



AOSW

34th Annual Conference

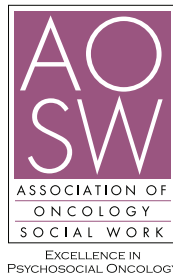
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A T L A N T A

May 30 - June 1, 2018

Atlanta Marriott Marquis
Atlanta, GA, USA



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Wednesday, May 30, 2018

Opening Keynote Address

Wednesday, May 30

9:30 a.m. – 10:30 a.m.

Democratizing Cancer: How Freedom Of Choice Improves Patient Reported Outcomes

Matthew Zachary, BS; CEO, Stupid Cancer

Abstract Summary:

Historically, the decision-making tools allotted to cancer patients have been limited to medical teams (high-trust/low-resource) and the Internet (low-trust/high-resource). Social media has engendered an empowered generation of advocates and activists who have forced the hand of industry to adapt its approach in the form of “patient-centricity,” a meaningless term to the 23-year-old who just found out they have metastatic breast cancer while 3 months pregnant and finishing up her MBA. Learn how an ever-changing landscape of consumer activism is disrupting everything by ending isolation, building community, providing education, redefining quality-of-life, and improving health outcomes.

Keywords: AYA, Specialized Populations

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Discuss the patient/consumer behavior outside the clinic.
2. Apply strategies to improve engagement and retention with patients in/out of clinic.
3. Define mobile health survivorship in clinic.

PAPER SESSION I

P101

Wednesday, May 30

11:00 a.m. – 12:00 p.m.

Promoting Cancer Care Equity for Patients with Severe Mental Illness: How Mental Health Access Differs in Academic and Community Settings

Amy Corveleyn, MSW, LICSW; Leena Nehru, MSW, LCSW, OSW-C;

Abstract Content:

Individuals with serious mental illness (SMI) are more than twice as likely to die from many common cancers, less likely to receive timely, stage-appropriate cancer treatment, and are frequently excluded from clinical trials. Cancer is the second cause of death among patients with SMI. Research shows that while collaborative care models have long been studied in cancer care, the focus has been on depression, not mental illness. In this presentation we will discuss the social worker's role in a new SMI collaborative care model at an academic medical center that has applications to community cancer centers. We will also discuss the health care disparities seen between patients who have SMI and cancer. To fill the gap that exists in cancer care for this population, we designed and piloted a collaborative care model for patients with cancer and SMI and their caregivers in a single arm pilot study. The Proactive Psychiatry Consultation intervention is a model for patients with SMI and cancer. In this model the oncologist and psychiatrist co-manage the patient's cancer treatment and collaborate with the social worker to help patients develop healthier self management skills, self determination and engagement with the medical care. The pilot study showed that this collaborative care model was feasible and acceptable to patients, caregivers and clinicians and showed improved treatment completion rates. While larger cancer centers may have better access to psychiatry, community based programs often do not and therefore need to collaborate with psychiatry differently. Incorporating the psychiatrist into the treatment plan at the community level can be complicated by a lack of services within the community or the missing presence of the clinician on site. Community based settings often rely more heavily on social work to be the first line of assessment with this population. Social workers can be key in finding ways to integrate local mental health services into the care of cancer patients with SMI. Social workers in both settings provide psychosocial assessment, liaison with the interdisciplinary team and support the patient and caregiver through their cancer treatment. This presentation, led by two social workers from both the academic and community setting, will discuss how working collaboratively with the interdisciplinary team helps our SMI patients receive appropriate cancer services. Helping the patient maintain compliance with the treatment plan is a key function of social workers. Within the presentation we will discuss ways that the social worker can educate the treatment team as to how strong social work involvement better engages patients in their treatment. We will also review strategies and examples that will allow the participant to use or develop resources in their own setting. By providing equity in cancer care for SMI patients we can lower the rate of SMI patients who do not obtain the appropriate cancer care as a result of their mental illness. The success of our small study suggests that further study, research and implementation of a sound process in assisting cancer patients with SMI are greatly needed.

Abstract Summary:

Individuals with serious mental illness (SMI) are more than twice as likely to die from many common cancers. Cancer is the second cause of death among patients with SMI. In this presentation we will discuss the social worker's role in a new SMI collaborative care model at an academic medical center that has applications to community cancer centers. This model connects patients to a psychiatrist at the start of treatment. Incorporating the psychiatrist into the treatment plan at the community level can be complicated by a lack of services within the community or the missing presence of the clinician on site. We will also review strategies and examples that will allow the participant to use or develop resources in their own setting. Social workers are on the front lines with this population and we hope the discussion in this presentation will spark more clinical oncology social work research.

Keywords: Special Populations, Clinical Practice/Skill Building

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Identify the disparities faced in healthcare by patients with SMI.
2. Examine how a partnership between psychiatry and social work can benefit the team, the patient, and the caregiver.
3. Recognize the differences between cancer care settings that influence how to use the interdisciplinary team to best serve patients with SMI.

References:

1. Bergamo, C., Sigel, K., Mhango, G., Kale, M., & Wisnivesky, J. (2014). Inequalities in lung cancer care of elderly patients with schizophrenia: An observational cohort study. *Psychosomatic Medicine, 76*(3), 215-220.
2. Chang, T., Hou, S., Su, Y., Chen, L., Ho, H., Lee, M., ... Lee, C. (2013). Disparities in oral cancer survival among mentally ill patients. *PLOS ONE, 8*(8), e70883.
3. Chochinov, H., Martena, P., Prior, H., Fransoo, R., & Burland, E. (2009). Does a diagnosis of schizophrenia reduce rates of mammography screening? A Manitoba population-based study. *Schizophrenia Research, 113*(1), 95-100.
4. Irwin, K.E., Fields, L.E., Corveleyn, A., Park, E.R., Jacobs, J., Ryan, D., & Pirl, W.F. (2017). Proactive psychiatry consultation for patients with severe mental illness and cancer: A pilot study. American Psychosocial Oncology Society's 14th Annual Conference. Orlando, FL.
5. Irwin, K.E., Henderson, D., Knight, H., & Pirl, W. (2014). Cancer care for individuals with schizophrenia. *Cancer, 120*(3), 323-334.
6. Irwin, K.E., Park, E., Shin, J., Fields, L., Jacobs, J., Greer, J., Pirl, W. (2017). Predictors of disruptions in breast cancer care for individuals with schizophrenia. *The Oncologist*.

P102

Wednesday, May 30

11:00 a.m. – 12:00 p.m.

Running on Empty: Recognizing and Combating Burnout, Compassion Fatigue, and Secondary Trauma in Oncology Social Workers and Oncology Professionals

Melissa Broussard, MSW, LCSW, OSW-C; Robin Maggio, LCSW, OSW-C, ACHP-SW

Abstract Content:

One of the first lessons learned in social work training, and one we often pass on to caregivers, is the idea that we must take care of ourselves in order to take care of others (i.e.: put on your oxygen mask first). But are we always followers of our own advice? Oncology social workers and other oncology professionals often witness some of the most difficult and vulnerable times in our patients' lives, and despite the best efforts of the staff and the patients, many will suffer, die, or deal with cancer as a chronic condition. Often, we absorb the emotional impact of these interactions. In our profession, we are frequently tasked with "fixing" difficult situations, such as evictions, loss of health insurance, domestic violence, insufficient basic resources, and employment issues, but with resources scarce, many times there are no solutions, and we shoulder the burden of these "failures." How does this affect our self-esteem and efficacy as well as our compassion satisfaction? Additionally, the patients are not always our only concern as we are often expected to be caregivers for the clinic, serving not only the patients, but the staff as well. In the trenches, it can be hard to recognize when this load is beginning to weigh us down. How do we remain authentic with our patients and staff, but also protect ourselves? Studies have shown that professions with high rates of emotional touch correlate to high rates of burnout and compassion fatigue. In *The Resilient Practitioner*, Thomas Skouholt wrote that, in professions with highly emotional work, "the giving of oneself is a constant requirement for success. Caring for others is the precious commodity." In an article on self-care, Lynda Monk, MSW, RSW, CPCC built upon this thought, adding that "we are the tools of our trade", and all of our skills make for the foundation of our work. She argues that "self-care among social workers is also a precious commodity, as well as an ethical imperative." The NASW Code of Ethics outlines our responsibility to impairment of our colleagues as well as ourselves, a definition of impairment which includes personal situations and psychological distress. In this presentation, we will explore theoretical basis of this continuum: burnout, compassion fatigue, and secondary trauma. We will discuss the symptoms of each and recognizing them in ourselves and our colleagues as well as challenges and protective factors in our work environments and where our responsibilities lie. We will review assessment tools and explore the topic of self-care and strategies for developing an effective self-care routine. Sister Mary Rose McGeady said, "There is no greater joy, nor greater reward, than to make a fundamental difference in someone's life." Oncology social workers and our clinic colleagues have dedicated our lives to making fundamental differences and can only reap the emotional rewards if we endeavor to keep our tanks full.

Abstract Summary:

One of the first lessons we learn in school is the idea that we must care for ourselves in order to take care of others, but do we always follow this? Oncology social workers and our oncology colleagues witness some of the most difficult and vulnerable times in our patients' lives, and often absorb the emotional impact of these interactions. We are often tasked with "fixing" difficult situations, for which

there may be no solution, and shoulder the burden of any “failures.” In the trenches, it can be difficult to recognize when this load is beginning to weigh us down. In this session, we will explore burnout, compassion fatigue, and secondary trauma, looking at the theoretical basis and symptoms. We will explore challenges, protective factors, and where our responsibilities lie in our organizations. Participants will learn about assessment tools and have an opportunity to discuss and develop self-care strategies.

Keywords: Self-Care, Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Participants will be able to discuss the differences between burnout, compassion fatigue, and secondary trauma as well as signs/symptoms of each and risk/protective factors.
2. Participants will be able to discuss their ethical responsibility.
3. Participants will be able to identify useful interventions for combating these conditions.

References:

1. Advisory Committee on Colleague Assistance. (n.d.). The Stress-Distress-Impairment Continuum for Psychologists. Retrieved from <http://www.apapracticecentral.org/ce/self-care/colleague-assist.aspx>
2. Maslach, C, & Leiter, M. P. (2016). Understanding the Burnout Experience: Recent Research and Its Implications for Psychiatrist. *World Psychiatrist*, 15(2), 103-111. <http://dx.doi.org/10.1002/wps.20311>
3. Mathieu, Françoise. (2013). What is Compassion Fatigue? Retrieved from <http://www.tendacademy.ca/what-is-compassion-fatigue/>
4. Monk, Lynda. (2011). Self-Care for Social Workers: A Precious Commodity, an Ethical Imperative. *Perspectives*, 33(1), 4-7.

P103

Wednesday, May 30

11:00 a.m. – 12:00 p.m.

Responsive Psychosocial Cancer Care in the Rural Context: Best Practices from the Field

Sky Niesen Smith, MSW, LICSW; Joan Padilla, Cert in NonProfit Management; Lorelei Tinaglia, MSW Student

Abstract Content:

This presentation will discuss the strengths, barriers, and unique practice frameworks for providing psychosocial care for rural oncology patients. With the scant research that exists in this area, paired with an increased need for rural specific services, this presentation offers a discussion of care delivery models and patient/ caregiver distress in the rural context. This presentation will offer stories and insights from the field, as well as current research and practice frameworks. In the rural context, many unique barriers exist for oncology patients. An article by Humble and Slater (2011) discusses several barriers cancer patients face in order to access cancer treatment. One of the most essential barriers in rural cancer care is that of transportation, as rural patients often have to travel long distances for both medical and

psychosocial services related to cancer treatment (Humble & Slater, 2011). Additional rural-specific barriers include a lack of cultural competency of providers, lack of patient access to psychosocial services, and lack of overall community resources due to poor socioeconomic conditions (Humble & Slater, 2011, p. 645). Further, rural areas often lack specialty care and professional training in order to meet the psychosocial needs of cancer patients (Thewes, Butow, & Stuart-Harris, 2009). Strengths, or protective factors, in the rural context largely include family and community support systems. Ginsberg (2011) describes the hidden “treasures” of rural life that can be “hidden in plain view (Ginsberg, 2011, p. 33).” These include strong community coalitions, important cultural influences, and rich historical connections. In addition, rural communities tend to be comprised of closely-knit systems that provide a strong support system for rural residence. Due to the tightly woven nature of some rural communities, cancer patients may have concerns about seeking psychosocial services due to stigma and a lack of confidentiality. Bates (2011) states, “Earlier studies suggest that in some small, rural communities, social norms cast doubt on individuals who access help in the form of support groups, psychologists, spiritual counselors, or psychotropic medications (Bates, 2011).” So, these same strengths of rural communities may serve as barriers in terms of accessing and accepting psychosocial services. This presentation offers unique insight from the field, with a presentation by an Executive Director at a rural cancer wellness center serving several rural counties in Illinois, on models of providing and delivering psychosocial care for rural cancer patients. In addition, current research in the area of distress and best practices in the rural context will be offered.

Abstract Summary:

In the rural context, many unique barriers and resources exist for oncology patients. This presentation will discuss the strengths, barriers, and unique practice frameworks for providing psychosocial care for rural oncology patients. Lack of specialty care and professional training along with limited community resources in rural areas further deepens rural/ urban healthcare disparities. With the scant research that exists in this area, paired with an increased need for rural specific services, this presentation offers a discussion of care delivery models and patient/ caregiver distress in the rural context. This presentation will offer stories and insights from the field, as well as current research and practice frameworks, for a discussion of evidenced based, culturally responsive psychosocial cancer care in the rural context.

Keywords: Special Populations, Clinical Practice/Skill Building

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Identify unique rural-specific strengths and barriers in psychosocial cancer care.
2. Formulate culturally responsive interventions and practice frameworks when supporting rural residents.
3. Distinguish the needs of rural cancer patients, caregivers, and survivors receiving treatment within in the context of larger, academic/ urban cancer centers.

References:

1. Bates, B. (2011, March). Rural lung Ca. survivors face higher distress: close-knit nature of some rural communities might hinder patients from seeking treatment. *Clinical Psychiatry News*, 39(3), 10. Ginsberg, L. (2011). *Social Work in Rural Communities*. Alexandria, VA: CSWE Press.

2. Humble, M. N., & Slater, G. Y. (2011). Cancer Does Not Phase Us: Exploring Anxiety Levels in Rural Oncology Patients. *Journal Of Human Behavior In The Social Environment*, 21(6), 644-653. doi:10.1080/10911359.2011.583499
3. Smith, J.S., Limesand, D, and Alikhan, M. (2011). Prevalence of Psychosocial Distress in a Rural Community Oncology Practice. *Journal of Clinical Oncology 29: 2011* (suppl; abstr 9114)
4. Thewes, B., Butow, P., & Stuart-Harris, R. (2009). Does routine psychological screening of newly diagnosed rural cancer patients lead to better patient outcomes? Results of a pilot study. *Australian Journal Of Rural Health*, 17(6), 298-304. doi:10.1111/j.1440-1584.2009.01087.x

P104

Wednesday, May 30

11:00 a.m. – 12:00 p.m.

Opening Notes to Our Patients: Pandora's Box or ???

Leora Lowenthal, LICSW, OSW-C, MPA; Steve O'Neill, LICSW, BCD, JD

Abstract Content:

On first consideration OpenNotes may appear to be a relatively straightforward concept; allowing patients to read the notes in their medical chart via secure online portals. It may even seem a natural result of the digital age and electronic medical records. Yet with further examination, one can recognize how OpenNotes represents a significant culture shift within healthcare, placing new emphasis on transparency and patient empowerment. The OpenNotes movement traces its roots back to 1973 when the American Hospital Association first adopted a Patient's Bill of Rights. In the decades that followed healthcare providers, social scientists and advocates worked collaboratively to develop and ultimately launch the first OpenNotes study in 2010 (2). The study included patients and providers from three diverse healthcare systems and examined the effects of sharing notes on both patients and doctors. In 2014, OpenNotes and Beth Israel Deaconess Medical Center (BIDMC) went a step further with a pilot inviting patients to view notes written by their psychotherapists. Today more than 16 million patients in the USA have access to their chart notes, and at least 20 additional health systems are expected to join the OpenNotes movement during 2017. Advocates believe some of the greatest benefits of this system include: improved patient understanding and adherence to treatment plans; opportunities for patients to identify errors or missing information in their charts; and increased trust between patients and providers. In fact, research overwhelmingly indicates that using OpenNotes is beneficial for patients in these and other ways (1,3,5,6). Studies also suggest that many concerns anticipated by healthcare providers turn out to be unfounded or have negligible impacts on the work process(1,3,4,5). While once a revolutionary concept, OpenNotes could now be on its way to becoming a best practice and standard of patient-centered care. The authors are both employed by BIDMC, a healthcare system that has participated in OpenNotes from the inception in 2010. In the first part of this paper they will review existing research identifying some of the most notable benefits and challenges presented by OpenNotes. Following, they will provide case examples that highlight some of the clinical and ethical challenges that may be encountered when working in oncology and end-of-life care. For oncology social workers (OSWs) the use of OpenNotes may require comfort with a level of transparency never previously confronted. With this model, the chart note serves as a means of communication from provider to patient. In addition the note must continue to serve as communication to other providers

and maintain appropriate standards for insurance and quality reviewers. While not a simple task, the authors will seek to demonstrate that this transparency is ultimately beneficial for the patient and may serve to deepen trust in the clinical relationship (3,5,6). They will also use the NASW Code of Ethics to show how OpenNotes is conducive with standards and goals for our profession (7). OSWs are well positioned to help patients and providers use OpenNotes for an improved healthcare experience; the authors hope they will be inspired to do so.

Abstract Summary:

The OpenNotes movement traces back to 1973 when the American Hospital Association adopted BIDMC's Patient's Bill of Rights guaranteeing patients a right to access to their record. In 2010, BIDMC and others collaborated to develop the first OpenNotes program allowing patients direct access to their on-line medical record. In 2014, BIDMC opened up mental/behavioral health notes. Today more than 17 million patients have access to their records. Advocates believe some of the greatest benefits include: improved patient understanding and adherence to treatment; opportunities to identify errors or missing information; and increased trust. The presenters will review research on the benefits and challenges presented by OpenNotes, including O'Neill's studies of social workers and their patients. They will additionally provide case examples highlighting some of the clinical and ethical challenges applicable to oncology and end-of-life care, consistent with the NASW Code of Ethics.

Keywords: Ethics, Clinical Practice/Skill Building

Course Designation: Ethics

Presentation Level: Intermediate

Learning Objectives:

1. Explain how the OpenNotes movement works to promote transparency and patient empowerment in healthcare.
2. Summarize current research findings on OpenNotes for behavioral/mental health care and identify implications for psychotherapy.
3. Identify clinical and ethical challenges related to OpenNotes that may arise in the context of oncology and end-of-life care, with recommendations on how to manage.

References:

1. Bell SK, Mejilla R, Anselmo M, et al. When doctors share visit notes with patients: a study of patient and doctor perceptions of documentation errors, safety opportunities and the patient-doctor relationship. *BMJ Quality and Safety*. 2017; 26: 262-270.
2. Delbanco T, Walker J, Darer JD, Elmore JG, Feldman HJ, Leveille SG, et al. Open Notes: Doctors and Patients Signing On. *Ann Intern Med*. 2010; 153:121-125.
3. Delbanco T, Walker J, Bell SK, Darer JD, Elmore JG, Farag N, et al. Inviting Patients to Read Their Doctors' Notes: A Quasi-experimental Study and a Look Ahead. *Ann Intern Med*. 2012; 157:461-470.
4. Dobscha SK, Denneson LM, Jacobson LE, et al: VA mental health clinician experiences and attitudes toward OpenNotes. *General Hospital Psychiatry*. 2016; 38: 89-93.
5. Walker J, Darer JD, Elmore JG, Delbanco T. The road toward fully transparent medical records. *New England Journal of Medicine*. 2014; 370(1):6-8.

6. Woods SS, Schwartz E, Tuepker A, Press NA, Nazi KM, Nichol WP. Patient experiences with full electronic access to health records and clinical notes through the MyHealthVet personal health record pilot: a qualitative study. *Journal of Medical Internet Research*. 2013; 15: E65.
7. Workers, N. A. (2008). NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers).

P105

Finding Words: Tools for Improving Family Communication Using a Systems Approach

Katherine Easton, MSW, LCSW, OSW-C

Abstract Content:

Effective and open communication is at the core of healthy relationships and can be essential in managing a cancer diagnosis within a family. Positive dialogue among loved ones impacts how the individual perceives the level of emotional support available and reflects family cohesion during stressful events. Studies have shown that adjustment and adaptation to a cancer diagnosis is influenced by several factors, including previous coping, role adjustments, communication patterns and role allocation. (Hedlund 2015). Families with open patterns of communication will be better equipped to manage the emotional and practical aspects of the experience through the free expression of feelings and practical problem-solving. The components of these critical conversations and the powerful emotions that accompany them can help promote understanding and compassion among family members. "As survival rates increase and treatments become more complex, understanding how to improve communication processes within the family will become even more vital to supporting families and improving patient outcomes." (Harris, et. al 2009). Positive communication between couples as well as with children reflect the families adjustment to the cancer experience and may result in lower levels of distress. A variety of evidence suggests that communication between spouses and other relational factors may affect the psychosocial adjustment of families. (Sales, Schulz & Biegell 1992) Alternatively, many couples and families struggle through these often emotionally painful conversations lacking the ability to express true and open feelings with each other. "Parents find it difficult to communicate with their children throughout the cancer experience. They are often unclear about which words and concepts are most helpful for children of different ages during different stages of illness and treatment." (Christ, 2015). The oncology social worker is in the unique role of providing education to patient and family to help them promote healthy and open communication patterns. Providing specific guidance in enhancing these important conversations will promote optimal adjustment to the cancer experience and improve the patient's perception of emotional support. Using a systems approach, oncology social work intervention seeks to understand the family as an independent set of individuals working to become an integrated system of roles, responsibilities, emotions, values and beliefs. The assessment of communication styles and patterns in a family system will provide the oncology social worker with the tools necessary to aide the couple/family towards a more meaningful and healthy communication pattern relieving some of the emotional distress normally associated with the cancer experience.

Abstract Summary:

Effective and open communication is at the core of healthy relationships and can be essential in managing a cancer diagnosis within a family. Dialogue among loved ones impacts how the individual perceives the level of emotional support available and reflects family cohesion during stressful events. Families with open patterns of communication will be better equipped to manage the emotional and

practical aspects of the experience through the free expression of feelings and practical problem-solving. Using a systems approach, oncology social work intervention seeks to understand the family as an independent set of individuals working to become an integrated system of roles, responsibilities, emotions, values and beliefs. Helping families develop positive communication approaches the oncology social worker will provide the tools necessary to aide the couple/family towards a more supportive and healthy relationship relieving some of the emotional distress normally associated with the cancer experience.

Keywords: Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Describe a theoretical framework for the assessment of communication styles among couples and families.
2. Identify challenging areas of communication in a family and assist in providing tools and language which support healthy dialogue.
3. Develop tools which support open communication patterns within the family resulting in reduced emotional distress.

References:

1. Harris, J, Deborah J. Bowen, Hoda Badr, Peggy Hannon, Jeniffer Hay & Katherine Regan Sterba. Family Communication During the Cancer Experience, *Journal of Health Communication*, Vol. 14, Iss. sup1, 2009
2. Hedlund, S. Introduction to Working with Families in Oncology, *Handbook of Oncology Social Work*, Oxford University Press, 2015
3. Sales, E., Richard Schulz& David Biegel, Predictors of Strain in Families of Cancer Patients, *Journal of Psychosocial Oncology Vol. 10, Iss. 2, 1992*

P106

Quality Improvement Initiative: Using Fatigue Psychoeducation

Alison Snow, PhD, LCSW-R, OSW-C; Nancy Bourque, LCSW, OSW-C

Abstract Content:

Quality improvement (QI) requirements create opportunities for oncology social workers to demonstrate their interventions, while simultaneously making a significant impact in providing quality care. Cancer-related fatigue has a significant impact on patients' quality of life, as well as physical and psychosocial functioning, yet it is often under treated and not prioritized. Cancer patients significantly reduce the amount of exercise they perform during treatment (Courneya, 2001); however, exercise during cancer treatment has many positive effects and is an evidence-based intervention for fatigue (Courneya, 2001; Dimeo, et al., 1998). The NCCN consensus panel guidelines advised that patients and families be provided with anticipatory guidance about fatigue and recommendations for self-management, especially when beginning fatigue-inducing treatments (NCCN, 2017). Two studies demonstrated that patients welcome psycho-educational interventions related to fatigue and will apply the skills they learn in order to manage fatigue (Mitchell, et al., 2006). Utilizing PDSA (Plan, Do, Study,

Act) quality improvement plan for testing change, oncology social workers at three outpatient cancer centers in New York City met with patients during their first week of radiation treatment. Social workers provided patients with a folder that included an aerobics DVD tailored for cancer patients, educational information on fatigue and information on free exercise programs onsite and in the community. Social workers also administered the Brief Fatigue Inventory (BFI) during the initial visit and one week post treatment (over the phone). Social workers called patients one week after completing radiation and re-administered the BFI, as well as asked patients several questions about their exercise during treatment. In addition to providing patients with psycho-education on fatigue, social workers were able to inform current patients about available support and local exercise programming. Through data collection on the social work QI project, social workers were able to analyze the intervention and make modifications based on findings. Participating in the QI project provided oncology social workers and social work interns with an opportunity to gain research experience in a clinical setting; while simultaneously improving access to quality care. Utilizing PDSA (Aim, Plan, Do, Study, Act) quality improvement model, the presenter will illustrate steps involved and review strategies for implementation.

Abstract Summary:

Quality improvement (QI) requirements create opportunities for oncology social workers to demonstrate their interventions, while simultaneously making a significant impact in providing quality care. Cancer-related fatigue has a significant impact on patients' quality of life, as well as physical and psychosocial functioning, yet it is often under treated and not prioritized. Cancer patients significantly reduce the amount of exercise they perform during treatment (Courneya, 2001); however, exercise during cancer treatment has many positive effects and is an evidence-based intervention for fatigue (Courneya, 2001; Dimeo, et al., 1998). The NCCN consensus panel guidelines advised that patients and families be provided with anticipatory guidance about fatigue and recommendations for self-management, especially when beginning fatigue-inducing treatments (NCCN, 2017). Utilizing PDSA (Plan, Do, Study, Act) QI plan for testin change, oncology social workers at three outpatient cancer centers met with patients during their first week of radiation treatment to provide a psycho-educational intervention.

Keywords: Education, Research

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. State the importance of incorporating research and quality improvement initiatives into clinical practice and to demonstrate ways that this can be helpful to administrators and other interdisciplinary team members.
2. List the PDSA worksheet and describe each term and how to utilize these steps when working on quality improvement projects.
3. Describe a psycho-educational intervention conducted by oncology social workers and demonstrate how social workers can identify their own quality improvement project.

References:

1. Courneya, K.S. (2001). Exercise interventions during cancer treatment: Biopsychosocial outcomes, *Exercise and Sport Sciences Reviews*, 29(2), 60-64.

2. Dimeo, F., Rumberger, B. & Keul, J. (1998) Aerobic exercise as therapy for cancer fatigue. *Medicine & Science in Sports & Exercise*, 30(4), 475-478. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology Cancer-related fatigue, (version 2.2017) (2017, April 10) (PDF file). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/fatigue.pdf
3. Mitchell, S. & Berger, A. (2006). Cancer-Related fatigue: The evidence base for assessment and management *The Cancer Journal*, 12(5), 374–387.

LUNCH SESSION I: VETERANS PAPER SYMPOSIA

Moderated by Chelsea Kroll, MSW, LCSW, OSW-C

Wednesday, May 30

12:15 p.m. – 1:45 p.m.

The Choice Act....Is the VA Becoming Privatized?

Jennifer Dimick, MSSA, LISW-S, OSW-C; Susan Korver, MSSA, LISW

Abstract Content:

On August 7, 2014, the Veterans Access, Choice and Accountability Act of 2014 was signed into law. The Choice Act was developed to help ensure that veterans receive the highest quality health care available with access being available in their community as needed. In 2015, approximately 9 million veterans were enrolled in VA healthcare (National Center for Veterans Analysis and Statistics, 2016). Since The Choice Act was enacted, over 1.6 million of those veterans have received care through the Veteran's Choice Program (VCP) (U.S. Department of Veterans Affairs, 2017a). More veterans are utilizing VCP and receiving care in their communities than ever before. Veterans who are enrolled in the VA have benefits and services available to them that most civilians do not. Many veterans receive care in the community through long established VA programs which include community nursing home placements, homecare services, adult day care, and hospice services. The VA has recognized the advantages of utilizing community providers and resources to help support veterans in the community. The VCP affords veterans additional options for obtaining needed care. In the past, the VA would authorize care at outside facilities only if services were not available within the VA. Some veterans had extensive wait times or faced excessive travel burdens in order to receive medical care within the VA. The VCP provides increased access to medical care, locally, by connecting veterans with non-VA providers. In order for a veteran to receive healthcare from a community provider under the VCP guidelines, he/she needs to meet one of the following eligibility criteria: Unable to schedule an appointment at local VA within 30 days. Veteran resides more than 40 miles from nearest VA medical facility with a full-time primary care physician. Travel to the closest VA medical facility must be by air, boat, or ferry, OR An unusual or excessive burden exists when traveling to the closest VA medical facility based on a geographic challenge, environmental factor, medical condition, or other specific clinical decision. (U.S. Department of Veterans Affairs, 2017b) What does this mean for oncology social workers? A cancer diagnosis can be overwhelming, as is navigating the VA system. Oncology social workers can help reduce veteran stress and anxiety and provide referrals to VA social workers when a veteran is receiving care at their institution. Familiarity with VA services and benefits provides a framework for linking veterans to appropriate resources. Oncology social workers should include in their assessment, inquiry questions

about military service. After the cancer diagnosis has been made, a VA Oncologist will see the veteran at the VA medical center, and the veteran may be referred to VCP if he/she meets the eligibility criteria. By making contact with the VA social worker, continuity of care is improved through a transdisciplinary team approach focused on care designed around best medical practices.

Abstract Summary:

In 2014, Congress signed into law The Veterans Access, Choice and Accountability Act. The Veterans Choice Program (VCP) was developed to ensure that veterans receive high quality healthcare in their communities. The eligibility criteria for the Veterans Choice Program is presented for increased knowledge of the attendees. Clinical social workers should add military service questions to their psychosocial assessments so that specific veteran centric interventions can be identified. Collaboration between healthcare systems will increase continuity of care utilizing best medical practices.

Keywords: Veterans, Patient Navigation

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Explain the eligibility criteria of the Veterans Choice Program.
2. Develop appropriate assessment questions to identify veteran centric interventions.
3. Recognize the benefits of collaborative communication between institutions to promote best practices of care.

References:

1. National Center for Veterans Analysis and Statistics (2016). Department of veterans affairs statistics at a glance. Retrieved from https://www.va.gov/vetdata/docs/Quickfacts/Homepage_slideshow_06_04_16.pdf
2. U.S. Department of Veterans Affairs (2017a). 10 things to know about the veterans choice program (VCP) [Fact Sheet]. Retrieved from <https://www.va.gov/opa/choiceact/documents/10-Things-to-Know-About-Choice.pdf>
3. U.S. Department of Veterans Affairs. (2017b). Veterans choice program (VCP) & the future of community care [Fact Sheet]. Retrieved from https://www.va.gov/opa/choiceact/documents/VCP-and-the-Future-of-CC_508.pdf

Cancer Care Navigation: Addressing Veterans Psychosocial Distress

Ana Fisher, LICSW, OSW-C; Marcia Long, LCSW, OSW-C

Abstract Content:

Cancer care navigation is utilized throughout the country to address barriers to care in the most vulnerable of populations. Veterans are one of the most vulnerable populations. Veterans who seek care at VA facilities are three times as likely to receive a cancer diagnosis, poorer, have less social support, undereducated, under or unemployed, and have poorer physical and mental health compared to the general population. Veterans diagnosed with cancer, report significant distress related to their diagnosis and coping with logistics of treatment. VISN 20 Health Care System, specifically Puget Sound and Portland are referral centers for cancer care of Veterans in Washington, Idaho, Oregon and Alaska.

Travel burden poses a significant barrier putting Veterans at high risk for delays in care. Nearly 50 percent of Veterans seen in Oncology at the VA Puget Sound and Portland in 2012-2013 traveled 50 miles or more and 25 percent came from out of state. A VISN20 3 year pilot program was established consisting of multidisciplinary Cancer Care Navigation Teams (CCNT) at 8 sites across the VISN to address and reduce barriers for these Veterans. The CCNT uses standardized assessment tools, including a navigation intake form, the National Comprehensive Network (NCCN) Distress Thermometer and a functional assessment. The cancer navigation model is divided into four main processes based on the cancer care continuum and include Suspicion, Diagnosis, Treatment, and Survivorship. The CCNT model is now standard of care within VISN 20, and other VAs are starting to adopt the model. The CCNT Social Worker plays a significant role within the team to address the psychosocial needs of the Veteran and help them navigate the system including financial, emotional, and practical barriers to care. Early assessment and intervention has shown to decrease barriers to care and increased timeliness of care. The social worker uses the NCCN Distress Thermometer to screen for distress at multiple times during the cancer continuum. Through the use of case studies and discussion CCNT social workers will provide a framework for distress screening and assessment with Veteran experiencing a cancer diagnosis. CCNT presents a unique multidisciplinary team approach to patient navigation that supports patient-centered care in addressing barriers to care for Veterans and assures timely access to cancer care.

Abstract Summary:

Veterans are a vulnerable population who are in need of navigation when diagnosed with cancer. Veterans Affairs VISN 20 completed multiple community assessments in 2012, showing disparities in Veterans cancer mortality, the complex and fragmented VA healthcare system, and the distance traveled for treatment. Veterans were falling through the cracks. There were evident communication barriers between the treating facility and the Veterans primary care team. A lack in process and efficiency created barriers within the system that resulted in increased time between cancer diagnosis and treatment. To address these barriers, VISN 20 implemented a multidisciplinary Cancer Care Navigation Team at each of its 8 sites. The team works together to address a wide range of distress including physical, psychological, and practical barriers to care. As a result, Cancer Care Navigation Team has shown to improve the quality of care for Veterans with cancer and improving satisfaction among providers.

Keywords: Patient Navigation, Veterans

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Identify three strategies for effective implementation of a psychosocial barrier and distress reduction cancer care navigation model.
2. Demonstrate understanding of the cancer care navigation model's process for screening and assessment of psychosocial barriers to care and distress within the Veteran population.
3. Describe the benefits of a multidisciplinary cancer care navigation team within the Veteran population.

Keywords: Patient Navigation, Veterans

Course Designation: Cultural Competency

Presentation Level: Intermediate

References:

1. Fillion, L., De Serres, M., Cook, S., Goupil, R. L., Bairati, I., & Doll, R. (2009). Professional patient navigation in head and neck cancer. *Seminars in Oncology Nursing, 25(3)*, 212-221
2. Freeman, H. P. (2015). Patient navigation as a targeted intervention: for patients at high risk. *Cancer, 121(22)*, 3930-3932.
3. Moy, B., & Chabner, B. (2011). Patient navigator programs, cancer disparities, and the patient protection and affordable care act. *Oncologist, 16(7)*, 926-929.
4. Slind, L. M., Keating, T. M., Fisher, A. G., & Rose, T. G. (2016). A Patient Navigation Model for Veterans Traveling for Cancer Care. *Federal Practitioner, 33(Supplement 1)*, 40S-45S.
5. Rogers, W., Kazis, L., & Miller, D. (2004). Comparing the health status of VA and non-VA ambulatory patients: the Veterans health and medical outcome studies. *Journal of Ambulatory Care Management, 27(3)*, 249-262.

Identifying Veterans

Louisa Daratsos, PhD, LCSW; Karlynn BrintzenhofeSzoc, PhD, MSW

Abstract Content:

Introduction: The ideal of providing patient centered care has become an important aspect of health care. This model considers the patient as an equal partner in his treatment plan who has the most knowledge about his biopsychosocial history and preferences for care. Veterans are considered a unique population in health care because of all the experiences, injuries, and diseases that could happen while on duty and for the potential later life consequences which result from military service. Veterans represent 24 percent of adult males and 2 percent of adult females, otherwise stated as 13 percent of all US citizens (Newport, 2012). As of 2010, 64 percent of Veterans are over the age of 55, 92 percent of the Veteran population are male, and approximately 34 percent of the Veteran population were in combat. Only 28 percent of the veterans' reporting having ever used VA healthcare, underscoring the need for non-VA health care providers and social workers to become proficient in the unique needs of Veterans. The age group at greatest risk for being diagnosed with cancer are those 55 year and older (American Cancer Society, 2014) while Vietnam Veterans range in age from approximately 62 to 74. With the overlap of ages at the greatest risk for and the ages of the Veterans we can be assured all social workers in cancer and/or palliative care and end-of-life care will encounter those with military service in their background.

Strategy: Spiro, Schnurr, and Aldrich (1994, 1997), stated that military experience is a hidden variable in the lives of men. With the increasing diversity in the military, including women, immigrants, and LGBTQ individuals, there are more hidden variables than just their military experience which most likely will influence how they respond to potentially life-limiting diagnosis, treatment, and end of life issues. As social workers we know that unmasking something that is hidden by our patients will result in improving the chances that patients will get care that is sensitive to their own personal needs. A method of getting to the history, which is not often used outside of the Veterans Administration (VA), is conducting a military assessment.

Discussion: This presentation will begin with a short overview of military identity and how it influences

and transitions into Veteran identity and a short overview of Vietnam era veterans' history and experience. This will be followed by providing information on why taking a military history is important and how this can inform your interventions. Finally how to use the military assessment which was developed by the VA Office of Academic Affiliations (Department of Veterans Affairs, 2015).

Abstract Summary:

Our presentation offers an overview of the concepts of military and veteran identity and the impact on accessing sensitive patient-centered care. Veterans represent 24 percent of adult males and 2 percent of adult females, otherwise stated as 13 percent of all US citizens (Newport, 2012). This presentation underscores the rationale for the need to incorporate a military history into psychosocial assessments. We illustrate how using the VA's military assessment can meet the needs of patients with a military history and promote the most sensitive patient centered care.

Keywords: Veterans, Special Populations

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Identify how military and Veteran identity can potentially impact access to sensitive patient-centered care.
2. Describe the elements of a military assessment.
3. Develop a plan to integrate military assessment in clinical practice and research.

References:

1. American Cancer Society (2014). *Cancer Facts & Figures, 2014*. Atlanta, GA: Author. Retrieved from American Cancer Society (2014).
2. *Cancer Facts & Figures, 2014*. Atlanta, GA: Author. Department of Veterans Affairs (2015). *Military health history pocket card for clinicians*. Washington DC: VA Office of Academic Affiliations.
3. Newport, F. (2012, November 12). In U.S., 24 percent of men, 2 percent of women are veterans. *Gallup*; Washington, DC. Retrieved from <http://www.gallup.com/poll/158729/men-women-veterans.aspx>
4. Spiro, A., Schnurr, P. P., & Aldwin, C. M. (1994) Combat-related PTSD symptoms in older men. *Psychology and Aging, 9*, 17-26.
5. Spiro, A., Schnurr, P. P., & Aldwin, C. M. (1997). A life-span perspective on the effects of military service. *Journal of Geriatric Psychiatry, 30(1)*, 91-128.

SIG NETWORKING & PRESENTATION SESSION I
S101 – Adolescent & Young Adult SIG Presentation
Wednesday, May 30
2:00 p.m. – 3:30 p.m.

Meet Me Where I'm At: Training Oncology Providers to Better Address Young Adult Cancer Patient Needs

Erin Price, MSW; Lauren Broschak, LGSW; Jennifer Bires, LICSW, OSW-C

Abstract Content:

Despite a growing body of evidence that Young Adult (YA) cancer patients aged 18 to 39 have a unique set of needs during treatment and into survivorship, there are few comprehensive YA-focused oncologists and/or oncology programs available in the United States (Cheung & Zebrack, 2016; Gupta et al., 2016; Nass et al., 2015; National Comprehensive Cancer Network, 2017). In the absence of specialized facilities, it is imperative for all oncology professionals who may interact with this population to be versed in the specialized needs of YA patients in an effort to improve patient-provider communication, treatment adherence, and patient quality of life. YA cancer patients are undergoing important developmental milestones and facing significant cognitive, emotional, behavioral, and psychosocial challenges (Cheung & Zebrack, 2016; Gupta et al., 2016; National Comprehensive Cancer Network, 2017). These issues include isolation from peer/psychosocial support, familial dynamics, navigating work or school, various financial, insurance and legal challenges, changes in sexual health, fertility concerns, developing or maintaining a healthy lifestyle, health literacy deficits, and long-term survivorship needs (Cheung & Zebrack, 2016; Gupta et al., 2016; Nass et al., 2015; National Comprehensive Cancer Network, 2017). YA cancer patients have voiced the need for better communication and more targeted care from their physicians, as well as, better YA specific support resources at their cancer center (Cheung & Zebrack, 2016; Nass et al., 2015). A study of YA cancer survivors and health care providers revealed that there are some discrepancies between what psychosocial needs health care providers thought were most important and what YA cancer patients stated was most important to them (Zebrack, Bleyer, Albritton, Medearis, & Tang, 2006). Additionally, YA participants in an Institute of Medicine Workshop identified the need for further training for medical and psychosocial care professionals on the unique needs of YA cancer patients (Nass, et al., 2015). The George Washington University Cancer Center and Smith Center for Healing and the Arts collaborated to develop a training for oncology staff to better recognize and attend to the unique needs of young adult cancer patients. To inform the training, a survey was given to oncology physicians to solicit their experiences and challenges with working with young adult patients and a focus group was run with a cohort of young adult patients to gather feedback on how they perceived their oncology care. The information gleaned from both was used to inform the training content. This brief training provides an overview of the challenges faced by YAs and is designed to focus on the main areas of need cited by YA cancer patients across several studies. The training also includes recommendations for incorporating these competencies into daily patient care. AOSW Workshop attendees will be provided with sample training materials and strategies for how to implement this training at their institutions.

Abstract Summary:

Oncology professionals who interact with the Young Adult (YA) oncology population should be well-versed in their specialized needs in order to improve patient-provider communication, treatment

adherence, and patient quality of life (National Comprehensive Cancer Network, 2017). The George Washington University Cancer Center and Smith Center for Healing and the Arts collaborated to develop a training for oncology staff to better recognize and attend to the particular needs of young adult cancer patients. This brief training provides an overview of the challenges faced by YAs and is designed to focus on the main areas of need cited by YA cancer patients across several studies. The training also includes recommendations for incorporating these competencies into daily patient care. AOSW workshop attendees will be provided with sample training materials and strategies for how to implement this training at their institutions.

Keywords: Adolescent and Young Adult, Education

Course Designation: Cultural Competency

Presentation Level: Introductory

Learning Objectives:

1. Differentiate between needs found in a general cancer population and those specific to the young adult population including isolation from peer/psychosocial support, familial dynamics, navigating work or school, various financial, insurance and legal challenges.
2. Develop improved patient-provider communication, treatment adherence, and patient quality of life by integrating knowledge gained regarding available research accompanied by practical examples.
3. Demonstrate knowledge in regards to psychosocial needs identified by YA cancer survivors.

References:

1. Cheung, C. K., & Zebrack, B. (2016). What do adolescents and young adults want from cancer resources? Insights from a Delphi panel of AYA patients. *Supportive Care in Cancer, 25*(1), 119–126. doi: 10.1007/s00520-016-3396-7
2. Gupta, A. A., Papadakos, J. K., Jones, J. M., Amin, L., Chang, E. K., Korenblum, C., ... Giuliani, M. E. (2016). Reimagining care for adolescent and young adult cancer programs: Moving with the times. *Cancer, 122*(7), 1038-46. doi: 10.1002/cncr.29834
3. Nass, S., Beaupin, L. K., Demark-Wahnefried, W., Fasciano, K., Ganz, P., Hayes-Lattin, B., Hudson, M. M., ... Smith, A. W. (2015). Identifying and addressing the needs of adolescents and young adults with cancer: Summary of an Institute of Medicine workshop. *The Oncologist, 20*(2), 186–195. doi: 10.1634/theoncologist.2014-0265
4. National Comprehensive Cancer Network. (2017). Adolescent and young adult (AYA) oncology. (Version 1.2018). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/aya.pdf
5. Zebrack, B., Bleyer, A., Albritton, K., Medearis, S. & Tang, J. (2006). Assessing the health care needs of adolescent and young adult cancer patients and survivors. *Cancer, 107*(12) 2915–2923. doi: 10.1002/cncr.22338

S102 – Pain, Palliative Care, and End-of-Life SIG Presentation

Wednesday, May 30

2:00 p.m. – 3:30 p.m.

Exploring the Role of Life Review Videos with Patients Diagnosed with Advanced Cancer: A Social

Worker's Experience

Lisa Capparella, MSS, LCSW, OSW-C

Abstract Content:

A small sample size of patients signed consent to participate in a life review video process where they were all given a list of 25 questions to choose to answer during a life review video recording. Each participant answered three chosen questions by interviewer and then chose 7 additional questions of their choice. Content will include questions to choose from, results from patient satisfaction survey of participating in life review, qualitative and quantitative data about participation and feelings of participating in life review videos as well as results from whom patients chose to share their videos with.

Abstract Summary:

There is little research evaluating the process of life review and the impact it has on patients facing advanced cancer. Goals of this study included engaging terminally ill cancer patients in a life review video to evaluate its impact on perceptions of quality of life, determine who patients chose to share their video with and if the relationship with the interviewer made a difference in participation. Quality of life was measured prior to participating in the video, immediately after the video and approximately two weeks after the video using the FACIT-PAL. There has been inadequate research on the qualitative process of coming to terms with one's past, to reaffirm positive events and to reinterpret difficult memories in order to enhance quality of life and mental health. This study will enhance current literature while examining common themes discussed during life review with participants.

Keywords: Pain, Palliative Care and End-of-Life; Research

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Evaluate the impact of a life review video on terminally ill cancer patients' perceptions of quality of life.
2. Determine if the relationship with the interviewer matters to participants.
3. Determine if participants discuss common themes during the recording of their life review video.

References:

1. Bohlmeijer, E., Roemer, M., Cuijpers, P., Smit, F. The effects of reminiscence on psychological well-being in older adults: A meta-analysis. *Aging & Mental Health*, May 2007; 11(3): 291–300.
2. Haber, D. (2006) Life Review: Implementation, Theory, Research, and Therapy. *International Journal of Aging and Human Development*. Vol. 63(2) 153-171, 2006
3. Hall, S., Goodard, C., Speck, P., Higgenson, I., (2012) 'It makes me feel like I'm still relevant'; A qualitative study of the views of nursing home residents on dignity therapy and taking part in a phase 2 randomized controlled trial of a palliative care psychotherapy. *Palliative Medicine*, Vol 27(4), 358-366.
4. Montross, L, Winters, K, Irwin, S. (2011) Dignity Therapy Implementation in a community-based hospice setting. *Journal of Palliative Medicine*, Vol. 14(6), 729-734.

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S103 – Integrative Oncology SIG Presentation

Wednesday, May 30

2:00 p.m. – 3:30 p.m.

Demystifying Reiki Therapy: Examining Research, Application, and Practice in Psychosocial Cancer Care

Eva Morse, Reiki Master

Abstract Content:

Complimentary therapies, such as music therapy, art therapy, meditation, yoga, and more, are among a growing trend in psychosocial cancer care. Reiki Therapy is one such complimentary/integrative therapy whose popularity is on the rise, with programs cropping up in cancer centers throughout the US and abroad. In recent years, there has been an increasing amount of research and empirical evidence indicating that it is effective for symptom management in psychosocial cancer care. But what exactly is Reiki Therapy? Reiki is an energy therapy in which the therapist, with or without light touch, is believed to access a universal energy source that can strengthen the body's ability to heal itself, reduce inflammation, and relieve pain and stress, (Demir et al, 2013). Sessions typically last approximately one hour, and are administered on a one-on-one basis, with the practitioner providing the therapy to the client in a private setting.

Research now shows that Reiki Therapy is an effective means of addressing some of the psychosocial symptoms most salient to cancer patients, from providing decreases in stress, (Coakley & Barron, 2012), to reductions in anxiety and pain, (Birocco et al, 2011). It has even been found to offer somatic benefits including improved heart rate, drops in diastolic blood pressure and pulse (Olson, Hanson, & Michaud, 2003), and alleviation of nausea, vomiting, and diarrhea, (Siegel et al, 2016). Reiki not only provides positive outcomes for the recipient, but also offers advantages to the practitioner, especially within oncology settings. Practitioners of Reiki Therapy in cancer care have reported feeling more present and calm, in addition to experiencing an increase in work satisfaction, greater insight into patient experience, and an overall reduction in stress and compassion fatigue, (Whelan & Wishnia, 2003). This is exciting news as this research reflects that Reiki Therapy may offer significant benefits for both oncology patients and practitioners alike!

Lead by a certified Reiki Master/Teacher, and Oncology Reiki Therapist from a nationally ranked hospital and cancer center, this presentation will begin with an introduction to the history of Reiki Therapy, and will examine current research in the field. Case studies will be presented, in order to illustrate the true nature of Reiki Therapy, and how to integrate this practice into a cancer care program. Attendees will learn to recognize those patients most likely to benefit from this intervention, how to provide appropriate referrals, and how to integrate and implement Reiki Therapy into a plan of care. In addition, this interactive presentation will include a live demonstration of Reiki Therapy. Attendees will also have the opportunity to learn and practice various, simple exercises in order to experience and apply the basic techniques of Reiki Therapy. These techniques are designed for attendees to use upon themselves,

and with clients in their own practice. Finally, attendees will receive additional resources on obtaining Reiki Therapy training and certification in their area.

Abstract Summary:

Reiki Therapy is a complimentary therapy whose popularity is ever growing in psychosocial cancer care. Research shows it is an effective means of symptom management for cancer patients, from providing decreases in stress (Coakley & Barron, 2012), to reductions in anxiety and pain, (Birocco et al, 2011). It has also been found to offer somatic benefits including improved blood pressure, heart rate, drops in diastolic blood pressure and pulse (Olson, Hanson, & Michaud, 2003), and alleviation of nausea, vomiting, and diarrhea, (Siegel et al, 2016). After attending this presentation, attendees will be able to summarize and describe the basic premise, benefits, and applications of Reiki Therapy; determine those patients most likely to benefit from Reiki Therapy; will be confident in providing appropriate referrals; and utilize simple techniques based upon Reiki Therapy for application both on themselves and in their own practice with patients.

Keywords: Clinical Practice/Skill Building; Pain, Palliative Care and End-of-Life

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Summarize and describe the basic premise, benefits, research and applications of Reiki Therapy.
2. Assess those patients most likely to benefit from Reiki Therapy and provide appropriate referrals.
3. Utilize simple techniques based upon Reiki Therapy for application both in self-care and in clinical practice with patients.

References:

1. Birocco, N., Guillame, C., Storto, S., Ritorto, G., Catino. C., Gir, N., Balestra, L., Tealdi, G., Orecchia, C., De Vito, G., Giaretto, L., Donadio, M., Bertetto, O., Schena, M., & Ciuffreda, L. (2011). The effects of Reiki therapy on pain and anxiety in patients attending a day oncology and infusion services unit. *American Journal of Hospice and Palliative Medicine*, 29, 290-294.
2. Coakley, A. B., & Barron, A. (2012). Energy therapies in oncology nursing. *Seminars in Oncology Nursing*, 28, 55-63. Demir, M., Can, G., & Celek, E. (2013). Effect of Reiki on symptom management in oncology. [Abstract]. *Asian Pacific Journal of Cancer Prevention*, 14(8) 4931-4933.
3. Olson, K., Hanson, J., & Michaud, M. (2003). A phase II trial of Reiki for the management of pain in advanced cancer patients. *Journal of Pain and Symptom Management*, 5, 990-997.
4. Siegel, P., Roxo da Motta, P.M., Da Silva, L.G., Stephan, C., Passos Lima, C.S., & De Barros, N.F. (2016). Reiki for cancer patients undergoing chemotherapy in a Brazilian hospital: A Pilot Study. *Holistic Nursing Practice*, 30, 174–182.

S104 – Spirituality SIG Presentation

Wednesday, May 30

2:00p.m. - 3:30p.m.

Exploring Spirituality: The Oncology Social Worker's Role in Biopsychosocial Spiritual Assessments and Interventions

Debra Mattison, LMSW, ACSW, OSW-C, BCD; Kerry Cox Irish, MSW, LCSW, OSW-C

Abstract Content:

The diagnosis of cancer brings life changing realities that challenge one's physical, emotional and spiritual health. Spiritual challenges are at the core of questions regarding how to integrate diagnosis, illness, treatment, recovery, healing and possibly death into daily life while attempting to maintain hope and a sense of self as a whole person (Pulchalski, C. M., 2006). The reality of illness also often brings spiritual questions regarding the nature of suffering and the meaning of life (Frankl, V. 1968; Moore, T. 2004). Patients and their families are confronted with core worldview considerations about what they believe about sickness and health, how healing occurs and what are actions to take in one's treatment and coping process.

Despite increasing awareness that spirituality can be an important source of hope, resilience and comfort as well as challenge and conflict in difficult times, there is often a lack of clarity about who and how spirituality can and should be addressed with patients and families. As oncology social workers, we need to not only be aware of spirituality in the care of patients, but also be prepared to skillfully respond to spiritual distress and suffering (Stewart, M., 2015). We must possess and continue to develop skill sets to provide competent bio psychosocial spiritual care to support and help patients and families whose spirits are conflicted and hurting or whose hopes may be shattered (Canda, E. R. & Furman, L. D., 2010; Crisp, 2016).

The focus of this workshop is to increase awareness of spirituality as an area for assessment and intervention in social work practice and to support skill building in addressing spiritual issues in health care delivery (Hodge, 2015). The presentation will address common spirituality-focused issues as patients absorb the impact of a life threatening diagnosis of cancer in the context of personal histories that may involve regrets, need for forgiveness and reconciliation and searching for meaning (Toussaint, L. L., Owen, A. D., & Cheadle, A., 2012). The session will focus on practical skill building and ability to apply assessment tools and intervention strategies in future clinical practice.

Abstract Summary:

Both acute and chronic conditions and illnesses bring life changing realities that challenge one's physical, emotional and spiritual health. Spiritual challenges are often core as one face how to integrate diagnosis, illness, treatment, recovery, healing and possibly death into daily life while attempting to maintain a sense of self as a whole person. The reality of illness often brings spiritual questions regarding the nature of suffering and the meaning of life. Patients and their families are confronted with core questions regarding what they believe about sickness and health, how healing occurs and what are considered appropriate actions to take in one's treatment and coping process.

Despite increasing awareness that spirituality can be an important source of hope, resilience and comfort as well as challenge and conflict, there is often a lack of clarity about who and how spirituality can and should be addressed with patients and families. As oncology social workers, we need to not only be aware of spirituality in the care of patients, but also be prepared to skillfully respond to spiritual distress and suffering. The presentation will address common spirituality-focused issues as they absorb the impact of a life threatening diagnosis of cancer as well as personal histories often involving regrets,

need for forgiveness and reconciliation and searching for meaning. Practical skill building and ability to apply assessment tools and intervention strategies in future clinical practice will be emphasized.

Keywords: Clinical Practice/Skill Building, Professional Issues

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Explain rationale for social work assessment of spirituality with patients as a part of a bio psychosocial spiritual assessment.
2. Review common spiritual concerns that arise in the context of a cancer diagnosis.
3. Identify at least one spiritual intervention that could be used by all social workers.

References:

1. Canda, E. R. & Furman, L. D. (2010). *Spiritual diversity in social work practice: The heart of helping*. New York: Oxford University Press.
2. Crisp, B. (2016). *Spirituality and social work*. London: Routledge.
3. Frankl, Viktor (1968). *Man's search for meaning*. New York: Washington Square Press.
4. Hodge, D.R. (2015). *Spiritual Assessment in Social Work and Mental Health Practice*. New York: Columbia University.
5. Moore, Thomas. (2004). *Dark nights of the soul: A guide to finding your way through life's ordeals*. Gotham Books.
6. Pulchalski, C. M. (2006). *A time for listening and caring: Spirituality and the care of the chronically ill and dying*. New York: Oxford University Press.
7. Stewart, M. (2015). Spiritual Assessment: A patient-centered approach to oncology social work practice. *Social Work in Health Care, 53(1)*, 59-73.
8. Toussaint, L. L., Owen, A. D., & Cheadle, A. (2012). Forgive to live: Forgiveness, health, and longevity. *Journal of Behavioral Medicine, 35(4)*, 375-386.

S105 – Blood Cancer/BMT SIG Presentation

Wednesday, May 30

2:00 p.m. – 3:30 p.m.

Keys to Consistent Psychosocial Care for CAR-T patients: Collaboration, Communication, Relationship Building, Formalized Assessment and Interventions

Penny Carlton Lau, MSW, MFA, LCSW, OSW-C; Matthew Floriani, MSW, LCSW, OSW-C

Abstract Content:

With recent FDA approval of Chimeric Antigen Receptor T-Cell Immunotherapy (CAR-T) for adolescents and young adults with B-cell ALL (U.S. Food & Drug Administration [FDA], 2017), over 200 total CAR-T trials initiated worldwide (Hartmann, Schüßler-Lenz, Bondanza, & Buchholz, 2017) and imminent FDA approval of CAR-T and other immune and cellular therapies for additional populations and diagnoses, this is truly a pivotal time in cancer treatment. Oncology social workers around the country will soon see an influx of patients seeking support and guidance through these new therapies, with little research to inform their practice. Throughout the course of a large cancer center's participation in CAR-T and other immune and cellular therapy trials, which began in 2015, the Immune and Cellular Therapies medical

service came into being. Social work led this new multidisciplinary team in formalizing a model of psychosocial care, including a scheduled comprehensive psychosocial assessment for each patient, improvements to patient education, and instrumental contributions to development of the clinical pathway.

The presentation will begin by briefly reviewing prominent immune and cellular therapy trials, highlighting CAR-T specifically. Psychosocial factors relevant to CAR-T will be discussed, including identification of supports and full-time caregivers needed due to potential neuro-toxicities resulting in cognitive changes (Hartmann, Schüßler-Lenz, Bondanza, & Buchholz, 2017), temporary relocation to lodging near a transplant center, access to care issues for patients of lower socio-economic status, and the myriad emotional needs of those undergoing a trial therapy with little time to prepare when other treatments have failed them.

Social Work's success in formalizing CAR-T psychosocial care began with strategic relationship building as well as displaying the value and impact of early psychosocial intervention to key stakeholders, both one-on-one and formally in committees. As the trials progressed, the structure and flow of the process shifted frequently, which led to communication issues. Key in resolving these, were Social Work identifying where disconnects existed, gathering the pertinent stakeholders, and facilitating group collaboration. After a written proposal, the psychosocial assessment was made a requirement and eventually adopted as an official Standard Operating Procedure of the program.

Next, the presentation will shift to discussion of the psychosocial assessment customized for CAR-T, highlighting specific risk factors and strengths for which to screen. The five most important domains include social support, mental health history, substance use patterns, financial distress, and level of engagement in treatment. Special attention will be paid to how any of these factors influence access to care, and potential solutions to concrete barriers. A case example will be presented.

Application of Systems Theory will be presented as paramount in the planning phases of this model and application of Crisis Theory in understanding patient adjustment. Suggestions for therapeutic techniques will be presented for pre-CAR-T planning with patients, and brief supportive counseling, drawing largely from solution-focused therapy, cognitive behavioral therapy, and family therapies.

The presentation will close with an update on FDA approval expectations for immune and cellular therapies, particularly CAR-T indications for various diagnoses, and plans for the future psychosocial care of CAR-T patients after approval.

Abstract Summary:

With recent FDA approval of Chimeric Antigen Receptor T-Cell Immunotherapy (CAR-T) for adolescents and young adults with B-cell ALL, and imminent FDA approval of immune and cellular therapies for additional populations and diagnoses, oncology social workers around the country will soon experience an influx of patients seeking support and guidance through these treatments. At a large cancer center, Social Work has led the multidisciplinary team in formalizing a model of psychosocial care for CAR-T therapy, including the addition of a scheduled comprehensive psychosocial assessment for each patient focusing on specific topics and themes. This presentation will elaborate on key contributions in structuring the CAR-T therapy process in general, strategic relationship building, and Social Work's success at the cancer center in formalizing this model as a Standard Operating Procedure. Psychosocial

assessment, treatment planning, unique psychosocial stressors for CAR-T patients, applicable theories, suggestions for intervention, and a case example will be discussed.

Keywords: Clinical Practice/Skill Building, Interdisciplinary Care

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Demonstrate leadership strategies for relationship building, achieving buy-in from other professions, and promoting the role of the Social Work profession while implementing a formalized care process.
2. Identify and avoid potential pitfalls in communication when structuring a new treatment process in a large multidisciplinary setting.
3. Explain the need and benefits of formalized psychosocial assessment in CAR-T patients to other professions.

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7. Turtle, C. J., Hanafi, L., Berger, C., Gooley, T. A., Cherian, S., Hudecek, M., . . . Maloney, D. G. (2016). CD19 CAR-T cells defined CD4 :CD8 composition in adult B cell ALL patients. *The Journal of Clinical Investigation*, 126(6), 2123-2138.

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SIG NETWORKING & PRESENTATION SESSION II

S201 – Brain Tumor SIG Presentation

Wednesday, May 30

4:00 p.m. – 5:30 p.m.

Family Caregiver Burden and Unmet Needs: What is Uniquely Different in Caregiving for Individuals with a Primary Brain Tumor?

Janine Genovese, LCSW, OSW-C; Dawn Kilkenny, LCSW-R, ACHP-SW

Abstract Content:

Brain tumors are the second leading cause of death from neurological disease in adults in the United States (Schmer, et al., 2008). The prognosis for treated patients with a primary brain tumor is approximately 12 months (Schmer, et al., 2008). The disease trajectory for patients and caregivers becomes more complex as they face both oncologic and neurological changes, including neuro-psychiatric issues with a rapid onset and progression. The most common neuro-psychiatric symptoms for patients include dysphoria/depression, irritability/lability, nighttime disturbances and apathy or indifference (Sherwood, et al., 2006). When these symptoms present themselves, the responsibility of the caregiver is to provide round-the clock supervision and total care. Caregiver support involves significant amounts of time and energy, requiring the performance of tasks that are often too physically, emotionally, socially, and/or financially demanding for the caregiver to manage. Yet caregiver needs have often been found to be neglected when the patient needs proved to be at a high demand secondary to the often-quick decline of the patient's abilities to function independently (Shubart, et al., 2008). Shubart, et al., 2008 interviewed caregivers in a study where they were repeatedly challenged to solve problems and make decisions as care needs changed, yet they felt untrained and unprepared as they struggled to adjust to new roles and responsibilities.

In a study completed by Shubart, et al., 2008 caregivers felt a general lack of coordination between themselves and the formal healthcare system in terms of communication and the training that they needed to care for their family member. The use of psycho-education and psychosocial support was recommended to alleviate caregiver burden and their unmet needs (Shubart, et al., 2008). In our work with neurology patients in the in-patient and outpatient care settings, spouses/partners of patients often find themselves in the new role of a 24-hour caregiver. Caregivers, confronted by this crisis, do not have adequate support and struggle to find resources to help them manage patients' daily activities within a safe environment. The caregiver often suffers as they watch their loved one's change in personality and mood. The changes in family role and dynamics, often elicit feelings of grief and loss for the caregiver/partner. More research and program development is needed to prepare caregivers for the anticipated neurological decline and associated losses.

This talk will present the unique challenges for caregivers caring for a loved one with a brain tumor who is exhibiting rapid and dramatic physical, cognitive and emotional changes. In addition we will explore a palliative care psycho-educational approach for patients and their families along the disease continuum

to help alleviate caregiver burden, including social work collaboration and communication as the patient moves between in and outpatient settings; clinical interventions focusing on the alleviation of caregiver stress earlier on the disease continuum and forums to address and reduce the team's feelings of helplessness while working with this population. Recommendations for providing practical guidance and emotional support that increase caregiver skill, knowledge, and understanding of the disease process will be highlighted. Case examples will be provided.

Abstract Summary:

This talk will present the unique challenges for caregivers caring for a loved one with a brain tumor who is exhibiting rapid and dramatic physical, cognitive and emotional changes. In addition we will explore a palliative care psycho-educational approach for patients and their families along the disease continuum to help alleviate caregiver burden, including social work collaboration and communication as the patient moves between in and outpatient settings; clinical interventions focusing on the alleviation of caregiver stress earlier on the disease continuum and forums to address and reduce the team's feelings of helplessness while working with this population. Recommendations for providing practical guidance and emotional support that increase caregiver skill, knowledge, and understanding of the disease process will be highlighted. Case examples will be provided.

Keywords: Clinical Practice/Skill Building, Specialized Needs

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Express the impact of caring for a patient diagnosed with a brain tumor through a review of research and a discussion of case examples.
2. Describe how caregivers often cope with the rapid functional and neurological decline of their loved ones.
3. Compare options for psycho-educational support throughout the disease continuum, to alleviate caregiver burden and address their unmet needs.

References:

1. Janda, M., Eakin, E.G., Bailey, L., Walker, D., & Troy, K. (2006). Supportive care needs of people with brain tumours and their careers. *Supportive Care Cancer, 14*, 1094-1103. DOI:10.1007/s00520-006-0074-1.
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S202 – Ethics SIG Presentation

Wednesday, May 30

4:00 p.m. – 5:30 p.m.

Update on Changes to the NASW Code of Ethics: Implications for Oncology Social Workers

Christina Bach, MBE, MSW, LCSW, OSW-C; Lind Roberts, M.Div., MSW, LCSW, OSW-C

Abstract Content:

In January of 2018, the National Association of Social Workers (NASW) implemented the first revision of its Code of Ethics (“the Code”) since 1996. As social work practice methods have evolved in the past 20 years, so has the need to further define ethical principles and standards for delivery of care. In its latest iteration, 20 sections of “the Code” were revised. For the first time “the Code” specifically includes how social workers utilize technology ethically in their practice, with specific emphasis on informed consent, avoiding conflicts of interest, and maintaining client confidentiality.

Social workers, regardless of membership in NASW, are held accountable to ethical standards included in “the Code.” It is imperative that we are familiar with the principles and standards put forth by “the code,” as it helps us to avoid potential malpractice and elevates the high ethical practice standards employed in our daily interactions with clients, families, systems, organizations and policy.

This session will focus on a review of the changes to “the code” and their application to the daily practice of an oncology social worker. We will also examine how our code works with health care systems and ethical practices of other members of the interdisciplinary team.

Abstract Summary:

In January of 2018, the National Association of Social Workers (NASW) implemented the first revision of its Code of Ethics (“the Code”) since 1996. As social work practice methods have evolved in the past 20 years, so has the need to further define ethical principles and standards for delivery of care. In its latest iteration, 20 sections of “the Code” were revised. For the first time “the Code” specifically includes how social workers utilize technology ethically in their practice, with specific emphasis on informed consent, avoiding conflicts of interest, and maintaining client confidentiality.

Social workers, regardless of membership in NASW, are held accountable to ethical standards included in “the Code.” It is imperative that we are familiar with the principles and standards put forth by “the code,” as it helps us to avoid potential malpractice and elevates the high ethical practice standards employed in our daily interactions with clients, families, systems, organizations and policy.

This session will focus on a review of the changes to “the Code” and their application to the daily practice of an oncology social worker. We will also examine how our code works with health care systems and ethical practices of other members of the interdisciplinary team.

Keywords: Ethics, Professional Issues

Course Designation: Ethics

Presentation Level: Introductory

Learning Objectives:

1. Demonstrate a knowledge of the 2018 revision to the NASW Code of Ethics; specifically the ethical principles and standards included in “the Code.”

2. Recognize the importance of ethical principles and standards as best practice in the delivery of social work services.
3. Describe the influence of the development of technology on ethical social work practice with specific emphasis on informed consent, avoiding conflicts of interest and maintaining confidentiality.

References:

1. Barsky, A. (2017). Ethics Alive! The 2017 NASW Code of Ethics: What's New? *The New Oncology Social Worker*, <http://www.socialworker.com/feature-articles/ethics-articles/the-2017-nasw-code-of-ethics-whats-new/>, retrieved 7 November 2017.
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3. National Association of Social Workers (2017). Code of Ethics. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
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S203 – Research SIG Presentation

Wednesday, May 30

4:00 p.m. – 5:30 p.m.

Building a Patient-Centered Research Collaborative (PCRC) for Oncology Social Work

Brad Zebrack, PhD, MSW, MPH; Caroline Macuiba, MSW; Elizabeth Rohan, PhD, MSW; Sophia Smith, PhD, MSW; Hee Lee, PhD, MSW

Abstract Content:

As the primary providers of psychosocial care for cancer patients, oncology social workers are uniquely positioned to contribute to the generation, dissemination, and implementation of scientific research to inform patient-centered care. Cancer treatment centers, however, typically limit their investment in the time and resources needed to reinforce social worker involvement in research. Oncology social workers are also often engaged with heavy caseloads and clinical and administrative responsibilities, which limits their participation in the research process. With a grant award from the Patient-Centered Outcomes Research Institute (PCORI), AOSW is now supporting a new Patient-Centered Research Collaborative (PCRC) for Psychosocial Oncology. The PCRC represents a strategy for leveraging the knowledge and skills of social work clinicians, academic researchers, and patients to conduct research of high relevance to patients and families. Its purpose is to advance the knowledge base that informs psychosocial care of cancer patients and their families. It is also intended to strategically disseminate scientific research study results for the expressed purposes of enhancing patient experiences and population health, reducing disparities, and improving communication and coordination across systems of cancer care. This presentation will begin by introducing attendees to the purpose, structure, and function of a PCRC for Oncology Social Work. The first presenter will briefly address how research conducted within a collaborative research group can identify, test, and evaluate innovative and evidence-based psychosocial interventions and social work practice on a large scale and promote collaboration among academic research scientists, clinical social workers, and patient advocates. A second presenter will describe how a PCRC offers ongoing coordination and standardized policies and procedures across study sites that (a) increase the likelihood that investigative teams successfully enroll samples large enough to

power studies; (b) complete data collection in a timely manner; (c) minimize the administrative and logistical load associated with launching new studies; and (d) assure that lessons learned through studies undertaken by the cooperative group inform future studies. The result is greater representativeness, reliability, trustworthiness and utility of data. The third presenter will introduce a set of core principles grounded in social work values and ethics that guide operations and are necessary for sustainability and future success. The session will end with a discussion of how a PCRC can generate compelling research study questions of relevance to social work practitioners, gather useful and appropriate data, and utilize existing mechanisms for disseminating findings to ultimately influence patient outcomes and care. This session is intended to promote an understanding of how a collaborative research group can advance oncology social workers' interests and goals, and subsequently motivate them to consider collaborative research opportunities through a new and emerging PCRC for oncology social work. It also acknowledges the 15 AOSW members involved as core members, the 45 additional AOSW members who applied but were not selected, and others interested in how to integrate research and practice to best serve cancer patients and their families.

Abstract Summary:

This presentation will begin by introducing attendees to the purpose, structure, and function of a Patient-Centered Research Collaborative (PCRC) for Oncology Social Work. The PCRC represents a strategy for leveraging the knowledge and skills of social work clinicians, academic researchers, and patients to conduct research of high relevance to patients and families. Its purpose is to advance the knowledge base that informs psychosocial care of cancer patients and their families. It is also intended to strategically disseminate scientific research study results for the expressed purposes of enhancing patient experiences and population health, reducing disparities, and improving communication and coordination across systems of cancer care. This session is intended to promote an understanding of how a collaborative research group can advance oncology social workers' interests and goals, and subsequently motivate them to consider collaborative research opportunities through a new and emerging PCRC for oncology social work.

Keywords: Research, Leadership/Administration

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Demonstrate capacity to participate in research.
2. Describe how a collaborative research group can advance oncology social workers' interests and goals.
3. Identify opportunities to engage in a new Patient-Centered Research Collaborative for Oncology Social Work.

References:

1. Coluzzi PH, Grant M, Doroshov JH, Rhiner M, Ferrell B, Rivera L. Survey of the Provision of Supportive Care Services at National Cancer Institute-Designated Cancer Centers. *Journal of Clinical Oncology*. 1995; 13(3): 756-764.

2. Deshields T, Zebrack B, Kennedy V. The state of psychosocial services in cancer care in the United States. *Psycho-Oncology*. 2013; 22(3): 699-703.
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S204 – Sexuality SIG Presentation

Wednesday, May 30

4:00 p.m. – 5:30 p.m.

Even the “Sick” Care About Fertility and Sexual Health: Education and Support Interventions on an Inpatient Oncology Unit

Sage Bolte, PhD, LCSW, OSW-C, CST; Rebecca DiPatri, RN, BSN, OCN, Oncology Nurse Navigator

Abstract Content:

Significance and Background: In 2013, the Update panel reviewed 2006 American Society of Clinical Oncology (ASCO) guidelines on fertility preservation. Recommendations included that health care providers address possibility of infertility and education and informed consent should occur prior to the initiation of cancer therapy. Fertility preservation options should be discussed in the inpatient setting (early and often) and referrals made to reproductive specialists. Health care providers, including oncology nurses and oncology social workers, should advise patients surrounding potential threats to fertility as early as possible in the treatment process to allow for the extensive range of fertility preservation options (Loren, Mangu, Beck, Brennan, Magdalinski, & Partridge, 2013). Patients diagnosed with cancer voice interest in discussing fertility preservation (Loren, Mangu, Beck, Brennan, Magdalinski, & Partridge, 2013). Fertility loss is important to cancer survivors and a critical part of quality of life long into survivorship (Penrose, Beatty, Mattiske, & Koczwara, 2013). It is most effective when all members of the oncological team should be prepared to discuss the risk of infertility with cancer treatment (Loren, Mangu, Beck, Brennan, Magdalinski, & Partridge, 2013). Nurses and oncology social workers can work together to initiate fertility discussions because patients may be overwhelmed and may not consider impact of treatment, and may feel it is inappropriate to discuss. Nurses and oncology social workers can have a significant role in cancer related infertility follow-up in the inpatient setting (Kelvin, Kroon, & Ogle, 2017). Additionally, sexual health concerns across the life spectrum should be included in inpatient assessments and evaluation. Intimacy is a human need and sexual and non-sexual intimacy may be an important part of someone’s life even at the end of life (Cagle & Bolte, 2009). Authors will review a quality improvement project that aimed to improve access and information to fertility preservation and sexual health information on an oncology inpatient unit.

Purpose: To improve oncology social workers communication and patient education regarding fertility and sexual health by informing and educating patients on fertility risk, discuss available options, improve timeliness of fertility referrals and fertility preservation, and inform patients of associated costs. To discuss education and interventions that can be offered on the inpatient units to create an interdisciplinary approach to addressing fertility and sexual health. To identify techniques to utilize with persons at end of life to improve intimacy with their partner or family members.

Interventions: Discussed risk of infertility and preservation options prior to initiation of cancer treatment, initiated a unit based quality improvement (QI) project, presented to Cancer Committee, collaborated with physicians, educated staff nurses, prepared developed flyer for admission binder, attended sexual health training, developed educational materials , prepared available semen sample collection kits, and make referrals to reproductive specialists. Oncology nurse navigator took a two day workshop to improve knowledge, comfort and assessment skills on sexual health concerns of survivors and began assessing sexual health of patients on a regular basis. Overview of training and skills needed to assess fertility and sexual health will be provided along with data on quality improvement project.

Evaluation: Increase screenings prior to initiation of chemotherapy, increase inpatient and family knowledge surrounding fertility, increased quality of life (QOL), increase in sperm banking, increase in sexual health education, increase physician and staff awareness, improved documentation, focus on survivorship, improve collaborative approach to fertility education and sexual health conversations.

Discussion: Barriers include timing of education, acute illness and urgency of treatment initiation, language barrier, poor communication, provider education gap, and comfort of staff with topic.

Innovation: A commitment to fertility preservation education and sexual health conversations can be led by oncology nurses and oncology social workers.

Abstract Summary:

In 2013, the Update panel reviewed 2006 American Society of Clinical Oncology (ASCO) guidelines on fertility preservation. Recommendations included that health care providers address possibility of infertility and education and informed consent should occur prior to the initiation of cancer therapy. Fertility preservation options should be discussed in the inpatient setting (early and often) and referrals made to reproductive specialists. Health care providers, including oncology nurses and oncology social workers, should advise patients surrounding potential threats to fertility as early as possible in the treatment process to allow for the extensive range of fertility preservation options (Loren, Mangu, Beck, Brennan, Magdalinski, & Partridge, 2013). Patients diagnosed with cancer voice interest in discussing fertility preservation (Loren, Mangu, Beck, Brennan, Magdalinski, & Partridge, 2013). Fertility loss is important to cancer survivors and a critical part of quality of life long into survivorship (Penrose, Beatty, Mattiske, & Koczwara, 2013). It is most effective when all members of the oncological team should be prepared to discuss the risk of infertility with cancer treatment (Loren, Mangu, Beck, Brennan, Magdalinski, & Partridge, 2013). Nurses and oncology social workers can work together to initiate fertility discussions because patients may be overwhelmed and may not consider impact of treatment, and may feel it is inappropriate to discuss. Nurses and oncology social workers can have a significant role in cancer related infertility follow-up in the inpatient setting (Kelvin, Kroon, & Ogle, 2017). Additionally, sexual health concerns across the life spectrum should be included in inpatient assessments and evaluation. Intimacy is a human need and sexual and non-sexual intimacy may be an

important part of someone's life even at the end of life (Cagle & Bolte, 2009). Authors will review a quality improvement project that aimed to improve access and information to fertility preservation and sexual health information on an oncology inpatient unit.

Keywords: Interdisciplinary Care, Education

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Summarize the research surrounding fertility preservation and sexual health.
2. Identify at least three clinical and resource tools that address and educate patients on fertility (including fertility risk, discuss available options, improve timeliness of fertility referrals and fertility preservation, and inform patients of associated costs).
3. Recall at least one intervention that can be offered on the inpatient units to create an interdisciplinary approach to addressing fertility and sexual health.

References:

1. Cagle, J. & Bolte, S. (2009) Sexuality and life-threatening illness: implications for social work and palliative care, *Health and Social Work, 34(3)*, pp.223-233.
2. Kelvin, J., Kroon, L., & Ogle, S., (2017). Fertility Preservation for Patients with Cancer. *Clinical Journal of Oncology Nursing, 16(2)*, 205-210.
3. King, L. et al. (2008). Oncology Social Workers' Perceptions of Barriers to Discussing Fertility Preservation with Cancer Patients, *Social Work in Health Care, 47(4)*
4. Loren, A., Mangu, P., Beck, L., Brennan, L., Magdalinski, A., Partridge, A., Quinn, G., Wallace, W., & Oktay, K. (2013). Fertility Preservation for Patients with Cancer: American Society of Clinical Oncology Practice Guideline Update. *Journal of Clinical Oncology, 31(19)*, 2500-2510.
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<http://oncofertility.northwestern.edu/resources/social-workers>

S205 – Patient Navigation SIG Presentation

Wednesday, May 30

4:00 p.m. – 5:30 p.m.

We Want You to Be Our Navigator ... the Journey from Oncology Social Worker to Breast Patient Navigator

Cara Kondaki, LCSW, OSW-C, CBPN-IC; Elizabeth Saylor, MSW

Abstract Content:

Patient Navigation evolved as a strategy to improve outcomes in vulnerable populations by eliminating barriers to timely diagnosis and treatment of cancer. It was initially conceived by Dr. Harold Freeman a breast oncologist during his work with African American women in Harlem Hospital in 1990. Dr. Freeman was concerned that poor Americans have a 10 percent to 15 percent lower cancer survival rate compared to other Americans. Dr. Freeman found the principle barriers to receiving health care involved financial issues, adequate communication, health care system barriers and fear and distrust. (Freeman, 2011).

Various professional organizations have developed guidelines and position statements regarding Patient Navigation including AOSW in partnership with the Oncology Nursing Society (ONS) and the National Association of Social Workers (Board of Directors – ONS, AOSW, NASW, 2010). The American College of Surgeons Commission on Cancer incorporated Patient Navigation as a standard in 2012 to be met by Cancer programs beginning in 2015 (American College of Surgeons, 2016).

The essential goal of patient navigation aims to move or “navigate” cancer patients through one point in the cancer continuum to another end point. In a University of Colorado study navigated women, especially those requiring biopsy, reached their diagnostic resolution significantly faster than non-navigated women. (Raich, 2012). While goals may vary depending on the navigators discipline and area of expertise, overall patient navigation has been found to positively impact time from cancer diagnosis to diagnostic resolution.

As more hospitals, academic cancer centers and community organizations employ patient navigators, questions have emerged about adequate navigator training and fit for this work within a professional discipline -nurse, social worker, lay survivor (Pratt-Chapman, 2014). Most recently the American Cancer Society sponsored the Inaugural meeting of the National Navigation Roundtable in November 2017 to establish evidence based practices and policies to move the navigation discussion forward.

Oncology social workers are in a unique position to advance the field of Patient Navigation given our training, orientation towards serving the most vulnerable, and systems based perspective. Social Workers working as Patient Navigators have valuable skills that can help patients overcome barriers in Cancer care. Patient Navigation should not be viewed as a threat to our profession but in fact an important extension of it. Becoming more involved in the practice and evaluation of Patient Navigation is key to demonstrating our value as an essential part of the medical care team (Browne et al, 2014).

Abstract Summary:

“We Want You to Be Our Navigator”... when I was asked to become our Breast Patient Navigator I had no idea what the term navigator meant. While studying for and eventually passing the NAPBC Breast Navigator Certification exam, I learned to incorporate my role as an Oncology Social Worker with the goals of a patient navigator to meet the COC standard. With that came abstracting, excel spreadsheets and reporting to our Breast Leadership team and Cancer Committee Chair. My social work counseling skills really came in handy when identifying the depression, anxiety and fears that prevented patients from following up. Referrals for counseling, support groups, financial assistance, housing, transportation, talking to their children, talking to their children, fertility preservation, etc., etc., were already part of my toolbox!

This talk will provide participants with a basic overview of the history of Patient Navigation in health care, specifically oncology, and how it has evolved as a standard of care through the Commission on Cancer. Attendees will learn about the importance of defining a patient navigator’s role, as well as area of practice.

It will also review the goals of the recent Inaugural meeting of the National Navigation Roundtable which include the vision for the future of patient navigation.

Learning Objectives:

1. Describe the general history (including key figures), characteristics and components of Patient Navigation, especially as the practice relates to oncology, and how these characteristics and components align with basic tenants of social work practice.
2. Define types of patient navigation and patient navigation models such as barrier vs. service focused; age/development specific; disease specific; point in cancer trajectory (suspicious finding to treatment vs. survivorship), and how these models have the potential to ease medical and psychosocial suffering.
3. Understand collaborative efforts of various professional organizations in moving the navigation discussion forward. Identify national goals in addressing health equity and access to quality care across the cancer continuum.

References:

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S206 – Radiation Therapy SIG Presentation

Wednesday, May 30

4:00 p.m. – 5:30 p.m.

Access to Advances in Radiation through an Oncology Social Workers Eyes

Chelsea Foote, MSW, LCSW; Lauren DeWitt, MSW

Abstract Content:

The Institute of Medicine began identifying shortcomings and disparities in cancer care in the United States in 1999. In addition to these disparities, they also identified opportunities for improving quality of care, in particular, psychosocial care. Since then, we have seen increased development of standards and initiatives for improving the quality of cancer care we provide (Zebrack, et al, 2016). Psychosocial problems associated with cancer (e.g., depression, inadequate coping skills) can be effectively addressed by supportive care services and psychosocial interventions. Although a multidisciplinary cohort of oncology health professionals delivers supportive services needed by cancer patients, a diverse sample of survey respondents (nurses, social workers, psychologists, chaplains) agreed that social workers were the primary providers of oncology psychosocial services (Deshields, et al, 2012).

From an intuitional standpoint, social workers are the primary providers of psychosocial care. As the United States experiences a shift from volume-based care to value-base care, achieving the highest levels of quality will depend on how well mental health and behavioral health providers are integrated into medical care systems and enabled to enhance patient outcomes (Zebrack, et al, 2016).

Barriers to care and resources are something that oncology social workers face daily with patients. We assist patients and survivors in a variety of ways, including providing individual, family and group

psychotherapy for survivors and caregivers, teaching self-advocacy skills to help survivors obtain or maintain basic needs (food, shelter, pharmaceuticals, medical supplies, transportation), assisting survivors in accessing available healthcare coverage through private and public sources, helping patients navigate health care systems and hospice care, and linking patients to community resources (Burg, et al, 2010).

As oncology social workers, one main role is for us to advocate for our patients. Many in this population are uninsured or underinsured; however this does not mean that they do not deserve the best treatment for each of their cancers. Inadequate health insurance surpassed all other items as a major barrier to quality health care for cancer patients. Many other barriers faced are the inability for patients' to pay for treatment-related expenses as well as transportation, language and cultural barriers and lack of available child care or elder care. Patients' own fears and distress were are a major barrier to obtaining quality health care, followed by patients' worries that they would lose wages as a result of missing work to attend medical appointments (Burg, et al 2010). These inequalities are barriers to achieving quality cancer care. The necessity to improve the quality of cancer care has been recognized internationally as a way to decrease care discontinuity, deficiencies in access to care and coordination, or response to patients' needs (Bredart, et al, 2014).

Abstract Summary:

Have you struggled getting your patients to and from treatment? Do you feel like, as a social worker, you could do more to advocate for your patients but do not know how? Maybe you work with underinsured and uninsured patients who do not receive the same care that those with Medicare and other insurance plans receive. Perhaps you have thought about starting more supportive services within your clinic to address these concerns, but don't know where to start.

This talk will provide participants with ways to break down the barriers many patients face and identify resources for patients and their families, whether they live in the area or are traveling from across the country for their radiation treatments. It will also address the need for psychosocial support programs and groups for patients and caregivers, during and after treatment.

Attendees will learn the importance of working with the multidisciplinary team and how this increases the quality of cancer care provided to patients and their families. We will also review various advocacy avenues for patients who do not have the same access to care.

All AOSW Annual Conference attendees welcome!

Keywords: Advocacy, Access to Care, Disparities

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Identify resources for patients and their families, especially those with barriers to care including transportation, lodging, and insurance.
2. Utilize an approach in working with a multidisciplinary team and providing supportive care, while working in an outpatient radiation facility.
3. Assess the institution in which they practice social work to determine if additional support resources would benefit the patients living with and surviving cancer.

References:

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2. Burg, M. A. et al (2010) Barriers to Accessing Quality Health Care for Cancer Patients: A Survey of Members of the Association of Oncology Social Work. *Social Work in Healthcare*, 49:1, 38-52.
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PAPER SESSION II

P201

Wednesday, May 30

5:45 p.m. – 6:45 p.m.

The Myth of the Well Adjusted Asian Patient - Culture and Cancer Distress

Jenny Lu, MSW, LCSW

Abstract Content:

Distress is prevalent among cancer patients at all stages of illness (NCBI, 2008). Asian cancer patients are no exception (Loscalzo, et al. 2010). Asian cancer patients report high levels of symptom burden, psychological distress, and disruption of family function yet underutilize cancer services across cancer care continuum (Tang, et al. 2000, Ngo-Metzger, et al. 2003). Systems theory in Social Work Practice, a systems perspective that focus on how persons interact with their environment (Hutchison et al 2003) and an analysis of Asian religions and philosophy rooted in Buddhism, Taoism, and Confucianism may be the key to unlocking the mystery. One thousand six hundred eighty-seven Asian cancer patients completed the SupportScreen, a biopsychosocial distress screening tool administered at City of Hope from 2009 to 2016 (Loscalzo, et al. 2010) dispels the myth of the well-adjusted Asian patient. Findings showed that Asian and Non-Asian cancer patients endorsed similar level of distress. The top six areas of concerns endorsed by Asian cancer patients as moderate to very severe distress were: 36.3 percent side effects of treatment; 33.8 percent worry about the future; 32.6 percent finance; 32.6 percent fatigue; 31.4 percent sleeping; and 28.0 percent pain. The top six areas of concerns for Non-Asian Cancer Patients as moderate to very severe distress were: 38.5 percent sleeping; 35.5 percent fatigue; 34.7 percent finances; 33.8 percent worry about the future and 32.4 percent side effects of treatment; and 31.2 percent pain. Although they endorsed similar levels of distress, Asian patients are less likely to ask for the support and services they need due to cultural shame and stigma associated with a cancer diagnosis (Daher, et al. 2012). The degree of buy-in to the western medical recommendations and services are directly correlated with the patient's level of acculturation (Lee, et al. 2013). Oncology Social Work is the primary professional discipline that provides psychosocial services to cancer patients and families. The medical team looks to social work expertise in diversity and social systems to guide

effective treatment plans. Patient centered psychosocial cultural spiritual assessments are important clinical tools to understand the whole cancer patient. Culturally sensitive cancer information and services may bridge the gap between the Asian Cancer Patients' distress and Cancer Care.

Abstract Summary:

Asian cancer patients experience high levels of symptom burden, psychological distress, and disruption of family functioning, yet underutilize services across the cancer care continuum. Asian religions and belief are often rooted in Buddhism, Taoism, and Confucianism. Theoretical framework in Systems Theory and a review of Asian religions and philosophy may be the key to unlocking the mystery. The data from SupportScreen showed that Asian and Non-Asian cancer patients endorsed similar level of distress yet Asian patients are less likely to ask for support and services. Psychosocial cultural spiritual assessments and culturally sensitive cancer information and services may bridge the gap between the Asian Cancer Patients' distress and cancer care.

Keywords: Distress/CoC, Special Populations

Course Designation: Cultural Competency

Presentation Level: Introductory

Learning Objectives:

1. Demonstrate knowledge of traditional Asian culture and social system.
2. Identify Asian values that may become barriers to western medical recommendation.
3. Develop questions to be included in a psychosocial cultural spiritual assessment.

References:

1. Daher M (2012). *Annals of Oncology* 23 (Supplement 3): iii66-iii69.
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4. Loscalzo M, Clark K, Dillehunt J, Rinehart R, Strowbridge R, Smith D (2010). SupportScreen: A model for improving patient outcomes. *JNCCN Journal of the National Comprehensive Cancer Network*; 8(4), 496-504.
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P202

Wednesday May 30

5:45 p.m. - 6:45 p.m.

Supporting Young Adult Cancer Patients During Transition from Active Treatment to Survivorship Care and Beyond

Casey Walsh, LCSW; Jennifer Currin-McCulloch, LMSW, OSW-C; Barbara Jones, PhD, MSW, FNAP

Abstract Content:

Introduction: Adolescent and young adult (AYA) cancer survivors transitioning from active treatment to survivorship care often experience increased anxiety and distress, an increased need for information related to post-treatment follow-up care, and uncertainty about life after cancer (Kwak et al., 2013). AYAs may also face struggles with identity and sexual development, social isolation, autonomy, fertility preservation, neurocognitive effects, and disruptions in schooling (Shaw et al., 2015). The unique challenges and concerns facing AYAs persist beyond cancer diagnosis and treatment (Quinn, Goncalves, Sehovic, Bowman, & Reed, 2015). Continued support and education is integral in supporting AYAs as they struggle with shifting their identity from patient to survivor and eventually transitioning to adulthood (Jones, Parker-Raley, & Barczyk, 2011).

Methods: A literature search was conducted using PubMed, PsycINFO, and CINAHL to identify existing knowledge and resources about AYA cancer survivor transition from active treatment to survivorship care. Each database was searched in its entirety, through September 2017. All studies that defined the population of interest as “AYA” were included. There were no date or publication type restrictions. U.S. and international studies were included, but all studies had to be published in the English language. The search strategy involved the following terms related to specification of age range, cancer, and transition linked together via the AND operator: “AYA”, “transition”, “cancer.” Building upon our clinical experiences in the field and review of the literature, we will facilitate an interactive discussion with conference participants about opportunities to help bridge services and supports for AYAs during transition.

Clinical Implications: Continued support and education is integral in supporting AYAs as they struggle with shifting their identity from patient to survivor and eventually transitioning to adulthood (Jones, Parker-Raley, & Barczyk, 2011). AYAs need a time-sensitive and ongoing approach for monitoring their psychosocial needs and provision of psychosocial services across the cancer care trajectory (Millar, Patterson, & Desille, 2010). AYA cancer survivors are managing the dual demands of transition to independent adulthood and transition from cancer patient to survivor, along with reduction in support from medical services (Patterson, McDonald, Zebrack, & Medlow, 2015). Social workers can act as brokers and advocates for AYAs and their families in attaining psychosocial treatment and resources specific to their needs throughout their care trajectory (Block, 2015). This session will offer social workers the opportunity to dialogue about challenges during transition and to learn strategies to help support AYAs during transition and beyond.

Abstract Summary:

Adolescent and young adult (AYA) cancer survivors transitioning from active treatment to survivorship care often experience increased anxiety and distress, an increased need for information related to post-treatment follow-up care, and uncertainty about life after cancer (Kwak et al., 2013). The unique challenges and concerns facing AYAs persist beyond cancer diagnosis and treatment (Quinn, Goncalves, Sehovic, Bowman, & Reed, 2015). Continued support and education is integral in supporting AYAs as they struggle with shifting their identity from patient to survivor and eventually transitioning to adulthood (Jones, Parker-Raley, & Barczyk, 2011). Building upon our clinical experiences in the field and

review of the literature, we will facilitate an interactive discussion with conference participants about opportunities to help bridge services and supports for AYAs during transition.

Keywords: Adolescent and Young Adult, Survivorship

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Apply existing knowledge and resources about AYA cancer survivor transition from active treatment to survivorship care identified through our literature review.
2. Discuss the challenges facing AYAs during transition with peers.
3. Identify strategies social workers can use to help support AYAs during transition and beyond.

References:

1. Block, R. (2015). Interventions for Adolescents Living with Cancer. In G. Christ, C. Messner, & L. Behar (Eds.), *Handbook of Oncology Social Work* (457-463). New York, NY: Oxford University Press.
- Jones, B. L., Parker-Raley, J., & Barczyk, A. (2011). Adolescent cancer survivors: identity paradox and the need to belong. *Qual Health Res*, 21(8), 1033-1040. doi:10.1177/1049732311404029
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4. Patterson, P., McDonald, F. E., Zebrack, B., & Medlow, S. (2015). Emerging issues among adolescent and young adult cancer survivors. *Semin Oncol Nurs*, 31(1), 53-59. doi:10.1016/j.soncn.2014.11.006
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P203

Wednesday 5/30

5:45 p.m. - 6:45 p.m.

Survivorship: An Integral Perspective

Linda McLellan, MSW; Larry Foster, PhD, MSW

Abstract Content:

Developing survivorship programming in Cancer Centers has relevancy and currency for oncology social work. The Commission on Cancer (CoC) requires that accredited Cancer Centers have Survivorship Care

Planning; by the end of 2018, 75 percent of eligible patients must receive this care planning. There are many biomedical requirements for survivorship care planning, and addressing the psychosocial aspects such as mental health, family relationships and responsibilities, sexual functioning, substance use, financial issues and employment, and healthy lifestyle are also required. However, as the CoC notes, there is no identified evidence-based best practice for survivorship care. Oncology social work can better position itself as leaders in addressing the psychosocial aspects of cancer survivorship. Current literature reveals that many cancer patients report that they feel dissatisfied with follow-up care after cancer treatment and feel poorly educated regarding psychosocial issues. Efforts to improve psychosocial outcomes for cancer survivors are needed, and the complexity of psychosocial vulnerabilities and how to best meet these in an integrative fashion is acknowledged in the literature. This presentation will enhance understanding of psychosocial aspects of cancer survivorship and ability to integrate meaningful psychosocial care leading to best practices for cancer survivors, their families, and support persons across the life-span. Acknowledging the impact of diversity and socioeconomic status⁵ on access to care and treatment outcomes is essential to efforts addressing cancer survivorship. Presented will be a four quadrant model adapted from Integral theory. This model, when applied to oncology care and cancer survivorship, will help the social worker to consider multiple levels, perspectives, and dimensions of cancer survivorship in an integrated manner. Included is the subjective, “I” (thoughts, emotions, memories of illness experience), the objective “it” (physical needs, treatment side effects, chronic illness, late effects), the intersubjective “we” (family/care-partner relationships, meanings, cultural values, diversity), and the interobjective “its” (health care systems, access to care, support services and resources, health insurance). By utilizing such an integrated model of cancer survivorship, the whole person and their lived experience will more likely be addressed.

Abstract Summary:

Oncology social work can position itself as leaders in addressing the psychosocial aspects of cancer survivorship. Efforts to improve psychosocial outcomes for cancer survivors are needed; there is a complexity of psychosocial vulnerabilities, and social work can best meet these in an integrative manner. This presentation will enhance understanding of psychosocial aspects of cancer survivorship and ability to integrate meaningful psychosocial care leading to best practices for cancer survivors, across the life-span. The impact of diversity and socioeconomic status on access to care and treatment outcomes will be addressed. Presented will be a model for oncology social work, utilizing an integrated approach which considers multiple system levels and perspectives, including the subjective, objective, intersubjective, and interobjective dimensions of cancer survivorship.

Keywords: Survivorship, Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Describe the psychosocial aspects of cancer survivorship.
2. Recognize the impact of diversity and socioeconomic status on access to care and treatment outcomes in cancer survivorship.
3. Identify the impact of diversity and socioeconomic status on treatment outcomes in cancer survivorship.

References:

1. Birken, S.A., Deal, A.M., Mayer, D.K., & Weiner, B.J. (2014). Determinants of survivorship care plan use in United States cancer programs. *Journal Cancer Education, 29*, 720-727.
2. Cancer survivorship care planning fact sheet. (2005). Institute of Medicine: www.iom.edu.
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P204

Wednesday May 30

5:45 p.m. - 6:45 p.m.

CoC Patient Navigation Process and the Oncology Social Worker

Nina Miller, MSSW, OSW-C; Mohammad Khalaf, MPH

Abstract Content:

In 2012, the American College of Surgeons' Commission on Cancer initiated a standard requiring accredited cancer programs to establish a Patient Navigation Process to address health care disparities and barriers to cancer care. The standard was scheduled for 2015 implementation so programs are currently being surveyed to track standard compliance. To facilitate the goals of this standard, the deliverables include a comprehensive, cancer-related Community Needs Assessment that identifies the patient population, health disparities, barriers to care, resources available, and resource gaps. The standard includes a process for establishing priority goals and objectives to address barriers to care experienced by patients, families and caregivers in the hospital system's community. This workshop seeks to provide oncology social workers a comprehensive review of the development of patient navigation as a concept, the role of the oncology social worker, and tools and resources for creating a comprehensive, cancer-related Community Needs Assessment. For the oncology social worker that is engaged with the Cancer Committee at their Commission on Cancer-accredited program, this session will help to define the Patient Navigation Process Standard, frame the role of oncology social workers and provide a framework and tools for completion of the Community Needs Assessment. The knowledge gained from attendance can be used to establish or enhance navigation processes for cancer programs that could include a theoretical rationale for addressing navigation needs for patients, families and caregivers; a review of the role of the oncology social worker; and a review of a toolkit, Implementing CoC Standard 3.1: Patient Navigation Process created by GW Cancer Center's Institute for Patient-Centered Initiatives and Health Equity to guide the creation of a Community Needs Assessment. The Community Needs Assessment created using this toolkit will help programs gather meaningful information about the program's patient population, the barriers they experience to accessing care, the

resources available to address needs. The workshop will also help oncology social workers understand Commission on Cancer process requirements.

Abstract Summary:

The Commission on Cancer's Patient Navigation Process Standard requires a triennial Community Needs Assessment be completed to assess the community's health care disparities; resources; and patient, provider, and system-based access barriers. The Oncology Social Worker has the critical skills needed to be a key member of the team charged with the creation of the Community Needs Assessment. The workshop presenters will discuss the critical role of the social worker in creating and using the Community Needs Assessment and developing the Patient Navigation Process for the cancer program. A toolkit to provide programs with a framework for the assessment was created by the GW Cancer Center will be rolled out to the workshop attendees.

Keywords: Patient Navigation, Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Recognize how the Community Needs Assessment mandated in the CoC accreditation standard 3.1 Patient Navigation Process informs oncology social work practice.
2. Apply the principles and tips outlined in the toolkit, Implementing CoC Standard 3.1: Patient Navigation Process to establish priority goals, objectives and strategies to address barriers to care experienced by patients, families and caregivers.
3. Utilize social work principles and knowledge on social systems to establish a framework for development of a comprehensive patient navigation process to address disparities and access to care barriers.

References:

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P205

Wednesday May 30

5:45 p.m. - 6:45 p.m.

Let's Be Frank - Vamos hablar con la verdad! Facilitating Culturally Sensitive Conversations with Latino Clients and Families

Enedina Enriquez, LCSW; Andrya Burciaga, DNP, APRN, FNP-BC; Merlyn Palacios, MSN, APRN, FNP-BC

Abstract Content:

Clinical care cannot be effective without serious attention to the cultural factors that shape patients' health-related values, beliefs, and behaviors (Brown et al., 2016). Latinos in the Texas-Mexico border region have cultural belief systems which pose challenges for practitioners attempting to facilitate conversations about illness and death. Often the current palliative and hospice tools available are not culturally appropriate when working with Hispanics living near the Texas-Mexico border. Latinos have strong belief systems which impacts the facilitation of having conversations about illness and death. The culture's reliance of faith, hope and a miracle may impede having honest conversations about illness, death and dying. Thayer (2013) findings stated how hope is a significant factor that assists individuals to adjust to their cancer illness as well as reduce psychological distress to enhance well-being and quality of life. However, working with many first-generation Mexican-Americans whose culture and belief systems are strong, faith and hope may also complicate having honest conversations. When practitioners introduce conversations about the typical trajectory of an illness, end of life tasks, and advanced care planning, these Latino clients may feel as though their faith and hope are being stripped from them. In work with these families, the practitioner's approach to framing the issues and the setting of the conversations typically predict the clients' level of engagement, interaction, and decision-making toward effective end of life care planning. Educating and painting a picture for patients and families on navigating the course of the illness is not an easy task when the discussion for advanced care planning or end of life tasks may seem as if their faith and hope is being stripped from them. Fostering hope has been a key coping mechanism while facing an illness but transitioning hope for cure to hope for a good death must also be considered (Pattison et al., 2009). Based on the presenter's clinical social work practice with first-generation Mexican American families in south Texas, this presentation will explore methods for facilitating conversations about illness and death in ways that honor and integrate the families' culturally based sources of faith, hope and meaning. The presentation will introduce a culturally sensitive assessment tool, share findings from a collaborative pilot study training social work student interns and employing a community health worker to engage Latino families in discussions of advanced directives. Illustration on the use of Latino cultural belief systems in grief therapy such as the use of meaning making and solution-focused therapy techniques will be shared with the audience.

Abstract Summary:

In the Latino culture, religion, faith, hope and prayer can have a positive impact in the healing process but it can also impact decision-making, problem-solving and planning. Hope helps with meaning making but many times it is connected to a cure. Guiding the transition of hope for a cure to hope for a good death can present challenges but can also lessen the severity of suffering, anxiety, stress and trauma. The presentation will introduce a culturally sensitive conversation guide and provide a sample

assessment tool utilized by the practitioner as well as share findings from a collaborative pilot study training social work student interns and employing a community health worker to engage Latino families in discussions of advanced care directives.

Keywords: Clinical Practice/Skill Building, Pain, Palliative Care and End-of-Life

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Distinguish when hope and faith may induce a negative impact in the healing process.
2. Express ways to foster hope as they transition conversations from cure to planning on end of life tasks.
3. Examine a culturally sensitive assessment tool and conversation guide fostering honest conversations of illness and end of life planning.

References:

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P206

Wednesday May 30

5:45 p.m. - 6:45 p.m.

Staying Current: Speaking the Language of Social Determinants of Health to Demonstrate Social Work Value in Oncology Care

Iris Cohen Fineberg, PhD, MSW, OSW-C

Abstract Content:

The term social determinants of health has become commonly heard in the discussion of medical care as recognition grows that people's health is highly influenced by their social conditions. For social workers, this concept is at the center of practice, regardless of practice area. "Understanding the social context of health is the specialty of social work training. Through a person-in-environment perspective, graduate students are trained to recognize biopsychosocial factors that impact health" (de Saxe Zerden, Jones, Lanier, & Fraser, 2016, p. e15). Oncology social work functions at its core with the social determinants that impact patients and families. This session will focus on helping participants to understand the language of social determinants and connect this language to the existing work done by oncology social workers. Strategies to help people apply this language to their work place and positions will be discussed to advocate for oncology social work in the current health care environment.

Abstract Summary:

The term social determinants of health has become commonly heard in the discussion of medical care as recognition grows that people's health is highly influenced by their social conditions. For social workers, this concept is at the center of practice, regardless of practice area. Oncology social work functions at its core with the social determinants that impact patients and families. This session will focus on helping participants to understand the language of social determinants and connect this language to the existing work done by oncology social workers. Strategies to help people apply this language to their work place and positions will be discussed to advocate for oncology social work in the current health care environment.

Keywords: Professional Issues**Course Designation:** Clinical**Presentation Level:** Introductory**Learning Objectives:**

4. Explain the language of social determinants of health.
5. Utilize the language of SDOH to advocate for social work.
6. Demonstrate how social work practice is applied to address SDOH.

References:

1. de Saxe Zerden, L., Jones, A., Lanier, P., & Fraser, M.W. (2016). Social workers: continuing to address the social determinants of health. *American Journal of Public Health, 106*(6), e15.
2. Rine, C.M. (2016). Social determinants of health: Grand challenges in social work's future. *Health Social Work, 41*(3), 143-145.
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Poster Presentations: Wednesday, May 30 7:00 p.m. – 8:30 p.m.

PO1

Are We Almost There Yet? Implementing a Supportive Care Clinic in a Under Resourced Hospital

Catherine Cassingham, MSW, LSW; Yabari Avalos, BSW; Dr. Pam Khosla, MD; Christine Weldon, MBA

Abstract Summary:

Cancer patients have significant psychosocial, practical, nutrition, palliative, spiritual and other supportive care needs, which are exacerbated for vulnerable patients. A collaborative of a 100+ clinicians, funded by The Coleman Foundation, created a screening tool, from validated sub-tools, to gain a more thorough understanding of patients' needs. However, once the needs were identified, the team was challenged in providing follow up care without each patient returning to the hospital for multiple encounters. The team of one under resourced hospital created a supportive oncology clinic where patients could have access to all supportive care services in one place at one time. The poster will include program implementation, the barriers to care and solutions identified by the supportive oncology clinic team.

Keywords: Special Populations, Patient Navigation

Course Designation: Cultural Competency

Intermediate: Intermediate

PO2

Will You Talk to My Child? Working with Children of Parental Cancers and the Challenges for Oncology Social Workers

Dianne Bednarik Mead, LCSW-R

Abstract Summary:

For a parent, a diagnosis of cancer is a significant stressor for the whole family (Christ, 2015). It exacerbates familial stress, and creates pressure on parents with respect to how best to support their children through the disease. The provision of clear, honest information prevents misunderstandings which may lead to frightening fantasies and fears (Fearnley, 2010). Parents and social workers may avoid talking about cancer to children to filter information so that they control or minimize children's difficulties. Just as the parent with cancer presents with high levels of distress around communication with their children, anecdotally, oncology social workers who work with adult patients also admit to anxiety when meeting with their patients' children. Interventions and strategies based on developmentally appropriate interventions will be discussed and explored. Participants will gain knowledge and insight into their own process, and a framework will be provided to decrease anxiety for the social worker.

Keywords: Clinical Practice/Skill Building, Special Populations

Course Designation: Clinical

Presentation Level: Introductory

PO3

Chemoflage: Innovations in Education for Women Undergoing Chemotherapy: A Peer Approach

Katherine Easton, MSW, LCSW, OSW-C

Abstract Summary:

Chemoflage was founded in 2006 by a breast cancer survivor who experienced numerous gaps in the information she was provided at the time of her own cancer diagnosis. Using personal experiences as well as oncology professionals from the community, the program offers women an avenue to empowerment through education. Free monthly workshops explore the physical, emotional and psychological changes that are experienced during treatment and those that are unique to women. Partnering with Nordstrom department stores, participants hear speakers on various topics, including nutrition, meditation, depression, and "chemobrain". Tips on selecting wigs, tying scarfs, cosmetics and skin care are also incorporated into the program. This poster will provide information on a community-based, peer-led educational program for women undergoing chemotherapy treatment. Highlights of the program components and effectiveness through the evaluation of a pre- and post-test of the participants which will be presented.

Keywords: Education, Patient Navigation

Course Designation: Clinical

Presentation Level: Introductory

PO4

What Matters to Blood and Marrow Transplant Survivors: Bolstering Resilience Through a Telephone Support Group

Katie Schoeppner, MSW, LICSW; Lisa Pomarico, MSW, LGSW, CHTC; Leah Christianson, BS; Olivia Eusden, MSW, LICSW; Debbie Jacobson, OPN-CG; MariaEugenia MacWilliams, BA

Abstract Summary:

BMT patients face a multitude of challenges and late effects that can impact quality of life. Providing facilitated telephone support groups to BMT survivors bolsters resilience, reduces feelings of isolation, and arms patients with coping skills that can be applied during difficult times. Qualitative analysis used to examine support group discussions highlighted the extent to which practical tips and coping strategies penetrated the dialogue, and uncovered the most important themes and sub-themes present across the groups. Results of the analysis not only provide a foundation for future research on BMT survivorship and late effects, but also guide program planning for future telephone support groups. This presentation will explore the process for using qualitative methods to analyze the content of group discussion summaries and provide an overview of the format used for facilitating telephone support groups for BMT patients.

Keywords: Survivorship, Research

Course Designation: Clinical

Presentation Level: Intermediate

PO5

Transforming Psychosocial Oncology Services Through an Integrated Service Model

Sarah Conning, LCSW, OSW-C

Abstract Summary:

While distress screening processes have increased our knowledge and awareness of the psychosocial health needs of people living with cancer, there remains a need for sharing best practices for the assessment and treatment of these concerns. This poster will describe the evolution of an integrated, interdisciplinary Psychosocial Oncology program at a university health system and NCI-designated Comprehensive Cancer Center. This project leveraged existing staff resources and implemented new processes to build integration with a goal of improving psychosocial support services for distressed patients. The program, which currently includes four licensed clinical social workers and one psychiatrist, has successfully addressed a key barrier to care for distressed patients (wait times for psychiatry consult) and has had numerous other anticipated and unanticipated benefits.

Keywords: Survivorship, Research

Course Designation: Clinical

Presentation Level: Intermediate

PO6

A Ticking Time Bomb: Opioid Abuse & Oncology Social Work Best Practices

Samantha Williamson, LMSW

Abstract Summary:

With cancer and opioid abuse on the rise, oncology social workers face a healthcare landscape fraught with challenges. One way we can meet this challenge is to equip ourselves with evidence based tools that will help us deliver effective services to this small, but critically volatile patient population. Additionally, we need to be able to promote interdisciplinary collaboration for the support of these patients in a best practice model. In completion of this presentation, attendees will be able to identify signs and symptoms of addiction, differentiate between substance-induced disorders and substance-use disorders and acquire counseling strategies to help mitigate opioid misuse. Participants will leave with handouts outlining best practices for treating addiction, and will depart with an increased competency of the DSM-V. Attendees will leave better equipped to meet this ongoing healthcare crisis with skills, courage, and compassion and will be better prepared to assess and intervene.

Keywords: Clinical Practice/Skill Building, Special Populations

Course Designation: Clinical

Presentation Level: Intermediate

PO7

Facilitating Connection over the Telephone Wire: Development and Initial Outcomes of Telephone Support Group for Patients with Advanced Lung Cancer

Briana Joyce, LCSW; Holly Wilson, LCSW, ACSW

Abstract Summary:

Within the lung cancer community, stigma associated with an individual's smoking status is an all too familiar challenge for many patients and families. A review of recent research further illustrates not only the prevalence but also suggests a link between experiences with stigma and lower quality of life. In addition to how patients with lung cancer are viewed by society, those with advanced disease also have

to contend with the isolation and distress evident for many individuals with a late stage diagnosis. Given the above, social workers in the Thoracic Oncology program were motivated to develop an advanced stage lung cancer support group as a means to connect and support a vulnerable and stigmatized population. Faced with realities of geography and patient health, telehealth is an exciting opportunity to strengthen social work's ability to augment patient's access to care.

Keywords: Clinical Practice/Skill Building, Special Populations

Course Designation: Clinical

Presentation Level: Introductory

PO8

Tear Down These Barriers: How Social Workers Can Reduce Barriers to Colorectal Cancer Screening Participation in the African-American Community

Michael Grignon, LMSW, CCM, MBA

Abstract Summary:

Despite continued efforts to improve cancer awareness and address cancer disparities, there remain marked differences in cancer outcomes by race in America. Of all racial and ethnic groups, African-Americans are the most likely to die from cancer. Looking further, the colorectal cancer mortality rate among African-American men is over 50 percent higher than for non-Hispanic White men. According to The American Cancer Society, "Regular screening is one of the most powerful weapons for preventing colon cancer (www.cancer.org/latest-news/coloncancer-prevention-and-early-detection-what-you-need-to-know.html)." This presentation will explore barriers to screening access in the African-American community and strategies for social workers to implement to help reduce these barriers.

Keywords: Special Populations,

Course Designation: Cultural Competency

Presentation Level: Introductory

PO9

Synergizing Social Work and Nurse Navigation Competencies to Manage Complex Colorectal Cancer Screening for the Homeless

Beverly Thorpe, LCSW

Abstract Summary:

Integrating the specialized skill sets of Social Work and Nurse Navigators is an effective method for creating cancer screening activities for high risk populations, especially those that require both alignment of the complex needs of the participants with community resources and simultaneous management of an often fragmented medical system.

Keywords: Patient Navigation, Special Populations

Course Designation: Cultural Competency

Presentation Level: Intermediate

PO10

Cancer Care Management: Adaptations of An Evidence-Based Biobehavioral Intervention to Maximize Impact

Larissa Hewitt, MSW, LICSW; Suzanne O'Regan, MSW, LICSW; Katelyn MacDougall, MSW, LICSW; Larisa Patacchiola, MSW, LICSW

Abstract Summary:

In psychosocial cancer care, there is increased emphasis on evidence-based interventions for mental health treatment, and a strong desire for social workers to pursue training in and implement programs with demonstrated efficacy. The Ohio State University (OSU) offered clinicians an opportunity to attend a National Cancer Institute (NCI) funded psychoeducational training program to learn, master and disseminate an evidence-based, manualized stress-reduction curriculum for oncology patients. While maintaining fidelity of the intervention, four trained social workers adapted this program to fit the needs of our comprehensive cancer center. Since launching this program, we have engaged in ongoing creative problem-solving to expand access to a more diverse patient population in terms of diagnosis, prognosis and sociodemographic factors. This presentation will present our process of adaptation and program evaluation to ensure continued reliability of this evidence-based treatment. Attention will also be paid to future directions and applications of this adapted intervention.

Keywords: Clinical Practice/Skill Building, Education

Course Designation: Clinical

Presentation Level: Introductory

PO11

Made-To-Measure: A Navigation Program Shaped By Interdisciplinary Collaboration and Perspective-Sharing

Meredith Ruden, LCSW, Doctoral Student

Abstract Summary:

In meeting COC and OCM requirements, centers face the challenge of implementing evidence-based interventions for navigation. There is a need to share our experiences with patient navigation, lessons learned and outcomes achieved to move towards a best practice framework. This presentation will share the clinical experiences of a navigation program that was informed by an interdisciplinary approach and complicated by a large and complex health care system. Staff were asked: what are the reasons patients struggle with compliance and what matters most as they receive care? Do we offer help to overcome these barriers, preferences and priorities? If not, how could we? The benefits and challenges to an interdisciplinary approach, and other challenges related to the nuances of a subtle and evolving role, will be discussed. In sharing this program approach and outline, this presentation hopes to contribute to the discourse about navigation and its place in providing truly patient-centered care.

Keywords: Patient Navigation

Course Designation: Cultural Competency

Presentation Level: Intermediate

PO12

The Evolution of a Hospital Based Bereavement Program; From Potluck Dinners to Social Media

Hollee Muller, MSW, LCSW, LMSW; Caroline Gill, MSW, LMSW, LCSW

Abstract Summary:

In order to provide comprehensive patient and family centered care, it has been identified that the

psychosocial support provided to the family during treatment needs to continue after the death of a patient. This poster will address not only the specific needs of this population, but highlight ways to improve bereavement care of a family after the death of a loved one and offer examples and innovative ideas that could be adopted in other practice settings.

Keywords: Pain, Palliative Care and End of Life, Specialized Needs

Course Designation: Clinical

Presentation Level: Introductory

PO13

Impact of a Survivorship Consultative Visit on Self-Efficacy for Disease Management in Breast Cancer Patients: A Pilot Study

Bryan Miller, MSW, LCSW, OSW-C; Dawn Hayes, PhD, PT, GCS; Hiba Tamim, MD; Kevin Schreffler, MSN, RN, OCN; Donna Meyer, BSN, MS; Carol Del Campo, RN, BSN, OCN; Amy Sickles, PA-C; Mildred Nunez Jones, BA, CTR

Abstract Summary:

Four components of survivorship care identified (IOM, 2005) include the prevention/detection of cancer, surveillance, intervention for long-term/late effects, and coordination of care (Hewitt, Greenfield, & Stovall, 2006). One mechanism to address these components is delivery of survivorship care plan (SCP) using a multidisciplinary approach. Many institutions are challenged by implementation barriers (electronic document generation, reimbursement, and efficient use of staff resources) (Dulko et al., 2013; Mayer, 2014; Eshelman-Kent et al., 2011). Proposed frameworks have included outcomes on delivery, symptom management, satisfaction, coordination of care, and knowledge; however it remains unclear whether SCPs improve patient outcomes (Parry, Kent, Forsythe, Alfano, & Rowland, 2013). This pilot study aimed to compare the effectiveness of two methods of SCP delivery (Brief Visit versus Extended Survivorship Consultative Visit) to breast cancer patients completing treatment. Outcomes included self-reported confidence in managing physical and emotional outcomes of cancer treatment on quality of life and patient satisfaction.

Keywords: Research, Distress/CoC

Course Designation: Clinical

Presentation Level: Intermediate

PO14

Randomized Control Trial of Four Conversations: An Online, Shared Decision-Making Curriculum for Metastatic Breast Cancer Patients, Caregivers and Providers

Sophia Smith, PhD, MSW; Kelly Westbrook, MD; Kristin MacDermott, LPC, MFT; Matthew LeBlanc, RN; Sathya Amarasekara, BS, MS; Wei Pan, PhD

Abstract Summary:

Four Conversations is an evidence-based, online curriculum that facilitates shared decision making. Individuals with metastatic breast cancer, caregivers, and clinicians were recruited nationally. Consenting patient participants are randomized 1:1 to the treatment or wait-listed control arm. Treatment arm and clinician participants access content online; required activities included viewing interactive videos and completing workbook activities. Patient and caregiver participants (n=138) were: mean age 53.2 +/- 11.8 years; 96 percent female; 91 percent white; 72 percent married. There was

significant improvement in decision making self-efficacy and reduction in conflict among the treatment arm at follow-up ($p < .05$). Among treatment arm participants who did not already have an advanced care directive, most (56 percent) completed one. Most patient/caregiver participants (88 percent) would recommend Four Conversations to their peers; similarly, clinician participants (95 percent) would recommend Four Conversations to others. These data suggest that Four Conversations may affect decision-making outcomes for the metastatic breast cancer community.

Keywords: Pain, Palliative Care and End of Life, Research

Course Designation: Clinical

Presentation Level: Intermediate

PO15

Best Practices: YSC's Council of Advisors Providing Expert Guidance on AYA Issues

Jean Rowe, LCSW, OSW-C, CJT; Michelle Esser, JD, MBA; Mary Ajango; Megan McCann, MPH; Maggie Nicholas-Alexander, MPH

Abstract Summary:

The Young Survival Coalition (YSC) examined its own best practices by conducting a landscape analysis of other like-minded nonprofits regarding their use of advisory boards. Upon those results and with input from its Board of Directors, YSC disbanded its existing Medical Advisory Board, which at the time was inactive, and conducted a critical and thorough application and vetting process to create a new Council of Advisors (CoA) comprised of medical professionals, researchers, advocates and survivors. The CoA brings an external, diverse group of experts to provide insight and objectivity in its feedback and ideas for YSC. Covering six different areas including Research & Research Advocacy; Legislative Advocacy; Co-Survivors; Survivorship & Supportive Services; Diversity & Inclusion; and Patient Education, YSC's existing and future programming has been and will continue to be enhanced with the advice and recommendations of this group.

Keywords: Adolescent and Young Adult, Leadership/Administration

Course Designation: Cultural Competency

Presentation Level: Introductory

PO16

Two for the Price of One: A Model for Providing Individualized Care to Couples Managing Anticipatory Grief

Julie Salinger, LICSW; Elizabeth Farrell, MSW

Abstract Summary:

High levels of grief and low levels of preparedness during caregiving are associated with poor bereavement outcomes. 1 The risk of complicated grief may be reduced by increasing practical and psychological support for the caregiver. 2 Ongoing psychological support may be particularly important when the caregiver is a young adult spouse. In these situations, a partner may have multiple roles: a caregiver for the patient, a parent for young children and the main breadwinner. These demands may leave little room for a partner to seek psychological support or experience anticipatory grief which can then lead to more complicated bereavement. We present three cases in which partners of metastatic breast cancer patients were provided individual therapy through the cancer center before their partners' death and we examine the differences in their ensuing bereavement experiences.

Keywords: Adolescent and Young Adult, Pain, Palliative Care and End of Life

Course Designation: Clinical

Presentation Level: Introductory

PO17

Use and Benefits of Telephone-Based Peer Support in Women Surviving/At Risk for Breast Cancer: Implications for Oncology Social Workers

Adina Fleischmann, LSW; Elana Silber, MBA; Kenneth Tercyak, PhD; Suzanne O'Neill, PhD; Kathryn Rehberg, MA

Abstract Summary:

Peer support programs provide critical resources to patients across all stages of cancer and survivorship. With 1:25 Americans surviving with cancer, these programs fill important gaps in community-based survivorship care. This is especially true among young adult survivors coping with cancer during lifecycle events. As part of a CDC initiative, Sharsheret (a non-profit breast cancer support and advocacy organization for Jewish women of all backgrounds) offered no-cost 1:1 peer support for a population largely at increased genetic risk for and/or surviving with breast cancer. We describe key factors associated with the peer support program's overall uptake, effectiveness, and reach. Oncology social workers can use the lessons learned from the assessment of Sharsheret's peer support program to develop peer support programs within their own communities.

Keywords: Survivorship

Course Designation: Clinical

Presentation Level: Introductory

PO18

Self-Disclosure in Oncology Social Work Clinical Practice in the Context of Personal Cancer Coping Experience: Research Results and Clinical Implications

Kimberly Lawson, LCSW, DSW Candidate

Abstract Summary:

Do oncology social workers (OSWs) utilize self-disclosure in their practice? What if they, too, have been personally impacted by cancer? Could this coping experience, if employed strategically, be useful - even a clinical resource? What exactly is the scope of therapist self-disclosure? Have OSWs been adequately prepared academically and clinically to make decisions regarding appropriate practice opportunities for self-disclosure? This presentation explores these issues in the context of oncology social work and the researcher's related dissertation study. A focused literature review, current practice trends and the scope of therapist self-disclosure definitions will first be presented. Following will be the analyzed qualitative study results of 20-30 psychosocial oncology professionals' interviews regarding self-disclosure practices and related issues in the context of personal cancer coping experience. The presentation will conclude with discussion of evidence-based oncology social work practice implications and suggested practice guidelines, informed by the literature base and this study's emerging contributions.

WITHDRAWN

Keywords: Professional Issues, Research

Course Designation: Clinical

Presentation Level: Advanced

PO19

Furthering Oncology Social Work: An Examination Patient Navigation for Oncology Patients of Color

Cinthia Piedra, BA, BASW; Gailon Wixson, BA

Abstract Summary:

This poster presents a literature review of current research highlighting barriers to reviewing patient navigation services for patients of color. Initial research shows that patients of color are not being made aware of patient navigation services, despite expressing interest in such services. This research will offer potential strategies for addressing the patient navigation needs of patients of color and maximizing their quality of life.

Keywords: Patient Navigation

Course Designation: Cultural Competency

Presentation Level: Introductory

PO20

Living Well with Cancer: A New Way of Being is a Comprehensive Curriculum to Inspire Participants to Thrive Beyond Cancer

Drucilla Brethwaite, MSW, LCSW, OSW-C; Sermsak Lolak, MD; Rebecca McIntyre, MA., M.Ed., LCSW, OSW-C; Micheline Toussaint, LCSW, RYT

Abstract Summary:

It is well-recognized that a diagnosis of cancer can impose significant emotional distress and deleterious consequences on quality of life for those dealing with a cancer diagnosis (Faller, Schuler, Richard, Heckl, Weis, & Kuffner, 2012). Interventions such as cognitive, behavioral, mindfulness and cultivating self-compassion have grown exponentially across health care in the quest to provide comprehensive psychosocial support for patients and families. Oncology therapists will present a pilot curriculum that incorporates a variety of these evidence-based strategies. Living Well with Cancer: A New Way of Being is an 8-month comprehensive curriculum of four evidence-based programs [cognitive and behavioral; mind/body; compassion cultivation; and, meaning-centered therapy] for cancer patients, survivors, and their loved ones. Each program teaches practices that help with coping throughout treatment and inspire participants to discover new, healthy ways to thrive well beyond the cancer experience. Classes are taken in sequence and each program builds on the previous one.

Keywords: Clinical Practice/Skill Building, Distress/CoC

Course Designation: Clinical

Presentation Level: Intermediate

PO21

Feasibility and Acceptability of Providing Referrals for Sleep Specialists to Breast Cancer Survivors with Chronic Sleep Problems

Julie Otte, PhD, RN, OCN; Jill Dodson, LSW, LMHC, LMFT, CCM; Lea Jackson, BSN, RN; Charlotte Howard,

MSN, RN, CBCN; Sarah Dutkevitch, RN, OCN; Kandice Ludwig, MD; Shalini Manchada, MD; Yelena Chernyak, Assistant Professor in Clinical Psychology in Clinical Psychiatry

Abstract Summary:

Poor sleep is one of the top five most burdensome and lingering symptoms in breast cancer survivors (BCS) and contribute to poor health-related quality of life, fatigue, poor healing, increased co-morbidities, cognitive dysfunction, lost work productivity, safety issues, poor relationships, and increased health care costs. Many BCS symptoms of poor sleep are consistent with diagnosable sleep disorders such as sleep apnea and chronic insomnia; both of which benefit from specialized sleep providers. The objective analysis was to assess the feasibility and acceptability of a structured in-clinic screening for appropriate referral to sleep specialists for further evaluation. The goal was to recruit 30 BCS over a one-year period. This study highlights that sleep problems in BCS continue to be problematic and with further assessment prompt appropriate referrals for specialized treatment that can improve sleep. The practice of receiving a referral was feasible in the short recruitment period and acceptable to BCS.

Keywords: Survivorship, Self-Care

Course Designation: Clinical

Presentation Level: Intermediate

PO22

Balancing Countertransference and Compassion Fatigue: Increasing Awareness to Provide Best Social Work Practice in Oncology Settings

Shelby Becka, MSSW, LCSW; Tiffany Meyer, MSSW, LCSW

Abstract Summary:

This presentation will explore the differences between countertransference and compassion fatigue and how these differences are clinically relevant to oncology social workers. Due to the empathetic nature of social workers and the emotionally intensive aspects of daily work with oncology patients, it is natural oncology social workers may become vulnerable to experiencing countertransference and compassion fatigue during the course of their careers. Countertransference and compassion fatigue are often consolidated as the same concept in practice and research literature. If not resolved through introspection and supervision, both can have emotional and somatic effects on a clinician. However, being able to differentiate between the two will allow social workers the opportunity to gain better self-awareness of their own internal processes, become cognizant of their emotional impact on patients, and promote resiliency and adaptation to working with those experiencing stress and trauma in an oncology setting.

Keywords: Professional Issues, Self-Care

Course Designation: Clinical

Presentation Level: Introductory

PO23

An Insider's View: How a Survivor-Led Program Can Add to the Debate on the Efficacy of Writing in Cancer Care

Elizabeth Flamm, LCSW

Abstract Summary:

This workshop presentation will provide oncology social workers with a deeper understanding on how breast cancer patients may build confidence, develop meaningful connections and cope better by sharing their cancer experience, through specific aspects of the writing and sharing processes. The ongoing debate on the efficacy of writing programs in cancer care will be further explored and discussed in this workshop.

Keywords: Clinical Practice/Skill Building, Disease Type (ovarian, lung, GYN, etc.)

Course Designation: Cultural Competency

Presentation Level: Introductory

PO24**Racial Disparities in Breast Cancer Outcomes: The Influence of Socioeconomic Determinants on Treatment Decision-Making**

Lailea Noel, PhD

Abstract Summary:

African-American women have a 40 percent higher mortality rate from breast cancer than White women. While there are many factors contributing to this disparity, the timely initiation of treatment is a growing area of interest. Certain treatments are associated with increased survival for women with a breast cancer diagnosis, yet evidence suggests that African American women use these treatments less frequently compared to White women with similar tumor characteristics. To date these women have not been included in research focused on understanding treatment decisions and patient engagement in care decisions. This study helps to fill this gap by exploring the influence of heterogeneous community-based narratives on health decision making. Incorporating this information, as a type of barrier-focused community-based intervention, or improved case management services to assist cancer patients in the primary care setting, would impact cancer mortality outcomes.

Keywords: Special Populations

Course Designation: Cultural Competency

Presentation Level: Introductory

PO25**Finding Your New Normal (FYNN) - Support Program for Patients Who Have Completed Head and Neck Cancer Treatment**

Lauren Mullis, MSW, LCSW, OSW-C; Richard Diehl, RN, BSN, CHPN; Sarah Squire, MD

Abstract Summary:

Finding Your New Normal (FYNN) for Head and Neck Cancer is a survivorship program to support head and neck cancer patients in reclaiming their lives and moving ahead after cancer treatment. Finding Your New Normal is a 5-week program for both men and women and their caregivers. It helps support the individual's transformation from "patient" to "survivor" by focusing on alternative ways to improve self-care and well-being. Each session includes a short presentation by an expert, followed by group discussion on the session topic. Topics include wellness overview, medical survivorship, exercise and fitness, healthy nutrition and swallowing, and emotional healing.

Keywords: Survivorship, Interdisciplinary Care

Course Designation: Clinical

Presentation Level: Introductory

PO26

Interdisciplinary-Led Educational Program (Group-Visit) for Post-Treatment Cancer Survivors Helps Meet CoC Standards and Addresses Psycho-Social Aspects of Cancer Survivorship

Gwen Paull, MSSA, LISW-S, OSW-C

Abstract Summary:

An Interdisciplinary led Survivorship Class. This class offers Survivorship Preparation for patients to gain information and guidance in their transition to post treatment. Nursing educates the participants in understanding their long and late term side effects of cancer treatments , the importance of developing a Survivor's wellness plan and guidelines for Follow-up medical care. Review of their treatment summary plan is also provided. This program model can support efforts in meeting the COC Standard 3.3 and offer psychological support as well. Oncology Social Worker reviews the social psychological aspects of cancer survivorship and offers suggestions/resources to help them heal emotionally post treatment. This interdisciplinary approach to educating Cancer Survivors offers patients knowledge and insight that can inspire them to make life style adjustments that help them thrive in body, mind and spirit. - embracing the goal of Cancer Survivorship Care for the Whole Patient.

Keywords: Survivorship, Interdisciplinary Care

Course Designation: Clinical

Presentation Level: Introductory

PO27

“But, You Don’t Look Sick”: Managing the Complex Psychosocial Needs of Young Adult Patients with Metastatic Cancer

Sarah Paul, LMSW, LCSW

Abstract Summary:

In the last decade, advancements in the medical field and better treatment options have increased overall survivorship among young adults battling metastatic cancer. Managing metastatic cancer as a chronic disease is a relatively new concept that lacks age-appropriate research. Overall, current literature highlights the idea that young adults feel their needs as cancer patients are largely unmet; including the need for psychosocial supportive services. Using patient stories as a foundation for information, it is clear that this population experiences challenges that are unique not only to their age but also to their situation. It is the hope that by bringing awareness to this topic, oncology social workers can inform their clinical practice to better support this undeserved population during a time of pivotal change.

Keywords: Adolescent and Young Adult, Specialized Needs

Course Designation: Clinical

Presentation Level: Introductory

PO28

Lean On Me: Proactive Multi-Disciplinary Support Services Introduction for New Patient/Family

Education

Catherine Credeur, MSW, LMSW, OSW-C

Abstract Summary:

Best practices model to improve earlier utilization of supportive services (OSW, RD, music therapy, and national non-profit peer support/research organization) and increase patient/family knowledge of pancreatic cancer treatment will be shared. Program is adaptable to other disease groups and institutions of various sizes. The goals of the model program are to introduce the roles of supportive services team members and make a connection at the onset of treatment, as well as to encourage participants who will be treated in other institutions to request psychosocial care. Although the program structure is group education vs. a support group, patients and families are organically connecting for ongoing peer support before treatment begins. Program development considerations including getting multi-disciplinary agreement, staff time and meal costs, and use of volunteers will be addressed. Options to expand post-program follow up using social work students will also be addressed.

Keywords: Interdisciplinary Care, Disease Type (ovarian, lung, GYN, etc.)

Course Designation: Clinical

Presentation Level: Introductory

PO29

Care Transitions in Outpatient Cancer Centers: Processes and Social Work Roles

Crystal Broussard, PhD, MSW, LCSW; Ellen Csikai, LCSW, MPH, PhD

Abstract Summary:

Care transitions necessitate changing to 'new' providers and away from those relied on throughout the 'cancer experience'. Individuals with poorly planned or executed care transitions can experience higher levels of anxiety and loss of trust in medical providers if they feel unprepared or experience feelings of abandonment during the process; especially vulnerable populations and medically-fragile individuals who are at high-risk of negative outcomes. This study of 329 outpatient cancer center social workers revealed opportunities for individuals/families to benefit from open, honest communication through family meetings and goals of care discussions. Study results indicated that family meetings lead to better preparation for the transition to end-of-life care. When transitions occur, most cancer centers lack specific protocols and follow-up processes that may lead to gaps in care or perceptions of abandonment by individuals/families. Social workers should lead efforts to strengthen psychosocial care and communication in outpatient cancer centers.

Keywords: Research, Interdisciplinary Care

Course Designation: Clinical

Presentation Level: Introductory

PO30

HPV Literacy is Associated with Completion of HPV Vaccine in Young Adult Women

Hee Lee, PhD, LICSW; Jeongwon Baik, Jeongwon; Hee Eun; Young-Hoon

Abstract Summary:

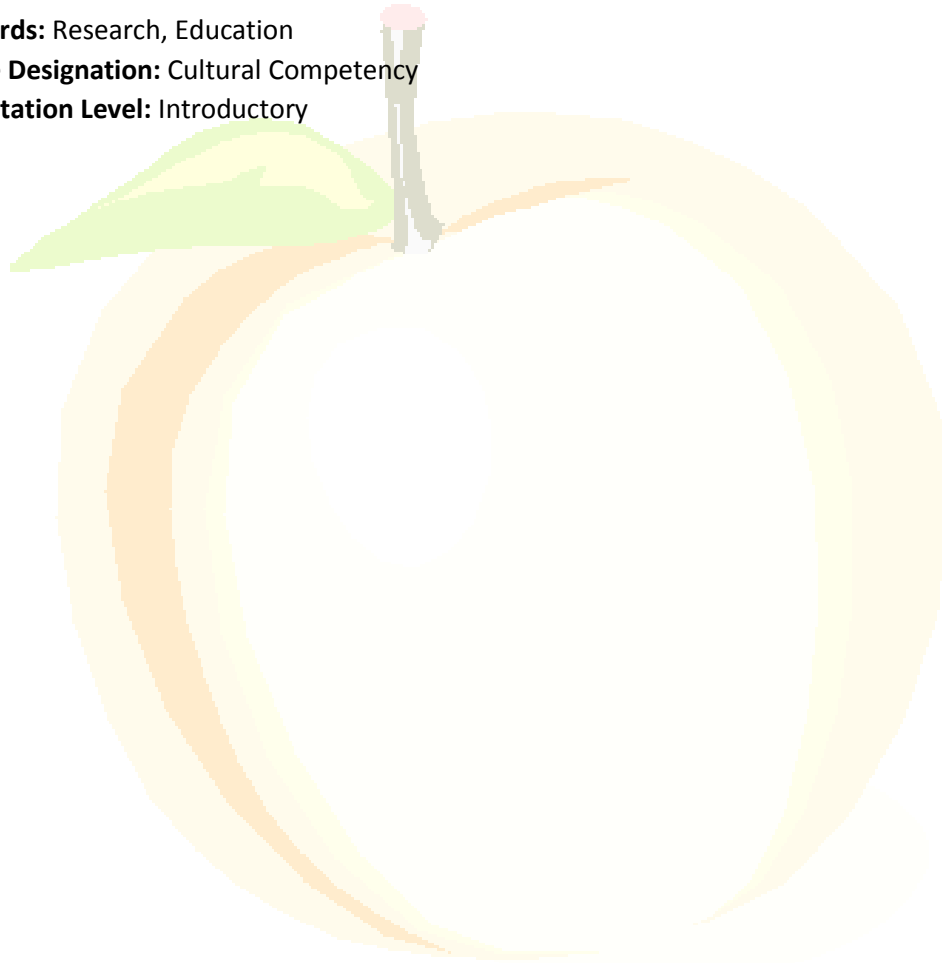
Human papillomavirus (HPV) and HPV-associated cancer are preventable with vaccination but relevant research on what factors are associated with HPV vaccination is limited, particularly among young

adults. This study aims to identify how predisposing, enabling, and need factors of Andersen's behavioral model are associated with HPV vaccine initiation and completion among 100 young women residing in upper Midwest. A cross-sectional survey was completed at the 2016 MN State Fair. A sample of 103 young women aged between 18-26 was analyzed. The dependent variables were initiation and completion of HPV vaccine answered as binary values. This study reported relatively low initiation (56 percent) and completion (47 percent) rates of HPV vaccination. The multiple logistic regression results revealed that having an annual check-up was associated with HPV vaccine initiation while HPV literacy was linked to HPV vaccine completion. Intervention strategies should target improving regular health check-ups and HPV literacy to promote vaccine completion

Keywords: Research, Education

Course Designation: Cultural Competency

Presentation Level: Introductory



Thursday, May 31, 2018

Clinical Practice Intensive (CPI) Sessions I & II

Thursday, May 31

8:30 a.m. – 10:00 a.m. (Part I)

10:30 a.m. – 12:00 p.m. (Part II)

CPI101/CPI201

Releasing Resentment & Cultivating Self-Forgiveness

Kristy Case, MSW, LCSW, OSW-C

Abstract Content:

Cancer patients have an array of emotions throughout their cancer experience. As social workers, we have a window of opportunity to help cancer patients cultivate self-forgiveness. In order to do that, cancer patients must first become aware of their resentments. This presentation will provide education on the clinical relevance of resentment and how it causes emotional suffering for cancer patients. Participants will learn tools and techniques to mitigate the effects of resentments and create a greater sense of self-compassion through self-forgiveness. The Love Fest Retreat was created for cancer patients as a response for the common struggle of emotional upheaval that cancer patients experience. Patients often disclosed a high level of self-directed shame, blame, distrust and punishment as it related to cancer, relationships and life choices. The Love Fest Retreat is designed as a full-day, healing retreat with the hopes of creating an emotionally transformative process which will lead to more effective coping.

Abstract Summary:

Cancer patients have an array of emotions throughout their cancer experience. As social workers, we have a window of opportunity to help cancer patients cultivate self-forgiveness. In order to do that, cancer patients must first become aware of their resentments. This presentation will provide education on the clinical relevance of resentment and how it causes emotional suffering for cancer patients. Participants will learn tools and techniques to mitigate the effects of resentments and create a greater sense of self-compassion through self-forgiveness. The Love Fest Retreat was created for cancer patients as a response for the common struggle of emotional upheaval that cancer patients experience. Patients often disclosed a high level of self-directed shame, blame, distrust and punishment as it related to cancer, relationships and life choices. The Love Fest Retreat is designed as a full-day, healing retreat with the hopes of creating an emotionally transformative process which will lead to more effective coping.

Keywords: Clinical Practice/Skill Building, Specialized Needs

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Identify clinically relevant methods to explore resentment and how it harmfully impacts a cancer patient's life.
2. Describe the psychological benefits and tools of transforming resentments into self-forgiveness.
3. Apply the tools of releasing resentment and cultivating self-forgiveness in their professional work environments with cancer patients.

4. Identify clinically relevant methods to explore resentment and how it harmfully impacts a cancer patient's life.
5. Describe the psychological benefits and tools of transforming resentments into self-forgiveness.
6. Apply the tools of releasing resentment and cultivating self-forgiveness in their professional work environments with cancer patients.

Outline:

- 8:30 a.m. – 8:45 a.m. Introductions & Expectations
- 8:45 a.m. – 9:00 a.m. Educate participants on clinically relevant importance of exploring resentment
- 9:00 a.m. – 9:15 a.m. Educate participants on how fostering resentment can harmfully impact a cancer patient's life
- 9:15 a.m. – 9:30 a.m. Teach participants the psychological benefits and tools of releasing resentment
- 9:30 a.m. – 9:45 a.m. Breakout Session: attendees work in groups to brainstorm ways to apply the tools of releasing resentment in their professional work environments with cancer patients
- 9:45 a.m. – 10:00 a.m. Regroup and Debrief
- 10:30 a.m. – 10:45 a.m. Educate participants on clinically relevant importance of exploring self-forgiveness
- 10:45 a.m. – 11:00 a.m. Educate participants on how exploring self-forgiveness can positively impact a cancer patient's life
- 11:00 a.m. – 11:15 a.m. Teach participants the psychological benefits and tools of cultivating self-forgiveness
- 11:15 a.m. – 11:30 a.m. Breakout Session: attendees work in groups to brainstorm ways to apply the tools of cultivating self-forgiveness in their professional work environments with cancer patients.
- 11:30 a.m. – 11:45 a.m. Regroup, Debrief
- 11:45 a.m. – 12:00 p.m. Q&A and Conclusion

Clinical Practice Intensive (CPI) Sessions I & II

Thursday, May 31

8:30 a.m. – 10:00 a.m. (Part I)

10:30 a.m. – 12:00 p.m. (Part II)

CPI102/CPI202

Using Dialectical Behavioral Therapy (DBT) Informed Practice for Disease-Related Anxiety

Lauren Kriegel, MSW, LSW

Abstract Content:

A cancer diagnosis and anxiety often go hand in hand. An increased risk of anxiety disorders can persist for up to ten years after a cancer diagnosis (Mitchell 2013). People from all backgrounds (race, socioeconomic, religious, age, gender, etc.) find themselves trying to cope when a cancer diagnosis enters their lives. Patients often feel lost and lacking the coping skills needed to better navigate the emotions they experience during cancer treatment. Dialectical Behavioral Therapy (DBT) can offer an exciting method of treatment with cancer patients. Traditional DBT has a very specific model of treatment including both skills groups and individual therapy but using DBT informed practice can help

to alleviate some of the stress and anxiety of a cancer diagnosis. Recent studies have been conducted using DBT skills with newly diagnosed breast cancer patients (Cogwell 2013) and with adolescents who have chronic kidney disease (Hashim 2013). These studies are providing the first evidence based data showing the efficacy of using DBT skills with an oncology population.

There is also evidence-based research (Anderson 2013) showing the effectiveness of DBT mindfulness based strategies like “moment to pause” and “change the channel”. Other elements of DBT including distress tolerance and radical acceptance are critical in its application to cancer patients. A key element of distress tolerance is empowering patients with activities that make the moment more tolerable. As distress screening becomes the standard of care in oncology, clinicians need to be equipped with more tools to help patients manage high distress levels. Radical acceptance is based on the principle of learning how to live a life that is not the life you want. One of the most encouraging things about utilizing DBT informed practice is empowering patients with a set of practical, easy to learn skills that can be used almost anywhere and at any time. DBT informed skills reduce feelings of helplessness and put the patient in the driver’s seat of how they cope with their illness.

Participants in this clinical practice intensive will first receive an overview of the history and principles of DBT and then gain a deeper understanding of many of the DBT skills and how they apply to disease-related anxiety. Participants will have an opportunity to practice and apply these skills and leave with a set of practical skills that can be introduced into their daily practice immediately. This clinical practice intensive will include education, discussion, and practice with the following elements of DBT informed practice: mindfulness exercises, the DBT “States of Mind”, dealing with and changing unwanted emotions, skills for tolerating distress and making the moment more manageable, and radical acceptance. Participants will delve deeper into using DBT-Informed practice by discussing the clinician’s options for monitoring and evaluating DBT-Informed practice through the use of diary cards. Participants in this learning institute will come away with: a better ability to identify and describe DBT skills that are most useful in an oncology setting, knowledge of specific DBT skills to employ in the oncology setting, and tools to help monitor and adjust the effectiveness of DBT-Informed practice.

Abstract Summary:

Cancer and anxiety often go hand in hand. Patients often feel lost and lacking the coping skills needed to better navigate the emotions they experience during cancer treatment. Dialectical Behavioral Therapy (DBT) can offer an exciting method of treatment with cancer patients. One of the most encouraging things about utilizing DBT informed practice is empowering patients with a set of practical, easy to learn skills that can be used almost anywhere and at any time. DBT informed skills reduce feelings of helplessness and put the patient in the driver’s seat of how they cope with their illness. Participants in this clinical practice intensive will receive an overview of the history and principles of DBT, have an opportunity to practice and apply them, and leave with a set of practical skills that can be introduced into their daily practice immediately.

Keywords: Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Identify and describe the four components of Dialectical Behavior Therapy as they relate to disease-related anxiety.
2. Explain how all four components of Dialectical Behavior Therapy are inter-related.
3. Recognize dialectical thought patterns.
4. Identify and apply specific Dialectical Behavior Therapy skills that are effective in reducing disease-related anxiety.
5. Demonstrate how to monitor the effectiveness of DBT skills using diary cards.
6. Practice the implementation of DBT skills to gain a higher comfort level with the practical application of these skills.

Outline:

- 8:30 a.m. – 9:00 a.m. Introduction, Expectations, and History/Background of DBT and the evidence base behind DBT Informed Practice
- 9:00 a.m. – 9:30 a.m. Overview of the four components of DBT. Definition and discussion of dialectical thinking and mindfulness.
- 9:30 a.m. – 9:45 a.m. Group breakout – Identifying dialectical thought patterns
- 9:45 a.m. – 10:00 a.m. Mindfulness activity and discussion/ questions
- 10:30 a.m. – 11:00 a.m. Definition and discussion of Interpersonal Effectiveness and Emotion Regulation.
- 11:00 a.m. – 11:30 a.m. Definition and discussion of Distress Tolerance (including radical acceptance) and the use of diary cards to monitor effectiveness. Discussion about how all four components of DBT are inter-related.
- 11:30 a.m. – 12:00 p.m. Practice selection of skills, practice teaching of skills and questions.

Clinical Practice Intensive (CPI) Sessions I & II

Thursday, May 31

8:30 a.m. – 10:00 a.m. (Part I)

10:30 a.m. – 12:00 p.m. (Part II)

CPI103/CPI203

The LGBT/Sexual Minority Communities Affected by Cancer: Current and Historical Perspective of Struggle & Well-Being – Psychosocial Issues, Clinical Needs and Interventions within the Context of Healthcare Disparities

Bill Goeren, MSW, LCSW-R, OSW-C, ACSW

Abstract Summary:

Current research has indicated that being a member of a sexual minority may result in greater health risk issues and problems than their heterosexual counterparts because of social stress related to pervasive and ubiquitous experience of prejudice, stigma and discrimination from society in general as well as the healthcare community (Frost, Lehavot, Meyer, 2015).

This 2-part, comprehensive workshop will focus on the historical background and current social themes, including overt and covert organizational, social and individual discrimination, that impact the well-being, as well as the healthcare decisions, by LGBT communities affected by cancer – the person with cancer and their caregivers.

Keyword: Special Populations

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Discuss a historical overview of social/political/psychological context focused on LGBT communities and the individual.
2. Describe current research centered on Minority Stress Model and Health Disparities.
3. Explain minority stress model and healthcare disparities and the impact on gay men as well as men who have sex with men (MSMs) affected by cancer and their caregivers.
4. Summarize the minority stress model and healthcare disparities and the impact on lesbians affected by cancer and their caregivers.
5. Assess the minority stress model and healthcare disparities and the specific impact on the transgender communities with focus on clinical approaches to transmen and transwomen.
6. List suggestions for organizational awareness and change, clinical strategies, and issues in complications of co-morbidities.

Outline:

This workshop will provide an overview of current literature and research that examines and substantiates minority stress and healthcare disparities as influential determinants in LGBT.

Specifically:

- 8:30 a.m. – 9:00 a.m. What is the background and why is this important! - Historical overview of the social, political, and psychosocial context focused on LGBT communities and the individual.
- 9:00 a.m. – 9:30 a.m. Who is this client and what are the issues? - Fundamentals of theory, research, explanation of definitions and the meaning of identity centered on Minority Stress Model and Healthcare Disparities and its impact on LGBT community affected by cancer.
- 9:30 a.m. – 10:00 a.m. Overview of the minority stress model and healthcare disparities and the impact on gay men as well as men who have sex with men (MSMs) affected by cancer and their caregivers
- 10:30 a.m. – 11:00 a.m. Minority Stress Model, healthcare disparities, coming out, community and invisibility – the impact on lesbians affected by cancer and their caregivers. Working with gay women who may not trust you and healthcare system.
- 11:00 a.m. – 11:30 a.m. The Transgender Community, cancer and the journey for clients and clinicians. Definitions and explanations of the confusion, discrimination and the need for understanding and education.
- 11:30 a.m. – 12:00 p.m. The oncology social worker and the LGBT person affected by cancer. You, your office and your clinic. Clinical advice for best practices, challenging belief systems, and suggestions for connecting to, and creating safety for, your client.

Clinical Practice Intensive (CPI) Sessions I & II

Thursday, May 31

8:30 a.m. – 10:00 a.m. (Part I)

10:30 a.m. – 12:00 p.m. (Part II)

CPI104/CPI204

The Impact of Cancer on Children and Teens

Carissa Hodgson, LCSW, OSW-C

Abstract Summary:

When someone is diagnosed with cancer it affects the entire family. In your role as an oncology social worker you will likely encounter concern surrounding how to support children and teens through a parent or loved one's diagnosis. Sharpen your understanding of how to best support young people and their parents through a cancer diagnosis and whatever comes after.

Keywords: Adolescent and Young Adult, Education

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Describe common reactions of children and teens to a cancer diagnosis in the family and how to identify signs of distress.
2. Cite examples of the most effective interventions and resources for children and teens, from the time of diagnosis through post-treatment or grief.
3. Explain the role of resilience in families facing cancer on how to help families engage their natural strengths to cope with and grow through a cancer diagnosis.
4. Understand the role of resilience in families facing cancer and how to help families engage their natural strengths to cope with and grow through a cancer diagnosis.
5. Discuss case examples of families faced by cancer, identifying familial factors affecting success, as well as the impact of formal and informal support systems.
6. Explore the world of resources for parents, teens and children affected by cancer, and how to best connect families to valuable support.

Outline:

- 8:30 a.m. – 9:00 a.m.: Review child and teen development in its relation to understanding cancer, separation, loss, death and grief.
- 9:00 a.m. – 9:30 a.m.: Understand common reactions of children and teens to a cancer diagnosis in the family and how to identify signs of distress.
- 9:30 a.m. – 10:00 a.m.: Learn the most effective interventions and resources for children and teens, from the time of diagnosis through post-treatment or grief.
- 10:30 a.m. – 11:00 a.m.: Understand the role of resilience in families facing cancer and how to help families engage their natural strengths to cope with and grow through a cancer diagnosis.
- 11:00 a.m. – 11:30 a.m.: Discuss case examples of families faced by cancer, identifying familial factors affecting success, as well as the impact of formal and informal support systems.
- 11:30 a.m. – 12:00 p.m.: Explore the world of resources for parents, teens and children affected by cancer, and how to best connect families to valuable support.

Clinical Practice Intensive (CPI) Sessions I & II

Thursday, May 31

8:30 a.m. – 10:00 a.m. (Part I)

10:30 a.m. – 12:00 p.m. (Part II)

CPI105/CPI205

Oncology Social Work Through a Trauma-Informed Lens

Eileen Joyce, MSW, LICSW

Abstract Content:

A trauma history can both impact a patient's experience of cancer treatment, and be exacerbated by the practices within the health care setting. While providers in behavioral health have done much research on trauma, and how to address its impacts in their patients, oncology social workers may be less comfortable in assessing for trauma and knowing how to best address that history within the care of their patients. With approximately 20 percent of adult women reporting a history of sexual trauma in their lives, oncology social workers need to understand how trauma and cancer care intersect, how to elicit a trauma history and how to best advocate for that patient when a trauma history is disclosed. This presentation will explore these issues and how the basics of trauma informed care can be applied within the cancer setting.

Abstract Summary:

For many of the patients and families we work with, a diagnosis of cancer is a traumatic event. Some of our patients also come to us with a history of pre-existing trauma. How that trauma history impacts and interacts with their experience of their cancer diagnosis, how they navigate their treatment, and how they move forward with life after cancer will be explored during this session. What influence we may have on that experience as individual practitioners and in our clinic settings will also be examined. We will learn the principles of trauma informed care and think through how we may bring an awareness of trauma informed care to our own practice and our larger health care settings. Finally, we will consider how the degree of trauma we see with our patients and families as well as in our own life experience may impact us and our ability to provide the trauma informed care our patients and families need.

Keywords: Specialized Needs, Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Explore a cancer diagnosis as trauma.
2. Examine the impact of a trauma history on health and functioning.
3. Explain the principles of trauma informed care.
4. Consider how we can approach our practice as oncology social workers through a trauma informed lens.
5. Identify clinical tools that can be useful in working with patients who have been impacted by trauma.
6. Discuss how we can articulate the value of a trauma informed approach to our larger health care team.

Lunch Session II: Natural Disasters and Relief Efforts as an Oncology Social Worker

Thursday, May 31

12:15 p.m. - 1:45 p.m.

Moderated by: Catherine Credeur, LMSW, OSW-C

Cara Kondaki, MSW, LCSW, ACSW, CBPN-IC, OSW-C; Ann Kambara, MSW; Margaret Meyer, MSW, MBA, LCSW

Abstract Summary:

This panel focuses on both professional and personal experiences of oncology social workers' during natural disasters. Through examples from Hurricanes Andrew, Harvey, and Irma, as well as Red Cross disaster relief efforts in Puerto Rico and the US Virgin Islands, this panel will address that social workers, both by our nature as proactive helpers and our training in community resources, community organization, and emotional trauma, are often on the front line after disasters. From an administrative standpoint to the individual oncology social worker on the ground, this panel will address disaster planning to prevent interruptions in cancer care; emergency response and recovery; and continuing self-care after a natural disaster.

Keywords: Access to Care, Oncology Social Work as a Profession

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Discuss practical preparation for personal and work safety plans.
2. Integrate community resources and disaster related resources.
3. Plan for self-care during and following disasters.

Learning Institute/Paper Symposia I

Thursday, May 31

2:00 p.m. - 3:30 p.m. (Part I)

4:00 p.m. – 5:30 p.m. (Part II)

LI101/LI201

Oncology Social Work 101: An Overview of Psychosocial Oncology Practice - Part I

Christina Bach, MBE, MSW, LCSW, OSW-C; Catherine Credeur, MSW, LMSW, OSW-C; Iris Cohen Fineberg, PhD, MSW, OSW-C; Eucharia Borden, MSW, LCSW, OSW-C; Sara Toth, MSW, LCSW; Sandy Blackburn, MSW; Meredith Cammarata, MSW, LCSW-R

Abstract Summary:

Oncology social work (OSW), is a unique sub-specialty practice of medical social work. Oncology social workers (OSWs) are present in many diverse settings including inpatient and outpatient medical facilities, community support organizations, national and local advocacy groups, home care and hospice agencies, palliative care teams, bereavement support, education, administration, academia and private practice. We also serve persons at many different places in the cancer trajectory: from risk and prevention, to diagnosis and treatment, to survivorship and to end of life care. We provide care at the

micro, mezzo and macro levels. However, missing from most social work training programs is oncology social work specific education and preparation.

This skill building, 2-part learning institute is an orientation to the field of psychosocial oncology. We will explore the history, functions, roles and limitations of OSW in diverse settings. We will examine the evolution of OSW as a sub-specialty and focus on the shift from paternalistic models of care to patient centered, value based care. Oncology social work competencies will be reviewed. We will analyze the roles of OSWs as part of interprofessional oncology care teams. Issues related to distress screening, assessment skills, supporting caregivers, finding resources, and building coalitions through collaborative relationships will be addressed. Attention will be given to the art of practicing with cultural humility when working with persons from diverse cultures, races and religions. We will give specific attention to the necessity of self development and self care in the OSW professional. Options for career development, post master's training and opportunities for OSWs to participate in research will also be discussed. Finally, we will review areas where OSWs may be involved in ethical conflicts including end of life care, decision making/advanced care planning and moral distress.

The target audience for this session are new graduates, oncology social workers with 5 years or less experience in the field, or seasoned practitioners looking to refresh their knowledge or perhaps transition to work in a different oncology setting.

Keywords: Education, Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Integrate a knowledge of the history, functions, roles and limitations of oncology social workers in diverse settings.
2. Discuss the influence of models of care; specifically patient centered care and values based care, on the practice of oncology social work.
3. Recognize the importance of use of self, self care, and the development of a professional skill set in self growth as oncology social worker.
4. Describe modalities used for psychosocial counseling and support in oncology social work settings.
5. Recognize the work of interprofessional teams in oncology care settings and social work contributions to team collaboration and delivery of care.
6. Formulate methods for intervention with diverse populations coping with cancer.

Outline:

- 2:00 p.m. – 2:15 p.m. Introductions, review of learning objectives, ice breaker activity
- 2:15 p.m. – 2:30 p.m. Overview of the history, functions, roles and limitations of oncology social workers in diverse settings
- 2:30 p.m. – 3:00 p.m. Inter-professional teams in oncology care settings/ Social work contributions to team collaboration and delivery of care.
- 3:00 p.m. – 3:15 p.m. Overview of patient-centered model of care in oncology social work
- 3:15 p.m. – 3:30 p.m. Overview of values-based care in oncology social work.
- 4:00 p.m. - 4:30 p.m. Modalities used for psychosocial counseling and support in oncology social work settings.

- 4:30 p.m. - 4:45 p.m. Methods of intervention with diverse populations coping with cancer.
- 4:45 p.m. - 5:15 p.m. The importance of the use of self-care and the development of a professional skill set in self-growth as oncology social worker & each participants the psychological benefits and tools of cultivating and modeling self-care, self-preservation, and grace under pressure
- 5:15 p.m. - 5:30 p.m. Conclusion, Q&A and wrap-up

Learning Institute/Paper Symposia I
Thursday, May 31
2:00 p.m. - 3:30 p.m.

LI 102

Using Intervention Research to Inform Practice: Critical Steps in Intervention Research with Exemplars from the Field

Julianne Oktay, MSW, PhD; Karen Kayser, MSW, PhD; Daniela Wittmann, PhD; Sophia Smith, MSW, PhD; Hee Yun Lee, PhD, LICSW; Matthew Floriani, MSW; Angela Usher, LCSW, OSW; Amy Corveleyn, MSW, LICSW

Abstract Content:

Recent commitment to evidence-based practice creates new opportunities for oncology social workers to enhance their practice and to advance the profession through intervention research. To succeed, oncology social workers need to develop the appropriate research skills to fully take advantage of these opportunities. The AOSW Research Committee, in cooperation with practicing oncology social workers who have successfully conducted intervention research to enhance their own practices, presents this Learning Institute. This Learning Institute will begin with a definition of intervention research as ranging from research that contributes to the development of interventions to research that evaluates their impact. Next, a brief overview of some important intervention research studies in oncology social work will be provided.

The core of the Learning Institute will be the basic steps of intervention research. This is based on the six-step model developed by Rothman and Thomas (1994) and the revised model by Fraser et al (2009). Intervention research projects conducted by AOSW members of the Research Committee (Karen Kayser, Hee Lee, Sophia Smith, and Daniela Wittmann) will be used to illustrate these steps (Kayser & Scott, 2008; Lee et al, In Press; Wittmann et al, 2015; Smith et al, In Press). (30 minutes)

Four oncology social workers who have experience with intervention research will then present their own intervention research projects. By showcasing successful efforts by oncology social work practitioners, this Learning Institute will illustrate how intervention research provides opportunities for AOSW members to enhance their practices and elicit systems changes. Presenters will include: Matthew Floriani (Moffitt) on the impact of involving social workers routinely in End-of-Life patients' care; Angela Usher (UC Davis) on the development and pilot testing of a Post Traumatic Growth program for newly diagnosed breast cancer patients; Amy Corveleyn (Massachusetts General) on a program to connect cancer patients with Serious Mental Illness with social workers and psychiatrists; and Alison Snow (Mt Sinai) on the impact of hypnosis on pain and anxiety in bone marrow biopsy patients. Each presenter will describe their setting, discuss a problem they were facing in their practice, and describe how they used research to help them to resolve that problem. Using the Steps model, they will illustrate which steps

their research involved, and plans for future research steps. Following these presentations, the Learning Institute participants will each be given a “worksheet” and asked to identify an intervention research project in their own setting. The “worksheet” will be based on the Steps of Intervention model. Identifying the logic model behind the proposed intervention will be a critical piece of this exercise. (45 minutes).

The Learning Institute will close with a question and answer session, focusing on the application of the steps of intervention research. It concludes with discussion of how AOSW members can get involved in intervention research as a means for improving the delivery of quality cancer care, advance social work’s evidence base while also influencing oncology care practice and policy. (15 minutes)

Abstract Summary:

The AOSW Research Committee presents this Learning Institute on Intervention Research to familiarize participants with the critical steps of this important type of research. The Learning Institute begins with a presentation on the steps of Intervention Research, with illustrations from the research of Research Committee members. Then, four oncology social work practitioners who have incorporated intervention research into their own practices will describe their projects. Participants will work on an exercise designed to help them to identify/develop/clarify an intervention research project in their own practice and to understand what steps have been completed and which are needed to advance the project. Opportunities are provided for participants to interact with researchers and with the practitioner presenters for advice on their own projects.

Keywords: Research, Advocacy

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. State the importance of intervention research to the profession of oncology social work and to communicate this to other health professionals, administrators and policy makers.
2. List six stages of intervention research, and describe each in terms of their meaning, their components, and potential problems likely to occur in each step and identify which steps were used in an intervention research project.
3. Describe four examples of intervention research projects conducted by oncology social workers, and to apply these examples to their own practice.

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Learning Institute/Paper Symposia I

Thursday, May 31

2:00 p.m. - 3:30 p.m.

LI103

Mitigating Financial Toxicity: Effectively Navigating Health Insurance

Joanna Morales, Esq.; Monica Bryant, Esq.

Abstract Content:

A majority of Americans do not understand their health insurance options or how to use a policy once they have one. Many individuals turn to their healthcare providers for guidance. When oncology social workers are aware of available health insurance options, more patients can be effectively navigated towards appropriate and adequate health insurance coverage, thereby minimizing out-of-pocket costs, decreasing financial burden, lowering odds of stress, anxiety, and depression, and improving the quality of patient survivorship outcomes. This learning institute will provide information and practical tools that oncology social workers can use in their clinical practice to aid patients in understanding their health insurance options and navigating insurance coverage, bills, denials, and appeals. Ongoing changes to the health care system at the federal and state levels will also be discussed.

Abstract Summary:

A majority of Americans do not understand their health insurance options or how to use a policy once they have one. Many individuals turn to their healthcare providers for guidance. When oncology social workers are aware of available health insurance options, more patients can be effectively navigated towards appropriate and adequate health insurance coverage, thereby minimizing out-of-pocket costs, decreasing financial burden, lowering odds of stress, anxiety, and depression, and improving the quality of patient survivorship outcomes. This learning institute will provide information and practical tools that oncology social workers can use in their clinical practice to aid patients in understanding their health insurance options and navigating insurance coverage, bills, denials, and appeals. Ongoing changes to the health care system at the federal and state levels will also be discussed.

Keywords: Special Populations, Clinical Practice/Skill Building

Course Designation: Cultural Competency

Presentation Level: Intermediate

Learning Objectives:

1. Develop a foundation in the theoretical framework of a strengths-based, supportive counseling and strategic couples group intervention.
2. Practice effective facilitation strategies in interactive small group activities utilizing real life data collected from CCTG participants.
3. Apply successful strategies to replicate and sustain the group at home institutions.

References:

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Learning Institute/Paper Symposia I

Thursday, May 31

2:00 p.m. - 3:30 p.m.

LI 104

Promoting Collaborative Practice through Collaborative Learning: Preparing for Interprofessional Education in Oncology

Tara Schapmire, PhD, CSW, OSW-C, FNAP; Barbara Jones, PhD, MSW, FNAP

Abstract Content:

Purpose: This workshop will provide methods and tools for building interprofessional faculty teams and planning interprofessional education (IPE) offerings in oncology.

Rationale: IPE in oncology is essential to prepare students to practice in today's healthcare environment where they will work on teams and collaborate with other disciplines in order to provide holistic, patient-centered care. Faculty preparation and planning is key to the success of IPE curricula and activities. Inadequate preparation can contribute to failed initiatives and stymy further efforts.

Methods and Content: Two faculty members, from different universities, experienced in the development of mandatory IPE curriculum in oncology palliative education will lead this interactive workshop. Participants will review the definition and core competencies for IPE as a basis for designing activities and curricula. They will evaluate their own and their institution's readiness for participation in IPE using standardized tools and an evaluation of their strengths, weaknesses, and opportunities in this area. The importance of faculty development and examples of activities for such development will be explored. Common barriers to IPE will be delineated and solutions offered. Methods for designing IPE activities will be presented and attendees will develop a draft plan for an IPE activity.

Abstract Summary:

IPE in oncology is essential to prepare students to practice in today's healthcare environment where they will work on teams and collaborate with other disciplines in order to provide holistic, patient-centered care. Two faculty members, from different universities, experienced in the development of mandatory IPE curriculum in oncology palliative education will lead this interactive workshop. Participants will review the definition and core competencies for IPE as a basis for designing activities and curricula. They will evaluate their own and their institution's readiness for participation in IPE using standardized tools and an evaluation of their strengths, weaknesses, and opportunities in this area. The importance of faculty development and examples of activities for such development will be explored. Common barriers to IPE will be delineated and solutions offered. Methods for designing IPE activities will be presented and attendees will develop a draft plan for an IPE activity.

Keywords: Education, Interdisciplinary Care

Course Designation: Clinical

Presentation Level: Advanced

Learning Objectives:

1. List and complete tools and for assessing faculty and institutional readiness for IPE activities in oncology education.
2. Identify four important considerations when building an interprofessional faculty team and describe methods for overcoming common barriers to IPE.
3. Develop a preliminary plan for an IPE activity at his/her own institution.

References:

1. Head, B. A., Schapmire, T., Hermann, C., Earnshaw, L., Faul, A., Jones, C., . . . Pfeifer, M. (2014). The Interdisciplinary Curriculum for Oncology Palliative Care Education (iCOPE): Meeting the challenge of interprofessional education. *Journal of Palliative Medicine, 17(10)*, 1107-1114. doi:10.1089/jpm.2014.0070
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3. Head, B. A., Schapmire, T. J., Earnshaw, L., Faul, A., Hermann, C., Jones, C., . . . Pfeiffer, M. (2015). Evaluation of an interdisciplinary curriculum teaching team-based palliative care integration in oncology. *Journal of Cancer Education*. doi:10.1007/s13187-015-0799-y
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5. Jones, B., Phillips, F. (2016) Social Work Leadership in Interprofessional Education in Health Care. *Journal of Social Work Education*.52 (1) 18-29.
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Learning Institute/Paper Symposia I

Thursday, May 31

2:00 p.m. - 3:30 p.m.

LI105

Reclaiming Pleasure: Empowering Cancer Patients to Manage Their Sexual Symptoms After Cancer Treatment

Jennifer Bires, LCSW, OSW-C; Daniela Wittmann, PhD, LMSW; Sage Bolte, PhD, LCSW, OSW-C, CST; Heather Honoré Goltz, PhD, MSW, M.Ed

Abstract Content:

A cancer diagnosis is often a pivotal time in a patient's life that may be accompanied by multiple losses. Many losses, such as body image, fatigue or loss of employment are easily recognized by the medical community. One loss that is given less attention and inadequate assessment is sexual health and well-being. Patients (and their partners) may find it difficult to ask for help with sexual problems, feeling that grieving sexual losses may be seen as frivolous in the context of a life-threatening illness and fearful of being dismissed. Some authors have recognized this dilemma as a "disenfranchised loss." Social workers are often comfortable discussing grief and loss, including the loss of sexual function and sexual relationship post-treatment. However, few are equipped to educate patients about what can help them regain function or engage in sexual activity and pleasure with diminished function. This workshop is based on the concept of self-efficacy, first coined as a part of Bandura's learning theory and defined as "people's beliefs in their capabilities to exercise control over their own functioning and over events that affect their lives." Recent adaptations to the theory have added the concept of people having confidence that successfully exercising control over behaviors and events (self-efficacy expectancy) will lead to a positive, desired outcome (outcome expectancy). The proposed workshop will provide social workers with the necessary knowledge about typical sexual dysfunctions following cancer treatment. Participants will learn about methods of physiologic sexual rehabilitation and about aids to sexual functioning. Therapeutic approaches to maintaining the health of erectile tissues (e.g., penile rehabilitation) and vaginal tissues (e.g., kegels), as well as moisturizers and topical hormonal replacements will be discussed. Sexual aids such as vacuum erection devices, penile injections, penile suppositories, clitoral pumps, vibrators, topical hormone replacements and female libido stimulating medication will be discussed. Ostomy and other durable medical equipment tailored for intimate activities will also be discussed. Workshop presenters will display and demonstrate samples of various

sexual aids and equipment. The importance of partnerships with experts in sexual medicine, gynecology, urology, and physical therapy will be highlighted. This workshop focuses on educating oncology social workers about concrete tools that can mitigate sexual dysfunction and empower patients and their partners to participate in pleasurable intimate activities. Oncology social workers will be able to use the knowledge gained in this workshop to effectively counsel their patients about how to confidently pursue sexual symptom management.

Abstract Summary:

A cancer diagnosis is often a pivotal time in a patient's life that may be accompanied by multiple losses. One loss that is given less attention and inadequate assessment is sexual health and well-being. Social workers are often comfortable discussing grief and loss, including the loss of sexual function and sexual relationship post-treatment. However, few are equipped to educate patients about what can help them regain function or engage in sexual activity and pleasure with diminished function. The proposed workshop will provide social workers with the necessary knowledge about typical sexual dysfunctions following cancer treatment. Participants will learn about methods of physiologic sexual rehabilitation and about aids to sexual functioning. The importance of partnerships with experts in other health and medical disciplines will be highlighted.

Keywords: Clinical Practice/Skill Building, Education

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Develop the ability to assess sexual health needs and dysfunction and educate patients about what can help them regain function or engage in sexual activity and pleasure with diminished function after a cancer diagnosis.
2. Apply knowledge about dysfunctions following cancer treatment and connect patients with appropriate methods of physiologic sexual rehabilitation and aids to assist with sexual functioning.
3. Discuss relevant theories related to self-efficacy and how they impact patients in their physical and psychological wellness in regards to sexual health.

References:

1. Clayton A. H., Pyke R.E. (2017). Is Flibanserin meaningfully superior to placebo? *Journal of Sex and Marital Therapy*. 43(3) 218-222.
2. Maddux, J. E., Sherer, M., Rogers, R. W. (1982). Self-efficacy expectancy and outcome expectancy: Their relationship and their effects on behavioral intentions. *Cognitive Therapy and Research*. 6(2), 207–211.
3. Mazzola C., Mulhall J.P., (2011) Penile rehabilitation after prostate cancer treatment: outcomes and practical algorithm. *The Urologic Clinics of North America*, 38(2), 105-118.
4. Pillai-Friedman T., Ashline J.L. (2014). Women, breast cancer survivorship, sexual losses, and disenfranchised grief – a treatment model for clinicians. *Sexual and Relationship Therapy*, 29(4), 436-453. Bandura A. Self-efficacy. Vol 4: New York Academic Press; 1994.

Learning Institute/Paper Symposia I

Thursday, May 31

2:00 p.m. - 3:30 p.m.

LI 106

Compassion Cultivation Training for Cancer Patients: Implementation of an 8-week Contemplative Practices Training Program

Sermsak Lolak, MD; Micheline Toussaint, LCSW, OSW-C

Abstract Content:

Over recent years, mind-body interventions such as mindfulness-based programs are increasingly being offered in cancer care settings. Evidence suggests that such programs lead to positive psychological outcomes related to anxiety and/or stress. However, not many programs focus specifically on promoting the skill of compassion, including self-compassion, the issue many cancer patients struggle with on a daily basis. The authors developed and taught a compassion cultivation class series to cancer patients at a community cancer institute. The class is based on, and follows the format of Compassion Cultivation Training (CCT) developed by Stanford University Center of Compassion and Altruism Research and Education. Published studies on CCT suggest multiple psychological benefits that are applicable to the oncology population, such as increase in self-compassion, mindfulness, caring behaviors for oneself, and decreased emotional suppression. CCT combines traditional contemplative practices with contemporary psychology, through didactic and in-class interactive discussion, experiential exercises, guided meditation and visualization based in Tibetan Buddhist tradition but modified to be used universally regardless of religious orientation, and between class readings and daily meditation. The class is conducted in a supportive, small-group setting, facilitated by a psycho-oncologist and an oncology social worker. There were 48 total participants in 5 class series, each consisting of nine 90-minute sessions. Formal program evaluations show high satisfaction scores. Participants reported benefits of practicing compassion, especially self-compassion in helping them managing stress associated from cancer diagnosis and treatment. The aggregated result of program evaluation will be presented at the meeting. The result from this experience suggests that similar programs may be beneficial for cancer patients, in addition to other contemplative practices-based interventions such as mindfulness, although more studies in this population using standard measurements are needed. The presentation will also cover basic concepts and content of CCT. Attendees will have an opportunity to participate in various interactive and experiential exercises such as writing exercise, visualization, meditation, and dyadic/small group process that is an important part of the curriculum. In addition, the authors will also discuss their experience going through CCT teacher certification process as well as teaching CCT.

Abstract Summary:

Mind-body interventions such as mindfulness-based programs are increasingly being offered in cancer care settings. However, not many programs focus specifically on promoting the skill of compassion, including self-compassion. The authors developed and taught compassion cultivation class series, based on, and follows the format of Compassion Cultivation Training (CCT) developed by Stanford University Center of Compassion and Altruism Research and Education. Published studies on CCT suggest multiple psychological benefits that are applicable to the oncology population. The class is conducted in a supportive, small-group setting, facilitated by a psycho-oncologist and an oncology social worker. The result from this experience suggests that similar programs may be beneficial for cancer patients. The

presentation will also cover basic concepts and content of CCT. Attendees will have an opportunity to participate in various interactive and experiential exercises that is an important part of the curriculum.

Keywords: Clinical Practice/Skill Building, Survivorship

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Recognize basic concepts and content of Compassion Cultivation Training as relevant to oncology population.
2. Develop such a program for oncology population as well as program evaluation from the attendees.
3. Apply the knowledge from this presentation to the participant's own work and/or home institution.

References:

1. Carlson, L. E., Tamagawa, R., Stephen, J., Drysdale, E., Zhong, L., & Speca, M. (2016). Randomized-controlled trial of mindfulness-based cancer recovery versus supportive expressive group therapy among distressed breast cancer survivors (MINDSET): long-term follow-up results. *Psycho-Oncology, 25(7)*, 750-759. doi:10.1002/pon.4150
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Learning Institute/Paper Symposia II

Thursday, May 31

4:00 p.m. - 5:30 p.m.

LI 202

Living the Relationship You Always Wanted: Developing Skills to Facilitate a Strategic Group Intervention for Couples Coping with Cancer

Ellen Polamero, LCSW; Courtney Bitz, LCSW

Abstract Content:

Cancer patients and their partners report increased levels of distress (Hagedoorn, Sanderman et al. 2008), (Pistrang and Barker 1995); those with chronic and advanced cancer have the highest levels of psychological distress and disruption in family functioning, yet they remain underserved. The data supports enhanced coping and adaptation for couples in supportive relationships (Aizer, Chen et al.

2013). Although spousal support can positively impact patients' adjustment to cancer (Gremore, Baucom et al. 2011), partners are challenged to provide support at a time when their resources may be substantially diminished exhausted (Bultz, Speca et al. 2000). Best practices in oncology social work are interventions for which there is data to support efficacy, and which are accessible to diverse patient and family populations. Oncology social workers (OSW) have multiple demands and time limits in the current healthcare environment. It is essential that interventions are efficient, effective, and accessible. Previous research has shown positive effects for couples'-based interventions for cancer. (Hopkinson, Brown et al. 2012) Most couples' programs are unrealistic in their approach and expectations. Couples Coping with Cancer Together Group (CCTG) is the only program of its kind in the country. CCTG utilizes a strengths-based (Haley and Richeport-Haley 2004), supportive counseling (Haley and Richeport-Haley 2004) and strategic (Kim, Loscalzo et al. 2006) theoretical framework. The goal of CCTG is to enhance a couple's ability to openly communicate, emotionally support and problem-solve together, and to provide couples with skills necessary to start living the relationship they always wanted. CCTG is a unique and innovative model that focuses on the impact of cancer on a relationship rather than on the disease or role of participant. CCTG utilizes a monthly, open, long-term group therapy format and includes participants from diverse demographics, relationship status, sexual orientation, cancer diagnoses, and stages. CCTG begins with facilitators orienting participants to group processes and philosophy. Participants anonymously report topics they wish to discuss and are the themes for discussion. Facilitators guide conversation toward gender-strengths, open communication, and the present moment. CSG ends with participants identifying key behaviors they can utilize to start living the relationship they have always wanted. Since March of 2015, there have been 30 CCTGs and 220 topics have been collected. The 5 themes with highest frequency include: communication strategies; developing and maintaining joy despite cancer diagnosis; coping skills; uncertainty about the future; and the impact of chronic illness and advanced disease on the relationship. Couples Coping with Cancer Together Group Learning Institute will focus on skill development essential for OSWs to implement and facilitate a gender-strengths based group for couples. Participants will gain a foundation in a theoretical framework and practice effective interventions in interactive small group activities utilizing real life data collected from CCTG participants. This Learning Institute will train participants in how to orient participants to group processes and philosophy, method of topic identification, group facilitation, and strategic interventions. Successful strategies to replicate and sustain the group at home institutions will be shared.

Abstract Summary:

Cancer patients and their partners report high levels of distress; those with chronic and advanced cancer have the highest levels of disruption in family functioning, yet remain underserved. Data supports enhanced coping and adaptation for couples in supportive relationships. There is a dearth of group interventions that focus on the impact of cancer on relationships. Couples' Coping with Cancer Together Group (CCTG) utilizes a strengths-based, supportive counseling, and strategic theoretical framework. The goal of CCTG is to enhance a couple's ability to openly communicate, emotionally support and problem-solve together, and to provide couples with skills necessary to start living the relationship they always wanted. The purpose of CCTG Learning Institute is to develop skills necessary for OSWs to implement and facilitate a gender-strengths based group for couples. Participants will gain a foundation in a theoretical framework and practice effective interventions utilizing real life data collected from CCTG participants.

Keywords: Interdisciplinary Care, Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Formulate strategies to increase integration of psychosocial services in a cancer clinic.
2. Identify common barriers to program change in psychosocial care.
3. Apply concepts from a successful practice model to their own clinical settings.

References:

1. Andersen, B.L., DeRubeis, R.J., Berman, B.S., Gruman, J., Champion, V.L., Massie, M.J., Holland, J.C., Partridge, A.H., Bak, K., Somerfield, M.R. and Rowland, J.H., 2014. Screening, assessment, and care of anxiety and depressive symptoms in adults with cancer: an American Society of Clinical Oncology guideline adaptation. *Journal of Clinical Oncology*, 32(15), pp.1605-1619.
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6. Parsons, S. K., MD, MRP, Fineberg, I. C., PhD, MSW, OSW-C, Lin, M., Singer, M., MS, Tang, M., & Erban, J. K., MD. (2016). Promoting High Quality Cancer Care and Equity Through Disciplinary Diversity in Team Composition. *Journal of Oncology Practice*, 12(11), 1141-1147.

Learning Institute/Paper Symposia II

Thursday, May 31

4:00 p.m. - 5:30 p.m.

LI203

How Do I Decide to “Pull the Plug?” Legal & Ethical Issues Facing Surrogate Decision-Makers

Wendy Walters, LICSW; Kathryn Smolinski, LMSW, JD

Abstract Content:

When a patient lacks the capacity to make medical decisions, a surrogate decision maker is needed who is able to reflect the patient's wishes accurately (Pope, 2012). While a person can execute an advance directive or designate a health care proxy before becoming ill, most people do not do so (Hickman, 2008). In these circumstances, a default surrogate decision maker is often determined by local law. In many parts of the United States, if a person has not designated a health care proxy, their next-of-kin has the right to serve as their surrogate decision maker (DeMartino, 2017). While the legal process is

relatively well defined in most states to appoint a surrogate, the ethical issues of how surrogates execute their role can be challenging. While cancer continues to evolve as more of a “chronic” condition, it still, unfortunately, provides ample opportunity for excruciating end-of-life decisions. Oncology social workers can be instrumental in helping surrogates understand their role in decision-making by providing emotional support, exploring the family system, and translating the patient’s morals and values as expressed by the surrogate to the treating healthcare providers. There are clear ethical guidelines that delineate the role of a surrogate (Shalowitz 2008)—the goal is to have the surrogate be an extension of the patient by using “substituted judgment,” or, what the patient has expressed prior to incapacity about preferences for medical treatment. If the surrogate does not know what the patient would have wanted, then the “best interest” standard is used, care that most people would likely choose. While the guidelines seem clear, the reality is that surrogates often make decisions that are based on any number of factors, including grief, unrealistic expectations of medical technology, religious beliefs, past histories of “miracles,” and a multitude of other factors. This workshop will focus on the legal, practical and ethical implications surrounding surrogate decision making. Participants will become familiar with the types of surrogates, their role, problems encountered and practical solutions. Social workers are in a unique position to be the member of the team best equipped to enable those solutions. Our understanding of family systems, communication styles, and ability to help normalize and reframe decisions can often mitigate the ethical dilemmas that can arise in end of life decision making. Through case analysis, lecture and small group discussion, participants will be able to identify these situations in their own practice and learn adaptive interventions.

Abstract Summary:

When a patient lacks the capacity to make medical decisions, a surrogate decision maker is needed who is able to reflect the patient’s wishes accurately. While a person can execute an advance directive, most people do not. In these circumstances, a default surrogate decision maker is often determined by law. While the legal process is relatively well defined in most states, the ethical issues of how surrogates execute their role can be challenging. Oncology social workers are instrumental in helping surrogates understand their role in decision-making by providing emotional support, exploring family systems, and translating the patient’s values, expressed by the surrogate, to the treating team. This workshop will focus on legal, practical and ethical implications surrounding surrogates. Participants will become familiar with surrogate roles, problems encountered and practical solutions. Through case analysis, lecture and small group discussion, they will be able to identify these situations and learn adaptive interventions.

Keywords: Ethics, Pain, Palliative Care and End of Life

Course Designation: Ethics

Presentation Level: Intermediate

Learning Objectives:

1. Identify the various types of surrogates recognized by law.
2. Recognize the roles of surrogate decision-makers in cancer care treatment decisions.
3. Describe interventions to assist surrogate decision makers in their role to mitigate stress, grief and ethical dilemmas.

References:

1. DeMartino ES, Dudinski DM, Doyle CK, Sperry BP, Gregory SE, Siegler M,...Kramer DB. Who decides when a patient can't? Statutes on alternate decision makers. *New England Journal of Medicine*. 2017; 376(15): 1478-1482.
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3. Pope TM. Legal fundamentals of surrogate decision making. *Chest*. 2012;141(4):1074-1081.
4. Shalowitz DI, Garrett-Mayer E, Wendler D. The accuracy of surrogate decision makers. *Archives of Internal Medicine*. 2006; 166: 493-497.

Learning Institute/Paper Symposia II

Thursday, May 31

4:00 p.m. - 5:30 p.m.

PS 201 – Body Image Paper Symposia

Moderated by Jean Rowe, LCSW, OSW-C, CJT

Stigmatized Disfigurement and Functional Impairment in Head & Neck Cancer: Understanding Trauma, Identity Disruption and Opportunities for Acceptance-Based Psychosocial Interventions.

Kelly Adams, LCSW

Abstract Content:

Head and Neck Cancer (HNC) patients face enormous quality of life changes and are vulnerable to marginalization in society and within the cancer world itself. Despite having some of the highest rates of suicide and psychosocial distress, HNC is underrepresented in oncology social work research. Treatment for HNC cancer is often comprised of highly disfiguring surgeries that cannot be disguised, and radiotherapy with functional impairment reaching far into survivorship. HNC patients' basic life functions – speech, breathing, hearing, eating and swallowing may be inexorably altered – these changes often lead to high levels of psychosocial distress, depression, avoidant behavior (social isolation) and suicide. The impact of HNC on sense of self is magnified significantly depending on the degree of disfigurement/impairment; how well patients are able to integrate conflicting emotions about their cancer is critical to achieving better psychosocial results in survivorship. Clinical social work literature on trauma can be very instructive when practicing with this unique and challenging population. Oncology social workers who practice with other cancer populations that experience disfigurement/functional impairment may also find this presentation useful. Research shows that HNC patients experience societal stigma at higher rates than the general cancer population. Facial disfigurement and/or alaryngeal speech (whether a patient is fluent with an assistive speech device or completely aphonic) are also predictors of both perceived and actual stigma. Because HNC patients cannot hide their disability, public attitudes tend to be negative/non-empathic due to the association of tobacco and heavy alcohol use with these types of cancers – e.g., “they brought this on themselves.” Even within professional oncology settings, HNC patients are often viewed as “problem” patients with intractable psychosocial issues, high rates of non-compliance, with very limited financial and/or social support. These types of attitudes represent both an ethical challenge and an opportunity for oncology social workers to educate on the importance of empathy and equitable treatment within their interdisciplinary teams in cancer hospitals. Finally, this presentation aims to explore newer and/or

adapted approaches to psychotherapy with HNC patients, given all of the above challenges. The role of therapeutic touch and the clinician's nonverbal communication cannot be overstated when practicing with HNC patients. While traditional cognitive behavioral therapy (CBT) is shown to be very effective in many settings (it is arguably the most common modality practiced in modern psychotherapy), it may not be particularly useful when working with HNC patients. In fact, the fundamental premise of CBT – that “negative” thoughts lead to unwanted behaviors, requiring those thoughts be altered or erased – could reasonably be perceived by a HNC patient as an invalidation of their experience. It is an inescapable reality that HNC patients with significant disfigurement or functional impairment WILL receive unwanted attention and/or negative reactions when encountered in public; this anxiety is not unwarranted, nor is it in any way an irrational belief on the part of the patient. Acceptance and Commitment Therapy (ACT) may be a more appropriate intervention, and is certainly worthy of exploratory research with HNC patients.

Abstract Summary:

Despite having some of the highest rates of suicide and psychosocial distress within the general cancer population, HNC is underrepresented in oncology social work research. Highly disfiguring surgeries and the extreme functional impairment that accompanies radiation to the head/neck have enormous implications for HNC survivorship; the same may be said for other cancer types that experience similar body image concerns. This presentation posits that such extreme identity disruption and trauma must be validated by oncology social workers. Social workers must also be advocates against stigma towards HNC patients within their interdisciplinary teams in cancer hospitals, and in society at large. Finally, this presentation explores the potential role for research on Acceptance and Commitment Therapy versus "traditional" CBT when intervening with HNC patients.

Keywords: Disease Type (ovarian, lung, GYN, etc.), Specialized Needs

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Explain the psychosocial impact of physical disfigurement and/or significant functional impairment faced by head and neck cancer patients in order to express the role of trauma and identity disruption is essential when assessing for distress, depression.
2. Recognize the level of stigma - both real and perceived - by head & neck cancer patients in the general public and within professional oncology settings.
3. Analyze new, innovative approaches to clinical social work intervention with special populations such as head & neck cancer patients. They should leave this presentation with an understanding of how important acceptance and validation is when working with patients.

References:

1. Berzoff, J., Flanagan, L.M., Hertz, P. (2011) Inside Out and Outside In: Psychodynamic Clinical Theory and Psychopathology in Contemporary Multicultural Contexts.
2. Bryant Howren, M., Christensen, A.J., Hynds Karnell, L., Funk, G.F. (2013) Psychological Factors Associated with Head and Neck Cancer Treatment and Survivorship: Evidence and Opportunities for Behavioral Medicine. *Journal of Consulting and Clinical Psychology*. 81(2): 299-317.

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PS201 – Body Image Paper Symposia

Exploring Tools and Techniques for Coping with Body Image Changes Related to Cancer

Meredith Cammarata, LCSW-R; Rachael Goldberg, LCSW

Abstract Content:

Body image is a complex and multifaceted construct that involves perceptions, thoughts, feelings and behaviors related to the entire body and its functioning (Dahl, Reinertsen, Nesvold, Fossa, Dahl, 2010; Fingeret, Teo, Epner, 2014; Fingeret, 2011; Harrington, 2011). Throughout one's life, body image is linked closely to identity, self-esteem, sexual functioning, and social relationships. Because a cancer diagnosis and treatment can greatly impact a person's physical and emotional well-being, it is not uncommon for patients to experience profound changes in their relationship with their body (Taylor-Ford, Meyerowitz, Dorazio, Christie, Gross, Agus, 2013; Fingeret, Teo, Epner, 2014). Research has documented that body image problems are associated with poor self-esteem, social anxiety, self-consciousness, and depressive symptoms (Dahl et al., 2010). While the literature documents the need for targeted interventions, it also shows that most oncology treatment teams overlook these specific psychosocial body image issues. (Taylor-Ford et al., 2013; Fingeret, Teo, Epner, 2014; Fingeret, 2011). As part of an urban cancer center's survivorship program, EMBODIED was developed to address post-cancer treatment body image concerns (Panzer, 2012). The program established a psychoeducation workshop addressing common body image concerns and how they impact a cancer patient's life. Two years of post-survey data collection revealed that a significant number of participants continued to struggle to find tools to cope with body image changes after cancer. These group members reported that while they found the psychoeducational program helpful, they wanted a more in depth support program focusing on specific coping strategies. Based on this data, the authors developed a closed, six-week group model. This program explores the multifactorial body image concerns survivors face with a focus on teaching coping tools grounded in cognitive behavioral therapy (CBT).

Each of the six week sessions follows a specific structure which includes:

1. Check-in and review of homework assignment from the previous week;
2. Exploration of specific body image topics generated from a needs-assessment conducted during the initial session, including sexuality, self-esteem, and social relationships;
3. Introduction of CBT exercises relevant to that weeks' topic;
4. Reinforcement of tools learned in previous weeks through practice exercises and;
5. Closing guided meditation.

This structured approach allows participants to acknowledge, explore and grieve the loss of the perception they had of their body pre-cancer. Review of pre and post group surveys has revealed an increased awareness in participants' ability to identify and begin coping with body image concerns. These surveys have also shown an increased sense of satisfaction related to quality of life and a decrease in daily pervasive thoughts related to body image. This presentation will provide an in-depth look at body image as an underrecognized and critical psychosocial issue for patients living with cancer (Fingeret, Teo, Epner, 2014; Fingeret, 2011). It will explore the relationship between societal views on body image and cancer. Data from the group surveys will be presented. The presenters will review the programming they have developed to address the existing gap in services and provide the audience with specific tools to bring back to their cancer center.

Abstract Summary:

This presentation will provide an in-depth look at body image as an under recognized and critical psychosocial issue for patients living with cancer (Fingeret, Teo, Epner, 2014; Fingeret, 2011). It will explore the relationship between societal views on body image and cancer. The presenters will review the programming they have developed to address the existing gap in services and discuss data collected from the CBT focused psychosocial support group they run. Participants will learn tools and techniques that can be applied to individual and group work to help patients cope with the unique psychosocial body image issues they may experience during and post-treatment.

Keywords: Clinical Practice/Skill Building, Specialized Needs

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Demonstrate a deeper understanding of the profound impact a cancer diagnosis and treatment can have on a patient's relationship with their body.
2. Apply tools and techniques to individual and group work to help patients cope with the unique psychosocial body image issues they may experience during and post-treatment.
3. Assess and identify psychosocial issues related to body image concerns resulting from a cancer diagnosis.

References:

1. Dahl, C. A., Reinertsen, K. V., Nesvold, I., Fosså, S. D., & Dahl, A. A. (2010). A study of body image in long-term breast cancer survivors. *Cancer, 116*(15), 3549-3557. Fingeret MC. Body image and disfigurement. In: Duffy J, Valentine A, editors. *MD Anderson Manual of Psychosocial Oncology*. Columbus: McGraw-Hill; 2010. pp. 271–288.
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Learning Institute/Paper Symposia II

Thursday, May 31

4:00 p.m. - 5:30 p.m.

PS 202 – International Paper Symposia

Moderated by Patrice Al-Shatti, MSW, LMSW

The Role and Function of Swedish Oncology Social Workers

Joakim Isaksson, MSc, PhD; Sara Lilliehorn, BSW, PhD; Pär Salander, MSc, PhD

Abstract Content:

Oncology social workers (OSWs) play a key role in cancer services (Beck Black, 1989) but they have mainly been described from an Anglo-Saxon perspective. Hence, in order to widen the field of oncology social work, there is a need for complementary studies of the function of OSWs in countries outside the Anglosphere with different organized healthcare systems and different education and training of OSWs. Sweden is often described as atypical representative of a Nordic or Scandinavian model of welfare politics. With few exceptions, Swedish hospital care is part of the tax financed public sector and patients pay a small fee for treatment by different professionals. Approximately 4000 social workers are employed within the Swedish public health sector, and some of them are employed full or part-time in oncology (OSWs). All Swedish social workers receive the same basic training toward a bachelor degree and there is no specific training towards social work in health care, although a few universities offer optional courses focused on psychosocial work in health care. Furthermore, social workers in health care is the only health care profession with higher education engaged in patient work that lack legislation, which make their role and function quite vague and no studies have previously been conducted regarding the role and function of the OSW in Sweden. This presentation is a contribution and is based on the authors' research about the Swedish OSW (Author et al., 2017), and intends to enable comparisons with OSWs in other countries and discussions about training that can inform good clinical practice. By means of a nationwide questionnaire to Swedish OSWs, the professional characteristics of this group will be described, as well as their reflections on their clinical function and their experiences of barriers to optimal functioning. The professional and sociodemographic characteristics, as well as the time spent on conducting direct services to patients with cancer seems quite comparable to OSWs in other countries (Davis et al., 2004; Zebrack et al., 2008). However, when scrutinizing the main content of the direct services, differences become more apparent. Most of the motives among patients and next of kin for contacting the OSW indicated needs to reflect about the disease, relationships, existential questions, and a changed life situation, while receiving information and assistance regarding juridical and socioeconomic questions seemed far less frequent. These findings indicate that Swedish OSWs seem to have taken a different path than in Anglo-Saxon countries by mainly providing counselling to the patients and next of kin (Sjöström, 2013), rather than working with discharge planning (Cleak & Turczynky, 2013; Zebrack et al., 2008). However, the lack of formal jurisdiction for this function in absence of a professional licence indicate "blurred boundaries" (Davidson, 1990) to other health care professionals, e.g. psychologists and nurses (Kuly & Davis, 1987).

Abstract Summary:

Oncology social workers (OSWs) play a key role in cancer services, but they have mainly been described from an Anglo-Saxon perspective. This presentation aims to widen the field by scrutinizing the role and function of OSWs in Sweden. By means of a nationwide questionnaire to Swedish OSWs, the professional characteristics of this group are described, as well as their reflections on their clinical function and their experiences of barriers to optimal functioning. The findings indicate that Swedish OSWs seem to have taken a different path than in Anglo-Saxon countries by mainly providing counselling to the patient and next of kin, rather than working with discharge planning. However, the lack of formal jurisdiction for this function in a sense of a professional licence indicate “blurred boundaries” to other health care professionals, e.g. psychologists and nurses. Furthermore, there seems to be a mismatch between the clinical demands and the training of Swedish OSWs.

Keywords: Clinical Practice/Skill Building, Research

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Demonstrate how practitioners in a different health care system address psychosocial needs among cancer patients and next of kin.
2. Assess opportunities in education and training related to international social work in cancer care.
3. Explain what OSWs deal with in patient consultations in a different health care system and enable comparisons with the OSWs clinical function in the US.

References:

1. Beck Black, R. (1989). Challenges for social work as a core profession in cancer services. *Social Work in Health Care, 14*(1), 1–14. doi:10.1300/J010v14n01_01
2. Cleak, H. M., & Turczynski, M. (2014). Hospital social work in Australia: Emerging trends or more of the same? *Social Work in Health Care, 53*(3), 199–213. doi:10.1080/00981389.2013.873516
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Learning Institute/Paper Symposia II

Thursday, May 31

4:00 p.m. - 5:30 p.m.

PS 202 – International Paper Symposia

Providing Psychosocial Care to Cancer Patients and Families in South India: International Perspectives and Opportunities

Karen Kayser, MSW, PhD

Abstract Content:

Worldwide 1 in every 7 deaths is the result of cancer—more than HIV/AIDS, tuberculosis and malaria combined (ACS, 2017). Sixty percent of cancer deaths in the world occur in low- and middle-income countries (LMICs) (ACS, 2017). In India, during 2012 there were 1.01 million new cases of cancer and 980,000 cancer-related deaths. Approximately 2-2.5 million people in India are living with cancer (Ferlay et al, 2013). The burden of cancer includes economic, societal, and human costs. On a psychosocial level, a diagnosis of cancer means uncertainty and suffering for individuals and their families. The burden is particularly high in low- and middle-income countries (LMICs) since many of these countries lack the medical resources and health systems to address the disease burden. As a country moves from low levels of human development to higher levels, its population tends to increasingly adopt behaviors and lifestyles that are more typical of affluent and industrialized nations (Ferlay, et al. 2013). Ironically, these new behaviors and lifestyles are accompanied by changes in several reproductive, dietary, and hormonal risk factors resulting in an increasing risk at the population level of certain cancers particularly associated with affluence, such as female breast cancer, prostate cancer, and colorectal cancer. The result of this shift to lifestyles typical of industrialized countries is that “developing” countries experience a steady increase in the overall incidence rates of cancer as well as a change in the most common types of cancers (WHO, IARC, 2014). Hence, countries in the midst of this developmental transition, such as India, are headed toward a greater impact of cancer. The vision of AOSW is a “global society in which oncology care meets the physical, emotional, social and spiritual needs of all people affected by cancer.” The critical need to integrate universal psychosocial care into cancer care is further reflected in the International Standard of Quality Cancer Care which states that psychosocial cancer care should be recognized as a universal human right (International Psycho-Oncology Society, 2015). This paper will present research on the psychosocial care needs and the response to these needs in a large Cancer Institute in Chennai, India. The presentation is based on the author’s research in India and her experience as a Fulbright-Nehru Scholar in India. Her study on Indian, Chinese, and American couples coping with breast cancer (Author et al., 2014) provides a conceptual framework on the cultural factors that influence coping with cancer. This presentation will inform social work practitioners on how to leverage limited resources to address psychosocial needs of cancer patients. Finally, the paper will offer suggestions on international opportunities for oncology social workers.

Abstract Summary:

Sixty percent of cancer deaths in the world occur in low- and middle-income countries (LMICs) (ACS, 2017). The burden of cancer is particularly high in these countries (LMICs) since many of these nations lack the medical resources and health systems to address the disease burden. As a country moves from low levels of human development to higher levels, its population tends to increasingly adopt behaviors and lifestyles that are more typical of affluent and industrialized nations. Ironically, these new behaviors

and lifestyles increase the risk of certain cancers particularly associated with affluence. This presentation aims to 1) provide a conceptual framework for understanding cultural influences on adjustment to cancer and how social work practice can be adapted to the specific culture of patients; 3) inform practitioners on how to leverage limited resources to address psychosocial needs of cancer patients and 4) offer suggestions on international opportunities for oncology social workers.

Keywords: Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Identify cultural factors that influence coping with a cancer diagnosis and treatment and cite examples of how practitioners can adapt their interventions to the culture of their patient population.
2. Apply strategies to leverage limited resources and technology to address psychosocial needs and cancer disparities.
3. Assess opportunities in education and training related to international social work in cancer care.

References:

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Learning Institute/Paper Symposia II

Thursday, May 31

4:00 p.m. - 5:30 p.m.

PS 202 – International Paper Symposia

The Missing Link in Multidisciplinary Cancer Care in Kenya: The Need for Training in Psychosocial Oncology

Philip Odiyo, MA. PhD (Cand.)

Abstract Content:

There is a global rise of Cancer cases in the world. World Cancer Report 2003 notes that in the next decade that 70 percent of newly diagnosed patients with cancer will be in low and middle-income countries [1]. The situation is very clear in Kenya where cancer is the third cause of mortality after infectious and cardiovascular diseases. There are around 39,000 new cases each year in Kenya with more than 27,000 deaths per year [2]. The Kenya Medical Research Institute documents that 80 percent of the new cases are diagnosed at late stage leaving few options for remediation [3]. The grim nature presented by the statistics shows a clear need for concerted efforts not only to stem the rising tide of cancer diagnosis in the country but also to form a comprehensive care team that can meet the complex needs of the cancer patients. The state of the cancer care in Kenya is compounded by the inadequate human resources and infrastructure for effective cancer treatment. There are 6 medical oncologists, 4 radiation oncologists and 3 oncology nurses for a population of 45 million. The government has tried to improve the state of cancer care in the country through formulation of policies such as, National Cancer Control Strategy (2011-2016), Cancer Prevention and Control Act and establishment of National Cancer Institute of Kenya. However the policies have done a little to improve the state of cancer care and treatment in the country. The deplorable infrastructural challenges experienced by cancer patients have not only affected treatment process but have also compounded psychosocial challenges affecting the cancer patients and caregivers. A study carried in 2013 at the Kenyatta National Hospital which is the only government facility with radiotherapy treatment facility noted that 69.2 percent of cancer patients were depressed while 93 percent had suicidal ideation [4]. The hopelessness and the psychosocial burden displayed by the study is a clear indicator for the need for a robust multidisciplinary team including oncology social workers. The state of psychosocial service is undeveloped and almost non-existent. This is despite the central role played by oncology social workers and psycho-oncologists. Some non-profit organizations such as Faraja Cancer Support Trust, Kenya Network of cancer organizations, Women for Cancer and Africa Cancer Foundation have stepped in to undertake some of the roles carried out by the oncology social workers and psychosocial professionals.

Abstract Summary:

The state of cancer care in low and middle income is placed by many challenges from structural barriers to fragmented and inaccessible health systems and lack of human resource. These challenges compound the already complex nature of cancer treatment that many patients go through. The presentation presents the need for a resource stratified training to empower oncology psychosocial professionals to provide the missing link in multidisciplinary cancer care.

Keywords: Clinical Practice/Skill Building, Interdisciplinary Care

Course Designation: Cultural Competency

Presentation Level: Introductory

Learning Objectives:

1. Describe the medical and infrastructural challenges faced by cancer patients in Kenya.
2. Demonstrate the need for training in oncology social work to mitigate the psychosocial burden faced by cancer patients in Kenya and Africa.
3. Discuss how to develop resource stratified models for training in Kenya and other low and middle income countries.

References:

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Learning Institute/Paper Symposia II

Thursday, May 31

4:00 p.m. - 5:30 p.m.

PS 202 – International Paper Symposia

Provision of Psychosocial Care for Cancer Patients and Survivors by Oncology Social Workers in South Korea: The Challenges and Opportunities

Sorah Park, MA, MSW; Hee Lee, PhD, MSW, LICSW

Abstract Content:

Cancer is the leading cause of death in South Korea; since 2013 cancer has accounted for 28.3 percent of all deaths. Due to medical treatment improvement and cancer screening efforts in this country, the cancer mortality has decreased by 2.7 percent from 2002 to 2013 and the 5-year cancer survival rate has improved to 69.4 percent from 41.2 percent since 1993. The increased survival rates rapidly enlarged the number of cancer survivors. In 2014, there were more than 1.3 million cancer survivors identified (Oh et al., 2016). This increased number calls for provision of psychosocial interventions for cancer patients and survivors because cancer treatment usually brings about issues such as decreased quality of life and mental health problems. However, the field of psychosocial intervention in South Korea is still recognized as a minor area of oncology care. This is particularly true for the areas of oncology social work. Psycho-oncology was first introduced by psychiatrists in 1993 and later social workers, psychologists, and nurses were increasingly involved in providing psychosocial care for patients with cancer. As a professional organization of psycho oncology, Korean Psycho-Oncology Study Group was founded in 2006 and then later it was renamed as the Korean Psycho-Oncology Society (KPOS) in 2009 (Lee et al., 2017). The KPOS functions as a center of development of psycho-oncology, publishing official journals, and hosting annual conferences. Although there are some levels of importance of psycho oncology existed, there are many challenges including low awareness of psychosocial cancer care by the public and professionals, existence of undertreated mental disorders in patients with cancer due to cultural stigma, shortage of well-trained psycho-oncologists including oncology social workers, and lack of consistent implementation for distress management (Lee et al., 2017). More importantly, oncology social workers were not well positioned as the primary providers of psychosocial care in many cancer centers and general hospitals. Despite the importance of social workers in implementing distress screening and provision of psychosocial care, general hospitals do not have programs and policies to train social workers in psychosocial oncology care. It is critical to develop a policy that integrates psycho oncology as one of core cancer care systems and strengthens the role of social workers in distress

screening protocol and management. International collaboration, further research, and active communication and cooperation among various cancer care disciplines could shape the Korean model of psychosocial care for cancer patients and survivors by oncology social workers.

Abstract Summary:

Cancer is the leading cause of death in South Korea. Due to medical treatment improvement and cancer screening efforts, the cancer mortality has decreased and the 5-year cancer survival rate has improved. In 2014, there were more than 1.3 million cancer survivors identified. This increased number calls for provision of psychosocial interventions for cancer survivors. However, the field of psychosocial intervention in South Korea is still recognized as a minor area of oncology care. This is particularly true for the areas of oncology social work. Oncology social workers were not well positioned as the primary providers of psychosocial care in many general hospitals; general hospitals do not have programs and policies to train social workers in psychosocial oncology care. It is critical to develop a policy that integrates psycho oncology as one of core cancer care systems and strengthens the role of social workers in distress screening and management.

Keywords: Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Identify cultural attitude, perceptions, and beliefs on psychosocial cancer care; how practitioners work with diverse cancer patients and survivors.
2. Develop oncology social work programs and policies to be applied to developed countries where oncology social workers' role is not considered as one of core cancer care systems.
3. Design strategies for establishing collaborative network with international practitioners, researchers, and policy makers to share culturally competent cancer care programs and policies.

References:

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Friday, June 1, 2018

ACS Quality of Life Lecture

Friday June 1

9:00 a.m. - 10:00 a.m.

The Journey from Fear to #cancerFIERCE: A Vision From the Biden Cancer Initiative

Lisa Simms Booth, BA, Senior Director of Patient and Public Engagement, Biden Cancer Initiative

Abstract Content:

Cancer. A short six letter word. A word typically linked to sadness, loss, and pain. Yet, at the same time – there is hope, triumph and love. I’ve experienced all the aspects of this word because like the Biden’s, my family has also been touched by cancer.

My mother died of ovarian cancer in 2012. I will never forget her call that day. Over the phone, I heard her tell me “they say I have cancer.” Our lives changed from that day on, and I started living my life in two parts - my life in Washington, DC and her life in Pittsburgh. I was at the first consult with her oncologist where we heard the words Stage 3 Ovarian Cancer. I was there for her surgery, her first chemotherapy treatment and many more. For eight years, we rode the roller coaster ride of remissions and relapses – we laughed, played, traveled and then we hoped, and prayed. Ultimately, the last recurrence resulted in her needing another surgery. I went to stay with her for what I thought we would be two weeks while she recovered, and I ended up living in Pittsburgh for three months. This was the hardest time in my life rivaled only by being with her during the last two weeks of her life. My mom died peacefully at home as she wished – it was the hardest but also the most beautiful moment I’ve experienced.

As you know, Vice President Biden and Dr. Biden’s son Beau was diagnosed with glioblastoma in 2013, and he passed away in 2015. I’m sure you’ve seen the stories, many of you may have read the Vice President’s recent memoir Promise Me Dad, which chronicles their journey with Beau. With cancer, the Biden’s story, my story, and the stories of those many of you spend your days working with and on behalf of, are all linked together. Cancer has taken a terrible toll on our society, and it is that toll that led to the creation of the Cancer Moonshot.

In his 2016 State of the Union address, President Obama called on Vice President Biden to lead a new, national “Cancer Moonshot” to dramatically accelerate efforts to prevent, diagnose, and treat cancer – to achieve a decade of progress in five years. The resulting Cancer Moonshot Task Force, under the leadership of Vice President Biden, brought together all Federal agencies that touch the cancer experience, charged with leveraging Federal investments, targeted incentives, private sector efforts, patient engagement initiatives, and more, to support cancer research and enable progress in prevention, diagnosis, and treatment.

By the end of the Obama/Biden Administration, the Cancer Moonshot had launched a series of coordinated efforts (including nearly eighty private sector collaborations) that incentivized bold, creative, and disruptive approaches to conducting cancer research, promoting prevention, and addressing critical needs in cancer care. These initiatives have continued, both in the federal government and in private companies, foundations and hospitals around the country.

In addition to driving this progress in both the public and private sectors, Vice President Biden also helped lead the effort to pass the 21st Century Cures Act that provides \$1.8 billion over seven years to advance the Cancer Moonshot's scientific priorities.

Through the Biden Cancer Initiative, Vice President Biden and Dr. Jill Biden build on their work to inject a sense of urgency into the cancer research and care enterprise and to reimagine how the government, academia, nonprofits and the private sector can better organize their resources and systems to collaborate to take on cancer, with the patient as the focus. The Initiative is a major convening force in driving new actions and collaborations toward ending cancer as we know it.

The Biden Cancer Initiative works closely with patients and patient organizations, cancer researchers, cancer hospitals and community health centers, research universities, governments and the private and philanthropic sectors to identify and address the critical issues in cancer prevention, research and care to achieve these goals. The Initiative brings these groups together to identify barriers, devise solutions, launch pilot projects to test these solutions, and disseminate successful results in the form of new actions and collaborations.

In addition to current work focused on increasing data sharing, improving data standards, and accelerating clinical trials, the Biden Cancer Initiative has launched the #cancerFIERCE public engagement effort, designed to celebrate the FIERCE that we know is in every person touched by cancer. Too often, the dread and the fear that accompany a cancer diagnosis can overwhelm cancer patients, their families and their communities. Vice President Biden and Dr. Biden know that fear personally. It is real, but so is the vast amount of innovation and information that continues to better our ability to fight this disease. Because of this, we at the Biden Cancer Initiative view these fears and challenges through the lens of promise and possibility. The fear to #cancerFIERCE effort is an opportunity to connect and build communities and drive a national movement. We believe we can change the face of cancer as we know it and that everyone touched by cancer has a FIERCE story to tell.

The #cancerFIERCE effort encourages people to "SHARE THEIR "I" – their innovation, their inspiration, and their information. Innovation in terms of best practices and scientific advances and transformative approaches. Inspiration to share what drives each and every one of us to keep on going, in spite of and despite of the barriers. And information, in terms of patient data and experiences. You can get involved with our #cancerFIERCE effort on our website at www.bidencancer.org.

To help address these very real cancer fears, we are developing a #cancerFIERCE Roadmap that will steer patients, families, caregivers and advocates toward the information and resources they need, every step of the way, along the journey from diagnosis to survivorship.

The #cancerFIERCE Roadmap will put in one, easily navigable place, information including cancer center services, support programs for patients, families and caregivers, federal and state initiatives, access to clinical trials, financial resources, and other practical tools available to help ease the cancer burden. Having these resources organized in one virtual, accessible and intuitive hub, could make a meaningful difference in helping quell the fear of the unknown. You can contribute to this effort by sharing the best resources you know about that can help patients and their families. The Roadmap will be an ever-evolving resource that AOSW members can add to your arsenal both to highlight programs that you know work and to direct your patients, clients and colleagues to for information.

We, at the Biden Cancer Initiative, stand ready to work with AOSW to help patients, their families, and those that work in this field to better serve the communities that we work with and to move forward with our mission to change the face of cancer as we know it.

Abstract Summary:

In his 2016 State of the Union address, President Obama called on Vice President Biden to lead a new, national “Cancer Moonshot” to dramatically accelerate efforts to prevent, diagnose, and treat cancer — to achieve a decade of progress in five years. The resulting Cancer Moonshot Task Force brought together under the leadership of Vice President Biden, convened all Federal agencies that touch the cancer experience and fostered over seventy private sector collaborations to focus on transforming cancer research and care.

Through the Biden Cancer Initiative, Vice President Joe Biden and Dr. Jill Biden build on their work to inject a sense of urgency into the cancer research and care enterprise and to reimagine how the government, academia, nonprofits and the private sector can better organize their resources and systems to collaborate to take on cancer, with the patient as the focus. The Initiative is a major convening force in driving new actions and collaborations toward ending cancer as we know it.

The Biden Cancer Initiative works closely with patients and patient organizations, cancer researchers, cancer hospitals and community health centers, research universities, governments and the private and philanthropic sectors to identify and address the critical issues in cancer prevention, research and care to achieve these goals. The Initiative brings these groups together to identify barriers, devise solutions, launch pilot projects to test solutions, and disseminate successful solutions in the form of new actions and collaborations.

In addition to current work focused on increasing data sharing, improving data standards, and accelerating clinical trials, the Biden Cancer Initiative has launched the #cancerFIERCE public engagement effort, designed to celebrate the FIERCE that we know is in every person touched by cancer. Too often, the dread and the fear that accompany a cancer diagnosis can overwhelm cancer patients, their families and their communities. Vice President Biden and Dr. Biden know that fear personally. It is real, but so is the vast amount of innovation and information that continues to better our ability to fight this disease. Because of this, we at the Biden Cancer Initiative view these fears and challenges through the lens of promise and possibility. The fear to #cancerFIERCE effort is an opportunity to connect and build communities and drive a national movement. We believe we can change the face of cancer as we know it and that everyone touched by cancer has a FIERCE story to tell.

Keywords: Education

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Summarize the main projects underway at the Biden Cancer Initiative.
2. Explain the #cancerFIERCE public engagement effort.
3. Demonstrate to patients, colleagues, and others on how to participate in the #cancerFIERCE effort.

Paper Session III

Friday June 1

10:15 a.m. - 11:15 a.m.

P301

Intentionality: Are You Practicing "On Auto Pilot" or "On Purpose?"

Debra Mattison, MSW, ACSW, OSW-C

Abstract Content:

Oncology social workers are ideally suited to take their place as skilled clinicians and leaders of excellence in practice, research and advocacy in a variety of practice settings. We have a long history of being integral to quality cancer care at both micro and macro levels with diverse client populations. Increasingly we are being challenged to both ground and evaluate our work in the context of best practices while continuing to be advocates for ethical standards and to advocate for the disenfranchised. Ours is a role that indeed brings both potential power to influence lives and most certainly carries much responsibility which demands we ask ourselves “am I doing my work intentionally and “on purpose”? With so much to do, we can be tempted to move to the next client, the next task, the next meeting, the next program with a sense of familiarity and sameness. While routine is not in and of itself negative, practicing on “autopilot” can have devastating consequences. Rollo May, the American existentialist psychologist, described intentionality as the qualities of being “purposeful,” “stretching toward” and “caring for” as characteristics that encompass truly helpful relationships. And yet, if we are honest, it can become easy to fall into the trap of repetitive, routine and potentially robotic practice. Practice without intentionality can threaten the integrity of our work by leading us to see only one definition of the problem, to miss strengths embedded in diversity, to use only that one familiar approach or theoretical orientation and ultimately using and employ only limited skills sets.

In order to establish relationships, choose appropriate interventions, plan programs and engage in advocacy aimed at solving problems, enhancing coping and relieving physical, emotional and spiritual pain, we must be firmly grounded in intentionality. Intentionality leads us to examine our professional functioning, the purpose and direction of our interventions and the effects on clients, and allows for engagement with clients that has more likelihood of leading to trusting relationships, therapeutic alliances and desired outcomes. As Benjamin Franklin noted, “Being busy does not always mean real work.” We must be doing our work “on purpose” with intentionality, direction and purpose. We must be intentionally evaluating and measuring the outcomes of our work, articulating options we considered, why we chose a certain intervention and awareness of why our interventions have been helpful or unhelpful.

This presentation seeks to firmly ground practice in intentionality regarding our engagement with clients, our interactions with interprofessional team members and our advocacy in our communities as we take our place in clinical and leadership roles. Using didactic sharing and engaging activities, this session will delve into the concept and theories of intentionality in practice; discuss strategies to increase intentionality in our daily work and explore tools for measuring engagement outcomes. Participants will leave with ideas, tools and an invitation to take intentionality in their practice to a deeper level to positively benefit both their clients and their own sense of meaning in their work.

Abstract Summary:

Oncology social workers are ideally suited to take their place as skilled clinicians and leaders of excellence in practice, research and advocacy. Ours is a role that indeed brings both power to influence lives and carries much responsibility which demands we ask ourselves “am I doing my work intentionally and “on purpose”? With so much to do, we can be tempted to move to the next client, task or meeting, with a sense of sameness. It can easy to fall into the trap of repetitive, routine and potentially robotic practice. This presentation seeks to firmly ground practice in intentionality regarding engagement with clients, interprofessional teams and communities. Using didactic sharing and engaging activities, strategies to increase intentionality in our daily work and explore tools for measuring outcomes will be discussed. Participants will leave with ideas which deepen intentionality to positively benefit their clients and the meaning of their work.

Keywords: Clinical Practice/Skill Building, Leadership/Administration

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Define Intentionality and differentiate it for resolution.
2. Reflect on one’s own individual level of intentionality in practice.
3. List at least 3 ways to incorporate intentionality into oncology social work practice and utilize at least two tools focused on self-assessment, client self-report and/or observational measurement of intentionality and engagement.

References:

1. Goncalves, C., Ivey, A. & Langdell, S. (1988). The multilevel conception of intentionality: Implications for counselor training. *Counselling Psychology Quarterly*, 1(4), 377-386.
2. Hyland Tajlili, M. (2014). A framework for promoting women’s career intentionality and work–life integration. *The Career Development Quarterly*, 62 (3), 254-267.
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4. Levy, N. (2014). “The Value of Consciousness,” *Journal of Consciousness Studies*, 21(1–2): 127–138.
5. Maxwell, J. (2015). *Intentional living: Choosing a life that matters*. New York: Center Street Publishing.
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Paper Sessions III

Friday June 1

10:15 a.m. - 11:15 a.m.

P302

Blood Cancers Bootcamp

Kristin Scheeler, MSSW, APSW, OSW-C

Abstract Content:

This session is meant to be a “Blood Cancers Bootcamp” for oncology social workers who work with people with hematologic malignancies. Participants will learn the differences between leukemia, lymphoma, myeloma and myeloproliferative neoplasms from an Information Specialist from the Information Resource Center at the Leukemia & Lymphoma Society. There is incredible complexity in each of these disease categories, but participants will learn all of the basics and how to find additional reliable information. Participants will also learn about the psychosocial aspects of advising and guiding patients and families dealing with a blood cancer diagnosis, including information about how to find reliable resources and referrals. When I worked in hematology and bone marrow transplant in a cancer center, I learned a lot about the psychosocial aspects of helping patients with blood cancers and knew that Be the Match, the Bone Marrow Foundation, and the Leukemia & Lymphoma Society (LLS) could help people, but always struggled to fully understand the biology bandied about the medical case conferences every week. For over five years, I took notes and researched terms I didn’t understand...only to discover, when I became an Information Specialist at the Leukemia & Lymphoma Society, that I never completely understood the basic biology, diagnosis and treatment of most of the blood cancers in the first place. I wish I had understood the underlying science of blood cancers, because it helped me put so much of the work I had engaged in with blood cancer patients into perspective once I did. I have colleagues at LLS who have said the same; they could have used the knowledge of an Information Specialist while employed at their cancer centers. Join the Blood Cancer Bootcamp if you are interested in a quick-and-dirty yet scientifically-sound crash course on the blood cancers, their causes, diagnosis, treatment, trajectories, and outcomes. Leave with new (clarifying!) information, resources, and referral options for your blood cancer patients and their families.

Abstract Summary:

This session is meant to be a “Blood Cancers Bootcamp” for oncology social workers who work with people with hematologic malignancies. Participants will learn the differences between leukemia, lymphoma, myeloma and myeloproliferative neoplasms from an Information Specialist from the Information Resource Center at the Leukemia & Lymphoma Society. There is incredible complexity in each of these disease categories, but participants will learn all of the basics and how to find additional reliable information. Participants will also learn about the psychosocial aspects of advising and guiding patients and families dealing with a blood cancer diagnosis, including information about how to find reliable resources and referrals. Join the Blood Cancer Bootcamp if you are interested in a quick-and-dirty yet scientifically-sound crash course on the blood cancers, their causes, diagnosis, treatment, trajectories, and outcomes. Leave with new (clarifying!) information, resources, and referral options for your blood cancer patients and their families.

Keywords: Disease Type (ovarian, lung, GYN, etc.), Patient Navigation

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Discuss general etiology, characteristics, diagnosis, and treatment of leukemias, lymphomas, myeloma, and myeloproliferative disorders and where to find more detailed reliable information as needed.
2. Explain common emotional and psychosocial impacts of having different types of blood cancers and treatments.
3. Cite examples of resources available to blood cancer patients to help meet educational, informational, emotional and financial needs.

References:

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Paper Sessions III

Friday June 1

10:15 a.m. - 11:15 a.m.

P303

Growing a Sunflower Garden: Supporting and Mentoring Patient-Led Initiatives while Managing Ethical Issues.

Larissa Hewitt, MSW, LICSW; Susan Englander, MSW, LICSW

Abstract Content:

Rapid development of technology in recent years has both opened the door for the social work profession to deliver supports in new ways, while also raising a range of ethical dilemmas (Chan & Holosko, 2016). Technology has also encouraged “patient champions” to emerge and grow patient-led support communities at a rate not previously possible without the use of the Internet and the unique marketing opportunities it creates. The strengths of peer-led support initiatives have long been supported in many arenas (Hartzler & Pratt, 2011; Reif et al., 2014). However, online patient led initiatives can also present a wide array of challenges, including miscommunication, lack of visual and aural cues, and management of disruptive group members (White & Dorman, 2001). Prior work in this area has shown the positive impact of online support communities including enhanced social support and positive health behaviors (Eysenbach, Powell, Englesakis, Rizo & Stern, 2004). Social workers now have an opportunity to partner with patients to build on these meaningful supports, while also incorporating valuable ethical and boundary considerations. In this presentation, we plan to utilize an ethical framework, as well as our experiences in oncology social work and group facilitation to discuss a case example of a successful online, patient-led support community that grew out of our sarcoma support group. Our professionally-facilitated group offers patients a community in which to share and learn from their peers with a focus on decreasing the isolation inherent in the diagnosis of a rare disease (Doyle, 2014). We will explore the critical decision points in our group process that allowed for the emergence of our own “patient champion” and the gradual establishment of her patient-led support community. We will highlight both the obstacles and opportunities created by this community and explore the unique role of social worker as mentor. We hope to include the voices of support community members and various hospital personnel throughout our presentation.

Abstract Summary:

Rapid development of technology in recent years has encouraged “patient champions” to emerge and grow online patient-led support communities at a rate not previously possible. Social workers now have an opportunity to partner with patients to build on these meaningful supports, while also incorporating valuable ethical and boundary considerations. In this presentation, we plan to utilize an ethical framework, as well as our experiences in oncology social work and group facilitation to discuss a case example of a successful online, patient-led support community that grew out of our sarcoma support group. We will explore the critical decision points in our group process that allowed for the emergence of our own “patient champion” and the gradual establishment of her patient-led support community. We will highlight both the obstacles and opportunities created by this community and explore the unique role of social worker as mentor.

Keywords: Clinical Practice/Skill Building, Ethics

Course Designation: Ethics

Presentation Level: Introductory

Learning Objectives:

1. Recognize a potential “patient champion” and understand how to empower them while also remaining cognizant of ethical dilemmas.
2. Identify institutional obstacles to the growth of patient-led support communities and utilize advocacy and creative problem-solving to respond to these concerns.
3. Discuss the opportunities that technology and patient-led initiatives create for expanding access to support for oncology patients in your clinical setting.

References:

1. Chan, C., & Holosko, M. J. (2016). A review of information and communication technology enhanced social work interventions. *Research on Social Work Practice, 26*(1), 88-100.
2. Doyle, M. (2015). Peer support and mentorship in a U.S. rare disease community: Findings from the cystonosis in emerging adulthood study. *The Patient: Patient Centered Outcomes Research, 8*(1), 65-73.
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Paper Sessions III

Friday June 1

10:15 a.m. - 11:15 a.m.

P304

The Costs of Cancer and Insurance Coverage Experience of Cancer Patients: The Patient Realities and Why Policymakers Should Pay Attention

Jennifer Singleterry, MA; JoAnn Volk, MA

Abstract Content:

Since the passage of the Affordable Care Act (ACA), more cancer patients have insurance when they are diagnosed, which is a crucial outcome in getting cancer patients the life-saving treatment and follow-up care they need. However, once enrolled into insurance, high out-of-pocket costs and other insurance plan rules remain a barrier to accessing treatment. Many oncology professionals are familiar with the term ‘financial toxicity’ and see its consequences firsthand, but the concept remains difficult to document and quantify on a large scale. Two recently released reports address these difficulties. The American Cancer Society Cancer Action Network (ACS CAN) report on The Costs of Cancer examines the

direct and indirect costs cancer patients in different insurance scenarios pay during and after treatment. The report finds that even with insurance, cancer patients often face unpredictable or unmanageable costs – particularly at the beginning of treatment – and illustrates the importance of patient protections under the ACA. A subsequent report released by ACS CAN and The Georgetown Center on Health Insurance Reforms, *Navigating the Coverage Experience and Financial Challenges for Cancer Patients*, discusses qualitative interviews conducted with Financial Navigators who work with cancer patients. This report provides a narrative of similar themes: costs related to using coverage – not premiums – remain the most common financial barrier for cancer patients, and even with the help of a financial navigator, patients face other challenges accessing care. Both reports address current policies in place that affect cancer patient costs and coverage experience, and potential policy changes that could help further address cancer patient financial toxicity. During this session, report author(s) will discuss key data, themes and findings and how oncology social workers and other healthcare professionals can use the reports to help cancer patients, including how to:

1. Better comprehend the cost and insurance realities cancer patients face and how current policies affect patients;
2. Help patients plan for and overcome challenging costs and treatment access issues, and
3. Advocate for their patients’ interests with policymakers.

Presenter(s) will also provide the current state of play on implementation of the Affordable Care Act, any attempts to change or repeal it, and how higher-level policy debates may affect participants’ clients.

Abstract Summary:

Many oncology professionals are familiar with the term ‘financial toxicity’ and see its consequences firsthand, but the concept remains difficult to document and quantify on a large scale. This session will discuss data, findings and themes from two recent reports from the American Cancer Society Cancer Action Network and the Georgetown Center on Health Insurance Reforms that address cancer patient financial challenges and barriers to treatment access. Attendees will learn how to: 1) better comprehend the cost and insurance realities cancer patients face and how current policies affect patients, 2) help patients plan for and overcome challenging costs and treatment access issues, and 3) advocate for their patients’ interests with policymakers. Presenter(s) will also provide the current state of play on implementation of the Affordable Care Act, any attempts to change or repeal it, and how higher-level policy debates may affect participants’ clients

Keywords: Financial Toxicity, Advocacy

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Discuss the cost and insurance realities cancer patients face and how policies, including the Affordable Care Act and proposed changes to it, affect these situations.
2. Apply the information presented to help their patients/clients plan for and overcome challenging costs and treatment access issues.
3. Cite examples of ways to advocate for their patients’ interests with policymakers using the information presented and their patient and personal stories.

References:

1. Jemal, A., Lin, C.C., Davidoff, A.J., & Han, X. (2017). "Changes in Insurance Coverage and Stage at Diagnosis Among Nonelderly Patients With Cancer After the Affordable Care Act." *Journal of Clinical Oncology*, <https://doi.org/10.1200/JCO.2017.73.7817>
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Paper Sessions III

Friday June 1

10:15 a.m. - 11:15 a.m.

P305

Cancer and Intimacy: The Caregiver's Perspective

Jacqueline LaGrassa, MSW, LCSW; Linda Mathew, MSW, LCSW-R, OSW-C

Abstract Content:

A cancer diagnosis often initiates an emotional crisis that can dramatically change the way a partner and a patient experience emotional and physical intimacy. Although the term 'caregiver' can represent many different types of relationships, for the purpose of this paper the word 'caregiver' will be used to define a person who has a physical and committed relationship with the patient. Caregivers may sometimes transition their focus from the "intimate" relationship with the patient to the "professional" caregiver role (1). This transition can significantly impact the relationship and sabotage the couple's efforts to re-establish a lost intimacy. "Intimacy" in this context encompasses physical/sexual contact, cognitive connection, emotional bond, and physical non-sexual touch (2). As intimacy is a transactional and interpersonal process, there is a growing body of evidence that discusses the effects cancer can have on the patient-caregiver dyad. However, much of the research examines the impact of cancer from a patient's perspective on communication, intimacy, and how individuals relate both independently and as a couple (3). However, there is less known about the caregiver's perspective as related to intimacy and communication. There are many issues that clinicians can help caregivers manage throughout the treatment trajectory. Due to the chronicity of cancer treatment, longer, episodic care can contribute to stress on the caregivers. Of primary importance is addressing challenges to intimacy and communication as a significant aspect of a couples' quality of life (4). Oftentimes, caregivers and patients experience a parallel process around medical challenges, personal losses, and feelings of helplessness. A major role of the clinician is to address the parallel experiences of a couple and assist in reinforcing their bond. Caregivers often describe a sense of guilt in expressing feelings related to cancer and intimacy and worry about how to express those fears without sounding insensitive or cold. Caregivers often struggle silently to maintain the pre-cancer relationship while trying to integrate the new challenges that come with a definitive diagnosis. They may feel responsible to not only care for the patient, but to accept and

accommodate the ways a diagnosis has infiltrated their bond. Caregivers tell us that they have “no right” to further burden a patient with their concerns and feelings because the gravity of the diagnosis that always takes precedence. This disconnect in communication has been shown to greatly impact a caregivers happiness and quality of life (5). In addition, this polarization creates emotional distance, and redefinition of relational roles that label the patient as “ill” and the spouse as ‘caretaker” which can perpetuate emotional distress for patient and caregivers. This talk will focus on the significant impact a cancer diagnosis can have on a couples intimate communication and the role that clinicians have in addressing these issues. We will highlight the common challenges and barriers that caregivers and patients experience while undergoing lengthy treatments. Various interventions will be explored that will facilitate mutual support that both the caregiver and patient can utilize to re-establish intimate communication in their relationship and increase their quality of life.

Abstract Summary:

A cancer diagnosis often initiates an emotional crisis that can dramatically change the way a partner and a patient experience emotional and physical intimacy. Caregivers may sometimes transition their focus from the “intimate” relationship with the patient to the “professional” caregiver role (1). This transition can significantly impact the relationship and sabotage the couple’s efforts to re-establish a lost intimacy. There are many issues that clinicians can help caregivers manage throughout the treatment trajectory. Due to the chronicity of cancer treatment, longer, episodic care can contribute to stress on the caregivers. Oftentimes, caregivers and patients experience a parallel process around medical challenges, personal losses, and feelings of helplessness. A major role of the clinician is to address the parallel experiences of a couple and assist in reinforcing their bond. We will highlight the common challenges that couples experience while undergoing lengthy treatments, the role of the clinician, and countertransference.

Keywords: Clinical Practice/Skill Building, Special Populations

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Describe how a cancer diagnosis and the transition into a ‘professional caregiver’ can impact the intimate relationship as well as assessing the dynamics of a relationship while emphasizing the importance of a thorough caregiver assessment as a means to foster healthy communication and intimacy.
2. Discuss the complexities of the parallel process experienced by patients and caregivers and ways in which the medical team and oncology social workers can engage these couples in reparative work.
3. Identify common countertransference issues that may arise due to age, gender and culture of the clinician around the topic of intimacy.

References:

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2. Daga, M., Sanderman, R., Hoff, C., Meijerink, J., Baas, P., Haastert, M., Hagedoorn, M. (2014). The interplay between partners' responsiveness and patients' need for emotional expression in couples coping with cancer. *Journal of Behavioral Medicine* 37: 828-838
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Paper Sessions III

Friday June 1

10:15 a.m. - 11:15 a.m.

P306

Patient Care and Policy Practice in Action

Elizabeth Franklin, LGSW, ACSW; Sarah Conning, MSW, LCSW, OSW-C

Abstract Content:

Oncology social workers may think of themselves as either clinical practitioners or policy specialists. However, it is impossible for us to provide high-quality services to patients in a competent and timely manner without attention to how direct services are provided within the macro environment. With the confluence of increasing health care needs and rising therapy costs, the impact of policy on oncology practice is being felt more acutely than ever before.

As evidenced by the National Association of Social Workers (NASW) Code of Ethics (2008) we must attend to our ethical principle of service to “help people in need and to address social problems” while also engaging in social and political action that “seeks to ensure that all people have equal access to the

resources...they require to meet their basic human needs.” Policy practice is an integral component of professional social work practice and is aimed at influencing the development, enactment, implementation, modification or preservation of social policies, at the organizational, local, national, or international levels (Jansson, 2008).

This presentation will include foundational information regarding the overall role that policy plays in the lives of oncology social workers and cancer patients. This will include a status update on federal health care reform efforts as well as a state analysis of Medicaid and local policy issues. Additionally, this presentation will utilize case studies to illustrate how policy and practice are intimately connected. Presenters will illustrate the policy and practice connection through a series of case studies which showcase on-the-ground clinical scenarios with cancer patients and their loved ones, while also illuminating the policy environment at both the mezzo (clinic or hospital setting) and macro (legislative, regulatory, or policy environment) at play. Case studies will include scenarios covering prevention and screening, diagnosis and treatment, and palliative and end-of-life care. Specific components will include patient access to comprehensive care including social and emotional support services, insurance coverage complexities, financial toxicity, and logistical concerns.

Finally, several theories will be explored which inform the ways in which policy inform practice and vice versa including the Multiple Stream Framework and the Advocacy Coalition Framework (Almog-Bar, Weiss-Gal, & Gal, 2015). These theories allow for the multilevel nature of policy change (Nowlin, 2011) and reveal the underlying causal processes that drive policy dynamics (Real-Dato, 2009). These theories lend themselves well to the social work policy and practice relationship.

Abstract Summary:

Oncology social workers may think of themselves as either clinical practitioners or policy specialists. However, it is impossible for us to provide high-quality services to patients in a competent and timely manner without attention to how direct services are provided within the macro environment. With the confluence of increasing health care needs and rising therapy costs, the impact of policy on oncology practice is being felt more acutely than ever before. This presentation will include foundational information regarding the overall role that policy plays in the lives of oncology social workers and cancer patients. Presenters will illustrate the policy and practice connection through a series of case studies which showcase on-the-ground clinical scenarios with cancer patients and their loved ones, while also illuminating the policy environment at both the mezzo (clinic or hospital setting) and macro (legislative, regulatory, or policy environment) at play.

Keywords: Advocacy, Clinical Practice/Skill Building

Course Designation: Clinical

Presentation Level: Intermediate

Learning Objectives:

1. Explain the inextricable link between direct oncology social work practice and the impact of policies at local, community, institutional, or governmental levels.
2. Recognize how different theories inform the ways in which practice informs policy and vice versa.
3. Determine how direct and macro oncology social workers can work together to best serve patients and their loved ones through a comprehensive approach.

References:

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4. Real-Dato, J. (2009). Mechanisms of policy change: A proposal for a synthetic explanatory framework. *Journal of Comparative Policy Analysis, 11(1)*, 117-143.

Closing Keynote

Friday June 1

1:00 p.m. - 2:00 p.m.

It's Not Always Easy: Improving the Patient Experience with Self-Acceptance and Compassion

Sage Bolte, PhD, MSW, OSW-C, CST

Abstract Content:

As oncology social workers, we often do not have control over the demands of our job, the deaths of patients we learn to care deeply for, the frustrations over the broken health care system, the lack of resources, reporting to a boss who wants to understand what we do but just doesn't, and taking home the pain of the patients who just can't seem to be cut a break. However, when we layer those frustrations or feelings of helplessness onto our internal dialogues of our effectiveness, our abilities, or our success as oncology social workers, we risk internal shaming and negative self-talk - leading to general dissatisfaction and eventually professional burnout (Maslach, 1981; Shanafelt, 2009). And, in the midst of the mounting professional pressures or responsibilities, we have the external realities of managing our own personal worlds being students, mentors, parents, grandparents, adult children, recovering addicts, recovering "know it all's", etc. while the expectation of self for many of us (sometimes reinforced by our employers) is that we "should" be able to do it all – leaving tremendous room for burnout (Kearney 2009, Shanafelt, 2003, Dyrbye, 2006, Kraft 2006). Professional burnout and compassion fatigue directly impact the Patient Experience. "Burnout is viewed as a threat to patient safety because depersonalization is presumed to result in poorer interactions with patients" (Linzer M, Poplau S, Grossman E, et al., 2015). Although much of the research has been done on our physician and nursing counterparts, one could argue Oncology Social Workers are not any more exempt and yet, we are also in a unique opportunity to improve and strengthen our culture and patient experience (improving safety and outcomes) through our own self-awareness and care of team.

We are in fact super heroes – or at least many of us expect that of ourselves. All of these expectations are not often greeted with a whole lot of self-compassion, along with a lack of awareness of how our "fatigued selves" can impact our team and the culture around us. Understanding ourselves, our risk factors, our communication styles and that of our teams can directly and indirectly improve the patient experience. So, how do learn to relax and accept and embrace the crazy in us? How can we strive towards a place of self acceptance in order to provide self compassion and find not only the strength we

need to do this work well, but the joy and sustainment to keep doing this work with excellence? Is it possible to have the fullest career and the fullest personal life in oncology social work? Join me as I share my fumbles, my struggles, my mistakes and my journey for self acceptance and self compassion as I learn to just accept my crazy.

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Keywords: Professional Issues, Clinical Practice/Skill Building

Course Designation: Clinical

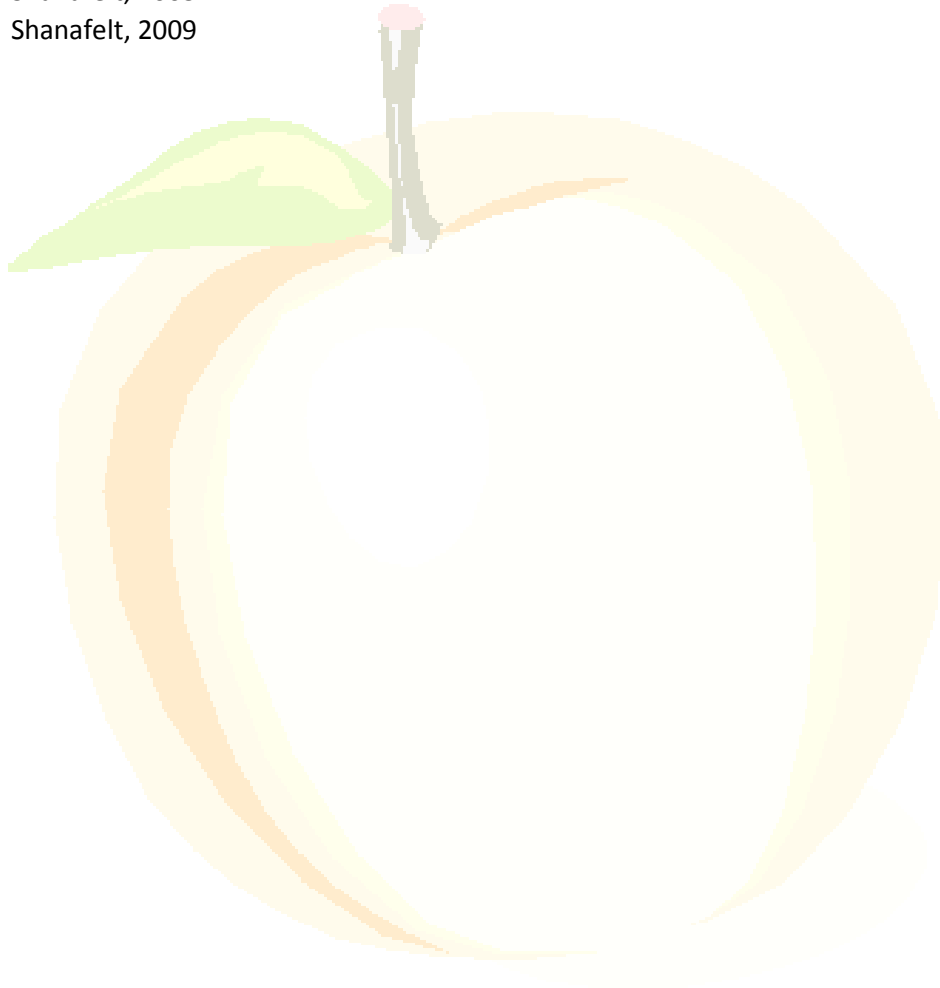
Presentation Level: Introductory

Learning Objectives:

1. List at least two ways that professional burnout impacts the patient experience.
2. Identify risk factors for professional burnout and compassion fatigue.
3. Articulate the benefits of mindfulness, self-acceptance, and compassion.

References:

1. Dyrbye, 2006
2. Kearney MK in Hutchinson (ed) : “Whole Person Care”
3. Kearney, 2009
4. Kraft, 2006
5. Linzer M, Poplau S, Grossman E, et al. J Gen Intern Med. 2015; 30: 1105-1111
6. Maslach, 1981
7. Shanafelt, 2003
8. Shanafelt, 2009



Post Conference Research Institute Friday, June 1, 2018

Post Conference Keynote Speaker – Opening Reception

Friday June 1

6:00 p.m. - 7:00 p.m.

Enhancing Care for People with Serious Advanced Illness through Interdisciplinary Evidence Generation and Research Infrastructure Development

Jean Kutner, MSPH, FAAHPM, FACP

Abstract Content:

There have been significant advances in the evidence base to inform palliative care clinical practice over the past 2 decades. Dr. Kutner will describe her personal passion and journey as a palliative care investigator, including the road to development of the Palliative Care Research Cooperative Group (PCRC) as an interdisciplinary research collaborative. Dr. Kutner will highlight opportunities for engagement with an interdisciplinary collaborative and supportive community of investigators who share a commitment to advancing and enhancing care for people with serious illness.

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Keywords: Research

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Summarize the evolution of the science of palliative care and existing opportunities.
2. Identify personal actions and activities that will turn passion for improving care for people with serious and advanced illness into action.
3. Describe how the Palliative Care Research Cooperative Group (PCRC) supports palliative care investigator engagement and development and conduct of rigorous studies.

Post Conference Research Institute Saturday, June 2, 2018

Post Conference Research Institute Keynote Speaker

Saturday June 2

9:00 a.m. - 10:00 a.m.

Unlocking the Potential of Patient-Reported Outcomes

Claire Snyder, MHS, PhD

Abstract Content:

This talk will cover the important, and somewhat unrealized, potential of patient-reported outcomes (PROs) to improve the quality of cancer care at multiple levels, including at the patient-clinician interface, in clinical research, and for performance improvement. Tools that are available to clinicians and researchers to optimize the use of PROs in clinical practice and research will be highlighted.

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Keywords: Research

Course Designation: Clinical

Presentation Level: Introductory

Learning Objectives:

1. Describe how patient-reported outcomes can be used in clinical practice and for assessing and improving the quality of cancer care.
2. Describe how patient-reported outcomes can be used in clinical research, including clinical trials and comparative effectiveness studies.
3. Access tools to aid in the use of patient-reported outcomes in clinical practice and research.

From Research Topic to Research Study Workshop

Saturday June 2

10:00 a.m. - 12:00 p.m.

From Research Topic to Research Study: A Workshop

Daniela Wittmann, PhD, LMSW

Abstract Content:

This workshop will present the results of the survey on the most important research topics identified at last year's AOSW Research Institute in the field of oncology social work. There will then be a talk on "Developing Research Questions," followed by a brainstorming session to identify research questions on the most important topic. The participants will then be divided into three groups representing the three basic research methodologies: Quantitative Research, Qualitative Research and Mixed Methods

Research. Each group, led by an expert in that methodology, will develop the structure of a research project using that methodology. This will include the Research Aims, Research Question or Hypotheses, Methodology, Data Gathering and Data Analysis. At the end of the workshop, each group will present their results to the larger group. Discussion will follow on factors involved in selecting a research methodology.

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Keywords: Clinical Practice/Skill Building, Ethics

Course Designation: Ethics

Presentation Level: Introductory

Learning Objectives:

1. Identify 3 methodological approaches to designing a research study.
2. Explain the steps in the development of a research proposal.
3. Describe 2 steps towards identifying a research question.

Outline:

- 10:00 a.m. – 10:15 a.m. Introduction
- 10:15 a.m. – 10:45 a.m. Three methodological approaches to designing a research study
- 10:45 a.m. – 11:15 a.m. How to develop a research proposal
- 11:15 a.m. – 11:45 a.m. Two steps towards identifying a research question
- 11:45 a.m. – 12:00 p.m. Wrap Up and Q&A