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Welcome to Yale Cancer Answers with your host doctor Anees Chagpar. Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are in the forefront of the battle to fight cancer. This week, it’s a conversation about Psycho-Oncology with Doctor Jennifer Kilkus. Dr Kilkus is an assistant professor of psychiatry at the Yale School of Medicine, where Dr Chagpar is a professor of surgical oncology.

Maybe we can start off by you telling us a little bit about yourself and what you do.

Sure, I am a clinical health psychologist. I’ve been in practice since about 2014 and primarily worked in large health systems helping to improve behavioral health and psychological services for cancer patients.

So when we talk about psychological services, I think a lot of people get a bit confused about all of the different types of people that we talk about, so we talk about social workers, psychologists, psychiatrists. Can you break it down for us and help
us to understand the differences and the nuances between all of those?

Absolutely, and that’s a great point. I often have to explain to people what’s different from what I do versus what a psychiatrist does versus what a clinical social worker does. So a psychologist is someone with a doctoral degree in psychology. What I tell people is I went to school for a very long time to help learn strategies and tools to assist people in managing their emotional and their physical symptoms more effectively. I don’t prescribe medication, so that’s a big difference between what I do versus what a psychiatrist does, and a psychologist can do many different things. Our degree is pretty versatile, but what I use my degree to do is to focus on intervention therapy. I mainly provide therapy services for cancer patients using my degree and a social worker is pretty similar as far as what they do. They also have a lot of variability in what they can do with their degree. Clinical social workers may provide
psychotherapy services as well. They may also, for example, we have clinical social workers who provide navigation services for our patients. Help get them connected to resources and their degree is just not quite as long as a PhD, so their degree usually runs between around three years or so versus I believe I wrapped up finally about seven years in to my doctoral program. And so when people also refer to counselors, are those psychologists? Are those social workers? Is that a different group of people altogether? Or is that just a term that’s used interchangeably for people who provide counseling services as part of their scope of care? It’s generally used interchangeably with psychotherapy or therapy counseling, but there are folks that have a specific degree and they’re called licensed. Professional counselors and those degrees tend to be around two to three years as well before they can be licensed independently to provide counseling. But it seems to be that people use the term counseling interchangeable with therapy.
And here at Yale Cancer Answers, we're often talking about cancer patients in their journey. So talk a little bit about how mental health, which seems to be a really big topic right now, kind of plays into the cancer patients journey.

At the top of the show, we kind of talked about psycho oncology, so maybe you can give us a definition of what that is and how mental health plays into a cancer patients journey?

Sure, psycho oncology is a subspecialty of the field of health psychology, which is applying biological, physiological, social and psychological understanding of disease to help understand how people cope and also how we can use understanding of those processes to help people change behaviors.

For example, smoking cessation or helping people adhere to screening recommendations and psycho oncology specifically is applying those behavioral and social science ideas to the challenges that cancer patients face, specifically, which are many,
the treatments for cancer.

It can be so challenging in harsh and taxing on the body that those things can trigger some symptoms that we would classify as mental health.

Or vice versa, mental health symptoms could worsen some of the challenges that come along with cancer treatments alongside just the general idea of being diagnosed with the Big C, such a life threatening and scary disease, which as you could imagine, would make anybody feel fearful. But the treatments also tend to compound those things and make that struggle a little bit more challenging.

And so psycho oncologists really focus on helping patients manage both the emotional and the physical side of cancer treatments and well into survivorship as well.

You know when you were talking, it seemed to me that there’s really different groups of patients that I could see your services being useful for, so they’re the patients who are well who have not yet been diagnosed with the big C, but who may be at risk.

So when you were talking
about behavior modification, smoking cessation we know that smoking is a key driver of many cancers. A patient may not have been diagnosed with cancer yet but your services would still be helpful in helping patients to quit smoking or other lifestyle modifications. We’ve talked on this show about obesity, for example, and getting people into the right mindset to adopt those healthy behaviors. So that’s one group of patients. And then there’s the cancer patients. And then there’s the survivors. So in talking about these three categories of patients, I guess, can you dive a little bit more into the strategies that you would use in helping the first group of patients? The patients who, and I’m sure many of our listeners right now are thinking, especially with the new year just around the corner, I really ought to develop some healthier habits. I know that these habits that I currently have, over eating, not exercising, smoking, drinking,
and so on and so forth increase my risk of cancer. But how can I help myself to set some resolutions and behavior modification that can help? Can you give people some tips and also tell us when they should start seeking out professional help to make those behavior lifestyle modifications? We are lucky in that we have a very robust tool in our tool belt called cognitive behavioral therapy which some may have heard of that is really considered the gold standard in managing depression and anxiety symptoms, but has been more studied in recent years on how we can use CBT to help manage both those behavioral changes you’re mentioning as well as emotional issues moving forward. Whether you’re talking about a cancer patient or someone who just wants to make some changes because behavior is not something that exists in isolation. Behavior also exists in response to how we think about things and how we feel about things and so CBT focuses on the relationship between our thoughts, our behaviors, and our emotions, and more recently,
research has focused on the physical sensations as well. An example, maybe if you’re feeling anxious, people tend to have changes in their body. Their heart may race. They may have difficulty with hyperventilation, which is something that when it’s intense enough, could actually bring someone to the emergency room because they think that they may be having a heart attack and so CBT looks at those four components, and prioritizes which of these things seems to be the biggest barrier for making the changes that you want to change. So one thing that I notice a lot in practice when folks want to make some kind of behavior change as they tend to go really big at first, and then they inevitably end up not getting where they want to go because they may have set those goals too high in the beginning instead of maybe starting slow and just taking some time to reach their goal. And you could imagine if you’ve done that over and over again, you may start to have thoughts like Oh well, what’s the point? Why even bother?
I can't do this, and then you may throw in the towel. And so when you're meeting with someone like myself, to focus on those issues, we want to know what has been difficult about getting to the place where you want to go in the past. And usually it follows in one of those categories of thoughts, behaviors, emotions or physical sensations. And I would suggest for someone if they're thinking about whether or not they need to work with a professional, is how successful have you been in the past, and are you able to identify where you might have gotten off the path of where you wanted to go? And if you're not sure, if it feels like you need someone to help work with you to set some clear goals and have some accountability and work with you on building momentum, then that might be a time to reach out to a professional for some help. And so in order to do that, how do people access Psychological services? Do they go through their family doctor or do people come to you just straight
off the street and say, you know,
I’m interested in quitting smoking.
I’m interested in losing weight.
How do people generally find psychologists and psychiatrists and counselors and social workers to help them with these behavioral modifications?
If they haven’t been diagnosed with cancer yet?
There are a lot of different avenues for that, but oftentimes people may find a provider through their insurance,
as insurance will list what services are covered and who are the providers that take your insurance.
People also find me through word of mouth,
so they might have a friend or a family member who had spoken to me at one point,
or they may have heard me speak at a group and people can also search different websites that host different platforms for finding a provider.
For someone like myself,
I’m a board certified clinical health psychologist,
so I have a specialty in health and
you can search specifically for that.
A board certified clinical health psychologist through the American Board
0:11:33.299 –> 0:11:34.924 of Professional Psychology to find
0:11:34.924 –> 0:11:37.304 folks in your state that have that
0:11:37.304 –> 0:11:39.324 designation and would likely be more
0:11:39.324 –> 0:11:42.41 able to help in the realm of health change.
0:11:43.12 –> 0:11:45.3 Great information, all right.
0:11:45.3 –> 0:11:48.57 Let’s look at the second category
0:11:48.66 –> 0:11:51.17 so the newly diagnosed cancer
0:11:51.17 –> 0:11:53.68 patient, you can imagine,
0:11:53.68 –> 0:11:55.355 when you’ve
0:11:55.355 –> 0:11:56.695 been given that diagnosis,
0:11:56.7 –> 0:11:59.318 your world kind of turns upside down,
0:11:59.32 –> 0:12:02.692 and it’s not uncommon for people
0:12:02.692 –> 0:12:06.154 to have anxiety, but
0:12:06.154 –> 0:12:09.796 it may also turn into,
0:12:09.8 –> 0:12:12.264 you know, depression.
0:12:11.264 –> 0:12:14.68 Some people may turn to substance abuse.
0:12:14.68 –> 0:12:17.732 They may have issues in terms of
0:12:17.732 –> 0:12:18.976 relationships, especially because
0:12:18.976 –> 0:12:20.991 it’s not just the patient
0:12:20.991 –> 0:12:22.9 going through that diagnosis,
0:12:22.9 –> 0:12:24.736 it also affects family,
0:12:24.736 –> 0:12:28.12 workplaces, and so on and so forth.
0:12:28.12 –> 0:12:30.856 How do you manage dealing with
0:12:30.856 –> 0:12:33.832 all of that when patients are
0:12:33.832 –> 0:12:35.968 newly diagnosed with cancer?
0:12:37.3 –> 0:12:38.74 It is a lot, and if you think about it,
0:12:38.74 –> 0:12:40.645 it really does affect almost
0:12:40.645 –> 0:12:42.55 every aspect of someone’s life.
0:12:42.55 –> 0:12:44.958 Maybe not everyone all of the time,
0:12:44.96 –> 0:12:47.02 but even things like work.
0:12:47.02 –> 0:12:48.427 If somebody is so sick that they
can’t make it to work anymore, then they might start having financial problems. Maybe they can’t perform the same roles that they did in their household and that might lead to some relationship conflict. Not to mention the physiological aspects of the cancer treatment itself. So there are a lot of different ways folks can struggle through this process and I keep coming back to CBT because it’s just such a handy tool because it’s such a big umbrella and there’s so many different things that we can do with that. But again, we can breakdown what are the challenges? Are they controllable or uncontrollable? If they’re controllable, we might problem solve or help resolve some of the barriers and that way of looking at what are concrete steps that someone could take, or if it’s uncontrollable then we look at managing the emotion and maybe helping choose coping strategies that are more helpful. Things like substance abuse, those kinds of things tend to help really well in the short term,
and that’s why people do them.
But they're not the best for long term coping or for long term health, and so we can help someone get the big picture of what are the biggest issues and prioritizing the ones that are most important.
Starting with that controllable, uncontrollable framework and then using the tools that CBT provides us to help get more specific.
We’ll talk a lot more about what things people can do from a practical standpoint,
right after we take a short break for a medical minute.
Please stay tuned to learn more about The Field of Psycho-Oncology with my guest doctor Jennifer Kilkus.
Funding for Yale Cancer Answers comes from Smilow Cancer Hospital, where physicians collaborate with radiologists, gastroenterologists, and pathologists to provide expert care for patients with pancreatic cancer.
Breast cancer is one of the most common cancers in women. In Connecticut alone, approximately 3500 women will be
diagnosed with breast cancer this year,
but there is hope,
thanks to earlier detection,
noninvasive treatments and the
development of novel therapies
to fight breast cancer.
Women should schedule a baseline mammogram beginning at age 40 or earlier if they have risk factors associated with the disease.
With screening, early detection, and a healthy lifestyle, breast cancer can be defeated.
Clinical trials are currently underway at federally designated Comprehensive cancer centers such as Yale Cancer Center and at Smilow Cancer Hospital to make innovative new treatments available to patients.
Digital breast tomosynthesis or 3D mammography is also transforming breast cancer screening by significantly reducing unnecessary procedures while picking up more cancers.
More information is available at yalecancercenter.org. You’re listening.
This is doctor Anees Chagpar and I’m joined tonight by my guest Doctor Jennifer Kilkus.
We’re learning about her work in the field of Psycho oncology and right before the break Jennifer, you were telling us about the role that Psycho oncology can play for a cancer patient whose world may have been just shattered with a new diagnosis who may be facing anxiety, who may be facing issues of depression or substance abuse, who may have issues in their work, in their relationships, and I’m just wondering a few things. So first of all, does every patient, every cancer patient, need a Psycho oncologist? Is that something that they should be talking to their oncologist about? Or is it only the patients who are really struggling with that diagnosis that should be asking for that service? I would say that no, it’s actually surprising that many cancer patients are able to cope just fine with the resources that they have available in their community. So they might have a really strong social support network, or they may already have a provider in the community and we estimate somewhere around 30 to 40% of patients may
meet criteria for a major depressive disorder and anxiety disorder at some point throughout their diagnosis and their treatment, depending on which measures we’re using and which researcher we’re asking. But for the most part, many patients tend to cope very well despite how challenging this can be. So I would say for patients who really feel like these symptoms are persisting and they’re really finding it hard to get by with their day-to-day activities because of their symptoms, that would be a good time to talk to your oncologist about connecting with someone for some help. The other thing that strikes me is that very much like we’ve seen with mental health in general, it seems to be something that a lot of people don’t want to talk about. They don’t want to admit they oftentimes feel like they may be perceived as being quote weak if they admit that they’re struggling to cope. And how do you get over that? What advice do you have for people to broach that subject with their physician so that they can start getting some help? I am so glad that you brought that up.
because if I had a number one soapbox issue, it would be the messaging that we get not just with cancer but in our culture as a whole about those narratives of having to be strong and struggle through things. And those types of narratives really make it difficult for people to acknowledge that they may be struggling and reach out for help, because the message that they get everywhere that they look at is that is somehow wrong, or that you’re failing in some way. But the reality is, that most people struggle with this, and that’s what’s more normal. It’s more normal to struggle and to have difficulty with challenging situations in our lives, and we don’t often give people an opportunity to have that witness. And so if there are folks listening who have struggled with that, I would just encourage you to question where that came from, and if you would have the same types of expectations if somebody that you cared about in your life thought that. Because oftentimes we’re very hard on ourselves in a way that we wouldn’t be for other people,
0:19:13.26 –> 0:19:15.678 and I think that of course,
0:19:15.68 –> 0:19:16.388 as a psychologist,
0:19:16.388 –> 0:19:18.04 this is easy for me to say,
0:19:18.04 –> 0:19:19.928 but I think that asking for help is
0:19:19.928 –> 0:19:21.716 the biggest sign of strength because
0:19:21.716 –> 0:19:23.612 you’re acknowledging that this is
0:19:23.669 –> 0:19:25.877 something that you can’t manage on your own,
0:19:25.88 –> 0:19:27.296 and that’s risky.
0:19:27.296 –> 0:19:28.24 It’s vulnerable,
0:19:28.24 –> 0:19:30.529 and so it’s possible to feel that
0:19:30.529 –> 0:19:32.698 and still ask for help.
0:19:32.7 –> 0:19:33.843 It’s possible to
0:19:33.843 –> 0:19:36.019 push through that and in speaking
0:19:36.019 –> 0:19:37.048 with an oncologist,
0:19:37.05 –> 0:19:39.304 all of them have seen people struggling
0:19:39.304 –> 0:19:41.369 at different points of their diagnosis.
0:19:43.03 –> 0:19:46.21 And so it’s not a surprise if you do
0:19:46.21 –> 0:19:47.974 even just a little bit of research,
0:19:47.98 –> 0:19:49.224 if you just Google,
0:19:49.224 –> 0:19:51.81 say cancer and anxiety or cancer and stress,
0:19:51.81 –> 0:19:53.616 you’ll see how common it is and
0:19:53.616 –> 0:19:55.741 how common it is to ask for help
0:19:55.741 –> 0:19:57.399 and how many different avenues
0:19:57.399 –> 0:19:59.555 there may be out there for support.
0:20:00.41 –> 0:20:03.374 I think that one key message for
0:20:03.374 –> 0:20:05.918 people whether you’ve been diagnosed with
0:20:05.918 –> 0:20:09.359 cancer or not is that it’s OK to not be OK.
0:20:09.36 –> 0:20:12.27 And it’s OK to say I’m not OK and I
0:20:12.362 –> 0:20:15.49 could really use some help and the
0:20:15.49 –> 0:20:18.948 good news is that help is out there,
0:20:18.95 –> 0:20:21.734 but sometimes that help needs to be asked
for because people don’t have ESP, right?
So you need to kind of take that
and I agree with you, it’s a
vulnerable step, right?
But it’s OK to say I’m not OK,
and I think more and more people
now are realizing that,
and so I hope that that message gets across.
But the other thing I think that is
really helpful is for people to understand
in a practical and pragmatic way,
what is the benefit of seeing
a mental health provider,
whether it’s a psychologist, a psychiatrist,
a counselor or social worker.,
Can you provide us
some tangible benefits that you get
because some people may be thinking OK,
what are
they gonna do?
I mean,
we’re going to talk about my
childhood or something,
and I think that there’s a lot of
misperceptions about what exactly you
do and what are the tangible benefits
of working with a counselor or mental
health professional to kind of cope
with either the physical symptoms
or the psychological symptoms.
Or simply to get through the day
and cope with all of the peripheral things that are happening with you in terms of relationships at home, at work, and so on. And I’ve heard all of those things and more when I meet someone for the first time, so they have gotten over that hump of OK, I’m going to make an appointment. I’m going to go to the appointment, but what do we do now? There is a lot of misinformation and misunderstanding about what psychologists and counselors and social workers do. There are some that focus on understanding how your childhood shaped who you are today. When we’re dealing with something like cancer and something that’s very here and now, we’re focused on what tools are the most useful for helping improve your symptoms and helping improve your quality of life. And so to use an example that I see often, fatigues one of the biggest challenges that cancer patients experience as they’re going through their treatment and well beyond when their treatment is completed and if we’re using looking at how CBT skills vary based and a present moment focused approach could help with that. I would work with someone on identifying what behaviors might be
continuing that cycle of fatigue, and oftentimes with fatigue comes depression and when we feel depressed or when we feel like we can’t do the things we used to do, a lot of people tend to withdraw and so they may struggle to do the activities that used to bring them pleasure or feel meaningful to them, or they may be spending a lot of time in bed or on the couch and those things unfortunately tend to make both fatigue and depression worse. So we might focus on how can we gradually increase activity overtime and in a way that balances both energy and mood. So paying attention to what things have the biggest bang for the buck for improving mood and energy. And building up slowly over time again so we don’t get into a cycle where we’re doing too much and then the bottom drops out and we just give up because it’s too difficult. And so you can see how in that scenario, I’m not providing advice. I’m also not talking about anybody’s childhood. I’m suggesting skills and strategies that are focused on the problem at hand.
And what could actually be done to help improve things overtime. Yeah, I think that’s so important. And it really is, you know, kind of tangible advice like guidance. Just like a coach. You know when you’re a kid and you’re playing Little League or you’re learning the piano. You always have a teacher or a coach who’s trying to make you better and and give you those tips. Those skills that will help you in improving whatever it is you’re trying to improve. And I think working with a mental health professional in that way may provide you those same kinds of skill sets that will help you to overcome the challenges that come with that. I think the other piece though is the emotional piece and you know, dealing with just the huge array of emotions that you get with a cancer diagnosis. And for some people I think that so much can compound one thing on top of another thing on top of another thing. And there are cases where people can actually get suicidal with all of the things.
building up leading to outcomes
that really didn’t need to happen.
So talk a little bit about how people
can overcome some of the emotional
baggage and all of the things that
just seem to layer on when they’re
going through a cancer journey where
you know sometimes it just feels like
there’s a tiny straw that can
break the camels back.
And I think that’s
exactly what happens,
and I often talk to people about
that these aren’t as if we were
dealing with each stressor individually.
They do become something different
when they compound like that and
and they become something bigger
and more more difficult to manage,
but I think the strategy is the
same as teasing apart all those
different pieces that are tangled up
and looking at them one by one and
how they interact with each other.
And so it may be that someone,
like the example that I mentioned,
comes with more behaviorally
comes with more behaviorally
motivated symptoms where they’re
having a hard time connecting
with people or they’ve withdrawn,
and it may be that somebody is coming
to me with more symptoms that are more driven by the thoughts that they have like, this is hopeless, or I’m never going to get past this, and so we would just take those pieces one at a time and address them as they come, oftentimes they have a downstream effect. So once you can start getting some distance from thoughts and thinking about them in a more objective or balanced way, then it may become easier to do some of the things behaviorally that might also help you feel better and vice versa. And so it’s not I wouldn’t say a simple process or or maybe it is a simple process, but not an easy one, but that’s why it’s helpful to have someone like a coach. And that’s why I often think of myself like a coach or like a teacher to help observe those things. And help point out where can we start so that we can have the most success the quickest and then go from there. I think that that’s so key, is that oftentimes when you’re feeling overwhelmed like it’s just one thing on top of another thing on top of another thing, another thing on top of another thing,
It’s sometimes helpful to have an objective lens and outside person to kind of break things down for you into little pieces and to give you some skills to understand how you can deal with each of the little pieces. It might be more manageable than trying to deal with the overwhelm of many things all compounded at once. And actually if we look at what happens physiologically and neurologically when we become overwhelmed, it’s actually really difficult to do that for ourselves because our frontal lobe is really what helps think through things clearly and problem solve and to sort through things and organize for ourselves. And when we’re feeling very emotional, that part of our brain isn’t activated as much. Instead, the part of our brain, our amygdala, is really on overdrive in our sympathetic nervous system. That’s our fight or flight response. That’s what our body does when we think we’re in danger. It becomes very challenging.
to think clearly, and that’s part of the reason why it’s so helpful to have someone outside to be able to objectively help guide you through those things.

Doctor Jennifer Kilkus is an assistant professor of psychiatry at the Yale School of Medicine. If you have questions, the address is cancer answers at Yale.edu and past editions of the program are available in audio and written form at yalecancercenter.org. We hope you’ll join us next week to learn more about the fight against cancer here on Connecticut Public Radio. Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital and AstraZeneca.