

A graphic illustration of two hands, one on the left and one on the right, reaching towards each other and holding the word "HOPE" in a light blue, sans-serif font. The hands are rendered in a dark blue silhouette style. The background is a solid light blue.

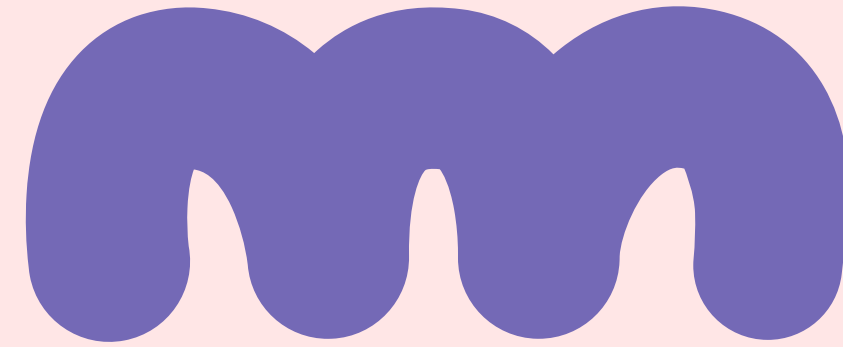
HOPE

Empowering Clients with

E m o t i o n a l T r a u m a

after a Breast Cancer Diagnosis

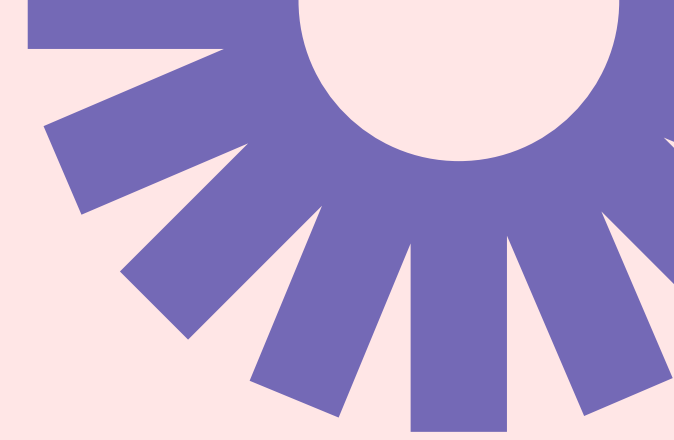
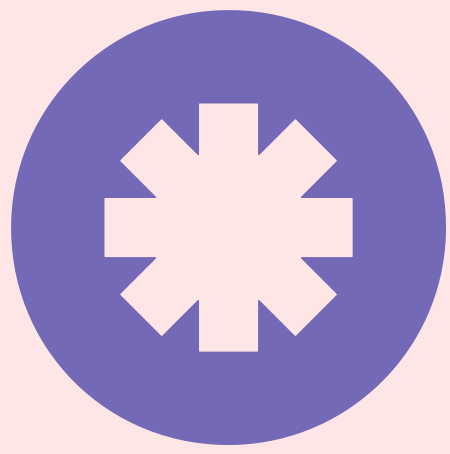
Introduction



Dr. Lanalle Darden, DSW, LISW -CP/S

- 20+ years in social work and community mental health field
- Private Practice Owner
- Community Mental Health
- Mom, Wife, Diagnosed 2019, Thriver
- https://youtu.be/nhPjIBp0b0w?si=Vv6uWfbh-_YhbLoh



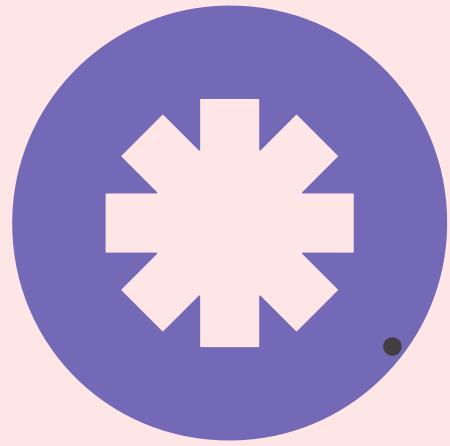


Learning Objectives

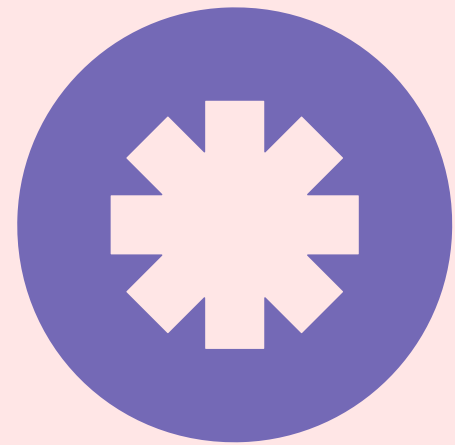
- **Identify and recognize** trauma symptoms related to breast cancer and understand how trauma manifests in physical, emotional, and psychological responses .
- **Explore and understand** how trauma affects brain functioning and behavior, including hyperarousal, dissociation, and PTSD.
- **Discover key resources and tools** for social workers to enhance care and learn how trauma -informed therapy practices, e.g., EMDR and CBT can support cancer patients .
- **Explore professional support network s and resources** for connecting cancer patients to specialized services .



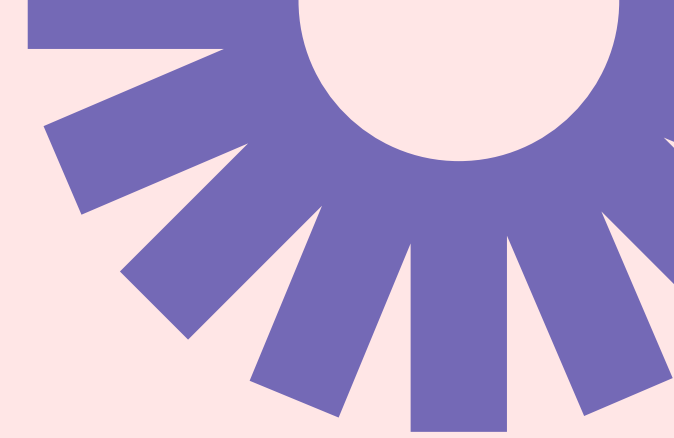
What is trauma?



- Trauma refers to an **EVENT** that results in a reaction or response that range from intense fear, helplessness, or horror - Briere & Scott, 2006 .
- An **EVENT** that is **EXPERIENCED** as physically or emotionally harmful or life threatening and has lasting adverse **EFFECTS** on functioning and mental, physical, social, emotional, or spiritual well-being -SAMHSA, 2014.
- You become traumatized when both your internal and external resources are not enough to cope with the external threat - Van der kolk , 2015.
- According to the American Psychiatric Association, a cancer diagnosis is considered a type of trauma .



Trauma effects on the brain

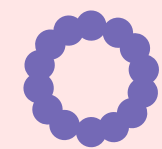


- The brain becomes activated causing you to **re-experience** the traumatic event -- flashbacks, recurring images, and memories .
- The brain can become deactivated causing **excessive fear**, and **heightened memories** .
- Hyperarousal - increased alarm system
- Dissociation - emotional dysregulation

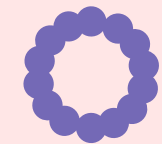
5% - 35% of patients with cancer may suffer from PTSD related to the disease .



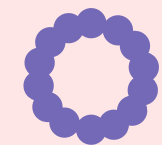
What can emotional traumatic stressors look like for BC patients ?



Learning about the diagnosis



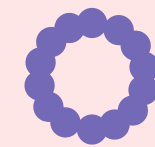
Having to tell loved ones/ employer



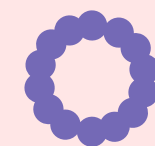
Deciding about treatment



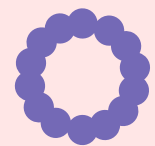
Physical side effects of treatment - hair loss, nausea, amputation, mood changes, sexual health



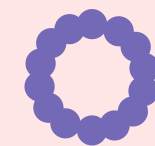
Anger, Guilt, Shame, Grief



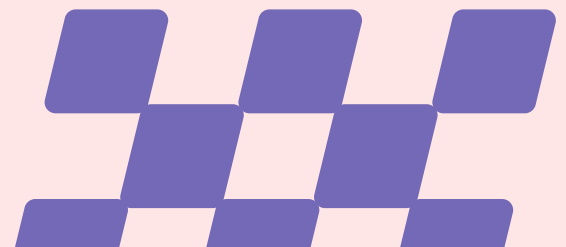
Interruptions in career, school, family obligations, financial concerns



Anxiety about recurrence







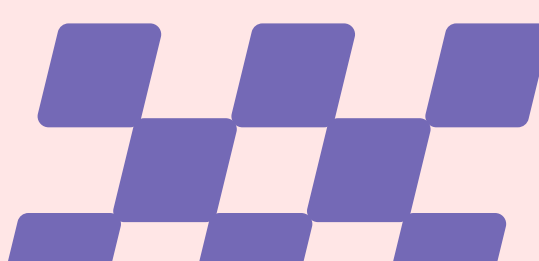
Fear of dying





The intersection of trauma and cancer


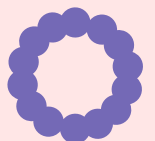
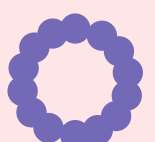


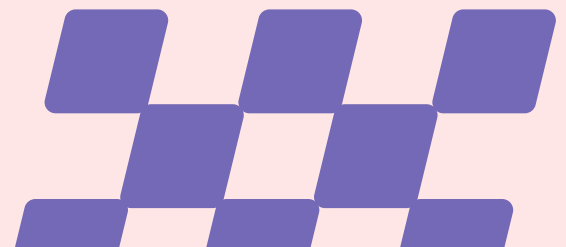
-  Trauma can occur prior to diagnosis and extend beyond diagnosis into treatment, remission and even survivorship.
 -  The potential of retraumatization can compromise cancer outcomes - e.g., avoiding screening, treatment, follow-ups
 -  The experience of trauma including childhood adversity and certain coping behaviors (e.g., drug/alcohol use, poor diet, high-risk sexual behaviors, excessive sugar intake) can lead to increased cancer risk
- 
- 



The intersection of trauma and cancer



-  Prior traumatic experiences can influence or shape decision making around cancer treatment e.g., domestic violence. -
-  Negative healthcare experiences can influence treatment decisions and can contribute to delay/avoidance of care.
-  The interaction of trauma with cancer treatment can exacerbate cancer-related morbidity and mortality - DELAYS ARE A DETRIMENT.





How does the effects of trauma impact outcomes BC patients ?



Eating Poorly

Cutting back on
exercise

Using substances
to soothe -
alcohol, cigarettes

Depression,
anxiety

Isolation and
Avoidance






Risk factors for cancer

- ❖ Pre - cancer diagnosis or lifetime history of PTSD or other psychiatric conditions
- ❖ Low socioeconomic status
- ❖ Young age
- ❖ Limited social support or presence of negative social support

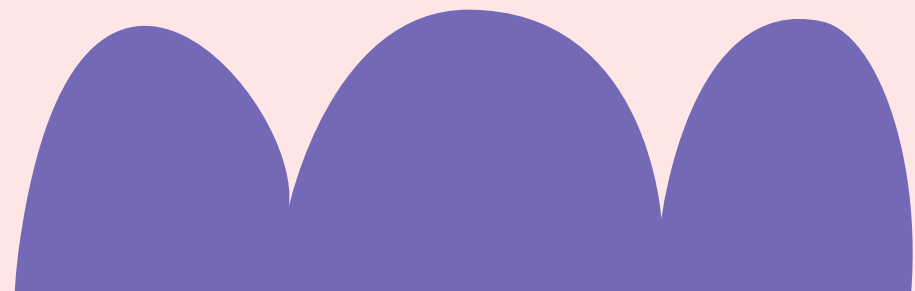
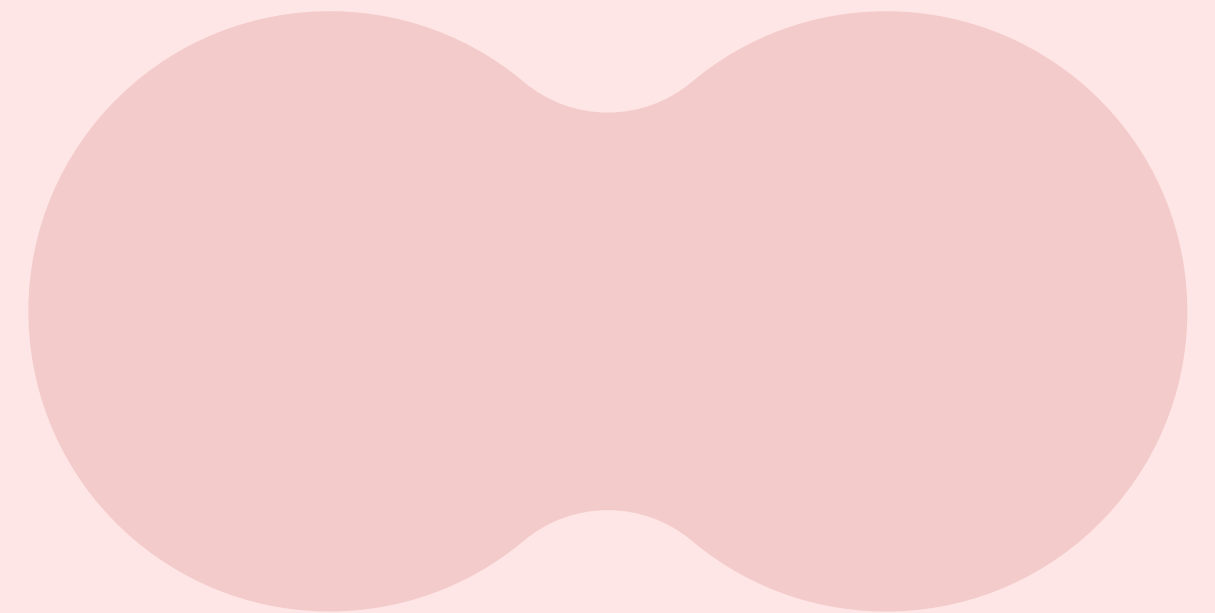
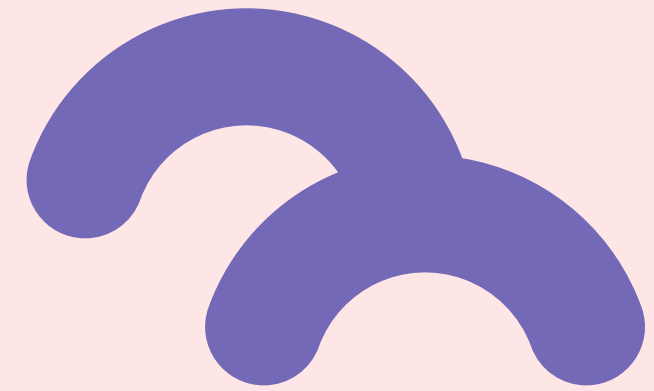


-related PTSD

- ❖ Advanced disease
- ❖ Pain
- ❖ Invasive treatment
- ❖ Dissociative symptoms regarding cancer
- ❖ Persistent intrusive re - experiencing of cancer - related experiences that have occurred



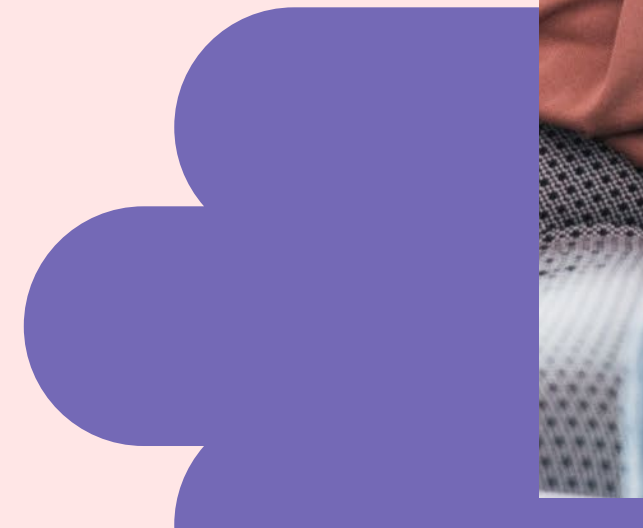
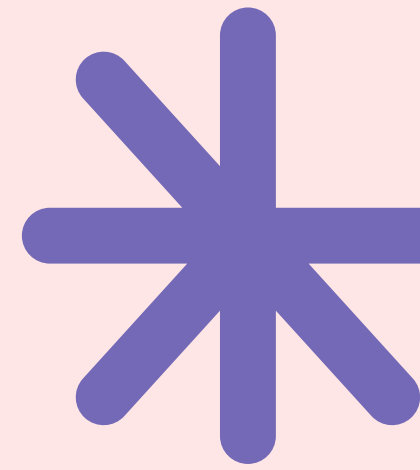
**What can we as social
workers do to help
clients navigate
through their emotional
trauma?**



Clinical interventions to address cancer -related trauma

❖ Cognitive Behavior Therapy (CBT)

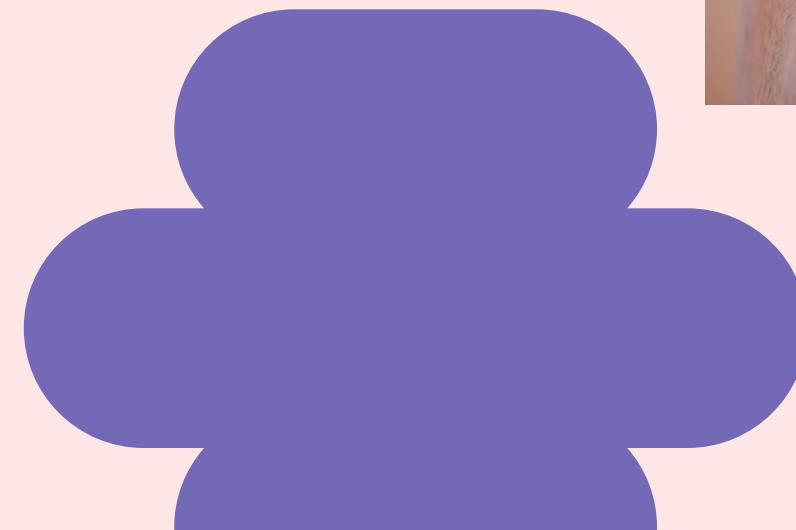
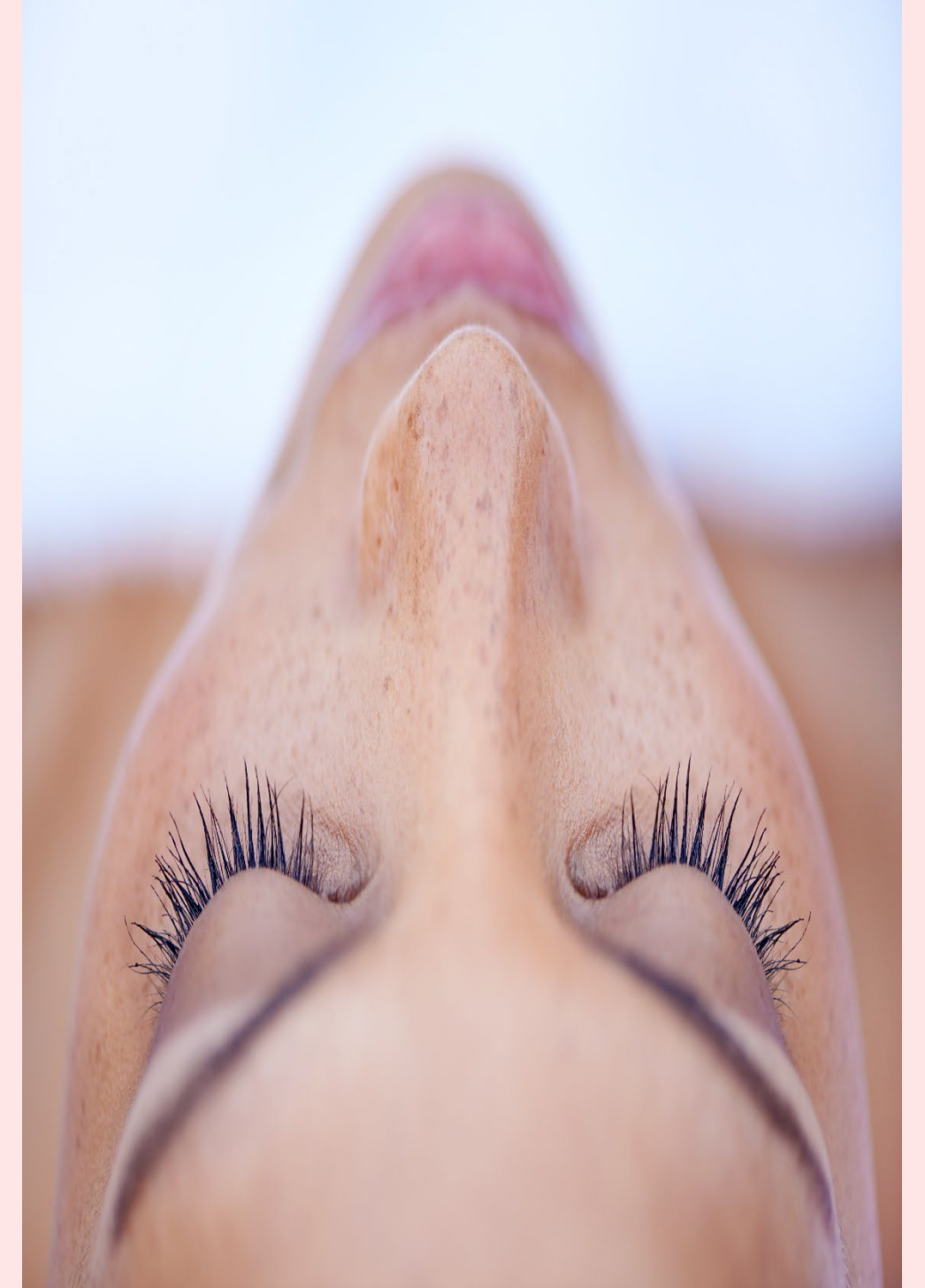
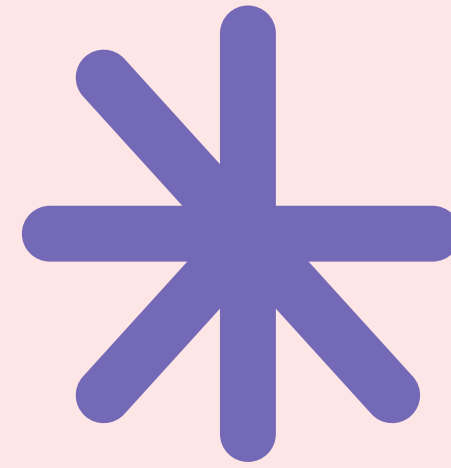
Studies found early administration of a CBT intervention – with components of imaginal and in vivo exposure – was more effective than supportive therapy in reducing total PTSD symptoms.



Clinical interventions to address cancer -related trauma


✿ Eye Movement Desensitization and Reprocessing (EMDR)

Studies found this therapy to normalize the dysfunction of the limbic areas involved PTSD and depression, may relieve patients from the psychological burden associated with cancer.



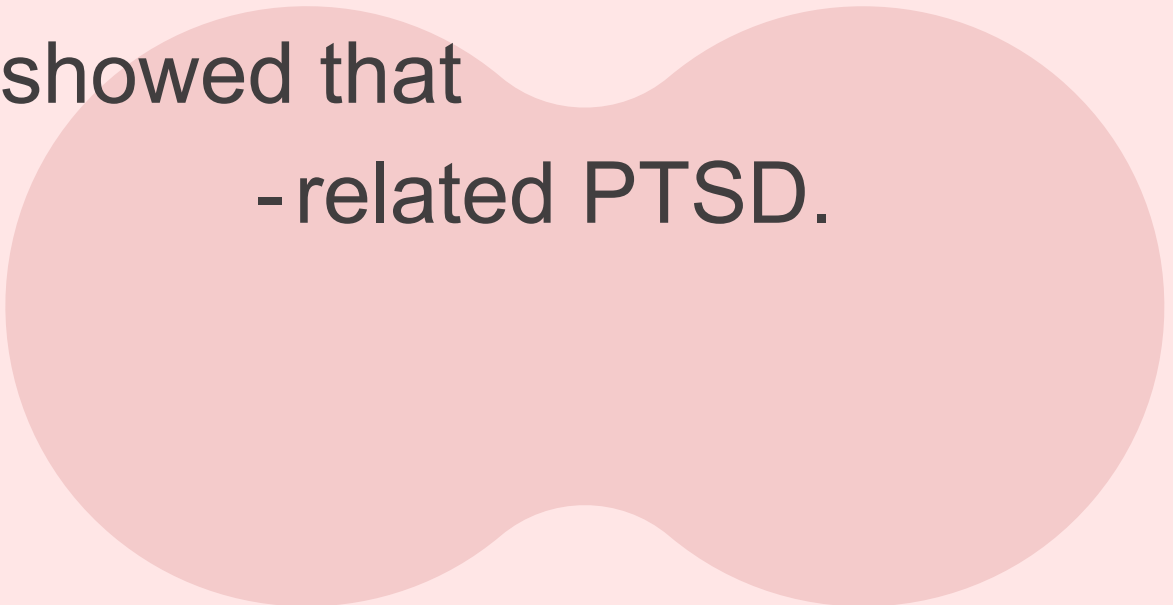


What is EMDR?



Your Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that is designed to alleviate the distress associated with traumatic memories. Through 8 treatment phases, it uses eye movements to help unstick unprocessed memories in the brain.

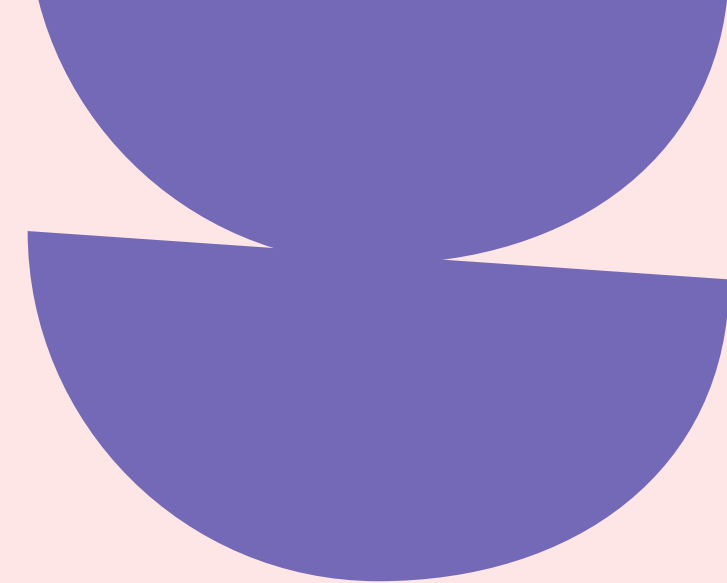
Several innovative studies have demonstrated the value of EMDR in an oncological setting. One clinical study conducted in 2013 showed that EMDR therapy was more effective than CBT for cancer -related PTSD.



EMDR Protocols for Oncology Patients

Special attentions in this protocol to address

- triggers that lead to reexperiencing cancer -related events and/or previous episodes
- hope, safety, and supportive networking. Improving self -care, empowering resilience, and coping skills
- cancer -related events and experiences, management of present problems, and effects on the patient's context and attachment patterns.



How to Find an EMDR therapist



EMDRIA.org



WebMD.com



PsychologyToday.com



ZocDoc



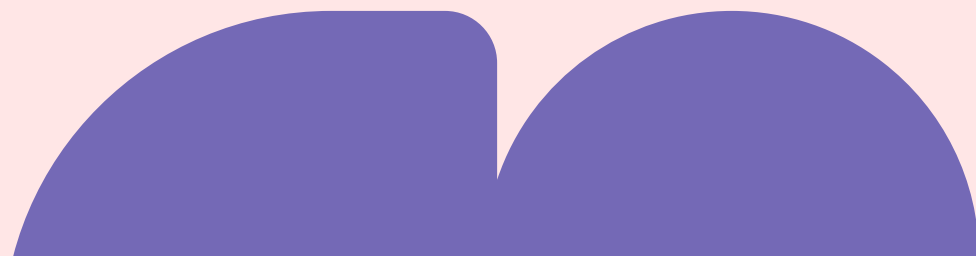
MentalHealthMatch



TherapyforBlackgirls.COM

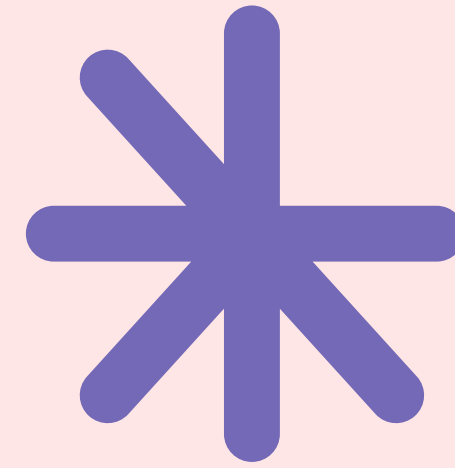


SCDMH

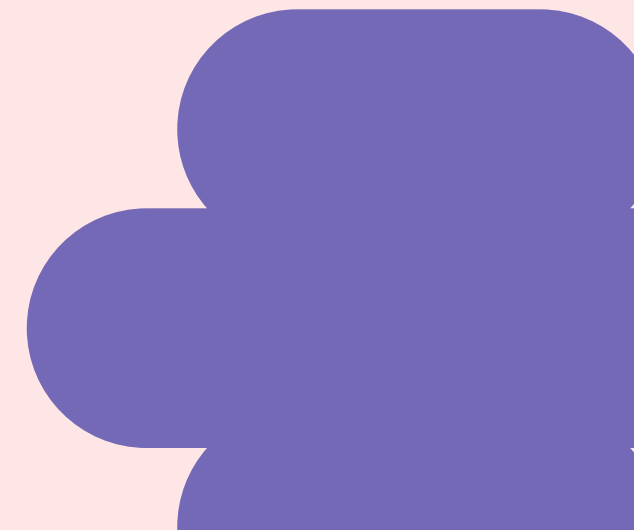
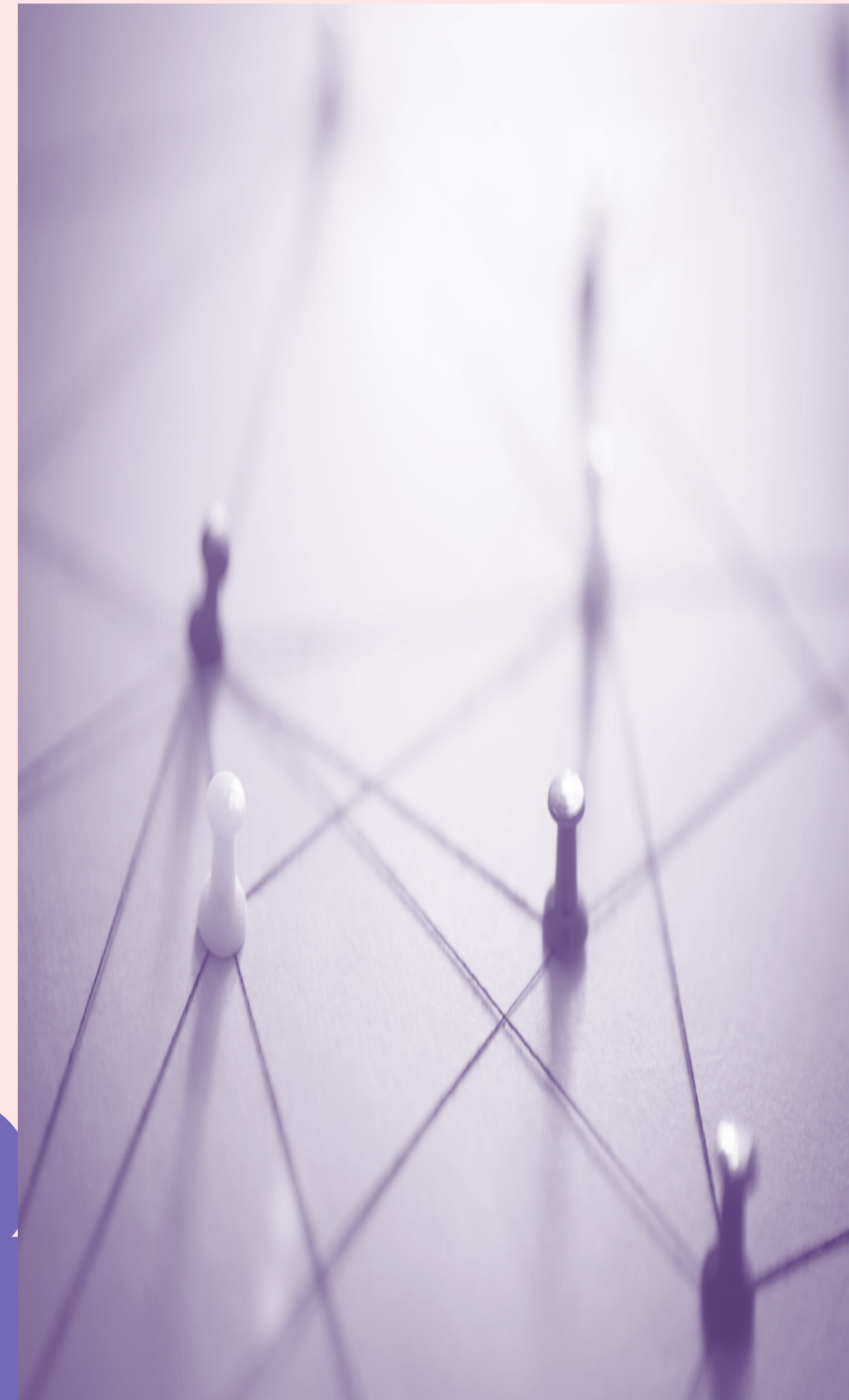
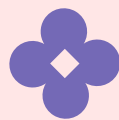




Other interventions to address cancer -related trauma



- ❖ One -to -one Peer Support
- ❖ Family Counseling – psychological and educational sessions
- ❖ Genetic Counseling
- ❖ Rapid Fertility consultations
- ❖ Spirituality and Religious Beliefs



Black BC Facts

1 Black women are **41% more likely to die** of breast cancer than white women.

2 Black women with breast cancer have a **71% higher relative risk** of death compared to white women.

3 Black women have a **31% breast cancer mortality rate** – the highest of any U.S. racial or ethnic group.

4 Black women are diagnosed with **de novo** metastatic breast cancer at a **58% higher rate** than white women.

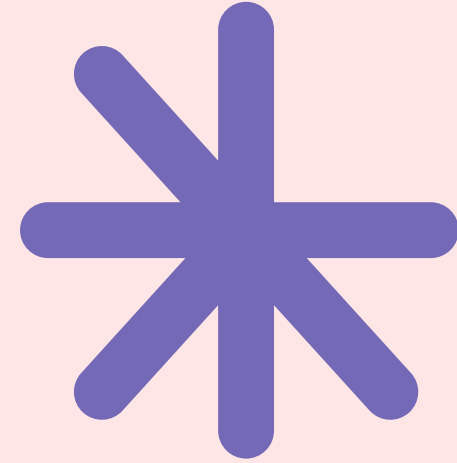
5 Black breast cancer patients still have the **lowest 5-year survival rate** of any race or ethnicity. Overall 5-year relative survival rates are **81% for Black women vs 91% for white women**.

6 Black women are just as likely to have **hereditary breast cancer mutations** as white women, yet their participation in genetic counseling and testing is substantially lower.

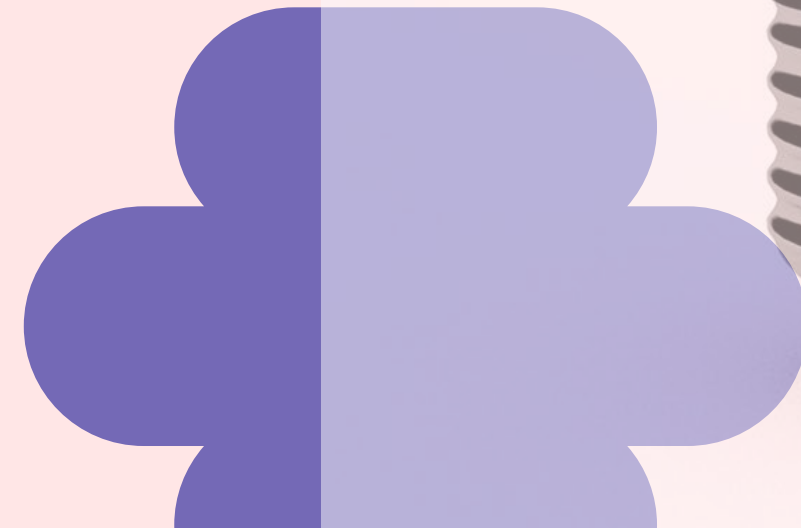
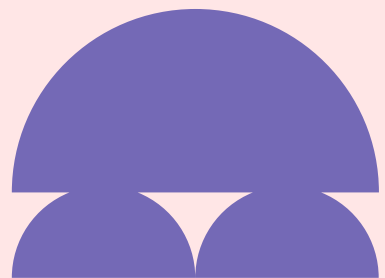
7 Black women have **denser breasts** than white women. Having dense breasts increases your risk of developing breast cancer up to **six-fold** and regular mammograms struggle to pick up breast cancer in dense breasts.

8 Black breast cancer survivors have a **39% higher risk of breast cancer recurrence**.

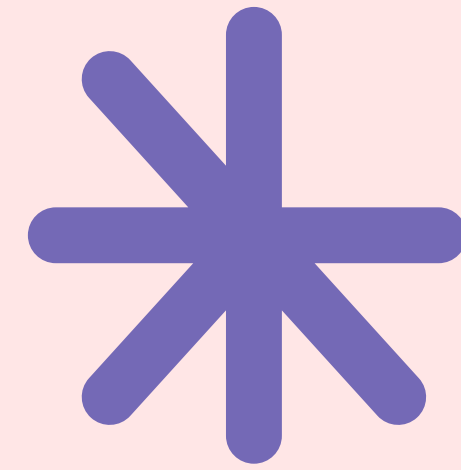
Other strategies for better health outcomes



- ✦ Begin with intentional language and mindset
- ✦ Clinical Exercise - 20% - 50% risk reduction
- ✦ Gratitude



Professional Support Networks



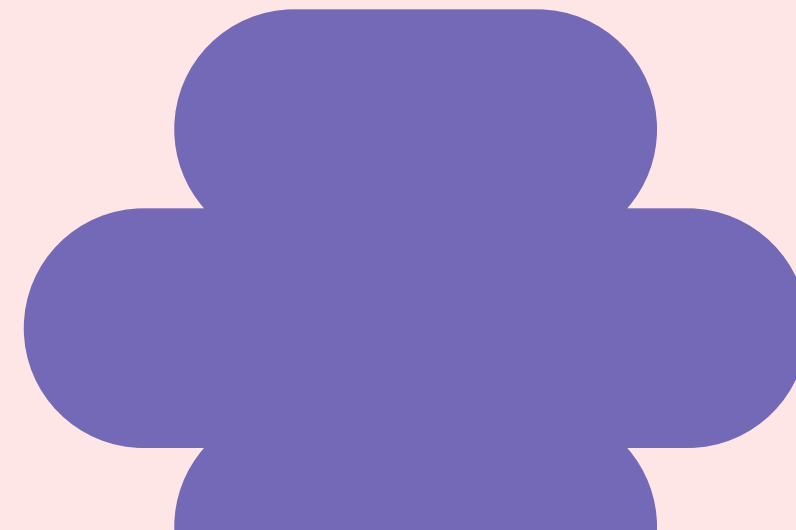
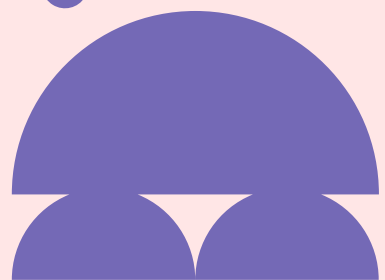
❖ National Comprehensive Cancer Network's distress thermometer and accompanying problem checklist can detect patients with elevated psychosocial concerns.

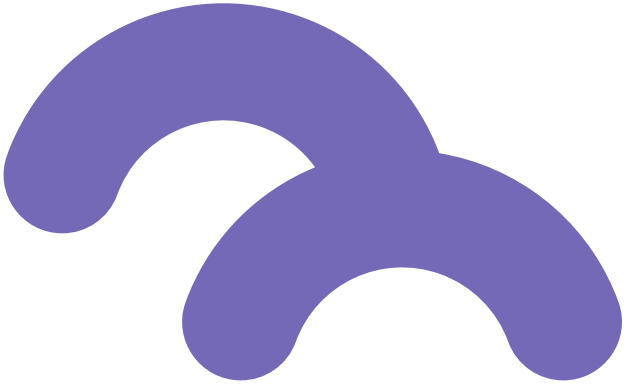

❖ Sisters Network Inc.

❖ For the Breast of Us

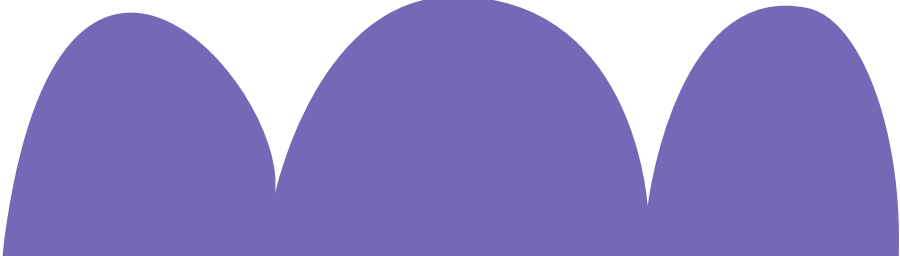
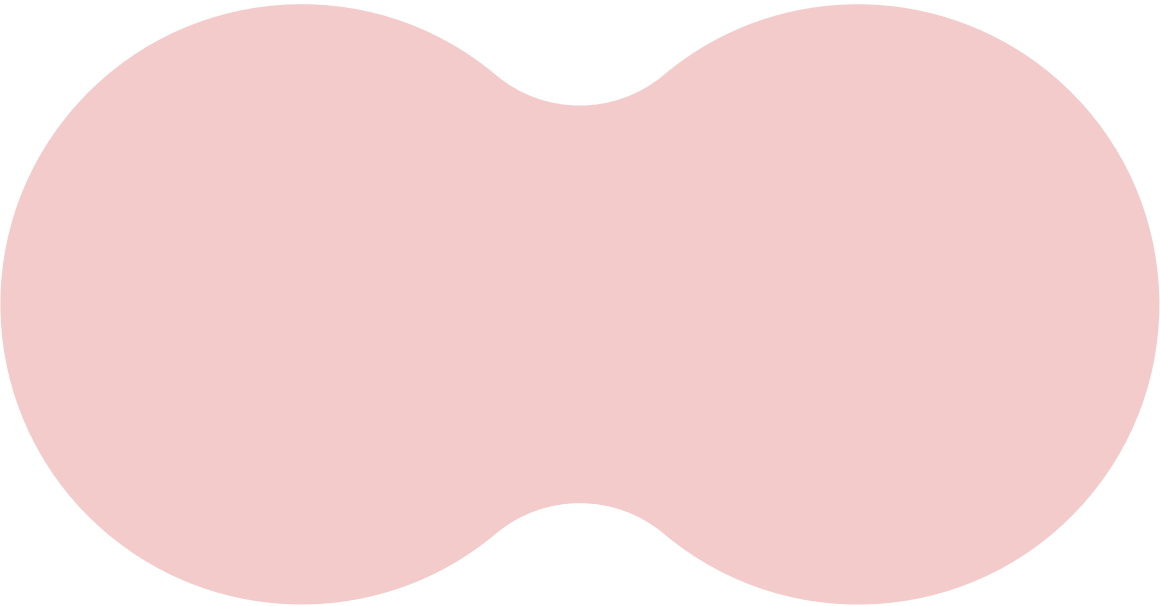
❖ Triple Negative Breast Cancer Foundation (TNBC Foundation)

❖ Oncolofit.com





**What are some things you
can do immediately to
incorporate intervention into
your clinical practice?**



||

Practical Tools and Strategies: Improved Client Outcomes

- Breast Cancer Risk Assessment Tool: Online Calculator (The Gail Model).
<https://bcrisktool.cancer.gov/calculator.html>
- Learn about promising Immunizations for certain types of BC
- Offer convenience for mental health treatment – telehealth setting, embedding in medical practices
- Empower clients to participate in research studies
- Support survivorship organizations
- Encourage women to have a conversation with women in their family.
- Get your mammograms and take a friend.



18 MILLION

SURVIVORS

Current number of cancer
survivors in the US

SOURCE: ONCOLOFIT.COM

References

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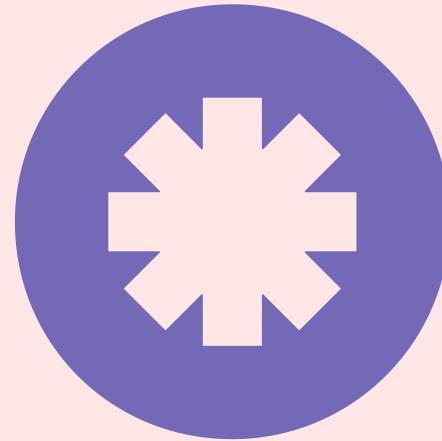
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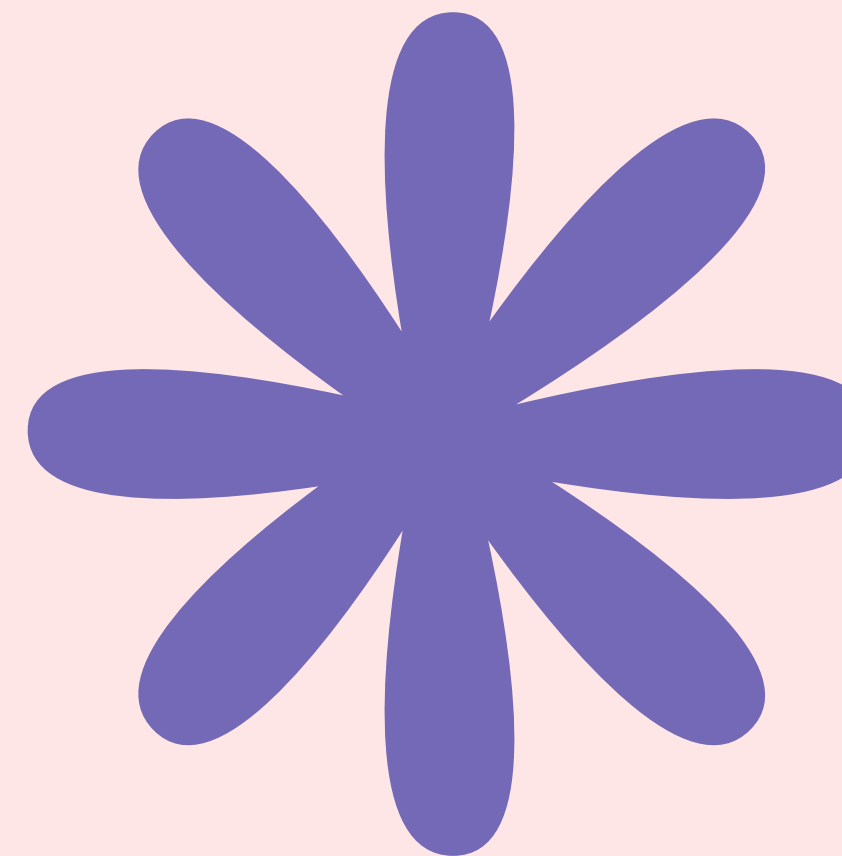
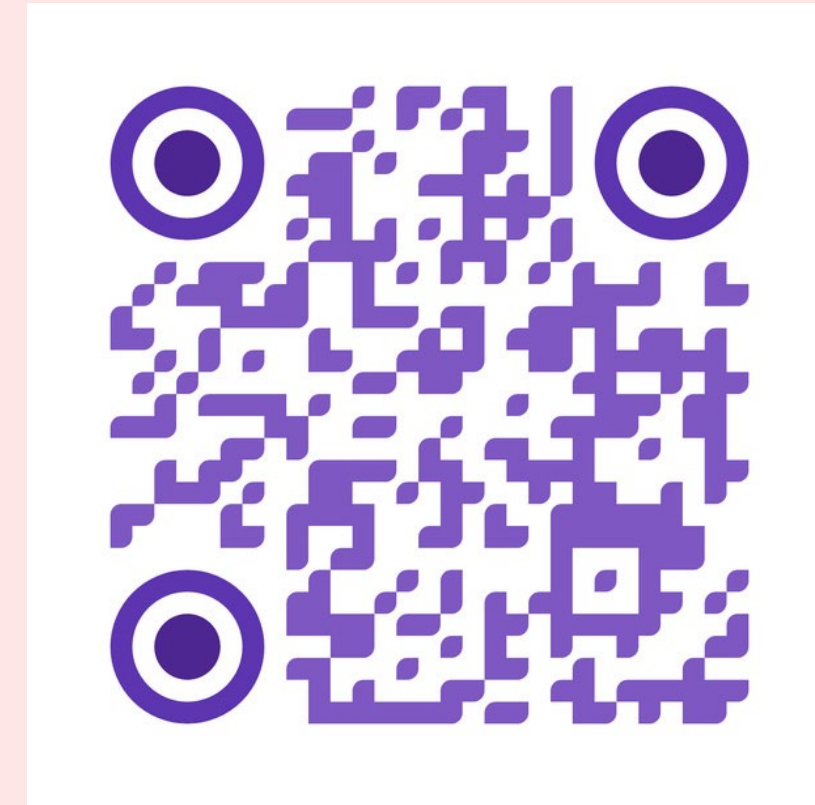
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Questions





Thank You!

