Part I: Expanded Psychosocial Interventions in Cancer Care: An Introduction to Diversional Therapy

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Psychosocial interventions help patients cope with the effects of illness and are particularly useful in the oncology population. Diversional therapy (DT) is a group of interventions that support not only the psychosocial but also the spiritual and physical well-being of individuals (Friedland, 1988). These interventions include exercise, music therapy, art therapy, guided imagery, and relaxation, as well as animal-assisted therapy, spiritual support, therapeutic touch, visitation facilitation, and meditation. Group activities include lifestyle management, stress management, topical discussion groups, and games. This article, the first of a two-part series, defines DT and reviews its role in clinical care, certification of practitioners, and related research. Part II, which begins on page 685, describes the development of a unit-based DT program with participation from varied disciplines, discussion of challenges, and positive outcomes.

The Origin of Diversional Therapy

The Egyptian (2000 B.C.), Hebrew (1000 B.C.), and Roman (500 A.D.) cultures gave a prominent place to diversion (Friedland, 1988). Throughout history, the concept of diversion has been a strong theme in the treatment of physical and mental illness. In a historical review of the origins of psychiatry, Stone (1997) reported that Friedrich Schedemant, the founder of psychosomatic medicine in 1787, believed that the cure for many physical ailments was patients’ experience of joy. In the early 1800s, German-born Johann Reil, founder of the term psychiatry, was among the first to employ occupational therapy (OT), as well as music and drama therapy, to develop more adaptive ways of coping for patients. By World War I, therapists began to treat sick and injured patients with a wide range of activities and thus heralded the field of OT in the United States (Friedland). The development of play therapy with children is attributed to Western European Melanie Klein in the early 1920s.

Adolf Meyer, a prominent psychiatrist in the early 1900s, proposed a psychobiologic therapy approach to illness, believing that both psychological and biologic factors can be taken into account to understand patients (Stone, 1997). He was the first to use diversional activity in the treatment of mental illness. He saw psychosocial therapy as a helpful activity in achieving balance among work, play, rest, and sleep. According to Meyer, individuals need physical and mental protection from stressors. Supportive family members and healthcare providers can provide physical protection, and activity can provide protection from mental stress.

By the early 1970s, researchers believed that activity could preclude stressful thoughts and become habitual. Instillation of enthusiasm, hope, and confidence became important. Expanded psychosocial programs allow patients to express themselves emotionally, decrease isolation, reduce anxiety, and promote nonthreatening forms of communication while complementing medical treatments and enhancing overall quality of life and patient satisfaction (Hiltebrand & Annala, 1998).

Collaborative Diagnoses

Several collaborative diagnoses with outcome criteria exist to recognize and counteract deficits in hospitalized and otherwise restricted patients. The National Comprehensive Cancer Network (NCCN) designated distress

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management as one of the critical areas in oncology symptom management (NCCN, 2003). Distress extends along a continuum, ranging from common, normal feelings of sadness and fear to disabling problems such as social isolation and depression. The NCCN Clinical Practice Guidelines in Oncology state that all patients need to be assessed for distress at their initial visits and that multidisciplinary committees should be formed to implement distress management standards and interventions (NCCN).

Diagnoses developed by several researchers provide two examples of operational nursing diagnoses in clinical practice today (Carpenito, 2002; Johnson, Bulechek, Dochtermann, Mass, & Moorhead, 2001). The outcome criteria in Carpenito’s “high risk for diversional activity deficit” diagnosis are that clients will (a) acknowledge feelings of fear and (b) engage in diversional activities. Assessments involve the identification of fears, previous activity levels, vocational skills, interests, and hobbies. The outcome criteria in Johnson et al.’s “activity intolerance” diagnosis are that clients will develop activity tolerance, endurance, energy conservation, and improved self-care. Johnson developed a subcategory for this diagnosis called “individual coping (ineffective),” in which clients will experience enhanced coping and socialization after intervention(s). In addition to common DT interventions (e.g., art, music, relaxation, exercise, games), Johnson et al. suggested smoking cessation; pain, weight, and nutritional management; sleep enhancement; and biofeedback to assist patients in their coping skill sets.

Training of Diversional Therapy Experts

A surprisingly small number of DT training programs exist in the United States (see Figure 1) as compared to countries such as Australia and New Zealand. In the United States, many healthcare providers do not receive formal training in the development or delivery of DT interventions, except as a part of job-related experience. In specialized fields, such as OT, associate- and bachelor-level degrees are available at colleges recognized by the Accreditation Council for Occupational Therapy Education and the American Occupational Therapy Association. After completion of a written examination sponsored by the National Board for Certification of Occupational Therapy, students are certified. Master’s-level programs also are an entry-level option for diversion therapists. Trained and licensed counseling professionals with a minimum of a master’s degree in counseling, psychology, or social work also may serve in this role.

Therapeutic recreation (TR) specialists are educated in bachelor’s programs accredited by the National Therapeutic Recreation Society. Students receive training in not only TR but also other areas of leisure studies. This broader education equips students to work in clinical TR and community settings. Nonaccredited programs typically are focused more narrowly on TR. Master’s-level programs in TR also are available.

Diversional Therapy in the Literature

No central body of knowledge encompasses the field of DT. Medical, nursing, and allied health literature focuses on identification of patient needs, availability of services, impact of various interventions, and training of volunteers to assist in the delivery of interventions. DeVine (2003) reported meta-analysis results of the effect of psychoeducational interventions on pain in adult patients with cancer. She explained that standard terminology does not exist for the varied interventions (e.g., education, relaxation, guided imagery, music) and that many studies used more than one intervention simultaneously. According to DeVine, future research efforts should focus on singular interventions for pain management.

Hiltebrand and Annala (1998) suggested that adjunctive psychosocial support services benefit patients by increasing emotional expression, decreasing isolation, reducing pain and anxiety, and promoting nonthreatening forms of communication. They predicted that with even a limited investment on the part of healthcare facilities, these programs could yield significant results in quality of life and patient satisfaction.

Cwikel and Behar (1999) stressed the importance of reviewing and conducting empirical research within the specific field of social work, noting that enormous opportunity exists for psychosocial interventions to improve the psychological and functional status of individuals coping with cancer. The authors posed several questions.

- What portion of patients with cancer need social work service?
- Which types of service do social workers provide to meet these needs?
- Who is likely (or not likely) to be recipients of these services?

Kwekkeboom (2003) reported results of a randomized control trial that measured pain and anxiety in three groups of patients before and after medical procedures. One group listened to music during the procedure, the second group listened to a book on tape, and the third group was asked to rest quietly before and during the procedure. Contrary to the hypothesis that musical distraction is superior to other interventions, the outcomes achieved with music did not differ from other interventions.

Beder (2000) described a training program for volunteers delivering DT interventions for a disease-specific pediatric camp, one of about 100 oncology camps in the United States. Using a developmental framework model, volunteers learned to acknowledge the strengths of the participants and served as role models in helping campers to maintain normalcy within the confines of chronic illness. The orientation programs helped volunteers cultivate positive attitudes, develop needed skills, and maintain motivation through role playing, small group discussion, and didactic sessions.

Considering the wide range of clinical areas encompassing DT and the relative youth of the field, healthcare practitioners appear to be just beginning to explore the possibilities for program development. This, in turn, may influence researchers to design high-quality studies of the impact of these interventions on patient satisfaction, symptom management, and quality of life.

The Future of Diversional Therapy

With the variety of available avenues and the growing interest in the implementation of DT programs, the need for training and certification programs most likely will increase (see Figure 2). As patients with cancer are cared for in multiple settings, DT programs likely will be established in those settings to meet patient needs. The U.S. Department of Labor projected that OT will be one of the fastest-growing occupations from 2000–2010, partly because continual advances in medicine enable individuals to overcome health problems and those patients require rehabilitative services over time (U.S. Department of Labor Bureau of Labor Statistics, 2000). In addition to trained and certified practitioners, unpaid volunteers can assist in encouraging patient participation.

American Therapeutic Recreation Association
www.atra-tr.org/atraf.htm

National Council for Therapeutic Recreation Certification
www.nctrc.org

National Therapeutic Recreation Society
www.nrpa.org/branches/ntrs.htm

Figure 1. Providers of Diversional Therapy Training Certification Programs
and facilitating program activities. Oncology nurses increasingly are caring for patients with intensive treatment regimens and prolonged hospitalizations. Being knowledgeable and assisting in the development of DT programs will assist nurses in integrating program activities into conventional cancer treatment regimens.

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References


