



COVID-19 Q&A
with
Felicity Harper, PhD
Clinical Psychologist and Associate Professor of Oncology
Karmanos Cancer Institute

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LUNGevity spoke with Felicity Harper, PhD, who answered several questions from the lung cancer community about coping with COVID-19 from her perspective as a clinical psychologist.

Dr. Felicity Harper received her PhD in Clinical Psychology from the University of Georgia. She completed her postdoctoral fellowship (funded by the National Institute of Mental Health) in Behavioral Oncology at the University of Kentucky.

She is currently as Associate Professor in the Department of Oncology and Co-Program Leader of the Population Studies and Disparities Research Program at Wayne State University School of Medicine and Barbara Ann Karmanos Cancer Institute. She is also a licensed Clinical Psychologist at the Karmanos Cancer Institute and has a clinical practice working with cancer patients and their families from diagnosis to survivorship.

For the past 15 years, Dr. Harper has studied the psychological and social factors that influence the emotional well-being, quality of life, and health behaviors of cancer patients and their families. She also extensive methodological expertise with qualitative and quantitative study designs, multi-level modeling, and daily diary data collection.

While issues around the COVID-19 pandemic can change rapidly, Dr. Harper's answers should be relevant throughout this difficult time. Below are the answers to the questions discussed in the accompanying video.

What would you like the lung cancer community to know?

I find that many patients are struggling with a lot of uncertainty right now—not knowing what the next steps are, not knowing what to think, and not knowing how to plan for things. In the context of that happening to everybody, it can be a little bit disorienting and perhaps sometimes contributes to more fears about their treatment or fears about the future.

I encourage patients to think about managing their expectations during this time. We have what we would consider our normal lives, and, even for patients with cancer, that is relative. We've already helped many patients find a new normal, and this situation is yet another new normal. Think about this situation as a temporary one that we need to get through. In some ways, I liken the situation a bit to treatment for patients. Let's just think about it as a block of time, and what we need to do is figure out the best way for us to think about the things that need to get done each day. We don't need to be incredibly productive. At the same time, there needs to be a lot of balance to make sure that we're taking care of ourselves physically and emotionally.

I find that one thing that helps patients is to think about a schedule or routine. Think about a time, a regular time, that you're going to get up, think about blocking out a piece of time sometime during the day to get some kind of physical exercise, whether that's inside with some yoga or mobility or going out and taking a walk, think about a time for lunch, think about a time for an afternoon nap if you need one, and think about dinner; build all of this into a schedule.

The other piece on top of that is to make time and find ways to connect with other people. Maintaining that sense of connection to other people is important and is especially a concern for people who are living alone. Find ways to do that, whether it's through virtual technology or the phone. Whether the important people in your life are your friends, your children, or your grandchildren, build maintaining these connections into your schedule. At the end of the day, although this is a tragic situation and one that is frightening for a lot of us because we've never encountered it, it is something that I think we can manage and something that we can get through.

I read something recently that said that there's no reason to panic, but there are a lot of reasons to be careful. I think that it's us being careful and measured in our approach to things, talking about our feelings, making sure we're taking care of ourselves, and connecting with other people that is going to be able to provide us with the strategies we need right now to ride this out.

Whom should patients connect with when they are having an issue that is not an emergency? What constitutes an emergency now?

These are questions that cancer patients are not unfamiliar with—knowing when to call the oncologist and when to wait for a few days. Now that we're given these guidelines, then if something is not particularly emergent, then we shouldn't do anything about it. But the fact is that people are still going to get sick every single day. Although all we hear about right now is COVID-19, that doesn't mean that people aren't going to have regular issues. That doesn't mean that if you're in pain, having difficulty sleeping, or have an issue that you would normally go to your provider with, that you shouldn't reach out to your oncologist. We are all realizing that we need to figure out ways to balance this, and I encourage people, rather than to think, "Well, I probably shouldn't bother them" or "This probably isn't a good time," to contact their providers. They are comfortable being asked, "Is this something I should worry about?" and "What should I do here?" People can also take advantage of ask-a-nurse services or the 24-hour hotlines that some hospitals have.

One thing that I've always said to cancer patients is that just because you are experiencing pain, fatigue, or nausea as a result of your treatment, it doesn't mean that you should be; there are things we can do to manage those things. And I don't think that that's any different than it is right now: if you are having debilitating symptoms that are affecting the quality of your life, those are things that should still be treated.

How can patients and their family members know whether their response to what's happening right now is a "normal response" or whether they need to seek additional professional assistance because their response is more serious than what the rest of us are feeling?

I have a lot of patients whom I see only once in my clinic. They get diagnosed with cancer or maybe they've been through treatment and it has ended. And they come in and say, "I'm feeling scared. I'm feeling nervous. I don't know what to expect. I feel like I'm having a hard time adjusting to things." And

I'll say to them, "That's normal. You have cancer." And patients will ask, "Oh, other people experience this, too?" And I'll say, "Yeah, it's part of the experience."

The way for a lot of us to figure out what is normal is for us to talk about it. So talk about it to a friend, or you can talk about it to your provider. I think that a lot of hospitals have supportive care where there are people who are available to talk about it. But for most people, being able to vent those feelings or at least acknowledge them, gives them a place to start. It's sometimes the case that people don't know what to do, but, by and large, once people have voiced their feelings and feel like someone has listened to them or like someone has heard what they have to say, they realize, "Okay, I can manage this." Things become difficult when people say, "Well, I must be the only one who thinks this. I must be crazy." I hear that all the time. To be able to talk about it and hear themselves say that, they then can say, "Oh, well, I guess that doesn't sound really all that crazy. No, no it doesn't."

The time when people have to think about seeking more professional help is when they are having a lot of difficulty sleeping. A lot of us have disrupted sleep right now, but if people are really unable to sleep, they are having a lot of excessive ruminative thinking and find that they can't distract themselves from it. They find that they're staying up all night, and they feel themselves being unusually down for significant periods of time and that they can't bounce back. All of us have had thoughts at one time or another about "I would rather not be here. I'd rather not wake up," and that is understandable and probably familiar to a lot of cancer patients. However, when those thoughts become more familiar and when people start thinking that they would actually want to act on those thoughts, then people should seek help.

When we think about it, it's kind of a measure of distress and dysfunction. People can be distressed, but once it reaches a certain threshold—people are finding that they're not going about their usual day, they're staying in, they're avoiding spending time with other people, they're not getting out of bed, they're staying up all night, they're searching on the computer—and it starts to interfere with their normal patterns of spending time with other people, this is when we say that people ought to think about seeking more professional help. I would add that if they've talked to other people about it but it still doesn't feel like it's resolved, they should also seek professional help.

This situation we're in right now is all about COVID-19, but that doesn't mean that people don't still have problems and people don't still have anxiety and depression. For people who have faced these issues before, maybe it's exacerbating them, and that is something that we need to be attentive to. People shouldn't just dismiss their feelings; they are real and valid.

What do you suggest lung cancer patients do about family members who aren't taking the current situation seriously enough and may still be bringing people in and out of the house and aren't following CDC guidelines?

First and foremost, try education. Look to the guidelines and what is being suggested, and try to educate the family members about what the recommended courses of action are in the event that they just don't know. Also, expressing to the family members their concerns about their own personal health and concerns that, if other people aren't following these guidelines, what kind of an impact it would have on them. Personalizing that way is very helpful.

People are sometimes in situations where families don't always work as well as they could, with different family members having different expectations or different interests. Sometimes there then

becomes the need to have difficult conversations about limiting contact, whether the patient or another family member might need to go someplace else to live, or about the patient developing a routine for isolating themselves within the house because people don't always have that luxury of living elsewhere. It's unfortunate, but what is required on the part of the patient is to be explicit about what they need and what they want. In the event that they're not able to get that from family members and they can't seek alternate living arrangements or alternate situations, they need to figure out what they can do to best protect themselves. Again, they should follow the guidelines as best they can.

Lung cancer patients practice social distancing, but with online support communities they don't have to do it alone.

The important point here is that social distancing doesn't mean social isolation. We need to maintain a social distance from each physically, but we absolutely don't need to be isolated. The number-one thing I recommend to people is that we reach out to other people or let other people know that we need help. Because in talking about our negative feelings, it does help some of them dissipate. It also helps us to figure out which are the feelings that maybe aren't going away for which we might need to seek help.