



## ECHO Idaho: Cancer Survivorship CASE RECOMMENDATION FORM

ECHO Session Date: 5/27/26

Presenter Credential: LCSW

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

**Summary:** A 55-year-old female with private insurance was diagnosed in 2025 with stage IV cholangiocarcinoma metastatic to the liver, lungs, and bone after worsening pain. Initially the patient was treated with narcotics and then evaluated via ultrasound and MRI which led to the cancer diagnosis. She has undergone biopsy, 8 cycles of cisplatin, gemcitabine, and durvalumab, and is currently on nivolumab. Her medical history includes hidradenitis suppurativa, and she experiences cancer-related pain, anxiety, and depression, managed with medications including alprazolam, oxycodone, fentanyl, buspirone, and hydroxyzine. She has been offered multiple supportive services (integrative oncology, nutrition, palliative care, mental health support, support groups, and financial navigation) and remains in active treatment. She is married with two adult children, maintains close family relationships, and works full-time remotely, but reports significant distress including fear of death, guilt about leaving her children, beliefs that past behaviors caused her cancer, and anxiety about consuming sugar “feeding” the disease. She has no known genetic risk factors or prior genetic counseling, does not yet have advance directives, and is developing a survivorship care plan, with primary goals focused on minimizing suffering and ensuring her family’s well-being after her death.

**“You’re doing a great job recognizing when she becomes overwhelmed and adjusting your approach—your ability to tread lightly while still keeping important topics on the radar is really skillful.”**

### **Communication & Engagement Approach**

- Continue to tread lightly and move gently into more difficult topics, recognizing that when conversations become more explicitly therapeutic, she can become defensive or overwhelmed.
- Use soft-entry strategies (e.g., legacy work, values discussions, storytelling about her life) rather than direct end-of-life framing, especially given her strong reaction to those conversations.
- Normalize her emotional volatility and resistance; recognize that “it helps to have someone to talk to” is itself a meaningful therapeutic outcome, even when no deeper intervention occurs.
- Focus on one small, tolerable step at a time, as she is already so overloaded that even the thought of taking stress off is stressful.
- Emphasize habit-building and gentle engagement rather than intensive therapeutic work, meeting her where she is rather than pushing beyond her current threshold.



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### Advanced Care Planning (ACP)

- Introduce ACP through less threatening, values-based pathways:
  - Ethical will (what she wants to leave behind, what matters most)
  - “Five Wishes” or other frameworks that begin with what makes life worth living
- Frame the timing in a way that aligns with her values:
  - “Doing this now while things are stable” allows her family to “cherish time together later instead of scrambling in crisis.”
  - Position ACP as a way to protect her family, not as giving up hope.

### Legacy & Meaning-Making

- Gently introduce legacy-building as a bridge into deeper conversations:
  - Memory projects (letters, recorded messages, favorite recipes, etc. could be especially meaningful given pride in caregiving roles like cooking)
  - Passing down traditions, values, and family stories
- This work can help address:
  - Her intense guilt about leaving her children
  - Fear of “what happens to them after”
  - Her identity as a lifelong caregiver now facing loss of that role

### Family Involvement

- Recognize that avoidance of family involvement is partly protective, as she is trying to protect her family but harming herself by keeping support away.
- Gradually bridge toward inclusion:
  - Explore readiness and revisit consent (HIPAA) over time
  - Reframe involvement as support for her, not a burden on them
- Consider structured and lower-pressure options:
  - Brief joint conversations when she is emotionally regulated
  - Symbolic or supportive rituals (e.g., “warrior walk”) to demonstrate she is not alone

### Emotional & Cognitive Interventions

- Continue to normalize her experience:
  - Reinforce that delayed diagnosis and symptom progression are common with this disease and not her fault, helping reduce self-blame
- Utilize low-intensity, regulation-based strategies:
  - Guided imagery tied to places she finds calming (e.g., mountains, beach)
  - Progressive muscle relaxation or grounding for anxiety and pain spikes
- If appropriate, consider alternative therapies (ART or similar modalities, while acknowledging prior hesitation with EMDR-like approaches)



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### **Pain, Overload & Functioning**

- Reassess pain management, as untreated or undertreated pain may be contributing to her emotional reactivity and inability to engage in therapy.
- Address the “push through” or boom–bust cycle:
  - Help her identify where she begins to feel increased fatigue, brain fog, or emotional escalation
  - Teach pacing strategies to avoid crashing after periods of overexertion
- Introduce simple awareness tools:
  - Recognizing early signs of overload
  - Scaling activity before reaching exhaustion

### **Reducing System-Level Stress**

- Validate that she is experiencing significant cognitive and emotional overload, where even helpful changes feel unmanageable.
- Simplify practical demands where possible (e.g., meal planning, grocery organization, or budgeting tools to reduce daily burden)
- Revisit work and financial concerns gradually; frame FMLA, disability, or insurance decisions as protective planning, not loss of control

### **Nutrition Beliefs (Naturopathic Alignment)**

- Continue gently addressing her concern that sugar “feeds” cancer by reinforcing that a strict “no sugar diet” is unrealistic, while helping her understand that natural sugars (e.g., from fruits and vegetables) can actually support health and may help reduce inflammation, which is more closely linked to cancer progression.
- Reframe the focus away from restriction and toward what she can add in, encouraging gradual incorporation of nutrient-dense foods aligned with her naturopathic preferences to build comfort and reduce anxiety around eating.

### **Managing Naturopathic Beliefs & External Pressure**

- Acknowledge that she may be receiving pressure from others suggesting alternative cures
- Validate her desire to explore options while grounding in reality and recognizing both hope and limits
- Use “hope and fear” framing to support decision-making: “We can hold hope for the best outcome while also preparing for what we’re worried about.”
- Gently align her care decisions with her stated goals (reducing suffering, supporting her family)