

**Group Acceptance and Commitment Therapy (ACT) for women following early breast cancer treatment likely to improve quality of life and reduce fear of cancer recurrence**

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### Research Context:

A breast cancer care nurse at a private hospital noticed that some women felt ‘dumped’ after their primary medical intervention for breast cancer. She believed that these women would benefit from additional psychological support.

The literature around cancer recovery notes that women can experience a lower quality of life following treatment. Also, some women can experience a fear of cancer recurrence after they are treated. A fear of recurrence may come with excess worry and difficulty in returning to or engaging in meaningful activities.

### Research Questions:

Will participation in group-based ACT improve the quality of life of these women?  
 Will participation decrease their fear of recurrence?

### Conditions:

**Acceptance and Commitment Therapy Intervention Condition (6 x 90 minute sessions)** adapted from an ACT intervention protocol developed by Joseph Ciarrochi and John Blackledge and used in a study by Feros, Lane, Ciarrochi, and Blackledge (2013). It consisted of a therapist manual and a client work book with 4 modules: Letting go of unhelpful struggles and making room for living; how we get stuck in our minds and lose sight of our lives as it’s happening now; you are more than your pain, you are more than your suffering, you are more than your cancer; and moving towards a vital, meaningful life with your pain.

**Breast Cancer Education Intervention Condition (6 x 90 minute sessions)** with a topic covered each of the sessions. These were: Introduction to Yoga, Sexuality and Breast Cancer, Exercise and Breast Cancer, Osteoporosis/Physio, Diet and Breast Cancer, and Mindfulness and Breast Cancer. Sessions were delivered by facilitators of relevant fields; dietitians, nurses, and physiotherapists.

### Measures:

**DASS 21.** The Depression, Anxiety, and Stress Scale; Lovibond and Lovibond (1995). Measure of mood.

**AAQ-II.** The Acceptance and Action Questionnaire II; Bond et al. (2011). Measure of experiential avoidance.

**FACT-B.** The Functional Assessment of Cancer Therapy Scale – Breast; Brady et al. (1997). Measure of quality of life.

**CARS.** The Concerns About Recurrence Scale; Vickberg (2003). Measure of fear of recurrence. This study used the Overall Fear Score.

### Experiment Design:

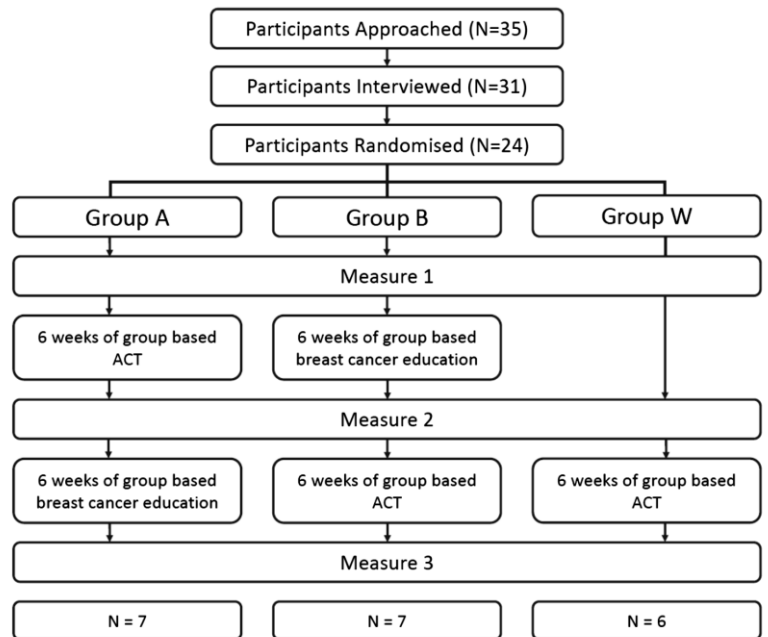


Figure 1: Flow chart representation of the procedure of this study.

For fairness, the research team decided that all participants would have access to the ‘active intervention’ (6 weeks of group-based ACT).

**Main findings:**

- Our sample of women (rural breast cancer survivors accessing private hospital care) were generally psychologically healthy (low experiential avoidance, low fear of recurrence, high quality of life).
- The reliable change index calculations showed that 4 participants had clinically significant improvements across one or more measures. No participants were significantly worse following interventions.
- *Figure 4.* Overall, participants seemed to have reduced experiential avoidance, reduced fear of cancer recurrence, and improved quality of life following ACT intervention.
- *Figure 2 and 3.* Experiential avoidance correlated positively with fear of cancer recurrence (more avoidance, more fear), and negatively with quality of life (more avoidance, less wellbeing). This correlation seemed stronger when participants scored 20 or higher on the AAQ-II.

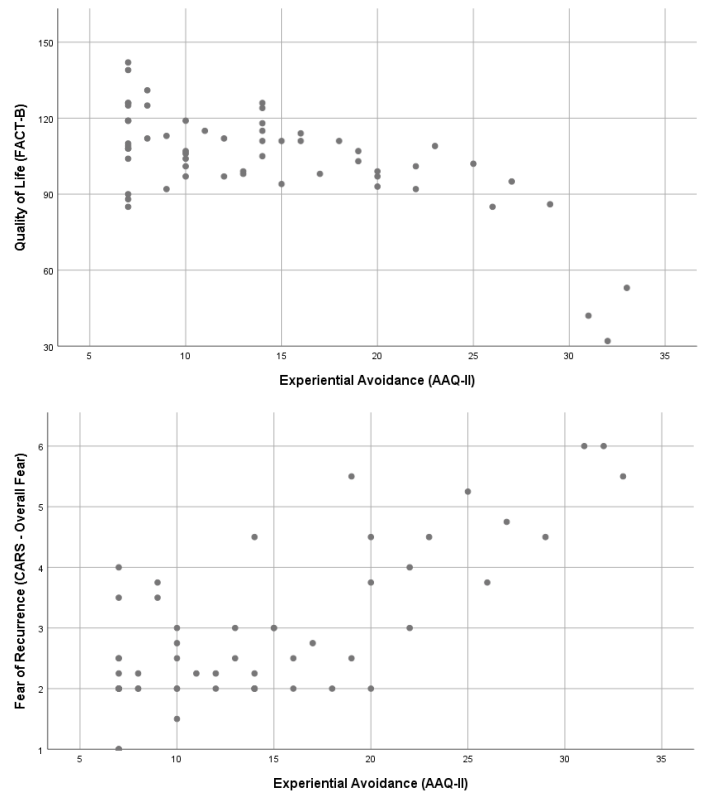


Figure 2 and 3: Scatterplots showing relationship of FACT-B with AAQ-II and CARS- Overall Fear with AAQ-II

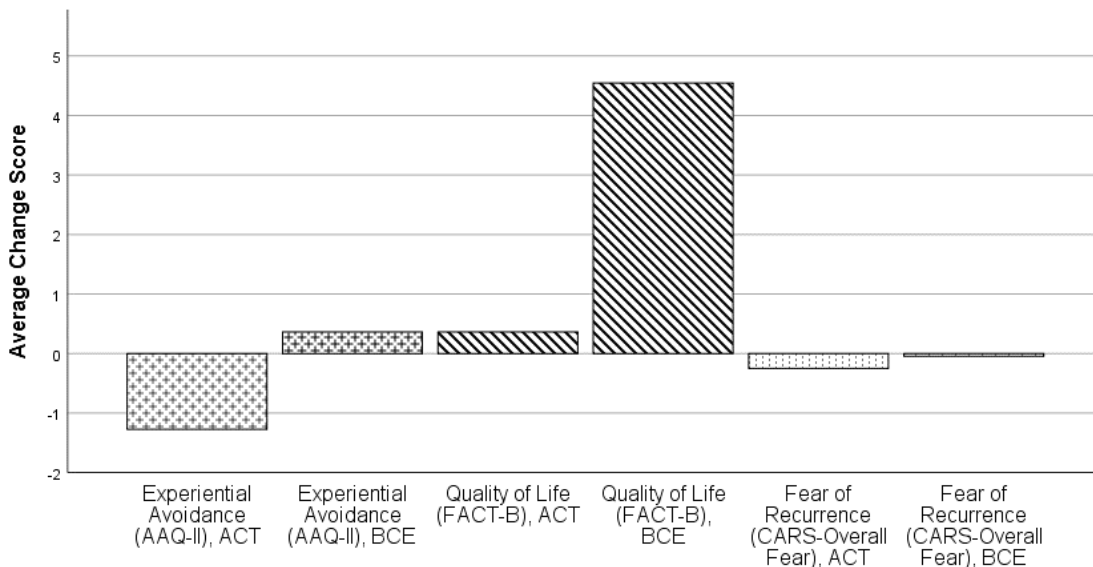


Figure 4: Average Change Score for AAQ-II, FACT-B, CARS (Overall Fear) for ACT (n = 18) and BCE (n = 11) Interventions.

**Main Limitations:**

- There was not enough power to answer some of our research questions. We had a small sample size with many biological and psychological research questions.
- There were floor and ceiling effects for psychological measures, which meant that there was not much room for scores to improve.
- There was a participation effect for depression, anxiety and stress measure. The symptoms of participants in Group W improved during the waiting period even though they did not have any intervention then.
- A highly motivated and resourced private hospital sample of women may not represent the issues faced by the wider population of regional Australian women.