Emotional Support & Pancreatic Cancer: an interactive education, skills and self-care workshop

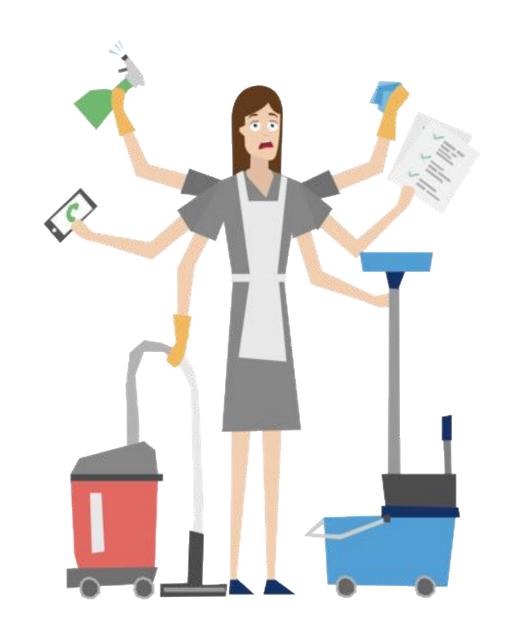
Pancreatic Cancer UK | London | 2 March 2020

Dr Lucy Davidson, Counselling Psychologist Dr Emma Porter, Clinical Psychologist

Housekeeping

- Loos
- Fire alarm
- Breaks and lunch

- Confidentiality and Boundaries
 - Sharing patient information
 - Mobile phones
 - Personal experiences
 - Information staying in the room



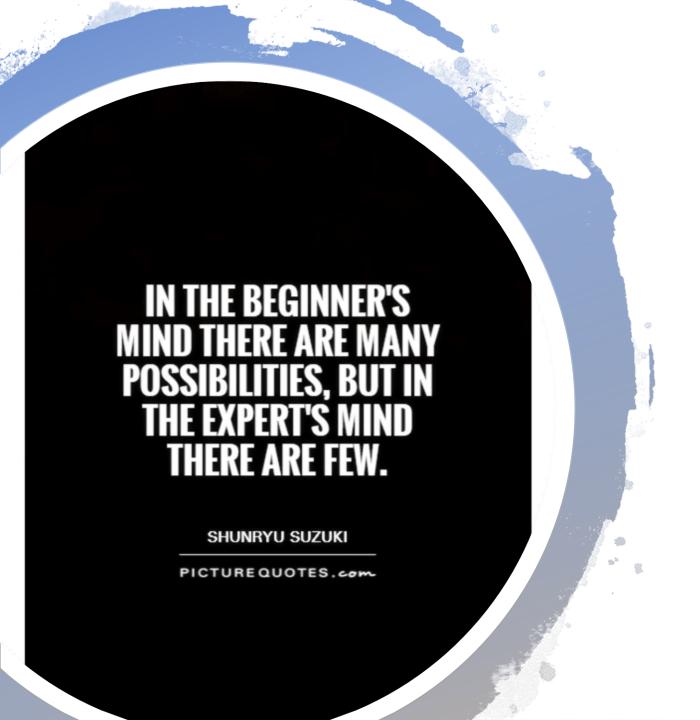
Introductions

Introduce yourself and the organisation that you are from...

Dr Lucy Davidson, counselling psychologist

Dr Emma Porter, clinical psychologist





What I am not...

Aims

- Hear and learn from peers in a supportive and interactive environment
- Recognise psychological issues that patients are facing, and their systemic impact on the family
- Develop boundaries and learn important self care techniques to improve your own self awareness, including raising awareness of any limitations and challenges
- Develop your listening and supportive skills, including some simple tips to contain, navigate and focus your work with patients
- Better understand the resources and information available to you, especially considering when and how to refer on
- Consider how you can better support yourself and your colleagues in your work

What would you like to get out of today?



In groups of 2 or 3...

For 5 minutes, discuss your:

- Hopes for today
- Fears for today
- Expectations for today
- Strengths that you bring to today
- Pick one of each to feedback to the group

Plan for the day:

• 9.30 – 11.00: Session 1: Introductions and illuminating the

psychological challenges of pancreatic cancer, key

concepts and understanding

• 11.00 – 11.15: break

• 11.15 – 12.45: Session 2: Cancer in the family – a systemic approach

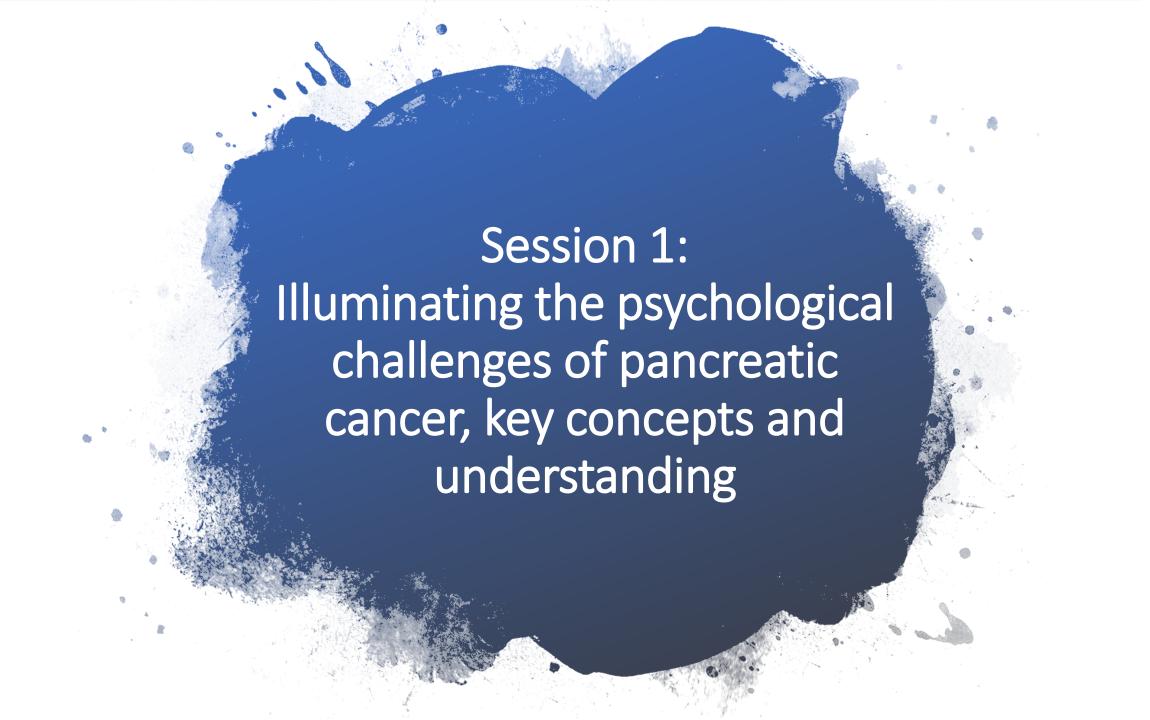
• 12.45 – 13.30: lunch

• 13.30 – 14.45: Session 3: Practitioner skills and managing challenging

conversations

• 14.45 – 15.00: break

• 15.00 – 16.00: Session 4: Reflective session and self care





LIFE IS NOT A PROBLEM TO BE SOLVED, BUT A REALITY TO BE EXPERIENCED.

Soren Kierkegaard

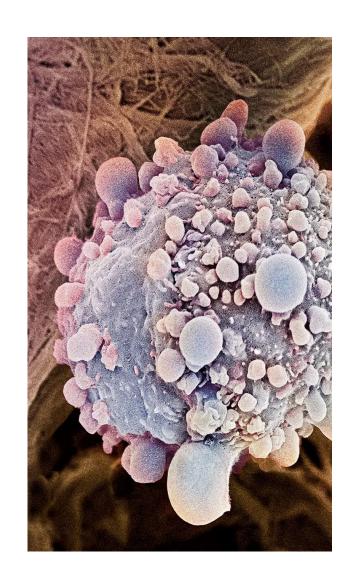
PICTURE QUOTES.COM

Finding the hope while facing the reality...

Pancreatic cancer: a context

- Prognosis/survival rates
- Less diversity of disease trajectory
- Fewer treatment options (anxiety of recurrence post surgery)
- Media portrayal of disease googling
- Stigma everyone knows something about it
- Fear, sense of hopelessness
- Will I die?

What others can you think of?



British Medical Journal 2018:361, Pitman et al.

- Over 4000 patients surveyed
- 14 different cancer diagnoses included
- Overall prevalence of distress was 35.1%
- Pancreatic patients produced the highest mean scores for symptoms of anxiety and depression
- Failure to detect and treat elevated levels of distress jeopardises the outcome of cancer therapies, and decreases quality of life

thebmj

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News & Views - Campaign

Archive

What you need to know

- Depression affects up to 20%, and anxiety 10%, of patients with cancer, compared with figures of 5% and 7% for past-year prevalence in the general population
- Poor recognition of depression and anxiety is associated with reduced quality of life and survival
- Some cancers, such as pancreatic and lung, can release chemicals that are thought to cause depression, and certain cancer treatments, such as chemotherapy and corticosteroids, are associated with depression
- Depression in cancer patients receiving end-of-life care is no more prevalent than in patients living actively
 with cancer
- Be aware that antidepressants can worsen existing cancer symptoms and interact with chemotherapy agents: sertraline and citalopram tend to have the least interactions and are generally well tolerated as first line agents

Advances in cancer treatments mean that half of people now diagnosed with cancer can expect to survive for at least 10 years, defining many cancers as long term conditions. Psychiatric illnesses such as depression and anxiety are common, but often neglected, complications of cancer, influencing quality of life, adherence to treatment, cancer survival, and treatment costs.² Depression and anxiety affect up to 20% and 10% of patients with cancer respectively, regardless of the point in the cancer trajectory, and whether in curative or palliative treatment.⁴ Geographical variations in the diagnosis and treatment of depression or anxiety in cancer settings implies under-recognition of these problems.⁵ Depression is associated with poor adherence to cancer treatment and poor cancer survival,⁶ and the increased risk of suicide in all patients with cancer⁷ is a concern.

This clinical update outlines the prevalence, aetiology, and management of depression and anxiety in patients with cancer to raise awareness among doctors of the need to address the psychiatric consequences of cancer.



Anxiety

- Feeling of panic, worry
- Easily upset, tearful
- Low mood
- Irritable
- Loss of concentration
- Fatigue, insomnia, nightmares
- Physiological shaking, headaches, digestive
 issues, loss of appetite, aches and pains, sweat
- Social anxiety

Depression

- Low mood
- Sleep disturbance
- Tearful and emotional
- Loss of interest in activities
- Hopelessness about the future/demotivated
- Low self esteem/loss of confidence
- Rumination and regret
- Suicidal feelings

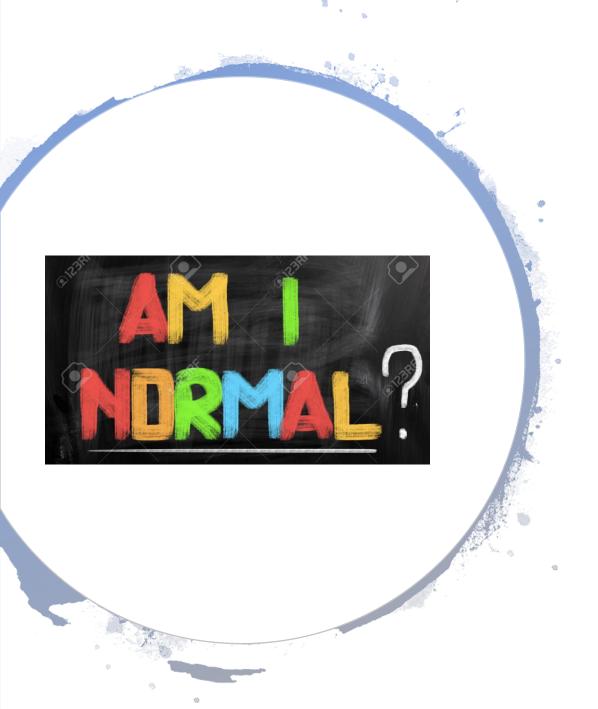
Enduring & significantly impactful

Cancer and loss

- There are differences between grief and depression/anxiety even though the symptoms often feel the same...
- Grief is natural and understandable
- Emotion impacted by an external situation or experience
- Multiple losses and changes that impact mood adapt and adjust
- Anticipatory grief existential anxiety
- Loss of meaning in life searching for new meaning
- Yearning to go back to how things were
- Profound sadness
- Hyper alert and hyper vigilance fight of flight
- A process rather than something with an end point
- Tolerate rather than accept

Psychological challenges in a pancreatic ca context

- Multiple losses and changes: roles, employment, identity, hair, body parts, independence, life plans, future, mobility, body image, choices & control, jobs, meaning, relationships, sexual function...
- Existential anxiety unknown, uncertainty, the desire for an equilibrium, unsettled
- Control and communication knowledge, communication with medical team, clear plans, proactivity, controlling what you can (diet, exercise etc.)
- Different coping strategies within a family denial, information, facing fears, emotional/rational, plan ahead/live in the moment, calm/anxious, anger/resignation, different ways of coping with change, and managing the expectations of others
- Physical side effects and hospital admissions emotionally impactful, traumatic
- Other stresses work, family life, finances, other illness/loss in family, mental health challenges, illness burden



Is this 'normal?'

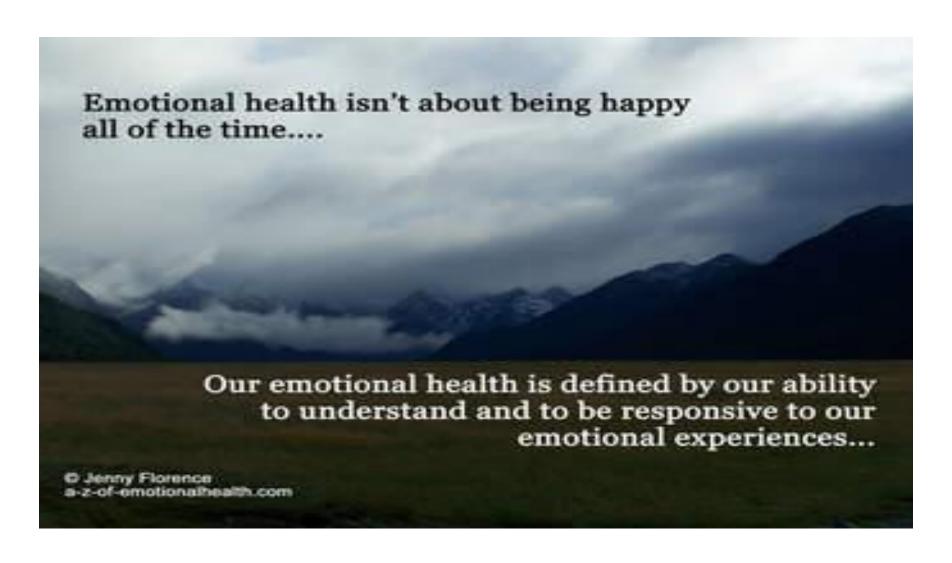
- natural'
- 'understandable'
- 'usual'
- Fear of not coping

Often we see a 'normal' reaction to an 'abnormal' situation...

What does emotional wellbeing mean to you?



What does emotional wellbeing mean to you?



Experience every emotion every day...



You've got to go through it

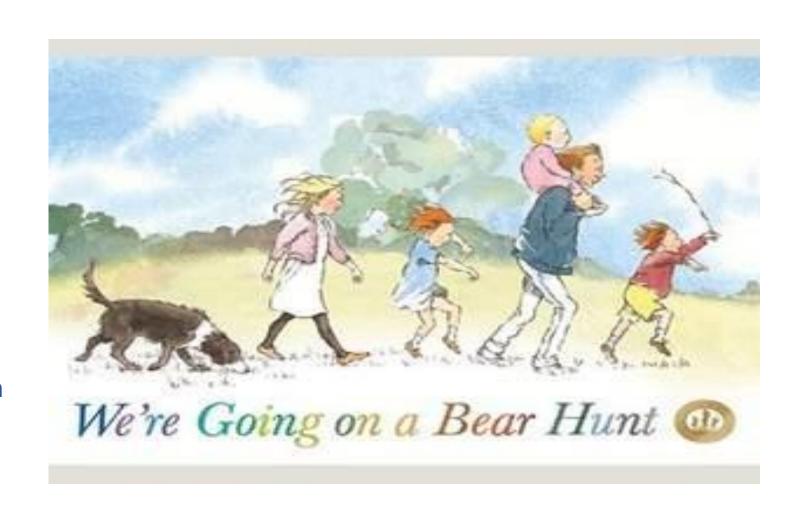
A process...

A constant challenge to maintain...

Won't always feel great

Sometimes easier to avoid or ignore

But important to pay attention to regularly





Permission not to feel positive all the time

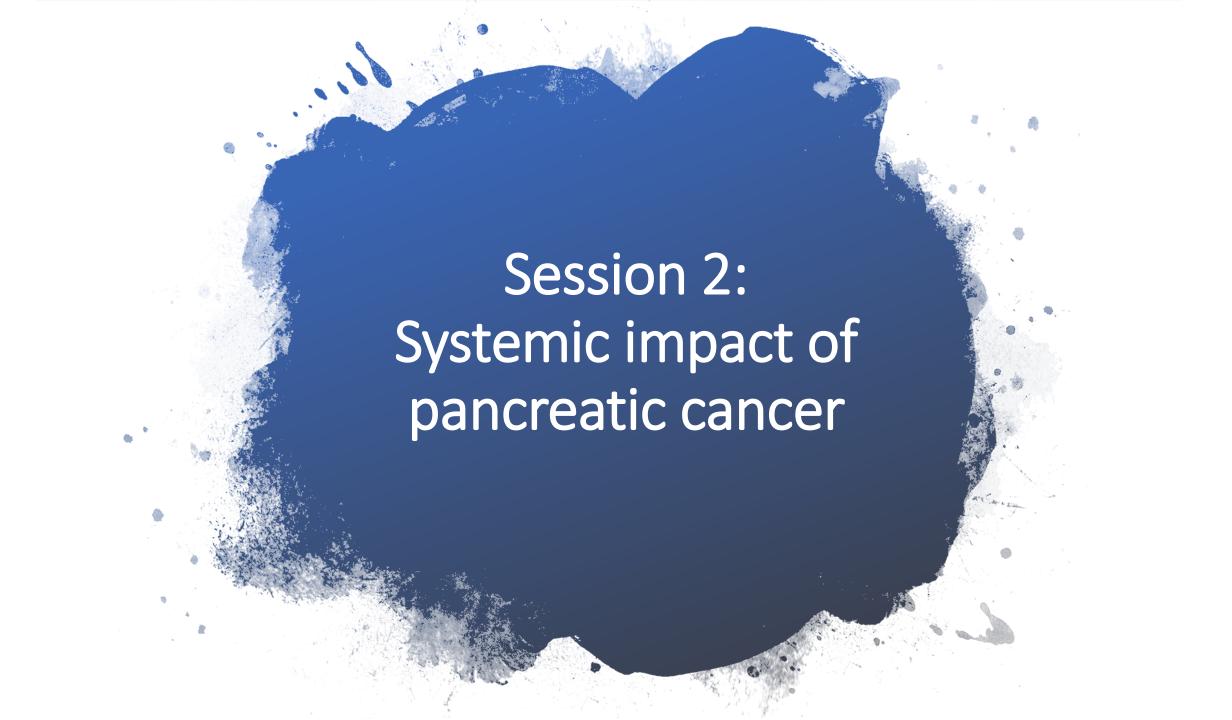
- It is ok not to feel positive all the time trying to can be exhausting.
- Often others encourage positivity in us, even if we don't feel particularly positive.
- Positivity is not the same as emotional strength.
- Positive/negative is a value that we place on our thoughts – why not think of them as just thoughts?
- Thoughts perceived as 'negative' can't hurt us.
- Important to feel a spectrum of emotions, approach with curiosity rather than judgement.
- 'I should be more positive'
- 'these negative thoughts are detrimental to my health'



- The idea of hope and reality what is our role in this balance for patients
- There are significant levels of anxiety and depression in pancreatic patients at any stage of disease/treatment
- Patients can also experience multiple losses
- 'normal' and other ways of describing this
- Emotional wellbeing does not mean being positive all the time
- It is important to notice, ask about and identity psychological challenges in patients – they have to go through it
- Permission not to be positive but responsive to however they are feeling

Tea break: 11.00 – 11.15







The Family Perspective

Holding systems in mind

With thanks to the psychology team at The Royal Marsden who have influenced my thinking.

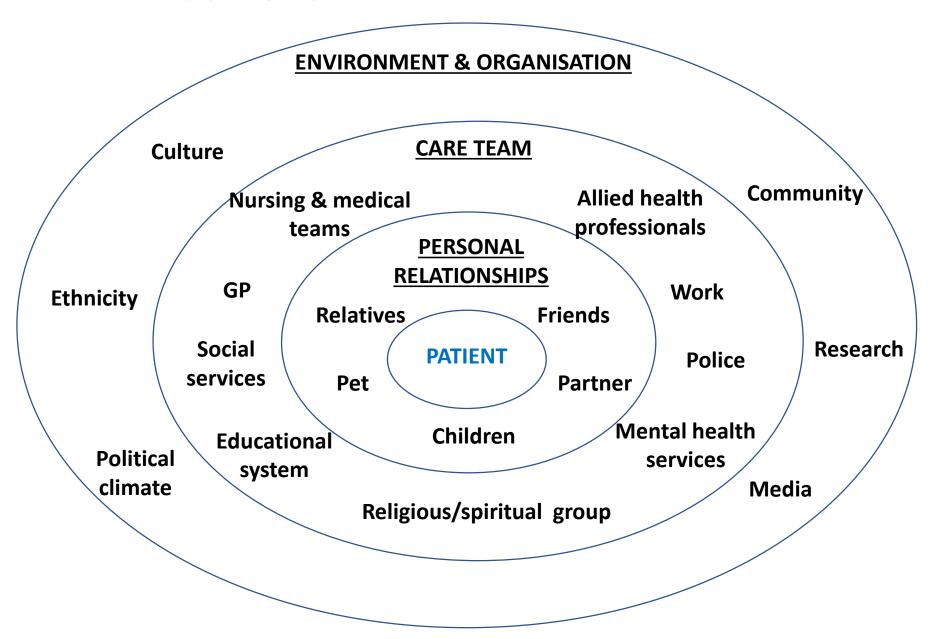


How do you come into contact with families? What's your role?

What will we be thinking about?

- Impact of cancer on families
- Identifying vulnerable family members
- Supporting families
- Role play
- Holding social GGRRAAACCEEESSS in mind

Mapping Systems Around the Individual



Supporting the family: Why is this Important?



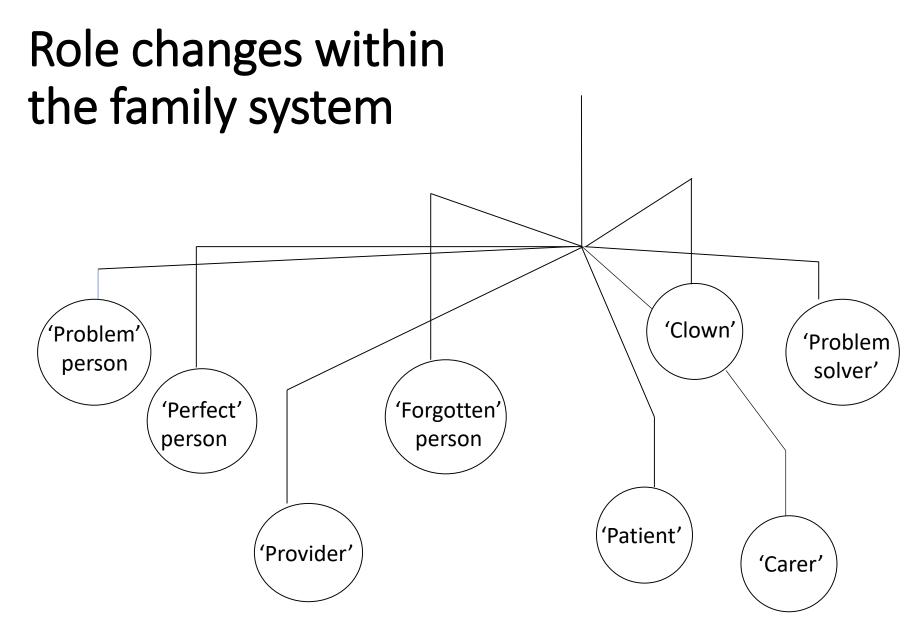
- Cancer is a family issue
- Cancer introduces a significant number of challenges for patients *and* their families, including:
 - Relational, emotional, social, physical, practical and financial.
- Both patient and family are at increased risk of experiencing: depression, anxiety, stress and PTSD (Huizinga et al., 2011; Huizinga et al., 2005; Pitceathly & Maguire, 2003).
- Parental psychosocial functioning, communication style and marital distress are significant predictors of adolescents emotional and behavioural responses and adjustment to cancer diagnosis (*Edwards & Clarke, 2004; Huizinga et al., 2011; Lewis & Hammond, 1996*).
- NICE guidelines (2018): 'People with pancreatic cancer and their families should be given information and support by
 the medical team, to help them manage the emotional impact of pancreatic cancer on their daily lives. This support
 should be tailored to their needs and the stage of their cancer, and should continue to be available throughout their
 care.'

Understanding and supporting the family's needs is a vital part of a patient's care. Assessment of families *specific* needs will guide what support is helpful.

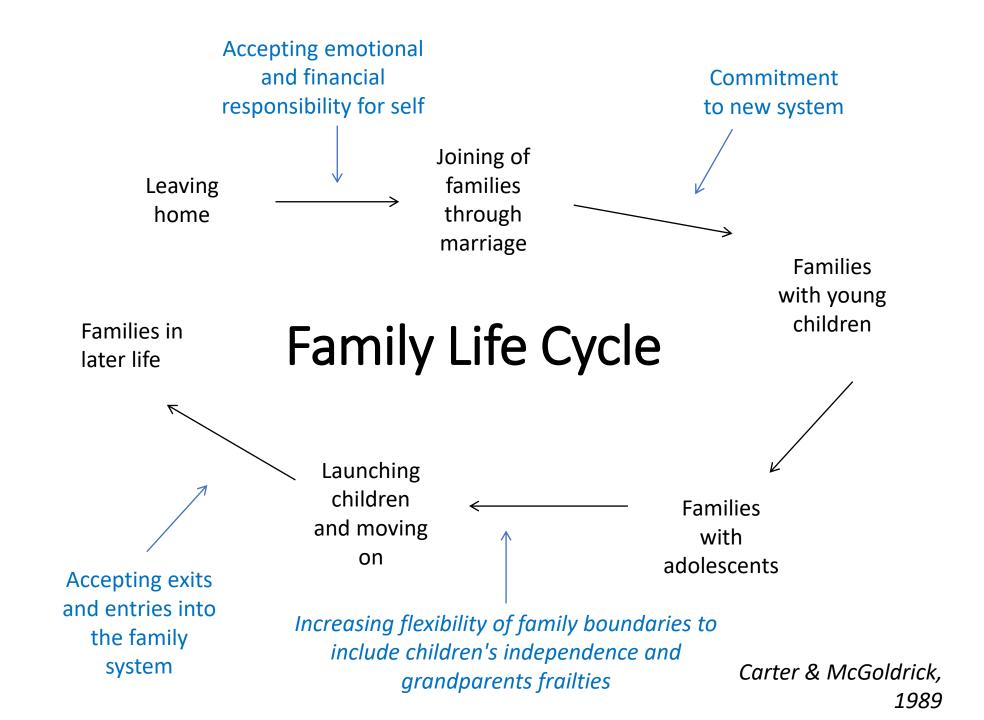
How can cancer affect families?

Broad range of challenges:

- > Role changes
- > Timing life cycle stage
- Increased strain on relationships
- Increased emotional pressures
- Reduced emotional and physical availability
- Competing needs or ways of coping
- Changes in responsibilities
- ➤ Practicalities of treatment e.g. routine, lifestyle
- Physical care needs
- Mental health
- > Self-esteem, identity
- Sexuality and intimacy
- > Loss future plans, identity, imagined future
- Existential impact; major shift in beliefs and values



Heegaard (1991) 'When someone has a very serious illness'



What might make family members more vulnerable?

- Disease duration
- Acute and long-term complications
- Visibility
- Perceived severity of illness & prognosis (Compas et al., 1994; Visser et al., 2007)
- Stage of illness (e.g. diagnosis, relapse, palliation)
- Pre-existing issues
- Historic and/or current mental health issues (Lindqvist et al., 2007; Huizinga et al., 2005)
- Single parent families
- Poor social support and/or socially isolated
- Poor family functioning (e.g. struggling to hold in mind children's needs, poor communication, issues within relationships)
- Poor problem solving abilities
- Relationship with help



Supporting families

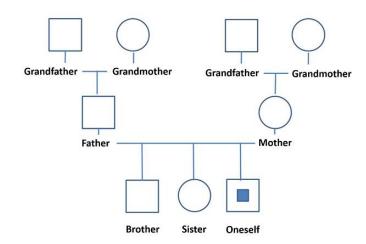
Communication
Resources
Hope

Mapping the Family System

Landsiedel.com

Things to hold in mind:

- Who is in the family?
 - Age? Who do they live with?
- What roles do people hold?
 - How has this changed following diagnosis?
- What are the relationships between different members?
 - Are they supportive?
 - Who do they turn to for support?
- Are the family aware of the diagnosis and prognosis? If not, what was the thinking behind this?
- How are they coping? Does the patient have any concerns?
- What else has this family been through? (E.g. previous losses, trauma)
- What are their previous experiences of cancer and illness?
- What are the implications for the family of this diagnosis?
- Are there other stressors? (E.g. Financial, health related)



When Communication Breaks Down

- Open communication style, expression of feelings and joint problem solving at home predictive of better psychosocial functioning in adolescents (Huizinga et al., 2005; Edwards & Clarke, 2004)
- Parents protect children by withholding information or hiding emotions as afraid of upsetting them. This shuts down communication and gives clear message that it is 'not OK' to talk.

Parental traps:

- Assuming child won't understand or pick up on what is going on around them
- Not holding the child's developmental stage in mind
- Giving too much or too little information
- Not letting the child pause/stop the conversation

Children and adolescents can *also* hide their feelings from parents as do not want to burden them. If do not have enough information to make sense of their experiences, they will fill in the gaps = important to look at <u>behaviour</u> as well as what they say. *Potential warning signs*:

- Regression
- Changes in behaviour, mood, concentration and/or sleep
- •Somatic complaints (e.g. tummy pain) & separation anxiety
- Social withdrawal & school refusal
- •Increased risk taking behaviour (e.g. substance misuse)
- Suicidal ideation

Supporting Children and Facilitating Resilience

(while holding in mind developmental and life cycle stages)

- Routine and consistency important, particularly for younger children
- Invite expression of feelings and talk about experiences (Edwards & Clarke, 2004)
- Include child as much as possible in decisions
- Be aware of how much responsibility they take on
- Scaffolding is there anyone outside of immediate family that can offer support?
- Holistic care involving services around child (e.g. GP, school, CAMHS, young carers, social services, hospice, support groups)

- Think about: setting (safe place), who needs to be there and when is the best time (e.g. not before school)
- Avoid euphemisms (e.g. going to sleep)

Starting the conversation:

- What do they know?
- What do they want to know?
- What are they afraid is going to happen?

Helping make sense of what is happening:

- Try to be as honest as possible so you can build on this information if things change
- Information may need to be repeated and delivered in different ways (e.g. stories, activities, drawing and play)
- Offer opportunities to ask medical team questions
- Plan what you will say beforehand
- It is not a one off discussion, but on-going conversation



Challenges for Partners and/or Informal Carers

Definition:

 An informal carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

A growing issue:

- Increase in survivorship and number of diagnoses has led to a shift in care provided at home & need for more complex, long term and hands on care (Heynsbergh et al., 2018)
- Over 1.5 million people across UK supporting someone with cancer, providing on average 17.5 hours per week (Macmillan, 2016)
- Carers role and responsibilities can start before diagnosis and continue for years after treatment (e.g. long term side effects)



Challenges for partners/carers cont...

Challenges of this role:

- Carers can report high level of satisfaction from their roles; however many also report significant unmet needs, including increased psychological distress and physical burden (Heynsbergh et al., 2018; Kim & Schulz, 2008)
- Multiple changes, loss and challenges complex and changing care needs, negotiating changes in occupational and family roles, responsibilities, relationships, intimacy, practical issues, fertility, isolation
- Range of emotions shock, anxiety, sadness, anger, resentment, guilt, loneliness, responsibility, grief
- Relationship to help can be poor 'don't want to bother health professionals' or 'burden' patient (Chung & Hwang, 2012)
- Partners worry about their ability to provide emotional and practical support to the patient, and about the
 potential loss of their life partner (Maughan et al., 2002, Thomas et al., 2002).

Why it is important:

- 'Cancer affects the couple as a unit, causing couples to react to a cancer diagnosis as an emotional system' (Hagedoorn et al., 2008)
- A couples psychological adjustment to the patient's diagnosis are interrelated and impact on each others
 quality of life, psychological health, and adjustment to their roles (Kim et al., 2008; Northouse et al., 2000;
 Morgan et al., 2011)

'It never struck me at first that I had become a carer. You just know that your wife is ill, so you start doing things for her, for the house – without realising that you have become a fulltime carer.'

Paul, aged 73, cared for his wife Renate when she was diagnosed with lung cancer.

'I do everything – pay the bills, cook, clean, put dad to bed, help him get around and give him morphine for the pain. Sometimes he cries in the night, saying he doesn't want to die. I comfort him and help him back to sleep.'

Amy, aged 20, cares for her father who has prostate cancer.

'I cared for my mother-in-law [and I]
have now cared for my own mother.

During this time I have raised a family of
four children. I feel as if I have lived my
life for everyone else, and never had one
of my own. I get depressed and cry
sometimes... and then I feel really guilty
for having these thoughts.'

58 year old woman, caring for her mother with cancer.

Around one in four (27%) of those who lack support say this is because they either don't know what support is available in their area, they couldn't afford it, or they don't have the time to look for or make use of support.

This shows why it is so important for relevant information to be available to carers, at the times that they need it.

Caring for the Partner/Carer

- Check in on how they are and what their concerns are
- Validate experiences it is natural to find this challenging
- Practical support
- Accurate information at each stage about what is happening, what to expect and what to do:
 - Family involvement during oncology visits associated with better satisfaction with care and understanding of cancer related information (*DuBenske et al., 2010*).
 - Responsibilities include monitoring and managing treatment side effects. Carers report high anxiety and low confidence in knowing when to contact help professionals, which can lead to delayed treatment and high stress (*Parker et al., 2007*)
- Revisit information at different time points (e.g. diagnosis, change in treatment, relapse, palliation)
- Named contact (e.g. CNS? Community nursing?)
- Carers assessment (inc. financial advice)
- Support from local services (e.g. GP, social services, hospice, religious organisation, other family members, support groups, work)

Resources for families pre- and post bereavement

For individuals with cancer:

- Harpham, W. (2004). 'When A Parent Has Cancer: A
 Guide To Caring For Your Children.'
- Macmillan Cancer Support (2016). 'Talking to children and teenagers when an adult has cancer.'
- www.pancreaticcancer.org.uk
- www.cancerresearchuk.org
- www.maggies.org (drop in centres and holistic care)

For partners/carers:

- Finegan, W. (2005). 'Being a cancer patient's carer: A Guide.'
- Orchard, A. (2008). 'Their cancer, your journey: A traveller's guide for carers, family and friends.'
- www.pancreaticcancer.org.uk 0808 801 0707 (10am - 4pm) - support line with CNS' and cancer support days
- Macmillan cancer support line 0808 808 0000

(8am - 8pm)

- www.cancerresearchuk.org
- www.maggies.org

For children of those with cancer:

- Heegaard, M. 'When someone has a very serious illness: Children can learn to cope with loss and change.'
- Cancer Research UK. 'When your parent has cancer: a guide for teens.'
- Silva, M. (2013). 'My parent has cancer and it really sucks.'
- www.cancerresearchuk.org (advice for families)
- <u>www.riprap.com</u> (information and advice for young people)
- www.youngcarers.net

Resources for families pre- and post bereavement

Support for partners/carers:

- Cruse bereavement care (counselling through volunteers)
- Age UK (advice on benefits and entitlement)
- WAY (Widowed and Young) support and advice to those who have been bereaved of a partner under the age of 50.
- <u>Careforthefamily.org.uk</u> support and advice to those who have been bereaved of a partner under the age of 50, or older if there are dependent children
- www.citizensadvice.org.uk
- www.mariecurie.org.uk 0800 090 2309 (information & emotional support)
- www.goodgrieftrust.org (information & support finding local counselling)

Support for children following a bereavement:

- Grief Talk 0808 802 111 (phone support for bereaved children and young people)
- Heegaard, M. 'When someone very special dies.'
- Durant, A. 'Always and forever'
- Karst, P. 'The Invisible String'
- Varley, S. 'Badgers Parting Gifts'
- www.cruse.org.uk
- www.rainbowtrust.org.uk
- www.winstonswish.org (support for bereaved children and young people)
- www.stchristophers.org.uk

Role Play

The Social

Gender

Geography

Race

Religion

Age

Ability

Appearance

Culture

Class

Ethnicity

Education

Employment

Sexuality

Sexual orientation

Spirituality

What are the Social Graces?

Roper-Hall and Burnham developed the Social Graces to 'assist practitioners in being mindful about a range of differences, and generating a desire to extend their practice beyond their current abilities.'

'In any situation these issues may vary between being: visible and voiced; visible and unvoiced; invisible and voiced; and invisible and unvoiced, and all movements in between.'

Burnham et al. (2008)

Lunch: 12.45 – 13.30pm







You have to attend mandatory training in basic life support, infection control, data protection etc. routinely, yet there is no routine or mandatory training for the challenging conversations you have every day as part of your work...

- What is the impact on you?
- What introduction or training have you had for this?
- Is it something you assumed would come naturally or something you have had to work at?
- Or do you have to work at how you approach these conversations on a daily basis?
- How do you feel before/after?
- How can you be better supported in this aspect of your work?

The expert/human

Often put in a position by patients of knowing things and being able to fix them

- They are scared, vulnerable, dealing with uncertainty
- We are trained to 'do' things, we alleviate symptoms, we find solutions
- Their expectations and easier for us to do something than nothing
- What would it be like to do nothing but listen?

The human part of us is often the part that is harder to engage with

- Desensitised by overwork, long hours, lack of time
 - •Emotional part incompatible with being professional?
 - •Can feel overwhelming, impactful to us, hard to tune into
 - •But, is also the hopeful, engaging, connected and genuine part of us
 - •Empathy is a human trait...

Key aspect of psychological therapy is finding an empathic understanding – **sharing and understanding the feelings of another**, listening, talking through, not solving the problem but identifying and sharing it

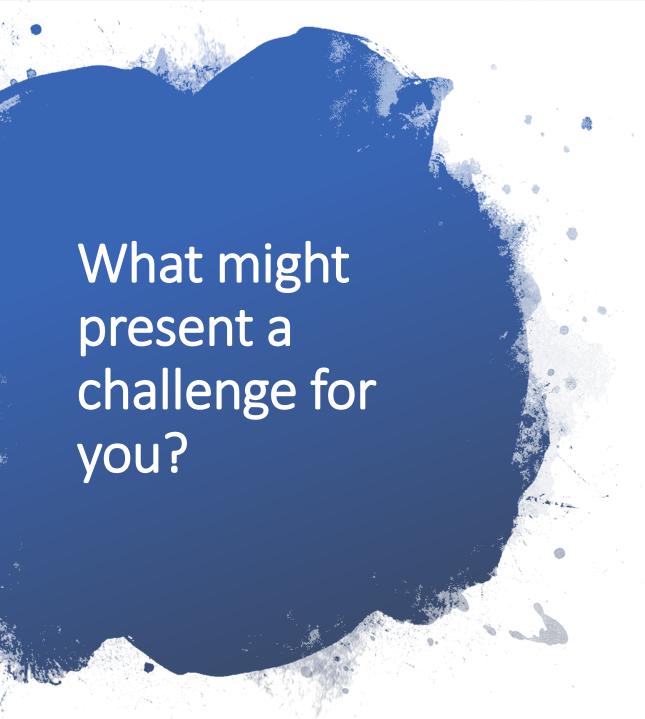
Brene Brown: empathy

• https://www.youtube.com/watch?v=1Evwgu369Jw





What's the worst thing a patient could say to you?



- Anger
- Tears/emotion
- Denial
- Relative/patient difference
- Anxiety
- False 'happy'
- Limited information provided by consultant
- Direct questions
- Irritable with you/can't do anything right
- Obstructive
- Difficult family dynamics drawn into something
- A patient who is similar to you



10 minute discussion in pairs about personal triggers.

- Try to think about:
- Historic experiences that may impact your work
- Particular patient triggers e.g. anger, extreme emotion – what is it about these things that you particularly find difficult personally?
- How do you cope with these situations?

Feedback any general thoughts to the group, particularly coping strategies you have adopted.

A challenging context/barrier to talking

Time

- Decide how much time you have, is it a good time for you/them
- Have clear boundaries and remember how to end the conversation

Location/Privacy

- Ask relatives to step out
- Check they are happy discussing things
- Can you move elsewhere, arrange a time for later

Do they want to talk?

What is your sense, too much to say? Nothing to say?

Do you want to talk?

Be clear about your limitations – are you comfortable?

Strategies and Skills

Clear time frame and boundaries

"we have 20 minutes for this discussion"

"you have mentioned a lot, what feels the most significant issue for us to address today..." (what is significant for the patient might not be significant for you!)

"Are you comfortable to spend a bit of time talking about this?"

Agree the objectives, prepare

Research the patient's history – anything important in letters/notes to keep in mind Agree what you are planning to cover in the conversation (what is important to them)

Ask open questions

Closed questions are 'yes' or 'no' answers, open questions encourage conversation...

E.g. 'are you ok?' (yes or no response) vs. 'tell me how you are...'

Can you tell me more? Tell me how you have been this week. How do you feel? Summarise and clarify – the patient will feel listened to

Strategies and skills continued

- Turn it back to the patient
 - What do you think? What has worked in the past?
- Acknowledge problem, but you don't need to solve it...
 - Understand and <u>empathise</u>
- Contain the conversation open and close it
- Listen actively, don't wait to speak
- Don't fear silence
- Be honest about what you can achieve don't overpromise
- Signpost and suggest consent for referrals (offer information) you don't need to do it all,
 often less is more
- Summarise and conclude

Cancer is not a mental health condition...

- But it does have mental health consequences
- "You are telling me about the things you are doing to optimise your physical wellbeing, but what are you doing to support your emotional wellbeing?"
- Explore the patient's emotional wellbeing
 - Have they had counselling before? What type, when?
 - Are they taking any medication, and if so who is prescribing?
 - Who is supporting them emotionally?
 - What do they feel they need?
 - Risk assess
 - Arrange to revisit their concerns with them

Suicide and Self-harm

Awareness Assessment Plan

Suicide and Self-harm

It is common for individuals to experience thoughts about ending their life when told they have cancer and/or have become palliative. This can be a way of trying to cope with the often overwhelming thoughts and feelings that come with this life changing disease.

It is important however to explore these thoughts to determine whether more support or immediate action is needed.

- How do we assess risk?
- What do I need to look out for?
- When do I need to act?
- What support is out there?

Vulnerability factors

(Centre for Disease Control and Prevention, 2019)

General population:

- Previous suicide attempt(s) and/or self harm
- Family history of suicide
- History of depression (inc. anhedonia, hopeless, withdrawal from others) or other mental health issues
- Male
- Social isolation
- Low self-esteem
- Impulsivity and/or agitation
- Alcohol and/or substance misuse
- Loss (e.g. relational, social, financial or work related)

- Barriers to accessing mental health support (e.g. stigma, poor provision, time)
- Access to lethal methods

Cancer specific:

- Type of cancer (e.g. lung, head, neck, testes, bladder, Hodgkin's)
- Within first 6 months of diagnosis (Public Health England, 2018)
- Poorer prognosis (inc. pancreatic cancer)
- Poor physical health, complications

For a review, see Zaorsky et al., 2019

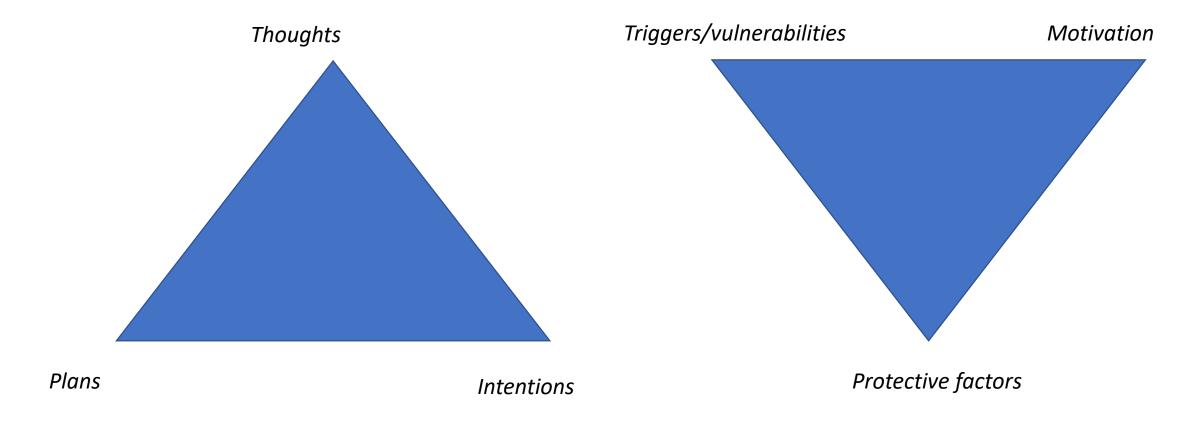
Protective factors

- No intention or plans
- Supportive relationships (e.g. partner, children, friends, family, professional network)
- Early identification and treatment of mental illness
- Access to effective care for medical, physical, mental health and substance misuse issues
- Willingness to talk about issues and engage in support
- Complying with treatment recommendations
- Family members or close friend aware
- Able to agree to safety plan
- Some hope for the future
- Strong spiritual or religious faith
- Skills in problem solving
- Able to ask for help when needed

Warning signs

- Suicidal ideation with intention and/or plan
- Self-harm
- Changes in mood or behaviour
- Increased risk taking behaviour (e.g. substance misuse)
- Giving away possessions
- Psychosis, delirium
- Hopefulness and/or loss of interest in things previously enjoyed
- Loss (e.g. relational, social, financial or work)
- Feeling trapped

Assessing Risk



SAFETY PLAN

- Who needs to know?

- What are the signs that things are getting worse?What factors may increase risk?
- What can they/you do if concern increases? E.g. GP/A&E

Assessing Risk (2)

Find a private and safe space

1. Medical assessment (e.g. overdose, self-harm, strangulation):

- Are you able to stabilise the patient or do they require medical treatment through A&E (e.g. overdose)?
 - Yes administer first aid
 - No transfer to A&E for urgent assessment and treatment

2. Further enquiry – wellbeing assessment:

- <u>Event</u>: What happened? How many times?
- <u>Purpose/Meaning:</u> What were they thinking? E.g. relieve stress, communicate distress or wanted to die?
- <u>Current mental state:</u> How do they feel now?
- <u>Future risk:</u> Do they plan to harm themselves again? If yes, can a safety plan be agreed?
- <u>Protective factors:</u> Future hopes? Protective relationship/s?
 What is stopping them from acting on suicidal ideation? Are they known to mental health services or receiving support?

Are they at immediate risk? Can they go home?

- No immediate risk
 - Agree a safety plan and inform local services (e.g. GP, family member, mental health team)
- Yes immediate risk
 - If they are at risk of hurting themselves and safety plan cannot be agreed, transfer to A&E for an urgent psychiatric assessment and safety planning

Who do you need to inform?

- Appropriate clinician (e.g. allocated nurse, nurse in charge, doctor, named Consultant, safeguarding lead?)
- GP? Family member?

Document what was said, what you did, what plan was made and who you contacted

Resources

- Assessment/Support:
 - Hospital safeguarding team, GP and/or A&E
 - Adult Community Mental Health Teams (CMHT) or IAPT services accessed through GP
- Free advice lines:
 - Samaritans 116 123
 - Papyrus for people under 35
 Call 0800 068 41 41 Monday to Friday 10am to 10pm, weekends 2pm to 10pm, bank holidays 2pm to 5pm
 Text 07860 039967
 - Campaign Against Living Miserably (CALM) for men Call 0800 58 58 58 – 5pm to midnight every day
 - Talk to Frank 24/7 information and advice about drug use

Call 0300 1236600

Refuge – National domestic abuse line (<u>www.nationaldahelpline.org.uk</u>)
 Call 0808 2000 247

• Websites:

- www.mind.org.uk
- www.rethink.org
- www.nhs.uk



Containment

How do we contain a patient's overwhelming feelings?

- Time frame
- Start & end
- Sense of safety
- Trust
- Listen
- Our openness and availability
- Break it down for them

Difficult things to deal with...

Direct questions

- 'Have you had cancer?'
- 'What would you do if you were me?'
- 'Does turmeric cure cancer?'
- Why are they asking, do you need to respond directly? Be careful about disclosure...
- 'is it important for you to feel like I understand what you are going through?'
- 'it must be hard for you to make this decision...'
- 'it sounds like its really important for you to search for a cure or something that might help...'

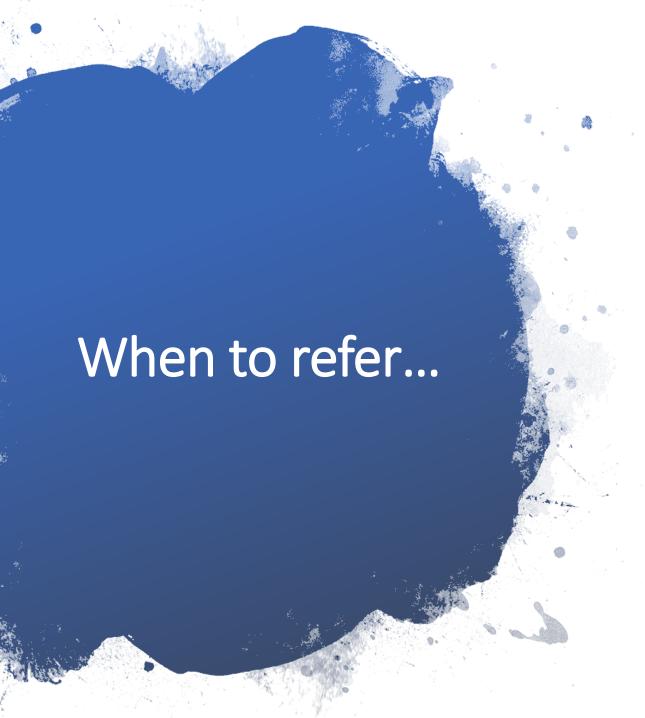
Anger

- Often a sign of vulnerability, try to understand the anger rather than squash it or avoid it
- Anger is healthy and appropriate
- But, you don't have to put up with abuse or inappropriate behaviour
- Reframe 'you sound really upset about this...' 'this is clearly really hard for you...'
- Often when you name/tolerate/understand the anger it can help

Difficult things cont...

Death and dying

- We can't fix this, for some an immediate reality that we are required to face with them
- What is hard about it for us?
- Often creates existential anxiety and is hard to address
- What can we do? Listen, hear what they are saying, don't change the subject, you might be the only person who has allowed them to express this often family members struggle to listen.
- Empathise
- 'I'm sorry there is nothing I can say to make this better'
- 'I'm so pleased you have felt able to express your fears to me'
- 'this really sounds very difficult for you'
- Check out support can they share this with others?



Trust your clinical judgement and sense check

- Does this feel like <u>a natural</u> reaction/adjustment that they are having?
- Is there emotional movement over days, weeks – are their feelings evolving, or is it an enduring, significantly impactful state?
- Is there anything pre-existing to be aware of?
- Are they emotionally isolated or well supported?
- Is there something specific they need support with?
- Are there other challenges in their lives?
- Do they need containing? (multiple calls, repetition, out of hours...)
- Is supporting them feeling unmanageable for you?



Patient:

- feels cared for, understood
- has clarity and understanding of options
- has reduction of fear and anxiety
- feels more able to address further issues as they arise
- realistic and hopeful
- Feels contained and supported

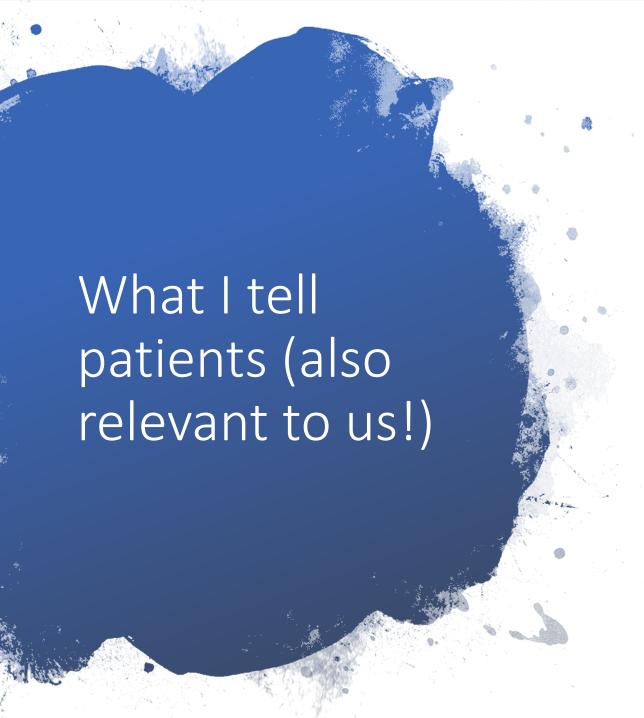
Clinician feels...???



- Physiological headache/migraine, exhaustion, fatigue, loss of concentration/distracted, less able to multi-task/switch to next job, stomach issues, frequent illness, insomnia...
- Psychological irritability, anger, sadness, anxiety, depression, apathy/indifference, catastrophising, overwhelmed, less tolerant, short fuse
- Compassion fatigue
- Impacting personal life and those around us reactive
- Project onto other situations
- Become less boundaried, less able to notice impact on us a spiral
- Burn out
- Requires regular reflection and self awareness to recognise these things in ourselves



- Understanding what has drawn us to a helping career (often carers at home, put others' needs before our own)
- Be mindful about self disclosure, sharing too much with patients – can be colluding and make us vulnerable. Privacy is a good form of protection!
- Identify and share any personal challenges at work or at home
- Put your oxygen mask on first
- Find a healthy distance from work and an ability to release concerns of the day
- Don't lose sight of your own wellbeing leads to burn out
- Take an interest in your own self care prioritise it
- Say no
- Learn breathing techniques mindfulness, relaxation and meditation
- Avoid self criticism
- Work out what helps you...

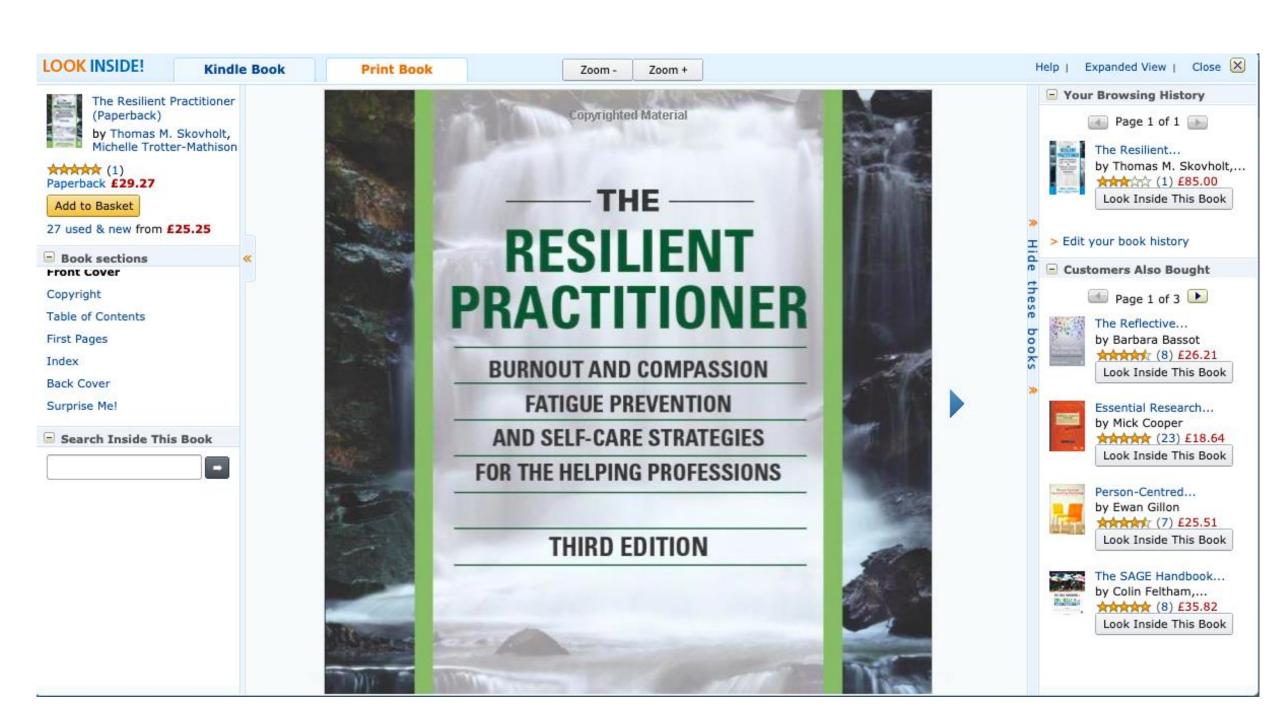


- Mindful media use
- Healthy expression of feelings
- Relaxation and mindfulness breathing
- Listening to your body, engage with it trust
- Sleep, food and exercise
- Social interactions who enriches you? Social interactions can be energising rather than draining
- Communication and relationships connections
- Letting yourself off the hook not lazy but unwell, unrealistic expectations
- Perspective and context
- Tolerance of your situation and yourself
- Hope and reality

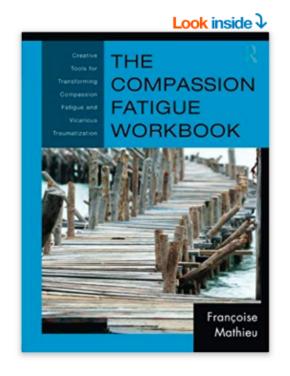
Bubblebaths . Kiss Ask for nurture SELF-CARE WHEEL ALANC Short and Long-term Goals community Self-cherish Volumeer for a cause

Self care Wheel

- Psychological
- Emotional
- Spiritual
- Personal
- Professional
- physical



Back to results









See all 3 images

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Tea break: 14.45 – 15.00





Session 4: Reflective practice and self care

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