. The research assistant then sent the families a packet of questionnaires to assess the impact of the mother's breast cancer on parental psychological functioning, family coping and routines, child behavioral and emotional functioning and basic background information. Parents completed the following standardized measures: 1) SCL-90-R (54), a self-report inventory of psychological symptoms and general distress; 2) the Cancer Rehabilitation Evaluation System (CARES) (55) was completed by mothers and the self-report Psychosocial Adjustment to Illness Scale (PAIS-SR) (56) was completed by fathers to provide multidimensional assessments of adjustment to illness and quality of life; 3) Family Crisis Oriented Personal Evaluation Scales (F-COPES) (57) a questionnaire to assess family problem solving and coping behaviors; 4) Family Adaptation and Cohesion Scale, Version 2 (FACES II) (58) a questionnaire to assess family functioning; 5) Family Routines Inventory (59, 60), a questionnaire to assess family routines; and 6) the age appropriate Child Behavior Checklist (CBCL) (61, 62) to assess any emotional or behavioral problems in the children, as well as the competencies of children aged 6-12 in social, recreational and academic domains. Children aged 4-7 completed the age/gender appropriate Harter Pictorial Scale of Perceived Competence (63) which assesses the child's self-perceptions regarding peer and maternal acceptance, physical and cognitive competencies. Children aged 8-12 years completed the Harter Scale of Perceived Competence questionnaire(64), which provides a global index of self-competence as well as ratings of competency in social, academic, behavioral, and athletic activities and a rating of physical appearance. Questionnaires were returned to the investigators in a self-addressed stamped envelope provided them by the investigators.

## RESULTS AND DISCUSSION

**Technical Objective 2: Design a Basic and Expanded psychosocial intervention for young women with breast cancer, their spouses, and children 12 years of age and under based upon the findings of the pilot study.**

**Task 1:** Months 8 - 10 (April - June 1998). Complete set-up of database and coding manual; Analyze pilot data and finalize treatment manuals for intervention groups;

The Basic and Expanded psychological interventions were designed based on research that assesses coping in women with breast cancer and their families, on empirically supported psychosocial interventions for cancer patients, on empirically supported coping interventions for children, and on the preliminary data from the pilot subjects summarized below. Measures of central tendency were derived for all instruments to describe the families on each of the domains assessed.

Background Information. The pilot subjects were ten premenopausal women with breast cancer, their spouses and children aged 3-12. Demographic information on the subjects is presented in Table 1. The pilot subjects were a relatively well educated group, with an average of two children per family. Although the pilot subjects were all Caucasian, patients with more diverse ethnic backgrounds are being successfully recruited to the main study. In addition to the data obtained from standardized instruments described below the pilot subjects were also interviewed and asked several open ended questions regarding their coping with breast cancer. Responses to these questions are also summarized below. Given the small number of participants in the pilot study, findings on the psychosocial measures will be summarized briefly rather than presented in tables.

Interview Responses. Patients cited information about their cancer and its treatment, open communication with their children and a willingness to ask for and accept help as central to their coping with breast cancer. Concerns for the future (Will the I survive? Will the cancer come back? Who will care for the children?) were reported to be the most stressful aspects of their illness. Children's responses to their mother's breast cancer varied significantly and appeared related to the child's age. Some younger children were described as being relatively unaffected by their mother's illness as other family members were able to look after them and they did not appreciate the implications of their mother's illness. Others were reported to be more clingy and to have increased nightmares. Some older children coped by helping out at home or by keeping busy with extracurricular activities. Others were reported to be "terrified" and one child's school performance declined significantly. Periods when their mother was hospitalized and when she was experiencing treatment side-effects (e.g., nausea, fatigue, hair-loss) were cited as especially stressful for the youngsters. All but one parent reported that the provision of honest and developmentally appropriate information about their treatment and prognosis seemed to help reassure their children and kept communication open. All patients received essential help from their families and friends to manage changes in family routines and needs for instrumental support. Families also reported working hard to maintain a sense of normalcy in family routines, especially so that children's activities would not be disrupted.

Table 1

## Demographic Characteristics of Pilot Study Participants

Characteristic	M ± SD	n	%
Family			
Marital Status (Married)		9	90%
Number in household	4 ± 1		
Mother's age	42 ± 3	10	
Father's age	42 ± 3	9	
Children			
Gender (male)		8/15	53%
Age	9.6 ± 3		
Ethnicity			
Caucasian		10	100%
Breast Cancer Stage			
I		4	40%
II		2	20%
III		1	10%
IV		1	10%
Pending		2	20%
Time Since Diagnosis:	11mos. ± 7		
Mother's Education			
12 years		4	40%
13-16 years		5	50%
> 16 years		1	10%

Table 1 (cont'd.)

## Demographic Characteristics of Pilot Study Participants

Characteristic	M ± SD	n	%
Father's Education			
12 years		5	55%
13-16 years		4	45%
Mother's Employment			
Full-time		3	30%
Part-time		1	10%
Homemaker		4	40%
Other (unemployed, disabled)		2	20%
Father's Employment			
Full-time		8	89%
Homemaker		1	11%

Parental Psychological Functioning. The Symptom Checklist-90 Revised (SCL-90-R)(54), was used to examine parental psychological symptoms and general distress. All but one breast cancer patient scored in the normative range on the nine SCL-90-R symptom subscales and the Global Severity Index, a measure of general distress. Two of the six spouses who completed the SCL-90-R however, reported psychological symptoms (e.g., Hostility, Depression) and global distress in the clinical range.

The Cancer Rehabilitation Evaluation System (CARES)(55) was completed by mothers to provide a multidimensional assessment of the impact of breast cancer on their quality of life. Eight patients completed the CARES. One mother scored in the elevated range for five of eight problem scales including a summary scale of overall rehabilitation need, while three patients identified the medical interaction domain as problematic.

The Psychosocial Adjustment to Illness Scale (PAIS)(56) is designed to assess the adjustment of medical patients to their illness and their quality of life. The fathers were asked to complete a version of this instrument that was modified for the pilot study to take into account their role as the patient's spouse. The modified PAIS was used as there was no other instrument identified that takes into account the partner's perspective on all of the following domains that may be affected by a partner's illness such as their vocational, domestic, and social environment, relationships with extended family, sexual relationship, health care orientation, and psychological distress. The PAIS was used to determine the importance of each of these potential problem domains for the patient's partners. An item analysis was conducted to identify the types of problems the six fathers who completed the PAIS endorsed, as there are no nonpatient norms for the PAIS. The father's scores on the vocational and sexual relationship domains of the PAIS indicated that their sexual relationships and vocational activities had been affected in only minor ways since their wife's diagnosis with breast cancer, and therefore the decision was made to not conduct a more comprehensive assessment of these domains in the main study. The problems the fathers endorsed on the domestic, social, extended family and psychological domains of the PAIS were consistent with those they identified on the SCL-90-R, FACES II and F-COPES which do have appropriate norms and therefore the fathers' specific responses on these domains for the PAIS will not be further discussed.

Family Functioning. The Family Adaptation and Cohesion Scale, Version 2 (FACES II)(58) was used to assess family functioning. This scale characterizes families along the dimensions of Adaptability, the ability of the family to be flexible and responsive to change, and Cohesion, the emotional bonding that the family members have for one another. Six sets of parents and one single mother completed the FACES II. Six mothers described their families as "Balanced", meaning their families were moderate on levels of Cohesion and Adaptability, generally considered to be the most viable for healthy family functioning. One described her family as extreme on one dimension (Cohesion-low) and moderate on adaptability. Three fathers described their families as "Balanced", and three fathers described their families as extreme on Adaptability (low) and moderate or low on Cohesion. It is of interest that the fathers in these later three families also endorsed clinically significant levels of symptoms on at least one symptom scale on the SCL-90-R, indicating that these family types may be associated with higher psychological distress. One possible explanation for this apparent association may be that the father's characterization of the family as rigid or structured as compared to flexible, may influence his perception of the family's ability to adapt to the changes to the family brought about by breast cancer, resulting in more distress. This association will be investigated in the main study, where there will be more adequate numbers to address the association of family functioning and the distress of individual family members.

The Family Crisis Oriented Personal Evaluation Scales (F-COPES)(57) was used to assess family problem solving and coping behaviors. Five coping strategies are assessed including: Acquiring Social Support, Reframing, Seeking Spiritual Support, Mobilizing Family to Acquire and Accept Help, and Passive Appraisal. A Total Score is also derived which is the sum of the five coping subscales. Seven couples completed the F-COPES.

There were gender differences in the use of different coping strategies, with women scoring considerably higher than men on the use of Acquiring Social Support (Women's Mean Percentile Score = 86, Men's Mean Percentile Score = 36), Reframing (Women's Mean Percentile Score = 69, Men's Mean Percentile Score = 32), and Seeking Spiritual Support (Women's Mean Percentile Score = 59, Men's Mean Percentile Score = 22). Both women and men scored in the moderate range in the use of Mobilizing the Family to Acquire and Accept Help (Women's Mean Percentile Score = 70, Men's Mean Percentile Score = 54) and very high on the use of Passive Appraisal (Women's Mean Percentile Score = 96, Men's Mean Percentile Score = 97), which measures the family's ability to accept problematic issues while minimizing reactivity. The women's Total Coping Score, a general index of the number of strategies brought to bear to cope with family crises was high (Mean Percentile = 94) and was bimodal for men with scores ranging in the 20th - 30th percentile (n=3) or in the 80th percentile (n=2). It is noteworthy that two of the three men with low Total Coping Scores also endorsed clinically significant levels of psychological distress on the SCL-90-R.

The Family Routines Inventory (59, 60) assessed the type of activities and routines the families engage in and the importance they assign to these activities. The 28 routines listed include items that relate to parent-child activities, child routines, meal and bedtime routines, family activities, contact with relatives, hobbies etc. A frequency score (range: 0 - 84) is derived which is the sum of all endorsed routines weighted by the frequency with which the family participates in it. While there are no norms for the Family Routines Inventory, it has been validated as an index of family cohesion, organization and routinization (60). The mean frequency score for the fathers (n = 6) in this pilot study was 57 (SD = 8) and was 63 (SD = 5) for the mothers (n = 7) indicating that these families have moderate to high levels of organization and routinization in their lives, which is theorized to buffer them from stressful experiences.

Child Behavior and Competencies. The age appropriate Child Behavior Checklist (CBCL) (61, 62) was used to assess any emotional or behavioral problems in the children, as well as the competencies of children aged 6-12 in social, recreational and academic domains. On average, the fifteen children assessed with the CBCL evidenced few emotional or behavioral problems, with competency scores also within normal limits. Only one child demonstrated clinically significant levels of psychological distress and low competency scores. Two children (both females) aged 4-7 completed the age/gender appropriate Harter Pictorial Scale of Perceived Competence (63) which comprehensively assesses the child's self-perceptions regarding peer and maternal acceptance, physical and cognitive competencies. Their scores were at or above the standardization sample means. Nine children (5 males, 4 females) aged 8-12 years completed the Harter Scale of Perceived Competence questionnaire (64), where they report on their scholastic, social, athletic, and behavioral competencies as well as their physical appearance and global self-competence. As there are systematic gender effects in how boys and girls respond to the questionnaire, their scores are reported separately. Boys on average scored at or above the standardization sample means on all subscales. Girls, in contrast, scored lower than the standardization sample means on the social acceptance, scholastic, physical appearance, and athletic subscales and average for the behavioral conduct and global self acceptance subscales. These findings come from a very small sample and need to be interpreted cautiously, however they may indicate that school age girls may be more adversely affected by their mother's breast cancer than are school age boys.

Changes in the original research plan that were made based on the pilot data are summarized below.

Development of the Basic and Expanded Interventions. We named this research study the "Families Coping With Cancer Project" to highlight its emphasis on family coping. A psychologist with expertise in couples treatment and behavioral medicine (Karen Woodall, Ph.D.) was hired to consult on the patient/partner intervention, and the nurse's hours (Linda Robertson, RN,MSN,OCN,CCRC) were increased to reflect her

commitment to both the Expanded and the Basic Intervention, as her time had not been allocated to both in the original budget. The child-life staff hired include Michael Walker B.S., and Ellen Good M.Ed., CCLS. Psychology, nursing and child-life staff assisted with the development of the Basic and Expanded Interventions described below.

*Basic Intervention.* The content of the Basic intervention group including the relative balance of individual, relationship and child rearing issues was informed by the pilot study and by previous psychosocial interventions for cancer patients (42, 43, 44) and for parents of young children (50, 65, 66). The elevated psychological symptom and distress scores for two of the patient's husbands reinforced our commitment to including the patient's spouse in the treatment groups. Topics covered in the group sessions include: stress management, including relaxation training, assertiveness training for dealing with personal relationships and the medical care system, cognitive/behavioral coping and problem solving techniques, partner communication/relationship issues, and parenting concerns regarding behavior management and child development especially as it relates to chronic illness in the family. The parent group leaders will be a clinical health psychologist and an oncology nurse.

*Expanded Intervention.* Parents will attend a group that is identical in format to the Basic intervention group. Additionally, children will be asked to accompany the parents to the group. The children will be divided into two groups: 1) those aged 3-6, and 2) those aged 7-12 years. There will be a minimum of 8 children participating in each group cycle, with the exact number of children attending the preschool and the school age groups dependent on the composition of the families participating in the study. The purpose and nature of the research will be explained to the children at the first group meeting. The children's intervention groups will occur simultaneously but separately from the parents' group. Children's groups will be run by the child development specialists and the content will be based on information gathered from the pilot study and previous interventions aimed at children facing stress (49) and will include education about cancer and coping when a parent is ill, relaxation and stress management, social skills and social support through developmentally appropriate activities for each age group (67). Children 4-12 years will complete the age appropriate Harter Scale of Perceived Competence (63, 64) at the first, last and eighth month follow-up. In the Expanded intervention only, parents will also have access to a weekday phone consultation hour for parent-child concerns from child life specialists under the psychologist's supervision. Phone intervention has been successfully used to provide information and support to cancer patients (68). The home health aid visits originally proposed as part of the Expanded Intervention Group were eliminated. This was due to the fact that patients who would be most in need of instrumental support, those diagnosed within the past three months, were overwhelmed with their diagnosis and the demands of their treatment regimen and thus reluctant to commit to the study. Women interviewed who were completing their treatment or who had completed their treatment were interested in the study and had more time to get involved but had less need for instrumental support further supporting the decision to eliminate the home health aid visits.

*Control Group.* A usual care Control group will provide a comparison for the intervention groups with course of psychosocial functioning in the patient, spouse and child who receive no intervention. The Control group patients and their families will receive the assessment instruments in the mail upon enrollment, and at 4 and 8 months after enrollment. Children aged 4-7 will be scheduled to be seen by the research assistant to complete the Harter Pictorial Scale of Perceived Competence and Social Acceptance (63) upon enrollment and at 4 and 8 months after enrollment.

All groups were initially planned to run for eight weeks for one and 1/2 hours. The standardized measures used in the pilot study will be used to assess the family's coping at enrollment, at the completion of the group and at eight months after enrollment. The PAIS(56) however will not be used as the data it provides is redundant with the other scales, and the Family Problem Solving Communication (FPSC) scale (69) will be added

as it assesses specific communication and problem solving strategies which are targeted by the intervention.

The Patient/Partner group intervention manual is presented in Appendix 1. Two children's intervention manuals were developed: one for children aged 3-6 years old (Appendix 2) and one for children aged 7-12 (Appendix 3). The older child group was further divided in to sections for children aged 7-9 and those aged 10-12. These intervention groups were designed for eight weekly sessions approximately 1 1/2 hours long, with patient/partner groups taking place simultaneously with the children's groups.

Subject Recruitment. The Basic and Expanded Interventions were designed for women and families coping with a serious, chronic but presently non-terminal illness (i.e., those women with Stage I or II breast cancer and their families) as the women with advanced breast cancer are fewer in number and their needs differ from those with a better prognosis. Concern expressed by several pilot subjects that they and their children would be overwhelmed by the distress faced by women with more advanced disease further supported the decision to restrict enrollment to those with stage I or II disease. Single women with young children diagnosed with breast cancer (including those widowed, divorced, separated) were included to expand numbers and to respond to the original proposal reviewers' concerns that this group may be most in need. Interviews with premenopausal breast cancer patients with children under three indicated that they would also be interested in and potentially benefit from the study, thus they will also be recruited but will be randomly assigned to either the Basic Intervention or Control Condition only as their children are not in the age range for the Expanded Intervention.

Data Analysis. The effects of the Basic and Expanded interventions on parental psychological distress (SCL-90-R; CARES), and family coping (FACES-II; F-COPES; FPSC) will be analyzed with repeated measures multivariate analyses of variance (MANOVAS). Separate analyses of variance will be conducted to examine any differences in the treatment effects for the mother and the father. Children's adjustment will be evaluated by comparing the CBCL scores and Self-Competence scores (Harter scales, ages 4-12 only) for children in the Expanded Intervention group with those in the Basic Intervention and Control group with a MANOVA. Hierarchical multiple regression techniques will be used to examine the relationship between the spouse's psychological distress (SCL-90-R) and the children's behavioral variables (CBCL & Harter Scales) (averaged for all of the patient's children 12 years and under) and the mother's psychological distress (SCL-90-R) and quality of life (CARES). Multiple regression techniques will be used to examine the effects of potential moderating/mediating variables such as family routines, demographic and medical factors, on both the parents' and children's treatment responses.

## CONCLUSION

**Technical Objectives 3-4: Compare the effectiveness of Basic and Expanded psychosocial intervention and assess the impact of the children's intervention.**

**Task 1:** Months 10-12 (July to August 1998). Subject recruitment for intervention study; Randomize patients to Basic, Expanded and Control groups; Send out pre-intervention assessment packets; Schedule appointments for child assessment for Basic intervention and Control groups.

A press release describing the study was developed and submitted for approval to the University of Pittsburgh's Institutional Review Board. Once the press release was approved, it was submitted to the University of Pittsburgh Medical Center's Public Relations Office for release to local newspaper and radio stations. The public relations



office agreed to run notices of the study periodically. Physicians' offices and UPMC hospitals were checked daily to weekly to identify eligible patients for the study.

Efforts to recruit patients and their families for the intervention groups proved unexpectedly difficult. Recruitment was limited by competition for subjects by four other psychosocial intervention projects for breast cancer patients ongoing at the same recruitment locations. A recruitment algorithm was developed to assign potential subjects equally across studies, however this number of studies competing for the same patient population did lower the numbers of patients that could be recruited. Efforts to expand recruitment to another major Pittsburgh Hospital (Allegheny General Hospital) were not successful and the University of Pittsburgh Institutional Review Board would not allow for recruitment of patients from non-UPMC affiliated oncology practices. Approximately three patients per month were identified as eligible for the study from all recruitment sources. Fifteen patients were contacted and eight agreed to participate in the study. However, as time for the planned start of the intervention neared (September 10, 1998), five patients withdrew from the group, primarily due to scheduling conflicts with children's increased activities for the new school year, and to difficulty getting all family members in at the same time on a weeknight. As the patients recruited for the study expressed a genuine interest in the Families Coping With Cancer Project, and cited the weekly evening format as a barrier to their participation, a phone survey was conducted to determine the most optimal format for the groups. Fourteen families, including both pilot subjects and those who had agreed to participate in the groups, were offered several alternate formats, including 6 - 8 monthly meetings, intensive weekend meetings, and a videotaped self-instructional program supplemented by three monthly meetings. A majority of patients (10/14) favored a videotape program with three monthly group meetings. Of the remaining patients (3/14) favored a six session monthly meeting format and one stated that she would not be interested in any of the proposed formats. Patients who chose the video/monthly group format cited the flexibility of the program as most important to their ability to participate. Among eleven patients who initially declined to participate due to scheduling problems or geographical distance, nine cited they would be interested in committing to this group with the modified format.

The results of the patient survey led us to consider a change in the intervention group format from eight weekly meetings to three monthly meetings and educational videotapes. Initially we planned to develop our own educational videotapes to supplement the group meetings, however, meetings with video production consultants at the University of Pittsburgh indicated that the production of original broadcast quality videotapes would be very expensive (i.e., >\$200,00) and would require a time frame of one year or more, and thus not be feasible within the budget and time-frame of this project. We also investigated the cost and feasibility of developing educational quality videotapes, and although the cost was more reasonable (i.e., an estimated \$15,000 per videotape), the time-frame for video production would be a minimum of two months per tape (range: 2-5 months), with 4 - 6 tapes to be produced (i.e., 2-3 each for parent and children's groups) and thus not be feasible for the project's time frame. We therefore decided to offer a revised intervention format that could respond to the patients' needs for flexibility by offering a limited number of group meetings at more feasible intervals that would be supplemented by existing relevant video and audiotape instructional materials to make up for the decreased number of meetings.

It is expected that the modified intervention will result in a higher participation rate of eligible subjects due to its more convenient format, and additionally allow for the recruitment of subjects from a wider geographical area due to the reduced travel required. A per family payment of \$100.00 was added to encourage participation and ensure completion of the project. The payment will be made in a lump sum after participants have completed the groups and final assessments. Presently approximately three patients per month are referred to this study, and it is expected that broadening the recruitment criteria to include single young women with breast cancer and their children as well as those women

with children under three years of age will result in an estimated 45 eligible patients identified per year. A participation rate of 70% is expected, resulting in a net participation of 32 patients per year. Six cycles of the intervention group are planned, each taking four months. Total participation is expected to be 64 patients with approximately 22 patients each assigned to the Basic and Expanded Intervention Groups and 20 to a usual care Control group. To maximize the number of participants in the two treatment conditions, the Basic and the Expanded Intervention groups will be offered sequentially rather than simultaneously. Approximately eleven patients available for each treatment group cycle will be randomly assigned to either the treatment group or the Control condition within each cycle.

These changes to the research plan were discussed with Dr. Patricia Modrow, a contract specialist at the Army's Breast Cancer Research Program on 8/28/98. A revised budget and Statement of Work was sent to Dr. Modrow for her approval on 9/17/98, and approval was granted on 9/22/98. The major budgetary change is to move monies from salaries to supplies to cover the cost of acquiring additional educational materials for the Basic and Expanded Interventions and to pay patients for their participation. The outline of the plan for the reformatted intervention is presented in presented in the revised Statement of Work (Appendix 4).

## REFERENCES

1. American Cancer Society, *Cancer facts & figures-1993*. (American Cancer Society, Atlanta, GA, 1993).
2. K. S. Albain, D. C. Allred, G. M. Clark, *Monogr. Natl. Cancer Inst.* **16**, 35-42 (1994).
3. G. M. Swanson, C. Lin, *Monogr. Natl. Cancer Inst.* **16**, 69-77 (1994).
4. V. Mor, M. Malin, S. Allen, *Monogr. Natl. Cancer Inst.* **16**, 191-197 (1994).
5. V. Mor, S. Allen, M. Malin, *Cancer* **74**, 2118-2127 (1994).
6. L. L. Northouse, *Monogr. Natl. Cancer Inst.* **16**, 183-190 (1994).
7. A. D. Vinokur, B. A. Threatt, D. Vinokur-Kaplan, W. A. Satariano, *Cancer* **65** (1990).
8. S. Manne, *J. Clin. Psychol. Med.* **1**, 317-330 (1994).
9. J. R. Bloom, L. Kessler, *Monogr. Natl. Cancer Inst.* **16**, 199-206 (1994).
10. A. L. Stanton, P. R. Snider, *Health Psychol.* **12**, 16-23 (1993).
11. L. L. Northouse, *J. Am. Med. Women's Assoc.* **47**, 161-164 (1992).
12. A. D. Vinokur, B. A. Threatt, R. D. Caplan, B. L. Zimmerman, *Cancer* **63**, 394-405 (1989).
13. R. Forehand, G. J. Lautenschlager, J. Faust, W. G. Graziano, *Behav. Res. Ther.* **24**, 73-75 (1986).
14. A. D. Cox, M. Rutter, in *Child and adolescent psychiatry: Modern approaches*. M. Rutter, L. Hersov, Eds. (Blackwell, Oxford, 1985).
15. S. H. Goodman, H. E. Brumley, *Dev. Psychol.* **26**, 31-39 (1990).
16. C. Hammen, D. Burge, K. Stansbury, *Dev. Psychol.* **26**, 24-30 (1990).
17. H. Orvaschel, in *Advances in Child Clinical Psychology* B. B. Lahey, A. E. Kazdin, Eds. (Plenum, New York, 1983), vol. 6, pp. 169-197.
18. C. Webster-Stratton, M. Hammond, *J. Abn. Child. Psychol.* **16**, 299-315 (1988).
19. G. C. Armsden, F. M. Lewis, *Onc. Nurs. Forum* **21**, 39-45 (1994).
20. C. Webster-Stratton, *J. Clin. Child. Psychol.* **19**, 302-312 (1990).
21. C. W. Given, et al., *Health Psychol.* **12**, 277-285 (1993).
22. L. Baider, A. Kaplan De-Nour, *Int. J. Psychia. Med.* **14**, 265-276 (1984).
23. B. E. Compas, et al., *Health Psychol.* **13**, 507-515 (1994).
24. B. R. Cassileth, et al., *Cancer* **55**, 72-76 (1985).
25. L. L. Northouse, M. A. Swain, *Nurs. Res.* **36** (1987).
26. F. M. Lewis, *Cancer* **65**, 752-759 (1990).
27. F. M. Lewis, M. A. Hammond, N. F. Woods, *J. Beh. Med.* **16**, 351-370 (1993).
28. M. Weinraub, B. Wolf, *Child Dev.* **54**, 1297-1311. (1983).
29. M. S. Forgatch, G. R. Patterson, M. Skinner, in *Impact of divorce, single parenting and step-parenting on children*. E. M. Hetherington, J. D. Arasteh, Eds. (Lawrence Erlbaum, Hillsdale, NJ, 1988).
30. E. J. Mash, C. Johnston, *J. Clin. Child Psychol.* **19**, 313-328 (1990).
31. B. Given, C. W. Given, *J. Am. Med. Women's Assoc.* **47**, 201-206, 212 (1992).
32. V. Mor, *Monogr. Natl. Cancer Inst.* **16**, 169 (1994).
33. R. Bibace, M. E. Walsh, *Peds* **66** (1980).
34. J. M. Richman, M. V. Chapman, G. L. Bowen, *Pediatr. Clin. North Am.* **42**, 167-180 (1995).
35. R. B. Stewart, L. A. Mobley, S. S. Van Tuyl, M. A. Salvador, *Child Dev.* **58**, 341-355 (1987).
36. J. D. Vess, J. R. Moreland, A. I. Schwebel, *J. Psychosoc. Onc.* **31** (1985).
37. A. Rosenfeld, et al., *J. Prim. Prev.*, **3**, 244-250 (1983).
38. B. E. Compas, N. L. Worsham, S. Ey, D. C. Howell, *Health Psychol.* **15**, 167-175 (1996).

39. M. Rutter, *Brit. J. Psychia.* **147**, 598-611 (1985).
40. L. L. Northouse, *Cancer Pract.* **3**, 134-142 (1995).
41. C. Dunkel-Schetter, L. G. Feinstein, S. E. Taylor, R. L. Falke, *Health Psychol.* **11**, 79-87. (1992).
42. T. J. Meyer, M. M. Mark, *Health Psychol.* **14**, 101-108 (1995).
43. B. L. Anderson, *J. Consult. Clin. Psychol.* **60**, 552-568 (1992).
44. F. I. Fawzy, N. W. Fawzy, L. A. Arndt, R. O. Pasnau, *Arch. Gen. Psychia.* **52**, 100-113 (1995).
45. R. W. Trijsburg, F. C. E. van Knippenberg, S. E. Rijpma, *Psychosom.Med.* **54**, 489-517 (1992).
46. L. L. Northouse, A. Cracchiolo-Caraway, C. P. Appel, *Sem.Onc. Nurs.* **7**, 216-223 (1991).
47. D. Hymovich, *Onc. Nurs. Forum* **20**, 1355-1360 (1993).
48. M. Rutter, *Children of sick parents* (Oxford University Press, New York, 1966).
49. E. F. Dubow, D. Schmidt, J. McBride, S. Edwards, F. L. Merk, *J.Clin. Child Psychol.* **22**, 428-440 (1993).
50. R. L. Forehand, R. J. McMahon, *Helping the noncompliant child.* (Guilford Press, New York, 1981).
51. R. A. Polster, R. F. Dangel, Eds., *Parent training: Foundations of research and practice.* (Guilford, New York, 1984).
52. American Psychiatric Association, *Diagnostic and statistical manual of mental disorders; DSM IV* (American Psychiatric Association, Washington, D. C., ed. Fourth Edition, 1994).
53. R. L. Spitzer, et al., *JAMA* **272**, 1749-56 (1994).
54. L. R. Derogatis, *Symptom Checklist-90-R (SCL-90-R).* (National Computer Systems, Inc., Minneapolis, MN, 1993).
55. C. A. C. Schag, R. L. Heinrich, *Onc.* **4**, 135-138. (1990).
56. L. Derogatis, *J. Psychosom. Res.* **30**, 77-91 (1986).
57. H. I. McCubbin, D. H. Olson, A. S. Larsen, in *Family assessment inventories for research and practice.* H. I. McCubbin, A. I. Thompson, Eds. (University of Wisconsin-Madison, Madison, WI, 1991).
58. D. H. Olson, et al., *Family inventories.* (Family Social Science, University of Minnesota, St Paul, MN, 1982).
59. W. T. Boyce, E. W. Jensen, S. A. James, J. L. Peacock, *Soc. Sci. Med.* **17**, 193-200 (1983).
60. E. W. Jensen, S. A. James, W. T. Boyce, S. A. Hartnett, *Soc. Sci. Med.* **17**, 201-211 (1983).
61. T. Achenbach, *Manual for the Child Behavior Checklist/4-18 and 1991 Profile.* (University of Vermont, Department of Psychiatry, Burlington, VT, 1991).
62. T. Achenbach, *Manual for the Child Behavior Checklist/2-3 and 1992 Profile.* (University of Vermont, Department of Psychiatry, 1992).
63. S. Harter, R. Pike, *Child Develop.* **55**, 1969-82 (1985).
64. S. Harter, *Child Develop.* **53**, 87-97 (1982).
65. L. Clark, *SOS! Help for parents* (Parents Press, Bowling Green, KY, 1985).
66. G. R. Patterson, *Living with children* (Research Press, Champaign, Ill, 1976).
67. K. McCue, R. Bonn, *How to help children through a parent's serious illness.* (St. Martin's Press, New York, 1994).
68. L. C. Rainey, *Public Health Rep.* **100**, 308-315 (1985).
69. M. A. McCubbin, H. I. McCubbin, A. I. Thompson, in *Family Assessment: Resiliency, Coping and Adaptation* H. I. McCubbin, A. I. Thompson, M. A. McCubbin, Eds. (University of Wisconsin, Madison, WI, 1996) pp. 639-686.

APPENDIX 1: PATIENT AND PARTNER GROUP INTERVENTION MANUAL

“Families Coping With Cancer Project”

Treatment Manual: Patient and Spouse Group

Funded by: U. S. Army Materiel Command 1997-2000

Family Intervention for Young Women with Breast Cancer

Sally E. Tarbell, Ph. D.  
Principal Investigator

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## SESSION 1

### WELCOME AND INTRODUCTION TO THE FAMILIES COPING WITH CANCER PROJECT

Welcome to the Families Coping with Cancer Project. We are very pleased to have you here with us tonight. My name is Dr. \_\_\_\_\_, I am a health psychologist from the University of Pittsburgh Cancer Institute and this is \_\_\_\_\_ R.N., also from the UPCI. We will be meeting with you tonight for about an hour and a half. During this time we will give you an understanding of how this project came to be and what we hope to accomplish over the next seven weeks.

Young women with breast cancer and their families face many stresses. Coping with a serious illness and its treatment while you are young and actively raising children, and attempting to balance family, personal, personal, professional and health care concerns is an especially daunting task. Many available education and support programs for cancer patients do a good job of providing information about cancer and its treatment but few respond specifically to the needs of families like you, young couples with growing families. In fact there is relatively little research to guide the development of programs to help young women with breast cancer and their families cope with breast cancer and its treatment. This project aims to bridge this gap and has been funded for three years by the U.S. Army's Breast Cancer Research Program.

Before we go further and elaborate our plans for this group I think it would be helpful for each of us to introduce ourselves and especially for us to hear about what interested you in coming to this group. *(Start with the group leaders. Each participant is asked to say their name, something about themselves, what interested them in coming to the group and any topics or issues that they would like to see addressed by this group. Leaders summarize comments by participants, reviewing the range of participants and their expressed interests and goals for the group).*

I would like to start with three basic assumptions guiding this project: *(Put these 3 points on board or poster)*

The first is our belief that breast cancer is a disease that affects the whole family--the woman, her partner, their children, parents and extended family. Friends and colleagues are also affected by this disease. Most educational and support groups for cancer patients focus on the patient only. While it is extremely important to attend to the specific needs of the individual fighting cancer, we believe that when you are a young woman with breast cancer, meeting your needs also means attending to those of your family as well. We have asked both you, the woman who has had breast cancer, and your partner to attend this group. We do this because we know that breast cancer has a significant impact on the spouse, and that spouses and their unique experience and concerns have been neglected and need to be heard and responded to. We also know that husbands often take on a major role in supporting their wife and children when a young mother is diagnosed with breast cancer and that their involvement is critically important to the health and well being of their wives and children. We hope this group will provide a forum for the discussion of personal, partner and parenting issues. The spouses in this group can help us and help others by sharing your insights and concerns about changes brought about by breast cancer in the family, and ways you have learned to cope with these changes. We also will spend time discussing how children react to parental cancer, in particular how children of different ages cope with an ill parent and the changes in family routines brought about by the illness,



the kinds of behavioral issues that might emerge, and how to help your children cope optimally with illness in the family. *(For those in Expanded Intervention only: We also have developed an education and support program specifically for children whose mothers have breast cancer. I will talk more about this program in a few minutes).*

A second basic assumption of this project is that each person plays many roles simultaneously in life, being an individual with unique qualities, skills, interests, values, and goals, a partner in a marriage, and a parent. We have designed this group with an appreciation that a woman with breast cancer need not be defined by her disease or let the disease of breast cancer take control of any of these domains. Therefore we will spend time over the next few weeks looking at how to maintain the highest quality of life in all the roles you and your spouse play. To this end we will have sessions devoted to individual, relationship and parenting issues. I will discuss the particulars of the meetings to come in more detail in a few minutes.

The third basic assumption of this project is that you are all normal people dealing with extraordinary circumstances, and therefore we assume you come to this group with many strengths and skills for managing cancer and its personal and family impact. You are the experts on this experience. What we can offer you are some proven techniques to help you lighten your personal, interpersonal and parenting load. We view this group as an opportunity for you to sharpen some of the tools you already have in your coping toolbox and to put some new tools into that toolbox *(Like taking an elevator when you have a broken leg, its not that you can't take the stairs it's just that their may be an easier way that frees up more energy for you to enjoy life and improve its quality.)*

We believe that if each member of the family can receive the information and support they need in order to adapt to the changes in their lives brought about by cancer, that this will better enable the woman with breast cancer and her family cope. One family member's illness affects every other member of the family, whose responses in turn further change the family environment. Because we do not yet know what is the best way to provide a program for the whole family we are trying a few different approaches. For example, we are having some groups that directly involve parents only and others that include a parents' and a children's' group. It is likely that both formats will be helpful to some families, and one of the goals of this project is to find out which format works best for which families, so that in the future we can provide the treatment that best matches a particular family's needs.

Now, let me review the agenda for next several meetings. *(Participants will be provided with a sheet detailing the agenda for the project)*. We will start off with stress management as a way for each of you to bolster your own personal resources in coping with a stress like breast cancer. We know stress management works and that some of the techniques of stress management such as relaxation can not only reduce stress but also have positive effects for your health such as lowering blood pressure and reducing physical symptoms such as headaches. We will start next week with learning how your body responds to stress and go over how to reduce this response. At our third meeting, we will discuss how what you think about stress effects your mood and behavior and how some ways of thinking and coping can be more effective than others. The fourth week we will discuss how family life may be changed by cancer and explore problem solving strategies for tackling any problems related to having cancer in the family. Next we will spend three meetings discussing techniques for improving communication within the family and with those outside the family, including friends, colleagues and the health care system. We will also take time to examine your roles as parents and how to understand and respond to your child's reactions to illness. Even if your breast cancer occurred some time ago, it is likely that your children will still have some questions or issues related to your illness. Finally,

we will also review and how you can apply the skills you already have and some new ones you may take from this project to ensure the best possible long term healthy outcomes for you and your family.

Are there topics or issues you are wondering about or would like to see covered that we have not yet mentioned? (*Leave time for group members to respond.*) Please let us know what you would like to see added as soon as possible so that we can be sure to cover your particular interests in the upcoming weeks. You also can catch up with us after the group tonight if you have questions or comments about any aspect of the group.

I will next tell you about the format of the group meetings. The group will work best with your active participation. From week to week we may ask you to do little practice assignments so that you can try out the ideas and skills we discuss in the group at home. The start of each group will begin with a review of your experiences or comments about the prior week's topic of discussion. We will then provide a brief educational discussion about the current week's topic, lasting 15 - 20 minutes. We will take the remainder of the group to apply or practice the skills or issues brought up in the educational discussion. (*For those in the Expanded Intervention, the last 5 minutes of the group will be taken up with a review of what the children were working on in their session and ways to reinforce their learning during the week.*) The format of the group may vary a little from week to week. Sometimes we will meet as one large group and sometimes we will break up into subgroups such as husbands and wives or by a particular issue of interest, such as parenting concerns of younger vs. older children and so on.

We also want to propose some group rules. One is that to make it comfortable to talk about your experience we ask that you not discuss other participant's stories outside of the group. This does not mean you are not to think about or discuss issues brought up by the group in between meetings--far from it. We think this group can be most effective if the skills and issues we talk about here are applied in your every day life and that you bring back your experiences to the group. We just ask you to use discretion, and not discuss other group members' names or particulars outside of the group.

*(Take time to answer any participant questions.)*

*(Ice breaker: Have each participant pair up with a same sexed partner from another couple. Have one partner interview the other for five minutes and then switch roles for another five minutes. Bring the group back together to have the interviewers report on what they have learned about the interviewees. Summarize any key issues for the group brought up by these interviews and then use this as an opportunity to emphasize the important role of listening, speaking and relating to each member of the group as an important role for the next several sessions. Commonalities among the group members can be identified to help facilitate group cohesion.)*

### **BRIDGE TO CHILDREN'S INTERVENTIONS (Expanded group only):**

This week in your children's group, they were introduced to the purpose of the group and topics to be covered as we just did. The topics they will explore will include their perspective on how they coped and are coping with illness in the family, how to identify and appropriately manage their feelings, relaxation and problem solving exercises, and skills for getting along with others. Throughout the children's groups there will be a strong focus on their feeling good about themselves and reinforcing their self-esteem, as it appears that these are the areas that are affected most by a parent's illness. Their group will be structured so that the children have a regular routine each week including: an introduction to the night's session, a review of what they were working on in the previous sessions, some

time for play, games and stories that pertain to the issues being covered, a snack, and then a brief assignment for the next week. Each week we will take some time to review what your children are doing in their groups so that you can help reinforce the skills they are learning. Tonight the children's groups focused on helping the children get to know one another. Their activities focused on how each of them are special and unique and also on the ways they are alike, including that they all have moms who have been sick. The younger children heard stories and made a group banner. The older children drew pictures of themselves and started a scrapbook to record the different activities they will be doing over the course of the group. As a way for the children to help get to know one another, we are asking them to bring in something that is special to them to the next group. They will talk about the special thing they bring in as a "show and tell" to help them get to know one another better. *(Leaders ask for questions from participants regarding the children's groups).*

## SESSION 2

### STRESS MANAGEMENT I: YOUR PHYSICAL RESPONSES TO STRESS

**A. REVIEW: Concerns/issues from last week.** *(The group leaders will review any thoughts, questions, issues prompted by last week's introductory session for the first 5-10 minutes of the meeting).*

#### **B. EDUCATION: Your Body's Responses to Stress.**

Tonight and for the next two weeks we will be working on filling your "energy bank account". Some things we do help build our reserves giving us the energy to do the things we like to do and the things we have to do. Examples would be a good nights rest, a talk with a close friend, hobbies, exercise, vacations. *(Leaders prompt group members for other, personal examples).* Other things we do may deplete us such as not eating well, not getting enough sleep, attempting to do too many things and having too little time to do them and so on. *(Again, leaders prompt group members to offer their own examples of things that deplete their energy).* In order to minimize our withdrawals and maximize our deposits it is important to understand the stress response and the things you can do to counter it. Tonight we will be talking about the impact of stress on your body and some things you can do to reduce or lessen its effects.

To begin, you are all experts on stress having coped with breast cancer in the family. I am wondering what are the things you feel and what changes you notice in your body when you are feeling stressed. *(Leaders prompt members to provide personal examples of how they identify their responses to stress).*

From research done in the early part of this century we now know that our bodies have a characteristic way of responding to stress. Our mind and bodies actually change in response to stress. We call this response the "fight or flight" response. The fight or flight response is so named because the changes that occur to our body make it easier for us to fight or flee a potential stressor. This response probably developed over thousands or millions of years and was important to our ancestors to help them survive dangers, like fighting or running away from a ferocious animal. The changes in our body that occur with the fight or flight or stress response include:

- Increased muscle tension
- Increased heart rate
- Increased blood pressure
- Increased respiration
- Increased sweating

Other changes that occur include, dilation of your pupils, cessation of digestion, your hands and feet may get cold, and a narrowing of attention, with your senses becoming hyperalert so that you may respond quickly to the stressors.

The stress response is mediated by many different chemicals in the body, an important one being adrenaline or epinephrine. The arousal we feel provides us with great strength and speed for a short period of time and is essential to our ability to respond effectively when

immediate action is called for. Once released, the stress response is often followed by feelings of tiredness, even exhaustion. Eventually we return to normal after resting.

Today we do not usually need to fight or flee to manage the stresses of our life, but our bodies still respond to stress in this characteristic way. For example, you may get upset about being stuck in traffic, but you can't get out of your car and fight with the other drivers, nor can you flee. If the stress response is chronically provoked with no opportunity for release, there can be a build up of tension. You can begin to feel like a bomb ready to explode, and you may let go of this tension inappropriately by blowing up at a friend or a family member.

*(Leaders: What sorts of things do you do when you feel this build up of tension? Does anyone routinely use exercise or relaxation to cope with feelings of stress?)*

Relaxation and exercise are among the best ways we can let go of this tension as it accumulates.

Today we will focus on learning some ways to relax that can help you release the tension that builds up from the repeated activation of this stress response. Before we begin this exercise, I would like to emphasize two more points about the stress response.

One is that the stress can occur because of any sort of physical or mental stressor. Even if we are only thinking about a potentially stressful experience, the stress response can be generated. The body can't always tell the difference between a real event and one that you are thinking about. Thoughts can be stressors too. As an example, I imagine all of you can vividly recall the mental stress of waiting for the results of the breast biopsy and the way you felt at the time. *(Leaders prompt group: What thoughts went through your mind? What feelings went along with them?)* Thoughts can also be calming and help you reduce stress. *(Can you think of any examples? Leaders prompt group members to recall a self-comforting or calming thought).* And this is why we will practice a relaxation exercise in a few minutes that will include a part that focuses on relaxing imagery, that is, using your mind to calm your body and decrease your stress response.

The second point I would like to make is that stress is cumulative and we each get signals from our bodies and minds when we are reaching our threshold. We generally start feeling uncomfortable. Some of those signs can be feelings of anxiety or irritability, or physical symptoms, such as headaches and being tired. Each individual may have a unique set of signs. *(Take time to discuss with the group their own unique signs of stress.)* Sometimes we may experience a full blown stress response, with all of the physical and mental changes mentioned earlier, at other times we may notice small changes, like feeling a little more tension in our bodies. What do we do when we get these signals? Do we ignore them or do we take time to notice these stress signals and do something about them? You can think of these signals like the temperature light on your car. If you are driving along and the temperature light goes on, is this a good thing or a bad thing? It can be a bad thing because something is wrong with your car, but on the other hand it can be a good thing because you know something is wrong and you can do something about it. Now what would happen if you taped up the light when it went on or ignored it entirely? Chances are the car would break down. The point I am trying to make is that we experience the signs of stress in our body and in our mind and what we need to do is pay attention when that light goes on, and make some effort to release the tension.

Remember that the stress response isn't a "bad" thing. Just like the warning light on our car, we need it to alert us to potential danger and to mobilize ourselves for action. But as

we don't always need to be in a state of high alert and posed for action, we can take steps to reduce the tension that can come with the stress response.

Finally, it is important to emphasize that there is no evidence that stress causes cancer. You cannot give yourself cancer by worrying or by getting overwhelmed by stress. We do know however, that individuals with cancer who have participated in a variety of psychosocial interventions designed to reduce stress have experienced improvements in quality of life and physical symptoms.

### C. PRACTICAL TRAINING

Today I will be leading you through some relaxation exercises. (*Have you ever practiced a relaxation exercise before? If so, tell me about your experience with the relaxation exercise. How was it helpful?*)

Relaxation produces the mirror image of the stress response in your body: your heart rate, blood pressure and breathing rate decrease, your muscles loosen and become less tense, and as the blood vessels dilate you may notice that your hand and feet get warm. Mentally, relaxation is characterized by feelings of calmness and well-being. In other words it is the opposite of the stress response.

The relaxation exercise you'll be learning has three parts. The first part involves practicing some deep breathing. Deep breathing or "abdominal breathing" is when you bring the air as deeply as you can into your chest and abdomen. Your chest and abdomen actually expand, much as if you had a balloon in your belly expanding each time you inhale. When you exhale the chest and the abdomen flatten again. Because you are giving your lungs extra space to fill up with these deep breaths, your breaths are actually fuller than with chest breathing alone. This type of breathing brings about feelings of calmness and relaxation for reasons that are still not altogether clear to physiologists. This is a simple yet really effective way to elicit the relaxation response. In the second part, you will practice a progressive muscle relaxation exercise in which you will be tensing and relaxing muscles throughout your body. This exercise will help you become aware of tension in various parts of your body and of ways to reduce that tension. In the third part you will practice bringing a pleasant image to mind which you may use to help you relax even further. All three different strategies to relax can be effective, but one may work best for you. It will be up to you to practice these exercises and to decide for yourself what works best. Relaxation is a skill that requires practice. Like any other skill it will take time for you to be your best and to get the most benefit from the exercise. I have taped this exercise for you so you can go home and practice it. (*Ask the participants if they have tape players. If not, the patient may borrow one from the clinic for the duration of the study*). It is best to practice this exercise at least once a day, preferably not after meals and not before bedtime.

#### **Relaxation Exercise**

To begin, get yourself into a comfortable position, and when you are practicing at home find a time and place where you will not be interrupted for about 10-15 minutes. You may need to give some thought to how you can arrange this time for yourself on a regular basis. You may want to close your eyes to help you focus on the exercise.

First, begin to pay attention to your **breathing**. Notice where your breaths are coming from. Are they coming from your chest or further down in your abdomen? I am wondering if you can breath deeply enough so that you can feel your breath coming from your abdomen. You may want to a place hand on your abdomen to feel it expanding each time you inhale. Take a few moments to see if you can deepen your breathing. As you begin to

pay attention to your breathing. Simply notice the air going in and out. In and out. As you focus on your breathing, you may be able to imagine yourself breathing in relaxation and breathing out all tension. Just notice the natural and relaxing rhythm of your breathing. Now, I would like you to take a deep breath, hold and let go. Again, deep breath, hold and let go. One more time deep breath, hold and let go. Return now to the natural and relaxing rhythm of your breathing.

### **Progressive Muscle Relaxation**

Next is an exercise in which you will become aware of tension in your body and then show you how to reduce this tension.

First, direct your attention to your right arm. Put your right arm out straight, make a fist and tighten your whole arm from the tips of your fingers to the top of your shoulders. Pay special attention to the areas that are particularly tight or tense. Relax and lower your arm, bending at the elbow and bringing it to rest by your side. Notice how it feels to have those muscles loosen and relax.

Now, put your left arm out straight and make a fist, and tighten your whole arm from the tips of your fingers to the top of your shoulders. Once again, pay special attention to the areas that are particularly tense. Relax and lower your arm, letting go of any tension that might be there. Notice how it feels to let those muscles loosen and relax. Just relax.

Next, we'll turn to the muscles of your face, starting with your forehead. Wrinkle up your forehead, until all of your forehead is really, really wrinkled, your muscles tense and your skin furrowed. Feel how tight it is. Now relax, letting go. Feel the muscles loosen, and relax.

Now, close your eyes very tightly. Feel the tension as it radiates around your eyes. Now relax. Notice the difference in the way your eyes feel as you loosen the muscles.

Now, clench your teeth and tighten the muscles in your face. Feel the tension as it moves throughout your whole jaw. Now gradually relax your jaw, feeling the sensation of letting go.

Now, shrug your shoulders bringing both shoulders up towards your ears as if you wanted to touch your ears with your shoulders. Note the tension in your shoulders and up your neck, study it for a moment. Now let it go. Notice the difference in the way your muscles feel when you relax.

Now, tighten up the muscles in your stomach. Make the stomach very hard. Now relax. Let the muscles become loose once again. Just let go and relax. Notice the difference between the tension and the relaxation. Now lift your right leg and turn your toes toward you and tighten your whole leg. Feel the tension in your thighs, knees, calves, and arch of your foot and toes. Study that tension for a moment. Now gradually relax and lower your leg.

Now, lift your left leg and once again turn your toes toward you and tighten your whole leg. Feel the tension in your thighs, knees, calves, all the way down to your feet and toes, study it. Now relax your leg, bending your knee and lowering it. Feel the tension leaving your body from your hip to your knee down to your leg to the tips of your toes.

Now, simply breathe deeply and calmly. You may wish to close your eyes, to help you focus your attention on your breathing. Let your breath take relaxation to each part of your

body. I am wondering if you can begin to feel the relaxation flowing through your body with your breath. If you sense any tension anywhere in your body, see if you can use your breath to bring relaxation to it. Just keep breathing feeling the relaxation deepening more and more with each breath. Just relax.

### **Imagery**

Now I am wondering if you can bring to mind a very pleasant image. As you begin to get an image of a very pleasant place in your mind, I am wondering if you can get all of your senses involved in this image. Maybe this image can become so clear that you can see the sights that there are to see, smell the air, hear the voices and other sounds that may be at this very pleasant place, and feel what it's like to be there. Take a few moments to get this very pleasant image clearly in your mind and then stay with it for as long as you like. When you are ready, gradually let this image dissolve in your mind and come back to the rhythm of your breathing. Open your eyes when you are ready.

*(The leaders will then debrief the participants about their experience with the relaxation exercise e.g., on a scale of 1-10 where 1=not relaxed at all and 10=very relaxed, how relaxed do you feel right now?)*

### **D. HOMEWORK**

Practice your relaxation exercise at least once per day, and keep track of how relaxed you feel on a 1-10 scale where 1=not relaxed at all, and 10=very relaxed, both before and after you practice your relaxation. Don't get discouraged if you don't feel deeply relaxed when you first start to practice relaxation. Relaxation is a skill that takes time to master, like learning to ride a bicycle or drive a car. It may feel awkward at first, but with practice you will be able to relax deeply and enjoy the experience. Let's take a moment to anticipate what things might get in the way of your practicing this exercise this week. What steps can you take to make sure you get some time to relax? We will review the relaxation exercise next time we meet and discuss cognitive coping strategies--ways in which you can use your mind to decrease/control your experience of stress.

### **E. BRIDGE TO CHILDREN'S INTERVENTIONS (Expanded group only)**

Tonight your children will talk about the special thing they brought to group this week. They also will talk about their families and about cancer. The emphasis will be on providing them with developmentally appropriate information about cancer and on reading stories by other kids whose mom's have had cancer. We hope that hearing the stories and listening to other children in the group will help your children "normalize" the experience of cancer and help correct any misperceptions they may have about cancer and its treatment. We also are asking the children to notice something fun that they do with their mother this week as they will talk about the fun things they can do with their mom at the next meeting.

**F. HANDOUTS:** Relaxation tape and practice log. CancerCare Brief on "Helping children to understand cancer". Resources on stress management, coping and communication.



## SESSION 3

### STRESS MANAGEMENT II: YOUR MIND'S RESPONSES TO STRESS

#### A. REVIEW

*The group leaders will review the participants' experiences with the relaxation exercises. Discussion should include how many times they practiced relaxation, what aspect of the training they found to be most helpful (deep breathing, progressive muscle relaxation, and/or imagery), the degree to which the exercises enabled them to relax as well as any difficulties with the relaxation practice. The group leaders should reinforce the use of relaxation strategies, i.e., to release the physical tension associated with stress, promote feelings of well-being and reduce physiological stress responses. If time permits and there is interest, the group leaders may then conduct a brief relaxation exercise for the group).*

#### B. EDUCATION

Last week we talked about stress reduction and relaxation with an emphasis on the body's response to stress, the fight or flight or stress response. Today, we are going to focus on our mind's responses to stress--how our thoughts and feelings influence our experience of stress.

Everyone has stress; however, we all find different things stressful. What is stressful to one person may not be stressful to another. (Said another way, we each have different buttons that can be pressed and set us off.) For example, consider two people: one who loves his job and one who really dislikes his job. Both wake up one morning to go to work and discover that it has snowed three feet overnight and the roads aren't plowed. The worker who loves his job is disappointed and frustrated that he can't make it to work, whereas the worker who dislikes his job feels relieved and happy at the prospect of spending the day at home. Imagine that the worker who loves his job says to himself the following: "This is the worst thing that could happen! I really want to get to the office and work on this project. If I don't get in today then we will miss the deadline and lose that important account. Why did it have to snow?" Maybe the worker who dislikes his job says: "This is great! I have the whole day to catch up on things at home and I don't have to deal with work problems." (*How do you think each person is feeling as these thoughts race through their minds?--Group leaders should emphasize the relationship between how thoughts about a stressor affect feelings of stress--both physical and mental.*) You can see that the same event may be perceived quite differently by these individuals and that to a great extent their experience of stress will be determined by their thoughts about the stressor. Their evaluation of the stressor, **how they think about the stressor and what they say to themselves about it, will have a very direct impact on how they feel and what they do in response to it.** While certain events are almost universally considered stressful, e.g., the death of a loved one or being diagnosed with cancer, the impact of these events still depends on the individual's thoughts. If your point of view is that a stressor challenges you beyond your capacity to cope, you are more likely to experience the psychological and physical responses that occur with stress. (*Discuss situations that the participants find stressful/uncomfortable--are they universal stressors or more idiosyncratic? How did the participants' thoughts about the stressful situation affect how they felt? Explore differences and similarities in spouses with regard to what they find stressful, and how it can help to know each other's vulnerabilities and strengths to best support each other in times of stress.*)

Tonight we are going to focus on psychological stress responses. These are negative thoughts and feelings that occur when we do not feel able to cope. Negative thoughts, including "catastrophizing" statements such as: "I can't cope with this" "This is the worst thing that could happen" are often accompanied by negative feelings like anxiety, fear, frustration, tension, fatigue, guilt, hopelessness, and depression. When we focus on these feelings, we become less able to problem-solve and make needed decisions. If we can learn how to be aware of and change any unhelpful thoughts about a stressor, we can reduce our feelings of distress and the physical responses that accompany these feelings.

Think back to a recent time when you felt stressed, then try to identify the thoughts that you related to that stress. *(Ask participants to share their recollections, especially how their thoughts influenced their physical and emotional reactions to the stressor. Consider the following example: When you first heard that you had cancer (your wife had cancer) what did you think? How did you feel? Discuss how they appraised the threat and their ability to cope).* Emotions are greatly affected by the way we look at things. When an event occurs we try to make sense of it and our emotional response is a consequence of how we interpret this event. By changing how we think about things, how we evaluate a stressful situation, we can change how we feel. **Said another way, how we feel depends in large part upon what we are thinking.**

## **METHODS OF COPING**

**If we believe that there are things we can do to manage a stressful situation, then the threat is reduced and we are less likely to experience a stress response.** Coping responses can include actions to directly change what is wrong and thoughts that lessen the emotional impact of the situation. We can successfully cope with a stressful situation without changing it. Tonight we will be focusing on how to use your thoughts to manage stress. We call these "cognitive coping strategies." Next week we will be focusing on behavioral and problem-solving coping strategies.

**Cognitive coping strategies.** Cognition refers to the way we think about things. These methods include all the ways we think about things that can help us solve problems and feel better. Using calming and positive "self-talk" when we are in a challenging situation can be a very effective way to manage our emotional reactions to stress. An example would be telling ourselves to relax and slow down when we find our mind racing in reaction to stress, or distracting ourselves from upsetting thoughts by focusing on more positive things. We can also give ourselves encouragement by statements such as "you can do it" and "in time this will get better" and so on. Other cognitive coping strategies include: focusing on the positive, telling ourselves to take things one step at a time, praying and trusting our belief in God or a higher power, and not making things appear better or worse than they are. We are not always accurate in the ways we think about things and at times we may distort the picture. These inaccurate ways of thinking about things are called cognitive distortions. As mentioned earlier, how we think strongly influences how we feel and how we behave, and thus cognitive distortions will limit our ability to respond effectively to a stressor. Recognizing these distortions in our thinking is a first step toward developing more effective cognitive coping strategies.

Some common cognitive distortions include: *(After mentioning each of these examples, ask the group for their own experiences with these distortions. The group leaders should discuss their responses, asking the participants to identify more and less effective cognitive coping strategies and their associated outcomes.)*

1. **All-or-none or either-or thinking:** Tendency to evaluate personal qualities in the extreme or to see things as black or white. Example: Since I've had cancer I'm a "sick person" - I will never be healthy again.
2. **Overgeneralizing:** The thought that because it happened once it will occur over and over again. Example: A friend at work seems uncomfortable talking to me since I told her/him that I (my wife) had breast cancer--conclusion--I guess I won't be able to be friends with him anymore.
3. **Catastrophizing** - Blowing things out of proportion. Example: After learning about her diagnosis of breast cancer, Claire thought her illness would ruin the life of her spouse and her children.
4. **Disqualifying the positive** - Rejecting or not noticing positive experiences. Maintaining a negative belief even though it is contradicted by experience. Example: Someone tells you that you are looking good today, and you disqualify it by thinking - they're just being nice.
5. **Assumed intent:** This is "mind-reading". Example: Your doctor seems very quiet when he comes into the office--you assume that his silence is bad news and that there is cause for concern when, in fact, he just has indigestion.
6. **Personalization:** Tendency to see oneself as the cause of some negative external event which in fact you had no control over. Example: If only I had exercised more regularly then I would not have gotten cancer.
7. **Fractured Logic:** This is where you take one event and draw unwarranted conclusions from it. Example: Because I yelled my spouse, he/she will think I want a divorce.
8. **"Shoulding": Making a wish, want or preference a "should".** You have a firm set of rules about how you and other people should act and you get very irritated or angry when they don't behave as you think they should. Example: The kids are being irresponsible by not helping out with the dishes today--they should help out with the dishes every day.
9. **Labeling:** Putting a label on another person rather than being descriptive and behavioral. Example: Your spouse is unreliable and irresponsible because he/she forgot to pick up the children's medicine at the drug store. Rather than your spouse forgot on this occasion to get the children's medicine.
10. **Magnification:** When an event is given more emotional weight than it deserves. Example: If I can't be there for my son's play then he will be devastated.

By avoiding these distortions and seeing things for what they really are we are using cognitive coping techniques.

### C. PRACTICAL TRAINING

We are now going to look at some more examples, identifying different cognitive coping strategies. I am going to give you a situation and would like you to imagine what cognitive coping strategies you might employ.

*Example 1:* You/Your wife need(s) to go to the doctor for a check-up. What sorts of thoughts go through your mind? What coping strategies might you use to reduce the potential stress of this medical appointment?

*Example 2:* For this example, I would like you to draw from your own experiences. Think of a situation that is stressful for you. (Discuss the situation and associated thoughts and feelings). How could you use cognitive coping strategies to reduce the stress of this situation?

#### **D. HOMEWORK**

I would like you to fill out a stress log this week. In addition to recording stressful events I would like you to log any thoughts and feelings that you have, and how you might use cognitive coping methods to deal with the stresses you identify. Pay particular attention to any cognitive distortions you may identify in your efforts to cope with stress. We will review this log in our next session and discuss behavioral coping strategies and problem-solving techniques. I would also like you to continue to practice relaxation and keep your relaxation log.

#### **E. BRIDGE TO CHILDREN'S INTERVENTIONS (Expanded group only)**

This week your children are learning about feelings. In particular they will be learning how to monitor and label feelings, and practice ways to regulate or manage their feelings. They will also work on learning how to accurately identify emotions in others. For "homework" they will be asked to talk about a feeling they had during the week at the next group session.

**F. HANDOUT:** List of cognitive distortions and rational alternatives.

## SESSION 4

### STRESS MANAGEMENT III: COPING WITH STRESS: PROBLEM SOLVING STRATEGIES

#### A. REVIEW

*The group leaders will review the participants homework from last week, focusing on their cognitive coping strategies and relaxation skills. For the cognitive strategies review, the leaders will review the Coping Strategies Log with the group, covering the situations where they used cognitive strategies, what strategies they used and their effectiveness. For relaxation review, feedback should include how many times the participants practiced relaxation, the effectiveness of the exercise as well as any difficulties. The leaders can encourage the participants to practice the relaxation exercises without the audiotape. The leaders should reinforce the use of relaxation and cognitive strategies to reduce physiological and emotional response to stress.*

#### B. EDUCATION

For the past two weeks, we have focused on our physical and psychological responses to stress and on ways to manage these responses. Today, we are going to focus on problem solving coping strategies.

There are many different ways of coping and no one correct way to deal with stress. Different coping strategies are effective at different times and we all use many different coping responses. You may have noticed that you and your partner have different ways of coping with stress. This can become particularly apparent when there is a crisis, like finding out you have breast cancer. *(Ask for comments from participants regarding this point)*. In general, a coping strategy is not good or bad. Rather, its effectiveness is determined by the situation.

The first step in problem solving coping is to determine whether the stressor or problem you are dealing with is uncontrollable or controllable. An example of an uncontrollable problem is the weather. It is impossible to change the weather, no matter how much we may want to or how hard we may try. Another group of problems are those that are controllable. This type may include things like waiting in the checkout line in the supermarket. While it is difficult to predict something out of the ordinary happening that will prolong your wait (like the register breaking down), it is possible to minimize the wait by doing things like shopping at off-peak times when the store is not so crowded, or stocking up on items so you don't have to go to the store quite as often. In this way, problems such as waiting in the checkout line are more controllable than problems such as bad weather.

Once you have determined whether the stress you are confronting is controllable or uncontrollable, the next step is to consider which type of coping strategies will work best for that kind of a stressor. Although there are many ways to deal with problems, we are going to discuss two main ways of coping: problem-focused coping and emotion-focused coping. Problem-focused coping refers to concrete, practical strategies we use to directly address the problem. An example would be wanting information about different kinds of cancer treatment and going to the library to get it. Emotion-focused coping involves accepting the situation, or thinking about pleasant things to take our mind off of what is bothering us. An example of this strategy would be to focus on your relaxation skills when you feel yourself getting anxious about a clinic visit. Dr. Richard Lazarus and Dr. Susan

Folkman were two of the first researchers to find that particular types of coping are more effective for particular types of problems--like a matching the coping strategy with the problem for the best outcome. For example, for an uncontrollable problem like the weather, it is probably better to do emotion focused coping, like accepting the weather and telling yourself that you can do your outdoor activities on another day. There is nothing that you can directly do to change the weather. You must accommodate--change your plans or behavior to fit the situation. For another situation, such as waiting in the supermarket checkout, you can switch lanes to a shorter line or go shopping when the store is not as crowded--these are examples of problem-focused coping. Doing emotion-focused coping while waiting in the checkout line, such as thinking about pleasant things, may take your mind off the wait, but won't get you out of the store quicker.

There is also a third type of coping--avoiding the stressor. Avoidance coping includes the things we do to distance ourselves from a problem and not think about it.. Because avoidance coping is generally less effective than the other two strategies, we will not focus on it other than to briefly identify its benefits and costs. Some examples are: refraining from thinking about something that distresses us, avoiding people or situations that bother us, denying feelings, daydreaming, and trying to distract ourselves and reduce tension by smoking, eating, sleeping or drinking. Avoidance coping may be a first strategy for dealing with a stressor, like refraining from reading informational brochures about cancer and chemotherapy when you are first diagnosed with cancer because you are feeling overwhelmed. These strategies can provide some immediate relief and can even be helpful in giving ourselves time to adjust to a stressful situation, especially one over which we have no control. However, while these behaviors can help us feel better in the short term, they may distract us from using more active coping methods to solve our problems and thus can be less effective. If used in situations where more active coping strategies might provide effective solutions, feelings of distress such as anxiety, depression, guilt and physical discomfort may actually get worse.

### **Problem Solving**

Today we are going to focus on a problem solving strategy to help you identify optimal ways to reduce stress. Sometimes, when we are faced with stress we become overwhelmed and don't know what to do to cope. There may appear to be no solutions, or on the other hand, there may be so many possible solutions that it is hard to figure out what course of action we will take to deal with the problem. One way of problem-solving is called the "**RESOLVE**" method--it includes six steps.

1. **RElaxation:** The connection between relaxation and problem-solving is strong. Problem-solving begins with relaxation to help calm you and focus your attention and energy on the problem. Even a few deep breaths can help you effectively let go of tension and prepare you for your problem solving efforts.

2. **State the problem:** State what your problem is. Determine whether it is a "controllable" or "uncontrollable" situation. Be sure to break the problem down into its component parts. For example, if your problem is weight loss, you need to specify the particular aspects of managing weight loss that you find problematic (e.g., eating out, learning about nutrition, exercising etc.). Sometimes it helps to pose the problem as a question e.g., "How can I maintain a low fat diet when I eat out?"

3. **Outline your response:** Identify what your typical response is to managing each of the particular components of your problem.

4. List your alternatives: List alternative responses to your current way of managing each of the components of your problem. Try to generate a long list of alternative solutions--the more alternatives you consider, the better your chances are of finding good solutions. Brainstorm! Be creative with your list and try not to judge any of the alternative you list, they are all possibilities.

5. View the consequences and choose a solution: Examine each alternative response with regard to its pluses and minuses, and choose the solutions which offer you the most with a minimum of cost.

6. Elaborate a plan and evaluate your results: This step is where many problem solving efforts fail. We come up with a solution, but then fail to plan how to make the solution work. This means we need to ask ourselves "what first step can I make that will help me get started on a solution right away." Taking small steps at first helps us build success into our problem solving efforts. We also need to evaluate the effectiveness of the strategy we try and see how helpful it is in bringing us closer to our desired outcome. It is important to keep in mind that any solution you choose presents an opportunity for learning--both about yourself and what you can do to improve your problem-solving abilities. There is no such thing as a poor solution as long as you can use it as an opportunity to learn how you might design a better solution to your problem.

### **C. PRACTICAL TRAINING**

We are now going to look at some examples, and use the RESOLVE method as a way of generating some strategies that you might use to solve each problem.

Example 1: Some of the things that can go by the wayside when you/your spouse is ill are normal routines and recreational activities. Sometimes in the wake of a major illness, other concerns and issues in your life can get minimized or neglected. Are there routines or concerns that have been put on the sidelines by your illness? (Prompt re: lifestyle issues as possible targets: diet, exercise, etc.) What steps can you take to attend to these issues/activities?

Example 2: For this example, I would like you to draw from your own experiences. Think of a problem that was stressful for you (Discuss problem). How did you solve that problem? Was it effective? Given what we discussed today, can you think of any other strategies that may have helped?

*(Leaders may want to break the group into spouses groups so that they can each discuss problems related to their role as the patient/spouse).*

### **D. HOMEWORK**

I would like you to consider using the RESOLVE strategy on one problem you encounter this week, or any other problem to which you want to apply this method. I would like you to write down the situation, the steps and strategies you used to solve the problem, and whether they were effective or not. We will review this log next session. You may also want to consider a second exercise called the priorities exchange, that is designed to help you define family priorities and to problem solve about how to have family activities reflect family priorities.

#### **Exercise II: Priorities Exchange (Handout)**

1. In column 1, list the 10 major activities you engage in a typical week.

2. In column 2, prioritize these items in terms of which activity you spend the most time with on top, and progressively the items you spend the least time with on the bottom.

3. In column 3, reprioritize the items again, but this time list the activities that bring the most meaning to you, those items that make life worth living, on top, and the items of lessening personal value towards the bottom. You may add new items to the list you wish you could get to do, but usually do not have the time.

4. Draw lines between similar items in columns 2 and 3. Do you have large X's or do your lines go mostly straight across? What does this mean to you?

5. What can you do to spend more time engaged in those activities that make life worth living? What has to go to bring this more centrally into your life?

(Leaders should encourage the participants to consider how they can use the problem solving and coping skills emphasized in this group to meet personal and family priorities).

#### **E. BRIDGE TO CHILDREN'S INTERVENTIONS (Expanded group only)**

This week your children will be learning about different things they do to relax. They will also be learning a relaxation exercise. You may be able to help reinforce each other in practicing your relaxation exercise by doing it together with your children.

**F. HANDOUTS:** Resolve sheet.. Priorities Exchange Exercise.



## SESSION 5

### COMMUNICATION I: "HOW TO TALK SO THAT OTHERS WILL LISTEN AND LISTEN SO THAT OTHERS WILL TALK"

#### A. REVIEW

*(Group leaders will prompt members to report on their experiences with the RESOLVE method and priorities exchange exercise discussed last week. Prompt participants to discuss how they addressed any barriers to their high priority activities. Leaders will problem solve with participants about any difficulties using these methods.)*

#### B. EDUCATION

This session we will talk about communication. We will spend three sessions on communication as our ability to communicate effectively is vital to solving problems, getting and giving information, and establishing and maintaining our relationships with others. We will start tonight with breaking down communication into its most basic components: listening and speaking. Maybe this sounds too simple as we all spend a great deal of our lives engaged in conversation. However, as simple as it seems conversations have a dual potential/are a double-edged sword. They provide a way to better understand each other better as well as the opportunity to misunderstand each other, support each other as well as create greater distance and estrangement, gather information that helps us make decisions and solve problems or not. *(Group leaders can put these poles on board and solicit comments from group for specific examples of the opportunities and pitfalls of conversations).* A major source of enjoyment as well in stress in our lives comes from our conversations with others. So what accounts for differences between communication that is effective and that which is not? *(Leaders ask group for their comments. Summarize comments as they relate to effective listening skills).* Listening. Accurate and attentive listening. Listening is the most important of all communication skills.

*(Why do you think this is so? Leaders solicit comments from group and emphasize that good listening : 1) helps make sure the listener's point of view is accurately understood, providing the foundation for solving any problems that are identified, and 2) gives the speaker the experience of being understood, with his/her concerns validated. Good listening is more than just being quiet while the other talks. It is based on the intent to understand, learn from , enjoy, and help the speaker.)*

*How can you tell someone is really listening to you? How would you describe good listening behavior? Group leaders will refer to members responses when providing further information about good listening behaviors below. Attempt to solicit as many of these listening behaviors from the group as possible).* Let's get specific about what behaviors facilitate communication by writing them on the board.

Examples of good listening behaviors:

#### MAKE SURE WE UNDERSTAND THE SPEAKER'S POINT OF VIEW.

Active listening involves:

- Paraphrasing
- Clarifying
- Giving feedback

Paraphrasing: Listen to what the speaker has said and briefly report your understanding of in your own words at a pause in the conversation. (*What is the value of paraphrasing?*) Paraphrasing helps: assure the speaker that you are listening, avoids misunderstanding, you remember what has been said, cool tempers, and is an antidote to major listening "blocks" e.g., you can't paraphrase if you have been daydreaming.

Clarifying: An outgrowth of paraphrasing, where the listener asks for further information to assure that he/she understands what the speaker is trying to convey.

#### Giving Feedback:

Relate your perceptions with "I" statements. "I can see why you feel that way" vs. "You really get bent out of shape don't you". (*Discuss differences between "I" and "You" statements. Focus on subjective experience vs. making statements about "objective" reality. Mention that "you" statements often assign blame, or make assumptions about the other individual's experience (mindreading) which may or not be accurate. In both instances, "you" statements may interfere with effective communication.*)

Focus on your experience, thoughts and feelings, rather than referencing "objective facts," shoulds, etc. (Gee, it's got to be really frustrating being put off by the doctor's office like that" rather than "You shouldn't be worrying about that.")

Be specific rather than global in your feedback. (It seems like you are upset about my not turning off the lights..." rather than "You seem really annoyed.")

Offer positive reinforcement where you can ("I appreciate your letting me know that.").

Good listening also involves 3 other subtle and challenging skills:

- Listening with Awareness
- Listening with Openness
- Listening with Empathy

"Listening with Awareness": A speaker provides you not only with factual information, but also information about how they feel and are affected by what they are communicating to you. Information about the speaker's feelings can be gathered from their nonverbal communication, as well as from the words they use. When we attend very closely to both the speaker's message and his/her feelings we create the opportunity to truly understand the other's experience--to empathize with the speaker.

“Listening with Openness”: Being able to see the other person’s point of view also means being willing to momentarily suspend our own opinions, judgments or perceptions, even when we may strongly disagree with the others point of view. This isn't easy! It's much easier to pass judgment on what you hear, to stop listening, to prepare your response, etc. However, by doing so you will miss the opportunity to know and understand the speaker's point of view, and to expose yourself to new information and new experiences. When your mind is open there is room for the speaker's message to enter and be understood. This type of listening demonstrates respect to the speaker and tells him/her that you value them as a person, regardless of whether you agree with their perspective.

“Listening with Empathy”: Empathic listening means recognizing we are all trying to survive. Each of us is doing what we need to do to insure our physical and emotional survival. While it may not be possible to agree with or share the speaker's point of view, it is possible to listen with empathy. If you try, you will be able to see how the speaker's words and actions are designed to help him/her cope and survive. Some people have very poor coping strategies-- they boast, belittle, criticize in an attempt to seem powerful, strong, intelligent or whatever. When you hear comments that bother you, you need to remind yourself that the speaker is another human being who is trying to live and prosper just like you. If the speaker's words are offensive to you, remember that these words are part of that individual's way of coping, no matter how maladaptive or misguided. If you are put off by a speaker's words, it may help to ask yourself what physical or emotional need the speaker is attempting to meet, e.g., does the speaker feel threatened? Asking yourself these questions and keeping this perspective in mind can help you listen with empathy. Empathic listening helps keeps difficult communication on track. It prevents you from focusing exclusively on your own point of view and from interrupting the speaker with comments or questions that don't advance your understanding of the speaker's point of view. Most importantly, by temporarily suspending your own point of view, it enables you to truly understand the speaker. If you are able to demonstrate respect to your speaker through this type of active and empathic listening it is likely that you will be responded to in kind. (*What are some of the other benefits of this type of “empathic listening”?*)

Other factors that contribute to good listening include:

#### Non-Verbal Behaviors

Making eye-contact, keeping an open posture, using nonverbal encouragers, attending to the speaker's nonverbal cues for information about the speaker's feelings and reactions

#### Eliminate Distractions.

Conversations that deal with significant issues require a clear focus and adequate time in order for the issue(s) to be addressed satisfactorily. Choosing a time and place when both people can concentrate on the conversation and distractions are minimized e.g., turn off TV, radio etc. improves the chances that communication will be effective.

Good listening also means avoiding certain behaviors that can interfere with our ability to accurately hear the speaker.

*(What are some blocks to good listening?)*

#### LISTENING BLOCKS:

These listening “Blocks “ include:

Mind-reading: Not taking what the speaker says at face value. Assuming you already know what the speaker is going to say and disregarding what he/she is actually saying.

Filtering: Only hearing part of the message e.g., listening only to those issues you want to respond to.

Judging: Forming a judgment about what the speaker has to say, or listening for the purpose of gathering evidence to assign blame to or criticize the speaker

Rehearsing: Planning what you will say in response to the speaker, rather than listening

Daydreaming: Letting your mind wander.

*(Can you think of others?)*

There are also responses we make that can help or hinder good communication.

*(What types of responses do you think hinder effective communication?)*

Derailing: attempting to avoid the topic introduced by the speaker, e.g., attempting to get the speaker off a topic that is uncomfortable, such as when you are being criticized.

Placating: agreeing with everything the speaker says whether you agree or not

Sparring/needing to be right: Preparing each response as an opportunity to one-up the speaker

Advising: Trying to find a solution to the speaker's problems, rather than listening, providing the speaker with a sympathetic ear and allowing them to find their own solutions first, before you offer yours.

*(Can you think of others?)*

Paying attention to these skills, and avoiding the pitfalls just mentioned, can help ensure effective communication. These guidelines not only apply to your conversations with other adults, but also to your children. Next week we will discuss in detail how these guidelines work with your children and any particular concerns you have about communicating with them about cancer or other important family issues. Now, I would like the group to try an exercise in active listening.

### **C. PRACTICAL TRAINING**

Exercise:

For this exercise you will divide up into pairs with one of you taking the role of the speaker and the other the role of the listener. It doesn't matter what the speaker chooses to talk about, but it might be easiest to do this exercise if you pick a topic that genuinely interests you. The listener will then summarize what the speaker has said and the speaker will let you know if you left anything out. Next, you will reverse roles.

As a speaker, your job is to follow these rules:

1. Explain your point of view clearly and briefly. Be specific. (Avoid absolutes e.g., "always", "never")
2. Talk in terms of yourself and your experiences. Describe your feelings and needs. Use "I" statements. (*Review differences between "I" and "You" statements*)
3. Stop and let the listener paraphrase.

Listener:

Use active listening skills, including:

1. Be aware of the speaker's and your own non-verbal behaviors
2. Listen closely to really understand your partner's feelings, opinions, and needs
3. Paraphrase what you hear, to be sure you are listening accurately--not only to what the speaker is saying, but equally to the speaker's feelings about their experience. Suspend judgment of the speaker's point of view. (Avoid minimizing, discounting what is said.)
4. Ask questions to clarify only
5. Don't interrupt

Notice that the listener skills are more demanding than the speaker skills!

*(A 3 x 5 card with the speaker and the listener rules printed on them will be handed to the pairs. Each pair will spend 5 minutes in one role, and then switch roles for the second five minutes. After all pairs have completed this exercise, the group members will be prompted to share their experiences with this exercise with the other group members. The group leaders will use this opportunity to reinforce the skills introduced above)*

**D. HOMEWORK:**

Try some of these listening skills at home during the week and keep track of how they influence your interactions with others for better or worse.

**E. BRIDGE TO CHILDREN'S INTERVENTIONS (Expanded group only)**

This week your children are learning about problem solving strategies, similar to the strategies we worked on a week ago. They will discuss how to use problem solving to cope with their feelings. As they will be talking about friendships next week, all children will be asked to bring a picture or draw a picture of a friend to the next group.

**F. HANDOUT:** Communication Skills Sheet.

## SESSION 6

### COMMUNICATION II: "HOW TO TALK SO YOUR CHILDREN WILL LISTEN AND LISTEN SO THAT YOUR CHILDREN WILL TALK"\*

#### A. REVIEW

*The group leaders will ask the participants to report on their experiences with the communication skills discussed last week, responding to any difficulties encountered and acknowledging successes.*

#### B. EDUCATION, Part 1: Listening to children

As I mentioned earlier, we will take time now to discuss how these communication skills can be applied to your conversations with your children. Just as with adults, your conversations with your children will benefit from the use of good listening and speaker skills. Of course with children it gets more complicated as their own communication skills are still developing and their developmental level will affect their ability to understand what you are trying to communicate. *(For those in the Expanded Intervention Only: the group leaders can remind the participants that the children's groups will devote a lot of time to helping children develop good communication skills by helping them to identify and cope with their feelings, and to learn ways to solve problems by "using their words"...) Tonight we will focus on ways to help your children deal with their feelings. Much of the information will be discussing comes from the work of Adele Faber and Elaine Mazlish, who have written some well-known and wonderfully helpful books on childrearing, such as \* "How to talk so kids will listen and listen so kids will talk", in fact I have borrowed their title for tonight's session.*

#### Helping children deal with their feelings.

Anyone who is a parent is well aware that children's feelings have a direct influence on how they behave. An angry child is apt to talk back to you or hit his/her sibling. A happy child may ask to help with the dishes, or assist a sibling with his/her homework. This is not rocket science. The tough part is helping kids manage their feelings and by doing so controlling their behavior. One of the most important things we can do in this regard is to accept their feelings. It is common for parents to be uncomfortable with some of their children's feelings. Some examples would be when children are angry and hit their sibling, or call each other names. When we see these types of behaviors we want to stop them immediately and to do so we may say things like: "There's no reason to be so upset," *(Think of how you have felt when someone has responded this way.)* or "You two always behave this way when you are tired so it's early to bed tonight". What these type of responses do is invalidate, ignore, minimize or explain away the feelings that led the children to the problem behaviors in the first place. When we do this on a regular basis we prevent both the children and ourselves from learning to recognize their feelings and learning to deal with them in appropriate ways. When we tell a child who is angry that there is no need to be so upset we are fundamentally denying their feelings (their experience of a situation). From the child's point of view, when we deny his/her feelings, we can confuse them e.g., "Why does mom say I shouldn't be so upset when Michael just broke my lego building?" enrage them, "Not only did Michael break my Legos, but mom is yelling at me now!" and show them that we don't appreciate their point of view e.g., "I just spent an hour setting up this building and Michael comes along and breaks it and all mom cares about is my yelling at him. What about how I feel?". Admittedly we may not like the

feelings they are expressing and certainly we do not need to tolerate any aggressive or mean behaviors that arise from their feelings. However, we will not be able to help them behave in different ways unless we help them identify their feelings and learn appropriate ways to behave when they experience those feelings. We don't have to accept how the child's expressed their feelings (how they behaved) to accept the feelings themselves. Let's look at another example to reexamine what can happen when we ignore or acknowledge our children's feelings, and how things can be different when we pay attention to those feelings and help the child learn how to deal with them appropriately.

Scenario # 1: Provide cartoon of parent ignoring the child's feelings and child's response (Show cartoon C)

Scenario # 2: Provide cartoon of parent acknowledging the child's feelings and the child's response. (Show cartoon C)

What do you think accounts for the different outcomes from these two different scenarios?

*(Ask participants for their reactions. If at this time participants are having difficulty understanding how this approach can be helpful, an adult demonstration can be enacted where one group leader takes the role of the angry person and the other of the a partner who denies or minimizes the angry person's feelings. [Angry person: "I asked you to come home early so that we could make it to Sam's little league game!" Partner: "Well, there is no need to be so angry. I am sure we can get to game at another time."] Solicit feedback from the group about how the partner's response may have aggravated the angry person and what alternative responses might have been more helpful. The group leaders can provide feedback about how the participants' suggestions would have worked from the perspective of the role they are playing).*

As a guide to how you can help children deal with their feelings, the following suggestions are offered:

1. Listen with full attention (Show cartoon A)
2. Instead of questions and advice, acknowledge the child's experience. (Show Cartoon B)
3. Pay attention to feelings and give them a name. (Cartoon C)
4. Instead of explanations and logic, give a child his/her wishes in fantasy (Cartoon D)

*(Leaders will solicit comments from group members and help clarify any questions or concerns)*

Some cautions:

1. Negative emotions need special attention.
2. When some children are upset they do not want to talk about their feelings. Sometimes just your presence or giving them time and space to calm down can help.
3. Try to match the child's level of intensity. Don't over or underplay their emotional reactions.

After we take a short break, we will talk specifically about how to discuss a parent's illness with children, how to support their coping, and children's behaviors that may indicate that they are having trouble coping.

## **B. EDUCATION, Part 2: Children's adjustment to parental illness**

As has been emphasized throughout our meetings, cancer is a family experience. Parents have a critical role in shaping the impact of a family member's illness on their children. A child's fundamental needs when a parent is ill have been well described by Dr. Harpham, a physician and mother, who herself has been fighting cancer for several years. She defines these as follows:

1. Satisfying basic emotional and physical needs;
2. Understanding at their level what is happening, in terms of the parent's initial diagnosis, treatment and any ongoing care; and
3. Reassurance that they will be cared for no matter what happens.

In tonight's session we will be addressing some ways to meet these fundamental needs of children through our discussion of communicating with your children about your illness and the changes it brings to family life. Establishing open and honest communication is essential to maintaining the child's trust. While it can be very hard to share your illness experiences with your children, they know something is going on even if they are not told directly. Sometimes their thoughts about what might be happening can be worse than reality and cause them a great deal of distress. When you are able to keep communication open you have the opportunity to correct any misperceptions, reassure them, and help them to cope with their concerns. This does not mean overwhelming your children with information they cannot understand or providing them with unnecessary details. It does mean taking time to provide them with honest information about a parent's illness that they can understand. And, if they ask for information you can be pretty sure that they have been thinking about their question and that they need you to fill them in. We will take time in a few minutes to describe how to provide information to children of various ages, and also how to tell if your child is having difficulty coping with the changes cancer has brought to the family. Communicating with your children about your illness is an ongoing process and does not stop after you have shared information about your diagnosis and treatment. Even when you have completed treatment and all the outward signs of your illness are gone (e.g., hair loss, return to old routines ) a child will still likely have questions and issues about your illness that will come up again and again. It often takes several discussion over an extended period of time for children to learn how to cope with your illness. As children are people who grow and change very rapidly, it is often necessary to revisit old issues again as the child matures and needs to reexamine old concerns in a new way.

I am wondering if any of you have experiences you can share with the group on your efforts to talk with your children about your /your wife's illness and what sort of things may have helped or hindered your communication? *(Group leaders solicit participants' examples and use this opportunity to highlight the importance of developmentally appropriate, honest communication).*

We will turn now to a review of how illness is understood by children at different ages, the kinds of concerns they have about parental illness, some things you can do to help them cope, as well as behaviors that may signal they are having difficulty coping. Throughout this discussion we encourage you to continue to share examples of your own experiences



with discussing your illness and treatment with your children, as each of you have things you have learned that can benefit others in the group.

*(Review Development Chart).*

**D. HANDOUT:** Development chart. Resources on children's behavior and adjustment to parental illness.

**E. BRIDGE TO CHILDREN'S SESSION (Expanded Intervention Only)**

This week your children will be talking about friendships and ways to get support from friendships. Younger children will explore how friends help them feel good by playing with them and doing things together. Older children will also talk about how spending time with friends can help when they feel sad or worried. Older children will also make a "worry cup". This "worry cup" is modeled after a cup made by a girl named Becky in a book your children have listened to called, "Becky and the worry cup". This book was written by Dr. Harpham, a cancer survivor, with the help of her school-age daughter. Becky put a button in a cup each time she had a worry-- little buttons for little worries, bigger buttons for bigger worries. Then Becky would imagine herself letting go of all the worries and letting the cup hold the worries for her. Sometimes she would just leave those buttons in the cup and other times, when she felt the worries go away, Becky would remove the buttons and save them in a plastic bag for the next time she needed them. Invite your children to talk about their friends and the what they like about having friends. Older children should also be encouraged use their worry cups.

## SESSION 7

### COMMUNICATION III: INTERACTING EFFECTIVELY WITH FRIENDS, FAMILY AND THE HEALTH CARE SYSTEM.

**A. REVIEW:** (*Leaders prompt participants for comments, questions regarding last week's session*).

**B. EDUCATION:**

Research over the past few years has demonstrated that social support is strongly related to our ability to cope with stress. Emotional support from family and friends as well support and information from health care providers can be vital not only to the person who has cancer but to other family members as well. Traumatic events like cancer can bring about changes in our relationships with others. Sometimes these changes are positive, such as when the whole family comes together to get the household chores done or takes the time to enjoy and appreciate each other more. But sometimes the changes in relationships are negative. For example, sometimes people may distance themselves from others as a way of trying to cope with what's happening. Tempers may get short from time to time as everyone attempts to adjust to their new roles. And you may not receive all the information and guidance you would like from you health care team.

What changes have you noticed in your relationships since you/your wife's illness?  
(*Prompt for both improvements and worsening of relationships.*)

It is not uncommon for relationships to be strained and communication to break down in periods of high stress. One way to help maintain good communication and thereby receive the emotional and other support you need from friends, family and health care providers is to develop your skills at being assertive with others.

Let's define more specifically what we mean by assertive.

Assertive communication is a way of expressing how you feel and making requests that respects both your needs and those of the person you are addressing. It is an "I count, you count" way of communicating.

Example:

Bill: Could you please call the phone company sometime today? It appears that they have overcharged us for some phone calls.

Sue: I have a very busy schedule today. It will me hard for me to call today, but tomorrow looks better. I would be happy to call the phone company then.

(*What are some advantages of this style of communication?*) Some major advantages of this style of communication are your active participation in negotiating important decisions, getting what you want without alienating others, and positive self-esteem from respectfully exchanging feelings and ideas.

At the risk of stereotyping, women sometimes have a harder time with assertiveness than men, because of an upbringing that emphasizes keeping the peace at all costs. But, as we'll see, being assertive doesn't mean being nasty or mean. Rather, it means saying what you mean in a clear fashion.

There are two other basic styles of communication, which tend to be less effective.

One is Passive communication. In this style, feelings, thoughts and opinions are withheld, expressed indirectly or only in part. It is a "You count, I don't" way of communicating.

Example:

Bill: Could you please call the phone company sometime today? It appears that they have overcharged us for some phone calls.

Sue: O. K. I guess so. (Sue adds an extra task onto an already busy day.)

*(What are the advantages/disadvantages of this style of communication?)* Some advantages of passive communication are that you don't have to take a stand and are often able to avoid conflict. However, the disadvantages are that you have to live with other's decisions, may develop feelings of anger or helplessness when your needs are not met and concerns are not voiced. Consistent use of this style of communicating can also lower self-esteem, as you deny your own needs, while accommodating the needs of others.

A third basic style of communication is Aggressive. In aggressive communication, the speaker clearly states his/her feelings, opinions and needs, but at the expense of someone else's feeling and needs. It is an "I count, you don't" style of communicating.

Example:

Bill: Could you please call the phone company sometime today? It appears that they have overcharged us for some phone calls.

Sue: No. I am too busy. How do you expect me to call the phone company with all the work I have to do today? You will need to do this yourself.

*(What are the advantages/disadvantages of this style of communication?)* The advantage of aggressive behavior is that you may get your way as others do not want to argue with you. The disadvantage is that others may come to avoid you and go behind your back to get what they want or need. Aggressive people also tend to acquire enemies who can undermine their ability to get what they want in the long run.

### **C. PRACTICAL TRAINING**

In order to illustrate what we mean by passive, aggressive, and assertive styles, let's go through a few examples. *(This can be role played by group leaders or simply reviewed).*

*Example 1: You/your partner are/is finished with treatment and your spouse seems to expect you to be back to your "old self". However, you need a little more time to adjust to everything that has happened. This is causing conflict in your relationship.*

*Aggressive?*

*(Remark in anger that your partner has no idea what you've been through and couldn't possibly understand your feelings).*

*Passive?*

*(Say nothing. If you just try a little harder maybe it won't be so obvious that your not feeling 100 percent yet).*

*Assertive?*

*(Wait until the immediate conflict has passed and then invite your partner to sit down and talk quietly about how you've been feeling, what your needs are, and what he/she can do to help).*

*Example 2: A month after your routine check-up you feel run down and exhausted, but your next appointment isn't scheduled for another 2 months.*

*What would be an example of an aggressive style?*

*(Call the office and berate the doctor and nurse for missing something at your last appointment)*

*What would be an example of a passive style?*

*(Don't do anything. The doctors have more important things to do than to squeeze you in. Besides, it's probably just your imagination again).*

*What would be an example of an assertive style?*

*(Phone the office and ask to speak to the nurse or doctor. Explain your symptoms and request an appointment to explore the possible causes of your fatigue).*

Most individuals do not use one type of communication style across all situations. In some situations with some people they may be able to readily be assertive, whereas in other situations or with other people they may find themselves behaving in a passive or aggressive way. Most people have the skills to behave assertively, but there can be blocks to their using these skills in some situations. It may be helpful for you to consider where and with whom you are able to behave assertively, and those individuals and situations where behaving assertively is more difficult. The problem-solving strategies we discussed a few weeks ago can be readily applied to help you identify ways to communicate effectively in difficult situations or with difficult people.

One situation that challenges most individuals with cancer and their families is interacting with the health care system. *(Ask participants for comments about what situations they have found difficult in interacting with the health care system and what useful strategies they have found).*

Some ways to assist in communication with health care providers include:

1. Write down your questions, listing the most important ones first.
2. Be ready to describe simply and briefly the symptoms/concerns that brought you to the MD (location, when did it start, how often does it happen, what makes it better/worse, what have you tried so far, what your concerns are)
3. Know the medications you are taking and the dosage for each.
4. If you feel that your concerns require more than a 15 minute appt., ask the receptionist to schedule more time when you are setting up your appt.
5. Clarify your expectations beforehand. Are you looking for a diagnosis, symptom relief, a treatment plan etc. (information, analysis, advice, understanding, reassurance or any combination of the above).

### **Extra strategies for success:**

Techniques for avoiding manipulation and attempts to derail your assertive requests:

#### **a. Avoiding manipulation:**

**Broken Record:** for those who won't take no for an answer (your 6 year old) or for those who refuse a reasonable request (your managed care company), choose a concise sentence to be your broken record:

Examples:

Your six year old won't take no for an answer: "Jon , I am not going to give you any more candy. I know you want more but I am not going to give you any more candy...."

Your managed care company refuses a reasonable request: I know you usually don't allow specialist visits more than once every three months but as I am experiencing some symptoms I believe I need be seen earlier. I know this is not your policy but I need to be seen earlier....

**Assertive Delay:** Put off a response to a challenge until you have more information and know exactly how to respond: "I need to think about this some more. Let me call you back"

#### **b. Dealing with derailing:**

Applying assertive skills successfully with the health care system:

**Delaying:** I know you need to speak with your supervisor but I need an answer today. When may I call you back to get an answer? (Assertive inquiry and broken record.)

**Nickel and diming:** The other person wants to debate the legitimacy of your request or the magnitude of the problem, etc. Use a content to process shift: "I feel that we are quibbling now and have gotten off the main point. As I said I am concerned about these symptoms I have been having and I am requesting an early appointment with my doctor."

**Denial:** "We are always responsive to your requests and return your phone calls in a timely way." Assert what you have observed and experienced in behavioral terms: "It may seem that way to you but what I have experienced is that I have made three phone calls over the past two days and I have not yet spoken to someone who can help me with my request."

### **C. PRACTICAL TRAINING:**

Let's talk more specifically about any problematic interactions you have had with the health care system and how you might use the skills we have been talking about to effectively address these issues. Given that everybody in this room has had extensive interactions with the health care system, I am sure that each of you has a wealth of experience and skills we can draw on as we practice this next communication exercise.

*(Let's break up into pairs. I would like one of you to take the role of the health care provider/managed care co. etc. and the other the role of the patient. Take a few minutes to decide on the scenario you would like to play out. It may help to consider one that you have encountered problems with in the past and which you anticipate encountering again in the*

*future. Then switch roles. When you have completed this exercise we will meet again as a group to discuss strategies that worked, those that didn't, and any other comments.)*

We also will give you a handout that describes the Ladder technique, a brief strategy for overcoming barriers to assertive communication (If time permits, LADDER technique can be reviewed in session).

**D. HANDOUTS:** Chart on assertive, passive and aggressive behavior. Ladder and short Ladder method

**E. BRIDGE TO CHILDREN'S INTERVENTION (Expanded intervention only)**

This session your children will continue talking about friendships, and in particular how to be a friend to others as well as how to cope with difficult children such as bullies. They will be working on a version of the assertive skills you have been learning as well.

## SESSION 8

### MEETING PERSONAL AND FAMILY GOALS/REVIEW

#### A. REVIEW

*(Group leaders will briefly review with members what constitutes assertive, aggressive and passive responding and then solicit from participants their comments about the LADDER technique and any experiences they have had with assertive responding.)*

#### B. EDUCATION

This is our last group meeting. For the past several weeks, we have discussed and practiced stress management and communication skills as ways to enhance quality of life and cope with cancer in the family. Tonight we will take a more philosophical turn and use this session to examine how cancer has affected your view of yourselves and how it may have changed your priorities for yourselves and your families. To this end we will do an exercise that focuses on clarifying characteristics of your self that you see as most central and value most. Then we will discuss how to bring your activities into line with who you are and what you value in life, using the coping and problem-solving skills we have been discussing over the last eight weeks. This is a brief exercise and we appreciate that examining your personal and family characteristics and goals is a complex, lifelong process. However, we hope that it will provide you with some insight and information about yourselves and your priorities that will help guide you in your future efforts to cope with your lives "after cancer."

As it will be our last session, we will also take time to review what we have accomplished in this group and to get your feedback and comments.

#### C. PRACTICAL TRAINING

Exercise 1: "Orpheus Exercise"

1. Write down the 10 most important aspects of your self-image--those characteristics without which you would not be you. (These can be positive or negative, include body image, personality characteristics, beliefs, relationships with others, things you do, etc.)
2. Rank order these characteristics, with 1 being most central to your self-image and 10 being least central. (You may want to reflect on how cancer may have changed your self-image-- what aspects of your self have changed, what aspects remain the same.)
3. Next, take number 10 on your list and cross it out. Take a minute to imagine what your life would be like without this aspect of yourself. When you can do that, do the same with number 9 and so on until you finish with number one. When all items have been removed what remains? When finished, notice that some of the items may have been very difficult to cross off while others might have been easy to remove.
4. When you are finished, turn the page over. Write down the 2 or 3 most important characteristics you would like to have if you could now recreate your self-image, that would allow you to life as fully as possible in the future. Consider how the skills we have been discussing and practicing in this group can help you meet your personal and family goals. (When finished, how many of these were different from the items you had crossed off your first list?)

**D. HANDOUTS:** Health care resources to consult for help.

**E. BRIDGE TO CHILDREN'S INTERVENTION (For Expanded Intervention participants only.)**

This session the children will be reviewing what they learned by working on a scrap book compiled from activities they have been doing over the course of the group. They will also receive a certificate, acknowledging their achievement in completing this group.

**F. DISCUSSION ABOUT THE FAMILY INTERVENTION PROJECT AND PROVISION OF POST-INTERVENTION QUESTIONNAIRES.**

Leaders will briefly summarize the goals and activities of the Family Intervention Project and then open the floor to the participants so that they may review and comment upon their experiences in the group. Leaders should try to help participants identify the most and least useful aspects of this group experience.

If time remains, have participants start to fill out the post-intervention questionnaires.



APPENDIX 2: PRESCHOOL AGE CHILD GROUP INTERVENTION MANUAL

**SESSION 1**  
**ALL ABOUT...**  
**US AND OUR GROUP**

**Main Objectives:**

1. Build rapport and group cohesion
2. Reinforce individual strengths
3. Normalize experiences
4. Establish goals
5. Define group rules

**Outline:**

1. Introductions
2. How we're different/ how we're the same
3. Group goals and rules
4. Snack and review
5. For next time...

**Materials:**

- Polaroid pictures of children
1. Name tags
  2. Introductory song
  4. The Mixed Up Chameleon
  5. Crayons
  6. Roll of newsprint
  7. Page 1 (All About What I Look Like)
  8. brown, yellow, red, and black yarn
  9. brown, blue, and green "eyes"
  10. Glue
  11. Stuffed animals (i.e., lion, elephant)
  12. All By Myself
  13. Leo the Late Bloomer
  14. Newsprint with symbols to depict group rules
  15. Velcro tape
  16. "Today's Helpers" poster
  17. Snacks
  18. Newsprint
  19. Closing song
  20. Reminder: All About My Favorite Thing

## **I. INTRODUCTIONS (10 mins.)**

*Facilitators should be wearing name tags when the children arrive. Children are assisted in writing their names on name tags as they enter the room. Also, 2 Polaroid pictures of each child are taken. Children will sit in a circle. Each child will have 1 of his/her Polaroid pictures in front of him/her.*

*Facilitator sings an introduction song, introducing themselves and the naming each child who is in the group. (Facilitator will sing an song at the beginning of each session to assist children's transition to the group and to reinforce group cohesion). **Welcome to our group. We will be doing a lot of different things here, like playing games, reading stories, singing songs, and making pictures. You each have a picture of yourselves. Hold it up so everyone can see. Children hold up their pictures. Now, put your picture in front of you and stand up. We're going to play a game. Children play game where they walk around in a circle and the person who is "it" stops when the music plays, picks up the picture in front of him/her and shakes that person's hand. In the next round, someone else is "it."***

## **II. HOW WE'RE DIFFERENT/ HOW WE'RE THE SAME (40 mins.)**

**I have a story to read to you now. Listen to this story about the mixed up chameleon. Facilitator reads The Mixed Up Chameleon by Eric Carle. When story is finished What did you think of the story? Children respond.**

*Get out roll of newsprint and lay it on floor with some crayons and markers. **We're going to make a banner about this group. It's important for the banner to show that everyone here is an important part of the group.***

*Facilitator calls each child, one by one, and instructs them to sit at a spot next to the roll of newsprint. Facilitator traces each child's hands on the roll of paper in color of child's choice and writes his/her name. When banner is done, facilitator hangs it on the wall. **What a good banner. The group is made up of everyone here. One thing that I notice is that everyone's hand is different. Point out differences among pictures (i.e., size, choice of color crayon).***

**Each of us is different in special ways. For instance, no one else looks exactly like you. Pass out Page 1 (All About What I Look Like). This page consists of an outline of a body. Children are provided with different color googly eyes and yarn to match with their features, i.e., green eyes, blue eyes..., brown hair, blond hair,.... Facilitator helps children choose features that match their own and glue them onto the cut out. Then children can spend some time coloring the rest of picture.**

Another thing that makes us different from each other are the strengths that we have. *Using stuffed animals*, For instance, Ms. Lion's strength is her mighty roar that protects the other animals and Mr. Elephant's strength is that he can use his trunk to wash himself and his babies. Each of you has different strengths too. Like each of you has learned you to do some important things by all by yourself. Here's a story about learning how to do things all by yourself. *Facilitator reads All By Myself by Mercer Mayer. For each picture Who can \_\_\_ all by themselves? Allow time for children to respond.*

There are some other things that adults and bigger kids, maybe some of your brothers and sisters, can do but that you haven't learned how to do yet. Let's read this story now. *Facilitator reads Leo the Late Bloomer by Robert Kraus. When story is finished What did you think of that story? Children respond. What could Leo do when he needs help? Children respond. Facilitator emphasizes ask for help from an adult or older sibling.*

We've talked about the ways that we're special. One way that we're all the same is that we're in this group. *Facilitator should have some prior information about the medical status of each child's mother. Another way that each of you is alike is that your moms were/have been sick.*

### III. GROUP GOALS AND RULES (5 mins.)

Now, like I said before, we will doing a lot of different things here--some more drawing and story telling, and singing, and playing games. We need to have some rules for this group so that everyone can get along and be friends. One rule is to quiet down when I go like this *facilitator puts finger to lips*. Another rule is to share the things that are in this room. Another rule is no hitting or talking meanly to each other. Does everyone understand? *These rules should be represented by symbols that are depicted on a large sheet of newsprint and are displayed at each session. Children should repeat them with facilitator.*

### IV. SNACK AND REVIEW (10 mins.)

Every week we will have a snack before we leave. Each of you will get a chance to help with snack time. *Get out "Today's Helpers" poster. On second set of Polaroids, affix velcro to backs and stick one picture under each snack task (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you

**did today. Important topics to list are: meeting each other, talking about what our strengths are; talking about how we're the same; talking about how we're different, listing what we want to get done in group, listing rules for the group.**

**V. FOR NEXT TIME (5 mins.)**

**For next time, I'd like you to bring something from home that is special to you. If you cannot bring the object, you can bring a picture of it. Here is a reminder for you to bring home. Pass out Reminder: All About Something Special From Home. You may want to ask your parents to help you remember to bring something special or a picture of something special with you next week.**

*Facilitator plays or sings closing song.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 2**  
**ALL ABOUT...**  
**OUR FAMILIES AND CANCER**

**Main Objectives:**

1. Continue to build rapport and group cohesion
2. Introduce imagery
3. Normalize children's experiences of parental cancer
4. Provide accurate information about cancer and correct misconceptions and distortions
5. Reinforce individual strengths in coping with parental cancer

**Outline:**

1. Transitioning to group
2. Special things from home/Introducing imagery
3. All about our families
4. All about cancer
5. Snack and review
6. For next time...

**Materials:**

1. "Today's Helpers" poster and children's pictures
2. Introductory song
3. Rules list
4. Song: "These Are a Few of My Favorite Things"
5. Page 2 (All About My Favorite Thing)
6. Page 3 (All About My Family)
7. "Simon Says"
8. Crayons
9. Animal doll family
10. Body cutouts
11. My Mommy has Cancer
12. Bubbles
13. Families
14. Snacks
15. Newsprint
16. Reminder: All About Having Fun With My Family
17. Closing song

## **I. TRANSITIONING TO GROUP (5 mins.)**

*Facilitator sings introductory song. "Today's Helpers" poster should be displayed with children identified as being helper for different group activities/tasks.*

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and mentioning a personal strength that he/she defined last session. **How was everyone's week? Who remembers one thing that we did last week.** Children respond. Important points to review are that they met each other, talked about things that made them unique (e.g., what they like, what they are proud of), talked about things that made them the same (e.g., their moms have cancer), said goals they want the group to have, and rules they want the group to have). **Here are the rules we made last time.** Rules are depicted as symbols on a piece of newsprint and displayed. Facilitator demonstrates, i.e., finger to lips means quiet down. Facilitator then asks the child helper for "Review Group Rules", **What does puts finger to lips mean?...***

## **II. SPECIAL THINGS FROM HOME/INTRODUCING IMAGERY (15 mins.)**

*Facilitator sings "These are a Few of My Favorite Things."*

**I see that some/all of you were able to bring in a special thing from home or a picture of a special thing. Who would like to tell the group about the special thing they brought in.** *Children take turns talking about their special objects. For each one, children are asked to indicate sensory features of the object, i.e., what color/shape/size it is, what it feels like, what it smells like, what it tastes like. Children who didn't bring an object can name it and describe it to the group. This is to prepare for imagery training in which children will learn to imagine a favorite place or object and the sensory features of it.*

*Facilitator passes out blank pieces of paper, which will be Page 2 (All About My Favorite Thing). Now, draw a picture of your favorite thing on this paper.*

**Now, you can close your eyes and imagine your favorite thing. Try this now. Close your eyes and imagine the special thing that you brought today or that special thing that is at home. Imagine what it looks like, feels like, how it smells, how it tastes. I wonder if you can notice how happy and calm you are when you are thinking about your special thing. So even when you don't have your special thing with you, you have a picture of it in your head that you can look at anytime you want.**

## **III. ALL ABOUT OUR FAMILIES (20 mins.)**

*Using animal family. This is the Bunny family. This is the daddy bunny, the mommy bunny, and the little girl bunny and boy bunny. Facilitator elaborates on family roles.*

*Facilitator elicits children's responses about their own families, i.e., "What color is your mommy's hair?", "What is your brother's name?", etc.*

**I'd like each of you to draw a picture of your family. Draw the best picture you can. Draw your family doing something fun together. Pass out blank piece of paper, which will be Page 3 (All About My Family). When children are done Please hold up your pictures. I'd like you each to take turns telling the other kids about your families, like their names and what you are doing together in the picture. Children go around the circle talking about their pictures. Facilitator collects Page 3.**

*Free play with children and parent doll families. Facilitators should provide individual attention to children and, while allowing them to direct the play, should elicit reactions to family and possible changes in roles and routines resulting from mother's cancer and/or treatment.*

#### **IV. ALL ABOUT CANCER (20 mins.)**

*Facilitator initiates game of "Simon Says" to reinforce children's knowledge of body parts.*

*Using puppets. One day the mommy bunny got a hurt right here Points to chest of puppet. She had to go to the hospital. I wonder why she went to the hospital. Can anyone take a guess why? Children respond. Did any of your mom's go into the hospital to sleep overnight? Did you go to the hospital to see your mommy? What do you remember about the hospital? Children respond. Facilitator addresses issues that emerge from group discussion and responds according to protocol (see attachment).*

*Pass out body outline. This is a body. Your mom's hurt in her body was here. Point to chest. Color the area on your picture where your mom's hurt was. Children color.*

**This is story about a little boy whose mother has cancer. Read My Mommy has Cancer. Stop at page where the medicine fights the "bad bubbles". Facilitators blow bubbles and have children chase them and pop them. Complete the story.**

**When a mom or dad in a family is sick, it changes the way everyone in the family feels and gets along. There are a lot of things about families that don't change though when someone is sick, like that people care about**



each other and want to help each other out. Here's a book about families and the special things about families. *Facilitator reads Families by Meredith Tax (1981). When finished reading What did you think of the story? Children respond.*

#### V. SNACK AND REVIEW (10 mins.)

*Get out snack and ask helpers to assist with tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

**Today, we have a special guest with us for snack time. Her/His name is [name of oncology nurse]. She/He is a nurse who takes care of your people who have cancer. Oncology nurse introduces self and offers to answer any questions.**

**Now, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today. Children list what they did during the session and facilitator writes these on newsprint.**

#### VI. FOR NEXT TIME (5 mins.)

**For next time, I'd like you to tell about something fun that your family does together. Here is a reminder for you to bring home. Pass out *Reminder: All About Having Fun With My Family.***

*Facilitator sings closing song.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 3**

**ALL ABOUT...**

**OUR FEELINGS**

**Main Objectives:**

1. Reinforce use of imagery
2. Increase ability to monitor and label internal emotional cues
3. Facilitate self-efficacy in terms of emotion regulation and management
4. Encourage generalization of emotional expression and coping

**Outline:**

1. Transitioning to group
2. All about mom
3. All about feelings
4. Managing feelings
5. Snack and review
6. For next time...

**Materials:**

1. "Today's Helpers" poster and children's pictures
2. Introductory song
3. Rules list
4. Page 4 (All About Mommies)
5. Glue
6. Are You My Mother?
7. The Way Mothers Are
8. Emotion floor puzzle
9. Emotion faces
10. Feeling poster
11. Page 5 (How Are You Feeling Today?)
12. I Was So Mad
13. Don't Pop Your Cork on Mondays
14. A Boy and a Bear
15. Guess How Much I Love You
16. Snack
17. Newsprint
18. Reminder: All About Feelings
19. Closing song

## **I. TRANSITIONING TO GROUP (10 mins.)**

*Facilitator plays or sings introductory song. "Today's Helpers" poster should be displayed with children identified as being helper for different group activities/tasks.*

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and naming the special thing that they brought with them last time. How was everyone's week? Who remembers one thing that we did last week. Children respond. Important points to review are that you shared your special thing from home, learned how to imagine that special thing in your head when you want to feel happy, drew pictures and described your family, learned more about cancer.*

*Here are the rules for our group. Rules are depicted as symbols on a piece of newsprint and displayed. Facilitator asks the child helper for "Review Group Rules", to demonstrate each of the rules for the group.*

*Did anyone think about their favorite thing last week when they wanted to feel happy? Children respond. Let's try that now. Imagine your favorite thing in your head now. Facilitator asks each child to recall what his/her favorite thing was and what it looks like, feels like, etc. Close your eyes while you are imagining it. Imagine how it looks, how it feels when you touch it, how it smells.*

## **II. ALL ABOUT MOM (10 mins.)**

*Today we're going to talk about our mommies. I have a story to read to you about a baby bird who is looking for his mother. Facilitator reads Are You My Mother? by P.D. Eastman. Facilitator should comment throughout the story, i.e., How did the baby bird feel when he didn't know where his mother was?*

*Who would like to tell the group about something fun they did with mom last week? Children respond. Facilitator passes out blank paper, which will be Page 4 (All About Mommies), and cut-out pictures of mothers and children/babies. Here are pictures of mothers and children and babies for you to paste on this piece of paper. Children work on collages. Who would like to show their picture to the group? Children take turns sharing their pictures. What is this mother and child doing together? Facilitator continues to pose questions, commenting about the affective elements of the pictures. For example, I can tell that the little girl is happy in the picture because she has a big*

smile.

**I have another story to read to you about a little cat and a mother cat. Read The Way Mothers Are by Miriam Schlein (1993). After How does your mother show you that she loves you? Children respond, with more prompting if necessary.**

### **III. ALL ABOUT FEELINGS (20 mins.)**

**\*\*\*Younger: Here is a big puzzle for you to do. Facilitator gets floor puzzle out and children complete. As they are completing the puzzle, facilitator asks children to identify the feelings that go with the various faces. Facilitator distributes Page 5 (How Are You Feeling Today?) For each child Color the face that shows how you feel right now. Children respond.**

**\*\*\*Older: I have some pictures here that show different feelings. Let's see if you can guess the feeling that goes with each picture. Facilitator holds up faces and children name the feeling. For each one How could you tell that this face was for (specific emotion)? How do you look when you are feeling (specific emotion)? Children act out emotions. Here is a poster that has faces that are for different feelings. Facilitator uses feelings poster. I have little posters just like this one for you to keep. Facilitator distributes Page 5 (How Are You Feeling Today?) For each child Color the face that shows how you feel right now. Children respond.**

### **IV. MANAGING FEELINGS (20 mins.)**

**Do you think that you can do things to change your feelings? Like if you feel mad--show me how you look when you feel mad? Here's a story about feeling mad. Facilitator reads I Was So Mad by Mercer Mayer.**

**Facilitator shows lion, monkey, bull, ostrich, and turtle pictures from Don't Pop Your Cork on Mondays to illustrate that people show they are mad in different ways. People act in different ways when they are mad. Some people are like a lion...Have children act out each animal. Which one are you like when you are mad, a lion, a monkey, a bull, an ostrich, or a turtle? Children take turns responding. Here's a book that show how some tricks for feeling better when you are mad. Facilitator reads A Boy and A Bear.**

**We have one more story to read today while you are sitting quietly**

relaxing. *Facilitator reads Guess How Much I Love You by Sam Mc Bratney.*

**V. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to assist with tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

**While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today. Children list what they did during the session and facilitator writes these on newsprint.**

**VI. FOR NEXT TIME (5 mins.)**

**For next time, I'd like you to tell about a feeling that you had during the week. You can use the feeling faces to help you. Also, ask your mom, dad, brothers, and sisters to pick a face from the page that shows how they feel. Pass out *Reminder: All About Feelings*.**

*Facilitator sings closing song.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 4**  
**ALL ABOUT...**  
**RELAXING**

**Main Objectives:**

1. Learn and practice progressive muscle relaxation
2. Learn and practice deep breathing and imagery
3. Generalize relaxation skills

**Outline:**

1. Transitioning to group
2. Review of feelings
3. Shaking it out
4. Progressive muscle relaxation
5. Deep breathing and imagery
6. Snack and review
7. For next time...

**Materials:**

1. "Today's Helpers" poster and children's pictures
2. Rules list
3. Introductory song
4. "How Are You Feeling Today" poster and simplified version
5. Stuffed animal or puppet (bear)
6. Four pages of newsprint with a body outline on each one
7. Small ball
8. Shake My Sillies Out audiotape or book
9. Tape recorder (if using audiotape)
10. Floor mats
11. script from Coping Skills Interventions
12. pictures of lemon, cat, turtle, fly, elephant, mud puddle
13. The Moon Balloon
14. Pre-cut balloons
15. Blue construction paper
16. Yarn
17. Stickers, pictures and other decorations for balloons
18. Snacks
19. Newsprint
20. Reminder: All About Relaxing
21. Closing song

## **I. TRANSITIONING TO GROUP (10 mins.)**

*Facilitator plays or sings introductory song. "Today's Helpers" poster should be displayed with children identified as being helper for different group activities/tasks.*

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and indicating what he/she likes to do with mom. **How was everyone's week? Who remembers one thing that we did last week.** Children respond. Important points to review are that you drew pictures of yourself and mom doing something fun together, talked about feelings, found pictures of feelings, acted out feelings, talked about things to do to relax when you feel mad.*

*Here are the rules for our group. Rules are depicted as symbols on a piece of newsprint and displayed. Facilitator asks the child helper for "Review Group Rules", to demonstrate each of the rules for the group.*

## **II. REVIEW OF FEELINGS (20 mins.)**

*Facilitator refers to "How Are You Feeling Today" poster (older) or simplified version (younger). **Who would like to show how they feel right now?** Children take turns going to poster and identifying the face that looks like how they feel "deep down inside."*

*Last week we talked about feelings like happy, sad, scared, and mad. This little bear felt these feelings last week. She had some happy feelings. **What do you think happened that made her feel happy?** Children respond. How do you think she looked when she was happy? Children act-out "happy". She also had some sad feelings. **What do you think happened that made her feel sad?** Children respond. How do you think she looked when she was sad? Children act-out "mad". She also had some scared feelings. **What do you think happened that made her feel scared?** Children respond. How do you think she looked when she was scared? Children act-out "scared". She also had some mad feelings. **What do you think happened that made her feel mad?** Children respond. How do you think she looked when she was mad? Children act-out "mad".*

*Facilitator gets out the four body outlines and labels them "happy", "sad", "scared", and "mad". **Our faces show how we feel. We also feel feelings in other parts of our body.** Facilitator asks each child to indicate on the body outlines **Where do you feel \_\_\_\_ in your body?** And to choose a color of crayon that means the emotion and to color that part of the body with the crayon. Facilitator does this for each of the four emotions using the four body outlines.*

### III. SHAKING IT OUT (10 mins.)

Do you remember last time when we talked about ways to change your feelings like how to calm down when you're mad? Here's another trick to help you calm down. *Facilitator gets out a small ball. Look at this ball. This is a mad ball. Pretend this mad ball is inside of you. Make it bounce and shake all through your body. With facilitator prompting, children pretend ball is in various parts of their bodies. After about 5 mins. Stop the ball from moving. Children stay still. Suck the mad ball up into your mouth and spit it out. Children act out. Look at how slimy the mad ball is now. Kick it or throw it out the door. Children act out.*

Here's a story about shaking it out. *Facilitator reads book or plays audio tape, Shake My Sillies Out by Raffi.*

### IV. PROGRESSIVE MUSCLE RELAXATION (10 mins.)

There are some other neat tricks for how to do this. For the first trick, each of you needs a mat. *Each child gets a mat and lays or sits on it on the floor. Here's a game that we're going to play to help us learn more fun ways to calm down. In this game you are going to do some pretending. Listen carefully and follow the directions for the game. Facilitator reads script for Progressive Muscle Relaxation (see Appendix). Facilitator shows children pictures for each exercise.*

### V. DEEP BREATHING AND IMAGERY (15 mins.)

*While children are in relaxed position. Now, there's one more part of the game to do. Pretend that your belly is a big red balloon. Take a deep breath. Breath in slowly through your nose until the balloon feels full. Hold it. Count to five--1-2-3-4-5. Then breath out through your mouth. Breath out some of the red air from the balloon. Continue filling up the balloon with air. 1-2-3-4-5 and breath out the red air. After about 5 mins. Ok, sit up now. How do you feel? Children respond. Facilitator comments on consistencies between children's reports of how they feel and their face, body, and/or verbal cues (i.e., "I can see that you feel good now because you are sitting still and listening.")*

Here's a book about some other things that help kids relax. Read The Moon Balloon.

*Pass out pre-cut balloons, blue construction paper, yarn, and stickers, pictures, etc. to decorate. Now you can make your own Moon Balloon. You can decorate it any way you want to.*



## **VI. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to assist with tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

**While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today. Children list what they did during the session and facilitator writes these on newsprint.**

## **VII. FOR NEXT TIME... (5 mins.)**

**Next week I would like you to tell the group about something that you did to relax. You may want to ask your parents to remind you to relax and you might want them to relax with you. You could teach them to relax in the ways that we talked about today. Pass out Reminder: All About Relaxing.**

*Facilitator sings closing song.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 5**  
**ALL ABOUT...**  
**SOLVING PROBLEMS**

**Main Objectives:**

1. Continued generalization of relaxation techniques
2. Learning steps in problem-solving
3. Applying problem-solving to real-life situations

**Outline:**

1. Transitioning to group
2. Relaxation review
3. Problem-solving
4. Group story
5. Relaxation
6. Snack and review
7. For next time

**Materials:**

1. "Today's Helpers" poster and children's pictures
2. Introductory song
3. Rules list
4. Page 6 (All About Relaxing)
5. Small ball
6. Dried spaghetti noodles
7. I'm Mad
8. Newsprint
9. Page 7 (Problem-Solving Steps)
10. Child puppet
11. Floor mats
12. The Moon Balloon
13. Snacks
14. Newsprint
15. Reminder: All About Friends
16. Closing song

## I. TRANSITIONING TO GROUP (5 mins.)

*Facilitator plays or sings introductory song. "Today's Helpers" poster should be displayed with children identified as being helper for different group activities/tasks.*

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and indicating a unique feature of his/her moon balloon. **How was everyone's week? Who remembers one thing that we did last week.** Children respond. Important points to review are that you practiced "shaking it out," tensing and releasing your muscles, deep breathing, read a book about a moon balloon, and made your own moon balloon.*

***Here are the rules for our group.** Rules are depicted as symbols on a piece of newsprint and displayed. Facilitator asks the child helper for "Review Group Rules", to demonstrate each of the rules for the group*

## II. RELAXATION REVIEW (20 mins.)

*Let's practice some of the relaxation tricks that you learned last time. Everyone stand up. **Who remembers the bouncing mad ball trick? This is the mad ball. Pretend this mad ball is inside of you. Make it bounce and shake all through your body.** With facilitator prompting, children pretend ball is in various parts of their bodies. After about 5 mins. **Stop the ball from moving. Children stay still. Suck the mad ball up into your mouth and spit it out. Children act out. Look at how slimy the mad ball is now. Kick it or throw it out the door. Children act out.***

*Here's another neat trick. It will help you feel your muscles being tense and then being relaxed. **Who likes to eat spaghetti for dinner? When mom or dad makes spaghetti first it looks like this get out dried spaghetti noodles really stiff. Make your body look like a stiff spaghetti noodle now. Children act-out.** Then mom or dad gets out a big pot and puts some water in the pot. Then the pot with the water goes on the stove to get hot. It's important to stay away from the pot when it is on the stove because it is very hot and could hurt you. When the water in the pot is hot enough and starts to make bubbles, mom or dad puts the noodles in the pot. Then they start to get softer and limp. **Make your body look soft and limp like the noodle as it is cooking. Children act-out.** As it cooks longer it gets softer and limper. **Children act-out.** Then when it's done cooking, mom or dad takes the noodles out of the pot and puts them on your plate. **Children may be laying on the floor as limp noodles.***

*Pass out Page 6 (All About Relaxing). **This is a picture for you to color. On it are all of all the ways to relax that we talked about. Children color the picture***

### III. INTRODUCTION TO PROBLEM-SOLVING (15 mins.)

So there are lots of tricks that you can do when you want to calm down. Let's read this book about a little boy who feels mad and see if we can name lots of things that he can do to relax. Read *I'm Mad* by Elizabeth Crary (1992). Stop reading to ask children to name the problem. Also, stop to ask children What will the boy do next. Have children act-out and What will happen next. Have children act-out consequences.

You did a very good job thinking of ways that the little boy could solve his problem. First, you said what the problem is. Then you said things that he could do. Then we saw what happened when he chose one. Here are the problem-solving steps. Facilitator hangs "Problem-Solving Steps" illustration on wall. The first step is "name the problem" The second step is "think of what to do." The third step is "pick something to do." The fourth step is "did it work?" The fifth step is "good job" and "try something else." Let's read these together. Group recites problem-solving steps. Here is a page for your book for you to color and keep to remind you what the steps are for solving problems. Hand out Page 7 (Problem-Solving Steps). Children color their pages.

### IV. GROUP STORY (15 mins.)

Using puppet, facilitator and children sit around a circle and make up a group story about the puppet and his/her problem and how he/she goes about solving it. Let's make up a story together about our friend here holds up child puppet. As we go around the circle everyone will contribute to the story. I'll give you the beginning of each part of the story and we'll go around the circle having you fill in the spaces in the story. Ready? This puppet's name is child next to facilitator completes. [Name of puppet] has a problem. The problem is next child completes. This problem makes [Name of puppet] feel next child completes. [Name of puppet] thinks of many different things he/she can try to solve the problem and feel less [feeling]. One thing that [Name of puppet] thinks of doing is next child completes. Another thing is next child completes. Continue until 5 or 6 possible solutions are identified. The thing that [Name of puppet] tries first is child completes. What happened when [Name of puppet] tried [first solutions] was child completes....continue until story is completed with an ending that reflects an effective coping response.

### V. RELAXATION (5 mins.)

Before snack, let's practice relaxing. Each child gets a mat to lay on. Get into a relaxed position on your mat. While children are in relaxed position. Take a deep breath and let it out. Imagine your moon balloon. Take another deep breath and imagine that you are in your moon balloon. Breath out an imagine that your moon balloon is taking off. Read *The Moon Balloon* by Joan Drescher (1996), pp. 10-18, 33-35.

*After a few seconds **Ok, sit up now. How do you feel?** Children respond. Facilitator comments on consistencies between children's reports of how they feel and their face, body, and/or verbal cues (i.e., "I can see that you feel good now because you are sitting still and listening.")*

**VI. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to assist with tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

**While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today. Children list what they did during the session and facilitator writes these on newsprint.**

**V. FOR NEXT TIME (5 mins.)**

**Next week I would like you to bring a picture of your friend with you. Pass out Reminder: All About Friends.**

*Facilitator sings closing song.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 6**  
**ALL ABOUT...**  
**HAVING A FRIEND**

**Main Objectives:**

1. Reinforce support-seeking as coping strategy
2. Managing worry
3. Continued practice of imagery
4. Preparing for termination

**Outline:**

1. Transitioning to group
2. All about my friend
3. When friends leave
4. Relaxation
5. Snack and review
6. For next time...

**Materials:**

1. "Today's Helpers" poster and children's pictures
2. Rules list
3. Introductory song
4. Page 8 (All About My Friend)
5. Crayons
6. Stickers
7. Glue
8. We Can Get Along
9. Elephant puppet
10. Frog and Toad Together
11. Floor mats
12. The Moon Balloon
13. Snack
14. Newsprint
15. Reminder: All About Having Fun With a Friend
16. Closing song

## **I. TRANSITIONING TO GROUP (5 mins.)**

*Facilitator plays or sings introductory song. "Today's Helpers" poster should be displayed with children identified as being helper for different group activities/tasks.*

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and indicating a relaxation strategy child has reported using. **How was everyone's week? Who remembers one thing that we did last week.** Children respond. Important points to review are that you reviewed different ways to relax, learned and practiced the problem-solving steps, made up a story about solving a problem, relaxed using the moon balloon.*

*Here are the rules for our group. Rules are depicted as symbols on a piece of newsprint and displayed. Facilitator asks the child helper for "Review Group Rules", to demonstrate each of the rules for the group*

## **II. ALL ABOUT MY FRIEND (30 mins.)**

**One thing that would help a kid to feel better when he or she has a problem is to talk with a friend about it. Who brought a picture of a friend with them today?** *Children who brought pictures share them with the group. Facilitator should prompt children by asking what friend's name is, how old he/she is, what they like to do together, etc.*

**Here is a page for you to paste your picture on. Pass out Page 8 (All About My Friend).** *Facilitator helps children paste their pictures and write completion of sentences, i.e., My friend's name is \_\_\_\_.; My friend and I like to \_\_\_\_ together.; etc. After, children use crayons and stickers to decorate their pictures.*

*Facilitator reads We Can Get Along by Lauren Murphy Payne*

*Have children act out parts of story or create "friendship scenerios" for children to act-out, i.e., Pretend you are two friends who are playing together at home. Pretend you are two friends and one of you fell down at the playground, what would the other one do? Facilitators develop other role-playing scenerios based on themes that have emerged in the group.*

## **III. WHEN FRIENDS LEAVE (20 mins.)**

*With puppets This is [name] and this is [name]. They are best friends and they live on the same street. Who here has a best friend that lives on their street? Children respond [Name of one puppet] is moving to a different place and so the two won't be able to play together everyday anymore. [Name of puppet] is feeling sad because she will miss her friend. Has*

anyone here had a friend that moved to a different house or a different school? *Children respond.* Did you feel sad *point to sad face?* Mad? Scared? *Children respond.* Well, what [name of puppet] feels mostly is sad. She tells her friend that she is sad that he is moving away. She also tells her mom that she feels sad. She feels better when her mom reminds her that even though she will not see her friend everyday anymore, she can still write letters to him and send him pictures. Also, her mom takes a picture of both of them for them each to keep. When they look at the picture they will feel happy because they will remember the fun they had playing together. *To children who reported that they had this experience* Do you remember doing fun things with your friend who moved? *Children respond.* So even though you don't see your friend anymore, you still remember spending time with them in your mind.

*Facilitator reads*

*With elephant puppet.* Elephant is going to feel sad when the group is over because she won't be able to spend time with you anymore. She will remember you though and the fun things we did in this group and will tell her mom or dad when she feels sad.

#### IV. RELAXATION (10 mins.)

Let's practice relaxing now. *Children sit or lay on mats while facilitator reads The Moon Balloon.*

#### V. SNACK AND REVIEW (10 mins.)

*Get out snack and ask helpers to assist with tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

*When children are finished with snack and coloring.* Ok, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today.

#### VI. FOR NEXT TIME (5 mins.)

Next time, I'm going to ask you to tell about something that you did fun with a friend. You can ask your mom or dad to help you remember and here is something else to help you remember. *Pass out Reminder: All About Having Fun With a Friend.*

*Facilitator sings closing song. Frog and Toad Together by Arnold Lobel*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*



**SESSION 7**  
**ALL ABOUT...**  
**BEING A FRIEND**

**Main Objectives:**

1. Introduce and practice assertiveness skills
2. Reinforce and practice social skills
3. Practice giving and receiving compliments

**Outline:**

1. Transitioning to group
2. Not a mouse/ not a monster
3. Coping with bullies
4. Coping feeling left out
5. Giving and receiving compliments
6. Snack and review
7. For next time

**Materials:**

1. "Today's Helpers" poster with children's pictures
2. Rules list
3. Introductory song
4. Book about friendship
5. Mouse and monster masks
6. Large table mirrors
7. Crayons
8. The Mouse, the Monster, and Me
9. Getting Along ("Bullying" and "Intolerance" poster and activity sheets)
10. Pig noses
11. Audiotape from "Intolerance" lesson
12. Tape recorder
13. Compliment signs that are decorated to look like presents
14. Snack
15. Newsprint
16. Reminder: Party
17. Closing song

## I. TRANSITIONING TO GROUP (10 mins.)

*Facilitator plays or sings introductory song. "Today's Helpers" poster should be displayed with children identified as being helper for different group activities/tasks.*

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and indicating a relaxation strategy child has reported using. **How was everyone's week? Who remembers one thing that we did last week.** Children respond. Important points to review are that you talked about your friend, played being friends, talked about what it's like when friends move away, and relaxed using the moon balloon.*

*Here are the rules for our group. Rules are depicted as symbols on a piece of newsprint and displayed. Facilitator asks the child helper for "Review Group Rules", to demonstrate each of the rules for the group.*

*Who would like to tell about a time that they had fun with their friend this week. Children respond. Facilitator should reinforce use of social skills and acting like a good friend.*

*Facilitator reads Book About Friendship*

## II. NOT A MOUSE/ NOT A MONSTER (20 mins.)

*Today, we're going to talk about how each of you is a good friend to other people. Also, we're going to talk about how each of you is a good friend to yourself.*

*Sometimes kids and adults aren't good friends to other people. They yell at other people, or fight with them, or don't listen to them. They are like monsters. Other times kids and adults aren't good friends to themselves. They don't ask for help and they don't stand up for themselves. They are like mice. *Pass out mice and monster masks for children to color.* These masks are for you to color and wear when we pretend to be mice and monsters. After we pretend to be mice and monsters, we'll talk about ways to not be either a mouse, or a monster, and instead be a good friend to other people and yourself. *Children color masks.**

*\*\*\*Younger: Ok, everyone hold up their mouse mask. Let's see what you look like when you're a mouse? Children look at themselves in the mirrors and act-out the part of a mouse. Ok, everyone hold up their monster mask. Let's see what you look like when you're a monster? ? Children look at themselves in the mirrors and act-out the part of a monster.*

**\*\*\*Older:** Ok, everyone hold up their mouse mask. Let's see what you look like when you're a mouse? *Children look at themselves in the mirror and act-out the part of a mouse. Who would like to tell about a time when they were a mouse? Children respond. Who can think of something that [child] could have done to not be a mouse? Children respond.* Ok, everyone hold up their monster mask. Let's see what you look like when you're a monster? *Children look at themselves in the mirror and act-out the part of a monster. Who would like to tell about a time when they were a monster? Children respond. Who can think of something that [child] could have done to not be a monster? Children respond.*

*Read pp. 24-30, 37-41. Role-play asking for something like a mouse, a monster, and then assertively. Read pp. 71, 75-78. (The Mouse, The Monster and Me).*

### III. COPING WITH BULLIES (10 mins.)

Here's a picture that we can use to talk about how to get along and be friends. *Show group "Bullying" poster. Refer to "Bullying" activity sheet. Ask "Direct" questions on "Bullying" activity sheet: What's happening in this picture? How do you think the pig who is using the pen feels? How can you tell what the pig might be feeling? Why would the other pig say, "I want that pen NOW!"? Who would like to act-out the parts in the story? Facilitator gives pig noses to children who will be role playing. Children role-play. As many children that want to should have a chance to do the role-play.*

What is the problem here? Which pig is acting like the monster? Why is it wrong to act like that pig? *Reinforce that the other pig has rights which are not being respected. What could the other pig do next? Children respond and act-out.*

### IV. COPING WITH FEELING LEFT OUT (20 mins.)

*Facilitator puts "Intolerance" picture on the wall. Ask "Direct" questions on "Intolerance" activity sheet: What's happening in this picture? How are all four of the zebras alike? What's the difference between the lone zebra and the others? Is that difference a good reason to leave the zebra out? Why or why not? How do you think the single zebra feels? Who would like to act-out the parts in the story? As many children that want to should have a chance to do the role-play. What could the lone zebra do next? How would the story end? Who would like to act out the ending of the story? As many children that want to should have a chance to do the role-play.*

**\*\*\*Older:** Ask "Reflective" questions on "Intolerance" activity sheet: **Have you ever felt left out of something because you were different? How were you different? When you were left out, how did you feel? What finally happened? Have you ever left someone else out because that person was different? How did you feel about that? Children respond. Also, Have you ever worried that you were different because your mother had cancer? Children respond. What did you do? Children respond. What else could you have done? Children respond.**

**Here is a song about how people can get along with each other and be friends. Facilitator plays audiotape from "Intolerance" lesson. Play twice having the children dance and/or sing the second time.**

#### **V. GIVING AND RECEIVING COMPLIMENTS (10 mins.)**

**One thing that's important in a friendship is to let your friend know what's special about them. It's also important that you hear from other people what they like about you and what they are proud of you for. Who knows what a compliment is? Facilitator should write "COMPLIMENT" on newsprint. Children respond. Facilitator reads The Mouse, the Monster, and Me, pp. 61, 65-68. So, we've learned that a compliment is like a gift.**

*Hold up signs describing attributes. Signs should be decorated to look like presents. Who is someone in the group who is "good at listening"? Children respond. Who is someone in the group who is "good at sharing"? etc. Children respond and children take turns giving each other compliments, i.e., "I like how you share."*

*Facilitator plays or sings closing song.*

#### **VI. RELAXATION (5 mins.)**

**Let's practice tensing and releasing our muscles now. This is a good thing to do if you're starting to feel angry like a monster. Children can do this while they are sitting in the circle. Start with your hands. Make a fist, make it really, really tight, hold it, then release it. Repeat 3 times. Then shoulders, then face.**

#### **VII. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to assist with tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

**While we are having snack, let's review what we did today. I'll write these**

**things down so that we can show your parents all the important things you did today.**

**VIII. FOR NEXT TIME (5 mins.)**

**Next time we're going to have a party since it's our last group. You can bring a favorite thing with you to the group, like your favorite toy.**

*Facilitator passes out Reminder: Party.*

*Facilitator sings closing song.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 8**

**ALL ABOUT...**

**WHAT WE'VE LEARNED**

**Main Objectives:**

1. Reinforce individual strengths
2. Build skills for giving and receiving compliments
3. Build skills for self-reinforcement
4. Review accomplishments and facilitate generalization of skills

**Outline:**

1. Transitioning to group
2. Self-reinforcement
3. Review of sessions and compiling scrapbook
4. Saying goodbye
5. Party
6. Presentation of certificates of achievement

**Materials:**

1. "Today's Helpers" poster and children's pictures
2. Rules list
3. Introductory song
4. Audiotape from "Intolerance" lesson
5. Tape recorder
6. Page 9 (All About Our Great Big World)
7. Crayons
8. List of group goals from first session
9. Page 10 (All About "Good Job!")
10. All previous pages
11. Scrapbooks
12. Decorations for scrapbooks
13. The Good-bye Book
14. Puppets
15. Snacks
16. Closing song
17. Certificates of Accomplishment

## **I. TRANSITIONING TO GROUP (15 mins.)**

*Facilitator plays or sings introductory song.*

**Who remembers and would like to say one thing that we did last week?**

*Children respond. Important points to review are talked about how it feels to be teased or to be left out and thinking of ways to solve those problems so that you feel better and so that everyone can get along and be friends.*

**We heard a song last week about getting along and being friends. I'm going to play the song again. Facilitator plays song from "Intolerance" lesson on tape recorder. Pass out blank paper that will be Page 9 (All About Our Great Great Big World™). Now draw a picture of this song. Children draw pictures.**

**Who would like to show their pictures to the group? Tell us a little about what's going on in the picture. Children show pictures and discuss them.**

## **II. SELF-REINFORCEMENT (15 mins.)**

**It's very important that you let yourself know when you're proud of yourself. Like when you get something done that you wanted to do, it's important to tell yourself "good job!" The first time the group met we listed things that we wanted to get done in the group. Here is the list we came up with.**

*Facilitator shows Group Goals, reads them one-by-one and asks the children how they think the group did in getting each thing done. Facilitator should give examples of behaviors that were done to meet each goal.*

**On this next page, write at the top the things you're most proud of that you did in the group. Facilitator passes out Page 10 (All About "Good Job!").**

**Under what you write there are a list of things that you can tell yourself to let yourself know that you are proud. Facilitator and children read each phrase aloud. Circle the things that you would tell yourself. Do you think that you can tell yourself these things when you are proud of yourself?**

## **III. REVIEW OF SESSIONS AND COMPILING SCRAPBOOK (20 mins.)**

**You each did a lot of work in group. I have all the pages that you did here. Let's look through the pages all together now so that we can review all the things that we did here. Facilitator goes over each page of scrapbook (blank pages) and elicits children's feedback about each activity and highlights important points of each activity. Facilitator should also ask about what each child liked best, thought was most fun, thought was hardest, etc.**

**Each child is given his/her pages and a scrapbook. You are each going to get a book to put all of your pages in. You can decorate the cover in whatever way you want.**

#### **IV. SAYING GOODBYE (10 mins.)**

*Facilitator reads The Good-bye Book by Judith Viorst.*

**Facilitator gets out puppets and stuffed animals used in group. Your friends [names of puppets] wanted to say goodbye today. They feel sad because they will not be playing with you anymore. They will remember you though and the fun time we had here** *Facilitator could create a more elaborate puppet show on the theme of saying goodbye. Children take turns saying goodbye to the puppets and to each other if they want to.*

#### **V. PARTY (10 mins.)**

*Get out snacks for party and ask for volunteers to do different tasks (e.g., pass out the napkins, pass out the drinks, put empty cups in the trash can, etc.).*

#### **VI. DISTRIBUTION OF CERTIFICATES (15 mins.)**

*Children joint parents group. Facilitators should already have Certificates of Accomplishment made up for each child. Facilitators make brief comments about group as a whole (i.e., strengths of children, what was learned, importance of practicing skills, purpose of scrapbook) and then present each child with certificate. Afterwards, facilitators talk with parents, give feedback, answer questions, etc.*



APPENDIX 3: SCHOOL AGE CHILD GROUP INTERVENTION MANUAL

**SESSION 1**  
**ALL ABOUT...**  
**US AND OUR GROUP**

**Main Objectives:**

1. Build rapport and group cohesion
2. Reinforce individual strengths
3. Normalize experiences
4. Establish goals
5. Define group rules

**Outline:**

1. Introductions
2. How we're different/ how we're the same
3. Group and individual goals
4. Group rules
5. Snack and review
6. For next time

**Materials:**

1. Name tags
2. "Microphones"
3. Interview questions
4. Crayons
5. Markers
6. Stickers
7. Roll of newsprint
8. Large newsprint
9. Scissors
10. Glue
11. Magazines or pre-cut pictures from magazines
12. Page 1 (All About My Strengths)
13. Page 2 (All About My Goals For Group)
14. "Today's Helpers" list
15. Snacks
16. Reminder: All About My Favorite Thing

*begin the activity. After about 5 min. the facilitator instructs to switch roles. After the interviewing, each person will introduce the person they interviewed to the group. Facilitators will introduce each other first.*

## **II. HOW WE'RE DIFFERENT/ HOW WE'RE THE SAME (40 mins.)**

*Get out roll of newsprint and lay it on floor with some crayons and markers. We're going to make a banner about this group. It's important for the banner to show each of you. Everyone is an important part of the group.*

**\*\*\*Younger:** *Facilitator calls each child, one by one, and instructs them to sit at a spot next to the roll of newsprint. Draw a picture of yourself on your spot of the paper.*

**\*\*\*Older:** *I'd like everyone to sit by one part of the paper. Children find a space on the paper. Now, draw a picture of yourself and something that you like or like to do. It can be the same thing that you said before, or it can be something different.*

*Children work on their drawings. As they are working, facilitator should verbally reinforce positive behaviors like sharing crayons, etc.*

*When children are done with their pictures, facilitator hangs the picture on the wall. What a good picture of the group. The group is made up of everyone here. One thing that I notice is that everyone's picture is different. Point out differences among pictures (i.e., physical features, what they indicated that they liked).*

**\*\*\*Younger:** *Each of us is different in special ways. For instance, no one else looks exactly like you. Another thing that makes us different from each other are the strengths that we have. Using stuffed animals, For instance, a strength of mine is that \_\_\_\_ and a strength of [other facilitator] is that \_\_\_\_\_. Each of you has different strengths too. Get out pictures and words cut from magazines, scissors, glue. Pass out Page 1 (All About My Strengths). Find some pictures and words that show about your strengths and glue them on this page to make a collage. A collage is a big picture that's make up of different words and lots of little pictures.*

**\*\*\*Older:** *Each of us is unique. Who has a definition of unique that they will share with the group? Children give definitions which facilitator writes on newsprint. These are all good definitions of unique. Unique means that there is no one else that looks like you, acts like you, or likes exactly the same things as you. Another thing that makes us different from each other are our strengths, the things that we do well and our proud of ourselves*

## I. INTRODUCTIONS (5 mins.)

*Facilitators should be wearing name tags when the children arrive. Children will sit in a circle.*

*Facilitators introduce themselves. My name is \_\_\_\_\_. Welcome to the group. I'm glad that you are all here. We are going to be meeting every week for 8 weeks. We will be doing a lot of different things in this group. We'll be doing some fun things, learning new things, talking, drawing pictures, making stories, and playing games. You all have blank name tags. I'd like you to write your name on the name tag and spend some time decorating it to tell something about yourself. Facilitator passes out name tag, crayons, markers, stickers. When children finished. Let's go around the circle and I'd like you each to say would say what your name is. Children introduce themselves.*

**\*\*\*Younger:** We're going to play a game now that will help everyone here get to know each other better. I'd like each of you to pretend that you are television reporters like on the news. When you are the reporter you will use a microphone *Show microphones* and interview your partner. You can ask them questions about themselves. Here are some questions that you can ask. *Pass out interview questions.* We are going to go first to show you how to do it. *Facilitators interview each other* OK, now it's your turn to do it. Turn to the person next to you. One will be the reporter first and will get to use the microphone and ask the questions. We'll go around the circle.

**\*\*\*Older:** We're going to play a game now that will help everyone here get to know each other better. I'd like each of you to pretend that you are television reporters like on the news. When you are the reporter you will use a microphone *Show microphones* and interview your partner. You can ask them questions about themselves. What are some questions that a reporter might want to ask a person that he or she is interviewing? *Children generate list of questions. Facilitator can add some other questions that are light-hearted, i.e., what is your favorite pizza topping? Facilitator should write these on newsprint.* These are good questions. You can ask these and you can also make up others to ask that aren't on this list. Here are some microphones that you can use when you are the reporter. Also, you should write down the information you get about the person you are interviewing. When you are the person being interviewed, you will be answering the reporters questions. If the reporter asks a question that you don't want to answer, you don't have to answer it. So, pick a partner now. One person will be the reporter first and will use the microphone. When I tell you, you will switch and the person being interviewed will be the reporter. *Children*

for. Kids have different strengths. For instance, one kid's strength may be that she gives soccer her "all" and another kid's strength may be that he tries hard in school or helps out with chores at home. *Get out magazines, scissors, and glue. Pass out Page 1 (All About My Strengths).* I'd like you to make a collage on this page that shows your strengths. You make a collage by cutting out pictures and words and pasting them on the paper. They can overlap if you want and be glued upside down if you want.

*When children are done with their pictures.* Now I'd like everyone to hold up their collages. Look at all the different strengths you have. You already have a lot of strengths and talents. One important thing that we're going to be talking about in this group is how to use your strengths and talents to solve problems or to feel better when you have a problem. It's good that we all have different strengths and talents because you can teach each other and learn different skills from each other. For instance *use an example based on what two of the group members report are strengths for them.*

We've talked about the ways that we're unique. Each of us looks different, likes different things, and has different strengths. There are other things that we have in common. Things that make us alike or are the same about us. Who can think of something that is the same about everyone in the group? *Children respond. Facilitator writes these on newsprint.*

*If no one lists "our moms have cancer" as a way that everyone in the group is the same the facilitator says* Another way that everyone in the group is the same is that their moms have cancer. We are going to be talking about cancer in this group and we'll be reading books about other kids whose mothers have cancer. We'll be talking about other things also, like school and making friends and solving problems.

### III. GROUP AND INDIVIDUAL GOALS (10 mins.)

Now, like I said before, we will be meeting here together for the next 8 weeks. We will be doing a lot of different things here--some more drawing and story telling, and learning, and playing games. Like any group, it's important that we have some goals for this group--some things that we want to make sure to get done. For instance, in football or soccer, one thing the players want to get done is to learn how to play together as a team. What are some things that you think that we should make sure to get done in this group? *Facilitator lists these goals on newsprint. Goals to make sure are listed include: talking about feelings, making friends, learning how to solve problems, learning how to relax when you're angry or stressed, learning more about cancer, planning for how to deal with future things that bug you.*

**\*\*\*Younger:** Now think about which of these goals is the most important for you. Which ones do you want to do most. I'd like you to write the goals that you want to do most on this page. *Pass out Page 2 (All About My Goals For Group). Facilitators may have to assist children with writing and spelling.*

**\*\*\*Older:** Now think about what your own goals are. What do you want to get done in group. It might be one of the things that are listed here or you might have a goal that's not listed here. Everyone could say something different. I'd like you to write the things that you want to get done in group on this page. *Pass out Page 2 (All About My Goals For Group). Facilitators may have to assist children with writing and spelling.*

Another thing that each of you is going to do is make a book of the pictures you draw and the activities that you do here. *Pass out scrapbooks with children's names on them.* Your scrapbook will also include reminders about how to do new things that you learn here. When the group is all over, in 8 weeks, you will have the book finished and ready to take home with you and keep.

#### IV. GROUP RULES (10 mins.)

Now that we've come up with some goals for our group, we need to think of some rules that our group should have. Think about how you'd like this group to be. What rules should we have for the group so that we get things done and so that everyone feels safe here and gets along with each other? *Children suggest rules and facilitator writes them on newsprint. Need to include rule about respecting others. For instance, Another rule is to listen when someone else is talking. That means looking at them and not talking while they are talking. Who can show me what they look like when they are listening? Child responds. How would I know when you're not listening, what would you look like? Child responds. It is okay if you do not want to talk or answer a question. Sometimes kids feel like sitting and listening and not talking to the group and that's okay.*

*Need to include rules about confidentiality. A very important rule for us to have is that no one will talk about any of the other kids when they leave the group. Why do you think this is an important rule to have? Children respond. I think it's important for each of you to talk with your parents about what you do here. But, the rule says that you will not talk about other kids. We will be talking with your parents about what the group is doing. After each group, we'll tell the parents what we did in group and what your assignment is for next week. One thing that is important for us to talk with your parents about is if you let us know that someone is*

hurting you or that you feel very sad or angry and feel like hurting yourself. By talking with your parents, that will help keep you safe.

So, let's review our rules. *Read rules to group. Is there anything else?*

#### V. SNACK AND REVIEW (10 mins.)

Every week we will have a snack before we leave. Each of you will get a chance to help with snack time. *Get out "Today's Helpers" poster. Also, each of you will help out with other group activities from week to week. The helpers for each time will be put on this poster. Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today. *Important topics to list are: meeting each other, talking about what are strengths are; talking about how we're the same; talking about how we're different, listing what we want to get done in group, listing rules for the group.*

#### VI. FOR NEXT TIME (5 mins.)

For next time, I'd like you to bring something from home that is special to you. If you cannot bring the object, you can bring a picture of it. Here is a reminder for you to bring home. *Pass out Reminder: All About My Favorite Thing. You may want to ask your parents to help you remember to bring something special or a picture of your favorite thing with you next week.*

*Facilitators collect name tags and mount on another sheet of paper. These will be names to be placed on "Today's Helpers" poster.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 2**

**ALL ABOUT...**

**OUR FAMILIES AND CANCER**

**Main Objectives:**

1. Continue to build rapport and group cohesion
2. Introduce imagery
3. Normalize children's experiences of parental cancer
4. Provide accurate information about cancer and correct misconceptions and distortions
5. Reinforce individual strengths in coping with parental cancer

**Outline:**

1. Transitioning to group
2. Special things from home/Introducing imagery
3. All about our families
4. All about cancer
5. Snack and review
6. For next time...

**Materials:**

1. "Today's Helpers" list
2. Rules list
3. Page 3 (All About My Favorite Thing)
4. Page 4 (All About My Family)
5. Markers
6. Crayons
7. Becky and the Worry Cup
8. Large newsprint
9. My Mommy has Cancer
10. Bubbles
11. Snacks
12. Newsprint
13. Reminder: All About Having Fun With My Family



## **I. TRANSITIONING TO GROUP (5 mins.)**

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and mentioning a personal strength that he/she defined last session. **How was everyone's week? Who remembers one thing that we did last week.** Children respond. Important points to review are that they met each other, talked about things that made them unique (e.g., what they like, what they are proud of), talked about things that made them the same (e.g., their moms have cancer), said goals they want the group to have, and rules they want the group to have).*

*Here are the helpers for today. Facilitator displays "Today's Helpers" poster. Rules should be pre-written on a piece of newsprint and displayed. Helper reads the rules aloud.*

*Did you think about any of the things that we did here last week when you were at home or at school? Children respond. Facilitators paraphrase and reflect emotional elements in children's responses. Also, facilitators should reinforce participation and listening (e.g., you really thought hard about your goals for group and about learning new things, you are did a good job listening and paying attention when Mary was talking).*

## **II. SPECIAL THINGS FROM HOME/INTRODUCING IMAGERY (15 mins.)**

*I see that some/all of you were able to bring in a favorite thing or a picture of a special thing. Pass out Page 3 (All About My Favorite Thing) to each child. **Write the name of your special thing on this page. It will be a page in your book.** Facilitators help children with spelling. **Who would like to tell the group about the favorite thing they brought in?** Children take turns talking about their favorite things. For each one, children are asked to indicate sensory features of the object, i.e., what color/shape/size it is, what it feels like, what it smells like, what it tastes like. Children who didn't bring an object can name it and describe it to the group. This is to prepare for imagery training in which children will learn to imagine a favorite place or object and the sensory features of it. **Now, you can close your eyes and imagine your favorite thing. Try this now. Close your eyes and imagine the special thing that you brought today or that special thing that is at home. Imagine what it looks like, feels like, how it smells, how it tastes. I wonder if you can notice how happy and calm you are when you are thinking about your special thing. So even when you don't have your special thing with you, you have a picture of it in your head that you can look at anytime you want.***

### III. ALL ABOUT OUR FAMILIES (20 mins.)

Today we're going to talk about our families. We're also going to talk some more about cancer. First, I'd like each of you to draw a picture of your family. Draw the best picture you can. Draw your family doing something fun together. *Page 4 (All About My Family). When children are done Please hold up your pictures. I'd like you each to take turns telling the other kids about your families, like their names and what you are doing together in the picture. Children go around the circle talking about their pictures. Facilitator collects Page 4.*

There's a little girl that I want to tell you about. Her name is Becky. This is a picture of Becky. *Facilitator shows children cover of Becky and the Worry Cup. Becky's mother had cancer, like your mothers. Becky and her mother wrote this book so that other kids whose mothers have cancer can read it. We are going to read a part of it today and read some more next time. Read pp. 1-2. How are you and your brothers and sisters different? How are you the same. Tell us about your dad. Tell us about your mom. Read p. 4. Do you have any pets? Tell us about your pets. What special thing do you do at home after dinner or before bed?*

### IV. ALL ABOUT CANCER (20 mins.)

*Read pp. 5-7 of Becky and the Worry Cup. Do you remember who told you that your mother had cancer? Some of you may have been able to go to visit your mothers in the hospital and may have had some feelings about that that you'd like to share. Some of you may not have been able to go to the hospital and may want to talk about what that was like for you. Let's talk about some of the feelings that you may have had? Children discuss feelings. Read pp. 8-10 of Becky and the Worry Cup.*

When Becky heard the word "cancer" she was confused and scared. She didn't know what cancer was. The word "cancer" is confusing to many kids, and adults too. Some people know a lot about what cancer is and how people with cancer get better. Some people that know a lot about cancer are your parents, your mother's doctor, and maybe some of the kids that are here. Maybe you know a lot about cancer. Other people don't know as much about cancer. They might not have a parent or other member of their family who has cancer, or they might not be around grown-ups that can help them understand what cancer is.

*Facilitator introduces oncology specialist to the group. If Becky met oncology specialist, what questions do you think that she might ask. Facilitator writes down children's questions on newsprint, specialist addresses them as they are*

*asked. Important issues to address are beliefs about etiology and contagion, beliefs about personal responsibility, beliefs about fatality, understanding of treatment.*

**\*\*\*Younger: This is story about a little boy whose mother has cancer. Read My Mommy has Cancer. Stop at page where the medicine fights the "bad bubbles". Faciliators blow bubbles and have children chase them and pop them. Complete the story.**

**\*\*\*Older: What do you think that Becky can do when she has questions about cancer? Children respond and facillitator writes on newsprint. Did you do any of these things? What helped most?**

#### **V. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

**While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today. Children list what they did during the session and facillitator writes these on newsprint.**

#### **VI. FOR NEXT TIME (5 mins.)**

**For next time, I'd like you to tell about something fun that you and your family do together. What would be a good way to ask your mom or dad or brothers or sisters, or grandparents to spend time doing something fun with you? Children respond. Also, I'd like you to find a comic strip in the newspaper about a family and cut it out and bring it with you. Here is a reminder for you to bring home. Pass out Reminder: All About Families.**

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 3**

**ALL ABOUT...**

**OUR FEELINGS**

**Main Objectives:**

1. Reinforce use of imagery
2. Increase ability to monitor and label internal emotional cues
3. Facilitate self-efficacy in terms of emotion regulation and management
4. Encourage generalization of emotional expression and coping

**Outline:**

1. Transitioning to group
2. All about mom
3. All about feelings
4. Snack and review
5. For next time...

**Materials:**

1. "Today's Helpers" list
2. Rules list
3. Page 5 (All About My Family)
4. Comic-strips about families
5. The Way Mothers Are
6. Large newsprint
7. Markers
8. Emotion faces or emotion cards
9. Magazines
10. White paper
11. Feeling poster
12. Page 6 (How Are You Feeling Today?)
13. Becky and the Worry Cup
14. Don't Pop Your Cork on Mondays
15. Snacks
16. Reminder: All About Feelings
17. Xeroxed copies of How Are You Feeling Today? poster

## **I. TRANSITIONING TO GROUP (10 mins.)**

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and naming the special thing that they brought with them last time. How was everyone's week? Who remembers one thing that we did last week. Children respond. Important points to review are that you shared your special thing from home, learned how to imagine that special thing in your head when you want to feel happy, drew pictures and described your family, learned about Becky, learned more about cancer.*

**Here are the helpers for today.** *Facilitator displays "Today's Helpers" poster. Rules should be pre-written on a piece of newsprint and displayed. Helper reads the rules aloud.*

**Did you think about any of the things that we did here last week when you were at home or at school?** *Children respond. Facilitators paraphrase and reflect emotional elements in children's responses. Did anyone think about their favorite thing last week when they wanted to feel happy? Children respond. Let's try that now. Imagine your favorite thing in you head now. It can be the thing that you brought to group last week or something different. Close your eyes while you are imagining it. Imagine how it looks, how it feels when you touch it, how it smells.*

## **II. ALL ABOUT FAMILIES (10 mins.)**

**Who was able to find a comic strip about families that they brought?** *Children share comic strips. Facilitator shares comic strips if members did not bring them or if there is time. Facilitators should prompt children to respond to what is going on in the picture and how the characters are feeling.*

**Who would like to tell the group about something fun they did with their mom or dad or brothers or sisters or grandparents last week?** *Children respond. Pass out Page 5 (All About My Family). Draw a picture of the fun thing that you did. Children complete drawings. Who would like to show their picture to the group. Children take turns sharing their pictures. Facilitators should point out elements about children's relationships with their mothers that have not been altered by cancer. Also, facilitators should comment about the affective elements of the children's drawings. For example, I can tell that you are happy in the picture because you have a big smile.*

**Younger:** I have a story to read to you about a little cat and a mother cat. Read The Way Mothers Are by Miriam Schlein (1993).

**Older:** How do you show your mother that you love her? *Children respond.*

How does your mother show you that she loves you? *Children respond.*

## II. ALL ABOUT OUR FEELINGS (20 mins.)

Today we're going to talk about feelings, loving feelings and other kinds of feelings too. What is one kind of feeling that someone could have?

*Children repond. Facilitator writes children's responses on newsprint. Good.* You already know a lot of words for different feelings. We're going to talk some more about these feelings today and talk about some other feelings too.

**\*\*\*Younger:** I have some pictures here that show different feelings. Let's see if you can guess the feeling that goes with each picture. *Facilitator holds up faces and children name the feeling. For each one* How could you tell that this face was for (specific emotion)? How do you look when you are feeling (specific emotion)? *Children act out emotions. Here is a poster that has faces that are for different feelings. Facilitator uses feelings poster. I have little posters just like this one for you to keep. Facilitator distributes Page 6 (How Are You Feeling Today?) For each child* Color the face that shows how you feel right now. *Children respond.*

**\*\*\*Older:** How do you look when you feel *pick a feeling from the list of feelings. Children act out feelings. Pick a feeling from this list of feelings and find pictures that describe this feeling. For instance, if you pick the feeling "mad" you would look for pictures of people who look mad, of things that would make you mad, or of words that mean the same thing as mad. I'd like you to cut out as many pictures as you can find that describe the feeling that you pick and paste them on a sheet of paper to make a collage. Don't tell us what feeling you picked, because when everyone is finished, we're going to try to guess what feeling you picked from your picture. When children complete collages, they guess the feelings. Here is a page of feeling faces. Facilitator distributes Page 6 (How Are You Feeling Today?)*

Here's a book about feelings. I'm going to read it and for each page lets see if you can come up with a feeling that a kid might have in that situations. *Facilitator reads Beginning to Learn About Feelings by Richard L. Allington and Kathleen Cowles (1991).*

## III. MANAGING FEELINGS (20 mins.)

Do you think that you can do things to change your feelings? Like if you feel mad--show me how you look when you feel mad--do you think that there are things that you can do to feel better? *Children respond. What helps you feel better when you are mad? Facilitator writes on newsprint.*

Those are some really good ideas about how to change your feelings when you want to. Let's read about what Becky does to help her feel better when she feels mad. Read pp. 29-32 of Becky and the Worry Cup. What did Becky do that helped her when she felt mad? *Children respond.*

Here's another book about what to do to relax. Read Don't Pop Your Cork on Mondays. Facilitator should make comments and ask questions along while reading (i.e., "Which one are you like when you are mad, a lion, a monkey, a bull, an ostrich, or a turtle?" and "What exercises do you like to do? Do you think that you can do that to calm down?"). When get to page describing "Shake your tension away" Now, let's see you shake the tension away. *Children practice.*

#### IV. SNACK AND REVIEW (10 mins.)

*Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

**While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today. Children list what they did during the session and facilitator writes these on newsprint.**

#### V. FOR NEXT TIME (5 mins.)

**For next time, I'd like you to tell about a feeling that you had during the week. You can use the feeling faces to help you. Pass out xeroxed copies of "How Are You Feeling Today?" poster. Also, ask your mom, dad, brothers, and sisters to pick a face from the page that shows how they feel. Pass out Reminder: All About Feelings.**

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 4**  
**ALL ABOUT...**  
**RELAXING**

**Main Objectives:**

1. Learn and practice progressive muscle relaxation
2. Learn and practice deep breathing and imagery
3. Generalize relaxation skills

**Outline:**

1. Transitioning to group
2. Progressive muscle relaxation
3. Deep breathing and imagery
4. Snack and review
5. For next time...

**Materials:**

1. "Today's Helpers" list
2. Rules list
3. Large newsprint
4. Markers
5. Page 7 (All About Feeling \_\_\_\_\_)
6. Xeroxed pictures of coping techniques from book
7. Floor mats
8. Script from Coping Skills Interventions
9. The Moon Balloon
10. Pre-cut balloons
11. Blue construction paper
12. Yarn
13. Stickers, pictures and other decorations for balloons
14. Watercolor paper
15. Watercolor paints and brushes
16. Snacks
17. Reminder: All About Relaxing



## **I. TRANSITIONING TO GROUP (20 mins.)**

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and indicating what he/she likes to do with mom. **How was everyone's week? Who remembers one thing that we did last week.***

*Children respond. Important points to review are that you drew pictures of yourself and mom doing something fun together, talked about feelings, found pictures of feelings, acted out feelings, talked about things to do to relax when you feel mad.*

**Here are the helpers for today.** *Facilitator displays "Today's Helpers" poster. Rules should be pre-written on a piece of newsprint and displayed. Helper reads the rules aloud.*

**Did you think about any of the things that we did here last week when you were at home or at school?** *Children respond. Facilitators paraphrase and reflect emotional elements in children's responses.*

**Who would like to tell about a feeling that they had last week.** *Children respond. Pass out Page 7 (All About Feeling \_\_\_\_\_). Draw a picture of a feeling that you had last week.*

**Did anyone draw a feeling that they wanted to change?** *Children respond. What did you do to change that feeling? Can anyone think of something else to try or something that they've done that worked. Facilitator should list ways of coping on newsprint.*

**Do you remember the book we read last time about things to do to calm down when you are mad? Who can remember one way that the book said to relax?** *Children respond. Facilitator writes on newsprint and children hang Xeroxed pictures from book next to words. Make sure that muscle relaxation is mentioned. Now, we're going to practice some of these other ways to calm down.*

## **II. PROGRESSIVE MUSCLE RELAXATION (15 mins.)**

*Each child gets a mat and lays or sits on it on the floor. Here's a game that we're going to play to help us learn more fun ways to calm down. In this game you are going to do some pretending. Listen carefully and follow the directions for the game. Facilitator reads script for Progressive Muscle (see script).*

## **III. DEEP BREATHING AND IMAGERY (30 mins.)**

*While children are in relaxed position.* Now, there's one more part of the game to do. Pretend that your belly is a balloon. Take a deep breath. Breath in slowly through your nose until the balloon feels full. Hold it. Count to five—1-2-3-4-5. Then breath out slowly through your mouth. Continue filling up the balloon with air. 1-2-3-4-5 and breath out. With each breath think about the thing that you like to do with mom. Remember the picture you drew of the thing you like to do with mom. Imagine that picture in your head now. Breath in and out filling up your belly like a balloon. Imagine the fun thing you're doing with mom, what you are seeing, feeling, smelling, tasting. Keep breathing in and out and filling up your belly like a balloon.

*After a few minutes* Ok, sit up now. How do you feel? *Children respond.* *Facilitator comments on consistencies between children's reports of how they feel and their face, body, and/or verbal cues (i.e., "I can see that you feel good now because you are sitting still and listening.")*

Here's a book about some other things that help kids relax. Read *The Moon Balloon*.

**\*\*\*Younger:** Pass out blue construction paper, yarn, pre-cut balloons and stickers, pictures, etc. to decorate. Now you can make your own Moon Balloon. You can decorate it any way you want to.

**\*\*\*Older.** Pass out watercolor paper, watercolor paints, and brushes. Now you can make your own Moon Balloon. You can have your balloon look any way you want it to look.

#### IV. SNACK AND REVIEW (10 mins.)

*Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today.

#### V. FOR NEXT TIME... (5 mins.)

Next week I would like you to tell the group about something that you did to relax. You may want to ask your parents to remind you to relax and you might want them to relax with you. You could teach them to relax in the ways that we talked about today. Pass out *Reminder: All About Relaxing*.

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 5**  
**ALL ABOUT...**  
**SOLVING PROBLEMS**

**Main Objectives:**

1. Continued generalization of coping strategies
2. Learning steps in problem-solving
3. Applying problem-solving to real-life situations

**Outline:**

1. Transitioning to group
2. Problem-solving
3. Group story
4. Relaxation
5. Snack and review
6. For next time

**Materials:**

1. "Today's Helpers" list
2. Rules list
3. Newsprint
4. Markers
5. Page 8 (All About Relaxing)
6. Xeroxed pictures of coping techniques from book
7. I'm Proud
8. Page 9 (Problem-Solving Steps)
9. Picture of a child
10. The Moon Balloon
11. Snacks
12. Reminder: All About My Friend

## I. TRANSITIONING TO GROUP (15 mins.)

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and indicating a unique feature of his/her moon balloon. **How was everyone's week? Who remembers one thing that we did last week.** Children respond. Important points to review are that you talked about fun things that you do with your families, read a book about a moon balloon, made your own moon balloons, and practiced tensing and releasing your muscles.*

*Here are the helpers for today. Facilitator displays "Today's Helpers" poster. Rules should be pre-written on a piece of newsprint and displayed. Helper reads the rules aloud.*

*Did you think about any of the things that we did here last week when you were at home or at school? Children respond. Facilitators paraphrase and reflect emotional elements in children's responses. **Who can tell about something that they did to relax last week?** Children respond. Xeroxed pages of relaxation strategies should be displayed to facilitate recall. If need to prompt further **Did anyone use exercising to relax?***

*Children who did are asked to describe the situation and what kind of exercise they did. **Did anyone use "Shake it off" to relax?** Children respond. Children who did are asked to describe the situation and to demonstrate for this strategy for the group. **Did anyone use tensing and relaxing your muscles or breathing to relax?** Children respond. Children who did are asked to describe the situation and to demonstrate for this strategy for the class. **Did anyone use deep breathing, thinking of their favorite thing, or thinking of their moon balloon to relax?** Children respond. Children who did are asked to describe the situation and to demonstrate for this strategy for the class. **Did anyone use another way to relax?** Children respond. Pass out Page 8 (All About Relaxing). **Draw a picture of something that you did or could do to relax.***

*Do you think that you will be able to do exercise or use "shake it off" or muscle relaxing, or deep breathing again when you want to relax? Children respond. **What things would make it easy to do these things?** Children respond. **What makes it hard to do these things to calm down sometimes?** Children respond. For each, in order to start "problem-solving mode" **What would help make it easier?** Children respond. Facilitator writes possible solutions on newsprint. To child who indicated that there is something that makes relaxing hard **Do you think that you would do any of these things? Which one?***

## II. INTRODUCTION TO PROBLEM-SOLVING (20 mins.)

*Do you remember at our first group, we talked about the strengths we have? Each of you has strengths--things you're good at and are proud of. Here's a book about a little girl who does something that she's proud of.*

She has a problem though. Let's see what it is and what she can do about it. Read *I'm Proud* by Elizabeth Crary (1992). Stop at page 10 and ask What is Mandy's problem? Write on newsprint. What can she do about it? Write on newsprint. Also, list the suggestions that are in the book. What do you think Mandy will try first? If not listed in book What do you think will happen then? Children respond. If listed in book, turn to that page and read.

You did a very good job thinking of ways that Mandy could solve her problem. First, you said what the problem is. Then you listed things that she could do. Then we saw what happened when she chose one. Here are the problem-solving steps. Facilitator hangs "Problem-Solving Steps" illustration on wall. The first step is "say what the problem is." The second step is "list as many solutions as you can." The third step is "decide what would work best." The fourth step is "try it out." The last step is "did it work?" The fifth step is "good job" and "try something else." Let's read these together. Group recites problem-solving steps.

Here is a page for your book for you to color and keep to remind you what the steps are for solving problems. Hand out Page 9 (Problem-Solving Steps). Children color their pages.

### III. GROUP STORY (15 mins.)

Using picture of a child, facilitator and children sit around a circle and make up a group story about the child and his/her problem and how he/she goes about solving it. Let's make up a story together about our friend here holds up picture of a child. As we go around the circle everyone will contribute to the story. I'll give you the beginning of each part of the story and we'll go around the circle having you fill in the spaces in the story. Ready? This boy's/girl's name is child next to facilitator completes. [Name] has a problem. The problem is next child completes. This problem makes [Name] feel next child completes. [Name] thinks of many different things he/she can try to solve the problem and feel less [feeling]. One thing that [Name] thinks of doing is next child completes. Another thing is next child completes. Continue until 5 or 6 possible solutions are identified. The thing that [Name] tries first is child completes. What happened when [Name] tried [first solutions] was child completes....continue until story is completed with an ending that reflects an effective coping response.

### V. RELAXATION (5 mins.)

Before snack, let's practice relaxing. Each child gets a mat to lay on. Get into a relaxed position on your mat. While children are in relaxed position. Take a deep breath and let it out. Imagine your moon balloon. Take another deep breath and imagine that you are in your moon balloon. Breath out an imagine that your moon balloon is taking off. Read *The Moon Balloon* by Joan Drescher (1996), pp. 10-18, 33-35.

*After a few seconds Ok, sit up now. How do you feel? Children respond. Facilitator comments on consistencies between children's reports of how they feel and their face, body, and/or verbal cues (i.e., "I can see that you feel good now because you are sitting still and listening.")*

**V. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

**While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today.**

**VI. FOR NEXT TIME (5 mins.)**

**Next week I would like you to bring a picture of your friend with you.**  
*Pass out Reminder: All About My Friend.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 6**

**ALL ABOUT...**

**HAVING A FRIEND**

**Main Objectives:**

1. Reinforce support-seeking as coping strategy
2. Managing worry
3. Continued practice of imagery
4. Preparing for termination

**Outline:**

1. Transitioning to group
2. All about my friend
3. When friends leave
4. Worry cups
5. Relaxation
6. Snack and review
7. For next time...

**Materials:**

1. "Today's Helpers" list
2. Rules list
3. Page 10 (All About My Friend)
4. Crayons
5. Newsprint
6. Markers
7. Reflections from a Mud Pond
8. Construction paper
9. Supplies to make "greeting cards" for friend
10. Becky and the Worry Cup
11. Coffee mug
12. Buttons
13. Paper cups
14. Stickers and other decorations
15. Floor mats
16. The Moon Balloon
17. Snacks
18. Reminder: All About Using the Worry Cup



## **I. TRANSITIONING TO GROUP (10 mins.)**

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and indicating a relaxation strategy child has reported using. **How was everyone's week? Who remembers one thing that we did last week.** Children respond. Important points to review are that you reviewed different ways to relax, learned and practiced the problem-solving steps, made up a story about solving a problem, relaxed using the moon balloon.*

*Here are the helpers for today. Facilitator displays "Today's Helpers" poster. Rules should be pre-written on a piece of newsprint and displayed. Helper reads the rules aloud.*

*Did you think about any of the things that we did here last week when you were at home or at school? Children respond. Who would like to tell the group about a problem they had last week and about what they did to try to solve the problem? Children respond. As a child is describing his/her problem-solving, the facilitator should record the information under the appropriate steps. Other children are asked whether they have encountered a similar problem. Has anyone else ever had a problem like this? Children respond. For the brainstorming step, Is there anything else that you can think of that you might have done? For the "Try it out" step, emphasize that there is no one "right" answer. [Child's name] decided to try [solution implemented]. What do you think that you would have done? For "Good job" step How could [child's name] tell him-/herself that he/she did a good job? Facilitators should verbally reinforce the childrens' attempts at problem-solving. You all are very good problem-solvers. Just like solving other kinds of problems, like problems in school, this kind of problem-solving takes practice and you might need some help when you get stuck.*

## **II. ALL ABOUT MY FRIEND (20 mins.)**

*One thing that would help a kid to feel better when he or she has a problem is to talk with a friend about it. Who brought a picture of a friend with them today? Children who brought pictures share them with the group. After, Draw a picture of your friend. It can be the same friend you brought a picture of or another friend. It can be another kid or an adult who is a friend. Pass out Page 10 (All About My Friend). Children draw pictures. What makes this person a good friend to you? Facilitator writes qualities on newsprint. What makes the kids in this group friends? Children respond.*

*Facilitator reads Reflections from a Mud Pond.*

*Now, I'd like each of you to make a card for your friend. In your card you*

can let your friend know that he or she is special to you, you can thank them for being a good friend, or you can tell them what you like about them. *Pass out construction paper and art supplies for cards.*

### III. WHEN FRIENDS LEAVE (10 mins.)

Has anyone had a friend that moved to a different house or a different school? *Children respond.* What was that like? *Children respond.* Some kids feel sad when a friend moves. Has anyone felt that way? *Children respond.* What made it easier? *Children respond.* Do you remember doing fun things with your friend who moved? *Children respond.* So even though you don't see your friend anymore, you still remember spending time with them in your mind.

Kis who are in a group like this have different feelings when the group stops meeting. For instance, some kids may be sad when the group stops meeting and they don't see the each other here anymore. How do you think you will feel when this group stops meeting? *Children respond.* What do you think will make it easier? *Children respond.* What do you think that you'll remember about the group or the kids you met here? *Children respond.*

### IV. WORRY CUPS (20 mins.)

Talking to and spending time with friends can help us feel better when we feel sad or worried. Sometimes though you will be sad or worried and won't be able to talk to or see a friend because they are not with you. Are there other things that you can do when you feel sad or worried that will help you feel better. *Children respond. Facilitator writes "brainstorming" ideas on newsprint.* Those are all good ideas. Becky's mother had an idea for how she could not be so worried. Let's listen to see what the idea was. *Facilitator reads Becky and the Worry Cup, pp. 25-28, illustrating concretely putting "worry" buttons in the "worry" cup.*

Now, each of you is going to make your very own worry cup. *Pass out paper cups and supplies to decorate.* You can decorate them any way you want to. *Children work on decorating their worry cups.* Remember how Becky put buttons in her worry cup—one button for each thing she was worried about? I'd like us to go around the circle and say one thing we're worried about, it can be anything you want to say, and put a button in the cup. Pick a big button for a big worry and a little button for a little worry. *With buttons in the middle of the circle, children take turns saying what their worries are and putting buttons in their cups.*

**V. RELAXATION(10 mins.)**

Now let's practice letting go of our worries as we ride on the moon balloon. Everyone get a mat and sit down or lay down on it. You can close your eyes if you want to while I read. *Facilitator reads The Moon Balloon. When the story is finished.* Now, everyone sit up and open your eyes. How do you feel? Were you able to drop some of your worries from the moon balloon? Let's put our "worry" buttons back in the bag. You can take your worry cups home to use just like you used them here.

**VI. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

*When children are finished with snack and coloring.* Ok, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today.

**VII. FOR NEXT TIME (5 mins.)**

I'd like you to use your worry cups this week. You can tell your family about your worry cup and how it works. Next week, I'd like to know when you used your worry cup at home and how it worked. *Pass out Reminder: All About Using the Worry Cup.*

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*

**SESSION 7**

**ALL ABOUT...**

**BEING A FRIEND**

**Main Objectives:**

1. Reinforce problem-solving skills
2. Introduce assertiveness skills
3. Practice acting assertively

**Outline:**

1. Transitioning to group
2. Not a mouse/ not a monster
3. Coping with bullies
4. Coping with feeling left out
5. Giving and receiving compliments and facilitating closure
6. Snack and review
7. For next time...

**Materials:**

1. "Today's Helpers" list
2. Rules list
3. Newsprint
4. Markers
5. Mouse and monster masks
6. Mirrors
7. Crayons
8. The Mouse, the Monster, and Me
9. Getting Along materials ("Bullying" and "Intolerance")
10. Compliment signs that are decorated to look like presents
11. Shoe boxes
12. Wrapping paper
13. Ribbon
14. "I like \_\_\_ / I'll miss \_\_\_" notes
15. Snacks
16. Reminder: All About Compliments

## **I. TRANSITIONING TO GROUP (10 mins.)**

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and indicating a unique feature of his/her worry cup.*

**Who remembers and would like to say one thing that we did last week.**

*Children respond. Important points to review are talked about our friends, made cards for friends, talked about what it's like when you can't play with, see, or talk with your friend, made worry cups, practiced relaxing on the moon balloon.*

**Here are the helpers for today.** *Facilitator displays "Today's Helpers" poster. Rules should be pre-written on a piece of newsprint and displayed. Helper reads the rules aloud.*

**Did you think about any of the things that we did here last week when you were at home or at school?** *Children respond. Facilitators paraphrase and reflect emotional elements in children's responses. Who can tell about a time last week when they used their worry cup? Did it help? What would have made it easier? Children respond.*

## **II. NOT A MOUSE/ NOT A MONSTER (20 mins.)**

**Last time we talked about having friends and how talking to or playing with friends can help us feel better when we feel sad or worried. Today, we're going to talk about what it means to be a friend. We're going to talk about how each of you is a good friend to other people and how each of you is a good friend to yourself.**

**Sometimes kids and adults aren't good friends to other people. They yell at other people, or fight with them, or don't listen to them. They are like monsters. Other times kids or adults aren't good friends to themselves. They don't ask for help and they don't tell other people what they need. They are like mice. This book is called "The Mouse, the Monster, and Me." Read pp. 5-10. For page 7 and 8, facilitator should write on newsprint children's definitions of mouse and monster.**

**Pass out monster and mouse masks for children to color. These masks are for you to color and wear when we pretend to be monsters and mice. After we pretend to be monsters and mice, we'll talk about ways to not be either a monster or a mouse, and instead to be a good friend to other people and to yourself. Children color masks. Children use mirrors to look at themselves.**

**Ok, everyone hold up their monster mask. Let's see what you look like when you're a monster. Children act-out the part of a monster. Who would like to tell about a time when they were like a monster? Children respond.**

*Facilitator should reflect emotion behind child's behavior (e.g., "Boy, it sounds like you were really mad about....").* **Who can think of something that [child] could have done instead of being a monster? Children respond. Ok, everyone hold up their mouse mask. Let's see what you look like when you're a mouse. Children act-out the part of a mouse. Who would like to tell about a time when they were like a mouse? Children respond. Who can think of something that [child] could have done instead of being a mouse? Children respond.**

*Facilitator reads The Mouse, the Monster, and Me, pp. 24-30, 37-41. Role-play asking for something like a mouse, a monster, and then assertively. Read pp. 71, 75-78.*

## **II. COPING WITH BULLIES (10 mins.)**

**Here's a picture that we can use to talk about how to be friends. Show group "Bullying" poster. Refer to "Bullying" activity sheet. Ask "Direct" questions on "Bullying" activity sheet: What's happening in this picture? How do you think the pig who is using the pen feels? How can you tell what the pig might be feeling? Why would the other pig say, "I want that pen NOW!"?**

**Let's see if we can use what we've learned about solving problems to think of solutions to this problem. Facilitator should write problem-solving steps on newsprint. What is the problem here? Which pig is acting like the monster? Why is it wrong to act like that pig? Reinforce that the other pig has rights that are not being respected. Let's list all the things that the other pig could do next? The list should include "monster" and "mouse" responses. What do you think the best thing for the pig to do would be? Children role-play a few "best" responses.**

## **III. COPING WITH FEELING LEFT OUT (10 mins.)**

*Facilitator puts "Intolerance" picture on the wall. Ask "Direct" questions on "Intolerance" activity sheet: What's happening in this picture? How are all four of the zebras alike? What's the difference between the lone zebra and the others? Is that difference a good reason to leave the zebra out? Why or why not? How do you think the single zebra feels? Also What could the lone zebra do? Children respond. How do you think the story will end? Children respond.*

**Ask "Reflective" questions on "Intolerance" activity sheet: Have you ever felt left out of something because you were different? How were you different? When you were left out, how did you feel? What finally happened? Have you ever left someone else out because that person was different? How**

did you feel about that? *Children respond.* Also, Have you ever worried that you would be left out of the group if other kids knew that your mother had cancer? *Children respond.* What did you do? *Children respond.* What else could you have done? *Children respond.*

#### IV. GIVING AND RECEIVING COMPLIMENTS AND FACILITATING CLOSURE (15 mins.)

One thing that's important in a friendship is to let your friend know that you appreciate his or her talents and strengths. It's also important that you hear from other people what they like about you and what they are proud of you for. Who knows what a compliment is? *Facilitator should write "COMPLIMENT" on newsprint. Children respond. Facilitator reads The Mouse, the Monster, and Me, pp. 61, 65-68. So, we've learned that a compliment is like a gift.*

*\*\*\*Younger: Hold up signs describing attributes. Signs should be decorated to look like presents. Who is someone in the group who is "good at listening"? Children respond. Who is someone in the group who is a "good at sharing"? etc. Children respond. Now we're going to play another game. I'm going to say something that I will miss about someone here and you try and guess who I am describing. Children respond to facilitator and then have opportunity to describe what they will miss about a peer.*

*\*\*\*Older: You are going to have a chance to give and receive compliments now. I'd like you to make your compliment box look like a present. Pass out shoe boxes, decorative supplies. Children make their boxes. When they are finished. Now it's time to give each other compliments and let each other know what you will miss about that person. Put a note in everyone's box. You can write them on these pieces of paper pass out "I like \_\_\_ / I'll miss" notes and put them in their compliment boxes. I will help you with writing your compliments. Children work on their notes. When they are finished. You can read your notes now. How do you feel when you read the good things people have to say about you and what they will miss?*

#### IV. SNACK AND REVIEW (10 mins.)

*Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

*When children are finished with snack and coloring. OK, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today.*

#### V. FOR NEXT TIME... (5 mins.)

**For next time, I'd like you to tell about a time that you gave someone a compliment or got a compliment from someone else. *Pass out Reminder: All About Compliments.* Also, next week we will have a party and you will get certificates of achievement for being part of the group.**

*Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.*



**SESSION 8**  
**ALL ABOUT...**  
**WHAT WE'VE LEARNED**

**Main Objectives:**

1. Reinforce individual strengths
2. Review skills learned
3. Facilitate positive termination
4. Reinforcing accomplishments

**Outline:**

1. Transitioning to group
2. Self-reinforcement
3. Review of sessions and compiling scrapbook
4. Saying goodbye
5. Party
6. Presentation of certificates of achievement

**Materials:**

1. "Today's Helpers" list
2. Page 11 (All About "Good Job")
3. Newsprint
4. Markers
5. List of group goals
6. All previous pages
7. Scrapbooks
8. Decorations for scrapbooks
9. "Mailbox" page
10. White lined paper
11. Party food
12. Certificates of Accomplishment

## **I. TRANSITIONING TO GROUP(10 mins.)**

*Children and facilitator sitting in circle. Facilitator welcomes each child, referring to him/her by name and restating a compliment he/she received last week. **Who remembers and would like to say one thing that we did last week.** Children respond. Important points to review are talked about how to be friends, talked about "monsters" and "mice", talked about how to cope with bullying, talked about how to cope with feeling left out of a group, gave each other compliments and said what we will miss.*

**Here are the helpers for today.** *Facilitator displays "Today's Helpers" poster. Rules should be pre-written on a piece of newsprint and displayed. Helper reads the rules aloud.*

**Did you think about any of the things that we did here last week when you were at home or at school?** *Children respond. Facilitators paraphrase and reflect emotional elements in children's responses. **Who can tell about a time last week when they gave someone a compliment?** Children respond. **How do you think the other person felt? How could you tell?** Children respond. **Who would like to tell about a time last week when they received a compliment from their mom or dad, or friend, or teacher?** Children respond. **How did you feel?** Children respond.*

**What was it like for you to come to group tonight? Is this group any different than the other times we met? Kids may have many different feelings about ending a group like this. How do you feel?** *Children respond.*

## **II. SELF-REINFORCEMENT (15 mins.)**

**It's very important that you know what other people like about you and are proud of you for. It's also very important to let yourself know when you're proud of yourself. Like when you get something done that you wanted to do, it's important to tell yourself "good job!" These are some different ways to tell yourself "good job."** *Pass out Page 11 (All About Good Job). Recite them with children.*

**The first time the group met we listed things that we wanted to get done in the group. Here is the list we came up with.** *Facilitator shows Group Goals, reads them one-by-one and asks the children how they think the group did in getting each thing done. Facilitator should give examples of behaviors that were done to meet each goal.*

Each of you also listed things that you wanted to get done or learn in the group. Do you remember? For each of you I wrote down what you said you wanted to do at the first group. *Facilitator states what each child's goal for group was. To each child How could you tell yourself that you did a good job? Children respond.*

### III. REVIEW OF SESSIONS AND COMPILING SCRAPBOOK (20 mins.)

You each did a lot of work in group. I have all the pages that you did. Let's look through the pages all together now so that we can review all the things that we did here. *Facilitator goes over each page of scrapbook (blank pages) and elicits children's feedback about each activity and highlights important points of each activity. Facilitator should also ask about what each child liked best, thought was most fun, thought was hardest, etc.*

*Each child is given a scapbook. Here is a book to put all of your pages in. You can decorate the cover in whatever way you want.*

### IV. SAYING GOODBYE (10 mins.)

Is there anything that you will miss about coming to group? *Children respond. The last page in your book will be this "mailbox." Pass out binder folders for children to decorate as mailboxes. When children are done You can put "goodbye letters" in each other's mailbox." Children work on writing "goodbye letters."*

### V. PARTY (10 mins.)

*Get out snacks for the party and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

### VI. DISTRIBUTION OF CERTIFICATES (15 mins.)

*Children joint parents group. Facilitators should already have Certificates of Accomplishment made up for each child. Facilitators make brief comments about group as a whole (i.e., strengths of children, what was learned, importance of practicing skills, purpose of scrapbook) and then present each child with certificate with child's name and individualized goal/accomplishment at the top. Afterwards, facilitators talk with parents, give feedback, answer questions, etc.*

APPENDIX 4: STATEMENT OF WORK (REVISED)

## STATEMENT OF WORK (REVISED 9/98)

**Technical Objective 1: Conduct pilot study to assess: a) the psychological adjustment and parenting concerns of breast cancer patients with preschool and school age children and their spouses; and b) the emotional and behavioral functioning of the children.**

**Task 1:** Month 1: Obtain assessment instruments; Hire research assistant; Prepare assessment packets for parents and children; Contact clinics to begin subject recruitment; Set-up computer data base and coding manual. (Completed 9/30/97)

**Task 2:** Months 2-3: Complete set-up of database and coding manual. (Completed 11/30/97).

**Task 3:** Months 4-7: Recruit pilot patients, spouses and families and collect data. (Completed 3/30/98).

**Technical Objective 2: Design a Basic and Expanded psychosocial intervention for young women with breast cancer, their spouses, and children 12 years of age and under based upon the findings of the pilot study.**

**Task 1:** Month 8-10: Analyze pilot data and finalize treatment manuals for intervention groups. (Completed 6/30/98).

**Task 2:** Months 11-12: Subject recruitment for intervention study; Randomize patients to Basic, Expanded and Control groups; Send out pre-intervention assessment packets; Schedule appointments for child assessment for Basic intervention and Control groups (Completed 8/31/98). (Intervention group scheduled to begin 9/10/98 canceled due to low participation.)

**Task 3:** Months 13-16: Reformat Basic and Expanded interventions to increase participation; acquire educational materials required for revised interventions; submit revised proposal to institutional review board for approval. Subject recruitment for intervention study; Randomize patients to Basic, Expanded and Control groups; Send out pre-intervention assessment packets; Schedule appointments for child assessment for Basic intervention and Control groups.

**Technical Objectives 3-4: Compare the effectiveness of Basic and Expanded psychosocial intervention and assess the impact of the children's intervention.**

**Task 1:** Months 17- 20: First cycle of intervention groups begins; Start data coding and data entry; Recruitment of patients for second intervention group cycle; Send out pre-intervention assessment packets; Randomize patients to Basic, Expanded and Control groups; Schedule appointments for child assessment for Basic intervention and Control groups; Complete 8 week assessment for Cycle 1 subjects.

**Task 2:** Months 21-36: Second through fifth cycle of intervention groups are run; Continued data coding and data entry; Recruitment of patients for 3-6 intervention group cycles; Send out pre-intervention assessment packets; Randomize patients to Basic,

Expanded or Control groups; Schedule appointments for child assessment for Basic intervention and Control groups; Complete 8 week assessment for Cycle 2-5 subjects.

**Task 3:** Months 37-40: Request no cost extension of 10 months. Sixth cycle of intervention group is run; Continued data coding and data entry; Send out pre-intervention assessment packets; Randomize patients to Basic, Expanded or Control groups; Schedule appointments for child assessment for Basic intervention and Control groups; Complete 8 week assessments.

**Task 4:** Months 41-43: Data analyses to compare treatment effects of Basic and Expanded interventions and impact of children's intervention upon child psychological adjustment and parenting stress.

**Task 5:** Months 44-46: Preparation of final report and publications.