

# From evidence to practice: Psychological well-being of women with metastatic breast cancer attending an innovative supportive-expressive group in a community setting

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## Research Question

**Diagnosis** of metastatic breast cancer may result in high levels of psychological morbidity, including depression, anxiety and traumatic stress responses.

**In Controlled studies**, supportive-expressive groups have been effective in reducing these symptoms, yet how do these results translate in community based group interventions - particularly when an innovative model of delivery (face to face *and* telephone) is used?

## Research Design

August 2001 – December 2003

## Sample

**18 women with metastatic breast cancer**

**Mean Age: 50.2 years**

**(Range: 41- 64 years)**

**83% married**

**94% >10 yrs education**

**50% have dependent children**

**Participants** are members of an innovative support group for women with metastatic breast cancer

**Tested** at entry to the group & after 12 months of group membership

## Measures

◆ **Affect Balance Scale** (Positive & Negative Affect)  
(Derogatis, 1980)

◆ **Impact of Event Scale** (Stress symptoms)  
(Horowitz, Wilner, & Alvarez, 1979)

# R e s u l t s

## At Baseline

Compared to norms, group participants had high levels of 'depression' (86<sup>th</sup> percentile) & low levels of 'vigour' (7<sup>th</sup> percentile)

## At 12 Months

- **sig increase in 'contentment'** (ABS)  
 $p < .05$ ,  $\eta_p^2 = .25$
- **sig decrease in 'anxiety', 'depression', & 'guilt'** (ABS)  
Anx:  $p < .05$ ,  $\eta_p^2 = .26$ ; Dep:  $p < .05$ ,  $\eta_p^2 = .27$ ; Guilt:  $p < .05$ ,  $\eta_p^2 = .32$
- **sig decrease in intrusive symptoms** (IES)  
 $p < .05$ ,  $\eta_p^2 = .28$

## Conclusion

These findings suggest that a supportive-expressive group intervention, delivered in an innovative way within a community setting, may be an effective means of moderating the adverse effects of diagnosis of metastatic breast cancer.

