COPE Intervention for Cancer Caregivers

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COPE Intervention for Cancer Caregivers

• Developed by Peter Houts, PhD and
• Julia Bucher, PhD and
• Published by the American Cancer Society (check: www.cancer.org)

Home Care Guide for Advanced Cancer, 1997
Problem-Based Coping Intervention

• Based on conceptual and research literature of problem solving training and therapy.

• Adapted to the COPE model.
Purpose

• COPE was designed to provide support to family/informal caregivers of patients with advanced cancer.
Although COPE was published in 1997, it had never been studied.

We conducted a clinical trial to test its effectiveness 2000-2005.

Supported by NCI R01CA077307
Study Purpose

- To evaluate the effect of teaching COPE for symptom management skills to caregivers of hospice patients with cancer.
Study very feasible:

• Approximately 6500 patients per day are receiving hospice care in the area surrounding the University of South Florida.
Study Sample:

- 328 patient/caregiver dyads
- Randomized into 3 groups
- Patient Inclusion: adults; cancer; family caregiver; literate; cognitively intact.
Symptom Intensity Measures

- **Pain** Numeric Rating Scale (0-10)
- **Dyspnea** Numeric Rating Scale (0-10)
- **Constipation** Assessment Scale (0-16)
Patient Measures:

Hospice Quality of Life Index
Memorial Symptom Assessment Scale:
  Occurrence of symptoms
  Symptom Intensity
  Symptom Distress
Demographic Data
Caregiver Measures:

- Caregiver QOL-Cancer
- MSAS-CG (CG’s distress from pt. symptoms)
- Brief COPE
- Caregiver demographics
Study Data Collection Points

- On admission (24-48 hours)
- At day 14
- At day 30
Data Collection: Team I

- Hospice RN: Collected data from caregivers;
- Hospice Aide: Collected data from patients.
Intervention: Team II

• **Hospice RN**: Provided intervention to CG in three sessions in 9 days.

• **Hospice Aide**: provided respite (in a separate room if possible); stayed with patient so CG could focus on intervention.
Experimental Conditions

I. Standard care
II. Standard care + supportive visits
III. Standard care + COPE

Visit 1: between days 3-5, 45 min.
Visit 2: between days 5-7, 30 min.
Visit 3: between days 7-9, 30 min.
COPE
Creativity
Optimism
Planning
Expert guidance
Study Outcomes

Was the intervention effective?
Caregiver Findings:

• The COPE intervention significantly:
  – decreased the caregiver’s distress from patient symptoms, and
  – improved caregivers’ QOL
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  – improved caregivers’ QOL

Did not appear to change CG coping style.
Caregiver Findings were encouraging;

But what about the patients?
Patient Results:

- Age: 70.3 Years
- Males: 60%
- Years of Education: 12.2
- PPS Score: 53.0
- Mental Status (0-10): 8.8
Patient Results:

• No differences found in symptom intensity or quality of life,

• A significant reduction in symptom distress was found in the COPE intervention group (p=.009).
Symptom Distress Scores

<table>
<thead>
<tr>
<th>Time of Testing</th>
<th>Standard Care</th>
<th>Support</th>
<th>COPE</th>
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</thead>
<tbody>
<tr>
<td>Baseline</td>
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<tr>
<td>Day 16</td>
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<td>Day 30</td>
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COPE Components

• Creativity
• Optimism
• Planning
• Expert Information
COPE Components

• **Creativity**: viewing problems from different perspectives to develop new strategies for solving caregiving problems;

• **Optimism**

• **Planning**

• **Expert Information**
COPE Components

- **Creativity**
- **Optimism**: having a positive but realistic attitude toward solving the problem; includes communicating realistic optimism to the patient, showing optimism & hope;
- **Planning**
- **Expert Information**
COPE Components

- Creativity
- Optimism
- Planning: setting reasonable goals; thinking out, in advance, the steps necessary to reach goals;
- Expert Information
COPE Components

- Creativity
- Optimism
- Planning
- Expert Information: what CGs need to know about the nature of a problem; when to get help, what CGs can do themselves to manage the problem.
Expert Information

- CG’s are reminded to use hospice staff as sources of expert information;
- *Caregiving Guide* has information about managing common problems.
Focus of our Study: Symptoms

- Commonly occurring symptoms in hospice patients with cancer:
  - Pain
  - Dyspnea
  - Constipation

McMillan et al., 2006, Cancer
Home Care Guide for Advanced Cancer (Houts & Bucher, 1997)

• Information to facilitate problem-solving (COPE intervention);
• Information on how to manage 23 patient problems; included:
  – Pain
  – Dyspnea
  – Constipation
  – Others
Chapter Sub-sections: Pain

• Understanding the problem;
• When to get professional help for pain;
• When to get professional help for side effects of pain medications;
• What you can do to help;
• Possible obstacles; (Examples)
  – I am afraid of addiction
  – I must save morphine until the pain is severe
  – Only dying people take morphine
• Carrying out and adjusting your plan;
Requests from all over the world for our manuals

*Homecare Guide for Advanced Cancer, 1997*
available at [www.cancer.org](http://www.cancer.org)

Study training manuals available from me at:

[smcmilla@health.usf.edu](mailto:smcmilla@health.usf.edu)
COPE Training Available:

Contact:

• Matt Loscalzo  mloscalzo@coh.org
COPE

• We studied only in caregivers of hospice patients with cancer;
COPE

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What about caregivers of other patient populations?
COPE

• We have revised the COPE intervention (with permission) for use with caregivers of hospice patients with heart failure;
COPE

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Proposal in review at NIH with good priority score!
Questions?

smcmilla@health.usf.edu
Thank you
For your attention!