

COMMUNICATION SKILLS

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Communication Skills in Cancer patients care

- difficult emotions
- disease and treatment (surgery, radiation, chemotherapy) experience
- undesirable consequences
- 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 speech and 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 GROOOPS 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;

Help in coping with responsibility in decision making

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 CONSEQUENCES

STAGE	FACTORS	PSYCHOLOGICAL CONSEQUENCES
DIAGNOSTIC	NOZOGENIA	<ul style="list-style-type: none"> Anxious disorders Anosognosia Destructive patterns of behavior
SURGERY	Pre-Operational STRESS	<ul style="list-style-type: none"> Affective and behavioral reactions Heart disease
	BODY-IMAGE CHANGES	<ul style="list-style-type: none"> Decrease of self-estimation and satisfaction with body-image Secondary disorders of social adaptation
CHEMOTHERAPY	PROLONGATION AND SIDE-EFFECTS	<ul style="list-style-type: none"> Astheno-Depressive disorders Emotional lability
	INDUCED MENOPAUSA (artificial climax)	<ul style="list-style-type: none"> Psycho-Neuro-Endocrine disorders High level of family problems
	HAIR LOSS	<ul style="list-style-type: none"> Decrease of self-estimation and satisfaction with body-image
RADIATION	INTRACORPORAL RADIATION (ITS PSYCHOTRAUMATIC INFLUENCE)	<p>Anxious and anxious-aggressive disorders</p> <p>Helplessness feeling, irritability, decrease of self-esteem</p>
REABILIATION	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~~ **questionnaire** of Illness (Николаева В. 1979)

METHODS

✓ interview, narrative analis

✓ Neuropsychological testing

✓ Projective Methods

Therapy