“Recognizing and Supporting Cancer-Related Anxiety and Depression”
C-Change

• 501(c)(3) (not for profit) organization

• Leaders from government, business, and nonprofit sectors who address cancer issues

• Collaborate to address issues that can not be solved in isolation

• www.c-changetogether.org
Overview of Challenge

Supply, Demand, & Action

• Widespread shortages across the cancer workforce
• Demand for cancer services exceeds current and projected needs
• Many organizations addressing discipline- or specialty-specific cancer workforce issues
Scope of Public Demand

- Cancer is the second most common cause of death by disease claiming the lives of more than half a million people per year (ACS, 2007)
- Cancer rates are expected to increase as baby boomers age (CDC, 2000)
- The lifetime probability of developing cancer is 1 in every 2 men and 1 in every 3 women (NCI, 2005)
- Five-year cancer survival rates have risen to 64% for adults (CDC, 2005)
Health of the Profession: Social Work

- The social work labor force is older than most professions with nearly 30% of licensed social workers over 55 years of age.
- Social workers employed in hospices are most likely to report vacancies as common (19%), followed by those in hospitals (14%) and health clinics (8%).
- Those practicing in rural areas are least satisfied with access to resources.
Distribution of Licensed Social Workers
By Practice Area and Degree

Thirteen percent of licensed social workers are in the practice area of health

- Health MSW, 11%
- Other BSW, 10%
- Health BSW, 2%
- Other MSW, 77%

Licensed Social Workers in Health, 2004
# Untapped Resources

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<thead>
<tr>
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<th>Oncology Specialists</th>
<th>Generalists</th>
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<tbody>
<tr>
<td><strong>Social Workers</strong></td>
<td>1,200 Association of Oncology Social Workers Members</td>
<td>320,000 Licensed Clinical Social Workers</td>
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<td><strong>Nurses</strong></td>
<td>21,000 Oncology certified</td>
<td>2,000,000 Registered Nurses</td>
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Cancer Core Competency Initiative

Action
- Convened a multi-sectoral expert panel
- Defined core competencies for all health disciplines—across the continuum of care, basic cancer science, and communication and collaboration
- Defined methods for implementation in diverse settings

Results
- Pilot tested competency-based curriculum with 4 diverse pilot sites
- Strengthened the knowledge and skills of non-oncology health workforce to better meet the needs of patients at risk for and living with cancer
California University of Pennsylvania
School of Social Work

• Social Work Students & Field Instructors
• Cancer-related Anxiety and Depression
• Classroom, on-line, and standardized patients
• Improvement in Knowledge:
  136% ↑ from pre-post test
• Measurable increases in ability to recognize and manage anxiety and depression
Recognizing & Supporting Cancer-Related Anxiety and Depression

- Teleconference is an excerpt of a 12-hour continuing education program given by the Cancer Care Assessment, Intervention and Training (CCAIT)
- Teleconference will examine assessment and support of coping skills for cancer-related anxiety and depression
- Program can be adapted for use in hospitals & human service settings
Learning Objectives

• Recognize the signs and symptoms of anxiety and depression
• Explain the management of depression and anxiety in patients with cancer
• Explain useful coping mechanisms after a cancer diagnosis
Consider Your Experiences With Cancer

• Impact of receiving a diagnosis of cancer for you or a loved one

• How health care providers communicate with patients and families affected by cancer

• Medical trauma associated with the diagnostic cancer procedures and treatments

• Psychosocial needs of individuals and families affected by cancer
Cancer-Related Anxiety & Depression

- Psychosocial Communication: A key role of the family and medical team is to provide a supportive environment as the patient confronts the reality of possible death.

- Anxiety: Many cancer patients experience anxiety when considering the inevitability of their own death. This is made worse by thoughts of arduous treatments and painful decline.

- Depression: Isolation is one way that people conceptualize death. Any type of isolation (physical or emotional) becomes especially distressing after a diagnosis of cancer.
Anxiety
Symptoms include:

• Intrusive and/or obsessive thoughts about the cancer itself, about the prognosis and/or about the treatment process

• Existential concerns about the meaning of life, the completion of life-goals, and/or the values of family members

• Hypervigilence, affect dysregulation, avoidance of contact with health care providers, and a lack of empathy
Acute Stress & Post Traumatic Stress Disorder

Symptoms
- Symptoms of anxiety associated with medical trauma include: dissociation, intrusive thoughts, avoidance, hypervigilance, repression and regression, re-experiencing, lack of empathic ability, and affect dysregulation.

Challenges & Solutions
- Cancer patients/caregivers become uncomfortable with sharing experiences about medical trauma.
- Acute stress and PTSD should not be perceived as psychopathological unless they significantly interfere with daily functioning.
- Directly address symptoms of anxiety associated with medical trauma.
Depression

Can be associated with:

- Changes in sleep, appetite, and memory/concentration that are not related to cancer treatments.
- Feelings of being powerless, helpless, in despair and/or hopeless
- Non-compliance with treatment and/or irrational anger outbursts
- Affecting 15-25% of people diagnosed with cancer
Fatalism & Depression

• Fatalism: The acceptance of what is as opposed to the belief that one can effect change.

• Cancer diagnosis: Refers to the belief that a cancer diagnosis leads to death rather than recovery and/or living effectively with the disease.

• Avoidance: Some patients may not go to cancer screenings/treatment due to potential loss of time from work and discourteous behavior from health care staff.
Assessment, Diagnosis, and Treatment

• Accurate assessment of the degree of depression and suicidal ideation is essential to assuring a safe environment and appropriate intervention for cancer patients.

• Symptoms of depression can be confused with symptoms of cancer and/or treatment.

• Diagnosis of depression can be difficult due to the manifestation of biological and/or physical symptoms and side effects of treatment.

• Non-compliance with treatment can be a manifestation of suicidal intent. Terminally ill patients displaying suicidal ideation often abandon suicidal desires after the depression is treated.
Assessment of Cancer-Related Depression & Anxiety

- The Beck Depression Inventory (BDI)
- Children’s Depression Inventory (CDI)
- Reynold’s Depression Screening Inventory (RADS-2)
- Hamilton Anxiety Scale (HAS or HAMA)
- State-Trait Anxiety Inventory (STAI)
- Beck Anxiety Inventory (BAI)
Relevant Theories

• Stage Theorists discuss the development of individuals and families from the perspective of stages.

• Crisis Intervention Theorists emphasize the role of crisis-related anxiety and defense mechanisms.

• Trauma Theorists discuss the role of positive psychosocial communication as a bridge from irrational limbic reactivity to rational neocortical coping.
Psychosocial Communication Principles

Speaking Guidelines

• Create positive rapport by using exploratory, open-ended statements or questions, genuineness, acceptance, and non-judgmental empathy

• Phrase the message in language & postures that are culturally sensitive and meaningful from the listener’s perspective

• Be sensitive to the listening needs of the person and match both timing and language to those needs

• Summarize and paraphrase as needed to insure comprehension
Psychosocial Communication Principles

Listening Guidelines:

• Listen for both the content and for the emotion that the speaker is conveying
• Put yourself in the speaker’s place and try to understand the assumption and meanings of the message
• Wait until the speaker is finished before responding
• When the speaker pauses, briefly summarize the message to the speaker so that it can be corrected, if necessary
Symbolic Immortality & Leaving a Legacy

• Continuity: Identifying what has been accomplished and what will be left behind.

• Self-observation & Respect: Exploring the past, recognizing what has been worthwhile, and one’s own importance to others.

• Personal meaning: Recognizing uniqueness through personal and family history.

• Dignity: Viewing oneself as a worthwhile person with feelings, accomplishments, and passions independent of the illness.

• Closure: Tying up of loose ends in life and concluding unfinished business with family and/or friends.
Functional Support

• Identify anxiety, depression and vicarious traumatization in caregivers, family members, and loved ones exposed to medical trauma associated with diagnosis and the treatment.

• These conditions, if left untreated, interfere with the provision of functional social support for the cancer patient. Important to use an extended definition of family and non-traditional primary social support systems.

• Regression and guilt are normal when dealing with distress. For caregivers, regression takes the form of blame for negative things that happen to the cancer patient. Guilt interferes with the bereavement process and the ability to feel or convey empathy.
Self Rating & Monitoring Scales

• Social workers can develop a self-rating scale to assess cancer-related anxiety
  – Example: Anxiety thermometer marking the degree of anxiety from low to high.

• Social worker and client can develop a self-monitoring scale to monitor a specific emotion or mood.
Summary

Shortages in the health workforce can be bolstered by social workers who strengthen their psychosocial communication skills to more effectively:

- Assess and manage cancer-related anxiety and depression
- Develop coping skills for individuals and families affected by cancer

Resulting in improving the lives of those at risk and living with cancer