Thank you for taking the time to read the spring edition of Resilience, the Psychosocial Oncology and Cancer Patient Support Programs’ quarterly newsletter that aims to share relevant updates; enhance patient, caregiver and provider engagement with our services; and cultivate awareness of the wonderful things that our multidisciplinary colleagues are doing across the institution.

After winter’s meditations, spring is a time to emerge with new growth. Nature’s beauty surrounds us with verdant color, vibrant blooms in every hue, and new life forms. The sounds, smells, and sights remind us at once of familiar life cycles as well as novel possibilities. The outdoors beckons, allowing us to reconnect with our favorite ways of kindling our connection with the earth.

For those navigating treatment, the beauty of spring and the warming temperatures may represent new possibilities, including the opportunity to get outdoors, bask in additional light, and expand daily routines, regardless of one’s functional status. Others share the bittersweet recognition that spring comes with increased comfort and simultaneous awareness of the inability to engage fully in activities from which they formerly derived great meaning.

Our hope is that this season brings increased pleasure and opportunities for meaning, reaffirmed connections with the natural world, and natural and metaphorical reminders of your resiliency within.

Within POP/CPSP we have been hard at work nurturing promising growth within our own work family. I am thrilled to welcome two new team members who will allow us to expand our service capacity and the types of offerings we provide. Please join me in welcoming Lindsay Seigenthaler and Emily LaFontaine to our team.
Provider Wellness Opportunity: CPSP facilitated their first provider wellness & art therapy process group in February for our ROCK STAR patient navigators!

Gather a group of 8-10 providers for a monthly, bi-monthly, or quarterly provider wellness and art therapy process group to explore topics such as compassion fatigue, grief, personal/professional development, and group cohesion. This unique opportunity offers a time for providers to pause, reflect, and connect through a combination of guided relaxation exercises, creative arts expression, and meaningful conversation. These groups are typically scheduled for 1-1.5 hours.

Adolescent & Young Adult Art Therapy Group (ONLINE): A new online art therapy experience for young adults will be offered the 4th Friday of the month from 9:30 -11:00am, starting on Friday, April 28th. Participants will join other young adults impacted by cancer to engage in guided art therapy experientials combined with relaxation exercises and meaningful, therapeutic conversation. This online art therapy experience will be open to new participants every 6 weeks. *** All art therapy supplies can be picked up in the CPSP clinic suite on the 3rd floor of the Comprehensive Cancer Center the Monday prior to each group; group participation consent forms MUST be signed when art therapy kits are picked up.

Art Therapy during Infusion POD Treatments: CPSP will offer brief relaxation / breathing exercises and art therapy experientials on Mondays from 9:00 -10:00am, starting on Monday, April 3rd.

4/3/23 Guided meditation and watercolor mandalas
4/10/23 Healing arts therapy clinic closed
4/17/23 Guided breathwork / tapping & narrative collage
4/24/23 Guided meditation and courage beads

Open Art Therapy Studio experience: CPSP offers a walk-in open art therapy studio experience and opportunity every Friday from 1:00 – 2:30pm for patients, caregivers, providers, and volunteers to engage in art making and supportive conversation with others. All art supplies are provided and there is no fee to participate. A registered art therapist is present during the open studio times to provide assistance with art materials and offer psychotherapeutic support and interventions as needed.

Visual Journal Exercise: Wellness Mandala

To get started, take a few moments to pause, settle into the body, and deepen the breath. Placing the palm of one hand on the forehead and the other over your abdomen, inhale through the nose for 4 seconds, hold the breath for 2 seconds, and exhale for 8 seconds. Repeat 3-4 times.

Draw a large circle to symbolize your essential self / the center of what makes you the unique YOU.

Next, use words, shapes, lines, color, patterns, symbols, and images to create a visual wellness mandala. Questions to guide your creative process may include:

What does wellness mean to you? What role does it have in your personal narrative and dialogue with self and others? What meaning does it hold for you? How does your wellness narrative guide a personal assessment of needs? In what ways does it guide the care you provide for others?

For more information about the Healing Arts Therapy Clinic, contact Erica at 336-713-6952 or efox@wakehealth.edu
# Healing Arts Therapy Clinic

**April 2023**

For questions contact: Erica Fox / efox@wakehealth.edu / 336-713-6952

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<td>Supportive counseling &amp; art therapy offered to patients and family throughout their hospital stay in the Comprehensive Cancer Center.</td>
<td>(collaboration with Rec Therapy) 6th floor resource room Breathwork &amp; Narrative Collage</td>
<td>Supportive counseling &amp; art therapy offered to patients and family throughout the course of their hospital stay in the Comprehensive Cancer Center.</td>
<td>Connect with others on their journey through art making and therapeutic conversation. All supplies included.</td>
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**Psychosocial Oncology and Cancer Patient Support Program**

Healing Arts Therapy Clinic

For questions contact: Erica Fox / efox@wakehealth.edu / 336-713-6952
Nutrition *During & After Treatment*

**INSTRUCTIONS**

1. Watch special topic video: [www.cancerservicesonline.org/specialtopic](http://www.cancerservicesonline.org/specialtopic)
2. Reflect on the questions (see second page)
3. Consider joining the special topic discussion group, hosted by Cancer Services staff on the 4th Tuesday of the month. RSVP: [www.cancerservicesonline.org/register](http://www.cancerservicesonline.org/register)
4. Contact Cancer Services if you have any questions! 336-760-9985

**Great survivors help other survivors!**

Join our monthly discussion group to connect through shared experiences.

- What kinds of nutrition challenges are you having?
- What tips did Lora share that you feel might help you or someone you know during treatment?
- Have you ever considered seeking support for nutrition challenges from an oncology certified dietitian?
- The experience of having no appetite can be frustrating for the patient, and scary for the caregiver. Is this something you have experienced?
- What tips did Amber share that you feel might help you?
- Have you ever considered focusing on your health behaviors rather than focusing on weight as a health outcome?
- Do you have friends or family that offer you nutrition advice that is not helpful?
As an Assistant Professor of Radiation Oncology at Wake Forest School of Medicine and a practicing radiation oncologist, Stacy Wentworth, MD translates the story of science to newly diagnosed cancer patients every day. In 2019, she opened the multi-disciplinary cancer survivorship clinic at Atrium Health Wake Forest Baptist’s NCI-designated Comprehensive Cancer Center which now serves thousands of patients and caregivers annually. She continues to oversee this program as Medical Director of Cancer Survivorship. Her research has been selected for presentation at national conferences, has many peer-reviewed publications, and is a contributor to Psychology Today.

For this issue’s Special Spring Topic, I was interested in how Dr. Wentworth has seen the collaboration between the Survivorship Clinic and CPSP grow in an effort to provide timely physical, behavioral, and mental health support to survivors. I am grateful for her thoughtful responses to my questions.

**Lisa A. Rainwater**: Can you describe your journey as a cancer survivor and your transition from patient to provider?

**Dr. Stacy Wentworth**: Prior to coming to AWFBI, I worked in private practice. I built a survivorship program there and learned what worked and what didn’t. When I interviewed to come back as faculty, cancer center leadership had funding to renovate the former wig shop on the 2nd floor to establish a cancer survivorship clinic at the cancer center. There were already survivorship programs in Clemmons for breast cancer and the bone marrow transplant clinic, but leadership wanted to make survivorship more available. To complete the project, I had a wonderful nurse manager, enthusiastic NP and PA partners and an engaged IT team, so I had great support. Practicing in the Triad for over 20 years, I am also familiar with community organizations who specialize in cancer survivorship so that helped as well.

**LAR**: As a radiation oncologist, what drew you to working with this population?

**SW**: My first exposure to cancer survivorship was in residency. Specifically, I saw the time that Dr. Ed Shaw took with survivors of low-grade gliomas. These patients were mostly cured of their disease, but due to the high levels of brain radiation, they had difficulties with short-term memory or personality changes which were hard on them and their families. Supporting and managing the effects of treatment took up most of the follow-up visit. I had a similar experience with Dr. Carolyn Ferree who saw many long-term lymphoma and breast cancer survivors. Once I began seeing my own patients, I realized that since radiation falls usually towards the end of many cancer treatment regimens, patients were looking towards the finish line and wondering what came next. At weekly visits, I was constantly fielding questions about what happens next, so I found our chaplain and got involved with survivorship.

**LAR**: What types of services can survivors receive at the Clinic?

**SW**: Every patient referred to survivorship clinic receives a personalized 1-hour survivorship orientation visit with a provider from their treatment team. We always go over the basics—diagnosis, treatment, checking for recurrence—but the provider can direct the visit based on answers to questions the patients fill via their MyChart before the visit. We also emphasize overall wellness, encouraging patients to get back in touch with their primary care providers and catching up on any vaccinations or other cancer screenings they might have missed.

**LAR**: How do survivors benefit?

**SW**: We feel survivorship is an important transition and want our patients to be equipped to move back into their “normal” lives. We focus on the transition from illness to wellness using patient-directed visits and adhering to evidence-based guidelines. Patients (and caregivers) find these visits informative and helpful. Most report that they leave more empowered to manage their side effects or with a better understanding of their cancer which is our goal. We also provide them with a treatment summary and care plan that summarizes their diagnosis, treatment, recommended follow up tests, health maintenance items and a list of disease specific resources. That document is also shared with their primary care physician to complete the loop that began when they were diagnosed.

**LAR**: Have you engaged CPSP (Cancer Patient Support Program) services for patients in the Clinic? If so, can you describe the collaborative process of taking care of a shared patient?

**SW**: Of course! We love working with you. One of our most successful workflows has been to CPSP in patients who report moderate to high anxiety or depression. Before this workflow was implemented, it was up to the provider or patient to request services. Now this prompt is generated when patients answer their pre-visit questions and allows the provider and patient to discuss a referral. We also highlight all the wonderful CPSP programming including your support groups, counseling services and even book clubs. We are incredibly grateful to have such wonderful partners.

**LAR**: How do your patients benefit from working with one of our mental health providers?

**SW**: Survivors have various concerns based on their own psychological make-up and type of cancer and treatment. This is very normal. Some patients have intrusive thoughts like fear of recurrence and talking to one of the CPSP staff can help manage that. For others it is working through the trauma of medical treatment or even changes in their relationships. It is great to have your team available to provide the support our patients need to process what they have been through.

**LAR**: As a leader, how do you encourage your team to engage in wellness and self-care practices?

**SW**: Wow. This is a big question for any leader. The first thing I try to do is model my own wellness and self-care. If employees see a boss working 14-hour days and running around stressed out all the time, it’s easy to assume that’s what they expect of others. We support each other and I work hard to ensure that coverage is available if/when employees need time off. We also try to be flexible while ensuring excellent patient care.

**LAR**: Any closing thoughts?

**SW**: We are coming up on our 4-year anniversary and have cared for over 1,000 patients in survivorship clinic! I’m so proud my team. We are learning from our partners at Atrium, and I am excited to see what the next year holds.
Shirley Norman, a resident of Elkin, North Carolina, and a retired home health worker, had her first colonoscopy when she was in her early 50s. The results were normal, so she thought she could wait a while before having another one.

At age 65, Shirley had a routine visit with her primary care doctor. During the appointment, her doctor recommended she have another colonoscopy. Shirley opted for an at-home screening test instead. The test revealed blood in her stool, which meant she needed a colonoscopy.

“During her second colonoscopy, she had three polyps removed. Further testing showed that one of the polyps was cancerous,” says Ashburn. “Our colon cancer team provides each patient with an individualized plan of care that’s guided by the latest research and data. The patient remains our central focus as we support them every step of the way.”

Ashburn recommended that Shirley have a minimally invasive surgery to remove the portion of her colon where the cancerous polyp grew. She also needed to have surrounding tissue cut out to ensure the removal of all cancer cells.

Shirley had her surgery on June 3, 2022. Her recovery went well thanks to her willingness to follow instructions and her strong support system.

“Shirley’s family and friends served as advocates for her care,” says Ashburn. “They helped her make appointments to be evaluated and were instrumental in helping her get the care she needed. It’s so important to advocate for yourself or for your loved ones, whether it’s asking questions or requesting a second opinion.”

While Shirley was in the hospital, she appreciated the attentive care she received. “All the nurses were great,” she says. “They were constantly checking on me to see if they could do anything to help.”

Her care team also supported her by answering her questions freely and completely. “They took the time to go over anything I didn’t understand,” Shirley says. “I couldn’t have been any happier with how they treated me.”

The tissue surrounding her polyp proved to be cancer-free. Since her colon cancer was stage 1, she didn’t need any chemotherapy or radiation.

**Personalized Monitoring and Support**

Following her recovery, Shirley transitioned to the Cancer Survivorship Clinic, the first of its kind in the Wake Forest region. Located at Wake Forest Baptist Comprehensive Cancer Center, the clinic provides surveillance (monitoring) and support services that promote wellness.

“Survivorship care goes beyond what a primary care doctor would routinely do,” explains Casey Powell, nurse practitioner with Wake Forest Baptist’s division of colon and rectal surgery. “We’re making sure patients are having the right follow-up tests and imaging. We’re holding their hand throughout their health journey to help prevent cancer recurrence.”

During the survivorship phase, Shirley has additional colonoscopies, CT scans and lab work to monitor her health.

“Our survivorship clinic assures patients that someone is still involved in their care after their cancer diagnosis and surgery,” says Powell. “Shirley knows she can call me if she has any new symptoms or follow-up questions or concerns. I’m happy to provide information related to colonoscopies, bowel habits, diet or exercise.”

The Cancer Survivorship Clinic provides surveillance and support for many years following surgery. These patients are typically seen once a year, unless they are having concerns that require more frequent visits. This is typically up to the patient and what makes them feel comfortable.

“They’re keeping an eye on me,” Shirley says. “It makes me feel like they’re staying on top of my health. If they find anything, they’ll hopefully catch it early enough – just like the colon cancer.”

Ashburn recommended that Shirley have a minimally invasive surgery to remove the portion of her colon where the cancerous polyp grew. She also needed to have surrounding tissue cut out to ensure the removal of all cancer cells.

**Comprehensive Cancer Care**

The Comprehensive Cancer Care offers a one-stop shop for cancer patients.

“We’re able to provide a lot of services that smaller facilities can’t offer, including clinical trials and investigational treatments,” explains Powell. “We’re at the leading edge of technology, trials and data for comprehensive cancer care.”

This centralized care is especially convenient for patients.

“Starting with patient scheduling and testing, we’re able to get multiple things done on the same day,” Powell continues. “So you can get a CT scan and lab work, meet with your surgeon and have a visit with your oncologist all on the same day – and in the same facility. This saves patients a lot of time and effort.”

**Health Advocacy and Screenings**

How does Powell feel about helping patients like Shirley?

“I have the best job in the world because I have the opportunity to help patients through their health care journey,” Powell explains. “Whatever the outcome may be, just to be able to provide compassion, information, optimism and a listening ear can make their journey through a sometimes scary situation that much better.”

Both Powell and Shirley see the need to advocate for lifesaving health screenings.

“Screening for any kind of disease (mammogram, colonoscopy, etc.) and surveillance are designed to prevent disease progression,” says Powell. “Regular screenings can save your life.”

Shirley says, “Wake Forest Baptist is the top-of-the-line place to get checked out. If you care about your health, you need to get screened.”

Learn more about [colon cancer screening](https://atriumhealth.org/daily-dose/2023/03/24/colon-cancer-screening-and-surveillance-save-lives) and cancer survivorship at Atrium Health Wake Forest Baptist.
THE BENEFITS OF RELATIONAL WELL-BEING.

By Lisa A. Rainwater, PhD, MA (couns), LCMHC, NCC, GCP, CT

Relational well-being focuses on personal and interpersonal connections with self, family, friends, and communities. Meaningful, supportive relationships provide a sense of protection and enjoyment in our lives.

While living with cancer, it can be helpful to identify people you can regularly rely on. We all have family and friends with “F’s” and “f’s.” Capital “F’s” are those Family & Friends you can rely on to listen, provide support the way you need it, and sit with your thoughts and feelings with no judgment. Small “f’s” are those family and friends you can share a pleasant moment or conversation, but you wouldn’t necessarily turn to them in times of need.

**BENEFITS OF RELATIONAL ACTIVITIES.**

- Increase feelings of connection & belonging
- Receive unconditional support
- Improve social and communication skills
- Learn to ask for help when needed
- Increased confidence
- Improve intimacy with partner
- Support groups provide safe space to explore your feelings and experiences with others on similar journeys

**RELATIONSHIP CHANGES.**

Living with cancer can impact our relationships. CPSF provides individual and couples counseling for people with cancer and their loved ones to explore such changes and work toward adapting to these changes:

- Roles
- Responsibilities
- Physical needs
- Emotional needs
- Sexual health and intimacy
- Future plans

In sum, engaging in relational activities is beneficial to persons with cancer and to their caregivers. A laugh with a friend, a cup of coffee with a relative, or a walk in nature with a colleague can boost your mood and foster connections.

For help with setting up an appointment, call 336-713-5440 or talk to your provider about a referral to our services.

A VOLUNTEER FOR MANY: “PAPA JACK” PERRY.

By Emily LaFontaine, LCSWA

Jack Perry has spent many years working and volunteering for the Comprehensive Cancer Center and Brenner Children’s Hospital. He currently volunteers for the Comprehensive Cancer Center on Tuesday afternoons; he also volunteers for Brenner Children’s Hospital on Wednesday and Friday mornings.

Jack helps people reporting for appointments with whatever they may need, answering questions and directing visitors, as well as ensuring blankets are kept warm, dirty linen baskets are kept tidy, and intravenous solutions are available for cancer patients completing chemotherapy treatments. He also supports infants and children as a “cuddler,” should they require hospitalization without access to a primary caregiver. Volunteers in this role are responsible for the nurturance needs of infants and/or children through holding, rocking, soothing, feeding, and cleaning, as needed.

Complementing his time spent at the Comprehensive Cancer Center and Brenner Children’s Hospital, Jack donates blood as he is able and is a member of his church’s prayer team. He was a research participant in the initial clinical trial for Moderna’s COVID-19 vaccination, hoping his participation would serve as a contribution to science by confirming whether or not the vaccination was effective, helping scientists make adjustments if necessary, and helping the general population learn how their bodies may or may not react to the vaccination.

He has a history of being involved in many different endeavors, working in several different industries in a variety of roles. Most notably, he worked in the paramedic/law enforcement field for more than ten years and the computer programming field for more than 20 years. His education and career as a computer programmer for Wells Fargo (then, Wachovia) brought him from Florida to South Carolina to the Winston-Salem area.

Employees and patients alike warmly refer to Jack as “Papa Jack,” as he has volunteered countless hours over the years. This term of endearment may also have stemmed from the empathy he developed after experiencing the surgical removal of several melanoma growths, allowing him to interpersonally relate to the patients he comes into contact with.

The Cancer Patient Support Program is extremely appreciative of Jack’s presence and assistance, recognizing his valued contributions to our program.

Would you like to join a group of committed, passionate, lively, and kind individuals who volunteer at the Cancer Patient Support Program?

Consider contributing your time and talents to our patients and their loved ones, while experiencing meaningful engagements and enjoying excellent benefits:

Learn more -->
https://www.wakehealth.edu/about-us/volunteer-services
Dr. Paul Savage is Associate Professor of Medicine in the division of Hematology and Oncology at Atrium Health Wake Forest Baptist. He has been practicing at AHWFB for almost 34 years and specializes in the treatment of sarcomas, melanomas, and rare cancers. Dr. Savage particularly enjoys the unique challenges of working with cancers that impact a relatively small portion of the cancer population. In fact, when he started his clinic in 1989, AHWFB was one of only a handful of institutions in the southeastern United States that offered treatment options for sarcoma patients.

How have you utilized CPSP services?

Dr. Savage has utilized CPSP services from the beginning of his practice here. While most cancer patients feel understandably confused and/or alone at times, Dr. Savage explained that patients with sarcomas or other rare cancers can typically feel even more isolated. This is due to many factors, such as travelling far from home to pursue help and the experience of being told “nobody knows anything about your cancer.” Furthermore, Dr. Savage explains, treatment for these diseases often involves surgical amputations, which can negatively impact patients’ career pursuits, cause changes in mobility or relationships, trigger loss of independence, and/or create body image challenges lasting well beyond the initial treatment. For these unique psychosocial stressors, he feels “CPSP has been a tremendous help to our patients.”

How did your patients benefit from working one of our psychosocial oncology counselors?

Dr. Savage noted that “I would have a very hard time doing my job if it weren’t for the CPSP,” explaining that oncology counselors frequently help his patients learn to cope with the unique stressors of having a rare disease, feel less alone, and understand that their cancer is not the result of something they did wrong. He also reported that CPSP frequently helps patients adjust to treatment, which not only positively impacts the patient outcomes, it reduces stress on nursing and clinical staff.

When asked why CPSP referrals are helpful, Dr. Savage explained that simply referring patients to psychiatry on a regular basis doesn’t work. Instead, he reported that CPSP frequently helps patients learn to cope with the unique stressors of having a rare disease, feel less alone, and understand that their cancer is not the result of something they did wrong. He also reported that CPSP frequently helps patients adjust to treatment, which not only positively impacts the patient outcomes, it reduces stress on nursing and clinical staff.

In the previous edition of Resilience, we began our exploration of Acceptance and Commitment Therapy (ACT) and its relevance for cancer care. ACT (pronounced like the verb “to act”) is an evidence-based model of mental health counseling that has been shown to be effective for cancer patients (Johnson, Delduca, and Morris, 2021). In its broadest sense, ACT promotes “psychological flexibility,” which is the capacity to respond flexibly to what is happening in life so that we can make intentional choices and move towards being the person we want to be (Hayes, Strosahl, and Wilson, 2012). Therapeutically, ACT divides psychological flexibility into six different, but coordinated components, each of which will be discussed in future editions of Resilience. The first of these components is present-moment awareness.

Psychological Flexibility in ACT, Part I: Present-Moment Awareness

Present-moment awareness (also called “mindfulness”) is the ability to pay attention to the present moment in a way that is intentional, non-judgmental, and without agenda (Kabat-Zinn, J., 1994). It is a core skill that can be built over time and has many benefits. From an ACT perspective, the purpose of present-moment awareness is to help us see clearly what is occurring, so we are less inclined to react in ways that keep us stuck or are self-defeating. The advantage of this skill is that with practice, cancer patients can learn to observe their thoughts, feelings, urges, sensations, and/or memories from a more objective standpoint, thus preventing them from feeling “swayed away” or controlled by these experiences.

An example of the value of present-moment awareness for cancer patients is seen in the following scenario: a patient who struggles with needlestick anxiety. Without present-moment awareness, as soon as anxious thoughts and feelings about starting an IV show up, the patient might be inclined to avoid coming to treatment. However, with present-moment awareness skills, the patient can relate to those same thoughts and feelings from a more dispassionate perspective, viewing them as temporary internal experiences, rather than problems to be solved or eliminated. At this point, the patient can then check in with their goals and values, and either choose to go to treatment or choose to stay home, whichever they determine is in their long-term best interest. Either way, the patient makes an intentional choice and the anxious thoughts and feelings do not have to change or go away first.

In short, present-moment awareness skills teach cancer patients the difference between having a thought/feeling and acting on a thought/feeling. This is an important distinction—one that many patients report increases a sense of personal empowerment. Please stay tuned for the next edition of Resilience, where we will begin to explore the second facet of psychological flexibility: perspective-taking.

References


LIVING IN SURVIVORSHIP: TREATMENT.
By Lisa A. Rainwater, PhD, MA (couns), LCMHC, NCC, GCP, CT

In our last issue, I identified five different survivor branches and discussed the first, “New Diagnosis.” It is important to keep in mind that not everyone will go through each of them, and they are not necessarily linear. The majority of my survivor clients are walking the path of at least one of the following branches:

- New diagnosis
- Treatment
- Post-treatment
- Remission and/or cured
- Recurrence and/or metastases.

In this issue, I review the branch of treatment and offer tips on how to improve quality of life on your cancer journey.

Depending on your type of cancer and the staging of your cancer, you may undergo chemotherapy, radiation, immunotherapy, surgery, and/or a combination of these treatments. I see clients during this time of treatment and exploration of quality of life versus quantity of life issues; and others seek support to help them cope with the side effects of treatment.

Some may need support in identifying their comfort level with different types of treatment; some are faced with different treatment options and wish to explore quality of life versus quantity of life issues; and others seek support to help them cope with the side effects of treatment.

Side effects of treatment are unique to each individual. The most common effects reported by my clients include fatigue, foggy brain, and nausea. It is important to talk to your oncologist to inform them of your side effects because they can assist you in reducing some side effects with medication.

THE BENEFITS OF YOGA
By Emily LaFontaine, LCSWA

Sue Evans, C-IAYT, RYT, has been certified through the International Association of Yoga Therapists for the past ten years, and prior to that, she worked for approximately 20 years in administration/finance.

Sue first began practicing yoga to decrease work-related stress, appreciating its ability to foster a spirit of tranquility so much so that she completed a 200-hour training to learn how to teach it herself.

She then completed a 300-hour training to learn how to teach it to individuals with cancer and chronic illnesses, wishing she had been able to use her newfound knowledge to help a family member in need.

Evans has since earned the designation of RYT 500, or Registered Yoga Teacher 500, which is granted to yoga instructors after they complete 500 hours of training.

According to the National Institutes of Health, “[yoga] began as a spiritual practice, but has become popular as a way of promoting physical and mental well-being” and “there’s promising evidence that yoga may help people with some chronic diseases manage their symptoms and improve their quality of life.”

Ben Curti, LRT, remembers volunteering for the Winter Special Olympics, eventually leading to his completion of an undergraduate degree in Therapeutic Recreation at Central Michigan University and a graduate degree in Recreation Administration at the University of North Carolina at Chapel Hill.

He now works for Atrium Health Wake Forest Baptist, administering assessments and developing, implementing, and evaluating treatment plans with the goal of rehabilitating patients to improve their independent functioning as much as possible.

The recreational therapy program shares a similar philosophy with the Cancer Patient Support Program (CPSP) in terms of offering a holistic approach to care, such that physical, social, emotional, and spiritual domains of wellness are equally valued. Recreational therapy is different from other therapies, however, due to its “use of recreational modalities in the designed intervention strategies,” according to the American Therapeutic Recreation Association.

Curti maintains three staple programmatic offerings, among other activities: animal-assisted therapy (as available), Sawtooth Art twice per month, and tai chi once per week. Curti is primarily located on the sixth floor of the Comprehensive Cancer Center but also hosts recreation rooms on the seventh and ninth floors.

He utilizes reflecting listening as a strategy to allow individuals with lengthy hospitalizations to express themselves, referring to CPSP if specialized counseling services are warranted. Likewise, CPSP team members may refer to Curti if more structure and/or opportunities for leisure would benefit a mutual patient’s mental-emotional health. Thus, collaboration between Curti and the CPSP has been longstanding.

Curti strives to positively impact the people he serves; those who engage in recreational therapy receive both individual support through one-on-one interactions and treatment planning, as well as social support from peers who participate in group activities. Recreational therapy fosters a sense of structure, opportunities for leisure, and trust via its consistency in providers within an environment in which patients see many different faces each and every day.

“RECREATION’S PURPOSE IS NOT TO KILL TIME, BUT TO MAKE LIFE, NOT TO OFFER AN ESCAPE FROM LIFE, BUT TO PROVIDE A DISCOVERY OF LIFE.”

-AUTHOR UNKNOWN
In addition to growing her own outpatient caseload, Lindsay will be jointly covering inpatient leukemia service and MICU consults and has a strong interest in AYA care.

We are happy to welcome Emily back to our team after she completed a year-long social work internship with us. Emily will be helping us enhance our triage system to optimize flow, clinician match, and wait times. She will also maintain her own outpatient caseload, cross-cover inpatient leukemia service and Gyn/Onc, and facilitate some virtual groups. We could not be happier to welcome these two wonderful teammates. You can read their full bios on page 18.

Programmatically, we are excited to offer some new virtual groups this spring, including a Men's Wellness Support Group and a Caregivers Support Group. Both are led by Lisa Rainwater, who also leads a Book Club Luncheon Group, a Bereavement Support Group, and a Women's Wellness Support Group. You can learn how to register on page 20.

To continue to support our mission of reducing barriers to optimal care engagement and supporting the wellness of all people in our community navigating cancer care, we will be celebrating our (new) tradition of Summerlark once again this year. Please mark your calendars for May 20 for a family-friendly evening in Bailey Park with accompanying music by Chris Lane, food trucks, fireworks and the camaraderie of co-workers, patients, and friends. For a preview of highlights from last year's inaugural event, please watch this brief video: https://player.vimeo.com/video/793447224. You can purchase tickets here: https://giving.wakehealth.edu/get-involved/summerlark.

We are so excited to see you there and appreciate the many invisible buckets of labor provided by the philanthropy office. We also want to thank our corporate sponsors, including Allegacy, for their unwavering support. We look forward to seeing you there! Please reach out to anyone on our team if you have lingering questions about how we can assist with patient care or programming.

Wishing you a peaceful, nature-filled spring.

Warmest regards, Katie

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Evans is passionate about providing accessible yoga instruction to the Atrium Health Wake Forest Baptist community.

People facing cancer, from diagnosis to post-treatment, and family members can join Evans's virtual chair yoga class Tuesdays at 5:30 p.m. by emailing her at sueevans002@gmail.com.

What to Expect

Class typically starts with introductions and updates, followed by guided yoga, and ending with guided meditation.

Attendees may participate as frequently or infrequently as they would like at whatever level is comfortable to them, whether ambulatory or from a chair, couch, or bed.

Evans hopes attendees will benefit from the experience by finding social support and connection through the intersection of body, breath, and movement, leaving with a “sense of peace, as well as some practical tools to help bring about quiet and calm in the midst of the storm.”

“Such a good way to relax ...”

Tammy Osby, who regularly attends Evans’s yoga class, is in remission from breast cancer after being treated at Atrium Health in Charlotte last year. She testifies that yoga has been both physically and socially-emotionally beneficial: “I cannot thank Sue enough for teaching this class and having us every week – I would recommend it to anyone interested in trying it because it’s such a good way to relax, clear your mind, and remove yourself from a stressful environment.”

Yoga is offered as a free service through the Cancer Patient Support Program, thanks to generous donations.
Emily LaFontaine, LCSWA, graduated with honors in 2012 from Appalachian State University with two Bachelor of Science degrees in Education and Communication. She then taught fourth, fifth, and sixth grades for approximately five years before being diagnosed with leukemia and surviving two stem cells transplants. This prompted her to pursue a Master of Social Work degree from the University of South Florida (USF), recently graduating as a member of the Phi Alpha Honor Society for Social Work students.

While attending USF, Emily volunteered for the Confirmed Coronavirus Clinic (CCO), an interdisciplinary group of mental health professionals who worked together to provide remote psychosocial support to individuals in isolation. Emily also worked as a remote intake coordinator for the Family Counseling Center of St. Petersburg and Palm Harbor, assessing clients for therapy services and connecting them with resources.

She completed her first graduate internship through the Mooresville Graded School District, providing weekly psychosocial support to children and adolescents on various topics in addition to attendance/truancy, class participation, and assignment completion.

Emily completed her second graduate internship with the Cancer Patient Support Program, primarily providing psychosocial support to individuals diagnosed with leukemia. Emily has a special interest in financial toxicity and the accessibility/affordability of medical care and coverage. She is currently completing training in Acceptance and Commitment Therapy (ACT) and is involved in a wide variety of CPSP initiatives, including the referral and triage process, the funding of the Healing Arts clinic, and inpatient/outpatient appointments.

Emily is looking forward to continued growth as a practitioner through the Cancer Patient Support Program with a focus on anxiety, depression, grief, and adjustment to diagnosis, treatment, and survivorship. Emily is a “Carolina” native and has lived in Mt. Pleasant (South Carolina), as well as Charlotte, Boone, Hickory, and Mooresville. She enjoys spending time with her husband, walking her dog, reading, and playing the piano in her spare time.

Lindsay Seigenthaler, LCMHCA, NCC joined the Cancer Patient Support Program in 2023 as a psychosocial oncology counselor. She completed her M.Ed. in Clinical Mental Health Counseling from North Carolina State University in 2020 and has experience working within inpatient treatment programs and private practice settings.

Lindsay’s therapeutic approach is rooted in humanistic and person-centered methodologies that incorporate aspects of solution-focused brief therapy, as well as Acceptance and Commitment Therapy (ACT).

Her clinical interests include anxiety, depression, grief and loss, identity development, life transitions, and substance abuse. She currently provides counseling to individuals and families in inpatient and outpatient settings.

A DONOR WITH HEART: STEPHEN DOUGHTON

We recently had the opportunity to speak with Stephen Doughton, one of our valued donors, about his experience with the program and what inspired him to give back.

In 2006, Stephen was diagnosed with Chronic Myeloid Leukemia. In 2010, after experiencing a minor relapse, he realized he needed to talk to someone about his experience. He had originally heard about the Cancer Patient Support Program through medical and support staff and decided to reach out. “I received services through CPSP, and they were incredibly helpful,” Stephen shared. “It was comforting to know that I had a place to turn to when I needed support and that I didn’t have to do this on my own.”

Stephen’s own experience with the Cancer Patient Support Program and understanding the need for this work has inspired him to give back. “Through my experience of receiving services and seeing how much good the program was doing for people in a similar situation, I was honored to give back,” he shared. Stephen feels strongly that everyone deserves support through their journey and donating is one way he can ensure that others have access to the same resources and support he received.

For Stephen, engaging with the program is meaningful because he knows and has seen firsthand how much of an impact it can make. “Knowing how much good the program is doing for a population that truly deserves it is what I find most meaningful,” he says. “For most, cancer is one of the most challenging experiences of their life and having a program like CPSP can make a difference within someone’s journey.”

Make a Gift Today

CPSP depends on the generosity of patients, family, and friends to provide its services. Contributions are tax deductible. There are two ways to make a donation. The first is through direct mail for Cancer Patient Support Program to: Office of Development, CPSP Gifts Officer, Medical Center Boulevard, Winston Salem, NC 27157; or follow the link below for donating online and select “Cancer Patient Support Program” when prompted.

https://give.wakehealth.edu/site/donation2?1400&donation=forma1&df_id=1400&mfc_p pref=t
SPRING IS A RIPE TIME FOR PERSONAL GROWTH!

You can also be proactive in reducing the side effects of fatigue and foggy brain by engaging in a variety of exercises and activities.

Managing Fatigue

It may seem counterintuitive, but mild physical activity can reduce the feelings of fatigue. Activities may include a short walk, emptying the dishwasher, making a meal with a loved one, or gardening. It is important to listen to your body and not push yourself too far beyond your abilities. Balancing rest with activity is a useful approach to managing your fatigue. Healthy foods and hydration can also be beneficial; talk with your medical team and seek a referral to a dietician. Engaging in mindfulness practices such as tai chi, yoga, or meditation can provide renewed, gentle energy to your mind, body, and spirit. Finally, communicating your abilities as well as your limits with loved ones can keep them informed and help them engage with you wherever you are.

Managing Foggy Brain

Sometimes called “chemo brain” or “radiation brain,” side effects of treatment may include short-term memory loss, inability to focus, loss of words, disorganization, and short attention spans. The good news is that the brain’s plasticity enables you to “exercise” your brain and minimize many of these symptoms. Exercises such as word and number puzzles are an excellent way to exercise your brain. Tracking your symptoms in a journal can help you identify the times of day and any triggers that may contribute to your foggy brain. Coping strategies to overcome forgetfulness may include keeping notes, setting timers on your phone, or asking a loved one to engage in your activities can also be beneficial.

To connect with a CPSP counselor to discuss your treatment, call 336-713-5440 for an initial intake.

SUPPORT GROUPS INCREASE A SENSE OF CONNECTION & BELONGING

All CPSP Support Groups are Free || Pre-Registration Required

WEDNESDAYS

- Women’s Support Group, every other week beginning April 19, 4 - 4:50 pm
- Men’s Support Group, every other week beginning April 12, 4 - 4:50 pm

THURSDAYS

- Finding Life After Loss: Bereavement Group: Open Enrollment for June
- Caregivers Support Group, 2nd & 4th Wednesdays, 10 - 10:50 pm
- Living Well with Metastatic Breast Cancer Support Group, 1st & 3rd Thursdays, 2:00 - 3:30 pm

FRIDAYS

- Survivors Book Club Luncheon, 1st & 3rd Fridays, 12 - 12:50 pm

For more info, contact Emily elafonta@wakehealth.edu

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Journal Exercise: Keeping Track of Meaningful Activities

Use this chart as a guide for you to track your efforts to reduce the side effects of treatment.

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LEVEL OF FATIGUE OR FOG PRIOR TO ACTIVITY 1-10 (1 BEING LOW, 10 BEING HIGH)

LEVEL OF FATIGUE OR FOG AFTER ACTIVITY 1-10 (1 BEING LOW, 10 BEING HIGH)
What is your nursing role in the Comprehensive Cancer Center and how long have you worked here?

Stacey began her work at the Comprehensive Cancer Center in 2013 as a research nurse in surgical oncology. In 2021, she became a nurse educator in clinical research where she continues to support patients who are making important and life changing treatment decisions. Her role may range from gathering data on new cancer medications and introducing clinical trials for these to patients with supporting evidence of treatment efficacy, to honoring the autonomy of patients who choose to move forward with treatment where they are in their journey. Stacey additionally has the pleasure of teaching and supporting other nursing staff in their learning through a beautiful blend of personal and professional experiences.

How do you see your role as nurse overlapping with psychosocial oncology counseling services?

Stacey emphasizes the importance of “getting to know the whole person and their journey” when providing informed decisions for clinical trial participation. She feels having an understanding of patients psychosocial and emotional wellness helps determine the direction in her care for them and inevitably informs next steps in their treatment path.

What is the most meaningful aspect of your work?

She describes supporting patients and their families as one of the most meaningful aspects of her work, and “giving them the right to be where they are.”

While Stacey has gained invaluable knowledge about caring for others through years of nursing experience, she says it wasn’t until her husband was diagnosed with cancer in 2020 that she truly understood what patients and their families go through when their lives are forever changed by cancer. As she reflects on her role as a caregiver, advocating “painfully at times” for her husband’s needs as a patient, and the ebbs and flows of struggles and victories cancer has brought to their family, she has grown to discover purpose and meaning in sharing her experience with others. She expresses a sense of gratitude for the clinical trials she was researching early in her career that are now helping extend her husband’s life and time with family. Stacey’s personal experience continues to guide how she models exceptional care for others and ensures her patients feel heard, supported, and genuinely cared for.

Hematology and Oncology work can be very stressful. How do you engage in personal wellness?

Over a 3-year journey of self-discovery and healing, Stacey says engaging in unapologetic “solitude” is key to her remaining well so she can continue caring well for others.