

Series Foreword

Mental health practitioners working in medicine represent the vanguard of psychological practice. As scientific discovery and advancement in medicine has rapidly evolved in recent decades, it has been a challenge for clinical health psychology practice to keep pace.

In a fast-changing field, and with a paucity of practice-based research, classroom models of health psychology practice often do not translate well to clinical care. All too often, health psychologists work in silos, with little appreciation of how advancement in one area might inform another. The goal of the Clinical Health Psychology Series is to change these trends and provide a comprehensive yet concise overview of the essential elements of clinical practice in specific areas of health care. The future of 21st-century health psychology depends on the ability of new practitioners to be innovative and to generalize their knowledge across domains. To this end, the series focuses on a variety of topics and provides both a foundation as well as specific clinical examples for mental health professionals who are new to the field.

We have chosen authors who are recognized experts in the field and are rethinking the practice of health psychology to be aligned with modern drivers of health care, such as population health, cost of care, quality of care, and customer experience.

Discussion of the book series began over a cup of coffee in Washington, DC, with Susan Reynolds, senior acquisitions editor at APA Books. I was interested in writing a book about psychological treatment of patients

with cancer, and Susan had a vision for a clinical health psychology series written for a practitioner readership. This volume would have never been possible had I not had the great privilege of working with people whose lives have been affected by cancer. To work in psychosocial oncology is also to be humbled in following in the footsteps of many extraordinary leaders who helped this field take shape. It is my hope that this book honors the patients and family members who have helped me to gain great appreciation for the dignity, grace, and resilience of the human spirit in its capacity to cope with cancer.

—Ellen A. Dornelas, PhD
Series Editor

Introduction

Although I have been a practicing clinical health psychologist in a hospital setting for many years and have treated quite a few individuals with cancer, I did not become fully immersed in psychosocial oncology until I was hired full-time in a cancer center. As I became immersed in the day-to-day work in this busy urban center, I quickly realized that I needed a brief, easy-to-digest guide that would provide me with information about treating the broad spectrum of patients with cancer.

The challenges of treating the mental health needs of a large volume of high-acuity patients placed great limits on my time. I searched for literature on this topic and found excellent resources, such as the *Quick Reference for Oncology Clinicians: The Psychiatric and Psychological Dimensions of Cancer Symptom Management* (Holland, Greenberg, & Hughes, 2006), published by the American Psychosocial Oncology Society's (APOS) Institute for Research and Education. Indeed, APOS and their international

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Psychological Treatment of Patients With Cancer, by E. A. Dornelas

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counterpart, the International Psychological Oncology Society, are a welcoming multidisciplinary community devoted to improving the quality of life and the experience of people living with cancer. However, although many excellent books are focused on the psychological experience of people with cancer written for both patients and mental health professionals, I did not find the exact type of book I was searching for. Thus, this volume was written to address what I perceived as a gap in the literature: a book that is succinct but comprehensive in scope such that a mental health professional can build a foundation of knowledge that can generalize to the majority of patients with whom she or he works. This book was written for the practitioner who has a good general understanding of clinical psychology but is new to working with patients who have cancer, or for the practitioner who has worked only with a particular subgroup of oncology patients (e.g., women with breast cancer) and desires to further his or her capability to treat a broader spectrum. My own understanding and clinical work with people who have cancer continues to evolve and has been a tremendously gratifying source of personal and career growth. It is my sincere hope that the information herein will encourage more clinical practitioners to seek additional training in psychosocial oncology. The number of cancer survivors will increase dramatically in the years to come, and it is important that psychology respond by creating the needed workforce.

OVERVIEW OF THIS BOOK

Designed to be practitioner friendly, this book includes a range of psychological interventions aimed at helping patients to cope with the psychological complexity of cancer treatment. The goal of the book is to illustrate the application of psychological approaches in the practice of psychosocial oncology. Although specific approaches are emphasized in each chapter, the reader should try to generalize across topics. Each chapter provides illustrative clinical case examples. Brief descriptions of each chapter follow.

Psychological Treatment for Patients With Cancer follows a structure common to all volumes in the American Psychological Association's Clinical Health Psychology Series. Part I provides a concise overview of cancer

and its treatment. Part II focuses on assessment and treatment of common psychological reactions to a cancer diagnosis.

Chapter 1 imparts a basic understanding of cancer and how it progresses. Common categories of cancer, such as breast, prostate, lung, colorectal, brain tumor, sarcoma, lymphoma, leukemia, pancreatic, liver, and certain male and female reproductive cancers, are briefly described. Survival rates for major cancer types are discussed.

Chapter 2 summarizes the main known contributing factors to the development of cancer. The disproportionate impact of cancer on Black/African Americans, Hispanics/Latinos and people who are impoverished in the United States is discussed. Genetic, environmental, and behavioral factors that increase risk for the development and progression of cancer are reviewed, as is the impact of attitudinal and social factors in screening for and coping with cancer.

Chapter 3 provides an overview for nonmedical readers about the major methods used to treat cancer, such as surgery, radiation therapy, and chemotherapy. Commonly used terms in oncology treatment are defined, and some of the psychological aspects of specific cancer treatment are described.

Chapter 4 focuses on depression in patients with cancer. Often, depression goes undetected and untreated. This chapter reviews literature showing that untreated depression may be linked with disease progression. Included in this chapter is a summary of evidence-based psychotherapeutic approaches that have been shown to be effective in treating patients with cancer who are depressed.

Anxiety is the most common psychological symptom encountered in an oncology population. Anxiety and distress fluctuate over the course of treatment, with no strong consensus on the best method or time frame for assessing these constructs. Chapter 5 presents an overview of the continuum of approaches to anxiety treatment for patients with cancer. The Commission on Cancer mandate to screen for distress in patients with cancer is discussed.

Chapter 6 addresses sleep dysregulation and the accompanying fatigue, symptoms that often drive people with cancer to seek psychological treatment. This chapter summarizes the literature in this area and

presents an overview of sleep hygiene techniques and specific behavioral strategies to combat fatigue and improve sleep.

Chapter 7 focuses on sexual dysfunction. Cancer and its treatments often affect sexual functioning, but many health care providers are unable to help patients address this concern. The potential influence of side effects of cancer treatments (e.g., mastectomy, hair loss) on body image and intimacy is covered. Strategies for counseling male and female patients with cancer with sexual dysfunction and/or body image disturbance are reviewed.

Chapter 8 discusses the effects the medical condition has on the family of patients with cancer and the role of social support. Spouses and partners of people with cancer often have higher anxiety rates than the patients themselves. The role of the caregiver is taxing, and the resources to address the intense psychological demands of supporting a loved one with a serious health problem are generally inadequate. Most behavioral health clinicians working in psychosocial oncology will counsel patients' family members and therefore need to feel comfortable helping them gain perspective about the diagnosis, assess their resources for support, and develop or maintain a self-care regimen. Caregiving spouses often ask for guidance about how to communicate with their children about a parent who is dying, and this chapter provides some guidelines.

Chapter 9 expounds on the posttreatment psychological sequelae of cancer. There is a growing literature showing that cancer survivorship needs are broader than the psychological aspects and are important to consider from a secondary prevention perspective. The overlap between cancer survivorship and the psychological aftereffects of cancer is also discussed. Fear of reoccurrence, cognitive dysfunction, and the challenges of managing a lifetime of ongoing surveillance are touched on.

Chapter 10 portrays some of the existential themes that abound in oncology care. This chapter reviews the literature on psychological approaches that help people with cancer to accept the inevitability of death and improve quality of life. The controversy surrounding the medical aid in dying movement is explored.

Future directions of practice for cancer care and clinician self-care are discussed in the final chapter, Chapter 11. Many serious psychosocial prob-

lems encountered in oncology are neither assessed nor treated, and cancer care needs to be designed to better integrate mental health treatment into the routine delivery of service. Cancer care also requires advanced skill in managing one's own emotions, remaining compassionate, tolerating work overload, and coping with acute distress of patients and their loved ones. Feeling overwhelmed, fatigued, stressed, and/or depressed are all potential signs of compassion fatigue or the loss of enthusiasm for one's life work. This chapter provides cancer clinicians with tools for recognizing burnout and underscores the importance of work–life balance and self-care.