Psychological Support for People Living with CLL

Screening for distress and responding to needs

Who should be screened for cancer-related psychological distress?

All people living with CLL should be screened for psychological distress at regular intervals from the point of diagnosis.

The NICE guidelines recommend a four-tier model of psychological support for people living with cancer and their families.[1]

HCP psychological skills – the foundations

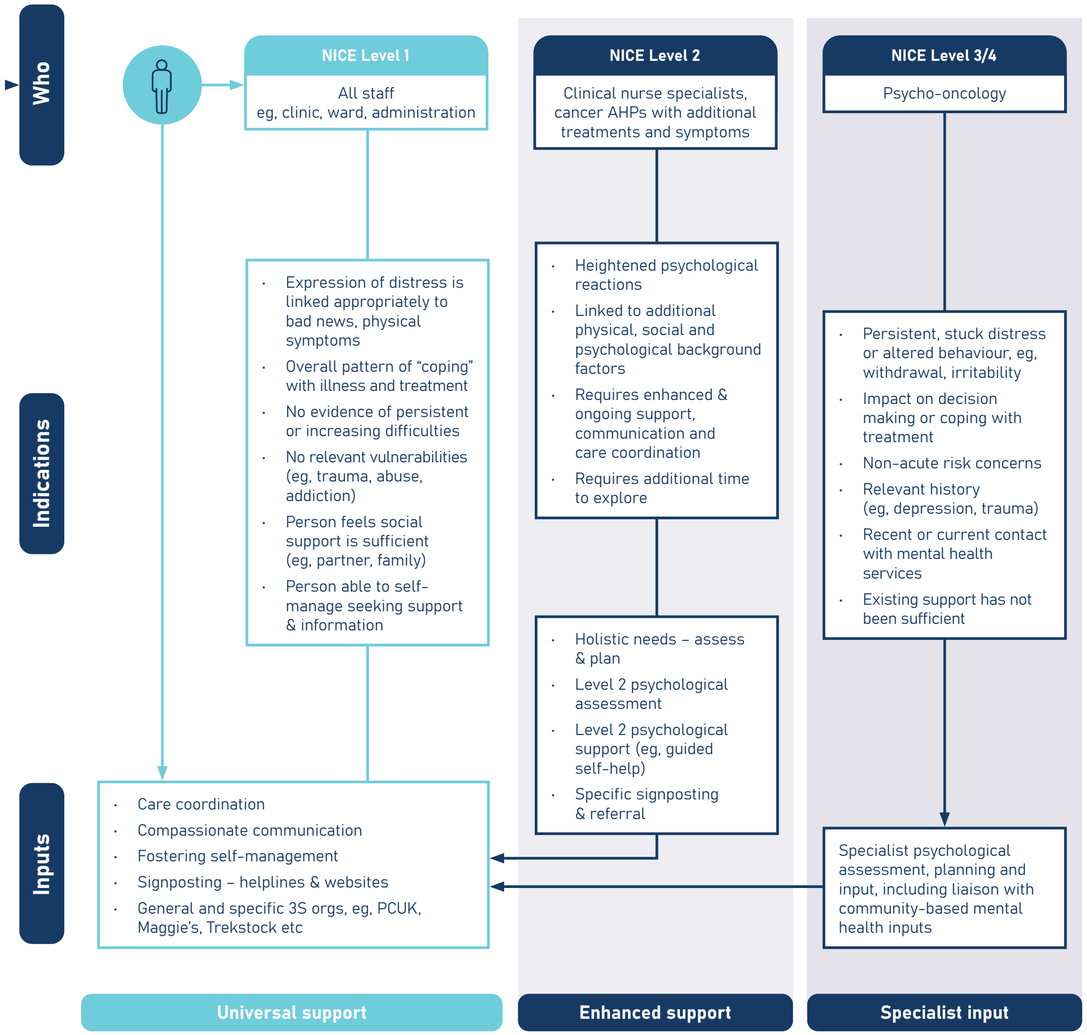
HCPs should make an effort to be present with those living with CLL. The basic psychological skills that aid with this are:

Being present: Showing compassion and empathy, being non-judgemental and impartial, and having self-awareness

Active listening: Asking open questions, using silence, listening for emotional content, reflecting, summarising verbal and non-verbal communication

Validation: Showing compassion, unconditional positive regard, being present, demonstrating you want to understand and being open to and aware of the patient's context

Normalisation: Showing compassion and empathy, being present with the person's lived experience and actively responding without judgement



How can HCPs support people living with CLL to identify and implement coping strategies?

Supporting adjustment: HCPs can help a patient adjust to, and cope with, their cancer diagnosis. As HCPs, the focus should be on:

Reinforcing coping ability and resilience, including talking through previous coping strategies and resources, and empowering the person living with CLL to have a sense of control over their coping mechanisms

Viewing distress not as a psychological problem but instead something that can, where appropriate, be addressed practically. This may include building on initial supportive relationships whilst also signposting to appropriate and relevant services (meditation group, joining a support group, etc) and encouraging patients to utilise them. Proper baseline care can help to prevent the development of more severe psychological problems or concerns

Understanding that distress is to be expected at any point along the care continuum. Screening should happen regularly and to ascertain whether the distress is persistent and ongoing. Questions to ask would be things like, "On a scale of 0 to 10, how anxious have you felt over the last 2 weeks?"

Validating the person's feelings (the language chosen for communication can impact this greatly)

All interactions should be person-centred and focus on identifying appropriate coping strategies with which the person living with CLL feels comfortable.

AHP, allied health professional; CLL, chronic lymphocytic leukaemia; HCP, healthcare professional; NICE, National Institute for Health and Care Excellence; PCUK, Prostate Cancer UK

1. King A. PCUK 2021. Clinical Skills Presentation

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