



# Trauma and Cancer Discussion

- By

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- Maybe a better title is : “ trauma, related mental health issues, and therapy.”

# Experience

- Fairview Cancer Center's at St John's and Woodwinds 12/22-present.
- 1999-2021 Fairview's dual diagnosis (MI/CD) program.
- 2006-2018 Worked in the ER at Fairview Hospitals
- 2016-present : clinic practice.
- Started in mental health work in 1988 as a counselor. Licensed since 2001. First as a Licensed Psychological Practitioner, and then as a Licensed Psychologist in 2005.

# Additional Info

Notice: I have no Financial benefit from this presentation.

Slides based on observation, research, and opinion.

Regarding Trauma-an event or chain of events can cause trauma in one person and not in another.

So the things I am going to talk about are possible traumas for people but not necessarily for all/some/a few

The case examples are real issues faced but the people are fictional.

# Cancer: Many People's Worst Fear

Perceived as life threatening

Associated with chemotherapy

Hair Loss

Nausea

40% experience significant emotional and social distress

(Pranjic, Bajraktarevic & Ramic , 2016)



# Trauma

- Definition from American Psychological Association website: Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster.

Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea.

- Adapted from [Recovering emotionally from disaster on APA website](#)
- It can be damaging to a sense of self, over runs defenses to manage stress.



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Newly Diagnosed cancer can cause many other reactions (That I see in the therapy setting).

Shock

Disbelief

Anxiety

Fear

Anger

Resolved to  
fight it

Shut down

Feel out of  
control

Have to rely  
on other  
people .

Want a  
second  
opinion.

# Stigma

- There is stigma with having a mental health issue. In the media people have been called “weak minded” among other things. Overcoming this stigma can be important in being willing to attend therapy or take a medication.

# Categories of Individual Trauma

- Single event
- Chronic/complex trauma
- Secondary/Vicarious trauma (Ok to seek therapy)



# Causes of Trauma from Treatment

effects of chemotherapy

Radiation Side effects

Immunotherapy effects

Anxiety around Scans and appointments

Prognosis questions

# Trauma Issues related to a cancer diagnosis

- Trauma and Cancer:
- Learning you have cancer
- Having [pain](#) or other physical problems caused by cancer
- Getting tests and treatments
- Receiving upsetting test results
- Long hospital stays or treatments
- The [cancer's return](#) or [fear of its return](#)
- (Source American Cancer Association)
  
- In survivors of childhood cancer, symptoms of trauma occurred more often when there was a longer treatment time.
- Breast cancer survivors who had advanced cancer, long surgeries, or a history of trauma or anxiety disorders, were more likely to be diagnosed with PTSD.
- (Source National Cancer Institute)

# Trauma Factors that increase trauma Symptoms related to cancer

- **Psychological, mental, and social factors**
- Previous trauma.
- High level of general stress.
- Lack of [social support](#).
- Threat to life and body.
- Having PTSD or other [psychological](#) problems before being diagnosed with cancer.
- The use of [avoidance](#) to [cope](#) with stress.
- (Ref: National Cancer Institute website)

# Caregivers and Vicarious Trauma

- Difficult to watch family/spouse go through the illness and fear for them.
- Change in dynamics, chores, driving to infusion or appointments.
- See possible loss of functioning or death.
- Provide sometimes round the clock care.
- Have to use FMLA or PTO/vacation time.
- Limit socializing
- Increased risk for PTSD.

# How to support cancer patients

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- Stay connected
- Allow them to do what they can.
- Ask what help if any they would like.
- Drive them to appointments (do they want to drive/should they drive?)
- Talk about other things besides the illness.
- Ask questions and they may or may not want to talk about it.
- Suggest Caring Bridge posts.





# Anxiety

Symptoms of anxiety from DSM 5:

Restlessness, feeling keyed up or on edge, poor concentration, irritability, muscle tension, sleep disturbance, increased heart rate, sweating, trembling, feeling weak or tired.

# Depression and Cancer

- People experiencing cancer can go into a depression which can include:
- Low mood
- Irritability
- Poor sleep-too much or too little
- Appetite disturbance (can also be due to treatment)
- Low interest in activities (Anhedonia)
- Poor concentration
- Suicidal thoughts.

# Therapy Referrals

Many people do not accept referral to Psycho-Oncology .

See symptoms as normal reactions.

Do not want to talk about it. Do not want to be seen as weak. Stigma?

# PTSD

Post Traumatic Stress Disorder used to be listed as an anxiety disorder in past manuals. Approximately 22% of cancer patients meet criteria for PTSD at some point.

Journal of Oncology Nursing; 2019;  
Spring 29(2) .141-146

# If trauma symptoms persist it can lead to PTSD

(DSM-5)

Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

Recurrent distressing dreams in which the content and/or affect of the dream are related to the events(s).

Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event were recurring

Avoidance symptoms: avoiding people, place, things, memories.

Hypervigilance : being on edge , ready to react to threats

Anxiety

Hyperarousal: irritability

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5. (5th ed.). Washington, D.C.: American Psychiatric Association. ISBN 0890425558



**Certain protective factors may make it less likely that a patient will develop PTSD.**

- Cancer patients may have a lower risk of PTSD if they have the following:
- Good social support.
- Clear information about the [stage](#) of their cancer.
- An open relationship with their [healthcare providers](#).
- (Source : National Cancer Institute)

# Trauma Mood Reactions

- inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

Feeling anxious.

Feeling depressed.

- Read more:  
<http://traumadissociation.com/acutestressdisorder>



# Dissociative Symptoms or Numbing

- An altered sense of the reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing.)
- Inability to remember an important aspect of the traumatic events(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

# Avoidance Symptoms

- Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s). Efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).



# Arousal Symptoms

- Sleep disturbance (e.g., difficulty falling or staying asleep, restless sleep)
- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
- Hypervigilance Problems with concentration
- Exaggerated startle response



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# Fears Possible secondary to Trauma

- Suspicious of people
- Worry about being physically trapped
- Fear people will die
- Fear safety issues with your loved ones
- Worry others are mad at you
- Worry you are being watched, followed.
- Anger can result secondary to fear

- Reference; Book; McClintock Greenberg, Tamara, 2022, "The Complex PTSD Coping Skills Workbook"; New Harbinger Publications.

# Some Brain Structures Involved in Trauma

- Hippocampus-memories (re-experiencing) and sometimes memories pop in unexpectedly or with cues.
- Amygdala –alarm system, emotional center, gets set off by memory.
- Prefrontal Cortex- trying to use skills to manage symptoms but can be over run by the strong emotional response.
- Research has shown that adolescents with trauma histories have increased emotional reactions and decreased ability to cope.

# Not so helpful coping strategies

Substance abuse

Avoiding Others

Staying always on guard-hypervigilance is a PTSD sx.

Anger - excessive

Dangerous behavior

Working too much (avoidance)

Reference; Book; McClintock Greenberg, Tamara, 2022, "The Complex PTSD Coping Skills Workbook"; New Harbinger Publications.

# Other stressful issues related to cancer

Financial stress: unable to work, obtaining disability money, effect on family

Existential issues-what happens after we die? Why am I here? What does it all mean?

Shock due to new diagnosis or other event: shut down, numbness, blank stare.

Grief : (Phases not stages) **denial, anger, bargaining, depression, acceptance, and others. People move back and forth through the phases.**

# Cancer Professionals/Secondary Trauma

- Can be overwhelming working in the field.
- “Burnout”
- “Compassion Fatigue”



# Therapies for Trauma

Individual therapies:

- Cognitive Behavioral Therapy (CBT) including coping skills education.
- EMDR (Eye Movement Desensitization and Reprocessing) Therapy
- ART (Accelerated Resolution Therapy)
- Psychotherapy



How Emotions, physical sensations, behavior and thoughts can interact.

**CBT**

# EMDR and ART

- EMDR : Eye Movement Desensitization and Reprocessing
- ART : Accelerated Response Therapy

Goal is to reduce emotional reaction to the trauma thought.

# Prolonged Exposure

- Prolonged exposure is a specific type of cognitive behavioral therapy that teaches individuals to gradually approach trauma-related memories, feelings and situations. By facing what has been avoided, a person presumably learns that the trauma-related memories and cues are not dangerous and do not need to be avoided.
- (Ref: APA website on trauma therapies)

# Benefits of Psychotherapy

- Skills Training
- Therapeutic Alliance
- Privacy
- Support
- Processing issue/emotions

# Jeff's Favorite Coping Skills

Jeff's favorites to follow:



# Biological coping

- Sleep
- Eating well
- Exercise

# Breathing Exercises

Using deep breathing to reduce anxiety increase relaxation.

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# Meditation

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- Meditation is a **mental exercise that trains attention and awareness**. Its purpose is often to curb reactivity to one's negative thoughts and feelings, which, though they may be disturbing and upsetting and hijack attention from moment to moment, are invariably fleeting.
- Reference: [www.psychologytoday.com/us/basics/meditation](http://www.psychologytoday.com/us/basics/meditation)

Guided meditation can be helpful in getting started, usually 5-10 minutes.

# Mindfulness

- Being connected to your surroundings through your senses. Helps a person stay out of their mind (worry thoughts, fears, ruminations).
- Ex. 5,4,3,2,1 technique
- Name 5 things you see
- 4 things you are touching
- 3 things you hear
- 2 things you smell
- 1 thing you taste



# Grounding

- Physical: Digging your heels into the ground
- Touching things
- Breathe deeply
- Move your body:
- Running your wrists under cold water or hold on to an ice cube.
- Snapping a rubberband on your wrist.
- Counting things
- Use aroma therapy
- Use an anchoring statement