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A Group-Protocol: Returning to Life Post Breast Cancer Treatment

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A Group-Protocol: Returning to Life Post Breast Cancer Treatment

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

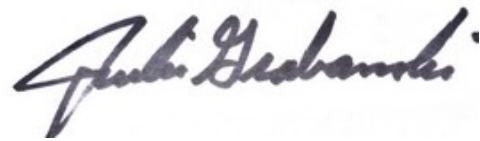
Master's of Occupational Therapy

Grand Fork, North Dakota

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Approval Page

This Scholarly Project Paper, submitted by Janice Finley and Ashley Timm in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.



Faculty Advisor

04/14/21

Date

PERMISSION

Title: A Group-Protocol: Returning to Life Post Breast Cancer Treatment

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	1
ABSTRACT	2
CHAPTER	
I. INTRODUCTION	4
II. LITERATURE REVIEW	7
III. METHODOLOGY	24
IV. PRODUCT	27
V. SUMMARY	83
REFERENCES	86

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ABSTRACT

The purpose of this project was to design a group protocol to assist breast cancer survivors living in the community to address unmet physical, cognitive, and psychosocial needs. There are more than 3.5 million breast cancer survivors within the United States today (American Cancer Society, n.d.). A cancer survivor's performance in meaningful occupations and roles need to be addressed as they learn to live with the long-term physical and psychosocial effects of treatments such as self-confidence and pain management (Burg et al., 2015; Kim, Kim, & Han, 2020). There is a lack of occupational therapy services for individuals diagnosed with breast cancer. Occupational therapy can promote a holistic viewpoint for re-engagement in meaningful occupations and roles after receiving breast cancer treatments (Longpre, Polo, & Baxter, 2020).

An extensive literature review was conducted to acquire information about the needs of breast cancer survivors. The following are some terms that were used to complete the research: breast cancer, Kawa Model, quality of life, and occupational therapy. The Kawa Model was used as a guide for this group protocol as it can be used while addressing a breast cancer survivor's strengths and challenges within their life. The Kawa Model is inclusive between cultures, people, and regions. The focus of this model is to understand a person's view of their overall health, the contexts they are in such as social and physical, and the areas they view as challenges. The model then takes this information and enhances the flow of their life. The key concepts for each session in this group protocol include physical, cognitive, and psychosocial unmet needs of breast cancer survivors to increase their life flow.

Our project, *Returning to Life Post Breast Cancer Treatment* group protocol was created to address the physical, cognitive, and psychosocial needs of breast cancer survivors. Areas that

were addressed for breast cancer survivors included education on co-occurring conditions, living a healthy lifestyle, returning to work and life roles, and self-confidence. The group protocol was designed as a community-based program for breast cancer survivors to address their needs and designed through the lens of the Kawa Model. Within the group protocol, the Kawa Model was used as an evaluation tool to determine strengths and challenges in each participant to promote enhanced life flow.

CHAPTER I

INTRODUCTION

Breast cancer affects millions of individuals each year. According to the American Cancer Society (n.d.), 3.5 million survivors are breast cancer survivors in the United States. Although the number of survivors has increased, there is a lack of referral to occupational therapy services. Occupational therapy can address the unmet needs of breast cancer survivors. Therefore, the group protocol *Returning to Life Post Breast Cancer Treatments* was created.

The population of breast cancer survivors includes individuals, both male and female, who have no signs of cancer after completing treatment. Breast cancer treatments can include radiation, chemotherapy, medications, surgery, and more. After completing treatments, survivors face acute and chronic effects as a result of treatment. Chronic, unmet needs of survivors include physical, cognitive, and psychosocial aspects. By providing a holistic approach to treatment, these needs can be addressed as survivors transition back into their daily routines, roles, and habits.

Occupational therapy services can be used as a holistic approach to address the unmet needs of survivors. Services can be provided in a variety of settings; however, survivors can benefit from a community-based setting. Petrusėviciene, Surmaitiene, Baltaduoniene, and Lendraitiene, 2018 found that breast cancer survivors improve their participation in meaningful activities, which increased their quality of life, while being in a community-based program. Along with participation in meaningful activities, participants gain a sense of social support with other survivors who may have similar experiences as their own. A community setting can also expand and reach more survivors within the community while transitioning back to participating in meaningful occupations and daily life roles. Newman (2013) utilized a group-based

community setting for the Take Action program to address breast cancer survivors' cognition after completing chemotherapy. The programs' goals included improving knowledge and occupational performance.

Various factors include the use of occupational therapy services for survivors. The biggest factor is that there is a lack of referral to occupational therapy services. Therefore, survivors are not receiving services that could benefit and address the chronic effects of treatment. Along with this, there is a lack of evidence regarding occupational therapy benefits for breast cancer survivors (Keesing, Rosenwax, & McNamara, 2018). As more research is conducted, the application of this program may be altered and tailor to reflect the best, current care. Another factor to address is the difference between male and female breast cancer survivors. There is a lack of research for male breast cancer survivors. Therefore, this program has been tailor to female breast cancer survivors. As more research is conducted, it is anticipated to include the unmet needs of both male and female survivors. Based upon these factors and the unmet needs of female breast cancer survivors, the group protocol *Returning to Life Post Breast Cancer Treatment* has been developed to provide community-group based services.

The Kawa Model was used throughout the development of the *Returning to Life Post Breast Cancer Treatment* group protocol. The Kawa Model originated from the Japanese culture in which the term kawa means river in Japanese. There are five constructs, river flow, riverbanks, rocks, driftwood, and spaces for the river (Turpin & Iwama, 2011). The Kawa Model was chosen to allow participants to visualize their rivers to understand how their life energy flows. Survivors will be able to visualize their rivers by identifying their obstacles, challenges, and supports throughout their lifespan. It was also chosen to symbolize that their life river is ever-changing and that a cancer diagnosis is just one curve. Occupational therapists will be able

to guide intervention through this program to overcome challenges to create an overall positive life flowing river.

The Kawa Model guided the development of each session of the program. The key concepts for each session include physical, cognitive, and psychosocial unmet needs of breast cancer survivors. The sessions will be a group protocol that addresses topics such as education on co-occurrence with various conditions, maintaining a healthy lifestyle, returning to life roles, and improving overall self-confidence.

Each chapter guided the development of the *Returning to Life Post Breast Cancer Treatment* program. Chapter II includes an extensive literature review regarding the key concepts of the program, areas of unmet needs of survivors, and research behind occupational therapy interventions. The methods are outlined in Chapter 3 which includes the Kawa Model as a guide for the development of the program and how each session was designed. Each session guide is outlined in Chapter 4. Occupational therapists can use Chapter 4 for future implementation of the program. Lastly, Chapter 5 includes a final summary of the *Returning to Life Post Breast Cancer Treatment* program.

CHAPTER II

LITERATURE REVIEW

Breast cancer is the most common type among women (American Cancer Society, n.d.). Survivorship is a growing rate in which there are more than 3.5 million breast cancer survivors within the United States (American Cancer Society, n.d.). Each breast cancer survivor has their unique occupations and roles. It has become more prevalent that breast cancer survivors younger than 60 years need chronic, long-term care even after receiving their initial treatment (Desiron, Crutzen, Godderis, Van Hoof, & de Rijk, 2016). After receiving breast cancer treatments, significant performance and roles need addressing as they learn to live with the long-term and late effects of treatments. Occupational therapists should be concerned with these long-term and late effects of treatment, concerning the impact of participation in meaningful occupations and roles (Newman, 2013). There is a lack of occupational therapy services for individuals diagnosed with breast cancer. Occupational therapy can promote a holistic viewpoint for re-engagement in meaningful occupations and roles after receiving breast cancer treatments (Longpre, Polo, & Baxter, 2020).

Types of Breast Cancer

There are a variety of different types of breast cancer. However, the principles regarding how cancer grows, and spreads are similar to other types of cancer. Cancer is caused by uncontrolled growth of a single cell, and in this case, typically a cancer cell (Peart, 2017; Sharma, Dave, Sanadya, Sharma, & Sharma, 2010). If left untreated, cancer cells may mutate and grow, leading to metastasis into the lymphatic system or blood circulation.

Local recurrence is defined as cancer found in the breast after completion of initial treatment of breast cancer. If cancer spreads to a lymph node in the collar bone or armpit, then it

is referred to as a regional recurrence, metastatic, or invasive (Peart, 2017; Sharma et al., 2010). Non-invasive cancer is where cancer does not spread past the original area. Common sites for breast cancer to spread include bone, brain, liver, and lungs (Peart, 2017). It is common for breast cancer to metastasize to the other breast as well.

There are two common types of breast cancer. Lobular carcinoma in situ (LCIS) is the first one. When cancer does not spread past the original area, it is referred to as in situ (Sharma et al., 2010). LCIS is found in the lobes or the milk glands of the breast. The other common type is ductal carcinoma in situ (DCIS). This type is non-invasive and found in the ducts of the breast. LCIS and DCIS are both non-invasive types, but DCIS is the most common of the two (Sharma et al., 2010). There are fewer common types of breast cancer, but these occur in less than 5% of the cases (Sharma et al., 2010).

With a history of breast cancer, it increases an individual's risk of developing breast cancer in the same or both breasts in the future (Peart, 2017). It is vital to be aware of the type of breast cancer to understand the signs and symptoms when providing short-term and long-term treatment for individuals with breast cancer.

Signs and Symptoms

Different types of breast cancer may present themselves in a variety of different ways. The most common symptom of breast cancer includes having a lump on the breast. The individual may feel the lump but, in some cases, it may go unnoticed for quite some time (Peart, 2017; Sharma et al., 2010). Other signs are pain in the bones or nipple(s), nipple discharge (clear or bloody), scaly or pitted skin on the nipple, and persistent tenderness of the breast (Sharma et al., 2010). Along with the physical signs around the breast, one might experience fatigue, weight loss, and decreased appetite (Peart, 2017).

Even after breast cancer treatments, many symptoms may linger, as well as new symptoms may arise. These symptoms include difficulty with concentration during tasks/activities, stress management returning to normal daily activities, fatigue, and arm swelling as a result of lymphedema. Symptoms that result from having surgery for treatment may be present as well. If a breast cancer patient had surgery, it is central to be aware of any physical restraints, and a decrease in range of motion may be affected. Symptoms of breast cancer may impair one's ability to engage in meaningful occupations or return to occupations they once participated in.

Unmet Needs

After completing breast cancer treatments, cancer survivors may continue to experience various needs due to their cancer experience for many years. A cancer diagnosis is a chronic, long-lasting disease that includes physical needs as well as psychosocial needs. It is essential to identify the unmet needs of survivors to provide the best, client-centered treatment.

As stated, some physical signs and symptoms may be present in a cancer diagnosis. One study concluded that physical problems, including pain management, were the most common theme among cancer survivors, followed by financial issues as a second common theme (Burg et al., 2015). Along with physical unmet needs, there are psychosocial unmet needs of survivors. Kim et al., (2020) reported that people with cancer often report a high level of negative psychological symptoms. There has been an attempt to promote a higher quality of life to address these psychological symptoms. Psychosocial unmet needs include social support, emotions, mental health, body image, and survivor identity. Breast cancer survivors had the highest number of unmet themes throughout the study. In fact, 20-30% of long-term survivors of five years or

more have reported both physical and psychosocial unmet needs associated with their cancer diagnosis (Burg et al., 2015).

When providing treatment services for breast cancer survivors, healthcare professionals should address both the physical and psychosocial unmet needs. It is significant to address each breast cancer survivor with a holistic and comprehensive approach.

Psychological/Psychosocial factors

Surviving breast cancer does not come without psychosocial, negative psychological symptoms, and unmet needs. These can stay around for years after completed treatment. Breast cancer survivors have identified areas of unmet needs, such as body image and emotional/mental health (Burg et al., 2015). Body image is associated with a reduction in life flow, quality of life, and negative psychological factors. Negative psychological symptoms include anxiety, fear, and depression. These symptoms are related to how women perceive their body-image after treatment. Age is the main effect on negative psychological symptoms and not the type of cancer. Gómez-Campelo, Bragado- Álvarez, and Hernández-Lloreda (2014) found that younger women showed significant distress than older women. As for lower self-esteem, younger women experienced more distress than older women (Gómez-Campelo et al., 2014).

Body image is an area of concern for negative psychological distress after breast cancer treatments. Body image issues can affect sexual activity between a survivor and their significant other and sexual drive. Survivors' body image concern is different from other forms of cancer due to the style of treatment. Breast cancer treatments range from surgery, mastectomies, chemotherapy, hormone therapy, radiation, or a combination (Wu et al., 2019). Wu et al. (2019) found that body image is a predictor of quality of life in breast cancer survivors. This shows that

body image and sexual activity are affected after breast cancer treatment, and there is a need for services to address this area.

Along with psychological distress, cancer survivors experience psychosocial needs as well. Limited activity participation may come when experiencing negative psychosocial symptoms. Kim et al. (2020) found that leisure physical activity increased health perceptions. Physical activity also decreases mental health symptoms (Kim et al., 2020). It is central to address psychosocial and psychological effects after breast cancer treatments.

Co-occurring Conditions

A breast cancer diagnosis may have a variety of signs and symptoms that may become present. A co-occurring condition arises as a result of a breast cancer diagnosis. Once diagnosed with breast cancer, there may be other conditions, such as chemo brain, and lymphedema that can be diagnosed as a result of the initial breast cancer diagnosis.

One identified co-occurring condition is referred to as chemo brain or chemo fog. Chemo brain has been reported in 90% of women undergoing chemotherapy for breast cancer (Henderson, Cross, & Baraniak, 2019). Signs and symptoms of chemo brain include memory loss, difficulty with concentration, inability to communicate using writing skills, disorganization of thought and words, and difficulty with time management (Gibbons, 2017; Boykoff, Moieni, & Subramanian, 2009). Women want to know four key items about chemo brain before beginning chemotherapy. The first is that the chemo brain does exist, and it is a real phenomenon. The second item is the cognitive effects of chemotherapy and how it will change daily life. Next, women want to know what they can do about it. Lastly, they wish to know how long the chemo brain lasts. By providing the information on these four key items, women will be prepared if a cognitive change occurs due to cancer treatment. Some coping mechanisms for chemo brain and

cognitive deficits used by participants in a study included sticky notes, smartphone reminders, support from family and friends, outlook calendars, and written notes (Gibbons, 2017).

To help survivors increase cognition and executive function after chemo brain is by using a home-based cognitive training. Kesler et al. (2013) used computer-based at-home cognitive training to help increase cognition and executive function. When the participants in this study completed four times a week for a 20-30-minute session, their cognition improved (Kesler et al., 2013). This shows that cognition can be improved after chemo brain or after treatments in breast cancer survivors. Cognition is an area that tends to be neglected as many healthcare professionals tend to treat physical symptoms first. However, cognition should be an area that is evaluated in addition to physical well-being.

Another co-occurring condition with breast cancer is lymphedema. Lymphedema is an abnormal accumulation of fluid in the lymphatic system. It happens when there is removal or damage to the lymphatic system, typically after surgery or a mastectomy. Over 50% of breast cancer survivors will develop lymphedema or experience arm swelling after surgery or mastectomy (Hanna, Grothaus, Peterson, & Bertram, 2017). When a person has lymphedema, their daily activities and quality of life can be impacted by upper-limb pain, swelling, and tightness. Hanna et al. (2017) examined how cancer survivors receive lymphedema education, how long a time frame the delivery was, and how survivors perceived the information. The result of this study showed that most survivors received information about lymphedema from their surgeon or medical oncologist, but a few received education from their occupational or physical therapist (Hanna et al., 2017). The ones who received information from their occupational or physical therapist rated the information “quite a bit” useful (Hanna et al., 2017). This shows that breast cancer survivors are affected by lymphedema, and there is a lack of education strategies to

provide information. Lymphedema is a topic discussed with breast cancer survivors with ways to treat it, such as exercise.

Exercise is beneficial for breast cancer survivors in controlling lymphedema, but it may not prevent it. In the past, patients were advised to avoid strenuous arm activity as it was believed that this added stress to the compromised lymphatic system (Ammitzboll et al., 2019). Ammitzboll et al. (2019) wanted to see if progressive resistance training helped prevent arm lymphedema in cancer survivors. These authors used measurement tools, such as water displacement test to measure arm volume, the numeric rating scale to monitor symptoms of heaviness, tightness, and swelling, and a goniometer to measure the range of motion (Ammitzboll et al., 2019). Overall, this study did not show significant evidence that progressive resistance training prevents lymphedema, but it did show that it helps decrease the symptoms. Exercise is beneficial to reduce pain and stiffness and helps get survivors back into participating in their daily activities. Along with participating in their daily activities, breast cancer survivors can incorporate a habit and routine of regular exercise to maintain a healthy lifestyle.

Healthy Lifestyle

Living a healthy lifestyle after cancer treatment is becoming a growing area for research. A healthy diet, regular physical activity, and normal body weight have been evidenced with better breast cancer outcomes (Greenlee et al., 2016; Tollosa, Tavener, Hure, & James, 2019). The National Cancer Institute (NCI; 2014) has a publication called “Facing Forward: Life after Cancer Treatment.” This publication addresses follow-up appointments, healthy lifestyle habits, and a survivor care plan. Greenlee et al. (2016) used this publication in their research to see how well survivorship care plans were at changing diet and lifestyle patterns. The result showed that the intervention group had better knowledge of a healthy diet, understood the importance of

physical activity and appropriate dietary supplements (Greenlee et al., 2016). Living a healthy lifestyle is different for everyone, but most think of nutrition and physical activity. It is beneficial for breast cancer survivors to have a personalized guide, made by a nutritionist and exercise professional or by themselves.

Nutrition and physical activity are beneficial for breast cancer survivors. Survivors have reported a reduction in perception of health due to cancer treatments, along with activity limitations (Kim et al., 2020). Physical activity is associated with individuals feeling better about themselves and better health perception. One way to be physically active is through participation in leisure activities. Leisure is defined as a nonobligatory activity, that is intrinsically motivated and engaged in during discretionary time, such as work, self-care, or sleep (American Occupational Therapy Association [AOTA], 2014, pg. S21). Kim et al. (2020) evaluated the impact of leisure-time physical activity and health perceptions. When cancer survivors participated in higher levels of leisure physical activity, they reported higher health perception (Kim et al., 2020; Tollosa et al., 2019). This shows that leisure physical activity is a worthy intervention to help promote health and wellness in breast cancer survivors.

Even though living a healthy lifestyle has been demonstrated to be beneficial for breast cancer survivors, how well do these individuals adhere to this life. Past research has shown that cancer survivors do not consistently stick to these health recommendations (Kanera et al., 2016; Tollosa et al., 2019). Individuals with a history of cancer tend to be overweight, partially adhere to the physical activity recommendation, and one-fifth adhere to fruit and vegetable recommendations (LeMasters, Madhavan, Sambomoorthi, & Kurian, 2014). Recently research has shown that engagement in healthy lifestyle behaviors is more positive than previously thought. Kanera et al. (2016) found the most followed recommendations are physical activity,

refrain from smoking, and alcohol consumption. Adhering to fruit and vegetable recommendations was low, but over half still followed the recommendations (Kanera et al., 2016). In the end, adherence to living a healthy lifestyle is increased and will continue to rise with continued education and personalized survivor care plans.

Another key part of maintaining a healthy lifestyle includes participation in leisure activities. Healthcare providers have suggested that participation in leisure activities is a non-pharmacological health promotion intervention. Longpre et. al (2020) reported that participation in leisure activities contributes to social and psychological health among cancer survivors. Therefore, it is a key to improve the quality of life and health status when addressing maintaining a healthy lifestyle.

Returning to Work

Every year approximately 90,000 individuals within working age may encounter a diagnosis of cancer (Kennedy, Haslam, Munir, & Pryce, 2007). However, advancements in technology within the medical field have enhanced early detection and increased the number of cancer survivors. It is significant to address the occupation of work for breast cancer survivors. As the rate of survivors increased, returning to work also increased as a result.

The occupation of work may look different to each breast cancer survivor. Some individuals may choose to take time off of work while receiving their treatments. Others may need to continue to work part-time or full-time depending on the type of cancer and treatment received. An estimated 62% of all cancer survivors continue or return to work during or after completing their treatments (Kennedy et al., 2007). Financial consideration may also play a role in the occupation of work and when an individual returns to work. The occupation of work also plays a role in an individual's occupational identity and may even provide a social connection

with their co-workers (Kennedy et al., 2007). Breast cancer survivors may find it difficult to return to work as a result of work-related demands, disease-related, or personal-related factors. Breast cancer survivors need adequate interventions to resume their role of being a worker. Breast cancer survivors may face side effects when they return to work as well. Cancer survivors who have returned to work, for example, have reported difficulty with concentration, stress management as well as physical side effects such as fatigue and arm swelling (Kennedy et al., 2007). They may even experience decreasing work hours, increasing absences, and reducing productivity. Breast cancer survivors have reported 15-25% experiencing cognitive problems as a result of treatment can lead to an impact on one's level of functioning (Newman, 2013). Breast cancer survivors who were not offered educational information about returning to work or managing their work issues associated with their cancer diagnosis were four times more likely to report a decrease in their working lives (Kennedy et al., 2007).

Using return to work interventions, survivors can overcome these difficulties. These interventions can include assistance from therapists as well as employers in terms of work-related advice, information, and adjustments. The ultimate goal of these interventions is to empower breast cancer survivors to maintain or resume participation in their work roles, which improves the quality of life (Desiron et al., 2016). Occupational therapy practitioners and interventions can be the link between survivors and returning to work.

Returning to other life roles

The physical and cognitive impacts of cancer treatment can make returning to work and education challenging, especially for adolescents and young adults. Engagement in work and education is central for the overall health and financial security as well. Returning to education improved one's overall quality of life, reduces social isolation, and improves self-esteem for

adolescents, young adults, and adult cancer patients and survivors (Vetsch et al., 2016). Researchers concluded that young cancer survivors need to reintegrate into the education or employment system. If not, they may experience long-term implications in terms of earnings and career potentials, course of life, mental health, and social well-being (Vetsch et al., 2016). The role of a worker and students ranged in age. Therefore, individuals of all ages may benefit from additional services to facilitate participation and reintegration in their work and educational goals.

In addition to returning to work and education, there are other essential aspects of life in which survivors regain engagement after completing treatments. Breast cancer survivors should also focus on returning to other life roles such as engagement in the occupation of leisure. As previously stated, cancer survivors often report having negative psychosocial symptoms. They also tend to report having a poor perception of health due to cancer treatment and activity limitations (Kim et al., 2020). Healthcare providers proposed that engagement in leisure time physical activity is a non-pharmacological health promotion intervention. Kim et al. (2020) reported that cancer survivors who engaged in a high level of leisure time physical activity gained more health benefits in comparison to those who did not participate in leisure time physical activity. Returning to the occupation of leisure can be used as a therapeutic intervention to promote health quality and wellbeing among cancer survivors.

Impact of Occupational Performance

A diagnosis of breast cancer plays a significant impact in one's occupational performance. According to Petruseviciene et al. (2018), engagement in meaningful occupation is imperative as it affects physical, mental, and social wellbeing. Occupational performance is also related to motivation to successfully engage and complete tasks. Once diagnosed, many

challenges may arise not just during treatment periods but long effects after remission. These challenges may start with changes in their occupational identity and their daily occupations. Breast cancer survivors may struggle with identifying themselves as healthy or sick which can create a sense of fear and uncertainty for the future (Newman, 2013). They may face challenges with who they are because their life, wants, and needs have a new perspective. With a lack of occupational identity, a person may question what their meaningful occupations are. Individuals with breast cancer may have an overwhelming amount of pressure and may create a strong facade to show others around them (Newman, 2013). Occupational performance can also be defined by the roles of the client (AOTA, 2014). An individual with breast cancer may feel pressure to maintain previous roles before receiving treatments. These roles may include within their family, work, and social groups. The occupational therapy students concluded that after receiving treatment, an individual needs to allow for more time for an activity, use a checklist, alter their expectations, and accept that they may need additional support from others around them.

Role of Occupational Therapy

After beating breast cancer, the survivor may still face lingering battles. These battles can be addressed using occupational therapy services. These individuals tend to suffer from fatigue, anxiety, depression, and lymphedema symptoms, which can be addressed in therapy sessions. Intervention approaches used by occupational therapists are holistic and comprehensive including both physical and psychosocial unmet needs of breast cancer survivors. Occupational therapy interventions addressing the physical unmet needs include lymph drainage, range of motion, and lymphatic bandaging (Peart, 2017). Some psychosocial interventions include self-care management, evaluating emotional and cognitive abilities, and teaching coping strategies to

resume safe and comfortable sexual activity (AOTA, 2012). Occupational therapists can focus on the lasting effects of breast cancer, how to get back into daily routines, life roles, habits, activity demands, and occupation performance. Survivors may need to establish new roles, new habits, and learn energy conservation to increase their occupation performance (AOTA, 2014).

Occupational therapists can help breast cancer survivors engage in meaningful occupations by addressing cancer-related fatigue (CRF). The purposeful use of meaningful occupation can help overcome CRF, known to disrupt all aspects of quality of life (Longpre et al., 2020). Occupational therapists can use physical activity as an intervention to engage in leisure time, occupational activities, and household activities. The measurement for physical activity is energy expenditure, referred to as Metabolic Equivalent of Task levels (MET levels). These MET levels can be used to guide recovery and re-engagement in physical activities, including activities of daily living (Longpre et al., 2020). By utilizing MET levels, occupational therapists can facilitate participation in purposeful and meaningful occupations while addressing CRF and other impairments.

Occupational Therapy Settings

Occupational therapy services can be provided in a variety of different settings. Occupational therapy is beneficial for all individuals with breast cancer from initial diagnosis through the remission process. These services can be offered in a variety of different ways. One way is through rehabilitation centers. In rehabilitation centers, occupational therapists can address the signs and symptoms, along with the transitions back to their homes. Along with that, occupational therapy services can include environmental modifications, such as positioning and pain management strategies (AOTA, 2012). Occupational therapy can also be completed in the

individual's home. The therapist can address home modifications and provide caregiver education to increase safety and independence for individuals (AOTA, 2012).

For breast cancer survivors, it is essential to access occupational therapy services in the community. In the community, breast cancer survivors can work on social support with returning to their life post breast cancer treatment (Newman, 2013). The community-based setting can allow the therapist to use virtual rehabilitation, telehealth communication, and in-person interactions to consult and educate survivors on challenges and solutions (AOTA, 2012). In addition, Newman (2013) used a community-based setting to provide a greater emphasis on both client and group-centered approaches. The community-based program was designed for occupational therapy that includes a five-week program called *Take Action*. The aim is to provide solutions to daily life challenges, such as problem-solving methods, action planning, and increased participation. Breast cancer survivors can adapt to a new sense of self while finding ways to cope with anxiety and stress through this *Take Action* program (Newman, 2013). Occupational therapists help breast cancer survivors engage in meaningful occupations and create a sense of self that may have been previously lost. Occupational therapists play a role in the treatment of breast cancer survivors there are some barriers to receiving services.

Barriers to Receiving Services

Occupational therapy services are beneficial for survivors by addressing areas of need in a variety of settings. Even though occupational therapy services provide a positive outcome to breast cancer survivors, there are some barriers to receiving these services. One barrier is that there is limited research regarding the role of occupational therapy in oncology (Longpre et al., 2020). There is also a lack of referral for occupational therapy for immediate needs. Only 32% of older adults with cancer receive occupational therapy services within two years of their diagnosis

(Polo & Smith, 2017). Breast cancer survivors have reported that they did not receive advice, education, or referral to appropriate professionals to address their decreased engagement in daily activities (Longpre et al., 2020).

Additional researchers have also reported a variety of barriers to receiving occupational therapy for breast cancer survivors. Keesing et al. (2018) completed a study to see how occupational therapists play a role in survivorship, and they concluded that there were some barriers. One barrier is that women and their significant others were not aware of the benefits of occupational therapy (Keesing et al., 2018). This shows that occupational therapy needs to be promoted to breast cancer survivors, so they can better understand all of the benefits from these services. Another barrier was that the community-based occupational therapists were not adequate in their level of support of survivors (Keesing et al., 2018). This is because many survivors did not have access to occupational therapy, and the therapist had minimal training in this area. Those who do receive service still have identified unmet needs. Before implementing interventions, there is a need for developing screening tools that assist health professionals to identify occupational needs may increase awareness of occupational therapy, promote referrals and give insight into necessary intervention research (Buckland & Mackenzie, 2017). Lackie and Funk (2018) created an oncology screening tool for nurses, nurse practitioners, and medical doctors to give to their patients receiving cancer treatments. Even though this is not an exclusive breast cancer screening tool, it can be used to screen individuals for this program. As a breast cancer individual is completing treatment, their nurse, nurse practitioner, or oncologist can give them this assessment and refer them to our services depending on the outcome.

Another barrier to receiving services is being a male breast cancer survivor. Male breast cancer is rare, but it can happen. Men need the same support as female breast cancer survivors.

Andrykowski (2012) found that male survivors identified the same or more physical and mental health issues as their female counterparts. Men may feel embarrassed to tell others their diagnosis. Unlike women, men do not get the support they need as often as they should, which is a barrier. Men deserve services just as much as women do.

Lastly, there is a lack of evidence regarding occupational therapy benefits for breast cancer survivors (Keesing et al., 2018). There is a lack of research in this area, but the research outcome is positive. This is a problem for occupational therapy, and to be effective, more breast cancer survivors should consider occupational therapy. Occupational therapists can implement theories as a guide for evaluations and interventions, such as the Kawa Model.

Kawa Model

The Kawa Model comes from the Japanese culture, as Kawa means “river” in Japanese (Turpin & Iwama, 2011). Everyone has their life journey, such as experiences, and the river can help depict this journey. There are five constructs, river flow, riverbanks, rocks, driftwood, and spaces for the river (Turpin & Iwama, 2011). River flow represents the flow of life and health of a person; riverbank represents the different contexts such as social and physical environments that a person is in (Turpin & Iwama, 2011). Rocks represent obstacles and challenges that impede the river flow, and driftwood is the influencing factor in a person’s life (Turpin & Iwama, 2011). Lastly, the spaces mean the opportunities for enhancing the flow of the water through the river (Turpin & Iwama, 2011). Each person is viewed holistically as a part of a broader picture with the Kawa Model. This model will be used throughout the program to allow the individuals to discuss their struggles and improve their life flow. Survivors will be able to visualize their rivers and identify the obstacles and challenges that they currently face. Once

these are identified, occupational therapists can work with breast cancer survivors to discover ways to work around the challenges to create a positive life flowing river.

The Kawa Model to guide each session while using it as an evaluation tool. At the start of the program, the participants will create their own diagram of their river using the key concepts from the Kawa Model (Turpin & Iwama, 2011). Their river flow may have decreased in life energy as a result of their cancer diagnosis. Participants may identify their rocks and challenges to be physical and psychological impairments, along with transitions back to life roles. Throughout the drawing of their river, the participants will be reminded that their riverbanks can include social support from family, friends, healthcare professions, and other participants in the group. Lastly, it is important to acknowledge that each participant's river is unique and adjust the sessions to meet the needs of the group. After completing each session of the group protocol, the participants will re-draw their river. They will be able to evaluate any changes in life flow and how they have been able to address their rocks and challenges.

Summary

In the end, breast cancer affects many women and men in the United States each year. It is significant to be aware of how different types of breast cancer can present itself. It is also important to be educated on the different symptoms that occur during breast cancer treatments and the long-term symptoms that may arise after receiving treatments. Occupational therapists can assist in the recovery process for breast cancer survivors to increase their occupational performance and find their sense of identity. These areas of focus can include promoting their return to work, roles, energy conversation to participate in tasks/activity, their identity, and education on co-occurring conditions.

CHAPTER III

METHODOLOGY

The Returning to Life Post Breast Cancer Treatment program stemmed from personal and family experiences with breast cancer. It was noted that breast cancer survivors struggle with many unmet needs after completing their treatment. The group sessions intend to assist occupational therapists in providing services in a community-based setting for breast cancer survivors. Another purpose of the guide is to promote a holistic approach when returning to life roles, habits, routines, and overcoming challenges for breast cancer survivors.

The group protocol is seven weeks long. There is an outline for each week for the therapist to follow and complete with the group. Each session was created using Cole's 7 steps. All seven sessions will have an introduction, activity, sharing, processing, generalization, application, and summary sections (Cole, 2018). All seven introduction sections include a warm-up activity, expectations of the group, and objectives of the session (Cole, 2018). The activity comes after the introduction and pertains to each session. For example, session four is healthy eating, and the group activity is to make a recipe. Sharing comes after the activity, and the individuals are invited to share their work or experience with the group (Cole, 2018). Step four is processing, which involves the members expressing how they feel about the experience (Cole, 2018). In the generalizing section, the therapist will review the group responses to the other sections and state them to the group (Cole, 2018). Next, the application section will give the participants a goal they can agree to try (Cole, 2018). Lastly, the therapist will summarize what the session was about, give homework if there is any, and thank the group for coming. Each session will end on time, which is 60 minutes. Each session will end on time, which is 60 minutes.

An extensive literature review was completed to gather information on the unmet needs of breast cancer survivors. Using the online library at the School of Medicine and Health Science at the University of North Dakota and multiple search engines, journals, and articles were found. These engines include PubMed, CINAHL, AOTA, and Google Scholar. The following terms were used to complete the searches: breast cancer, unmet needs, co-occurring conditions, lymphedema, chemo brain, healthy lifestyle, exercise, quality of life, self-confidence, occupational therapy, physiological factors, psychosocial factors, returning to work, impact on occupational performance, and the Kawa Model.

Some unmet needs after breast cancer treatments include physical, including pain management, financial problems, and psychosocial unmet needs (Burg et al., 2015; Kim et al., 2020). Psychosocial unmet needs include social support, emotions, mental health, body image, and survivor identity. Body image is associated with a decrease in life flow, quality of life, and negative psychological factors (Burg et al., 2015). Body image issues can affect sexual activity between a survivor and their significant other and sexual drive. Along with psychological distress, cancer survivors experience psychosocial needs as well. Limited activity participation may come when experiencing negative psychosocial symptoms. Kim et al. (2020) above found that leisure physical activity increased health perceptions, which decreased mental health symptoms. Other conditions that breast cancer survivors may face include lymphedema and chemo brain and occupational therapy can help manage these conditions.

The Kawa Model was selected to guide the *Returning to Life Post Breast Cancer Treatments* protocol because it provides client-centered interventions while enhancing life flow. This model uses a river metaphor to identify each participant's challenges, social supports, and personnel assets in creating their life river.

The constructs to the river are riverbanks, flow, rocks, driftwood, and spaces within the river (Turpin & Iwama, 2011). The riverbanks represent the different contexts, such as social and physical environments that support their life flow (Turpin & Iwama, 2011). River flow symbolizes the perceived life and health of the individual (Turpin & Iwama, 2011). Rocks represent obstacles and challenges that impede the river flow, and driftwood is the influencing factor in a person's life (Turpin & Iwama, 2011). The spaces represent opportunities to enhance the flow of water through obstacles (Turpin & Iwama, 2011). *Returning to Life Post Breast Cancer Treatments* utilizes the river metaphor at the beginning, end, and throughout to improve the participant's life flow.

At the start of the program, the Kawa Model will be used as an evaluation tool. In the first session of the program, the participants will draw a river to represent their lives. The Kawa Model concepts such as the river and river components will be explained to them, so they can include all the parts and have the correct meaning. After members are done, they have the option to share their river with others in the group. Throughout the sessions, the facilitator will refer back to the Kawa Model to gather an understanding of the participant's improvements. At the end of the seven-weeks, the participants will be given another piece of paper and drawing utensils to re-draw their river. This time, they will compare their first river to the second to see how far they have come and that everyone's river can change.

CHAPTER IV

PRODUCT

Returning to Life Post Breast Cancer Treatments

Procedures Manual: A Guide to Prepare the Instructor

Janice Finley, MOTS and Ashley Timm, MOTS
Dr. Julie Grabanski, Advisor
University of North Dakota
2021

To group leader(s),

Hello, and welcome to the group protocol *Returning to Life Post Breast Cancer Treatments*. We both have been impacted by the diagnosis of breast cancer and have seen how it can impact a loved one. Our goal is to create a group protocol to address the physical, cognitive, and psychosocial unmet needs that breast cancer survivors face after treatment when returning to their life roles.

With our goal in mind, we created session outlines using Cole's 7 steps to address improving their life flow by educating on co-occurring conditions, healthy lifestyle, stress management, returning to life roles, and improving self-confidence. We have attached an outline of each session and an example of the Kawa Model to use for the participants of the group (see Appendix A). We hope that participation in each session will improve the overall quality of life for participants.

We utilized the key concepts of the Kawa Model throughout each session to use as a guide as well as an evaluation tool. The Kawa Model was chosen because it can be adjusted to each group member's needs in order to provide a holistic approach. Throughout the sessions, the Kawa Model will be used to evaluate the group member's life flow while incorporating all the various factors. We hope that by addressing returning to life roles, we can improve the quality of life for breast cancer survivors.

Before you start leading sessions, we would like to share some tips

- Breast cancer affects numerous women each year. It is important for us to advocate for their needs, and educate survivors on how to return to their life roles and meaningful occupations
- Breast cancer presents different in each individual and it is important to listen to each one's stories and needs
- Treatment for breast cancer is always adapting and changing, therefore it is also important to keep up to date on treatments and medications
- When leading a session, it may not go as planned. That is OKAY! Listen to the group participants and what they need during the session

Lastly, we would like to thank you for taking the time to organize and lead these sessions. We hope it is an enjoyable experience for the group leader as well as each participant. Together, we can provide support to breast cancer survivors, mothers, daughters, friends, colleagues and loved ones.

Sincerely,

Janice and Ashley

Occupational Model: The Kawa Model

The Kawa Model comes from the Japanese culture, as Kawa means “river” in Japanese (Turpin & Iwama, 2011). This model was chosen to guide this group-protocol because it views each person holistically. Everyone has their life journey, such as experiences, and the river can help depict this journey. There are five constructs, river flow, riverbanks, rocks, driftwood, and spaces for the river (Turpin & Iwama, 2011).

River Flow: Represent the flow of life and health of a person (Turpin & Iwama, 2011).

Riverbank: The different context a person is in such as social and physical (Turpin & Iwama, 2011).

Rocks: Obstacles and challenges that impeded the river flow (Turpin & Iwama, 2011).

Driftwood: Influencing factors in a person’s life

Spaces: Opportunities for enhancing the flow of the river water (Turpin & Iwama, 2011).

The Kawa Model will be used as a guide and evaluation tool. During the first session, the participants will draw and identify the five constructs of their rivers. They will share with the group and then they will draw their river again during session seven. Here they will compare the two and see how their life flow has changed and what they still view as rocks or challenges.

Use of Materials

The following include session outlines, and participant education materials that correspond with each session. References are included under each session, to allow the group leader to research the topic as needed. The seven sessions are outlined to include objectives, materials needed for the session, approximation of time for each step, and activity meaning, rational, and complexity. Participant education materials are provided with each session outline. It is beneficial to print out copies of each worksheet for the clients to have and use.

Final Note

Each session has objectives, posted below as well as the session outline. Each session outline was created as a guide, and adaptations or changes can be made to the sessions or activities. If changes or adaptations are made, the group leader should ensure the objectives are upheld throughout each session.

Overview of Sessions Objectives

Session 1:

- Participants will be able to identify key aspects of their life river including supports, personal assets, challenges, and life energy
- They will also use their river to self-reflect and evaluate self throughout each session

Session 2:

- Participants will be able to identify co-occurring conditions and their signs and symptoms.
- Participants will understand ways to cope with co-occurring conditions

Session 3:

- Participants will participate in different coping strategies for stress management
- Participants will identify various ways to decrease their levels of stress when engaging in meaningful occupations and life roles.

Session 4:

- The objective of this group session is for the participants to create a dish that promotes social participation.
- Participants will learn about nutrition to apply to everyday life.
- The participants will go over exercises they can quickly complete throughout the day

Session 5:

- Participants will identify key life roles
- Participants will identify ways to promote independence in returning to life roles

Session 6:

- Participants will identify their personal strengths and social supports
- Participants will improve their self-confidence by utilizing self-talk when facing negative thoughts

Session 7:

- Participants will re-do their river and compare to their first one
- Participations will reflect on what they have learned throughout the course of the sessions as well as how they have been able to apply their lives
- Participations will reflect upon how their life flow have changed after attending these sessions

SESSION 1:
Introduction and Overview of
Returning to Life Post Breast
Cancer Treatment

SESSION 1: Introduction and Overview of *Returning to Life Post Breast Cancer Treatments*

Objectives:

- Participants will be able to identify key aspects of their life river including supports, personal assets, challenges, and life energy
- Participants will use their river to self-reflect and evaluate self throughout each session

Material(s) needed:

- Handouts
 - Session topics
 - Kawa Model river example
- Beach ball
- Plain white paper
- Color utensils/pens/pencils

Environment:

- In a room with adequate lighting
- Tables with chairs that allow for the member to sit comfortably.

Reference:

Turpin, M. & Iwama, M. (2011). *Using occupational therapy models in practice a field guide*. New York: Churchill Livingstone Elsevier.

Step 1: Introduction (10 minutes)

Introduction:

- Introduce self, and background information
- Go around and ask participants to introduce themselves
- Thank everyone for joining
- Pass out outline of session topics and discuss topics; pass out Kawa Model example (the discussion will come later)
- State today's purpose and objectives:
 - Today's purpose is to put the Kawa Model into your own lives. The Kawa Model is based on the Japanese culture (Turpin & Iwama, 2011). Kawa means "river" and as a river flows, that is how our lives flow. There are obstacles, supports, and flow. We will learn more as we go through today's session.
 - The objectives for today will be for you to identify key aspects of your life river including your supports, personal assets, challenges, and life energy. Along with that you will be able to use your river to self-reflect and evaluate yourself throughout this session and the rest of the sessions.

Expectations of the group:

- Respectful of others including active listening
- Open-minded and willing to participate in each activity for each session

Warm-up:

- Beach ball ice breaker
 - The occupational therapist will write different questions on the beach ball. Some question suggestions include:
 - What is your favorite food to eat?
 - What is your favorite season?
 - What would you do if you never had to go to school or work again?
 - If you could be any animal, what would you be?
 - If you had a baby dinosaur, what would you feed it?
 - What's your favorite movie?
 - What's your favorite song?
 - Who is your favorite celebrity?
 - What qualities do you look for in a friend?
 - If you could travel anywhere, where would you go? What's your favorite sport?
 - The beach ball will be passed around the room. Each participant will state their name and throw the ball in the air. The participant will answer the question that their right thumb lands on. Once the question is answered, the participant will pass the ball to the next person.

Step 2: Activity (15 minutes)

- **Kawa Model**
 - Explain the river to the members and reference Kawa Model handout
 - River flow: Your life's energy/flow and health
 - Rocks: Obstacles or challenges in your life that you see as problematic
 - Riverbank: Different context in your life from friends and family to physical context.

- Driftwood: What influences you, and your attributes.
 - Spaces: These areas allow for enhancement in your river flow.
- Prior to the start of the session, you (the therapist) creates a river to have a visual explanation of each part to the participants. Share all the concepts of the river, such as rocks and what challenges are to you.
- Give them each a piece of paper and coloring utensils and allow them to draw their rivers

Step 3: Sharing (10 minutes)

- Each participant will be asked to share their life by identifying the parts of the river, such as rocks, driftwood, riverbank, and flow.
 - If a participant is hesitant to share, encourage sharing, but remind the participant that it is not a requirement.

Step 4: Processing (10 minutes)

- Ask participants about their challenges in returning to life post breast cancer treatment
 - How does having a social support impact challenges faced after receiving cancer treatment?
 - How many have received services to address physical, cognitive, and psychosocial aspects of returning to life roles?
 - Which life roles have been the most challenging to return to?

Step 5: Generalizing (5 minutes)

- Generalize key similarities between the participants
 - Were there any life roles that seemed to be challenging for most participants?
- Generalize any differences between the participants

Step 6: Application (5 minutes)

- Ask participants how they may increase their life river during the next week?
 - Ask the participants to think over the next week about challenges that they are currently facing

Step 7: Summary (5 minutes)

- In summary, there may be challenges faced after receiving breast cancer treatments. This program was designed to address each participant's specific needs and to increase their life flow. In the future sessions, we will educate and collaborate to find ways to promote a positive life flow in returning to life roles, occupations, and habits.
- Lastly, thank participants for their participation, and state when the next meeting is with time, date and location
- End the session on time (60 minutes)

Activity meaning:

- The Kawa Model will be used to guide an activity in order to evaluate key aspects of returning to life post breast cancer treatments. The participants will be instructed on how to draw their life flow using the concepts from the Kawa Model (Turpin & Iwama, 2011). The drawing will be used to identify the participant's life challenges, supports, and personal assets related to their life flow. Once these have been identified, the occupational therapist and participants will be able to collaborate in future sessions to promote a greater energy of life flow.

Activity demand:

- The activity involves the participant drawing with a pen, colored pencils, and paper. If a participant is unable to draw out their river, the participant will be able to verbalize their river and the occupational therapist, or other personnel, would be able to draw it for them.

Complexity/Sequencing/Timing:

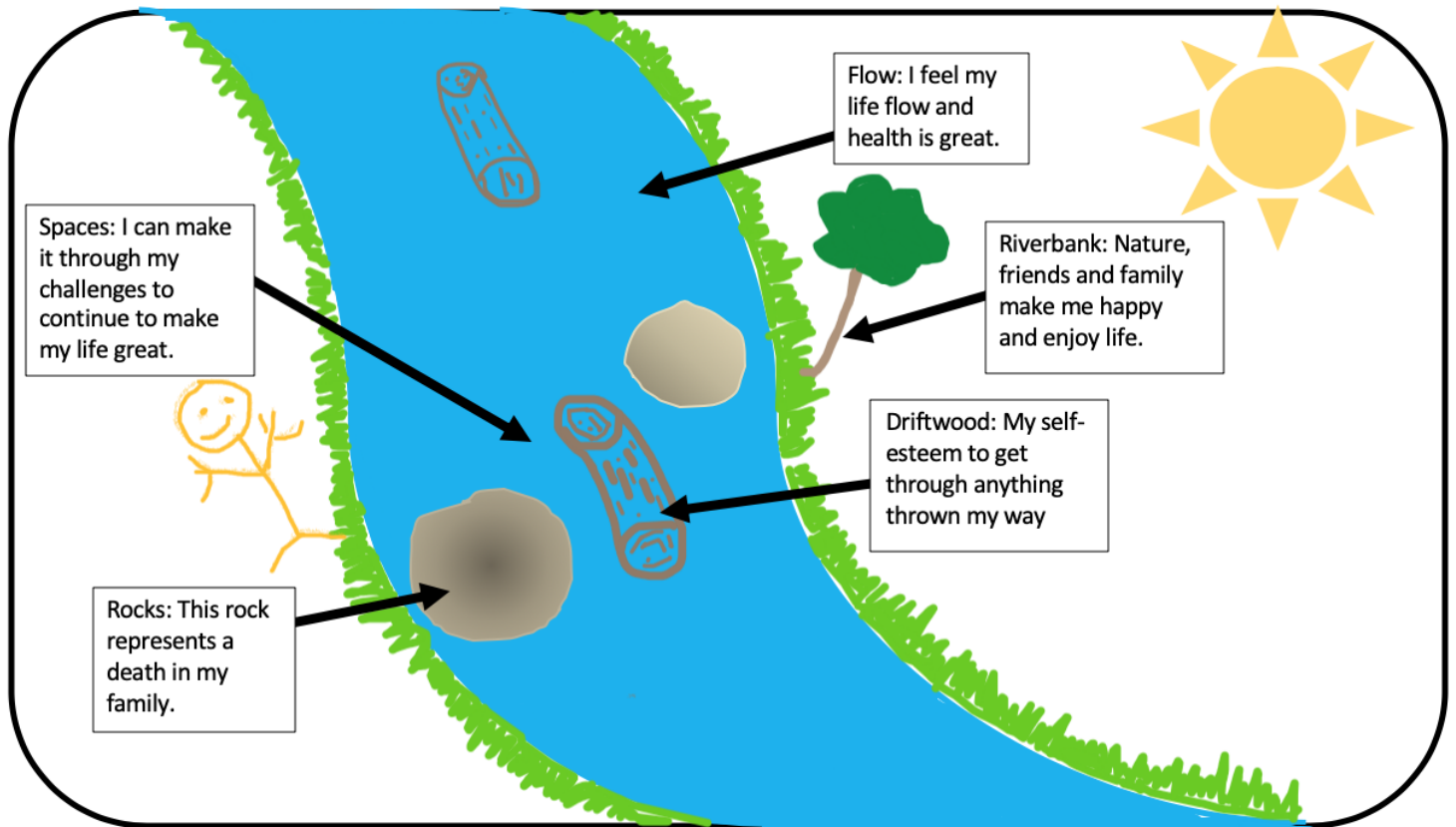
- The complexity of this activity is low, as it can be understood by this age group. Due to different life events, each person will have a different way of sequencing their river as well as how much time is needed to complete their river.

Session 1: Introduction
Participant Material

Session and Title	Overview
Session 1: Introduction	Get to know the therapist and the other members, learn about the Kawa Model and create your own river.
Session 2: Education	Learn about chemo brain and lymphedema, understand coping strategies, create a plan for coping strategies
Session 3: Healthy Lifestyle: Stress Management	Learn stress management strategies, practice and apply these strategies
Session 4: Balanced Lifestyle	Learn about nutrition, exercise, and create a simple meal
Session 5: Returning to Life Roles	Identify key roles in your life, and learn ways to return to these roles
Session 6: Self-Confidence	Learn how to be confident in your body post breast cancer treatments, how to comfortable and vulnerable with spouse/significant other
Session 7: Wrap-up	Re-do your river and compare to your first, final wrap-up of all the sessions

Kawa Model Example

Kawa comes from the Japanese culture, meaning “river” (Turpin & Iwama, 2011). This model has five (5) constructs: river flow, riverbanks, rocks, driftwood, and spaces for the river. River flow represents your life flow and health (Turpin & Iwama, 2011). The riverbank represents the different contexts in your life, such as, social and physical environments that make you who you are (Turpin & Iwama, 2011). Rocks represent obstacles and challenges that impact your river flow (Turpin & Iwama, 2011). Driftwood is the influencing factors in your life (Turpin & Iwama, 2011). Lastly, the spaces mean the opportunities for enhancing your flow of the water through the river (Turpin & Iwama, 2011).



(Turpin & Iwama, 2011)

SESSION 2:
**Education on Co-occurring
Conditions**

SESSION 2: Education on Co-occurring Conditions

Objectives:

- Participants will be able to identify co-occurring conditions and their signs and symptoms
- Participants will understand ways to cope with co-occurring conditions

Material(s) needed:

- Hand out on co-occurring conditions
 - Lymphedema and Chemo brain
- Paper (letter and large size)
- Writing utensils
- Measuring tapes (5)

Environment:

- In a room with adequate lighting
- Tables with chairs that allow for the member to sit comfortably.

References:

Hanna, L., Grothaus, K., Peterson, M. L., & Bertram, S. (2017). Breast cancer survivors' perceptions of the delivery of lymphedema education in the United States. *Journal of Women's Health Physical Therapy*, 41(3). DOI: 10.1097/JWH.0000000000000083

Henderson, F., Cross, A., & Baraniak, A. (2019). "A new normal with chemobrain": Experiences of the impact of chemotherapy-related cognitive deficits in long-term breast cancer survivors. *Health Psychology Open*, 6(1), DOI: 10.1177/2055102919832234

Kesler, S., Hadi Hosseini, S. M., Heckler, C., Janelins, M., Palesh, O., Mustian, K., & Morrow, G. (2013). Cognitive training for improving executive function in chemotherapy-treated breast cancer survivors. *Clinical Breast Cancer*, 13, 299–306.
<http://dx.doi.org.ezproxy.dominican.edu/10.1016/j.clbc.2013.02.004>

Mayo Clinic. (n.d.) Chemo brain. Retrieved from <https://www.mayoclinic.org/diseases-conditions/chemo-brain/diagnosis-treatment/drc-20351065>

Mayo Clinic. (n.d.) Lymphedema. Retrieved from <https://www.mayoclinic.org/diseases-conditions/lymphedema/symptoms-causes/syc-20374682>

Step 1: Introduction (10 minutes)

Introduction:

- Welcome everyone back to the group, and thank everyone for coming again
- Introduce yourself and credentials
- State purpose and objectives for today's session
 - Today we will be discussing lymphedema and chemo brain. The purpose of this is 50-70% of breast cancer survivors are not educated on these two conditions after they complete treatment (Kesler et al., 2013; Hanna et al., 2017).
 - There are two objectives for today. The first one is for you to identify co-occurring conditions and their signs and symptoms. The second one is knowing ways to cope with these conditions.
- Today's session involves education on possible medical conditions that may be associated with a cancer diagnosis. This discussion may bring up anxiety or uncomfortable feelings. We would like to acknowledge those feelings and remind that participation in this discussion and activities is completely voluntary.

Expectations of the group:

- Respectful of others including active listening
- Open-minded and willing to participate in each activity for each session

Warm-up:

- Have a large sheet of paper on the wall or a white board
- Split down the middle and write "chemo brain" and "lymphedema" on either side
- Ask the participants to create two groups
- Assign one group chemo brain and one group lymphedema
- The groups have 10 minutes to discuss their condition and write the information they know about it down on their side of the paper
 - They are not allowed to look up the conditions if they do not know it!!!

Step 2: Activity (20 minutes)

Lymphedema

- Go over the handout/education on lymphedema
 - Signs and symptoms
 - How to manage
- Lymphedema measurement:
 - Remind that participation is completely voluntary however lymphedema measurement may be an important skill, so that individuals can monitor their lymphedema at home, independently
 - Have the participants pick a partner
 - Each person will measure their partner's hand, wrist, forearm, and upper arm and write down their numbers
- After this is complete go on to chemo brain

Chemo brain

- Go over the handout/education on chemo brain
 - Signs and symptoms
 - How long it can last
 - How to manage
- Create a plan on managing co-occurring conditions

- Give the members a piece of paper and writing utensils
- Ask them to write down their plan to cope with lymphedema and/or chemo brain
 - This can include what was given (ex: writing lists) or something they think of

Step 3: Sharing (5 minutes)

- Each participant will be asked to share one thing they learned about chemo brain and lymphedema.
- Ask each participant to share one strategy they created for their management plan.

Step 4: Processing (10 minutes)

- Ask participants how they feel about both of these conditions.
 - What or how much education have you received on chemo brain and/or lymphedema prior to today?
 - From the river we drew last week, can you see either of these two conditions, chemo brain or lymphedema, being a piece of this river? If so, what aspect of the river would you put it as?
 - You can remind them of the concepts of the river (a rock, driftwood, space, riverbed, or river flow)
 - How can these affect your everyday life?
 - Are there remaining questions?

Step 5: Generalizing (5 minutes)

- Generalize key similarities between the participants
 - Did most have/not have education on these conditions?
 - Was there a similarity in river aspect?
 - Were there any everyday activities that have affected my most participants?
- Generalize any differences between the participants

Step 6: Application (5 minutes)

- Ask participants how will this information be beneficial for your everyday life?
- In the next week, utilize the entire plan or one of the strategies you created to help you in your everyday life.

Step 7: Summary (5 minutes)

- In summary, chemo brain and lymphedema can happen during and after breast cancer treatments. This session focused on educating you guys on these conditions to make you feel comfortable with them. We created a plan of strategies that you can use every day to help you cope with these two conditions. You committed to trying out one or more of these strategies, and I am looking forward to learning how it went. In the next session we will be talking about stress management strategies.
- Lastly, thank participants for their participants, and state when the next meeting is with time, date and location
- End the session on time (60 minutes)

Activity meaning:

- Co-occurring conditions arise after receiving and completing breast cancer treatments. These conditions include chemo brain and lymphedema. Chemo brain affects 70% and lymphedema affects over 50% of the breast cancer survivors (Kesler et al., 2013 Hanna et al., 2017). This is a high percent of survivors, and the education on these conditions are minimal. Education is minimal on what they are, how long they last and ways to treat them. This session will address these areas and allow the survivors to understand co-occurring conditions as well of ways to manage these conditions.

Activity demand:

- This activity involves the participants listening to the therapist about chemo brain and lymphedema. It also involves the participant to get creative with coping strategies that will work for them.

Complexity/Sequencing/Timing:

- The complexity of this activity is low as it does not require a ton of skills. Attention and creativity are needed to complete with activity.

Session 2: Education on Co-Occurring Conditions
Participant Material

Lymphedema:

- Refers to swelling in one of your arms or legs (both can happen)

Signs and Symptoms:

- Swelling in part or all of your arm/leg, including fingers/toes
- Feeling of heaviness or tightness
- Restricted range of motion
- Aching or discomfort
- Recurring infections
- Hardening and thickening of the skin

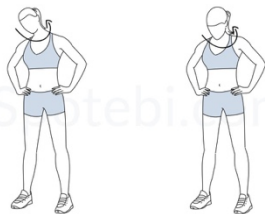


How to manage:

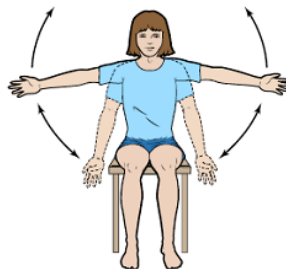
- Exercise
 - Flexibility and stretching exercises
 - Strength training
- Wrapping your arm or leg
 - Your OT, PT, or Lymphedema specialist can show you how to complete this
- Compression garments
- Lymphatic massage

Exercise ideas:

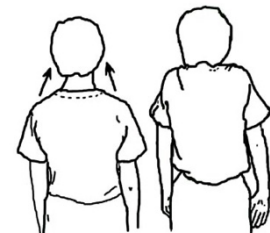
Neck rolls



Arm raises



Shoulder shrugs



How to test:

- Use a flex measuring tape and wrap it around your hand, wrist, forearm, and upper arm.

Chemo brain

- Thinking and memory problems that can occur during and after your treatment
- Can be called chemo fog, cancer-related cognitive impairment or cognitive dysfunction.



Signs and Symptoms:

- Being unusually disorganized
- Confusion
- Difficulty concentrating, multitasking, or learning a new skills
- Short attention span
- Trouble with verbal and visual memory

How long can it last?

- Chemo brain can last up to 1-year after you complete breast cancer treatments (Henderson, Coss, & Baranika, 2019).

How to manage:

- Track the dates of when memory problems occur
- Use coping strategies
- Use stress-relief techniques

Coping strategies:

Take notes
relaxation

Write outlines of written material

Stress-relief techniques:

Progressive muscle

Mindfulness

Meditation

References:

Mayo Clinic. (n.d.) Chemo brain. Retrieved from <https://www.mayoclinic.org/diseases-conditions/chemo-brain/diagnosis-treatment/drc-20351065>

Mayo Clinic. (n.d.) Lymphedema. Retrieved from <https://www.mayoclinic.org/diseases-conditions/lymphedema/symptoms-causes/syc-20374682>

SESSION 3:
**Healthy Lifestyle: Stress
Management**

SESSION 3: Healthy Lifestyle: Stress Management

Objectives:

- Participants will participate in different coping strategies for stress management
- Participants will identify various ways to decrease their levels of stress when engaging in meaningful occupations and life roles.

Material(s) needed:

- Stress Management Techniques handout
- Exercise Handout

Environment:

- In a room with adequate lighting
- Tables with chairs that allow for the member to sit comfortably.

References:

Burg, M. A., Adorno, G., Lopez, E. D. S., Loerzel, V., Stein, K., Wallace, C., & Sharma, D. K. (2015). Current unmet needs of cancer survivors: Analysis of open-ended responses to the American Cancer Society Study of Cancer Survivors II. *Cancer*, 121(4), 623-630.

Kim, J., Kim, J., & Han, A. (2020). The impact of leisure time physical activity on mental health and health perception among people with cancer. *Health Promotion Perspectives*, 10(2), 116–122. <https://doi-org.ezproxylr.med.und.edu/10.34172/hpp.2020.19>

Step 1: Introduction (10 minutes)

Introduction:

- Welcome the group and introduce yourself and credentials
- Ask the group if there are any questions from the previous session
- State session purpose and objectives
 - Today we will be talking about stress management. Physical, cognitive and psychosocial aspects are three common unmet needs of breast cancer survivors (Burg et al., 2015; Kim et al., 2020).
 - The objectives for today include participating in different coping strategies for stress management and identifying various ways to decrease your stress level while engaging in meaningful occupations and life roles.

Expectations of the group:

- Respectful of others including active listening
- Open-minded and willing to participate in each activity for each session

Warm-up:

- Ask the group “what does being healthy mean to you?”
- Each participant will share their own definition of being healthy

Step 2: Activity (20 minutes)

- Educate the participants that coping strategies can be used when an individual is feeling stressed, and anxious. Participating in coping strategies can reduce stress and promote participation in meaningful occupations and life roles post breast cancer treatment. Instruct the participants on each coping strategy.
- Deep breathing exercise (www.helpguide.org)
 - Breathe in slowly, counting to five
 - Hold your breath for a two seconds
 - Breathe out slowly, counting to five
 - Repeat until you feel relaxed
- Progressive muscle relaxation techniques (www.helpguide.org)
 - Find a quiet secluded place
 - Loosen up your clothing and make yourself comfortable
 - Start with deep breathing technique to relax
 - Focus on your attention on how your right foot feels, gradually tense up the muscles in your right foot and hold it for a count of ten seconds and relax
 - Feel the tension leave your foot and continue the deep breathing techniques
 - Next move to your left foot and repeat the steps
 - Work your way up your legs through your torso to your arms and finish with your head
 - Move slowly not to rush the process hitting all your muscle groups
 - Suggested routine:
 1. Right foot
 2. Left Foot
 3. Right calf
 4. Left calf
 5. Right thigh
 6. Left thigh

- 7. Gluts
- 8. Stomach
- 9. Chest
- 10. Back
- 11. Right Limb
- 12. Left Limb
- 13. Neck & Shoulder
- 14. Head
- Visualization/ Meditation (www.helpguide.org)
 - Find a quiet place
 - Close your eyes and take deep slow breaths
 - Imagine yourself in a calm place or doing something that makes you happy
- Reading a book
- Workout Routine
- Eating Healthy
 - These two, working out and eating healthy, will be discussed next week.

Step 3: Sharing (5 minutes)

- After completing the activity, each member is invited to share their experience with the coping strategies with the group
- Ask for volunteers to start, and have each participant share

Step 4: Processing (10 minutes)

- Ask participants how they feel about the experience
 - Which strategies did they enjoy?
 - Have they participated in these before?
 - Facilitate expression of both positive and negative feelings
 - What strategies (or supports) that promote positive life flow/energy?

Step 5: Generalizing (5 minutes)

- Verbalize a few general principles learned from participating in coping strategies
- Generalize coping strategies that work well for the group, and some that may need additional practice.

Step 6: Application (5 minutes)

- Encourage members to interact
- Each member can explain how this activity experiences applies to real life situations
 - Ask participants where they might utilize coping strategies in their daily life?
 - Ex: when they're nervous about a check-up appointment at the doctors, or waiting for test results to come back?

Step 7: Summary (5 minutes)

- Summarize learning of each coping strategy. As defined in the first session, there are challenges that we face, and it is important to know different coping strategies to use as a personal asset when overcoming these challenges.
- Give the participants homework to try the various coping strategies within the next week.

- Lastly, thank participants for their participants, and state when the next meeting is with time, date and location. The next session is healthy eating and ask each participant to look up a recipe to bring for next week.
- End the session on time (60 minutes)

Activity meaning:

- Participants will be educated on various strategies for stress management to address physical, cognitive, and psychosocial aspects. These three aspects are unmet needs that breast cancer survivors face after treatment (Burg et al., 2015; Kim et al., 2020). These aspects can be viewed as rocks in a survivor's river that can impact their everyday life. By using these coping strategies, participants will decrease their stress to face their life challenges and promote their flow of life energy.

Activity demand:

- The participants will need to be open-minded to trying coping strategies that may be new. Participants may need practice in using coping strategies and knowing to stay consistent.

Complexity/Sequencing/Timing:

- The complexity of this activity is moderate because participants will need to actively listen to instructions and then participate in the coping strategy.

Session 3: Healthy Lifestyle
Participant Material

Stress Management Techniques

Below are stress management techniques that you can use as needed throughout the day, weeks, and months.

Deep Breathing:

- Sit with your back straight and comfortably.
- Breathe in slowly through your nose, count to five (5)
- Hold your breath for two (2) seconds
- Breathe out slowly through your mouth or nose, count to five (5)
- Repeat until you feel relaxed

Progressive Muscle Relaxation:

- Find a quiet secluded place
- Loosen up your clothing and make yourself comfortable
- Start with deep breathing technique to relax
- Focus on your attention on how your right foot feels, gradually tense up the muscles in your right foot and hold it for a count of ten seconds and relax
- Feel the tension leave your foot and continue the deep breathing techniques
- Next move to your left foot and repeat the steps
- Work your way up your legs through your torso to your arms and finish with your head
- Move slowly not to rush the process hitting all your muscle groups
- Suggested routine:
 1. Right foot
 2. Left Foot
 3. Right calf
 4. Left calf
 5. Right thigh
 6. Left thigh
 7. Gluts
 8. Stomach
 9. Chest
 10. Back
 11. Right Upper Limb
 12. Left Upper Limb
 13. Neck & Shoulder
 14. Head



Visualization/Meditation:

- Find a quiet place
- Close your eyes and take deep slow breaths
- Imagine yourself in a calm place or doing something that makes you happy
 - You can also have a meditation or calming video on in the background

Reading a book:

- Sit in a comfortable spot without distractions and read a book for 10 or more minutes.



**If you would like more techniques or have any questions feel free to ask the group leader or visit www.helpguide.org.

SESSION 4:
Balanced Lifestyle

SESSION 4: Balanced Lifestyle

Objectives:

- The objective of this group session is for the participants to create a dish that promotes social participation.
- Participants will learn about nutrition to apply to everyday life.
- The participants will go over exercises they can quickly complete throughout the day

Material(s) needed:

- Depending on what is going to be made this list may change
 - Paper plates
 - Pots and pans
 - Stove/range top
 - Food
- Nutrition and exercise handout

Environment:

- Adequate lighting
- Several tables with supplies and allows for each group to work
- Kitchen such as stove and range top are needed

References:

Brown, K. (2017). Nutrition for breast cancer patients and survivors. Retrieved November 11, 2020, from

https://www.hopkinsmedicine.org/breast_center/treatments_services/nutrition.html

Centers for Disease Control. (2020). Physical activity. Retrieved from:

<https://www.cdc.gov/physicalactivity/basics/adults/index.htm>

Greenlee, H., Molmenti, C., Crew, L., Awad, S., Kalinsky, K., Brafman, D., . . . Hershman, Z. (2016). Survivorship care plans and adherence to lifestyle recommendations among breast cancer survivors. *Journal of Cancer Survivorship, 10*(6), 956-963.

Tollosa, D., Tavener, M., Hure, A., & James, E. (2019). Adherence to multiple health behaviours in cancer survivors: a systematic review and meta-analysis. *Journal of Cancer Survivorship, 13*(3), 327–343. DOI: 10.1007/s11764-019-00754-0

Food Guide Pyramid - Graphic Resources. (n.d.). Retrieved November

11, 2020, from <https://www.fns.usda.gov/food-guide-pyramid-graphic-resources>

Wu, T., Chang, T., Chang, S., Lin, Y., Wang, J., & Kuo, Y. (2019). Dynamic changes of body image and quality of life in breast cancer patients. *Cancer Management and Research, 11*, 10563-10571.

Step 1: Introduction (5 minutes)

Introduction:

- Welcome everyone to the session
- Introduce yourself and credentials
- State purpose and objectives:
 - Today we will be completing a cooking activity and an exercise activity. A healthy diet, regular physical activity, and normal body weight have been evidenced with better breast cancer outcomes (Greenlee et al., 2016; Tollosa et al., 2019). We will also be using the cooking activity to address social participation. After breast cancer, social participation may be affected as one may not be willing to open up about their experience (Wu et al., 2019).
 - One objective for this session will be to create a simple dish to promote social participation. The second objective is to learn about nutrition and exercise to use in your everyday life.

Expectations of the group:

- Respectful of others including active listening
- Open-minded and willing to participate in each activity for each session
- Stay safe when using utensils and the stove.
- Does anyone have any questions before we start?

Warm-up:

- Last week, I gave you the homework of using a coping strategy and finding a recipe. We will go around the room and discuss this.
- In what way did you use one coping/stress management strategy since the last session?
- What is one recipe that you found? Have you tried it or not? If so, how did it turn out?

Step 2: Activity (30 minutes)

- **Go over exercise handout (5 minutes)**
 - Demonstrate each exercise and have the participants practice each move.
- **Go over handout (5 minutes)**
 - Read suggestions from John Hopkins
 - Go over the pyramid and suggested servings. Tell the participants that if they are interested in knowing more, to see a nutritionist about their specific questions.
- **Cooking (20 minutes)**
 - As the leader, split the group in half (max 5 each group) as you see fits and give them their recipe.
 - The group members will gather the ingredients to complete this activity
 - While in the groups, make sure they are communicating with each other if/when a problem arises, and to have fun.
 - Once the dish is prepared, tell the member they can sit down and eat it, or they can wait.
 - Clean up any mess and throw away the dishes and silverware.

Step 3: Sharing (5 minutes)

- How did this activity go and how did your dish turn out?
- What was your favorite exercise?

- **(Leader):** where their similarities or differences on the answers, if so, share your findings.

Step 4: Processing (5 minutes)

- If we had more time, is/was there something else that you would like to make or go over?
- How does this activity fit into returning to life post breast cancer treatments?
- How does this activity impact your individual river's life flow?
 - By applying today's session, does it promote a more positive life flow?
 - What are rocks that may still be present that impact your life flow?
- Social participation questions:
 - Did this activity help your confidence in social participation? If so, how?
 - Remember the river concepts, where do you find social participation fitting? Is it a rock, driftwood, riverbank?
 - Is this an area that is changing since being in this group?

Step 5: Generalizing (5 minutes)

- What similarities or differences did you notice between the groups?
 - How have they worked together?
 - How have they solved problems? Etc.
- (Leader): if you noticed any similarities or differences, state them here.

Step 6: Application (5 minutes)

- How will you use these skills in your everyday life?
- What is one meal you would like to make for your family?
- What is your plan to use exercise in your daily routine?

Step 7: Summary (5 minutes)

- Today we went over suggestions about nutrition and exercise after breast cancer, as well as the food pyramid. If you have an interest in knowing more about this topic, please consult a nutritionist or personal trainer. We also created easy dishes while working in teams. Within this next week, I would like for you to create a meal or dish for your family/friends or whomever you would like and completed two days of 30 minutes exercise.
- Thank them for their participation and for coming. State when the next session is, the location, and times. The next session will be on returning to life roles, so start thinking about your roles that have been impacted from breast cancer treatments.
- End the session on time (60 minutes)

Activity meaning:

- This activity is used to address social participation as well as healthy eating and exercise post breast cancer treatments. Social participation may be affected after breast cancer treatments, as one might not be willing to open up about their experience (Wu et al., 2019). By completing a recipe with partners will help breast cancer survivors feel confident in their ability to return to social participation. This activity will also address suggested eating after breast cancer treatments. A healthy diet, regular physical activity, and normal body weight have been evidenced with better breast cancer outcomes (Greenlee et al., 2016; Tollosa et al., 2019). By educating the participants on healthy eating and physical activity, they will hopefully they will feel decrease stress with their breast cancer outcomes.

Activity demand:

- The participants will need to be open-minded to trying recipes that may be new or have new items in it. They need to communicate with their partners to successfully make their given recipe.

Complexity/Sequencing/Timing:

- The complexity of this activity is moderate because participants will need to engage with their partners and participate in completing the recipe.

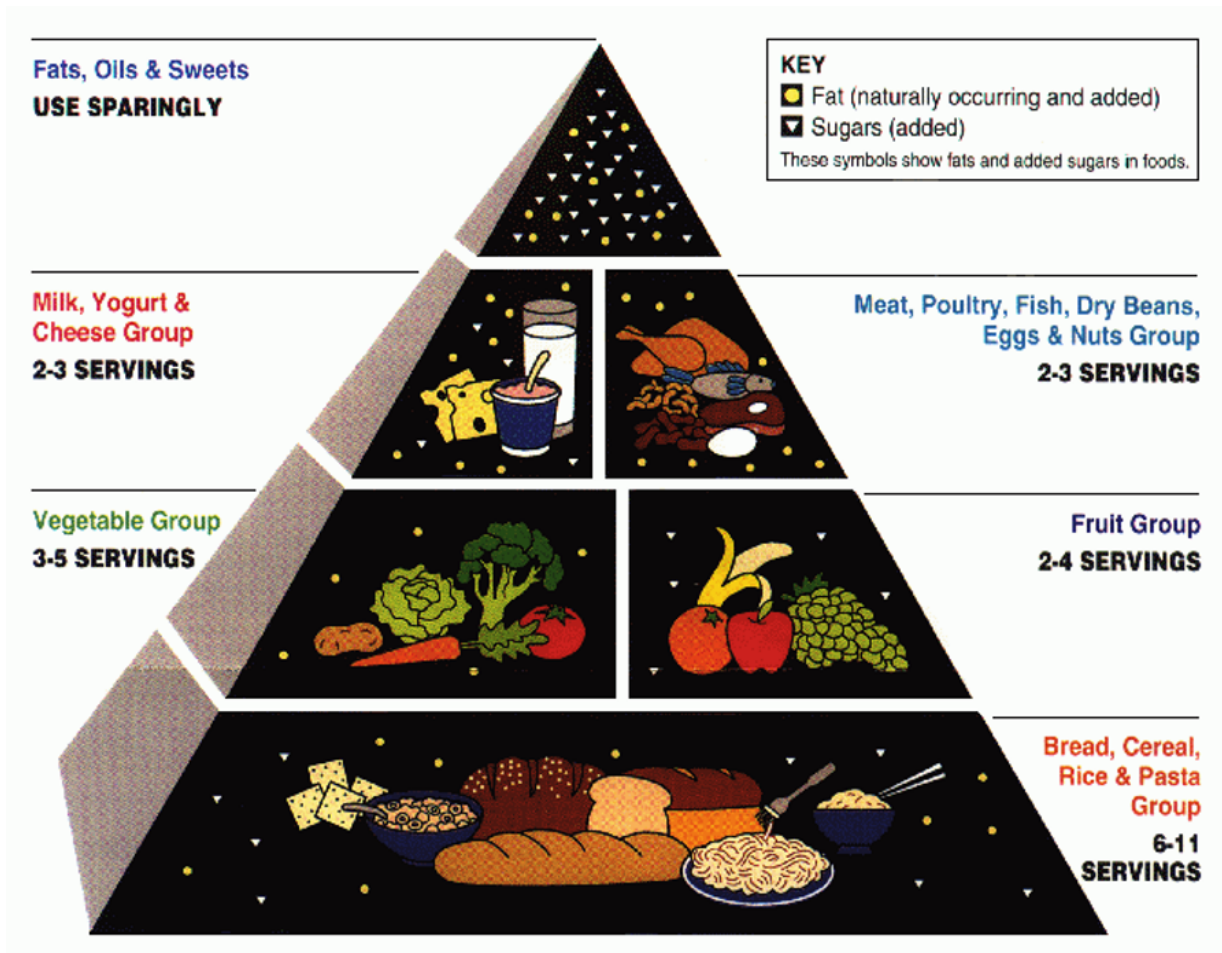
Session 4: Balanced Lifestyle
Participant Material

Nutrition

The following are nutrition suggestions from John Hopkins Medicine:

- Increase intake of fruits, vegetables and whole grains
- Decrease fat intake
- Minimize intake of cured, pickled and smoked foods
- Alcohol consumption should be done in moderation, if at all.

Below is the food pyramid as suggested by the U.S. Department of Agriculture:



**Disclaimer, this was put together by occupational therapy students, not nutritionists. If you would like more information on nutrition, consult a nutritionist.

References:
Food Guide Pyramid - Graphic Resources. (n.d.). Retrieved November 11, 2020, from <https://www.fns.usda.gov/food-guide-pyramid-graphic-resources>

Brown, K. (2017, January 09). Nutrition for breast cancer patients and survivors. Retrieved November 11, 2020, from https://www.hopkinsmedicine.org/breast_center/treatments_services/nutrition.html

Exercise Activities

Physical activity can be completed in different ways. The Center for Disease Control and Prevention (2018) suggests 150 minutes of moderate-intensity (ex: walking) or 75 minutes of vigorous-intensity (ex: running) a week. Below is different ways to complete physical activity and examples of a few exercises.

Going to the gym
or
Doing at home workouts



Leisure Activity:

Another great way to get physical activity in is participating in leisure activities: Kim et al. (2020) evaluated the impact of leisure-time physical activity and health perceptions and found cancer survivors who participated in leisure activities had a better health perception. Below are ideas of leisure activities but participate in what makes you happy.

1. Going for a walk (fun activity for the entire family)
2. Hiking
3. Biking
4. Playing a sport (basketball, volleyball, etc.)
5. Many more options, you pick what leisure activity you enjoy participating in



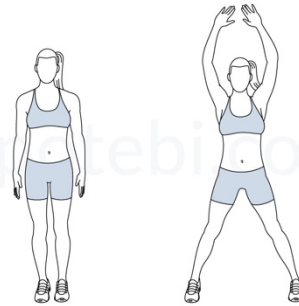
Sample Exercises

Chair Squat



Start standing with a chair sitting directly behind you. Lower hips into the sitting position and stand back up.
-Repeat for 30 seconds. .

Jumping Jacks



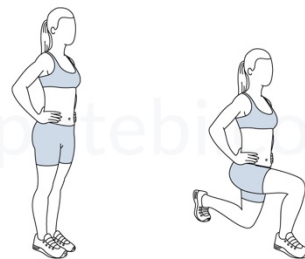
Start standing in a straight position. Then jump or step your feet out and bring your arms above your head.
-Repeat for 30 seconds

Wall-sit



Pick a spot on the wall and lower your body till your legs are at 90 degrees. Your hands can be on the wall or your thighs.
-Hold for 1 minute or as long as you can.

Lunge



Stand in a straight position. Step one leg forward and bend both knees to 90 degrees. Step back, and repeat on other side.
-Complete 10 each leg

SESSION 5:
Returning to Life Roles

SESSION 5: Returning to Life Roles

Group Title: Returning to Life Roles

Objectives:

- Participants will identify key life roles
- Participants will identify ways to promote independence in returning to life roles

Material(s) needed:

- Pen/pencil
- Life roles handout

Environment:

- In a room with adequate lighting
- Tables with chairs that allow for the member to sit comfortably.

Reference:

Vetsch, J., Wakefield, C. E., McGill, B. C., Cohn, R. J., Ellis, S. J., Stefanic, N., Sawyer, S. M., Zebrack, B., & Sansom, D. U. M. (2018). Educational and vocational goal disruption in adolescent and young adult cancer survivors. *Psycho-Oncology*, 27(2)

Step 1: Introduction (10 minutes)

Introduction:

- Welcome everyone back to the group, and thank everyone for coming again
- State purpose and objectives for today's session
 - Today we will be talking about returning to your life roles. Everyone has different life roles, such as mother, worker, daughter, friend, and many more that they associate with. During treatments, one may not be able to continue to actively participate in these life roles, which can lead to a decrease in social well-being (Vetsch et al., 2016).
 - Today's objectives are to identify key life roles and ways to return to these roles.

Expectations of the group:

- Respectful of others including active listening
- Open-minded and willing to participate in each activity for each session

Warm-up:

- Go around the circle and share 2-3 meaningful life roles
 - Such as the role of a mother, student, worker, and etc.

Step 2: Activity (15 minutes)

- Each participant will receive the handout.
- Based upon the life roles listed in the warm-up activity, the participants will fill out the handout.
- Participants will be able to share with the group which life roles have been most challenging as a result of being diagnosed with breast cancer
 - For example, if a mother is unable to lift her child, a suggestion would be to use a stroller or play games with the child while sitting on the ground
 - For example, returning to work might be a challenge and a suggestion would be to slowly work back to full-time hours, or prioritizing job tasks to complete
- As a group, we will collaborate ways to enhance engagement in these life roles.

Step 3: Sharing (10 minutes)

- After completing the activity, each member is invited to share their own work and experience with the group
- Ask for a volunteer to start, but make sure no participant is forgotten
- Acknowledge each member's contributions

Step 4: Processing (10 minutes)

- Ask questions to facilitate expression of both positive and negative feelings
 - Which life roles have been the most challenging to engage in?
 - Which life roles have not been impacted?
- Which life role is considered driftwood, rocks, and riverbank, in your river and life?
 - How can your life roles be modified in order to promote positive life flow?

Step 5: Generalizing (5 minutes)

- (Leader): Verbalize a few general principle learned from the handout
- (Leader): Any similar life role experiences from the group?
- What issues energized the group?

Step 6: Application (5 minutes)

- By applying these suggestions to participation in life roles, we anticipate each participants' life energy will increase. These challenges will diminish, and we will be able to work around them.
- Encourage members to interact
- Ask open questions to facilitate application of suggestions provided by the group
- Each members explains how the suggestions from the activity will apply to real life situations

Step 7: Summary (5 minutes)

- Thank you all for participating and collaborating today throughout the session. Today, we went over your life roles and discussed where they fall in your river.
- Summarize key findings in today's session
- Lastly, thank participants for their participants, and state when the next meeting is with time, date and location. In the next session we will be talking about self-confidence.
- End the session on time (60 minutes)

Activity meaning:

- Prior to a breast cancer diagnosis, an individual may have participated in various life roles, such as the role of being a mother or worker. However, during breast cancer treatments, an individual may not have been able to continue participation in these life roles. For example, a mother may not have the physical ability to lift her child due to surgery or have the energy to clean the house as a result of fatigue from treatments. Cancer survivors need to successfully reintegrate into their life roles, otherwise there may be long-term implications in terms of career potentials, course of life, mental health, and social well-being (Vetsch et al., 2016). The purpose of this session is to acknowledge these challenges to adapt, alter, and maintain current life roles.

Activity demand:

- The activity requires the participants to be able to record their life roles on the handout provided. The participants will also reflect upon challenging life roles and ways to overcome these challenges.

Complexity/Sequencing/Timing:

- The complexity of this activity is moderate as it required participants to self-reflect upon previous and current life roles. The participants will use sequence to first fill out the handout, and then collaborate with other group members.

Session 5: Returning to Life Roles
Participant Material

Name: _____

Date: _____

The purpose of this handout is to identify key life roles throughout the lifespan. The handout will allow participants to identify life roles that may be challenging to continue as a result of being diagnosed with breast cancer. The goal is to collaborate with others in the group and social supports to identify ways to continue and return to life roles.

Role 1: _____

Have you participated in this during treatment? _____ yes _____ no

Have you participated in this after treatment finished? _____ yes _____ no

What challenges have you faced in participating in this role? _____

Role 2: _____

Have you participated in this during treatment? _____ yes _____ no

Have you participated in this after treatment finished? _____ yes _____ no

What challenges have you faced in participating in this role? _____

Role 3: _____

Have you participated in this during treatment? _____ yes _____ no

Have you participated in this after treatment finished? _____ yes _____ no

What challenges have you faced in participating in this role? _____

Any other roles or concerns that have become present?

SESSION 6:
Self-Confidence

SESSION 6: Self-Confidence

Group Title: Improving Self-Confidence

Objectives:

- Participants will identify their personal strengths and social supports
- Participants will improve their self-confidence by utilizing self-talk when facing negative thoughts

Material(s) needed:

- Pen/pencil
- Handouts
- White Paper

Environment:

- In a room with adequate lighting
- Tables with chairs that allow for the member to sit comfortably.

References:

Burg, M. A., Adorno, G., Lopez, E. D. S., Loerzel, V., Stein, K., Wallace, C., & Sharma, D. K. (2015). Current unmet needs of cancer survivors: Analysis of open-ended responses to the American Cancer Society Study of Cancer Survivors II. *Cancer*, 121(4), 623-630.

Gómez-Campelo, P., Bragado-Álvarez, C., & Hernández-Lloreda, M. (2014). Psychological distress in women with breast and gynecological cancer treated with radical surgery. *Psycho-Oncology*, 23(4), 459-466.

Wu, T., Chang, T., Chang, S., Lin, Y., Wang, J., & Kuo, Y. (2019). Dynamic changes of body image and quality of life in breast cancer patients. *Cancer Management and Research*, 11, 10563-10571.

Step 1: Introduction (10 minutes)

Introduction:

- Welcome everyone back to the group, and thank everyone for coming again
- State purpose and objectives for today's session
 - Today we will discuss self-confidence. Self-confidence can be decreased after completing breast cancer treatments due to body image and emotional health (Burg et al., 2015).
 - The first objective for this session is for you to identify your personal strengths and social supports, the driftwood and riverbank to your rivers. The next one is to utilize self-talk when facing negative thoughts or rocks in your life to improve your self-confidence.

Expectations of the group:

- Respectful of others including active listening
- Open-minded and willing to participate in each activity for each session

Warm-up

- Participants will use the Gratitude Jar handout, and fill the jar based upon people, places, and things that they are grateful for.
- Participants will be able to share their jar with the group

Step 2: Activity (20 minutes)

- Participants will use the Growth Mindset handout
- Participants will identify their personal strengths and social supports
- Participants will also read a negative thought and try to turn it into a more positive and empowering thought
 - If needed, participants can collaborate with other group members to brainstorm positive thoughts

Step 3: Sharing (5 minutes)

- After completing the handout, each participant is invited to share their work or experience with the group
- The group will go through each negative thought and share how they turned it into a positive one
- Ask for a volunteer to start, and go around the group so that no one is forgotten
- Acknowledge each participant's contribution to filling out the handout
- Then go around the room and have each participant share their river
 - If you (leader) notice changes since the first session, state them after the sharing of the rivers.

Step 4: Processing (10 minutes)

- Which thoughts are the most common?
- Which thoughts are the most challenging to turn into a positive?
- How do you feel once you turn a negative thought into an empowering one?

Step 5: Generalizing (5 minutes)

- Verbalize a few general thoughts from the handout
- Point out areas of similarities from the group

- Ask open questions that reveal the meaning of the handout

Step 6: Application (5 minutes)

- Each member explains how this handout experience applies to real life situations or has meaning to them?
 - When can they see themselves using self-talk?

Step 7: Summary (5 minutes)

- Thank you all for participating in today's session and sharing your thoughts and ideas to the group. Today we completed our gratitude jars. These are something that you can continue to add to throughout your journey. We also went over our life roles and discussed where they fall in your river.
- Summarize key findings in today's session
- Lastly, thank participants for their participation, and state when the next meeting is with time, date and location. In the next session we will be talking about self-confidence.
- End the session on time (60 minutes)

Activity meaning:

- Participants may experience a decrease in self-confidence as a result of a breast cancer diagnosis. This decrease is associated with body image and emotional health (Burg et al., 2015). Decrease in body image can happen to anyone after receiving breast cancer treatments such as chemotherapy, loss of hair, surgical scars, and more (Wu et al., 2019). Due to the change in body, a participant may have a decrease in their self-confidence which can affect their participation in life roles, meaningful occupations, and may experience physical, cognitive and psychological stressors (Burg et al., 2015; Gómez-Campelo et al., 2014). It is important for every woman to have self-confidence to feel beautiful in their own skin along with life roles. Self-talk will be used as a strategy to overcome negative thoughts and returning them into positive, and empowering thoughts.

Activity demand:

- The activity requires participants to record their thoughts and be creative to turn them into positive ones.

Complexity/Sequencing/Timing:

- The complexity of this activity is moderate as the participants will need to think of ways to turn thoughts into a positive and empowering one. Participants will also be able to collaborate with other group members if they need assistance. The sequencing of this activity will include filling out each part of the handout provided.

Session 6: Self-Confidence
Participant Material

Day 1

My Gratitude Jar

Think about different people, things, and events you are grateful for. Write what and who you are grateful for inside your "Gratitude Jar" below.



Printables by Big Life Journal - biglifejournal.com

Growth Mindset
What can I say to myself?

My personal strengths are: _____

My social supports include: _____

Instead of...	Try thinking...
I'm not good at this	What am I thinking?
I give up	I'll use some of the strategies we've learned
This is too hard	
My body is ugly	
Plan A didn't work	
I can't make this any better	
She is so beautiful. I'll never be like her	
I don't know what to do anymore	
Nothing is the same anymore	

Any additional thoughts that occurs: _____

Try thinking: _____

SESSION 7:
Wrap-up

SESSION 7: Wrap-up

Group Title: Wrap-up!!

Objectives:

- Participants will re-do their river and compare to their first one
- Participations will reflect on what they have learned throughout the course of the sessions as well as how they have been able to apply their lives
- Participations will reflect upon how their life flow have changed after attending these sessions

Material(s) needed:

- Pen/pencil
- White Paper

Environment:

- In a room with adequate lighting
- Tables with chairs that allow for the member to sit comfortably.

Reference:

Turpin, M. & Iwama, M. (2011). *Using occupational therapy models in practice a field guide*. New York: Churchill Livingstone Elsevier.

Step 1: Introduction (10 minutes)

Introduction:

- Welcome everyone back to the group, and thank everyone for coming again
- State purpose and objectives for today's session
 - Today is our final session! We will re-do our rivers and see what has changed since the first session. The purpose of re-doing your rivers is to see how far you have come with your perspective of your life.
 - The objective for today is for you to reflect on what you have learned throughout these 7 sessions.

Expectations of the group:

- Respectful of others including active listening
- Open-minded and willing to participate in each activity for each session

Warm-up

- Split the participants into 2 groups.
- One group will have sessions 1-3 and the other group will have sessions 4-6.
- As a group, they will create a summary of what was done during their assigned sessions
- Once both groups are complete, a spokesperson will read the summary that their group came up with.

Step 2: Activity (15 minutes)

- Review the Kawa Model to the group:
 - River flow: Your life's energy/flow and health
 - Rocks: Obstacles or challenges in your life that you see as problematic
 - Riverbank: Different context in your life from friends and family to physical context.
 - Driftwood: What influences you, and your attributes.
 - Spaces: These areas allow for enhancement in your river flow.
- Give each participant white paper and writing utensils and have them recreate their river.

Step 3: Sharing (5 minutes)

- Each participant will be asked to re-share their life and what changes (if any) have been made to their river.

Step 4: Processing (5 minutes)

- Ask participants about their challenges in returning to life post breast cancer treatment
 - What has been the most challenging part to returning to your life post breast cancer?
 - What is one or more take away from completing these rivers?
 - During the last 6 sessions, we have talked about different topics, what was your favorite topic, and which one was the hardest?
 - Are there any remaining questions from any of the sessions?

Step 5: Generalizing (5 minutes)

- Generalize key similarities between the participants
 - Were there any parts of the river/their life that changed for most participants?
- Generalize any differences between the participants

Step 6: Application (5 minutes)

- Each of your rivers can change, what is one area that you would like to continue to work on?
 - Tell me about your plan to continue to work in this area.
- How do they plan to continue to promote positive life flow into their daily life?

Step 7: Summary (5 minutes)

- In summary, there may be challenges faced after receiving breast cancer treatments. Throughout these 7 sessions we have talked about co-occurring conditions, stress management, healthy eating, increase self-confidence, and returning to life roles to
- This program was designed to address each participant's specific needs and to increase their life flow. In the future sessions, we will educate and collaborate to find ways to promote a positive life flow in returning to life roles, occupations, and habits.
- Lastly, thank participants for their participation, and state when the next meeting is with time, date and location
- End the session on time (30-45 minutes)

Activity meaning:

- The Kawa Model will be used to guide an activity in order to evaluate key aspects of returning to life post breast cancer treatments. The participants will be instructed on how to draw their life flow using the concepts from the Kawa Model (Turpin & Iwama, 2011). The drawing will be used to identify the participant's life challenges, supports, and personal assets related to their life flow. Once these have been identified, the occupational therapist and participants will be able to collaborate in future sessions to promote a greater energy of life flow.

Activity demand:

- The activity involves the participant drawing with a pen, colored pencils, and paper. If a participant is unable to draw out their river, the participant will be able to verbalize their river and the occupational therapist, or other personnel, would be able to draw it for them.

Complexity/Sequencing/Timing:

- The complexity of this activity is low, as it can be understood by this age group. Due to different life events, each person will have a different way of sequencing their river as well as how much time is needed to complete their river.

CHAPTER V

SUMMARY

The purpose of this scholarly project was to expand the role of occupational therapy in the population of breast cancer women as well as overall oncology care post treatment phases. Cancer diagnoses are increasing, as well as the rate of survivorship. Occupational therapists can provide services that address receiving education on co-occurring conditions, living a healthy lifestyle, returning to work and life roles, and self-confidence. Although occupational therapy plays an important role in oncology care, there is a lack of referral and limited research evidence on treatment including traditional and holistic interventions.

The authors created a group protocol called *Returning to Life Post Breast Cancer Treatment* to address the lack of services and the unmet needs of breast cancer survivors. This program was created to be a 7 session, community based-program for breast cancer survivors to address their specific needs after completing their breast cancer treatment and returning to their daily life roles and routines. The authors used the Kawa Model as a guide to develop each session as well as an evaluation tool. At the beginning and the end of the program, participants in this program will draw their life river to include, but not limited to, their personal assets, challenges, client factors, and life energy. This program is deemed successful if it increases the participant's perception of their life energy/flow. The program is intended to provide education, resources, and additional information to assist in promoting positive life flow in overcoming any challenges or obstacles that may be present.

To implement this product, the authors presented at AOTA's 2021 Inspire conference. By sharing the research and plan for the program here, the hope is to gain attention to the role occupational therapy has in oncology. By educating occupational therapy practitioners on this

program, it is intended that they will implement this program into their community-based setting. The authors also intend to learn from other practitioners who currently incorporate the Kawa Model, and practice in oncology with breast cancer individuals.

This project has been designed for a specific population that includes any stage or type of breast cancer as well as individuals who identify as female. This project was also designed for those who have completed their cancer treatments and are planning to return to their occupational roles and habits. Our specific population is also a limitation to the program as it is not intended for those receiving cancer treatments, other types of cancers, nor male populations. The authors believe that more research should be conducted prior to expanding the population of this program, especially for male individuals. Research should include the physical, cognitive, and psychosocial aspects of having breast cancer as a male individual. Therefore, there is potential for further scholarly collaboration for future occupational therapy students. It is intended that more research will be conducted in order to design a group protocol to incorporate the unmet needs of male cancer survivors, and additional types/stages of cancer as well.

Along with the limitation of a specific population, another limitation of the program is that the program has not been used in a clinical setting to test for effectiveness, validity, reliability, or ease of use by the occupational therapy practitioner nor the client. Once implemented into a clinical setting, the authors plan to revise the session outline, as needed.

The authors conclude that occupational therapists play an important role in oncology care while including a holistic approach to incorporate the physical, cognitive, and psychosocial aspects. With this program, occupational therapists can use their education, skills, and qualities to advocate, empathize, encourage, instruct and even problem solve challenges that arise as a result of a breast cancer diagnosis. The authors' hope that designing the group protocol

Returning to Life Post Breast Cancer Treatment that occupational therapists will help enhance the promotion of positive life flow in breast cancer survivors as they return to their meaningful occupations, life roles, and routines.

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