Cancer and Emotional Distress: Coping Strategies
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Overview

• Impact of Cancer
  • Supportive Care

• Challenges of Cancer: Physical, Practical, Psychosocial

• Emotional Responses to Cancer
  • Understandable Reactions
  • What is Emotional Distress?
  • Anxiety and Depression
  • Risk Factors
Overview

• Coping and Accessing Help
  • What Can You do to Help Cope?
  • How Do You Find and Access Resources?
  • How Can Counselling Help You?
  • What We Can Do to Help?
  > Some Initiatives
  • Additional Resources
Cancer in Nova Scotia

• Population of approximately 947,000 spread across 9 Health Districts

• Estimated 6,200 new cases of cancer per year

• Estimated 2,700 deaths from cancer in 2009

• Approximately 28,000 people are living with cancer. For many, cancer is a chronic health problem.

(Canadian Cancer Statistics, 2010)
• The **three** most frequent types of cancer:
  • For Men: Prostate, Lung and Colorectal
  • For Women: Breast, Lung, and Colorectal

• Almost 40% of Canadian women and 45% of Canadian men will develop cancer during their lifetimes.

(Canadian Cancer Statistics, 2009 & 2010)
• **Cancer** Affects All Aspects of the Individual’s Life.

• **Cancer** Also Affects **Family Members, Caregivers, and Close Friends.**
Cancer

• Associated with many stresses, threats, challenges, adjustments and losses for people living with cancer and their families.

• Diagnosis of and treatment for cancer places extraordinary demands on the coping ability of patients and families.
• For many patients, cancer is one of the most traumatic experiences they have ever faced.
• Cancer **Survivors** can continue to deal with feelings of **physical** and **psychological vulnerability** years after their cancer experience.
Supportive Care

• Provision of services to those affected by cancer to meet their physical, social, emotional, psychological, nutritional, informational, spiritual and practical needs

• Person-centered care
Cancer Care Experience

- Diagnosis
- Cancer Treatment
- End of Active Cancer Treatment
- Recurrence/Metastatic Disease
- Ongoing Cancer Treatment
- Palliation
- End of Life

Changing Needs

Survivorship
Cancer Presents Psychosocial, Physical, and Practical Challenges for People Living with Cancer and Their Families.
Engel’s Biopsychosocial Model
What Are Some of the Challenges of Cancer?

- **Physical Challenges**
  - Adjustment to Temporary or Permanent Physical Problems/Changes
  - Pain
  - Fatigue – Very Common Problem
  - Nutrition
  - Dyspnea
  - Cognitive Problems
  - Communication
Practical Challenges

- Financial Stress
- Transportation
- Accommodation
- Employment/Educational Issues
- Lack of/insufficient Information
Psychosocial Challenges

- Psychological responses
  - Emotions
  - Coping
- Challenges to Sexuality and Body Image
- Existential and Spiritual Issues
  - Meaning and Purpose
- Family and Social Challenges
Emotional Responses to Cancer

• Understandable, normal emotional/stress response to cancer:
  – Feelings of fear and uncertainty, worry, anxiety, irritability, sadness, loss, being overwhelmed, guilt, frustrations and/or anger

• For many people living with cancer, these feelings wax and wane, and do not result in significant difficulties.
• EMOTIONAL RESILIENCY is common.
What is Emotional Distress?

• **Distress** is a multifactorial unpleasant emotional experience of a psychological (cognitive, behavioural, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms and its treatment.

• **Distress** extends along a *continuum*, ranging from common normal feelings of vulnerability, sadness, and fears to **problems that can become disabling**, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis.

NCCN Practice Guidelines in Oncology, 2008
How Common is Emotional Distress?

• 35% to 45% of cancer patients display clinically significant distress at some point during their cancer experience.

• Clinically significant distress primarily includes Depression, Anxiety Disorders and Adjustment Disorders
• **Family members**, especially partners and spouses, can be as **distressed** or **more distressed** (in some studies) than the individual with cancer.

  Couper et al., 2006
  Drake et al., 2008
  Dumont et al., 2006
How Common is Anxiety and Depression?

- **Adjustment Disorder** with Depressed Mood and/or Anxiety (25-30%)
- **Major Depressive Disorder** (35-40%)
- **Anxiety Disorders** (25%+)
Distress and Cancer Type

- Greatest distress in **lung cancer patients (43.4%)** followed by brain, Hodgkin’s disease, pancreas, lymphoma, liver, head and neck, breast, leukemia, melanoma, colon, prostate and gynecologic (29.6%) cancers.

- **Failure to identify and treat distress** can affect treatment outcomes, decrease quality of life and increase health care costs.

(Zabora et al., 2001)
Higher Risk for Distress

- Higher levels of physical disability
- Diagnosed with advanced illness
- Later stage disease
- Greater disease burden
- Younger age (some studies)
- Pre-existing Depression or Anxiety
- Lower Levels of Social Support
Higher Risk for Distress

• Limited Coping Strategies
• Other Concurrent Psychosocial/Life Stressors
• More existential issues (some studies)
• Problems with health care professionals (some studies)
• Limited access to treatment-related information
• Cancer can both cause and contribute to depression and anxiety
Distress:
6th Vital Sign in Cancer Care

(Bultz & Carlson, 2006)
Identification of/Treatment for Distress

- Patient (and family) distress continues to be under-identified and under-addressed by the Health Care System

- Only about 5-10% of patients are being referred for psychosocial care/treatment (Bultz & Carlson, 2003)
• Emotional Distress is Treatable
Role of Partner/Caregiver is Demanding:

- Management of Family and Home
- Role Changes
- Taking Care of Children
- Dealing with Financial Pressures
- Source of Information for Family and Friends
- Maintaining a Career
- Physically and Emotionally Exhausting
- Fear of the Unknown
What is Coping?

• **Coping** refers to the cognitive and behavioural strategies we use to manage situations that we *perceive* as *stressful*.

• Coping is *individual*

• **Coping with cancer** is an extension of how we coped during health.
What are Some of the Factors That Facilitate Coping?

- Emotionally Supportive Relationships
- Making Adjustments to Living with Cancer
- Using Active Coping Strategies
  - Problem-Solving
  - Positive Reappraisal
  - Emotional Expression
- Multiple Coping Strategies
- Spirituality and Hope
- Benefit Finding
What Can You Do to Help Cope?

- **Ask questions** and request the **information** that you need from your Health Care Team.
- If you are **concerned** about a physical symptom, see your physician.
- **Ask** a family member or a friend to **accompany** you to important medical appointments.
• “One day at a time”
  – Try to be more present-focused
  – Watch the “What ifs” and the Worries about tomorrow.
• No one knows the story of tomorrow’s dawn

-Ashanti (African) Proverb
• Attend to your own self-care.
  • Place self as higher priority
  • Give yourself permission

• Review your priorities and what’s important and meaningful to you.
• Think about:
  • What you are grateful for
  • What positive changes have you experienced with cancer
  • Work on Perspective-Taking
• Use **Adaptive, Helpful** ways of *coping* that helped you manage/deal with past problems.

• **Avoid maladaptive** coping strategies.
• Deal with Life-Threat Issues as you are ready to do so.
• Do some things you **enjoy** (within your physical capabilities)

• **Exercise**: within your physical capabilities and with your doctor’s okay

• **Sense of Humor**
• **Access** your best **supports**

• **Share your feelings** with someone you trust
• Let family and friends know what your needs are and what they can do to help
• Set limits with others as needed
• Check how your children are doing
Strategies to help you relax:

• Relaxing Music
• Relaxation Techniques
• Meditation
• Mindfulness
• See a friend
• Take a Break
• Reading
• Walking
• Spirituality
How Do I Find and Access Support Services?

- **Ask about Support Services** at your Cancer Centre (e.g., Support Groups, Sunshine Room, Patient and Family Resource Areas).

- **Contact the Canadian Cancer Society** for Information About
  - Support Groups
  - Cancer Connection
  - Reach to Recovery
  - Can Surmount
  - Cancer Information Specialist

1-888-939-3333
• If you are struggling emotionally and your usual helpful coping strategies are not working, ask for help sooner rather than later.

• Asking for help and support is a sign of strength
Who do I talk to if I’m feeling overwhelmed and having difficulty coping?

- Talk to your nurse/oncologist/patient navigator/family physician about how you are coping and feeling emotionally.

- May refer you to a Psychosocial Health Care Professional at the Cancer Centre, Clinic, or in Home Community.
Psychosocial Health Care Professionals

- Psychologists
- Psychiatrists
- Social Workers
- Advanced Practice Nurses
- Spiritual Care
- Medication Resource Specialist
- Mental Health Services
Counselling

• Focuses on helping you cope, adjust, regain a sense of control, deal with cancer and related concerns

• Various therapies
  Psychoeducation; Coping Skills; Cognitive Therapy; Stress Management; Support; Process Concerns; Mindfulness; Existential/Spiritual Counselling
  – Individual, Couples, Group, Family
• **Pharmacotherapy** (e.g., medication to help with depression, anxiety, sleep)

• **Assistance with Resources/Practical Issues**
What Can Treatment Help Me With?

- Deal with Fear
- Manage Anger
- Guilt
- Depression
- Stress
- Anxiety
- Identity and Self-Image
- Fatigue
- Communication Issues
- Family Issues
- Changes in Relationships
- Meaning
Do I Have to Pay for Counselling?

• There is no charge if you are seen by a psychologist, psychiatrist, social worker, spiritual care or advanced practice nurse at the Hospital or Cancer Centre.

• If you see a private psychologist or social worker, there is a fee for each session. If you have extended medical coverage, you can check to see how many sessions your insurance will cover.
What Can We Do to Help?

• Be more **person-centered** and **holistic** in our health care approach.

• **Ask** people living with cancer how they are **feeling** and coping with the challenges of cancer.
  – **Listen** and **Acknowledge**

• Ask About **Psychosocial**, **Emotional**, and **Practical Care Needs**, as well as the **Physical**.

• Provide **support** and **normalization**.
• Provide **relevant information** to patients and families to address their needs and concerns.

• Provide information concerning the **psychosocial and emotional effects** of cancer and **available support** and **psychosocial resources**.

• Suggest **Support Groups**.

• **Refer** patients for **counselling** and **treatment** when needed.
Screening for Distress in Nova Scotia

• Initiative of Cancer Care Nova Scotia, Canadian Partnership Against Cancer and the Health Districts.

• Patients are asked to complete a brief, one page questionnaire focusing on Practical, Physical, and Psychosocial Concerns.

• Health Care Professional reviews the patient’s responses with the patient and discusses what type of assistance/follow-up may be helpful.
Screening for Distress in Nova Scotia

**Phase I:** Cancer Patient Navigators in 4 Districts are screening some patients

**Phase II:** Two Clinics of the Capital Health Cancer Care Program
- Head and Neck – has started
- Thoracic – planning stage

**Phase III:** Cape Breton Cancer Centre
- Planning stage
• Screening for distress will lead to improved person-centred care.
  • A more holistic approach to cancer care
  • Encourages patients to report emotional, social, and practical challenges they are experiencing
  • Helps health care professionals identify and discuss the important needs and concerns of patients
  • Will hopefully lead to more timely help for patients, when needed
Supportive Care Patient Information Sheets

- Anxiety
- Depression
- Financial Matters
- Getting Support (psychosocial resources)
- Getting to Treatment
- Medication Coverage FAQ
- Medication Coverage – Private Insurance
- Spiritual Care
- Support Groups
- Where to Stay (during treatment at the Nova Scotia Cancer Centre)
- Parking (at the Nova Scotia Cancer Centre)

Supportive Care Cancer Site Team
Helpful Resources

• Health Care Professionals

• Cancer Programs and Centres in Cape Breton and Capital Health

• Satellite Cancer Clinics throughout the Province

• Cancer Patient Navigators: 7 District Health Authorities
  - South West
  - South Shore
  - Annapolis Valley
  - Colchester East Hants
  - Cumberland
  - Pictou County
  - Guysborough Antigonish Strait
Websites

- Canadian Cancer Society - www.cancer.ca
  Excellent resource for information and services
- Canadian Association of Psychosocial Oncology
  www.capo.ca (e.g., The Emotional Facts of Cancer)
- National Cancer Institute
  www.nci.nih.gov/cancerinfo/takingtime
- American Cancer Society - www.cancer.org

- Websites: government, hospitals, and health care centres; academic facilities.
Helpful Books/Authors: Examples

- The Healing Journey Series – Alastair Cunningham
- The Human Side of Cancer – Jimmie Holland
- When A Parent Is Sick: Helping Patients Explain Serious Illness to Children – Joan Hamilton
- It’s Not About the Bike – Lance Armstrong
- Here and Now: Inspirational Stories of Cancer Survivors – Elena Dorfman
- Crazy Sexy Cancer Tips and Crazy Sexy Cancer Survivor – Kris Carr
- Lessons Learned Upside the Head – Carol Ann Cole
- Several Books by Bernie Siegel
• Questions?
Key points to Consider in Talking to Children When A Parent Has Cancer

• Be open and honest with your children.
• Involve your children in what is happening.
• Address the dying issue early.
• Keep children informed about plans.
• Avoid surprises when possible.
• Tell them to come and ask you if they hear things that are different from what you have said.

(Hamilton, 2001)
Mindfulness

• Being Aware
• Living in the **Present Moment**
• Viewing thoughts as Passing Mental Events
• Turning OFF the **Autopilot**
• **Being** Mode
• Approaching instead of Avoiding

Williams et al., 2007