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The role and value of family therapy for people living with cancer: a rapid review of recent evidence --Manuscript Draft--

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The role and value of family therapy for people living with cancer: a rapid review of recent evidence

Purpose of review

Cancer impacts the whole family and relational system, not just the individual with the diagnosis. This article identifies and reviews publications in the field of family therapy and cancer since 2019, to describe the theoretical models and techniques applied, and the outcomes achieved.

Recent findings

A search of databases and grey literature led to the identification of five articles from four studies. Four papers described primary research and one summarised a case example. Papers were published by teams in the USA, Sweden and Iceland. Each article described the benefits of adopting a family therapy approach on outcomes such as family communication, bereavement outcomes and decreased carer burden. Four papers described specialist family therapists delivering the interventions, and one used oncology nurses drawing on the theories and techniques of family therapy.

Summary

The rarity of family therapy publications in the past year reflects the individual-level approach to cancer which permeates both medicine and talking therapies. The utility of family therapy could be further surfaced through more large scale studies which thoroughly describe the unique theoretical basis and techniques, alongside outcomes for multiple people within the family system.

Keywords

Cancer, family therapy, relationships, psychological interventions, family system

KEY POINTS

- Cancer impacts not just the patient, but the entire family system; negative impacts on mental health and wellbeing of family members is well documented
- Family therapy offers a theoretical framework for supporting people affected by cancer
- The recent evidence base for family therapy shows very few empirical studies, though their results do demonstrate positive outcomes
- Future publications should be based on larger scale studies which thoroughly describe the theoretical orientation and unique contribution of family therapy techniques and methods to the wellbeing of families.

INTRODUCTION

The principle that cancer affects not just the individual with the disease but reverberates across the wider family system is well established [1]. It follows then that psychosocial care of people living with cancer should include members of the family system. To date, however, this logical flow from recognition to action has yet to be fully engaged with. Psychosocial supports primarily focus on individuals, at the cost of considering how spouses, partners, parents, children and other significant people in the patient's milieu are impacted on and impact life with cancer.

Despite clinical case reports demonstrating the coexistence of people with unmanaged anxiety and depression, alongside the perhaps inevitable reduction in relational quality with family [e.g. 2], and concerns about death, dying and bereavement, clinicians continue to lack awareness of, or access to, suitable family-level interventions.

Family and systemic therapies are established therapeutic approaches, with robust evidence in a range of contexts and problems [3; 4], including with families affected by cancer [5] and receiving palliative care [6]. Epistemologically, family therapy conceives problems as relational not individual, and to be heavily influenced by the socio-cultural context. A key principle is the ‘whole system approach’, understanding that a change in one part of a system (e.g. diagnosis of cancer in a parent) can lead to changes elsewhere in the system (e.g. anxiety in a spouse or a child wetting the bed). Consequently family therapy which seeks to assess, understand and make changes across the relational system is also referred to as systems therapy, family systems therapy or systemic psychotherapy.

The methods and techniques used by family therapists are often discursive and centre on understanding the impact of the problem on all family members; therapists collaborate with family members to perturb the influence of the problem on the family. Questions are not linear, but rather take on circularity as a key principle, to map the influence of problems and solutions on all parties [7]. Questions are also considered interventions themselves; the act of asking carefully crafted systemically-oriented questions seeks to provoke a change in thinking and actions within individuals and across the relational system [8].

Consequently, a cancer patient reporting depression might trigger a family therapy referral to assess and change how the family system is impacted by the disease (such as activities that have started or stopped), the socio-cultural contextual influences (such as poverty, or gendered discourses of depression), and developing shared understandings of what caregiving, cancer or the future (remission, deterioration, or death) might involve. Thus, when cancer is diagnosed, a family therapy approach can help the whole family system to process its varied impact on all members and unite them in ways to combat the psychosocial sequelae of diagnosis and treatments. Family therapy therefore has potential to be a useful approach to the substantial number of people impacted by a cancer diagnosis [9].

This review of recent literature in family therapy and cancer had one objective: to summarise and critically evaluate the recent use and evidence base of family therapy for people living with cancer.

Research questions:

1. What are the dominant theoretical models and techniques reported in family therapy with people living with cancer?
2. What are the characteristics of clients and therapists?
3. What are the outcomes of family therapy for people living with cancer?

DESIGN

A rapid review was conducted using Web of Science core collection, MEDLINE, CINAHL and PsychInfo. These databases were chosen as ones most likely to index health/social care, cancer and psychological approaches to treatment. OpenGrey and Google Scholar were also searched to identify publications not indexed in academic databases.

The search strategy combines two key search concepts: family therapy and cancer. A pilot search in Web of Science was conducted on 24-Jan-2020 to refine the search strategy and inclusion criteria for the full search. Proximity searching of the terms ‘family’ and ‘therapy’ was conducted in databases with the facility to do so, to increase the sensitivity of the yielded results.

The SPIDER tool was used to determine key inclusion criteria relating to the Sample, Phenomenon of Interest, Design, Evaluation and Research type [10]. While this is typically applied to qualitative and mixed method studies, it was adapted for this review to facilitate inclusion of quantitative research pertaining to the research questions. Since the pilot search indicated a paucity of articles, the inclusion criteria were deliberately broad to allow for a wide range of evidence and study design.

Search terms were combinations of family therapy or family counseling or family intervention or family systems therapy AND cancer. The search was conducted on 11-3-2020.

Table 1: Inclusion and exclusion criteria

	Inclusion criteria	Exclusion criteria
Sample	<ul style="list-style-type: none"> • People living with cancer, including adults, children, other members of the relational network. • Cancer diagnosis of any stage or type 	<ul style="list-style-type: none"> • Non-malignant disease
Phenomena of interest	<ul style="list-style-type: none"> • Family or couple therapy • Approaches which draw on systemic theories where relationships are central to the intervention approach methods and techniques, with individuals, couples of whole family systems 	<ul style="list-style-type: none"> • Therapy which privileges individualised theories, such as cognitive behaviour therapy • Therapy with more than one person, but which are not explicitly based on systems approaches such as art therapy with families. • Publications where the family therapy approach is not distinguished from other therapeutic approaches • Publications where cancer is not separated out from other conditions • Papers describing the impact of cancer on relationships
Design	<ul style="list-style-type: none"> • Clinical/case study accounts • Editorials/opinion pieces • Systematic reviews • Primary qualitative, quantitative or mixed-methods research 	<ul style="list-style-type: none"> • Systematic reviews which were not primarily focused on family therapy or cancer
Evaluation	<ul style="list-style-type: none"> • Insight into views, experiences, attitudes, • Perceptions, beliefs, feelings, knowledge or • Outcomes of family therapy for people living with cancer 	
Research type	<ul style="list-style-type: none"> • Published literature, i.e. peer-reviewed journal articles, published reports, book chapters, books, PhD theses 	
Language and dates	<ul style="list-style-type: none"> • English • Published in 2019-2020 	<ul style="list-style-type: none"> • Published after the search date of March 11th 2020

Data extraction, analysis & synthesis

Data were extracted using the headings in Table 2. Analysis was descriptive and intended to draw upon principles of thematic analysis. However, due to the paucity of articles, sophisticated thematic analysis and synthesis of findings within and between papers was not possible, and a narrative summary has been provided.

FINDINGS

As the PRISMA flow chart (Figure 1) illustrates, the search elicited 142 hits from the academic databases and 2390 from the grey search, of which 50 were duplicates. After screening abstracts, 17 full texts were then reviewed; three book chapters (all from the same family therapy edited collection) were unobtainable and hence not included in the review. Full text reviews led to the exclusion of a further nine articles, leaving five in the review [11-15] which are summarised in Table 2. The search illustrates the paucity of recent family therapy publications. Many of the excluded studies recognised the importance of the family system, but reported or intervened only with individuals, reflecting the hegemony of individual-level approaches to cancer care within medicine and psychotherapies.

Quality appraisal was not conducted as the papers were not all traditional empirical studies. One paper reported a randomised control trial [15], one a case report [12], two were pre-test post-test studies [11; 14], one of which had a linked case report article describing the process with families [13].

Approaches, methods and techniques

The heterogeneity of interventions is visible in the very varied family therapy traditions drawn upon including narrative [12], grief therapy [15] and brief therapy [13]. One further study did not provide a specific approach to the family therapy theory [11].

Papers often did not provide very detailed description of the core elements of the therapy, offering broad descriptors such as ‘methods which focus on family relationships and emotional processing through family discussion’ [14 p2], or changing the narrative of the illness [12]. Only one paper provided detailed links between the intervention and systemic methods and techniques, citing elements such as narrative approach to facilitating the family to tell the story of the illness, using genograms, identifying strengths/resources, and interventive interviewing [11].

Focus of therapy sessions

Studies reported psycho-education around illness/grief and emotion processing [11], alongside reflecting on communication styles and developing communication skills [13-15], or finding new ways of understanding the impact of cancer on the patient and their family [12]. The RCT examined a process element of family therapy, namely focusing on in-session family communication about cancer and its impact on bereavement outcomes [15].

Participants in family therapy interventions

The papers indicate a breadth of characteristics of those delivering and receiving family therapy interventions. One study worked systemically with individual informal carers [11], three worked with whole family systems in the context of advanced cancer [15] or bereavement from cancer [13; 14]. One further paper offered a brief case example of an individual engaging in a family therapy intervention, without specifying who attended the therapy [12].

Zaider et al’s study [15] was the only one focused on risk-stratification of those most likely to experience adverse bereavement outcomes. The remaining studies did not report specifics of why they had recruited their target group other than anticipating it to be a helpful approach.

Practitioners delivering the interventions were a mixture of people with a qualification in family therapy [12-15] or palliative care nurses with some training in systems thinking and techniques [11].

Outcomes of interest

Studies varied in their intended outcomes. One focused on reducing caregiver burden [11], alongside outcomes common to the approaches focused on emotional wellbeing, communication and relationships [14; 15] or re-storying difficult elements of coping with cancer [12]. Each paper

demonstrated improvements in their outcomes. The study of in-session communication concluded that family therapy can increase cancer communication, but that attending to the therapeutic alliance was an important moderator for depressive symptoms and prolonged grief disorder.

Table 2: Summary of family therapy publications in 2019-2020

Author and date	Country	Sample	Design	Theoretical orientation	Systemic / family therapy findings	Comments
Petursdottir [11]	Iceland	48 informal carers of people receiving palliative care	Two-session intervention	Multicomponent family strengths-oriented therapeutic conversation intervention	Decreased stress and caregiver burden. Increased reports of emotional and cognitive support. Though the intervention and reported outcomes were limited to the caregiver, the authors indicate the applicability of the approach to the whole family system. Working with carers of people approaching end of life was found to warrant particular sensitivity.	Narrative, dialogical and interventive questioning approach using genograms, normalising emotional responses and identifying strength/resilience.
Rajaei [12]	USA	Single case example	Clinical cases	Narrative medical family therapy	Use of narrative techniques such as identifying 'unique outcomes' (examples which counter the dominant unhelpful narrative) with the cancer patient to enable reengagement with his family. Impact of the intervention on the wider system is not documented.	The paper contained only a single brief example of cancer in this paper, illustrating the use of narrative therapy techniques in medical settings.
Weber [13]	Sweden	Single case example	Three 90-minute manualised family therapy sessions	Brief family therapy	Focus on grief and communication, and emotional processing through family discussion.	The approach also drew on cognitive-behavioural and psycho-educational principles, but designed and delivered by family therapists.
Weber Faulk [14]	Sweden	Mixed method pre-test post-	Three 90-minute manualised	Brief family therapy	Listening to each other and practicing different communication strategies were	This paper reported a qualitative process description of the intervention, highlighting areas

		test assessment of 10 bereaved families	family therapy sessions		valued and participants enjoyed having an opportunity to talk, and gain new knowledge of family members' experiences. Parents reported improved family relationships.	that families found useful and areas for adaptation.
Zaider [15]	USA	257 Advanced cancer patients and family members receiving Family-focused grief therapy at the end of life	Randomised control trial,	Family-focused grief therapy	Participants reported increased cancer-related communication than at baseline. Long-term outcomes were moderated by how responsive family members were to in-session communication. Those who perceived high responsiveness reported with fewer depressive symptoms and reduced prolonged grief disorder.	Risk-stratification approach to target families at risk of poor psychosocial outcomes.

DISCUSSION

There has been little published activity in the field of family systems therapy and cancer since 2019. Paper included small scale empirical research as well as case reports, reflecting the limited traction of this as a therapeutic genre in cancer care. It is encouraging to see the mixture of specialist family therapy interventions [14; 15] alongside the adoption of family therapy techniques and approaches into other disciplines [11], and of systemic ideas applied to individuals [11]. However this is set alongside a frustration that two of the papers did not report outcomes for other family members, thereby missing an important opportunity to demonstrate a strength of the approach in shifting the whole system, not just individual outcomes [11; 12].

Not all families affected by cancer will need the specific and high level support from a family therapist. Developing better insight into who would benefit most from family therapy delivered by a highly specialist clinician (per Zaider's study) is an important area for empirical development.

Beyond families at high risk of adverse outcomes, the underlying theories, principles and techniques of family therapy can be added to other clinicians' skillset to assist them in managing complex familial dynamics and communication patterns. This is borne out in a qualitative study of routine genetic counselling practice [16]. The authors suggest that family therapy skills might, in particular, assist clinicians in supporting families with suboptimal communication patterns, and those with complex family dynamics.

Indeed, family systems therapy has been suggested as a component of practice development recommendations for general health practitioners supporting family communication about hereditary cancers [17; 18], and in managing financial toxicity arising from serious illnesses such as cancer [19]. A plethora of other psychosocial needs might also helpfully be addressed by core approaches, methods and techniques in family therapy. For example calls for spiritual support [20], or attending to the social determinants of health, can be addressed by systemic concepts such as consideration of 'the social GRRAACCEES' (where GRRAACCEES is an acronym for attending to dimensions of social difference such as gender, race, religion, age, abilities, class, culture, education, ethnicity and sexual orientation)[21]. Theories such as CMM (the coordinated management of meaning)[22] and 'just' therapy [23] also fruitfully examine social context and social justice respectively, as moderators of mental health.

Recent papers call for more family-oriented interventions to support psychosocial adaptation during and after cancer [24-27] and bereavement [28] are evident in the literature. It would be prudent to ensure that any such interventions are based on well-articulated systemically informed theories and techniques.

CONCLUSIONS

While there is recognition that cancer affects whole family systems, recent publications on family therapy offer only a small number of heterogeneous insights into how it is applied. The outcomes however are positive and indicate the utility of family therapy as a valid and useful approach. However, studies tended to be small-scale, descriptive and without control groups. Further robust and large scale studies are warranted if family therapy is to establish itself as a worthwhile contributor to psychosocial interventions for people affected by cancer.

Family therapy for people affected by cancer would benefit from greater articulation in papers of the theoretical assumptions and how these are then transformed into unique techniques that prompt change not just within an individual but across the whole relational system. Without this granular level of detail, family therapy risks losing its distinctiveness and being subsumed into approaches which pay only passing reference to the wider systemic impact and influence.

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FIGURE 1: PRISMA FLOW DIAGRAM

