

CANCER RELATED DISTRESS IN BREAST CANCER PATIENTS AND RESOURCE FOCUSED PSYCHOONCOLOGICAL PSYCHOTHERAPY

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INTRODUCTION :

International studies show that cancer related distress and even PTSD (Post Traumatic Stress Disorder)- symptoms in breast cancer patients are common. These symptoms have specific implications for the psychotherapeutic treatment. Research from neurobiology and psychotraumatology demonstrates the importance of stress reducing and resource strengthening interventions. Before addressing patients fears, symptoms and problems it is important to first strengthen and resource the patient, even though most patients want to focus on their trauma experience immediately.

METHODS :

Presented here is a 4-step-model of resource-focused psychooncological psychotherapy, which is based on neurobiological research, using concepts from trauma therapy and positive psychology. Each step provides special intervention tools and guide the therapist in the treatment.

A new approach in psychotherapy, called TRUST (Techniques that use Resources and Symbolism in Trauma therapy) combines aspects of established techniques such as EMDR (Eye Movement Desensitization and Reprocessing), hypnotherapy and guided imagery. Psychotherapy with TRUST focuses on methods of immediate stress regulation, resource enhancement, gentle trauma exposure and strengthening of resilience.

RESULTS :

A resource-focused therapeutic strategy can help balance patients distress immediately. Clinical experience shows the importance of using this approach to stabilize patients and help manage critical situations which are often associated with cancer such as fear of relapse and dying, reduced quality of life and the side-effects of chemotherapy. This approach is helpful during all treatment phases (diagnosis, surgery, aftercare and also palliative care).

In order to enhance their coping abilities, decision making and general functioning, cancer patients are educated to understand the relevance of reducing their distress first by means of special interventions.

CONCLUSIONS :

Patients facing the trauma of life-threatening illness need specialized psychotherapeutic support like psychotherapy with TRUST. In the psychotherapeutic treatment of cancer patients, new concepts including results from neurobiology, positive psychology and trauma therapy must be integrated. Therapeutic methods that rely on talk therapy alone must be adapted to the needs of cancer patients. Specific resource-focused interventions must become standard in the treatment of cancer patients.

PTSD SYMPTOMS: INTRUSION, AVOIDANCE

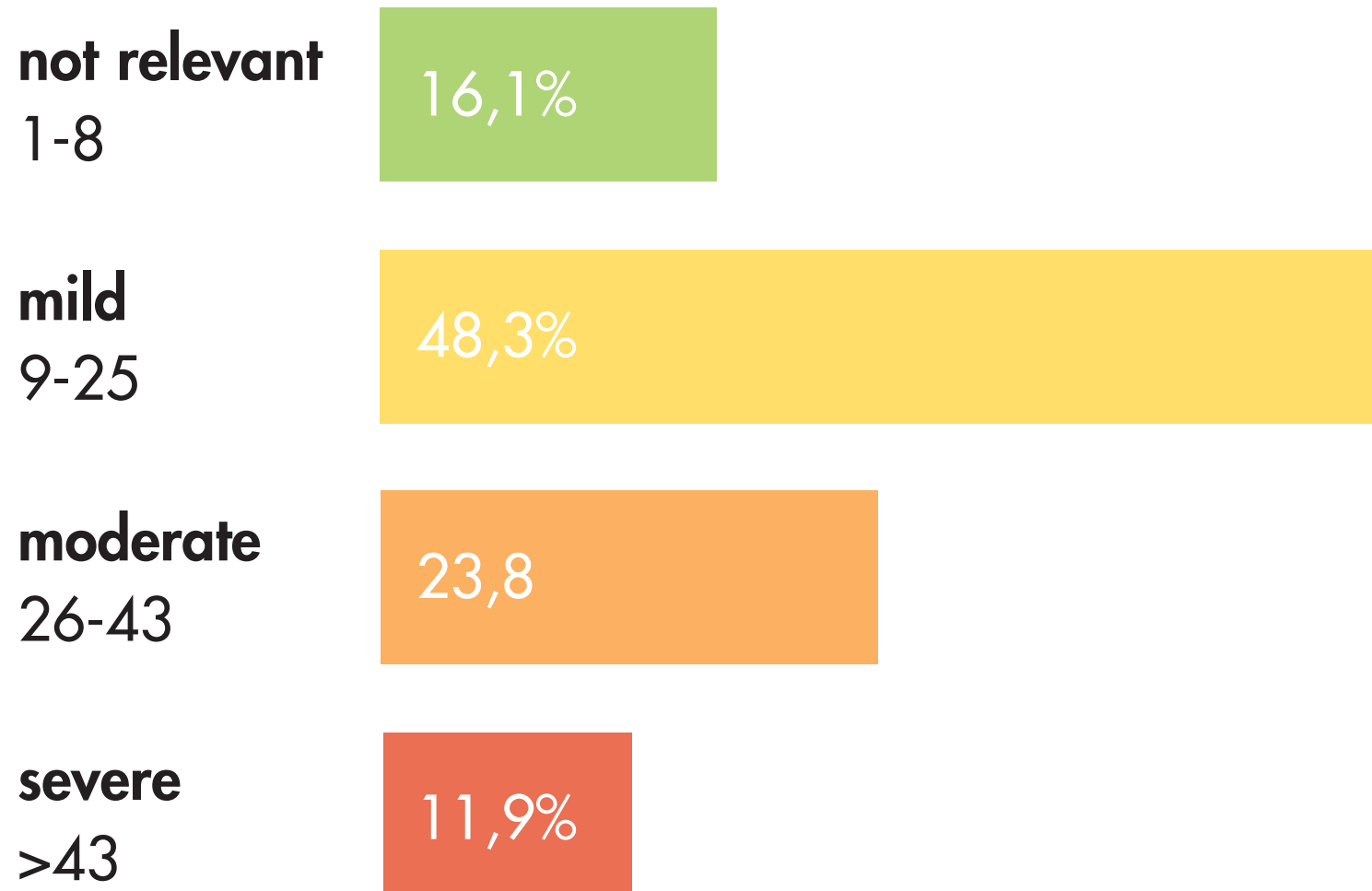


Figure: IES (Impact of Event Scale), 15 items, N= 143 breast cancer patients

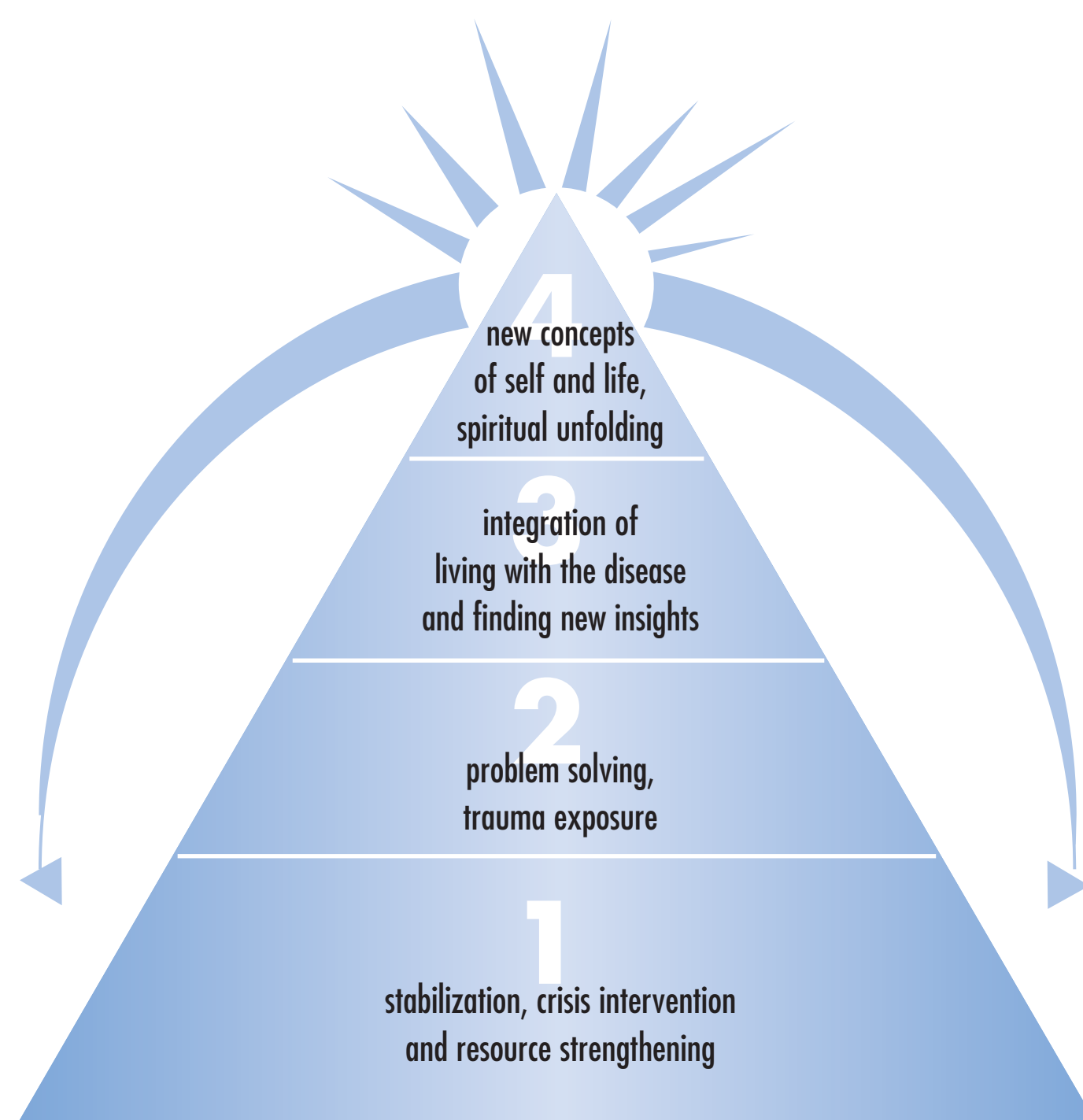


Figure: RSB Concept: Resilience Stress Balance Concept

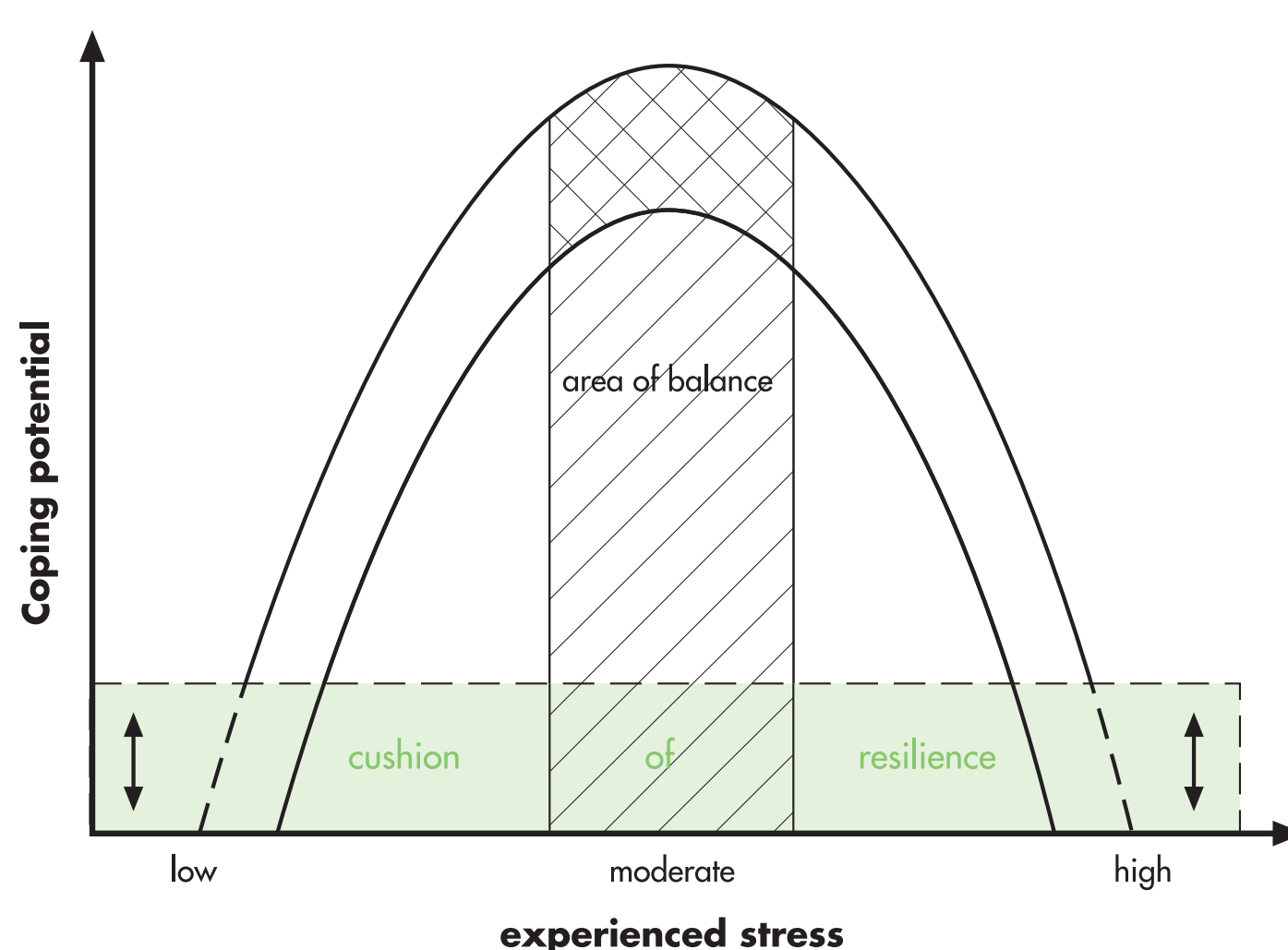


Figure: ROPP: Ressource focused Psychooncological Psychotherapy