COMMUNICATION SKILLS

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Communication Skills in Cancer patients care

- difficult emotions
- disease and treatment (surgery, radiation, chemotherapy) experience
- undesirable consquences
- effective communication: empathic listening, open questions
- blocking communication: „belittling-normalization“ „false reassurance“, „formal agreement“, „readdressing“ “multiply questions”, “chut” et.c

Non-Verbal Communication

- Vocal
- Bodily

- ***Facial expression***: frown lines, position of the eyebrows and eye lids, size of pupils, shape of mouth, use of nose. Facial expression display emotion and can be used as interactive signal.

- ***Eye contact***. Important for building satisfying relationship, tells how people feel about us. Avoidance can signal feeling uncomfortable and disintegrated.

- ***Posture***. Can be related to mood, demonstrate attitudes and emotions. Can also support or conflict the spoken word.

- ***Gestures*** : small movements (rising a finger) to large movements (rising the clenched fist). Gestures are used as signals ? They illustrate speechand express emotions e/g increased hand movements – anxiety, minimal hand movement – depression.

DIFFICULT EMOTIONS

ANGER

- Recognition
- Permission
- Listen the story to get as much information as possible
- Focus on related stress/feelings
- Appologise
- Reasons
- Negotiate the Solution

Professional communication and risk of born-out

- Many problems are insoluble
- No one can solve them
- You can only try
- Bad news is bad news
- Serious illness causes PAIN
- My job is not to make people feel good
- My job is to try and make them less bad

Cancer care health professionals are not satisfied with professional communication

Poor recognition of psychological problems.

Some health professionals are reluctant to enquire because they fear that patients will reveal strong emotions such as anger or depression which health professionals are unable to handle.

DIFFICULT EMOTIONS

ANXIETY

- Recognition – *verbal, non-verbal*
- Acknowledgement –*I can see you are anxious*
- Permission
- Understanding – *I want to find out what makes you anxious*
- Empathic acceptance
- Assessment
- Alteration (if appropriate) – *removal of stress*
  cognitive challenge
  boosting coping strategies
  medication

THE AIMS OF THE PSYCHOLOGICAL HELP IN DIFFERENT TARGET GROOPS DURING THE COURSE OF CANCER TREATMENT

PATIENYS

- Diagnostics of the ipsychological individuality, including mental co-morbidity;
- Nozogenia prevention
- Disclosure and constructive transformation of the cognitive and behavioral patterns ;
- Psychological rehabilitation

RELATIVES and OTHER MICROSOCIAL SOURCE

- Prevention of the distress disorders as the reaction to the patient/s state and prognosis;

PATHOGENETIC FACTORS OF MENTAL DISORDERS IN CANCER PATIENTS

MENTAL INDIVIDUAL PRE-MORBIDITY
-Character
-Cognitive Style
-Psychological defense and coping strategies'
-Structure of the meanings

Somatogenic factors of cancer and it's treatment

Psychogenic factors of disease and treatment experience

Microsocial factors

D I S E A S E

NON-SPECIFIC SOMATIGENIC FATIGUE

NEURO-ENDOCRINE INDUCED AFFECTIVE DISORDERS

NOSOGENIAS, DISEASE AND TREATMENT EXPERIENCE

PRIMARY MENTAL DISORDERS AS THE RESULT OF SOME BRAIN TUMORS

P S Y C H O L O G I C A L C O N S E Q U E N C E S

THE MOST PROBABLE UNDESIRABLE PSYCHOLOGICAL CONSEQENCES

STAGE	FACTORS	PSYCHOLOGICAL CONSEQUENCES
DIAGNOSTIC	NOZOGENIA	• Anxious disorders • Anosognosia • Destructive patterns of behavior
SURGERY	Pre-Operational STRESS	• Affective and behavioral reactions • Heart disease
	BODY-MAGE CHANGES	• Decrease of self-estimation and satisfaction with body-imagee • Secondary disorders of social adaptation
CHEMOTHERAPY	PROLONGATION AND SIDE-EFFECTS	• Astheno-Depressive disorders • Emotional lability
	IINDUCED MENOPAUSA (artificial climax)	• Psycho-Neuro-Endocrine disorders •High level of family problems
	HAIR LOSS	• Decrease of self-estimation and satisfaction with body-imagee
RADIATION	INTRACORPORALRADIATION (ITS PSYCHOTRAVMATIC INFLUENCE)	Anxious and anxious-aggressive disorders Helplessness feeling, irritability, decrease of self-esteem
REABIITATION	Invalidisation and deformation of self-perception	Decrease of social adaptation

LEVELS OF THE PSYCHOLOGICAL HELP

	SUPPOUSED EFFECTS
PSYCHOLOGICAL REHABILITATION, THE SUPPORT IN REVALIDISATION OF PRIORITY MEANINGS	RESOCIALIZATION , PERSONAL DEVELOPMENT , REINTEGRATION OF SELF-PERCEPTION
PSYCHOTHERAPY OF THE ACTUAL AFFECTIVE AND PERSONAL DISORDERS	INCREASE IN QoL , ELABORATION EFFECTIVE COGNITIVE AND BEHAVIORAL PATTERNS
PREVENTION OF THE NOSOGENIA AND OTHER DISTRESS DISORDERS	OPTIMISATION OF THE IMMUNE REACTION , PREVENTION POF THE CHRONIFICATION

METHODOLOGICAL BASIS OF THE PSYCHOLOGICAL HELP IN CANCER PATIENTS

ECLECTIC

PSYCHOSOMATIC MEDICINE

«Задачи психосоматической медицины: найти связь между психологическими показателями переживаний и поведения и соматическими процессами и полученную картину использовать в терапевтических целях.» (Бройтигам В., Кристиан П., Рад М. 1999)

- PSYCHOANALIS (Alexander , 1951)
- Humanistic Approach (K.Rogers)
- Cognitive-Behavioral approach (Franks, Wilson, 1979)П
- Gestalt-therapy (Perls F. 1982)
- Meaningful attitudes (Мясищев В. 1995)

Diagnostics

✔ questionnaire of Illness (Николаева В. 1979)

✔ interview, narrative analis

✔Neuropsychological testing

✔ Projective Methods

METHODS

Therapy