

Kessler Foundation Podcast Transcript: Cancer-Related Fatigue Part 4 of 5-Psychosocial Interventions

Recorded August 2019. [Listen to it here.](#)

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BROOKE LASTER: 00:05 It's not surprise that fatigue is the most frequently reported symptom associated with cancer and its treatment.

ANNOUNCER: 00:12 Welcome to the 2019 third annual cancer conference, Beyond Rest. A rehabilitative approach to managing cancer-related fatigue sponsored by Kessler Institute for Rehabilitation and Kessler Foundation. Cancer-related fatigue is an issue that often develops through treatment and can last for months or even years. The conference podcasts will focus on the impact, screening, and management of the physical, physiological, emotional, and cognitive sequela. Listeners will gain understanding of the various evidence-based therapeutic interventions and the overall benefits of a multi-professional approach. Topics to be discussed will include current research in practice guidelines as well as the unique role that rehabilitation can play in managing and reducing signs of cancer-related fatigue. This presentation was recorded, produced, and edited by Joan Banks-Smith, creative producer for Kessler Foundation on Thursday, August 8, 2019 at the Kessler Institute for Rehabilitation West Orange Campus, New Jersey. Be sure and check out the conference playlist to listen to all of the other session podcasts. The link to the playlist is in the show notes. In session four, Brooke Laster, oncology social worker from Valley Hospital, presented psychosocial interventions for cancer-related fatigue.

LASTER: 01:43 Good evening, my name is Brooke. Thank you so much for having me here tonight. I'm really happy to be here talking to you all about cancer-related fatigue and the psychosocial interventions that exist for our patients. So a brief overview, I'm going to break down the different psychological components that reflect the type of fatigue that our patients experience, as well as the different psychosocial interventions that are available. I'm really going to focus on cognitive behavioral therapy plus hypnosis and talk a little bit about this multi-modal approach and then I have a whole slew of research study pieces at the end. My bibliography, right, is what we call it. So let's briefly go over the psychological components of cancer-related fatigue.

LASTER: 02:42 So I think we can all agree that cancer is exhausting, right? As we've been standing up here tonight hearing from all the different providers and clinicians, there's a lot of different variables that go into why our patients feel so tired when they're on treatment and long afterwards. So it's not surprise that fatigue is the most frequently reported symptom associated with cancer and its treatment. And there a multitude of variables that factor into the experience of fatigue while going through treatment and well beyond. In terms of demographic factors, marital status and income have been linked to cancer-related fatigue with unmarried patients and those who have a lower household income reporting higher levels of fatigue. So that makes a little bit of sense. This can be explained that a person without a partner who can provide instrumental and emotional support may feel more tired and fatigued. They have to kind of bear the burden of all of the daily responsibilities on their own perhaps.

LASTER: 03:50 As well as financial stress is related to the experience of fatigue. Low or reduced income due to their disease, patients worry about making ends meet. And let's be

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honest, that keeps them up at night. Those are the 3:00 AM thoughts that my patients will talk about. "Brooke, I'm worried. How am I going to pay my mortgage when I have a negative balance in my bank account?" So of course, appropriate referrals to people like patient financial advocates or case managers or social workers in your institutions can really help alleviate some of these things for our patients and really give them practical help that they might need. It's wonderful when we can actually help a patient with something like this and even just let them know that they're not alone, right? That's such a big part.

LASTER: 04:37

So shifting to the psychological symptoms, depression is a biggie, and to a lesser extent, anxiety. But really, depression has been found to have a relatively high correlation with cancer-related fatigue. IN fact, depression's relationship to fatigue has been shown to be a greater magnitude than that of disease activity as measured by such markers as nutritional status and tumor-specific tests. So it's a biggie. Depression is of particular interest as a risk factor for cancer-related fatigue. And the association between fatigue and depression is sort of complex, right? What came first, the chicken or the egg? They're very much intertwined. It's sometimes hard to parse out. So it's extremely important to screen for depression. Somebody earlier had shown the NCCN Distress tool. A lot of institutions are using this. And this is way to kind of screen for all sorts of things that our patients are experiencing, depression and anxiety being one of them. So it's a greater opportunity to assess patients at the beginning, during, throughout, and after their treatment to really keep an eye on where are they at in terms of their mental health and wellbeing, because it plays such a huge part in cancer-related fatigue.

LASTER: 06:08

Another piece to talk about is anxiety, but more importantly, this idea of catastrophic thinking. So patients who engage in a lot of negative self-statements and thoughts regarding fatigue-- for example, a patient might say, "Oh, I began thinking about all the possible bad things that are going to go wrong in association with fatigue. Everybody tells me that I'm going to be exhausted after radiation therapy." And then a patient might say to themselves, "I can't bear to think about how tired I'm going to be just preparing for it. And I can't even begin to imagine how I'm going to work and be a mom and get my therapy. And this is just too much." So these types of negative thoughts were associated with higher levels of fatigue during and up to, sometimes, almost four years after treatment in a research study that was done with breast cancer patients that were going through radiation therapy. So it's no wonder. When you have these really intrusive, catastrophic thoughts, it's going to take a toll on you, but it's also kind of shifting your perception about fatigue. If you're thinking you're going to be fatigued, it's sort of that self-fulfilling prophecy. And we're going to talk about that a little bit more when I talk about cognitive behavioral therapy.

LASTER: 07:33

So let's talk a little bit more about the different types of psychosocial interventions that are available. So as somebody mentioned earlier, there are a lot of different interventions that can be helpful for patients that can help reduce their feelings of fatigue during treatment. They're all listed here, right? So we're well-aware of the benefits of supportive therapy, psychotherapy-- as a social worker, I'm a huge proponent of therapy. All of our patients can benefit from it. Processing the trauma of what they're going through, the impact it's having on their lives, it can only be a good

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thing for our patients. Behavioral therapy, so things like relaxation, guided imagery can be a really great opportunity for patients to kind of check-out and sort of check-in with their thoughts, with their breath and give themselves a defined time to do a little self-care. Counseling, so I said psychotherapy earlier, but counseling more in managing their symptoms, preparing for what to expect. So a little bit more of psycho-education can be helpful for our patients. Education, and this is more a chemo-teach type of a session with a nurse giving the patients the opportunity to talk about how their treatment is going to affect their day-to-day and talking to their nurse about how to manage that a little bit. And then things like restorative therapy. So I, sometimes, even like to call this distraction therapy with my patients. Are there certain things that you can do to get out of your house to give yourself a chance to really focus on something enjoyable or even just something that helps get your mind off of things for a few moments. You're not in denial. You're not forgetting what you're going through, but sometimes, even just going for a 10-minute walk, going to a park, sitting on a bench. Whatever you're capable of can sometimes be really helpful and give you a much needed break from everything that you're going through.

LASTER: 09:48

And finally, I'm going to talk a little bit about cognitive behavioral therapy and hypnosis. So the reason that I'm focusing on this is that studies have shown that this is one of the most effective psychosocial interventions for managing cancer-related fatigue. And in the world of psychology, and for social workers, it's very difficult to have evidence-based interventions to provide to our patients. It's very hard to, sometimes, quantify and qualify what we're doing and showing that there's a true benefit for a large quantity of people. So in a randomized control trial with 200 participants who were going through radiation treatment for breast cancer, these patients reported significantly lower levels of fatigue during and after treatment as demonstrated on the Facet scale. So I'll just pop to this. Some of you may have seen this. I know we've been talking a lot about scales and different ways to measure fatigue. This is the particular scale that this study was throughout it. So the results support CBTH as an evidence-based intervention. And the great thing about it, it's non-invasive, has no adverse side effects, and its benefits persist long after the last intervention session. So I was fortunate enough to have the opportunity to attend the CBTH training at Mount Sinai's Ichan School of Medicine. This was a NCI-funded program, so that kind of gives it some street credit as well. They're saying this is a great intervention. It's proven to be helpful for patients. And they're now training clinicians all throughout the country and even all throughout the world. We had a few folks from Europe that attended this.

LASTER: 11:45

So what is it? Because you hear these terms cognitive behavioral therapy and hypnosis, and what the heck is that? And what do you do? And how does this actually help somebody feel less tired? So I'm going to do my best to explain it. So I'm going to talk about RABT. And RABT is a type of cognitive behavioral therapy. And basically, it addresses your attitudes, your emotions, and behaviors that negatively impact your quality of life. So RABT helps people think about unpleasant and negative events in a more rational and flexible way. The basis of RABT is that we can't control what happens to us but we can always control how we think about those events to reduce or eliminate suffering. So we can't take our patients' cancer and then treatment, but

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we can help them think about in a different way. Not a positive way, but in a different way that's, maybe, less negative or more helpful. So a patient might say, "What if I never return to my previous energy level?" So this is an inference that a patient might make, and their evaluation of that might be, "Well, that's horrible, and I can't stand that I would have to live that way." And this is a belief that we would help the patient debate. So we're not going to replace it with a positive belief, but we're rather going to replace it with a more neutral, rational belief. And so I like this statement at the bottom here that many people think that is the events that happen to them that cause them to feel upset, but really, it is how they think about those events, okay?

LASTER: 13:36

So I'm going to show you-- and I'm concerned that it's going to be difficult to see, as I've been sitting in the back and even over here, so bear with me. So CBT is a lot of worksheets and homework, but the crux of it, really, is to get patients to do these different types of activities to then automatically be able to do it in their brain, right? So sometimes, it's a little bit of leg work to have longer-lasting effects. So if I kind of point up here-- so what we do is we help a patient identify what their issue is. So this patient here is saying-- they come into my office and they say, "Brooke, I couldn't attend my best friend's 50th birthday party because I was sick with side effects and I felt terrible." And so then, I ask the patient, "Can you identify a couple of things for me? Tell me, how did you feel, emotionally, when this event happened, which was that you couldn't go to your friend's party because you felt so terrible from treatment?" Well, this patient said, "Well, I was angry. I was sad. I was hopeless." And I asked, "What are some of the behaviors that you engaged in when this event happened and you felt this way?" And the patient said, "Well, I withdrew. I isolated myself. I lashed out at my husband, and that wasn't fun." And then, I'll ask them, "How did you physically feel? What was going on with your body when this was going on for you?" And she said, "I feel tense. I felt uncomfortable. It was just awful." So here's what we do, is we then help the patient identify what type of unhelpful belief they're having. And there's four categories down here. And there's no way you can read any of those, but I'll do the hard work for you. The first unhelpful belief category is the one that this patient was having, which is demanding-ness. So this patient's saying, "I should be able to go to this important event. I should be there for my friend. And I should be able to enjoy myself," okay? And so then, we challenge our patient to debate this belief. So the patient realizes that thinking this way-- so thinking that they should be able to live their life just as they once did before, prior to treatment, is unhelpful because it caused her to feel sad and angry, it made her isolate herself and yell at her husband, and she physically felt yucky, tense, uncomfortable. That's never a good feeling.

LASTER: 16:06

So she doesn't want to feel this way. So we've established that, right? But so this is where sort of the meat and potatoes of the work happens, is we're helping the patient find a more effective and helpful belief in lieu of the unhelpful belief. So you're not going to feel okay and great about missing this party, but can they feel less awful about it? And so here, there is a corresponding more helpful belief to every unhelpful belief. So in this case, it's a preference, right? So we help the patient reestablish a belief that they can buy. So we have to check in with them. "Is that something you could buy? Is that something you could actually believe, or are you

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just sort of yes-ing me and nodding your head?" So that's where a lot of the work happens as well. But this patient was finally able to say, "Okay, I wish that I felt well enough to go the party, but going through cancer treatment can take a lot out of you. And it's not realistic to think that I'll be able to do everything I usually do," right? So she's not saying, "Oh, it's no big deal. And we'll celebrate another time, and treatment will be over one day." No, she's saying, "Listen, this isn't great. I wish I could've gone, but I'm going through some stuff. And I'm not going to be able to do everything I usually do. Okay." And then we check back in. "So how do you feel now?" "Okay. I'm mildly disappointed," right? She's not happy, but she's mildly disappointed, which might be a heck of a lot better than sad, angry, hopeless. "And how are you behaving, maybe, if you were to think this way?" "Well, maybe, I'd actually tell my husband how disappointed I was. And maybe, we'd sit on the couch together and watch some junky TV together," right? "And then, physically, how might you feel if you could believe this?" "Well, I would feel less tense." "Well, and who wouldn't want to feel that way?" right? So it's this type of activity that we do with our patients. And in this particular study, they did it twice a week for six weeks, 15-minute sessions. So this seems like a lot, right? But you can kind of get the hang of it when you start doing it with a patient, and they get the hang of it. And the cool thing is when they're able to kind of make the connections really quickly. And that's when it starts to change in their mind, and so that's the tool that you're teaching them.

LASTER: 18:28

So that's kind of a quick and dirty on CBT. I'm going to shift to talking about hypnosis. So you're probably like, "Hypnosis? Really?" So a lot of people have a lot of thoughts about hypnosis. It's one of those things that you see on TV, so I want to go through what hypnosis is not. So it is not what you've seen on TV or on stage shows in Vegas. It is not this trance-like state of being, that's why I chose these photos of "Look into my eyes." It's not mind control, so the patient is in complete control the entire time. And it's something that you can do to yourself. So it's not something that's done to you. I'm not going to make my patient cluck like a chicken or do something crazy. It's very nice. So the concept of this is that they coupled the RABT therapy that I just spoke about with hypnosis. And so they did this because, in this particular study, they wanted to see, would this improve the outcome of cancer-related fatigue? And it did, okay? So there's something about this combination that seemed to work better for our patients in reducing the fatigue that they were experiencing. So hypnosis is something that is considered to be a legit intervention. The American Psychological Association and AMA both consider it a valid intervention. And it gained a lot of credibility in the mid-'90s when NIH recommended it for chronic pain relief. So it definitely has some nice support.

LASTER: 20:09

So I talked about what hypnosis is not. Let's talk about what it is. So hypnosis is focused attention or concentration. So I like to describe it like you're reading a book, and maybe, a thriller or a horror book, something that you're really engrossed in and you're reading it and you're super into it. And if somebody were to come up behind you and tap you on the shoulders, you might freak out, right, because you're really in there in that book with the characters. That's sort of that thought of what hypnosis is, really concentrated attention. Hypnosis provides suggestions for your changes in perception. So like I spoke about earlier. your perception of fatigue, right? We're not

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telling you, "You will not be fatigued ever." It's just, "Your fatigue won't bother you so much. You'll be able to do your day-to-day activities." It can help with a variety of different things, and we're talking about fatigue tonight, but things like pain and mood. And the neat thing is, once you're trained in this, you can kind of alter it. So if I have a patient that says, "I'm really struggling with pain," we can alter it to help them focus on their pain and improving their perception of pain. And it really helps the brain to learn how to alter what it sees and feels. And for a lack of a better explanation, I'll sometimes say, "It's like a guided imagery or a meditation, but this is even easier because it's super passive. You are just listening and you're doing nothing more." So anyone can do it.

LASTER: 21:39

So the nice thing is that the change in expectations-- right? So this change in perceptions is really why hypnosis seems to work. And it's all about setting reasonable expectations. And so there's been a lot of literature, a lot of research that's been done that shows that there is this benefit to adding hypnosis to CBT, but even just hypnosis, in general, on its own. So it leads me into my next slide. Why does this work? How does it work? And there's a lot of explanations for the large clinical benefit of CBTH. First, this particular study that I'm speaking about, it includes hypnosis. Previous CBT interventions had CBT alone. So in the 200-participant breast cancer study, it was done with RABT, specifically, rather than a traditional CBT approach. So the important difference between these two is that RABT's focus is really on addressing those core irrational beliefs, which are seen as the immediate causes of dysfunctional feelings and behaviors. In addition, this CBT study, they conducted these face-to-face at the radiation clinic right after their patient's treatment, so it kind of reduced the burden of sending them out, having them go someplace else. It was also done twice a week, so perhaps, something's to be said about that consistent activity of doing the CBT worksheet and really getting the hang of it. And then this was also done in a preventative way. So I think we talked a little bit earlier on-- I had heard a few speakers speak about sort of being proactive, getting ahead of the fatigue. So rather than waiting for your patient to be exhausted, kind of set them up in this way, ahead of time, knowing what's to come. And again, the addition of hypnosis gave patients the suggestions of reduced fatigue, and it could, in turn, allow them to actually feel less fatigued.

LASTER: 24:06

So I think we spoke a lot about CBTH, and so what are some of the recommendations going forward to help our patients? Well, it's usually not just one thing alone. And so a review of a lot of the different studies out there, certainly, have meaningful benefits for physical activity as well as cognitive behavioral therapy. And so, perhaps, combining the two may be a great opportunity to help our patients reduce their experience of fatigue. So how do you find a hypnotherapist? Because this a question that comes up often. You can be trained. So if you are a licensed professional, you can attend the CBTH training at Mount Sinai. They do the trainings in the fall and the spring. It is free, actually. When does that ever happen? But no CEs, so that's kind of a bummer. But a great program I would recommend to anyone. You can also find a hypnotherapist by going on any one of these websites. You really just want to look for an individual who's a licensed, trained mental health professional. Same thing goes for CBT, and I didn't include that up there. But most of your mental health



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professionals are going to have some CBT training, so social workers, psychologists, psychiatrists, etc.

[music]

ANNOUNCER: 25:40

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