Using CBTm Principles to Promote Resilience and Hope in Patients with Cancer

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Presenter Disclosure

- •Faculty/Speaker: Irene Maendel, MA-C, CCC, RSW,
- •Employer: Southernhealth Santa Sud

- Relationships with financial sponsors:
 - Received the Community Oncology Professional Development Awards(CCMF) 2020

Mitigating Potential Bias

No potential bias to disclose.

Professional practice influenced by applied social sciences.

Objectives

- Briefly describe the development of the CBTm Program.
- Describe how beliefs, thoughts, feelings and behaviours can influence the cancer experience.
- Explain how CBTm can be used to promote resilience and hope in the cancer population.



The Vision

Increase access to Cognitive Behavior Therapy (CBT) for prevention and treatment of mental health and substance use problems.



The CBTm Leadership Team: Jitender Sareen, MD FRCPC; Natalie Mota, PhD; Tanya Sala, MD FRCPC; Jolene Kinley, PhD; Cheryl Maxsom, MSW; Jacquelyne Wong, PhD; Shay-Lee Bolton, PhD; Debbie Whitney, PhD CBTm.ca: https://cbtm.ca/

Cognitive Behavioural Therapy with Mindfulness In Cancer Care.

Feb 2020 - CBTm initial trial in cancer population

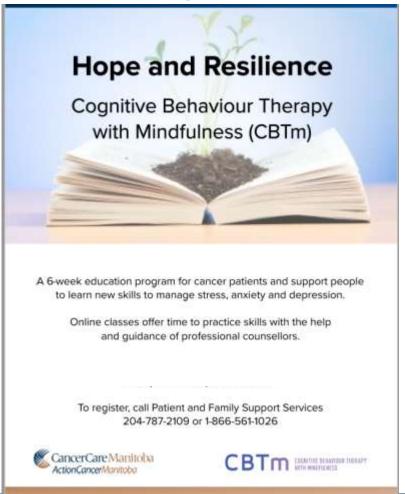
Hope and Resilience: CBTm in Cancer Care

Why CBTm for Cancer Patients and their care providers

https://cbtm.ca/facilitator-class-materials/



Fostering Hope and Resilience through CBTm – 6 Session Series



- CBTm Model
- Behaviour Activation
- Health Anxiety/Fear of Recurrence
- 4. Healthy living
- Problem Solving
- Responding to stress and wellness plan

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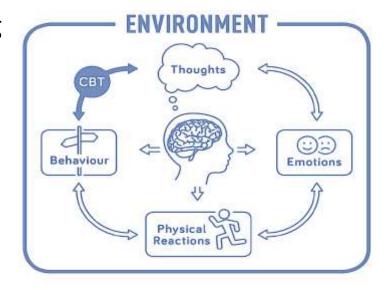
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CBTm Session 1 The CBTm Model

- CBT
- Mindful = awareness in the present moment
- Mindfulness Practices = brain training
- Relaxation Strategies
- Cognitive Restructuring

https://doi.org/10.1126/sciadv.abk3316

https://www.ncbi.nlm.nih.gov





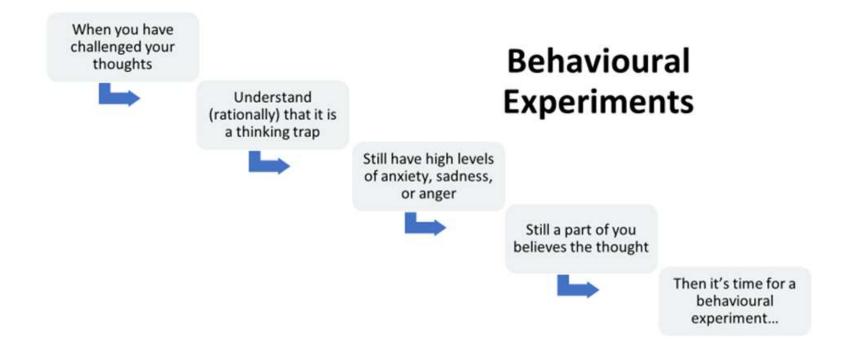
Thinking Traps

- Overgeneralization People who overgeneralize often use words like "always" or "never."
- All or Nothing Thinking (Blackand-white thinking) Seeing things in extremes
- Fortune Telling Discarding positive experiences despite the evidence
- 'Should' statements Directing yourself or others with unrealistic "shoulds"
- Mind-reading Assuming others' thoughts and intentions
- Catastrophic Thinking
 Exaggerating the importance of negative things, believing the worst-case scenario

Examples

- I had so many side effects from chemo. This means I will also react poorly to radiation.
- The treatment is worse than the disease. Chemo will kill me. Bad things always happen to me.
- My test results show that the treatment is working, but | know the cancer probably return
- I should be able to handle this without getting upset and crying! I should have been able to go back to work last month.
- My oncologist is not telling me the WHOLE story because they think I cannot handle the truth
- My oncologist says the treatment is going well but know the treatment's not going to work.

CBTm Session 2 Behaviour Activation





CBTm Session 3 Fear of Recurrence

CBTm talk: Fear of Recurrence

Patient presents with complaint about pain "all over" "all the time". Despite the professional judgement of their physician and positive response to treatment the patient keeps calling the doctors office to insists on running more diagnostics. Your professional experience allows you to assume fear of recurrence.

How do you respond?



CBTm Session 4 Healthy Living

- **≻**Sleep
- > Nutrition
- ➤ Substance use
- > Exercise

CBTm Session 5 Problem Solving

- ➤ Anger Management
- **≻**Assertiveness
- ➤ Self- compassion

CBTm Session 6 Responding to Stress



1 Understanding the stress response

Common Thinking Traps

Common Behavioural Responses

Self-Compassion

Take Home Messages

- Professionals can apply CBTm principles to promote resilience and hope in the cancer population.
- Beliefs, thoughts, feelings and behaviours can influence the cancer experience.
- CBT with Mindfulness skills can improve the cancer experience.

Thank you!

References:

CBTm.ca: https://cbtm.ca/

National Cancer Institute: https://www.cancer.gov/

Science advances: https://www.science.org/doi/10.1126/sciadv.abk3316

