Hi, I am Lakshmi Naik, an Assistant Director in the Department of Social Work at MD Anderson Cancer Center. Today, I will be speaking about the psychosocial impact of breast cancer, hoping and coping.
Psychosocial Impact of Breast Cancer - Hoping and Coping

Objectives

- To understand the psychosocial impact of breast cancer
- To more effectively meet the emotional and relationship needs of patients with breast cancer by integrating psychosocial assessments and interventions as part of the treatment and follow-up process
- To gain a better understanding about the possible resources among various professionals and staff
- To increase awareness among medical teams of the process for assessment, tools used and how to direct referrals

The objectives of this presentation are: to first understand the psychosocial impact of breast cancer; to more effectively meet the emotional and relationship needs of patients with breast cancer by integrating psychosocial assessments and interventions as part of the treatment and follow-up process; to gain a better understanding about the possible resources among various professionals and staff; and to increase awareness amongst medical teams of the process for assessment, some of the tools we use, and how to direct referrals.

Psychosocial Impact of Breast Cancer - Hoping and Coping

MD Anderson Cancer Center Goals and Strategies for Future Achievement 2005-2010

- Strategy 1.4: "We will continue to enhance the patient experience by providing counseling, compassion, and hope in a supportive environment"
- Vision: "Every patient’s emotional needs are assessed and identified providing referrals to the appropriate psychosocial service throughout the entire spectrum of care at MD Anderson Cancer Center.”

According to the MD Anderson Strategic Vision, Strategy 1.4 states, “We will continue to enhance the patient experience by providing counseling, compassion, and hope in a supportive environment” by meeting “every patient’s emotional needs that will be assessed and identified, providing referrals to the appropriate psychosocial services throughout the entire spectrum of care at MD Anderson Cancer Center.”

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Dr. Louis Lasagna in 1964 stated, “I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the patient’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.”

Louis Lasagna 医生在 1964 年说过：“我会牢记自己不是在治疗一张发烧温度表、一个癌性生长，而是一位生病的人，而其疾病可能会影响患者的家人并造成家庭经济负担。我的责任包括这些相关问题，这样才是真正为病者诊治。”

And so our goal is to look at the cancer patient in relation with the patient’s environment; treating the whole patient’s physical health, spiritual health, emotional health, psychological functioning in the cultural and social context of his life.

所以，我们的目标是将癌症患者与其周围环境联系起来来看；治疗患者整体的身体健康、心灵健康、情感健康、在其文化和生活背景中的心理功能。
### Definition of Psychosocial Health Services

“Psychosocial health services are psychological and social services and interventions that enable patients, their families, and health care providers to optimize biomedical health care and to manage the psychological/behavioral and social aspects of illness and its consequences so as to promote better health.”


### The Challenge and Opportunity

- To understand that psychosocial barriers and emotional health of patients and their family members are as crucial as their medical treatment in the cancer journey.

So, what do we mean and how do we define psychosocial health services? The Institute of Medicine of the United States brought out a report in 2008 titled: *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, where they say, “Psychosocial health services are psychological and social services and interventions that enable patients, their families and healthcare providers to optimize biomedical health care and to manage the psychological, behavioral and social aspects of illness and consequences so as to promote better health.”

So, what is the challenge and opportunity? Our challenge, basic, is to understand that psychosocial barriers and emotional health of patients and their family members are as crucial as their medical treatment in the cancer journey. And so, one cannot happen without the other.

那么，社会心理健康管理意味着什么？我们如何对其定义呢？美国国家医学院于 2008 年发表了一份题为：《患者整体的癌症护理：满足社会心理健康需求》的报告。其中提及“社会心理健康服务是心理的和社会的服务及干预措施，使患者及其家人和医疗服务提供者能最有效地进行生物医学护理，并在社会心理、行为和社会层面对疾病及其后果加以管理，以此改善健康。”

那么，所面临的挑战和机遇是什么呢？基本上来说，我们面临的挑战是理解在癌症旅程中，患者及其家人的社会心理障碍和情感健康，与医学治疗同等关键。因此，两者缺一不可。
How do we meet this challenge? We meet this challenge by providing a culture of compassion in which every patient’s emotional concerns related to treatment are acknowledged and supported by everyone in the institution. We have started several initiatives to assist with this: The Psychosocial Council Initiative, The Relationship Centered Care Model, The Customer Service Initiative, The Culture of Caring, and The Cancer Survivorship Initiative. To also increase the knowledge about various professional psychosocial resources within the institution; a lot of times there are a lot services that happen within an institution, but professionals, the physicians, the nurses, the medical teams, are not always aware of these supportive services and how patients can be connected to them. Providing timely referrals to these psychosocial professionals, so an oncologist is looking at a patient, looking at the disease status, looking at the chemotherapy to be started, the patient is in great pain, the patient has a lot of fatigue, has nausea, has vomiting. A lot of these problems may be addressed right away, but the patient’s other problems, which may include emotional pain, the fear, the anxiety, the panic, the family caregiver issues, the financial, the social, and the cultural context, are not always specifically addressed.
### Psychosocial Impact of Breast Cancer - Hoping and Coping

#### Framework for Care

- Identify
- Communication
- Staffing
- Link
- Education
- Response
- Support
- Research
- Delivery
- Coordinate
- Follow up

And so, the framework of our care for addressing the psychosocial aspects of a patient’s care are, basically, to identify, to assess: what are the distress points and levels of concerns for these patients? How do we link these patients with services? How do we support them? How do we coordinate this? And how do we follow? Most essential elements, communication, education, and research. And more importantly, we must be able to match these with adequate staffing, immediate response, and effective delivery.

#### Process Framework

Efficacy defined by the balance between:

- Need
- Response
- Service
- Delivery
- Expectation
- Experience

- High Quality Care
  - Need
  - Service
  - Expectation

This process framework must be so well synchronized to bring out the most effective outcomes. This efficacy of balance between need and response; between service and delivery; expectation and experience, is what will define the quality of our care to our cancer patients.

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这一流程框架必须步骤一致才能取得最有效的结果。需求和回应之间，服务与交付之间，预期与体验之间的效果平衡，将定义我们为癌症患者提供的护理质量。
**Psychosocial Impact of Breast Cancer - Hoping and Coping**

**Continuum of Care**

- New patient diagnosed
- Treatment
- Remission
- Recurrence
- Progressive
- Advanced disease

Psychosocial care of cancer patients should be an integral part of their medical care and available at all stages of their diagnosis, treatment and survivorship and must occur in a seamless continuous manner.

The continuum of care is very long with cancer patients and their treatment. From the point a patient is diagnosed to the patient's treatments, or when a patient goes into remission, comes back with remission sometimes, the disease gets progressive or if the patient is in the end stages of disease. At each stage, the psychosocial aspect of the patient’s care must be a part of their medical care for us to have the most effective outcomes.

**Walk the Talk**

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<tr>
<th>Stage</th>
<th>Stressor / Barrier</th>
<th>Resource</th>
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<td>New Patient/Point of diagnosis</td>
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<td>Start Treatment ongoing</td>
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<td>Map location / follow up</td>
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We need to walk the talk and we know that each and every stage has fear, anxiety, anger. There are financial issues. There are social issues. There are relationship issues. There are caregiver fatigue issues, caregiver burden issues. There is physical pain. There is emotional pain. And not one stage is immune to this fear and anxiety. At each point, we have different levels of distress.

对癌症患者及其治疗的护理是一个非常漫长的连续过程。从患者被确诊开始到患者接受治疗，或者当患者病情缓解，有时在病情得到缓解的情况下回诊时疾病恶化，或者当患者处于疾病晚期时。在每一阶段，患者的医疗护理都必须包括对患者在社会心理层面的护理，以便取得最有效的结果。

我们需要言行一致，我们了解在疾病的每一阶段都存在恐惧、焦虑、愤怒，存在财务问题、社会问题、人际关系问题。存在照护者疲劳问题、照护者负担问题。有身体的疼痛，情感上的痛苦。疾病的任何一期都不能免于这样的恐惧与焦虑。每走一步我们都有不同程度的困扰。
### Psychosocial Impact of Breast Cancer - Hoping and Coping

#### So Why?
Psychosocial Barriers Lead to:
- Frequent crisis intervention
- Lower compliance
- Treatment delays
- Poorer outcomes
- Increased staff time
- Higher costs
- Less able to use resources
- Poorer quality of life

So, why are we so interested in looking at the psychosocial impact of cancer on breast cancer patients? Because we know that barriers lead to frequent crises. There is panic in the system. There is panic in the patient’s family. There is panic with the patient's psyche. There is lower compliance. The patient does not want to go for treatment because he is afraid of going through an MRI procedure. He says, “I would rather die than go through an MRI”. There are treatment dealings because there has not been sufficient communication. Or the patient has not understood, or the patient does not have the means to get to that test or treatment. This leads to poorer outcomes, increased staff time, higher costs to the system. The patients are less able to use resources and there is poorer quality of life.

### Psychosocial Impact of Breast Cancer - Hoping and Coping

#### Cancer • Psychosocial Functioning • Quality of Life

Cancer patients with serious depression are more likely:
- To be non-compliant with cancer therapy, more likely to have cancer treatments delayed or reduced
- To eat and sleep less and have poor self-care
- To be less vigilant about disease symptoms and less able to use proactively those resources that might bring health improvements

And so, for us, it is so important to know that cancer patients with different levels of emotional distress will show symptoms and behavior problems that impact their quality of life and their psychosocial function. They eat less, they sleep less, they are noncompliant and they are less vigilant about their disease systems.

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那么为什么我们如此关注癌症对乳腺癌患者的心理影响呢？因为我们了解这些障碍因素会经常导致危机。会在系统内造成恐慌，在患者及家属造成恐慌，在患者的精神上造成恐慌，对医嘱的遵循有所下降。患者不愿接受治疗，因为惧怕MRI程序。他说：“我宁愿死也不做MRI。”我们不得不处理这些与治疗相关的事宜，因为没有充分的沟通，或者患者没有理解，或者患者没有办法前去接受检测或治疗。这会导致更为不良的结果，加长工作人员的工作时间，增加系统的成本。患者使用资源的能力下降，生活质量下降。

因此，对我们来说，非常重要的一点是要明白，在情感上处于不同困扰水平的癌症患者会表现出症状和行为问题，进而影响其生活质量和社会心理功能。他们进食减少，睡眠不足，不遵医嘱，对抗疾病的警惕性下降。
Patients with compromised immune systems due to depression have been shown to have higher incidence rates of cancer. And this we know from a study by Jimmie Holland and Rowland in 1989. U.S. National Cancer Institute estimates that 25% of cancer patients experience major depression. Now this is a pretty common statistic and we do know that depression and anxiety are highly underdiagnosed in cancer patients.

In a study by Spiegle et al., on 86 patients with metastatic breast cancer who were randomized to receive either routine oncologic care, by itself, or routine oncologic care with attendance to support groups on a weekly basis for 12 months. The survival time of randomization was significantly higher in the intervention group by almost 100%. That is phenomenal. A number of studies also draw attention to the high levels of distress beyond the period of initial diagnosis.

有研究发现，由于抑郁症导致免疫系统受损的患者，癌症发病率有所上升。我们从 Jimmie Holland 和 Rowland 于 1989 年进行的一项研究得知这一结果。美国国家癌症研究所估计 25% 的癌症患者有严重的抑郁症。目前这是一个颇为普遍的统计数据，而且我们确实了解，很多癌症患者的抑郁症和焦虑被漏诊。

在 Spiegle 等人进行的一项研究中，86 位乳腺癌有转移的患者被随机分组为仅接受常规肿瘤学护理，或接受常规肿瘤学护理并每周参与一次支持小组活动，为期 12 个月。随机分组的生存时间要明显长于干预组，几乎延长了 100%。这很了不起。一些研究也引起人们对于患者在起始诊断之后表现出的高度困扰的关注。
### Psychosocial Impact of Breast Cancer - Hoping and Coping

**Impact on Breast Cancer (continued)**

- Goldberg et al. found high levels of anxiety and depression in approximately 25% of breast cancer patients at 12 months following initial diagnosis.  

- There is evidence that this level can persist for up to 2 years or more after diagnosis. Levels of depression and anxiety can also be higher in those patients with advanced disease, with pain being an important contributory factor.  

- Pain and depression impact each other closely and management of one without the other will not be most effective.

### Breast Cancer Incidence

- As of 2008, there are about 2.5 million women in the United States who have survived breast cancer. And 1 in 8, about 13%, have breast cancer in the United States. About 40,000 women in the United States were expected to die in 2009 from breast cancer, although the death rates have decreased considerably since 1990. These decreases are thought to be the result of treatment advances, earlier detection through screening and increased awareness.

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- We know that, again, at least 25% of patients feel these symptoms even 12 months after initial diagnosis. And we know that this can extend up to 2 years or even more depending on the traumatic stress disorder that this diagnosis and treatment has imposed on the cancer patients. Again, pain and depression impact each other closely and management of one without the other will not be most effective.

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And again, when we talk about awareness, we want to say awareness amongst the patients, the families, the medical staff, the physicians, the nurses, the social workers, the case managers, the business center people, patient advocates. All of these people being able to work as equal partners in the single goal of providing the most optimum quality of life for our patients. The intensity and duration of a patient’s emotional discomfort or pain can be sometimes more crippling than the disease itself. I have had patients who have felt this pain, this emotional pain that does not allow them to think clearly; does not allow them to want to even go through this treatment anymore even though we have a highly optimistic view of a cure of treatment for their disease. And patients will sometimes say, “Forget it; I do not want to go through this.” And that comes from a sense of deep emotional pain, which has crippled them and we need to do something about it as soon as possible. Patients and families have multiple stressors at different stages of their disease. The intensity can change dramatically at different points in the journey depending on what triggers this patient’s state of mind, and fear or anxiety. There are patients that are terrified by MRI images, patients that are terrified by just seeing the prick of a needle or looking at bandages or smells even. So, emotional comfort is a vital, vital piece of the treatment and significantly enhances a patient’s overall care and also the family’s overall care.

当我们谈及对乳腺癌的认识时，我们指的是患者、家人、医务人员、医生、护士、社工、案例管理人员、业务中心工作人员、患者代表等对乳腺癌的认识。所有这些人士能够平等合作，完成一个目标，即为我们的患者提供尽可能最佳的生活质量。患者情感上的不适与痛苦，其强度和持续时间有时候会让疾病本身更折磨人。我曾就有患者感受到了这种痛苦，这种情感痛苦让他们无法清楚地思考；甚至让他们不愿意再接受治疗，尽管我们对其治愈疾病感到非常乐观。患者有时会说：“算了吧；我不想经受这个。”这是因为情感上深深的痛苦已经击倒了患者，我们需要尽快采取相应措施。患者及其家人在疾病的不同时期有数项压力因素。其强度在癌症旅程的不同点可以有很明显的变化，取决于哪些因素激发了这位患者的情绪状态、恐惧或焦虑。有些患者会很畏惧MRI成像，有些则惧怕看到针刺入皮肤或惧怕看见甚至闻见绷带。因此，情感上的慰藉是治疗的一个非常非常关键的部分，可以极大改善患者总体护理效果，也可以改善家人的总体护理效果。
Psychosocial Impact of Breast Cancer - Hoping and Coping

Hoping and Coping - A Dynamic Paradigm
Cure • Respect • Compassion • Time

- Medical treatment/physical care
- Emotional comfort
- Communication both with patient and providers, accurate and timely information, education about care plan, resources and long term implications
- Comprehensive plan of care
- Emotional support and alleviation of fears and anxiety
- Transition and continuity of care
- Coordination of care and integration of services within an institutional setting

So, while we are hoping and coping, what are we doing? What is the paradigm for helping patients hope and cope while they are on this journey? Their emotional comfort, the communication to the patient between the providers. So we have a physician who has seen a patient; he has done his notes on the chart, he has talked to the patient briefly, given some details, but the patient has not completely absorbed this. Patient is still very upset, but afraid to talk to the physician. He has gone home and now he has become suicidal. What do we do in situations like this? What is the barrier that came up here? How do we make sure that we have provided the patient with the best possible information, in the best possible way, in a compassionate understanding way, where the patient is able to cope with that information? And if not at that time, what other kind of support system am I building for him to stand up strong? To be able to provide a comprehensive plan of care, sometimes we give them plans of care in bits and pieces. The next step is you go and you get a bone marrow aspiration. So, he goes to bone marrow aspiration. The next step is you come in and get a CT scan. These are bits and pieces of information that don’t not bode well, or help the patient to understand the complete plan. If a patient knows what the complete plan is, it is much easier for the patient to emotionally prepare himself for the next step; transition and continuity of care and the coordination of care and integration of services within an institutional setting.

那么，在我们希望和应对的时候应该做些什么呢？在这段旅程上帮助患者希望与应对的内容有哪些呢？他们情感上的慰藉、患者与医疗服务提供者之间的沟通。比如说有一位医生对患者进行了看诊；在病历上做了记录，与患者进行了简短交谈，介绍了一些详情，但是患者并没有完全理解这些内容。患者仍然非常心烦意乱，但却畏惧与医生交谈。他回到家中，出现了自杀倾向。我们要如何处理这种情况呢？这里的障碍因素是什么？我们如何确保以尽可能最好的方式，关怀理解的方式，在患者能够应对相关信息的地点，向患者提供尽可能最好的信息？如果暂时还做不到这一点，那我要为他建立其他何种类型的支持系统，帮助他勇敢地面对癌症？要为患者提供全面的护理计划。有时我们会零零散散地告知其护理计划。下一步你需要去接受骨髓穿刺。好，他去做了骨髓穿刺。下面你要回来接受 CT 扫描。这些零零散散的信息并不是好兆头，也不能帮助患者理解整个计划。如果患者知晓整个计划，就更容易在情感上准备就绪，迎接下一步；护理的过渡和延续、协调护理以及在全院环境下整合的各项服务。
Psychosocial Impact of Breast Cancer - Hoping and Coping

Coping with

- Pain, swelling, body changes
- Feeling overwhelmed
- Anxious
- Fearful
- Relationships
- Life changes
- Getting back to "normal"

How do people really cope?
- "I just can't take this constant stress anymore not knowing what is going to happen.
- I am going to shoot that doctor, he told me I was going to die!
- I am going to beat this, I am NOT going to die.

So the coordination outside of the institution is different than the coordination within the institution. Has the physician called the PA? Has the physician called the social worker? Has the PA talked with the pharmacist? Has the nurse spoken with the nutritionist? This is coordination of care where everybody is looking at every aspect of the patient's care. The pain, the feeling overwhelmed, anxiety, fear, life changes and getting back to normal. How do people really cope? "I just cannot take this constant stress anymore not knowing what is going to happen". There is this constant sense of dread, so how do I stop this dread for my patient? "I am going to shoot that doctor, he told me I was going to die". Now what brings about a response like this? When a physician has with all good intentions provided the patient with the most correct information as a scientist, and still faces a response that can be as violent and aggressive as this. The reason is that we did not quite understand or gauge the patient's emotional state at that point. And to be able to break that piece of news, or present that piece of news in a different manner, is the skill we need to pick up. "I am going to beat this; I am not going to die". So, we have a lot of patients who want to fight, who want to beat it, who are hopeful that they are going to live forever.

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### Psychosocial Impact of Breast Cancer - Hoping and Coping

- How do I tell my daughter I'm sick?
- Where can I talk to other cancer patients about treatment?
- Are the changes in my sex drive normal?
- What if I can't afford the expenses?
- What things should I tell my family?

**How do we manage this expectation?** How do we take them along on the continuum from the best to the worst, and from the worst to the best? Patients have questions all the time. “How do I tell my daughter I am sick?” “Where can I talk to other cancer patients about treatment?” “Are the changes in my sex drive normal?” Now how many patients would talk to you about this on a daily basis unless you really ask them? And sometimes, even if you ask them, they are not going to tell you. So, what kind of skills do we need to get an understanding for some of these issues and are these issues important? Absolutely, because that impacts the patient’s quality of life.

“What if I cannot afford these expenses?” “What things should I tell my family?”

### Psychosocial Impact of Breast Cancer - Hoping and Coping

- How do I make sure I won't be kept alive by a machine?
- Am I supposed to feel sad all that time?
- Why do my husband and I fight so much now?
- What if someone is abusing me?
- What does hospice mean?
- What if I lose my job?

**“How can I tell my family?”** “I do not want my wife going crazy and jumping off the roof because I have this diagnosis because that is not going to help.” “How can I manage this?” “How do I make sure I will not be kept alive by a machine?” “Am I supposed to feel sad all the time?” “Why do my husband and I fight so much?” “Our relationships have changed and some things have gotten worse.” What if someone is abusing? “What does hospice mean?” “I do not have anything like hospice in my country or in the city where I live.” “Is that another hospital?” “Is that another service?” “What if I lose my job?”

**“I want to tell my family?”** “I do not want my wife going crazy and jumping off the roof because I have this diagnosis because that is not going to help.” “How can I manage this?” “How do I make sure I will not be kept alive by a machine?” “Am I supposed to feel sad all the time?” “Why do my husband and I fight so much?” “Our relationships have changed and some things have gotten worse.” What if someone is abusing? “What does hospice mean?” “I do not have anything like hospice in my country or in the city where I live.” “Is that another hospital?” “Is that another service?” “What if I lose my job?”
“What are my alternatives to manage this disease” and “what am I hoping all the time?” The patient is saying, “I hope to feel better” because most patients come with a hope that they will be cured. And again it is up to the professional to be able to navigate through this and manage that expectation in a very tactful manner, where we are looking at cancer as a more chronic illness, where there is no cure, so to speak, for diseases like diabetes. And so cancer, in much the same way, may be a long-term phenomenon with no actual cure, but maybe remission, maybe stabilization of disease. And maybe we can say that this disease will never come back for the next 10 to 15 to 20 years or over the lifetime. But again, it is about managing expectations where patients are able to move along the continuum of care with much more comfort. To focus on the possibilities of what can happen in a positive direction. Lead a healthier, more meaningful life, even in the face of a terminal nature of any type of disease, if it is terminal. Strengthen body and mind. Take charge. Help the patient if the patient wants to take charge, be in control. And so, always being told do this, do not do that, eat this, must have this, can wear a patient down and make him feel like he has lost control. Build connections with survivors, counselors, they want to set new goals, you want to help them set new goals. “Okay, so I was a marathon runner yesterday and I cannot do that anymore, but what is my next alternative. Maybe I can start painting. Maybe I can start cooking lessons.” There are so many different alternatives one can look at and there is such a thing as creative problem-solving, which most patients themselves are able to come up with the solutions as long as they know they have the support and the resource, And hoping to adjust to a new normal.

“除了控制这一疾病，我还有哪些选择”和“我要一直希望些什么呢？”这位患者说：“我希望能感觉好点”，因为大部分患者来的时候都希望自己能被治愈。如前所述，引导患者经历这一过程的责任落在了医务人员身上，后者需要非常有技巧的管理这样的期望，因为癌症更多时候是一种慢性疾病，没有治愈方法，类似于糖尿病。所以癌症同样也可能长期存在，无法真正治愈，但可能有缓解，或者病情稳定。可能我们可以把癌症在接下来的 10 到 15 到 20 年，或者终生都不会复发。但是，我们在这里强调的是管理期望，使得患者能够更自如地经历护理这一连续过程。以乐观的态度关注于接下来可能发生的各种情况。即使在疾病的末期也能生活得更健康，更有意义。增强体力与意志力。负起责任。如果患者希望负起责任，掌握各项事务，要为其提供帮助。总是被告知做这个，别做那个，吃这个，必须有这个，可能消磨患者的意志，让他感觉自己失去了控制。与幸存者、咨询师建立联系，他们想设立新的目标，你想帮助他们设立新目标。“我以前是一名马拉松运动员，现在我不能再跑马拉松了，我接下来还可以做什么。也许我可以开始画画。也许我可以开始上烹饪课。”还有其他各种各样的事情可以做，还可以使用创造性解决问题模式，大多数患者自己就能找到解决方案，前提是要让他们知道可以得到支持和资源，而且他们自己希望
### Psychosocial Impact of Breast Cancer - Hoping and Coping

**Hoping to**

**How do people really cope?**

- I will do what it takes to get well but I will also plan for the worst.
- I am going to try and live a normal life even though so much has changed.
- This cancer has given me a new perspective on life.

Another very, very important aspect, which we sometimes tend to forget, because we are more focused on the disease itself and curing that disease, but the patient’s family and caregivers are an extremely important part of this person. The shock of the diagnosis that the patient feels is felt equally or sometimes even more by the family and caregivers.

### Psychosocial Impact of Breast Cancer - Hoping and Coping

**Impact on Family and Caregivers**

- Shock of diagnosis
- Increased caregiving demands
- Relationships
- Role strain
- Internalized feelings
- Reluctance to discuss physical change
- Fear of losing partner
- Resources
- Coping

Says a survivor: “The support of my family has truly helped me to better cope with the challenges I’ve faced after my cancer diagnosis.”

Now, pre-cancer and post-cancer are two different phases. And to know that this is a life-changing event in the life of any patient. And how do people really cope? “I will do what it takes to get well, but I will also plan for the worst.” Some patients will say that. Whereas some will say, “I am going to try and live a normal life even though so much has changed.” And some others will say, “This cancer has given me a new perspective on life.” These are all ways people cope. Some cope by being angry, some cope by being depressed, and some cope by saying, “I am going to take the next step and move forward.” And so, we have got to be able to gauge, where is this patient in that journey of coping and hoping?

### Psychosocial Impact of Breast Cancer - Hoping and Coping

另一个非常非常重要的方面，我们有时因为更专注于癌症本身和治愈癌症而容易忘记的方面，就是患者的家人和照护者也是患者极其重要的组成部分。癌症诊断带给家人及照护者的震惊与患者本人的感觉有过之而无不及。由于这些增加的护理要求，以前从未工作，在家照顾孩子，放学接孩子回家，为家人烹制一日三餐的妻子，现在出门工作了。她现在必须开始完全不同的生活方式，工作的同时还要应对配偶的疾病。关系发生了变化。角色改变了，关系也发生了变化。内也出现了各种感受：“我很愤怒，但我不想告诉我的兄弟姐妹自己的感受，因为这会让他们压力更
Reluctance to discuss physical change and often spouses of cancer patients have gone undiagnosed, with cancer or some other serious illnesses, because they did not want to impose further stress on the spouse. The fear of losing a partner and, “What am I going to do next. I cannot live without my spouse or without my partner.” “What kind of resources are there and how will I cope with this whole thing.” Says a survivor, “The support of my family has truly helped me to better cope with the challenges I have faced after my cancer diagnosis.”

Psychosocial Impact of Breast Cancer - Hoping and Coping

It is unpredictable. It is a roller coaster. There is no point in time where a physician can truly say, “Hey, you are going to live forever,” or, “You are going to live for 20 years,” because none of us is a God. However, we all do know that there are ups and downs in every phase of life, and with cancer, it is even more unpredictable. And all we can do is strengthen these patients along their roller coaster journey and make sure we are able to pick them up when they fall off the coaster.

无法预计，跌宕起伏。医生在任何时候都无法真正地说：“嘿，你会一直活下去”，或者说“你还可以活20年”，因为我们都不是上帝。但是，我们都知道人生的每个阶段都有起伏，加上癌症，这就更加不可预测。我们所能做的就是在患者跌宕起伏的旅程中，让他们更加坚强，确保在他们跌倒时能扶起他们。
“I’ve been touched by the smallest gestures, a squeeze of the hand, a gentle touch, or a reassuring word. In some ways, these quiet acts of humanity have felt more healing than the high-dose radiation and chemotherapy that hold the hope of a cure.” Kenneth Schwartz said this.

So, at the end of the day, what we want to look at, is a comprehensive approach institution-wide, wherever this institution may be, wherever this cancer care is being provided, to make sure that we have a comprehensive approach towards cancer care, in that, other than the medical assessments and the treatments, that we are on a parallel front, dealing with the psychosocial aspect of a patient’s care. Which means psychosocial assessments, counseling and cognitive behavioral interventions, transition planning, education and referral, advocacy, program development, monitoring and follow-up.

所以，归根结底，无论医疗设施在何处，无论癌症护理在何处，我们都需要全院的全面措施，以确保我们有癌症护理的全面措施，也就是说除了平行进行的医疗评估和治疗，我们还同时需要应对患者护理的社会心理层面。这意味着社会心理评估、咨询和认知行为干预措施、过渡计划、教育和转诊、维权、计划制定、监测和跟进。
Psychosocial Impact of Breast Cancer - Hoping and Coping

Tools for Psychosocial Assessment

- Identification of barriers and stressors, which impact patient and family coping or compliance with treatment must be done in a systematic manner.
  - Screening should be routinely established
  - Depression in the terminally ill should be treated as vigorously as for those patients with a better prognosis
  - All staff should have basic skills to determine if there is any suicidal risk so patients may be managed

So what are some of the tools for psychosocial assessment? At MD Anderson, we have several ways to identify barriers and stressors that impact a patient at family coping or compliance. We may have a patient who is highly compliant, but there may be a family member who has a mood disorder or a family member who is completely stressed out, burnt out and fatigued, and may not be willing to comply with the treatment plan or even be supportive of the patient or the medical team. A lot of our discharges get held up because patient’s family members do not think that it is the right time for discharge or are not ready for the patient to be taken home, because they are afraid of how to care for the patient. Screening should be routinely established. Depression in the terminally ill should be treated as vigorously as for those patients with a better prognosis. So we are looking at screening at all levels, from the point of diagnosis to the end of treatment, at the point of progressive disease and advanced disease. And all staff must have the basic skills to determine if there is any suicidal risk so patients may be managed and be able to refer these patients very quickly to the department of professionals within the institutions that handle these issues.
Psychosocial assessment varies by:
- Provider
- Screening tools
- Emotional state of patient at different point of assessment
- Reporting

Depression ratings were influenced by crying, depressed mood and medical factors rather than more reliable indicators such as anhedonia, suicidal thinking and hopelessness.

The National Cancer Comprehensive Network of the United States came up with a very, very valuable assessment tool for patient distress. This simple tool looks at four dimensions of patient care. Those dimensions are the practical concerns, the family concerns, emotional concerns, and the physical concerns encompassing the entire patient, which then gives us an idea for the patient’s distress level on a scale of 1-10. And, if the patient tells me that he is feeling suicidal, or he is feeling sad, or he is concerned about his sexual functioning on a scale of 1-10, his distress level is 6. Then that tells me something about where I need to start with this patient and where I need to go with this patient.

<table>
<thead>
<tr>
<th>Practical Concerns</th>
<th>Emotional Concerns</th>
<th>Physical Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Worry</td>
<td>Pain</td>
</tr>
<tr>
<td>Insurance</td>
<td>Fears</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Work/school</td>
<td>Depression</td>
<td>Sleep</td>
</tr>
<tr>
<td>Transportation</td>
<td>Nervousness</td>
<td>Getting around</td>
</tr>
<tr>
<td>Child care</td>
<td>Loss of interest</td>
<td>Bathing/dressing</td>
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<tr>
<td>Caregiver</td>
<td></td>
<td>Sexual</td>
</tr>
<tr>
<td>Home care</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Prescription coverage</td>
<td></td>
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</tbody>
</table>

| Family Concerns                        |                                      |                         |
| Dealing with partner                   |                                      |                         |
| Dealing with children                  |                                      |                         |
| Spiritual/religious concerns           |                                      |                         |

So again, psychosocial assessment varies by provider, the type of screening tools they use, emotional states of patients at different points of assessment, and the reporting structure.

因此，如前所述，社会心理评估各有不同，具体取决于医疗服务提供者及其使用的筛查工具类型、患者在不同评估点的情感状态、以及报告架构。

美国国家癌症综合网络制定了一个非常非常有价值的工具来评估患者受到的困扰。这一简单的工具从四个层面来审视患者的护理。这些层面是：围绕患者整体的实际生活方面的顾虑、家庭方面的顾虑、情感方面的顾虑和身体方面的顾虑，然后用 1-10 的量表测量患者受困扰的程度。如果患者告诉我他想自杀，或他感觉悲伤或担心自己的性功能，在 1-10 的量表上，他受到困扰的程度为 6。这就告诉我应该从何开始处理这位患者，应该取得什么样的效果。
<table>
<thead>
<tr>
<th>History of psychiatric illness, history of depression, suicide, cognitive impairment, communication barriers, severe comorbid illnesses, like diabetes or hypertension or bipolar disorder or AIDS, all of these will put the patient at increased risk for distress and more so the inadequate social support of a patient's circumstances can impact the patient's distress level very highly.</th>
</tr>
</thead>
<tbody>
<tr>
<td>再次，患者独自生活，有多少次患者被丢在我们门前，无辜无故，没人想接他们回家，或者照护他们感到厌倦，觉得医院有责任照护他们。患者经济上困难，能够得到的医疗服务有限，他们居住在边远地区，希望离医院近一些，他们有年幼、不能自理的孩子，宗教信仰方面的顾虑以及社会问题。我们怎样来帮助这些患者？这些患者受困扰的风险升高，但哪些是这类患者？这类患者是些什么人？我们如何分辨？</td>
</tr>
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</table>
Hoping and Coping

Periods of Increased Vulnerability

- Finding a suspicious symptom
- During workup
- Finding out the diagnosis
- Awaiting treatment
- Change in treatment modality
- End of treatment
- Discharge from hospital following treatment

Again, when a patient finds a suspicious symptom after treatment and feels that, “Oh, gosh, my disease is coming back, I am not going to through this again and I am not going back.” Or patients during work-up get into panic bouts where they feel, “Well you know I am feeling really sick, my hair is falling off and I think probably this is not a good sign. I might as well go home instead of spending so much money on this treatment and save up all my bucks for my family.”

Finding out about the diagnosis: this is a pivotal moment in the life of any cancer patient is finding out about the diagnosis. Almost feels like a death warrant to many. Then awaiting treatment, anxiety of awaiting treatment, [you know] “What kind of treatment? How long will this treatment go on?” “What kind of side effects are going to happen?” “How can I cope with this?” Change in treatment modalities, okay, so we finished Herceptin, now we are going to do Taxol and then we are going to go and do radiation, or we are going to do surgery. “When is this treatment ever going to end and what does the end of treatment mean? ”Is that the end of chemotherapy and the start of radiation or the beginning of immunotherapy?” “What does treatment itself mean?” “What is the difference between acute treatment and palliative treatment?” Discharge from hospital following treatment? Patients do not understand the differences between transition -- between transition points, being in the hospital, being discharged from the hospital, going to a nursing home or to a hospice.

当患者在治疗后发现了一个可疑的症状，心想：糟糕，我的病复发了，我不要再来一次，我不要回去。”或者患者在接受检查时陷入恐慌，内心在说： “哦，你知道我病得很重，我在脱发，这多半不是什么好兆头。我还不如回家，省得在这里花大笔的钱接受治疗，我可以把所有的钱留给家人。”得知诊断结果：所有癌症患者生活中的一个重要时刻是得知诊断结果。对于很多人来说，这就像是被判死刑一样。然后是等待治疗、焦急地等待治疗，[你知道]“哪种治疗？要持续多久？”“会有什么副作用？”“我该怎样处理这个问题呢？”治疗方法的变化；好，我们结束了赫赛汀，现在要使用泰素，然后我们要做放疗，或者做手术。“治疗什么时候才是个头，治疗结束代表着什么？”“那是否意味着化疗的结束，放疗或免疫治疗的开始？”“治疗本身意味着什么？”“急性治疗和姑息性治疗有何区别？”出院后续治疗？患者不理解过渡——过渡点之间的区别，住院、出院、住进护理院或临终关怀设施。
Psychosocial Impact of Breast Cancer - Hoping and Coping

Periods of Increased Vulnerability (continued)

- Stresses of survivorship
- Medical follow-up and surveillance
- Treatment failure
- Recurrence/progression
- Advanced cancer
- End of life

Periods of increased vulnerability, again, could include stressors of survivorship for patients who survived their cancer, who have now been treated, their disease is in remission, but they still need to go back to a normal life. They still need to pick up the pieces where they left off. They need to have medical follow-up and surveillance. They need to understand that, if there is recurrence or progression, they need to come back, and who do they need to come back to? Again, how are they going to deal with advanced cancer issues, end of life issues?

At MD Anderson, we have what is called a Patient Needs Assessment, which, a patient--when the patient comes into the hospital or as an outpatient, the patient fills out a self-assessment about their own needs that are on a form, which are sectioned, or categorized into different sections. And so, when a patient decides that he is feeling a stress level from 1 to 10, of 6 or 5 or 4, he will indicate that on this form. When he does that, that referral is kicked out to social work to assess for psychosocial distress. If a patient says that they are not eating well, they need some nutrition consult, then the section on nutrition is checked off and the referral is kicked off to nutrition. If the patient has problems with mobility and needs physical therapy, or the patient has problems with bowel management, all of these sections deal with these problems separately and referrals are kicked out to the different disciplines to assess the patients further and meet their needs quickly.

在MD Anderson，我们有名为患者需要评估的服务；当患者前来医院或门诊部时，患者会填写一张有关自己需要的自我评估表，此表按照类型分为几个部分。患者在表上说明自己从1到10感到的受困扰程度是6或5或4。之后，我们会将其转诊至社工处，评估其社会心理方面受到的困扰。如果患者说自己进食不佳，需要一些营养咨询，则会勾选评估表上的对应部分，并向营养部门转诊。如果患者在行动方面有问题，需要理疗，或患者在排便方面有问题，评估表的所有部分会提示这些问题，我们会向不同的科室转诊，以便进一步评估患者，快速满足其需要。
So there are different psychosocial needs and different strategies for each psychosocial need. Whether it is the understanding of the illness, treatments and services. And this is not just for patients, but also for the patients and their families. Coping with emotions, managing illness, how to manage this illness both at the hospital and at home. There are a lot of behavioral changes in patients. Some of them become quite obsessive sometimes. The families become overanxious sometimes. And that can have a very dynamic effect on both sides, including the providers. We do have patients sometimes who will not listen to any advice or instruction because they are not emotionally comfortable. And how do I get this patient there?

Patients with Breast Cancer

- Crisis intervention
- Adjustment to diagnosis and treatment
- Coping with life changes
- Stress/anxiety
- Fear, panic, anger, guilt, denial
- Issues related to:
  - Body image
  - Sense of identity
  - Sexuality
  - Disability
  - Grief and loss
  - Advance care planning
  - Death and dying

So, patients with breast cancer again have the same problems. We are constantly dealing with crisis intervention: a patient who is in a panic bout, has major issues adjusting to the diagnosis, cannot cope with the idea of maybe a surgery, radiation treatment, the side effects of fatigue, body image, grief and loss, the fear of death and dying. And so we try to provide services with counseling, the transitions of care, and patient protection or patient safety.

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There are different types of counseling and there are different specialists for the different types of counseling. And so we must be very aware of who is the right professional or staff that can do the most effective piece of counseling for the different issues: adjustment to diagnosis, crisis intervention, communicating with the team, making treatment decisions, helping the family and caregiver to be more supportive, empowering them, discussing end of life issues. And discussing end of life issues, there is the point where the physician says, “Okay, we are at the point where the disease is so advanced, terminal nature of disease, the prognosis is less than a few months,” that is discussing end of life issues. However, there is much more to that. There is more to discussing the end of life in terms of providing the prognosis. However, there is much more to that. There is more to discussing the end of life in terms of, “Okay, so we are at a point here and let us look at what our goals are from this point onwards. Is this quality of life? Do we want more treatment? What would be the impact of that? Where would you like to be at this point? How would like this to be planned?” The different mental health resources within the institution and outside.
Now, there are also other concrete resources, which are equally important and that address the practical concerns of a patient’s day-to-day treatment journey, and that is: housing, transportation, financial assistance, pharmacy, education, documents. These are not small issues.

A patient came in for cancer treatment, was told what the estimated bill would be, this patient was self-pay. Patient paid up a certain amount as a deposit and then was told that he can go in for a couple of consults. The patient went for consults, went and checked on his bill. The amount that he had deposited was almost now down to half. The patient was shocked and the reason being that the patient had not been adequately informed or provided the information about what happens at each stage. The patient said, “Hey, I have been here only for two consults and one test or two tests and the bill is so much.” Well, all the rates were then provided to the patient and he finally understood where his money had gone, and how quickly the money can go, and what we need to do to make sure that he is still able to continue his treatment. So, now at MD Anderson Cancer Center we have several departments that help with psychosocial support services and each area has its area of expert professionals who work with patients to resolve psychosocial concerns and issues.
<table>
<thead>
<tr>
<th>Department of Social Work</th>
<th>Psychosocial Impact of Breast Cancer - Hoping and Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychosocial Counseling Services</strong></td>
<td><strong>The Department of Social Work provides individual and group counseling that identify and counsel high-risk patients and families, provide crisis intervention, and help with adjustment to diagnosis and treatment. They help with transitions of care. So if a patient is going into hospice, just to tell the patient, “Oh you know I am going to get you connected to hospice,” means nothing. But to be able to explain to the patient what hospice can do, how will it help the patient in the long run, what does it actually mean, and making the patient feel completely comfortable about this new transition to care, because, if you do not do that, the patient is going to come right back through our emergency center and not have the quality of life that they could have got otherwise.</strong></td>
</tr>
<tr>
<td>- Individual and group counseling: Screen and identify high risk patients and families, crisis intervention, adjustment to diagnosis and treatment</td>
<td>- Protection issues: Guardianship, abuse (child and adult), domestic violence, exploitation/neglect</td>
</tr>
<tr>
<td>- Transitions of care: Pre-hospice, nursing home, assisted living assessment, education and counseling</td>
<td>- Resources for housing, transportation and practical quality of life concerns</td>
</tr>
<tr>
<td>- Custodial/provider services information, mental health resources, family service centers, etc.</td>
<td>- Advance care planning</td>
</tr>
</tbody>
</table>

社工部为个人和小组提供咨询，识别具有高风险的患者及其家人，并为其提供咨询、危机干预，并帮助适应诊断和治疗。他们会帮助患者护理的过渡。所以说，如果患者要住进临终关怀设施，仅仅告诉患者：“哦，我会把你转到临终关怀设施”，这是毫无意义的。而是要向患者解释临终关怀设施能做些什么，长期来说它会如何帮助患者，它的实际含义是什么，并且让患者对自己过渡到新的护理感到完全放心，因为，如果不这样做，患者会立即从急诊室返回这里，而享用不到本来可以享受的生活质量。保护问题，例如监护、虐待、家庭暴力、剥削。有很多癌症患者确实有受到剥削或虐待的问题，并不是因为家里真有施虐者，而是因为照护者完全被拖垮了，精疲力竭，自身没有能力应对这一情况。用于住宅、交通和实际生活质量等顾虑方面的资源、子女抚养权和医疗服务者服务等信息，这些非常非常重要，因为这是患者第一次经历这样的事情。他们对从何处开始，前往何处，该怎么办一点头绪都没有。还有高级护理护理规划，比如“好的，这可能要花六个月到一年的时间，或者两年或者五年。让我们来看看我们想做些什么；可能会发生哪些情况以及我们应该如何有计划地前进？”
<table>
<thead>
<tr>
<th><strong>Psychosocial Impact of Breast Cancer - Hoping and Coping</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Place of Wellness</strong></td>
</tr>
<tr>
<td>- Integrative medicine consultation</td>
</tr>
<tr>
<td>- Acupuncture</td>
</tr>
<tr>
<td>- Massage</td>
</tr>
<tr>
<td>- Individual and group counseling</td>
</tr>
<tr>
<td>- Support groups</td>
</tr>
<tr>
<td>- Expressive therapies (art, music)</td>
</tr>
<tr>
<td>- Movement therapies (yoga, tai chi, pilates)</td>
</tr>
<tr>
<td>- Nutrition groups and consultation</td>
</tr>
<tr>
<td>- Relaxation techniques</td>
</tr>
<tr>
<td>- Complementary</td>
</tr>
</tbody>
</table>

We have The Place of Wellness that helps patients with integrative medicine consultation. They have acupuncture. They have massage. They have individual and group counseling, support groups, expressive therapies like art and music. There is yoga, tai chi, nutrition groups, relaxation exercises and complementary medicine consults that give patients another alternative to the cancer treatments, or complements the cancer treatments that they are undergoing currently.

<table>
<thead>
<tr>
<th><strong>Psychosocial Impact of Breast Cancer - Hoping and Coping</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Psychiatry</strong></td>
</tr>
<tr>
<td>- Counseling for individuals, caregivers, couples and children</td>
</tr>
<tr>
<td>- Medication management for psychiatric disorders</td>
</tr>
<tr>
<td>- Treatment for sexual dysfunction and substance dependence</td>
</tr>
<tr>
<td>- Physician referral required</td>
</tr>
</tbody>
</table>

Also Psychiatry helps with medication management for psychiatric disorders while providing counseling for individuals, caregivers, couples and children. They also help with the treatment of sexual dysfunction and substance dependence.

我们有康复之地 (The Place of Wellness) 可以帮助患者获得综合医学方面的咨询意见。他们有针灸、按摩、个人和小组咨询、支持小组、诸如绘画和音乐的表达性疗法。那里有瑜伽、太极拳、营养小组、放松运动和补充医学方面的咨询，让患者获得癌症治疗的替代方法，或对他们目前正在进行的癌症治疗加以补充。

而且，精神病科帮助进行精神疾病的药物管理，同时为个人、照护者、夫妇和儿童提供咨询。他们还会帮助治疗性功能障碍和药物依赖。
### Psychosocial Impact of Breast Cancer - Hoping and Coping

#### Chaplaincy
- Spiritual support to all patients, family members and staff
- Spiritual support for all faith traditions
- Visits from a particular religion upon request

Chaplaincy is a wonderful department at MD Anderson that helps with spiritual support to all our patients and family members. And this support is provided for people from all faith traditions.

#### Anderson Network
- Connects patients with patients
- Two hospitality centers
- Patient/caregiver telephone line
- Pediatric caregiver telephone support network
- Annual patient/caregiver conference
- Weekly educational presentations (PIKNIC)
- Adult patient camp and day trips (camp carefree and day away)
- Community outreach programs
- Online support: Cancer Survivor Message Board, WarmNet, Ask the Expert

We have what is called The Anderson Network that is a network of patients who have been diagnosed with cancer, treated with cancer, and are part of the MD Anderson family. So this Anderson Network connects one patient to the other. A patient with breast cancer with metastatic disease, Stage 1, might be connected to another patient who has a similar diagnosis, disease has been treated or undergoing treatment, and help the other patient to find some support with emotional, psychological, and cultural issues. There are hospitality centers all around the hospital. There are patient/caregiver telephone lines. They have adult patient camps, community outreach groups and online support groups through The Anderson Network.

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院牧部是 MD Anderson 的一个很好的部门，帮助为所有的患者和家人提供精神上的支持。而且这一支持是面向所有的宗教信仰者。

我们有所谓的安德森网络 (The Anderson Network)。此网络包括所有曾被诊断患有癌症、接受过癌症治疗，并成为 MD Anderson 大家庭成员的患者。安德森网络让患者们互相联系。处于 1 期的转移性乳腺癌患者可以与另一位具有类似诊断、已经或正在接受治疗的患者联系，而且帮助后者找到在情感、社会心理和文化方面的一些支持。院内各处均有接待中心。有患者/照护者电话专线。通过安德森网络，设有成年患者营、社区拓展小组和在线支持小组。
### Psychosocial Impact of Breast Cancer - Hoping and Coping

#### Cancer-related Fatigue Clinic
- Comprehensive evaluation of fatigue
- Patients with or without evidence of cancer
- Physician referral required

We also have a Cancer-related Fatigue Clinic. And we know, we all know that fatigue impacts the quality of life of a patient just like pain, and can, in fact, drive a patient into serious depression. Comprehensive evaluation of fatigue, and again, for patients with or without evidence of cancer, this can be done at our Fatigue Center.

#### Child, Adolescent, and Young Adult Psychosocial Outreach Program
- Child and adolescent life
- Pediatric psychology and neuropsychology
- Pediatric education
- Career and vocational counseling
- Kim’s Place

We also have a Child, Adolescent, and Young Adult Psychosocial Outreach Program for children, adolescents, siblings, parents of children. We have a wonderful place called Kim’s Place where children can go and play games and connect with each other.

We also have a Cancer-related Fatigue Clinic. And we know, we all know that fatigue impacts the quality of life of a patient just like pain, and can, in fact, drive a patient into serious depression. Comprehensive evaluation of fatigue, and again, for patients with or without evidence of cancer, this can be done at our Fatigue Center.

我们还设有癌症相关疲乏诊所。我们知道，我们都知道疲乏就像疼痛一样，会影响患者的生活质量，而且实际上会让患者陷入严重的抑郁。在我们的疲乏中心，可以对有无癌症征象的患者进行的全面疲乏评估。

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<tr>
<th>Psychosocial Impact of Breast Cancer - Hoping and Coping</th>
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</thead>
<tbody>
<tr>
<td><strong>Patient Advocacy</strong></td>
</tr>
<tr>
<td>- Complaints</td>
</tr>
<tr>
<td>- Unresolved issues</td>
</tr>
<tr>
<td>- Questions about MD Anderson</td>
</tr>
<tr>
<td>- Resources and services</td>
</tr>
<tr>
<td>Patient Advocacy helps with patient complaints regarding, maybe wait times. Maybe they do not like the way someone has spoken to them, or they are not happy with the billing concerns or issues. Patient advocacy will assist patients and navigate them through the right channels to address their questions and concerns.</td>
</tr>
<tr>
<td>患者代表会帮助患者递交诸如等待时间方面的投诉。可能患者不喜欢某人和他们说话的方式，或者他们对计费问题有意见。患者代表会协助患者，指导他们通过正确的渠道解决疑虑。</td>
</tr>
<tr>
<td><strong>Learning Center</strong></td>
</tr>
<tr>
<td>Latest information on:</td>
</tr>
<tr>
<td>- Cancer care</td>
</tr>
<tr>
<td>- Support</td>
</tr>
<tr>
<td>- Prevention</td>
</tr>
<tr>
<td>- General health and wellness</td>
</tr>
<tr>
<td>We have a wonderful Learning Center that has immense information and updated information on cancer care with every type of cancer, the support, prevention programs, and general health and wellness information.</td>
</tr>
<tr>
<td>我们有很好的学习中心，提供有关各类癌症的各种最新信息，支持、预防计划以及一般健康和福祉方面的信息。</td>
</tr>
<tr>
<td>Psychosocial Impact of Breast Cancer - Hoping and Coping</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Supportive Care Center</td>
</tr>
<tr>
<td>Assessing and managing cancer related:</td>
</tr>
<tr>
<td>• Physical and emotional symptoms</td>
</tr>
<tr>
<td>• Preventing or minimizing losses of physical functioning</td>
</tr>
<tr>
<td>Our Supportive Care Center assesses and manages physical and emotional symptoms, preventing, minimizing losses of physical functioning, and this is very, very crucial to our patients who have mobility issues.</td>
</tr>
<tr>
<td>(translated)</td>
</tr>
<tr>
<td>我们的支持护理中心评估和管理身体和情感上的症状，预防并尽可能减少身体功能的降低，而这对于行动有问题的患者非常重要。</td>
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</table>

<table>
<thead>
<tr>
<th>Psychosocial Impact of Breast Cancer - Hoping and Coping</th>
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<tbody>
<tr>
<td>Pain Management</td>
</tr>
<tr>
<td>• Comprehensive pain assessment</td>
</tr>
<tr>
<td>• Multidisciplinary pain treatment for inpatients and outpatients</td>
</tr>
<tr>
<td>• Treatment for acute and chronic pain related to cancer</td>
</tr>
<tr>
<td>Pain Management, again, we have a superb Pain Management Service that does comprehensive pain assessment and treats acute and chronic pain related to cancer.</td>
</tr>
<tr>
<td>(translated)</td>
</tr>
<tr>
<td>疼痛管理，我们有出色的疼痛管理服务，可以提供全面的团体评估，治疗癌症相关的急性和慢性疼痛。</td>
</tr>
<tr>
<td><strong>Psychosocial Impact of Breast Cancer - Hoping and Coping</strong></td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Ethics Consultation Service</strong></td>
</tr>
<tr>
<td>• Patients and caregivers who face difficult decisions related to medical treatment or other aspects of care</td>
</tr>
<tr>
<td>• Ethics consultation advisory only</td>
</tr>
<tr>
<td>• Available 24 hours/7 days a week</td>
</tr>
<tr>
<td>• Strictly confidential</td>
</tr>
<tr>
<td>• Free of charge</td>
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</table>

Our Ethics Consult Service is available 24 hours, 7 days a week. This is strictly confidential. And patients and caregivers who face difficult decisions related to medical treatment have the privilege of asking for an ethics consult with their providers to be able to make a reasonable decision.

<table>
<thead>
<tr>
<th><strong>Psychosocial Impact of Breast Cancer - Hoping and Coping</strong></th>
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<tbody>
<tr>
<td><strong>Neuropsychology and Chemo Brain</strong></td>
</tr>
<tr>
<td>Neuropsychologists provide:</td>
</tr>
<tr>
<td>• Assessment of cognitive and neurobehavioral symptoms</td>
</tr>
<tr>
<td>• Intervention strategies for cognitive and neurobehavioral changes due to cancer, cancer therapy or co-existing problems (MIND Clinic)</td>
</tr>
</tbody>
</table>

We have Neuropsychology and ChemoBrain Clinics that help with assessment of cognitive and neurobehavioral symptoms, which come up with intervention strategies for these patients with chemobrain.

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我们的伦理咨询服务一周7天，一天24小时提供服务。这一服务严格保密。在治疗方面难以抉择的患者和照护者有权向医疗服务提供者要求获得伦理咨询服务，以便做出合理的决定。

我们有神经心理和化疗脑诊所，帮助评估认知和神经行为方面的症状，并为化疗脑患者规划干预策略。
<table>
<thead>
<tr>
<th>Psychosocial Impact of Breast Cancer - Hoping and Coping</th>
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<tbody>
<tr>
<td><strong>Cancer Prevention</strong></td>
</tr>
<tr>
<td>• Comprehensive and site-specific cancer screening</td>
</tr>
<tr>
<td>• Risk assessment and risk reduction</td>
</tr>
<tr>
<td>• Smoking cessation and programs</td>
</tr>
<tr>
<td>• Genetic testing</td>
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</tbody>
</table>

Also our Cancer Prevention Center that does cancer screening, risk assessment, has smoking cessation programs and genetic testing.

<table>
<thead>
<tr>
<th>Psychosocial Impact of Breast Cancer - Hoping and Coping</th>
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<tbody>
<tr>
<td><strong>Tobacco Treatment</strong></td>
</tr>
<tr>
<td>• Voluntary program</td>
</tr>
<tr>
<td>• Counseling and tobacco-treatment medication to eligible MD Anderson patients</td>
</tr>
<tr>
<td>• In-person behavioral counseling</td>
</tr>
<tr>
<td>• Over-the-counter nicotine replacement</td>
</tr>
<tr>
<td>• Therapies</td>
</tr>
<tr>
<td>• Tobacco-treatment prescription medication</td>
</tr>
</tbody>
</table>

Our tobacco treatment is an extremely effective program that helps with patients who want to stop smoking. And this again, they provide behavioral counseling on an individual basis and also provide over-the-counter nicotine replacement therapy.

而且我们的癌症预防中心还提供癌症筛查、风险评估、戒烟计划和遗传学检测。

而且我们的癌症预防中心还提供癌症筛查、风险评估、戒烟计划和遗传学检测。

我们的烟草治疗是一项极其有效的计划，帮助希望戒烟的患者。他们也为个人提供行为咨询，还提供非处方药尼古丁替换疗法。
Sleep Clinic
For patients with the following symptoms:
- Sleep apnea and snoring
- Restless leg syndrome
- Insomnia or excessive daytime sleepiness
- Behavioral sleep disorder

We have a wonderful Sleep Clinic that helps with the sleep apnea, restless leg syndrome, insomnia and behavioral sleep disorders; a lot of counseling, and management of their sleep cycles.

Our Palliative Care and Rehabilitation Center assesses and manages chronic cancer-related symptoms. This could be while they are undergoing active cancer treatment, or when they come to the end of their treatment, when they are at the end stages of their treatment or in the advanced stages of their disease. This service helps patients obtain the best possible quality of life by coordinating their symptom management between pain and fatigue, emotional, psychological, physical and spiritual. Again, physician referral is required and this service also helps patients understand the difference between symptom management in acute care treatment, and symptom management at the end of treatment where it is mainly palliative and end of life therapy. So, we come to the end of this presentation with the psychosocial support for patients with breast cancer and I do hope that this presentation was useful to you. Thank you for your time and attention.