

Professor Olle Jane Sahler: training mothers to manage cancer-related problems in children

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Dr. Prof. Sahler, a behavioral pediatrician, is professor of Department of Pediatrics, Hematology and Oncology at University of Rochester Medical Center (*Figure 1*). She is now working on Patient and family adjustment to chronic and terminal illness, both in clinical practice and research; and use of complementary therapies in symptom management in Integrative Oncology. Prof. Sahler leads the psychosocial oncology program (55-60 new diagnoses/year) in a children's hospital within a general hospital providing bone marrow/stem cell transplantation services to children on an adult unit. Problem-Solving Skills Training (PSST) for a variety of cancer related groups (mothers, parents, adolescents) is a current project led by Prof. Sahler and an article entitled "Specificity of Problem-Solving Skills Training in Mothers of Children Newly Diagnosed with Cancer: results of a Multisite Randomized Clinical Trial" was published in *Journal of Clinical Oncology* (1). The editorial office of *Translational Pediatrics* interviewed Prof. Sahler regarding the article and the research in Problem-Solving Skills Training in mothers.



Figure 1 Olle Jane Z. Sahler, MD, Professor of Pediatrics, Psychiatry, Medical Humanities & Oncology, Golisano Children's Hospital/University of Rochester Medical Center, Division of Pediatric Hematology/Oncology.

TP editor: *Could you give us a brief summary of the article? What's the significance of this research?*

Prof. Sahler: This paper is the third in a sequence of reports that our group has published about the Bright IDEAS paradigm of PSST for mothers of children newly diagnosed with cancer. After demonstrating the efficacy of PSST in 2002 (2) and 2005 (3), we were interested in discovering how much of the effect of our intervention was due to non-specific factors such as social support, which is a common intervention with people who are in social and psychological crisis as parents often are, and how much was due to the intervention itself: teaching mothers how to solve problems as a way of reducing their sadness/depression and anxiety over their child's cancer. We were very pleased to be able to report that, although mothers who received social support only and mothers who received social support and

PSST were indistinguishable with regard to depression and anxiety immediately after the intervention was completed, mothers who received the PSST training continued to show improvement three months later. Thus, learning a skill that helps them to cope better with their child's illness has a more lasting effect than merely being with them and offering comfort and sympathy.

TP editor: *What are the important elements of the problem-solving approach that you have developed?*

Prof. Sahler: We call our intervention Bright IDEAS: the Bright stands for the optimism that you can be successful in coping with the problems that your child's cancer is presenting to the family (for example, worries about the

child's chances of recovery, worries about your job and household and your other children). The word IDEAS stands for the five steps of problem solving:

I= Identify the problem (be precise about your problem or what is bothering you). For example, the parent should be encouraged to take the problem "I am concerned about my other child at home" and instead make the problem more precise by saying, "I am worried that my son is not doing well in school" or "I am concerned that my 5-year-old daughter is jealous of the time I have to spend in the hospital with my 2-year-old with leukemia."

D= Determine my options (brainstorm all the possible solutions to the problem). For example, with the 5-year-old who is jealous of the time the mother spends in the hospital, one solution may be to bring her with you to see her brother. Another solution might be to ask a family member to come to the hospital so that you can go shopping with your daughter. We encourage people to think of as many solutions as they can even if some solutions are things that they never would or could do.

E= Evaluate your options and choose the best. For example, for the jealous 5-year-old, it may be that she has a cold so the hospital won't let her in or they may have visiting rules that children as young as 5 cannot visit. You want to take her somewhere but you have no extra money, so you decide that your best option is to take her to the park while another family member stays with your son with cancer.

A= Act (go ahead and do what you have decided). In this case, you arrange for your sister to stay with your son and you and your daughter go to the nearby park for two hours and she has a wonderful time being with you.

S= See if it worked you discover that your sister was happy to help and she offers to stay with your son next week. You plan another trip to the park with your daughter, who is very excited about having time with you.

In this example, the solution was a good one and the mother was satisfied. If it did not work out, it is critical that the mother be honest in her appraisal and think about what she could do differently next time (For example, if her sister was not available, could her mother stay in the hospital instead?).

This is a simple example and certainly not all problems are so easily solved, but Bright IDEAS gives a mother a way to actively seek solutions rather than sitting back and feeling sorry that things are not different.

TP editor: With limits of this study listed in your article, do you think it is necessary to carry out a similar study in the future with the limits fulfilled?

Prof. Sahler: We have tested Bright IDEAS with over 900 mothers in the US (English-speaking and Spanish-speaking), and with Arab and Jewish Israelis. We feel confident that our findings are accurate with these populations of mothers. However, we would like to test Bright IDEAS with fathers and other members of the family and with the children themselves in the US and other countries as well.

TP editor: Will the culture and social background as well as the economic status of parents of the children make a difference in the outcomes?

Prof. Sahler: Actually, the mothers who responded most impressively to Bright IDEAS were young, single, or Spanish speaking. We believe that our approach, which is one that looks at problems critically and encourages the mother to work at solving the problem until she has a solution, would be most helpful to people with less experience or education (younger), less support (no husband and/or family), or Spanish speaking in the US where a different language and customs can make coping with cancer more difficult. The most important aspect of these findings, however, is that there were almost no mothers who did not understand what the project was about and willing to learn the steps.

TP editor: Computer accessibility, social networking, and online training are proceeding as mentioned in the article. What progress have you made? What would be the clinical significance of it?

Prof. Sahler: Our current NIH grant is to develop an online version of Bright IDEAS enrolled our first subject in mid October. We plan to enroll 640 parents and family members over the next four years. We will use their experiences to help us refine our approach over the course of the grant.

TP editor: How did you get involved in the research of Pediatric Oncology? What was your primary motivation to dedicate to a career helping cancer related groups (mothers, parents, adolescents)?

Prof. Sahler: I have been working with children with chronic and terminal illness ever since medical school. When we began a camp for children with cancer and then one for brothers and sisters of children with cancer in the

late 1970's and early 1980's, I was fortunate to be able to conduct research at the camp and have continued in the field ever since. I have also worked with children with cystic fibrosis, end-stage renal disease, and other life-long or life-limiting conditions. I also work with parents and siblings of children who have died.

TP editor: With all the achievements made by you and your research group, what are you most proud of?

Prof. Sahler: We have been fortunate to have worked together for about 25 years and have helped a lot of mothers and their families in that time, just through PSST. Each of us in the research group is also involved in clinical care in addition to research and our research has helped us be better clinicians.

TP editor: What would be the ultimate goal of your research life? Where do you see your research leading in the future?

Prof. Sahler: We are teaching more psychologists, nurses, and social workers how to use Bright IDEAS in their daily practice each year. We are also teaching them to be teachers of others through workshops throughout the country. We feel that the skills can be very easy to understand and implement, although it does take commitment to the process to be most successful. We feel that Bright IDEAS can be used by anyone to solve problems of any kind throughout their entire life and hope that others will see the

benefits of this simple approach through our work.

TP editor: Thank you very much for the interview!

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None.

Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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