Psycho-Oncology Training Empowers Therapists

BY CAROLINE HELWICK

NEW ORLEANS — Psychiatrists and other mental health professionals often lack sufficient background in oncology to effectively provide psychosocial care to cancer patients. The Henry Ford Health System (HFHS) in Detroit has designed a program to fill this need, resulting in improved access to specialized care for their large patient base, said Wendy Goldberg, a nurse practitioner at the Josephine Ford Cancer Center (JFCC) of the HFHS, at the annual conference of the American Psychosocial Oncology Society.

A review of the literature showed that one-third to one-half of all cancer patients experience significant psychosocial distress, and that psychological intervention is effective in remediating distress (Psycho-Oncology 2004;13:837–49), Ms. Goldberg and her colleagues noted in their poster.

Because of the volume of this population, the patients’ disease states, and issues of geographic dissemination, many patients requiring psychosocial services now see counselors within their communities who lack expertise in cancer care. Although patients and families who were seen at the JFCC have expressed satisfaction with the psychological services at that cancer center, the patients who were seen in the community have been highly dissatisfied with such care, Ms. Goldberg explained in an interview.

“Patients complained to their oncologists that their therapists did not understand their situation or were not helpful,” she noted. “We had to see if we could better prepare the psychotherapists in the community.”

Ms. Goldberg and her colleagues designed an intensive, specialized, mastery-based psychosocial education program that covered cancer basics, as well as the psychological and behavioral dimensions of cancer.

The program was attended by 91 mental health care providers from within the HFHS and the southeast Michigan region. Faculty included a psychologist, health psychology fellow, psychiatric nurse practitioner, psychiatric social worker, and oncology nurse practitioner.

The content for the 8-hour course included cancer biology and treatment issues, psychiatric comorbidity, psychological and psychopharmacologic interventions, ethics, and genetic testing in cancer populations. Interactive lectures, case presentations, and panel discussions with patients and family members focused on the mastery of essential knowledge, attitudes, and skill development in psycho-oncology care. Enrollees from the HFHS were invited to participate in the next two phases of the program, which entailed ongoing, small-group, peer supervision via telephone conferences and a 1-day clinical observation.

Participants reported high satisfaction with the course. On a quality-rating scale of 0–5, mean ratings were 4.5 or higher on all content and organizational categories. Virtually all respondents said that the program was highly applicable to their profession and yielded information that would be professionally useful. (See box.)

“Psychotherapy for Cancer Patients Improved by Education

T

herapists reported a gain in knowledge that helped them counsel cancer patients. These are some of their “before and after” stories, as described by Teresa Lynch, Ph.D., a psychologist at the JFCC, and Ms. Goldberg.

Case No. 1. The therapist could not understand why his very ill patient resisted discussions about end-of-life issues. But after reviewing the patient’s clinical status, he learned the patient was midway through his initial treatment, was ill from the side effects of surgery and radiation rather than from disease, and—most importantly—had an excellent chance of cure.

The therapist then understood that exploring fears about death and dying was not relevant, and he redirected the focus of therapy toward emotional resiliency during treatment.

Case No. 2. The patient did not understand her oncologists’ insistence that she needed both chemotherapy and radiation therapy. The therapist was able to use her fundamental knowledge of cancer biology to probe the patient’s understanding of these issues. She combined psychopharmacological techniques with anxiety management to help the patient face an unpleasant reality. This interaction increased the patient’s confidence in her therapist, which ultimately helped the patient receive optimal care.

Case No. 3. The patient approached the program’s psychologist about her difficulty in proceeding with treatment recommendations until she could better manage her anxiety, attend to important personal business, and think more about her treatment options. The psychiatrist and nurse practitioner discussed the case together, and concluded that further delays in initiating cancer treatment could jeopardize the patient’s chance for a good response, including cure. The team strategized ways to shift the focus of therapy to concerns about the risks of delay, rather than the patient’s need to be “perfectly ready” before beginning treatment. The psychiatrist adjusted her treatment approach from reflective listening to a psychoeducational/problem-solving strategy that helped the patient overcome a dangerous state of paralysis and avoidance. The patient later directly expressed her gratitude for this intervention to the oncology team.

Case No. 4. A therapist who was working with a breast cancer patient wanted a greater appreciation of what her patient would face after completing chemotherapy. The therapist had no knowledge of tumor biology, including the meaning of estrogen receptor positivity. Therapists do have access to patients’ electronic medical records (EMRs) in the health care system—the aim being to promote integrated care—but most therapists do not know what information to look for or where to find it in the EMR. To address this need, the psychosocial educational program devoted a telephone supervisory session to teaching therapists how to navigate the relevant aspects of the patient’s EMR.

psycho-oncology care providers from within the HFHS and the southeast Michigan region. Faculty included a psychologist, health psychology fellow, psychiatric nurse practitioner, psychiatric social worker, and oncology nurse practitioner.

The content for the 8-hour course included cancer biology and treatment issues, psychiatric comorbidity, psychologi-