

RESILIENCE

PSYCHOSOCIAL ONCOLOGY & CANCER PATIENT SUPPORT PROGRAMS

ISSUE 03
JANUARY 2023

WINTER'S RESTORATIVE

REFLECTIONS. BY POP/CPSP DIRECTOR KATIE DUCKWORTH, PHD

THIS ISSUE.

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MISSION

To reduce suffering and improve the quality of life of cancer patients and their loved ones across the lifespan, throughout survivorship and beyond.

VISION

Ensure no one faces cancer alone.

VALUES

- Accountability & Transparency
- Inclusion & Diversity
- Innovation & Curiosity
- Collaboration & Commitment to Service

OBJECTIVES

- Reduce barriers to psychosocial support
- Collaborate with and support providers
- Optimize patient, caregiver, & family services
- Empower our community with shared knowledge and programming

Greetings dear readers,

Thank you for taking the time to read our Winter edition of "Resilience." Whether you are nestled, snug and warm, into a cozy chair admiring the sights, colors, and sensations of winter from the comforts of the indoors, out in the raw elements feeling the brisk chill of winter against your skin, or hurriedly jumping from one work task to the next, we are thrilled that you are devoting a few moments to check in with us. Many of us on our integrated behavioral health team are on the introverted side of the spectrum. Fundamentally, this means we need time alone or with an intimate few to reflect and rejuvenate. This is how we recharge.

The season of winter resonates profoundly with us. Winter brings slowing down and settling in, turning towards introspection, and conserving energy for select activities. This time of reflection and concerted attention permits bountiful growth ahead come spring. Winter's forces can be raw, bleak, and dark while simultaneously full of magic,

wonder, and unsurpassed beauty blanketing down.

The luster of glistening sun reflecting off new-fallen snow is unparalleled. Those of us who revel in introspection tend to be ruminative and yearn for ways to cultivate our own internal forces that parallel those of this season. In many ways, acute health status changes can prompt changes that feel like winter setting in. This is clinical territory where we hope to navigate alongside clients. We recognize the changes that can occur as well as the growth that can follow.

As we settle into winter, I hope you will take time to nurture yourself. Our team is working to prioritize self-care such that we can cultivate continued growth in our services for patients. As a daydreamer with an admittedly long daily to-do list, I revel more and more in experiences that force me to slow down to appreciate those fleeting moments. Memories of my children watching the season's first snow or an inpatient gracefully sitting in her hospital room watching snowflakes reign over the city below are frozen into my



HEALING ARTS UPDATE.

CPSP is grateful for the opportunity to share about the Healing Arts Therapy Clinic at this year's 4th Annual Cancer Survivorship Symposium. CPSP continues to collaborate with other clinics at the Comprehensive Cancer Center while developing innovative and transformative programming to enhance patient, caregiver, and provider wellness. Healing Arts Therapy services are made available during both inpatient and outpatient care.

Every Friday 1:00-2:30pm, CPSP offers a free walk-in art therapy and psychosocial counseling opportunity in the 3rd floor hospitality room for patients, caregivers, and providers. Participants have been joining before and after personal medical appointments, while a loved one is receiving a lengthy infusion treatment, and others are commuting to the Cancer Center specifically for the open art therapy studio.

We understand personal experience can be processed through a mix of verbal and non-verbal expressions. Hence, we welcome those who simply stop by for supportive conversation, as well as those who prefer to engage in art therapy. A reminder that all artistic skill levels are welcome, no prior art experience is required, and supplies are provided.

NEW in 2023.

CPSP invites providers to sign up for a monthly or quarterly art therapy group to enhance provider wellness and process a topic of choice such as distress, grief, burnout, and compassion fatigue. Groups are 1-2 hours and can be held in the 3rd floor hospitality room or in an inpatient conference room of choice.

For more information about the Healing Arts Therapy Clinic, contact:

Erica Fox, LCMHC, NCC, ATR
336-713-6952
efox@wakehealth.edu

WHAT'S YOUR STORY?

As a new year begins, CPSP invites you to use the following exercise to reflect on meaning in your experience:

Re-authoring a New Story One Chapter at a Time.

Select materials to create a visual journal that reflects your story and experiences. Chapters in your story may include topics such as:

- New perspectives to unanswered questions
- Determining what adjustments look and feel like
- Identifying problems and achievable solutions
- Awakening to experience other than health challenges (e.g. disease and diagnosis)
- Living curiously
- Reframing the story
- Shifting the trajectory of the current path
- Reclaiming personal power and control
- Embracing personal truth and value
- Communicating with self and others about personal health challenges
- Finding meaning in new and current experience after diagnosis or change in prognosis

Questions to ask as you reflect on meaning in your experience:

- What is a personal source of strength?
- What provides comfort in this moment?
- What is the most important goal at this time?
- What personal values and beliefs guide this journey?

For more info on art therapy: The American Art Therapy Association at: <https://arttherapy.org/>





Carl Robert Grey, MD, is an Associate Professor of Gerontology and Geriatric Medicine and the Director of the Palliative Care Program at Wake Forest Baptist Medical School and Atrium Health Wake Forest Baptist. As an Internal Medicine resident at the West Virginia University School of Medicine, he was told that he was good at very quickly making rapport with patients in challenging situations. Co-residents would seek him out when he was on nights, asking if he could talk to their patients who were facing difficult circumstances. His uncle, affiliated with Mt. Sinai, also recognized this special skill and encouraged him to apply for a palliative care fellowship. Over a decade later, Dr. Grey leads a team of over twenty palliative care professionals, including nurses, advanced practice providers, social workers, physicians, chaplain residents, and a PharmD. They work closely with POP/CPSP clinicians whose shared patients seek help with anxiety, depression, pain management, and treatment decision-making.

For this issue's Special Winter Topic, I was interested in how Dr. Grey views his work in the Comprehensive Cancer Center and how we can continue to increase the intersections between psychosocial oncology counseling and palliative care. He was gracious to provide ample time for our discussion.

During my palliative care fellowship, I was fortunate to work with the foremost leader in palliative care, Dr. Diane E. Meier. I was the last fellow to work with her before she left teaching for a focus on national leadership (Diane E. Meier, MD, FACP, FAAHPM, is the Founder, Director Emerita, and Strategic Medical Advisor to the Center to Advance Palliative Care). I learned from Dr. Meier that if you are not teaching while practicing palliative care, you are doing it wrong. Whether with patients or colleagues, there is always an opportunity to teach and educate people about palliative care.

LAR: Can you describe how your palliative care team benefits our patients?

CRG: Most importantly, we are there to listen and ask the right questions to evoke meaningful experiences that teach us about what matters to a person. Presence is one of the most impactful aspects of my job. I have to remind myself and my team never to underestimate our presence. Being present for a person is essential when going through a serious illness.

As palliative care providers, we advocate the use of aggressive symptom control because it can help people live better. If we treat the pain, sleep and appetite disturbance, depression, and anxiety, people have more energy to focus on their cancer and cancer treatment. Multiple studies have confirmed that early palliative care interactions lead to living better, and sometimes these patients even live longer due to our involvement.

LAR: How do you respond to your patients' spiritual needs?

CRG: We serve as a bridge to spiritual support. We start by asking about spirituality and how it supports them during difficult times. Then we usually encourage what is helpful to them spiritually, which is often prayer, and look into whether they are experiencing any spiritual suffering. This may be as simple as not getting to church as much due to weakness or illness, or it may be an existential question like "Why is God doing this to me?" In general, you can quickly see that patients find it helpful to discuss their spirituality and are not used to being asked about it in the healthcare

understand their illness, how it affects them, and what can be done about it. Understanding their beliefs helps us work with them to prioritize what is medically feasible and how it aligns with their goals and values.

LAR: Do you experience any challenges or misunderstandings from patients, families, and colleagues about your work?

CRG: There is a significant stigma around palliative care from the standpoints of health care providers, patients, and communities.

From the community's standpoint, people prefer to avoid talking about treatment possibly not working. Americans often embrace the notion that "Everything is going to be okay," which creates a facade against talking about the possibility of dying. Many families believe they are protecting their loved ones from that type of discussion, but it is helpful to discuss it. Thinking about that possibility can reveal what is crucial for that person's values at this stage of life.

Chaplain Keith Stirewalt talks about how advanced planning is an act of love because it takes the heavy burden off a loved one's shoulders to make the difficult decision to withdraw life support. So much time is spent in American ICUs in the last days of life. A third of Medicare beneficiaries spend at least some of their last month of life in the ICU. There is so much more teaching to be done to educate people that this is not a comfortable way to leave this earth.

From healthcare providers' standpoint, it is reasonable for colleagues to only think of us as dealing with patients near death because most of their exposure to our work is inpatient palliative care. Inpatient consults make up most of our work, often with the sickest patients in the hospital, many of whom die.

This is drastically different from outpatient palliative care, where I have seen some patients for years in my outpatient clinic. The palliative care team works with outpatients, in collaboration with their oncologists, to live the best life possible.

FINDING PRESENCE IN THE MOMENT: AN INTERVIEW WITH CARL ROBERT GREY, MD.

BY LISA A. RAINWATER, PHD, MA (COUNS), LCMHCA, CGP, CT

Lisa A. Rainwater: Dr. Grey, can you describe your specialization as a palliative care physician and what drew you to this important work?

Carl Robert Grey: Palliative care is a medical specialty that works alongside other clinicians leading the care of a patient—in this case, the oncology team. We help advocate for the best care possible, particularly for aggressive symptom management. We work with people who have a serious illness and address all physical and emotional symptoms that come along with that serious illness. In other words, the palliative team helps ensure that patients have the best quality of life they can.

It was a bit of serendipity how I landed in geriatrics and gerontology. I applied for a palliative care fellowship at the Icahn School of Medicine at Mount Sinai. I was informed that there wasn't an open position left in palliative care, but there was one for geriatric medicine. I took it and was able to do a palliative fellowship as well the following year.

setting.

Not all are spiritual experts, but research has shown that many healthcare professionals shy away from spiritual questions and statements. Most Americans believe in miracles. Research has also found that patients are much happier with their health care when the health care team asks about spirituality and spiritual needs. Incorporating spirituality into our discussions when exploring an illness that may end one's life is an important aspect of our work. Many times over—even here—when patients are told they are incurable, 80% still believe they are curable. As humans, it is normal to want to believe that we are curable—even when we have accepted that we are not curable, we sometimes live where we believe we are.

We are here to support the spirituality in our patients because it is a significant part of their lives. Through time, we learn about a patient's values and beliefs. Many patients don't see how their values and beliefs can guide their decisions about the type of care they choose. We try to help people



THE BENEFITS OF INTELLECTUAL WELLBEING.

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

Intellectual wellbeing is the act of engaging in something new through curiosity, exploration, or creativity. It is the act of thinking critically about a challenge and problem solving to arrive at a solution.

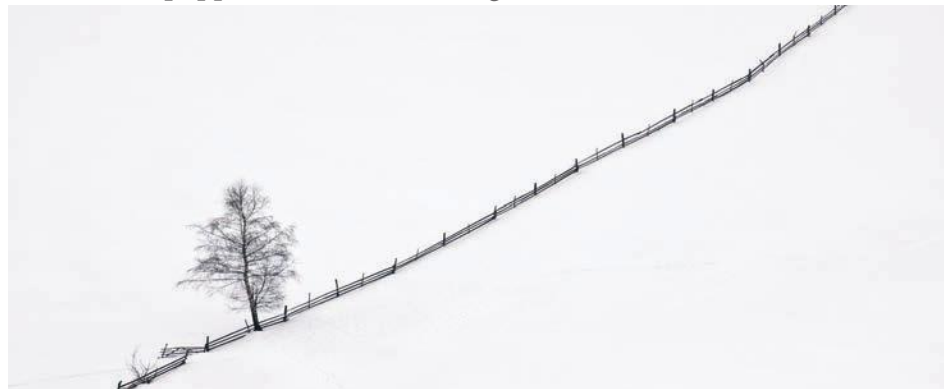
Much like exercising your body, you can exercise your brain—an optimal way to reduce side effects from cognitive “fog,” difficulties in concentration, and short-term memory issues that can be caused by distress, depression, and cancer treatments.

TYPES OF INTELLECTUAL ACTIVITIES.

- Learn a new musical instrument
- Try out a new craft, e.g., sewing, knitting, tie flying
- Learn a new language
- Play word and number puzzles, e.g., crossword, Sudoku
- Keep a journal, write poetry, letters
- Read a book, magazine, newspaper daily
- Register for an on-line MasterClass and learn about a new topic
- Sign up for a guided bird walk
- See a play, attend an Open Mic poetry session, or go to a concert

BENEFITS OF INTELLECTUAL ACTIVITIES.

- Invigorates your mind and expands your world through knowledge and discovery.
- Makes you curious to learn more, which may lead you to surprising discoveries.
- Enhances your memory power, recall, and concentration.
- Improves your critical thinking, problem solving, and decision-making skills, enabling you to be more productive and more equipped to handle challenges.



WHAT'S IN A HAIKU?

A Haiku is a Japanese form of poetry. It is comprised of three lines, with 17 syllables written per line as 5/7/5. Its content is nature-oriented, seasonal.

Below is a haiku written by a member of one of CPSP's support groups.

See if you can write one about winter.

I.

HOPE - WE FIND IT WHERE

WE CAN, HIDDEN LIKE
WINTER

WILDFLOWERS IN DRY
GRASS.

II.

FALL TURNS DARK - AND
YET

WE HOPE: WARMTH, LIGHT
ARE COMING.

DON'T WEEP FOR DEAD
LEAVES.

III.

IN THE DARKEST TIMES

THERE IS STILL LIGHT TO
BE FOUND -

WE HAVE EACH OTHER.

BY YNEZ OLSHAUSEN

A VOLUNTEER IN EVERY SEASON: TRINETTE KIRKMAN.

By Erica Fox, LCMHC, NCC, ATR



Whether it is a frosty winter's morning or a summer scorcher, patients and caregivers are bound to find support and empathic listening to CPSP's volunteer, Trinette Kirkman.

Trinette began her volunteer journey with the Cancer Patient Support Program in 2009. She provides a warm, genuine, and supportive presence for patients and their families at the Comprehensive Cancer Center. Trinette had a successful and fulfilling career teaching high school and college students in her community for 48 years prior to retiring.

Trinette's decision to volunteer with CPSP began following the death of her husband, Joe, from cancer. She shared the remarkable care provided to her husband at the Cancer Center and highlighted a positive and meaningful experience she had with hospice nurses during that challenging time. Volunteering with CPSP has provided Trinette with an opportunity to pay forward the support she received at the Cancer Center during her husband's medical care.

Trinette finds great meaning and purpose in connecting with patients and their families. Whether it is while helping someone check in for a medical appointment, serve them coffee and snacks from the volunteer cart, or engaging in simple, supportive conversation, she emphasizes the enjoyment in her work as a volunteer.

Trinette volunteers Tuesday and Thursday, primarily on the 3rd floor at the Cancer Center. She can be found helping patients check in for appointments and serving snacks and coffee in the waiting areas and infusion rooms.

On behalf of all our patients and caregivers, we give you a HUUUUUGGGGE thank you Trinette!!

~POP/CPSP Team

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:

- Complimentary parking
- Free meal (value \$6)
- Free uniform (adult and college student volunteers only)
- Free flu vaccine
- Annual awards and recognition
- Job and school references
- Discounts on qualified prescriptions

Learn more -->

<https://www.wakehealth.edu/about-us/volunteer-services>

INTERVIEW
WITH A
PROVIDER.



DR.
KATHERINE C.
ANSLEY.

Interviewed by Carrie Madsen, MS, LCMHC, NCC

What is your oncology specialty, and how long have you been practicing at Atrium Health Wake Forest Baptist?

Dr. Katherine Ansley has been at Atrium Health Wake Forest Baptist since 2014. She completed her fellowship in hematology and medical oncology here from 2014-2017 and has been an attending physician since that time. “I work in our Lexington satellite cancer clinic where I treat a variety of cancers and also at our main campus in Winston Salem where I specialize in the treatment of breast cancer.”

How have you utilized CPSP services?

Dr. Ansley states she utilizes CPSP frequently, referring cancer patients at any point in the process, including those who are newly diagnosed, those going through treatment, and those who are long-term survivors. She believes that “cancer is a journey and different needs can arise over time.”

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

Dr. Ansley has stated that patients benefit tremendously from the support of psychosocial oncology counselors, particularly young breast cancer patients with children and understandably high anxiety at the time of diagnosis. “Our CPSP counselors are wonderful at walking through these complex feelings and offer support during one of the most challenging times of their lives.”

Dr. Ansley noted she appreciates the variety of supportive services CPSP provides and expressed enthusiasm for the new metastatic breast cancer support group, which began in November 2022. “My patients speak so highly of the support they receive from CPSP while learning to adjust and live life to the fullest under unique circumstances. I often tell my patients that I know if I was going through a cancer diagnosis I would want to talk to an expert “outside” of the situation even if it is just to vent (as wonderful as family and friends can be sometimes it is helpful to talk to an expert who can often offer a different perspective).”

If you would like to make an outpatient referral or an inpatient consult request, please review the information detailed below.

Psychosocial Oncology &
Cancer Patient Support Programs

Offering hope, fostering resilience, and providing support for patients, families, and providers.



Outpatient Services

- Counseling
- Support Groups
- Biopsychosocial Assessments
- Financial Assistance

Inpatient Services

- Orientation to CPSP
- Wellness Visits
- Psychosocial Consultations
- Financial Assistance

Specialties

- Provider Support & Education
- Grief & Bereavement
- Healing Art Therapy
- Trauma-informed Care

How to Send Outpatient Ambulatory Referrals & Inpatient Consult Requests

+ ADD ORDER

--> AMB REF CANCER --> REF92A
-->To dept spec: Hematology Oncology
-->To dept: MC CC 03 CANCER PATIENT SUPPORT
--> Diagnosis for referral: Name, MRN, Reason for referral

+ ADD ORDER

--> IP CONSULT PSYCHOSOCIAL ONCOLOGY --> CON164
--> REASON FOR CONSULT: Name, MRN, Reason for referral
--> CALL BACK NBR: Please provide # for follow-up
--> HAVE YOU CALLED THE CONTACT FOR THE CONSULT TEAM: Yes or No



A NEW SERIES: WHAT IS ACT & HOW IS
IT RELEVANT TO CANCER CARE?
BY CARRIE MADSEN, MS, LCMHC, NCC

Part 1: An Introduction

Acceptance and Commitment Therapy (or 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). ACT is a “transdiagnostic” approach to counseling, meaning its effectiveness is not limited to any specific mental health diagnosis. This makes it ideal for use in the oncology setting because cancer patients come from all walks of life and face a wide variety of psychological challenges, ranging from serious mental health concerns to the normal, human responses one might expect when facing a life-threatening disease.

Unlike other models of psychotherapy that focus on questioning, changing, or eliminating irrational thoughts or uncomfortable feelings as a prerequisite to good mental health, ACT takes a radically different stance: It does not try to control, reduce, or get rid of challenging emotions, urges, sensations, memories, or painful thinking patterns.

Instead, ACT recognizes that a full, vital human life will inevitably include the entire spectrum of internal experiences and rather than attempting to change or eliminate what is happening “inside the skin,” we can

develop a different relationship with those experiences so that whatever occurs is recognized but ultimately does not control our choices or actions (Hayes, Strosahl, and Wilson, 2012).

This is very good news for cancer patients, because it means they do not have to get rid of their cancer or wait for their prognosis to change before they can begin to start living a life they are proud of.

ACT’s radically different approach to internal and external experiences is called “psychological flexibility” and is the opposite of being on “autopilot.” Psychological flexibility is the capacity to respond fluidly and intentionally to what is happening in our lives so that we can make values-congruent 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:

1. Present-moment awareness
2. Perspective-taking
3. Cognitive defusion
4. Acceptance
5. Values
6. Committed Action

Each of these will be explored in future editions of this newsletter.

While this may sound very heady and complicated, the

important takeaway here is that ACT therapy works to help cancer patients learn new skills to get unstuck, gain clarity about what matters to them, make intentional choices, and engage in behaviors that move their lives forward in a healthy way.

Please stay tuned for the next edition of “Resilience,” where we will begin to explore the first facet of psychological flexibility: present-moment awareness.

References

Hayes, S.C., K.D. Strosahl, & K.G. Wilson, 2012. Acceptance and Commitment Therapy: The Process and Practice of Mindful Change. 2nd Ed. New York: Guilford Press.

Johnson, A., C. Delduca, & R. Morris, 2021. Flying over Thunderstorms: Living your Life with Cancer Through Acceptance and Commitment Therapy. New York: Routledge.

Walser, R.D., 2019. The Heart of ACT: Developing a Flexible, Process-Based, and Client-Centered Practice using Acceptance and Commitment Therapy. Oakland, CA: Context Press.



LIVING IN SURVIVORSHIP: COPING WITH A NEW DIAGNOSIS.

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

The American Cancer Society (ACS) identifies a cancer survivor as “anyone who has ever been diagnosed with cancer no matter where they are in the course of their disease.” Just as each survivor’s story is different, each survivorship branch can differently impact one’s biological, psychological, social, and spiritual needs.

In general, there are five different survivor branches. 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 at least one of the following branches:

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

In this new series, I will review these five branches of survivorship and offer tips on how to improve quality of life on your journey.



The Shock of Diagnosis

The ACS’s definition recognizes the magnitude of receiving a cancer diagnosis: The news can be distressful and potentially traumatic. Anyone who has received a cancer diagnosis has survived the shock of receiving the news. Emotional responses to a new diagnosis can include numbness, disbelief, anger, sadness, anxiety, and/or fear. Some people may also feel depressive symptoms, such as helplessness, little interest in doing things, or feeling bad about your-

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MEET SARAH.



Hello, my name is Sarah Price, the most recent addition to the POP/CPSP team! In May 2022, I received my PhD in Clinical Psychology from the University of Arizona and completed my predoctoral internship in Behavioral Medicine at the Charleston Consortium. I relocated to North Carolina in August to start my Postdoctoral Fellowship in Cancer Prevention and Control at Wake Forest.

Throughout my training, I’ve observed the profound impact that cancer can have on one’s mental, physical, social, and spiritual health, and I have delivered group and individual treatments to promote well-being in the face of these difficult changes. In addition to my clinical work, I conduct research to better understand how we can provide whole-person care and meet the psychosocial needs of patients across the cancer care continuum.

I am trained in multiple theoretical and treatment approaches, including mindfulness, cognitive behavioral therapy, and acceptance and commitment therapy, and use these skills to assist with issues like depression, anxiety, grief, insomnia, chronic pain, and coping with chronic and life-limiting illness. I tend to take a holistic approach in helping individuals cultivate self-compassion and develop skills to manage challenging side effects, thoughts, and feelings so they can focus on what matters to them in life.

NOTEWORTHY ACHIEVEMENTS.



Girl Scouts Gold Badge Awarded to Emma Grace.

Go Emma Grace! She has been awarded the [Gold Award](#)—the highest award given by the Girl Scouts—in recognition of her perseverance and grit.

Emma worked hard to create kid-friendly, developmentally appropriate educational and supportive packets for children whose parents are undergoing cancer treatment.

Emma Grace donated printed booklets and workbooks to the CPSP and has a handout to inform patients and caregivers of the educational materials she made.

To be eligible for consideration of the esteemed award, candidates must be in ninth, tenth, eleventh, or twelfth grade; be a registered Girl Scout Senior or Ambassador; and have completed two Senior or Ambassador Journeys, or have earned the Girl Scout Silver Award and completed one Senior or Ambassador Journey.

According to Girl Scouts, “Up-

wards of 3,500 Girl Scouts in the 2022 Gold Award Class found meaningful ways to address some of the most pressing issues facing their communities, acted on issues they are passionate about, and discovered they have the power to create the future they want.”

Congratulations on this highest of honors, Emma Grace!

<https://cancerresourcesforkids.weebly.com>

Lisa A. Rainwater Newly Certified in Thanatology.



CPSP’s Lisa A. Rainwater, PhD, MA (couns), LCMHCA, NCC, CGP, CT passed the [Association for Death Education and Counseling](#)’s national boards for Certification in Thanatology in November after having met the eligibility requirements, which included a minimum of 1760 clinical hours in the field of thanatology, a minimum of 90 hours of thanatology education, two letters of recommendation.

The CT credential is awarded to individuals who demonstrate specialized knowledge, experience, and education in death, dying, and bereavement and receive a passing score on the standardized ADEC Certification Exam.

Lisa’s clinical work includes loss

and bereavement counseling for patients grieving personal losses related to cancer and for family members who have lost a loved one to cancer. Individual counseling, couples counseling, and group therapy are available. Lisa has also co-lead Wake Wakes for providers to process the cumulative losses and grief during COVID-19 and beyond, as well as for staff who have lost a team member.

This spring, she will offer psychoeducation, resilience workshops, and grief processing to residents and counselors-in-training at the Wake Forest Baptist Medical School.

The Association for Death Education and Counseling®, The Thanatology Association®, is one of the oldest interdisciplinary organizations in the field of dying, death, and bereavement. Its nearly 2,000 members include a wide array of psychologists, counselors, social workers, educators, researchers, hospice personnel, clergy, and volunteers.



BEFRIEND SILENCE, AND
LISTEN TO THE BODY AND
MIND’S NEED FOR
RECUPERATION AND
RESTORATION. IN THIS
WAY, YOU CAN PREPARE
YOURSELF FOR THE
GROWTH AND DYNAMISM OF
SPRING.

~MIMI KUO-DEEMER



WINTER'S RESTORATIVE REFLECTIONS (CONT.).

CONTINUED FROM PAGE 1

personal memory bank. These sensory-packed images are constant reminders to slow down, to cherish, and to care for ourselves and those we love. We are thrilled to be a part of the care journeys of patients and caregivers as they, too, turn inward.

Within CPSP, we continue to maintain robust referral numbers within the in- and outpatient realms. Some of our offerings are open to individuals from all diagnostic and treatment backgrounds; whereas others are more focused in their inclusion criteria. All programs are offered at no cost to patients.

One of our new groups involves nestling in with literature. Lisa Rainwater's reading group engages participants in lively discussions about the human experience as observed in strong women characters—some real, some imagined. The latest read, *Stolen Lives* by Malika Oufkir, explores the harrowing life of political imprisonment and how resilience buoyed the journey. For one virtual session, members ate their home-made Moroccan pancakes to enhance the cultural experience. Contact Lisa at lrainwat@wakehealth.edu for more info or a referral.

Carrie Madsen currently is facilitating a virtual Living Well with Metastatic Breast Cancer Support Group, which began strong in November. This group provides a confidential space for patients to meet and support one another, as well as learn skills that can help them on their cancer journey. Contact Carrie at cmadsen@wakehealth.edu for more info or a referral.

Erica Fox continues to build our Healing Arts programming. Every Friday 1:00-2:30pm, CPSP offers a free walk-in art therapy and psychosocial counseling opportunity in the 3rd floor hospitality room for patients, caregivers, and providers. She is also working directly with inpatients, who have undergone surgeries and are working to regain their communication abilities. Contact Erica at efox@wakehealth.edu for more info or a referral.

As always, contact me directly if I can answer any questions. Please take the time to slow down and enjoy the majestic beauty of winter.

My best,
Katie

Truthfully, we must consistently remind and teach the elevator speech to describe our work because when colleagues mainly think of you as doctors dealing with death, it also affects how they describe you to other providers, patients, and families. In essence, palliative care providers work with patients to alleviate debilitating side effects caused by various complex medical treatments, with a primary goal of improving or maintaining quality of life based on one's values and beliefs.

LAR: How does palliative care within a Comprehensive Cancer Center differ from hospice care?



CRG: Palliative care is considered the standard of care for many advanced cancers, which are unlikely to be cured. For patients living with non-curable cancers, early palliative care helps them live better and—in some cases—longer. We sometimes work for years alongside oncologists and care partners to help patients manage their symptoms and live a life aligned with their values.

Hospice is technically for those with a life expectancy of six months or less who have decided with their oncology team to stop treating their disease with cancer-directed therapy, for example. Palliative care may play a role in helping patients and families with these decisions because they are often very difficult decisions to make.

LAR: How have you utilized CPSP services?

CRG: We utilize CPSP all the time. A lot of our patients are dealing with depression and anxiety, and a lot of them struggle with talking about their emotions. We often need help teaching people appropriate coping skills for significant depression and anxiety because we're dealing with all symptoms—including many physical symptoms. CPSP's counselors are perfect for that task.

LAR: How do your patients benefit from working with our psychosocial oncology counselors?

CRG: 1 in 3 women and 1 in 4 men have experienced significant trauma between the ages of 11 and 17. Daily, we meet and work with people who have been involved in trauma, and they deserve to be treated from that lens. We need trauma-informed clinicians like CPSP providers to help with the massive amount of emotional pain in this world and to teach coping skills to manage significant grief, anxiety, and/or depression.

LAR: How do you find purpose and meaning in your work?

Diane Meier said things would be a lot worse if we weren't here. I agree. In reality, purpose and meaning are always all around me. I feel blessed, and I know my team feels that way too. Working within our team, we have nurtured our camaraderie, which helps us see what other teammates have done for our patients experiencing pain and suffering. We are very caring people by nature; with that caring nature, we sometimes focus too much on the things we wish we would have done better. Often our colleagues come to our rescue to help us see all the good we did for a patient.

LAR: Palliative care can be very stressful. How do you engage in personal wellness?

CRG: Most of us engage in exercise, therapy, massage, and being there for each other. We have regular debriefing sessions. Typically, we have morning meetings and debrief later in the day if needed. We also work hard on having healthy professional boundaries: we are here to care for and be present with our patients to our best ability; at the same time, we are present with our families when we go home, so we are ready to return the next day.

LAR: Thank you for all you do for our patients and for taking the time to talk with me today!

The Comprehensive Cancer Center at Atrium Health Wake Forest Baptist is committed to integrate Palliative Care into outpatient cancer care. This enables cancer patients who receive treatments such as chemotherapy and radiation to see a Palliative Medicine practitioner at the Comprehensive Cancer Center.

Patients can request a referral to Palliative Care.

Physician referrals can be made by calling 336-713-5440.

THE SPECIAL TOPIC VIDEO FEATURES A PANEL DISCUSSION LED BY CANCER SERVICES JULIE LANFORD WITH SPECIAL GUESTS POP/CPSP'S LISA A. RAINWATER & NOVANT HEALTH'S DECARLOS WEST.

Special Topic SURVIVORSHIP REFLECTION GUIDE



PRIORITIES AND WELL-BEING

Maintaining Focus on What's Really Important.

INSTRUCTIONS

- 1 Watch special topic video:
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.
In person and virtual options! RSVP:
www.cancerservicesonline.org/register
- 4 Contact Cancer Services if you have any questions! 336-760-9983

WELLNESS WHEEL



**GREAT SURVIVORS HELP
OTHER SURVIVORS!
JOIN OUR MONTHLY
DISCUSSION GROUP TO
CONNECT THROUGH SHARED
EXPERIENCES.**

Special Topic DISCUSSION GROUP



JANUARY 24
1 PM IN PERSON
OR 7 PM ONLINE

Special Topic SURVIVORSHIP REFLECTION GUIDE



- Review the *Wellness Wheel* on the first page. What areas of well-being are your strengths?
- What areas of the *Wellness Wheel* are you weak in?
- Who are your **Friends/Family** and who are your *friends/family*? How do they best support you?
- Which bills do you have that are household bills; which are medical bills?
- Do you have a mindfulness activity that is helpful to you?
- In what areas would it be helpful to reach out and get help?

LIST YOUR GOALS:

DO YOU FEEL THE WINTER FLOCK CALLING?



JOIN A SUPPORT GROUP & MEET FELLOW TRAVELERS.

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

WEDNESDAYS

- Women's Support Group, every other week, 4 - 4:50 pm
- Men's Support Group, every other week, 4 - 4:50 pm

THURSDAYS

- Finding Life After Loss: Bereavement Group, every other week, 12 - 12:50 pm
- Caregivers Support Group, every other week, 12 - 12:50 pm
- Living Well with Metastatic Breast Cancer Support Group, 1st & 3rd Thursdays, 2:00 - 3:30pm

FRIDAYS

- Survivors Book Club Luncheon, every other week, 12 - 12:50 pm

For more info, contact Lisa lrainwat@wakehealth.edu

self. If this describes your experiences as a recently diagnosed cancer survivor, you may benefit from talking with one of CPSP's psychosocial counselors.

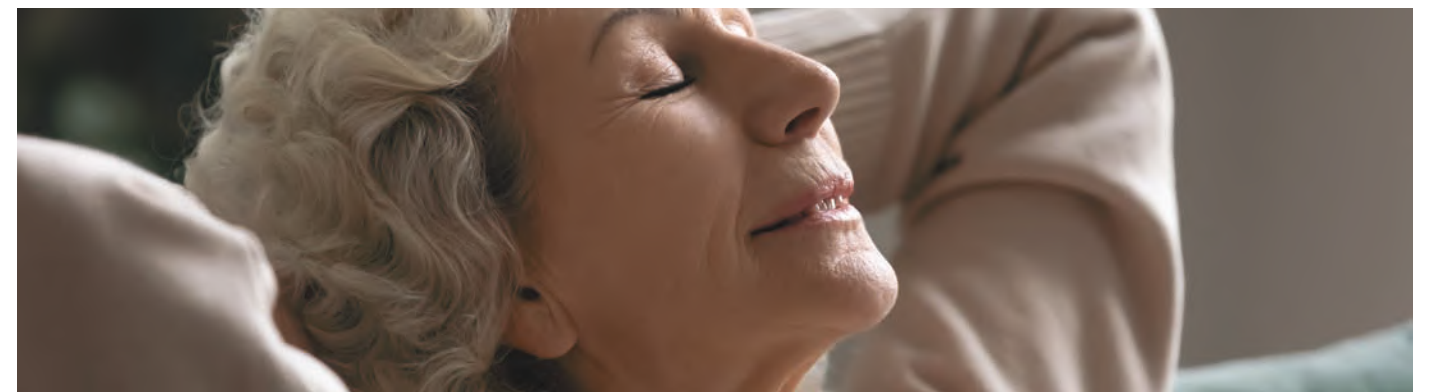
When I work with newly diagnosed clients, I first help you identify your emotions. Talking about your feelings with an empathic, nonjudgmental person can allow you to explore your responses to cancer in a safe and confidential space. Since our therapeutic relationship is one-way, our session is always focused on you (i.e., not me) and what you wish to discuss. This is one of the ways that makes talking to a counselor different than talking with a friend or loved one.

Next, I invite you to share other times in your life where you may have experienced a challenge. I encouraged you to recall what helped you get through that rough patch. You may inherently be flexible and adaptable. You may have relied on friends and family, spirituality and faith, work, creativity, nature, and/or exercise to get through difficult times. Or you may have never faced such a challenge

before, and that is why your new diagnosis feels so foreign. Again, every life story is different. Every chapter is different. Through externalization, we can work together to create an alternative story built on your strengths, hopes, dreams, and more.

After the initial shock of diagnosis wears off, you may begin to experience nagging thoughts—worry thoughts that keep you up at night or follow you like a cloud on walks with your dog. One of the techniques I share with my clients is learning how to externalize those thoughts, worries, or anxieties, AKA “X.” Recognizing that these thoughts are not you can help you regain control of a life that may seem out of control.

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



Externalizing My Troubling X.

Here is an exercise I use with my clients to help them regain control over their thoughts, emotions, and life narrative. I encourage you to be as creative as possible when coming up with your “X.”

1. Sit in a quiet space and imagine you are an illustrator. How would you draw your X? Consider shape, size, color, material. Does it have a mouth? Does it talk to you?
2. What would you name your X?
3. If you could put X someplace safe, so it cannot bother you on a regular basis, where would you store it? E.g., a cupboard, a box, a tree hole, the garden, etc.
4. Exercise your creativity. Draw a picture of your X. Once you are satisfied with how X looks, fold the paper, and stash it wherever you identified in #3.
5. Whenever you begin to feel X interfering with your thoughts, your behavior, your life, visualize stashing it back in its holding space.
6. Set aside 10 minutes a day—more than once a day, if it feels safer at first—to take X out and allow it to bombard you with all the worries, fears, and concerns it normally rains upon you. After you have finished, put X back in its new home.
7. Practice the 336x3 breathing exercise (breathe in for 3, hold for 3, release for 6, 3 times).

THANK A NURSE: JOYCE UY, STAFF RN & RELIEF CHARGE NURSE.

By Lisa A. Rainwater, PhD, MA
(couns), LCMHCA, CT

For 18 years, Comprehensive Cancer Center patients and their family members have experienced the kindness and care provided by Joyce Uy, a Staff RN and Relief Charge Nurse who calls 7cc East her home away from home. Her childhood dream was to become a nurse, and she is “thankful that she became one.”

Chief Nursing Officer Kimberly Stanbery, DNP, RN, NEA-BC, OCN described Joyce as “truly a humble person that has a huge heart. I admire Joyce and would want her to be my nurse.”

Joyce shared that as a nurse, she recognizes that a cancer diagnosis can “seem insurmountable” to her patients. During those distressful times, she and her fellow nurses are there “to educate, comfort, and involve other services as needed.”

Joyce noted that after an assessment, which includes consideration of a patient’s emotional state, behavior, and age, she will refer someone to POP/CPSP to receive psychosocial oncology counseling services if they could benefit from talking with someone.

She described finding great meaning and purpose in her work:

The most meaningful aspect of my work is the care I give from my heart, praying that it will make a positive impact on their health. My patients don’t know that I pray for their healing, but I pray that God will give them hope and strength to endure what they are going through.

“She is a phenomenal nurse; well respected by her peers, loved by her patients, and spends her free time volunteering at the SECU house,” shared Michelle Payne Nursing Practice Specialist DNP, RN, OCN, BMTN.

Indeed, even when Joyce is not working at the hospital, she dedicates her time to the families who stay at the SECU Family House during treatment and doctor visits. She volunteers twice a month, noting that she “volunteers to give back to the community. It gives me a sense of purpose.”

Joyce engages in self-care to avoid burnout and compassion fatigue by “taking time out for myself,” she explained. “I also spend a lot of time just enjoying quiet time with my little dog, Luna. Prayer is a valuable part of my personal wellness too.”



Each year, our annual event provides 50% of the operating budget for the Cancer Patient Support Program and, over the last four decades, has helped us raise \$6 million for our patients.

Will you help?

Every dollar donated goes to helping make sure patients never face cancer alone.

SAVE THE DATE! SUMMERLARK 2023

INNOVATION QUARTER'S BAILEY PARK

SATURDAY, MAY 19 & 20

VIP PRE-CONCERT RECEPTION

MUSIC || FOOD TRUCKS ||
LOCAL BREWERIES & WINERIES

<https://giving.wakehealth.edu/get-involved/summerlark>