



Melanoma Symposium 2016

Hosted by: Steven Gore, MD

Guest: Dwain Fehon, PsyD, Assistant Professor
of Psychiatry

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Welcome to a series of net casts brought to you by Yale University.

Thank you for joining us for this edition of Yale Cancer Answers where we provide you with up-to-date information on cancer care and research. Our host, Dr. Steven Gore is Director of Hematological Malignancies at Smilow and an expert on Myelodysplastic Syndromes. He interviews some of the nations leading oncologists and cancer specialists, who are on the forefront of the battle to fight cancer. If you are interested in listening to past editions of Yale Cancer Answers, all of the shows are posted on the Yale Cancer Center Website at yalecancercenter.org. If you like to join the conversation, you can contact the doctors directly, the address is canceranswers@yale.edu. Here is Dr. Gore.

Gore Welcome to another episode of Yale Cancer Answers. This is Dr. Steven Gore. I am joined by my guest, Dr. Dwain Fehon. Dr. Fehon is Assistant Professor of Psychiatry and Chief Psychologist for Psychiatric Services at Yale New Haven Hospital. He is here with us today to discuss his work with melanoma patients and in general in coping with long-term illnesses. Dwain, thank you so much for joining me.

Fehon Thank you for having me, Steve.

Gore Why don't you tell me a little bit about yourself and what is that you do and your role at Yale Cancer Center and the Hospital?

Fehon As you mentioned I am a clinical psychologist, I am faculty here at the school of medicine within the department of psychiatry. I am the chief psychologist of psychiatric services, but I also run a behavioral medicine service which essentially is an effort to integrate psychological consultation and therapies within key medical areas. I actually spend a lot of time within the cancer center, where I see patients from all of the disease teams and patients who are at any stage of their illness, technically speaking I am part of the palliative care service, so I work very closely with that group, but really I work with all of the teams as well. What I try to do is that I try to meet patients within the outpatient clinics at Smilow and I provide evidence-based psychological assessment and intervention to try to help them cope and adapt to a very real and sometimes very stressful circumstances related to their illness. Basically, I try to create a level of support that help patients feel well-cared for and understood as a whole person. It is my goal to provide patients with the best care possible which means giving them good medical care, access to great doctors and treatments, but also care for them as humans, as individuals, so that is what I try to do.

Gore That is great. Just to be provocative here as a hematologist and a sort of more conventional medicine guy, although a big proponent of behavioral health, what kind of evidence is there for interventions in this population, what is evidence-based

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psychological support?

Fehon There is actually growing evidence on the use of particular psychologic therapies with cancer patients. We know very well that cognitive behavioral therapy or mindfulness based cognitive therapies are very effective in helping patients to address health-related anxiety, depression, and other stress reactions that can go along with cancer or other serious life altering and life- threatening illnesses.

Gore Cognitive behavioral therapy, that is a mouthful and I bet a lot of our listeners don't have a clue what that means.

Fehon It is based on very basic principles actually. Cognitive behavioral theory and therapy rests on the idea that our thoughts, our feelings, and our behavior are all connected. In a sense, how we think, our thoughts or beliefs or assumptions help shape how we feel our emotions our moods and how we think and how we feel influence what we do, how we act, the choices we have made.

Gore Not me.

Fehon Well for most people, but also how we act, the choices we make, our lifestyle has a major role in how we think and how we feel as well. So as a psychologist working with folks who are willing to cope with these health-related challenges, we pay attention to the automatic thoughts or beliefs that drive fear, anxiety, depression, sadness. We look at how people are living, are they living in a way that helps support healthy thought processes, are they becoming isolated, are they getting enough sleep, are they eating well, are they socializing, basic things like that help support healthy psychological adjustment.

Gore So this isn't so much going into their family of origin, that long-term neurosis, Freudian thing that many of us perhaps fantasize that therapy is like for many people?

Fehon No, typically not.

Gore Psychodynamic?

Fehon Most cognitive behavioral therapies are relatively brief, problem focused and that is not to say that some of these longer term or deeper issues don't surface; in fact, they can and they do. Our early life experiences shape how we think and those core beliefs. So sometimes those need to be addressed as well.

- Gore All of my patients with new diagnosis of cancer are sad and many of them are anxious in the sort of generic sense, the lay sense of I am anxious about what the treatment is going to be, I am anxious about what happened to my life and those are all in my experience, a sort of human and adaptive and normal reactive issues. When is it appropriate or when should a patient feel like “gee how I am feeling isn’t really working well for me, I need some additional level of help or when should a practitioner like myself say, “hmm, this is out of the realm” or should everybody with the new diagnosis of cancer, while I am saying new, you mentioned that you treat people at all stages obviously, but should everybody dealing with the active diagnosis of cancer be plugged in with someone like you, it seems like yes.
- Fehon Yes, this is a great question. You know it is perfectly natural for anyone who receives a new diagnosis of cancer to experience some degree of emotional distress, almost everyone feels stressed, anxious, worried upon receiving an initial diagnosis.
- Gore It would seem abnormal not to.
- Fehon Right, exactly and the good news is that most people are very resilient, they cope with and adapt to these challenges quite successfully, but for some, these worries, fears persist and they can start causing problems getting in the way of normal day-to-day function, it might get in the way of being able to sleep at night or to function during the day or to cope with the required recommended treatments that go along with the diagnosis of cancer. So patients should always feel free to talk to their doctors about how they are feeling and to request additional assistance whenever they want it, but certainly if physicians notice that patients are struggling with these persistent fears that are starting to affect day-to-day functioning that is definitely when a psychologist or other mental health professional should be included in their care. Ideally, if we had all the resources at our disposal, I would love to see a psychologist involved in every patient’s treatment. Unfortunately, we are not there yet, either here at Yale or nationally, we just don’t have the resources or the funds or mechanisms yet to support it, but we are getting there. More and more cancer centers like ours are integrating behavioral health or psychological therapies into routine care, so that is a good thing.
- Gore And does insurance in general pay for these consultations?
- Fehon Yes, most major medical insurances as well as Medicaid and Medicare do cover these services. Sometimes, there is a small copay but more often they are not, they are fully covered.

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Gore I am just thinking that Yale New Haven Hospital is a pretty big hospital and even Smilow Cancer Hospital has 150 or 200 beds something like that, how many of you are there?

Fehon There is me and I have either 2 to 3 psychology fellows working with me at any given time. We really are only able to see a small fraction of the patients who are coming to Smilow. I would love to see more and hopefully we will get there, but we are a small, but growing service.

Gore And it seems like it would be an enormous potential load.

Fehon Yeah, I have to say for me it is tremendously rewarding work. It is a tremendous experience to be able to help the person who is struggling to cope with these various real and serious challenges that go along with cancer and cancer treatments and to be able to help in even a small way, it is a tremendous reward.

Gore How important is it that patients work with a psychologist who has particular experience in the cancer space and who does things like cognitive behavioral therapy? I mean this clearly sounds like if we have limited resources here at Yale, excellent, but limited, we are going to need to be reaching out to community practitioners and of course many of our patients do travel for some distance and it might be easier for them to see somebody like a general therapist. How important is it that somebody really have experience or is this really just a subset of more general phenomena?

Fehon It is a great question as well. I would say that it is helpful for a therapist to have experience working with patients living with cancers because there are unique stressors and I think oftentimes people who are living with cancer feel like other people just don't care, they don't really understand what it is like and so having a therapist who has experience helps in that respect, it increases their empathy, their capacity to understand, appreciate those unique challenges, and hopefully make a significant difference. You know cancer is one of those things that affects almost everyone to some degree or another, either as patient or family member or loved one or friend, so it is inevitable that just through life experience we gain some exposure to a familiarity with cancer, I think we learn from those experiences and as a therapist, we can apply those life experiences to those individuals who care for them.

Gore So it is legit for patients looking to interview a therapist to ask about that therapist's experience?

Fehon I think it helps, there are many, many excellent therapists, psychiatrists, psychologists, clinical and social workers who can apply broad general psychotherapeutic skills to patients with cancer though.

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Gore It would be helpful?

Fehon Yeah, but I think if you can find someone who has particular experience or expertise that would be the best case.

Gore And does your practice include treating caregivers, family members?

Fehon Yeah, as we identified earlier, we are a pretty limited resource at Smilow, but I do think it is tremendously helpful to have a spouse or other family member accompany patients to their visits for several reasons. They are a great source of additional information and they also are experiencing their own stress or worries that go along with their spouse or family member's illness, so if they can be supportive that much better off in supporting their loved one. We think of cancer as a single disease, but it affects not just the individual but their family, their loved ones, so it is important to the extent possible to provide a layer of support for the family as well..

Gore I know that in cognitive behavioral therapy to the extent that I am familiar with it, sometimes there are exercises that are given to people, for certain things or certain techniques in terms of dealing with anxiety, it is just a thing that is sometimes used for these people or is that mostly just talking about what is going on?

Fehon They go hand-in-hand. As we talk about what is going on, we pay attention to how the person is thinking and feeling and behaving. We pay attention to those automatic thoughts. So for instance many patients when facing an upcoming appointment or upcoming scan are thinking and trying to predict what is going to happen.

Gore They don't sleep the night before oftentimes. They come sweaty to their meetings.

Fehon Exactly.

Gore Really, I am a nice guy.

Fehon Right and it is only natural, I mean who wouldn't worry to some extent or be trying to guess what is going to happen and many patients who are anxious are very focused on what is going to happen in the future. They ask themselves, what if this, what if that and it is that repetitive, ruminative questioning that can drive a lot of anxiety. In life there are things that we can control and things that we can't, cancer is a perfect example of this. You can go to your doctor, you can do all the right things, but we are really not at that point where we can fully control what is going to happen with that

cancer. So there is always an element that is beyond our control, but one other thing we can do is to exercise some control over or influence over how we think and how we react to these stressors. So back to your question about exercises, what can people do? Well you can notice how you think, the first step is noticing, being aware of how you think, noticing if you are jumping to conclusions, catastrophizing, assuming the worst, these are all normal natural ways of thinking and reacting when you are under stress, we all do that, but anxious people, depressed people do this a lot, so we can pay attention to those thoughts, we can try to replace them with more helpful thoughts that help to bring down the level of anxiety, we can challenge those thoughts, where is the evidence of this, you know we can try to let those thoughts go. Mindfulness, a very popular concept today, is based on the idea of being present and in the moment in a non-judgmental way, instead of trying to predict the future and I think in your head, it is about coming back and being present to the moment, now, now is what is in our control, now is where we can experience happiness, meaning, pleasure and so for an anxious patient who is lost in thought about what is going to happen in the future, we try to come back to the present as a way of managing that uncertainty.

Gore So do you teach mindfulness practice, that is the meditation piece of this?

Fehon Yeah, mindfulness meditation and relaxation exercises or other behavioral techniques like progressive muscle relaxation are very important and that is consistent with cognitive behavioral therapy as well. For instance, progressive muscle relaxation helps, that is a systematic approach to relaxing the major muscle groups of the body, the idea being you can't be tensed and relaxed at the same time and stress results in physical tension, mental tension, so if you can reduce some of that physical and mental tension, so you are essentially reducing the level of stress in that moment.

Gore The kind of thing where you relax your toes, relax your feet, you are lying down. I have done that with guided imagery.

Fehon Right, guided imagery is very valuable. When having to endure a procedure or a scan, healthy distraction by imagining a pleasant scene and mentally going there is a great way of coping with the anxiety that goes along with having the procedure or scan. You think about something else that helps you to feel a little bit more relaxed.

Gore Now for some patients, I can imagine that despite this kind of interaction, their anxiety might continue to be resistant and so at what point, does one need to pull in medications. I know that realistically many of us as oncologists hear the symptoms and we prescribe an antidepressant with an anti-anxiety feature as a first step and maybe we shouldn't be doing that.

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- Fehon I think the reality is that many folks dealing with cancer, don't have the time or the resources to see a psychiatrist in community, so the extent to which oncologists, for instance, are comfortable with and feel confident in the ability to prescribe basic antidepressants or anti-anxiety medications that can be extremely helpful. Going back a couple of steps, as a psychologist I am attentive to these issues and when medication is indicated, when someone meets the diagnostic criteria for major depression or panic disorder or posttraumatic stress disorder, medications are clearly indicated and again the evidence shows that medication in combination with the right therapy is just the most effective way of treating the illness. When patients meet the criterion for major depression, say where their sleep, appetite, energy level, interest level are affected with their having thoughts of feeling hopeless or worthless or even suicidal and these things are affecting day-to-day functioning, medication is indicated and I will talk to oncologists about the possibility of starting medications. In certain cases though, psychiatric expertise is absolutely indicated and we are reaching out to psychiatrists in the community to try to form closer relationships so that we have networks of psychiatric providers that we can move for our patients to.
- Gore I mean certainly if somebody has got a suicidal depression, I am not comfortable dealing with that, I don't think I am the appropriate person.
- Fehon Right exactly and we do consider higher levels of care, intensive outpatient levels of care or intensive outpatient therapy or in some cases, a hospitalization as a way to manage safety.
- Gore What about the spirituality piece and faith?
- Fehon That is so important and I am glad you asked about it. I am a psychologist, I am not a chaplain, but I always ask about faith because it is an important part of life and it is an important part of meaning and what can bring strength, courage, and hope to individuals who are going through these challenging times. I find it very helpful to know more about the patient's faith, whatever that means, if it is formal religious belief or more individual sense of spirituality. One other thing that I am interested in as a faculty member is resilience and what helps people stay resilient or develop resilience and faith is a big part of that. Resilient people tend to have some connection to faith.
- Gore I know you have been involved with a melanoma group in particular and there is a melanoma symposium coming up, what can you tell me about that?
- Fehon It is a great event. First of all, I want to say a word about the melanoma team here at Yale, Dr. Ariyan heads the melanoma team. He is an amazing gentleman and just a

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gifted physician and surgeon. He had a truly multidisciplinary team of specialists, oncologists, pathologists, scientists, geneticist, who are really on the cutting edge of understanding melanoma, its detection, diagnosis, and treatments and this symposium is a form where a number of members of the melanoma team are presenting to patients and families and anyone interested in melanoma about their research and about the latest finding, so it is an excellent opportunity to learn more about melanoma, to meet other individuals or families who are living with melanoma and to learn about those cutting edge advances and treatments.

Gore And this is coming in September on the 22nd.

Fehon Yeah. I have been fortunate to have been involved in 2 of these symposiums in the past, I will be presenting at this one as well, talking about resilience and coping. I am looking forward to it. It is a great event.

Gore Well I hope that many of our listeners will take advantage of that. Dwain it has been really wonderful having you here on Yale Cancer Answers. Thank you so much for joining me. This was a wonderful discussion on your work and illuminating the importance of emotional care, behavioral care for our patients and for their families. We hope that those interested can make it to the symposium on September 22nd. Until then, this is Steven Gore wishing everyone a happy and healthy tomorrow.

This has been another edition of Yale Cancer Center Answers. We hope that you have learned something new and meaningful. If you have questions, go to YaleCancerCenter.org for more information about cancer and the resources available to you. We hope that you will join us again for another discussion on the progress being made here and around the world in the fight against cancer.