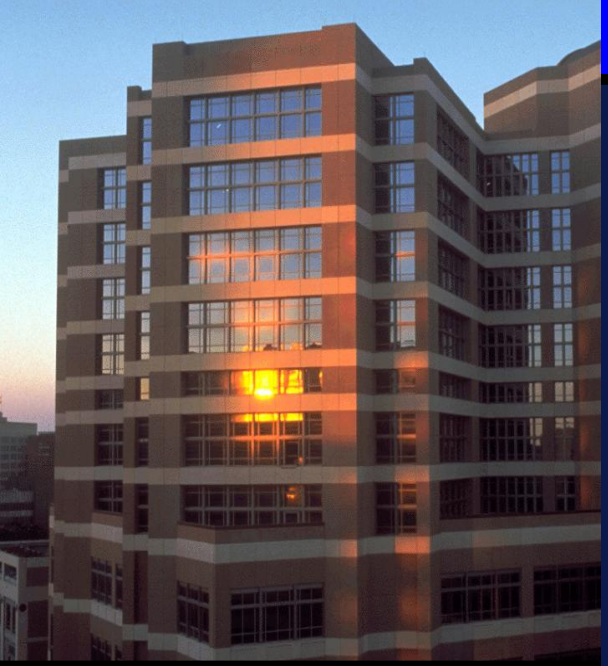

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Family Resiliency and Functioning Among Families with APC-Positive Children

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Family Resiliency Model

- Positive behaviors that buffer the impact of stressful life events
- Enables families to maintain or restore their sense of well-being after suffering misfortunes
- Depends on how individuals respond to stress and also how family interacts with each other to manage stress

McCubbin & McCubbin, 1996

Family Resiliency – Relevance to FAP

- More resilient families may be better able to manage health and psychological stressors of FAP over the life cycle
- Less resilient families may have difficulty adhering to surveillance or chemoprevention, and less family support for doing so
- Children from less resilient families may lack the competence to manage their own health care needs as they move into adulthood

Study Aim

To evaluate family functioning variables that contribute to family resiliency in parents of APC mutation-positive children who were evaluated for a phase I pediatric chemoprevention trial.

Study Design and Recruitment

- Phase I chemoprevention trial for APC + children, age 10-14
- Parents and children completed questionnaires during first clinic visit
- Sites - Cleveland Clinic
  M. D. Anderson Cancer Center
- 19 families completed questionnaires - 35 parents, 20 children

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Outcome Measures

Family Hardiness (20 items)

Ability to buffer against stressors by viewing them as a *challenge*, having *commitment* to work together, & having sense of internal *control*

Family Problem-Solving Communication (10 items)

Whether family communication in response to stressors is *incendiary* (inflammatory) or *affirming* (supportive)

Family Coping Coherence (4 items)

Acceptance of unexpected difficulties & ability to reframe problems in a positive way

Parents' Demographic and Medical Characteristics (N=35)

	% (N)
Mean age (range), years	41 (31-55)
Ethnicity - White	83% (29)
Married to child's other parent	74 (26)
Mother	54 (19)
Education ≤ High school	34 (12)
Income <$50,000	37 (13)
APC mutation-positive	37 (13)
Parent of APC+ boy	43 (15)
Personal history of desmoids	14 (5)
Personal history of cancer	11 (4)

Mean Scores on Family Functioning Measures (N=34)

Measure (range)	Mean (SD)	Norm (SD)	Number with Scores >1 SD below norm*
Family Hardiness (0-60)	50.2 (5.4)	47.4 (6.7)	1
Challenge subscale (0-18)	14.4 (2.2)	12.8 (3.0)	1
Commitment subscale (0-24)	20.9 (2.6)	19.5 (3.2)	3
Control subscale (0-18)	14.9 (2.3)	13.6 (2.6)	3
Problem-Solving Communication (0-30)	22.9 (4.0)	22.7 (4.7)	3
Family Coping Coherence (5-20)	16.7 (2.4)	15.8 (2.3)	4

*n=12 persons from 11 families

Characteristics of Parents in "Worse Functioning" Families (n=34)

	Worse Functioning Families %	P
Demographics		
Age <40	80%	0.05
Ethnicity - White	62	0.58
Married to child's other parent	62	0.75
Education ≤ High school	67	0.59
Income <$50,000	62	0.84
Medical		
APC mutation positive	77	0.12
Parent of an APC + male	87	0.01
History of desmoids or cancer	68	0.07

Logistic Regression Predicting Characteristics of Parents in "Worse Functioning" Families (n=34)

	OR	P-value
Demographics		
Age <40	2.9	0.25
Medical		
Parent of an APC + male	8.7	0.02*
History of desmoids or cancer	4.4	0.24

Conclusions

- Most parents reported levels of family functioning that were comparable to healthy populations.
- We identified a subgroup of families who may benefit from support to strengthen their ability to cope with and manage stressors, especially related to FAP.
- Certain 'risk factors' that may reflect FAP burden could threaten family resiliency: younger age, history of desmoids/cancer, having male children.

Conclusions

- Seeking chemoprevention for FAP-affected children may be a characteristic of resilient families.
- Does the experience of coping with FAP actually improve resilience and family functioning for some families?
- Phase III chemoprevention trial will provide an opportunity to systematically evaluate impact of resiliency and functioning on surveillance and chemoprevention adherence in families with FAP

Collaborators

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