



Emotional Impact and Resiliency after Cancer

Pediatric Moving Beyond Cancer to Wellness
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What we will cover

1

What families feel

Common emotional reactions after treatment ends

2

What research shows

Risk, resilience, and growth in plain language

3

Practical tools

Five strategies for home, school, and scan days

4

Support and your plan

When to reach out, and building your personal plan

You are not alone

Finishing treatment is not the end of the emotional journey. For many patients and their families, it is where a new chapter begins.

Both / And

Grateful and exhausted. Proud and scared. Feeling all of it at once is normal.



What the years after treatment can feel like



Fear of recurrence

Worry spikes before check-ups and scans, or with any new symptom ("scanxiety")



On high alert

Reading every ache, fever, or bruise as a possible warning sign



Sadness and grief

For lost time, missed milestones, friendships, and the "old normal"



Anger and unfairness

"Why us?" and frustration when others seem to have moved on



Feeling different

Out of step with peers; wondering who you are beyond cancer



Relief or gratitude

Mixed with all of the above

What we know from research



Most people adapt well

Most survivors and parents report good emotional adjustment over time.



Some continue to struggle

A meaningful minority have ongoing anxiety, depression, or trauma-related symptoms, sometimes years later.



Parents are affected too

Stress symptoms and worry in parents can persist long after treatment ends.



Growth and distress coexist

Many describe a new perspective and closer relationships, even while still hurting (post-traumatic growth).

Linked to better adjustment: social support | coping skills | open family communication | timely access to care

Resilience is not just a trait

MYTH

Resilient people bounce back fast and never struggle.

TRUTH

Resilience is adapting over time, with struggle, support, and skills that can be learned.

Resilience is the process of harnessing the resources needed to sustain wellbeing in the face of stress or adversity

Salsman and Rosenberg, 2023



Resilience resources

Individual resources

- Personal characteristics
 - Like "grit" or self-efficacy
- Learned skills
 - Like managing stress and worry, relaxation, goal setting ★

Social/Community-based resources

- Organizations
- Social networks
- Close relationships

Existential resources (to identify meaning and purpose)

- Faith/spirituality
- Balanced re-appraisal of thinking patterns ★
- Gratitude ★

Practical tools



Put words to
feelings



Plan for scans
and "what ifs"



Aim for
balanced
thinking



Settle the stress
response



Move toward
what matters



1 Put words to what you feel



Name

What am I feeling? Worried, sad, angry, relieved, numb, all of these?



Locate

Where do I feel it in my body? Tight chest, knotted stomach, heavy legs?



Rate

How big is it right now, from 0 to 10?

Why it helps: putting feelings into words tends to lower their intensity and helps others know how to support you.

Make it a habit

- Try a 2-minute daily check-in at dinner or bedtime
- Use "and": "I'm relieved AND I'm scared"
- Younger kids: use colors, weather, or emoji faces
- Parents: name your own feelings out loud to model it



Talk it through as a family

- Pick low-pressure moments: car rides, walks, cooking together
- Listen first, fix later
- Ask open questions: "What has that been like?"
- Share your own feelings briefly and honestly
- If it is "not now," say "I am here when you are ready," then check back
- Include siblings and partners

Conversation starters

"What has been on your mind about the next check-up?"

"What would help most from me this week?"

"That looked like a hard day. I am proud of you."

"It is okay not to talk. I am here whenever you want to."



2 Facing worry and "scanxiety"

1 Before

- Choose who comes and what comfort items to bring
- Write down your questions
- Plan something kind for afterward

2 While waiting

- Set a 15-minute daily "worry window"
- Fill time with absorbing activities
- Limit online symptom searching

3 Results day

- Decide how you will spend the hours after
- Bring a support person
- Expect big feelings, even with good news

4 Afterward

- Debrief with someone you trust
- Rest: worry is tiring
- Notice what helped and repeat it

Worry you can act on: make a small plan.

Worry you cannot act on: practice letting it be, with breathing or distraction.

Coping and Control

- Ask yourself what elements of the situation are in your control **right now**

Controllable	Uncontrollable
Xxxx Yyyy	Aaaaa Bbbbb

Problem-focused coping

Information seeking
Goal setting
Conflict resolution
Asking for help

Emotion-focused coping

Reappraisal of the situation
Reframing thoughts
Exercise
Hobbies
Relaxation exercises
Social support

3 Aim for balanced thinking

Common negative thinking patterns:

- Catastrophizing
- All or nothing thinking (black and white thinking)
- Overgeneralization
- Disqualifying the positive
- Jumping to conclusions (fortune telling)
- Magnification or minimization
- “Should” statements



Reframing unhelpful or overly negative thinking

- Challenge the overly negative thoughts
 - How accurate is this belief?
 - What is the evidence for or against this thought?
 - What is the worst thing that could happen? What is the best?
 - What are some things you can think about or say to yourself to make yourself calmer?
 - What would you say to a friend going through this same situation?
- Aim for **balanced, rational** thinking



4 Calm your body, calm your mind



Slow breathing

- Breathe in for 4, out for 6
- Longer exhales signal the body to settle
- 1 to 2 minutes is enough



Ground yourself

- Notice 5 things you see, 4 you feel, 3 you hear, 2 you smell, 1 you taste
- Brings attention back to right now



Move and rest

- Walk, stretch, or shake it out
- Even 10 minutes helps
- Protect sleep: steady bedtime, screens off

Practice when you are calm, so the skills are ready when you are not.

Try it together: 1 minute



In for 4
Out for 6

1

Sit comfortably, feet on the floor, hands resting

2

Breathe in through your nose, counting to 4

3

Breathe out slowly through your mouth, counting to 6

4

Repeat for 1 to 2 minutes. Notice your shoulders and jaw soften



Relaxation exercise: The CALM Reminder

Chest: Breathe slower and deeper

Arms: Shoulders and arms sag

Legs: Loose and flexible

Mouth: Jaw drops



5 Move toward what matters to you



Pick one thing that you know will be fun or good for you; make a small goal and work toward that. You can build from there.



Rejoin school, sports, and friends at your own pace



Pace your energy: fatigue is real and valid



Ask for accommodations for fatigue, focus, or memory changes



Gratitude

- Shifting focus from what's not working to what's going well
- Studies show that practicing and experiencing gratitude boosts feelings of satisfaction, strengthens our relationships and drives us to help others
- Simple gratitude exercises
 - “Three good things” exercise (Martin Seligman, PhD)
 - Every night before bed, write down three things that went well for you, along with an explanation of why they went well. The good things can be as seemingly small as your partner taking out the garbage or as big as getting a promotion.
 - Seligman and colleagues found that people who used the three good things exercise felt happier and less depressed for six months.
 - Letter or card of gratitude to someone who changed your life for the better



Support and building your coping and resilience plan

Tips for survivors, and for parents



For survivors

- Learn your health history and follow-up plan. You are the expert on you
- Speak up about fatigue, focus, or mood, and ask for support
- Find peers who get it: survivor groups, camps, online communities
- Your story, your choice: decide who to tell and how much
- Give yourself time. Milestones and anniversaries can stir feelings



For parents and caregivers

- Your worry is normal, and so is needing care for yourself
- Step back gradually: balance safety with growing independence
- Model the coping you hope to see in your child
- Do not forget siblings and your partner
- Protect time for rest, friends, and your own health care or therapy

Your personal resilience plan



My early warning signs

e.g., poor sleep, pulling away, more irritable



What helps me

e.g., a walk, music, breathing, talking to a friend



People I can reach out to

Name at least three: friends, family, care team



One small step this week

Small, specific, and doable



Knowing when to reach out

Consider extra support if, for more than a few weeks, you notice:

- Ongoing sadness, hopelessness, or loss of interest
- Constant worry, panic, intrusive memories, or nightmares
- Avoiding check-ups, scans, or reminders of cancer
- Big changes in sleep, appetite, or energy
- Pulling away from friends and family
- Anger or irritability that feels out of control
- Cognitive changes that are interfering with school or work

Who can help

Your oncology or survivorship team, your primary care provider, or a psychologist or counselor. Therapies such as CBT and trauma-focused approaches can help.

In crisis?

Call or text 988 (U.S.), any time. Thoughts of self-harm are a reason to get help right away.

WA Mental Health Referral Service for Children and Teens

- Phone: 833-303-5437; M-F, 8am-5pm
- Free, telephone-based referral service for children and teens up to age 17 years
 - Teens aged 13+ can contact service on own
- Call or submit online form / schedule intake with a referral specialist
- Families provide mental health needs, location, insurance plan
- ~ 2 weeks after intake, referral specialist calls with info on 1-2 providers or agencies that meet needs and have openings
- Follow up from referral specialist to problem-solve barriers to accessing care

MENTAL HEALTH REFERRAL SERVICE

Washington's Mental Health Referral Service for Children and Teens



4 Important Things to Know About our Service

Families are connected to mental and behavioral health providers

We provide a free service to any Washington family seeking outpatient providers who have availability and accept your child's insurance. The Mental Health Referral Service will provide thorough mental health referrals for children and teens 17 and younger from across Washington.

Families are served as quickly as possible

Our service strives to connect with families in real-time or to return communication within 48 hours. After calling or submitting an online form, families schedule an intake with a referral specialist. Approximately 2 weeks after their intake, families will receive information for one or two recommended providers.

At the service high marks

A recent survey found that respondents were very likely to recommend the Service for Children and Teens to others who need mental and behavioral care (4.6 out of 5).

Interpreter Services

For families who need an interpreter, call 1 (866) 583-1527. Listen for your preferred

More about the service:

- Families can access the service by calling (833) 303-5437, Monday through Friday from 8 a.m. to 5 p.m. Pacific time, to connect with a referral specialist.
- All healthcare providers are encouraged to direct families to our service.
- Washington Healthcare Authority funds the referral service and Seattle Children's operates it.
- Teens aged 13+ can contact our service on their own! Parents/guardians do not need to be notified if patient is over 13.
- Providers are screened by our program and Case Managers to ensure active licensure with no outstanding violations.



Additional support resources

- Talk to your medical providers (oncology, survivorship, primary care)
- Support from a psychologist, social worker, or counselor with knowledge of cancer, treatment, and survivorship
- Psychology Today – therapist search
- For stem cell transplant survivors - BMT InfoNet mental health provider directory

The image shows two screenshots of mental health resources. The top screenshot is from Psychology Today's therapist search page, displaying a 'Filters' sidebar with various conditions and topics. The 'Cancer' filter is selected. The bottom screenshot is from the BMT InfoNet website, specifically the 'Directory of Mental Health Providers' page. It includes a search bar, navigation links, and a description of the directory's purpose for finding mental health professionals experienced with transplant and CAR T-cell therapy.

Psychology Today Filters:

- ☐ Bipolar Disorder
- ☐ Blended Family
- ☐ Body Image
- ☐ Borderline Personality (BPD)
- ☐ Bulimia
- ☐ Burnout
- ☒ Cancer
- ☐ Career Counseling
- ☐ Child Anxiety
- ☐ Chronic Illness
- ☐ Chronic Pain
- ☐ Hoarding
- ☐ Infertility
- ☐ Infidelity
- ☐ Intellectual Disability
- ☐ Internet Addiction
- ☐ Life Coaching
- ☐ Life Transitions
- ☐ Marriage Counseling
- ☐ Medical Detox
- ☐ Medical Trauma
- ☐ Medication Management

BMT InfoNet Directory of Mental Health Providers:

Find a mental health provider—a psychologist, social worker, or other counselor—who has experience working with transplant and CAR T-cell therapy recipients and people living with graft-versus-host disease (GVHD). Providers who offer telehealth can assist clients in several states.

In addition to those listed in the directory, your transplant or CAR T-cell center may be able to recommend a mental health provider or organization who can assist you.

Your search results will display each mental health professional

Resources for Patients

- National Cancer Institute (National Institutes of Health). Adolescents and young adults with cancer. <http://www.cancer.gov/cancertopics/aya>
- Seattle Children's AYA Program: <https://www.seattlechildrens.org/clinics/cancer/services/adolescent-young-adult-program>
- Cancer Lifeline young adult support groups: <https://cancerlifeline.org/services/support-groups/young-adult-cancer/>
- Cancer Pathways teen support: <https://cancerpathways.org/programs/teen-hub/>
- First Descents outdoor adventures: <https://firstdescents.org>
- Young Survival Coalition: <https://youngsurvival.org>
- Got Transition: <https://www.gottransition.org>





Thank you

Impacts on quality of life for adolescents and young adults (AYAs)

Poorer quality of life (QOL) than their healthy peers

- Physical and mental health-related QOL
- Poorer cognitive functioning
- Greater fatigue

Better social wellbeing compared to healthy controls

Compared to older adults who have cancer, AYAs:

- Report better physical QOL
- Poorer mental health
- Greater cancer-specific distress (including depression, anxiety, posttraumatic stress)

AYAs also report positive life impacts:

- Relationships with family and friends
- Spirituality and religious beliefs
- Future plans and goals
- Ability to manage their health
- Growth from their cancer experience