

Royal College  
of Occupational  
Therapists

NI YW  
MACMILLAN.  
CYMORTH CANSER  
WE ARE  
MACMILLAN.  
CANCER SUPPORT



tenovus  
cancer care  
gofal cancer

MAGGIE'S  
Everyone's home of cancer care



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith  
Canser Cymru  
Wales Cancer  
Network



Swansea University  
Prifysgol Abertawe

Therapeutic relationships  
in cancer rehabilitation:  
Using Self Determination Theory  
as a framework for understanding  
semi-structured interviews.

Wendy Wilkinson

Macmillan Lead Cancer Allied Health Professional – Wales Cancer Network

Professional Practice Doctorate Candidate – Swansea University

18/06/2019 S58 11:30 – 12:15 Hall 11A



## Research Context

Cancer incidence & survival

---

Consequences of cancer

---

Longevity of outcomes

---

Healthcare system pressures

---

Self-management

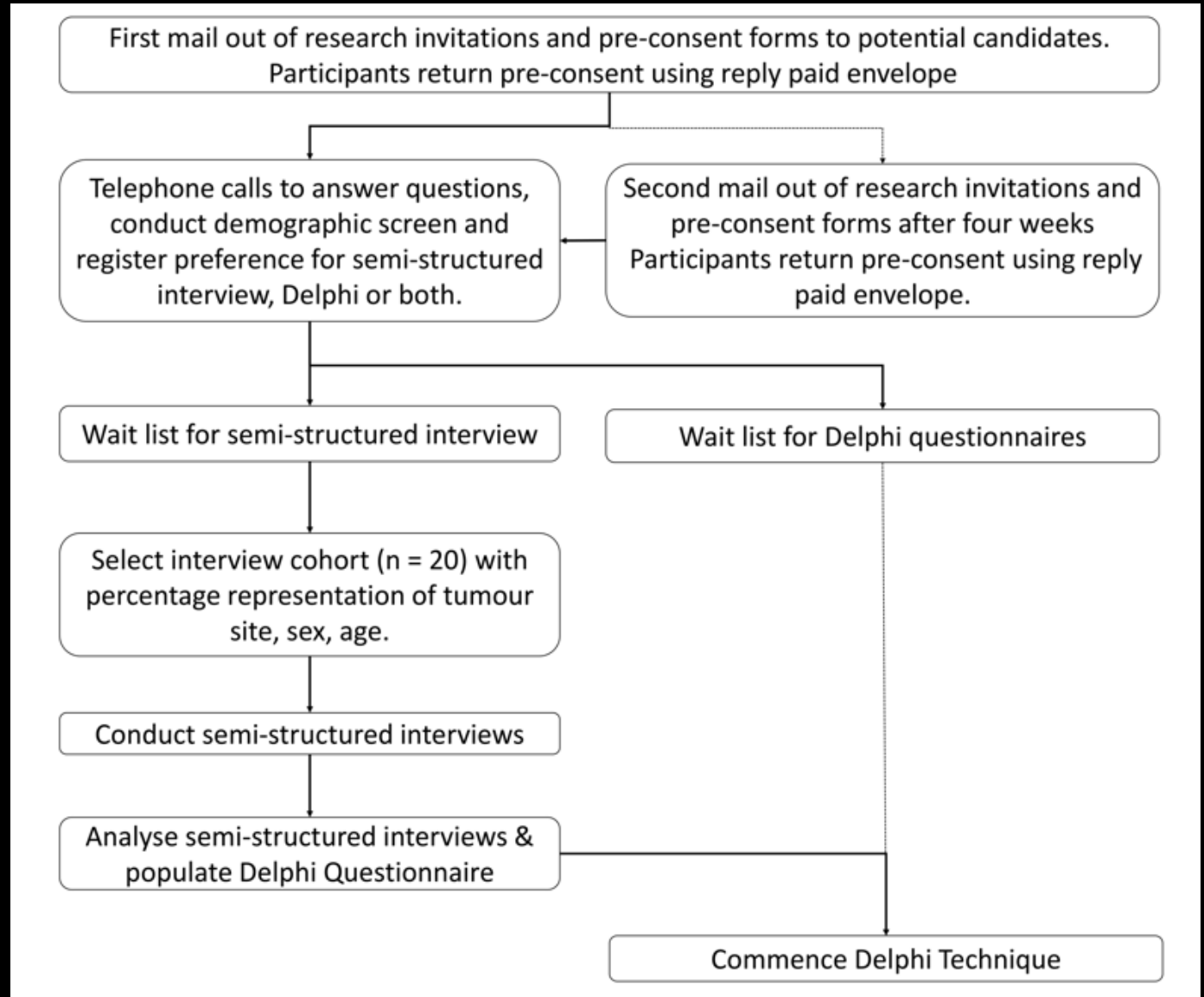
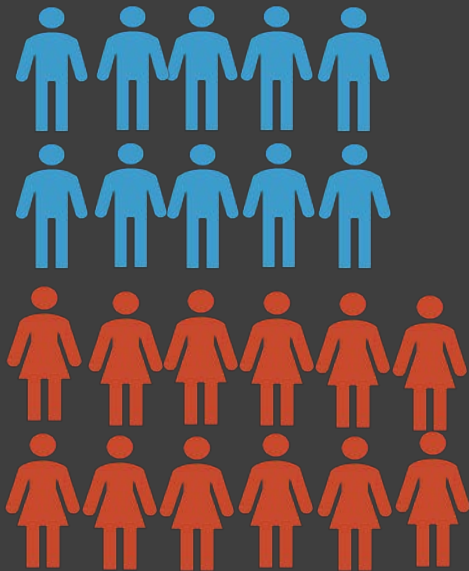
---

Secondary prevention

---

Participant feedback

# Research Overview



# Semi- Structured Interviews

---

How do participants describe their experiences of therapeutic relationships and their impact on rehabilitation outcomes?

---

Are therapeutic relationships an aspect of rehabilitation that participants rate as important?

---

What barriers and facilitators to therapeutic relationships, do participants identify?

# Self Determination Theory<sup>1</sup>

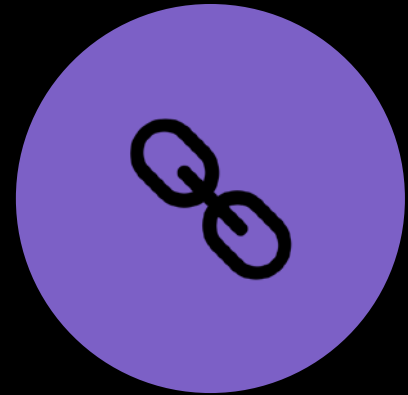
---



COMPETENCE



AUTONOMY



RELATEDNESS

# Competence – Participant perspectives

<b>CLARITY OF EXPECTATIONS</b> Collaborative & realistic goal setting Expectations from behaviour linked outcomes	<i>“...[they] asked, ‘what did I want?’” (002).</i>  <i>“once I got into the sessions and you know um, there's no guarantees, ... basically it was down to me... you can have a joke, you can have a laugh but we're also here to achieve and [they] made that pretty clear” (201).</i>
<b>OPTIMAL CHALLENGE</b> Tailoring goals & strategies to individual skills	<i>“If they are going to go nineteenth of a dozen and leave you look like an idiot ..., you lose interest, but if they do it slowly and with you, you keep up with the pace but then they gradually increase, slowly, slowly, slowly” (228).</i>  Conversely, <i>“there's a danger to setting a target too low isn't there? Because, if I was to set a target that was too low it would be settling for something that wasn't good enough” (230).</i>
<b>FEEDBACK</b> Clear & relevant information Non-judgemental manner	<i>“They never ever made me feel that I'd failed at anything. I might not have succeeded at the ultimate but they always made me feel like getting halfway – that was a success” (234).</i>
<b>SKILLS TRAINING</b> Instrumental & practical training Guidance & advice	<i>“Until you start doing things and getting out and broaden your horizons, and the biggest thing to get over is trying to find out what you can do” (178).</i>  <i>“if [they] didn't know stuff [they] would actually go out of [their] way to find it and give me a number or give me a direction you know” (053).</i>

# Autonomy – Participant perspectives

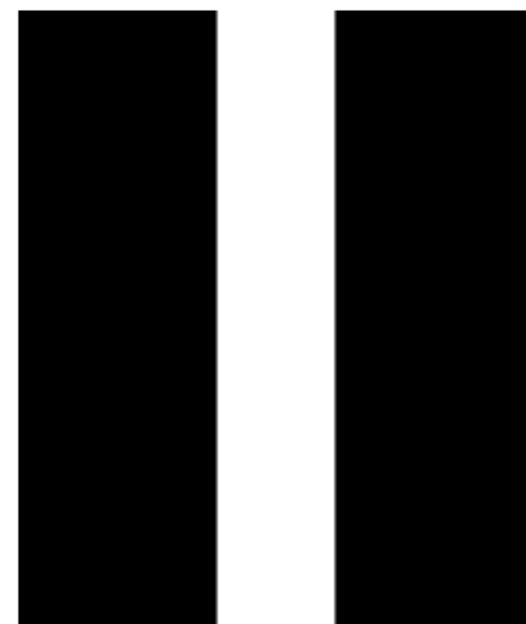
<b>RELEVANCE</b> Clear & meaningful rationale for activities Facilitate self-endorsement	<i>"I didn't see the point in it. ..., I would have preferred to have been in the water. So it daunted me a bit then because I already had no faith in them" (081).</i>  <i>"[they were] amazing at explaining to me why I needed to do the exercises, because for me I am not the kind of person you tell to do this because I said so" (002).</i>
<b>RESPECT</b> Acknowledge importance of participants' perspective, feelings & agenda	Reciprocal - <i>"it is respectful on both sides" (259), "Well you've got to give respect to get respect" (236),</i>  Authentic - <i>"[they] were interested in how each one of us was doing, it's just being genuinely interested in your patients" (076).</i>
<b>CHOICE</b> Encourage participants to follow their own interests Provide options where possible	<i>"it's not about conveyer belt of treatment where everybody gets the same" (127).</i> <i>"They find something that you enjoy doing. ... they key into the fact. I used to rush into hydro, all excited like a kid going to the pool" (150).</i>  <i>"the swimming, ... which was the most beneficial as I've described, I wasn't able to do, it didn't suit me with wet hair and all that rigmarole, I couldn't be bothered with swimming. So, the tai chi was an easier option" (059).</i>
<b>AVOIDANCE OF CONTROL</b> Language or methods are not coercive, authoritarian or guilt-inducing	<i>"I felt very, sort of, having to justify my, my actions all the time... I was too frightened to tell [...] that I just didn't want to do my exercises yesterday" (042).</i>  <i>"I booked a cruise from the hospital. [My wife] came, I told her, she said "you must be mad!" I sat there with [the team] and told them what I had done. I still don't know if they believed I would have done it, but they didn't say 'that's stupid', they said 'we'll work towards it'" (234).</i>



# Relatedness – Participant perspectives

<b>EMPATHY</b> Attempt to see situation from participants' perspective	<i>"[the team] were makin' us feel important type of thing. You know you're not there just as a number. ... We were individuals and [the team] showed the care that [they] feel for everybody type of thing" (235).</i>
<b>AFFECTION</b> Display genuine appreciation & concern for participants	<i>"First thing they do is they welcome you in as if they've known you forever" (081).</i> <i>"...I gave [them] a hug, I couldn't do that with a GP, I'd never have that relationship" (217).</i>
<b>ATTUNEMENT</b> Pay careful attention to participants Gather knowledge about participants	<i>"Paying attention, and [they] noticed if somebody was struggling, [they] noticed if somebody was doing something better than they were last week. And [they] commented on it" (076).</i> <i>"and then all the follow up questions. [They] always wanted to know more about me than other people did" (230).</i>
<b>DEDICATION OF RESOURCES</b> Volunteering time & energy	<i>"I love the way they work together and they have got time for everybody, that's what I find. And you know darn well that they haven't got the time because nobody has got the time in hospital" (126).</i>
<b>DEPENDABILITY</b> Availability in case of need	<i>"I understand that everything got a system and programme but when you feel like shit and you think to yourself 'please see me, please, please, do something I've waited all week for this', um and you can't, that's a kick in the teeth, it really is" (042).</i> <i>"I knew you were all there, and I knew if I wanted any help I could speak to one of you there. I know there's always somebody there" (050)</i>





And breathe...

# Experiences of the Therapeutic Relationship

*“It goes from the bullying, to sort of keying in; to a union almost if you like with them, a harmony if you like, so that you go along together. It’s nice” (150).*

*“[they] do the coaching thing when it is required but [they] are my personal cheerleaders too” (002).*

*“a highly skilled and caring ‘comfort blanket’, preparing me for the outside world” (076 – email 12/11/2016).*

*“You have to be more or less a sort of chameleon, you have to suit your abilities to the person you are dealing with” (228W).*

# Balance: Boundaries and Authenticity<sup>3</sup>

*“in a cancer situation, people don’t want to see [them] on an off day. I have never seen [them] on an off day and I don’t know how I would have reacted if I had. To me [they] were like a rock, you know? [They] had to be well for me to be well, mentally... But if I had seen [them] low or depressed, that would have depressed me” (053).*

*“I think it has to fit in with, someone’s personality ...especially to do with health and so on, you can’t, you can’t force yourself to be somebody that you are not, and fake empathy or sympathy” (059).*

*“but there has got to be a line drawn” (259).*

*“it's very easy if you like to become too involved, and the professionalism of the people running that again was very good in drawing a line in terms of saying right, ok, and you are there supportin’ them and that's the way it’s got to stay” (178).*

## Previous Relationship Experiences: Self-awareness

*“I think the fact that you were an OT and I was an OT, I couldn't let the side down. I used to wear that uniform. I think there is a camaraderie, I really do, you know, because, we, there is something special about being an OT and I am sure nurses would say there is something special that they've got. But it's something, it's like a kindred spirit within you, isn't it you know, you share the same ideals really” (147).*

*“[they] are like the type of people that, like I used to socialize with before... I knew that you were professionals so it's not like 'friends', but it was somewhere near being more friendly, it's just that, it's like that step, that intermediate step back to socializing” (230).*

*“I have got granddaughters like her, she is so bubbly and so alive and she just gets everybody going...” (259).*

## Participants' Advice to Healthcare Professionals

*“the tilting of the head. It is the worst thing... they are not really caring for you it's just they're going through the motion and you feel patronised basically” (053).*

*“don't imagine you know 100% what a patient needs. You have the academic and professional experience but you are not walking in that patient's body” (002).*

*“I felt very, sort of, having to justify my, my actions all the time... I was too frightened to tell [...] that I just didn't want to do my exercises yesterday” (042).*

*“this I suppose is personal choice, and I know in the back of my, I know in the front of my mind that it's the wrong choice; but I can shut it away and put it in the drawer, ... I don't have to see it, I mean in my mind” (147).*



# Reflections

Better relationships improve recruitment / retention to in-practice research

Evidence to protect the time we spend building relationships with rehabilitation participants

Evidence to build on and develop standards of practice for ensuring best practice in cancer rehabilitation

Will need to understand education & training needs for professionals and participants as we implement person-centred care and embrace therapeutic relationships

## Next steps to usefulness

Cross reference motivation, behaviour change and occupational therapy models for understanding the 'how' we can influence rehabilitation outcomes

Measure therapeutic relationships and correlate with clinical outcome measures to describe magnitude of impact

Correlate readiness for change and rehabilitation duration / outcomes to help with designing targeted interventions

Explore learning needs of AHPs in cancer rehabilitation

Explore learning needs of pre-registration cohorts



# References

1. Ryan, R. M., Patrick, H., Deci, E. L., & Williams, G. C. (2008). Facilitating health behaviour change and its maintenance: Interventions based on Self-Determination Theory. *The European Health Psychologist, 10*(1), 2-5.
2. Silva, M. N., Marques, M. M., & Teixeira, P. J. (2014). Testing theory in practice: The example of self-determination theory-based interventions. *The European Health Psychologist, 16*(5), 171-180.
3. Gelso, C. (2014). A tripartite model of the therapeutic relationship: Theory, research, and practice. *Psychotherapy Research, 24*(2), 117-131. doi:10.1080/10503307.2013.845920
4. Dietz, J. H., Jr. (1980). Adaptive rehabilitation of the cancer patient. *Curr Probl Cancer, 5*(5), 1-56.
5. Taylor, R. R. (2008). *The intentional Relationship: Occupational therapy and use of self*. Philadelphia: F. A. Davis Company.

**Diolch yn fawr**

Thank you very much

[wendy.wilkinson@wales.nhs.uk](mailto:wendy.wilkinson@wales.nhs.uk)