

# Macmillan Specialist Psychology Survivorship Project

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In partnership with



Between June 2018 and June 2019, the Cancer and Palliative Care Psychology service at Gloucestershire Hospitals NHS Foundation Trust, aided by Macmillan project funding, has developed and delivered a specialist psychology cancer survivorship group intervention to respond to the needs of the increasing number of cancer survivors referred to the service. This posters presents an overview of this project, it's impact, and considerations for the future.



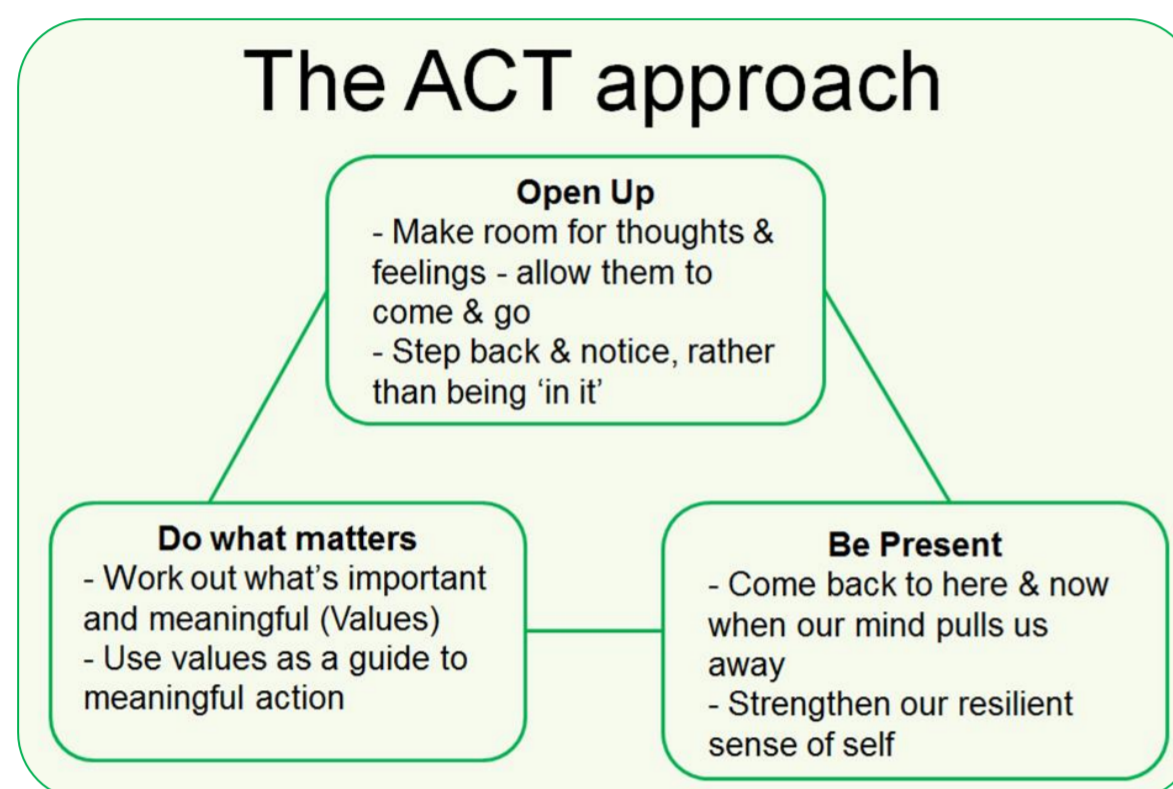
## Acceptance and Commitment Therapy survivorship group intervention

The group intervention, for those affected by cancer who have psychological needs at NICE (2004) levels 3 and 4 which are related to their cancer experience, draws on an Acceptance and Commitment Therapy (ACT) model.

ACT is a psychological intervention that enhances psychological flexibility in relation to difficulties, and promotes connection to valued, meaningful living.

Research has found ACT to be beneficial for people affected by cancer, both in individual and group settings (e.g., Feros *et al*, 2013, Arch & Mitchell, 2015).

### The ACT approach



**ACT After Cancer** - The group protocol for 'ACT After Cancer' was designed, and delivered twice during the project.

After an individual assessment / preparation session with the Psychologist, people attended 4 core intervention sessions, with the option to also attend the psychoeducational sessions described below (69% attended at least one).

**Grounding Exercise**

**Mindfulness**

*"Consciously bringing awareness to your here-and-now experience, with openness, interest and acceptance."*

**Values - our compass**

**Willingness & Action Plan**

- Goal setting with a difference
- Small steps
- Doesn't have to be all one
- Doesn't have to take extra time
- Specific - what, when, where
- Measurable - guided by your values
- Adaptive - taking you from where you are to where you want to be in a way that is likely to improve your quality of life
- Realistic - realistically achievable
- Time-bound - day / time?

## Psychoeducational sessions

- Coping with cancer treatment related cognitive changes
- Conversations about cancer: Talking with others close to you about cancer
- Coping with cancer related uncertainty

Psychoeducational sessions on specific topics were developed and offered as an 'extra' to those on the group; and also as a standalone event to all those waiting for or accessing the Cancer, Palliative Care and Haematology Psychology services.

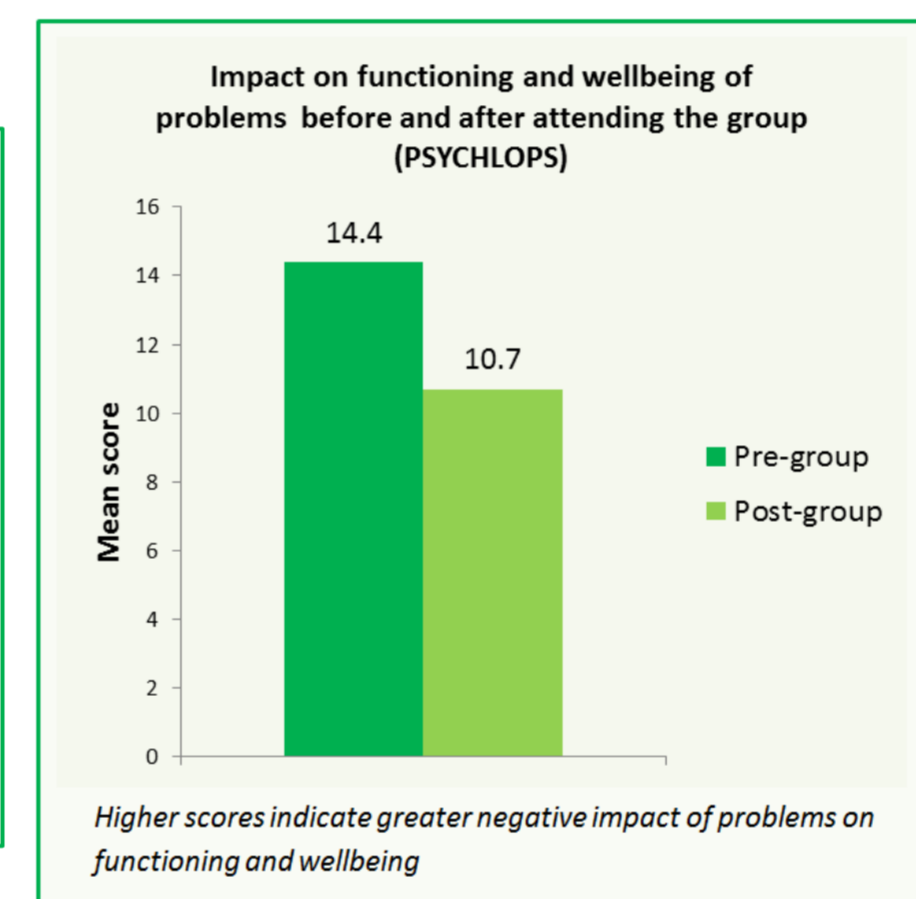
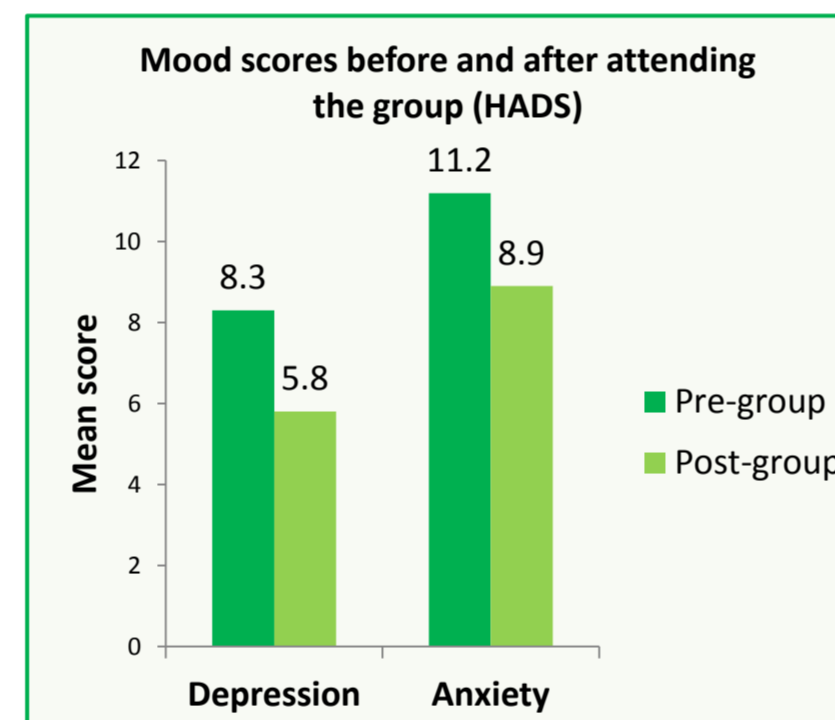
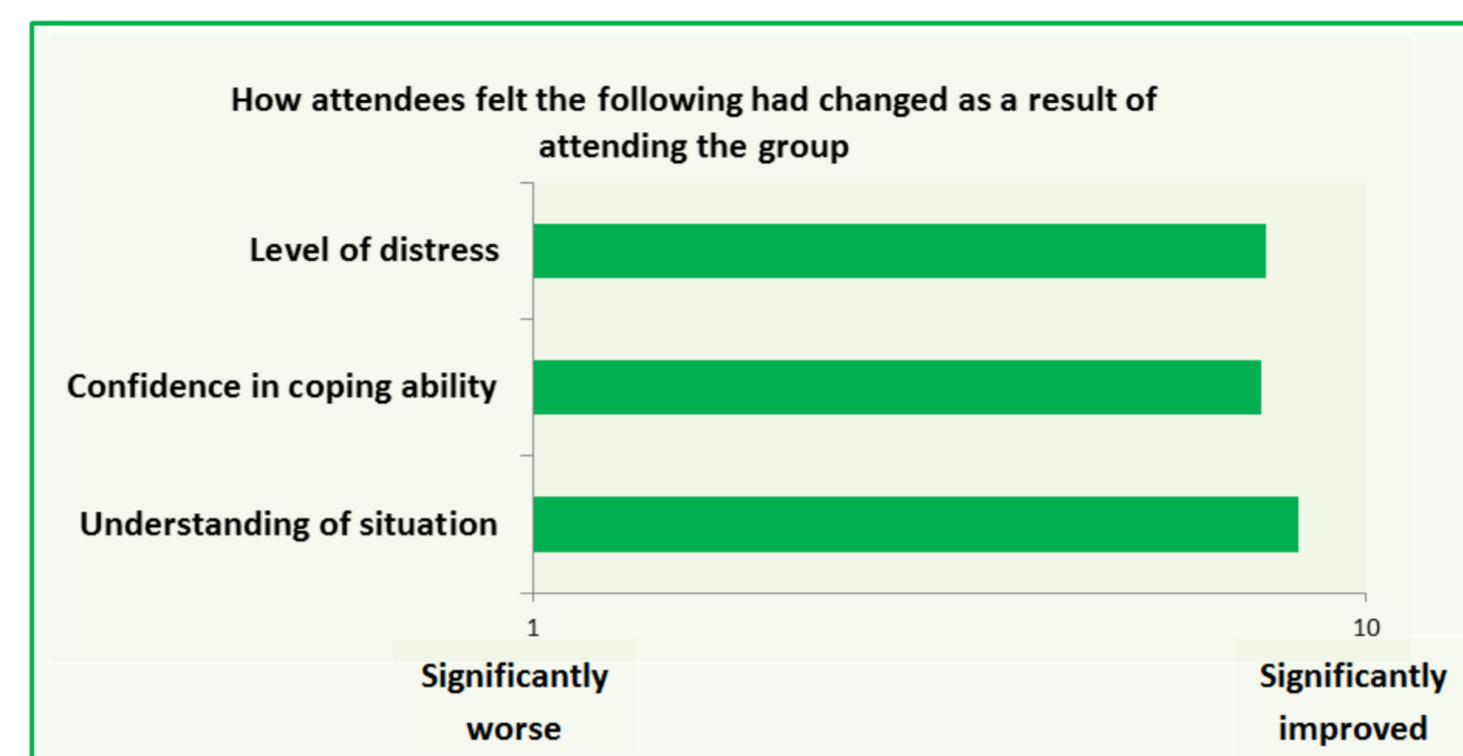
All sessions received positive feedback; the 'coping with cancer related uncertainty' session was particularly well attended and evaluated.

### References

- Arch, J. J., & Mitchell, J. L. (2015). An Acceptance and Commitment Therapy (ACT) group intervention for cancer survivors experiencing anxiety at re-entry. *Psycho-oncology*, 25(5), 610-615.
- Feros, D. L. Lane, L. Ciarrochi, J. Blackledge, J. T. (2013). Acceptance and Commitment Therapy (ACT) for improving the lives of cancer patients: a preliminary study. *Psycho-Oncology*, 22, 459-464.
- National Institute for Health & Care Excellence (2004). *Improving Supportive and Palliative Care for Adults with Cancer*. NICE Cancer Service Guideline No. 4. [nice.org.uk/guidance/csg4](http://nice.org.uk/guidance/csg4)

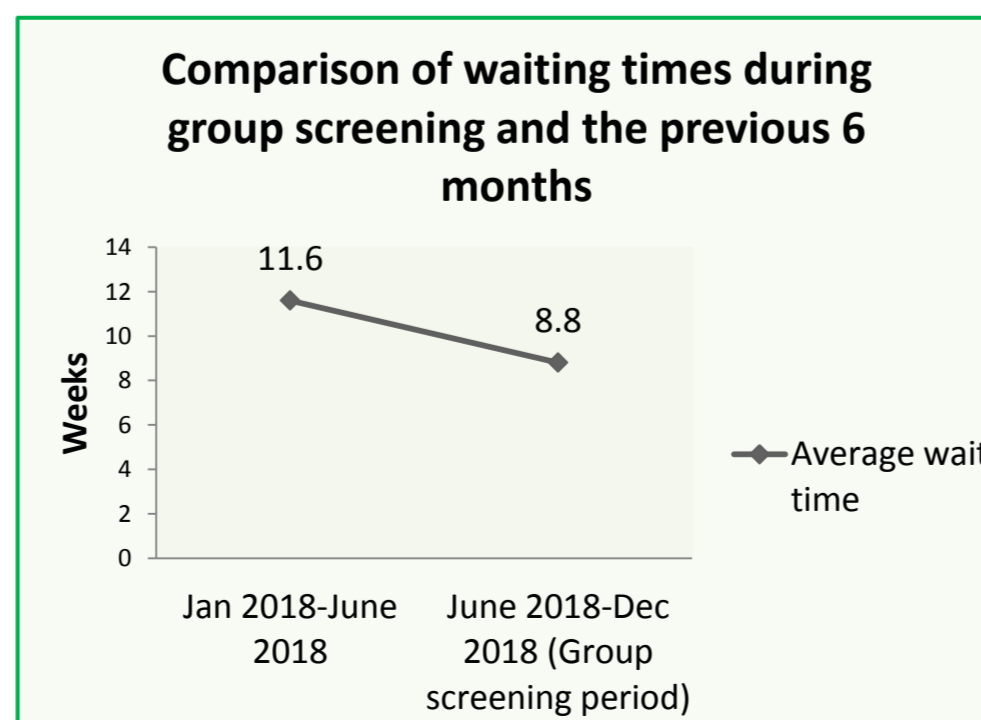
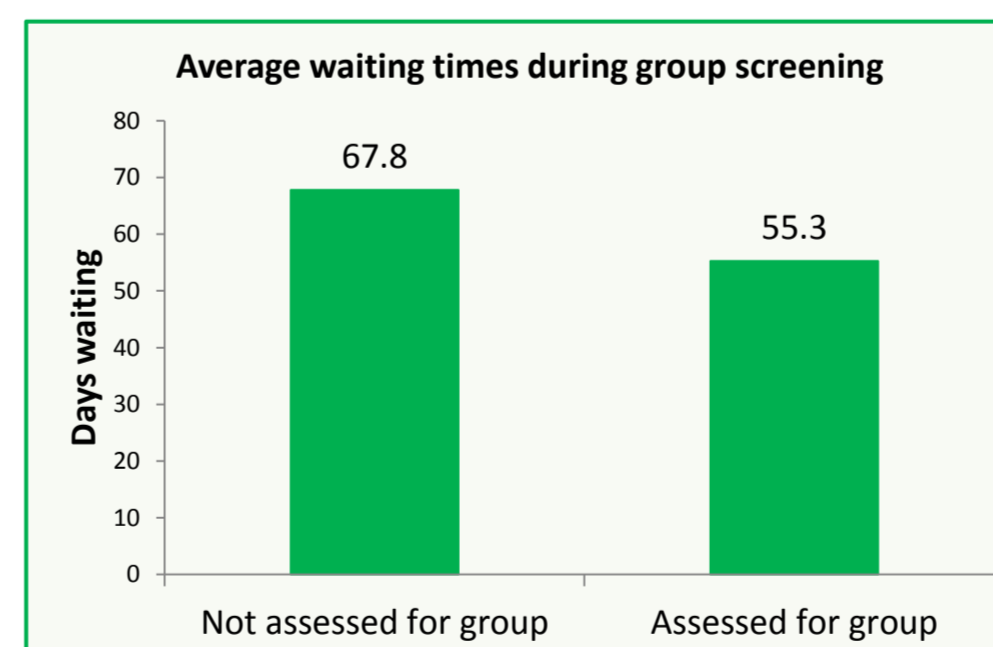
## Impact on outcome measures

13 people attended across the 2 ACT After Cancer Groups. 11 returned evaluations. Improvements occurred in mood, wellbeing, functioning, acceptance, confidence, understanding and level of distress.



## Impact on waiting times

Waiting times for those who were assessed for the group were lower than for those who were not assessed for the group (i.e. didn't meet eligibility criteria or declined group assessment). This was due to the dedicated group assessment clinic, which those eligible for the group were invited to.



Waiting times for all referred to the service were lower during the 6 month group screening period, compared to the previous 6 months, despite referral numbers being higher in this latter period. This may be due to the group and the group assessment clinic, which was an additional assessment clinic to the usual service resource.

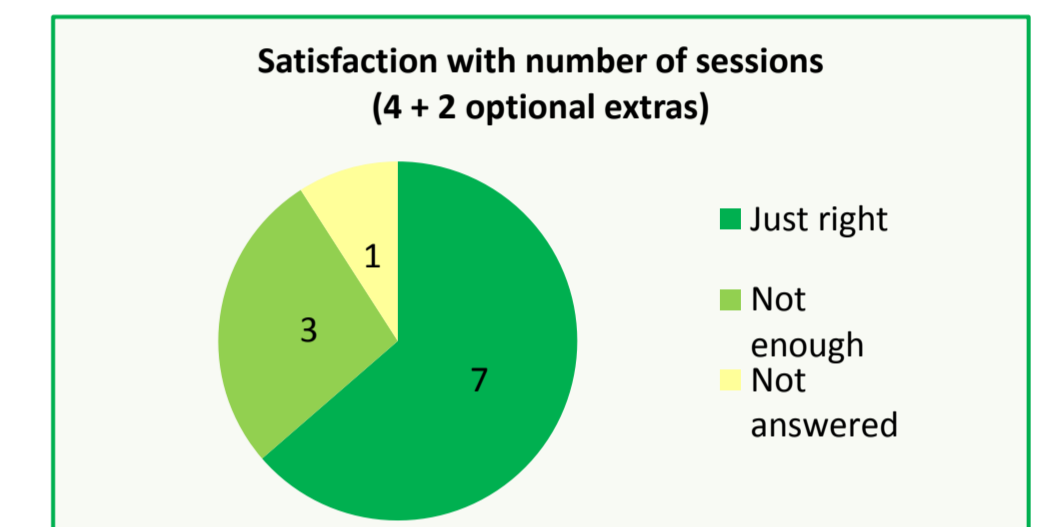
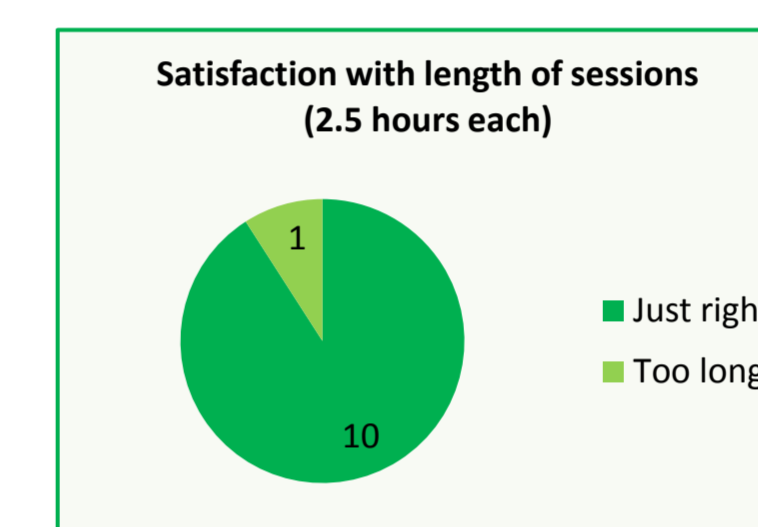
## Evaluation feedback

**100%** said they would choose to attend the group again, given the choice. 50% of those who had some 1-2-1 psychological intervention beforehand felt that they had needed this first.

**100%** said they would recommend the ACT After Cancer group to others in a similar situation.

**85%** (11/13) of attendees were happy to be discharged after the group, suggesting this met their needs of the service. 2 requested a review appointment.

Attendees were mostly satisfied with the length and number of sessions – some felt more sessions would have been helpful:



**What helped** - Themes of what those attending the group found helpful included:

- Sharing and hearing experiences, with time for reflection
- Learning tools and techniques to help deal with feelings, including mindfulness
- The handout pack and written exercises
- Acknowledgement that challenges remain after treatment finishes
- Learning how to approach challenges and difficult feelings differently

*"The tools we were given were invaluable with helping to move forward and validate / acknowledge the difficult path survivorship can be."*

## Conclusions and sustainability

### Outcomes

The outcomes and evaluation feedback are consistent with those expected from ACT, validating the use of this model for the group intervention. The impact data suggests that use of group interventions within the Cancer and Palliative Care Psychology service can achieve positive psychological outcomes.

### Waiting Times

The group intervention was offered from additional psychology time to the usual service; if groups were delivered from the usual service resource, impact on waiting time may be lesser than those seen in the project.

### Resources

Materials now exist to support delivery of future groups, including protocols, handouts, slides and evaluation packs. These can be adapted for pathways other than survivorship. Staffing resource remains a limiting factor.

### Patient numbers

A minimum of 6 people would need to attend each group for this to be a more effective use of clinical time than 1-2-1 sessions. A pre-group assessment session is necessary, and some may require a review appointment.