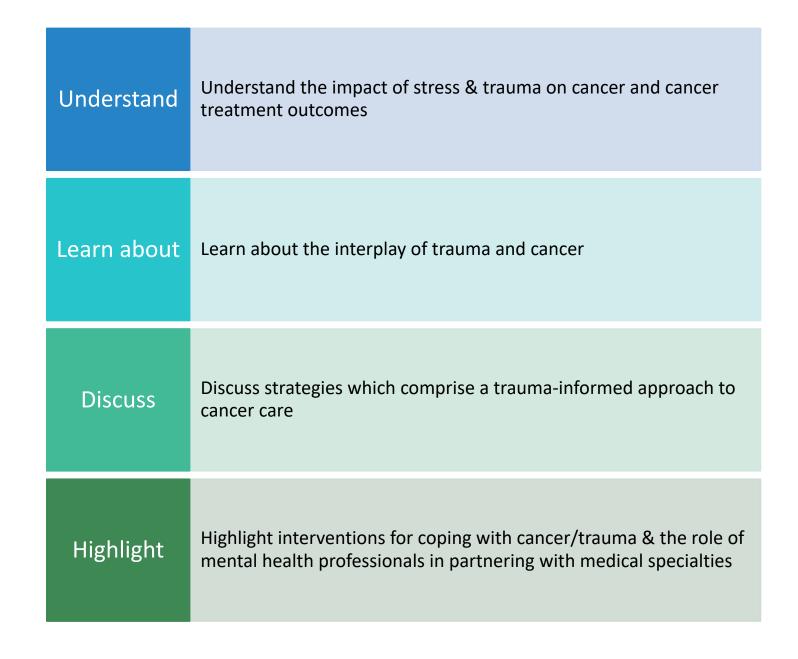
# A Proactive Approach for Coping with Cancer

#### Objectives



### Disclosures

MY SHARED VIEWS
ARE MY OWN AND
DO NOT REFLECT THE
VIEWS OF MY
EMPOYER

#### PTSD & Cancer

#### Cancer as a traumatic stressor

#### PTSD DSM-V Criterion A

- Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:
  - Directly experiencing the event
  - Witnessing the event as it occurred to others
  - Learning the event occurred to a close family member or friend
  - Repeated or extreme exposure to aversive details of the event (i.e., first responders)

#### Emotional responses:

 Acute fear, sadness, anger, enduring adjustment difficulties, anxiety, depression

#### Variability in psychological distress

#### Statistics: National Center for PTSD

About half of all US adults will experience at least 1 traumatic event in their lifetime, but most do not develop PTSD

About 6% of the population will have PTSD at some point in their lives

About 5% of the population has PTSD in any given year

Lifetime prevalence is higher in women (8%) than men (4%); this is in part due to the types of traumatic events women are more likely to experience (such as sexual assault)

Veterans are more likely to have PTSD than civilians (lifetime prevalence 7%)

#### The Intersection of Trauma & Cancer

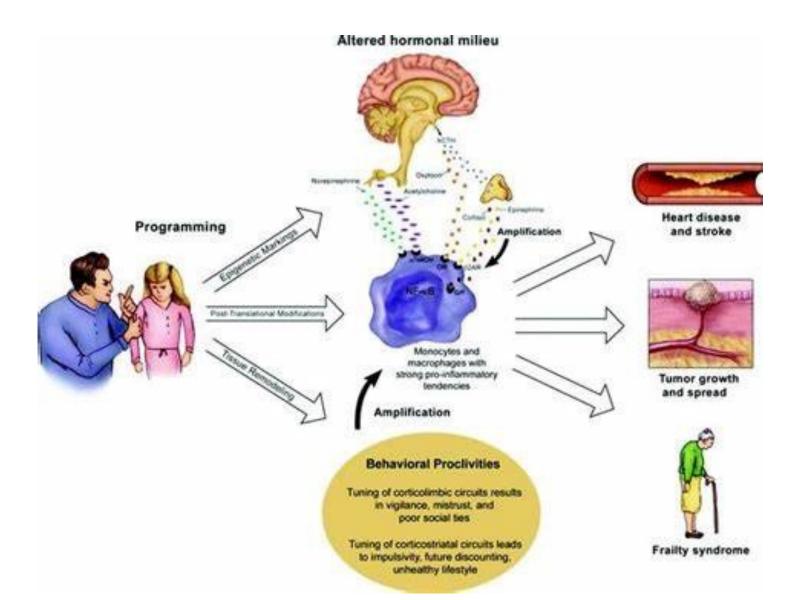
Cancer-risk behaviors

Cancer screening activities

Receiving diagnosis

Treatment

Remission & survivorship care



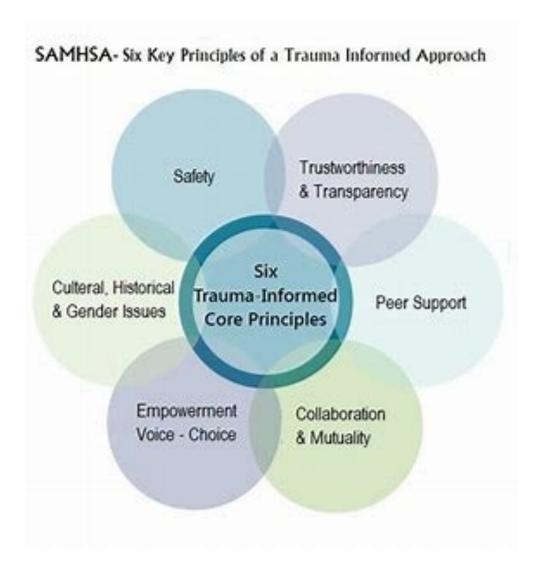
#### Early Trauma History & Its Effects on Cancer/Cancer Risk

Association of childhood trauma with increased rate of fatigue, depression, stress, and inflammation in breast cancer patients undergoing radiotherapy (Han et al., 2016)

Early adverse psychosocial experiences negatively impact adult health and disease risk (Shonkoff et al., 2009; Danese et al., 2011)

## Risk Factors for Cancer-related PTSD (Cordova et al., 2017)

Pre-cancer diagnosis or lifetime trauma history Pre-cancer diagnosis or lifetime history of PTSD or other psychiatric conditions Low socioeconomic status Young age Limited social support or presence of negative social support Advanced disease Invasive treatment Dissociative symptoms regarding cancer experience (e.g. unable to recall cancer diagnosis discussion with doctor) Persistent intrusive re-experiencing of cancer-related experiences (e.g., repeated mental replaying of diagnosis)



### Trauma-Informed Approaches to Care (TIC)

#### Practical Application: The Four Cs

#### Calm

Pay attention to how you are feeling when you are caring for the patient. Breathe deeply and calm yourself to model and promote calmness for the patient, yourself, and your co-workers

#### Contain

Limit trauma history detail to maintain emotional and physical safety. Provide education, resources, and referrals to traumaspecific care without requiring disclosure of trauma

#### Care

Practice self-care and self-compassion while caring for others

#### Cope

Emphasize coping skills, positive relationships, and interventions that build resilience

#### Calm

What are current practices implemented to maintain a safe environment (in the waiting room, during exams)?

How do you typically respond when you encounter an anxious, angry, or tearful patient?

Does your team have any practices to promote stress management or enhance the wellbeing of staff (i.e., daily mindfulness practice at huddle/lunchtime)?

#### Contain

#### Current screening practices

When you suspect a patient experienced trauma, how do you handle?

How do you currently respond to sensitive disclosures from patients?

Does your clinic/hospital have access to resources (pamphlets/brochures) readily available to disseminate?

#### Care

How do you currently address harmful coping behaviors with patients (i.e., substance abuse, self-harm, overeating)?

What are ways to enhance communication with your patients to promote de-stigmatization and embody compassion?

"Thank you for sharing this with me. I am sorry that happened. We are here to help. Can you tell me how you feel this experience is still affecting you?"

#### Cope

"What are some things that have helped you in the past when you've felt this way?"

"What are you doing or thinking when you have brief moments of feeling happy or calm?"

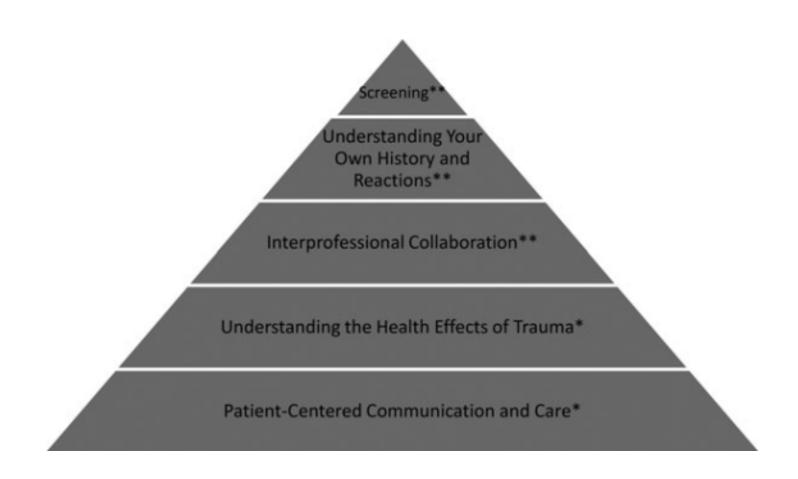
"What thoughts or actions or people give you hope?"

"What do you think will help you heal?"

## Applying TIC in Medicine

Screening & delivery of care practices

- Screening for trauma (universal vs. targeted) and response to disclosure of trauma
- Intervention for at-risk populations (community; Currie et al., 2019)



#### Trauma-Informed Care

- Importance of an interdisciplinary team for delivery of care
- Screening for emotional distress
  - ❖ A tiered approach to inquiry
  - \* "Have you had any life experiences that you feel have impacted your health and well-being?"
    - "Can you share how these experiences have affected you?"



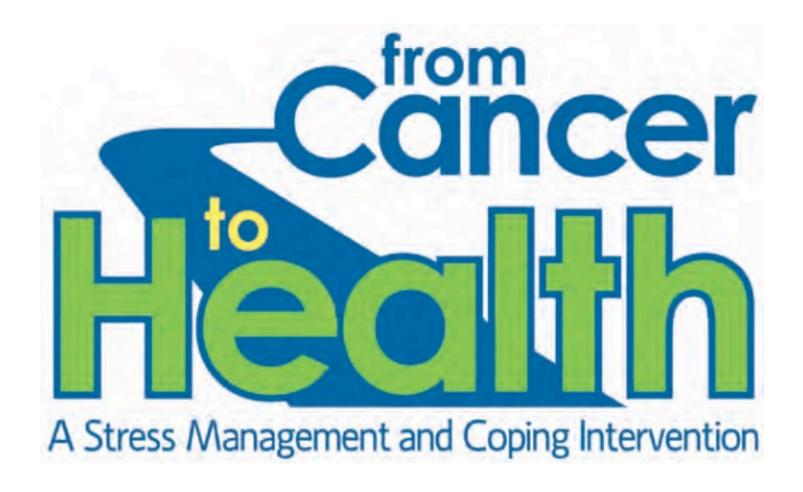
## Treatment of Trauma & PTSD

Evidence based psychotherapy

Medication

Combination

Alternative therapies and trauma-informed interventions



A
Biobehavioral
Approach to
Coping with
Cancer

#### Future Research Implications

Assessing the experiences of trauma survivors (vs. non-trauma survivors) in the health care system

Examine if patient-centered techniques encourage more participation in preventive care and if this translates to better health outcomes/cost savings for patients with trauma histories

Examine what types of medical interactions help trauma survivors successfully change health behavior/are trained trauma providers more likely to engage traumatized patients in preventive care?

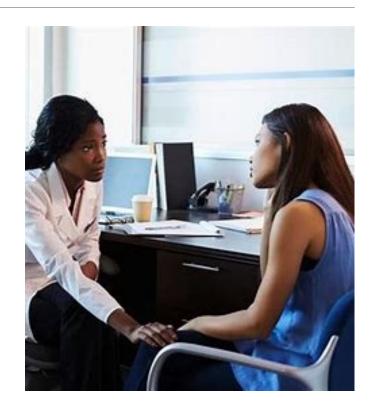
Do trauma survivors place a high level of subjective value on specialty referrals and do they follow up?

#### Summary

Trauma exposure is highly prevalent and has widespread physical and emotional health consequences across the lifespan

Health care providers benefit from understanding the multilevel impact of trauma and how it influences patients' engagement with health care

Provision of trauma-informed care involves recognition of the signs and symptoms of traumatization; integrates knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization to foster secure patient-provider relationships that enhance outcomes



## Questions?



## Thank You!

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