



ECHO Idaho: Cancer Survivorship CASE RECOMMENDATION FORM

ECHO Session Date: 3/25/26

RN, MSN

Thank you for presenting your patient at ECHO Idaho –Cancer Survivorship.

Summary: 67-year-old woman with Stage I right-sided invasive ductal carcinoma (ER/PR+, HER2–) who reacted with intense anger and resisted mental health support. After diagnosis through routine mammography, she underwent lumpectomy with sentinel lymph node removal, six weeks of radiation, and initiation of anastrozole, with osteopenia and limited right-arm mobility as treatment-related concerns. She has hypertension, lives in an isolated rural area with her husband as her only support and has no social network or financial needs. Although still in treatment, she has not engaged in survivorship planning.

Question: How can I address mental health concerns in patients that react with strong anger and are resistant to mental health support?

Thank you for the support you have provided this patient and your commitment to future patients!

After review of the case presentation and discussion of this patient’s case among the ECHO Community of Practice, the following suggestions have been made:

Building Trust and Emotional Safety

- Establish trust early, especially with patients who have strong medical distrust
- Normalize and validate emotions:
 - *“What you’ve been through is really hard.”*
 - *“I can tell you’re feeling a lot right now, and I’m here to listen.”*
- Anger is often a secondary emotion tied to fear, hurt, or trauma—it is usually about the situation, not the clinician
- Acknowledge the patient’s experiences without undermining other providers (*“I hear that was really difficult for you.”*)

Communication Strategies for Angry or Distressed Patients

- Use gentle, open-ended questions to avoid sounding accusatory:
 - *“I can see you’re feeling frustrated. What’s bothering you today?”*
 - *“Why do you think this part of the experience has felt so hard?”*
- Keep the tone supportive, not investigative.
- Explore past experiences when appropriate, especially if trauma or distrust is suspected.



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- If the conversation enters mental health territory beyond your scope, involve social work or mental health professionals early.

Leveraging a Multidisciplinary Team

- Introduce social work early as advocates who help communicate needs and support patients in appointments.
- Normalize psychosocial support as standard care (“Everyone meets with our social worker because cancer brings emotional ups and downs.”).
- Recognize when a different team member may be a better fit and offer warm handoffs.

Supporting Patient Autonomy While Encouraging Beneficial Care

- Respect when patients decline services while gently highlighting long-term benefits or common experiences among similar patients.
- Acknowledge that readiness for help varies.
- Reframe mental health or supportive services through advocacy and teamwork to reduce stigma.

Engaging Caregivers Strategically

- Observe caregiver dynamics; they may reinforce patient distress due to shared fears or past experiences.
- Use extra grounding, validation, and clarity when the caregiver intensifies patient emotion.

Clinician Well-Being

- Accept that not every interaction can be “fixed.”
- Some patients remain distressed for long periods.
- Maintain realistic expectations, offer consistent support, and protect your own emotional wellbeing.