

PSYCHOSOCIAL ONCOLOGY: MANAGING CANCER-RELATED DISTRESS IN ADULT CORRECTIONAL SETTINGS

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ABSTRACT

Rates of chronic illness, including cancer, are higher in prison populations than in the general public. Considering the greater incidence of cancer and the recognized burden of cancer-related emotional distress, mental health providers in correctional settings must screen for emotional distress and develop an array of evidence-based interventions and services for inmates with cancer along the cancer trajectory. Distress is considered a normal response to every aspect of the cancer trajectory and generally is used to describe a wide range of unpleasant feelings or emotions. Distress also may affect thoughts and behavior and interfere with coping abilities. The *NCCN Distress Management Guidelines* from the National Comprehensive Cancer Network (NCCN) are presented for their use in correctional settings, and evidence-based therapeutic interventions within the field of psychosocial oncology are discussed.

MANAGING CANCER-RELATED DISTRESS IN ADULT CORRECTIONAL SETTINGS

Treatment of clients with cancer has been a burgeoning area with which clinical psychologists have had to become familiar. More specifically, prison populations are an important focus of intervention because of inmates' increased propensity for and incidence of severe medical problems, including cancer. Individuals in prison often come from disadvantaged backgrounds (Markman, 2007), and living in poverty is accompanied by a myriad of health risk factors. Thus, inmates often have been exposed to a greater quantity and severity of risk factors for cancer, including carcinogen exposure and exposure to viruses (Mathew, Elting, Owen, & Lin, 2002). Because of the substantial stressors and adjustment difficulties associated with cancer, it is important for psychologists working in correctional settings to understand the psychological sequelae of treatment for inmates with cancer. The following article will first provide an overview of

chronic health problems (specifically cancer) and medical treatment in correctional settings. Next, cancer related distress will be discussed, including symptoms, etiology, and evidence-based assessment tools. Finally, psychosocial treatment interventions specific to cancer patients in correctional settings will be reviewed.

RATES OF CANCER IN CORRECTIONAL SETTINGS

Inmates tend to have higher rates of chronic illness, including cancer, than their age-

Distress is a multifactorial unpleasant emotional experience of a psychological (cognitive, behavioral, emotional) social, and/or spiritual nature that may interfere with the ability to cope...with cancer, its... symptoms, and its treatment. 9

matched non-incarcerated peers (Markman, 2007). A recent survey considered the prevalence of chronic physical and mental illness as well as access to care among U.S. inmates (Wilper, Woolhandler, Boyd, Lasser, McCormick, Bor, et al., 2009). The study used data from the U.S. Bureau of Justice Statistics Surveys: the *2004 Survey of Inmates in State and Federal Correctional Facilities* and the *2002 Survey of Inmates in Local Jails*. Demographic features of the sample indicated that most respondents were male, under 35, of minority racial backgrounds, and parents of minors at the time of incarceration. Results demonstrated that inmates had rates of diabetes, hypertension, heart problems, cancer (including breast, cervical, colon, leukemia, lung, ovarian, prostate, testicular, and uterine), stroke, brain injury, kidney

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ALTERNATIVES TO VIOLENCE PROJECT

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The Alternatives to Violence Project (AVP) started in prisons in the U.S. in 1975, and now operates in communities, schools, colleges, and conflict situations worldwide, from Rwanda to Attica. Research has demonstrated a reduction in recidivism and violent attitudes and behavior.

Initially created at the request of lifers who “knew how to solve situations with violence” but needed training on alternatives to violence, AVP is a training program enabling participants to deal with all levels of conflict in new and creative ways. Workshops run by trained facilitators are experiential (not based on lectures). The AVP workshops are an opportunity to experience the first alternative to violence as a community based on respect and caring. This experience of trust and respect is transforming, leading to new neuropathways being established in the brain. This change is not temporary and as it is reinforced, it establishes new habits of thought and new, more healthy, attitudes.

These 2-3 day workshops involve the shared experience of participants, interactive exercises, games, and role-plays to examine the ways in which humans respond to situations where injustice, prejudice, frustration, and anger can lead to aggressive behavior and violence. A Basic AVP workshop explores the five pillars of AVP: affirmation, communication, co-operation, community building, and transforming power. An Advanced AVP workshop builds on the principles of the first workshop, and each group works towards a consensus to choose topics they will explore in more detail. Participants who have experienced our workshops and

want to deepen their involvement can continue the advanced work or train to become facilitators with AVP.

A key element of AVP is pre-emptive conflict resolution by creatively transforming unhealthy relationships and communities through sharing, caring, improved communication skills, and sometimes even surprise and humor all based on the assumption that everyone has some experience with successful conflict resolution. The AVP team brings out the wisdom in the room and provides a framework for exploring and building skills. We visualize Transforming Power with the following visual aid:



During each session, a Light & Lively game lightens the mood after sharing deeply, as well as being crucial in building the nonverbal bonds between participants. The sharing of eye contact, smiles, creativity, and bodily coordination establishes a remarkable degree of trust and connection. Participants in prison workshops report frequently that they become unable to pass each other in the facility without a smile of recognition and warm feeling of connection.

Historically, AVP has placed an emphasis on the fact that all participants are volunteers. The willingness of outside volunteers to bring the program into prisons has been deeply meaningful to the inside participants. However, this has also been the main constraint to building the program. In most facilities with

established programs there is a wait list, often more than a year in length. In states with established programs the parole board has gained respect for the program. Inside participants often report at the beginning of a weekend that they have come for the certificate for their parole folders. They very often report at the end that they received something much more important than the certificate as evidenced by the following testimonial from an AVP workshop participant:

“I grew up in a single parent family in the projects. I learned that violence was an acceptable solution at a young age. My thinking led me to take another man’s life. One would think that incident would open my eyes. It didn’t. I continued to live a life of violence in prison for 12 years. I mistakenly thought that’s what I had to do since I was in prison. I knew that I had to change but I didn’t know how. I took responsibility for the murder I committed but I didn’t know how to take responsibility for my every day actions. When I was introduced to AVP, I was enlightened and interested. I didn’t understand it all but I wanted more. It was life saving. Since then I have become a facilitator. Each time I learn more about myself. I also get a lot of encouraging feedback from inmate participants who I felt were inspired enough to start on that road to change, AVP being the catalyst.”

Recent discoveries in the neuroscience of social intelligence have begun to shed light on why this program has been so successful. Daniel Goleman, in his 2006 book *Social Intelligence*, defines its components as social awareness and social facility. Social awareness

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is further broken down as; primal empathy, attunement, empathetic accuracy, and social cognition. From the very beginning of the Basic AVP workshop, participants explore these components. Often, in the first session, after a brief exploration of the importance of good listening is the exercise Affirmation in Pairs in which partners speak for 3 minutes about what they like about themselves and why. The other partners have a minute to reflect back what they have heard to check for accuracy and completeness. When both have had a chance to talk and reflect back, they then introduce each other to the group. The experience of thinking about positive aspects of your life and then hearing positive things said about you from your peers can be very powerful. This is just one of the exercises which open the group to the power and opportunity for attunement, empathetic accuracy, and primal empathy. Common debriefing comments indicate all three:

- "All my life, negativity has been around me. I am negativity. It has created me. My thoughts were negative. When I dealt with other people, it was in a negative realm, even when I tried to do what I thought was right. The AVP took out the negative and put in positive. It gave me new avenues to view, new alternatives, other ways to see things. Where as before, I saw everyone as a potential enemy.

Like most of us here, we came from a war zone, America is a war zone. You have to look at life as a soldier every day. Now I sit back and look at the world in a different way with a different perspective. I wasn't into male bonding, but now I look at that in a totally different light."

- "I went into the workshop as a pessimist and I came out a changed person. I was alive, I was actually alive. I liked what I saw in myself. It was a real high and I've been doing it for 2 years and I love that feeling; and to see other people awakened in the workshops, to see their lives change."

The AVP workshops are presented by a team which models cooperative, non-hierarchical presentation. These teams often are extremely diverse including outside and inside facilitators representing a wide diversity of age, race, socioeconomic background and experience in facilitating. The mutually supportive team sits within the group, which quickly begins to engage and empower the participants.

Throughout the workshops there are opportunities to exercise social facility. Activities incorporate whole group, small group, dyad and individual exercises aimed at providing a variety of experiences and groupings with as many participants as possible. Even the moving in and out of groups allows for synchrony, self-presentation, influence and

concern.

During each session there is a Light & Lively game. These are non-competitive games which maximize eye contact, creativity, and humor. Some are quite active and physical. Some participants are hesitant at first but almost all become enthusiastic participants by the end of the workshop.

It is our belief in AVP, that it is the sum total of workshop presenters' and participants' life experiences that provide a true source of profound wisdom for each workshop. Participants soon find deep respect for each other's experience and are often surprised at their own wisdom and willingness to share personal situations.

For more information about AVP and the effects of the program on recidivism reduction, go to: avpusa.org or avpinternational.org.

Nancy Shippen, M.Ed., is Founder and the Executive Director of Our Prison Neighbors (AVP), Acton, Massachusetts. She serves in several other roles with AVP Massachusetts, AVP USA, and AVP International. For 30 years, she also taught special education for the learning disabled and emotionally disturbed in public, private, day, and residential schools throughout Massachusetts.

IN BRIEF

Changes in the DSM. The American Psychiatric Association is proposing major changes in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). In a new twist, the Association is seeking feedback via the Internet from mental health workers and the general public about whether the changes

will be helpful. The manual suggests some new diagnoses. Gambling, so far, is the lone-identified behavioral addiction, but in the new category of learning disabilities, there are problems with both reading and math. Also new is binge eating, distinct from bulimics because the binge eaters don't purge. The draft of the new

manual also proposes diagnosing people as being at high risk of developing serious mental disorders, e.g., dementia or schizophrenia, based on early symptoms, even though there's no way to know who will worsen in a full-blown illness.