MUSC
Medical University of South Carolina

Hollings Cancer Center
An NCI-Designated Cancer Center

Diagnostic Considerations and Treatment for Psychiatric Disorders in People with Cancer

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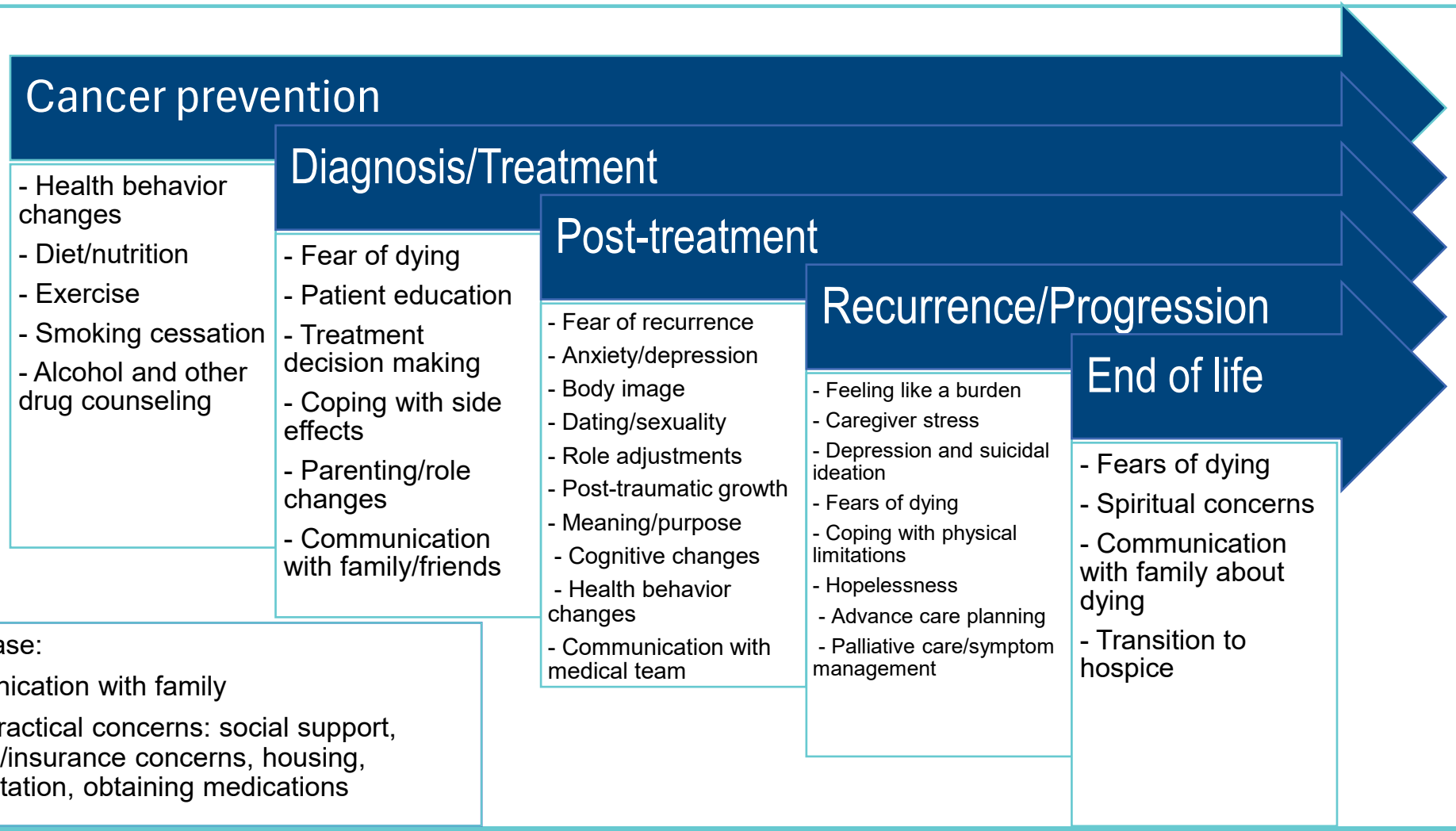
Objectives

1) Discuss diagnostic considerations for mental health concerns among people with cancer
2) Review available evidence-based psychological interventions and applications for people with cancer

Psychosocial Care Across the Cancer Trajectory



Experience of the Cancer Patient

Image of the “strong” cancer patient

Can *fight* or *lose* the battle against cancer

“Tyranny of positive thinking” – Jimmie Holland, MD

Role of health behaviors (e.g., smoking, drinking, nutrition, stress)

Impact of physical symptoms
- Cancer-related
- Treatment-related

Messages received
- Try not to worry about that
- You’re going to get through this

Diagnostic Considerations in Cancer

Distress is a *normal* response to cancer

Overlap between psychological and physical symptoms

Many symptoms are clinically relevant but not diagnostically clear

Common Psychological Concerns

- Distress
- Anxiety/depression
- PTSD
- Suicidal ideation
- Existential issues
- Body image distress (e.g., breast, HNC)
- Guilt/shame (e.g., HPV, smoking, stress)
- Fears of cancer recurrence
- Chronic pain/sleep disturbance
- Treatment decisions/adherence

Diagnostic Considerations: Anxiety

Many common but not diagnosable anxiety “conditions” in cancer

- Fears of recurrence/progression
- Fears of death/dying
- “Scanxiety”

Association between anxiety and…

- Physical symptoms – directionality unclear
- Suicidal ideation and attempts
- Substance use

Attempts to decrease anxiety by others may reinforce anxiety

- Providing reassurance
- Encourage positive thinking
- Suggest to “stop” thinking about feared outcome

Diagnostic Considerations: Depression

Consider use of Endicott criteria

Suicidality not necessarily associated with clinical depression (differentiate between desire for hastened death)

Other may label cancer symptoms (e.g., loss of appetite) as symptoms of depression

Physical symptom	Psychological or cognitive symptom
Change in appetite or weight	Tearfulness Depressed appearance
Sleep disturbance	Social withdrawal Decreased talkativeness
Fatigue or loss of energy	Brooding Self-pity Pessimism
Psychomotor agitation or retardation	Lack of reactivity

Psychological Interventions

Behavioral Activation

Cognitive Behavioral Therapy/Acute Cancer Cognitive Therapy

Acceptance and Commitment Therapy

Dialectical Behavior Therapy

Meaning-centered Psychotherapy

Dignity Therapy

Mindfulness-based Interventions

Behavioral Activation

Normal to reduce engagement in usual activities

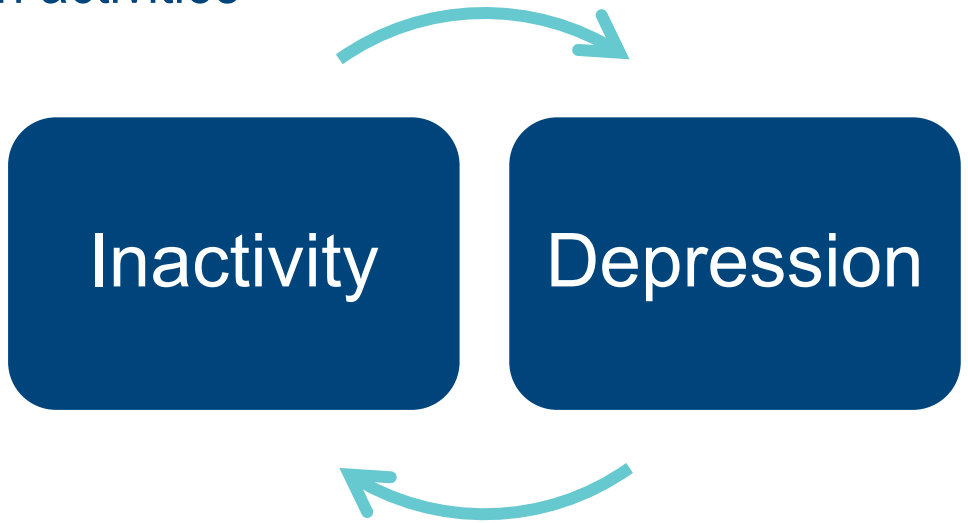
Considerations

- ↓ activity may be exacerbated by treatment side effects
- Fears of discussing cancer in social situations
- Physical changes increase worry about re-engaging in activities

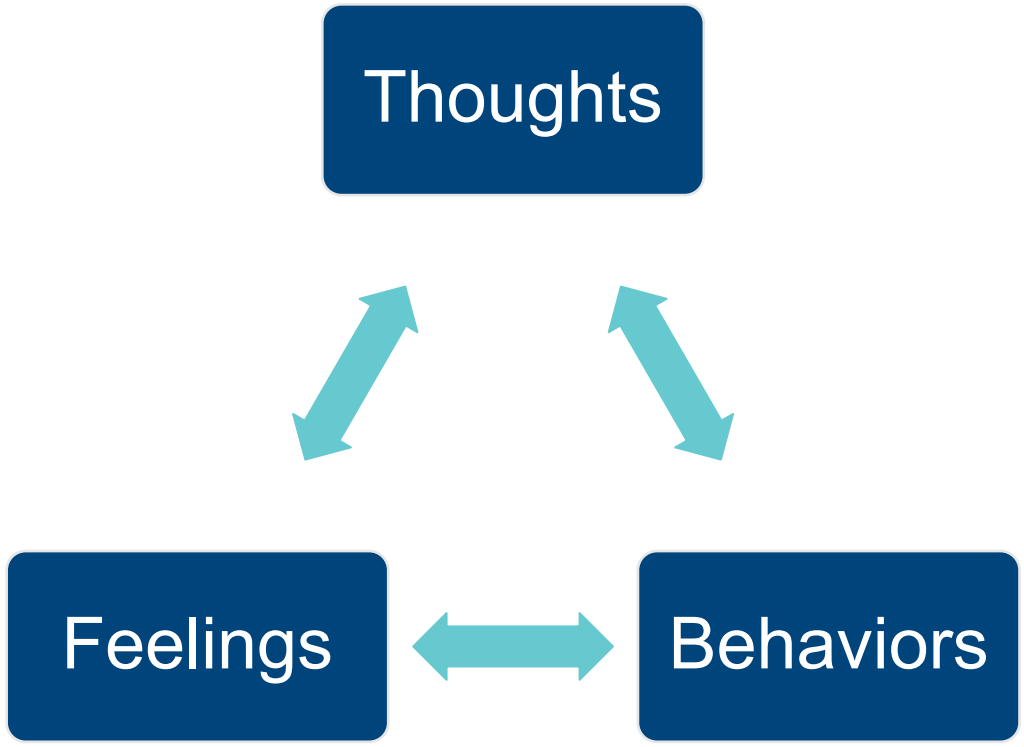
Beliefs about risk

- It's dangerous to be around crowds
- Be careful not to overdo it

Goal: aim for very small improvements



Cognitive Behavioral Therapy



Unrealistic thoughts/perceptions increase distress

Effective/easy to explain

Considerations:

- Time-limited nature
- Structure
- Use with specific symptom complaints
- Fears often valid

Acute Cancer Cognitive Therapy

Cognitive therapy tailored to address specific cancer-related cognitions

Emphasis on the “grain of truth” → realistic optimism

Role of empathy – ↓ bracing for threat

Rationale: illness severity does not predict depression

Coping model for chronic illness

- Problem-focused: gathering information, planning
- Emotion-focused: reframing, seeking emotional support
- Meaning-focused: benefit finding, values

Acute Cancer Cognitive Therapy

Understand maladaptive cancer-related beliefs

- What do you think caused this cancer?

Consider the grain of truth

- I am worried I will die from this cancer
- If I check my armpits I can detect a recurrence of cancer
  - Explore risk/burden of testing

Identify rules/expectations

- If I trust in God, I will be healed
- If I rely on medications, I am weak

Acute Cancer Cognitive Therapy

Automatic Thought:

I don't want to lose hope

Grain of Truth:

pervasive negative thinking worsens depression

Talkback:

Tell me what you mean by hope and losing hope? Explore different types of hope: cure, longer life, family milestones, work.

Is losing hope like losing your keys? When your team is losing, do they lose hope?

Worst case scenario: you lose hope

Will it change the cancer outcome? No, cancer biology, treatments, surgeries, radiation are stronger than low levels of hope

Acceptance and Commitment Therapy

Focus of increasing psychological flexibility – ability to live a meaningful live *with* difficult thoughts, feelings, sensations

- Focus on tolerating uncertainty and living in line with values

Transdiagnostic, and trans-symptomatic?

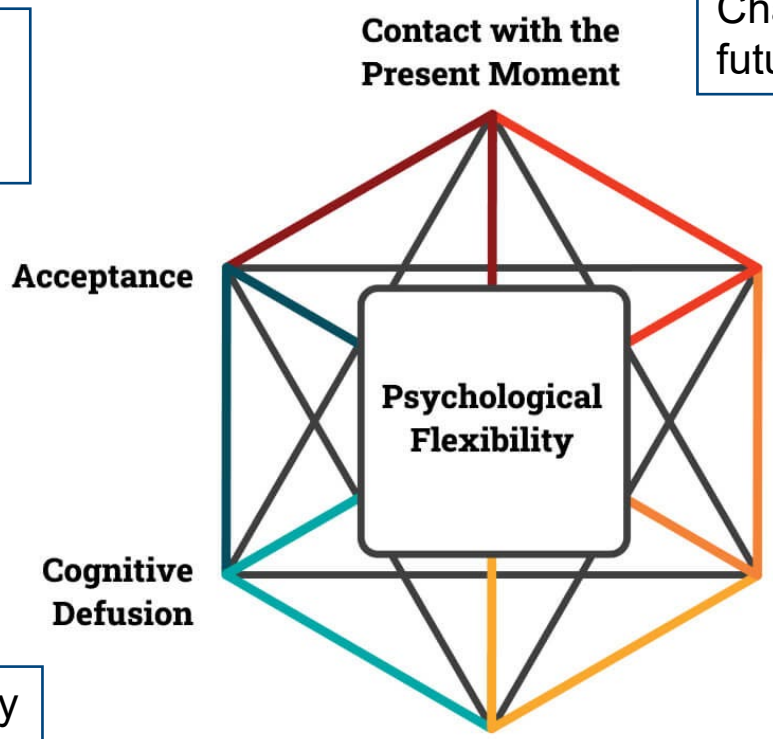
Effective in reducing distress, anxiety, depression, fears of cancer recurrence

- Improved health-related quality of life

Primary vs secondary suffering

Acceptance and Commitment Therapy

Pain, fatigue, grief over loss of function, fear of progression/recurrence



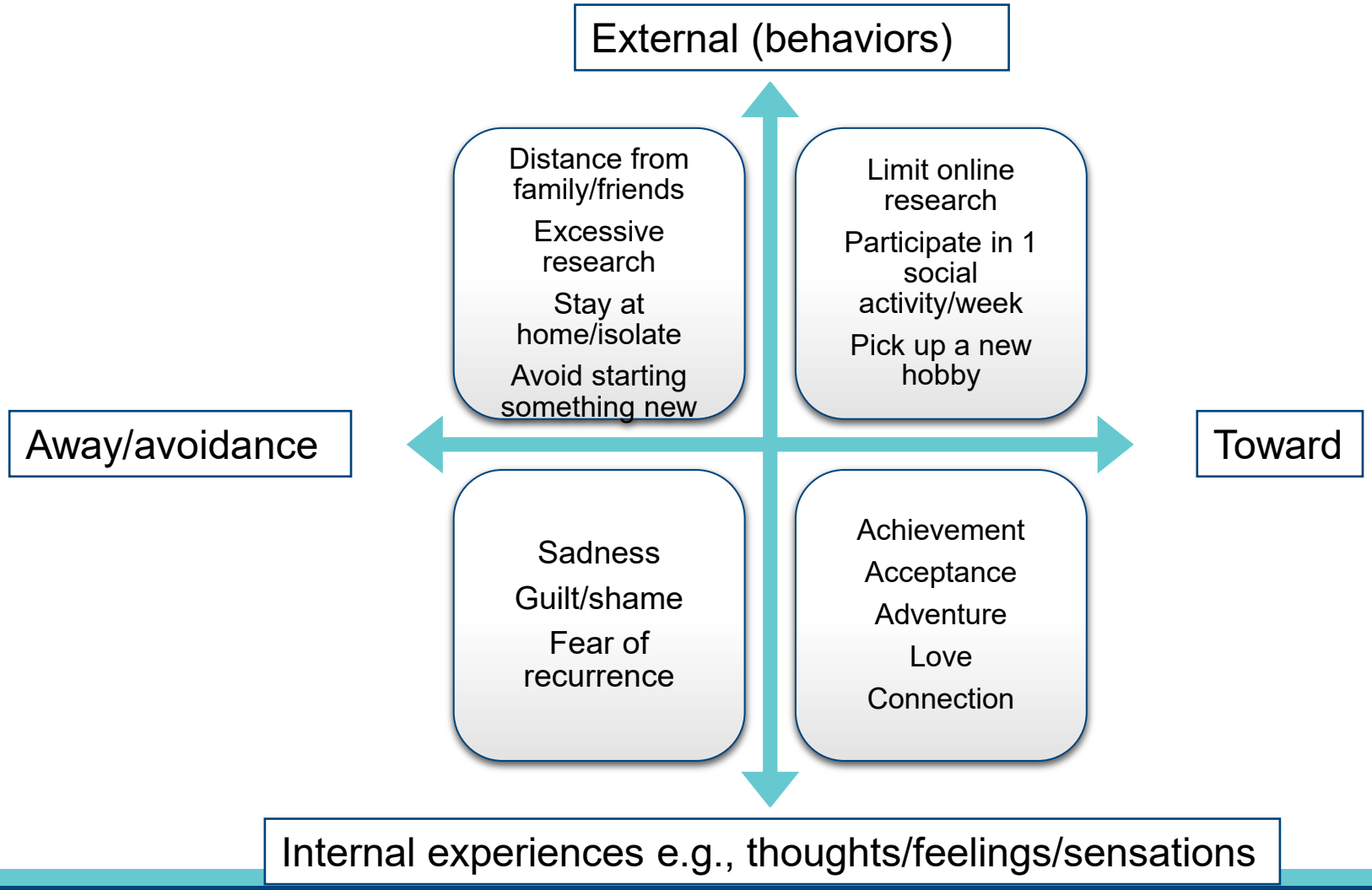
Change can occur now vs future which is uncertain

Reprioritization of what is important, active engagement in meaningful activities

New symptom means my cancer is back

Unchangeable vs effects of cancer

ACT Matrix


External (behaviors)
Distance from family/friends
Excessive research
Stay at home/isolate
Avoid starting something new
Limit online research
Participate in 1 social activity/week
Pick up a new hobby
Away/avoidance
Toward
Sadness
Guilt/shame
Fear of recurrence
Achievement
Acceptance
Adventure
Love
Connection
Internal experiences e.g., thoughts/feelings/sensations

Dialectical Behavior Therapy

Focus on coping with the event vs the event itself

Goal: to be able to respond wisely to the threats without overreacting to the dangers, effectively express your concerns to others

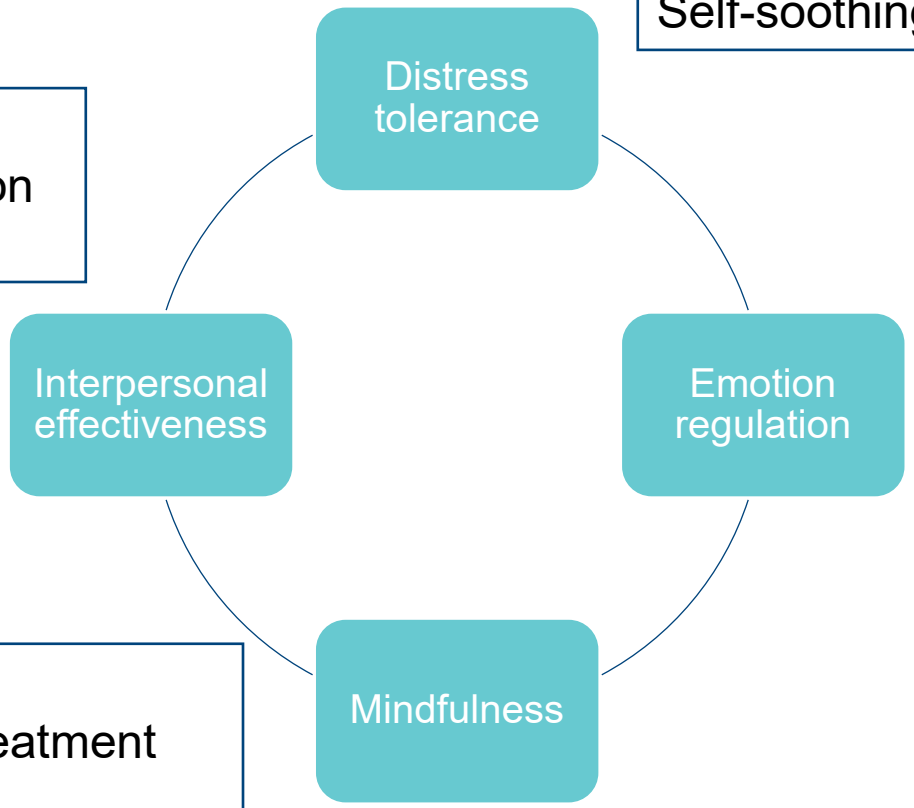
Two things can be true:

- If I am not totally healthy, I will die
- If I am not totally in control, I am powerless

I am unhappy I have cancer AND I am still happy about parts of my life

I am frightened AND I have hope

Dialectical Behavior Therapy



Distraction
Self-soothing

Deepen relationships
Improve communication with medical providers

Check the facts
Coping ahead
Avoid negative feedback loop (judgment)
Name it to tame it

Wise mind
Making effective treatment decisions
Face what's in front of you

Meaning-centered Psychotherapy

Rooted in concepts of logotherapy (Victor Frankl) – finding meaning and purpose particularly in the face of suffering

- *The will to meaning*
- *Life has meaning*
- *Freedom of will*

Relevant through cancer treatment and end of life

Identifying sources of meaning

- Historical
- Attitudinal
- Creative
- Experiential

Culmination in “Legacy Project”

Dignity Therapy

Dignity may impact a person's desire to live or die

- In hospital setting, 2/3 of patients say dignity is something that can be taken from them by others

Whole person healthcare vs focus on illness

Dignity interventions address:

- The need to feel that life has meaning
- Connect with what makes us unique and valued
- Do something for loved ones that will endure

Dignity Therapy

Tell me a little about your life history, particularly the parts that you either remember most, or think are the most important. When did you feel most alive?
Are there specific things that you would want your family to know about you, and are there particular things you would want them to remember?
What are the most important roles you have played in life (family roles, vocational roles, community-service roles, etc.)? Why were they so important to you, and what do you think you accomplished in those roles?
What are your most important accomplishments, and what do you feel most proud of?
Are there particular things that you feel still need to be said to your loved ones, or things that you would want to take the time to say once again?
What are your hopes and dreams for your loved ones?
What have you learned about life that you would want to pass along to others? What advice or words of guidance would you wish to pass along to your (son, daughter, husband, wife, parents, other(s)?
Are there words or perhaps even instructions you would like to offer your family to help prepare them for the future?
In creating this permanent record, are there other things that you would like included?

Brief intervention for end-of-life

- Can be done in 30-60 minute session that is recorded and transcribed and shared with patient
- Empathy, attentiveness, and interest essential to the intervention

Mindfulness-based Interventions

Potentially a lower-intensity intervention

Effective for management of anxiety, depression, fatigue

Components usually include:

- Mindfulness meditation
- Body scanning
- Mindful movement

Can be implemented with or without cognitive component

Additional Interventions

BRIGHT

Fears of cancer recurrence

Expressive writing interventions
- Effective only for some populations

Other symptom management interventions
- CBT-I
- Pain/fatigue management
- Menopausal symptoms

BRIGHT

Building a Renewed ImaGe after Head and neck cancer Treatment

Appearance and function-related changes are common in head and neck cancer

Manualized brief, theory-based cognitive behavioral intervention

Targets underlying

- Unhelpful automatic thoughts
- Maladaptive body image coping skills

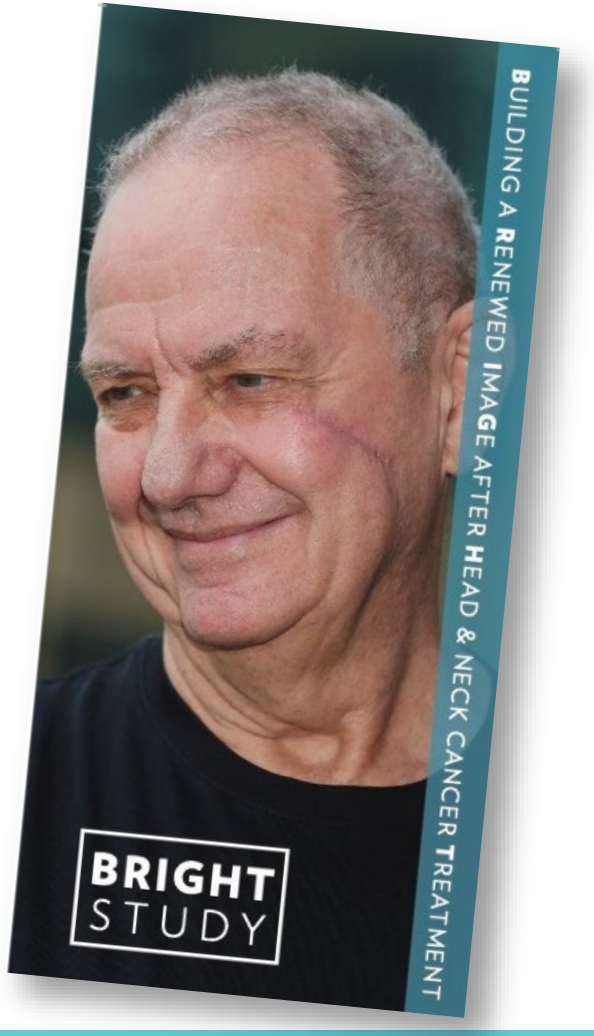
BRIGHT STUDY

BUILDING A RENEWED IMAGE AFTER HEAD & NECK CANCER TREATMENT

BRIGHT

Six session intervention delivered via telehealth

1) Psychoeducation and setting goals for treatment
2) Cognitive model for body image distress
3) Cognitive restructuring
4) Avoidance behaviors and pleasant activity scheduling
5) Social support and identifying personal values
6) Relapse prevention



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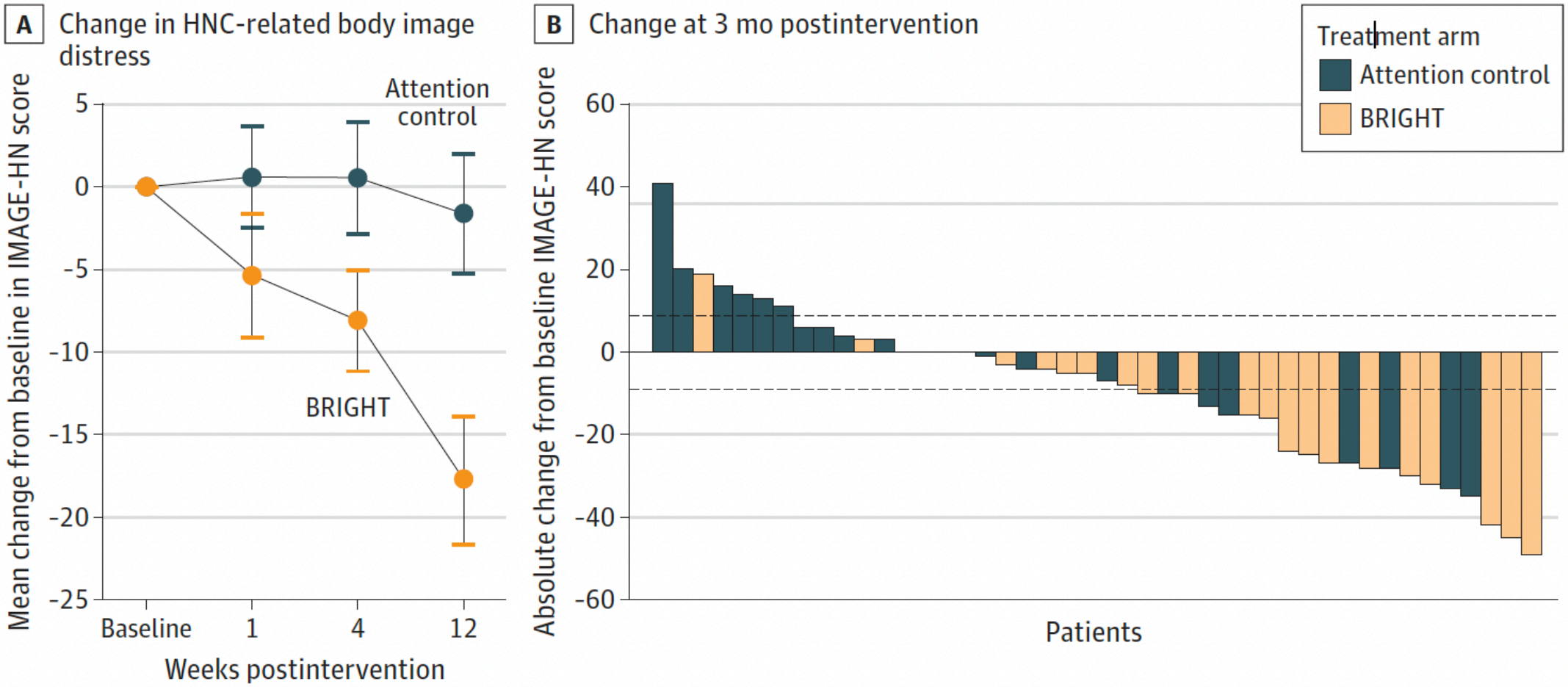
A
Change in HNC-related body image distress
Attention control
BRIGHT
Mean change from baseline in IMAGE-HN score
5
0
-5
-10
-15
-20
-25
Baseline
1
4
12
Weeks postintervention
B
Change at 3 mo postintervention
Treatment arm
Attention control
BRIGHT
Absolute change from baseline IMAGE-HN score
60
40
20
0
-20
-40
-60
Patients

Provider Considerations

Personal and family cancer history

Confronting feelings around death and dying

Awareness of personal values

Burnout/compassion fatigue

Coping with patient death (emotionally and logistically)

Bearing witness to suffering

Additional Resources

BRIGHT STUDY

BUILDING A RENEWED IMAGE AFTER HEAD & NECK CANCER TREATMENT

Memorial Sloan Kettering Cancer Center | Continuing Medical Education

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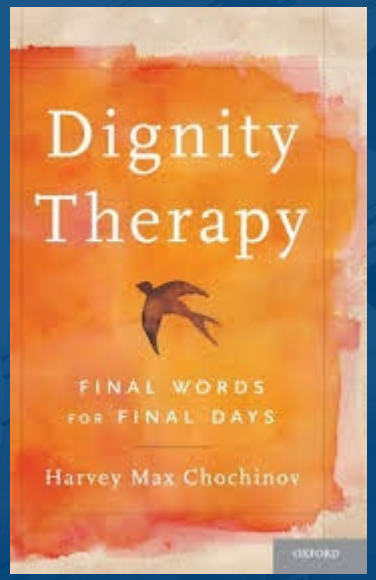

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