

# Housekeeping Items

The image displays four panels, each with a screenshot and a corresponding instruction in a blue box below it.

- Panel 1:** A screenshot of the "FPON Webinar Attendance" form. It includes a thank you message, a privacy notification, and a section for contact information with a "First Name" input field. Below the screenshot is a blue box with the text: "Fill out attendance and evaluation forms".
- Panel 2:** A screenshot of a video player interface showing a "Q&A" icon. A yellow arrow points to the icon. Below the screenshot is a blue box with the text: "Use 'Q&A' function for questions to the speaker".
- Panel 3:** A photograph of a hand on a mouse next to a large cardboard "@" symbol. Below the image is a blue box with the text: "Email [cpd.education@ubc.ca](mailto:cpd.education@ubc.ca) for technical issues".
- Panel 4:** A screenshot of a video player control bar showing a "CC" icon and a "Show Captions" button. A red arrow points to the "CC" icon. Below the screenshot is a blue box with the text: "Click on 'Show Captions' to enable captioning".

Consented Recordings & PDF Presentations uploaded to [bccancer.bc.ca/fpon](https://bccancer.bc.ca/fpon)



TRAUMA INFORMED CANCER CARE  
APRIL 16, 2026 –HILLARY L MCBRIDE, PHD, RPSYCH

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# CONFLICT OF INTEREST

No conflicts of interest to declare

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## Learning objectives:


- Describe psychological trauma, including what it is, the symptoms, and how it develops;
- Identify the ways trauma impacts cancer care and how cancer can be traumatic;
- Review what trauma-informed care is and how to practice it with patients.

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# POLL: WHEN PSYCHOLOGICAL TRAUMA PRESENTS ITSELF IN MY PATIENTS, I...

- A. FEEL CONFIDENT I KNOW WHAT IS HAPPENING AND WHAT TO DO ABOUT IT
  - B. HAVE SOME IDEA THAT IT MIGHT BE TRAUMA, AND I CARE, BUT DON'T KNOW WHAT TO DO NEXT
  - C. AM UNSURE WHEN IT IS PRESENTING, AND WHAT TO DO ABOUT IT, BUT WANT TO KNOW MORE
  - D. WHAT IS TRAUMA?
-



A photograph of a shattered glass on a wooden surface. The glass is broken into many sharp, clear fragments that are scattered across the wood and flying through the air. The background is a plain, light-colored wall. The text is centered in the upper half of the image.

When trauma informed care is  
the standard of care, all care  
becomes transformative care:  
protective, corrective,  
empowering.

**THE WOUND:**  
SUBJECTIVE  
CHANGES A PERSON  
LACK OF AGENCY, OVERWHELM,  
POWERLESSNESS, DISCONNECTION  
SHATTERS ASSUMPTIONS



“not the story of something that happened back then, but the current imprint of that pain, horror, and fear living inside [the individual]”  
– Bessel Van Der Kolk

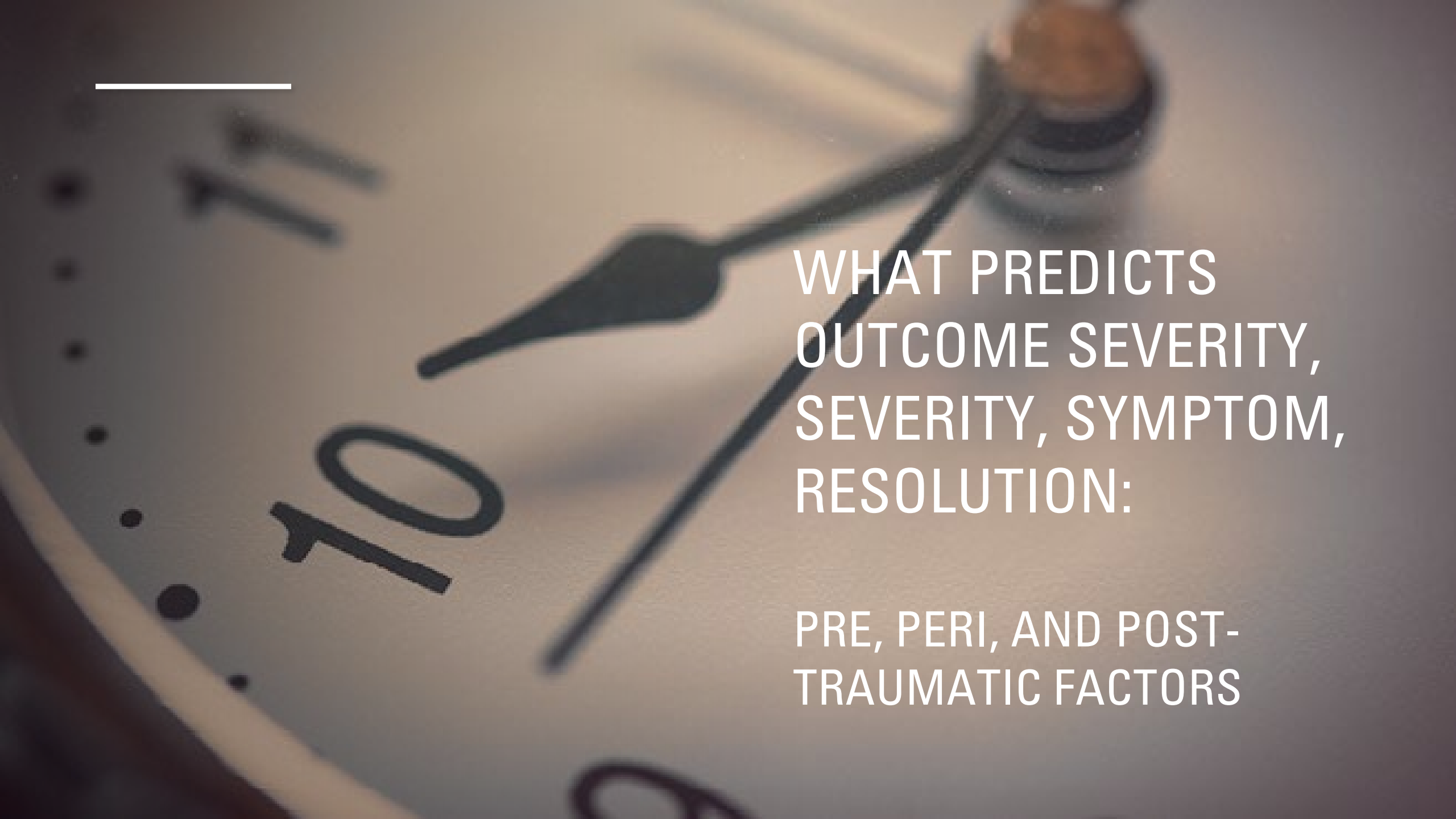


# Prevalence of Cancer-related PTSD

| POPULATION                                    | PREVALENCE OF CANCER RELATED PTSD (95% CI) |
|-----------------------------------------------|--------------------------------------------|
| Adult patients: Self report                   | 7.3-13.8%                                  |
| Adult patients: Current                       | 6.4%                                       |
| Lifetime                                      | 12.6%                                      |
| Subsyndromal                                  | 10-20%                                     |
| Childhood patients: Self report               | 0-12.5%                                    |
| SCID Current                                  | 4.7-20.8%                                  |
| SCID Lifetime                                 | 20.5-34.7%                                 |
| Partners of Patients: Self report             | 28.6%                                      |
| Parents of child patients: Self report        | 9.8-44%                                    |
| SCID Current                                  | 6.2 -25%                                   |
| SCID Lifetime                                 | 27 -54%                                    |
| Child siblings of child patients: Self report | 22.4%                                      |

Cordova, M. J., Riba, M. B., & Spiegel, D. (2017). Post-traumatic stress disorder and cancer. *The lancet. Psychiatry*, 4(4), 330–338. [https://doi.org/10.1016/S2215-0366\(17\)30014-7](https://doi.org/10.1016/S2215-0366(17)30014-7)

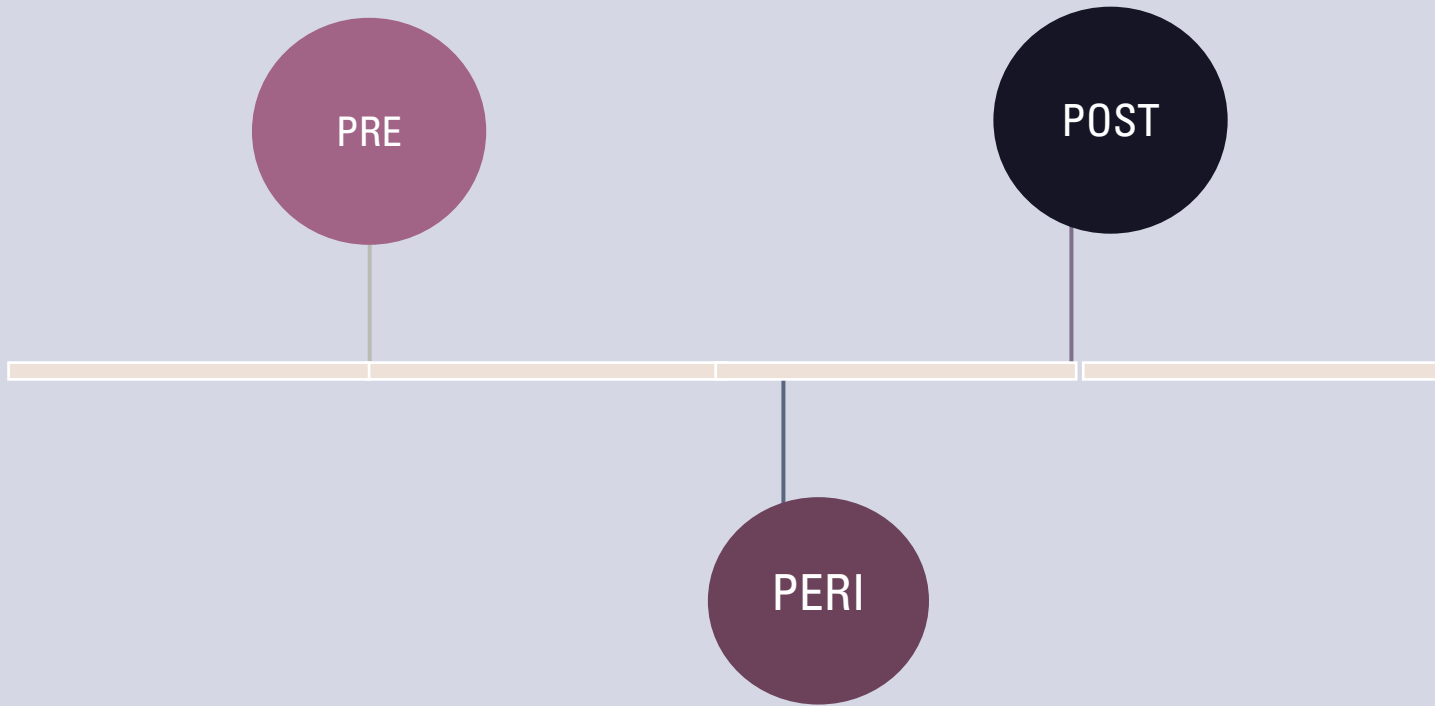
As of 2013, Cancer is no longer a primary index event for PTSD diagnosis according to DSM-5



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WHAT PREDICTS  
OUTCOME SEVERITY,  
SEVERITY, SYMPTOM,  
RESOLUTION:

PRE, PERI, AND POST-  
TRAUMATIC FACTORS



DIAGNOSIS  
TREATMENT (SIDE EFFECTS, SURGERIES, PAIN)  
TESTING PROCESS (WAITING AND FOLLOW UP SCANS)  
HOSPITAL STAYS  
FEAR OF RECURRENCE  
COMPLETING TREATMENT (LOSS OF SUPPORT/TEAM/IDENTITY/COMMUNITY)  
EMOTIONAL CONFLICT, INTERPERSONAL CHALLENGES, OTHERS' REACTIONS

MEDICAL TRAUMA  
ABUSE BY CAREGIVER  
PAST CANCER  
FAMILY/CAREGIVER  
CANCER/ILLNESS  
SOCIOCULTURAL NARRATIVES  
OF CANCER  
WORLDVIEW/SPIRITUAL  
BELIEFS  
ATTACHMENT HISTORY  
ACES  
AGE/ LIFESTAGE



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COMMUNITY RESPOSE  
DIAGNOSIS  
ILLNESS  
ANNIVERSARIES  
OTHERS' STORES  
INJURIES TO SIMILAR AREA  
ACCESS TO CARE  
RELATIONAL EXPERENCES  
MEANING MAKING

DIAGNOSIS  
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**POLL: FOR AN EVENT TO BECOME STORED IN THE BODY AS TRAUMA, THE MOST SIGNIFICANT ELEMENT OF THE EVENT IS**

- A. Pre-traumatic factors**
  - B. Peri-traumatic factors**
  - C. Post traumatic factors**
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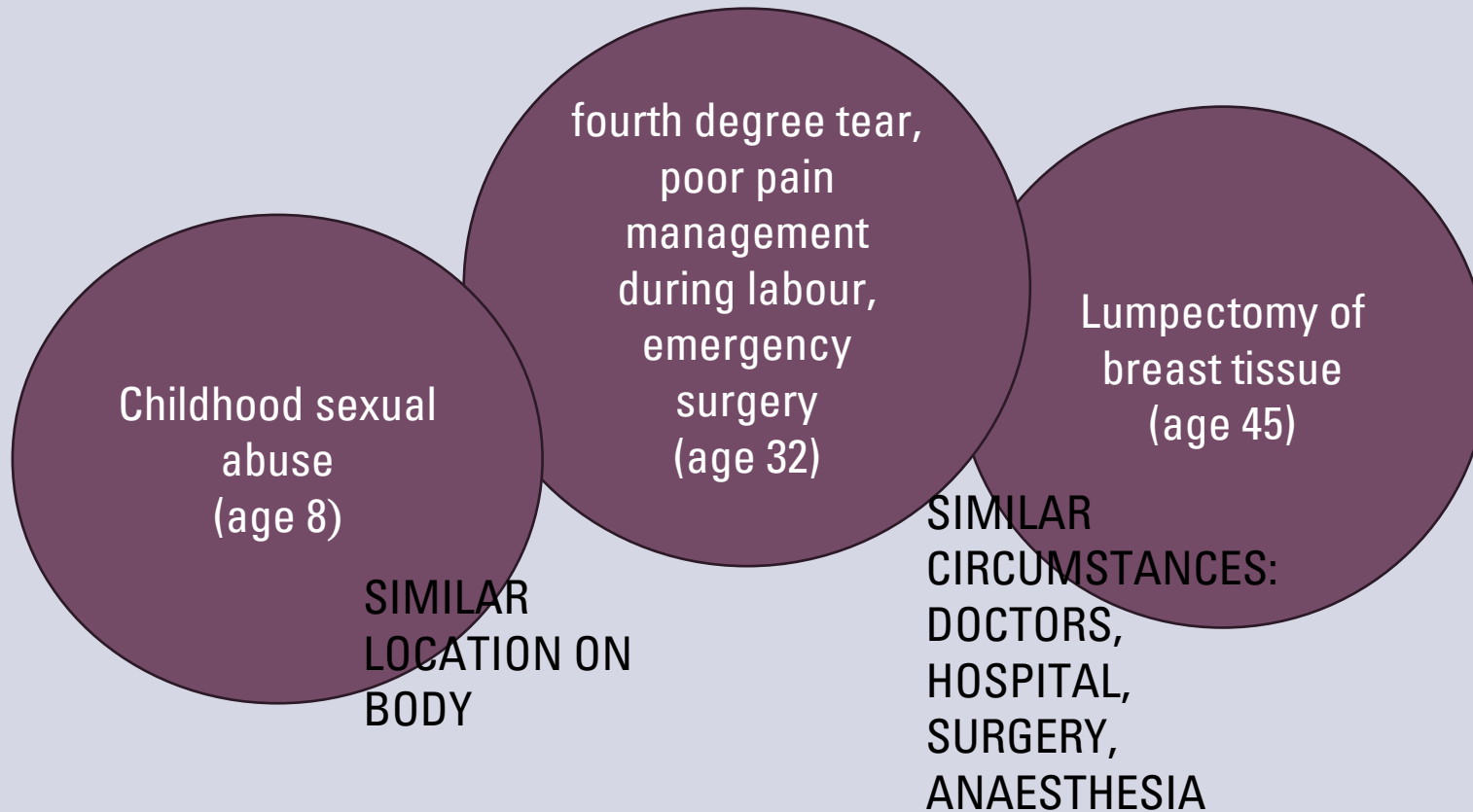
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# TRAUMA LINKAGES

- BODY PART/LOCATION
  - AGE
  - RELATIONSHIPS INVOLVED IN EVENT
  - SAME CATEGORY
  - SEEMINGLY RANDOM ASSOCIATIONS
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# TRAUMA LINKAGES



MEDICAL TRAUMA  
ABUSE BY CAREGIVER  
PAST CANCER  
FAMILY/CAREGIVER  
CANCER/ILLNESS  
SOCIOCULTURAL NARRATIVES  
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PRE

POST

COMMUNITY RESPOSE  
DIAGNOSIS  
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PERI

DIAGNOSIS  
TREATMENT (SIDE EFFECTS, SURGERIES, PAIN)  
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**RELATIONAL FIELD**

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# SOCIAL MODEL OF PTSD (WOODHOUSE, BROWN, AYERS, 2017)

Social acknowledgement (how understood a person feels as a victim of a traumatic event) (following disclosure) decreases the symptoms of trauma.

Meaningful data shows that attuned, empathic, and compassionate responses help a person feels experience the aloneness of the trauma as over, needs are met, pain is seen, symptoms can decrease

**When trauma informed care is the standard of care, we can give people:**

**Protective experiences**  
minimizing the risk of acute stress becoming stuck trauma

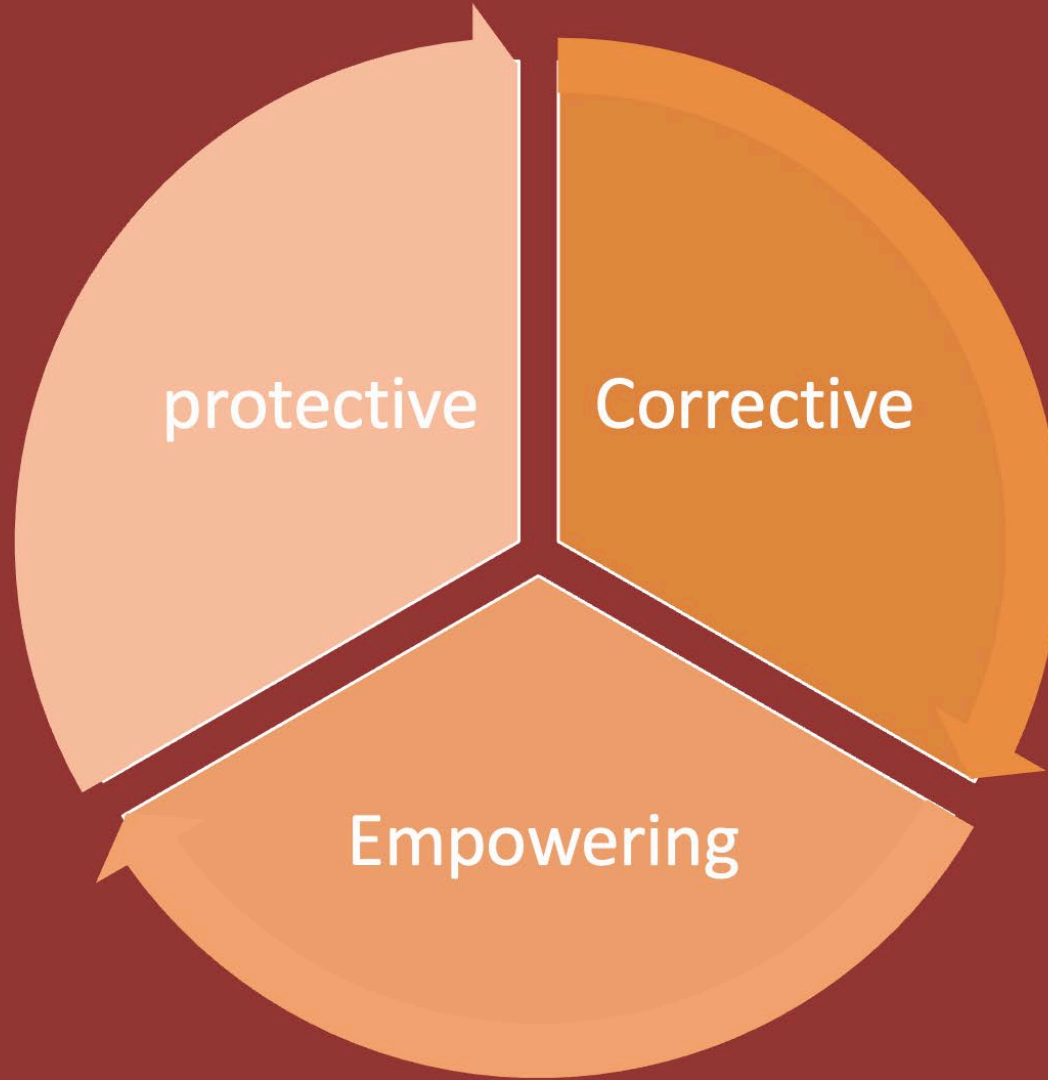
protective

**Corrective experiences**  
New data points on stored and accessed old trauma

Corrective

**Empowering experiences**  
helping people connect to their power in the pain and beauty

Empowering





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## **GUIDELINES FOR TRAUMA INFORMED CARE: SAMSHA: NATIONAL CENTER FOR TRAUMA INFORMED CARE**



## **GUIDELINES FOR TRAUMA RESPONSIVE/CORRECTIVE CARE :**

- Understand (your) trauma and its impact on you
- Making connections: anticipating trauma, looking for resilience
- Consider and value the emotional experience
- Connection: presence, attunement, warmth
- Skillful relating: make the implicit explicit, nonjudgement, curiosity, empathy, compassion, and following up
- Retaining your own embodiment and whole person humanness

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# POLL: WHEN I HAVE BEEN THROUGH SOMETHING DIFFICULT, WHAT HAS MATTERED MOST TO ME WAS

- A. SOMEONE SHOWING THEY CARE THROUGH HOW THEY LISTENED, MADE TIME, OFFERED TOUCH
  - B. SOMEONE REMEMBERING THE HARD THING AND ASKING ABOUT IT AT A FUTURE DATE
  - C. SOMEONE CREATING THE SPACE FOR ME TO TALK THROUGH HOW I FELT ABOUT IT
  - D. SOMEONE REMINDING ME OF HOW TO FIND HOPE IN THE MIDST OF IT
  - E. SOMEONE NOT RUSHING ME TO BE 'OVER' SOMETHING I WASN'T 'OVER'
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- **Post-traumatic growth is possible:**

- Tedeschi and Calhoun (1996; 2004): PTG is psychological, social, and existential growth which emerges from struggling with a traumatic event. Trauma does not disappear but co-exists with growth.

- PTG occurs in 58-83% of trauma survivors (Joseph and Linley, 2008)

- Five dimensions: appreciation for life, relating to others, personal strength, new possibilities, and spiritual change. For PTG to occur, an event significant enough to completely shake foundations of one's assumptive world is required.

- Mediating variables (Marziliano, Tuman, Moyer, 2019)

- Time since diagnosis (<2 years)

- Stage/threat (worse predicts PTG)



# SELF ASSESSMENT

- How well do I understand trauma, memory, and how trauma shows itself in our bodies, and relationships?
- How much have I looked at my own history of trauma?
- How am I feeling, on average, about my work before and after the workday?
- When was the last time I acquired new interpersonal skills, or received feedback on my interpersonal skills? When was the last time I asked for feedback?
- What are the signs my relational encounters leave people feeling cared for and supported?
- What is stable when everything else feels unstable? How does the work I do inspire hope in me?
- How is this work changing me for the better?



**WHEN TRAUMA INFORMED CARE IS THE  
STANDARD OF CARE, ALL CARE BECOMES  
TRANSFORMATIVE CARE:  
PROTECTIVE, CORRECTIVE, EMPOWERING.**

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