

Using Acceptance and Commitment Therapy (ACT) to support men living with metastatic Prostate Cancer (mPC)

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AIM

- ▶ To develop an ACT-based support programme for men facing the challenges of living with mPC
- ▶ To test the feasibility and acceptability of the programme with specialist mPC healthcare providers and men with mPC

RATIONALE

Metastatic prostate cancer (mPC) is an advanced stage of PC where tumours have spread beyond the prostate to other parts of the body. Up to 40% of men with PC develop metastatic disease. The prognosis is typically terminal.¹

Men with mPC face many significant challenges when living with their disease. Broadly speaking, they experience difficulties maintaining aspects of their quality of life, and self-managing their disease.

There is little available evidence regarding successful interventions to improve the patient experience for mPC.² Some recommendations for developing effective interventions for mPC include:^{2,3}

- ▶ A preliminary holistic needs assessment (including emotional, social and mental needs)
- ▶ One-to-one, nurse-led
- ▶ Tailored and personalised content
- ▶ Non-web based delivery channels e.g. telephone

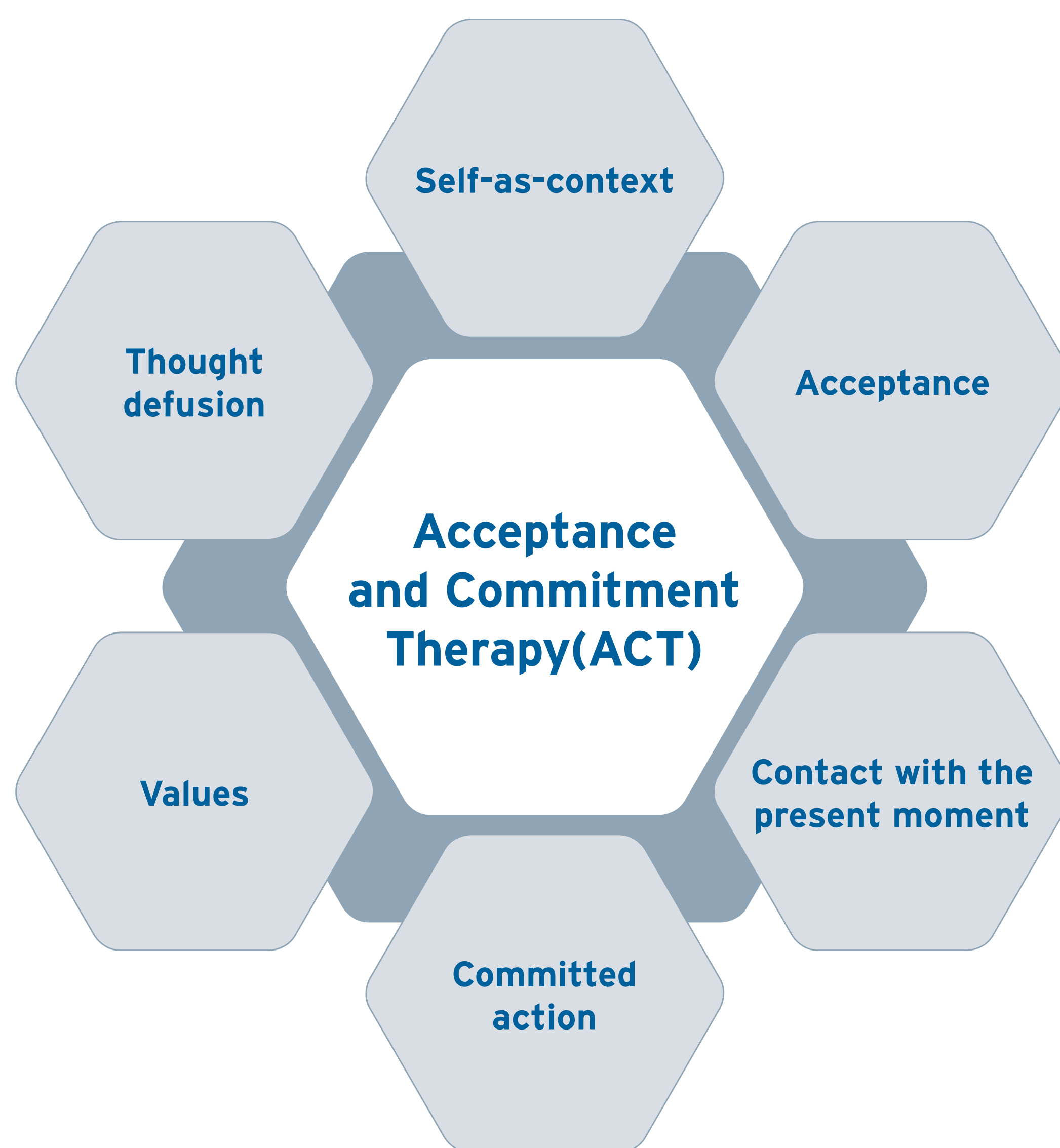


Figure 1. Acceptance and Commitment Therapy sub-skills (adapted from Harris, 2009⁷)

There is research to suggest third wave psychological therapies like ACT might be able to support the needs of men living with mPC beyond traditional one-to-one therapy contexts.^{2,4-6}

What is Acceptance and Commitment Therapy?

ACT supports people to accept distress as a normal part of human existence, and the unpleasant thoughts and feelings which come with this, while committing to leading a meaningful, fulfilling life.⁷ The main process underlying ACT is 'psychological flexibility'. This is achieved via six core sub skills (see Figure 1).

How can ACT help men with mPC?⁵

- ▶ Supporting men to accept mPC related distress
- ▶ Proven to be effective for depression and anxiety (psychological co-morbidities of mPC)
- ▶ Supporting mPC patients' pre-existing coping strategies (i.e. staying present and living towards their values)
- ▶ Helping to address unhelpful beliefs to encourage adherence

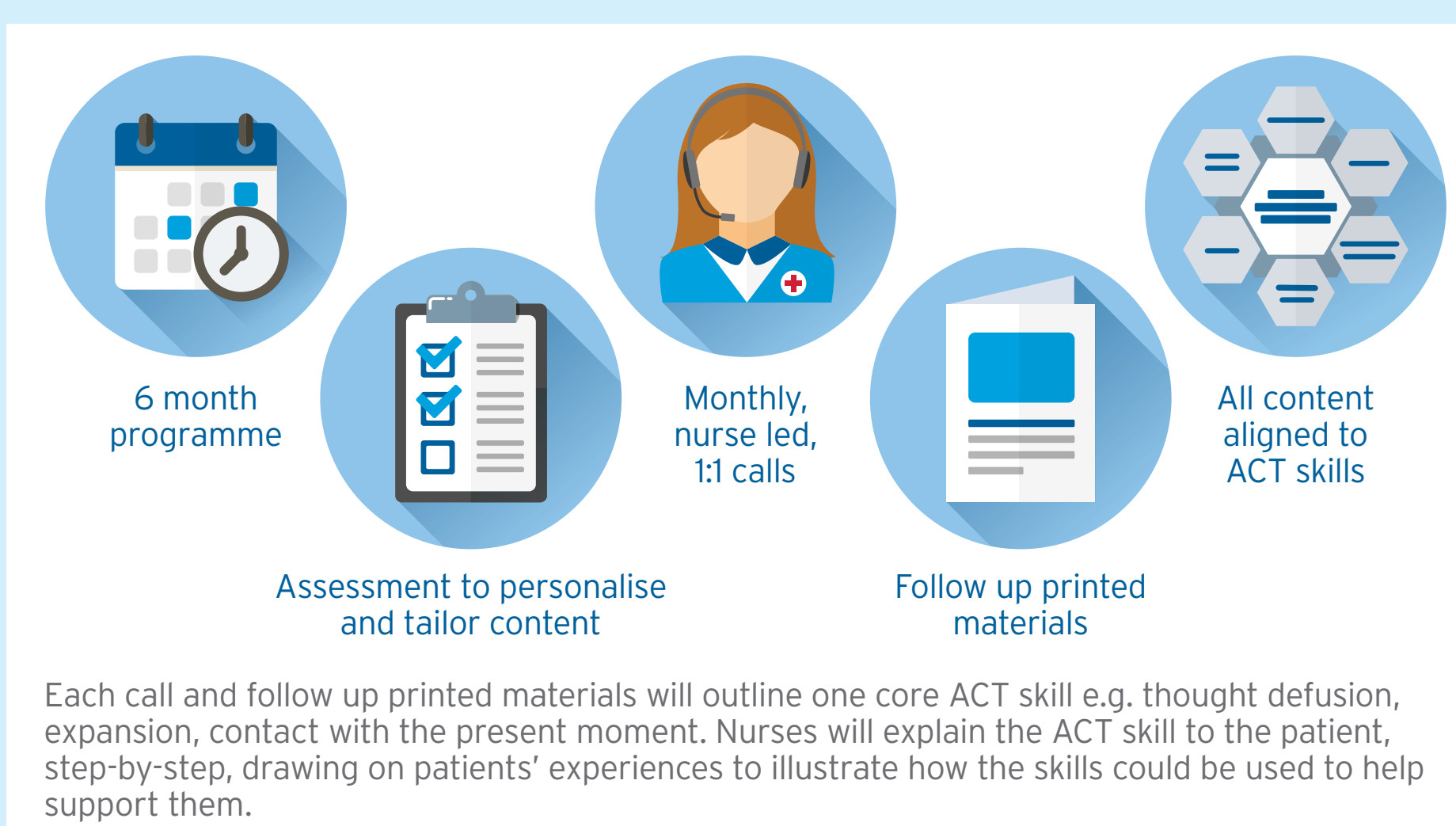
METHOD

The various steps involved in developing and implementing the proposed intervention have been outlined below.

Key intervention development steps

- ✓ Literature review of mPC psychosocial challenges and third wave psychological therapeutic interventions, including ACT
- ✓ Literature review findings and clinical and academic health psychology expertise combined to develop an intervention to support men living with mPC

- ✓ Intervention utilising ACT skills designed for men with mPC:



- ✓ Feasibility and acceptability testing of programme components via qualitative interviews with six mPC specialists (urologists and urology nurse specialists) and six mPC patients
- ~ The interviews to be recorded and results analysed using thematic analyses
- ~ Intervention design to be amended in accordance with qualitative interview feedback
- ~ Intervention design to be finalised and delivered to men with mPC

INTERIM RESULTS

Preliminary discussions with mPC specialist healthcare professionals revealed several perceived benefits of the programme:

- ▶ **Perceived patient benefits:** easy access to psychological support; reduced anxiety/stress; better communication skills for patients
- ▶ **Perceived healthcare team benefits:** complementary resource to existing care, fills an unmet gap in psychological support; supports centres with reduced resource

Key recommendations for intervention development:

- ▶ Considerations made around stigma related to receiving psychological help
- ▶ Face-to-face meeting with nurse and patient at start of programme to develop rapport, build trust and set programme expectations
- ▶ Patient friendly delivery channels (e.g. video instead of print) for elderly eyesight challenges

NEXT STEPS

- ▶ Feasibility and acceptability testing of programme components via qualitative interviews with men with mPC will still need to be undertaken
- ▶ This patient-based research will also serve to validate findings and recommendations about suitable patient support mentioned during discussions with specialist healthcare professionals
- ▶ Findings from interviews with patient and healthcare providers' will be gathered and analysed, the relevant amendments made to the final intervention design and the programme finally implemented for use with men with mPC

This research is expected to be completed by late February, 2017 and the programme implemented for use by December, 2017.

CONCLUSION This intervention shows a unique application of ACT techniques for men with mPC. Preliminary research suggests this intervention is acceptable and feasible to support men with mPC according to mPC specialists. Further testing is required to determine whether this programme is similarly acceptable/feasible from the perspective of men with mPC. This intervention illustrates ACT's versatility in supporting patients in different contexts outside of traditional one-to-one therapy settings.