Holistic Adolescent Cancer Program: making a difference in adolescents' lives

Amy M. Bower

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Holistic Adolescent Cancer Program:
Making a Difference in Adolescents’ Lives

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Note: This document describes a capstone dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist.
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Executive Summary
Much research has been focused on the impact of parental cancer on the individual, spouse or sibling. One area that has received little attention is the impact of parental cancer on the adolescent. Parental cancer affects the adolescent emotionally, physically, socially, behaviorally, and cognitively. Parental cancer may also lead to mental health disorders if the adolescent does not learn coping strategies in order to cope with his/her parent’s cancer diagnosis (Grabiak, Bender, & Puskar, 2007). Currently there are no programs for adolescents whose parents have cancer in Toledo, OH. The Victory Center’s Mission focuses on non-medical support services to individuals and adult family members who are affected by cancer in helping them to recover and to promote education and prevention techniques (The Victory Center, 2007). An online Holistic Adolescent Cancer Program at The Victory Center is proposed in order to make a difference in adolescents’ lives whose parents have cancer.

The goal of the online Holistic Adolescent Cancer Program at The Victory Center is to increase the overall psychological well being of the adolescent whose parent has cancer by engaging in interactive occupation web based workshops. The program objectives were based mainly upon the literature review and focus on: coping techniques, developing a personal anxiety management plan, role transitioning, cooking and cleaning, and learning more about cancer treatments and how to lower the risk of developing cancer (Grabiak, Bender, & Puskar, 2007). An estimated 80 - 100 adolescents will be served by the online Holistic Adolescent Cancer Program at The Victory Center in Toledo, Ohio within the first year, engaging in goal setting, evaluations, and interactive occupation web based workshops. The online Holistic Adolescent Cancer Program will
utilize pre-test, post-test, surveys, and formative and summative evaluations that will help the staff at The Victory Center determine program effectiveness.

Introduction

Program Goal

The goal of the online Holistic Adolescent Cancer Program at The Victory Center is to increase the overall psychological well being of the adolescent whose parent has cancer by engaging in interactive occupation web based workshops. A holistic approach means taking a look at the entire person and focusing on all aspects of health and wellness which could include: mental, social, behavioral, physical, emotional, or spiritual health.

Sponsoring Agency

The Victory Center is located in Toledo, Ohio and has been serving Northwest Ohio and Southeast Michigan since 1996. The Victory Center’s Mission focuses on non-medical support services to individuals and family members who are affected by cancer in helping them to recover and to promote education and prevention techniques (The Victory Center, 2007). The Victory Center provides a relaxing environment where the participants receive empathy and encouragement.

The Victory Center supports and educates cancer patients and their friends and families through free individual and group programs and services. The Victory Center has licensed professionals with credentials appropriate to their specialty. In 2007, 425 people participated in different programs at the Victory Center (McCloskey, 2007). The Victory Center has a diverse set of services in order to meet the needs of the community. Some of the programs that The Victory Center offers are: massage therapy, reflexology,
healing touch, reiki, facials, individual meditation, yoga classes, focus on healing classes, support groups, and spiritual support.

**Organizational Structure**

The organizational structure of The Victory Center is unique to the facility. Kelly Brooks, Community Relations and Volunteer Coordinator at The Victory Center, was consulted for accuracy during the development of an organizational chart (Appendix A). The highest ranking segment of the organization is the Board of Trustees and Medical Advisors which is made up of community members. The Board of Trustees/Medical Advisors makes sure that the organization is running smoothly and that all programs fit in with The Victory Center’s mission. Kelly Brooks (Executive Director) reports to the Board of Trustees. Lora Johnson (Office Manager), and Penny McCloskey (Participant Service Coordinator), are ranked third on the organizational chart and report to Kelly Brooks. Lynn Chandler (Administrative Assistant and Volunteer Coordinator) is ranked fourth, and reports to Lora Johnson. The Victory Center also has twenty one therapists who report to Kelly Brooks. There are also three group activity facilitators, six support group facilitators, and three specialists who also report back to Kelly Brooks.

An occupational therapist hired to run the online Holistic Adolescent Cancer Program will become a staff member at The Victory Center. The occupational therapist will report to Kelly Brooks as well. The occupational therapist was placed with the other therapists in order to keep in close contact with them. They may serve as mentors or resources for the occupational therapist.
Investigation of Needs

A series of interviews, observations, surveys, and conversations were an important part of determining the need for this program. Kelly Brooks, Executive Director, and Penny McCloskey, Participant Service Coordinator, as well as other staff members have been open to spending time discussing the online Holistic Adolescent Cancer Program. Anita Dunipace, the Vice President of the American Cancer Society in Perrysburg, Ohio, and Janelle Tipton, an oncology RN at The University of Toledo Medical Center also played an important role with providing feedback on topics in order to develop an online Holistic Adolescent Cancer Program at The Victory Center.

Methods for Gathering Data

There needs to be a plan for gathering data from adolescents and their parents who have cancer in order to find out what topics should be discussed for the adolescent program. It is important to assess the needs of the adolescents in order to be able to cover topics that are important to them. It is also imperative to get feedback from the parents who have cancer on what their thoughts are about different topics that should be discussed in the adolescent program. Each method was selected to provide a different outlook and perspective from different participants on each topic.

The three primary methods for gathering data were surveys, semi-structured interviews, and attending support groups. The first method that was chosen for gathering data was a survey for parents who have cancer and also an adolescent. A survey is usually conducted through a questionnaire that can be distributed through email, mail, or on-site (Fazio, 2008). A survey collects data from a sample of the population rather than every member of the population. A survey obtains individual attitudes and thoughts on
different topics. A survey also produces statistics of different aspects of the studied population (Fowler, 1993).

A survey was also chosen to be mailed out to both the adolescent and the parent because it is imperative to sample both populations in regards to obtaining information to help develop a program. According to Welch, Wadsworth, and Compas (1996), parents who had cancer who also had adolescents reported that their adolescents were experiencing little or no signs of emotional stress or disruptive behaviors with regards to the parent being ill. Interestingly, the adolescents reported that they were experiencing some symptoms of anxiety and stress due to their parents’ illness. With that in mind, two surveys were distributed to both the adolescent and parent in order to develop a clear picture of both populations regarding how he/she copes with his/her parent’s cancer diagnosis.

A survey was chosen for gathering data because it allowed the occupational therapy student to reach more parents and adolescents than would be possible in an interview or focus group. Two different surveys were mailed out and can be found in (Appendix B) and (Appendix C). The occupational therapy student went through The Victory Center’s participant database and found parents who had children of the ages 9-17 years old. The occupational therapy student copied the addresses down and sent both surveys to each household address with a stamped return envelope enclosed. For example, if a parent had three children between the ages of 9-17 years old, they received four surveys total, one parental survey, and three adolescent surveys. There were 103 surveys sent out to the participants from The Victory Center.
The American Cancer Society in Perrysburg, Ohio was also contacted with regards to mailing out surveys. Anita Dunipace was contacted and agreed to mail out surveys in order to receive more data for the Holistic Adolescent Cancer Program. A total of 18 surveys were mailed out to parents who have cancer as well as adolescents between the ages of 9-17 years old.

A total of 123 surveys were sent out, and only eleven surveys were received after allowing the participants to have a full month to fill out and return the surveys to The Victory Center. The results from the Adolescent Cancer Survey can be found in (Appendix D). There were six adolescents who returned the surveys. After analyzing the data from the surveys it was clear that the adolescents wanted and needed help with coping with their parent’s cancer diagnosis, but was not interested in attending a program at The Victory Center. According to the data from the survey, the adolescents wanted to learn more information about their parent’s cancer diagnosis. They wanted to learn different ways with lowering their risk of developing cancer. They also were experiencing emotional, physical, and behavioral changes due to stress and anxiety from their parent’s cancer diagnosis.

The results from the Parental Cancer Survey can be found in (Appendix E). There were five parents who returned the surveys. After analyzing the data from the surveys it was clear that most of the parents’ answers were not matching up with the adolescents’ answers. Most of the parents were not noticing that their adolescents were struggling with their cancer diagnosis. They also had mixed feelings about whether their adolescent would actually attend a cancer program for adolescents at The Victory Center.
Although, a couple parents thought that having an adolescent cancer program at The Victory Center was a great idea.

Due to the lack of responses from the first survey that was mailed out, another survey was developed in order to receive feedback and support for an online adolescent cancer program, and topics for the program. The Parental Email (Appendix F) was emailed to two parental participants who were willing to provide feedback for developing the adolescent cancer program from the last survey. Unfortunately, neither participant responded to the email. An Adolescent Email (Appendix G) was also emailed to an adolescent who responded that he was willing to provide more feedback for developing an adolescent cancer program from the last survey. Unfortunately he did not respond to the email as well.

An email was sent to Janelle Tipton who is an oncology RN at The University of Toledo Medical Center (Appendix H). She was informed of the online cancer program that was being developed for adolescents whose parent has cancer. She provided feedback on topics that could be used during the program, such as having a section for adolescents to more knowledgeable about symptoms of chemotherapy and radiation treatments. She was very enthusiastic about the online Holistic Adolescent Cancer Program, and provided the data that was sent to her to her oncology office, so that more people are aware of the development of the online Holistic Adolescent Cancer Program.

A last effort was made to support an online adolescent cancer program by developing an Online Adolescent Cancer Program Survey (Appendix I). This survey was given to The Victory Center’s staff and volunteers to fill out. Fifteen surveys were handed out and ten were received. Ten surveys were also given to The American Cancer
Society in Perrysburg, Ohio, and five were received. Everyone supported an online cancer program for adolescents. They also agreed with topic ideas that previously mentioned in the survey.

A second method for gathering data was using semi-structured interviews. The semi-structured interview is used to obtain an individual’s feelings, beliefs, and attitudes towards a topic (Gibbs, 1997). By engaging in a semi-structured interview, both parties can reflect on the topic and respond, which is important in order to find out what the needs are for the adolescents (Rubin & Rubin, 1995). Semi-structured interviews allow for core questions to be answered and possibly generate new questions (Fazio, 2008).

A semi-structured interview was chosen as a method for gathering data because it allowed the occupational therapy student to ask specific questions on different topics in order to help develop the online Holistic Adolescent Cancer Program. Megan McKinnison who is a registered dietician at Blanchard Valley Hospital, provided feedback on web sites that adolescents may want to explore more on how to choose healthy foods in order to lower the risk of developing cancer. She also provided feedback on the new food pyramid which is discussed during part of the programming.

The last method that was used for gathering data was observing support groups. Numerous support groups at The Victory Center were observed by the occupational therapy student. Some support groups that were observed were: Currently in Treatment, Breast Cancer, Colon Cancer, Leukemia, Survivors, and Lung Cancer. Different topics were discussed such as: coping skills, the effects of chemotherapy/radiation, how other cancer participants were doing, and different services that The Victory Center provided.
The occupational therapy student attended a monthly cancer support group in March 2009 at St. Anne’s Hospital in Toledo, Ohio. Nancy Keller was the facilitator of the group for the evening. A wide variety of topics were covered including: how to choose the right plastic surgeon, the effects of chemotherapy/radiation treatments, and different coping skills. The occupational therapy student learned valuable skills on how to facilitate a support group by attending the different support groups.

The occupational therapy student attended the Adolescent Psychiatric Unit at The University of Toledo. Cathy DeMars, OTR/L was the occupational therapist working with the adolescents. There were four adolescents in the group. The occupational therapy student observed how each session was ran by Cathy DeMars. The occupational therapy student learned how to facilitate an adolescent support group, as well as different topic ideas for the support group.

The occupational therapy student also attended Kobacker and observed John Stover, OTR/L. There were four adolescents in his two groups that he ran. The first group discussed the adolescent’s feelings, and the second group was a task group. The occupational therapy student learned great ideas for ice breakers when working with adolescents. She also learned how to facilitate a group for adolescents, as well as learned different coping techniques.

Literature Review: Part One

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells (American Cancer Society Ohio Division, Ohio Department of Health, & The Ohio State University, 2008). Every year cancer claims the lives of more than half a million Americans. Cancer is the second leading cause of death in the United States,
Ohio, and Lucas County. During 2003, 1.29 million Americans were diagnosed with cancer, and 556,000 died of cancer (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & Coordinating Center for Health Promotion, 2007). In 2008, 56,840 new cases of invasive cancer were diagnosed in Ohio (American Cancer Society Ohio Division, Ohio Department of Health, & The Ohio State University, 2008). In 2004 there were 2,187 cases of cancer diagnosed in Lucas County. Ohio cancer death rates have decreased from 208.0 per 100,000 in 2000-2002 to 200.2 per 100,000 for 2003-2005. Lucas county cancer death rates have also decreased from 217.9 per 100,000 in 2000-2002 to 212.6 per 100,000 for 2003-2005 (The Ohio Department of Health, 2007). The number of cancer cases is slowly decreasing, but there are still too many people being diagnosed and dying from cancer.

The effects of cancer are huge. Financially, the cost of cancer is overwhelming. According to the National Institute of Health, in 2007, cancers cost $219 billion, including $130 billion for lost productivity and $89 billion in direct medical costs (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & Coordinating Center for Health Promotion, 2008). Cancer impacts the person diagnosed, the person’s family, and friends.

In 2008, an estimated 1,399,790 men and women in the United States will be diagnosed with cancer and an estimated 5% of these will be in their child-rearing years (Grabiak, Bender, & Puskar, 2007). Much research has focused on the impact of cancer on the individual, spouse, or sibling. One area that had received little attention is the impact of parental cancer on the adolescent. The diagnosis of cancer in a parent can cause changes in parental behavior, emotional and physical functioning, as well as family
functioning. These parental changes impact the adolescents’ behaviors, emotions, physical functioning, as well as their school performance. Grabiak, Bender, and Puskar (2007) found four themes after doing an extensive literature review on the impact of parental cancer on the adolescent. The first theme discussed how the adolescents’ emotions and behaviors change after a parent is diagnosed with cancer. They felt more anxious, depressed, and scared that their parent might die. The study did find, along with other studies, that adolescent females whose mothers had cancer reported having the highest levels of symptoms of anxiety/depression and aggressive behavior. Males felt anxious about their parent’s illness but felt unable to discuss their fears with either parent. Evidence suggests that adolescents conceal their thoughts, fears, and feelings in order to protect their parent and not cause tension in the relationship. Parental cancer can also impact the adolescent’s behaviors. Adolescents tended to show increased behavioral problems. They seemed to be more aggressive with other people, and disruptive in class (Grabiak, Bender & Puskar, 2007). Some adolescents might have problems focusing in school, or struggling with how to feel like a “normal teenager.”

The second theme discussed adolescents’ perceptions and knowledge of parental cancer. They want to be informed of the cancer treatment and of the disease, as well as know what they can do to help their parent. The adolescents stated that timing was extremely important to them when receiving information about their parent’s cancer. They wanted to be kept in the loop of what was happening with their parent’s treatment, alternative therapies, side effects of treatment, and medical facts about the disease (Grabiak, Bender, & Puskar, 2007). Keeping the adolescent updated on the parent’s condition is important. According to Kroll, Barnes, Jones, and Stein (1998) the anxiety
levels of adolescents who were told the diagnosis by their parents were lower than those adolescents who were not told. Studies have shown that anxiety is specifically related to an adolescent’s knowledge or lack of it. High anxiety scores were found among adolescents whose parent had cancer was linked to an inability to discuss the illness with the parents. Being able to discuss cancer with the parent is imperative in order to decrease the anxiety levels in adolescents. Also, according to Huizinga, Visser, Graaf, Hoekstra, and Hoekstra-Weebers (2005) poor parent-child communication increased the risk of psychosocial problems in school-aged children and adolescents. Once again, communication between the parent and adolescent is vital in order for the adolescent to cope with his/her parent’s diagnosis.

The third theme was adolescents’ roles change. Adolescents were prone to change roles with the ill parent. The majority of the adolescents had to take on extra chores and responsibilities for sibling care during the diagnosis and treatment of their parent. Females worried that changing roles would alter the existing mother/daughter relationship. They wanted to maintain the relationship they had with their mothers before the illness (Grabiak, Bender, & Puskar, 2007). Adolescents may struggle with domestic chores such as cooking and cleaning. They also might have trouble being a caregiver for their ill parent.

The fourth theme was adolescents’ ways of coping. Some adolescents coped by reading more about his/her parent’s cancer, and assumed responsibility for household chores or sibling care. Other adolescents coped by refusing to think or talk about their parent’s cancer (Grabiak, Bender, & Puskar, 2007). Adolescents could benefit from
learning different coping strategies such as: writing their thoughts in a journal, talking to a friend about their feelings, or learning different relaxation techniques.

Defining Occupational Therapy and Occupational Therapists’ Roles

Occupational therapy enables people to achieve health, well-being, and life satisfaction through participation in occupation. Occupational therapists are experts with knowledge of occupation and how engaging in meaningful occupations can be used to affect human performance and the effects of disease and disability. Performance changes are directed to support engagement in meaningful occupations that subsequently affect health, well-being, and life satisfaction. Occupations are generally viewed as activities having meaning and purpose in a person’s life. Occupations are vital to a person’s identity and competence. Occupational therapists use their knowledge to address performance issues in any or all areas that are affecting the person’s ability to engage in occupations. Occupational therapists are knowledgeable about the seven different areas of occupation which are: occupations of daily living, instrumental occupations of daily living, education, work, play, leisure, and social participation. For example the therapist is familiar with the subcategories within the seven areas of occupation such as: caring for others, health management and maintenance, meal preparation and clean up, and exploring interests, to name a few. Since the occupational therapist is knowledgeable with all of the areas of occupation, that makes him/her qualified to educate an adolescent on any area of occupation that he/she might be struggling with (American Occupational Therapy Association, 2002). Some goals of occupational therapy are: to enhance the well-being of clients through occupation, to encourage interaction through occupation, and to improve function in occupations (Bruce & Borg, 2002). Client education is also a
part of occupational therapy and will be essential for the online Holistic Adolescent Cancer Program.

Occupational therapists are educationally prepared to address the psychosocial concerns of all their clients. Occupational therapists provide services to children with mental health diagnoses, which may include: anxiety disorders, attention disorders, autism, psychotic disorders, or Post Traumatic Stress Disorders (PTSD) (American Occupational Therapy Association, 2000). Huizinga, Visser, Graaf, Hoekstra, Klip, Pras, and Hoekstra-Weebers (2005) found that children and adolescents who had experienced traumatic events were at risk of developing (PTSD). They state that cancer in a parent can be considered a traumatic experience for the children, rendering them susceptible to PTSD. According to the American Occupational Therapy Association (2000) occupational therapy benefits children and adolescents with physical or cognitive deficits as well as those with psychological deficits. As previously mentioned, an occupational therapist is qualified to educate the adolescent on different coping strategies in order to prevent the adolescent from developing PTSD or other mental health disorders. The occupational therapist will also want to educate the adolescent on how to cope in order for the adolescent to engage in meaningful and purposeful occupations.

According to the American Occupational Therapy Association (2001) numerous occupational therapists have a role in supporting health and wellness in those at risk or already affected by illness or disability. Occupational therapy has recognized the importance of health and social participation of persons with or without a disability. Occupational therapists are in a prime position to contribute to creating and establishing programs that improve societal participation by persons with a disability, or by persons
who may acquire a disability. If an adolescent does not learn how to cope with his/her parent’s diagnosis, the adolescent could end up developing a mental health disorder, or may lose interests in being productive. He/she could also develop other diseases if he/she does not learn how to cope with stress and anxiety. He/she could develop diseases if he/she does not learn healthy lifestyle behaviors, such as eating healthy, exercising, getting enough sleep, etc. Occupational therapy promotes the establishment of healthy habit behaviors. An occupational therapist can educate the adolescent on how to change his/her lifestyle behaviors. According to the American Occupational Therapy Association’s Societal Statement on Stress and Stress Disorders (2008) stress is a persistent societal challenge that affects the social participation of people of all ages, ethnicity, gender, and socioeconomic status. Stress is a significant risk factor in a number of health problems, including mental illness, cognitive decline, cardiovascular disease, musculoskeletal disorders, and workplace injuries. Occupational therapists have conducted research and established efficacy for coping with stress. Occupational therapists are educated on how to combat the negative effects on stress.

**Literature Review: Part Two**

Adolescents stressed the importance of family, friends, and the school system in providing a sense of normality about their life, which helped them cope (Grabiak, Bender, & Puskar, 2007). Having an adolescent program could address a lot of the themes that seem to be on adolescents’ minds. An occupational therapist can help an adolescent find ways to cope, and find meaningful occupations for the adolescent to be engaged in, so that he/she feels like a “normal” adolescent.
Visser, Huizinga, Graaf, Hoekstra, and Hoekstra-Weebers (2004) also did a study on the impact of parental cancer on children and the family. This study found that parental cancer affects adolescents emotionally, socially, behaviorally, cognitively, and physically. Emotionally, adolescents reported feelings of guilt, because they thought they were responsible for the occurrence of their parent’s cancer. They also felt guilty because they thought that they caused their parents to become angry with them, and less affectionate with them. They were distressed about the loss of their usual activities and loss of contact with their peers. Adolescent daughters were found to have increased psychosomatic symptoms and mood disturbances. The adolescents also reported fear of developing cancer themselves. They were afraid that their parent might have a relapse or die. They were also angry because they wished to continue their own lives (Visser, Huizinga, Graaf, Hoekstra, & Hoekstra-Weebers, 2004).

Socially, adolescents reported that school was an important source of support for them, and served as a safe place away from care-provision. Adolescent females reported that they needed more support from inside their family. Some adolescents thought that their home environment was supportive (Visser, Huizinga, Graaf, Hoekstra, & Hoekstra-Weebers, 2004). Occupational therapists can help set up support groups or programs in order to help adolescents cope with their parent’s diagnosis. According to Cole (2005) the use of support group interventions continue to grow in practice, because groups provide social and emotional support, encourage client participation, and motivate clients to make therapeutic changes in their occupational choices and performance. There is no better way for occupational therapists to evaluate and build upon client socialization, communication, and group interaction skills than while enabling their participation in a
well-designed and facilitated therapeutic group. The support groups which will be occupation based can go over different topics such as coping strategies, lowering the risks of developing cancer, and perhaps educating the adolescents on how to cook simple meals or choose healthy foods. It is important that the adolescent engages in meaningful and purposeful occupations in order for him/her to benefit from therapy. As previously mentioned, participating in a support group will provide emotional and social support, as well as an increase in interpersonal skills which are necessary to help cope with the parent’s diagnosis.

The adolescents’ behaviors changed drastically once their parent was diagnosed with cancer. Some behavioral reactions included: a change in the intensity of talking, trying to distance themselves from cancer, increased checking on how the parent was doing, taking over the parental role, seeking physical closeness or withdrawal, having increased conflicts with the parent, sibling, and peers, and paying more attention than usual to the parent’s need and wanting the parent’s support (Visser, Huizinga, Graaf, Hoekstra, & Hoekstra-Weebers, 2004). According to the American Occupation Therapy Association’s Societal Statement on Family Caregivers (2007) occupational therapists bring a broad expertise to intervene with family caregivers, to facilitate caregiving, and promote better health because of their knowledge and skills in addressing the physical, psychosocial, cognitive, sensory, and contextual elements that affect participation and engagement in daily occupations. Emotional support and recognition for caregivers’ contributions is important, but families also need appropriate knowledge and skills to care for their loved ones at home. Caregivers need training in proper body mechanics, protecting themselves, how to set up routines, energy conservation, environmental and
task simplification, obtaining respite, and stress reduction techniques according to Barchtesende (2004). The occupational therapist can teach the adolescent some techniques on how to be a caregiver for the parent or sibling.

Cognitively, some adolescents reported that focusing in school was difficult, while other adolescents functioned better in school (Visser, Huizinga, Graaf, Hoekstra, and Hoekstra-Weebers, 2004). The occupational therapist could educate the adolescent on different ways to focus better in school. One technique could be to learn how to meditate. Jill Cooper who is an occupational therapist stated that the benefits of meditating are significant. Meditating lowers oxygen consumption, decreases respiratory rate, decreases muscle tension, reduces anxiety attacks, leads to deeper levels of relaxation, enhances the immune system, builds self confidence, increases blood flow, and decreases the heart rate. When the adolescent is feeling anxious, he/she could close his/her eyes and try to think of happy thoughts. Cooper found that meditation, yoga, and guided visualizations reduced the anxiety in her clients (Cooper, 2006).

Adolescents also reported physical symptoms due to anxiety and stress. Some adolescents had difficulty sleeping, experienced more headaches, and had a loss of appetite (Visser, Huizinga, Graaf, Hoekstra, and Hoekstra-Weebers, 2004). The occupational therapist could educate the adolescent on possible techniques to control some of the physical symptoms of stress and anxiety. Cooper (2006) designed an Anxiety Management Assessment (Appendix J) used to analyze the adolescents’ thoughts on anxiety and how they control their anxiety. She also developed a personal Anxiety Management Plan (Appendix K) which list techniques for the adolescents to use when they feel anxious. The adolescents are also supposed to make small goals to help them
achieve tasks that make them feel anxious. According to Cooper (2006) both the Anxiety Management Assessment and Personal Anxiety Management Plan help reduce anxiety in adolescents.

These themes show that adolescents who have a parent with cancer are distressed and this distress must be recognized and addressed by the parent diagnosed with cancer, family members, school officials, and health care professionals (Grabiak, Bender, & Puskar, 2007). If there are no programs to address the effects parental cancer has on the adolescent it could lead to negative consequences for the adolescent. For example, if he/she does not learn how to cope with his/her parent’s illness then he/she may be at risk for developing mental health disorders. Also, constant stress and anxiety will lead to other serious health issues. The adolescent might have difficulties in school because he/she cannot concentrate. If he/she were to learn techniques to calm down like meditation, yoga, or guided visualizations, he/she might be able to concentrate better in school. If he/she were able to learn how to be a caregiver for his/her parent or sibling, it would lessen the burden on the parent, and perhaps will allow the adolescent to feel like he/she is contributing to the family during the parent’s illness. Based upon the literature review, it is evident that there needs to be programs for the adolescent whose parent has cancer.

_Agencies Recognize the Need for Adolescent Support_

The first agency that recognizes the need for adolescent support is CancerCare. CancerCare is a national non-profit organization that provides free professional support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones, and the bereaved in NY, NJ, and CT. CancerCare programs include: counseling,
education, financial assistance, and practical help. These services are provided by trained oncology social workers and are completely free of charge. CancerCare now provides individual help to more than 91,000 people each year (CancerCare, 2007). CancerCare has a program called CancerCare for Kids. This program helps parents and children cope with a cancer diagnosis in the family. CancerCare has staff that understands the complex needs of children and adolescents, and provides counseling, support groups, workshops, and therapeutic recreational activities. CancerCare also discusses how to talk to children and adolescents about cancer. CancerCare also discuss how important it is to stay connected with your child during treatment sessions. CancerCare gives great ideas on how to help the child cope with the parent’s illness. For example, if the parent is going to be in the hospital, the child could draw a picture for the parent to hang up in the room (CancerCare, 2007).

CancerCare also has a section for adolescents called “Helping Teenagers When a Parent Has Cancer.” This section lists tips for supporting a teenager when a parent has cancer. The first tip is that teens are unpredictable. They may feel uncomfortable sharing their thoughts and feelings about the parent’s cancer. The second tip is that teens want detailed information. Teens want to know more about the parent’s diagnosis, treatment, and prognosis. The third tip is that teens want the truth. They may feel sensitive to information they feel is incomplete or inaccurate. The fourth tip is that teens need their privacy. They might not feel like talking about the experience with their family. It is acceptable to seek support from other sources. The fifth tip is to have teens write about and reflect upon their inner thoughts. Parents should encourage their teen to share their feelings and concerns. The sixth tip is that teens who want to contribute to
caregiving should be allowed to participate in tasks that respect they are not adults, and yet no longer children. The seventh tip is to encourage teens who want to accompany the parent or family to treatment in order for the teen to meet the treatment team. The eighth tip is teens need consistency. It is important that the teen continues with a normal routine as much as possible. The ninth tip is that teens struggle with the need for independence. A parent’s illness may make this more difficult. Parents should encourage the teen to spend time with friends. The tenth and final tip is teens are often self-conscious. A teen whose parent has cancer may feel even more different. Help the teen to understand that there are others going through a similar experience. The teen could join a support group, or get involved with an online chat room (CancerCare, 2007).

CancerCare is an organization that understands that families need help when a family member has cancer. CancerCare also understands that adolescents need support. The organization has dedicated a part of their website for adolescents. CancerCare understands the effects of parental cancer on the adolescent. The organization knows it is necessary and imperative that adolescents, who need help, receive help. CancerCare knows how important it is to have support while a loved one is going through the cancer journey. CancerCare wants to be able to give support to adolescents who are affected by cancer. As previously mentioned, CancerCare programs are only located in NY, NJ, and CT. Local programs are needed for adolescents whose parent has cancer.

The second agency that recognizes the need for adolescent support is The Wellness Community. The Wellness Community is an international non-profit organization dedicated to providing support, education, and hope to people with cancer and their loved ones. Through participation in support groups, educational workshops,
nutrition exercise programs, and stress reduction classes, people affected by cancer learn vital skills that enable them to regain control. It also enables them to reduce isolation and restore hope regardless of the stage of their disease. All of The Wellness Community programs are free of charge (The Wellness Community, 2008).

The Wellness Community believes that patients who participate in their fight for recovery, rather than feeling hopeless, helpless, and that they are passive victims of the illness, will improve the quality of their lives and may enhance the possibility of recovery (The Wellness Community, 2008). The Wellness Community understands that it is important to include all family members who may be affected by a person who has cancer which includes adolescents. Support groups are offered for the adolescent. Other programs that adolescent’s can engage in are: Yoga, Tai Chi, Fitness for Life, Relaxation and Guided Imagery, Cooking for Wellness, Art Therapy, and Knitting. All of these programs offer the adolescent some kind of support, such as: education, hope, learning coping techniques, and new skills. Once again, The Wellness Community realizes that everyone needs support while going through the journey of cancer, but they do not offer local programs here in Toledo, Ohio.

The Victory Center is also a great organization that recognizes the need for adolescent support. As mentioned before, The Victory Center has tried to get an adolescent cancer program running, but failed, because of the lack of adolescents who have cancer in Lucas County. The Victory Center does provide services for adult family members, but not children or adolescents. This is one reason why the online Holistic Adolescent Cancer Program should be developed at The Victory Center. The Victory Center’s Mission focuses on non-medical support services to individuals and family
members who are affected by cancer in helping them to recover and to promote education and prevention techniques (The Victory Center, 2007). The goal for the online Holistic Adolescent Cancer Program is to increase the overall psychological well being of the adolescent, whose parent has cancer by engaging in interactive occupation web based workshops. An occupational therapist is the best person to run the adolescent program because he/she knows how to analyze the capabilities and limitations of the adolescent. Also, the occupational therapist can choose the right therapeutic method so that it is individualized, and will collaborate with the adolescent in order to meet his/her goal.

The American Occupational Therapy Association supports and promotes the involvement of occupational therapists in the development of health promotion and disease/disability prevention programs and services. The occupational therapists role in health promotion and disease or disability prevention: is to promote healthy lifestyles, emphasize occupation as an essential element of health promotion strategies, and provide interventions (Brownson & Scaffa, 2001).

The occupational therapist could educate the adolescent on different coping techniques in order to be productive in class or at home. The occupational therapist could educate the adolescent on different ways to reduce the risk of developing cancer. The occupational therapist could educate the adolescent on choosing healthy lifestyles. The occupational therapist could help the adolescent find meaningful occupations to engage in order to feel like a “normal” teen. It is evident that there is a need for an adolescent program that could address all of the themes that were previously mentioned earlier in the literature review. Developing an online program at The Victory Center could address all of these themes using interactive occupation web based workshops.
Occupational therapy could definitely fit in at The Victory Center. Occupational therapy involves “A client engaging in occupation to promote health, enhance function, overcome disability, and achieve a higher quality of life” (Nelson, 2007). As previously mentioned occupations are purposeful and meaningful and occupy a person’s time. They can be categorized as: occupations of daily living, instrumental occupations of daily living, play, leisure, education, work, and social participation. The therapist uses a holistic approach when he/she analyzes the performance capabilities and limitations of the client. The therapist also chooses the right therapeutic method so that it is individualized, and will collaborate with the adolescent in order to meet his/her goal.

The therapist wants to promote health physically, mentally, socially, emotionally, and spiritually. The Victory Center’s Mission statement focuses on non-medical support services to individuals and family members who are affected by cancer in helping them to recover and to promote education and prevention techniques (The Victory Center, 2007). They believe that by engaging in meaningful occupations, it can increase the individual’s quality of life. Currently clients at The Victory Center engage in different occupations such as support groups, massage therapy, and Reiki. They also learn different coping methods and prevention techniques.

According to Burkhardt (2005) it is appropriate for an occupational therapist to work with the person who has cancer, as well as those who are affected by the person’s cancer, such as an adolescent of a parent who has cancer. The occupational therapist can also help with coping and relaxation techniques after someone has been diagnosed with cancer. The therapist is qualified to educate the adolescent on how to lower the risks of
developing cancer, by changing the adolescent’s habits and behaviors that negatively influence health. The therapist can also educate the adolescent on different coping strategies in order for the adolescent to be productive, and engage in meaningful occupations. As you can see, the goals of the therapist and of The Victory Center match. They both are interested in promoting education as well as teaching coping techniques.

The American Occupational Therapy Association supports and promotes the involvement of occupational therapists in the development of health promotion and disease/disability prevention programs and services. The health promotion and services may target individuals, organizations, groups, communities, and policy makers. Their main focus is to concentrate on: a) preventing or reducing the incidence of illness, accidents, and injuries in the population; b) improving the overall health and well-being of persons with chronic conditions or disabilities and their caregivers; and c) promoting healthy living practices social opportunities, and healthy communities (Brownson & Scaffa, 2001). Learning how to lower the risks of developing cancer is only a small portion of the online Holistic Adolescent Cancer Program. Learning how to cope with stress and anxiety can help prevent illness later in life. The Holistic Adolescent Cancer Program’s main goal is to increase the psychological well-being of the adolescent which will lead to an increase in the adolescent’s overall health and life satisfaction.

Models of Practice

Under the supervision of an occupational therapist a client-centered model of practice will be utilized at The Victory Center. Client-centered practice can be defined as “an approach to service which embraces a philosophy of respect for, and partnership with, people receiving services “(Law, Baptiste, & Mills, 1995, p. 253). The client-
centered practice focuses on the process of therapy and the relationship between client and therapy. It is important that the occupational therapist works with the adolescent when working on goals and interventions. According to Polatajko (1992) enablement is the basis for the client-centered model. Enablement can be defined as “facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or collaborating with clients in order for them to be able to participate in and shape their own lives” (Law, Polatajko, & Baptiste, 1997, p.50). This model of practice realizes the need to individualize the therapeutic assessment and intervention. The model believes that clients have unique knowledge of their own occupational lives and know their needs better than anyone else (Kielhofner, 2004). One well known assessment that goes along with the client-centered model of practice is The Canadian Occupational Performance Measure, also known as the COPM (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1994). The assessment is designed to assist the client and therapist in identifying areas that the client might be struggling with such as: leisure, self-care, and productivity. The occupational therapist will collaborate with the adolescents and make sure that the adolescents are involved with decision making concerning occupations, therapy, and their goals.

The second model of practice that is utilized in the online Holistic Adolescent Cancer Program is the role acquisition model. This model of practice is appropriate for individuals who have not learned how to participate in required social roles or who wish to participate in these roles in a more effective manner. It is particularly applicable for individuals who are experiencing difficulty with role transitions, or for individuals who,
because of their current life situations, must learn how to participate in their social roles in a different manner (Mosey, 1986).

**Federal Initiatives and National Trends**

Healthy People 2010 is committed to promoting health and preventing illness, disability, and premature death. Healthy People 2010 list a set of objectives for the United States to achieve over the first decade of the new century concerning disease prevention and health promotion (United States Department of Health and Human Services, 2000). One focus area of Healthy People 2010 is Cancer. The goal is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. Healthy People 2010 also list 15 objectives in order to meet the goal which can be found in (Appendix L).

Healthy People 2010 believes that engaging in meaningful and purposeful occupations supports the health and leads to a productive and satisfying life (Brownson & Scaffa, 2001). The adolescents at The Victory Center will be able to increase their health and well-being by participating in web based occupations that are meaningful and purposeful to them. They will participate in occupations that educate them on how to cope with anxiety and stress, which could decrease their chances of health issues later on in life. They will also participate in yoga, art therapy, journaling, and leisure occupations which will help the adolescents to stay focused and relaxed. The adolescents will also learn how to make quick healthy meals so that they don’t have to depend on their parents to make the meals for them. They will also learn more about how to protect themselves from developing cancer.
The Centers for Disease Control and Prevention (CDC) is a leader in nationwide efforts to ease the burden of cancer. Through the Division of Cancer Prevention and Control, CDC works with national cancer organizations, state health agencies, and other key groups to develop, implement, and promote effective strategies for preventing and controlling cancer. The CDC is also a co-lead agency for preventing cancer with Healthy People 2010. The CDC is committed just like Healthy People 2010 that all people, especially those at greater risk of health disparities, will achieve optimal health in every stage of life. The CDC’s mission is to promote health and quality of life by preventing and controlling disease, injury, and disability (Centers for Disease Control and Prevention, 2008). The CDC educates health professionals, policy makers, the media, and the public about cancer prevention and control. Prevention is the best way to reduce the number of new cancer cases. As previously stated, the occupational therapist will educate the adolescents on different ways to reduce their anxiety and stress which will prevent them from developing health problems later on. They will also educate the adolescents on how to prepare meals so that they will be independent with this occupation. The occupational therapist will also educate the adolescents on different ways to lower their risks of developing cancer. If the adolescents learn how to lower their risk of developing cancer, perhaps they will be less likely to develop cancer later in life.

Objectives

Program Goal

The goal of the online Holistic Adolescent Cancer Program at The Victory Center is to increase the overall psychological well being of the adolescent whose parent has
cancer by engaging in interactive occupation web based workshops. A holistic approach means taking a look at the entire person and focusing on all aspects of health and wellness which could include: mental, social, behavioral, physical, emotional, or spiritual health.

**Objectives**

1. During the first week, the participant will complete a brief family tree, including siblings, parents, aunts, uncles, grandparents, and great-grandparents, and will indicate what type of cancer each person was diagnosed with, and will email it to the occupational therapist by the given deadline.

2. During the second week, the participant will be able to describe 3 symptoms that a cancer patient may feel during chemotherapy and/or radiation treatments, and email it to the occupational therapist by the given deadline.

3. During the second week, the participant will be able to describe 2 feelings his or her parent is experiencing today and will email it to the occupational therapist by the given deadline.

4. During the third week the participant will describe in one paragraph what type of project he or she worked on during his or her art therapy time, and how he or she felt after he or she was finished with his or her project, and will email it to the occupational therapist by the given deadline.

5. During the third week the participant will rate his or her anxiety level and how he or she feels before and after the deep breathing exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and email it to the occupational therapist by the given deadline.
6. During the third week, the participant will rate his or her anxiety level and how he or she feels before and after the visualization exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and will email it to the occupational therapist by the given deadline.

7. During the third week, the participant will be able to describe two coping techniques, and will email it to the occupational therapist by the given deadline.

8. During the fourth week, the participant will have created an approved personal anxiety plan based on his/her results of the Anxiety Management Assessment (Cooper, 2006).

9. During the fourth week, the participant will describe 3 healthy and 3 unhealthy ways he/she copes with stress and will email it to the occupational therapist by the given deadline.

10. During the fourth week, the participant will choose a topic from the journaling section, and write 3 paragraphs on the topic that he or she has chosen, and will email it to the occupational therapist by the given deadline.

11. During the fifth week, the participant will describe a current hobby, and a hobby that he or she would like to learn, and will email it to the occupational therapist by the given deadline.

12. During the sixth week, the participant will describe in a paragraph all of the roles that he or she plays, and will email it to the occupational therapist by the given deadline.

13. During the sixth week, the participant will answer the three questions about roles and will write down 2 goals in order to improve his or her roles, and will email it to the occupational therapist his or her answers by the given deadline.
14. During the sixth week, the participant will be able to demonstrate how to prepare a healthy meal by emailing the occupational therapist a recipe that he or she tried by the given deadline.

15. During the seventh week, the participant will be able to describe what a healthy BMI weight is based on his or her height, and will email it to the occupational therapist by the given deadline.

16. During the eighth week, the participant will be able to describe 4 ways to reduce the risk of developing skin cancer, and will email it to the occupational therapist by the given deadline.

17. During the eighth week, the participant will demonstrate an increase in knowledge of lowering his/her risks of developing cancer as measured by the pre/post test cancer questionnaire.

Based on the literature review, all of the objectives were designed to focus on the four areas that most adolescents were having difficulties with when their parent was diagnosed with cancer. As previously mentioned Grabiak, Bender, and Puskar (2007) found four themes after doing an extensive literature review on the impact of parental cancer on the adolescent. The first theme discussed how the adolescent’s emotions and behaviors change after a parent is diagnosed with cancer. He/she generally felt more anxious, depressed, and scared that his/her parent might die. Objective 8 will help adolescent’s cope with his/her anxiety, so that he/she will be able to control his/her anxiety, and will be able to continue to engage in meaningful occupations throughout his/her day.
The second theme discussed was an adolescent’s perceptions and knowledge of parental cancer. The adolescent wants to be informed of the cancer treatment and of the disease, as well as know what he/she can do to help lower his/her risks of developing cancer (Grabiak, Bender, & Puskar, 2007). According to Knoll, Barnes, Jones, and Stein (1998) the anxiety levels of adolescents who were told the diagnosis by their parents were lower than those adolescents who were not told. Studies have shown that anxiety is specifically related to an adolescent’s knowledge or lack of it. Objectives 1, 2, 3, 15, 16, and 17 will increase the adolescent’s knowledge about his/her parent’s cancer, as well as how to lower his/her risk(s) of developing cancer.

The third theme according to Grabiak, Bender, and Puskar (2007) was adolescents’ roles change. Adolescents were prone to change roles with the ill parent. The majority of the adolescents had to take on extra chores and responsibilities for sibling care during the diagnosis and treatment of their parent. Adolescents may struggle with domestic chores such as cooking and cleaning. Objectives 12, 13, and 14 will address roles and how to make a simple, healthy meal. These are reasonable objectives because the adolescent might have to make more meals since his/her parent has cancer. Sometimes cooking might make the parent feel nauseous, so the adolescent could help the parent by learning how to cook easy meals.

The fourth theme was adolescents’ ways of coping. Some adolescents coped by reading more about his/her parent’s cancer, and assumed responsibility for household chores or sibling care. Other adolescents coped by refusing to think or talk about their parent’s cancer (Grabiak, Bender, & Puskar, 2007). Objectives 4-7, and 9-11 will address different coping techniques that will be beneficial for the adolescent.
Marketing and Recruitment of Participants

Methods for Marketing

It is important to utilize different promotional methods in order to increase the awareness of the online Holistic Adolescent Cancer Program. More methods used could result in more people joining the program. It is also important to keep in mind the budget for marketing for the online Holistic Adolescent Cancer Program. The occupational therapist should not spend too much money on marketing so he/she will have enough money for other items needed for the program.

There are multiple stakeholders that should be approached in the marketing campaign. The first stakeholder is The Victory Center. The occupational therapist should design a flyer to hang up at The Victory Center (Appendix M) promoting the program. The occupational therapist should also put an announcement in The Victory Center’s newsletter that is sent monthly to volunteers and to past or current clients. It is important that the occupational therapist makes sure that everyone on The Victory Center’s mailing list receives an announcement about the online Holistic Adolescent Cancer Program. By doing so clients could tell friends or family members about the program, and more people could learn about the program by mouth. Making a flyer is not that expensive, and it can reach a lot of people. The occupational therapist should use colorful paper so that the flyer will stand out. Having flyers mailed out is appropriate because a parent who has cancer might have an adolescent who might be interested in participating with the online Holistic Adolescent Cancer Program.

Advertising will also be done on The Victory Center’s webpage. All of the program information will be posted on the website including criteria for being a
participant in the program, the dates the program will run, and some of the topics that will be discussed during the program. Posting information about the program on the website could possibly reach a lot of potential participants. Parents might find out about the program by visiting the webpage, especially if they are a client at The Victory Center. An adolescent might also find information about the program if he/she is looking up support groups for the adolescent to attend. Advertising online might be a little expensive, but would definitely be worth it if the results increased clientele. The Victory Center has a website and should definitely utilize it for advertising of new programs.

The second stakeholder is the oncology offices located in Southeast Michigan and Northwest Ohio. Advertising at oncology offices is important because the staff works with cancer patients and could recommend the online Holistic Adolescent Cancer Program to a parent who has an adolescent. The oncology offices should hand out fliers similar to the fliers that were mailed out to clients of The Victory Center. The doctors and staff would have to agree to advertise the online Holistic Adolescent Cancer Program at the offices before any fliers should be distributed. Having fliers posted in oncology offices is also inexpensive.

The third stakeholder is counselors at middle and high schools located in Southeast Michigan and Northwest Ohio. The occupational therapist should call local counselors and inform them of the online Holistic Adolescent Cancer Program. Schools are a great place to advertise the online Holistic Adolescent Cancer Program because the program is for adolescents, and adolescents can be found in schools. Fliers will also be distributed around the school informing adolescents of the program. The fliers will have general information about the online Holistic Adolescent Cancer Program such as: topic
to be discussed, dates of the program, and inclusion criteria for the adolescents. Contacting counselors and distributing fliers is relatively inexpensive.

A fourth way to advertise the online Holistic Adolescent Cancer Program is to contact Ms. Julie McKinnon, who is a staff writer for *The Blade* in Toledo, Ohio. Ms. McKinnon writes columns about new health programs that are being developed in the Toledo area. She could explain different topics that the program will cover as well as the inclusion criteria for potential participants. She could also explain what some of the benefits could be of participating in the program, and list the dates of when the program will be held so potential participants can arrange his/her schedule accordingly. She can interview the occupational therapist and learn more about The Victory Center in general. This is a great way to advertise the online Holistic Adolescent Cancer Program. Advertising in *The Blade* is appropriate because a lot of people get *The Blade* and will likely read the story about the online Holistic Adolescent Cancer Program. An article in the paper about The Victory Center could also generate a lot of conversation with different people, which could also help spread the word about the new Holistic Adolescent Cancer Program. Having Ms. McKinnon write a short column about The Victory Center is free of charge.

Another great way of advertising is to contact *WTOL Channel 11 News*. It would be beneficial if *Channel 11* could do a brief story about The Victory Center stating information such as: the inclusion criteria, the benefits of participating in the online Holistic Adolescent Cancer Program, some of the topics being covered in the program, and the dates of the program. Chrys Peterson, a co-anchor for *Channel 11 News*, is the honorary chair of Komen Northwest Ohio Race for the Cure, so she might be willing to
help support The Victory Center. If Channel 11 does not want to do a story about the online Holistic Adolescent Cancer Program, perhaps a link to The Victory Center’s website could be placed on Channel 11’s webpage. Multiple people watch the news and perhaps an adolescent or parent might see the story and will be interested in learning more about the online Holistic Adolescent Cancer Program. Having Channel 11 do a show about the online Holistic Adolescent Cancer Program is free of charge and a great way to advertise the program. The Victory Center might have to pay a little money to have Channel 11 post The Victory Center’s website on its webpage.

A final way to advertise the online Holistic Adolescent Cancer Program is to advertise on Facebook. Facebook is a free-access social networking site that is privately owned by Facebook Inc. The website currently has over 200 million active web users. A Facebook web page can be created for the online Holistic Adolescent Cancer Program. The Holistic Adolescent Cancer Program will become an online group so that an adolescent can join the group and participate in an online membership. The group will be for adolescents with at least one parent who has cancer. Adolescents can blog about issues that he or she are facing at home while trying to cope with his or her parent’s cancer diagnosis.

**Expected Number and Inclusion Criteria for Potential Participants**

The target audience for the online Holistic Adolescent Cancer Program is adolescents whose parent has cancer. Potential participants can be male or female and must be between the ages of 9-17 years old. The participants must have access to the internet. There is a limited enrollment so it is crucial that the adolescent registers online at The Victory Center’s webpage if he/she plans on participating in the program. He or
she will need to make up a username and password in order to register for the online Holistic Adolescent Cancer Program. The occupational therapist will be in charge of emailing each adolescent a code so that he or she will be able to finish filling out the registration information, which will allow the adolescent to have access to the course material. There will be no more than 30 participants in each session for the first year. The program will be filled on a first come first serve basis.

Presently group size is expected to be 20 - 30 adolescents. Each group will run for nine weeks. There will be four groups throughout the year. The total expected number of participants will be around 80-100. Demographic information will be obtained from the registration information such as: age, gender, address, ethnicity, religion, grade in school, favorite leisure occupations, and what type of cancer his/her parent was diagnosed with.

**Programming**

The Victory Center will hire an occupational therapist January 1, 2010. Once the occupational therapist is hired the occupational therapist will work on marketing and participant recruitment from January 1 - January 23, 2010. The online Holistic Adolescent Cancer Program live chat with the occupational therapist will be held on Sundays from 2:30 pm - 3:30 pm and will last for nine weeks. The adolescents will be able to discuss a variety of content during the live chats with the occupational therapist such as: homework questions, questions they have concerning their parents and cancer, how they are coping with their parent’s cancer diagnosis, etc. Adolescents are usually busy with sports and other extracurricular activities during the week and on Saturdays, but may have more time available on Sundays. There will be 4 groups each lasting nine
weeks. The first group will start on Jan 24, 2010 and run until March 21, 2010. The second group will start April 18, 2010 and will run until June 20, 2010. The third group will start July 18, 2010 and will run until September 12, 2010. The final group will start October 10, 2010 and will run until December 5, 2010. The group will not have sessions on holiday Sundays such as Easter, Mother’s Day, Father’s Day, or July 4th.

There will also be a section for the adolescents to blog with other adolescents whose parent has cancer. The blogging will be monitored by the occupational therapist. The adolescents will be able to share any information that he or she chooses with other adolescents as long as they follow the Online Safety Rules (Appendix N). The occupational therapist will have access to review the material that is being shared over the internet in order to keep the adolescents safe. The occupational therapist has the right to remove any content that is not appropriate on the website.

The online week runs from Monday morning 12:00 am through Sunday evening at 11:55 pm. As such, all assignments that are due during a specific week must be completed and turned in by Sunday evening and posted by 11:55 pm. The objectives will be determined based upon the completion of the assignment.

It is expected that there will be 20-30 participants for the first group. The maximum amount of participants per group would be 30. The program is laid out by weeks. The topics to be discussed, the occupational form in which the sessions will take place in, and how the objectives will be measured, will be thoroughly described throughout the program. Each week focuses on one of the four themes found in the literature review by Grabiak, Bender, and Puskar (2007) which were discussed earlier in the objectives section. The occupational therapist will attend weekly meetings with the
staff at The Victory Center to address the program’s progress and feedback from the adolescents. At the end of each session the occupational therapist will ask the adolescents what they liked/disliked of the previous session and suggestion/comments for improving the program. The therapist will also attend monthly meetings, usually the last week of the month with the Board of Trustees and Medical Advisors reviewing how the program is progressing as well as data collected from the evaluations.

*Programming by Weeks*

*Week One:* See (Appendix O) for the content that will be posted for lesson one. During this week there will be a brief introduction to the online Holistic Adolescent Cancer Program and the different topics that will be discussed over the course of the program (Appendix P). The occupational therapist will post the Internet Safety Rules (Appendix N) for the participant to review. The participant will then fill out the Canadian Occupational Performance Measure (COPM) (Appendix Q) which will determine goals that the adolescent wants to accomplish while participating in the program (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1994). The occupational therapist will record the adolescent’s answers on the COPM. The occupational therapist will also write down the adolescent’s goals and will give the adolescent’s feedback about his/her goal, and if the adolescent met his/her goals by the end of the program. The therapist will record the data and place them in each adolescent’s file, which will be locked in the file cabinet. Also, during this time the occupational therapist will inform the adolescent of one-on-one counseling being offered if needed. If the adolescent is local (from the Toledo area) and wants to meet with the therapist, all he/she has to do is make an appointment with the therapist. If the adolescent
is not local, then he/she can click on the web link Yellowpages.com in order to find counseling services in his/her area. An adult may need to help the adolescent with choosing the right counseling service for him/her to attend.

The second assignment for lesson one is the adolescent will be asked to develop a Family Tree. The family tree should include siblings, parents, aunts, uncles, cousins, grandparents, and great-grandparents. Beside each family member the adolescent should write down what type of cancer the family member was diagnosed with. The adolescent will be asked to submit the family tree to the occupational therapist via e-mail by the given deadline. The purpose of this occupation is to open the doors of communication with the parent and adolescent about discussing what types of cancers run in the family. This will provide valuable information for the adolescent, so that he/she will be able to make healthy choices in the future. For example, if Melanoma (skin cancer) runs in the family, the adolescent might want to take extra steps to protect him/her from developing skin cancer, such as wearing sunscreen, and not using tanning beds. After the therapist receives the family tree, he/she will write down what family members were diagnosed with cancer, and place the information in the adolescent’s chart.

The last assignment for lesson one will be for the adolescent to fill out the Pre-Test Cancer Questionnaire (Appendix R). The Pre-Test Cancer Questionnaire asks questions regarding how to lower the risks of developing cancer. Another questionnaire will be given out in the eighth week of the program in order to see if the adolescent learned different ways to lower the risk of developing cancer. At the end of lesson one, the occupational therapist will record whether the adolescent met/not met the objective on the Objective Record Sheet (Appendix S).
**Week Two:** See (Appendix T) for the content that will be posted for lesson two.

During the second week, the adolescent will learn about the different types of side effects that a parent might experience from chemotherapy and radiation treatments. The adolescent is expected to describe 3 symptoms that a cancer patient may feel during chemotherapy and/or radiation treatments, and email it to the occupational therapist by the given deadline. Next, the adolescent should read the section on *What Your Parents May be Feeling*. The adolescent is expected to describe 2 feelings his/her parent is experiencing today, and will email it to the occupational therapist by the given deadline. The purpose of this exercise is to open up the lines of communication between the parent and the adolescent, so that the adolescent knows how the parent is feeling on any given day.

The third part of this lesson is to review ideas on how the adolescent can help his/her parent. The adolescent should read the tips under this category, and should try a couple of these tips with his/her parent. The fourth topic for this lesson is, words commonly used while discussing cancer. The adolescent should spend some time reviewing the *Monitor Test* web link, as well as the *Cancer Team Members* web link. The adolescent should also check out the National Cancer Institute’s website, and read the *When Your Parent has Cancer: Guide for Teens* (National Cancer Institute, 2006).

The last part of this lesson discusses the *Patient Navigator Program*. The adolescent should review the material and check out the Patient Navigator Program provided by the American Cancer Society. The Patient Navigator Program helps patients, families, and caregivers find help with many needs that arise during the cancer
journey. At the end of lesson two, the occupational therapist will record whether the adolescent met/not met the objective on the Objective Record Sheet (Appendix S).

Week Three: See (Appendix U) for topics that will be posted for lesson three. During the third week a variety of coping techniques will be discussed. The first topic is yoga. The adolescent will review the material on the background of yoga and how yoga relieves stress. Next the adolescent will look up local yoga programs in his or her area if he or she is interested in joining a yoga class. The third part of the lesson will be dedicated to learning new yoga moves. The adolescent will watch the video entitled “Yoga Stretches” by the occupational therapist. The occupational therapist will be going over yoga techniques with the adolescent. The adolescent should find a quiet place to practice yoga. Yoga focuses on breathing and stretching of the muscles and should last about 30 minutes. The occupational therapist will go through multiple stretches in order for the body to become more relaxed. Some examples of the stretches may include: flexing the fingers, head, neck, shoulder, ankle rolls, and stretching the arms and legs. Once the therapist goes over the different stretches with the adolescent, he/she will turn on some relaxing music and will go over the same stretches with the adolescent in a soothing tone. After the exercise is finished the occupational therapist can ask the adolescent how he/she feels. The occupational therapist should record the adolescent’s response.

The fourth part of this lesson is to explore art therapy. The adolescent will review what art therapy is, and will participate by making a project using art. After the adolescent has finished his/her project, the adolescent is expected to describe in one paragraph what type of project he/she worked on during art therapy time, and how he/she
felt after he/she was finished with his/her project, and will email it to the occupational therapist by the given deadline.

The fifth part of this lesson is deep breathing. The adolescent will review the definition of deep breathing. Then the adolescent will watch the video “Quick Relaxation” video developed by the occupational therapist. The breathing exercise called “Quick Relaxation” will last about three to five minutes (Sorensen, n.d.). When trying to manage anxiety it is important to focus on breathing. According to Sorensen (n.d.) when an individual is anxious he/she may breathe rapidly and shallowly. While engaging in the breathing exercises it is important to breathe slowly and deeply. This will slow the heart rate, and at the same time, reduce the flow of blood and nutrients to the muscles, and begin to reduce anxiety. The adolescent will need to find a quiet place to practice this breathing exercise. Before beginning the breathing exercise, and again after the exercise, the therapist will ask the adolescent to rate his/her anxiety on a 1-10 scale where 1 is not experiencing much anxiety and 10 is experiencing a lot of anxiety. The adolescent will need to email the occupational therapist his/her anxiety level and how he/she felt before and after this exercise, so that the occupational therapist can record his/her answers on the Quick Relaxation sheet. The Quick Relaxation sheet asks what the adolescent’s anxiety was before he/she started the breathing exercise, and when he/she finishes the exercise. It also asks how the adolescent feels after he/she went through the exercise. This will allow the therapist to gauge if the relaxation technique worked for the adolescent and reduced his/her anxiety. The participant will close his/her eyes at the beginning of the session and will focus on his/her breathing. The occupational therapist will turn on the soothing music and will give instructions in a soothing tone.
The occupational therapist will tell the adolescent to take a deep breath and hold it for four seconds and then exhale. The adolescent will repeat this step five times. Every time the adolescent breathes in he/she should count to four, hold it for four, and then exhale for four seconds. The occupational therapist should then inform the adolescent that every time he or she exhales his or her shoulders should drop. The adolescent’s arms should relax as well. While breathing the adolescent should be able to recognize that his/her arms, neck, and shoulders feel more relaxed with each breath. The adolescent should do this exercise as many times as needed until the anxiety disappears. This technique can be done anywhere at any time without anyone else noticing (Sorensen, n.d.). The therapist will also ask the adolescent to think of different situations when he/she could use this breathing technique. For example, the adolescent could do the breathing exercise right before a test in order to reduce anxiety. The therapist should be taking notes and place them into the adolescent’s chart at the end of the session.

The final part of this lesson is guided visualizations. The guided visualization that will be used is “Cottage by the Sea” (Appendix V) (Cooper, 2006). The adolescent will need to find a quiet room again for this exercise. The occupational therapist will use a portable CD player and play soft music of the ocean waves crashing into the beach. The adolescent will be lying down on the floor. The occupational therapist will describe the directions in a soothing tone. Before beginning the visualization, and again after the exercise, the therapist should ask the adolescent to rate his/her anxiety on a 1-10 scale where 1 is not experiencing much anxiety and 10 is experiencing a lot of anxiety. The adolescent will need to email the occupational therapist his or her anxiety level and how he/she felt before and after this exercise so that the occupational therapist can record his
or her answers on the Guided Visualization sheet. The occupational therapist should also ask the adolescent when he/she might be able to use this technique. The anxiety scores should be placed into the adolescent’s chart. At the end of this lesson the adolescent should be able to describe two coping techniques, and will email it to the occupational therapist by the given deadline. At the end of lesson three, the occupational therapist will record whether the adolescent met/not met the objective on the Objective Record Sheet (Appendix S). As previously mentioned, one of the themes from Grabiak, Bender, and Puskar (2007) was that adolescents were having problems coping with their parents’ diagnoses. After going through this part of the program, the adolescent should know how to use different ways to help him or her cope with his or her parent’s illness.

Week Four: See (Appendix W) for the content that will be posted for lesson four. During the fourth week of the program more coping techniques will be discussed. The adolescent will read the definition of anxiety. Next he/she will fill out the Anxiety Management Assessment (Appendix J) and email it the occupational therapist by the given deadline (Cooper, 2006). The purpose behind this worksheet is for the adolescent to become familiar with what triggers his/her anxiety, and what he/she can do to control his/her anxiety.

Next the adolescent will fill out the Anxiety Management Plan (Appendix K) (Cooper, 2006). The AMP should be designed based on the answers from the Anxiety Management Assessment. The therapist will ask the adolescent to write down different breathing exercises and relaxation techniques that he/she could use in order to control his/her anxiety. The therapist will also have each adolescent list positive phrases that he/she can use when he/she is feeling anxious. The therapist will also have the adolescent write
down small goals in order to achieve tasks that make him/her feel anxious. When the adolescent is finished filling out his/her AMP, he/she should email it to the occupational therapist by the given deadline. The occupational therapist will approve/disapprove the Anxiety Management Plan (Cooper, 2006). The adolescent is encouraged to use his/her approved plans when he/she is feeling anxious. Next the adolescent should then review healthy and unhealthy ways to cope with stress. The adolescent should describe 3 healthy and unhealthy ways he/she copes with stress, and email it to the occupational therapist by the given deadline.

The last assignment for this lesson is journaling. The adolescent should read the definition of journaling. Next the adolescent will choose a topic that he/she would like to write about in his/her journal. The adolescent should write 3 paragraphs on the topic that he/she chose, and should email it to the occupational therapist by the given deadline. At the end of lesson four, the occupational therapist will record whether the adolescent met/not met the objective on the Objective Record Sheet (Appendix S). As previously mentioned earlier, Grabiak, Bender and Puskar (2007) found that adolescents whose parent had cancer had difficulty controlling anxiety. After going through this part of the program each adolescent should be able to control his/her anxiety better and have a plan on how to decrease his/her anxiety.

*Week Five:* See (Appendix X) for content that will be posted for lesson five. During the fifth week the adolescent will review the terms leisure and leisure exploration. Then the adolescent will review the physical and psychosocial benefits of participating in leisure occupations. The adolescent should review all of the examples of different kind of hobbies. The adolescent will be asked to describe a current hobby, and a hobby that
he/she would like to learn, and email the occupational therapist by the given deadline.

For fun, the adolescent should take the “Hobby Quiz”. The purpose of the quiz is to help
the adolescent find new interests that might help him/her choose a new hobby. Hobbies
and leisure time are also a form of coping. Participating in meaningful leisure
occupations is vital to a healthy, balanced lifestyle. It is important for the adolescent to
choose healthy leisure occupations in order to stay healthy. At the end of lesson five, the
occupational therapist will record whether the adolescent met/not met the objective on the
Objective Record Sheet (Appendix S).

**Week Six:** See (Appendix Y) for content that will be posted for lesson six. During
the sixth week the adolescent will learn about roles and how they change since his/her
parent was diagnosed with cancer. He/she will also learn how to do the laundry (if he/she
does not know how to do it already), and how to cook a couple of easy meals. The
adolescent will review the definition of role. Then he/she will describe in a paragraph all
of the roles that he/she plays, and email it to the occupational therapist by the given
deadline.

Next the adolescent should answer the 3 questions: how have your roles changed
since your parent was diagnosed with cancer, what roles do you have trouble performing
since your parent was diagnosed with cancer, and what roles would you like to work on
and improve. Then the adolescent should write 2 goals in order to improve in his/her
areas previous listed, and he/she should email the answers to the questions and his/her
goals to the occupational therapist by the given deadline.

Next the adolescent will review the pictures that demonstrate step-by-step
directions on how to do the laundry. The adolescent may need an adult’s help with this
occupation. The adolescent should try sorting out the laundry, measuring the soap, taking the clothes from the washer to the dryer, using a fabric softener sheet, and then fold the clothes.

The final portion of this lesson is cooking easy meals. This part of the lesson will help the adolescent with role transitioning and will educate the adolescent on how to create two easy healthy meals. The adolescent should first review the new food pyramid. Once the adolescent has reviewed the food pyramid he or she should try one of the recipes mentioned during this lesson. One recipe that was mentioned was a basic fruit salad. The ingredients could include bananas, grapes, and strawberries. Supplies needed to make this dish are: two knives, two cutting boards, a mixing bowl, tiny bowls to serve the fruit in, and hand towels. The adolescent should wash his/her hands before slicing bananas on a cutting board and adding them to the mixing bowl. Next the adolescent should wash the grapes and detach them from their stems and place them into a bowl. Lastly, the adolescent will wash the strawberries and slice them on a cutting board and add them to the bowl. The adolescent will stir the fruit together and then will serve it in a small bowl.

If he/she does not like either recipe, then he/she can make a new recipe and email the occupational therapist the recipe. During the 6th week, the participant will be able to demonstrate how to prepare a healthy meal by emailing the occupational therapist a recipe that he/she tried by the given deadline. At the end of lesson six, the occupational therapist will record whether the adolescent met/not met the objective on the Objective Record Sheet (Appendix S). More information will be provided to the adolescent about choosing healthy foods in lesson seven. As mentioned earlier, Grabiak, Bender, and
Puskar (2007) found that an adolescent’s role changes when his/her parent is diagnosed with cancer. Adolescents might have to learn how to cook or take care of their siblings. After completing this part of the program the adolescent should be able to prepare simple meals in order to help his/her parent out at home.

*Week Seven:* See (Appendix Z) for content that will be posted for lesson seven. During the seventh week the adolescent will learn about healthy foods, a healthy body mass index (BMI), and exercising in order to lower the risks of developing cancer. First the adolescent will watch a video on how to choose healthy foods while grocery shopping. Then he/she should read about how many fruits and vegetables he/she should have each day. Then the adolescent will read about different ingredients that make a healthy kitchen.

The second part of this lesson discusses body mass index. The adolescent will go to the website listed, and will calculate his or her body mass index. The adolescent may need an adults help for this portion of the lesson in order to measure his/her height if he/she does not already know prior to this lesson. The adolescent will need a measuring stick for this part of the lesson if he/she does not know his/her height prior to this lesson. After this part of the lesson, the adolescent will be able to describe what a healthy BMI weight is based on his/her height, and will email the occupational therapist by the given deadline.

The last part of this lesson the adolescent will learn more about exercising. He or she will watch the virtual Trainer Exercise video. Then he/she will visit the web site from the American Cancer Society on fitness, and will learn how long he/she should be engaging in exercise each week. Lastly, the adolescent should take the Nutrition and
Activity Fun Quiz. At the end of lesson seven, the occupational therapist will record whether the adolescent met/not met the objective on the Objective Record Sheet (Appendix S).

*Week Eight:* See (Appendix AA) for content that will be posted for lesson eight. During the eighth week the adolescent will learn about prevention and early detection tests. The adolescent will watch the two Fight Cancer Fun videos that discuss different ways to lower the risk of developing cancer. Next, the adolescent should review the material on skin cancer, and should be able to describe 4 ways to reduce the risk of developing skin cancer, and will email it to the occupational therapist by the given deadline.

The next section of this lesson is about tobacco and cancer. The adolescent is encouraged to review the following websites and information about smoking and cancer. Then, the adolescent will review the information on early detection tests. The adolescent should talk to his/her parent when he/she should see his or her family physician for earlier screening tests.

The adolescent should then take the Great American Health Check Challenge Test Questions (Appendix BB) online (American Cancer Society, n.d.). The test will inform the adolescent on how he or she needs to change his or her life styles in order to lower his or her risks of developing cancer (Appendix CC). The adolescent should then review other cancer resources if he/she still needs more answers to his/her questions. At the end of this lesson, the adolescent will be able to demonstrate an increase in knowledge of lowering his/her risks of developing cancer as measured by the pre/post test cancer questionnaire. The adolescent will take the Post-Test Cancer Questionnaire (Appendix
DD). The questionnaire will ask the participant to briefly describe different ways to lower his/her risk of developing cancer. The occupational therapist will be able to gather a lot of data from the first questionnaire and the last questionnaire. The results should show an increase in knowledge of different ways of lowering the risks of developing cancer. The therapist will be able to compare both questionnaires to see if the adolescent’s objective was met. At the end of lesson eight, the occupational therapist will record whether the adolescent met/not met the objective on the Objective Record Sheet (Appendix R). The therapist should place both questionnaires in the adolescent’s chart.

As previously stated, Grabiak, Bender, and Puskar (2007) found that adolescents wanted to learn more about how to lower the risks of developing cancer. By the end of the program the adolescent should have learned different methods of reducing the risk of developing cancer.

**Week Nine:** See (Appendix EE) for content that will be posted for lesson nine.

Week nine is mainly for reflections and evaluations of the program. The occupational therapist will attach a copy of the evaluation forms (Appendix FF) and (Appendix GG) to be filled out by the adolescent. The adolescent should fill each form out and email it to the occupational therapist by the given deadline. The occupational therapist will also email the adolescents his/her Objective Record Sheet (Appendix S). The Objective Record Sheet (Appendix S) will inform the adolescent on whether he/she met the objectives for the course, as well as if he/she met his/her goals from the COPM. If he/she met the objectives, then the adolescent will receive a certificate of attendance for attending and participating in the online Holistic Adolescent Cancer Program. The occupational therapist will go over the Objective Record (Appendix S) at the weekly staff
meetings as well as the monthly board meetings. All of the evaluations will be kept in a file in the locked file cabinet.

_Discharge from the Program_

The therapist should do a discharge note for every adolescent who is in the program. The note should include how the adolescent changed during the course of the program. If the therapist feels as though the adolescent could benefit from more therapy, he/she could set up a one-on-one session with the individual if the individual is local. If the individual is not local, then the occupational therapist could help the adolescent find a therapist for more therapy.

_Programming and Models of Practice_

The online Holistic Adolescent Cancer Program is based upon the client-centered model of practice as well as the role acquisition model of practice. As previously mentioned the client-centered practice can be defined as “an approach to service which embraces a philosophy of respect for, and partnership with, people receiving services” (Law, Baptiste, & Mills, 1995, p. 253). The client-centered practice focuses on the process of therapy and the relationship between client and therapy. It is important that the occupational therapist works with the adolescent when working on goals and interventions. During the first week the occupational therapist uses the Canadian Occupational Performance Measure, also known as the COPM (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1994) to assess the adolescents’ needs and develop goals.

The therapist asks the adolescent what topics he/she would like to work on and possible goals that he/she would like to achieve while attending the program. The therapist is encouraging the adolescent to help write his/her goals. Also, the therapist
involves the adolescent in decision making during each session. For example, the therapist discusses what type of foods the adolescents would be interested in making during the cooking sessions. The therapist respects the adolescent and wants to help him/her achieve his/her goals.

As previously stated according to Polatajko (1992) enablement is the basis for the client-centered model. Enablement can be defined as “facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or collaborating with clients in order for them to be able to participate in, and shape their own lives” (Law, Polatajko, & Baptiste, 1997, p.50). This model of practice realizes the need to individualize the therapeutic assessment and intervention. The model believes that clients have unique knowledge of their own occupational lives and know their needs better than anyone else (Kielhofner, 2004).

During each session the therapist uses enablement with each adolescent in order for him/her to reach his/her full potential. The therapist wants the adolescents to reflect upon each session. The therapist guides and educates the adolescents on how to cook easy meals and how to do laundry, how to apply coping techniques, and how to lower their risks of developing cancer.

The second model of practice that is utilized in the online Holistic Adolescent Cancer Program is the role acquisition model. This model of practice is appropriate for individuals who have not learned how to participate in required social roles or who wish to participate in these roles in a more effective manner. It is particularly applicable for individuals who are experiencing difficulty with role transitions, or for individuals who,
because of their current life situations, must learn how to participate in their social roles in a different manner (Mosey, 1986).

The role acquisition model is mainly utilized in week six. The therapist starts week six off by asking each adolescent what roles he/she currently plays, and if he/she needs help with role transitions. The therapist discusses what roles he/she would like to learn and also discusses how to write goals in order to achieve those roles. The rest of week six focuses on a new role of learning how to cook so that the parent won’t have to prepare meals for the adolescent. The therapist educates the adolescent on healthy food choices and how to prepare easy healthy meals. The therapist also helps instruct the adolescent on how to do the laundry.

Direct and Indirect Services Provided

Direct services that are provided to the adolescent are one-on-one therapy with the occupational therapist either in person, on the phone, or via the internet. Indirect services include referring an adolescent to a psychiatrist if he/she wants to talk with one. The therapist could also educate family members either in person, on the phone, or via the internet, on any of the topics that have been discussed in the online Holistic Adolescent Cancer Program.

Documentation System

Throughout the programming there were numerous examples of what type of documentation the therapist should be doing at that time. In general, though, the occupational therapist should be writing weekly notes about each individual as well as a progress notes after each topic is completed. All of the evaluations, assessments, and
discharge notes should be filed in the adolescent’s chart. Each adolescent’s chart will be located in a locked file cabinet at The Victory Center.

**Budgeting and Staffing**

**Budgeting**

The following budget details expenditures estimated for the first year of the online Holistic Adolescent Cancer Program.

**Staffing**

<table>
<thead>
<tr>
<th>Position</th>
<th>Hours Per Weeks</th>
<th>Full Time OT Salary</th>
<th>10 Hour Salary</th>
<th>Fringe Benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>10 (10/40 = .25)</td>
<td>$64,320.00</td>
<td>$16,080.00</td>
<td>$4,020.00</td>
<td>$20,100.00</td>
</tr>
</tbody>
</table>
<pre><code>                            |                 | (.25 x $64,320)    | (.25 x$16,080.00) | ($16,080 + $4,020.00) |
</code></pre>

The online Holistic Adolescent Cancer Program will utilize the services of an occupational therapist to fulfill the position requirements. The full time occupational therapist salary ($64,320) was determined from www.salary.com and is the median salary for an occupational therapist working in Toledo, OH. The occupational therapist will be working 10 hours a week, for the duration of the program. Descriptions of the position (Appendix HH) as well as an advertisement (Appendix II) are included in this document. A plan was developed (Appendix JJ) to determine the number of hours that the occupational therapist will be spending performing different tasks each week. Tasks include preparation for treatment sessions, attendance at weekly and monthly meetings, live online chat with adolescents, and a one-on-one counseling with the adolescent. It is important that the applicant have a passion for working with adolescents. The position is
open to new graduates or seasoned therapists. Having some past experience with adolescents is a requirement. Fringe benefits have been included as a 25 percent of the adjusted salary. Benefits will include healthcare services, disability, Social Security, and 401k/403b.

**Consultants**

<table>
<thead>
<tr>
<th>Position</th>
<th>Cost</th>
<th>Pay Frequency</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Victory Center’s Web Designer</td>
<td>$2,500 – development</td>
<td>One-time fee</td>
<td>$4,300.00</td>
</tr>
<tr>
<td></td>
<td>$150.00 – database</td>
<td>Once monthly for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>maintenance</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>The Victory Center’s Marketing &amp; Graphic Design</td>
<td>$250.00</td>
<td>Bi-annually</td>
<td>$500.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$4,800.00</strong></td>
</tr>
</tbody>
</table>

Currently The Victory Center already has a web designer. According to Kelly Brooks the cost of adding a link to The Victory Center’s website and developing a webpage for program information about the online Holistic Adolescent Cancer Program is approximately $2,500.00. For updating the website monthly The Victory Center will pay the web designer $150.00. Currently The Victory Center spends about $250.00 bi-annually on advertisement for a program; therefore, the estimate cost for advertising for the Holistic Adolescent Cancer Program is $500.00.

**Computer Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Justification</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flash Drive</td>
<td>A flash drive is necessary for saving program materials such as evaluations, worksheets, and documentation.</td>
<td>2</td>
<td>$32.00</td>
</tr>
</tbody>
</table>
### Holistic Adolescent Cancer Program

#### Unit Cost

<table>
<thead>
<tr>
<th>Item</th>
<th>Justification</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gateway EMachine</strong></td>
<td>A desktop computer is needed for the occupational therapist to design program materials, documentation.</td>
<td>1</td>
<td>$400.00</td>
</tr>
<tr>
<td><strong>Unit Cost</strong> – $400.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Printer with Photo Print</strong></td>
<td>A printer is needed in order to print off evaluations, and program material.</td>
<td>1</td>
<td>$89.00</td>
</tr>
<tr>
<td><strong>Unit Cost</strong> – $89.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Black Ink Cartridges</strong></td>
<td>Ink is necessary for printing photos, documentation, assessments, marketing needs, and questionnaires.</td>
<td>4</td>
<td>$112.00</td>
</tr>
<tr>
<td><strong>Unit Cost</strong> – $28.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tri Color Ink Cartridges</strong></td>
<td>Ink is necessary for printing photos, marketing needs, and documentation.</td>
<td>4</td>
<td>$116.00</td>
</tr>
<tr>
<td><strong>Unit Cost</strong> – $29.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Photo Paper</strong></td>
<td>A necessary item for documentation and marketing needs.</td>
<td>1</td>
<td>$15.00</td>
</tr>
<tr>
<td><strong>Unit Cost</strong> – $15.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>$764.00</td>
</tr>
</tbody>
</table>

*All of the computer items were found at [www.officemax.com](http://www.officemax.com).*

#### Office Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Justification</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Envelops</strong></td>
<td>Envelops are needed to mail out questionnaires/surveys.</td>
<td>1</td>
<td>$32.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(500 per box)</td>
<td></td>
</tr>
<tr>
<td><strong>Unit Cost</strong> – $32.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stamps</strong></td>
<td>Stamps are needed to mail out questionnaires/surveys.</td>
<td>20</td>
<td>$164.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(20 per book)</td>
<td></td>
</tr>
<tr>
<td><strong>Unit Cost</strong> – $164.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Unit Cost</td>
<td>Quantity</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pens</td>
<td>$8.20</td>
<td>2</td>
<td>For note-taking purposes.</td>
</tr>
<tr>
<td>Pencils</td>
<td>$3.50</td>
<td>2</td>
<td>For note-taking purposes.</td>
</tr>
<tr>
<td>Colored Office Paper</td>
<td>$1.50</td>
<td>1</td>
<td>Necessary for program documents, as well as marketing items such as</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>announcements, fliers, and pamphlets.</td>
</tr>
<tr>
<td>White Office Paper</td>
<td>$12.50</td>
<td>4</td>
<td>Necessary for surveys, questionnaires, assessments, worksheets etc.</td>
</tr>
<tr>
<td>Stapler</td>
<td>$6.00</td>
<td>1</td>
<td>For maintaining documentation records.</td>
</tr>
<tr>
<td>Staples</td>
<td>$3.00</td>
<td>1</td>
<td>For maintaining documentation records.</td>
</tr>
<tr>
<td>Paper Clips</td>
<td>$1.50</td>
<td>1</td>
<td>For maintaining documentation records and program materials.</td>
</tr>
<tr>
<td>File Cabinet with Lock</td>
<td>$150.00</td>
<td>1</td>
<td>Is necessary to keep program documentation locked up.</td>
</tr>
<tr>
<td>Manila Folders</td>
<td>$21.00</td>
<td>1</td>
<td>For maintaining documentation records and program materials.</td>
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Planner | For organizing and scheduling appointments and tasks.  
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Cost - $7.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Justification</th>
<th>Quantity</th>
<th>Total Cost</th>
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</thead>
<tbody>
<tr>
<td>Yoga Mats</td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$8.00</td>
</tr>
<tr>
<td>Yoga Instructional Manual</td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$10.00</td>
</tr>
<tr>
<td>Portable CD Player</td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$29.00</td>
</tr>
<tr>
<td>Relaxing CD’s</td>
<td>For use during treatment sessions.</td>
<td>4</td>
<td>$60.00</td>
</tr>
<tr>
<td>Guided Imagery for Healing Children and Teens: Wellness Through Visualization By Ellen Curran</td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$15.00</td>
</tr>
<tr>
<td>Occupational Therapy and Palliative Care By Jill Cooper</td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$45.00</td>
</tr>
<tr>
<td>Conceptual Foundations of Occupational Therapy 3rd Edition</td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$39.95</td>
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<tr>
<td>Psychosocial</td>
<td>For use during treatment</td>
<td>1</td>
<td>$53.00</td>
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</table>

*All of the office items were located at [www.officemax.com](http://www.officemax.com) except for the file cabinet which was found at [www.filingcabinet.com](http://www.filingcabinet.com).*
<table>
<thead>
<tr>
<th>Components of Occupational Therapy</th>
<th>sessions.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canadian Occupational Performance Measure (COPM) manual/form kit</strong></td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$52.45</td>
</tr>
<tr>
<td><strong>Pedrett’s Occupational Therapy: Practice Skills for Physical Dysfunction</strong></td>
<td>For use during treatment sessions.</td>
<td>1</td>
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</tr>
<tr>
<td><strong>Life Skills 101: A Practical Guide to Leaving Home and Living on Your Own</strong></td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$6.00</td>
</tr>
<tr>
<td><strong>Too Old for This, Too Old for That</strong></td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$7.00</td>
</tr>
<tr>
<td><strong>Breathe: Yoga for Teens</strong></td>
<td>For use during treatment sessions.</td>
<td>1</td>
<td>$8.00</td>
</tr>
<tr>
<td><strong>Nikon- Coolpix 8.0 MP Digital Camera</strong></td>
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<td>1</td>
<td>$125.00</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>$523.40</td>
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* The yoga mats were found at [www.yoga.com](http://www.yoga.com). The portable CD player was found at [www.radioshack.com](http://www.radioshack.com). The Relaxing CD’s were found at [www.serenitysupply.com](http://www.serenitysupply.com). The COPM (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1994) was found at [www.caot.ca/copm/descriptioin.html](http://www.caot.ca/copm/descriptioin.html). The occupational
therapy books were found at www.amazon.com. The digital camera was found at www.bestbuy.com.

In-Kind Support

The following items will be provided by The Victory Center as in-kind support: office space, desk, chair, phone with voicemail service, copy privileges, bulletin board, dry erase board, internet privileges, gas for marketing, and program staff support.

Indirect Costs

The Victory Center will be reimbursed for indirect costs that include electricity, heat, air conditioning, and bathroom facilities.

Total Costs

<table>
<thead>
<tr>
<th>Expense Areas</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
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</tr>
<tr>
<td>Consulting</td>
<td>$4,800.00</td>
</tr>
<tr>
<td>Computer Items</td>
<td>$764.00</td>
</tr>
<tr>
<td>Office Items</td>
<td>$417.00</td>
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<tr>
<td>Intervention Items</td>
<td>$523.40</td>
</tr>
<tr>
<td>In-Kind Support</td>
<td>$0</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>$6,651.10</td>
</tr>
<tr>
<td><strong>Total Program Cost</strong></td>
<td><strong>$33,255.50</strong></td>
</tr>
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</table>
Funding

An estimated total of $33,255.50 will be necessary for the online Holistic Adolescent Cancer Program. Several funding sources have been determined to be appropriate matches for the online Holistic Adolescent Cancer Program. An analysis of mission statements, previous grants, and other relevant information was reviewed in obtaining funds. Three funding sources were identified as the best fits for this program, and those are: Stranahan Foundation, Toledo Community Foundation, and Healthy Tomorrows Partnership for Children Program.

Funding Source: Stranahan Foundation

The first funding source is the Stranahan Foundation, created in 1944 by Frank D. and Robert A. Stranahan. The Stranahan Foundation seeks to improve the quality of people’s lives and supports groups and institutions that give people the tools to become healthy, educated, self-reliant, and contributing members of society. Historically the grants have been focused in Northwest Ohio, and their grant making is guided by four values. The first value is being self-sufficient. They want people to become independent and responsible citizens. The second value is respect. They want people to respect themselves, others, and their community. The third value is freedom. They think it is important to have freedom of speech, religion, and economic choices within in democratic society. Their last value is courage. They think it is important to take the initiative to bring about positive change. The Stranahan Foundation is looking to support organizations that focus on four areas: education, health care, culture, and community. For education, the Stranahan Foundation wants to support programs that increase the number of educational opportunities at primary and secondary levels. They want to
support learning institutions that value culture, and economic diversity. They also want to support small manageable programs within institutions. For health care the Stranahan Foundation wants to support programs that: a) create better access to health care, b) support research to eradicate health crises, c) educate people to take better care of themselves, d) encourage cooperation and consolidation among healthcare providers, and e) support alternative health care methods. For culture, the Stranahan Foundation believes that the arts improve the quality of life because they motivate, educate, communicate, entertain, and build self-esteem. The Stranahan Foundation also supports the community and will consider funding projects that inspire their community, and help each other. The Stranahan Foundation will not provide grants to organizations that discriminate in leadership, staffing or service provision on the basis of gender, age, race, ethnicity, disability, political affiliation, sexual orientation, or religious beliefs (Stranahan Foundation, n.d.).

The Stranahan Foundation is located at:

4169 N. Holland-Sylvania Road, Suite 201

Toledo, Ohio, 43623

Telephone: (419) 882-5575

Fax: (419) 882-2072

Program Goal Relevant to the Stranahan Foundation

There are multiple reasons The Stranahan Foundation was chosen as a funding source for the online Holistic Adolescent Cancer Program. The first reason is the Stranahan Foundation seeks to improve the quality of people’s lives. The Stranahan Foundation supports groups and institutions that give people the tools to become healthy,
educated, self-reliant, and contributing members of society. The Stranahan Foundation also focuses on health care and the community. The Stranahan Foundation supports programs that educate about how to take better care of themselves. The online Holistic Adolescent Cancer Program will also educate the adolescent on different ways to take care of him/her self. For example, the occupational therapist can educate the adolescent on healthy diet practices and perhaps discuss different ways that the adolescent can lower his/her risk of developing cancer.

The second reason why the Stranahan Foundation was selected to support the online Holistic Adolescent Cancer Program is because it also supports alternative health care methods. As previously stated, the goal for the online Holistic Adolescent Cancer Program is to increase the overall psychological well being of the adolescent whose parent has cancer by engaging in interactive occupation web based workshops. The Victory Center uses complementary and alternative medicine to help treat their clients. The complementary and alternative medicine matches up with one area that the Stranahan Foundation is interested in fulfilling before providing funds for the program. The Victory Center will use complementary and alternative medicine with the adolescent program. For example, some adolescents have trouble coping with their parent’s cancer diagnosis (Grabiak, Bender, & Puskar, 2007). The occupational therapist at The Victory Center can educate the adolescent on different coping techniques, including breathing and relaxation techniques. In a 1998 survey on complementary care conducted by the American Occupational Therapy Association, occupational therapists reported using complementary and alternative medicine in their practice. An occupational therapist can teach the adolescent how to lower his/her stress level and how to become less anxious.
The occupational therapist can do this by teaching the adolescent yoga techniques, Tai-Chi, and deep breathing exercises, all of which are a part of complementary and alternative medicines. The online Holistic Adolescent Cancer Program will try to educate the adolescent on how to take care of him/her self so that the adolescent can live a happy, healthy, and productive life. The Stranahan Foundation is also looking for programs that will improve the quality of people’s lives so that they will be able to be an asset to society.

The third reason why the Stranahan Foundation was chosen to support the online Holistic Adolescent Cancer Program is because the Stranahan Foundation has funded programs for The Victory Center in the past. Hopefully the Stranahan Foundation notices that The Victory Center is a great asset to the community and is making a difference in cancer patients’ lives. The Stranahan Foundation has also given money to the American Cancer Society-Lucas Unit. The Stranahan Foundation realizes how important cancer programs are, and hopefully will continue to support them.

The last reason the Stranahan Foundation was selected to support the online Holistic Adolescent Cancer Program is because it has funded a grief program for teens called “Good Grief.” This program helps children and adolescents learn how to cope with loss, such as divorce, or death of a parent or loved one (Stranahan Foundation, n.d.). The online Holistic Adolescent Cancer Program will educate the adolescent on how to cope with the loss that he/she might be feeling. The adolescent might have to change roles and become more responsible around the house. The adolescent might not be able to spend time with his/her friends because he/she might have to stay home and help his/her parent or siblings. The adolescent might have a lot of anxiety on whether his/her
parent is going to survive cancer. The adolescent will realize, if he/she has not already, that his/her life will never be the same, and will need to find ways to cope with his/her feelings in order to engage in meaning and purposeful occupations. The occupational therapist can help the adolescent find ways to cope and help him/her engage in meaningful and purposeful occupations. The Stranahan Foundation has funded the “Good Grief” program, and hopefully will fund the online Holistic Adolescent Cancer Program, because the programs are somewhat similar.

**Funding Source: Toledo Community Foundation**

The second possible funding source is the Toledo Community Foundation, established in 1973 by citizens of the Toledo Community. The Toledo Community Foundation is a public charitable organization created to enrich the lives of individuals and families in the service area. The Toledo Community Foundation serves Northwest Ohio and Southeast Michigan and focuses mainly on the greater Toledo area. The Toledo Community Foundation supports different programs in the fields of education, social services, mental and physical health, natural resources, the arts, and urban affairs, and is interested in providing grant money for new programs and existing successful programs that benefit the community, and that focus on: creating a safe living environment, helping families to develop skills and resources needed to support each member, and fostering the development of responsible young people who are capable of achieving full potential. The Toledo Community Foundation’s mission statement is to: a) provide a flexible, effective means for donors to achieve their charitable goals, b) address the changing needs of the region through high impact grant making, c) serve as a source of information about and as a catalyst in shaping the region’s response to those needs,
and d) facilitate the work of the other grant making organizations in order to achieve effective grant making practices. The Toledo Community Foundation will not support: annual campaigns, capital campaigns, the general operating budget, purchasing of equipment, and sectarian activities of religious organizations (Toledo Community Foundation, n.d.).

The Toledo Community Foundation is located at:

608 Madison Avenue, Suite 1540
Toledo, Ohio 43604-1151
Telephone: (419) 241-5049

Program Goal Relevant to the Toledo Community Foundation

There are multiple reasons why the Toledo Community Foundation was chosen as a funding source for my online Holistic Adolescent Cancer Program. The first reason is the Toledo Community Foundation seeks to enrich the quality of life for individuals and families in Northwest Ohio and Southeast Michigan. The Toledo Community Foundation funds different programs that support education, social services, physical and mental health, natural resources, the arts, and urban affairs. The Toledo Community Foundation will also fund programs that educate families on how to develop skills and resources needed to support and nurture each member. It also supports youth programs that teach young people how to reach their fullest potential. The online Holistic Adolescent Cancer Program coincides with the values of the Toledo Community Foundation. The adolescent will learn how to take care of him/her self from a holistic approach. The adolescent will learn different techniques in order to cope with his/her parent’s cancer, and how his/her life has changed, which will help the adolescent stay
focused and hopefully more relaxed so that he/she can engage in meaningful and purposeful occupations and reach his/her fullest potential. The online Holistic Adolescent Cancer Program should enrich the adolescent’s life because he/she will be able to participate in meaningful occupations and will be a contributing member of society.

The second reason to use the Toledo Community Foundation is because the foundation funds programs that support mental health. The online Holistic Adolescent Cancer Program’s goal is to increase the overall psychological well being of the adolescent whose parent has cancer by engaging in interactive occupation web based workshops. This program will educate the adolescent on different ways to cope with his/her parent’s cancer, and how his/her life has changed. The occupational therapist can educate the adolescent on different coping techniques to use in order to calm him/her down, so that he/she does not feel anxious. As previously mentioned the effects of parental cancer on the adolescent are huge. Adolescents are affected by their parent’s diagnosis: emotionally, socially, physically, behaviorally, and cognitively (Grabiak, Bender & Puskar, 2007). Adolescents could benefit from learning different coping strategies such as: writing their thoughts in a journal, talking to a friend about their feelings, or learning different relaxation techniques. An occupational therapist is qualified to educate the adolescent on different coping strategies in order to prevent the adolescent from developing mental health disorders. As previously mentioned, according to Huizinga, Vissser, Graaf, Hoekstra, Klip, Pras, and Hoekstra-Weebers (2005) children and adolescents who had experienced traumatic events were actually at risk of developing PTSD. Cancer in a parent can be considered as a traumatic experience for adolescents.
and children, rendering them susceptible to PTSD. It is important that the adolescent learn healthy coping techniques in order for him/her to be healthy and productive members of society. The online Holistic Adolescent Cancer Program’s main goal is to increase the overall psychological well being of the adolescent whose parent has cancer. The online Holistic Adolescent Cancer Program fits with one of the Toledo Community Foundation’s interest of funding mental health programs for adolescents.

The online Holistic Adolescent Cancer Program will also provide information for the adolescent regarding cancer and how to lower the risks of developing cancer. The online Holistic Adolescent Cancer Program will also provide the adolescent with access to online chat rooms in order for the adolescent to discuss their feelings with other teens whose parents have cancer. This part of the program exemplifies the Toledo Community Foundation’s interest in helping the adolescent develop skills and resources in order to stay healthy.

The last reason the Toledo Community Foundation was selected to support the online Holistic Adolescent Cancer Program is that the Toledo Community Foundation has funded programs at The Victory Center in the past. Hopefully the Toledo Community Foundation notices that The Victory Center is a great asset to the community and is making a difference in cancer patient’s lives. The Toledo Community Foundation has also given money to the American Cancer Society-Lucas Unit. The Toledo Community Foundation realizes how important cancer programs are, and hopefully will continue to support them.
**Funding Source: Healthy Tomorrows Partnership for Children Program**

The U.S. Department of Health and Human Services donated funds to the Maternal and Child Health Bureau and the American Academy of Pediatrics. The Healthy Tomorrows Partnership for Children Program is a cooperative agreement between the federal Maternal and Child Health Bureau and the American Academy of Pediatrics. Federal grants of $50,000 per year for five years are awarded annually through the program to support community-based child health projects that improve the health status of mothers, infants, children, and adolescents, by increasing their access to health services. Healthy Tomorrows projects must represent new initiatives within the community or innovative components that build on existing community resources. Projects unusually target middle and lower income populations and address four key areas: access to health care services, community-based health care, preventative health care, and service coordination. Program requirements for Healthy Tomorrows must include direct health services, pediatrician involvement, an advisory board, and a realistic evaluation component. In order for The Victory Center to apply for this grant, it would have to hire a pediatrician to work with the adolescents. Funds have been used for: primary care for uninsured children, intervention and care coordination services for children with special needs, interventions for health promotion through risk reduction in families, adolescent health promotion, and services for special child and family populations. Youth programs may use funds to improve access to health services, provide direct care, and other health related education services (Healthy Tomorrows Partnership for Children Program, n.d.).

The Healthy Tomorrows Partnership for Children Programs is located at:
There are multiple reasons why the Healthy Tomorrows Partnership for Children Program (HTPCP) was chosen to fund the online Holistic Adolescent Cancer Program. The first reason is because the HTPCP funds youth programs that improve access to health services, provide direct care, or offer health related education/outreach services to youth. HTPCP also funds projects that increase health promotion for adolescents. HTPCP also funds projects targeted to low and middle class populations that address four areas: access to health services, community-based health care, preventive health care, and service coordination (Health Tomorrows Partnership for Children Program, n.d.).

The online Holistic Adolescent Cancer Program will educate the adolescent using interactive web based workshops. The online Holistic Adolescent Cancer Program’s main goal is to increase the overall psychological well being of the adolescent. The online Holistic Adolescent Cancer Program will educate the adolescent on different coping strategies in order to maintain a healthy lifestyle, and will educate the adolescent on different ways to lower the risk of developing cancer. The online Holistic Adolescent Cancer Program is community-based as well, coincides with the HTPCP’s values and interests.

Another reason why the HTPCP was selected to help fund the online Holistic Adolescent Cancer Program is because the HTPCP has funded a mental health program in the past called “Healthy Tomorrows Partnership for Children of Toledo, Ohio.”
key feature of this project model is the identification, referral and treatment of emotional and behavioral problems in children within the context of primary health care. The program will maximize the stigma of entering the mental health system, and allow primary care providers to transport rapport and trust to behavioral health professionals (Healthy Tomorrows Partnership for Children Program, n.d.). The HTPCP realizes how important mental health is and funded a mental health program for adolescents in order for them to achieve their fullest potential. As previously mentioned Grabiak, Bender, and Puskar (2007) did a study and found that adolescents’ emotions and behaviors change after a parent is diagnosed with cancer. Adolescents felt more anxious, depressed, and scared that their parent might die. Adolescent females felt more anxious and depressed and expressed aggressive behavior. Males felt anxious about sharing their feelings with their parents. Evidence suggests that adolescents conceal their thoughts, fears, and feelings in order to protect their parent and not cause tension in the relationship. If adolescents do not have access to services like the online Holistic Adolescent Cancer Program, they could end up developing a mental health disorder later on in life. The HTPCP realizes mental health programs are important for adolescents and will hopefully fund the online Holistic Adolescent Cancer Program, since they have already funded another mental health program in Toledo, Ohio.

The HTPCP has also funded a program for youth that focuses on prevention of the leading causes of death for adolescents. The priority health issues include physical activity and preventing cardiovascular disease, cancer, and injury. This program is called “The Schools for Healthy Lifestyles Project” and is located in Oklahoma County, Oklahoma (Healthy Tomorrows Partnership for Children Program, n.d.). A part of the
online Holistic Adolescent Cancer Program is to make adolescents aware of what causes
cancer, and how to lower the risks of developing cancer. It is obvious that the HTPCP is
interested in health promotion for children and adolescents because they fund different
programs for them regarding health promotion. Hopefully they will fund the online
Holistic Adolescent Cancer Program because it increases the overall psychological well
being of the adolescent whose parent has cancer. This program focuses on improving the
psychological health of the adolescent in order for him/her to engage in meaningful and
purposeful occupations.

Self-Sufficiency Plan

In order to keep the program running for future years the occupational therapist
should charge the adolescents for the program. The Victory Center is a nonprofit
organization; therefore the occupational therapist cannot charge the adolescents to cover
expenses needed for the program. Therefore, it is imperative to have a plan that will
provide future funding for the online Holistic Adolescent Cancer Program. Kelly
indicated that the Boxing Tournament which is held annually in Toledo, Ohio will
provide future funding for the online Holistic Adolescent Cancer Program. The Boxing
Tournament will provide revenue in order to help keep the online Holistic Adolescent
Cancer Program running. Kelly fully agrees with this plan.

Program Evaluation

Evaluation Procedures

Program evaluation is essential to gauging success and determining necessary
revisions. As previously mentioned, Kelly Brooks is the Executive Director at The
Victory Center, and makes final decisions in regards to programming. Kelly Brooks,
Lora Johnson, Penny McCloskey, and Lynn Chandler attend monthly board meetings with the Board of Trustees and Medical Advisors to discuss the progress of the programs. It is expected that the occupational therapist also attend the board meetings, which last two hours. Each year The Victory Center implements a formative evaluation process. Every four months The Victory Center sends out surveys to their clients in order to gain information in regards to what type of programs the clients are interested in participating in, and if they are satisfied with the current services and programs. The Victory Center Survey (Appendix KK) also asks if The Victory Center is meeting the client’s needs. The Victory Center’s main goal for sending out the surveys is to gauge if the clients are benefiting from the services that the facility offers. The Victory Center also wants to meet the client’s needs in regards to developing new programs that they are interested in participating in. Sending out the survey is one way The Victory Center receives feedback from clients. The staff will review the surveys and will discuss the results at the monthly board meetings. Based on the feedback from the clients, The Victory Center will make the necessary changes in order to meet the client’s needs. The occupational therapist is expected to help with gathering the data from the surveys and delivering the results to the Board of Trustees and Medical Advisors.

Evaluation of Objectives

Each objective will be evaluated by the occupational therapist and will be recorded on (Appendix S), updating a hardcopy file to be maintained in the locked file cabinet.

1. During the first week, the participant will complete a brief family tree, including siblings, parents, aunts, uncles, grandparents, and great-grandparents, and will
indicate what type of cancer each person was diagnosed with, and will email it to the occupational therapist by the given deadline.

a. At the end of the first lesson the occupational therapists asks the adolescent to design a family tree and label under each person’s name what type of cancer he/she had. The occupational therapist will take notes of each adolescent’s answers and will copy down their answers on the Objective Record. The occupational therapist will then check met/not met the objective.

2. During the second week, the participant will be able to describe 3 symptoms that a cancer patient may feel during chemotherapy and/or radiation treatments, and email it to the occupational therapist by the given deadline.

a. At the end of the second lesson the occupational therapist asks the adolescent to describe 3 symptoms that a cancer patient may feel during chemotherapy/radiation treatments. The occupational therapist will take notes of each adolescent’s answers and will copy down their answers on the Objective Record. The occupational therapist will then check met/not met the objective.

3. During the second week, the participant will be able to describe 2 feelings his or her parent is experiencing today and will email it to the occupational therapist by the given deadline.

a. At the end of the second lesson the occupational therapist asks the adolescent to describe 2 feelings his/her parent is experiencing today. The occupational therapist will take notes of each adolescent’s answers and
will copy down their answers on the Objective Record. The occupational therapist will then check met/not met the objective.

4. During the third week the participant will describe in one paragraph what type of project he or she worked on during his or her art therapy time, and how he or she felt after he or she was finished with his or her project, and will email it to the occupational therapist by the given deadline.

   a. At the end of lesson third lesson the occupational therapist asks the adolescent to describe in one paragraph what type of art therapy project he/she completed and how he/she felt after completing the project. The occupational therapist will take notes of each adolescent’s answers and will copy down their answers on the Objective Record. The occupational therapist will then check met/not met the objective.

5. During the third week the participant will rate his or her anxiety level and how he or she feels before and after the deep breathing exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and email it to the occupational therapist by the given deadline.

   a. At the end of the third lesson the occupational therapist asks the adolescent to rate his/her anxiety level and how he/she feels before and after the breathing exercise. The occupational therapist will take notes of each adolescent’s answers and will copy down their answers on the Objective Record. The occupational therapist will then check met/not met the objective.
6. During the third week, the participant will rate his or her anxiety level and how he or she feels before and after the visualization exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and will email it to the occupational therapist by the given deadline.
   a. At the end of the third lesson the occupational therapist asks the adolescent to rate his/her anxiety level and how he/she feels before and after the visualization exercise. The occupational therapist will take notes of each adolescent’s answers and will copy down their answers on the Objective Record. The occupational therapist will then check met/not met the objective.

7. During the third week, the participant will be able to describe two coping techniques, and will email it to the occupational therapist by the given deadline.
   a. At the end of the third lesson the occupational therapist asks the adolescent to describe two coping strategies that each has learned during the program. The occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met or not met for meeting this objective.

8. During the fourth week, the participant will have created an approved personal anxiety plan based on his/her results of the Anxiety Management Assessment (Cooper, 2006).
   a. At the end of fourth lesson the occupational therapist will approve/disapprove the adolescents Anxiety Management Plan. In
order for the anxiety plan to be approved the adolescent will have to list different breathing exercises and relaxation techniques that he/she plans on using in order to control his/her anxiety. The adolescent will have to list positive phrases that he/she can use when he/she is feeling anxious. The adolescent will also have to write down small goals in order to achieve tasks that make him/her feel anxious. The occupational therapist will check approve/disapprove under this objective on the Objective Record.

9. During the fourth week, the participant will describe 3 healthy and 3 unhealthy ways he/she copes with stress and will email it to the occupational therapist by the given deadline.

   a. At the end of the fourth lesson the occupational therapist asks the adolescents to describe 3 healthy and unhealthy ways he/she copes with stress. The occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met/not met the objective.

10. During the fourth week, the participant will choose a topic from the journaling section, and write 3 paragraphs on the topic that he or she has chosen, and will email it to the occupational therapist by the given deadline.

    a. At the end of the fourth lesson the occupational therapist asks the adolescents to choose a topic from the topics for the journaling section, and write 3 paragraphs on the topic that he/she has chosen. The
occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met/not met the objective.

11. During the fifth week, the participant will describe a current hobby, and a hobby that he or she would like to learn, and will email it to the occupational therapist by the given deadline.
   a. At the end of the fifth lesson the occupational therapist asks the adolescents to describe a current hobby and a hobby that he/she would like to learn. The occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met/not met the objective.

12. During the sixth week, the participant will describe in a paragraph all of the roles that he or she plays, and will email it to the occupational therapist by the given deadline.
   a. At the end of the sixth lesson the occupational therapist asks the adolescents to describe in a paragraph all of the roles he/she plays. The occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met/not met the objective.
13. During the sixth week, the participant will answer the three questions about roles and will write down 2 goals in order to improve his or her roles, and will email it to the occupational therapist his or her answers by the given deadline.

   a. At the end of the sixth lesson the occupational therapist asks the adolescents to write down 2 goals in order to improve his/her roles. The occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met/not met the objective.

14. During the sixth week, the participant will be able to demonstrate how to prepare a healthy meal by emailing the occupational therapist a recipe that he or she tried by the given deadline.

   a. At the end of the sixth lesson the occupational therapist asks the adolescents to demonstrate how to prepare a healthy meal by emailing the therapist a recipe that he/she tried. The occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met/not met the objective.

15. During the seventh week, the participant will be able to describe what a healthy BMI weight is based on his or her height, and will email it to the occupational therapist by the given deadline.

   a. At the end of the seventh lesson the occupational therapist asks the adolescent to describe what a healthy BMI weight is based on his/her
height. The occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met/not met the objective.

16. During the eighth week, the participant will be able to describe 4 ways to reduce the risk of developing skin cancer, and will email it to the occupational therapist by the given deadline.

a. At the end of the eighth lesson the occupational therapist asks the adolescent to describe 4 ways to reduce the risk of developing skin cancer. The occupational therapist will take notes during the session of each adolescent’s answers and will copy down their answers to the Objective Record. The occupational therapist will then check met/not met the objective.

17. During the eighth week, the participant will demonstrate an increase in knowledge of lowering his/her risks of developing cancer as measured by the pre/post test cancer questionnaire.

a. At the end of the eighth lesson the occupational therapist will hand out the cancer questionnaire for the adolescents to fill out. The therapist will record the number of ways to lower the risk of developing cancer for both the pre and post test. In order for the adolescent to meet this objective he/she has to have more ways listed on how to lower the risk of developing cancer on the post test vs. the pre test questionnaire. The occupational therapist will then check met/not met the objective.
Formative Evaluations

The online Holistic Adolescent Cancer Program will also utilize two formative evaluation methods. The first formative evaluation will take place weekly and last two hours. The occupational therapist will meet with the staff (Kelly Brooks, Lora Johnson, Penny McCloskey, and Lynn Chandler) at The Victory Center and will discuss how the online Holistic Adolescent Cancer Program is progressing. Strengths and weakness of the program will be discussed. The main goal for the weekly meetings are to keep the staff up to date on what is happening with the program as well as to seek continual improvement of the program as it progresses. The occupational therapist will take notes during the weekly meetings and place them in a file in the locked file cabinet.

The second formative evaluation will take place weekly. This will occur at the end of each session with the adolescents. The occupational therapist will ask the adolescents if they have been using what they have learned from previous sessions. The occupational therapist will also ask the adolescents what they liked/disliked from the previous session. The occupational therapist will also ask if the adolescent has any comments/suggestions in order to improve the program as it progresses. It is anticipated that the adolescents will provide helpful feedback in order to improve the program. The occupational therapist will take notes during this session and will go over the data with the staff at the weekly meetings. The data will be placed in a locked file cabinet.
**Summative Evaluations**

The online Holistic Adolescent Cancer Program will utilize two summative evaluation methods. The first summative evaluation will be emailed out to the adolescents on the last day of the program. The online Holistic Adolescent Cancer Program Evaluation Form (Appendix FF) will be filled out by the adolescents during the last session of the program. This evaluation will allow the occupational therapist to gauge if the adolescents were able to meet all of the objectives. It gives information regarding if the adolescent felt the web based workshops were helpful to him/her. It also gives information regarding what the adolescent liked/disliked about the program. It is anticipated that all of the adolescents will have met all of the objectives by the end of the program. The occupational therapist will review the data collected and will report the results to Kelly Brooks, as well as to the Board of Trustees and Medical Advisors. The online Holistic Adolescent Cancer Program Evaluation Forms will be placed in a file in the occupational therapists locked file cabinet.

The second summative evaluation will also occur during the last session of the program. The occupational therapist will ask the adolescents a variety of questions regarding the programming (Appendix GG). The occupational therapist will write down the adolescent’s answers to the questions. It is anticipated that the adolescents will provide helpful feedback in order to make changes to the program, so that the program will better meet the adolescent’s needs for future sessions. The therapist will then review the data from the Program Review Session and will report the results to Kelly Brooks, as well as to the Board of Trustees and Medical Advisors. The results from the session will be placed in a file in the occupational therapists locked file cabinet.
Stakeholders

The adolescents play a major role in the evaluation process. They give feedback weekly to the occupational therapist describing what they liked/disliked about each session as well as suggestions for improvement. They inform the occupational therapist on whether they were able to meet each objective and comment if they were not successful with meeting the objective. They also offer suggestions/comments in order to improve future programs. The program must be valuable for the adolescents because it was developed and intended for them. It is important to receive their feedback so that necessary changes can be made in order to improve the program.

The staff, Board of Trustees, and Medical Advisors also play a role in the evaluation process at The Victory Center. Each month the staff meets with the Board of Trustees and Medical Advisors and discusses the progress of the online Holistic Adolescent Cancer Program. The occupational therapist reports the data from the weekly online meetings with the adolescents and also the final evaluations from the adolescents. All of the stakeholders are important for deciding the future direction of the online Holistic Adolescent Cancer Program.

Online Holistic Adolescent Cancer Program Timeline for 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Program Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1-23</td>
<td>Recruitment and Marketing for program</td>
</tr>
<tr>
<td>January 24, April 18, July 18, October 10</td>
<td>Introduction to program, Filling out the COPM, Making goals for the course, Counseling one-to-one, Family Tree, Pretest for Cancer Questionnaire, Objective 1</td>
</tr>
<tr>
<td>January 31, April 25, July 25, October 17</td>
<td>Parent has Cancer, Symptoms of treatments, What your parents may be feeling. How you can help your parent,</td>
</tr>
<tr>
<td>Date Range</td>
<td>Topics</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>February 7, May 2, August 1, October 24</td>
<td>Coping Strategies for Anxiety &amp; Stress Part I, Yoga, Art Therapy, Deep Breathing, Visualizations, Objectives: 2, 3</td>
</tr>
<tr>
<td>February 14, May 16, August 8, October 31</td>
<td>Coping Strategies for Anxiety &amp; Stress Part II, Anxiety Management Assessment &amp; Plan, Defining Anxiety &amp; Stress, Healthy/Unhealthy ways of cope with stress, Journaling, Objectives: 4-7</td>
</tr>
<tr>
<td>February 21, May 23, August 5, November 7</td>
<td>Leisure and Hobbies, Defining Leisure exploration, Leisure and Hobbies Fun Quiz, Objective: 11</td>
</tr>
<tr>
<td>February 28, May 30, August 22, November 14</td>
<td>Roles, Defining Roles, Goals to achieve roles, Laundry, Cooking, Objectives: 12-14</td>
</tr>
<tr>
<td>March 7, June 6, August 29, November 21</td>
<td>Lower risks developing Cancer Part I, Diet, BMI, Exercise, Nutrition and Activity Fun Quiz, Objective: 15</td>
</tr>
<tr>
<td>March 21, June 20, September 12, December 5</td>
<td>Evaluations: Holistic Adolescent Cancer Program Evaluation and Program Review Session, Certificate of Participating in program</td>
</tr>
</tbody>
</table>

**Letters of Support**

A variety of sources will be sought out for letters supporting the creation of the online Holistic Adolescent Cancer Program. An initial letter of support (Appendix T) has been obtained from the Victory Center’s Executive Director, Kelly Brooks. Mrs. Brooks was selected because she is in charge of programming at The Victory Center. Every
program must obtain Mrs. Brooks’ consent in order for the program to be established at The Victory Center. Mrs. Brooks works closely with the Board of Trustees and Medical Advisors with developing new programs. Mrs. Brooks realizes that cancer affects not only the patient, but extends to the entire family. The needs of both patient and loved ones are numerous. She understands that parental cancer can affect an adolescent’s life in emotional, social, behavioral, cognitive, and physical ways. Mrs. Brooks is also knowledgeable that there are several households in which the parent has cancer. Mrs. Brooks is aware that currently there are no programs that exist locally that address the specific needs of the adolescent living in those households. The Victory Center has had several calls from school nurses and psychologists who are searching for programs that address the adolescent’s needs whose parents are living with a cancer diagnosis. Mrs. Brooks realizes that having a program that specifically addresses the needs of adolescents is a perfect addition to The Victory Center’s programming. A letter from Mrs. Brooks shows that The Victory Center is ready and willing to support the online Holistic Adolescent Cancer Program.

Additional letters of support will be sought from a variety of other significant sources. Contact information for the listed sources are attached to this document (Appendix U). One such letter may come from the American Cancer Society. Anita Dunipace is the Vice President of the Northwest Regional Office in Perrysburg, Ohio and would be a likely supporter of a program that aims to increase the psychological well being of an adolescent who is affected by parental cancer. The American Cancer Society is a nationwide community- based voluntary health organization dedicated to eliminating cancer as a major health problem. The American Cancer Society provides multiple
services to communities such as: cancer prevention screening programs, community
cancer control programs, and client services. The American Cancer Society offers
programs for all ages and genders. The American Cancer Society realizes that it is
important to have programs for family members who are affected by cancer. It offers a
program called “I Can Cope” which is an educational program for people facing cancer,
either personally or in their family. The program offers reliable information, peer
support, and practical coping skills (American Cancer Society, 2008). The American
Cancer Society realizes that it is important to educate adolescents on different coping
strategies to improve their overall health. It is important to have Anita Dunipace’s
support because she will be able to direct potential clients to The Victory Center who
may be interested in participating in the online Holistic Adolescent Cancer Program.

Another letter may come from Diane Blum who is the Executive Director of
CancerCare in New York. CancerCare is a national nonprofit organization that provides
free, professional services for anyone affected by cancer: people with cancer, caregivers,
children, loved ones, and the bereaved. CancerCare has locations in NY, NJ and CT.
CancerCare programs include education, counseling, financial assistance, and practical
help. Ms. Blum would be a likely supporter of the Holistic Adolescent Cancer Program
because it provides education on how to lower the risks of developing cancer as well as
educates the adolescents on different coping techniques. Ms. Blum developed a booklet
called “Helping Children When a Family Member Has Cancer” (2007). This booklet lists
different coping strategies that children and adolescents can use in order to cope with a
family members cancer. Ms. Blum is dedicated in helping adolescents cope with a family
member’s cancer diagnosis. Ms. Blum might be able to offer suggestions to the
occupational therapist when he/she is developing the online Holistic Adolescent Cancer Program.

The fourth possible letter of support may come from Rachel Inbody who lives in Toledo, Ohio and has breast cancer. Ms. Inbody has two adolescents who could be possible participants for the online Holistic Adolescent Cancer Program. It is important to obtain a letter of support from a parent who has cancer because he/she knows if his/her adolescent is having difficulties coping with his/her cancer diagnosis. Ms. Inbody, like any other parent wants her children to be happy and healthy, and sending them to this program could help them cope better with her cancer diagnosis. A letter of support also shows that there is a need for a program for adolescents because locally there are no services that specifically address adolescent’s needs when a parent has cancer.

The final letter of support may come from Janelle Tipton who is a registered nurse at The University of Toledo Cancer Center in Toledo, Ohio. Ms. Tipton works with oncology patients and their families. Having Ms. Tipton’s support for the online Holistic Adolescent Cancer Program is important because she may be able to promote the program when she works with her patients’ families. She sees on a daily basis how parental cancer can affect an adolescent. She will be able to inform her patients and their families about the online Holistic Adolescent Cancer Program and perhaps recruit future participants.
References


American Cancer Society. (2009g). *Fitting in fitness*. Retrieved March 5, 2009, from [http://www.cancer.org/docroot/PED/content/PED_6_1X_Be_Physically_Active_Achieve_and_Maintain_a_Healthy_Weight.asp?sitearea=PED](http://www.cancer.org/docroot/PED/content/PED_6_1X_Be_Physically_Active_Achieve_and_Maintain_a_Healthy_Weight.asp).


CAPT Publications ACE.


Appendix A

The Victory Center Organizational Chart

Board of Trustees/Medical Advisors

(Community Members)

Executive Director

(Kelly Brooks)

Office Manager

(Lora Johnson)

Administrative Assistant/
Volunteer Coordinator

(Lynn Chandler)

Participant Service Coordinator

(Penny McCloskey)

Therapy Providers/OT

Facilitators

(Message, Reiki, Facials)

Group Activity

Facilitators

(Yoga, Healing)

Support Group

Facilitators

(Breast, Lung, Blood)

Specialists

(Dr. Charlotte Dabbs, Rev. Cliff Munger, Connie Nuhfer)
Appendix B

Adolescent Cancer Survey

Directions: Please fill out this survey and mail back to The Victory Center by February 9, 2009.

1. Your Gender and age: _______________________________________________________

2. Type of cancer parent diagnosed: ____________________________________________

3. When was your parent diagnosed? ____________________________________________

4. How do you cope with your parent’s diagnosis? (e.g. writing in a journal, going to support groups, talking to friends, etc.)

   __________________________________________________________________________

5. How has your life changed since your parent was diagnosed?

   __________________________________________________________________________

6. Have you experienced any emotional changes since your parent was diagnosed? Please circle or explain.

   Happy     Patient     Relaxed     Feeling a sense of control     Calm

   Agitation     Restlessness     Irritability     Cheerful     Depressed

   Impatient     Inability to relax

   Others? _________________________________________________________________

7. Have you experienced any physical symptoms since your parent was diagnosed? Please circle or explain.

   Headaches     Muscle tension     Diarrhea     Nausea     Dizziness     Insomnia

   Weight loss/gain     Frequent Colds

   Others? _________________________________________________________________

8. Have you experienced any behavioral changes since your parent was diagnosed? Please circle or explain.

   Eating more/less/normal     Sleeping more/less /normal     Doing better in school

   Neglecting responsibilities     Helping out around the house     Spending time with friends

   Others? _________________________________________________________________

9. Have you felt like you are having difficulties in school?

   __________________________________________________________________________

10. Would you like to learn more about your parent’s cancer and ways to lower the risk of developing cancer? Please circle: YES or NO

   _________________________________________________________________
Appendix B Continued

Adolescent Cancer Survey

11. How do you spend your free time? (e.g. watching tv, listening to music, spending time with friends, cooking, going to the mall, etc.)

____________________________________________________________________________________

12. Would you like to learn new skills? (e.g., learn how to cook easy meals, how to shop for healthy groceries, how to do laundry, etc.)

____________________________________________________________________________________

13. If an adolescent program addressed all of the prior topics found in this survey, would you be interested in participating in this program? Please circle: YES or NO

14. Would you be willing to participate in a focus group discussing the above topics? Please circle YES or NO

If YES, please provide your name and contact information (phone# and/or email)

____________________________________________________________________________________

15. Any other comments or suggestions concerning the adolescent cancer program?
Appendix C

Parental Cancer Survey

Directions: Please fill out this survey and mail back to The Victory Center by February 9, 2009.

1. Type of cancer and stage: __________________________________________________

2. When were you diagnosed?
   _______________________________________________________________________

3. Gender and age of adolescent(s)____________________________________________

4. Your Gender:_____________________________________________________________________

5. How has the adolescent’s life changed since your diagnosis?
   ____________________________________________________________________________

6. What type of support is most beneficial to your family and adolescent? (e.g. education, coping
   skills, support group, etc.)
   ____________________________________________________________________________

7. How does your adolescent cope with your diagnosis? (e.g. writing in a journal, going to
   support groups, talking to friends, etc.)
   ____________________________________________________________________________

8. Have you noticed any emotional changes with your adolescent since you were diagnosed with
   cancer? Please circle or explain.

   Happy  Patient  Relaxed  Feeling a sense of control  Calm
   Agitation  Restlessness  Irritability  Cheerful  Depressed
   Impatient  Inability to relax

   Others? ____________________________________________________________________________

7. Have you noticed any physical symptoms with your adolescent since you were diagnosed with
   cancer? Please circle or explain.

   Headaches  Muscle tension  Diarrhea  Nausea  Dizziness  Insomnia
   Weight loss/gain  Frequent Colds

   Others? ____________________________________________________________________________
Appendix C Continued

Parental Survey

8. Have you noticed any behavioral changes with your adolescent since you were diagnosed with cancer? Please circle or explain.

   Eating more/less/normal   Sleeping more/less/normal   Doing better in school
   Neglecting responsibilities   Helping out around the house   Spending time with friends

   Others?________________________________________________________________________

9. Does your adolescent have problems in school since you were diagnosed? If yes, please explain.

______________________________________________________________________________

10. Would you like your adolescent to take on more responsibility around the house? (e.g. learning how to cook easy meals, learning how to shop for groceries, learning how to do the laundry, etc.) Please explain.

______________________________________________________________________________

10. Does your adolescent want to know more information about your cancer? Yes or NO

11. How does your adolescent spend his/her leisure time? Please explain.

______________________________________________________________________________

11. If an adolescent cancer program addressed the above topics, do you think it could help your adolescent? Please explain.

______________________________________________________________________________

12. Would you be willing to participate in a focus group discussing the above topics? Please circle YES or NO

   If YES, please provide your name and contact information (phone# and/or email)

______________________________________________________________________________

13. Any other comments or suggestions?
Appendix D

Adolescent Cancer Survey Data

Your Gender and age:
- Female 18
- Female 18
- Female 12
- Male 15.5
- Male 16
- Male 12

Type of cancer parent diagnosed:
- Breast
- Breast
- Breast
- Ovarian
- Breast
- Acute myeloid leukemia

When was your parent diagnosed?
- May 2008
- Last year
- January 2008
- April 2005
- December 2008
- November 2008

How do you cope with your parent’s diagnosis? (e.g. writing in a journal, going to support groups, talking to friends, etc.)
- Talk to friends
- Talk to friends/family
- Talking to friends
- Talking with friends/dad
- I was upset but did not go through anything special
- I talk to my friends and I try to talk to my parents

How has your life changed since your parent was diagnosed?
- A lot more stressful
- It put certain things in perspective for me
- Life has been very busy and hectic, not much time for me
- Dad takes care of mom, so money is tight, more stress
- I’m doing more chores
- I have been getting bad grades in school and I keep to myself a lot
Appendix D Continued

Adolescent Cancer Survey Data

Have you experienced any emotional changes since your parent was diagnosed? Please circle or explain.

- Happy
- Patient
- Relaxed
- Feeling a sense of control
- Calm
- Agitation
- Restlessness
- Irritability
- Cheerful
- Depressed
- Impatient
- Inability to relax

Restless, irritability, impatient, anxiety, confusion
Depressed, inability to relax
Irritability, depressed
Worry a lot about mom
Sadness
Depressed, inability to relax

Have you experienced any physical symptoms since your parent was diagnosed? Please circle or explain.

- Headaches
- Muscle tension
- Diarrhea
- Nausea
- Dizziness
- Insomnia
- Weight loss/gain
- Frequent Colds

headaches
none
headaches, insomnia
?
I am eating a little less
Weight loss

Have you experienced any behavioral changes since your parent was diagnosed? Please circle or explain.

- Eating more/less/normal
- Sleeping more/less/normal
- Doing better in school
- Neglecting responsibilities
- Helping out around the house
- Spending time with friends

Eating normal, sleeping normal, spending time with friends
Helping out around the house, spending time with friends
Spending time with friends
Eating normally, sleeping normal, spending time with friends
Eating less, sleeping normal, helping out around the house
Sleeping less, spending time with friends, neglecting responsibilities
Appendix D Continued

Adolescent Cancer Survey Data

Have you felt like you are having difficulties in school?
No difficulties with school
No it was normal
Yes
Lack in doing some subjects
Some but not due to the cancer, plus this happened around exams
Yes I am getting bad grades

Would you like to learn more about your parent’s cancer and ways to lower the risk of developing cancer? Please circle: YES or NO
Yes, YES, YES, NO, YES, YES

How do you spend your free time? (e.g. watching tv, listening to music, spending time with friends, cooking, going to the mall, etc.)

Friends, homework, instruments, rehearsals
Hanging out with friends/boyfriend, work, shopping, napping
Reading, coloring/drawing, computer games
Hanging with friends, going to the mall, skateboarding
Xbox 360
Play my XBOX 360

Would you like to learn new skills? (e.g., learn how to cook easy meals, how to shop for healthy groceries, how to do laundry, etc.)

Yes, how to cook
I already know how to do all of these things but would be open to new ideas
No, I’m good thanks
Already can cook some things, need help with grocery shopping, do laundry, basic cleaning
Some
How to do laundry

If an adolescent program addressed all of the prior topics found in this survey, would you be interested in participating in this program? Please circle: YES or NO
NO, YES, NO, NO, NO, YES
Would you be willing to participate in a focus group discussing the above topics?
Please circle YES or NO

Nope, YES, NO, NO, NO, YES

If YES, please provide your name and contact information (phone# and/or email)
Appendix E

Parental Cancer Survey Data

Type of cancer and stage:
- Breast III
- Breast DCIS
- Ovarian IV
- Breast I
- Acute Myeloid Leukemia

When were you diagnosed?
- May 2008
- January 2008
- April 2005
- December 2008
- November 2008

Gender and age of adolescent
- M-20, F-18
- F-18
- M-15.5, 13
- M-16
- M-12

Your Gender:
- F, F, F, F, M

How has the adolescent’s life changed since your diagnosis?
- She has had to cope with the stress the disease has brought to the household
- We have become much closer
- None
- Help around house
- Added responsibilities with siblings

What type of support is most beneficial to your family and adolescent? (e.g. education, coping skills, support group, etc.)
- For me- coping skills, therapy, friends, for her- her friends
- Counseling
- None
- Education
- Coping skills
Appendix E Continued

Parental Cancer Survey Data

How does your adolescent cope with your diagnosis?  (e.g. writing in a journal, going to support groups, talking to friends, etc.)

Not sure- mostly talk to friends
Talking to friends, family, counselor
Talk to friends/parents
Talk with friends
Agitation, depression, always tired

Have you noticed any emotional changes with your adolescent since you were diagnosed with cancer?  Please circle or explain.

Happy  Patient  Relaxed  Feeling a sense of control  Calm
Agitation  Restlessness  Irritability  Cheerful  Depressed
Impatient  Inability to relax

Irritability, depressed, quiet, irritable when I am on the edge and unable to relax
Inability to relax
Agitation, irritability
Agitation, irritability- at times

Have you noticed any physical symptoms with your adolescent since you were diagnosed with cancer?  Please circle or explain.

Headaches  Muscle tension  Diarrhea  Nausea  Dizziness  Insomnia

Weight loss/gain  Frequent Colds

Headaches
None
None
None
None
Insomnia
Appendix E Continued

Parental Cancer Survey Data

Have you noticed any behavioral changes with your adolescent since you were diagnosed with cancer? Please circle or explain.

- Eating more/less/normal
- Sleeping more/less/normal
- Doing better in school
- Neglecting responsibilities
- Helping out around the house
- Spending time with friends

Eating normal, Sleeping normal, spending time with friends
Helping out around the house, spending time with friends
Neglecting responsibilities
Eating less, Sleeping normal, helping out around house, spending time with friends
Eating less, sleeping less, neglecting responsibilities, helping out around house, doing worse in school

Correct:

Does your adolescent have problems in school since you were diagnosed? If yes, please explain.

- No
- Blank
- Yes 13 old has more behavioral problems
- No
- YES- falling grades, missing homework, lack of self motivation

Correct:

Would you like your adolescent to take on more responsibility around the house? (e.g. learning how to cook easy meals, learning how to shop for groceries, learning how to do the laundry, etc.) Please Explain.

- Yes, picking up after self, doing laundry without being told
- She has
- No, I’ve taught them most of it
- Yes, chores above
- He is expected to do enough

Correct:

Does your adolescent want to know more information about your cancer? Yes or NO

- No
- Yes

Correct:

Yes

(one parent said no, but one adolescent said yes)

Correct:

How does your adolescent spend his/her leisure time? Please Explain.

- Reading, watching tv, chatting with friends, playing instruments
- With friends/boyfriend
- Hanging out with friends
- TV, xbox, computer
- Plays video games, plays sports, deer hunting
Appendix E Continued

Parental Cancer Survey Data

If an adolescent cancer program addressed the above topics, do you think it could help your adolescent? Please Explain.

- Not sure
- Yes, I would help to cope with cancer/life better and make her feel she wasn’t alone
- Don’t know
- Possibly
- Yes he could benefit from other adolescents his age

Would you be willing to participate in a focus group discussing the above topics?
Please circle YES or NO

Any other comments or suggestions
“An adolescent support program would be a great idea”
Appendix F

Parental Email

Dear D,

I am a 3rd year occupational therapy student at The University of Toledo Health Science Campus. I am currently working with Dr. Beth Ann Hatkevich, and Kelly Brooks (from the Victory Center in Toledo) in developing an online program for adolescents whose parents have cancer. I am in the process of gathering all of the content that I would like to see on the website. I have attached a survey (bottom of this email) that was filled out by staff at The Victory Center and staff members of Toledo’s American Cancer Society. If you have any suggestions on topics for the program, please feel free to provide feedback.

After an extensive literature review, it was found that adolescents whose parents have cancer are affected in many different ways. Parental cancer can affects an adolescent's life in emotional, social, behavioral, cognitive, and physical ways. Statistics show that there are many households in which the parents are traveling along the cancer journey. At present, no program exists locally that addresses the specific needs of the adolescent children living in those households. Over the years, The Victory Center has received numerous calls from local school nurses and psychologists who are searching for programs that address the needs of their students whose parents are living with a cancer diagnosis.

I would love to be able to develop this program and post it online in order to reach out to all of the adolescents who are affected by their parent's cancer.

Online Adolescent Cancer Program Survey

There were 123 surveys sent out to parents who have cancer, who also have adolescents. In the surveys that were returned it was noted that adolescents were experiencing some difficulties with coping with his or her parents cancer diagnosis. The adolescents that responded mentioned that they would like to receive help but were not comfortable coming to The Victory Center at this time. I would like to have a website for adolescents to receive information on coping skills, learn more about cancer and how to lower the risks of developing cancer, how to cook easy meals, how to do laundry, how to become more organized, and interests/hobbies. I'm also looking into adding a live chat to the website so that adolescents can chat live with an occupational therapist. It would be facilitated similar as a support group at The Victory Center, only via the internet. There will also be an area where the teens will be able to chat amongst themselves, but it will be monitored by the occupational therapist. These are just a few ideas that I have currently, but would appreciate any feedback that you could provide on topics that you would like to see your teen learn or become more familiar with.

Please answer the following questions.

1. Do you think that an online support program for adolescents’ whose parent has cancer would be helpful for the adolescent?

   Yes or No
Appendix F Continued

Parental Email

2. What kind of topics do you think would be useful to have posted online and to discuss with the adolescents?

Here are some examples:
Coping techniques: yoga, journaling, art therapy, breathing exercises
Anxiety management
Roles changing
Learning how to do laundry
Cooking
Cleaning
Learning more about cancer and how to lower the risks of cancer
Identifying leisure activities

Please write down any suggestions you have for program topics

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Thank you for your time! Please contact me if you have any questions.

Sincerely,

Amy M. Bower

3rd year Occupational Therapy Student
Amy.Bower@utoledo.edu
Appendix G

Adolescent Email

Dear A,

I am a 3rd year occupational therapy student at The University of Toledo Health Science Campus. I am currently working with Dr. Beth Ann Hatkevich, and Kelly Brooks (from the Victory Center in Toledo) in developing an online program for adolescents whose parents have cancer. I am in the process of gathering all of the content that I would like to see on the website. I would like to have a website for adolescents to receive information on coping skills, learn more about cancer and how to lower the risks of developing cancer, how to cook easy meals, how to do laundry, how to become more organized, and interests/hobbies. I'm also looking into adding a live chat to the website so that adolescents can chat live with an occupational therapist. It would be facilitated similar as a support group at The Victory Center, only via the internet. There will also be an area where the teens will be able to chat amongst themselves, but it will be monitored by the occupational therapist. These are just a few ideas that I have currently, but I would appreciate any feedback that you could provide on topics that you would like to learn.

Please answer the following questions.

1. Are you having trouble in school? If so, is it hard to concentrate, or do you have a hard time staying organized?

2. Do you think you would be interested in an online program?

3. What would be the best way to advertise for this program? Do you think that if flyers were to be placed up around school your friends would read them, or should there be an assembly with information about the program presented?

4. Do you feel like you can talk to someone about your parent’s cancer?

5. Do you feel like you have enough time to participate in hobbies or extra curriculars?

6. Are there things that you wish you knew how to do in order to make things easier at home for your dad? For example: cooking, learning how to do the laundry, become more organized

7. Is there anything else that you would like to share about how you feel about your dad having cancer?

I would love to be able to develop this program and post it online in order to reach out to all of the adolescents who are affected by their parent's cancer.
Appendix G Continued

Adolescent Email

Thank you for your time! Please contact me if you have any questions.

Sincerely,
Amy M. Bower
3rd year Occupational Therapy Student
Amy.Bower@utoledo.edu
419-348-8617
Appendix H

Email Oncology Nurse UTMC Janelle Tipton

Dear Ms. Tipton,

I am a 3rd year occupational therapy student at The University of Toledo Health Science Campus. I am currently working with Dr. Beth Ann Hatkevich, and Kelly Brooks (from the Victory Center in Toledo) in developing an online program for adolescents whose parents have cancer. I am in the process of gathering all of the content that I would like to see on the website. I was wondering if you have any suggestions on websites or handouts that would be helpful to include with the adolescent program, specifically on how to lower the risks of developing cancer? I also have attached a survey that was filled out by staff at The Victory Center and staff members of Toledo’s American Cancer Society. If you have any suggestions on topics for the program, please feel free to provide feedback.

The Victory Center is located at 5532 W. Central Ave, Toledo, Ohio 43615 and has a website at www.thevictorycenter.org The Victory Center is a non-profit organization and is a place where individuals with cancer and their family members can go and receive services such as: facials, yoga, reiki, support groups, and counseling to name a few. The Victory Center is taking a holistic approach for healing the mind, body, and spirit. After an extensive literature review, it was found that adolescents whose parents have cancer are affected in many different ways. Parental cancer can affect an adolescent's life in emotional, social, behavioral, cognitive, and physical ways. Statistics show that there are many households in which the parents are traveling along the cancer journey. At present, no program exists locally that addresses the specific needs of the adolescent children living in those households. Over the years, The Victory Center has received numerous calls from local school nurses and psychologists who are searching for programs that address the needs of their students whose parents are living with a cancer diagnosis. A survey was sent out to different households with adolescents whose parent has cancer and feedback was provided that these adolescents would like to see an online program offered to help address the different areas in which he or she is affected by his or her parent's cancer.

Online Adolescent Cancer Program Survey

After an extensive literature review, it was found that adolescents whose parents have cancer are affected in many different ways. Parental cancer can affect an adolescent's life in emotional, social, behavioral, cognitive, and physical ways. There were 123 surveys sent out to parents who have cancer, who also have adolescents. In the surveys that were returned it was noted that adolescents were experiencing some difficulties with coping with his or her parents cancer diagnosis. The adolescents that responded mentioned that they would like to receive help but were not comfortable coming to The Victory Center at this time.

Please answer the following questions.

1. Do you think that an online support program for adolescents’ whose parent has cancer would be helpful for the adolescent? Yes or No
Appendix H Continued

Email Oncology Nurse UTMC Janelle Tipton

2. What kind of topics do you think would be useful to have posted online and to discuss with the adolescents?

Here are some examples:
Coping techniques: yoga, journaling, art therapy, breathing exercises
Anxiety management
Roles changing
Learning how to do laundry
Cooking
Cleaning
Learning more about cancer and how to lower the risks of cancer
Identifying leisure activities

Please write down any suggestions you have for program topics
Thank you for your time! Please contact me if you have any questions.

Sincerely,

Amy M. Bower

3rd year Occupational Therapy Student
Amy.Bower@utoledo.edu

419-348-8617
Appendix I

Online Adolescent Cancer Program Survey

After an extensive literature review, it was found that adolescents whose parents have cancer are affected in many different ways. Parental cancer can affect an adolescent's life in emotional, social, behavioral, cognitive, and physical ways. There were 123 surveys sent out to parents who have cancer, who also have adolescents. In the surveys that were returned it was noted that adolescents were experiencing some difficulties with coping with his or her parents cancer diagnosis. The adolescents that responded mentioned that they would like to receive help but were not comfortable coming to The Victory Center at this time.

Please answer the following questions.

1. Do you think that an online support program for adolescents’ whose parent has cancer would be helpful for the adolescent?
   Yes or No

2. What kind of topics do you think would be useful to have posted online and to discuss with the adolescents?

   Here are some examples:
   Coping techniques: yoga, journaling, art therapy, breathing exercises
   Anxiety management
   Roles changing
   Learning how to do laundry
   Cooking
   Cleaning
   Learning more about cancer and how to lower the risks of cancer
   Identifying leisure activities

Please write down any suggestions you have for program topics

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Thank you for your time!
If you have any questions please feel free to contact Amy.Bower@utoledo.edu
Appendix J

Anxiety Management Assessment

Name:

1. What makes me feel anxious?

2. What physical symptoms do I usually experience when I feel anxious?

3. What thoughts do I have during times that I feel anxious?

4. What do I do when I feel anxious?

5. What activities do I find difficult when I feel anxious?

Appendix K

Anxiety Management Plan

1. List breathing techniques I will use when I feel anxious.

2. List relaxation techniques I will use when I feel anxious.

3. List some positive phrases I will use if I’m feeling anxious:
   - When preparing for an activity:
     - During an activity:
     - And after an activity:

4. List small goals to help me achieve tasks that sometimes make me feel anxious.

Appendix L

Healthy People 2010 Objectives

3.1-Reduce the overall cancer death rate.
3.2-Reduce the lung cancer death rate.
3.3-Reduce the breast cancer death rate.
3.4-Reduce the death rate from cancer of the uterine cervix.
3.5-Reduce the colorectal cancer death rate.
3.6-Reduce the oropharyngeal cancer death rate.
3.7-Reduce the prostate cancer death rate.
3.8-Reduce the rate of melanoma cancer deaths.
3.9-Increase the proportion of persons who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10 a.m. and 4 p.m., wear sun-protective clothing when exposed to sunlight, use sunscreen with a sun-protective factor (SPF) of 15 or higher, and avoid artificial sources of ultraviolet light.
3.10- Increase the proportion of physicians and dentists who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening.
3.11- Increase the proportion of women who receive a Pap test.
3.12- Increase the proportion of adults who receive a colorectal cancer screening examination.
3.13- Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.
3.14- Increase the number of States that have a statewide population-based cancer registry that captures case information on at least 95 percent of the expected number of reportable cancers.
3.15- Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.

Appendix M

The Victory Center Flyer

**Online**

**Holistic Adolescent Cancer Program**

-An Interactive occupation web based workshop group for the adolescent whose parent has cancer-

9 Week Program

- Topics: 1. Coping Skills- Yoga, Art Therapy, Journaling
- 2. Anxiety Management Plan
- 3. Roles: Cooking/Cleaning
- 4. Cancer Information Session

**Dates of the Program for 2010:**

January 24- March 21
April 18- June 20
July 18- September 12
October 10- December 5

- Adolescents 9-17 yrs old!
- Limited Enrollment
- Internet Access required

Sundays Live Chat with OT: 2:30 pm – 3:30 pm
Enrollment is limited. Sign up today [www.thevictorycenter.org](http://www.thevictorycenter.org)
Appendix N

Internet Safety Rules

Rules for Website

1. Never give out personal information over the internet (Name, Address, Phone number, password)
2. No Flaming—do not engage or participate in any activities directly or indirectly which harass, threatens, abuse, or intimidates others.
3. Do not use offensive language
4. No disrespectful behavior
5. Do not make racist comments
6. Do not use sexually explicit names or ask for any sexual favors in the chat room
7. Treat others the way you would like to be treated!
8. Have Fun, Learn, and Explore!

- If the participant does not follow the internet safety rules, the occupational therapist will email the participant as a warning the first time. If the participant breaks the rules a 2nd time, the occupational therapist will delete the participants file, and he or she will no longer have access to the website.
Appendix O

Lesson One

Materials: Paper, pen/pencil, phonebook or using the internet

Topics:

Introduction of HACP

Outline of Topics for Each Week (Appendix P)

Filling out the COPM (Appendix Q)

Making goals for the course

Counseling one-to-one

Yellowpages.com (http://www.yellowpages.com/)

Family Tree

Objective: During the 1st week, the participant will complete a brief family tree, including siblings, parents, aunts, uncles, grandparents, and great-grandparents, and will indicate what type of cancer each person was diagnosed with, and will email it to the occupational therapist by the given deadline.

Pre-test for Cancer Questionnaire (Appendix R)
Appendix P

**Topics for Holistic Adolescent Cancer Program**

<table>
<thead>
<tr>
<th>Topics</th>
<th>Week 1</th>
<th>Week 6</th>
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<tbody>
<tr>
<td><strong>Introduction of HACP</strong></td>
<td>Filling out the COPM</td>
<td>Roles</td>
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<tr>
<td></td>
<td>Making goals for the course</td>
<td>Defining Roles</td>
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<tr>
<td></td>
<td>Counseling one-to-one</td>
<td>Goals to achieve roles</td>
</tr>
<tr>
<td></td>
<td>Family Tree</td>
<td>Laundry</td>
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<tr>
<td></td>
<td>Pretest for Cancer Questionnaire</td>
<td>Cooking</td>
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</table>

<table>
<thead>
<tr>
<th>Topics</th>
<th>Week 2</th>
<th>Week 7</th>
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<tbody>
<tr>
<td><strong>Parent has Cancer</strong></td>
<td>Symptoms of treatments</td>
<td>Lower risks developing cancer Part I</td>
</tr>
<tr>
<td></td>
<td>What your parents may be feeling</td>
<td>Diet</td>
</tr>
<tr>
<td></td>
<td>How you can help your parent</td>
<td>BMI</td>
</tr>
<tr>
<td></td>
<td>Words used when talking about cancer</td>
<td>Exercise</td>
</tr>
<tr>
<td></td>
<td>Patient Navigator</td>
<td>Nutrition &amp; Activity FunQuiz</td>
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<table>
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<tr>
<th>Topics</th>
<th>Week 3</th>
<th>Week 8</th>
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<tbody>
<tr>
<td><strong>Coping Strategies for Anxiety &amp; Stress Part I</strong></td>
<td>Yoga</td>
<td>Lower risks developing cancer Part 2</td>
</tr>
<tr>
<td></td>
<td>Art Therapy</td>
<td>Fighting cancer: two fun videos</td>
</tr>
<tr>
<td></td>
<td>Deep Breathing</td>
<td>Prevention</td>
</tr>
<tr>
<td></td>
<td>Visualizations</td>
<td>Detection Tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Great American Health Check</td>
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<td></td>
<td></td>
<td>Cancer Website Resources</td>
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<td>Post Test Cancer Questionnaire</td>
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<th>Week 9</th>
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</thead>
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<tr>
<td><strong>Coping Strategies for Anxiety &amp; Stress Part II</strong></td>
<td>Anxiety Management Assessment &amp; Plan</td>
<td>Evaluations</td>
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<td></td>
<td>Defining Anxiety &amp; Stress</td>
<td>Certificate of Attendance</td>
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<tr>
<td></td>
<td>Healthy/Unhealthy ways of cope with stress</td>
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<tr>
<th>Topics</th>
<th>Week 5</th>
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<tr>
<td><strong>Leisure &amp; Hobbies</strong></td>
<td>Defining Leisure exploration</td>
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<td></td>
<td>Benefits of leisure</td>
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<td></td>
<td>Leisure &amp; Hobbies Examples</td>
</tr>
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<td></td>
<td>Hobbies Fun Quiz</td>
</tr>
</tbody>
</table>
Appendix Q

Canadian Occupational Performance Measure (COPM)

Directions: Please fill out the following information
Name:
Age:
Gender:

Identify activities in which you want to do, need to do, or are expected to do during a typical day. Identity which of these activities are difficult for you to do now to your satisfaction. Rate on a scale from 1 to 10, the importance of each activity, with 10 being extremely important and 1 not being important at all. Place the ratings on the line below each topic.

Self Care

A. Personal Care (e.g., dressing, bathing, feeding, hygiene)

B. Functional Mobility- (e.g., transfers, indoor, outdoor)

C. Community Management- (e.g., transportation, shopping, finances)

Productivity

A. Paid/Unpaid Work- (e.g., finding/keeping a job, volunteering)

B. Household Management- (e.g., cleaning, cooking, laundry)

C. Play/School- (e.g., play skills, homework)

Appendix Q Continued

Canadian Occupational Performance Measure (COPM)

Leisure

A. Quiet Recreation- (e.g., hobbies, crafts, reading)

_______________________________________________________________

B. Active Recreation- (e.g., sports, travel, outings)

_______________________________________________________________

C. Socialization- (e.g., visiting, phone calls, parties, correspondence)

_______________________________________________________________

Rate each problem on performance and satisfaction, with 10 being extremely satisfied with performance and satisfaction, and 1 being dissatisfied with performance and satisfaction. Please write the numbers under performance and satisfaction for all 5 problems.

Write down the 5 most important problems

<table>
<thead>
<tr>
<th>Performance</th>
<th>Satisfaction</th>
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<tbody>
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<td>1.</td>
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<td>4.</td>
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<td>5.</td>
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</table>

Goals for Adolescent:


*Based on these results the occupational therapist will be able to help you write goals in order to achieve satisfactory performance in the occupational areas that were indicated.*
Appendix R

Pre-Test Cancer Questionnaire

**Directions**: Answer the questions on the lines provided.

1. At what age should a female have her first pelvic exam?
   
   
   

2. At what age should a female do a self breast exam?
   
   
   

3. How can you protect yourself from sun exposure?
   
   
   

4. At what age should a male have his first prostate exam?
   
   
   

5. What types of fruits and vegetables could help lower the risk of developing cancer?
   
   
   

6. What is a healthy BMI?
   
   
   

7. How many days a week should you exercise?
   
   
   

Score:
Appendix S

Objective Record Sheet

Name: ____________________________

1. Goals during the program using the COPM (Law, Baptiste, Carswell, McColl, Polatajko, Pollack, 1994).

<table>
<thead>
<tr>
<th>Met</th>
<th>Not Met</th>
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<tbody>
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<td>1.</td>
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</table>

2. During the 1st week, the participant will complete a brief family tree, including siblings, parents, aunts, uncles, grandparents, and great-grandparents, and will indicate what type of cancer each person was diagnosed with, and will email it to the occupational therapist by the given deadline.

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<thead>
<tr>
<th>Met</th>
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3. During the 2nd week, the participant will be able to describe 3 symptoms that a cancer patient may feel during chemotherapy and/or radiation treatments, and email it to the occupational therapist by the given deadline.

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<thead>
<tr>
<th>Met</th>
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<tbody>
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<td>1.</td>
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<td>3.</td>
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4. During the 2nd week, the participant will be able to describe 2 feelings his or her parent is experiencing today and will email it to the occupational therapist by the given deadline.

<table>
<thead>
<tr>
<th>Met</th>
<th>Not Met</th>
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<tr>
<td>1.</td>
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<td>2.</td>
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</table>

5. During the 3rd week, the participant will describe in one paragraph what type of project he or she worked on during his or her art therapy time, and how he or she felt after he or she was finished with his or her project, and will email it to the occupational therapist by the given deadline.

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<thead>
<tr>
<th>Met</th>
<th>Not Met</th>
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Appendix S Continued

Objective Record Sheet

6. During the 3rd week, the participant will rate his or her anxiety level and how he or she feels before and after the deep breathing exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and email it to the occupational therapist by the given deadline.

Notes: Met Not Met

7. During the 3rd week, the participant will rate his or her anxiety level and how he or she feels before and after the visualization exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and will email it to the occupational therapist by the given deadline.

Notes: Met Not Met

8. During the 3rd week, the participant will be able to describe two coping techniques, and will email it to the occupational therapist by the given deadline.

Coping Techniques Met Not Met
1.
2.

9. During the 4th week, the participant will have created an approved personal anxiety plan based on his/her results of the Anxiety Management Assessment (Cooper, 2006).

Approved Disapproved

10. During the 4th week, the participant will describe 3 healthy and unhealthy ways he/she copes with stress and will email it to the occupational therapist by the given deadline.

Healthy Ways: Met Not Met
1.
2.
3.

Unhealthy Ways:
1.
2.
3.
Appendix S Continued

**Objective Record Sheet**

11. During the 4th week, the participant will choose a topic from the topics for the journaling section, and write 3 paragraphs on the topic that he or she has chosen, and will email it to the occupational therapist by the given deadline.

   Met  Not Met

12. During the 5th week, the participant will describe a current hobby, and a hobby that he or she would like to learn, and will email it to the occupational therapist by the given deadline.

   **Hobby would like to work on**

   Met  Not Met

13. During the 6th week, the participant will describe in a paragraph all of the roles that he or she plays, and will email it to the occupational therapist by the given deadline.

   **Roles**

   Met  Not Met

14. During the 6th week, the participant will answer the three questions about roles and will write down 2 goals in order to improve his or her roles, and will email it to the occupational therapist his or her answers by the given deadline.

   **Goals**

   1. Met  Not Met

   2.  

15. During the 6th week, the participant will be able to demonstrate how to prepare a healthy meal by emailing the occupational therapist a recipe that he or she tried by the given deadline.

   Met  Not Met

16. During the 7th week, the participant will be able to describe what a healthy BMI weight is based on his or her height, and will email it to the occupational therapist by the given deadline.

   Met  Not Met
17. During the 8th week, the participant will be able to describe 4 ways to reduce the risk of developing skin cancer, and will email it to the occupational therapist by the given deadline.

<table>
<thead>
<tr>
<th>Reducing risk of cancer</th>
<th>Met</th>
<th>Not Met</th>
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<tbody>
<tr>
<td>1.</td>
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18. During the 8th week, the participant will demonstrate an increase in knowledge of lowering his/her risks of developing cancer as measured by the pre/post test cancer questionnaire.

<table>
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<tr>
<th>Met</th>
<th>Not Met</th>
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Appendix T

Lesson Two

**Materials:** Paper, pen/pencil, internet

**Topics:**

**Parent has Cancer**

**Symptoms of Treatments**

- **Chemotherapy Side Effects:** hair loss, anemia, extreme tiredness, nausea, vomiting, decreased appetite, diarrhea, constipation, anxiety, pain, and peripheral neuropathy

- **Radiation Side Effect:** mouth problems, throat problems, emotional changes, eating and swallowing difficulties, digestive problems, genitourinary and bowel problems, skin problems, and low blood count (Caring 4 Cancer Magazine)

**Objective:** During the 2nd week, the participant will be able to describe 3 symptoms that a cancer patient may feel during chemotherapy and/or radiation treatments, and email it to the occupational therapist by the given deadline.

**What your parents may be feeling**

- Anxious, angry, lonely, hopeful, afraid, sad, or depressed.
  - **Anxious**- parents might be worried about bills, or about looking different
  - **Angry**- parents might be angry that their bodies are changing
  - **Lonely**- parents might feel distance from family and friends
  - **Hopeful**- parents might feel hopeful that they will beat cancer
  - **Afraid**- parents might feel afraid because of how cancer will change their lives
Appendix T Continued

Lesson Two

Sad/Depressed- parents might feel sad because they can’t do the things they once loved doing

-All of these feelings are normal for people living with cancer.

Objective: During the 2nd week, the participant will be able to describe 2 feelings his or her parent is experiencing today and will email it to the occupational therapist by the given deadline.

Ideas for how you can help your parent

1. Spend time with your parent- watch a movie or play cards
2. Lend a hand- bring him/her water or a snack
3. Try to be upbeat- be positive
4. Be Patient- listen to music if you find yourself becoming stressed
5. Share a laugh- laughter is great medicine
6. Buy your parent a new scarf or hat
7. Keep your parents in the loop- share your feelings with them
8. Keep a journal together- write down family stories or poems
9. Help with sibling care
Lesson Two

Words used when talking about cancer

Words used by doctors or medical staff can become confusing. Check out these two links of commonly used monitoring tests and medical staff.

Go to these web links for more information:

Monitoring Tests

Cancer Team Members
http://www.cancer.gov/cancertopics/when-your-parent-has-cancer-guide-for-teens/page15


Patient Navigator

Patient Navigator program helps patients, families, and caregivers find help with many needs that arise during the cancer journey.

Patient Navigator can help you by:
- Providing literature on coping with cancer
- Referring you to support groups
- Identify resources for financial assistance, medication needs, and home health
- Listening, caring, and helping you in your time of need
- Identifying activities that can help ensure a better life
- Helping cancer survivors learn self-navigate
Lesson Two

*To learn more information about the Patient Navigator Program please check out this web link below from the American Cancer Society.

http://www.cancer.org/docroot/COM/content/div_OH/COM_6_1x_Patient_Navigator.asp
Appendix U

Lesson Three

Materials: Music, CD player, art supplies (whatever art you enjoy doing), QuickTime to watch videos

Topics:

Coping Techniques: Part I

Yoga

Background on Yoga

Yoga focus on breathing and stretching of muscles. Yoga means union. The word “yoga” comes from the Sanskrit word yuj, meaning to bind together. The mind, body, breath, and spirit are one.


Yoga for stress relief

Yoga is an excellent stress relief technique. It involves a series of moving and stationary poses, combined with deep breathing. The mental and physical benefits of yoga provide a counterbalance to stress. It also strengthens the relaxation response in your daily life. Yoga that emphasizes slow, steady movement and gentle stretching are best for stress relief.

*For more information about yoga and stress I recommend Stress Relief www.helpguide.org/mental/stress_relief_mediation_yoga_relaxation.htm

Yoga and finding a teacher

There are many excellent yoga books that explain the postures well. A yoga teacher can educate you on how to develop correct alignment. If you are interested in finding a yoga teacher near you, use the webs link www.yellowpages.com. A parent may need to help you with this step.

*For more information about yoga and finding a teacher I recommend this web site http://healthylifestyle.upmc.com/StressYoga.htm
Appendix U Continued

Lesson Three

Different poses for yoga “Yoga Stretches” (video)

(Don’t forget to let the occupational therapist know how you felt after participating in the yoga session!!)

Art Therapy

Define Art Therapy—the creative use of art to provide nonverbal communication and expression of oneself
(www.umaryland.edu/counseling/selfhelp/coping.html)

Examples of Art Therapy Mediums

(painting, collages with magazine pictures, coloring and drawing, etc.)

Objective: During the 3rd week the participant will describe in one paragraph what type of project he or she worked on during his or her art therapy time, and how he or she felt after he or she was finished with his or her project, and will email it to the occupational therapist by the given deadline.

Deep Breathing Exercises

Define Deep Breathing- Inhale deep through your nose, hold for three seconds, and slowly exhale through your mouth

Deep Breathing Exercise “Quick Relaxation” (video)

Objective: During the 3rd week the participant will rate his or her anxiety level and how he or she feels before and after the deep breathing exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and email it to the occupational therapist by the given deadline.
Appendix U Continued

Lesson Three

- Think of different ways you can use this technique to help reduce anxiety (e.g., before a test)

**Visualizations**

**Define Visualizations** - visualizations is a traditional meditation that can help relieve stress. It involves imagining a scene in which you feel at peace, free to let go of all tension or anxiety.

*For more information on visualizations I recommend the website below.*

[http://www.helpguide.org/mental/stress_relief_meditation_yoga_relaxation.htm](http://www.helpguide.org/mental/stress_relief_meditation_yoga_relaxation.htm)

**Visualization Exercise “Cottage by the Sea”** (Appendix H)

**Objective:** During the 3rd week, the participant will rate his or her anxiety level and how he or she feels before and after the deep breathing exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and will email it to the occupational therapist by the given deadline.

- Think of different times you might use this technique

**Objective:** During the 3rd week, the participant will be able to describe two coping techniques, and will email it to the occupational therapist by the given deadline.
Appendix V

“Cottage by the Sea”

1. First make yourself completely comfortable // Allow your body to sink into the floor // Let your legs and feet flop outwards // If you are lying on the floor, have your arms resting on the floor beside you // Enjoy the feeling of resting, of being completely supported // Let your eyes close // Make sure that your jaw is loose and that your teeth are not clenched together // Ensure your tongue is lying gently in the bottom of your mouth // Have a slight gap between your upper and lower teeth and let your lips be slightly parted.

2. Now become aware of your breathing // Follow the breath as it comes into and goes out of your body // Do not try to control it in any way // Just observe the natural rhythm of your breathing // As you breathe out, imagine your whole body deflating, growing limp and heavy // Each time you breathe out, imagine that you are letting tension flow out of your body and mind //.

3. Now that your body is relaxed, take yourself in your imagination to the garden of a cottage by the sea // You are sitting in a comfortable garden chair with plump cushions // All around you are the flowers of the cottage garden and you have a wonderful view out to the sea // You sit in the warmth of the sun, listening to the lazy drone of insects and the sound of the gulls crying overhead // In the distance you hear the rhythmic beating of the waves on the beach below //.

4. After a while, you get up from your chair and walk across the brilliant, sun-warmed grass of the lawn // You make your way down a flight of steps that lead directly onto the wide, smooth, sandy beach // You are quite alone on your stretch of sand, although you can see tiny figures playing in the distance and hear a faint sound of their voices from far away // You take off your shoes, and walk over the pale, warm, dry sand down towards the water’s edge // Feel the warmth coming from the sand beneath your feet, feel the sand between your toes //.

5. As you get nearer to the sea, the sand becomes smooth, hard and damp // Feel this new texture, the sand is perfectly smooth, with only here and there a tiny pink shell glinting in the light of the sun // Now you can come to the water’s edge // You watch the sparkling foam running up the beach towards you, and you let the warm, shallow water flow around your ankles // You look out to sea, and notice a snail on the horizon // You follow it with your eyes as it moves round the headland and out of sight // Then you walk along the water’s edge, enjoying the rhythmic swish of the waves swirling around your ankles, the sunlight dancing on the water //.

Appendix V Continued

“Cottage by the Sea”

6. Now you can turn back towards the cottage // You walk back over the smooth, hard sand // Over the pale, powdery sand // You go up the steps which lead back on to the lawn // The grass feels cool and refreshing to your warm bare sandy feet // You sit down in your chair again, allow your eyes to close and bask in the warmth of the late afternoon sun //. // Long Pause //

7. Begin to concentrate once again on your breathing // Imagine the tension leaving your body with every breath out and relaxation entering with every breath in // Start to bring yourself slowly back to the room where we are // In your own time open your eyes //.

Appendix W

Lesson Four

Materials: Journal, pen/pencil

Topic:

Coping Techniques: Part II

Define Anxiety - is a state of uneasiness and apprehension, as about future uncertainties (www.dictionary.com)

Anxiety Management Assessment (Appendix J)

Anxiety Management Plan (Appendix K)

Objective: During the 4th week, the participant will have created an approved personal anxiety plan based on his/her results of the Anxiety Management Assessment (Cooper, 2006).

“Stress is the Spice of Life; the absence of stress is death” - Hans Selye

Define Stress- a physical, mental, emotional strain or tension (www.dictionary.com)

Unhealthy ways to cope with stress

(smoking, drinking too much, overeating, under eating, withdrawing from friends, using pills to relax, sleeping too much, procrastinating, zoning out for hours watching tv)

Healthy ways to cope with stress

(journaling, yoga, meditation, exercise, art therapy, laughing, spending time with friends, eating healthy foods)

Objective: During the 4th week, the participant will describe 3 healthy and unhealthy ways he/she copes with stress and will email it to the occupational therapist by the given deadline.

For more information about stress management check out this website: http://www.helpguide.org/mental/stress_management_relief_coping.htm
Lesson Four

Journaling

**Define Journal Writing**- journal writing is the expression of thoughts, feelings, memories, and ideas. It is a great way to express how you are feeling at this moment.

**Topics for Journaling Section:**

- How you feel about your parent having cancer
- How you cope with stress
- How you help your parent since he/she was diagnosed with cancer
- How cancer has affected your life
- What type of cancer your parent has, and two things that you have learned about that type of cancer

**Objective:** During the 4th week, the participant will choose a topic from the topics for journaling section, and write 3 paragraphs on the topic that he or she has chosen, and will email it to the occupational therapist by the given deadline.
Appendix X

Lesson Five

Materials: your interested hobby/leisure occupation, pen/pencil, paper

Topics:

Define Leisure - an occupation that is nonobligatory and engaged in during free time

Define Leisure exploration – identifying interests, skills, opportunities, and appropriate leisure occupations

Benefits of leisure

Participation in leisure occupations can offer psychosocial and physical benefits.

Psychosocial Benefits:
- Increased sense of self worth
- Release of hostility and aggression
- Shared control of self and environment
- Experience of choice
- Increased socialization
- Development of leadership
- Practice coping skills and adaptive behavior
- Increased attention span
- Adjustment to living arrangements
- Increased tolerance of groups and other people
- Experience of intellectual stimulations

Physical Benefits:
- Increased circulation
- Promotion of gross, fine, bilateral, and eye-hand coordination
- Provision of vestibular and sensory stimulation
- Promotion of motor planning
- Improvement of maintenance of perceptual abilities
- Improvement of coping skills and adaptive behavior
- Increased strength, range of motion, and physical tolerance
- Improved balance

Appendix X Continued

Lesson Five

List Hobbies Examples

Creative Expression: watercolor painting, oil painting, murals, sculpture, drawing, photography, creative writing, bookmaking, jewelry-making, poetry, drama, music, singing, needlepoint, woodworking, journaling

Physical activities: hockey, soccer, basketball, baseball, football, volleyball, hiking, biking, running, dancing, cheerleading, gymnastics, horseback riding, skating, snowboarding, skiing

Collecting: stamps, coins, dolls, rocks, shells, trading cards, cars, comics, action figures, key chains, books

Nature Exploration: hiking, bird watching, gardening, animal care, chemistry, sand sculpture

Intellectual exploration: reading, computers, foreign languages, astronomy, crossword puzzles, trivia, chess, video games, board games

Home art: pottery, crafts, sewing, knitting, quilting, weaving, cooking, scrapbook

Objective: During the 5th week, the participant will describe a current hobby, and a hobby that he or she would like to learn, and will email it to the occupational therapist by the given deadline.

Hobbies Fun Quiz

If you don’t have a hobby or you’d like to find a new one, take the following quiz. Your answers may point you to interests you didn’t realize that you had.

Directions: Pick either A or B for each question. Write out your choices on a second sheet of paper.

1. Would you rather be:  A. indoors  B. outdoors
2. When you are bored in class do you:  A. cover your page with doodles  B. daydream about being outdoors
3. Which do you enjoy more: A. winning  B. playing the game
4. Are you more of a : A. pack rate  B. neat-freak
Appendix X Continued

Lesson Five

5. Do you prefer to spend your free time: A. alone    B. with others
6. If you are forced to wait in a long line, do you: A. take out a book you brought with you and read or B. mentally rehearse scoring a goal
7. After school would you prefer to: A. play ball or B. look at a magazine
8. For a vacation which would you rather do: A. visit a city and go to the museums, shows, and theaters, or B. go hiking and camping in a national forest
9. Do you prefer to contact your friends by A. email  B. notes on paper
10. If something is broken in your house, do you:  A. try to fix it yourself  B. read and explain the directions to a family member who’s willing to make the repair

Appendix Y

Lesson Six

Materials: washer, dryer, fabric softener, laundry detergent, chlorine, simple food, paper, pencil/pen

Topics:

Roles

Defining Roles- roles are how we define ourselves and what our duties are

For example Sarah is a student, she also is a sister, a cousin, a daughter, and an athlete.

Objective: During the 6th week, the participant will describe in a paragraph all of the roles that he or she plays, and will email it to the occupational therapist by the given deadline.

Questions

1. How have your roles changed since your parent was diagnosed with cancer?

2. What roles do you have trouble performing since your parent was diagnosed with cancer?

3. What roles would you like to work on and improve?

Goals for improving your roles

1. 

2. 

Objective: During the 6th week, the participant will answer the three questions about roles and will write down 2 goals in order to improve his or her roles, and will email it to the occupational therapist his or her answers by the given deadline.
Appendix Y Continued

Lesson Six

Laundry

Pictures of laundry step by step

Laundry Examples (written out step by step)

Step for Laundry

1. Sorting- sort clothes into different categories such as: delicates, whites and light color clothing, dark colors, bright colors (reds), heavy weights (jeans, sweat shirts), towels

2. Detergent- use the recommended amount that is labeled on the container, or ask an adult for help with figuring out how much detergent to use. Be careful here! If you use too much soap it won’t all rinse out and the laundry will be stiff. If you use too little soap the dirt and lint will not lift out and your laundry will not get clean.

3. Machine Settings-
   - Permanent Press: use this cycle for normal loads.
   - Regular Cycle: use this cycle for heavy, sturdy, and very dirty loads
   - Delicate Cycle: use this cycle for lightweight and loosely woven fabrics

   • A Load of laundry needs room to move around in the washer. Only fill the washer ¾ of the way full.

4. Water Temperature
   - Hot: for whites
   - Warm: average loads
   - Cold: bright colors and delicates

5. Fabric Softener:
   - Liquid: added during the rinse cycle
   - Sheets: added into the dryer

6. Drying: Clean the lint filter after every load. Make sure you do not overload the dryer. Make sure to read the clothing tags for drying instructions. Over drying will cause the clothes to fade and possibly wrinkle. Check on your clothes throughout the drying process so that this does not happen.

- For more information on how to do the laundry, I recommend this book below.
Appendix Y Continued

Lesson Six


**Easy meals (cooking)**

**Objective:** During the 6th week, the participant will be able to demonstrate how to prepare a healthy meal by emailing the occupational therapist a recipe that he or she tried by the given deadline.

**New Food Pyramid**

[Link to New Food Pyramid](http://www.washingtonpost.com/wp-srv/nation/daily/graphics/diet_042005.gif)

**Fruit Salad Recipe**

**INGREDIENTS**
- 1 pint strawberries - cleaned, hulled and sliced
- 1 pound seedless grapes, halved
- 3 kiwis, peeled and sliced
- 3 bananas, sliced
- 1 (21 ounce) can peach pie filling

**DIRECTIONS**
In a large bowl, combine the strawberries, grapes, kiwis, and bananas. Gently mix in peaches. Chill for 1 hour before serving.

[Link to Fruit Salad Recipe](http://allrecipes.com/Recipe/Very-Easy-Fruit-Salad/Detail.aspx)

**Rice with orzo and mint**

**Ingredients:**
- 1/2 cup orzo
- 1 teaspoon olive oil
- 3 cups fat-free chicken broth
- 1-1/3 cups uncooked brown rice
- 1/2 teaspoon garlic salt
- 3 tablespoons fresh mint
Appendix Y Continued

Lesson Six

Directions:

In a medium saucepan on medium-high heat, brown orzo in olive oil, stirring constantly. Pour in chicken broth and bring to boil. Add rice and garlic salt and return to boil. Reduce heat and simmer 45 minutes. Remove from heat and stir in fresh mint.

http://www.cancer.org/docroot/PED/content/PED_3_2x_Rice_with_Orzo.asp?sitearea=PED
Appendix Z

Lesson Seven

Materials: Quick Time (videos), paper, pen/pencil, your height and weight

Topics:

Diet
Visit the links below and explore!

1. Shopping and Cooking Smart Video from American Cancer Society
   
   http://www.cancer.org/docroot/subsite/greatamericans/content/Shopping_Smart_
   Video.asp

2. Add fruits and vegetables to your diet!

   http://www.cancer.org/docroot/PED/content/PED_3_2x_Sample_Menu_to_Inclu
   de_5_A_Day.asp?sitearea=PED

3. Basic Ingredients for a healthy kitchen!

   http://www.cancer.org/docroot/PED/content/PED_3_2X_Shopping_List_Basic_I
   ngredients_For_A_Healthy_Kitchen.asp?sitearea=PED

BMI Portion control Article
Visit the link below!

http://www.cancer.org/docroot/PED/content/PED_3_1x_Body_Mass_Index_Calculator.a
sp?sitearea=PED

   Objective: During the 7th week, the participant will be able to describe what a
   healthy BMI weight is based on his or her height, and will email it to the occupational
   therapist by the given deadline.
Appendix Z Continued

Lesson Seven

**Exercise**

Watch this virtual Trainer Exercise video!
[http://www.cancer.org/docroot/subsite/greatamericans/content/GetActive_Get_Started.asp?loadId=exercise](http://www.cancer.org/docroot/subsite/greatamericans/content/GetActive_Get_Started.asp?loadId=exercise)

**ACS exercise link**
[http://www.cancer.org/docroot/PED/content/PED_6_1X_Be_Physically_Active_Achieve_and_Maintain_a_Healthy_Weight.asp?sitearea=PED](http://www.cancer.org/docroot/PED/content/PED_6_1X_Be_Physically_Active_Achieve_and_Maintain_a_Healthy_Weight.asp?sitearea=PED)

### Examples of Moderate and Vigorous Physical Activities

<table>
<thead>
<tr>
<th></th>
<th>Moderate Activities</th>
<th>Vigorous Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercise and Leisure</strong></td>
<td>Walking, dancing, leisurely bicycling, ice-skating or roller-skating, horseback riding, canoeing, yoga</td>
<td>Jogging or running, fast bicycling, circuit weight training, aerobic dance, martial arts, jump rope, swimming</td>
</tr>
<tr>
<td><strong>Sports</strong></td>
<td>Volleyball, golfing, softball, baseball, badminton, doubles tennis, downhill skiing</td>
<td>Soccer, field hockey or ice hockey, lacrosse, singles tennis, racquetball, basketball, cross-country skiing</td>
</tr>
<tr>
<td><strong>Home Activities</strong></td>
<td>Mowing the lawn, general lawn and garden maintenance</td>
<td>Digging, carrying and hauling, masonry, carpentry</td>
</tr>
<tr>
<td><strong>Occupational Activity</strong></td>
<td>Walking and lifting as part of the job (custodial work, farming, auto or machine repair)</td>
<td>Heavy manual labor (forestry, construction, fire fighting)</td>
</tr>
</tbody>
</table>

*Adolescents should engage in at least 60 minutes per day of moderate to vigorous physical activity for at least 5 days per week!*

**Nutrition and Activity Fun Quiz**
[http://www.cancer.org/docroot/PED/Ped_3_1x_Nutrition_and_Activity_Quiz.asp?sitearea=PED](http://www.cancer.org/docroot/PED/Ped_3_1x_Nutrition_and_Activity_Quiz.asp?sitearea=PED)
Appendix AA

Lesson Eight

Materials: Quick Time, paper, pen/pencil

Topics:

Fight Cancer fun videos ACS website
* Visit these web links to learn more about how you can lower your risks of developing cancer. Watch both videos!

http://www.cancer.org/docroot/subsite/greatamericans/content/Video_Mark_Stibich.asp

Prevention

1. Skin Cancer

This website shows exactly what irregular moles look like. Remember the ABCD of moles!
http://www.afraidtoask.com/skinCA/skinwarning.html
Watch the Skin prevention video from the American Cancer Society
http://www.cancer.org/docroot/PED/content/PED_25_2x_Skin_Cancer_Awareness.asp?sitearea=PED
How to protect yourself from UV Ways (harmful)
http://www.cancer.org/docroot/PED/content/ped_7_1x_Protect_Your_Skin_From_UV.asp?sitearea=PED
For more information on sun protection, visit the American Cancer Society web link below

Objective: During the 8th week, the participant will be able to describe 4 ways to reduce the risk of developing skin cancer, and will email it to the occupational therapist by the given deadline.
Appendix AA Continued

Lesson Eight

2. Smoking

Cancer smoking fact sheet
http://www.cancer.org/docroot/PED/content/PED_10_2x_Tobacco-Related_Cancers_Fact_Sheet.asp?sitearea=PED
Visit the Tobacco and cancer website listed below. Have fun and explore!

Early Detection Tests
You should talk to your doctor about being tested earlier since cancer is found in the family.

<table>
<thead>
<tr>
<th>Breast Testing Info</th>
<th>Test</th>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2003–Present***</td>
<td>Breast self-exam (BSE)</td>
<td>Over 20</td>
<td>Optional. Women should be told about benefits and limitations of BSE. They should report any new symptoms to their health care professional.</td>
</tr>
<tr>
<td></td>
<td>Clinical breast exam (CBE)</td>
<td>20 – 39</td>
<td>Part of a periodic health exam, preferably every 3 years</td>
</tr>
<tr>
<td></td>
<td>Over 40</td>
<td></td>
<td>Part of a periodic health exam, preferably every year</td>
</tr>
<tr>
<td></td>
<td>Mammogram</td>
<td>Over 40</td>
<td>Yearly, continuing for as long as a woman is in good health</td>
</tr>
</tbody>
</table>

*May 2003 - May 2007: Women at increased risk (family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (breast ultrasound, MRI), or having more frequent exams.

**May 2007 - Present: Women at high risk (greater than 20% lifetime risk) should get an MRI and a mammogram every year. Women at moderately increased risk (15% to 20% lifetime risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15%.
## Lesson Eight

<table>
<thead>
<tr>
<th>Cervical Testing</th>
<th>Test</th>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003 – Present</td>
<td>Pap test</td>
<td>Start 3 years after first vaginal intercourse but no later than 21</td>
<td>Yearly with conventional Pap test or every 2 years with liquid-based Pap test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over 30</td>
<td>After 3 normal results in a row, screening can be every 2 – 3 years. An alternative is a Pap test plus HPV DNA testing every 3 years.*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over 70</td>
<td>After 3 normal Pap smears in a row within the past 10 years, women may choose to stop screening**</td>
</tr>
<tr>
<td>Pelvic exam</td>
<td>Not specified</td>
<td>Discuss with health care provider</td>
<td></td>
</tr>
</tbody>
</table>

*Doctors may suggest a woman be screened more often if she has certain risk factors, such as a history of DES exposure, HIV infection, or a weak immune system

**Women with a history of cervical cancer, DES (diethylstilbestrol) exposure, or who have a weak immune system should continue screening as long as they are in reasonably good health
### Appendix AA Continued

#### Lesson Eight

<table>
<thead>
<tr>
<th>Colon and Rectum</th>
<th>Test</th>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2008 –</td>
<td>Follow one of these schedules⁴:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present</td>
<td>Flexible sigmoidoscopy³</td>
<td>Over 50</td>
<td>Every 5 years</td>
</tr>
<tr>
<td></td>
<td>Colonoscopy</td>
<td>Over 50</td>
<td>Every 10 years</td>
</tr>
<tr>
<td></td>
<td>Double-contrast barium enema (DCBE)³</td>
<td>Over 50</td>
<td>Every 5 years</td>
</tr>
<tr>
<td></td>
<td>CT colonography (virtual colonoscopy)³</td>
<td>Over 50</td>
<td>Every 5 years</td>
</tr>
<tr>
<td></td>
<td>Fecal occult blood test (FOBT)**,³</td>
<td>Over 50</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>Fecal immunochemical test (FIT)**,³</td>
<td>Over 50</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>Stool DNA test³</td>
<td>Over 50</td>
<td>Interval uncertain</td>
</tr>
</tbody>
</table>

* A digital rectal exam should be done at the same time as sigmoidoscopy, colonoscopy, or DCBE.
** For FOBT or FIT, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.
*** Yearly FOBT or FIT plus flexible sigmoidoscopy every 5 years is preferred over either option alone.
¹ The fecal immunochemical test (FIT) was adopted as part of the ACS guidelines in 2003.
² The first 4 tests (flexible sigmoidoscopy, colonoscopy, DCBE, and CT colonography) are designed to find both early cancer and polyps. The last 3 tests (FOBT, FIT, and Stool DNA test) will primarily find cancer and not polyps. The first 4 tests are preferred if they are available to you and you are willing to have one of these more invasive tests.
³ If test results are positive, colonoscopy should be done.
Appendix AA Continued

**Lesson Eight**

<table>
<thead>
<tr>
<th>Endometrial Testing</th>
<th>Test</th>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>At menopause (average risk)</td>
<td>Women should be informed about the risks and symptoms of endometrial cancer and strongly encouraged to report any unexpected bleeding or spotting to their doctor.</td>
</tr>
<tr>
<td>2001 – Present</td>
<td></td>
<td>At menopause (increased risk*)</td>
<td>Women should be informed about the risks and symptoms of endometrial cancer and strongly encouraged to report any unexpected bleeding or spotting to their doctor. They should also be informed about the potential benefits, risks, and limitations of early endometrial cancer detection.</td>
</tr>
<tr>
<td>Endometrial biopsy</td>
<td></td>
<td>By age 35 (high risk***)</td>
<td>Should be offered yearly. Women should also be informed about the risks and symptoms of endometrial cancer, and about the potential benefits, risks, and limitations of early endometrial cancer detection.</td>
</tr>
</tbody>
</table>

*High risk was defined as having a history of infertility, obesity, failure of ovulation, abnormal uterine bleeding, or use of estrogen therapy or tamoxifen.
**Increased risk was defined as a history of estrogen therapy or tamoxifen, late menopause, having no children, infertility or failure to ovulate, obesity, diabetes, or high blood pressure.
***High risk was defined as women with or at risk for hereditary non-polyposis colorectal cancer (HNPCC) due to a known or suspected gene mutation.
# Lesson Eight

## Prostate Testing

<table>
<thead>
<tr>
<th>Test</th>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care professionals should discuss the potential benefits and limitations of prostate cancer early detection testing and offer the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE). If, after this discussion, a man asks his health care professional to make the decision for him, he should be tested (unless there is a specific reason not to test).</td>
<td>Over 50 (average risk)</td>
<td>Should be offered yearly (along with information on potential risks &amp; benefits) to men with at least a 10-year life expectancy</td>
</tr>
<tr>
<td>2009 – Present*</td>
<td>Over 45 (high risk**)</td>
<td>Discussion and offer of testing should be done yearly***</td>
</tr>
</tbody>
</table>

*High risk defined as African-American men or those with a strong family history - that is, those with 2 or more affected first-degree relatives (father, brother, son).

**High risk defined as African-American men or those with a strong family history of 1 or more first-degree relatives (father, brothers) diagnosed at an early age (younger than 65).

***Men at even higher risk, due to several close relatives affected at an early age, should have this discussion with their health care professional at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.

*NOTE: This represents a language clarification, not a change in the guidelines, as the previous language was often misinterpreted.
Lesson Eight

Cancer–Related Checkups (Men and Women)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Test</th>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre 1980</td>
<td>Physical exam</td>
<td>Not specified</td>
<td>&quot;Regularly&quot;</td>
</tr>
<tr>
<td>1980 - 2002</td>
<td>Physical exam* and health counseling</td>
<td>20 – 39</td>
<td>Every 3 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over 40</td>
<td>Yearly</td>
</tr>
<tr>
<td>2003 – Present</td>
<td>Physical exam* and health counseling**</td>
<td>Over 20</td>
<td>On the occasion of a periodic health exam</td>
</tr>
</tbody>
</table>

*Should include examinations for cancers of the thyroid, testicles, mouth, ovaries, skin, and lymph nodes. **Should include counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

*For more information please visit the website listed below.

**Great American Health Check Challenge Test**
*Review the website below. It’s a fun test and informs you of different ways of how you personally can lower your risk of developing cancer. Give it a try!

Appendix AA Continued

Lesson Eight

**Cancer Website Resources**

*Here are some extra resources that might be helpful to learn even more information about cancer!*

Helping children when a family member has cancer

http://www.cancer.org/docroot/ESN/content/ESN_2_1x_Helping_Your_Child_Deal_with_a_Cancer_Diagnosis_in_the_Family.asp

Talking about Cancer and finding a support group

http://www.cancer.org/docroot/ESN/esn_2.asp?sitearea=ESN

Choosing a support group


National Cancer Institute

http://www.cancer.gov/cancertopics/when-someone-in-your-family

Coping Techniques for patient and caregiver ACS website

http://www.cancer.org/docroot/MBC/MBC_5.asp?sitearea=MBC

Cancer changes things

http://www.cancer.gov/CancerInformation/whensomeoneinyourfamily

Cancer Overview

http://www.nci.nih.gov/cancerinfo/wyntk/overview

National organizations help with family members coping with cancer


Mayo Clinic

http://www.mayoclinic.com/health/cancer/DS01076
Appendix AA Continued

Lesson Eight

Cancercare.org website
http://www.cancercare.org/

ACOR website
http://www.acor.org/

Post-Test Cancer Questionnaire (Appendix DD)
Take the post-test cancer questionnaire

Objective: During the 8th week, the participant will demonstrate an increase in knowledge of lowering his/her risks of developing cancer as measured by the pre/post test cancer questionnaire.
Appendix BB

**Great American Health Test Questions**

1. Who is this for?
2. What is your gender?
3. How old are you?
4. How tall are you?
5. How much do you weigh?
6. Has your mother, father, sister, brother, or grandparent ever been diagnosed with cancer?
7. Have you ever been diagnosed with cancer?
8. How many servings of fruits and vegetables do you eat daily?
9. What type of grain foods do you eat?
10. What kind of dairy products do you unusually consume?
11. How often do you eat meat?
12. How often do you consume high sugary foods?
13. How many days a week do you exercise for at least 30 minutes?
14. Do you drink more than one glass of alcohol?
15. Do you smoke or use tobacco products?

---

- American Cancer Society. (n.d.). *The great American health check.* Retrieved March 19, 2008 from http://www.cancer.org/gahc/flash_gahc/result.asp?s1=0,7,12&s2=1,4,6,8,9&s3=1,3,4&s4=2,6,6,4&bm j=17.2
Appendix CC

Results of the Great American Health Check

This is your personalized Action Plan: Take this Action Plan to your doctor.

Age and Gender Risk:

Based on your age and gender, the American Cancer Society recommends the following:

Ask your doctor for a breast exam every three years to check for any changes in your breasts. If your doctor finds any breast changes, chances are it is NOT breast cancer because breast cancer typically occurs in older women. But now is a good time to get in the habit of having a breast exam.

Have a Pap test to check for cervical cancer. All women your age should have either a yearly Pap test OR a liquid Pap test every other year.

Also, as part of a periodic checkup for any woman your age, your doctor should check the following:

- Lymph nodes
- Oral cavity
- Ovaries
- Skin
- Thyroid

One more thing about breast awareness:

In addition to your breast exam, it's important for you to be familiar with your breasts so that if any changes occur in your breasts, you can let your doctor know without delay. Breast cancer is not common at your age. So, chances are great that if you have changes in your breasts it is nothing to worry about, but your doctor will need to make that decision. Some women choose to do a BSE (breast self-exam) and if you do, please ask your doctor to check your technique.

You indicate that there is a history of cancer in your immediate family. Make certain to discuss this with your doctor when you talk about cancer screening (tests to find certain cancers early). With certain cancer histories, your doctor may suggest earlier cancer screening or more frequent cancer screening.

- American Cancer Society. (n.d.). The great American health check. Retrieved March 19, 2008 from http://www.cancer.org/gahc/flash_gahc/result.asp?s1=0,7,12&s2=1,4,6,8,9&s3=1,3,4&s4=2,6,6,4 &bmi=17.2
Appendix CC Continued

Results of Great American Health Check

Eating Habits:

Eating at least five servings of vegetables and fruits each day as part of a healthy diet can help reduce your risk of cancer. Think about ways you can include more vegetables and fruits in meals and snacks throughout your day. Talk to your doctor about other ways you can eat a healthier diet.

The American Cancer Society recommends:
Eat a healthy diet, with an emphasis on plant sources.

- Choose food and beverages in amounts that help achieve and maintain a healthy weight.
- Eat five or more servings of a variety of vegetables and fruits every day.
- Choose whole grains in preference to processed (refined) grains.
- Limit consumption of processed and red meats.

Whole grains are an important part of a healthy diet. Try to eat at least three servings of whole grain foods each day. Keep looking for ways to include more whole grains in your diet throughout the day. Whole grain cereal in the morning and a sandwich made with whole wheat bread for lunch are easy ways to get your "three a day."

Good job! Dairy products provide some much needed calcium and protein, but can also be loaded with saturated fat - which is not good for your cancer or your heart disease risk. Do your health a favor and keep choosing dairy products that are low fat!

Eating a diet low in saturated fat is important for your health. Red meats - beef, pork and lamb - and processed meats can add saturated fat to your diet. Choosing chicken, turkey and fish instead of red meats is an easy way to reduce the amount of saturated fat you eat (although go for baked or broiled poultry and seafood instead of fried!) If you do eat red or processed meats, try not to eat them every day.

If you eat a fairly well-balanced diet, the occasional sweet treat is not likely to be a problem. These high-sugar foods, though, typically have a lot of calories and not a lot of nutrients, so if you tend to have them on a regular basis, you may want to look for ways to cut back: Watching portion sizes is a good way to start!

Physical Activity:

Based on your answers, it looks like you are trying to live a physically active lifestyle. That's great. Increasing your activity even more can help reduce your cancer risks.
Appendix CC Continued

Results of the Great American Health Check

The American Cancer Society recommends that adults engage in at least 30 minutes of moderate to vigorous physical activity, above usual activities, on five or more days of the week; 45 to 60 minutes of intentional physical activity are preferable.

**BMI (Body Mass Index):**

This number is commonly used to judge whether you are at a healthy weight for your height. Knowing your BMI is important, because it can give you an indication of whether your weight may be putting you at increased risk of cancer.

Based on the Height and Weight you entered, your BMI is 17.2.

This score shows that you are underweight. Your doctor can give you suggestions for eating a well-balanced diet with enough calories to maintain a healthy weight. The American Cancer Society recommends that you maintain a BMI between 18.5 and 25.

**Habits:**

You have said you don't smoke. That's great! If someone you love uses tobacco, ask them to talk to their doctor about how tobacco can harm their health, and how to get the help they need to quit.

**Your Outlook:**

A good relationship between you and your doctor is an important part of good health care. You must be able to communicate well with each other so that your needs are met. A good relationship with your doctor is worth the effort it takes to create it. This means taking the time to ask your questions and make your concerns known. Likewise, your doctor must take the time to answer your questions and listen to your concerns. If you and your doctor feel the same way about sharing information, and making choices, you are likely to have a good relationship. Take this to your doctor to get recommendations based on these results.

-American Cancer Society. (n.d.). The great American health check. Retrieved March 19, 2008 from http://www.cancer.org/gahc/flash_gahc/result.asp?s1=0,7,12&s2=1,4,6,8,9&s3=1,3,4&s4=2,6,4&bmi=17.2
Appendix DD

Post-Test Cancer Questionnaire

**Directions**: Answer the questions on the lines provided.

1. At what age should a female have her first pelvic exam?

2. At what age should a female do a self breast exam?

3. How can you protect yourself from sun exposure?

4. At what age should a male have his first prostate exam?

5. What types of fruits and vegetables could help lower the risk of developing cancer?

6. What is a healthy BMI?

7. How many days a week should you exercise?

Score
Appendix EE

Lesson Nine

**Topic:**
Reflections and Evaluations of HACP
Certificate of Attendance for program
Appendix FF

Holistic Adolescent Cancer Program Evaluation Form

**Directions: Part I:** Please circle yes or no. If you circle no, please provide a statement of why the objective was not met.

1. During the 1st week, the participant will complete a brief family tree, including siblings, parents, aunts, uncles, grandparents, and great-grandparents, and will indicate what type of cancer each person was diagnosed with, and will email it to the occupational therapist by the given deadline.
   
   Yes No (If no, please explain why)

2. During the 2nd week, the participant will be able to describe 3 symptoms that a cancer patient may feel during chemotherapy and/or radiation treatments, and email it to the occupational therapist by the given deadline.
   
   Yes No (If no, please explain why)

3. During the 2nd week, the participant will be able to describe 2 feelings his or her parent is experiencing today and will email it to the occupational therapist by the given deadline.
   
   Yes No (If no, please explain why)

4. During the 3rd week the participant will describe in one paragraph what type of project he or she worked on during his or her art therapy time, and how he or she felt after he or she was finished with his or her project, and will email it to the occupational therapist by the given deadline.
   
   Yes No (If no, please explain why)

5. During the 3rd week the participant will rate his or her anxiety level and how he or she feels before and after the deep breathing exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and email it to the occupational therapist by the given deadline.
   
   Yes No (If no, please explain why)

6. During the 3rd week, the participant will rate his or her anxiety level and how he or she feels before and after the deep breathing exercise on a scale of 1 to 10 where 1 is no anxiety and 10 is a lot of anxiety, and will email it to the occupational therapist by the given deadline.
Appendix FF Continued

**Holistic Adolescent Cancer Program Evaluation Form**

7. During the 3\(^{rd}\) week, the participant will be able to describe two coping techniques, and will email it to the occupational therapist by the given deadline.

   Yes No (If no, please explain why)

8. During the 4\(^{th}\) week, the participant will have created an approved personal anxiety plan based on his/her results of the Anxiety Management Assessment (Cooper, 2006).

   Yes No (If no, please explain why)

9. During the 4\(^{th}\) week, the participant will describe 3 healthy and unhealthy ways he/she copes with stress and will email it to the occupational therapist by the given deadline.

   Yes No (If no, please explain why)

10. During the 4\(^{th}\) week, the participant will choose a topic from the topics for the journaling section, and write 3 paragraphs on the topic that he or she has chosen, and will email it to the occupational therapist by the given deadline.

    Yes No (If no, please explain why)

11. During the 5\(^{th}\) week, the participant will describe a current hobby, and a hobby that he or she would like to learn, and will email it to the occupational therapist by the given deadline.

    Yes No (If no, please explain why)

12. During the 6\(^{th}\) week, the participant will describe in a paragraph all of the roles that he or she plays, and will email it to the occupational therapist by the given deadline.

    Yes No (If no, please explain why)

13. During the 6\(^{th}\) week, the participant will answer the three questions about roles and will write down 2 goals in order to improve his or her roles, and will email it to the occupational therapist his or her answers by the given deadline.

    Yes No (If no, please explain why)
Appendix FF Continued

Holistic Adolescent Cancer Program Evaluation Form

14. During the 6th week, the participant will be able to demonstrate how to prepare a healthy meal by emailing the occupational therapist a recipe that he or she tried by the given deadline.

Yes No (If no, please explain why)

15. During the 7th week, the participant will be able to describe what a healthy BMI weight is based on his or her height, and will email it to the occupational therapist by the given deadline.

Yes No (If no, please explain why)

16. During the 8th week, the participant will be able to describe 4 ways to reduce the risk of developing skin cancer, and will email it to the occupational therapist by the given deadline.

Yes No (If no, please explain why)

17. During the 8th week, the participant will demonstrate an increase in knowledge of lowering his/her risks of developing cancer as measured by the pre/post test cancer questionnaire.

Yes No (If no, please explain why)
Appendix FF Continued

Holistic Adolescent Cancer Program Evaluation Form

**Directions: Part II:** Please provide feedback to each question.

1. What did you like about the group?

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

2. What did you dislike about the group?

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

3. Was the occupational therapist helpful in reaching your goals?

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

4. Would you recommend the program to a friend whose parent has cancer?

   Yes No  (If no, please explain why)

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

5. On a scale from 1-3 where 1- is strongly disagree, 2-agree, 3- strongly agree, did you find the program helpful? Please circle the number. If you circle a 1 please explain why.

   1  2  3

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

6. Please provide any suggestions/comments that you have about the program.

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________
Appendix GG

**Program Review Session**

1. What did you like about the program?

2. What did you dislike about the program?

3. Would you add another session to the program?

4. Did you find the program helpful?

5. Do you have any other comments/suggestions about the program?
Appendix HH

**Occupational Therapist Job Description**

**Location:** The Victory Center

**Job Title:** Occupational Therapist

**Hours:** 10

**Reports:** Kelly Brooks (Executive Director)

**Performance Review:** Will be based upon program evaluations as well as observations made by Kelly Brooks.

**Job Summary:**

- Marketing for the online Holistic Adolescent Cancer Program
- Recruiting participants for the online Holistic Adolescent Cancer Program
- Implementing the online Holistic Adolescent Cancer Program
- Evaluating the adolescent’s progress throughout the program.
- Attending weekly and monthly board meetings with staff members.
- Counseling the adolescent one on one if needed.

**Requirements:**

- The therapist must have at least a Bachelor’s degree in the field.
- The therapist must be registered and certified by the National Board Certification of Occupational Therapy (NBCOT) and licensed in the state of Ohio.
- The therapist must be certified in CPR and first aid.
- The therapist must have past experience with working with the adolescent population.
- The therapist should have completed an adolescent psychology class.
- The therapist should have basic computer skills: Email, using software from: Word, and Excel, and uploading videos/pictures
Appendix II

Occupational Therapist Advertisement

Online
Holistic Adolescent Cancer Program

We are looking for a motivated occupational therapist who is excited to work with adolescents! Therapist will be responsible for running the online Holistic Adolescent Cancer Program at The Victory Center in Toledo, Ohio.

*Applicants must be registered and licensed in the state of Ohio as an occupational therapist with a minimum of a Bachelor’s degree in the field. They must also be certified in CPR and first aid, completed an adolescent psychology class, and have basic computer skills. A passion for working with adolescents is important! Position is casual with benefits.

***Please send resume to: Kelly Brooks
The Victory Center
5532 W. Central Ave Suite B
Toledo, Ohio 43615
Appendix JJ

Occupational Therapist Tasks and Hours Sheet

General Weekly Schedule – 10 Hours

1. **Programming** – 3.5 hours (Running groups each week)

2. **Weekly Staff Meetings** – 2 hours (Discussing evaluations and progress of the program)

3. **Prepping** – 2.5 hours (Developing worksheets, setting up materials for the session)

4. **One on One Counseling with adolescents** – 2 hours (If there are no adolescents who have set up an appointment with the therapist, then the therapist will work on prepping and evaluations)

- **Monthly Meetings with Board of Trustees and Medical Advisors** - 2 hours
  (Some weeks the therapist will end up working 2 extra hours because of the monthly board meetings)
Appendix KK

The Victory Center Survey

1. Are you involved in a support group? If so, which one(s)?
   ____________________________________________________________

2. How have you benefited from the support group?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Have you tried any other services that The Victory Center offers? Please circle the ones that you have tried.
   
   Massage therapy  reflexology  healing touch  reiki  facials  meditation
   
   Yoga classes  spiritual support  focus on healing classes  knit witts  scrap booking

4. How have you benefited from these services? Are you satisfied with the services provided?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. Is there a program that you would like to be involved in but we do not currently have at the facility?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. Are we meeting your needs?
   ____________________________________________________________
   ____________________________________________________________
Appendix LL

Letter of Support

Ms. Amy Bower
4748 Village Lane #33 Toledo,
OH 43614

I am pleased to have the opportunity to support your efforts toward instituting an online Holistic Adolescent Cancer Program at The Victory Center.

A diagnosis of cancer can be overwhelming. The cancer journey affects not only the patient, but extends to the entire family. The needs of both patient and loved one are numerous. Parental cancer can affect an adolescent's life in emotional, social, behavioral, cognitive, and physical ways. Your commitment to addressing the often-ignored needs of the adolescent whose life has been touched by cancer is admirable.

Statistics show that there are many households in which parents are traveling along the cancer journey. At present, no program exists locally that addresses the specific needs of the adolescent child living in these households. Over the years, The Victory Center has received numerous calls from local school nurses and guidance counselors who are searching for programs that support their students whose parent has a cancer diagnosis.

The Victory Center supports your efforts entirely. Your proposed program addresses many, if not all, of the issues faced by a young person touched by cancer. Your program mirrors our commitment to nourishing the body, mind, and spirit during the fight against cancer. It also supports our belief that no one should have to face a diagnosis of cancer alone. Having a program that specifically addresses the needs of adolescents is a perfect addition to our comprehensive menu of services. We are truly excited and willing to help in any way we can.

Kelly S. Brooks, RN, BSN
Executive Director
Appendix MM

Contact Information for Support Letters

The Victory Center
Kelly Brooks - Executive Director

The Victory Center
5532 W. Central Ave
Toledo, OH 43615 Suite B
Phone: 419-531-7600
Email: kbrooks@thevictorycenter.org
Fax: 419-531-7687

American Cancer Society
Anita Dunipace – Regional President of Northwest Office

Northwest Regional Office
740 Commerce Drive Suite B
Perrysburg, OH 43551
Phone: 888-227-6446
Fax: 877-227-2838

CancerCare Inc.
Diane Blum – Executive Director

CancerCare Inc.
275 Seventh Avenue Floor 22
New York, NY10001
Phone: 212-712-8080
Fax: 212-712-8495

Parent with Cancer
Rachel Inbody

5950 Walnut Circle Drive
Toledo, OH 43615
Phone: 419-868-1566
Email: rinbody12@aol.com

University of Toledo Cancer Center
Janelle Tipton - RN

University of Toledo Cancer Center
3000 Arlington Avenue Mailstop 1199
Toledo, OH 43614
Phone: 419-383-5170
Fax: 419-383-3270
Appendix NN

Annotated Bibliography


The nature and extent of young caring in the UK continue to be a feature of a growing number of research programmes motivated by a children and carers' rights philosophy. However, the context in which young caring occurs as a result of parental ill-health or disability can only be fully understood by examining the findings and implications of medical research into parental impairment, and the social movements that have served to re-define the concept of 'disability' in society. This paper examines the arguments put forward by medical researchers, by those proposing a social model of disability and by those who have specifically investigated the conditions and experiences of young carers. It argues that children's caring roles within families where there is parental illness or disability need to be understood not only as a reflection of the nature of the medical condition itself, but as a consequence of complex family, social and economic processes. A 'whole family' approach is proposed, where the needs of children and parents are respected and responded to.

Research evidence suggests that when children take on care-giving roles in the family their educational, social, and emotional experiences and health can often be seriously jeopardized. Studies have shown that adolescents whose parent has an illness are at a higher risk for maladjustment, behavioral problems, and genetic/psychological risk factors. Children are more susceptible to increased levels of anxiety, depression, fear, change in behavior and social patterns, as well as being at more risk of transmission of the parental condition. Older children can experience parental disability of a sudden onset as a crisis, and that they may feel the need to become “the man of the house” or suppress feelings about parental disability and its implications while at the same time pushing him to fill parental shoes’. This study was important because it discussed how a parent’s illness affects the adolescent. It discussed in great detail how adolescents may feel about taking on more responsibility. The program is designed to address this issue of
roles changing when the parent is diagnosed with cancer. The program will help the adolescents adjust slowly into the parent’s roles.


This document covers a variety of topics such as: common questions about cancer, understanding cancer incidence and mortality rates, trends in Ohio cancer mortality rates, recommendations for early detection of cancer, clinical trials that are ongoing at this time, nutrition, physical activity, obesity, and cancer, and different types of cancer. It is easy to use and read. It also contains charts and graphs that are easy to use and read, and contain important information regarding cancer in Ohio.

This document was important to the program because it is the foundation of the cancer statistics section. It was important to know how many cancer cases there were in the United States, Ohio, and Lucas County. Numbers are important when one is trying to develop a program for a specific area. The statistics will help solidify the need for the program, because there are a lot of parents who have adolescents who also have cancer living in Lucas County.


This website is the American Cancer Society’s recommendations on early detection of cancer. It covers the test that should be given, what age the test should be given, and the frequency of the test. It also allows the reader to review how the different screening tests have changed over the years.

This article was an important addition to the cancer program. It will provide valuable feedback to adolescents on what type of screenings they should be receiving each year.
and at what age. Overall, I thought this was a great source that should be helpful for early detection of cancer.


This website offers a lot of information on coping, support groups, and anxiety and depression checklists. It also discusses coping with physical and emotional changes. There is also a checklist for caregivers. This website also gives great tips on how to talk to a person who has cancer.

This website was helpful because it is a great resource for adolescents to look up more information on how to cope. This was also a great addition to part of the coping section of the program. It offers great tips on coping, and provides information on support groups available to family and friends. Overall this was a great website. It is easy to read and is user friendly.


The Great American Health Check Challenge Test is a quick test that takes about 5 minutes to complete. After completing the test a result sheet pops up, and it contains different ideas to lower the risks of developing cancer. For example, if the adolescent answered that he/she only eats 2 vegetables and fruits daily, the recommendation from the American Cancer Society will state to eat 6 vegetables and fruits daily. The test is free to the public as well.

This website was added to the program to help adolescents become aware of how to lower the risks of developing cancer by modifying their lifestyles and behaviors. It is an easy test to take. It takes about 5 minutes and provides valuable feedback on how he/she can lower the risks of developing cancer. It is easy to understand and is user friendly. I recommend that everyone takes this test, and see your doctor afterwards in order to help prevent developing cancer.

This website explains how to tell a child that the parent has cancer. It also covers different topics such as: why does the child need to know about the parent’s cancer diagnosis, how should the child react to the news, what reactions the parent should look for, how can I reassure my child that I will be fine and won’t die, how will I know if my child needs help. This website is easy to use, and is easy to understand.

This website was added to the program to help adolescents and parents cope. It is a great resource that should be utilized. The explanations to the questions are easy to understand and to demonstrate with the adolescent. I highly recommend this website to a parent who has cancer and children.


This website explains a variety of different topics. It goes into great detail on how someone can prevent sun damage. It provides a great deal of information on the different types of skin cancers, and the signs for skin cancer. It also discusses if tanning beds and sprays are safer than the sun UV rays. This website also discusses skin cancer facts such as: what is melanoma, how many people are diagnosed annually, what are the risk factors for skin cancer, what are the signs and symptoms of skin cancer, and what is the American Cancer Society doing about skin cancer.

This website was added to the program to help lower the chances of developing cancer.

It goes into great detail how an adolescent can protect him/her self from sun damage. It also describes how to check moles for skin cancer. This website provides great information about the different type of skin cancers, and how they can be prevented. It also has a great fun Sun safety quiz, and a video on how to protect yourself from UV rays. Overall, this was a great addition to the program, and I recommend this website.

This article briefly explains what the benefits are of having occupational therapy for children with psychosocial deficits. OT services benefits children and adolescents with physical or cognitive deficits as well as those with psychological deficits. As children and adolescents engage in their daily occupations of play, learning, and self-help, environmental demands affect their social skills.

Occupational therapists provide services to children with mental health diagnoses such as anxiety disorders and post-traumatic stress disorders. This article helps support that occupational therapists are qualified to work with the adolescents who may be experiencing mental health disorders due to the affects of his/her cancer diagnosis on the adolescent. Overall I thought this article gave a great overview of the different areas that occupational therapists cover.


This article briefly explains how the shifting focus from disease management and survival to health through disease prevention, health maintenance, and health promotion provides great promise for occupational therapy. OT’s have a role in supporting health and wellness in those at risk for or already affected by illness or disability. Occupational therapy has long recognized the importance of the health and social participation of persons with disabilities; we are in a prime position to contribute to creating and establishing programs that improve full societal participation by persons with disabilities. Occupational therapists can promote healthy lifestyles and access to health maintenance services for clients and their family members. The occupational therapist is able to develop occupation-based health promotion programs targeting a variety of populations regardless of disabilities.

This article helps support that an occupational therapist is qualified to run the cancer program. Health promotion is the main theme for the program, and AOTA supports
occupational therapists promoting health in a community based setting. Overall this article was easy to read, and provided a lot of evidenced based support for occupational therapy and health promotion services.


Stress is a societal challenge that affects the social participation of people of varying ages, ethnicity, gender, and socioeconomic status. It is a significant risk factor in a number of health problems, including mental illness, cognitive decline, cardiovascular disease, musculoskeletal disorders, and workplace injuries. The occupational therapy profession promotes healthy habit patterns, familiar routines, and increased engagement in meaningful occupations that serve both as protective and healing factors in combating the negative effects of stress.

Occupational therapy practitioners develop evidence-based interventions based on this philosophy. They also conduct research to establish their efficacy for coping with stress. Once again this article supports occupational therapists working with individuals who experience stress. They are knowledgeable with different coping mechanisms, and are qualified with working with individuals who may be affected by stress or anxiety.


AOTA supports and promotes involvement of occupational therapists in the development and provision of health promotion and disease/disability prevention programs and services. A key purpose of health promotion is the prevention of disease and disability in individuals and populations. Occupational therapists promote healthy lifestyles for all clients and their families including clients with mental, physical, or cognitive impairments. The occupational therapist promotes healthy lifestyles throughout the entire cancer program.
The occupational therapist has an opportunity to complement an existing health promotion program with the unique contribution of occupation to programs developed by experts in health education, exercise, and nutrition. The occupational therapist engages the adolescent with different occupations each week which include coping technique occupations as well as healthy lifestyle occupations. Health promotion cannot focus only on intervention at the individual level. The cancer program provides links for parents and siblings as well as for the adolescents. Overall this article was very helpful with defending occupational therapists role for this cancer program.


CancerCare is a national non-profit organization that provides free professional support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones, and the bereaved in NY, NJ, and CT. CancerCare programs include: counseling, education, financial assistance, and practical help. These services are provided by trained oncology social workers and are completely free of charge. CancerCare now provides individual help to more than 91,000 people each year.

CancerCare has a program called CancerCare for Kids. This program helps parents and children cope with a cancer diagnosis in the family. CancerCare has staff that understands the complex needs of children and adolescents, and provides counseling, support groups, workshops, and therapeutic recreational activities. CancerCare also discusses how to talk to children and adolescents about cancer. CancerCare also discuss how important it is to stay connected with your child during treatment sessions. CancerCare gives great ideas on how to help the child cope with the parent’s illness. For example, if the parent is going to be in the hospital, the child could draw a picture for the parent to hang up in the room.

CancerCare also has a section for adolescents called “Helping Teenagers When a Parent Has Cancer.” This section lists tips for supporting a teenager when a parent has cancer. The first tip is that teens are unpredictable. They may feel uncomfortable sharing their thoughts and feelings about the parent’s cancer. The second tip is that teens want detailed information. Teens want to know more about the parent’s diagnosis, treatment, and prognosis. The third tip is that teens want the truth. They may feel sensitive to information they feel is incomplete or inaccurate. The fourth tip is that teens need their privacy. They might not feel like talking about the experience with their family. It is
acceptable to seek support from other sources. The fifth tip is to have teens write about and reflect upon their inner thoughts. Parents should encourage their teen to share their feelings and concerns. The sixth tip is that teens who want to contribute to caregiving should be allowed to participate in tasks that respect they are not adults, and yet no longer children. The seventh tip is to encourage teens who want to accompany the parent or family to treatment in order for the teen to meet the treatment team. The eighth tip is teens need consistency. It is important that the teen continues with a normal routine as much as possible. The ninth tip is that teens struggle with the need for independence. A parent’s illness may make this more difficult. Parents should encourage the teen to spend time with friends. The tenth and final tip is teens are often self-conscious. A teen whose parent has cancer may feel even more different. Help the teen to understand that there are others going through a similar experience. The teen could join a support group, or get involved with an online chat room.

CancerCare is an organization that understands that families need help when a family member has cancer. CancerCare also understands that adolescents need support. The organization has dedicated a part of their website for adolescents. CancerCare understands the effects of parental cancer on the adolescent. The organization knows it is necessary and imperative that adolescents, who need help, receive help. CancerCare knows how important it is to have support while a loved one is going through the cancer journey. CancerCare wants to be able to give support to adolescents who are affected by cancer. As previously mentioned, CancerCare programs are only located in NY, NJ, and CT. Local programs are needed for adolescents whose parent has cancer.


Psychological and emotional concerns of adolescents during a parent's terminal cancer are described. Compared to younger children, the adolescents' greater cognitive and emphatic capacities allowed them to be more aware of losses and of the parent's physical and emotional pain. Parental illness also precipitated conflict around issues of developmentally appropriate separation. The capacity to use intellectual defenses, search for meaning and deeper understanding, and seek help were potent coping abilities. Contrary to the prevailing view, most of the adolescents coped with stress without resorting to severe acting out.
This study was very helpful because it allowed adolescents to state exactly how he/she felt after he/she found out that his/her parent was diagnosed with cancer. It brought a personal touch to the readers. Reactions of the illness were kept separate from their normal daily lives and they resisted entering into situations or discussions that threatened control. This is one way that adolescents coped with the diagnosis. Avoidance is a coping technique that is discussed in my cancer program. Teens also felt that they were being disciplined more since their parents were diagnosed with cancer. They seemed to have more conflicts with their siblings, and felt empty or abandoned. Five common problems were discussed in this paper and those were: empathy for the parent’s suffering, increased involvement with the ill parent, need to help more at home, reactions to specific parental relationships, and guilt. All of these themes are addressed throughout my cancer program. The OT will help the adolescent learn how to cope with the cancer diagnosis, and will help the adolescent to talk to the parent about how he/she is feeling on a daily basis. The OT will also educate the adolescent on how to help out around the house, so that he or she does not feel helplessness or are unable to provide comfort to his/her parent/family. The adolescents were assertive in seeking more information about the illness. Severe acting out is also a coping technique and was discussed during this paper. It was interesting to learn about the different ways that the adolescents reacted and acted out such as: being arrested, getting into fights, being more sexually promiscuous, and taking drugs.

This book describes the history behind yoga, why yoga is important, and how to do yoga. It shows different poses that the adolescent can try. There is also a cd in the back of this book so that the adolescent can practice whenever he/she feels like it. This book is a great addition to the coping techniques section. It is easy to understand and follow. The occupational therapist should be able to use this book when filming the yoga section of the program. This book was very helpful with understanding why you pose a certain way, and how you are benefiting from that pose.


This study was an examination of the possible mechanisms of risk among adolescents (n = 55) exposed to the stress associated with the diagnosis of cancer in a parent. Girls whose mothers had cancer reported significantly more anxious-depressed symptoms than girls whose fathers were ill or boys whose mothers or fathers had cancer. Increased family responsibilities and the use of ruminative coping were examined as possible mechanisms leading to increased distress in girls with ill mothers. Although girls reported the use of more ruminative coping, rumination did not account for the impact of maternal cancer on girls' distress. Girls whose mothers were ill reported more stressful events reflecting family responsibilities. Furthermore, family responsibility stress fully accounted for the interaction of gender of the ill parent and gender of the adolescent in predicting anxious-depressed symptoms.

Research has established stressful life events as markers of increased risk for psychological symptoms and disorder during childhood and adolescence I both cross-sectional and prospective studies. The diagnosis of cancer in a parent was chosen as a specific stressful event associated with anxious-depressed symptoms among adolescents. Several studies suggest that adolescents experience moderate to high levels of distress at the time of their parent’s diagnosis and treatment. Females experience increased family
responsibilities that are experienced as burdensome or stressful. Two different coping techniques were discussed. Ruminative- focusing on negative mood aspects of self which caused more depressive symptoms. Distraction- shifting attention onto external stimuli, decreases depressive symptoms. This study is helpful because it teaches you two different types of coping techniques. It also goes into more detail about how to ask coping technique questions. The programming focuses on distraction, filling the time up with enjoyable leisure and or hobby occupations.


This book describes different coping methods that occupational therapists use in order to manage anxiety. There are three coping methods (demonstrated in this book) that I plan on using in my program and those are: Anxiety Management Plan, guided visualizations, and breathing techniques. These coping methods address my objective of teaching adolescents different coping techniques in order to reduce their anxiety. The literature review indicated that an adolescent whose parent has cancer generally felt more anxious, depressed, and scared that his/her parent was going to die. Teaching adolescents coping skills is essential in order for him/her to be able to engage in meaningful occupations.


Research has revealed the impact of the diagnosis of cancer on an individual, their spouse, and their family. One dimension that has received little attention is the impact of the cancer diagnosis on the patient’s adolescent. This article offers an analysis of descriptive studies, intervention studies, and data based book chapters, published between 1966 and 2006, that examined the impact of parental cancer on the adolescent. The results of 45 studies and three data based book chapters are organized around four
themes: adolescents’ (1) emotions and behaviors (2) perceptions and knowledge of parental cancer (3) changes in roles and (4) ways of coping. These themes will assist the reader in understanding the application of the knowledge gained from the analysis of the literature to directions for future research.

This is the most important study done to date on the effects of parental cancer. This article summarizes the findings of other studies and generates four themes from the studies. These four themes are the backbone of the Holistic Adolescent Cancer Program. All of my objectives help address each theme.


Having a family member with cancer has been associated with symptoms of distress. While studies have reported distress in adolescents with a parent with cancer, few have included control groups of adolescents with healthy parents. Adolescents who had at least one parent diagnosed with cancer ($n=27$) and controls ($n=23$) completed questionnaires on PTSD, anxiety, depression, cancer risk perceptions, and family environment. Groups did not differ on anxiety and depression, but adolescents with an ill parent perceived their own risk for developing cancer as significantly higher than controls. Controls reported significantly higher levels of intrusive thoughts and avoidance regarding other stressful life events. A positive family environment was correlated with higher anxiety and depression, and expressiveness mediated the relations between family cohesion and anxiety. These preliminary findings suggest that distress reported in previous studies of adolescents with parents with cancer may be due to this transitional period of life.

This study was helpful because it compared symptoms of distress in adolescent children of cancer patients to those of healthy parents and examined possible predictors of this distress. Distress symptoms include: anxiety, depression, intrusive thoughts, and avoidance. Adolescent children of cancer patients had the highest levels of anxiety and depression compared to preadolescent children and young adults. Adolescent girls whose mothers had cancer reported the highest levels of anxiety, depression, intrusive thoughts, and avoidance. Adolescent groups did not differ on anxiety and depression, but did differ with an ill parent perceived their own risk for developing cancer significantly higher than
the control group. This article made it clear that adolescents are more anxious of developing cancer if one of their parents has cancer. Adolescents are not more anxious on a whole though compared to adolescents whose parent is healthy. It is important to keep in mind that adolescence is a tough period for teens. An OT needs to really know the milestones of adolescent development. It is also important that the OT is familiar with adolescent psychology. These two aspects are critical when hiring an OT to run the cancer program.


This article introduces to the reader how to reduce, prevent, and cope with stress. It discusses how to identify the sources of stress in your life, how to cope with stress, learning healthier ways to cope with stress, how to avoid unnecessary stress, how to alter the situation, how to adapt to the stressor, how to accept things you can’t change, how to make time for fun and relaxation, and how to adopt a healthy lifestyle. This article is easy to read and understand. It also provides more resources where the reader can find more information on how to cope with stress. Overall, this article was very helpful with learning new coping techniques. It was a part of the cancer program in the coping techniques section.


**Background**: This study was designed to investigate: (i) parent–adolescent communication in families of cancer patients; (ii) relationships between parent–adolescent communication and posttraumatic stress symptoms (PTSS) in adolescent
children; and (iii) associations between parents’ illness characteristics and parent–adolescent communication.

**Patients and methods:** A total of 212 adolescents completed the Impact of Event Scale and Parent–Adolescent Communication Scale.

**Results:** Adolescents communicated less openly with mothers with cancer than controls with mothers; this was the only significant difference with the reference group. Daughters communicated more openly with ill parents than with healthy parents. More open communication with healthy parents was related to fewer PTSS in daughters. More problem communication with both parents was related to more PTSS in both sons and daughters. Sons reported more problems in communication with ill parents in case of more intensive treatment or recurrent disease. Daughters experienced less open communication with both parents when ill parents received more intensive treatment. Time since diagnosis was not related to parent–adolescent communication. Multivariate analyses showed that communication patterns specifically affected PTSS of daughters. Problem communication with the healthy parent was the strongest predictor of intrusion while problem communication with the ill parents was the strongest predictor of avoidance.

**Conclusions:** Parent–adolescent communication in families of cancer patients differs little from that in families not confronted with parental cancer. Problem communication outweighed lack of openness with respect to development of PTSS. Recurrent disease and intensive treatment regimens affected parent–adolescent communication negatively.

This study showed that family relationships seem to be closer when parent-adolescent communication is better which helps adolescents to adapt to difficult life events. Poor parent-child communication increased the risks of psychosocial problems in school-aged children and adolescents. Parents may be reluctant to talk to children about cancer because they want to protect them or because they attempt to avoid their questions, especially those about death. Adolescents may find it difficult to talk to their parent’s about cancer because they do not want to upset them. Adolescents might also shield themselves and avoid talking with parents because they might hear distressing information. Problems in communication have more impact on child functioning than the lack of openness, which is important information for parents who have cancer. I found this study to be helpful, pointing out both side of views from the parents’ and adolescents’ perspectives. It is important that the adolescent is informed of how the
parent is doing on a daily basis. Part of the programming is designed to help parents and adolescents keep the communication lines open during the cancer journey.


The aim of this study was to assess stress response symptoms in children of parents diagnosed with cancer 1–5 year prior to study entry. The impact of event scale was used to measure stress response symptoms in terms of intrusion and avoidance; the youth self-report assessed emotional and behavioral functioning; the state-trait anxiety inventory for children measured trait-anxiety. Participants included 220 adolescents (aged 11–18 years) and 64 young adults (aged 19–23 years) from 169 families. Twenty-one percent of the sons and 35% of the daughters reported clinically elevated stress response symptoms. Daughters, particularly those whose mothers were ill, reported significantly more intrusion and avoidance than did sons. Intrusion among daughters was positively related to age. Stress response symptoms in both sons and daughters were significantly associated with trait anxiety, but not with intensity of treatment or time since diagnosis. Daughters whose parents suffered from recurrent illness reported more symptoms than did daughters whose parents had a primary disease. Children (daughters in particular) with clinically elevated stress response symptoms reported significantly more problems of internalizing and cognition than did their norm group peers. One-fifth of the sons and more than one-third of the daughters expressed clinically elevated stress response symptoms. These children also reported internalizing and cognitive problems. Daughters appeared to be more at risk than sons.

Cancer in a parent can be considered as a traumatic experience for children, rendering them susceptible to PTSD, resulting from the diagnosis of cancer, witnessing the parent’s treatment and accompanying side effects, and the continuing threat of losing the parent through death from the disease. Girls experience more stress response symptoms than boys. Particularly, adolescent girls whose mothers have cancer, appear to be most at risk for developing stress response symptoms. Daughters had reported clinically significant stress response symptoms in the form of intrusive thoughts and avoidance behavior. This could be because daughters had to take over household tasks and care responsibilities for
siblings when the mother was ill, while the mother continued to fulfill these tasks when the father was ill. Daughters also may have more empathic concern for and may therefore be more inclined to worry more about the ill parent than are sons, causing more distress. Daughters worry more about their own chances of getting cancer. This study was important because it describes how adolescents feel and act after the parent is diagnosed with cancer. This study made it quite clear that daughters needed to learn coping strategies to help with stress and anxiety. A part of the program is specifically designed to educate adolescents on different coping techniques that he/she can use in order to cope with anxiety and stress. It is important to learn coping techniques so that he/she does not develop a mental health disorder, such as PTSD.


Under the supervision of an occupational therapist a client-centered model of practice will be utilized at The Victory Center. Client-centered practice can be defined as “an approach to service which embraces a philosophy of respect for, and partnership with, people receiving services “(Law, Baptiste, & Mills, 1995, p. 253). The client-centered practice focuses on the process of therapy and the relationship between client and therapy. It is important that the occupational therapist works with the adolescent when working on goals and interventions.

According to Polatajko (1992) enablement is the basis for the client-centered model. Enablement can be defined as "facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or collaborating with clients in order for them to be
able to participate in and shape their own lives” (Law, Polatajko, & Baptiste, 1997, p.50). This model of practice realizes the need to individualize the therapeutic assessment and intervention. The model believes that clients have unique knowledge of their own occupational lives and know their needs better than anyone else. One well known assessment that goes along with the client-centered model of practice is The Canadian Occupational Performance Measure, also known as the COPM (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1994). The assessment is designed to assist the client and therapist in identifying areas that the client might be struggling with such as: leisure, self-care, and productivity. The occupational therapist will collaborate with the adolescents and make sure that the adolescents are involved with decision making concerning occupations, therapy, and their goals.


Parental cancer constitutes a unique stressor, and newly diagnosed patients often express deep concerns about how their children will adapt to the illness and treatments. Although data on this underserved group of “second-order patients” is growing, the literature has yielded limited practical information for the clinician working with cancer patients who have children at home. The present study examines long-term adjustment in two samples of grown daughters of cancer patients. Subjects reported having experienced significant emotional upheaval and substantial family disruption during the acute phase of their parents' diagnosis and treatments. Many of the family problems were related to difficulties with the healthy parent. Subjects also recalled numerous positive changes during this acute phase of adjustment to the stressor. Over the long term, subjects did not differ from comparison women on several measures of psychological adjustment, suggesting that children of cancer patients are not necessarily at elevated risk for long-term psychological maladjustment. Nevertheless, many subjects continued to experience a lasting subjective impact of their cancer experiences that appeared to be too subtle or existential to be measured by general psychological instruments. Most of these changes were positive, and deriving a sense of benefit from the experience was a near-universal phenomenon. Subjects discussed what helped and hindered their coping efforts, and made a number of recommendations to others facing this family stressor. Inadequate
communication about the cancer was identified by many subjects as an impediment to their eventual adjustment.

This article was important because it clearly states how cancer affects the entire family. Family members often experience emotional reactions that mirror those of the patient, such as fear, anxiety, exhaustion, uncertainty, and confusion. The impact of cancer on the family may also be reflected in communication problems and role organizations. The program discusses ideas for the adolescents to talk to his/her parent and how to approach cancer topics. It also discusses how to take on different role responsibilities so that he/she does not feel overwhelmed. Coping techniques are also discussed, and can help alleviate fear and anxiety. The Role Acquisition Model can also help the adolescents work on their relationships with their parents. This journal article also alluded to great interview questions that can be used for the journaling section of the lesson. It’s important to find the positive out of a negative situation, which is what the OT can help the adolescent do.


The second model of practice that is utilized in the online Holistic Adolescent Cancer Program is the role acquisition model. This model of practice is appropriate for individuals who have not learned how to participate in required social roles or who wish to participate in these roles in a more effective manner. It is particularly applicable for individuals who are experiencing difficulty with role transitions, or for individuals who, because of their current life situations, must learn how to participate in their social roles in a different manner. There are seven categories of function/dysfunction continuums in
Role Acquisition and those are: task skills, interpersonal skills, family interaction, activities of daily living, work, play/leisure/recreation, and temporal adaptation.

The role acquisition model is mainly utilized in week six. The therapist starts week six off by asking each adolescent what roles he/she currently plays, and if he/she needs help with role transitions. The therapist discusses what roles he/she would like to learn and also discusses how to write goals in order to achieve those roles. The rest of week six focuses on a new role of learning how to cook so that the parent won’t have to prepare meals for the adolescent. The therapist educates the adolescent on healthy food choices and how to prepare easy healthy meals. The therapist also helps instruct the adolescent on how to do the laundry.


The Victory Center is also a great organization that recognizes the need for adolescent support. As mentioned before, The Victory Center has tried to get an adolescent cancer program running, but failed, because of the lack of adolescents who have cancer in Lucas County. The Victory Center does provide services for adult family members, but not children or adolescents. This is one reason why the online Holistic Adolescent Cancer Program should be developed at The Victory Center. The Victory Center’s Mission focuses on non-medical support services to individuals and family members who are affected by cancer in helping them to recover and to promote education and prevention techniques. The goal for the online Holistic Adolescent Cancer Program is to increase the overall psychological well being of the adolescent, whose parent has cancer by engaging in interactive occupation web based workshops. An occupational therapist is the best person to run the adolescent program because he/she knows how to analyze the capabilities and limitations of the adolescent. Also, the occupational therapist can choose the right therapeutic method so that it is individualized, and will collaborate with the adolescent in order to meet his/her goal.

The American Occupational Therapy Association supports and promotes the involvement of occupational therapists in the development of health promotion and disease/disability prevention programs and services. The occupational therapists role in health promotion
and disease or disability prevention: is to promote healthy lifestyles, emphasize occupation as an essential element of health promotion strategies, and provide interventions (Brownson & Scaffa, 2001).

The occupational therapist could educate the adolescent on different coping techniques in order to be productive in class or at home. The occupational therapist could educate the adolescent on different ways to reduce the risk of developing cancer. The occupational therapist could educate the adolescent on choosing healthy lifestyles. The occupational therapist could help the adolescent find meaningful occupations to engage in order to feel like a “normal” teen. It is evident that there is a need for an adolescent program that could address all of the themes that were previously mentioned earlier in the literature review. Developing an online program at The Victory Center could address all of these themes using interactive occupation web based workshops.


The Wellness Community is an international non-profit organization dedicated to providing support, education, and hope to people with cancer and their loved ones. Through participation in support groups, educational workshops, nutrition exercise programs, and stress reduction classes, people affected by cancer learn vital skills that enable them to regain control. It also enables them to reduce isolation and restore hope regardless of the stage of their disease. All of The Wellness Community programs are free of charge.

The Wellness Community believes that patients who participate in their fight for recovery, rather than feeling hopeless, helpless, and that they are passive victims of the illness, will improve the quality of their lives and may enhance the possibility of recovery. The Wellness Community understands that it is important to include all family members who may be affected by a person who has cancer which includes adolescents.
Support groups are offered for the adolescent. Other programs that adolescent’s can engage in are: Yoga, Tai Chi, Fitness for Life, Relaxation and Guided Imagery, Cooking for Wellness, Art Therapy, and Knitting. All of these programs offer the adolescent some kind of support, such as: education, hope, learning coping techniques, and new skills. Once again, The Wellness Community realizes that everyone needs support while going through the journey of cancer, but they do not offer local programs here in Toledo, Ohio.


Depressive symptoms, social competence, and behavior problems of prepubescent children bereaved within 18 months of parental death from cancer (57 families, 64 children) or suicide (11 families, 16 children) were compared. Most children reported normative levels of depressive symptoms. Children whose parents died from suicide, compared with those whose parents died from cancer, reported significantly more depressive symptoms, involving negative mood, interpersonal problems, ineffectiveness, and anhedonia. Parental reports of children’s competence and behavior were similar to a normative sample of children and did not differ between the children bereaved by parental cancer or suicide. Additional research should focus on other factors, such as family psychopathology, stresses, and impact of stigma, which may influence the course of bereaved children.

This study was helpful because it allows the reader to see how the child is doing after the parent dies from cancer or suicide. It focuses on the adolescent’s cognition and behaviors. Adolescents showed signs of major depression 2 months after parental death, and that the depressive symptoms lasted up to 14 months after the parental death in many cases. Parental death prior to adolescence has adverse consequences for psychosocial development, especially the onset of mood disorders in late adolescence and young adulthood. Adolescents whose parents died of cancer seem to exhibit symptoms of depression and associated psychological problems involving anxiety, behavioral
problems, decreased social competence, and lower self-esteem. Parents may be overwhelmed with their own grief that they are not aware of the distress of their children. The OT needs to be prepared that each adolescent’s story is different. The OT will need to send out surveys to both the parent and adolescent in order to receive correct information and obtain both perspectives.


This review aimed to identify (i) whether early stage parental cancer is associated with an increased risk of psychosocial difficulties amongst children and adolescents; (ii) which factors are associated with variations in psychosocial functioning amongst these children and adolescents. Searches of four electronic databases and the reference lists of relevant articles revealed 10 studies which satisfied the inclusion criteria for the first review question and thirteen studies for the second. Limitations in methodological quality and modest numbers of studies examining the same variables, restricted the conclusions which could be drawn. Overall, the evidence suggests that children and adolescents do not generally experience elevated levels of serious psychosocial difficulties compared to reference groups, but they are at a slightly increased risk for internalizing type problems. Adolescent daughters appear to be the most negatively affected group. The prevalent use of measures of child psychopathology may be masking more context-specific problems and lower levels of distress. Family variables, especially family communication/expressiveness, are consistently associated with child/adolescent psychosocial functioning and there is suggestive evidence for the role of maternal depression/adjustment and parenting variables. There is little evidence that medical/treatment variables are important predictors of child outcomes. These findings have implications for identifying families with children most in need of support and indicating variables to target in interventions.

This article defined internalizing behaviors and externalizing behaviors. This study was important because it broke down into different sections how cancer affects the adolescent. For example, daughters seem to have more internalizing problems when their mother was diagnosed with cancer. Patients with non-metastatic cancer reported higher levels of child externalizing behaviors than patients with metastatic disease. Higher anxiety was found in adolescents whose parent had cancer. Self-esteem tended to be
lower amongst children with breast cancer. In general, adolescents self reported more
problems than the parent. This was an interesting study, and it helped me to become
more aware of how cancer affects the adolescent. I also thought of sending out two
surveys, one to parents and the other to adolescents to see if the adolescents’ answers are
close to the parents’ answers.

Your-Parent-Has-Cancer-Guide-for-Teens#a1](http://www.cancer.gov/cancertopics/When
Your-Parent-Has-Cancer-Guide-for-Teens#a1).

This is a great free pamphlet provided by the National Cancer Institute. It covers
different topics such as: You’ve just learned that your parent has cancer, learning about
cancer in general, cancer treatments, what your parent may be feeling, changes in your
family, taking care of yourself, and finding support. This pamphlet was extremely
helpful with developing my cancer program. I used most of the topics throughout the
course of the programming. The pamphlet was easy to understand and had great pictures.
It also had great ideas on how to open up the lines of communication between the
adolescent and the parent who has cancer. This pamphlet seems to make cancer look not
so intimidating for the adolescents. It is easy to read and will be a great resource for
adolescents.

from [http://www.mhsanctuary.com/articles/anx1.htm](http://www.mhsanctuary.com/articles/anx1.htm).

There are many types of anxiety disorder ranging from mild feelings of “worry” at one
end of the scale to complete panic attacks at the other. Although these extremes are very
different in severity the basic “process” of anxiety is the same as both. It is the awareness
of this process which forms the basis of anxiety management techniques. This article defines what anxiety is and distinguishes between appropriate and inappropriate anxiety. It also explains that anxiety is part of our natural defense system. This article goes into great detail about physical symptoms of anxiety that one may experience. At the end of the article the author gives tips in order to manage anxiety. The author describes breathing exercises that might help an individual who has a lot of anxiety. I am using this article in order to teach adolescent’s different breathing exercises that can help manage their anxiety.


Healthy People 2010 is committed to promoting health and preventing illness, disability, and premature death. Healthy People 2010 list a set of objectives for the United States to achieve over the first decade of the new century concerning disease prevention and health promotion (United States Department of Health and Human Services, 2000). One focus area of Healthy People 2010 is Cancer. The goal is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. Healthy People 2010 also list 15 objectives in order to meet the goal which can be found in (Appendix L). Healthy People 2010 believes that engaging in meaningful and purposeful occupations supports the health and leads to a productive and satisfying life (Brownson & Scaffa, 2001). The adolescents at The Victory Center will be able to increase their health and well-being by participating in occupations that are meaningful and purposeful to them. They will participate in occupations that educate them on how to cope with anxiety and
stress, which could decrease their chances of health issues later on in life. They will also participate in yoga, art therapy, and journaling which will help the adolescents to stay focused and relaxed. The adolescents will also learn how to make quick healthy meals so that they don’t have to depend on their parents to make the meals for them. They will also learn more about how to protect themselves from developing cancer.


Children of cancer patients may go through a distressing time. The aim of this review was to survey present knowledge on the impact of parental cancer on children and the family. Studies published between January 1980 and March 2004 addressing emotional, social, behavioral, cognitive, and physical functioning of children of a parent diagnosed with cancer, as well as the association with child, parental and familiar variables were reviewed. Fifty-two studies were found. Emotional problems in school-aged children were reported in several qualitative studies, but in only one quantitative study. Quantitative and qualitative studies reported anxiety and depression in adolescents, particularly in adolescent daughters of ill mothers. Quantitative studies generally showed no behavioral and social problems in school-aged children and adolescents. Qualitative studies revealed behavioral problems in school aged children and described restrictions in cognitive and physical functioning in children of all ages. The most consistent variables related to child functioning appeared to be parental psychological functioning, marital satisfaction, and family communication. Intervention studies directed to the needs of children and their families reported positive effects. Quantitative studies reported disturbed emotional functioning; qualitative studies reported problems in all domains of child functioning.

This study helped design the Holistic Adolescent Cancer Program. I looked at a few literature reviews and combined the results in order to come up with objectives for my program. This study demonstrates the impact of parental cancer has on the adolescent and on the family. It is important to look at all aspects of how cancer affects the family on a whole, as well as the individual.
BACKGROUND. The vulnerability of children when a parent is diagnosed with cancer may depend on a variety of variables. The current study examined the impact of characteristics of 180 parents diagnosed with cancer, along with 145 spouses, on the prevalence of emotional and behavioral problems in children.

METHODS. Ill parents provided information on sociodemographics and illness-related variables and on the prevalence of problems in children by using the Child Behavior Checklist (CBCL). Both parents completed the two subscales that measure physical functioning and mental health of the RAND-36.

RESULTS. The family situation (single parents, no or few siblings, oldest child) was one of the most important predictors of reported problems in primary school children, whereas adolescents were reported as having more problems when parents experienced treatment complications. A decrease in ill parents’ physical functioning affected primary school daughters and adolescents, and both age groups were affected by the mental health of ill parents. Problems of ill fathers did not have a different impact on children from those of ill mothers. Spouses’ physical limitations were indicative for problems in primary school children, whereas a worsening parental mental health was indicative for problems in adolescents.

CONCLUSIONS. Findings illustrated that parents’ characteristics must be taken into account when assessing vulnerability of children in this situation. Which variables particularly heighten the risk for problems depend on children’s distress when it is present.

This study was important because it showed that children reported that after a certain amount of time, their anxiety and stress slowly diminished. They slowly became used to the daily routines that had abruptly changed their lives. Daughters with mothers with cancer felt more depressed and anxious; where as daughters with fathers with cancer did not feel as anxious. Sons with mothers with cancer did not feel as depressed or anxious as they did with fathers with cancer. Once again programming goes over coping techniques in order for the adolescent to cope with his/her parent’s cancer diagnosis.

This study investigates emotional and behavioral problems in children of parents diagnosed with cancer and examines the relationship with demographic and illness-related variables. Furthermore, agreement and differences between informants regarding child’s functioning were examined. Members of 186 families in which a parent had been diagnosed with cancer participated. More emotional problems were reported for latency-aged sons (ill parents) and adolescent daughters (ill parents; self-reports), whereas also better functioning was reported in adolescent children (spouses), compared to the norm group. Age and gender-effects were found: latency-aged sons were perceived as having more emotional problems than adolescent sons (ill parents); adolescent daughters as having more emotional and behavioral problems than adolescent sons (ill parents; self-reports). Results indicated a higher prevalence of problems when the father was ill than when the mother was (spouses and self-reports). The treatment intensity affected adolescent daughter’s functioning (spouses), whereas adolescent son’s functioning was affected by relapsed disease (self-reports). Adolescents and mothers perceived comparable levels of problems, but fathers perceived problems in children to be less prevalent. Findings suggest that adolescent daughters and latency-aged sons are at risk for emotional problems following the diagnosis of cancer in a parent. The perception of child’s functioning and potential influencing variables varied according to informant.

Cancer has a profound impact on patients, but may also have an impact on children.

Adolescents whose parent has cancer have more emotional problems than do other adolescents. Ill parents reported more internalizing problems in their sons and daughters. Daughters reported more internalizing and total problems in did their peers in the norm group. Sons reported no more problems than did boys in the norm group. Ill parents also reported that their son/daughters were experiencing more externalizing behaviors than the control group. This study was important because it coincides with other studies suggesting that adolescents are having a difficult time coping with their parent’s cancer diagnosis. Once again, coping techniques are an important aspect of my cancer programming. Once adolescents learn how to cope in a healthy manner, hopefully these emotional and behavioral problems will slowly start to decrease over time.

Little empirical evidence exists to address the impact of a diagnosis of cancer of a father or mother on his or her children. Previous studies have found inconsistencies in the levels of distress reported for children of a parent with cancer, which may be a function of who (parent or child) was reporting on the child's symptoms and when the reports were taken (near diagnosis or months or years later). This study examined parents' and children's reports of emotional and behavioral problems in children and adolescents from 76 patient families in which a mother or father was recently diagnosed with cancer. Parents' reports indicated little or no evidence of emotional distress or disruptive behavior in their children regardless of the child's age or sex, or whether the mother or father was ill. Children's reports differed significantly from those of their parents, with adolescent girls reporting the highest levels of symptoms of anxiety/depression and aggressive behavior. Children's reports of their emotional distress declined from an initial assessment 10 weeks after their parents' diagnosis to a follow-up 4 months later, whereas parents' reports of their children's distress did not change with time. Children's symptoms of psychologic distress varied considerably according to their age, sex, whether their mother or father had cancer, and whether they themselves or their parents were reporting the symptoms. Adolescent girls whose mothers had cancer reported the highest levels of distress. When children did report elevated levels of psychologic symptoms, their parents did not appear to be aware of their distress and rated their children as asymptomatic. These findings suggest that health professionals may need to assist parents in recognizing and coping with their children's distress when it is present. Once again, this article helps back up the need for a program for adolescents whose parent has cancer. Teaching adolescents coping strategies as well as helping them manage their anxiety is extremely important in order for them to participate in meaningful occupations.

This article was interesting because it allows for one to explore if different characteristics of ill parents influence how a child functions. The younger the ill parent, the more total problems were reported in primary school children and the more externalizing problems in adolescent children. Ill fathers and mothers did not significantly differ in their perceptions of children’s functioning. Single parents and parents from smaller families reported significantly more internalizing problems, externalizing, and total problem in primary school children than those who had a partner and those who had more children. Older primary children were reported to have more internalizing problems than younger
school children. Parents who had received a more intensive treatment reported more internalizing problems in primary school children than parents who received only surgery. This article was important because it could help prepare the OT on what to expect based on what type of treatment the parent has had. The OT will be able to help the adolescent more if he/she understands how the family dynamics affects the adolescent now that his/her parent has cancer. The OT is qualified to help with role transitioning and how to discuss hard topics between the adolescent and parent.


The psychological stresses which cancer exerts on a family system can be immense, both situationally and developmentally. These stresses can be unusually intense for the adolescent who has a parent ill with cancer. They can impact upon the adolescent in overt ways, such as increased household or child care duties, or in more covert ways such as in subtle role shifts in the relationship between the adolescent and both the ill and the well parent. The covert role shifts are especially thought to promote acting out and potential decompensation on the part of the adolescent. The acting out can have system-defecting and system-unifying properties, with the decompensation secondary to unbearable role shifts that reintensify the adolescent emotional contact with parents in the midst of a developmental process of separation. General clinical intervention points are suggested to reduce the crisis and ameliorate the negative developmental potential.

This study focused on how parental cancer affects the adolescent. This study was great because it allows the reader to feel connected to the adolescent. This paper reminds the reader that during the adolescent years, it is important for the adolescent to pull away from the family and start to explore. Once a parent has cancer, this changes things, and the adolescent has to become closer to his/her parent, which is an unnatural process during the adolescent years. This study lists 3 cast studies on how an adolescent felt after his/her parent was diagnosed with cancer. One adolescent starting to become more
sexually active, she ran away from home, and she did not want to take on more
responsibility at home. The second adolescent became more sexually active, starting
experimenting with drugs, and raced his car down the street. The third adolescent did not
want anything to do with the ill parent. He refused to see his dying mother in the
hospital. His grades started to slip, and he became more depressed. In each case study,
the parent was at a different point in the process of the cancer journey, from just being
diagnosed, to being in remission, to dying from it. This study helps to put things in
perspective on how the adolescent may feel during the different cancer stages. Healthy
coping techniques are important. The programming discusses coping techniques at great
lengths.