
Advanced Practice Provider
December 3
Melissa Hult,
UNC PAHNP-BC
Psychosocial Oncology:
Supporting the Mental Health of Cancer Patients
UNC Lineberger Cancer Network
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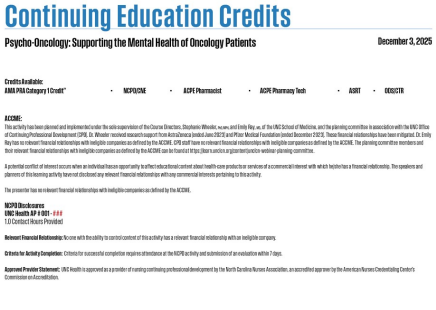
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December 3, 2025
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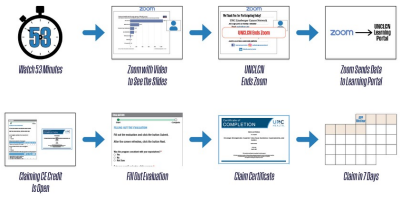

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UNC Lineberger Cancer Network

Advanced Practice Provider

Live Webinar

December 3

Melissa Holt,
DNP, PMHNP-BC

Psychosocial Oncology:
Supporting the Mental Health of Cancer Patients

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Our Presenter

Melissa Holt, DNP, PMHNP-BC

Melissa Holt, DNP, PMHNP-BC, is a board certified psychiatric mental health nurse practitioner with the Comprehensive Cancer Support Program at UNC.

She received her DNP from UNC Chapel Hill in 2018 and spent time working in private practice in general psychiatry before joining UNC in 2020.

Prior to becoming a nurse practitioner, she was a nurse navigator with the GU medical oncology team at UNC, a staff nurse on 4 Oncology at UNC, and worked as a hospice and home health social worker with several local agencies. She has always had a passion for working with people with cancer and focusing on their psychosocial needs.

She has a special interest in anxiety and mood disorders and how critical illness impacts the treatment and care of these patients. Her role within the Comprehensive Cancer Support Program is to provide psychiatric medication management and psychotherapy for the patients receiving care at UNC.

She serves as the Survivorship Program Coordinator for the NC Basnight Cancer Hospital. In 2024, she started the CCSP Survivorship Clinic with a few colleagues and they provide a brief psychotherapy clinic using Acceptance & Commitment Therapy to help with depression, anxiety, and fear of cancer recurrence.

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Our Presenter

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Our Presenter

5. Melissa Holt, DNP, PMHNP-BC, has found that Acceptance & Commitment Therapy is an effective tool in helping cancer survivors move forward after cancer.

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3. She is fortunate to work with incredibly talented colleagues with the Comprehensive Cancer Support Program.

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3. She is fortunate to work with incredibly talented colleagues with the Comprehensive Cancer Support Program.
2. Helping cancer survivors has become a passion for her.
1. Working as a nurse practitioner has brought incredible meaning to her life.

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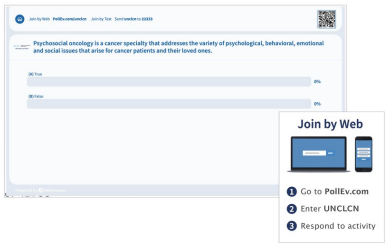
Sample Poll Everywhere Question



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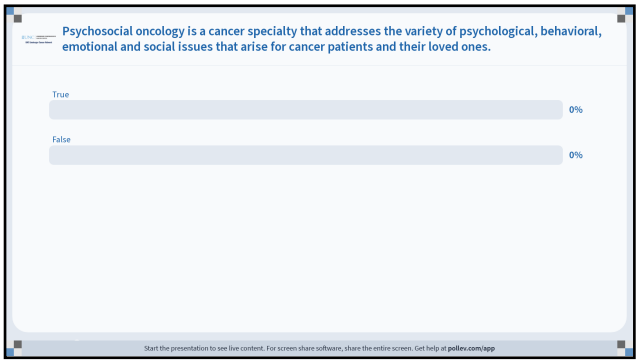
Psychosocial oncology is a cancer specialty that addresses the variety of psychological, behavioral, emotional and social issues that arise for cancer patients and their loved ones.
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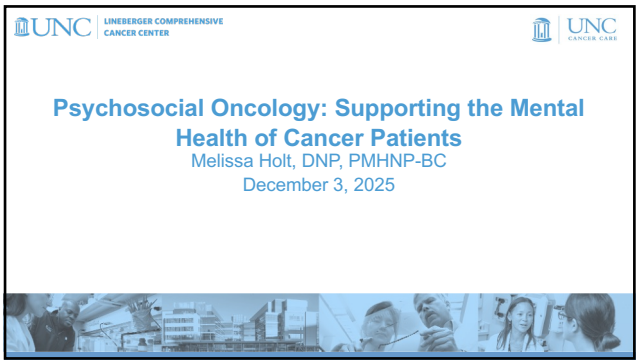
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Psychosocial Oncology: Supporting the Mental Health of Cancer Patients
Melissa Holt, DNP, PMHNP-BC
December 3, 2025

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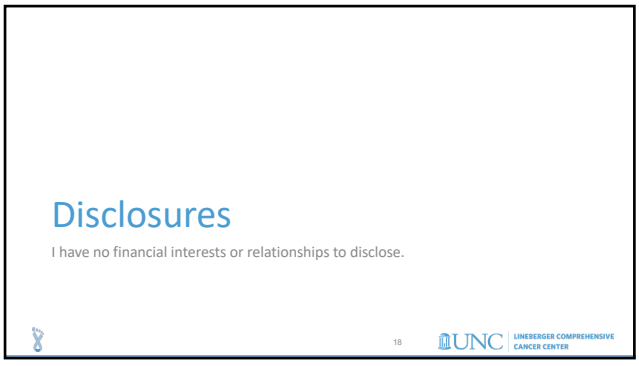
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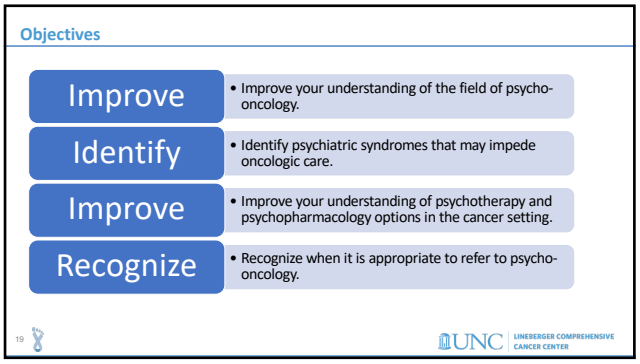
Objectives
Improve
• Improve your understanding of the field of psycho-oncology.
Identify
• Identify psychiatric syndromes that may impede oncologic care.
Improve
• Improve your understanding of psychotherapy and psychopharmacology options in the cancer setting.
Recognize
• Recognize when it is appropriate to refer to psycho-oncology.
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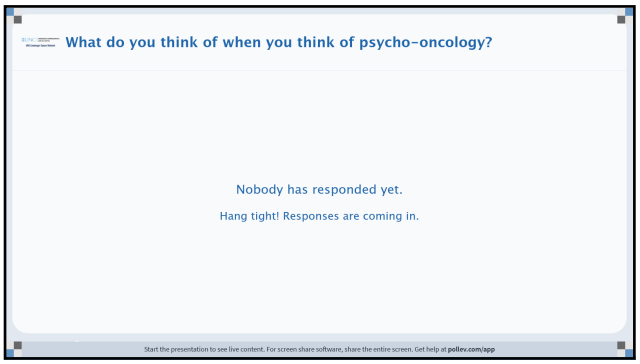
What do you think of when you think of psycho-oncology?
Nobody has responded yet.
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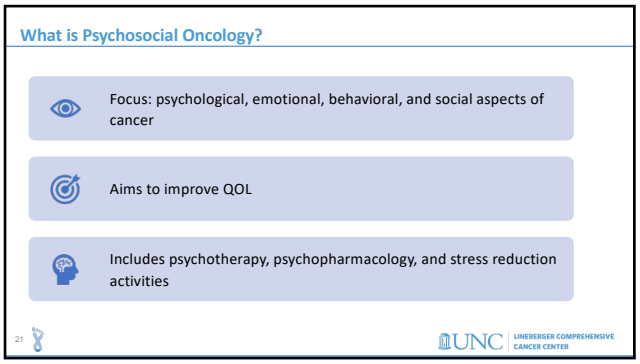
What is Psychosocial Oncology?
Focus: psychological, emotional, behavioral, and social aspects of cancer
Aims to improve QOL
Includes psychotherapy, psychopharmacology, and stress reduction activities
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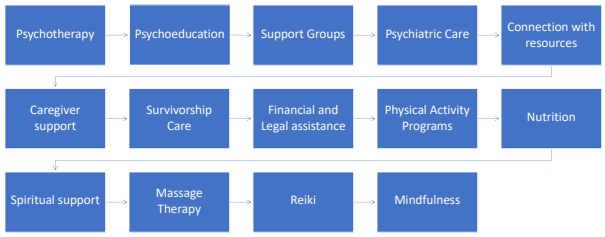
Services provided by Psychosocial Oncology



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Cancer-Related Distress

- Emotional, psychological, and social difficulties
- Financial toxicity
- Can occur at any point, from initial diagnosis, to treatment, to survivorship, and beyond.
- Very common, and can impact cancer patients' quality of life, adherence, and treatment outcomes. (Nakamura et al., 2021; Niedzwiedz et al., 2019)

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Importance of Addressing Mental Health Issues During Cancer Treatments

Functional impairment	Poorer physical health	Substance misuse	Impaired relationships
Reduced physical activity	Lower adherence	Higher use and costs of medical care	Self-harm or suicide risk

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Mental Health Issues Typically Treated in Psycho-Oncology

- Depression
- Anxiety
- Poor sleep
- Mania
- Psychosis
- Delirium

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Depression Symptoms

- Depressed mood
- Anhedonia
- Weight changes (up or down)
- Insomnia or hypersomnia
- Psychomotor agitation or slowing
- Feelings of hopelessness
- Fatigue
- Feelings of worthlessness or guilt
- Difficulty concentrating

Recurrent thoughts of death or suicidal ideation (American Psychiatric Association, 2013)

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Risk Factors for Depressive Syndromes in Cancer Patients

- Previous history of depression or anxiety
- Patient has more advanced cancer
- Pancreatic, lung, and head and neck cancers
- Poorly controlled pain
- Social isolation
- Other life stressors or recent losses
- Recent history of substance abuse or cessation of alcohol or tobacco use
- Hopelessness
- Worthlessness and guilt

Suicidal ideation (Roth & Nelson, 2021, p. 4)

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Is it Depression?

Symptoms common with cancer or cancer treatments that are also symptoms of depression:

- Fatigue
- Anorexia
- Weight loss/Weight gain
- Insomnia

When depression is questioned,

- We can take a personal or family history
- Assess for the length, onset, and severity of depressed mood
- Assess for depressive symptoms (Rosenstein et al., 2014)

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Untreated Depression

Often leads to poor compliance with oncology treatments

Increased pain and disability

Greater likelihood of considering suicide

Increased mortality (Rosenstein et al., 2014)

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Anxiety

Excessive anxiety and worry

Difficulty controlling worry

Restlessness

Fatigue

Difficulty concentrating

Irritability

Muscle tension

Sleep disturbance (American Psychiatric Association, 2013)

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Anxiety in the Cancer Population

- Stress of new cancer diagnosis
- Complications of cancer treatment
- Changes in body image
- Fear of recurrence
- Recurrence or progression of disease
- Trauma history or anxiety history (Roth & Nelson, 2021)

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Panic Attacks

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed, or faint
- Chills or heat sensations
- Paresthesia (numbness or tingling sensations)
- Derealization or depersonalization
- Fear of losing control or "going crazy"
- Fear of dying (American Psychiatric Association, 2013)

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Insomnia

- Difficulty falling asleep, staying asleep, or early morning awakening.
- Sleep study may be helpful (Roth & Nelson, 2021)
- Multifactorial
- Negatively impacts mood, physical symptoms, pain sensitivity, fatigue, and quality of life. (Lowery-Allison & Eldridge-Smith, 2021)

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Factors Influencing Sleep Problems in People with Cancer

- Stress
- Hot flashes
- Hospitalization
- Radiation therapy
- Pain
- Anxiety
- Ruminations or obsessions
- Depression
- Other physical distress (cough, SOB, gastric upset, headaches, urinary frequency)
- Medications (steroids, hormonal agents, activating agents)
- Too much daytime napping
- Substances that either activate (caffeine) or sedate then activate (alcohol) (Roth & Nelson, 2021)

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Insomnia Impact

- Decreased energy
- Poor concentration and attention
- Increased forgetfulness
- Lower mood
- Increased anxiety
- Increased physical complaints
- Subjective feeling of poor decision-making
- Increased risk of falls/accidents (Roth & Nelson, 2021) (Lowery-Allison & Eldridge-Smith, 2021)

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Non-pharmacologic Management of Insomnia

- Assessment of Insomnia and contributing factors (such as pain, depression, anxiety, medication side effects, and primary sleep disorders)
- Cognitive Behavioral Therapy for Insomnia—sleep restriction, stimulus control, cognitive restructuring, and relaxation training
- Sleep Hygiene

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Sleep Hygiene

- Set sleep and wake times
- Exercise regularly, but not too late in the day
- Limit nap times
- Avoid caffeine or late day wakefulness agents
- Avoid alcohol before bedtime
- Avoid screen time
- Avoid clock watching
- Mindfulness or meditation
- Visual imagery (Roth & Nelson, 2021)

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Strategies to Better Manage Anxiety and Depression

- Medication
- Psychotherapy
- Psychotherapy with medication—most effective
- Exercise
- Meditation and mindfulness
- Life-style changes—improving nutrition and sleep (Roth & Nelson, 2021)

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Relaxation therapies

Breathing exercises	Guided imagery	Mindfulness or meditation	Yoga
Biofeedback	Aromatherapy	Art therapy	Music therapy
	Massage	Reiki	

(Semenenko, 2023)

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How can psychotherapy help?

- Reducing psychological distress
- Improved quality of life
- Improved adherence
- Enhanced sense of meaning (Breitbart et al., 2010; Carlson & Bultz, 2023)

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Poll Everywhere:

There are several strategies to manage anxiety and depression including psychotherapy, medications, exercise, improving sleep, improving nutrition, and mindfulness.

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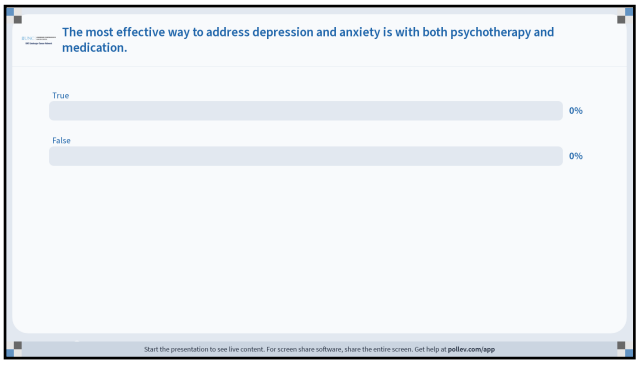

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True!

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Psychotherapy Options

- Supportive psychotherapy
- Cognitive Behavioral Therapy
- Mindfulness-Based Cognitive Therapy
- Acceptance and Commitment Therapy
- Motivational Interviewing
- And many more….

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Supportive Psychotherapy

- Strong therapeutic alliance
- Reassurance, praise, guidance, and validation
- Does not use structured skill-building
- Patient directed
- Therapist fosters nonjudgmental environment

(Wilhelm et al., 2019)

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Cognitive Behavioral Therapy

- Solution-focused
- Designed to reduce symptoms and boost well-being as quickly as possible
- Cognitive component—changing problematic patterns of thinking
- Behavioral component—helps develop actions that serve us well (Gillihan, 2018)

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Cognitive Behavioral Therapy Principles

Emphasizes collaboration and active participation
Rooted in the here and now
Time-limited
Structured
Addresses negative automatic thoughts
Emphasizes relapse prevention (practicing new skills) (Gillihan, 2018)

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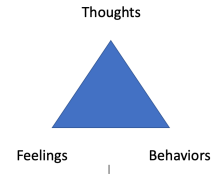
Cognitive Behavioral Therapy



Negative **thoughts** *("I have nothing to look forward to in life")* can lead to dysfunctional **behaviors** *(isolating oneself from loved ones),* which can lead to **feeling** *depressed.* (Fefergrad & Zaretsky, 2013)

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Mindfulness-Based Cognitive Therapy (MBCT)

- Combines elements of CBT and mindfulness.
- Increases self-awareness and psychological flexibility
- Focus is on changing the relationship to thoughts and feelings through mindfulness, self-compassion, and emotional regulation
- Used for stress reduction, anxiety, depression, and improved QOL
(Semenenko, 2023)

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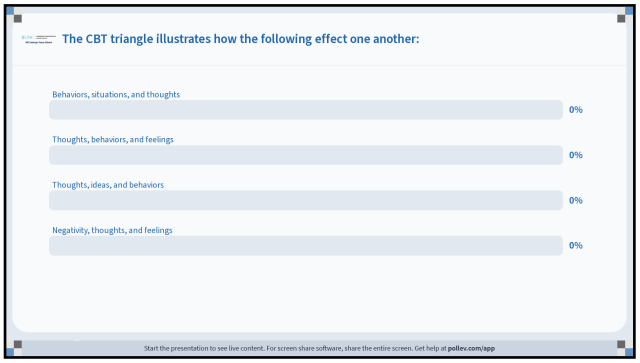

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The answer is B. The CBT triangle consists of thoughts, behaviors, and feelings.

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Acceptance and Commitment Therapy (ACT)

- Goal is to develop *psychological flexibility*
- Process-oriented vs. Outcomes-oriented
- Helps patients change their relationship with their symptoms rather than eliminate symptoms
- Emphasis on increasing alignment with values (Hayes, Strosahl, & Wilson, 1999)

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ACT Principles

Acceptance: willingness to experience thoughts and feelings without avoidance

Cognitive Defusion: distancing from unhelpful thoughts

Present-moment awareness: mindfulness

Self-as-context: observing self

Values Clarification: identifying what matters

Committed Action: behavior change aligned with values (Hayes, Strosahl, & Wilson, 1999)

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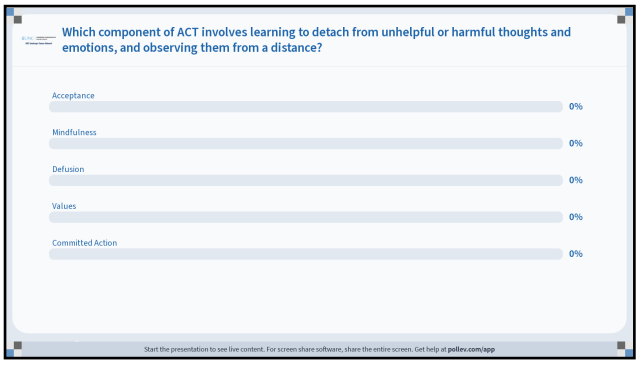

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The answer is C. Defusion is the component of ACT that involves learning to detach from unhelpful or harmful thoughts and emotions and observing them from a distance.

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Motivational Interviewing

- Patient-centered
- Helps explore and resolve ambivalence about behavior change
- Goal: eliciting motivation within the patient
- Help the patient say why and how they might improve their health, not solve the question for them. (Rollnick, Miller, & Butler, 2023)

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Motivational Interviewing: 4 Processes of MI

Engaging—building rapport

Focusing—identifying target behaviors (What?)

Evoking—discovering the patient's own motivations for positive change (Why?)

Planning—discover how best to accomplish change (How?) (Rollnick, Miller, & Butler, 2023)

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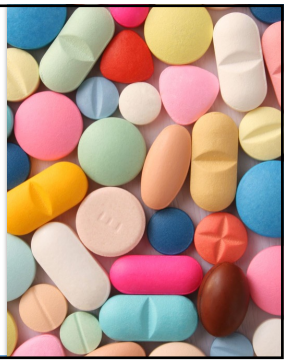
Psychiatric Medication Management

- Antidepressants—used for anxiety and depression
- Anti-anxiety medications
- Antipsychotics—used for psychosis, delirium, and mood stabilization
- Stimulants
- Sleep medications



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Medication Strategies for Managing Depressive and Anxiety Symptoms

Selective Serotonin Reuptake Inhibitors (or SSRIs)—such as Celexa (citalopram), Lexapro (escitalopram), Prozac (fluoxetine), Paxil (paroxetine), Zoloft (sertraline), and Luvox (fluvoxamine).

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)—such as Effexor (venlafaxine), Pristiq (desvenlafaxine), and Cymbalta (duloxetine)

Atypical antidepressants—Trintellix (vortioxetine), Remeron (mirtazapine), Wellbutrin (bupropion), Viibryd (vilazodone)

Tricyclic Antidepressants (TCAs)—Elavil (amitriptyline), Tofranil (imipramine), Pamelor (nortriptyline), Norpramin (desipramine), Sinequan (doxepin), Anafranil (clomipramine)

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Depression Management—Common Issues

- Adherence
- Mood improvement can take 4-6 weeks
- Start low and go slow
- Suicidal ideation risk
- Bleeding risk for SSRIs and SNRIs
- Discontinuation Syndrome

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Antidepressant Multitasking

(Roth & Nelson, 2021)

Patient is Depressed AND…	Medication to Consider
Has decreased appetite	Mirtazapine, TCA
Has gastric upset or nausea	Mirtazapine, TCA
Has fatigue or trouble concentrating	Bupropion, psychostimulant
Has difficulty falling asleep or staying asleep	Mirtazapine, trazodone
Has neuropathic pain	Duloxetine, TCA
Is on Tamoxifen	Venlafaxine, citalopram, escitalopram, mirtazapine
Is nearing the end of life	Psychostimulant

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Anti-Anxiety: Benzodiazepines

- Alprazolam (Xanax)
- Lorazepam (Ativan)
- Diazepam (Valium)
- Clonazepam (Klonopin)

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Benzodiazepines Explained

Great for immediate, short-term relief of anxiety or panic attacks

Can cause sedation, unsteadiness (falls), and poor coordination

Severe effects may include memory loss, mood swings, erratic behavior, and paradoxical anxiety

Can help with insomnia (which can be due to anxiety)

Potential for addiction—should be monitored in people with substance use disorders

Physical dependence can develop if taking for more than 1 month (this is not addiction!). DO NOT STOP ABRUPTLY—TAPER

Respiratory depression possible (Roth & Nelson, 2021) (Yuppa & Braun, 2015)

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Patients who should avoid benzodiazepines

- Older than 70 or frail
- History of cognitive disorder or deficits
- Impaired liver or kidney function
- Impaired balance or ambulation
- Compromised breathing
- History of substance addiction or abuse or current use of substances (especially alcohol or opioids)
- Pregnant women (Roth & Nelson, 2021)

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Antipsychotic Medications Uses

- Delirium
- Agitation
- Psychosis
- Severe mood symptoms
- Refractory chemotherapy-induced nausea and vomiting

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Potential Adverse Effects of Antipsychotic Medications

- Akathisia
- Stiff, rigid muscles
- Bradykinesia
- Dystonia
- Tremors
- Tardive dyskinesia
- Metabolic issues such as weight gain, dyslipidemia, or diabetes
- QT prolongation
- Sedation
- Anticholinergic effects (Fernandez-Robles, 2015)

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Common Antipsychotics Used in Psychosocial Oncology

- Haldol (haloperidol)--first generation
- Zyprexa (olanzapine)
- Seroquel (quetiapine)
- Abilify (aripiprazole)
- Latuda (lurasidone)
- Risperdal (risperidone)

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Psychostimulants

Can be useful in improving fatigue, cognitive dysfunction ("chemo brain"), mood, and motivation

Can be helpful at end of life to improve mood and energy (Roth & Nelson, 2021)

Start low and go slow

Possible adverse effects: anxiety, irritability, loss of appetite, and insomnia

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Psychostimulants

Methylphenidate (Ritalin) and **Amphetamine (Adderall)** are the most common. Improves mood, energy and concentration.

Modafinil (Provigil)—wakefulness agent commonly used for narcolepsy. Usually, well-tolerated. Improves energy, mood, and focus. (Roth & Nelson, 2021)

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Common Sleep Medications Used in Psycho-Oncology

Sedating Antidepressants	Trazodone Mirtazapine Doxepin (Sinequan—TCA) Amitriptyline (Elavil—TCA) Nortriptyline (Pamelor—TCA) (Roth & Nelson, 2021)
Antihistamines	Diphenhydramine (Benedryl) Hydroxyzine (Vistaril or Atarax)
Nonbenzodiazepine Hypnotics	Zolpidem (Ambien) Zaleplon (Sonata) Eszopiclone (Lunesta)

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When to refer to psycho-oncology

- Underlying mental health issue not well-managed
- Coping difficulties with his/her cancer diagnosis/treatments
- Sudden behavior changes or non-compliance
- Psychiatric medication change needed due to potential drug interactions
- Recognition that a psychiatric medication regimen is no longer effective
- Anxiety, depression, or insomnia is disrupting your patient's quality of life
- Family or caregiver expressing concern about your patient's mental health

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Case Study

65-year-old woman who has recently completed treatment for stage 2 ovarian cancer. She endorses neuropathy in her fingers and toes. She is very fearful of recurrence. Her heart races when she experiences uncomfortable bodily sensations, and she worries that the cancer has come back. She reports excessive worry and rumination about recurrence that is interfering with sleep and concentration.

What might be a good plan for this patient?

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Case Study

- Acceptance & Commitment Therapy
- Possibly an SSRI to help manage anxiety symptoms. Will see if sleep improves with better anxiety management.
- Exercise program
- Mindfulness
- Relaxation therapy
- Sleep hygiene

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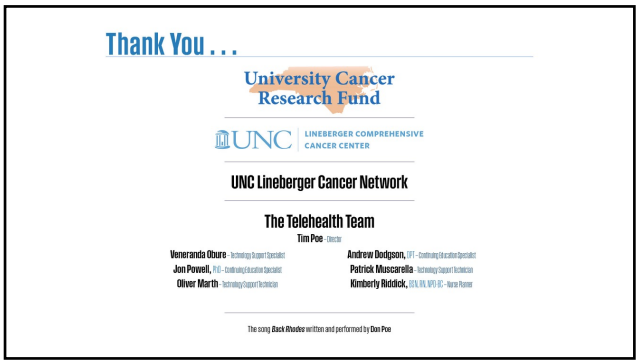
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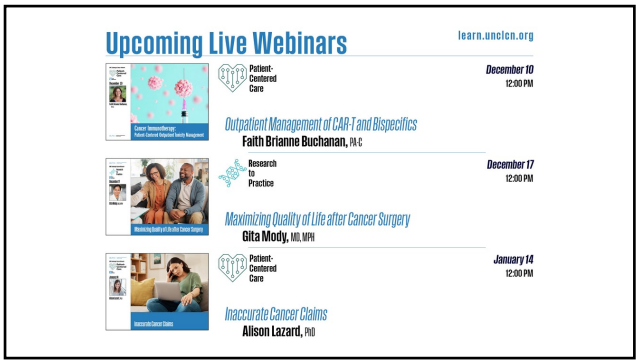
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