The Importance of Self-Care
Helping Patients Make This a Sustained Priority

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Goals & Objectives
The overarching goal of this session is to explore how social workers can support patients in making life-style changes that reflect self-care in the physical, emotional and spiritual domains

Objectives
1. Review guidelines and recommendations for diet, alcohol consumption and exercise. Explore the evidence related to managing anxiety in post-treatment patients and drawing on spirituality as part of healing.
2. Present theory and literature related to motivation and change.
3. Define and explore multiple domains of self-care. Discuss therapeutic interventions to promote adjustment and well-being in the survivor phase of illness.
Self-Care

“Self-Care in health refers to the activities individuals, families and communities undertake with the intentions of enhancing health, preventing disease, limiting illness and restoring health. These activities are derived from knowledge and skill from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf, either separately or in participative collaboration with professionals.”

World Health Organization - 1998

68% of Americans diagnosed with cancer now live more than 5 years.

Some, at this juncture, are looking for ways to enhance well-being both physically and emotionally.

End of treatment and the transition to survivorship represents a teachable moment

Self-Care as a choice - Self-Care as an attitude
Self-Care is not a selfish act; it is being a good steward of the life each of us is given.

Guidelines and Recommendations for nutrition and physical activity

1. Achieve and maintain a healthy weight
2. Engage in regular physical activity
3. Achieve a dietary pattern that is high in vegetables, fruit and whole grains. Avoid excessive alcohol.

CA Cancer Journal for Clinicians July/August 2012

First Guideline: Achieve and Maintain a Healthy Weight

If overweight or obese, limit consumption of high calorie foods and beverages and increase physical activity to promote weight loss:

1. Being overweight at the time of diagnosis is linked to poorer survival in:
   - Breast
   - Colon
   - Prostate
   - Endometrial
   - Stem cell transplant

2. Being overweight can impact recurrence in:
   - Breast
   - Colorectal
   - Prostate
"Cancer survivors should be encouraged to consume at least 2-3 cups of vegetables and 1.5-2 cups of fruit each day.

2010 Dietary Guidelines for Americans:

- 20-35% energy from fat
- 45-65% energy from carbohydrates
- 10-35% energy from proteins

Omega-3 fatty acids may have specific benefits for cancer survivors - walnuts and fish.

Best choices for healthy carbohydrates are foods rich in essential nutrients, phytochemicals and fiber such as fruit, whole grains and legumes.

Best choices to meet protein needs are foods low in saturated fat like fish, lean meat, skinless poultry, eggs, non-fat and low-fat dairy products, nuts, seeds and legumes.
Second Guideline: Engage in Regular Physical Activity
Avoid inactivity and return to normal activities as soon as possible following diagnosis
Exercise 150 minutes per week
Include strength training at least 2 days per week

Cancer patients may need to adopt exercise based on individual circumstances
- Bone metastasis
- Ostomy
- Radiation
- Lymphedema
- Peripheral neuropathies
- Indwelling catheters
- Compromised immune function

The benefits of physical activity after a cancer diagnosis show a reduced risk of cancer recurrence and improved overall survival
Exercise can enhance cardiopulmonary fitness, decrease fatigue and increase quality of life!
Physical activity can ameliorate co-morbid conditions
At present, evidence indicates fewer than 10% of cancer patients will be active during their primary treatment and only 20%-30% will be active after they recover.

Yoga

“Can impact biomarkers that influence brain chemicals by boosting serotonin levels”

“Can decrease inflammation which contributes to declines in physical functioning and increases in fatigue”

“Yoga’s Impact On Inflammation, Mood and Fatigue in Breast Cancer Survivors”
Journal of Clinical Oncology Vol.32 #10, 2014

Study with endometrial patients: Looked at exercise and nutrition

Goal: Achieve sustained change

Intervention: Coaching, setting short term goals, behavior modification, support group, phone calls, newsletter

Results: A life-style intervention program an reslt in sustained behavior change and weight loss

“Feasibility and Effectiveness of a Lifestyle Intervention Program in Obese Endometrial Cancer Patients”
Gynecologic Oncology 109, 2008
Third Guideline: Achieve a dietary pattern high in fruits, vegetables and whole grains

Follow ACS Guidelines for nutrition, physical activity and alcohol

Alcohol Can:

• Raise levels of estrogen
• Damage the liver leading to inflammation, scarring and cell damage
• Lower levels of folate
• Act as a solvent
• Interfere with sleep
• Be converted in the colon and rectum by bacteria into a chemical (acetaldehyde) shown to cause cancer in lab animals
• Can worsen mucositis

Alcohol is known to increase risk of cancer:

• Mouth
• Throat
• Esophagus
• Liver
• Colon and rectum
• Breast
• Pancreas
Current Guidelines:
If patients drink alcohol, they should limit their intake.

Men: No more than 2 drinks per day
Women: No more than 1 drink per day

Self-care is more than adhering to a healthy diet, limiting alcohol and getting at least 150 minutes of physical activity per week.

Self-care is about taking care of one’s inner world, attending to what brings joy and meaning to our lives, attending to relationships, looking at priorities and values.

Components of Self-Care, in this realm, may include:

- Strengthening relationships - others/self
- Exploring priorities
- Learning to manage difficult emotions
- Having a healthy work-life balance
- Letting go of what may hold a person back
- Getting in touch with spirituality
Theories of Change
• Health Belief Model
• Social Cognitive Theory
• Self Determination Theory
• Transtheoretical Model of Change

Health Belief Model
People’s readiness to take a specific action is based on:
• Desire to avoid illness, to get well, or to improve their health
• The belief that a specific action will be effective

The greater the belief that a health problem is severe, the more likely a person is to take preventative action

Social Cognitive Model
Recognizes the fundamental importance of individual beliefs, values and self-confidence in determining health behavior
Explicitly takes into account the importance of social norms and environmental influences on behavior
Self Determination Theory

Concerned with internal motivation and fostering increases in self-directed behavior

Suggests that people are motivated by their sense of self and the extent to which they are able to satisfy their need for competence, relatedness, autonomy to develop internal regulation

Transtheoretical Model of Change

Popular model for health education, health promotion, research and practice

Initially focused on substance abuse but has grown to be applied to other behaviors including weight control, diet, physical activity and stress management

5 Stages of Change

• Pre-contemplation
• Contemplation
• Preparation
• Action
• Maintenance (Relapse)
Pre-Contemplation

Not considering change
No real interest
Don’t believe there is a problem

Goal for clinicians here is to empathically engage patients in contemplating change. Goal is to listen and ask good questions, but not try to convince.

Contemplation

The over-arching goal is to explore how social workers can support patients in making life-style changes that reflect self-care in the physical, emotional and spiritual domains.

Preparation

Doing some new behavior but not regularly.
May have joined a fitness club but don’t go.
Goal is to ask about successes and challenges and be generous with praise.
**Action**

Engaging in change behavior regularly for fewer than 6 months.

Doing it encourages more i.e. success, increases perceived efficacy and the likelihood of increasing behavior change in a positive direction.

**Maintenance/Relapse**

Can be harder than doing something just once.

Requires self-management skills

Expect some relapse

Goal is to focus on what went right - shift focus from failure to encouragement and problem solving.

When the soul wishes to experience something, She throws an image of the experience out before her And enters into her own image.

Meister Eckhart
Decision Balance Sheet and Readiness to Change Ruler

Decision Balance Sheet: Weighing pros and cons

Readiness to Change Ruler: Simple straight line drawn on a sheet of paper that represents a continuum from the left "not prepared to change" to the right "ready to change"

Self-Efficacy: The degree to which people feel they can change; a belief in their ability to overcome barriers

Counseling Approaches, Interventions and Strategies

Motivational Interviewing
Guiding
Appreciative Inquiry
CBT
Telephone Delivered Support
Education and Cancer Specific Print Material
  • Survivor Care Plan
  • Orientation to Survivorship
Short term supervised activities
Exploring self-care through mindfulness and spirituality
Motivational Interviewing

Motivational interviewing:
- Client centered approach
- Collaboration
- Autonomy

Recognizes ambivalence

Rather than persuading patients to change, motivational interviewing enlists patient’s efforts to identify pros and cons of behavior change and overcome ambivalence.

Two phases of change:
- Overcoming ambivalence: Goal is to resolve ambivalence and build intrinsic motivation to change
- Commitment to action: Goal is to focus on developing and implementing a plan for change

Techniques of M.I.

Open ended questions: Allows patients to do most of the talking; counselor serves as a guide to elicit concerns and ambivalence

Affirming statements: Provide encouragement and support; helps the patient feel heard and understood

Change talk: Elicits ideas/plans for how patient might go about changing
Resources for M.I.

- www.motivationalinterviewing.org
- www.cathycoletraining.com
- Health Sciences Institute Motivational Training For Healthcare
- www.psychotherapy.net

Guiding Style

Closely aligned with M.I. i.e. non-directive approach M.I.: More in-depth and codified form of guiding

Core skills include: Asking, informing and listening

Provides opportunity for more autonomy

Example:

Directing: "Your glucose is high. You need to exercise"

Guiding: "Your test results show glucose is high. I wonder what sense you make of that?"

Appreciative Inquiry

A process of change that has focus on the positive

Based on the principle that things that are affirming engender a force toward them

Differs from M.I.

- Not scripted
- Asks positive questions
4 Components of Appreciative Inquiry

- **Discover** - Describe a time when you had an extremely healthy lifestyle
- **Dream** - Imagine a world where everyone could be in charge of own health care
- **Design** - What could you do now to be in charge? - who or where would you go for help?
- **Deliver** - Action plan - determine and agree upon 1st steps
Cognitive Behavioral Therapy

A short-term, present-oriented psychotherapy directed toward solving current problems and modifying dysfunctional thinking and behavior.

A structured approach done within the context of a warm and empathic relationship, that seeks to modify thoughts and behaviors with the aim of ameliorating problems.

Collaborative effort with clearly defined goals.

CBT

Cognitions and beliefs influence feelings - i.e. how we think about a situation shapes how we respond emotionally.

CBT

- Core beliefs and schemas - How we see the world
- Automatic thoughts
- Distortions
- Weigh the evidence
- Challenge the thought
- Positive self-statements
CBT
- All or nothing thinking
- Mental filter
- Disqualifying the positive
- Jumping to conclusions
- Catastrophizing/minimizing
- Emotional reasoning
- Should statements
- Labeling
- Personalization

The Feeling Good Handbook
David Burns, 1989

CBT Behavioral Interventions
- Relaxation training
- Guided imagery
- Passive muscle relaxation - breathing techniques
- Biofeedback
- Systematic desensitization
- Graduated exposure

Resources for CBT
www.behavioralhealthassoc.com
www.beckinstitute.org/cbttraining
www.academyofct.org/cbt-training-programs
Self-Care
Learning to live our lives consistent with what we value

Relationships, spirituality, managing difficult emotions, exploring priorities clarifying values, truly caring for oneself, cultivating a view that encompasses peace/joy

Mindfulness
Mindfulness based techniques can help cancer patients relieve anxiety, stress, fatigue, general mood sleep disturbances and improve quality of life.

NIH, National Center for Complementary and Alternative Medicine and The Society of Integrative Medicine looked at over 203 studies, rated the evidence and felt the data overwhelmingly support the use of mindfulness techniques as part of a multidisciplinary approach.

Mindfulness
Being in the moment

Making an effort to pay attention to the present moment without being pulled into the mind’s usual pattern of internal dialogue, judgment and emotional reactions.
Mindfulness
Staying present with whatever is happening without judging it:
• This allows one to move from activity to thoughtfulness
• Move from urgency to calm
• A way of being that can help one feel a sense of groundedness and peace no matter how chaotic events may seem

Mindfulness
• Breathing
• Driving
• Making the bed
• Brushing teeth
• Talking
• Walking

Breathing Mindfully
Can promote sense of wellbeing
Can relieve feelings of stress and anxiety
Patients generally respond well to being taught simple breathing techniques
Self-Care

Will mean different things to different people:

- Work-Life balance
- Setting limits
- Changing environment
- Deepening spirituality
- Enhancing relationships

Help patients clarify what is important.

Set up your life so that the things that matter the most are never at the mercy of things that matter the least.

Reinforce self-care in terms of good stewardship of their lives

Reinforce that self-care is not selfish

Explore self compassion and the value of treating ourselves with kindness and concern, especially when suffering

Self kindness vs. self-judgement

**Self Compassion: The Proven Power of Being Kind to Yourself**
by Kristin Neff, PhD
It’s true
The couple who prays together, stays together

Spirituality
Research shows patients want to talk about this
Explore what gives their lives meaning

FICA Spiritual Assessment Tool: Christina Puchalski

F- Faith: What is your faith tradition
I- Important: How important is your faith to you?
C- Church: What is your church or community of faith?
A- Apply: How do your religious and spiritual beliefs apply to health
A- Adding: How might we address your spiritual needs?

Gratitude
Gratitude as a component of spirituality
Reflecting on what we have been blessed with strengthens our connection to what we have

Gratitude Journal
As clinicians, we guide, suggest, explore, refine, support, validate, listen and teach in an atmosphere of acceptance, positive regard and kindness and we do this from a place of internal strength and values reinforced by research and evidence.