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CRM as a Psychosocial Intervention for Cancer Patients

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Each person whose signature appears below certifies that this doctoral project in his/her opinion is adequate, in scope and quality, as a doctoral project for the degree Doctor of Psychology.

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ABBREVIATIONS

PTSD	Post-Traumatic Stress Disorder
CRM	The Community Resiliency Model
ANS	Autonomic Nervous System
CBT	Cognitive Behavioral Therapy
MBSR	Mindfulness-Based Stress Reduction

ABSTRACT OF THE DOCTORAL PROJECT

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by

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The present treatment manual is intended to outline the implementation of an intervention to manage psychological distress in cancer patients. Cancer patients suffer from psychological distress, in part due to physical symptoms that impact well-being. This can create a cycle of poor mental and physical health that is bidirectionally affected by poor responses to physical treatments. Thus, it is necessary to implement interventions for cancer patients that can combat these and other psychological symptoms. The Community Resiliency Model (CRM) has recently emerged as a set of wellness skills that can promote physiological and psychological well-being, as well as minimize negative physiological responses to distress an individual experience. When individuals are diagnosed with cancer, they often experience nervous system dysregulation associated with physical and mental complications that arise from their diagnosis – like the experiences of those affected by other traumas. Implementing a CRM-based intervention to address cancer patients' psychological distress is important to address gaps in care where physicians may not have enough time or training to treat their patients' mental health symptoms. Since CRM can be utilized by health care providers not trained in behavioral health interventions as well as other professionals it is a model that is particularly conducive to building capacity, and therefore addresses current

limitations to existing interventions, such as barriers related to patient access, time constraints, and resources (e.g., cost-effective interventions). For these reasons, CRM may be a more sustainable psychosocial intervention to address the well-being of cancer patients than many other traditional psychological interventions.

CHAPTER ONE

IMPLEMENTING THE COMMUNITY RESILIENCY MODEL AS A PSYCHOSOCIAL INTERVENTION FOR CANCER PATIENTS

Physical Symptoms of Cancer

Over 15 million people in the United States currently have an active diagnosis of cancer or have been diagnosed at some point during their lifetime (Romero, Jones, Bauml, Li, Cohen et al., 2018). Many of these individuals are impacted by the physical challenges associated with cancer. The symptoms manifest from the disease itself, combined with the toxicities associated with treatment (Cleeland, Mendoza, Wang, Chou, Harle, et al., 2000). General pain and fatigue are typically experienced across all types of cancer after diagnosis (Romero et al., 2018). Pain can be a devastating symptom that impacts not only physical well-being, but the social, functional, and emotional well-being of patients (Kwon, 2014). Difficulties with pain assessment in cancer patients and physicians' reluctance to administer opioids are barriers that impede managing pain with pharmacological interventions (Kwon, 2014), highlighting the need for adjunctive, behavioral and psychological interventions.

Individuals with cancer also experience general weakness, anorexia, lack of energy, dry mouth, constipation, nausea, taste change, and vomiting as some of the most common physical symptoms (Walsh, Donnelly & Rybicki, 2000). Cancer can cause anorexia by dysregulating the normal functioning of energy intake in the body (Davis, Dreicer, Walsh, Lagman & Legrand, 2004). Nausea and vomiting are frequent side effects that are commonly associated with chemotherapy. Both of these symptoms are

also common side effects in different types of cancer that are not associated with any pharmacological treatment. Nausea and vomiting are problematic for many reasons including the effect on the fluid and electrolyte levels of the body, further impacting the individual's ability to function (Davis et al., 2004).

The body's lack of ability to maintain nutrients contributes to weight loss, which is a symptom associated with most cancer diagnoses as well (Lloyd-Williams, Dennis & Taylor, 2004). Poor sleep is another common symptom in those with cancer. Sleep disturbances and insomnia have been reported at much higher rates in cancer populations (23-61%) compared to the general population (9-30%) (Simeit, Deck & Conta-Marx, 2004). Sleep disturbances affect concentration, changes in mood, and the immune system (Marques, Meia-Via, Silva & Gomes, 2017). The accumulation of these physical symptoms affects an individual's functioning and, overall well-being, and quality of life in cancer patients (Cleeland et al., 2000).

Distress and Psychological Functioning in Patients with Cancer

General Distress in Patients with Cancer

Not only do physical symptoms of cancer adversely impact functioning, psychological distress associated with cancer can also negatively affect outcomes. When a patient receives their diagnosis, it is highly taxing, and this distress is present not only throughout their time in treatment, but into remission (Belcher, Low, Posluszny, Schear, Kramer et al., 2017; Stanton, 2006). This distress is significant compared to population norms, further indicating that distress is triggered by a diagnosis of cancer (Stanton,

2006). Half of all cancer patients may experience psychological distress. According to a study examining over 3,000 patients across different types and stages of cancer using a psychological distress thermometer (Mehnert, Hartung, Friedrich, Vehling, Brähler et al., 2017). Of the participants, 52% demonstrated significant levels of psychological distress, also reporting that they were experiencing issues with fatigue, sleep, and mobility (Mehnert et al., 2017). Carlson and colleagues (2004) also assessed over 3,000 patients with varying cancer diagnoses (e.g., breast, colorectal, prostate, lung cancer) over a four-week period using the Brief Symptom Inventory-18 (BSI-18). In this sample, over a third of patients demonstrated significant clinical stress, citing issues with mental health such as depression and anxiety.

Distress and Physical Health Symptoms in Patients with Cancer

Problems with sleep and fatigue are continually seen in a majority of cancer patients (Portenoy, Thaler, Kornblith, Lepore, Friedlander-Klar et al., 1994). In addition to sleep and fatigue, symptoms also found to be prevalent in cancer patients and associated with distress are drowsiness, dry mouth, and lack of energy. A higher amount of cancer-related physical symptoms are associated with higher levels of psychological distress and poorer quality of life for patients (Portenoy et al., 1994). Individuals also experience a suppression of appetite or nausea that are side effects of treatments they must undergo (Davis et al., 2004). The suppression of a patient's appetite can lead to cancer anorexia (Davis et al., 2004). Subsequently, changes of a patient’s body into an unrecognizable state can further add to the psychological distress that patients experience.

Impact of Distress on Wellbeing and Quality of Life

In addition to physical health, wellbeing and quality of life are also both negatively impacted by the psychological distress associated with cancer (Camfield & Skevington, 2008). Cancer patients who suffer from high levels of psychological distress experience poor quality of life outcomes (Bergerot & Araujo, 2014). A person's quality of life can be defined as one's perception of their well-being through the lens of their values and interests (Dehkordi, Heydarnejad & Fatehi, 2009). Patients will make decisions on their treatment based on the effect it will have on their quality of life, making this an important construct to consider. As cancer becomes advanced, one's quality of life is affected by an increase in physical symptoms, which in turn is associated with increased psychological distress (Dehkordi et al., 2009). The negative impact of stress affects not only physical symptoms but impacts one's functioning in society. The decrease in patients' quality of life affects physical, emotional, and functional well-being. This decrease leads to an increase in issues with one's mental health (Massie, 2004).

Mental Health Symptoms in Patients with Cancer

In addition to general increases in distress, people with cancer have reported significant levels of depressed mood and anxiety after the first year of diagnosis (Massie, 2004). In this population, satisfaction with life and positive affective states such as peace and joy can be plagued with high levels of stress. Lower levels of positive affect have been found to be associated with higher levels of anxiety and depression (Camfield & Skevington, 2008). Properly evaluating depression levels in cancer patients can be a challenge due to sudden mood changes that are triggered by pain and fatigue (Massie,

2004). However, there is evidence that individuals with cancer suffer from varying degrees of depression ranging from general sadness to major affective disorders (Mitchell, Chan, Bhatti, Halton, Grassi, et al., 2011).

Depressive disorders are two to three times more likely in patients with cancer compared to the general population (Mausbach, Bos & Irwin, 2018). There are some challenges with meeting criteria for major depressive disorder in patients with cancer within the Diagnostic and Statistical Manual for Mental Disorder, Fifth Edition (DSM V). These challenges are associated with the overlap of symptoms due to cancer and not necessarily depression, such as fatigue (Mausbach, et al., 2018). However, research suggests that symptoms of depression are common and impact quality of life. The challenges brought about by the overlap of symptoms contributes to variation in reported prevalence of depression in cancer patients (Guan, Sulaiman, Zainal, Boks & Wit, 2013). However, the symptoms generally reported are enough to cause psychological distress, which in turn negatively impacts quality of life (Stanton, 2006).

Significant levels of anxiety have also been seen in patients with cancer across all types and stages of treatment (Fox, Lillis, Gerhart, Hoerger & Duberstein, 2017). The prevalence of anxiety is heightened around an active diagnosis but can be prolonged with residual worry in remission of if/when cancer will become active again (Fox et al., 2017). Long-term survivors of cancer are more likely to be at risk of experiencing high levels of anxiety compared to the general population (Mitchell, Ferguson, Gill, Paul & Symonds, 2013). Anxiety stems not only from the unknown of a diagnosis, but from the physical symptoms, particularly insomnia, that contribute to a lack of control over one's functioning (Stark, Kiely, Smith, Velikova, House et al., 2002). Overall, research

suggests that psychological distress and physical symptoms from cancer are associated with each other. Psychological distress is also related to the potential for a response from the trauma of a cancer diagnosis, and the interventions used to treat the disease.

Trauma Response in Patients with Cancer

Some studies have begun to investigate post-traumatic stress disorder (PTSD) related to a patient's cancer diagnosis. From the definition of PTSD in the DSM-5, a cancer diagnosis is a traumatic stressor as it "poses a threat to a patient's life" (Gieseler, Gaertner, Thaden, & Theobald, 2018). Patients may experience peritraumatic stress (i.e., the physiological distress during or after a traumatic event, such as a cancer diagnosis, that can lead to further symptoms and develop into PTSD) as they received the diagnosis from providers. Even if patients do not experience distress at first, interventions to treat the cancer could be considered a traumatic event for some (Gieseler et al., 2018). One study utilized structured clinical interviewing for the DSM (SCID) to assess PTSD symptoms in patients who had been diagnosed with various types of cancer in the last month (Chan, Ng, Taib, Wee et al., 2017). Patients were given the SCID 6-months post diagnosis and then 4-years post diagnosis, with approximately 20% of participants meeting full or subsyndromal PTSD at 6-months and 6% of participants still meeting criteria at 4-years (Chan et al., 2017).

Another study looked at cancer patients who were hospitalized and assessed participants' coping styles (Oniszczenko & Laskowska, 2014). Researchers found that poor coping styles, such as preoccupation with anxious thoughts and feelings, were associated with increased symptoms of PTSD. Symptoms that were measured included

intrusive thoughts, hyperarousal, and avoidance. These symptoms were aggravated by high emotional reactivity due to poor coping and a lack of skills patients were able to utilize. Therefore, positive coping strategies that can reduce emotional reactivity, may reduce symptoms related to trauma due to an individual's cancer diagnosis (Oniszczenko & Laskowska, 2014). Being able to target mechanisms to reduce symptoms due to trauma and distress related from cancer could lead to better quality of life outcomes and reduced physical symptoms for cancer patients.

Mechanisms of the Relationship between Psychological Distress and Physical Functioning

One of the mechanisms that maintains the relationship between poor physical functioning and psychological distress is the autonomic nervous system (ANS). The ANS is the main homeostatic regulatory system, which affects every organ in the human body. It is impacted by stress levels, which typically manifest with a lack of conscious recognition by the human body (Morree, Szabó, Rutten, & Kop, 2012). The sympathetic and parasympathetic nervous systems fall under the ANS and dysregulation of these systems can interact negatively with one's immune system (Walsh & Nelson, 2002). Immune dysregulation induced by stress can affect how individuals respond to physical treatments, such as vaccines (Godbout & Glaser, 2006). Weakening immune response to vaccines can increase the likelihood of disease production, which is influenced by the production of cytokines from chronic stress. Interleukin (IL)-6 is one type of cytokine that has been linked to certain cancers (Godbout & Glaser, 2006). Tumor promotion can in turn be fed off stress of individuals already diagnosed with cancer, promoting a cycle

of tumor growth and continued stress stemming from the diagnosis of cancer (Godbout & Glaser, 2006).

Patients with cancer undergo treatments that have the potential to trigger stress, which dysregulates the ANS. In one study, altered cardiac regulation, which is associated with ANS dysregulation, was found in the patients who had surgical and adjunct therapy of either chemotherapy or radiation (Vigo, Gatzemeier, Sala, Malacarne, Santoro et al., 2015). Thus, not only is stress triggered by physical symptoms from the cancer itself, but also from pharmacological and invasive interventions used to treat cancer, and stress from these interventions have the potential to trigger physiological responses from the ANS.

Significant distress of the autonomic nervous system is also shown in advanced cancers (Walsh & Nelson 2002). Neural networks can be influenced by side effects due to cancer and its treatments. Indirect autonomic nervous system complications stemming from surgery, chemotherapy, and radiotherapy can be maintained with non-pharmacological interventions (Simó, Navarro, Yuste & Bruna 2018). Treating the physiological effects of stress, and subsequently the impact on autonomic nervous system functioning, is pertinent when maintaining quality of life for patients with cancer (active or in remission). Increased heart rate variability and blood pressure variability (both indicators of worse ANS functioning) are seen in patients with colon cancer, who tend to not have as long of remission times on average when compared to the breast cancer population, demonstrating why interventions that can be implemented immediately are crucial (Zygulska, Furgala, Krzemieniecki, Wlodarczyk & Thor al., 2018). The ANS has been shown to regulate the relationship between a cancer patient's physical functioning

and their psychological distress. Therefore, it is necessary to utilize non-pharmacological interventions that can maintain the stability of ANS functioning in order to prevent worse outcomes between poor physical functioning and the deterioration of one's emotional health.

Interventions for Psychological Distress in Cancer Patients

Since cancer patients struggle with numerous mental health issues from diagnosis to treatment to recovery to recurrence to palliative and end-of-life care, it is necessary to employ psychosocial interventions to address psychological distress (Grassi, Spiegel & Riba 2017). Psychological distress can impair daily functioning and is associated with physical symptoms, thereby decreasing patients' quality of life. Early intervention to treat anxiety and depression may prevent subsequent psychological stress (Akechi, Okuyama, Sugawara, Nakano, Shima et al., 2004). Many therapeutic interventions are currently in practice for patients with cancer, including psychoeducation, cognitive-behavioral therapy (CBT), and mindfulness-based strategies. These interventions can improve mood in cancer patients and improve overall quality of life (Guo, Tang, Li, Tan, Feng et al., 2013).

Psychoeducation

Psychoeducation can serve as adjunct therapy to pharmacological interventions, with health professionals taking on the role of administering it (Dastan & Buzlu, 2012). Psychoeducation tailored to cancer patients can include education on their diagnosis, stress management, coping skills due to emotional distress, and psychosocial support

groups (Fawzy, 1995). Newly diagnosed patients may have the greatest potential benefit from psychoeducation. Interventions that encourage active coping, compared to avoidant or passive coping, have the potential to be beneficial for the mental health status of patients with cancer (Fawzy, 1995). Examples of active coping strategies addressed in psychoeducational interventions include one-on-one summaries about patients' concerns, focusing on the importance of pain management, and further providing information to patients regarding the differences in pharmacologic interventions and nonpharmacologic interventions (Devine, 2003). Educating individuals on cognitive-coping skills, such as positive affirmations and progressive muscle relaxation, along with the importance of taking time out for an individual to engage in self-care, have also been strategies taught early on in psychoeducation for cancer patients (Devine, 2003).

Nurses are at the forefront of health professionals that provide psychoeducation to patients with cancer, in order to increase their level of adjustment to their initial diagnosis. In one study, patients who were diagnosed with stage I and stage II breast cancer were given a psychoeducational program of eight sessions, once a week, for ninety minutes (Dastan & Buzlu, 2012). Content of the program included information about different treatments the patient could undergo including invasive and pharmacologic options, along with information surrounding their type and stage of cancer. Relaxation techniques were taught with the intention to decrease arousal. Scores on the Mental Health Adjustment to Cancer Scale were taken at initial diagnosis, post six-weeks, and post 6-months after the intervention. Patients who had received treatment were more likely to have lower levels of helplessness and fatalism compared to those who did not receive treatment. However, no significant change between the intervention

group and control group on levels of avoidance and denial in regard to their cancer diagnosis were found (Dastan & Buzlu, 2012), indicating room for improvement in reducing psychological distress in patients with cancer.

In patients with melanoma who were at a high risk of developing a recurrence, psychoeducation focused on a fear of recurrence was implemented and compared with usual care of general psychoeducation without emphasis on fear of recurrence (Dieng, Butow, Costa, Morton, Menzies et al., 2016). The intervention included three psychotherapeutic interventions over the telephone, over a one-month time period, with measures taken before the intervention, one-month after, and six-months after. The intervention group was found to have a decrease in fear of recurrence, along with general lower distress scores compared to the usual care group (Dieng et al., 2016). Increasing knowledge through psychoeducation in cancer patients can quell distress of the unknown, which in turn has the potential to improves an individual's quality of life (Rehse & Pukrop, 2003).

However, psychoeducation does not put as much of an emphasis on active practicing of skills, compared to CBT and mindfulness. These interventions include beginning stages of their treatment which incorporate aspects of educating patients with cancer about what they will learn and the skills they need to grasp. Patients are informed in how they should respond to behaviors, cognitions, and feelings. Skills are then taught such as cognitive reframing, acceptance, and identifying distortions (Brothers, Yang, Strunk & Anderson, 2011). For mindfulness-based interventions, acquiring an abundance of relaxation skills, such as how to body scan, shifting focus, and deep breathing, are taught in order for patients to be aware of what they are thinking and how their actions

are affecting them (Atreya, Kubo, Borno, Rosenthal, Campanella et al., 2018). Continual practice of skills that are active between a patient with cancer and individual's administering the intervention, rather than solely a lesson on information, ingrains skills that the patient can utilize at any time when they feel dysregulated (Brothers, et al., 2011).

Cognitive Behavioral Therapy (CBT)

Another psychosocial approach commonly used for patients with cancer is CBT. This psychosocial intervention is an approach that focuses on an individual's cognitions and how they affect a person's feelings and behaviors (Daniels, 2015). CBT can be effective in alleviating distress due to physical symptoms in cancer patients (Fenlon, Nuttal, May, Raftery, Fields et al., 2018). A multicenter randomized control trial done by Fenlon et al., (2018) focused on CBT in breast cancer patients. Women who have been diagnosed with breast cancer experience vasomotor symptoms, such as hot flashes, which may be diminished through CBT. Treatment as usual of psychoeducation was administered in one group of patients, while another group received the CBT intervention from a breast cancer nurse, along with treatment as usual. Fenlon et al., (2018) found that CBT was effective in decreasing vasomotor symptoms in breast cancer patients and that the administration from nurses was effective in properly implementing the intervention. Changing patients with cancer's thoughts and behaviors, can improve their feelings, which in turn improves outcomes of not only physical but mental health (Daniels, 2015).

CBT sessions for cancer patients can vary between short-term sessions of three to up to twelve full sessions (Brothers et al., 2011). CBT is delivered in many forms, from

group and individual face-to-face to over the internet by programs or health professionals. CBT is offered in many ways with limited uniformity in the method to which skills are delivered, with mental health professionals administering the skills (Daniels, 2015). However, it is not always plausible for mental health professionals to treat individuals, and physicians have limited training and time to administer skills as needed for patients (Daniels, 2015). Many of these skills require specific, higher-level training and include recognizing cognitive distortions, identifying maladaptive patterns, and trying to change behaviors that interfere with a patient's mental health, as it relates to their life with their newly diagnosed illness (Fenlon et al., 2018).

In survivors of cancer, those diagnosed with major depressive disorder have participated in CBT to reduce symptomology, with significant improvements found in fatigue and quality of life (Brothers et al., 2011). CBT for these patients was combined with a biobehavioral intervention, and in some cases CBT components were combined with other interventions tailored to those diagnosed with cancer. A short-term CBT intervention of three-sessions that was developed for cancer survivors has been used to treat those who also struggled with insomnia (Recklitis, Partridge, Michaud & Zhou, 2018). The short-term treatment was found to be beneficial for those patients in reducing insomnia symptoms (Recklitis et al., 2018). CBT can be used for long-term therapy or can be shortened to address one area a patient struggles with and desires to improve. Other intervention modalities exist that also can be taught and worked on in multiple sessions but can also be shortened. Continued improvement on these interventions is necessary to make sure that patient have access to brief interventions that teach skills that can be utilized for the rest of their lives.

Mindfulness

Mindfulness is another intervention commonly used in patient diagnosed with cancer. This intervention has been used to promote relaxation in individuals who have high anxiety distress levels. Atreya and colleagues (2018) implemented mindfulness to treat those suffering from metastatic colorectal cancer. Using an eight-week audio-based mindfulness meditation program for patients, baseline levels of distress were measured, and after the eight-session program, 71% of the participants who participated in mindfulness had a decrease in psychological distress symptoms. This is similar to past studies that show mindfulness can lead to relaxation and in turn decrease psychological distress symptoms (Atreya et al., 2018).

Mindfulness-based stress-reduction (MBSR) is a mindfulness-based intervention that has been tested on cancer patients at the beginning stages of treatment, right after an initial diagnosis (Speca, Carlson, Goodey & Angen, 2000). MBSR consisted of weekly meditation groups lasting 1.5 hours for seven-weeks. The intervention group was compared with a wait-list control, and results indicated that across both groups at baseline their distress levels were similar, but for the MBSR group the distress symptoms were significantly lower compared to the wait-list control group post-intervention. Both male and female patients with different types and stages of cancer at different age points responded to the intervention (Speca et al., 2000).

MBSR was also tested on patients diagnosed with lung cancer. Schellekens et al., (2016) recruited patients with lung cancer, which is a type of cancer associated with some of the highest levels of distress across all cancer patients. Pharmacological treatment, medical consultations, and supportive care were all included under usual care. Patients

were either separated into the usual care group or the usual care group plus MBSR. The results showed that those with more distress at baseline after receiving their diagnosis benefited the most from MBSR (Schellekens et al., 2016). These results also indicate that although not everyone shows high distress at baseline, using psychosocial interventions on cancer patients does improve psychological symptomatology.

Pros and Cons of Existing Interventions for Patients with Cancer

Many interventions have been created to combat psychological distress associated with cancer. Research has begun to identify the most effective components to these interventions. The most common interventions center around modifying patient's thoughts and behaviors, along with relaxation to manage stressful situations associated with their diagnosis and invasive or pharmacological treatments (Atreya et al., 2018). Many of the current interventions are able to be implemented by nurses (Speca et al., 2000). Nurses are considered to have more time, albeit still limited, compared to physicians (Brothers et al., 2011). Further, nurses who have demonstrated competency along with interpersonal caring, have been shown to experience better relationships with their patients compared to those unsure of their skills and that lack compassion (Ozaras & Abaan, 2016). Making interventions time-efficient and lower in cost is important in continuing to develop feasible, sustainable interventions that individuals will take part in outside of the context of research studies. Session length can also be modified, as has been done in some CBT interventions (Fenlon et al., 2018), by being tailored or shortened to address specific symptoms a patient may experience (Recklitis et al., 2018). The active interventions that go beyond psychoeducation are helpful in decreasing

psychological distress, which in turn improves quality of life for patients with cancer (Rehse & Pukrop, 2003).

Even though nurses are able to administer most of these interventions, they do not have comprehensive training on what CBT is compared to mental health professionals who tend to have extensive training in this modality. Physicians and other mental health professionals (e.g., social workers) have limited time to be trained in these interventions as well, which limits the number of individuals who can provide these interventions to patients (Anderson, 1992; Daniels, 2015). Implementing CBT and other psychological interventions are faced with the medical fields' proclivity to using pharmacological and invasive treatments over those that are meant to improve the mental health status of patients via behavioral or cognitive strategies (Daniels, 2015). Starting on a smaller scale and implementing interventions that are minimal in the time it takes to treat a patient is imperative for further improvement to include all patients in psychosocial treatment.

Psychoeducation is not as active in decreasing symptoms as CBT and mindfulness, which start to introduce active skills that cancer patients can utilize to increase their psychological well-being (Atreya et al., 2018). The need for lay-individuals to be able to administer more active treatments is important for all patients to have the opportunity to seek treatment. Having an intervention that can be taught, learned, and practiced by lay-individuals in one session, is important to increasing access to patients with cancer who have received an initial diagnosis.

Patients with cancer report significant levels of distress across all aspects of their lives and interventions targeting distress are beneficial in decreasing overall negative symptomology for patients (Meeker, Geynisman, Egleston, Hall, Mechanic et al., 2016).

Based on the data of distress in patients with cancer (Belcher et al., 2017) and the numerous ways in which these symptoms can be treated currently (Fawzy,1995), continuing to improve upon ways in which skills can be taught that prevent/improve psychological stress is important to improve quality of life.

The Community Resiliency Model (CRM) as a Novel Intervention Approach

As stated above, the ability to utilize other mental health professionals besides physicians and having shorter session lengths are strengths of some existing interventions for patients with cancer (Recklitis et al., 2018). However, there are several gaps to current interventions. These include the lack of availability of mental health professionals to be trained in and to administer psychosocial interventions (Daniels, 2015). Some interventions are lacking in that they are solely based on psychoeducation, compared to other interventions that teach cancer patients active skills (Atreya et al., 2018). There is also a delay in when interventions are offered to patients with cancer, which ideally would be immediately after diagnosis, but sometimes can take weeks, months, or years for patients with cancer to be offered psychosocial interventions to mitigate symptoms associated with their diagnosis (Daniels, 2015). The Community Resiliency Model (CRM) is one intervention that could be adapted to leverage existing strengths while addressing current limitations of existing interventions for patients with cancer.

Similar to other theories, CRM asserts that much of an individual's physiological and psychological distress can be accounted for by nervous system dysregulation. With regard to intervention, CRM is a set of six wellness skills aimed at helping individuals who are experiencing stress and/or trauma increase their experience of pleasant and/or

neutral physiological sensations, as well as reduce unpleasant physiological sensations, for the purpose of regulating the nervous system and restoring a sense of physiological and psychological well-being. When dysregulation of the nervous system is associated with excessive sympathetic nervous system arousal, which is often the case with trauma and/or stress reactions, CRM interventions are aimed at activating the parasympathetic nervous systemin order for the body to naturally regulate itself. Individuals are born with a natural ability to be resilient and to fight off stress, but sometimes that mechanism becomes dysregulated (Walsh & Nelson, 2002).

Leitch and Miller-Karas (2009) have begun to make a case for using this intervention in areas where individuals have experienced a traumatic event such as a hurricane or earthquake; however, the same justification for using CRM in these contexts could also be applied to the trauma of a cancer diagnosis. For example, in 2008, following the Sichuan Province earthquake in China, individuals feared of another earthquake and/or consequences from the quake, such as a mudslide (Leitch & Miller-Karas, 2009). This can be comparable to when a cancer patient receives a diagnosis and then has fears of it recurring or fears of the side effects from the treatment procedures related to the diagnosis. Reactions to stress from traumatic incidences, such as a diagnosis of cancer, when not properly treated may lead to poor mental health symptoms (Leitch & Miller-Karas, 2009). The body becomes dysregulated, which increases risks of depression and anxiety in cancer patients (Carlson et al., 2004). For example, after Hurricane Katrina, survivors not only experienced psychological trauma, but physical or somatic symptoms that decreased their well-being (Leitch, Vanslyke & Allen, 2009). Interventions that focus on mind-body dualism and how the body responds to threats,

have the potential to decrease somatic symptoms of distress due to traumatic experiences (Leitch et al., 2009). This is relevant for individuals who are diagnosed with cancer and experience physical and psychological distress associated with their diagnosis (Mausbach et al., 2018).

In addition to being used following natural disasters, CRM has been implemented with veterans and marginalized groups, such as Latinos and African Americans, in San Bernardino County (Miller-Karas & Citron, 2013). Reductions in distress, increased feelings of hopefulness, and reports from participants saying they will implement CRM skills to subside their feelings of depression and anxiety were seen in over half of individuals participating in the intervention. A majority of the participants also reported they felt that they understood how to utilize specific skills, with over 80% of individuals reporting that they would use these skills anywhere from a few times a week to everyday (Miller-Karas & Citron, 2013). Participants also felt comfortable with teaching skills within their communities, to family and friends, with over 60% reporting they felt "quite a bit" to "very" comfortable sharing skills with their family and friends. Further, feeling relaxed, content, experiencing positive somatic symptoms, and feeling friendly towards others increased after CRM was taught to participants (Miller-Karas & Citron, 2013). Using CRM to decrease distress and increase positive feelings has the potential to benefit patients with cancer and mitigate the poor mental health outcomes they may experience.

In addition to demonstrating effectiveness in reducing distress, CRM is advantageous in its ability to utilize lay professionals, offer immediate cost-effective interventions, and have shorter treatment durations, all of which would address gaps in existing interventions for individuals diagnosed with cancer. CRM trainings can be

administered by an individual that goes through a brief one-and-a-half-day training process to learn the skills necessary to teach CRM to patients with cancer. These individuals can then be utilized in hospitals to individually teach cancer patients CRM skills to combat the physiological issues associated with physical and mental health distress. Patients can be taught CRM skills within a 30-minte session administered by a nurse. This brief session to implement the intervention does not need numerous follow-ups and can be scheduled promptly after diagnosis with a nurse that is trained in CRM, is regularly present in the clinic, and who may have more time to administer the skills to patients while they receive treatment. CRM has also been implemented in diverse populations with individuals of varying cultural backgrounds (Baptiste, 2010). Finally, CRM was developed to reach diverse populations and to be used in communities where there are limited resources, overcoming many of the typical barriers of accessibility and affordability associated with existing psychological interventions.

Specific Aims

Taking this all into consideration, the present study looks to develop a CRM-based manual to bridge current gaps while leveraging important strengths established in current psychosocial interventions for patients with cancer. This manual addresses current issues by consistently utilizing skill-based intervention strategies after an initial diagnosis, utilizing lay-professionals (e.g., nurses, medical assistants) more frequently, providing more affordable care, and increasing accessibility. The aim of this project was to develop a manual for a CRM-based intervention for adults diagnosed with cancer, in order to implement it in a real-world, clinical setting. These clinical settings would be in

hospitals and medical clinics. The method section below describes one feasible way in which this manual could be implemented in an oncology clinic, in order to reach newly diagnosed cancer patients.

Method

Participants

Three groups of individuals are necessary in successfully implementing a CRM-based intervention: trainers, trainees (e.g., lay health professionals), and patients.

Trainers

Trainers are individuals who have been certified through a week-long course so that they are qualified to train other health professionals in implementing CRM-based interventions to patients. The trainers would be the ones to train lay health professionals in CRM, in order for these lay health professionals to implement the intervention in the hospital or medical clinics for cancer patients. Most trainers have a background in mental health or have a background in treating individuals who experience post-traumatic stress disorder symptoms. Current trainings for future trainers in CRM are held nationwide and cost approximately $1,900. Any mental health professional who is affiliated with a cancer clinic would be an ideal person to send to be trained in CRM in order to bring back those skills to their clinics to teach the lay health professionals there. Another option would be for medical clinics to solicit the services of an existing trainer to train their staff on site.

Trainees (Lay Health Professionals)

Trainees would include lay health professional who will implement the CRM-based intervention to patients with cancer. Trainers would teach health professionals who have regular access to the patients who have recently been diagnosed with cancer. Possible trainees would include medical assistants, nursing assistants, licensed practical nurses, registered nurses, or nurse practitioners. These individuals would be ideal to be trained in administering the CRM-based intervention because they are already integrated into care teams for patients who are diagnosed with cancer and work with the physicians who provide medical treatment for patients.

Patients

Patients would include all individuals who have recently been diagnosed with cancer. There are currently no cultural limitations that exclude individuals from participating in CRM. This intervention would be targeted at adult patients over the age of 18, since current populations where CRM has been implemented typically target adults. The participants would be from outpatient oncology clinics. There would not be a restriction on the type of cancers that individuals are diagnosed with, nor with the stage of cancer. Research suggests that patients with many different types of cancer experience distress (Camfield & Skevington, 2008), thus all patients may benefit from this intervention. Exclusions would only be made if patients have cognitive limitations that would prevent them from being able to engage in the CRM-based intervention, or if they have significant physical limitations that prevent them from being able to feel physiological sensations within their body. Since CRM has been utilized in places that

have been affected by natural disasters, in veterans, and has focused on people who suffer from PTSD (Miller-Karas & Citron, 2013), to implement it in cancer patients who may be experiencing some level of trauma immediately following a diagnosis is appropriate.

Procedure

Implementation of the CRM-based manual (see appendix) within a medical clinic for patients with cancer includes two stages: (1) training existing lay health providers (trainees, above) in the intervention, and (2) implementing the intervention with patients diagnosed with cancer.

Training Lay Health Professionals

To begin the training of lay professionals, hospitals would need to hire certified CRM trainers (defined above), who can teach lay health professionals to implement the intervention with cancer patients in the clinics. A room designated to fit lay health professionals and trainers would be needed, with two trainers to every ten lay health professionals needed. Training of the lay health professionals is done over the course of three days, consisting of training for three and a half hours. The training for each day is three sessions with ten-minute breaks in between. Seven handouts are given to explain the resiliency zone, along with the six skills of CRM that support the CRM-based intervention. See Table 1 for a breakdown of sessions.

Table 1. Breakdown of the lay health provider CRM training

Time	Description
First day training	
30 Minutes	Effects of autonomic nervous system (ANS) on body
30 Minutes	Explanation of resiliency zone
10-minute break	
45 Minutes	Skill one: Tracking – having a person begin to notice their sensations within their body
20 Minutes	Practice of tracking skill with peers
45 Minutes	Skill two: Building resources – identifying anything that helps a person feel better
10-minute break	
20 Minutes	Practice of building resources skill with peers
45 Minutes	Skill three: Grounding – using direct contact with a solid surface that supports a person's body
20 Minutes	Practice of grounding skill with peers
Second training day	
45 Minutes	Review of resiliency zone and first three skills
20 Minutes	Skill four: Gestures – identifying body movements associated with attitudes/ideas that make a person feel better
10-minute break	
10 Minutes	Practice of gesture skill with peers
20 Minutes	Skill five: Help Now! – identifying strategies to move one back in the resiliency zone
10 Minutes	Practice of help now! skill with peers
10-minute break	
20 Minutes	Skill six: Shift and Stay – moving one's attention away from any unpleasant experience
10 Minutes	Practice of shift and stay skill with peers
45 Minutes	Review of six skills and practice of skills 1-3 with peers

A booster session of 40-minutes would be required every month for a year, in order to make sure health professionals are competent in implementing the CRM-based intervention. These 40-minute sessions would include a 10-miunte review of skills with

trainers, along with 30-minute skills check of implementing the intervention, with a focus on the first three skills. More booster session can be offered in between scheduled sessions, and if at any time requested after the first year of training, sessions can be requested at that time too.

Implementing the CRM-based Intervention

After lay health professionals have been trained in the CRM-based intervention, they use these skills to administer the brief psychological intervention for cancer patients. In the medical clinic after the initial diagnosis, patients are offered the intervention to manage their distress by their physician. A lay health professional comes in and explains the effects of the ANS on the body and describes the resiliency zone to the patient to increase buy-in to treatment. Once patients consent to the 30-minute intervention, a plan to engage in this intervention at their next appointment is made. The next appointment is with the physician and/or for medical treatment associated with the cancer diagnosis (e.g., chemotherapy), increasing accessibility for patients by removing the barrier of attending an additional appointment. At this appointment, the lay health professional who had been previously trained provides the intervention. The intervention, which is described in more detail in the treatment manual, lasts 30-minutes and goes through the education of the six core skills with the patient. In order to determine if a referral is needed for more extensive outpatient treatment, pre and post surveys are utilized to measure distress levels of patients before implementation, and post at 3-months, 6-months, and 9-months. These surveys may also be used to determine if another CRM session is warranted.

Materials

Treatment Manual

A treatment manual (see appendix) was developed to describe in greater detail procedures for training lay health professionals and for implementing the intervention with patients.

Handouts

A total of seven handouts for the CRM-based intervention are used to explain the resiliency zone along with the six primary skills to the patients, similar to the seven handouts given to the lay health professionals in their training. The six skills as outlined in Table 1 are: (1) “tracking”, which allows people to follow sensations in their body, (2) “building resources” to make one feel better, (3) “grounding” in order to support one’s body, (4) “gesturing” and spontaneous movement of the body that emphasizes ideas and/or attitudes, (5) “Help Now!”, which provides a list of immediate skills for when a person is pushed out of their resiliency zone, and finally (6) “shift and stay” to move people away from sensations that are unpleasant.

Organizations Where the Intervention can be Implemented

The CRM-based intervention could be implemented in medical clinics within hospitals where cancer patients are treated or in inpatient settings.

Measures

The Distress Thermometer is a structured screening tool that is used to assess psychological distress in cancer patients (See Appendix B). It is a self-report measure that is filled out in a five-minute window the patient has before starting the CRM-based intervention, and then subsequently at all follow-up appointments (VanHoose, Black, Doty, Sabata, Twumasi-Ankah, et al., 2014). This measurement is used to assess patients' levels of distress in order to determine if a referral is needed for more extensive outpatient treatment, or if more training of the CRM-based intervention is necessary. The measurement will be given at the beginning of each session and recorded to see if there are changes in distress. The provider will receive the results before going into the room. Also, The Distress Thermometer will help determine if a referral is needed for more extensive outpatient treatment, or if more training of the CRM-based intervention is necessary.

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APPENDIX A

A TREATMENT MANUAL TO IMPLEMENT THE COMMUNITY RESILIENCY MODEL FOR CANCER PATIENTS

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*adapted from CRM handouts, 2018

TABLE OF CONTENTS:

INTRODUCTION

Cancer patients report significant distress that impact their quality of life. Psychosocial interventions are needed to decrease overall symptomology associated with negative outcomes due that stress. Interventions that have found to be helpful include education on the effect that a diagnosis and physical symptoms can have on one's mental health, mindfulness, and cognitive behavioral therapy (CBT), which uses behavior change techniques to stop behaviors that make one's life more difficult.

With a delay in when interventions are offered, and lack of providers to give these interventions, providers beyond psychologists and therapists, such as nurses, medical assistants, etc. are crucial first line of providers who can implement the community resiliency model (CRM) for patients diagnosed with cancer. Similar to the interventions stated above, CRM is based in reducing physiological symptoms associated with distress such as general weakness, anorexia, lack of energy, dry mouth, constipation, nausea, taste change, and vomiting. Activation of the sympathetic nervous system into "fight-or-flight" can be adaptive in helping to get out of life-threatening or acutely stressful situations. However, when it is turned on for too long, we can be at risk for poorer health outcomes due to the constant release of stress hormones that attack our immune systems. For cancer patients, attack on one's immune system can cause further damage from the cancer itself and/or from side effects from pharmacological interventions.

That is why CRM, when taught to lay health professionals to be implemented as soon as possible after a patient is diagnosed with cancer can help reduce negative effects from psychological distress associated with cancer and other related life stressors.

This manual includes seven sections, including information on our bodies' physiological reaction to stressors like cancer, the resiliency zone, and a set of six well-being skills. Within each section, there are instructions for teaching health professionals CRM and then instructions for how health professionals should teach patients CRM (sections respectively titled, "Teaching Health Professionals – Instructions:" and "Teaching Patients – Instructions:"). There are similarities in these two sections in regard to learning the six CRM skills because it is important that health professionals know how to use these skills themselves before they can teach them to patients. Further, by training health professionals in a similar manner that patients will be trained in CRM, health professionals have a model for how to interact with patients in this regard in the future.

~ Day One: 45 minutes:

THE RESILIENCY ZONE

TEACHING HEALTH PROFESSIONALS - INSTRUCTIONS:

- *Upon arrival to training, give health professionals all handouts that will be covered*
- *When starting, begin with the resiliency zone, and direct health professionals to handout on resiliency zone*
- *Tell health professionals, "This is the same handout you will use when working with patients."*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning about your resilient zone, you will be able to:

- Explain and identify when you are in your resiliency zone
- Acknowledge that we can be bumped "high" or "low" out of our zone
- Know that being out of our resiliency zone for an extended period can lead to further physical and psychological issues
- Identify triggers that may bump you out of the resiliency zone, including smells, images, sounds, etc.

Read through overview on handout:

OVERVIEW:

Traumatic stressors, such as a diagnosis or recurrence of cancer, cause negative physiological reactions in your body. This may bump you out of what we call the

"resiliency zone". When you are in your resiliency zone, your body is able to adapt to stressful situations. If you are bumped out of the zone "high", you may feel anxious, panicked, or amped up. You may also feel depressed, fatigued, or numb, which is when you feel bumped down "low." Triggers that cause us to be bumped out of our resiliency zone may happen all at once, or continuously bombard us, and our body begins to break down. Being aware that we have a resiliency zone, and that it becomes a problem when we get bumped out of the zone frequently, helps us combat prolonged stress and the affects that stress can have on our bodies.

- *Stop. Ask health professionals if there are any questions.*
- *If questions arise, or someone is having issues with comprehending the resiliency zone, further explain that the resiliency zone is where there is a natural flow of your body's rhythm, and just like a rhythm it can be thrown off balance.*

SCRIPT TO READ FOR HEALTH PROFESSIONALS:

{The overall idea for the community resiliency model begins with the resiliency zone. We function best when we are in the resiliency zone. When in this zone you are able to shrug off life's daily stressors, you feel calm and in control, and you do not feel totally overwhelmed. When we are bumped out of our resiliency zone, we may either be bumped out above the resiliency zone or below the resiliency zone. When bumped above the zone we feel anxious, amped up, or panicked. When bumped below the resiliency zone we feel sad, overly tired, or numb. Stressful events and traumatic triggers cause us to be bumped out of our zones. When we are bumped out of our zones for too long, we may face negative effects to our mental and physical health. It is important for us to be aware of stressful events that may cause us to be out of our body's resiliency zone. <*for*

patients: In many cases a diagnosis or recurrence of cancer can cause continual stress, bumping us out of our zone, and having the ability to affect our mental health.> It takes knowing something is wrong and the skills to fix the rhythm when it is off balance. We know mental and physical health are connected. By taking the first step to acknowledge that connection, you can focus on reducing negative physical symptoms through a set of six well-being skills that improve your mental health and help to keep you in your resiliency zone.}

- *Stop. Ask health professionals if there are any questions.*
- *State that you are moving on to the first skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*

TEACHING PATIENTS - INSTRUCTIONS:

- *Upon arrival to training, give patients all handouts that will be covered*
- *When starting, begin with the resiliency zone, and direct patients to handout on resiliency zone*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning about your resilient zone, you will be able to:

- Explain and identify when you are in your resiliency zone
- Acknowledge that we can be bumped "high" or "low" out of our zone
- Know that being out of our resiliency zone for an extended can lead to further physical and psychological issues
- Identify triggers that may bump you out of the resiliency zone, including smells, images, sounds, etc.
- *Read through overview on handout:*

OVERVIEW:

Traumatic stressors, such as a diagnosis or recurrence of cancer, cause negative physiological reactions in your body. This may bump you out of what we call the "resiliency zone". When you are in your resiliency zone, your body is able to adapt to stressful situations. If you are bumped out of the zone "high", you may feel anxious, panicked, or amped up. You may also feel depressed, fatigued, or numb, which is when you feel bumped down "low." Triggers that cause us to be bumped out of our resiliency zone may happen all at once, or continuously bombard us, and our body begins to break

down. Being aware that we have a resiliency zone, and that it becomes a problem when we get bumped out of the zone frequently, helps us combat prolonged stress and the effects that stress can have on our bodies.

- *Stop. Ask patients if there are any questions.*
- *If questions arise, or someone is having issues with comprehending the resiliency zone, further explain that the resiliency zone is where there is a natural flow of your body's rhythm, and just like a rhythm it can be thrown off balance.*

SCRIPT TO READ FOR PATIENTS:

{The overall idea for the community resiliency model begins with the resiliency zone. We function best when we are in the resiliency zone. When in this zone you are able to shrug off life's daily stressors, you feel calm and in control, and you do not feel totally overwhelmed. When we are bumped out of our resiliency zone, we may either be bumped out above the resiliency zone or below the resiliency zone. When bumped above the zone we feel anxious, amped up, or panicked. When bumped below the resiliency zone we feel sad, overly tired, or numb. Stressful events and traumatic triggers cause us to be bumped out of our zones. When we are bumped out of our zones for too long, we may face negative effects to our mental and physical health. It is important for us to be aware of stressful events that may cause us to be out of our body's resiliency zone. In many cases a diagnosis or recurrence of cancer can cause continual stress, bumping us out of our zone, and having the ability to affect our mental health. It takes knowing something is wrong and the skills to fix the rhythm when it is off balance. We know mental and physical health are connected. By taking the first step to acknowledge that connection, you can focus on reducing negative physical symptoms through a set of six

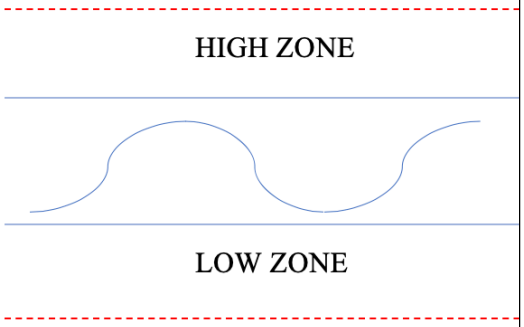
well-being skills that improve your mental health and help to keep you in your resiliency zone.}

- *Stop. Ask patients if there are any questions.*
- *State that you are moving on to the first skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*

THE RESILIENCY ZONE

GOALS

- Explain and identify when you are in your resiliency zone
- Acknowledge that we can be bumped "high" or "low" out of our zone
- Know that being out of our resiliency zone for an extended time can lead to further physical and psychological issues
- Identify triggers that may bump you out of the resiliency zone, including smells, images, sounds, etc.
- Identify triggers that may bump you out of the resiliency zone, including smells, images, sounds, etc.



- Resiliency Zone = Blue Lines
- High Zone = you may feel anxious, panicked, or amped up
- Low Zone = you may feel depressed, fatigued, or numb

OVERVIEW

- Traumatic stressors, such as a diagnosis or recurrence of cancer, cause negative physiological reactions in your body. This may bump you out of what we call the "resiliency zone". When you are in your resiliency zone, your body is able to adapt to stressful situations.

- If you are bumped out of the zone "high", you may feel anxious, panicked, or amped up. You may also feel depressed, fatigued, or numb, which is when you feel bumped down "low."

- Triggers that cause us to be bumped out of our resiliency zone may happen all at once, or continuously bombard us, and our body begins to break down. Being aware that we have a resiliency zone, and that it becomes a problem when we get bumped out of the zone frequently, helps us combat prolonged stress and the affects that stress can have on our bodies.

~ Day One: 10-minute break ~

~ Day One: 45 minutes:

SKILL #1: TRACKING

TEACHING HEALTH PROFESSIONALS - INSTRUCTIONS:

- *Direct health professionals to handout on skill #1: tracking*
- *Tell health professionals, "This is the same handout you will use when working with patients."*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning tracking, you will be able to:

- Recognize sensations in your body
- Focus on those physiological sensations
- Identify whether they are pleasant, unpleasant, or neutral

Read through overview on handout:

OVERVIEW:

Tracking is the primary skill that is used throughout CRM and underlies the next five skills. It allows you to become aware of how your body responds to certain situations that lead to the dysregulation of your nervous system, thus, putting you out of your resiliency zone. The sympathetic nervous system is responsible for your "fight-or-flight" response mode, your body goes through a traumatic situation, such as a diagnosis of cancer. The "fight-or-flight" mode increases your body's heart rate, may cause sweating,

and other physiological responses that keep your body knocked out of its resiliency zone. *<for patients: When you are diagnosed with cancer, the constant stress one may experience can cause these physiological responses to negatively impact one's physical health, and in turn negatively impact one's mental health.>* Being in tune with your body and identifying pleasant sensations, allows you to take the first step to relieve unpleasant sensations, and maintain a state of resilience to promote better health outcomes during diagnosis and treatment.

- *Stop. Ask health professionals if there are any questions.*

Read through instructions on handout:

INSTRUCTIONS:

- First, teach health professionals to identify the sensations as either pleasant, neutral, or unpleasant
    - *"Notice the physiological sensations in your body. These sensations let you know what is happening in your nervous system. Is this sensation pleasant, neutral, or unpleasant?"*
- Second, locate where you may feel a sensation in your body
    - *"Where in your body is the sensation located?"*
- Third, begin to describe the sensation:
    - *"Now begin to describe the sensation. The following is a list of sensation words that you may use to help you describe."*
    - Types of sensations: sweaty, shaky, warm, cold, painful, numb, tense muscles,

rapid heartrate, shallow breathing, relaxed muscles, calm, tight, loose, pounding,

frozen, tingling, dull, sharp

- *"What words would you use to describe the sensation?"*
  - *If health professional is struggling to describe the sensation, have your own example ready to share, and clarify with patient that the more descriptive they are, the easier it will be to identify the differences between physiological sensations in the future*
  - *Example: My feet feel warm in my shoes. They feel supported by the ground. When I wiggle my toes, the stretch releases any tension I had. These are pleasant sensations.*

- If you are having trouble with describing the sensation, do not worry it will become easier with practice!
- *Stop. Ask health professionals if there are any questions.*

SCRIPT TO READ FOR HEALTH PROFESSIONALS:

{The first skill in the set of six well-being skills is called tracking. Tracking is when you notice sensations in your body. These sensations may be pleasant, unpleasant, or neutral. Identifying these sensations and classifying them into those categories is the main goal of tracking. As stated in the overview, our nervous system can cause physiological sensations that are unpleasant and bump us out of our resiliency zone. When we are bumped out constantly or for an intense period of time, the effects from that stress can have negative physical and psychosocial consequences. This can be especially damaging when patients are diagnosed with cancer. When diagnosed with cancer, there

are a lot of stressors associated with the illness, across both physical and psychological spectrums. By identifying pleasant sensations to focus on, it can reduce other unpleasant sensations we feel when we may be receiving treatment such as side effects that are getting to patients or if they are just generally having a bad day. To begin, I invite you to bring your attention to sensations that feel pleasant or neutral. These sensations may include relaxation in your muscles, and regularity in your heart rate, or feeling more warm or cold sensations in parts of your body. There is a list of some of the sensations that could be helpful for you on your handout. <*refer to instructions on handout*> What is the pleasant or neutral sensation you feel in your body right now? <*wait for health professional response*> <*If not specific in describing sensation, use temperature, still or shaky, and if the sensation is tense or not to help patient with describing.*> <*have health professionals write down example in space provided on handout*> Tracking sensations at first is not easy, but with practice, it will become more automatic. This skill along with the next two will be the skills that patients will be encouraged to practice the most. These skills will be focused on because they each play off each other beginning with tracking our sensations, going in to using resourcing and grounding in order to keep them in the resiliency zone and maintain a level of well-being to cope with distress due to cancer.}

- *Stop. Ask health professionals if there are any questions.*
- *State that you are moving on to the second skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*
- *Allow health professionals to practice tracking for 15-minutes in pairs*
    - *Start by having them identify one sensation, what it feels like, and lead into if it pleasant, neutral or unpleasant*

***WHEN HEALTH PROFESSIONALS TEACH PATIENTS**

Be aware of the possibility of low health literacy, and that differences in socioeconomic status may affect how information of this model is received. *When there are issues with comprehension, focusing on examples that you wrote down during your own training.*

TEACHING PATIENTS - INSTRUCTIONS:

- *Direct patients to handout on skill #1: tracking*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning tracking, you will be able to:

- Recognize sensations in your body
- Focus on those physiological sensations
- Identify whether they are pleasant, unpleasant, or neutral

Read through overview on handout:

OVERVIEW:

Tracking is the primary skill that is used throughout CRM and underlies the next five skills. It allows you to become aware of how your body responds to certain situations that lead to the dysregulation of your nervous system, thus, putting you out of your resiliency zone. The sympathetic nervous system is responsible for your "fight-or-flight" response mode, your body goes through a traumatic situation, such as your diagnosis of cancer. The "fight-or-flight" mode increases your body's heart rate, may cause sweating, and other physiological responses that keep your body knocked out of its resiliency zone. When you are diagnosed with cancer, the constant stress one may experience can cause these physiological responses to negatively impact one's physical health, and in turn negatively impact one's mental health. Being in tune with your body and identifying pleasant sensations, allows you to take the first step to relieve unpleasant sensations, and promote better resiliency.

- *Stop. Ask patients if there are any questions.*

Read through instructions on handout:

INSTRUCTIONS:

- First, teach patients to identify the sensations as either pleasant, neutral, or unpleasant
    - *"Notice the physiological sensations in your body. These sensations let you know what is happening in your nervous system. Is this sensation pleasant, neutral, or unpleasant?"*
- Second, locate where you may feel a sensation in your body
    - *"Where in your body is the sensation located?"*
- Third, begin to describe the sensation:
    - *"Now begin to describe the sensation. The following is a list of sensation words that you may use to help you describe."*
    - Types of sensations: sweaty, shaky, warm, cold, painful, numb, tense muscles,

      rapid heartrate, shallow breathing, relaxed muscles, calm, tight, loose, pounding,

      frozen, tingling, dull, sharp
    - *"What words would you use to describe the sensation?"*
        - *If the patient is struggling to describe the sensation, have your own example ready to share, and clarify with patient that the more descriptive they are, the easier it will be to identify the differences between physiological sensations in the future*

        - *Example: My feet feel warm in my shoes. They feel supported by the ground. When I wiggle my toes, the stretch releases any tension I had. These are pleasant sensations.*
- If you are having trouble with describing the sensation, do not worry it will become easier with practice!
- *Stop. Ask patients if there are any questions.*

SCRIPT TO READ FOR PATIENTS:

{The first skill in the set of six well-being skills is called tracking. Tracking is when you notice sensations in your body. These sensations may be pleasant, unpleasant, or neutral. Identifying these sensations and classifying them into those categories is the main goal of tracking. As stated in the overview, our nervous system can cause physiological sensations that are unpleasant and bump us out of our resiliency zone. When we are bumped out constantly or for an intense period of time, the effects from that stress can have negative physical and psychosocial consequences. This can be especially damaging when we have a diagnosis of cancer. When diagnosed with cancer, there are a lot of stressors associated with the illness, across both physical and psychological spectrums. By identifying pleasant sensations to focus on, it can reduce other unpleasant sensations we feel when we may be receiving treatment, side effects are getting to us, or we are just generally having a bad day. To begin, I invite you to bring your attention to sensations that feel pleasant or neutral. These sensations may include relaxation in your muscles, and regularity in your heartrate, or feeling more warm or cold sensations in parts of your body. There is a list of some of the sensations that could be helpful for you on your handout. <*refer to instructions on handout*> What is the pleasant or neutral

sensation you feel in your body right now? *<wait for patient response> <If not specific in describing sensation, use temperature, still or shaky, and if the sensation is tense or not to help patient with describing.> <have patients write down example in space provided on handout>* Tracking sensations at first is not easy, but with practice, it will become more automatic. This skill, along with the following three, are the ones that we emphasize for you to practice and learn, because these are the skills that will help support reducing stress.}

- *Stop. Ask patients if there are any questions.*
- *State that you are moving on to the second skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*

SKILL #1: TRACKING

GOALS

By the end of learning tracking, you will be able to:

- Recognize sensations in your body
- Focus on those physiological sensations
- Identify whether they are pleasant, unpleasant, or neutral

INSTRUCTIONS

1. Identify the sensations as either pleasant, neutral, or unpleasant
2. Locate where you may feel a sensation in your body
3. Begin to describe the sensation:

Examples of Sensations

Sweaty	Shaky	Warm
Cold	Painful	Numb
Tense Muscles	Rapid Heart Rate	Shallow Breath
Relaxed	Calm	Tight
Loose	Pounding	Frozen
Tingling	Dull	Sharp

If you are having trouble with describing the sensation, do not worry it will become easier with practice!

OVERVIEW

- Tracking is the primary skill that is used throughout CRM and underlies the next five skills. It allows you to become aware of how your body responds to certain situations that lead to the dysregulation of your nervous system, thus, putting you out of your resiliency zone.

- The constant stress one may experience can cause these physiological responses to negatively impact one's physical health, and in turn negatively impact one's mental health. Being in tune with your body and identifying pleasant sensations, allows you to take the first step to relieve unpleasant sensations, and maintain a state of resilience to promote better health outcomes during diagnosis and treatment.

- Write down your own example: _____
  _____
  _____
  _____

~ Day One: 45 minutes:

SKILL #2: RESOURCING

TEACHING HEALTH PROFESSIONALS - INSTRUCTIONS:

- *Direct health professionals to handout on skill #2: resourcing*
- *Tell health professionals, "This is the same handout you will use when working with patients."*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning resourcing, you will be able to:

- Explain the difference between an internal and external resource
- Identify 1-2 resources you can think of that elicit pleasant physical sensations and/or reduce unpleasant physical sensations in your body
- Use tracking along with resourcing to bring you back into your resilient zone

Read through overview on handout:

OVERVIEW:

Resourcing is defined as using positive things, such as an event, person, place or thing, in order to bring you back into your resilient zone. Resourcing is a skill that can be used in order to decrease negative physical responses your body is experiencing. These include side effects to the patient's cancer treatment, symptoms from the cancer itself, and distress associated with having a diagnosis of cancer, even in remission. Remember, our goal through CRM is to help patients come back into the resiliency zone, in order to

decreases distress that negatively impacts your physical and psychological health due to their diagnosis. These resources can be a day at Six Flags or the smell of your grandma's fresh-baked cookies. There are two types of resources: internal and external. An internal resource includes experiences, memories, beliefs, and other values that are meaningful to you. External resources are more tangible, and these include people, skills, activities, and animals. Almost anything can be a resource. Resources that would not be helpful would be alcohol or other illicit substances, and anything that is of high-risk or could put yourself or others in danger. Once you identify your resource, it will be important to incorporate tracking into identifying physical sensations that are positive and/or neutral when you think of your resource.

- *Stop. Ask health professionals if there are any questions.*

Read through instructions on handout:

INSTRUCTIONS

- First, identify sensations currently in your body using tracking
    - *"Are they pleasant, unpleasant, or neutral?"*
- Second, identify a resource
    - *"What person, place, thing, event, value, belief, or ANYTHING you can think of, gives you pleasant sensations in your body?"*
    - *"Write down your resource anywhere on your handout."*
        - *"Write down three details about your resource."*
        - *"These details can include, smells, sounds, location, colors, ANYTHING that is associated with your resource."*
        - *"Notice what is happening to your body."*

- Third, incorporate tracking and resourcing together
    - *"When you think of your resource, what sensations are you experiencing?"*
    - *"Focus on the pleasant or neutral sensations."*
    - *"Bring your attention to a pleasant sensation."*
    - *"If any sensation is unpleasant, notice neutral or less distressing sensations in your body and focus your attention to those sensations instead."*
    - *"Notice your body move back into your resilient zone."*
- *Stop. Ask health professionals if there are any questions.*

SCRIPT TO READ FOR HEALTH PROFESSIONALS:

{The second skill is resourcing. Resourcing involves identifying internal and/or external

things, that bring about pleasant sensations to your body. Resources can be anything you want.

They can be internal or external. An internal resource would be an experience, memory, belief, or support, such as a nurse who has been helpful in your treatment, or any value that brings meaning to your life. These can include you valuing kindness in others, or that you value that you are a funny person who makes people laugh. An external resource is anything that is more tangible, such as a person, place, or thing. These can include spiritual leaders, a day at the park, or your dog. We do not want to limit you on what your resource could be, but we do want to keep in mind that there are a few things resources should not be. They should not be things that involve risky or dangerous behaviors to

yourself or others. Once you have identified a resource. I want you to write it in the space provided on this handout. Now write down three descriptions of that resource. These can include how they smell, their location, what color they are, if it is animal, how it feels to pet them ANYTHING. As you are writing your descriptions, notice what is happening to your body. Identify pleasant or neutral sensations in your body. If you are experiencing negative ones, revert your attention back to neutral or less distressing sensations. As you think of your resource, take that time to think of your physical sensations and by focusing on pleasant or neutral ones, you can start to feel yourself come back down into your resiliency zone. Remember, our goal is to decrease distress by reducing physiological symptoms that are due to a dysregulated nervous system from stress.}

- *Stop. Ask health professionals if there are any questions.*
- *State that you are moving on to the third skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*
- *Allow health professionals to practice resourcing for 15-minutes*
    - *Start by having them identify one, and then use descriptions to intensify the resource*

TEACHING PATIENTS - INSTRUCTIONS:

- *Direct patients to handout on skill #1: tracking*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning resourcing, you will be able to:

- Explain the difference between an internal and external resource
- Identify 1-2 resources you can think of that elicit pleasant physical sensations and/or reduce unpleasant physical sensations in your body
- Use tracking along with resourcing to bring you back into your resilient zone

Read through overview on handout:

OVERVIEW:

Resourcing is defined as using positive things, such as an event, person, place or thing, in order to bring you back into your resilient zone. Resourcing is a skill that can be used in order to decrease negative physical responses your body is experiencing. These include side effects to your cancer treatment, symptoms from the cancer itself, and distress associated with having a diagnosis of cancer, even in remission. Remember, our goal through CRM is to help you bring you back into your resiliency zone, in order to decreases distress that negatively impact your physical and psychological health due to your diagnosis. These resources can be a day at Six Flags or the smell of your grandma's fresh-baked cookies. There are two types of resources: internal and external. An internal resource includes experiences, memories, beliefs, and other values that are meaningful to you. External resources are more tangible, and these include people, skills, activities, and

animals. Almost anything can be a resource. Resources that would not be helpful would be alcohol or other illicit substances, and anything that is of high-risk or could put yourself or others in danger. Once you identify your resource, it will be important to incorporate tracking into identifying physical sensations that are positive and/or neutral when you think of your resource.

- *Stop. Ask patients if there are any questions.*

Read through instructions on handout:

INSTRUCTIONS

- First, identify sensations currently in your body using tracking
    - *"Are they pleasant, unpleasant, or neutral?"*
- Second, identify a resource
    - *"What person, place, thing, event, value, belief, or ANYTHING you can think of, gives you pleasant sensations in your body?"*
    - *"Write down your resource anywhere on your handout."*
        - *"Write down three details about your resource."*
        - *"These details can include, smells, sounds, location, colors, ANYTHING that is associated with your resource."*
        - *"Notice what is happening to your body."*
- Third, incorporate tracking and resourcing together
    - *"When you think of your resource, what sensations are you experiencing?"*
    - *"Focus on the pleasant or neutral sensations."*
    - *"Bring your attention to a pleasant sensation."*

- *"If any sensation is unpleasant, notice neutral or less distressing sensations in your body and focus your attention to those sensations instead."*
- *"Notice your body move back into your resilient zone."*

- *Stop. Ask patients if there are any questions.*

SCRIPT TO READ FOR PATIENTS:

{The second skill is resourcing. Resourcing involves identifying internal and/or external

things, that bring about pleasant sensations to your body. Resources can be anything you want.

They can be internal or external. An internal resource would be an experience, memory, belief, or support, such as a nurse who has been helpful in your treatment, or any value that brings meaning to your life. These can include you valuing kindness in others, or that you value that you are a funny person who makes people laugh. An external resource is anything that is more tangible, such as a person, place, or thing. These can include spiritual leaders, a day at the park, or your dog. We do not want to limit you on what your resource could be, but we do want to keep in mind that there are a few things resources should not be. They should not be things that involve risky or dangerous behaviors to yourself or others. Once you have identified a resource. I want you to write it in the space provided on this handout. Now write down three descriptions of that resource. These can include how they smell, their location, what color they are, if it is animal, how it feels to pet them ANYTHING. As you are writing your descriptions, notice what is happening to your body. Identify pleasant or neutral sensations in your body. If you are experiencing

negative ones, revert your attention back to neutral or less distressing sensations. As you think of your resource, take that time to think of your physical sensations and by focusing on pleasant or neutral ones, you can start to feel yourself come back down into your resiliency zone. Remember, our goal is to decrease distress by reducing physiological symptoms that are due to a dysregulated nervous system from stress associated with your cancer diagnosis.}

- *Stop. Ask patients if there are any questions.*
- *State that you are moving on to the third skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*

SKILL #2: RESOURCING

GOALS

By the end of learning resourcing, you will be able to:

- Explain the difference between an internal and external resource
- Identify 1-2 resources you can think of that elicit pleasant physical sensations and/or reduce unpleasant physical sensations in your body
- Use tracking along with resourcing to bring you back into your resilient zone

INSTRUCTIONS

1. Identify sensations currently in your body using tracking
2. Identify a resource

3. Imagine your resource while using tracking to identify sensations within your body.

OVERVIEW

- Resourcing is defined as using positive things, such as an event, person, place or thing, in order to bring you back into your resilient zone. Resourcing is a skill that can be used in order to decrease negative physical responses your body is experiencing. These include side effects to your cancer treatment, symptoms from the cancer itself, and distress associated with having a diagnosis of cancer, even in remission. Remember, our goal through CRM is to help you bring you back into your resiliency zone, in order to decreases distress that negatively impact your physical and psychological health due to your diagnosis.
- Once you identify your resource, it will be important to incorporate tracking into identifying physical sensations that are positive and/or neutral when you think of your resource.
- Write down your own example: _____
  _____
  _____
  _____

~ Day One: 10-minute Break ~

~ Day One: 45 minutes:

SKILL #3: GROUNDING

TEACHING HEALTH PROFESSIONALS - INSTRUCTIONS:

- *Direct health professionals to handout on skill #3: grounding*
- *Tell health professionals, "This is the same handout you will use when working with patients."*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning grounding, you will be able to:

- Describe what grounding is
- Engage in grounding by:
    - Having a script you can read to yourself/listen to on an app
- Incorporate grounding and tracking together to bring you back into your resiliency zone

OVERVIEW:

Grounding is when you are in direct contact with a hard surface, such as the ground, and are able to support your body in some way. When traumatic and/or stressful events occur (e.g., a diagnosis of cancer), we feel like we have been knocked off the ground, and we feel unstable. We do not feel balanced. Grounding can be used when you

feel off-balanced, and in combination with tracking, can be used to get you back into your resiliency zone.

- *Stop. Ask lay health professionals if there are any questions.*

INSTRUCTIONS

  - *Invite the health professional to engage in the exercise with you. "Would you like to do a grounding exercise with me."*

- First, find a surface to either lean against, lie down on, stand one, or sit on
  - *For patients in exam rooms: "You can lie on the table, sit a chair (if available), stand against a wall, or if you are comfortable, sit or lie on the floor, it is up to you."*
  - *Invite them to close their eyes or leave their eyes open. "You can either close your eyes or leave them open. Whatever you are more comfortable with."*
- Begin reading the script:
  - *"Take your time to find a comfortable position." Pause 5 seconds.*
    - *"When you are ready, notice how your back is making contact with the (chair, sofa, ground, wall, etc., whatever patient is using)." Pause 5 seconds.*
    - *"Bring your attention to how your body is making contact with the (whatever patient is using)." Pause 5 seconds.*
    - *"Notice your thighs…legs…and then your feet…all making contact with the hard surfaces." Pause 5 seconds.*

        - *"Notice the sensations in your body that are more neutral or pleasant." Pause 5 seconds*
        - *"If unpleasant sensations are occurring, bring your attention away from those and focus that attention on the more pleasant and/or neutral sensations." Pause 5 seconds.*
        - *"As you bring your attention to your body's contact with the supporting surface, notice your heartrate, breathing, and muscles relax" Pause 5 seconds.*
        - *"Slowly scan your body and bring all your attention to neutral and/or pleasant sensations" Pause 5 seconds.*
        - *"As we come to an end, take your time to move out of the grounded position/(open your eyes)."*
- *Stop. Ask health professionals if there are any questions.*

SCRIPT TO READ FOR HEALTH PROFESSIONALS:

{When you feel off-balance and/or knocked over by stressful and/or traumatic events in life, grounding can help you come to the present moment and feel less wobblily. Grounding begins when you use a hard surface to support your body, or parts of your body, in order to feel more balanced. You can use a script to guide you through the exercise (I will read this script to you – it is also on your handout) or you can use the script on the handout or on an app on your phone to read it aloud to you. This free app is called iChill and can be downloaded on your smartphone or tablet. As we go through the exercise above, remember to use tracking as well, to be aware of unpleasant sensations that are pushing you out of your resiliency zone and neutral or pleasant sensations that

can bring you back into your resiliency zone. Remember, these three skills are the ones to be continuously engaged in and practiced, in order to actively reduce stress and because they are used together to help one become more aware of their body and sensations that cause distress due to a cancer diagnosis and everything that follows that diagnosis.} }

- *Stop. Ask health professionals if there are any questions.*
- *State that you are moving on to the fourth skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*
- *Allow health professionals to practice grounding for 15-minutes*
    - *Have each health professional read the grounding script to each other, working*
    - *on tone, rate of speech, and inviting the client to engage with you and allowing*

      them to have a choice

TEACHING PATIENTS - INSTRUCTIONS:

- *Direct patients to handout on skill #3: grounding*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning grounding, you will be able to:

- Describe what grounding is
- Engage in grounding by:
    - Having a script you can read to yourself/listen to on an app
- Incorporate grounding and tracking together to bring you back into your resiliency zone

OVERVIEW:

Grounding is when you are in direct contact with a hard surface, such as the ground, and are able to support your body in some way. When traumatic and/or stressful events occur (e.g., a diagnosis of cancer), we feel like we have been knocked off the ground, and we feel unstable. We do not feel balanced. Grounding can be used when you feel off-balanced, and in combination with tracking, can be used to get you back into your resiliency zone.

- *Stop. Ask patients if there are any questions.*

INSTRUCTIONS

- *Invite the patient to engage in the exercise with you. "Would you like to do a grounding exercise with me."*
- First, find a surface to either lean against, lie down on, stand one, or sit on

- *For patients in exam rooms: "You can lie on the table, sit in a chair (if available), stand against a wall, or if you are comfortable, sit or lie on the floor, it is up to you."*
- *Invite them to close their eyes or leave their eyes open. "You can either close your eyes or leave them open. Whatever you are more comfortable with."*

- Begin reading the script:
  - *"Take your time to find a comfortable position." Pause 5 seconds.*
    - *"When you are ready, notice how your back is making contact with the (chair, sofa, ground, wall, etc., whatever patient is using)." Pause 5 seconds.*
    - *"Bring your attention to how your body is making contact with the (whatever patient is using)." Pause 5 seconds.*
    - *"Notice your thighs…legs…and then your feet…all making contact with the hard surfaces." Pause 5 seconds.*
    - *"Notice the sensations in your body that are more neutral or pleasant." Pause 5 seconds*
    - *"If unpleasant sensations are occurring, bring your attention away from those and focus that attention on the more pleasant and/or neutral sensations." Pause 5 seconds.*
    - *"As you bring your attention to your body's contact with the supporting surface, notice your heartrate, breathing, and muscles relax" Pause 5 seconds.*

        - *"Slowly scan your body and bring all your attention to neutral and/or pleasant sensations" Pause 5 seconds.*
        - *"As we come to an end, take your time to move out of the grounded position/(open your eyes)."*
- *Stop. Ask patients if there are any questions.*

SCRIPT TO READ FOR PATIENTS:

{When you feel off-balance and/or knocked over by stressful and/or traumatic events in life, grounding can help you come to the present moment and feel less wobblily. Traumatic events include your diagnosis of cancer, which has been found to be associated with not only poor physical health, but poor mental health due to distress. When you take a moment for yourself, you can use that time to reduce unpleasant sensations in your body due to constant worry about treatments, appointments, and your health at it relates to the diagnosis. Grounding begins when you use a hard surface to support your body, or parts of your body, in order to feel more balanced. You can use a script to guide you through the exercise (I will read this script to you – it is also on your handout) or you can use the script on the handout or on an app on your phone to read it aloud to you. This free app is called iChill and can be downloaded on your smartphone or tablet. As we go through the exercise above, remember to use tracking as well, to be aware of unpleasant sensations that are pushing you out of your resiliency zone and neutral or pleasant sensations that can bring you back into your resiliency zone. Remember, these three skills are the ones to be continuously engaged in and practiced, in order to actively reduce stress and because they are used together to help one become more aware of their body

and sensations that cause distress due to a cancer diagnosis and everything that follows that diagnosis.}

- *Stop. Ask patients if there are any questions.*
- *State that you are moving on to the fourth skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*

SKILL #3: GROUNDING

GOALS

By the end of learning grounding, you will be able to:

- Describe what grounding is
- Engage in grounding by:
  - Having a script you can read to yourself/listen to on an app
- Incorporate grounding and tracking together to bring you back into your resiliency zone

INSTRUCTIONS

1. Find a surface to either lean against, lie down on, stand one, or sit on
2. While simultaneously using tracking, read through script below:

OVERVIEW

- Grounding is when you are in direct contact with a surface, such as the ground, and are able to support your body in some way. When traumatic and/or stressful events occur, such as a diagnosis of cancer, we feel like we have been knocked off the ground, and we feel unstable. Grounding can be used when you feel off-balanced.

- **Script:** Notice how your back is making contact with the (chair, sofa, ground, wall, etc.) *Pause 5 seconds.*

Bring your attention to how your body is making contact with whatever you're using. *Pause 5 seconds.*
Notice your thighs, legs, and then your feet, all making contact with the hard surfaces. *Pause 5 seconds.*
Notice the sensations in your body that are more neutral or pleasant. *Pause 5 seconds.*
If unpleasant sensations are occurring, bring your attention away from those and focus that attention on the more pleasant and/or neutral sensations. *Pause 5 seconds.*
As you bring your attention to your body's contact with the supporting surface, notice your heart rate, breathing, and muscles relax. *Pause 5 seconds.*
Slowly scan your body and bring all your attention to neutral and/or pleasant sensations. *Pause 5 seconds.*
As we come to an end, take your time to move out of the grounded position.

~ Day Two: begin with 45-minute review of resiliency zone and first three skills ~

~ Day Two: 20 minutes:

SKILL #4: GESTURES

TEACHING HEALTH PROFESSIONALS - INSTRUCTIONS:

- *Direct health professionals to handout on skill #4: gesturing*
- *Tell health professionals, "This is the same handout you will use when working with patients."*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning gestures, you will be able to:

- Describe what a gesture is
- Identify at least two gestures that make us feel happy, protected, relieved, etc.
- Engage in those gestures when you experience unpleasant sensations due to distress
- Incorporate gestures and tracking together to bring you back into your resiliency zone

OVERVIEW:

Sometimes when we express how we feel, movements from our body show what we are experiencing. These movements, or gestures, can express happiness, feeling calm and/or protected, or those that make us feel relief. We are usually not aware of our gestures and by identifying gestures, we can use them side-by-side with tracking to bring us back into our resiliency zone. When you close your eyes and think of when you feel

happy, what movements do you make with your body - your hands, arms, feet or legs? Remember, when your body is not at its best self, or out of its resiliency zone, it can be more difficult to fight off illnesses and maintain a sound body and mind.

- *Stop. Ask health professionals if there are any questions.*

INSTRUCTIONS:

- First, think of times when you are happy, relaxed, and/or feeling protected or relieved
    - *"When were the times you felt happy or relaxed?"*
- Second, identify movements that have to do with those pleasant feelings
    - These can include a thumbs up, hugging your body with your arms, throwing your hands up above your head, etc.
    - *"As you think of those times, I invite you to close or open your eyes."*
    - *"What movements are you making with your body?"*
    - *"These are called gestures, and they help us express how we are feeling."*
- Third, practice slowly engaging in gestures associated with pleasant feelings slowly
    - *"As you engage in these gestures again, slow the movement down."*
    - *"Notice the sensations in your body."*
- Fourth, combine tracking and gestures together to bring you into/keep you in your resiliency zone
    - *"Once you notice the sensations in your body, identify if they are pleasant, neutral, or unpleasant."*

- *"If you are experiencing unpleasant sensations, move your attention to neutral or pleasant sensations."*
- *"Continue to focus on the gesture you are making and continue to track sensations that are happening to your body while you are gesturing."*
- *"Focus on the pleasant and/or neutral sensations that bring you into/keep you in your resiliency zone."*

SCRIPT TO READ FOR HEALTH PROFESSIONALS:

{When you are expressing how you feel, you sometimes use specific types of movements such as a thumbs up, hugging your body, or throwing your hands up in the air. When you identify and engage in gestures, they can bring about happy, protected, and/or relaxed sensations you usually experience when you do them. When I feel stressed, I like to put my hands on the knees and squeeze them. This brings me back into a place of focusing on the pressure in my hands, which I identify as a pleasant sensation due to the warmth I feel on my knees. Think of a time you were experiencing any one of those pleasant feelings. <pause> *What gesture would you engage in?* <wait for health professional to think of a gesture> *Now do the gesture.* <watch as health professional engages in the gesture> *Notice what sensations are you feeling as you engage in the gesture, this time more slowly.* <wait for health professional to do the gesture, and wait for them to identify sensations they are experiencing> As you engage in gestures and notice sensations in your body, you can bring yourself away from unpleasant sensations, and bring your attention to pleasant and/or neutral sensations you are experiencing. This skill, along with the following two, are skills you may already be familiar with, and even engage in. That is why it is important to keep these skills in mind, but also to

continuously practice the first three skills as those are the ones that can actively be practiced and engaged in as prevention to reduce stress.}

- *Stop. Ask health professionals if there are any questions.*
- *State that you are moving on to the fifth skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*
- *Take 10-minute break*
- *Have health professionals practice gestures for 15-minutes*
    - *Have health professionals each identify a gesture, and then allow them to track while they engage in their gesture*

TEACHING PATIENTS - INSTRUCTIONS:

- *Direct patients to handout on skill #4: gesturing*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning gestures, you will be able to:

- Describe what a gesture is
- Identify at least two gestures that make us feel happy, protected, relieved, etc.
- Engage in those gestures when you experience unpleasant sensations due to distress
- Incorporate gestures and tracking together to bring you back into your resiliency zone

OVERVIEW:

Sometimes when we express how we feel, movements from our body show what we are experiencing. These movements, or gestures, can express happiness, feeling calm and/or protected, or those that make us feel relief. We are usually not aware of our gestures and by identifying gestures, we can use them side-by-side with tracking to bring us back into our resiliency zone. When you close your eyes and think of when you feel happy, what movement do you make with your hand, arms, feet or legs? These gestures can be done when you are waiting in the doctor's office, in the exam room, while receiving treatment, etc., and can help reduce the agitated physiological state, that include a racing heartbeat, sweating, or shallow breathing that

impede your body from being able at its best self. Remember, when your body is not at its best self, or out of its resiliency zone, it can be more difficult to fight off illnesses and maintain a sound body and mind.

- *Stop. Ask patients if there are any questions.*

INSTRUCTIONS:

- First, think of times when you are happy, relaxed, and/or feeling protected or relieved
    - *"When were the times you felt happy or relaxed?"*
- Second, identify movements that have to do with those pleasant feelings
    - These can include a thumbs up, hugging your body with your arms, throwing your hands up above your head, etc.
    - *"As you think of those times, I invite you to close or open your eyes."*
    - *"What movements are you making with your body?"*
    - *"These are called gestures, and they help us express how we are feeling."*
- Third, practice slowly engaging in gestures associated with pleasant feelings slowly
    - *"As you engage in these gestures again, slow the movement down."*
    - *"Notice the sensations in your body."*
- Fourth, combine tracking and gestures together to bring you into/keep you in your resiliency zone
    - *"Once you notice the sensations in your body, identify if they are pleasant, neutral, or unpleasant."*

- *"If you are experiencing unpleasant sensations, move your attention to neutral or pleasant sensations."*
- *"Continue to focus on the gesture you are making and continue to track sensations that are happening to your body while you are gesturing."*
- *"Focus on the pleasant and/or neutral sensations that bring you into/keep you in your resiliency zone."*

SCRIPT TO READ FOR PATIENTS:

{When you are expressing how you feel, you sometimes use specific types of movements such as a thumbs up, hugging your body, or throwing your hands up in the air. When you identify and engage in gestures, they can bring about happy, protected, and/or relaxed sensations you usually experience when you do them. When I feel stressed, I like to put my hands on my knees and squeeze them. This brings me back into a place of focusing on the pressure in my hands, which I identify as a pleasant sensation due to the warmth I feel on my knees. Think of a time you were experiencing any one of those pleasant feelings. *What gesture would you engage in?* <wait for patient to think of a gesture> *Now do the gesture.* <watch as patient engages in the gesture> *Notice what sensations are you feeling as you engage in the gesture, this time more slowly.* <wait for patient to do the gesture, and wait for them to identify sensations they are experiencing> As you engage in gestures and notice sensations in your body, you can bring yourself away from unpleasant sensations, and bring your attention to pleasant and/or neutral sensations you are experiencing. This can be especially helpful when you are at the doctors, clinic, or in the hospital and you need comfort. By engaging in a gesture and focusing on how it makes you feel instead of your unpleasant physiological reactions,

your body will be able to stay in a place where it is most effective for being resilient. This skill, along with the following two, are skills you may already be familiar with, and even engage in. That is why it is important to keep these skills in mind, but also to continuously practice the first three skills as those are the ones that can actively be practiced and engaged in as prevention to reduce stress.}

- *Stop. Ask patients if there are any questions.*
- *State that you are moving on to the fifth skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*

SKILL #4: GESTURES

GOALS

By the end of learning gestures, you will be able to:

- Describe what a gesture is
- Identify at least two gestures that make you feel positive emotions: happy, protected, relieved, etc.
- Engage in those gestures when you experience unpleasant sensations due to distress
- Incorporate gestures and tracking together to bring you back into your resiliency zone

INSTRUCTIONS

1. Think of times when you are happy, relaxed, and/or feeling protected or relieved
2. Identify movements that have to do with those pleasant feelings (a thumbs up, throwing your hands up above your head, etc.)
3. Practice slowly engaging in gestures associated with pleasant feelings
4. Combine tracking and gestures together to bring you into/keep you in your resiliency zone

OVERVIEW

- Gestures, can express happiness, feeling calm and/or protected, or relief. We are usually not aware of our gestures and by identifying gestures, we can use them side-by-side with tracking to bring us back into our resiliency zone. When you close your eyes and think of when you feel happy, what movements do you make with your hands, arms, feet or legs?

- These gestures can be done when you are waiting in the doctor's office, in the exam room, while receiving treatment, etc., and can help reduce an agitated physiological state, including a racing heartbeat, sweating, or shallow breathing that impedes your body from being its best self. Remember, when your body is not at its best self, or out of its resiliency zone, it can be more difficult to fight off illnesses and maintain a sound body and mind.

~ Day Two: 20 minutes:

SKILL #5: HELP NOW!

TEACHING HEALTH PROFESSIONALS - INSTRUCTIONS:

- *Direct health professionals to handout on skill #5: help now!*
- *Tell health professionals, "This is the same handout you will use when working with patients."*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS

By the end of learning Help Now!, you will be able to:

- Identify at least two skills you can use when you feel trapped in a low or high zone outside of your resiliency zone
- Engage in those skills when you experience unpleasant sensations due to distress and need immediate relief
- Incorporate Help Now! Skills and Tracking together to help bring you back into your resiliency zone

OVERVIEW:

When you need immediate assistance or support and feel stuck outside of your resiliency zone, e.g., experiencing a lot of sadness, discomfort, or anger, Help Now! Skills are important to engage in. These skills will help bring you into a more manageable place. This place may not be in your resiliency zone but will help you be able to engage in the skills already described if you are unable to focus on them due to extreme distress.

- *Stop. Ask health professionals if there are any questions.*

INSTRUCTIONS

- First, identify a skill that you would like to try from the list below:
    - Have a glass of any drink and notice your body's sensations when you drink it
    - Look around your surroundings and pay attention to anything that catches your eye
    - Name at least four colors you can see right now
    - Slowly count backwards from any number you want, whether it is 10, or 100, or anywhere in between
    - What is the temperature of the room?
    - What are sounds you here around you?
    - If you can, walk and pay attention to how your feet are making contact with the ground; feel your arms and legs and how they move with your body
    - Tense your hands for 5 seconds and release them for 5 seconds; repeat as needed
    - Pet your dog (engage with any animal)
    - Read your favorite book
    - Engage in any other activity or behavior that focuses your attention, brings you calmness, or elicits positive emotions.
- Second, engage in that skill
    - *Make sure the skill is one the patient is able to do in their environment*

- Third, notice the sensations in your body
    - *"Are these sensations pleasant, neutral, or unpleasant?"*
    - *"If you continue to feel unpleasant sensations that you cannot bring attention away from onto pleasant or neutral sensations, try another skill."*
- Fourth, repeat skills 1-3 as needed
- **SCRIPT TO READ FOR HEALTH PROFESSIONALS:**

{When you need more immediate assistance to cope with a stressor and do not have access to do the activities or skills you would normally do to decrease unpleasant sensations in your body, Help Now! Skills can be used. These skills focus on using whatever is available in your immediate environment to focus on to distract you from unpleasant sensations and refocus your attention on more pleasant sensations. If you are experiencing severe distress just feel too overwhelmed and upset, using a Help Now! Skill can help bring you back down to a manageable level where you can engage in the skills already learned. Continuing to include tracking with Help Now! Skills is important too, because you can notice if these skills are helping you by how your body is responding through pleasant, unpleasant, or neutral sensations. From the list in the handout, pick a skill you can do in the room and try it. *Did it help you?* <wait for health professionals response> *If it did not you can keep trying the other skills until you find a few you could use. If it did, write it down to remember at times where you are feeling extremely distressed and like nothing will be able to bring up your mood or calm you down.*}

- *Stop. Ask health professionals if there are any questions.*

- *State that you are moving on to the sixth skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*
- *Have health professionals practice Help Now! skills for 15-minutes in pairs*
    - *Have them each as many as they can, and identify which ones worked the best for them*

TEACHING PATIENTS- INSTRUCTIONS:

- *Direct patients to handout on skill #5: help now!*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS

By the end of learning Help Now!, you will be able to:

- Identify at least two skills you can use when you feel trapped in a low or high zone outside of your resiliency zone
- Engage in those skills when you experience unpleasant sensations due to distress and need immediate relief
- Incorporate Help Now! Skills and Tracking together to help bring you back into your resiliency zone

OVERVIEW:

When you need immediate assistance or support and feel stuck outside of your resiliency zone, e.g., experiencing a lot of sadness, discomfort, or anger, Help Now! Skills are important to engage in. These skills will help bring you into a more manageable place. This place may not be in your resiliency zone but will help you be able to engage in the skills above if you are unable to focus on them due to extreme distress. When you feel especially upset about your diagnosis or feel too scared to partake in treatment, etc., you can engage in Help Now! To bring you back from feeling like you are going to fall off the edge.

- *Stop. Ask patients if there are any questions.*

INSTRUCTIONS

- First, identify a skill that you would like to try from the list below:
    - Have a glass of any drink and notice your body's sensations when you drink it
    - Look around your surroundings and pay attention to anything that catches your eye
    - Name at least four colors you can see right now
    - Slowly count backwards from any number you want, whether it is 10, or 100, or anywhere in between
    - What is the temperature of the room?
    - What are sounds you here around you?
    - If you can, walk and pay attention to how your feet are making contact with the ground; feel your arms and legs and how they move with your body
    - Tense your hands for 5 seconds and release them for 5 seconds; repeat as needed
    - Pet your dog (engage with any animal)
    - Read your favorite book
    - Engage in any other activity or behavior that focuses your attention, brings you calmness, or elicits positive emotions.
- Second, engage in that skill
    - *Make sure the skill is one the patient is able to do in their environment*
- Third, notice the sensations in your body
    - *"Are these sensations pleasant, neutral, or unpleasant?"*

- *"If you continue to feel unpleasant sensations that you cannot bring attention away from onto pleasant or neutral sensations, try another skill."*

- Fourth, repeat skills 1-3 as needed

SCRIPT TO READ FOR PATIENTS:

{When you need more immediate assistance to cope with a stressor and do not have access to do the activities or skills you would normally do to decrease unpleasant sensations in your body, Help Now! Skills can be used. These skills focus on using whatever is available in your immediate environment to focus on to distract you from unpleasant sensations and refocus your attention on more pleasant sensations. If you are experiencing severe distress due to receiving treatment such as chemotherapy, radiation, etc., or you just feel too overwhelmed and upset from all the doctor's appointments and other stressors due to cancer, using a Help Now! Skill can help bring you back down to a manageable level where you can engage in the skills above. Continuing to include tracking with Help Now! Skills is important too, because you can notice if these skills are helping you by how your body is responding through pleasant, unpleasant, or neutral sensations. From the list in the handout, pick a skill you can do in the room and try it. *Did it help you?* <wait for patient's response> *If it did not you can keep trying the other skills until you find a few you could use. If it did, write it down to remember at times where you are feeling extremely distressed and like nothing will be able to bring up your mood or calm you down.*}

- *Stop. Ask patients if there are any questions.*
- *State that you are moving on to the sixth skill in the set of six well-being skills to manage physiological symptoms associated with life stressors*

SKILL #5: HELP NOW!

GOALS

By the end of learning Help Now!, you will be able to:

- Identify at least two skills you can use when you feel trapped in a low or high zone outside of your resiliency zone
- Engage in those skills when you experience unpleasant sensations due to distress and need immediate relief
- Incorporate Help Now! Skills and Tracking together to help bring you back into your resiliency zone

OVERVIEW

When you feel especially upset about your diagnosis or feel too scared to partake in treatment, etc., you can engage in Help Now! To bring you back from feeling like you are going to fall off the edge. Help Now! Skills are important to engage in. These skills will help bring you into a more manageable place. This place may not be in your resiliency zone but will help you be able to engage in the skills already learned if you are unable to focus on them due to extreme distress.

<u>Help Now! Skills that work for you:</u>

_____

_____

_____

_____

INSTRUCTIONS

1. Identify a skill that you would like to try from the list below:
2. Engage in that skill
3. Notice the sensations in your body
4. Repeat skills 1-3 as needed

1. Have a glass of any drink and notice your body's sensations when you drink it
2. Name at least four colors you can see right now
3. Slowly count backwards from any number you want, whether it is 10, or 100, or anywhere in between
4. What is the temperature of the room?
5. If you can, walk and pay attention to how your feet are making contact with the ground; feel your arms and legs and how they move with your body
6. Tense your hands for 5 seconds and release them for 5 seconds; repeat as needed
7. Pet your dog (engage with any animal)
8. Engage in any other activity or behavior that focuses your attention, brings you calmness, or elicits positive emotions.

~ Day Two: 10-minute break ~

~ Day Two: 20 minutes:

SKILL #6: SHIFT AND STAY

TEACHING HEALTH PROFESSIONALS - INSTRUCTIONS:

- *Direct health professionals to handout on skill #6: shift and stay*
- *Tell health professionals, "This is the same handout you will use when working with patients."*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning Shift and Stay, you will be able to:

- Move your attention to more pleasant or neutral places in your body
- Use the five skills above to help you move into those places
- Incorporate Shift and Stay and Tracking together to help bring you back into your resiliency zone

OVERVIEW:

The sixth and final skill focuses on utilizing the other five skills stated above to move attention away from unpleasant sensations in your body by focusing your attention to pleasant and/or neutral places in the body. Remember, when you use these skills, it can be done anywhere. These skills are meant to reduce unpleasant sensations in your body, that can hype up your sympathetic nervous system, and cause your body to breakdown. Remember when your sympathetic nervous system is constantly being broken down, you

can feel more tired, sad, angry, your immune system is not at its strongest, and many other negative consequences. These consequences may cause poorer health outcomes and can negatively impact your quality of life through poorer mental and physical health. This stress can manifest in physiological symptoms that when constant or in high doses can breakdown the body. That is why it is important to engage in CRM to help reduce those physiological reactions that can negatively impact the body.

- *Stop. Ask health professionals if there are any questions.*

INSTRUCTIONS

- Engage in any of the five skills stated above
    - *"First, I want you to engage in any of the five skills we've already discussed: tracking, resourcing, grounding, gestures, Help Now!, and shift and stay"*
    - *"Whichever one works best for you when you feel distressed or pushed out of your resiliency zone, choose it."*
    - *"Engage in that skill."*
    - *"Continue to use Tracking along with that skill and focus on the shift in attention you are engaging by moving form unpleasant sensations to more neutral and/or positive sensations that are coming up from using your chosen skill."*

SCRIPT TO READ FOR HEALTH PROFESSIONALS:

{The five skills learned above will be used here in the final skill. Shift and Stay continues to use tracking along with the other four skills to shift attention from unpleasant sensations in the body that are causing distress, to more neutral and/or

pleasant sensations in your body. You can use tracking to move attention from unpleasant to pleasant/neutral sensations, followed by using your resource to shift that attention away from unpleasant sensations. You can then utilize grounding to notice how your body is making contact with a surface and notice the pleasant sensations that are coming up. You can use a Help Now! Skill if your distress seems more than it normally is when you are out of your resiliency zone. Whichever skill works for you the best is the one you should use first, and then go down the list, continuing to use tracking so you can focus on the shift from unpleasant sensations to pleasant and/or neutral sensations and then stay with those sensations. These last three skills are things you and/or your patients may already be doing, and therefore it is important to remind them to keep these skills in mind, but focus on practicing and utilizing the first skills more.}

- *Stop. Ask health professionals if there are any questions.*
- *State that by practicing this set of six well-being skills, patients will be able to help reduce unpleasant physical sensations and will be able to focus attention onto more pleasant and/or neutral sensations. By doing this, they will be able to move themselves or keep themselves in their resiliency zone, which is crucial for better mental health, which in turn affects better outcomes for their physical health as well.*
- *Review six skills and practice of skills with peer for 30-minutes*

TEACHING PATIENTS - INSTRUCTIONS:

- *Direct patients to handout on skill #6: shift and stay*
- *Begin reviewing the handout (see below):*

Read through goals on handout:

GOALS:

By the end of learning Shift and Stay, you will be able to:

- Move your attention to more pleasant or neutral places in your body
- Use the five skills above to help you move into those places
- Incorporate Shift and Stay and Tracking together to help bring you back into your resiliency zone

OVERVIEW:

The sixth and final skill focuses on utilizing the other five skills stated above to move attention away from unpleasant sensations in your body by focusing your attention to pleasant and/or neutral places in the body. Remember, when you use these skills, it can be done anywhere. Do not be afraid to use them during clinic visits, in the hospital, at home, at work, at school, ANYWHERE. These skills are meant to reduce unpleasant sensations in your body, that can hype up your sympathetic nervous system, and cause your body to breakdown. Remember when your sympathetic nervous system is constantly being broken down, you can feel more tired, sad, angry, your immune system is not at its strongest, and many other negative consequences. These consequences may cause poorer health outcomes, and definitely negatively impact your quality of life through poorer mental and physical health. Receiving a diagnosis of cancer, receiving treatment, following up with the doctor, and many other issues and complications that arise can

cause psychological stress. This stress can manifest in physiological symptoms that when constant or in high doses can breakdown the body. That is why it is important to engage in CRM to help reduce those physiological reactions that can negatively impact the body.

- *Stop. Ask patients if there are any questions.*

INSTRUCTIONS

- Engage in any of the five skills stated above
    - *"First, I want you to engage in any of the five skills we've already discussed: tracking, resourcing, grounding, gestures, and Help Now!"*
    - *"Whichever one works best for you when you feel distressed or pushed out of your resiliency zone, choose it."*
    - *"Engage in that skill."*
    - *"Continue to use Tracking along with that skill and focus on the shift in attention you are engaging by moving form unpleasant sensations to more neutral and/or positive sensations that are coming up from using your chosen skill."*

SCRIPT TO READ FOR PATIENTS:

{The five skills learned above will be used here in the final skill. Shift and Stay continues to use tracking along with the other four skills to shift attention from unpleasant sensations in the body that are causing distress, to more neutral and/or pleasant sensations in your body. You can use tracking to move attention from unpleasant to pleasant/neutral sensations, followed by using your resource to shift that attention away from unpleasant sensations. You can then utilize grounding to notice how your body is making contact with a surface and notice the pleasant sensations that are coming

up. You can use a Help Now! Skill if your distress seems more than it normally is when you are out of your resiliency zone. Do not be afraid to use them during clinic visits, in the hospital, at home, at work, at school, ANYWHERE. Whichever skill works for you the best is the one you should use first, and then go down the list, continuing to use tracking so you can focus on the shift from unpleasant sensations to pleasant and/or neutral sensations and then stay with those sensations. Remember, the first three skills are the main skills to be used when in distress. The last three skills are to have in your back pocket for when your distress needs immediate distraction, and these are skills you may already do.}

- *Stop. Ask patients if there are any questions.*
- *State that by practicing this set of six well-being skills, patients will be able to help reduce unpleasant physical sensations and will be able to focus attention onto more pleasant and/or neutral sensations. By doing this, they will be able to move themselves or keep themselves in their resiliency zone, which is crucial for better mental health, which in turn affects better outcomes for their physical health as well.*

SKILL #6: SHIFT AND STAY

GOALS

By the end of learning Shift and Stay, you will be able to:

- Move your attention to more pleasant or neutral places in your body
- Use the five skills above to help you move into those places
- Incorporate Shift and Stay and Tracking together to help bring you back into your resiliency zone

OVERVIEW

- The sixth and final skill focuses on utilizing the other five skills stated above to move attention away from unpleasant sensations in your body by focusing your attention to pleasant and/or neutral places in the body. Remember, when you use these skills, it can be done anywhere. Do not be afraid to use them during clinic visits, in the hospital, at home, at work, at school, etc. These skills are meant to reduce unpleasant sensations in your body, that can hype up your sympathetic nervous system, and cause your body to breakdown.

- Remember when your sympathetic nervous system is constantly being broken down, you can feel more tired, sad, angry, your immune system is not at its strongest, and many other negative consequences.

- Receiving a diagnosis of cancer, receiving treatment, following up with the doctor, and many other issues and complications that arise can cause psychological stress. This stress can manifest in physiological symptoms that when constant or in high doses can breakdown the body. That is why it is important to engage in CRM to help reduce those physiological reactions that can negatively impact the body.

BOOSTER SESSIONS

[40 minute session required once a month for a year after initial training for lay health professionals, with additional sessions offered in between scheduled sessions if requested.]

- *About 4 health professionals for one trainer, for adequate practice and feedback during skills check*

- First, give all seven handouts they previously received at lay health professional training
- Ask lay health professionals what issues they have had when implementing CRM
    - Troubleshoot problems as they come up, with main ones most likely concerning a lack of health literacy in patients or the lack of ability to comprehend their initial diagnosis and the possibility of needing more time to process before engaging in CRM
    - Problem-solve ways to improve these as a group, eliciting feedback from health professionals on what has worked well in their own experiences
- Engage in a 10-minute refresher of handouts
    - Re-read each handout with lay health professionals
    - Use examples for each skill as stated above in instructions for each skill
- Engage in a 30-minute skills check
    - Have lay health professionals pair up and teach skills 1-3 to each other
        - *(switch after 15-minutes)*
    - As you listen to them notice any changes they need to make and discuss with them ways to improve. These may include changes in language,

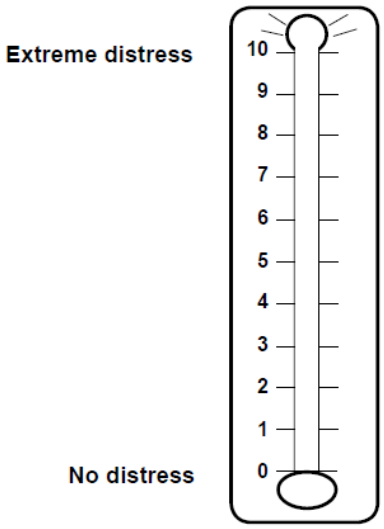
changes to their example of a skill that needs to be more explicit, or anything you think could be improved.

- *Conclude by reviewing with lay health professionals that CRM is to support their patients, and that practicing the skills on their own makes their teaching more proficient*

DISTRESS THERMOMETER

NCCN DISTRESS THERMOMETER

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week including today.



PROBLEM LIST

Please indicate if any of the following has been a problem for you in the past week including today.

Be sure to check YES or NO for each.

YES	NO	Practical Problems
❑	❑	Child care
❑	❑	Housing
❑	❑	Insurance/financial
❑	❑	Transportation
❑	❑	Work/school
❑	❑	Treatment decisions
		Family Problems
❑	❑	Dealing with children
❑	❑	Dealing with partner
❑	❑	Ability to have children
❑	❑	Family health issues
		Emotional Problems
❑	❑	Depression
❑	❑	Fears
❑	❑	Nervousness
❑	❑	Sadness
❑	❑	Worry
❑	❑	Loss of interest in usual activities
❑	❑	**Spiritual/religious concerns**

YES	NO	Physical Problems
❑	❑	Appearance
❑	❑	Bathing/dressing
❑	❑	Breathing
❑	❑	Changes in urination
❑	❑	Constipation
❑	❑	Diarrhea
❑	❑	Eating
❑	❑	Fatigue
❑	❑	Feeling swollen
❑	❑	Fevers
❑	❑	Getting around
❑	❑	Indigestion
❑	❑	Memory/concentration
❑	❑	Mouth sores
❑	❑	Nausea
❑	❑	Nose dry/congested
❑	❑	Pain
❑	❑	Sexual
❑	❑	Skin dry/itchy
❑	❑	Sleep
❑	❑	Substance use
❑	❑	Tingling in hands/feet

Other Problems: _____

_____

(NCCN, 2018)

The measurement will be given at the beginning of each session and recorded to see if there are changes in distress. The provider will receive the results before going into the room. Also, The Distress Thermometer will help determine if a referral is needed for more extensive outpatient treatment, or if more training of the CRM-based intervention is necessary