

# Psychological impact of Cancer on TYA

## Strictly TYA 06.09.19

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( Slides acknowledgement Sue Dolby, Dr Laura Baker, Dr Sian Mckenzie, Dr Cara Davis & Dr  
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## Aims

- Think, talk and reflect on the impact of cancer for TYA
- Why are the developmental changes in the transition to young adulthood important to understand?
- How might cancer and its treatment impact these?
- Are there particular risks to consider?

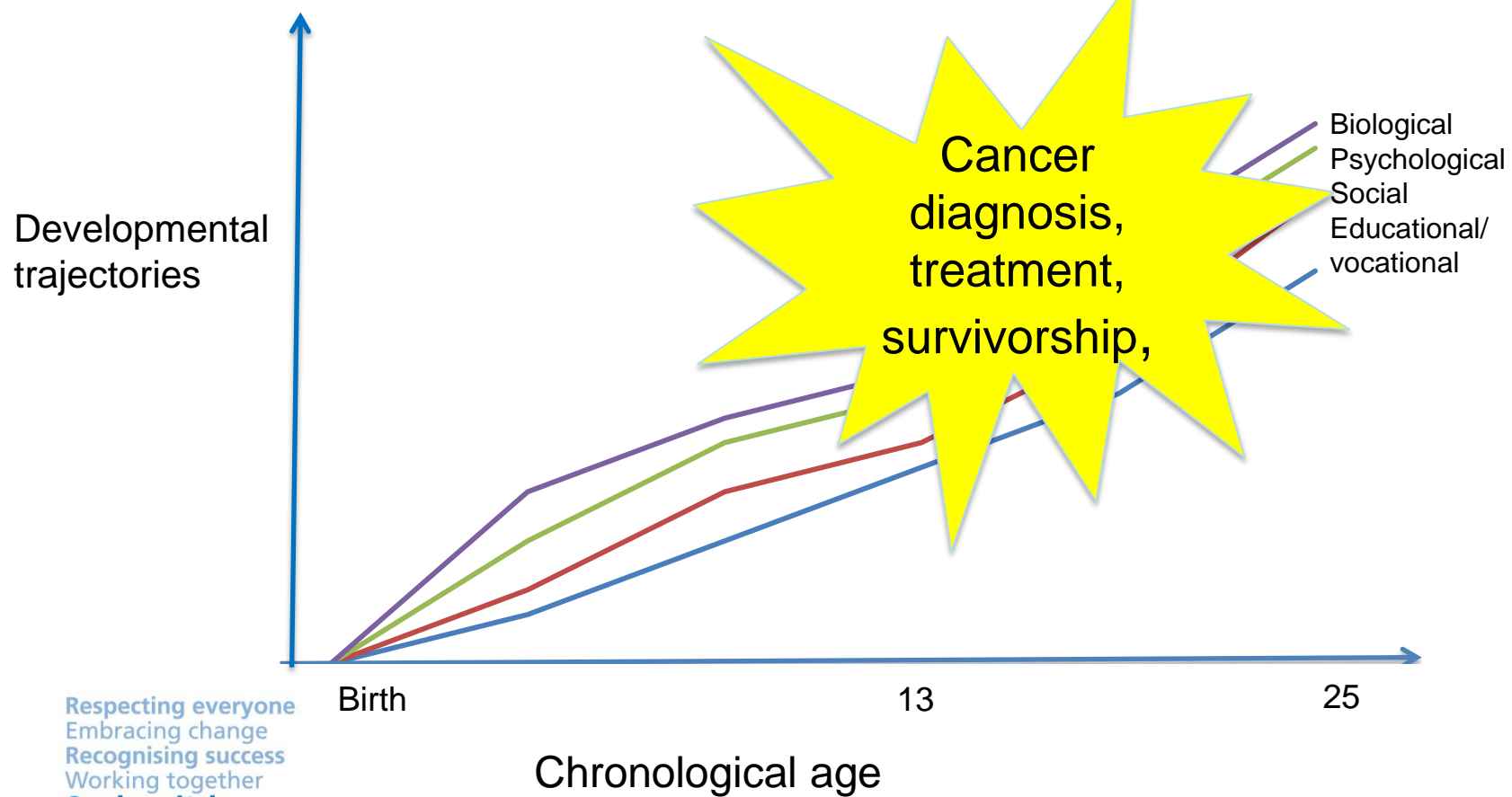


[https://www.teenagecancertrust.org/sites/default/files/BlueprintOfCare\\_2ndEdition.pdf](https://www.teenagecancertrust.org/sites/default/files/BlueprintOfCare_2ndEdition.pdf)

# Does a label of TYA tell us anything about an individual's psychology (think, feel, behave) ?



# So is there something special about TYA?



Respecting everyone  
Embracing change  
Recognising success  
Working together  
**Our hospitals.**



**Bio-psycho-social-vocational development**  
**Cancer pathway**



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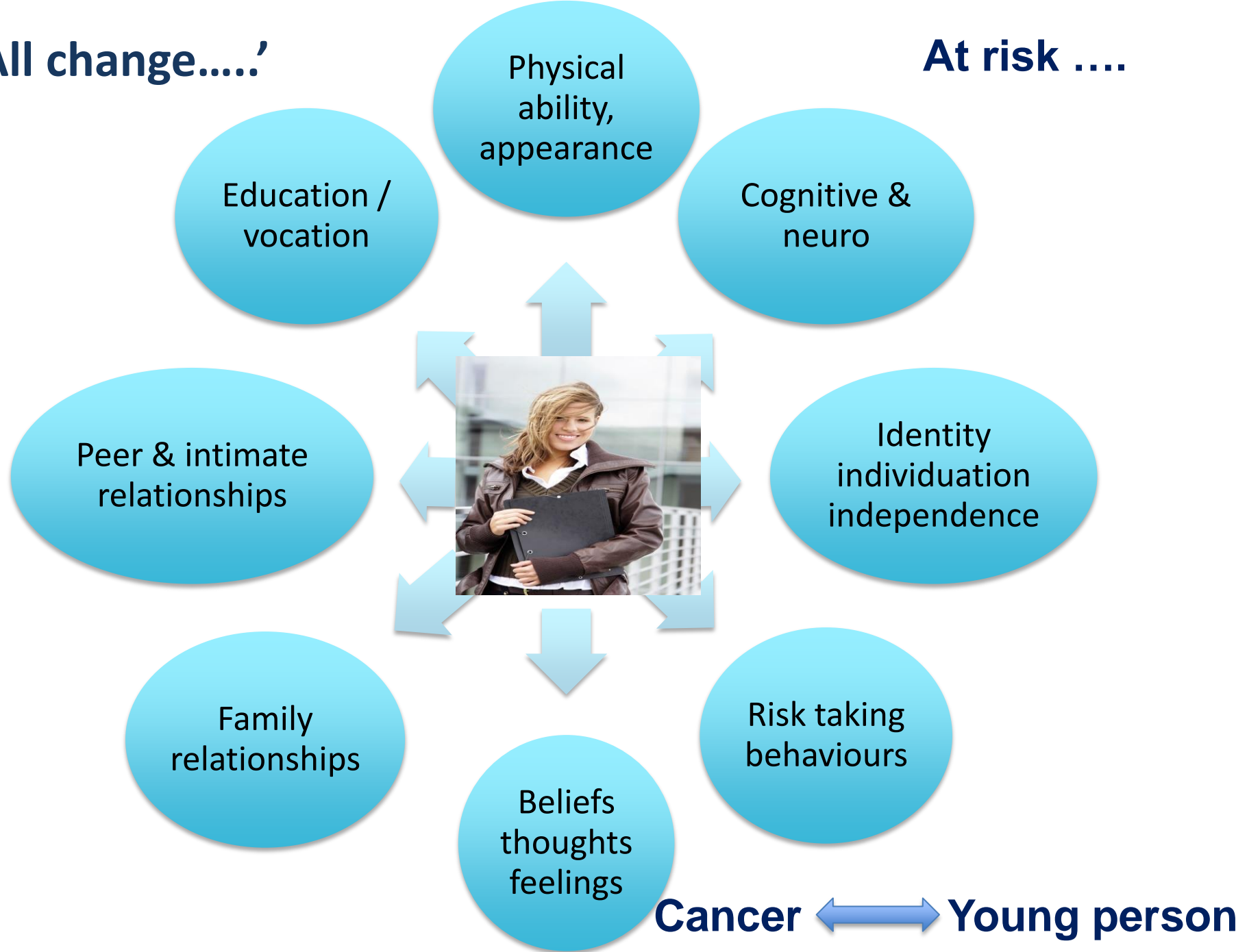
Survivor ?

***‘Now is not a good time’***

***(Steven, diagnosed at 18 with Hodgkin’s Disease)***

**‘All change.....’**

**At risk ....**



## Challenges to TYA >>> adulthood

- Life trajectory (education / vocation)
- Developing autonomy
- Shift from parents to peers and partners
- Bodily changes (appearance, sexuality, physical limitations)
- Intimate relationships and sexuality
- Brain development – more later
- Mood changes, intensity of feelings
- Changing beliefs about self, others, world
- Self - identity and worth (social identity, self-awareness, confidence, autonomy, personal, social and intellectual skills)



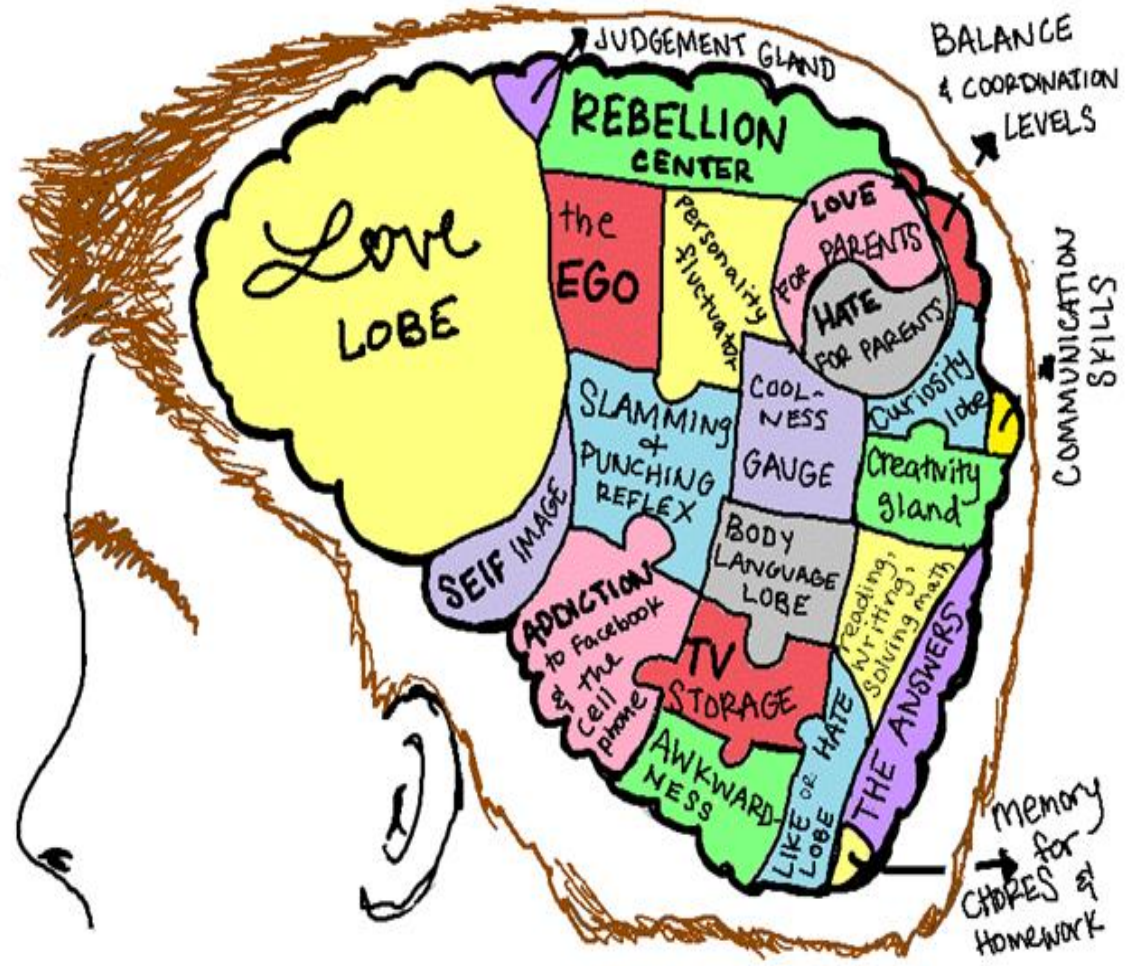




***Adjustment or psychosocial adaptation to cancer has been defined as an ongoing process in which the individual patient tries to manage emotional distress, solve specific cancer-related problems, and gain mastery or control over cancer-related life events.***

# Why we need to look at brains .....

# THE AVERAGE TEENAGE BRAIN

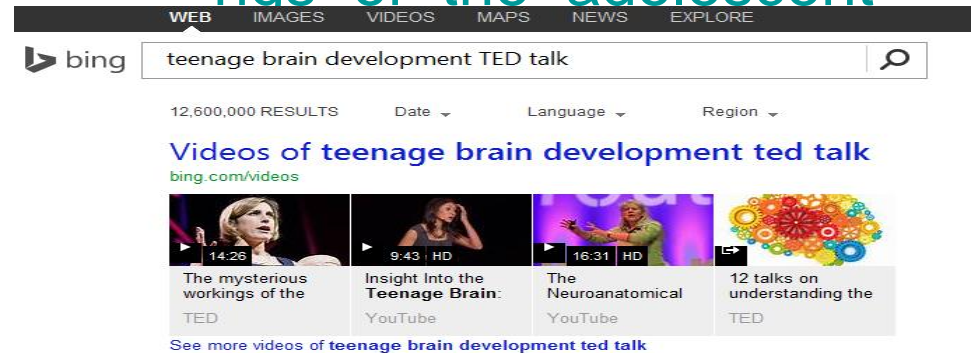




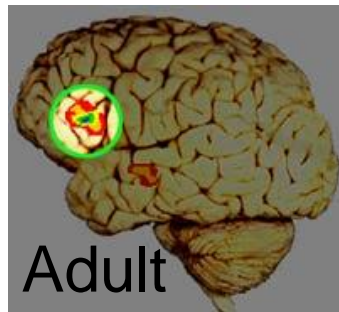
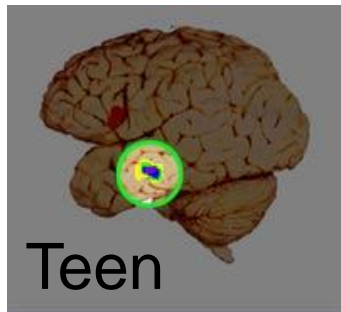
Brief overview:

<https://www.youtube.com/watch?v=hiduiTq1ei8>

[https://www.ted.com/talks/sarah\\_jayne\\_blakemore\\_the\\_mysterious\\_workings\\_of\\_the\\_adolescent](https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain)



# MRI



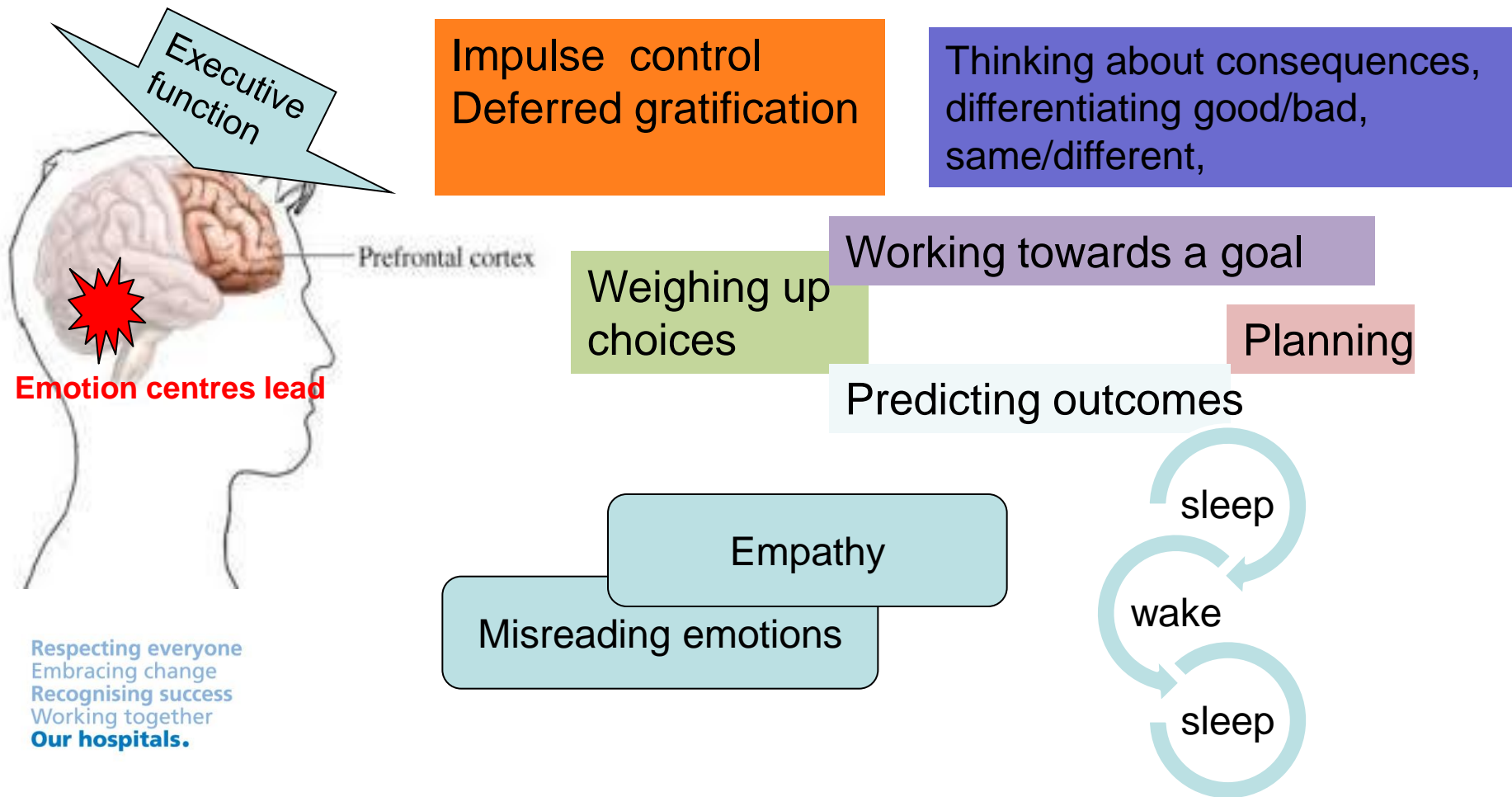
Misread facial expressions



Teenagers release melatonin a couple of hours later in the day than adults, meaning they need lie-ins, Prof Blakemore suggests.

PHOTO: Shutterstock

# Why the brain research is important ....



**What impact does this information mean  
for us in relation to working with  
teenagers & young adults with cancer?**

**What are the challenges for the individual  
– healthcare relationship?**



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## **Differences between child and adult services impact:**

- **Age**
- **Cultures of care**
- **Recognition of continued growth & development – tolerance of ‘immaturity’**
- **Communication skills**
- **Patient role/ dynamics of consultation**
- **Role of parents/carers**
- **Role of peers**
- **Role of partners**
- **Educational / vocational issues**
- **Confidentiality / consent/capacity/ legislation**
- **Procedural pain management**
- **Impact of medical condition**
- **Multi disciplinary resources**
- **Involvement of GP**

McDonagh JE Growing up Ready for Emerging Adulthood 2007

<http://www.erpho.org.uk/Download/Public/15195/1/emerging%20adulthood.pdf>

Children's Palliative Care and Adult Palliative Care: Similarities and differences ACT 2007

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**Treat us as individuals – need to know me – my life – I am more than my condition**

**Information, information, information, multi media, in ways I like it when I need it**

**Explain how my health condition will impact on being like my friends, jobs, education, finding a partner, having children, being independent, body image, self esteem, confidence, exercising, diet and healthy weight, safe drinking, socialising, etc**

**Ask us if we want parents with us don't assume ... but also work with them**



**How to tell other people about my condition**

**Check how much responsibility I want to/can take then give me skills I need**

**Don't forget I get / want to get info and support from other places and other people**

**Ways to manage my condition and its impact**

**How to work with my health team**

**What young people (and their parent carers) tell us they need in transition to adulthood, adult health services and self management**

# Psychological distress

“an unpleasant experience of an **emotional, psychological, social, or spiritual nature that interferes with the ability to cope** with cancer treatment. It extends along a continuum, from **common normal feelings of vulnerability, sadness, and fears, to problems that are disabling**, such as true depression, anxiety, panic, and feeling isolated or in a spiritual crisis.”

(Fashoyin-Aje & Martinez 2012)

**Does the patient have a problem ....**

**Or, could the situation be ‘the problem’?**

- Sustained mortal threat
- Unrelenting change / personal and domestic turmoil
- Interrupted developmental trajectories
- Long, tough medical treatments
- Loss and disability
- Prolonged uncertainty
- Our expectations vs individual resources to adjust

**Do we need to understand distress from TYA  
perspective**

# Risk Factors to consider for TYA include

- Genetic predisposition
- Cognitive and learning differences
- Communication differences
- Physical impact - cancer and treatment,
- Academic impact
- Low self esteem previous self harm / mental health needs
- Adjustment support
- Peers



# Signs of distress and anxiety

- Fears (new/obsessional, extreme, may or may not be related to cancer)
- Scared/anxious
- Seemingly not affected/denial/avoidance
- Talking about suicide/ideation and intent – ASK
- Obsessional thoughts,
- Verbal diarrhoea/stopping talking
- Talking just as you are leaving the room (foot in the door)

## Signs of distress and anxiety

- Acting out behaviour... I might as well go and...
- Risky behaviour
- Anger
- Targeted aggression
- Sleep disturbances
- Eating problems
- Crying/sadness
- Running away



Personal story  
Bio  
Psycho  
Social  
Vocational

**Behaviour observed?**

**Thoughts?**



Protective factors

Readiness to change?

**Feelings?**

**Cancer impact**

# Unhelpful

- Telling young people what to do
- Confrontation
- Assume 18 = 'adult'
- Using scare tactics with immortals
- Not praising improvements – no matter how small
- Not finding out what bio=psycho-social-vocational factors may be influencing engagement / concordance / mood, etc. ( It may not be cancer specific)
- Assuming that they can manage it independently

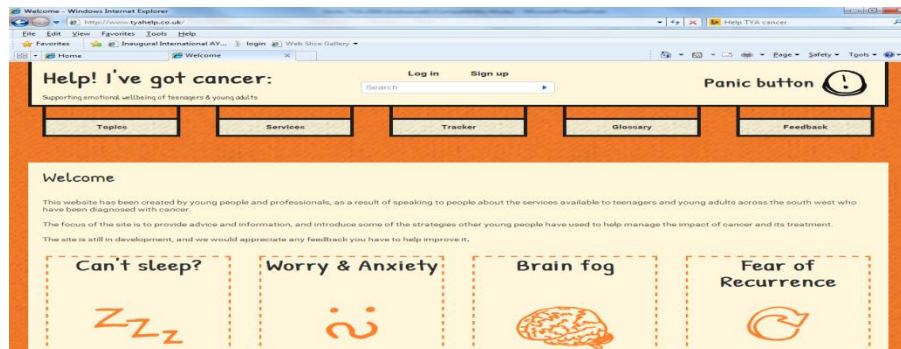




## Helpful to

- Do developmentally attuned bio-psycho-social-vocational **continuous assessment** - individual meaning and impact of cancer and its treatment ( hold in mind for IAM presentation later)
- Identify strengths and resilience factors as well as needs and risks
- Negotiate individualised support based on need, readiness to change, preferred strategies for responding with challenges, beliefs about diagnosis, treatment, and ability to influence outcome,
- Use empathic communication that is based on genuine interest in the young person - walk in their developmental shoes
- Be aware of psychological support available and normalise access to it

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## Applying this in practice

- Jake ,17
- Oldest of 3 children
- Parents separated
- Living in Gloucester, treatment in Bristol (Area 61)
- Osteosarcoma diagnosed after several months of pain in lower right leg picked up after skateboarding fall
- Will need amputation and chemotherapy



- What would we like to know to understand psychological impact for Jake to provide preventative and positive support?
- How would we use this information?

What do we need  
to know about  
this young  
person?



# Who am I?

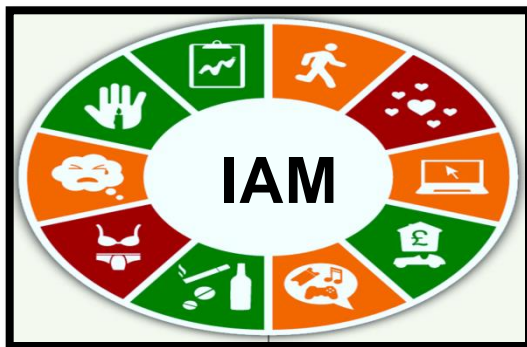
Who was I going to be? Who will I be now?

What I want to do- what will I be able to do?- what do I want to do now?

What I hoped for / expected in my life- what will my life be now? – what do I want my life to be now?

What needs to happen for me to have the future I now hope for?

What changes am I ready to make?



Engaging with young person's individual story

# Thank you!

## Any questions? ([mia.foxhall@uhbristol.nhs.uk](mailto:mia.foxhall@uhbristol.nhs.uk))

# RISK MATRIX

## High Risk: Warning Factors

### High Risk Static Factors might include:

Childhood history, eg, sexual abuse  
History of suicide attempts  
Biological and genetic factors  
Suicide in the family  
Family history of mental illness  
History of violence  
Young age at first violent incident

### High Risk Dynamic Factors might include:

Misuse of alcohol; prescribed and/or unprescribed drugs  
Social situation (unemployment, isolation...)  
Others' attitudes to them  
Mood disorders  
Impulsivity  
Self-harm (sometimes)  
Changes or problems in relationships (eg, perceived rejection)  
Recent clear plans for suicide  
Unresponsive / non-compliance to treatment  
Destabilizers e.g. stress / poor coping skills  
Attitude e.g. pro-offending, hostile, negative

Static

Dynamic



### Static Protective Factors might include:

Capacity to reflect on own feelings and thoughts  
History of at least some good relationships  
Capacity to actively share feelings with others  
Capacity to feel empathy with others' feelings  
Resilience

### Dynamic Protective Factors might include:

Good relationship(s) in the present  
Communicative (talking, writing, drawing)  
Able to reflect emotionally  
Able to ask for and use help  
Clear plans or wishes for the future  
Previous plans not carried out (but care must be taken not to assume this means they won't this time)

## Low Risk: Protective Factors

# How to assess risk? 4 P's

- **Predisposing**

Genetics, pre and perinatal complications, learning difficulties, temperament, low self-esteem, difficult relationships with family, attachment

- **Precipitating**

Loss related stresses, divorce, bullying, abuse, other life events, failure at school, significant recent events

- **Perpetuating (maintaining)**

Ongoing stressful life events, unsuitable educational placement, disengagement in treatment

- **Protective**

Physical health, good family relationships, good social support, socio-economic status

# Stages of Change reminder

Cancer  
impact

