

# The emotional impact of diagnosis

**Lesley Howells**

Lead Psychologist

Maggie's



MAGGIE'S





# Psychological Impact of Pancreatic CaNCER



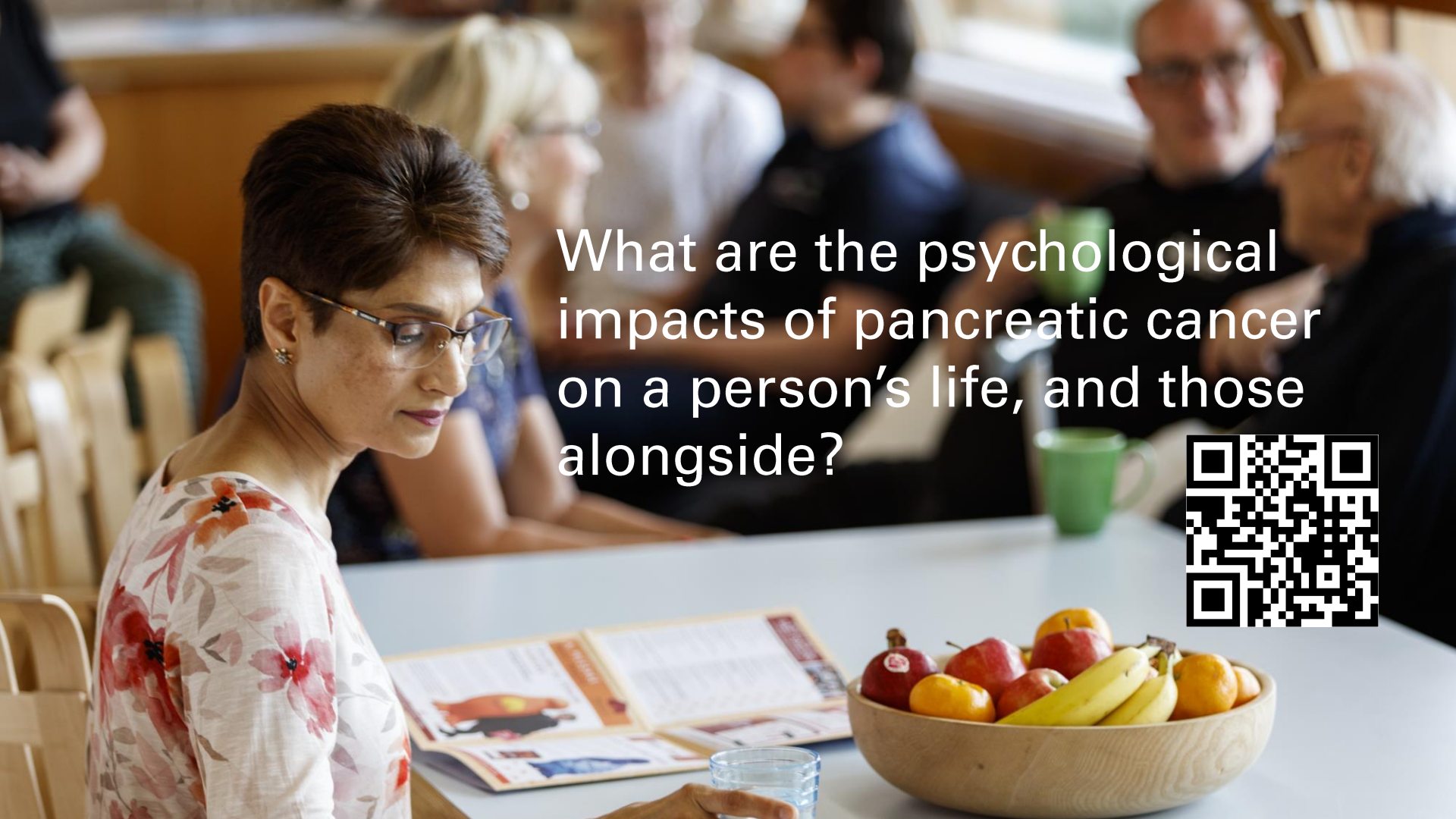
MAGGIE'S

Lets start with a person  
...possibly this person has a  
similar story to someone  
you know through the work  
you do





What are the psychological impacts of pancreatic cancer on a person's life, and those alongside?



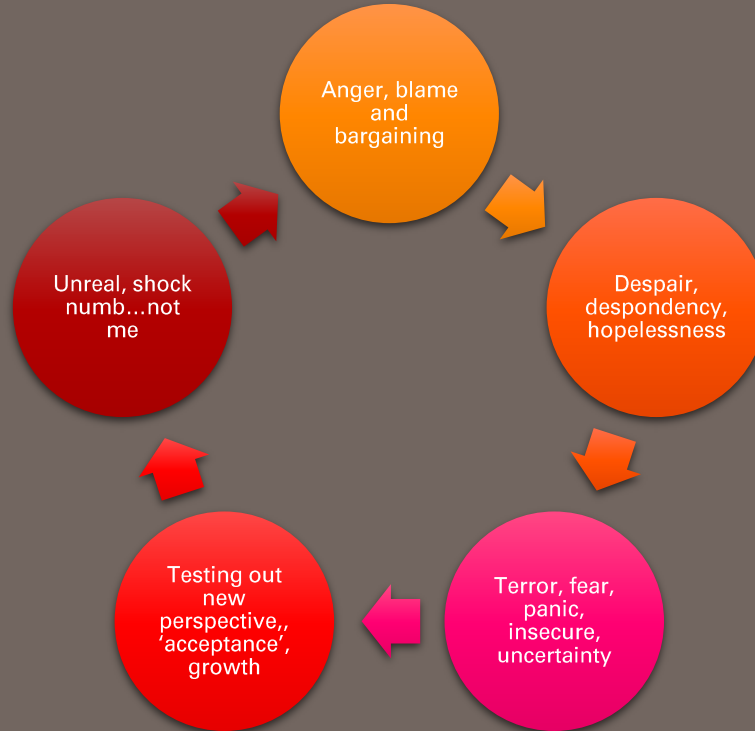


“

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# Transition.... a constant juggle of natural emotions..not always pleasant

Important to avoid being trapped by one in particular



What do people tell us about the psychological impact?

The person with the diagnosis

The friends and family alongside

In the context of the pandemic





Consider the parts  
of a person's life  
changed by  
cancer.....then add  
the pandemic

Everything is  
intensified



**Tough realities**





Pause to choose how to  
respond *aligned with*  
*your values* rather than  
react

# Emotional Safety - your patient





"Do not judge me by my success, judge me by how many times I fell down and got back up again."

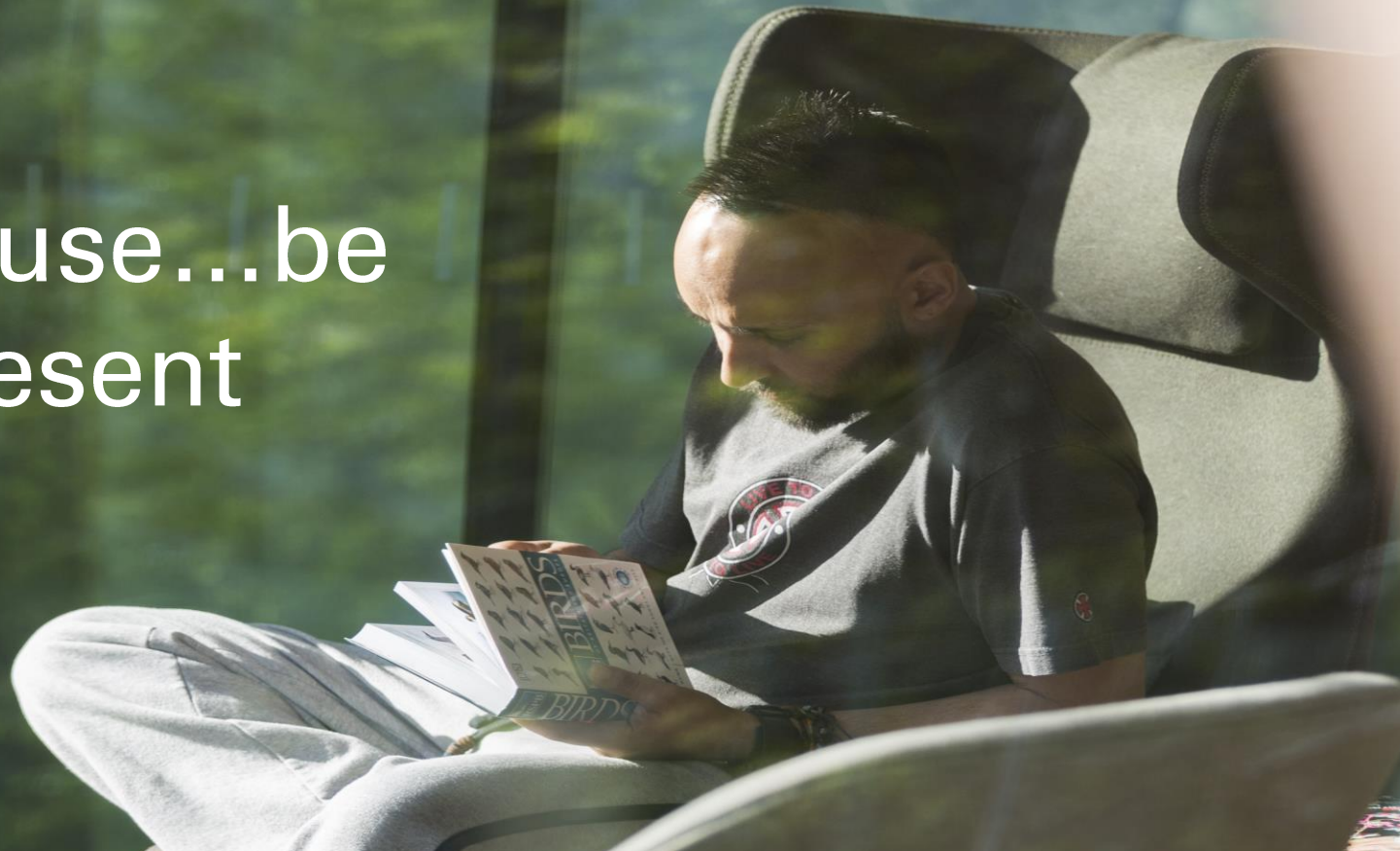
— Nelson Mandela

"It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change" - Einstein

"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our freedom and growth" - Viktor Frankl

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." - Maya Angelou

Pause...be  
present



Swept away and  
driven....by..

Habitual patterns of  
unhelpful thinking

Overwhelming emotions

Or tricky body sensations

Ricocheting back and forth



# Pause

- Rectangular breathing
- 4-7-8
- Breathing Space
- Three things.....
- Just look up
- Colours
- Sitting like a mountain

...Natia, Calm, Headspace (apps)





# Breaking bad news and handling difficult questions

SPIKES

ABCDE

BREAKS

*How the person sees reality ....to actual reality*



Perception of reality



Reality

# 7Cs of Caring Conversations

(Maxine Pryce-Miller, 2014)

TABLE 1

Framework of the 7 Cs of caring conversations

Key attribute	Dimensions	Key questions or statements that support the attribute in action
Being courageous	Courage to ask questions and hear responses. Feeling brave to take a risk.	What matters to you? Help me to understand why you have done that? What would happen if we gave this a go?
Connecting emotionally	Inviting people to share how they are feeling. Noticing how you are feeling and sharing this.	How did this make you feel? You made a difference to my day because...
Being curious	Asking questions about even the smallest of things.	What strikes you about this? Help me to understand what is happening here? What prompted you to act in this way? What helped this to happen? What stopped you acting in the way you would have wanted to?
Being collaborative	Talking together, involving people in decisions, bringing people on board, and developing a shared responsibility for actions. Looking for the good in others to encourage participation and collaboration.	How can we work together to make this happen? What do you need to help you to make this happen? How would you like to be involved? How would you like me to be involved? What would the desired goal or success look like for you?
Considering other perspectives	Creating space to hear about another perspective. Recognising that you are not necessarily the expert. Checking out assumptions. Being open and realistic about expectations.	Help me to understand where you are coming from? What do others think? What matters to you? What do you expect to happen while you are here? What is real and possible? What would it look like if we did nothing?
Compromising	Working hard to suspend judgement and working with the idea of neutrality. Helping the person to articulate what he or she needs and wants, and sharing what is possible. Talking together about ways in which you can get the best experience for all.	What is important to you? What would you like to happen here? How can we work together to make this happen? What do you feel you can do to help us to get there? What would you like me to do?
Celebrating	Making a point of noticing what works well. Explicitly saying what works well and asking questions. Continually striving to reframe language to the affirmative.	What worked well here? Why did it work well? How can we help this to happen more of the time? If we had everything we needed, what would be the ideal way to do this? What are our strengths in being able to achieve this? What is currently happening that we can draw on? I value the fact that...

(Dewar 2011, Dewar and Nolan 2013)





# Harnessing the natural resilience of the person and a family

....Adapt, reach out, accept help, find meaning, balanced perspective, authentic, self belief

## Family Resilience

### Beliefs

Shared beliefs help family members find **meaning** in adversity, cultivate hope and a **positive outlook**. They can be tied to faith or **spirituality**, giving individuals a bigger purpose. They help members see the crisis as a transformative opportunity for growth and foster a “can-do” attitude.

### Organization

Refers to family structure, mutual support and **connectedness**. Resilient families possess both **flexibility** and stability – they are open to change, while remaining nurturing and dependable. Their connectedness enables them to establish security and collaboration within the family, and their **social networks** in times of need.

### Communication

Communication is open and **clear**, tolerant and encouraging. **Emotions** and opinions are expressed freely, fostering a proactive and collaborative spirit of **problem-solving**. Family members can approach adversity with empathy and resourcefulness.





# Levels of psychological care

prevent distress and promote adjustment, for all

**100%**

**A** universal support

reliable systems  
healthy staffing  
compassionate communication  
support for self-management  
p/rehabilitation  
behavioural insights

provide active and enhanced support

**40%**

**B** enhanced support

continuity & expertise  
coordination & personalisation  
stratified programs  
Level 2 psychological skills  
supervision & development

address complex needs

**15%**

**C** specialist support

embedded  
specialist  
multidisciplinary  
design & consult  
supervise & develop

Alex King, Consultant Clinical Psychologist,  
Imperial College Healthcare (Nov 2019)

A person is shown from the back, sitting at a desk in a blurred office environment. The person is wearing a light-colored shirt and glasses. The background is out of focus, showing shelves and office equipment. The text "What about you?" is overlaid on the right side of the image.

What about you?



GUIDANCE

# The psychological needs of healthcare staff as a result of the Coronavirus pandemic

British Psychological Society Covid19 Staff Wellbeing Group

This is a guide for leaders and managers of healthcare services who will need to consider the wellbeing needs of all healthcare staff (clinical and non-clinical) as a result of the Coronavirus outbreak. It offers practical recommendations for how to respond at individual, management and organisational level involving the appropriate utilisation of expertise within their practitioner psychologist and mental health professionals and anticipates the psychological reactions over time, and what people may need to recovery psychologically from this.

## PRINCIPLES OF RESPONDING WELL IN THE 'ACTIVE' PHASES FOR SUSTAINED STAFF WELLBEING (SEE TABLE 1)

Leaders and managers, this is how staff need you to act now, with clear leadership, clear information, and physical and psychological resources.

### 1 Visible leadership

- Most importantly be visible, be available, and be supportive.
- Where you can, guide staff to the resources they need, however basic (e.g. to rest, to speak with family): LOOK-LISTEN-LINK.
- You do not need to have all the solutions all the time.
- You will need to tolerate and manage uncertainty for yourself and your staff.
- Your wellbeing is important too, be compassionate towards yourself.
- You are best-placed to create a protective environment for your staff – psychologists can help you to work this out.

# GUIDANCE

# GUIDANCE

TABLE 1: PSYCHOLOGICAL RESPONSE PHASES

The psychological response of your staff is likely to vary over the phases of the outbreak. These stages may not be sequential depending on the course of the outbreak and people may cycle rapidly through.

PREPARATION PHASE	ACTIVE PHASE		RECOVERY PHASE
Anticipatory anxiety	Heroics and surge to solution	Disillusionment and exhaustion	Recovery and long term psychological impacts
<p>Planning may happen at a high level in a rapid timeframe leading to anticipatory anxiety about the unknown.</p> <p>With limited time to plan, and limited input into the preparation phase, many staff may not report feeling 'prepared' for the outbreak.</p> <p>Many UK Health Trusts have now passed through this phase.</p>	<p>Increased camaraderie as staff cross boundaries and work together.</p> <p>Sense of rising to a challenge.</p> <p>Staff may respond on instinct and are more prone to error. They may lack the headspace to see all options.</p> <p>Frustrations and role confusion as people try to adapt quickly within current system design.</p> <p>Staff witnessing things they have never seen before and feeling out of control.</p> <p>Disagreement between groups over sense of urgency.</p> <p>Staff lose usual boundaries over working hours and breaks and start to over-work.</p> <p>Work-life tensions arise as family life also becomes unsettled.</p> <p>Social norms and niceties slip and behavioural responses may cause difficulties for others.</p> <p>Focus on 'getting things done' which may lead to poor communication and silo working.</p>	<p>The period of highest psychological risk.</p> <p>Staff are in 'tull go mode' with high levels of adrenaline and on 'automatic pilot'. They may then experience sudden exhaustion.</p> <p>They may neglect physical and psychological self-care as they feel it is not a priority.</p> <p>Moral distress and injury are a risk as healthcare becomes limited and people are unable to act or respond within their own moral or ethical code and death and dying may not be handled in the way it usually is (with family etc.).</p> <p>Staff may begin to feel emotionally disconnected from the work, experience compassion fatigue, and may engage in avoidant or unhelpful coping.</p> <p>Tensions at home and within the wider family may over-run work life.</p> <p>Stress has a cumulative effect and smaller things trigger reactions.</p> <p>Staff with pre-existing vulnerabilities are at higher risk of crisis and suicidality.</p>	<p>Staff have time to start to reflect.</p> <p>Most staff will feel able to cope successfully using their own preferred style, individual resources and social support. Many may be changed in a positive way, experiencing personal development, and post traumatic growth.</p> <p>Some may experience intrusive thinking about what they 'should' have done differently and shame or guilt. Dissonance with a 'heroes' narrative may make this harder to disclose problems; and may exacerbate distress.</p> <p>Others may feel differently about their job and experience resentment towards individuals and towards the organisation.</p> <p>Individual difficulties have wider family and social impacts which may further exacerbate these longer-term impacts.</p> <p>Certain staff may be at risk of chronic psychological difficulties (including but not limited to burnout and post-traumatic stress).</p>

# Creating compassionate NHS organisations

Maria Kordowicz

...e of her November workshop, we asked  
...ell us about compassion in the workplace.

...ompassionate organisation?  
...tion espousing the value of compassion.  
...ching on compassion presents a way of  
...cherishes living beings and demonstrates  
...leviating the suffering of others.  
...ate organisation is one which holds this  
...ts functioning and its purpose, both in  
...s with its external environment and at  
... This can sound like a lofty aim – there  
...al solutions stemming from research  
... can help foster a compassionate  
...lture. However, research in this area,  
...se, arguably needs development.  
...el a sense of compassion in our  
...l as the lack of it; defining the  
...ssionate organisation, as well as  
...act, can be difficult. This likely  
...of compassion stemming from the  
...tably making it an ill-fit with more

...Kordowicz is a Chartered  
...st, Quality Improvement  
...ellow and Programme Lead

...positivist research approaches in the area of  
...organisational development and workplace  
...wellbeing.

If an organisation is not compassionate, what are the consequences? Papers in this area tend to look at related concepts such as stress and burnout, mindfulness, and the quality and nature of relationships within the workplace. We have a growing evidence-base that compassionate actions within an organisation may reduce employee burnout, increase staff retention, foster innovative collaborations and a sense of belonging. The Mid-Staffordshire case is often cited as an example of the absence of compassion both on the individual employee level and organisationally which, as we know, led to serious failing in standards of care with harrowing consequences.

Are there specific challenges for creating compassion within NHS organisations? Indeed, the Francis Inquiry called for a greater focus on delivering compassionate care, and identified recruitment, training and leadership as some of the domains of NHS organisational functioning where

...that this  
...the indiv  
...organisa  
...resource  
...require  
...for cot  
...NHS

## Nursing Times

Innovation

### A resilience training programme to improve nurses' mental health

18 September, 2017

Acceptance and commitment therapy can help staff build psychological resilience by improving mindfulness skills and fostering values-based behaviour

#### Abstract

Acceptance and commitment therapy (ACT) is a mindfulness-based approach that has recently emerged as a useful tool for improving mental health, and has been shown to be effective in the treatment of a wide range of psychological and behavioural problems. At City, University of London, an occupational health research team created an ACT-based workplace training programme, which was adopted by Northumbria Healthcare Foundation Trust to foster psychological resilience among its staff. This article explains what ACT-based training entails, how it can help nurses and how it is being used – with encouraging results – at the trust.

**Citation:** Jennings T et al (2017) A resilience training programme to improve nurses' mental health. *Nursing Times* [online]; 113: 10, 22-26.

**Authors:** Teresa Jennings is consultant clinical psychologist at Northumbria Healthcare Foundation Trust; Paul E Flaxman is reader in organisational psychology at City, University of London; Kath Egdeell is staff counsellor, Simon Pestell is clinical psychologist; Elaine Whipday is counselling psychologist; and Alison Herbert is CBT therapist, all at Northumbria Healthcare Foundation Trust.

- This article has been double-blind peer reviewed
- Scroll down to read the article or [download a print-friendly PDF here](#)

#### Introduction

The need to maintain good psychological health among employees is a challenge for NHS organisations, which are facing greater demand and tighter finances. The increased pressure on services is being acutely felt by nurses on the front line: between 2013 and 2016, nursing and midwifery was one of the occupational groups with significantly higher rates of [work-related stress, anxiety and depression](#) compared with the average for all occupational groups.

In an effort to improve the psychological resilience of its nursing staff, Northumbria Healthcare Foundation Trust has set up a training programme based on acceptance and commitment therapy (ACT), offered to nurses on a voluntary basis, which this article describes.



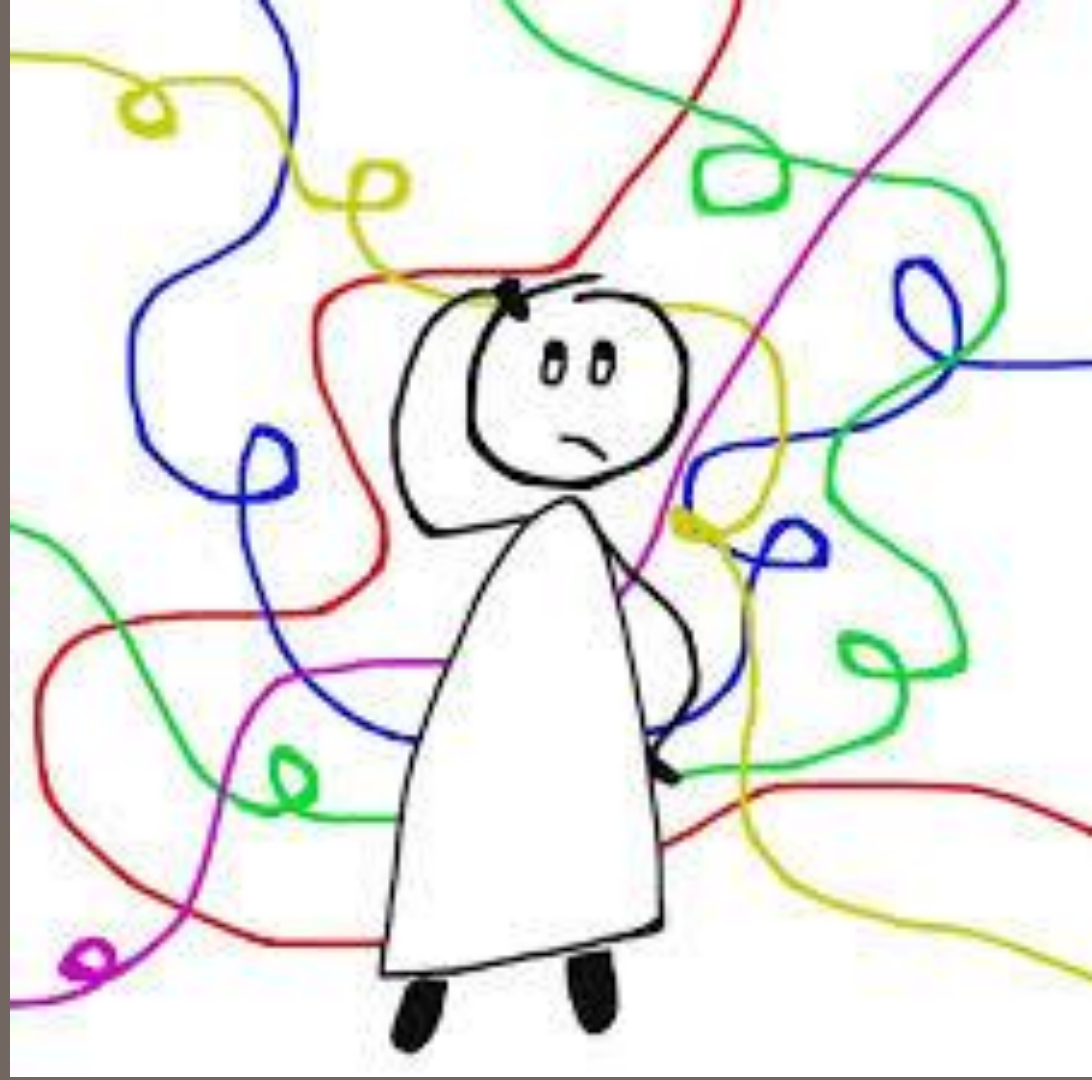
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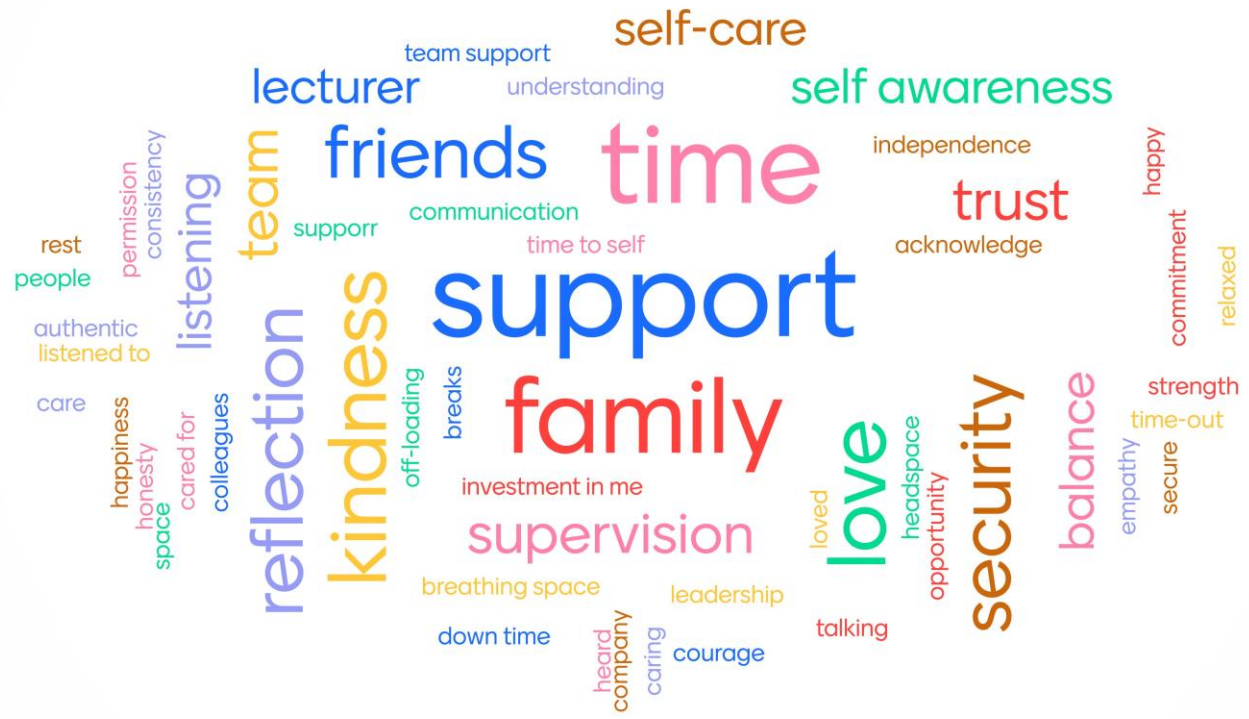
Overwhelming emotions

Or tricky body sensations

Ricocheting back and forth



# Emotional safety - you





## Managing Overwhelm

- Reach Out
- Pause
- Open to change
- Routine
- Gratitude



Opening to change



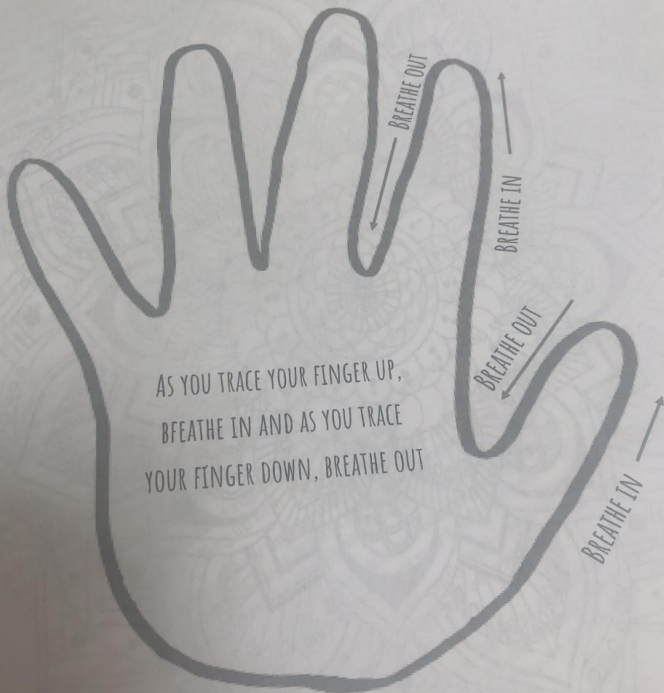
# Routine



Gratitude



## FINGER BREATHING



AS YOU TRACE YOUR FINGER UP,  
BREATHE IN AND AS YOU TRACE  
YOUR FINGER DOWN, BREATHE OUT

## A KIND HAND



If we're experiencing tension in our body and rigidity in our mind, our mind is focused on coping rather than thriving. Showing kindness to ourselves through the power of our own touch is a proven way to reduce this stress. Physical touch is a very important way of giving care – think of how we touch babies, children or the elderly.

### How to show yourself a kind hand

- 1 Find a quiet space and make yourself comfortable. Sit upright but relaxed, and calm yourself with a few slow belly-breaths (page 76).
- 2 Begin by noticing your body. Notice any physical sensations, thoughts or emotions. Don't try to change them, just notice them. Let them come and go as they please.
- 3 Pick one of your hands and imagine it's the hand of someone you love, who leaves you feeling good about yourself, loved, cared for and understood. It may be someone from your distant past, like your grandmother, or someone who's in your life now. Allow your hand to be filled with the feelings you have when you're with this person.
- 4 Place this kind hand, slowly and gently, on the one part of your body where the feelings and physical sensations are the most intense. Alternatively, if you have areas that are numb, you can place the kind hand there. If you're not feeling much of anything, place the kind hand on your chest to soothe and settle your heart.
- 5 Allow the kind hand to rest gently on your body – there's no need to force something to happen. Just feel the hand against your skin or clothes. Notice the warmth flowing from the palm of your hand into

your body and to the place of discomfort. Imagine the kind hand to be a healing hand, and your heart to be soft and open, allowing you to be kind to yourself.

- 6 Continue softly holding the kind hand on your body, allowing yourself to open up to this gentle action of change. You can also slowly move the kind hand to other areas of your body that need loving kindness. Feel the waves of caring and warmth move through your body. Be aware of the softening and release, and the new spaciousness they create.
- 7 After a few more minutes, make one last gesture of kindness. Place one hand on your chest and the other on your belly, just as for belly breathing. Let them rest there gently while you consider yourself kindly. Sit this way for as long as you like – five seconds or five minutes. You might even want to lie down.

- 8 When you decide it's time, allow yourself to come back to the present with an intention of considering yourself in a kinder and softer tone, of being more accepting of the way you are right now and of the situations you face.

Providing loving kindness through touch conveys an intention of being there for ourselves – giving attention, comfort and support. You can do this for yourself anywhere, any time.





Pause with colour





Thank you

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