
PATIENT CENTERED CARE
Live Webinar
Melissa Holt, DNP, PMHNP-BC, HCW
Psychotherapy for Cancer-Related Distress
June 14
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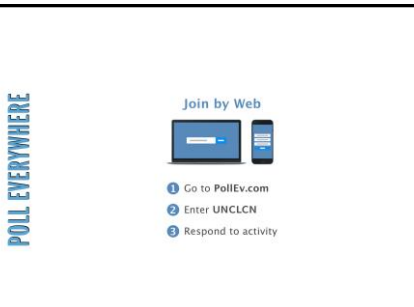
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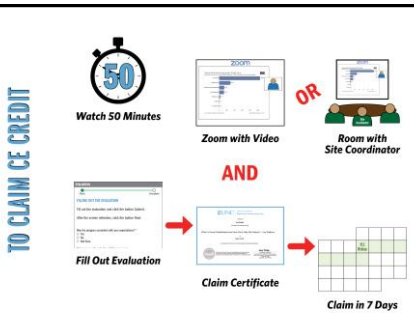
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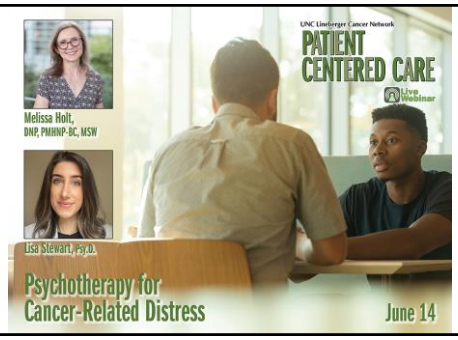
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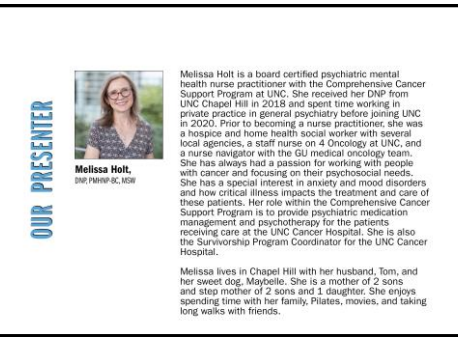
OUR PRESENTER
Melissa Holt,
DNP, PMHNP-BC, MSW
Melissa Holt is a board certified psychiatric mental health nurse practitioner with the Comprehensive Cancer Support Program at UNC. She received her DNP from UNC Chapel Hill in 2018 and spent time working in private practice in general psychiatry before joining UNC in 2020. Prior to becoming a nurse practitioner, she was a hospice and home health social worker with several local agencies, a staff nurse on 4 Oncology at UNC, and a nurse navigator with the GU medical oncology team. She has always had a passion for working with people with cancer and focusing on their psychosocial needs. She has a special interest in anxiety and mood disorders and how critical illness impacts the treatment and care of these patients. Her role within the Comprehensive Cancer Support Program is to provide psychiatric medication management and psychotherapy for the patients receiving care at the UNC Cancer Hospital. She is also the Survivorship Program Coordinator for the UNC Cancer Hospital.
Melissa lives in Chapel Hill with her husband, Tom, and her sweet dog, Maybelle. She is a mother of 2 sons and step mother of 2 sons and 1 daughter. She enjoys spending time with her family, Pilates, movies, and taking long walks with friends.

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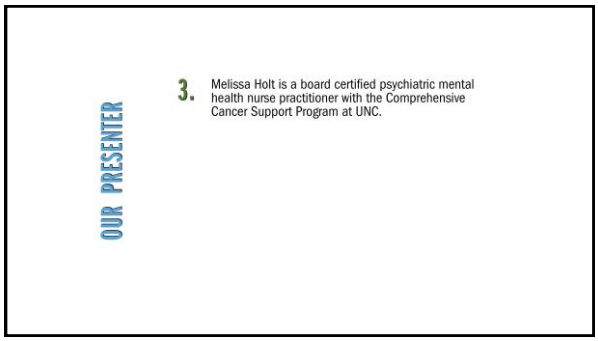
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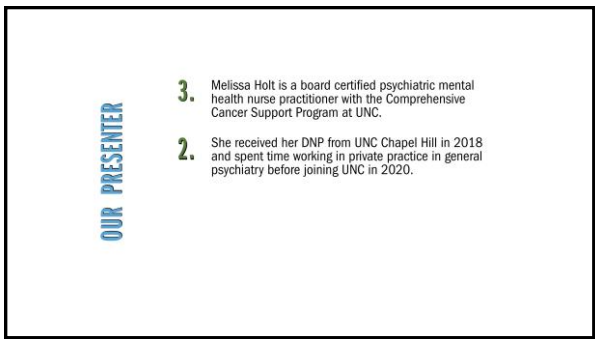
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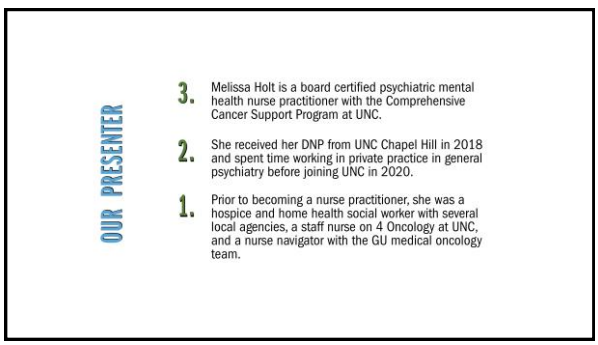
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Lisa Stewart, Psy.D.

Dr. Stewart is a clinical psychologist with specialized training in health psychology. She is an Assistant Professor in the Department of Psychiatry at the University of North Carolina. She works within the inpatient Consultation-Liaison Psychiatry service and the Comprehensive Cancer Support Program. Dr. Stewart has worked in various medical settings, where she has treated patients with a wide range of acute and chronic medical and psychiatric comorbidities. She has a strong appreciation for the complex interplay between biomedical, sociocultural, and psychological factors and outcomes. Dr. Stewart's interests include cancer survivorship, behavioral interventions for illness management, training/supervision, and interdisciplinary strategies to promote health equity.

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3. Dr. Stewart received her PsyD from the Florida Institute of Technology and completed her pre-doctoral internship and post-doctoral fellowship with emphasis in Health Psychology at the James A. Haley Veterans' Hospital in Tampa, FL

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2. Dr. Stewart joined UNC faculty in 2021 and spearheaded the development of the Adult Consultation-Liaison Psychology Service.

1. Dr. Stewart is passionate about training the next generation of mental health professionals and enjoys providing clinical supervision for PGY2 psychiatry residents and pre-doctoral psychology interns at UNC.

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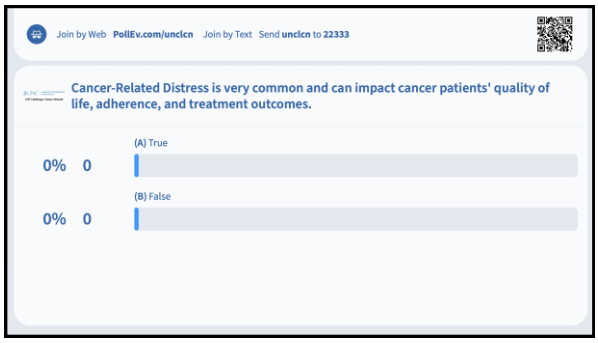

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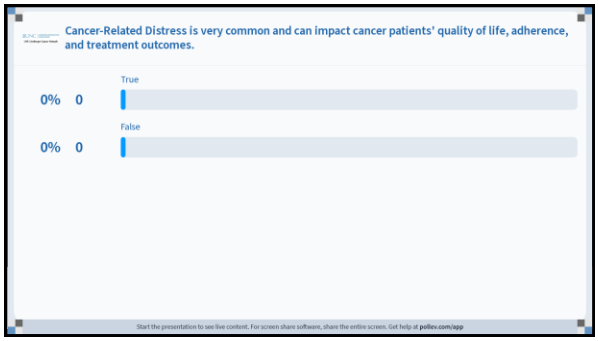

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Psychotherapy for Cancer-Related Distress

Melissa Holt, DNP, PMHNP-BC, MSW
Lisa Stewart, PsyD

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Disclosures

We have no financial disclosures.

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Outline

- Overview of cancer-related distress and its impact on patients' health and wellbeing.
- Four patient vignettes highlighting different aspects of cancer-related distress
- Discussion of how evidence-based psychotherapeutic modalities can be applied to meet the unique needs of each patient

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Learning Objectives

- Discuss cancer-related distress and its impact on patients' health and wellbeing
- Distinguish different psychotherapy modalities used to treat cancer-related distress
- Identify specific psychotherapy interventions that can be used to address different manifestations of cancer-related distress

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Cancer-Related Distress

- Emotional, psychological, and social difficulties that can arise as a result of a cancer diagnosis and its treatment.
- Can occur at any point, from initial diagnosis, to treatment, to survivorship, and beyond.
- Very common, and can impact cancer patients' quality of life, adherence, and treatment outcomes.

(Nakamura et al., 2021; Niedzwiedz et al., 2019)

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Benefits of Psychotherapy

- Improved adherence
- Enhanced sense of meaning
- Improved quality of life

(Breitbart et al., 2010; Carlson & Bultz, 2023)

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Case Example #1

70-year-old male with 9-year history of prostate cancer recently learned that his cancer has metastasized to his bones, and he is now struggling with pain. He started feeling depressed last year and is finding that his depression has worsened as the pain has become intolerable along with the recent news that his cancer is now metastatic. He is endorsing depressed mood, anhedonia, feelings of hopelessness, low self-esteem, fatigue, and difficulty concentrating.

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Case Example #1 Therapy Plan

Cognitive Behavioral Therapy

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Cognitive Behavioral Therapy

- Solution-focused
- Designed to reduce symptoms and boost well-being as quickly as possible
- Cognitive component—changing problematic patterns of thinking
- Behavioral component—helps develop actions that serve us well (Gillihan, 2018)

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Cognitive Behavioral Therapy Principles

- Emphasizes collaboration and active participation
- We define the problem, which helps make the problem feel more manageable
- Rooted in the here and now (we focus on thoughts and actions of the present)
- Teaches patients how to be their own therapist
- Emphasizes relapse prevention (practicing new skills) (Gillihan, 2018)

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Cognitive Behavioral Therapy Principles (2)

- CBT is time-limited
- CBT is structured
- CBT helps address negative automatic thoughts
- CBT involves a variety of techniques

Thoughts and behaviors are the focus of CBT, because we can indirectly control our feelings by changing our thinking and behavior. (Gillihan, 2018)

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Negative **thoughts** ("I have nothing to look forward to in life") can lead to dysfunctional **behaviors** (isolating oneself from loved ones), which can lead to **feeling** depressed. (Fefergrad & Zaretsky, 2013)

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Socratic Questioning or Guided Discovery

Patient says, *"Now that my cancer has spread to my bones, I have nothing to look forward to in life."*

- What makes you think that you have nothing to look forward to?
- How strongly do you believe this is true?
- Do you believe that all cancer patients have nothing to look forward to in life?
- What would you say to your best friend if he/she/them told you the same thing? (Beck, 2011)

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Cognitive Restructuring

- Changing negative thoughts to more positive thoughts
- Leads to a change in behavior and change in feelings

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Cognitive Restructuring Strategies:

- **Operationalize the negative thought**. If the neg. thought is "There's nothing to live for", ask the client to define what makes life worth living.
- **Evaluate the utility, implications, advantages, and disadvantages of the thought or belief**.
- **Evaluate the accuracy of the belief** (evidence for and against)
- **Evaluate alternative ways of thinking in this situation** ("What would you say to a friend?")

(Fefergrad & Zaretsky, 2013)

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Automatic Thoughts (Cognitive Errors)

Automatic Thought	
All-or-nothing thinking	Seeing things in extreme terms. *"Things are hard now, so there is nothing to look forward to in life."*
Catastrophizing	Thinking a situation is much worse than it is. *"My pain is worse today, so I'm probably going to die soon."*
Emotional reasoning	Assuming our feelings convey useful information. *"My depression is worse today, so that probably means that my cancer is worse than they are telling me."*
Discounting the positive	Minimizing the evidence that contradicts one's negative thoughts. *"My family made me laugh last night because they feel sorry for me."*
Fortune telling	Making predictions based on scant information. *"The doctors are so busy that they aren't going to give me the best treatment options."*

(Gillihan, 2018)

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Case Example #2

65-year-old woman who has recently completed treatment for stage 2 ovarian cancer. She is very fearful of recurrence. Her heart races when she experiences unusual bodily sensations, and she worries that the cancer has come back. Worry and rumination about recurrence is interfering with sleep and concentration.

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Case Example #2 Therapy Plan

Acceptance and Commitment Therapy

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Acceptance and Commitment Therapy (ACT)

- Process-oriented vs. Outcomes-oriented
- Helps patients change their relationship with their symptoms rather than eliminate symptoms

(Hayes, Strosahl, & Wilson, 1999)

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ACT

- Emphasis on acceptance, mindfulness, and values
- Goal is to develop *psychological flexibility*
- Treatment typically involves 12-16 (bi)weekly sessions

(Hayes, Strosahl, & Wilson, 1999)

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ACT Principles

- **Acceptance:** Learning to accept and tolerate uncomfortable thoughts, feelings, and bodily sensations without trying to control or suppress them
- **Mindfulness:** Developing nonjudgmental awareness and being present in the moment
- **Defusion:** Learning to detach from thoughts and emotions that may be unhelpful or harmful and to observe them from a distance
- **Values:** Identifying the things that are most important in one's life and using those values to guide behavior and decision-making
- **Committed Action:** Setting goals and taking actions that are consistent with one's values, even in the face of difficult emotions or circumstances
- **Self-as-Context:** Recognizing the observing self that can observe and accept all experiences without judgment

(Hayes, Strosahl, & Wilson, 1999)

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Case #2 ACT Treatment Plan

- **Acceptance:** The patient will be encouraged to practice acceptance of her thoughts and emotions related to her fear of recurrence. She will learn to acknowledge her worries without struggling with them or trying to get rid of them. The patient will also learn to accept the uncertainty of cancer recurrence.
- **Mindfulness:** The patient will be taught mindfulness techniques to help her stay focused on the present moment. By learning to observe her experiences without judgment or reactivity, the patient will be able to tolerate negative thoughts and emotions with a greater sense of compassion and psychological flexibility.
- **Defusion:** The patient will be encouraged to practice defusion techniques to help her distance herself from her thoughts and fears. She will learn to observe her thoughts without getting caught up in them, helping her to reduce the impact of her thoughts on daily life (e.g, sleep, concentration).
- **Values clarification:** The patient will be encouraged to explore her values and identify what is most important to her in her life. This will help her develop a sense of purpose and meaning that is not tied to her fears of recurrence.
- **Committed action:** The patient will be encouraged to engage in activities that align with her values and contribute to her overall well-being. This will help her focus on the present moment and reduce the impact of her fears on her daily life.

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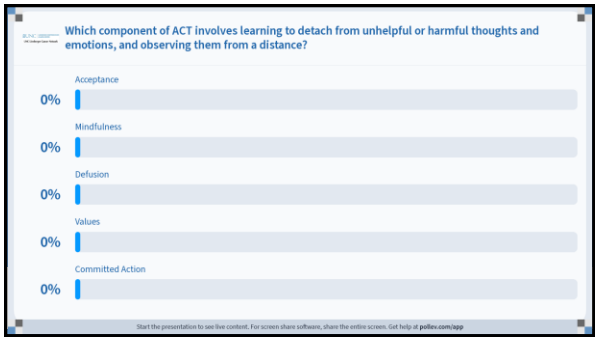

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Case Example #3

56-year old female with hormone-receptor positive breast cancer has completed surgery, radiation, and chemotherapy. She has been prescribed Tamoxifen therapy for the next 5 years after difficulty tolerating an aromatase inhibitor. She is not consistently taking this medication despite receiving education that Tamoxifen can reduce the chance of recurrence by 40 to 50% in post-menopausal women.

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Case Example #3 (Continued)

The common side effects of Tamoxifen are hot flashes, vaginal discharge, nausea, fatigue, mood swings, depression, and hair thinning. She has been fortunate to only experience a few of the potential side effects (hot flashes and mood swings). Despite tolerating the Tamoxifen with few adverse effects, she struggles to be consistent with taking this medication each day.

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Case Example #3 Therapy Plan

Motivational Interviewing

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Motivational Interviewing

- Patient-centered
- Conversing with patient about making a positive change and seeking to strengthen a patient's own motivation for and commitment to do what is needed. In other words, you help the patient say why and how they might improve their health, not solve the question for them. (Rollnick, Miller, & Butler, 2023)

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Motivational Interviewing: The Spirit of MI

- **Partnership**—collaboration between your professional expertise and their life experience
- **Autonomy**—respect the patient's right and ability to choose what is best for him/her/them
- **Compassion**—a benevolent interest in the patient's concerns and needs
- **Evocation/Empowerment**—Rather than telling the patient what to do, tune into the patient and use the knowledge that emerges to guide the helping process.

(Skinner & Cooper, 2013)

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Motivational Interviewing: 4 Processes of MI

- Engaging—important to give the patient your full attention
- Focusing—What kind of change is the patient willing to discuss and consider in the interest of health?
- Evoking—discovering the patient's own motivations for positive change (Why?)
- Planning—discover how best to accomplish change (How?) (Rollnick, Miller, & Butler, 2023)

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Preparatory Change Talk

Listen for, evoke, and affirm statements about change:

- Desire (want, like, wish...)
- Ability (can, could…)
- Reasons (if…then)
- Need (need, have to, got to…)

(Skinner & Cooper, 2013)

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Mobilizing Change Talk

Reflect the client's resolution of ambivalence by listening for statements about:

- Commitment (intention, decision)
- Activation (ready, prepared, willing)
- Taking Steps

(Skinner & Cooper, 2013)

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Change Talk (OARS)

- **O**pen questions
- **A**ffirmations—accentuate the positive
- **R**eflective listening
- **S**ummarizing

(Skinner & Cooper, 2013)

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MI and Planning for Medication Adherence

Questions to help the patient consider:

- Where will the Tamoxifen be kept?
- How does taking the medication fit best into the patient's daily routine?
- What might be good reminders?
- What if a dose is missed?
- What should patient do if tempted to stop the medication due to an unwanted side effect? (Rollnick, Miller, & Butler, 2023)

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MI: Change Talk vs Sustain Talk

	Change Talk	Sustain Talk
Desire	"I wish I could remember my Tamoxifen"	"I hate taking medicines"
Ability	"I could probably motivate myself to take my medicine"	"I don't think I can make myself do this"
Reasons	"My family would stop worrying about me if I would take my Tamoxifen"	"The doctors really don't know if this medicine will help prevent recurrence"
Need	"I've got to stay healthy for my kids"	"Lots of people do fine without Tamoxifen"
Willingness	"I'm thinking about being more consistent"	"I'm under too much stress at work to deal with any side effects"
Commitment	"I'm going to start taking my Tamoxifen"	"I'm not ready to deal with this"
Taking Steps	"I've purchased a pill box that I'm going to keep next to my toothbrush to remember to take before bed"	"I haven't picked up the medicine from the pharmacy"

(Rollnick, Miller, & Butler, 2023)

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Case Example #4

72-year old male recently diagnosed with metastatic small cell lung cancer. He reports feeling depressed and hopeless since diagnosis. He is struggling to reconcile his diagnosis with his identity and belief system. He denied suicidal ideation, however, made statements to his oncologist indicating a desire to hasten death.

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Case Example #4 Therapy Plan

Meaning-Centered Psychotherapy

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Meaning-Centered Psychotherapy (MCP)

- Rooted in existential approaches to psychotherapy
- Recognizes meaning and purpose as fundamental human needs
- Brief, structured, manualized
- Formats available for group and individual therapy

(Breitbart, 2002; Breitbart et al., 2012)

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"Everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way."

Viktor E. Frankl, *Man's Search for Meaning*

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MCP Structure

- Concept & sources of meaning
- Meaning before & after cancer
- Historical, attitudinal, creative, and experiential sources of meaning
- Reflections & transitions

(Breitbart et al., 2012)

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MCP Sources of Meaning

- Historical
  - Traditions, values, and narratives passed down through generations
- Attitudinal
  - Role of perspective and values in overcoming adversity
- Creative
  - Self-expression and pursuit of personal passions
- Experiential
  - Personal experiences and connections with life

(Breitbart et al., 2012)

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MCP Benefits

- Reduction in desire to hasten death
- Reduced cancer-related distress
- Enhanced spiritual wellbeing
- Improved quality of life

(Breitbart, 2012)

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Case # 4: MCP

- Identified sources of meaning
  - Religion, role as father/grandfather, community engagement, time with family
- Goals for legacy and meaningful connections
  - Preserve family memories
  - Contribute to community
  - Create new memories with family
- Changes in emotional functioning
  - Reports improved mood and enhanced sense of purpose
  - No longer feels hopeless or desires hastened death

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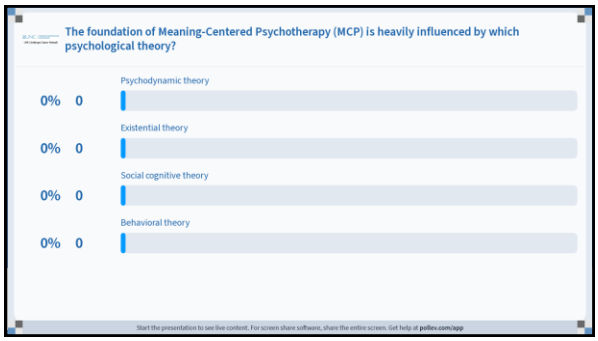

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Summary

- Cancer-related distress is common and can cause significant functional impairment
- There are many psychotherapeutic interventions that can address cancer-related distress
- Tailoring therapeutic modality to individual patient needs optimizes outcomes

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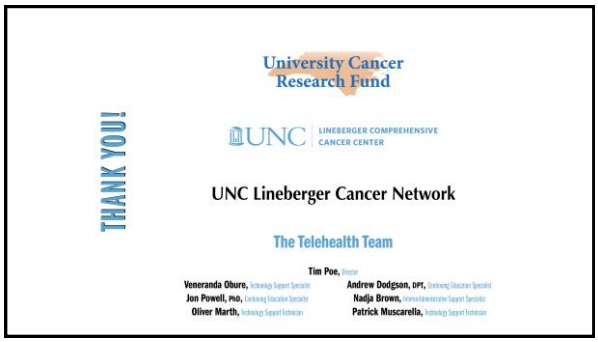
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UPCOMING LIVE WEBINARS

ADVANCED PRACTICE PROVIDER — June 21, 4:00 PM

Evaluation and Treatment of Extravasation Injuries from Chemotherapeutic Agents

Robyn Tolley, AGPCNP-BC

RESEARCH TO PRACTICE — June 28, 12:00 PM

Lymphoma Management in North Carolina: Updates for 2023

Natalie Grover, MD

PATIENT CENTERED CARE — July 12, 12:00 PM

ePROs Monitoring in Thoracic Surgery and Oncology Patients

Gita Mody, MD, MPH

Complete details on upcoming Live Webinars:

learn.uncicn.org/live-webinars

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SELF-PACED, ONLINE COURSES

Partnership for Native American Cancer Prevention

Francine Gachupin, PhD, MPH

ADVANCED PRACTICE PROVIDER

Oncologic Emergencies, A Deeper Dive: Neutropenic Fever, Tumor Lysis Syndrome, and Cord Compression

Laura Blanchard, MPAP, PA-C

PATIENT CENTERED CARE

Where the Rubber Meets the Road: Community-Inclusive Interventions to Achieve Equity in Cancer Care

Samuel Cykert, MD

Christina Yongue, MPH, MCHES

Today's webinar will be available in about one month as a FREE, Self-Paced, Online Course

Complete details on Self-Paced Online Courses:

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