

## **Effectiveness of Social Work Intervention on Depressive symptomatology of Caretakers of Persons living with Cancer**

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**Abstract:-** The diagnosis of Cancer revealed to the patient and family members results in overwhelming number of intense emotions. Medical advancements have resulted in treating Cancer for either cure or control. This has increased the responsibilities of family caretakers for comprehensive care of the patient. Literature has provided abundant evidence for the impact of caretaking on psychological condition of the caretakers. Investigators in this study developed a Social Work Intervention module focusing on providing psychosocial care for caretakers. This module was measured for its effectiveness in reducing the depressive symptoms of caretakers. One hundred and twenty subjects who satisfied the inclusion criteria were taken for the study and they were randomized into control (n=60) and experimental groups (n=60). Results using t-test has proved that the interventions were effective in decreasing the caretaker's depressive symptoms from extreme level to moderate level. Hence this module can be utilized by Medical Social Workers in Oncology care settings to address the psycho social issues of persons with Cancer.

**Key Words:** Caretakers, Cancer, Depression

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### **I. INTRODUCTION:**

Cancer is the most formidable health problem that the mankind is facing today. It can attack people of all ages, men, women and children. Cancer is no longer considered as an acute, immediately fatal disease. The ability to treat Cancer successfully either for cure or control has increased the number of persons living with the disease. Therefore caretakers play a very significant role in recovery of Cancer or control of the disease (Kiberstis & Marx 2002). On the other perspective, most of the Cancers are terminal in nature as it results in declining health leading one towards death. The diagnosis of illness like Cancer in a person precipitates a crisis for the entire family. Cancer is often identified as a family disease because of its impact on the family functioning and relationship. Caretaking is an exhausting task and caretakers are reported to experience a significant amount of strain. The acute concern for the life of family member, the physical pain and suffering, the issues of dealing with the hospital, the adherence to medical regime and the financial demands placed on the system results in multiple level of crisis to the entire family, especially to the caretaker. A caretaker is a person who spends time and energy looking after a friend, relative, or spouse who is ill or disabled. Family members and relatives are the main caretakers of a terminally ill member. Caretaking is hard and can lead to feelings of stress, guilt, anger, sadness, isolation and depression. In an effort to provide the best possible care for a family member or friend, caretakers often sacrifice their own physical and emotional needs. Emotional and physical experiences involved with providing care can strain even the most capable person. Studies have demonstrated the psychological burden encountered by the caretakers. Haley W.E., et al (2001) & Mor V. et al (1994) found more depression in Cancer caretakers than in general population. Gorji, Bouzar et al (2011) also found mild and moderate level of depression in caretakers of women with breast Cancer. Zabora J.R., Smith E.D., Baker F., et al (1992) opine that some caretakers experience more complex emotions than the person living with Cancer. Study by Bhagyalaxmi A (2001) supports the assumption that families of Cancer patients suffer various categories of burden. Ezekiel J., et al (2014) points out that substantial care needs are important cause for the burden in terminal illness. In their study conducted on 893 caretakers, they found that economic burden on the family ranged from taking a loan, mortgaging, spending their saving, obtaining additional job etc. These caretakers having economic burden were identified with more depressive symptoms. Hodges L.J., Humphris G.M., Macfarlane G. (2005) study indicated that patients and caretakers underwent more or less same amount of psychological distress. Cancer patients and their family caretakers react to Cancer as one emotional system (Hagedoorn M, Sanderman R, 2008 & Segrin C, Badger T 2007). Depression being a common consequence of caring a loved one suffering from Cancer, need to be examined in depth. The multifaceted role that the caretakers play demands for the need of support services to remain healthy, improve their care taking skills and remain in their role. In the view of the multifarious problems faced by the family caretakers of patients with Cancer, it is imperative on the part of the multidisciplinary team members, to have a clear

understanding of the psycho social problems the caretaker under goes, so that appropriate psycho social intervention services could be planned, implemented and monitored at individual, group, family, community and societal levels. Such services would go a long way in mitigating the psycho social problems of Cancer patients as well as their families. In this light present study has been undertaken to measure the efficacy of Social Work Intervention Module developed for the purpose focusing on providing psychosocial care for caretakers in reducing the depressive symptoms of caretakers.

## II. METHODS

The present study has adopted experimental research design to measure the efficacy of Social Work Intervention Module in reducing the depressive symptomatology of caretakers of Persons Living with Cancer. Study included 120 caretakers of newly diagnosed heterogeneous Cancer cases who approached leading oncologists rendering services at Mangalore Institute of Oncology. Caretakers were randomly assigned to experimental and control study groups. Investigator used simple randomization technique wherein totally 120 chits were prepared consisting of 60 chits named CG (Control Group) and 60 chits named EG (Experimental Group). Caretakers who admitted their persons with Cancer were asked to meet the investigator if they had fulfilled inclusion/exclusion criteria. After explaining the purpose of the study and obtaining the consent they were asked to select any one chit out of 120 chits. Thus it was ensured that all potential confounding factors were divided equally among the groups. At the first stage all caretakers socio demographic details were studied and level of depression was measured using Becks Depression Inventory II (BDI II) and then the intervention for experimental group was given for four months. Controlled group received only informational support. At the post intervention phase the effectiveness of the intervention was measured by administering the same tool of BDI II on both cases and controls, and the results of these two groups were compared using *t* test.

### Experimental Intervention:

Social Work Intervention Module consisted of three phases. In the first phase investigator studied the Medical history of the patient and established a professional working relationship with the caretaker of the patient. Second phase consisted of seven intervention sessions of 60 minutes each, spread over the period of 4 months. These sessions were to review the depressive symptoms experienced by caretakers, supporting them emotionally through Cognitive Behavior Therapy, Problem Solving Therapy, Psycho education to family, facilitating better team between caretakers and their other family members, management and enhancement of social support. After each session a follow up telephone interview was done to ensure whether the strategy was successful in addressing the problems of the caretaker. At the third phase, level of depressive symptoms were reassessed using BDI II. Thus the intervention was made effective to enhance the psycho social abilities of caretaker and ensure their psychological wellbeing.

## III. RESULTS

Table No1 presents the socio demographic characteristics of the caretakers. In brief this data can be presented as follows, out of 120 caretakers selected for the study 72.5% (n= 87) were female caretakers and remaining 27.5% (33) were male caretakers. The mean age of caretakers in control group was 44 years and in experimental was 41 years. A vast portion of respondents were literates in both the groups. A total of only 6.7% (n=8) were illiterates. Among the literates a majority of 35.8% (n=43) were educated up to SSLC. Majority of caretakers in the study were married. Control group had 70% (n= 40) married respondents and experimental group contained 76.7% (n= 46) married respondents. Number of widows/ widowers in control and experimental group were 10% (n=6) and 8.3% (n=5) respectively. A total of 33.3% (n=40) caretakers were spouses followed by 31.7% (n=38) children caring for their parents with Cancer. Another 18.3% (n=22) were parents looking after their adult children with Cancer.

**Table No 1 showing the socio demographic details of the caretakers**

<b>Gender of Caretakers</b>						
Gender	GROUP				Total	
	Control		Experimental			
	F	%	F	%	F	%
Female	44	73.3%	43	71.7%	87	72.5%
Male	16	26.7%	17	28.3%	33	27.5%
<b>Age of the Caretakers</b>						
18 – 28 years	7	11.7%	16	26.7%	23	19.2%
29 -39 years	19	31.7%	11	18.3%	30	25%
40-50 years	18	30%	16	26.7%	34	28.3%
51-61 years	6	10%	12	20%	18	15%

62 and above	10	16.7%	5	8.3%	15	12.5%
<b>Educational Status</b>						
Illiterate	7	11.7%	1	1.7%	8	6.7%
Up to SSLC	21	35%	22	36.7%	43	35.8%
PUC	12	20%	10	16.7%	22	18.3%
Diploma Holder	9	15%	2	3.3%	11	9.2%
Graduate	4	6.7%	14	23.3%	18	15%
Post Graduate	3	5%	9	15%	12	10%
Above P.G.	4	6.7%	2	3.3%	6	10%
<b>Marital status</b>						
Married	42	70%	46	76.7%	88	73.3%
Unmarried	12	20%	9	15%	21	17.5%
Widow/r	6	10%	5	8.3%	11	9.2%
<b>Caretakers Relationship with Persons with Cancer</b>						
Spouse	18	30%	22	36.7%	40	33.3%
Parent	12	20%	10	16.7%	22	18.3%
Sibling	3	5%	9	15%	12	10%
Daughter/Son	22	36.7%	16	26.7%	38	31.7%
Others	5	8.3%	3	5%	8	6.6%

**Socio Demographic Details of Persons Living With Cancer** and the diagnostic information shows that among 120 persons with Cancer 50% were male and 50% were females and mean age was 46.6. As far as type of Cancer is concerned majority constituting 22.5% had breast Cancer and 18.3% had blood Cancer. Other type of Cancer's were of lung, throat, oral, bladder, bone, ovaries. Majority of the Cancer's were not diagnosed at the initial stage. Close to half of total Persons living with Cancer (48.3%) were diagnosed at the middle stage of illness, followed by 29.2% were detected at the very last stage or critical stage. Further, the results show that 22.5% diagnosed at the initial stage of Cancer. When the loved one is diagnosed at the critical or middle stage of Cancer burden on caretakers will be more intense and thus they need psycho social intervention to cope with the situation.

**Table No 2 showing the Level of Depression in Caretakers Before Intervention**

Group	Levels of Depression	F	%	Mean
Cases	Moderate	0	0	51.850
	Severe	12	20%	
	Extreme	48	80%	
Controls	Moderate	0	0	61.550
	Severe	1	1.7%	
	Extreme	59	98.3%	

Descriptive statistics in above Table No 2 indicates that all respondents experienced severe and extreme depressive symptoms. BDI scores between 21 and 30 indicate moderate depression, 31-40 severe and over 40 extreme depression. Substantial psychological burden in the form of depression was found in 80% of controls and 98.3% of cases. Remaining 21.7% caretakers suffered from severe depression. Mean scores of cases being 51.80 shows extreme depression. In controls also mean score of 61.550 was obtained which again indicates extreme depression. Table No 3 Mean, Mean Differences, Standard Deviations for Caretaker's Depression at Pre- Post Intervention: Cases Vs Controls

Group	Mean before Intervention	Mean after Intervention	Mean Difference	Std deviation	t test
Controls	51.85	52.75	-.900	15.48	12.417 p value=.001 vhs
Cases	61.53	31.260	30.28	11.77	

The above data shows that Controls who had extreme depressive symptoms (mean of 51.85) at the pre-test period, found to have more depression by -.900 units at the post intervention phase. Controls did not go through any psycho social interventions from the researcher. Lack of professional support to adapt to the crisis situation will result in extreme emotional breakdown. However Cases who were exposed to intervention recorded a very good mean improvement score by 30.28 units of difference at the post intervention phase. The results demonstrate that interventions to reduce the depressive symptoms have shown positive response. On the contrary it is revealed that caretakers of control group who did not get structured comprehensive intervention experienced higher depressive symptoms than what they experienced before the intervention period. The results between cases and controls at the post assessment phase were statistically very highly significant ( $p=.001$ ).

#### **IV. DISCUSSION**

The current results indicate that caring for a terminally ill family member results in depression. This depression is characterized as feeling of worthlessness or excessive guilt, diminished interest or pleasure in usual activities, suicidal thoughts and a preoccupation with death (Kang et al 2009), anxiety (Lugton 2002) extreme sadness, pessimism, sense of failure and guilt feelings. Loss of interest in oneself, loss of energy to do their regular tasks decreased sleep and appetite. Extreme depressive symptoms were identified in both groups ( $M=51.85$  for cases and  $M=61.55$  in controls) are evidences for worst psychological trauma a caretaker goes through while caring. These findings further reveal the need for effective psycho social interventions. The result also indicates that Cognitive Behaviour Therapy (CBT) is an effective therapeutic intervention for caretakers of Persons Living with Cancer. This finding is consistent with the other studies which have found that CBT is effective for patients with depression (Paykel, et al., 1999; Scott et al., 2000; Pillai 2012). Researcher while intervening with cases has used cognitive restructuring, cognitive modelling on an individual basis (Casework method). They were helped to understand that problematic situations occur while being a caretaker for patients with terminal illness like Cancer and how their thought will influence the disturbing emotion. Through an individual approach self defeating and self enhancing thoughts were differentiated. Cognitive modeling in this regard has helped the caretakers to know their maladaptive beliefs and attitudes. Intervention module also included sessions to assist the caretakers to solve their problems. Hence Problem Solving Therapy was used on cases. Family Education which focused on educating all family members on treatment, prognosis, diet, care, management of disrupted family schedule has resulted in generating better family support for caretakers. Resources to meet the financial challenges of the family were planned. Team work between caretaker and other family members was strengthened. As a result caretaker obtained tangible, informational and better emotional support from family members and society. Mittleman M. (2005) determined that counselling sessions covering issues specific to individual caretakers successfully reduced caretaker's depression scores over two years. Caretakers if untreated will have a severe impact on their well being. The scores of controls at the post intervention phase which indicate severe depressive symptoms. The difference between cases and controls was statistically very highly significant ( $p=.001$ ) showing that intervention has helped the cases to a larger extent. Hence ongoing support by professional Medical Social Workers in Oncology centres will be of great help to caretakers. Above analysis shows that caretaker interventions have been successful in lowering their depressive symptoms.

#### **V. CONCLUSION**

In summary it appears that the structured Social Work Intervention had a beneficial effect on caretakers (cases) depressive symptoms. This empirical evidence shows that Medical Social Worker in oncology setting can effectively deal with the psycho social problems faced by the caretakers of persons with Cancer by using this module.

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