



## Abstracts by Day

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**Title: New Oncology Social Worker: Finding Your Krewe and Preserving Your Joy**

**Date:** Sunday, 6/18/2023

**Time:** 10:00:00 AM - 5:00:00 PM

**Presentation Type:** Pre-Conference Workshp

**Speaker(s):** *Catherine Credeur LMSW, OSW-C, FAOSW; Carolyn Messner DSW, BCD, ACSW, LCSW; Wendy Kimbley; Diana DiCesare, LMSW; Alison M. "Ali" Sachs MSW, OSW-C, FAOSW; Alaina Nguyen, MSW Student; Noah Stephenson, MSW Student*

**Abstract Summary:** This skill building, six hour intensive workshop is an orientation to the field of psychosocial oncology and oncology social work career development. The target audience for this session are oncology social workers with three years or less in this niche field. Participants may be new graduates or practitioners shifting from another area of social work. The goals for this session are to provide a brief introduction to current trends and significant tasks in oncology social work, connect with oncology social workers in similar areas of practice for ongoing networking, and identify opportunities for self-care and career growth. Special attention will be given to working with underserved populations and the transference of prior experience and skills into oncology social work.

Concrete concerns for oncology social work practice including implications of payment models of care for psychosocial support and barriers to treatment, distress screening and safety planning, working with diverse populations, and collaborative problem solving with interdisciplinary teams will be discussed. Participants will form small group networking connections (krewes) that can be sustained for ongoing post-conference resource sharing and collegial support.

**Learning Objectives:**

1. Recognize the history of oncology social work in diverse settings and anticipate potential career paths.
2. Identify the importance of use of self, self-care, and the development of a professional skill set, network, and mentorship in growth as oncology social worker and develop a personal plan for ongoing collegial connection and self care.
3. Interpret the influence of models of care and payment structures; specifically, patient-and-family-centered care and values-based care, on the practice of oncology social work.

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Vaccaro, L., Shaw, J., Sethi, S., Kirsten, L., Beatty, L., Mitchell, G., ... Turner, J. (2019). Barriers and facilitators to community-based psycho-oncology services: A qualitative study of health professionals' attitudes to the feasibility and acceptability of a shared care model. *Psycho-Oncology*, 28(9), 1862–1870. doi: 10.1002/pon.5165

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**Keywords:** Clinical Practice/Skill Building, Professional Issues

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 6



**Title: Interventions for Mitigating Financial Toxicity**

**Date:** Sunday, 6/18/2023

**Time:** 1:00:00 PM - 5:00:00 PM

**Presentation Type:** Pre-Conference Workshp

**Speaker(s):** *Joanna Fawzy Morales, JD*

**Abstract Summary:** Oncology social workers are often called upon to educate patients and help them navigate health and disability insurance and employment issues throughout the continuum of care. At a minimum, patients are posing these questions to their social workers. These are topics that are often not covered in traditional social work educational programs. And, many social workers are required to learn "on the job." This training will improve the knowledge of both new and experienced social workers by providing key tips and best practices for navigating these systems.

This workshop will provide information and practical tools to aid patients in understanding their insurance and employment options to mitigate the potential financial toxicity of a cancer diagnosis and improve quality of life. Topics covered will include understanding various health insurance options and consumer protections related to individual and employer-sponsored plans, Medicaid, and Medicare; as well as tips for effectively navigating insurance coverage, denials, and appeals. This workshop will also: 1) discuss various types of disability insurance options; 2) explore the interaction between the FMLA, ADA, and different types of disability insurance; 3) explain the process to appeal denials of benefits; 4) describe potential pitfalls in disability insurance; and 5) cover wage-replacement options for caregivers. Attendees will receive information and practical tools that they can utilize in their clinical practice to support patients in making decisions related to applying for benefits, to complete applications and supporting documentation, and to help patients transition off disability benefits.

Through exercises and case studies attendees will be able to help patients understand how to pick the most effective health insurance plan, identify accommodations, and explain the timing of SSDI and Medicare benefits. Oncology social workers who attend this training will walk away with key information to be uniquely positioned to provide this information to patients, not only potentially mitigating their financial burden, but improving their quality of life and their patient satisfaction.

**Learning Objectives:**

1. Identify health insurance options available to their patients and their families. And Outline factors to consider whenever choosing between health insurance options, to lower out-of-pocket costs and mitigate the potential financial burden of a cancer diagnosis.
2. Summarize the options for coverage through Medicare and how to make effective choices. And Explain how the ADA and FMLA can help patients manage work and cancer.
3. Identify disability insurance options available to patients who need to take time off from work. And Outline key issues in the interaction of disability benefits with health insurance coverage and employment laws.

**References:**

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**Keywords:** Financial Toxicity, Professional Issues

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 4





**Title: Opening Keynote: Healing Through (Cultural) Humility and History**

**Date:** Monday, 6/19/2023

**Time:** 9:00:00 AM - 10:00:00 AM

**Presentation Type:** Plenary

**Speaker(s):** Heather Honoré Goltz, PhD, LCSW, MEd, MPH

**Abstract Summary:** Using historical narratives and letters, legal cases, art, poetry, music, and the research literature, this opening keynote address will draw parallels between the dehumanizing institutions of slavery, indenture, and colonization that marked much of Louisiana’s early history and their legacy in “Cancer Alley.” This talk will discuss the enduring influence of these historic traumas on contemporary understandings of race, ethnicity, color, class, and culture and their complex relationships to social determinants of health in Louisiana and across other “cancer alleys” in the United States. Special attention will be given to the mechanisms by which social, racial, economic, and environmental inequities influence social determinants of cancer risk, access to care, and outcomes, as well as susceptibility to COVID-19. The remainder of the talk will focus on what it means for oncology social workers and patients to heal from complex, historic traumas using cultural humility and competency, infused with deep ecological understandings of how historical forces broadly and specifically shape our lived experiences.

**Learning Objectives:**

1. Describe four (4) social determinants of health that affect cancer risk, access to care, and outcomes, as well as comorbid susceptibility to COVID-19, among residents of Louisiana’s “Cancer Alley.”
2. Describe two (2) key ways in which social determinants of health in “Cancer Alley” are representative of historic and complex traumas.
3. Describe three (3) characteristics of cultural humility necessary for culturally- and linguistically-competent oncology social work practice with patients whose sociodemographic backgrounds differ from their own.

**References:**

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2. Friese, Z., (2023). Flight or flight: A story of survival and justice in Cancer Alley. *Women Leading Change: Case Studies on Women, Gender, and Feminism*, 7(2), 3-18.
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**Keywords:** Professional Issues, Special Populations

**Educational Level:** Beginning

**Course Designation:** Cultural Competency

**CE Credits:** 1





**Title: A Multi-Stakeholder Approach to Address Factors Fueling Medical Mistrust Within Communities of Color**

**Date:** Monday, 6/19/2023

**Time:** 10:30:00 AM - 11:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** *Eucharia Borden, MSW, LCSW, OSW-C, FAOSW; Lailea Noel, PhD, MSW; Kelly Hendershot*

**Abstract Summary:** This research explores services needed to encourage continuity in care for cancer programs servicing marginalized communities along with the identification of policy changes required to improve trust. Despite advancements in medical therapies for cancer care in the United States, disparities in health and health care by race and ethnicity persist (Hamel et al., 2020). A growing number of researchers are exploring the factors that fuel medical mistrust, particularly among patients of color (Hostetter, S. & Klein, S., 2021). This study approached the research question, "What is fueling medical mistrust?", from the perspective of three stakeholder groups: oncology professionals; patients/survivors; community-based providers. We approached the project using two methodologies: 1) In-depth qualitative semi-structured interviews with cancer survivors from across the country who identified as people of color. 2) Systems Dynamics Group Model Building (GMB), which is a community-engaged research approach used to involve communities in conceptualizing a system, how it works, what influences trust in oncology programs, and what gaps exist (Williams et al., 2018). GMB participants spoke about shared decision-making and the importance of interdisciplinary teams; yet interviewees did not experience a team approach. Participants describe trust in the health care system as an equation; confidence (self-efficacy) + knowledge = voice (empowerment) + energy. Understanding the role of patient provider communication and advocacy in decreasing medical mistrust will serve to decrease psychosocial barriers and increasing utilization of cancer care services by those most impacted by health inequity and cancer disparities.

**Learning Objectives:**

1. Identify and describe factors influencing trust within a healthcare system.
2. Integrate research findings into interactions with patients of color.
3. Incorporate community-engaged research approaches into cancer care service delivery.

**References:**

Agurs-Collins, T., Persky, S., Paskett, E. D., Barkin, S. L., Meissner, H. I., Nansel, T. R., ... & Farhat, T. (2019). Designing and assessing multilevel interventions to improve minority health and reduce health disparities. *American Journal of public health*, 109(S1), S86-S93.

Charmaz, K. (2014). *Constructing grounded theory*. sage.

Hamel, L., Lopes, L., Muñana, C., Artiga, S., & Brodie, M. (2020). KFF/The Undeclared survey on race and health. Kaiser Family Foundation (KFF).

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**Keywords:** Special Populations, Interdisciplinary Care

**Educational Level:** Intermediate

**Course Designation:** Cultural Competency

**CE Credits:** 1



**Title: Creating a Psychosocial Assessment Protocol for Hematopoietic Cell Transplant Candidates: A Participatory Process and Evidence-Based Outcome**

**Date:** Monday, 6/19/2023

**Time:** 10:30:00 AM - 11:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** Jill Randall, PhD, MSW, LICSW

**Abstract Summary:** In the setting of hematopoietic cell transplantation (HCT), comprehensive psychosocial assessment is typically part of the pre-transplant evaluation. The main purpose is to identify psychosocial needs that should be addressed before or monitored throughout the transplant process to ensure the best possible outcomes.

This presentation will 1) review the literature on pre-transplant psychosocial assessment, 2) describe the participatory development process of an evidence-based pre-HCT psychosocial assessment protocol, and 3) present the protocol, which may also be useful for other oncology populations.

A concept mapping study elucidated a conceptual framework of psychosocial elements that should be assessed in HCT candidates. Using this framework, 22 social workers and psychologists created an assessment protocol including: aims and process, interview guide, and reporting template. The reporting template includes theoretically and empirically derived protective and risk factors that are thought to impact medical and quality-of-life outcomes. Participants also discussed ways to embed equity into the protocol and what standardized measures to recommend.

The protocol aims to: 1) facilitate comprehensive psychosocial assessment that is evidence- and strengths-based, 2) promote equity in access to HCT and psychosocial care, and 3) assist teams to know the person they are treating and understand potential challenges that may impact the HCT process.

Future directions include testing the protocol, obtaining feedback, and making revisions. If implemented broadly, the protocol could become a standard in the field and provide consistent data for psychosocial research. Achieving this will elevate oncology social work in the HCT setting.

**Learning Objectives:**

1. Name 3 strategies to promote equity in the psychosocial assessment process.
2. Identify connections between research on psychosocial assessment and their own practice.
3. Evaluate new practice techniques in the content and process of psychosocial assessment.

**References:**

1. Austin, J., & Rini, C. (2013). Pretransplant screening: Risk factors, goals, approaches, and assessments. In A. R. Block & D. B. Sarwer (Eds.), *Presurgical psychological screening: Understanding patients, improving outcomes* (pp. 110-124). American Psychological Association.
2. Randall, J., & Miller, J. J. (2022). A conceptual framework of the psychosocial elements that should be assessed in candidates for hematopoietic cell transplant: Social workers' and psychologists' perspectives. *Journal of Psychosocial Oncology*, 1-18. <https://doi.org/10.1080/07347332.2022.2104677>

3. Randall, J., Anderson, G., & Kayser, K. (2021). Psychosocial assessment of candidates for hematopoietic cell transplantation: A national survey of centers' practices. *Psychooncology*, 31(7), 1253-1260.  
<https://doi.org/https://doi.org/10.1002/pon.5919>

**Keywords:** Clinical Practice/Skill Building, Special Populations

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: Leadership within Oncology Social Work, Learnings and Opportunities**

**Date:** Monday, 6/19/2023

**Time:** 10:30:00 AM - 11:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** *Krista R. Nelson, MSW, LCSW, OSW-C, FAOSW, FAPOS; Jennifer Bires, MSW, LCSW, OSW-C; Courtney Bitz, LCSW, OSW-C, ACHP-SW*

**Abstract Summary:** The lack of growth opportunities, especially provided in the clinical setting, create a lack of oncology social work leaders in health care. This has two main implications, a lack of leaders to run comprehensive supportive care programs, and leadership opportunities for oncology social workers are often had on their own time in National settings in volunteer roles. There remains a gap in oncology social work education and training in learning how to be a strategic leader, influence decision makers and create meaningful change in our institutions and consensus around a leadership model.

Staff leadership model is an essential foundation for oncology supportive care teams. With clear vision, this model fosters opportunities for all members of the team to make significant contributions to ensure high quality psychosocial care is incorporated into standard of care at all cancer centers. (Loscalzo, 2021)

This paper will explore the staff leadership model and its role in developing leaders within the oncology setting, the importance of diversity in leadership and teams, and the use of informal and formal leadership opportunities to increase the professional profile of oncology social workers and their innate leadership skills. In addition, three national leaders will describe their path to attaining leadership roles and share opportunities for leadership development for participants' career trajectory.

**Learning Objectives:**

1. Describe specific strategies and leadership skills that are key to successfully creating institutional change and programmatic growth.
2. Discuss the importance of succession planning and how to create leadership opportunities within clinical roles.
3. Define a staff leadership model and strengths-based ways of working.

**References:**

- Acquavita S. P., Pittman J., Gibbons M., Castellanos-Brown K. (2009). Personal and organizational diversity factors' impact on social workers' job satisfaction: Results from a national Internet-based survey. *Administration in Social Work*, 33, 151-166. <https://doi.org/10.1080/03643100902768824>
- Astakhova, M. N., & Ho, V. T. (2022). Passionate leaders behaving badly: Why do leaders become obsessively passionate and engage in abusive supervision? *Journal of Occupational Health Psychology*. Advance online publication. <https://doi.org/10.1037/ocp0000340>

Courtright et al. (2014) "Fired up or burned out? How developmental challenge differentially impacts leader behavior". *Journal of Applied Psychology*, 99(4), 712. <https://doi.org/10.1037/a0036409>

Gemeda HK, Lee J.(2020) Leadership styles, work engagement and outcomes among information and communications technology professionals: A cross-national study. *Heliyon*. Apr 6;6(4):e03699. doi: 10.1016/j.heliyon.2020.e03699. PMID: 32280799; PMCID: PMC713891

Hambley, L.A., et al. (2007) Virtual team leadership: The effects of leadership style and communication medium on team interaction styles and outcomes. *J Organizational Behavior and Human Decision Processes*. 103, 1-20.

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Liu, L., Venkatesh, S. et al. (2020) Leader Development Across the Lifespan: A Dynamic Experiences-Grounded Approach. *The Leadership Quarterly* (32) p. 1-21

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Mor Barak, M.E., et al. (2021) What leader say versus what they do: Inclusive Leadership, Policy-Practice Decoupling, and the anomaly of climate for inclusion. *Group & Organization Management* Vol (0) 1-32.

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DOI:<https://doi.org/10.1056/CAT.20.0237>

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Vernon W. Lin, Joyce Lin, Xiaoming Zhang, U.S. Social Worker Workforce Report Card: Forecasting Nationwide Shortages, *Social Work*, Volume 61, Issue 1, January 2016, Pages 7–15, <https://doi.org/10.1093/sw/swv047>

Zebrack, B., Schapmire, T., Otis-Green, S., Nelson, K., Miller, N., Long, D., Grignon, M. (2022). Establishing core competencies, opportunities, roles and expertise for oncology social work, *Journal of Social Work*, <https://doi.org/10.1177/14680173211051983>

**Keywords:** Leadership/Administration,  
**Educational Level:** Intermediate  
**Course Designation:** Clinical (General)  
**CE Credits:** 1





**Title:** Cognitive Behavioral Therapy for Cancer Patients Reported Outcomes: A Systematic Review and Meta-Analysis

**Date:** Monday, 6/19/2023

**Time:** 10:30:00 AM - 11:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** Anao Zhang, PhD, LCSW, ACSW, ACBT

**Abstract Summary:** This presentation provides an important update on the research evidence supporting cognitive behavioral therapy for cancer patients and survivors across outcome domains. Key research evidence based on 154 clinical trial studies was collected and analyzed. CBT was overall effective for cancer patients/survivors in the domains of functional health,  $g = 0.391$ ,  $p < 0.001$ , psychological health,  $g = 0.379$ ,  $p < 0.001$ , and general wellness,  $g = 0.257$ ,  $p < 0.001$ , but ineffective in domains of health behaviors,  $g = 0.792$ ,  $p > 0.05$ , and social-relational outcomes,  $g = 0.319$ ,  $p > 0.05$ . Additional subgroup and moderator analyses further revealed CBT's differential treatment effect for different within-domain outcomes across different cancer disease stages and CBT delivery formats.

**Learning Objectives:**

1. Compare CBT's effect for cancer populations versus the general population.
2. Identify factors impacting CBT's treatment effect across cancer patients/survivors' outcome domains.
3. Recognize the differential treatment effect of CBT for different cancer patients/survivor populations and outcome domains.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Survivorship

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: A Clinician's Compass to Empowering Caregivers: Serving Up the Alphabet Soup**

**Date:** Monday, 6/19/2023

**Time:** 10:30:00 AM - 11:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** *Carmen Hilton, LCSW; Durene LeFlouria, LCSW; Jenna Sangastiano, LPC*

**Abstract Summary:** On October 31, 2022, President Biden signed a National Family Caregivers Month proclamation to acknowledge the tens of millions of Americans who support and care for their loved ones. In anticipation of rising numbers of cancer diagnoses, the number of people requiring care from an informal caregiver in the home is expected to rise exponentially. In the lecture entitled "A Clinician's Compass to Empowering Caregivers: Serving Up the Alphabet Soup", current and aspiring clinicians will learn key tools to provide caregivers with optimal means to navigate the journey of caregiving for a loved one with cancer.

**Learning Objectives:**

1. Describe the extent of the burden on informal caregivers who are caring for loved ones with a cancer diagnosis.
2. Empower caregivers to become full-fledged members of the cancer team.
3. Identify psychoeducational interventions, the benefits of stress reduction skills for caregivers, connecting to education and other resources.

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**Keywords:** Special Populations, Clinical Practice/Skill Building

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title:** When the Oncology Care Team Needs a Lifeline: A Collaborative Model for Managing Complex Cases

**Date:** Monday, 6/19/2023

**Time:** 10:30:00 AM - 11:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** *Christina Cabanillas, MSW, LCSW, ACHP-SW*

**Abstract Summary:** Healthcare organizations face increased risk concerns from providers regarding safety, security, and burnout due to workplace violence from patients. OSW are relied upon to handle complex situations, leaving the OSW to drive all efforts for resolution of complex situations that require organizational ownership.

City of Hope Supportive Care team developed a model that embodies shared ownership. The Complex Case Council (CCC) addresses psychosocially complex issues that seriously impede patients' medical care when first line psychosocial interventions were ineffective. CCC brings together expert leaders in social work, psychiatry, psychology, case management, patient advocacy and risk and ad-hoc participation from legal and security. CCC reviews cases with care teams and provides recommendations and care strategies (e.g., de-escalation scripts, internal and patient-facing care plans).

CCC has reviewed over 100 cases in the last 2 years. Top referral reasons include aggressive behaviors, mental illness, substance abuse, non-adherence, and social issues. Effective and focused meetings with clear recommendations and intervention ownership optimized our care teams' capacity to coordinate and align.

This model has simultaneous objectives to maximize patients' ability to safely participate in care, increase provider satisfaction with management of difficult cases, decrease staff distress, and contribute to quality, safety, and risk mitigation.

We will present the CCC model, referral data, interventions, and cases. We will describe OSW leadership roles within CCC. This model provides a high value low-cost solution as it brings together key stakeholders and can be implemented in both comprehensive and community-based cancer care.

**Learning Objectives:**

1. Describe a model that brings together core leaders with expertise in social work, psychiatry, psychology, case management, patient advocacy and risk management to address complex cases that impact patients, care teams and the organization. This model provides a high value low-cost solution to high-risk cases as it brings together key stakeholders and can effectively be replicated by participants in both comprehensive cancer centers and community-based clinic sites with limited resources.
2. Identify 2-3 leadership skills that they can utilize in their practice setting for managing complex cases.
3. a. Present a brief psychosocial case summary with clear presenting concern to facilitate effective and focused MDT discussion.
4. b. Provide clinical
5. Utilize care management tools (e.g., multidisciplinary team care plans, patient facing care plans, and de-escalation scripts) to enhance patient engagement while optimizing care team's ability to safely provide care and promote a shared environment of care.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Interdisciplinary Care

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1





**Title:** Navigating Microaggressions in the Workplace: Recognizing and Dismantling Subtle Acts of Exclusion

**Date:** Monday, 6/19/2023

**Time:** 1:00:00 PM - 4:30:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Kendolyn F. Shankle, LCSW; Dawnica Mathis-Huff LCSW-S

**Abstract Summary:** Microaggressions in the workplace is a topic that has been difficult to navigate, especially in social work practice in working with colleagues and leadership. The purpose of this abstract is to identify, recognize, and dismantle racial microaggressions. This will be accomplished by exploring the different types of microaggressions, the effects of microexclusions on the offended party, and strategies to bring awareness and elicit change.

**Learning Objectives:**

1. Recognize microaggressions in the workplace.
2. Discuss the challenges of microaggressions and how they negatively impact the workplace.
3. Implement strategies to effectively address microaggressions.

**References:**

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**Keywords:** Professional Issues, Leadership/Administration

**Educational Level:** Intermediate

**Course Designation:** Cultural Competency

**CE Credits:** 3



**Title: Educating Social Workers in Palliative and End-of-Life Care (ESPEC): From Education to Action**

**Date:** Monday, 6/19/2023

**Time:** 1:00:00 PM - 4:30:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Myra Glajchen, DSW, MSW, BSW, ACSW, APHSW-C; Shirley Otis-Green, MSW, MA, ACSW LCSW, OSW-CE, FNAP, FAOSW; Tara Schapmire, Phd, MSSW, OSW-C, FAOSW; Sarah Conning LCSW, OSW-C, BOSWC, APHSW-C

**Abstract Summary:** This presentation will review the domains of palliative care, highlighting how palliative care principles can be integrated into best oncology social work clinical, teamwork and professional development practices. Using the National Consensus Project Guidelines for Quality Palliative Care as a framework for oncology social work practice, the session will highlight a new training program for Educating Social Workers in Palliative and End-of-Life Care (ESPEC) through four training components - interactive on-line training, instructor led training, leadership training, and mentorship. Training techniques include a hybrid training model, instructional videos, interactive exercises, and facilitated small group discussion. Advanced clinical skills in the biopsychosocial-spiritual assessment, the family meeting, advance care planning, and interprofessional communication will be discussed, and innovative ESPEC Best Practice Guides will be shared. ESPEC seeks to enhance confidence and competence of oncology social workers to better prepare them for increased leadership roles within their healthcare teams. The workshop presenters are established leaders within the field of health social work. Selected ESPEC graduates from the first cohort of over 100 social workers will share their accomplishments. Lack of recognition for the critical role of oncology social workers is often cited as a source of moral distress, low job satisfaction, and high staff turnover. This workshop will provide strategies to promote increased professional visibility and leadership for oncology social workers in any setting. Workshop attendees will be eligible for discounted ESPEC registration in the future.

**Learning Objectives:**

1. Identify the eight domains of palliative care developed by the National Consensus Project Guidelines for Quality Palliative Care and use them as a framework for best oncology social work practice.
2. Identify knowledge and skills in palliative care to enhance person-centered, family focused and culturally congruent clinical work with oncology patients, caregivers, and colleagues using the ESPEC training program.
3. Identify strategies to use ESPEC training to increase leadership and professional visibility as an oncology social worker.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Education

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 3



**Title: Getting Comfortable Talking About Sex: Initiating and Navigating Sexual Health Conversations**

**Date:** Monday, 6/19/2023

**Time:** 1:00:00 PM - 4:30:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Lauren Broschak, MSW, LCSW, OSW-C; Rachel Brandon, MSW, LMSW; Jennifer Bires, MSW, LCSW, OSW-C

**Abstract Summary:** Sexual health can be greatly affected by cancer and its treatments, regardless of sex, gender identity or cancer diagnosis (Schover, 2019). Despite knowing that sexual health is an important part of cancer care, it is infrequently and inconsistently discussed both by providers and patients (Albers et. al, 2020; Zimmaro et. al, 2020). Barriers to sexual healthcare conversations often lead to limited or non-existent conversations about sexual life after cancer, which can have devastating effects on the patient and their sexual partner(s) (Ussher et. al, 2020). As oncology social workers, we bring our unique perspective into sexual healthcare - utilizing our patient-centered, strengths-based, person-in-environment models of care and applying them to the WHO's holistic definition of sexual health (WHO, 2006a). We ensure the treatment of the whole person rather than the disease alone (Bitter & Lee, 2022; Lee et. al, 2019; Wilde et. al, 2018), and have the unique ability to assess, evaluate, and offer specific suggestions to help cancer patients manage the sexual effects of treatment (Wilde et. al, 2018). In this presentation, we will do an in-depth review of the impacts of cancer and treatments on sexual health, discuss barriers to sexual health conversations, provide models and strategies to help oncology social workers initiate and navigate these conversations in their practice, and provide specific suggestions for common sexual challenges after cancer.

**Learning Objectives:**

1. Describe at least three sexual health challenges that patients can experience after a cancer diagnosis.
2. Apply at least one sexual health model in conversations with patients.
3. Utilize at least three interventions for common sexual challenges when working with patients.

**References:**

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Zimmaro, L. A., Lepore, S. J., Beach, M., Reese, J. B. (2020, July). Patients' Perceived Barriers to Discussing Sexual Health with Breast Cancer Healthcare Providers. *Psycho-Oncology*, 29(7), 1123-1131. <https://doi.org/10.1002/pon.5386>

**Keywords:** Clinical Practice/Skill Building, Education

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 3





**Title: Solution-Focused Brief Therapy as a Strength-Based Intervention for AYA Cancer Patients/Survivors**

**Date:** Monday, 6/19/2023

**Time:** 1:00:00 PM - 4:30:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Anao Zhang, PhD, LCSW, ACSW, ACBT

**Abstract Summary:** This clinical workshop teaches participants important techniques and modifications when delivering solution-focused brief therapy (SFBT) as an evidence-based intervention and strength-oriented approach when support AYAs diagnosed with cancer. The first half of the workshop will end by introducing core SFBT techniques and skills in relation to SFBT's change mechanism and to cancer patients.

The second half of the workshop will be interactive in nature and present 2 to 3 clinical scenario allowing participants to practice the use of SFBT techniques and skills with AYAs diagnosed with cancer. Focus will be given on clinician's intentionality using various SFBT techniques given certain clinical encounters. The presenter and the participants will reflect on when, how, and why certain techniques/skills are used as contextualized in the clinical and change theories of SFBT for cancer patients. The workshop will end with participants sharing their own clinical challenges and asking questions.

**Learning Objectives:**

1. Articulate the intervention change mechanism of SFBT when supporting AYA cancer patients as a strength-based approach.
2. Reiterate the hope theory in relation to therapeutic change in individuals with cancer.
3. Analyze the strengths of SFBT specifically for the AYA cancer population.

**References:**

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**Keywords:** Adolescent and Young Adult, Clinical Practice/Skill Building

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 3



**Title: Out of the Fog: A Continuum of Care for Patients Experiencing Cancer Related Cognitive Impairment aka “Chemo Brain”**

**Date:** Monday, 6/19/2023

**Time:** 1:00:00 PM - 4:30:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Linda Hutkin-Slade, MSW, LCSW, OSW-C; Cheryl D. Whittington-Fogel MSW, LCSW, OSW-C

**Abstract Summary:** Up to 75% of cancer patients experience disturbing cognitive impairments - confusion, memory problems, difficulty with focus and concentration, and inability to multitask or word-find. This collection of symptoms is commonly referred to as “chemo brain,” although radiation, anesthesia, treatment side effects, and even the cancer disease itself can cause cognitive issues.

Cancer-related cognitive impairment (CRCI) can significantly impact a patient’s quality of life and mental health at a time when they may already be overwhelmed by their diagnosis and treatment. Although most symptoms resolve within a year of treatment, 20% to 35% of patients experience cognitive impairment for far longer, sometimes permanently. The Out of the Fog Continuum of Care addresses the effects of CRCI symptoms – from the moment of diagnosis, throughout treatment and during recovery. The program helps patients identify cognitive deficits early, learn new skills to manage impairments, and build upon the cognitive strengths they still possess. CRCI-related workshops are taught by oncology social workers and speech language pathologists. Baseline/ongoing assessments and treatment are performed by speech language pathologists and neuropsychologists with expertise in helping patients with brain injuries rebuild cognitive skills.

This practice intensive explores the impact of CRCI on patients and families; and demonstrates how to develop a program to address cancer related cognitive deficits utilizing evidence-based interventions that are easy to implement and scale according to practice locale. The program will provide specific steps for developing and implementing a continuum of care that will enhance patients’ quality of life.

**Learning Objectives:**

1. Identify the impact of cancer related cognitive impairment on the lives of patients and families.
2. Describe the impact of stress and anxiety on memory and attention and identify three techniques to reduce arousal thereby improving cognition and
3. build upon the cognitive strengths that remain.
4. Outline key strategies for building a CRCI continuum of care.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Survivorship

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 3



**Title: Healing Through Writing: The Therapeutic Benefits of Writing for Oncology Patients**

**Date:** Monday, 6/19/2023

**Time:** 1:00:00 PM - 4:30:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** *Frances M. Ford, MSW, LCSW-R, OSW-C; Melanie Cavazos, MSSW, LCSW*

**Abstract Summary:** Writing has been recognized to have both physical and psychological benefits. One benefit is improving the emotional health of individuals experiencing a stressful life event. Research has shown that cancer patients often experience extreme distress. Consequently, writing has the potential to serve as a beneficial and accessible therapeutic tool for the oncology population. New York Oncology Hematology (NYOH) and MD Anderson, both out-patient cancer centers, offered writing groups for patients and caregivers. NYOH offered a one-month writing workshop that was facilitated by a writer who is also a cancer survivor. MD Anderson facilitated a monthly expressive writing support group that was facilitated by a licensed social worker. Evaluation data showed that participants in both writing groups found great benefit from participating, particularly the opportunity for mutual connection. Future research is needed to assess the efficacy of writing workshops, to investigate the importance of writing to occur within a group setting, and the benefits of writing workshops for specific oncology populations. In this presentation participants will experience the benefits of writing workshops through didactic and experiential methods. They will have the opportunity to consider different ways to bring writing groups to an oncology setting.

**Learning Objectives:**

1. Review current literature on the psychosocial benefits of writing for cancer patients. These benefits include cultivating self-compassion, identifying meaning in one's cancer journey, and finding connectedness with other cancer patients. Identify areas for further research on the effectiveness of an expressive writing support group and writing workshop.
2. Provide a framework and identify steps necessary to develop and implement an expressive writing support group and a writing workshop in one's clinical setting. The steps explored will include programmatic implementation, consideration of facilitators
3. Engage in a writing exercise. Share excerpts and process emotional responses in a small group setting. Acquire experience with utilizing writing prompts in order to use them as a clinical tool.

**References:**

**Keywords:** Clinical Practice/Skill Building,

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 3



**Title: Tailoring Care for Caregivers of Oncology Patients with Serious Mental Illness: Utilizing a Customized Assessment in a Randomized Trial**

**Date:** Monday, 6/19/2023

**Time:** 4:50:00 PM - 5:50:00 PM

**Presentation Type:** Paper

**Speaker(s):** Amy E. Corveleyn, MSW, LICSW

**Abstract Summary:** Oncology patients with a serious mental illness (SMI) experience disparities in cancer outcomes. Adults with SMI are significantly more likely to die from many common cancers in part because of delays to diagnosis and inequities in the care continuum. Caregivers are a crucial part of the team for patients with SMI. In recognizing the current limitations of existing caregiver measures, the research team developed a proactive caregiver assessment tool. This assessment was then used by the clinical team to establish the care plan for the caregiver over a 12-week period. This presentation will focus on the development of the proactive caregiver assessment using data that demonstrates its utility in identifying caregivers in need of additional support. I will also discuss the qualitative data found in these assessments. A significant outcome of this intervention was the recognition that this tool was more effective in the identification of caregiver worry. Participants will see how measures targeting depression and anxiety do not show the whole picture of the caregiver and the worries they have about the patient. A composite case example will demonstrate the effectiveness of this tool and illustrate how a plan was developed to support this underserved caregiver population.

**Learning Objectives:**

1. Recognize disparities in care experienced by oncology patients with serious mental illness and their caregivers.
2. Identify how a new assessment tool for caregivers was able to offer better insight into caregiver distress.
3. Apply this tool to their work with caregivers in order to offer better support to this population.

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**Keywords:** Special Populations, Specialized Needs

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1





**Title: Vicarious Resilience: Fostering Meaning Through Companionship in Clinical Practice**

**Date:** Monday, 6/19/2023

**Time:** 4:50:00 PM - 5:50:00 PM

**Presentation Type:** Paper

**Speaker(s):** *Sophia Tsesmelis Piccolino, DSW, LCSW, OSW-C*

**Abstract Summary:** Life-threatening illness such as cancer may lead to existential distress, fears about dying, and questioning our legacy and impact on those around us. Building on the foundation of meaning-focused interventions in cancer care and the significance of the therapeutic alliance, the paradigm of vicarious resilience can inform oncology social work, serving as a means of growth, resilience, and self-care for clinicians. Vicarious resilience is the strength clinicians may experience through clients' resilience in facing adversity, and the meaning that practitioners can gain from supporting individuals through traumatic situations, namely life-threatening illness. Social workers in the field of oncology are at risk for vicarious traumatization and compassion fatigue, as they walk alongside clients through suffering and loss, while also positioned to experience vicarious resilience and meaning through the resilience displayed by clients. This presentation will examine the potential benefits of vicarious resilience in the field, and through enhancing psychoeducation and incorporating it into training and supervision, it can be brought to the fore as a paradigm in cancer care, offering a means to support practitioners.

**Learning Objectives:**

1. Expand awareness of the concept of vicarious resilience in the field of oncology social work. Educating social workers on the concept can support normalizing this as a potential outcome of working in trauma and loss and enhancing clinician's ability to identify it within themselves.
2. Cultivate vicarious resilience within the supervisory process. Supervision is an avenue to foster the concept of vicarious resilience through supportive and educational tenets utilizing the relationship bond.
3. Enhance the recognition and understanding of vicarious resilience as a paradigm in cancer care as a means of self-care.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Self Care

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: Goal Concordant Care: Ethical implementation of Eliciting Patient's Values and the Role of Oncology Social Work**

**Date:** Monday, 6/19/2023

**Time:** 4:50:00 PM - 5:50:00 PM

**Presentation Type:** Paper

**Speaker(s):** Annabelle Bitter, MSW; Nico Nortje, PhD

**Abstract Summary:** Goal Concordant Care and value conversations have its own ethical implication: empathetic listening, advocating on behalf of patients, creating safe spaces where different opinions are shared and information is exchanged in compassionate ways, professionalism, and respecting autonomy. (Traingale, M et al., 2022) Oncology social work has an important role in eliciting patients' values and beliefs and being the bridge between patients, loved ones and medical team. The aim of this abstract is to: 1) explore what patients' values and beliefs are and factors that contribute to the development of these values/beliefs, 2) examine how patients' values/beliefs influence treatment decision making, 3) provide practically tools and skills to elicit and explore patient values.

**Learning Objectives:**

1. Discuss Goal Concordant Care and role of oncology social work and Identify how values and priorities develop and evolve over a cancer diagnosis and the factors that influence values and priorities
2. Explore ethical considerations around Goal Concordant Care.
3. Enhance clinical skills in engaging patient in values and belief discussions.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Ethics

**Educational Level:** Intermediate

**Course Designation:** Ethics

**CE Credits:** 1



**Title: "You're Not Going to Get Just 1 Bill, You're Going to Get 40 Bills": A Mixed-Methods Approach to Understanding the Association Between Cost-Related Health Literacy and Financial Toxicity in Young Cancer Survivors**

**Date:** Monday, 6/19/2023

**Time:** 4:50:00 PM - 5:50:00 PM

**Presentation Type:** Paper

**Speaker(s):** Bridgette Thom, PhD

**Abstract Summary:** Financial toxicity refers to economic hardship resulting from high medical and non-medical costs associated with cancer treatment. Adolescent and young adult (AYA) cancer survivors report high levels of financial toxicity. Little is known about AYAs' experience of financial toxicity in the context of their financial capability (i.e., knowledge, self-efficacy, and behaviors for financial management), health cost literacy (i.e., ability to understand healthcare-related financial concepts), and overall health literacy. This was a mixed-methods study of a national sample of cancer survivors treated before age 40. Respondents were recruited via AYA-focused advocacy organizations and completed validated measures to assess financial capability, health cost literacy, health literacy, and financial toxicity. Qualitative interviews were conducted with a subset of quantitative respondents. Mean respondent (N=267) age was 27.0 years (sd=7.50) at diagnosis and 35.3 years (sd=5.30) at survey completion; 71% had at least a Bachelor's degree. Among all respondents, 54% had severe and 33% had moderate financial toxicity. In this sample, financial toxicity was high and associated with low levels of health cost literacy and financial capability. Qualitative themes support the need for both patient-level and systemic changes to combat financial toxicity, while also highlighting the importance of community-based resources and patient-provider cost communication. Findings provide an empirical base for interventions to improve AYAs' understanding of financial issues.

**Learning Objectives:**

1. Describe developmental, social, and systemic factors associated with financial toxicity in adolescent and young adult cancer patients and survivors.
2. Explain associations between the experience of financial toxicity and survivors' financial capability, health literacy, and cost-related literacy.
3. Discuss the role of oncology social workers and other members of the healthcare team in mitigating financial toxicity.

**References:**

- 1) Doherty, M. J., Thom, B., & Gany, F. (2021). Evidence of the Feasibility and Preliminary Efficacy of Oncology Financial Navigation: A Scoping Review. *Cancer Epidemiol Biomarkers Prev*, 30(10), 1778-1784. <https://doi.org/10.1158/1055-9965.Epi-20-1853>
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**Keywords:** Financial Toxicity, Adolescent and Young Adult

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: Co-Facilitating Support Groups: Lessons learned at Dana Farber Cancer Institute over eight years and one pandemic**

**Date:** Monday, 6/19/2023

**Time:** 4:50:00 PM - 5:50:00 PM

**Presentation Type:** Paper

**Speaker(s):** *Fremonta Meyer, MD; Elizabeth Farrell, LICSW; Leora Lowenthal, LICSW, OSW-C, FAOSW*

**Abstract Summary:** Cancer support groups ideally provide hope, relief from isolation, and a safe forum to express emotions, fears, and practical concerns about death and dying. Group leaders, whether professional or peer, recognize the need for support and training to promote positive patient outcomes and prevent leader burnout resulting in group demise. Yet, a systematic review of the needs of cancer support group leaders found a lack of clear evidence or protocols on how to best achieve and support effective leader skills in this setting.

Here, we share what we have learned using a co-leadership model for metastatic breast cancer group facilitation over the last eight years at our institution, now including three distinct telehealth groups co-led by social work and psychiatry. Using clinical examples, we will show how co-leadership can provide stability for group members, serve as an antidote to leader grief and burnout, help each leader in the process of continuing education, and enhance overall collaboration between disciplines.

The option to provide groups by telehealth has vastly expanded the possibilities for collaboration among providers and organizations. The authors will discuss strategies for planning co-facilitated groups in the context of telehealth, and the different challenges and advantages presented by a variety of facilitator pairings, eg inter-disciplinary, intra-disciplinary, professional and peer. We will review approaches for group guidelines, screening potential participants; communication between meetings; how/when to consider removing someone from a group, and the challenge of preserving close connections in a virtual group setting.

**Learning Objectives:**

1. Describe potential benefits and challenges of group co-facilitation.
2. Identify the comparative benefits and challenges of several co-leadership models (eg inter-disciplinary, intra-disciplinary, professional and peer).
3. Formulate the initial tasks involved in planning and implementing a co-facilitated group.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Interdisciplinary Care

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: Nowhere to Die: When Hospice is not a Realistic Option for Every Patient**

**Date:** Tuesday, 6/20/2023

**Time:** 9:30:00 AM - 10:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** *Baleigh E. Fowler, LMSW; Claire F. Treacy, LCSW*

**Abstract Summary:** In oncology settings, supporting a patient's transition from cancer-related treatment to hospice care is a large part of the social work role within an interdisciplinary team. A patient's decision to transition to hospice care often comes with many barriers. The decision can evoke feelings of failure, grief related to ending a relationship with an oncologist, or the belief that discussing death will hasten the dying process (Hawley, 2017). However, these emotional or mental barriers are not the only ones present; there are often many logistical or financial barriers to end-of-life care. Gaps in end-of-life services ultimately lead to people dying in distressing or suboptimal environments, as the goal of hospice is for patients to die in environments that honor their wishes and with maximized comfort. With data and first-hand case examples, the authors will discuss the impact on patients, loved ones, and hospital systems when patients cannot access hospice and ultimately have "nowhere to die." The authors will also provide micro and macro-level recommendations for alleviating some barriers to end-of-life care. Additionally, the authors will explore evidence-based theories that are effective in working alongside patients to alleviate any barriers when they are at the end of life. Ultimately, the authors will highlight a timely and prevalent issue within oncology social work and offer solutions for how our patients can have a dignified death despite their income, geographical location, or insurance status.

**Learning Objectives:**

1. Discuss barriers to hospice that many patients face in the United States healthcare system.
2. Identify these barriers and apply evidence-based assessment skills to their social work practice.
3. Recognize what changes can be implemented to address barriers to hospice on a micro, mezzo, and macro level.

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**Keywords:** Pain, Palliative Care and End of Life, Advocacy

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1





**Title:** How Simulation Centers Can Enhance Advance Care Planning Training for Interdisciplinary Teams

**Date:** Tuesday, 6/20/2023

**Time:** 9:30:00 AM - 10:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** *Teresa R. van Oort, LCSW-S; Lisa Raubolt, LCSW; Monica Malec, MD, FAAHPM*

**Abstract Summary:** This presentation will explore the development, piloting and ultimate implementation of social work lead clinical trainings and simulations of advance care planning, including advance directive, conversations. The goal is to enhance clinical comfort with these conversations and increase completion rates of the Healthcare Power of Attorney document. Through the use of partnerships with nursing, quality and the SIM center a work plan was developed, goals identified, and ultimately a simulation of patient's flow occurred. Through open discussion, case studies from the SIM, and project evaluation after the SIM was completed, enhanced comfort with the conversations, clearer process for completion of documents and increase interdisciplinary communication took place.

**Learning Objectives:**

1. Discuss the history of simulation used as a training tool for oncology social work and interdisciplinary communications and engage in a dialogue about the use of technology as a training.
2. Discuss the training and pilot conducted in spring 2023, including pre/post survey results, and impacts on current practices.
3. Design similar programs at their institutions, in partnership with simulation centers or Interprofessional groups.

**References:**

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Huttar, C. & BrintzenhofeSzoc, K. (2020) Virtual Reality and Computer Simulation in Social Work Education: A Systematic Review, *Journal of Social Work Education*, 56(1), 131-141, <https://doi.org/10.1080/10437797.2019.1648221>

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**Keywords:** Clinical Practice/Skill Building, Education

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: “We Were Simply Fulfilling Our Calling”: A Qualitative Content Analysis of Oncology Social Workers’ Perceptions on the Impact of COVID.**

**Date:** Tuesday, 6/20/2023

**Time:** 9:30:00 AM - 10:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** Tara J. Schapmire, PhD, MSSW, OSW-C, FAOSW

**Abstract Summary:** There has been limited research on the extent to which OSWs adapted to disruptions in care delivery throughout the COVID pandemic. Data were derived from the CORE study, a nationwide survey of workforce conditions for OSWs across cancer care settings. This study reports on qualitative responses to the following question: In what ways have you experienced or observed changes in your work, professional experience, or social work practice as a result of the Coronavirus pandemic? Participants were recruited from three professional oncology organizations. An anonymous, internet-based questionnaire developed by experts in study design was administered August-September 2020 via a web-based survey. An inductive, iterative approach to content analysis was used. Authors independently reviewed the transcribed responses, identified unique and intersecting themes and subthemes, and developed a codebook. Transcripts were then manually independently analyzed to further define themes and provide verbatim text examples. Discrepancies were addressed through discussion among all coders until consensus was reached. Consolidated Criteria for Reporting Qualitative Research checklist was applied. Among the 893 respondents, major themes emerged in two domains: perceived impact on social workers and perceived impact on patients/families. The former included differing connection with patients and teams, changes in work/life balance, shifts in service delivery, job/income, social work values, professional identity, and demoralization. The latter included shifts in service delivery and support services, increased patient/family distress, delays in treatment, and negative impact of COVID restrictions. The findings speak to the essential nature and adaptability of oncology social workers.

**Learning Objectives:**

1. Describe the design and methods of a nationwide survey exploring the impact of COVID on OSW practice.
2. Identify the major themes and subthemes that emerged from in the findings.
3. Discuss implications of the findings on future OSW practice.

**References:**

- Guan, T., Nelson, K., Otis-Green, S., Rayton, M., Schapmire, T., Wiener, L., & Zebrack, B. (2021). Moral distress among oncology social workers. *JCO Oncology Practice*, 17(7), e947-e957. <https://doi.org/10.1200/op.21.00276>
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Zebrack, B., Grignon, M., Guan, T., Long, D., Miller, N., Nelson, K., Otis-Green, S., Rayton, M., Schapmire, T., & Wiener, L. (2021). Six months in: COVID-19 and its impact on oncology social work practice. *Journal of Psychosocial Oncology*, 1-6.

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Zebrack, B., Schapmire, T., Otis-Green, S., Nelson, K., Miller, N., Donna, D., & Grignon, M. (2022). Establishing core competencies, opportunities, roles and expertise for oncology social work. *Journal of Social Work*, 0(0),

14680173211051983. <https://doi.org/10.1177/14680173211051983>

**Keywords:** Professional Issues, Specialized Needs

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: Managing Psychosocial Distress for Transfusion-Dependent Patients**

**Date:** Tuesday, 6/20/2023

**Time:** 9:30:00 AM - 10:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** *Jessica Boerma, LCSW*

**Abstract Summary:** Patients with Acute Myeloid Leukemia (AML) who are transfusion-dependent often decline quickly toward the end of their lives. Due to the lack of staging in leukemia it can be difficult to understand when their disease has become advanced and when they should start preparing for a possible decline. The oncology social worker has the opportunity to work with the medical team, patient, and their caregivers to gauge the patient's understanding of their disease, elicit their values and priorities as the patient navigates proposed treatment options, and offer nuanced psychosocial support for the patient and their caregivers as they begin to recognize the patient's life is limited.

**Learning Objectives:**

1. Recognize signs of decline in patients and associated psychosocial stressors with Acute Myeloid Leukemia (AML).
2. Utilize psychosocial interventions with patients, caregivers, and the interdisciplinary team, to better navigate the patient's transition to end-stage leukemia/AML and provide the most appropriate care.
3. Identify and address their own moral distress and compassion fatigue that often mirrors the leukemia/AML patients' decline toward end-of-life and extend this awareness and intervention to colleagues on the interdisciplinary team.

**References:**

- Amonoo HL, LeBlanc TW, Kavanaugh AR, et al. Posttraumatic stress disorder symptoms in patients with acute myeloid leukemia. *Cancer*. 2021;127(14):2500-2506. doi:10.1002/cncr.33524
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Wang R, Zeidan AM, Halene S, et al. Health care use by older adults with acute myeloid leukemia at the end of life. *Journal of clinical oncology*. 2017;35(30):3417-3424. doi:10.1200/JCO.2017.72.7149

**Keywords:** Disease Type (ovarian, lung, GYN, etc), Pain, Palliative Care and End of Life

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1





**Title:** How Virtual Workshops Teach Patients about Advances in Cancer Treatment during COVID & Omicron

**Date:** Tuesday, 6/20/2023

**Time:** 9:30:00 AM - 10:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** Carolyn C. Messner, DSW, BCD, FAPOS, FAOSW, LCSW-R

**Abstract Summary:** Scientific advances in oncology and palliative care are revolutionizing the treatment of cancer during COVID & Omicron. The growth in health disparities amongst cancer patients in their knowledge of evidence based care is growing at an exponential rate globally. This presentation will describe a virtual, global patient education outreach program for patients. Tools to replicate this education program model will be provided, including cultivation of the pro bono cancer experts, with moderation template for conducting one-hour workshops, with an average of 500-1000 participants. This three decade program is sustainable due to funding streams; participant feedback and faculty pro bono buy in.

**Learning Objectives:**

1. Identify two barriers to onsite workshops.
2. Identify the steps to increase patient participation in virtual cancer education programs.
3. Utilize the replication toolbox model provided to replicate this education Program.

**References:**

Golant, M., Buzaglo, J. & Thiboldeaux, K. (2015). "The Engaged Patient - The Cancer Support Community's Integrative Model of Evidence-Based Psychosocial Programs, Services, and Research." In *Psycho-Oncology*, Third Edition, Edited by Holland, J., Breitbart, W.S., Butow, P.N., Jacobsen, P.B. et al. Oxford University Press: New York, NY

Applebaum, A.J. (2019). "Meaning Centered Psychotherapy for Cancer Caregivers." In *Cancer Caregivers*. Edited by Applebaum, A. J. Oxford University Press: New York, NY

Ang, Edmond (2019). "A Tale of Two Eugenes." In "The Art of Oncology" in the *Journal of Clinical Oncology*. v.37; Issue 12, April 20, 2019

**Keywords:** Education, Disease Type (ovarian, lung, GYN, etc)

**Educational Level:** Advanced

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: Living with 9/11 Cancer: A Support Group Aimed at Helping WTC Health Program General Responders and Survivors Diagnosed with 9/11 Related-Cancer**

**Date:** Tuesday, 6/20/2023

**Time:** 9:30:00 AM - 10:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** Sharon L. Daneshgar, LCSW-R, OSW-C; Georgianne Kraft, LCSW

**Abstract Summary:** In response to the gap identified in support and education to meet the unique needs of those living with 9/11 related cancer, the “Living with 9/11 Cancer” monthly virtual support group was established. The support group is aimed at helping WTC Health Program General Responders and Survivors diagnosed with 9/11 related cancer. The goals of the support group are to enhance coping skills, reduce isolation, discuss feelings about 9/11 related cancer and to reduce stress and anxiety.

**Learning Objectives:**

1. Discuss the benefits of providing a support group to General Responders and Survivors diagnosed with 9/11 related-cancer with a focus on peer support to share feelings and to reduce isolation.
2. Describe reasons why strengthening connectedness between General Responders and Survivors diagnosed with 9/11 related-cancer can help enrollees adjust to their illness, improve communication skills to cope with challenges and reduce stress and depression.
3. Identify activities to use with General Responders and Survivors having difficulty with processing feelings related to living with 9/11 related-cancer.

**References:**

Erin C. Smith, Lisa Holmes and Frederick M. Burkle Jr.

The Physical and Mental Health Challenges Experienced by 9/11 First Responders and Recovery Workers: A Review of the Literature

Published online by Cambridge University Press: 18 October 2019

Nedim Durmus, Yongzhao Shao, Alan A. Arslan, Yian Zhang, Sultan Pehlivan, Maria-Elena Fernandez-Beros, Lisette Umana, Rachel Corona, Sheila Smyth-Giambanco, Sharon A. Abbott and Joan Reibman

Characteristics of Cancer Patients in the World Trade Center Environmental Health Center

Int. J. Environ. Res. Public Health 2020, 17(19), 7190; <https://doi.org/10.3390/ijerph17197190>

Received: 30 July 2020 / Revised: 26 September 2020 / Accepted: 29 September 2020 / Published: 1 October 2020

Cancer Treatment Centers of America (CTCA)

Cancer: A lasting legacy of the Sept. 11 attacks

<https://www.cancercenter.com/community/blog/2020/09/9-11-cancer>

September 9, 2020

**Keywords:** Clinical Practice/Skill Building,

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: Development and Implementation of a Virtual Meaning-Centered Support Group for Patients with Advanced Cancers**

**Date:** Tuesday, 6/20/2023

**Time:** 9:30:00 AM - 10:30:00 AM

**Presentation Type:** Paper

**Speaker(s):** *Jackeline Castillo, LCSW*

**Abstract Summary:** At the beginning of the pandemic in 2020, Social workers in a large oncology practice, identified a need, to find new ways to offer psychosocial support to cancer patients while still allowing for social distancing for an ever-growing population of cancer patients. According to the Texas Cancer Registry, “in 2021, an estimated 131,610 new cancer cases are expected to be diagnosed in Texas.” COVID quickly introduced a lot more uncertainty in an already complex situations, such as cancer In research from Gallicchio et al. ... (2022), “there are currently 623,405 people living with metastatic breast, prostate, lung, colorectal, or bladder cancer or metastatic melanoma in the United States, and that number is expected to increase to 693,452 by the year 2025.” This population quickly self-identified and requested a more individualized group was necessary that helped address their concerns/worries.

**Learning Objectives:**

1. Identify and explore established literature that provides a framework for support groups specific to the metastatic community.
2. Assess the growing population of patient’s living with metastatic cancer and reflect on how their needs might differ from those patients who expect to go into remission.
3. Identify if the “Meaning-Centered Group” (2014) curriculum is a program that could successfully be generalizable into mainstream oncology or another end-stage and/or chronic disease support group.

**References:**

- Breitbart, W., Breitbart, W., & Poppito, S. R. (2014). *Meaning-centered Group Psychotherapy for Patients with Advanced Cancer: A Treatment Manual*. Oxford University Press.
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- Gallicchio, L., Devasia, T. P., Tonorezos, E., Mollica, M. A., & Mariotto, A. (2022). Estimation of the Number of Individuals Living With Metastatic Cancer in the United States. *JNCI: Journal of the National Cancer Institute*, 114(11), 1476–1483. <https://doi.org/10.1093/jnci/djac158>
- Mieras, A., Becker-Commissaris, A., Klop, H. T., Pasman, H. R. W., de Jong, D., Pronk, L., & Onwuteaka-Philipsen, B. D. (2021). Patients with Metastatic Lung Cancer and Oncologists’ Views on Achievement of Treatment Goals and Making the Right Treatment Decision: A Prospective Multicenter Study. *Medical Decision Making*, 41(5), 515–526. <https://doi.org/10.1177/0272989x21998951>

Statistics and Graphs | Division of Cancer Control and Population Sciences (DCCPS). (n.d.).  
<https://cancercontrol.cancer.gov/ocs/statistics>

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

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1





**Title: Knowledge is Power: Designing an Educational Program to Support Black Breast Cancer Patients**

**Date:** Tuesday, 6/20/2023

**Time:** 11:00:00 AM - 12:00:00 PM

**Presentation Type:** Paper

**Speaker(s):** *Tiah Tomlin-Harris; Stefanie Washburn, MSW, LSW*

**Abstract Summary:** In 2020, Living Beyond Breast Cancer launched the Knowledge is Power virtual educational series to address the unique experiences of Black women with newly diagnosed breast cancer, with the overarching purpose to address health care disparities among Black people. LBBC convened an advisory council of Black community leaders with expertise in oncology, health care disparities, social and practical support, and advocacy. Most had been diagnosed with breast cancer. The advisory council developed content, format, outreach, and speaker recommendations.

The programs were delivered in Fall 2020, 2021, and 2022. Speakers were Black clinicians, social workers, researchers, and advocates. Virtual sessions included candid conversations with experts and advocates on topics including breaking down barriers to care and advocating for change, understanding treatment paths, body image, self-care, navigating relationships, and the financial costs of cancer.

From 2020 to 2022, the number of registrations by people who identified as Black increased by 99%. Unique viewers increased by 27% during this period. Among other findings, 81% percent of participants reported increased understanding of strategies to receive the standard of care for breast cancer; 84% reported increased knowledge of strategies to address bias in healthcare settings; and 91% reported increased confidence in their ability to take steps toward managing work, financial, and insurance matters.

This multi-year educational program designed and led by Black health care professionals and patients can be successfully delivered to improve knowledge, communication skills, and feelings of self-efficacy for Black people with breast cancer.

**Learning Objectives:**

1. Illustrate the relationship between the disparity in breast cancer mortality in Black women and the role of patient education.
2. Describe Living Beyond Breast Cancer's efforts to address this disparity through the development of an education program, Knowledge is Power.
3. Summarize the results of Knowledge is Power and demonstrate its value for Black breast cancer patients.

**References:**

- American Cancer Society. (2022). Cancer facts & figures for African American/Black people 2022-2024. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/2022-2024-cff-aa.pdf>
- Jemal, A., Robbins, A.S., Lin, C.C., Flanders, W.D., DeSantis, C.E., Ward, E.M., & Freedman, R.A (2018). Factors that contributed to Black-White disparities in survival among nonelderly women with breast cancer between 2004-2013. *Journal of Clinical Oncology*, 36(1), 14-24. <https://doi.org/10.1200/JCO.2017.73.7932>

**Keywords:** Disease Type (ovarian, lung, GYN, etc), Education

**Educational Level:** Beginning

**Course Designation:** Cultural Competency

**CE Credits:** 1



**Title: The Super Nova Effect: Ethical Considerations for Guiding Social Workers from Moral Distress and Burnout to Resiliency and Retention through Effective Leadership**

**Date:** Tuesday, 6/20/2023

**Time:** 11:00:00 AM - 12:00:00 PM

**Presentation Type:** Paper

**Speaker(s):** Dawnica Mathis-Huff, LCSW-S; DJ Fomby, LCSW

**Abstract Summary:** The profession of social work lends itself to a multitude of concerns as it relates to the lack or emphasis for self-care. As leaders, placing emphasis on self-care with colleagues can be overshadowed by the other daily responsibilities and tasks that arises in oncology care. Due to the nature of oncology social work, it lends to more pressure from social work clinicians to assist patient and families with emotional distress, and at times difficult end of life decisions. This paper explores the ethical challenges leadership faces in empowering oncology social work clinicians to move from burnout to resiliency. Its addresses the ethical dilemmas of managing clinicians stretched thin due to the load workload of psychosocial duties and the need for adequate work/life balance. This paper focuses on leaderships role to be mindful of the ethical challenges faced by clinicians daily and the importance of developing professional resiliency to reduce burnout and enhance retention.

**Learning Objectives:**

1. Discuss professional burnout and its impact on clinicians.
2. Identify the spectrum from moral injury to resilience and the factors that lead to moral distress.
3. Define the ethical practices which allow social work leadership to create an engaging work environment.

**References:**

Hlubocky, F. J., Taylor, L. P., Marron, J. M., Spence, R. A., McGinnis, M. M., Brown, R. F., McFarland, D. C., Tetzlaff, E. D., Gallagher, C. M., Rosenberg, A. R., Popp, B., Dragnev, K., Bosserman, L. D., Dudzinski, D. M., Smith, S., Chatwal, M., Patel, M. I., Markham, M. J., Levit, K., ... Kamal, A. H. (2020). A call to action: Ethics committee roundtable recommendations for addressing burnout and moral distress in oncology. *JCO Oncology Practice*, 16(4), 191–199.  
<https://doi.org/10.1200/jop.19.00806>

Jones, B., Cincotta, N., Pelletier, W., Fry, A., & Wiener, L. (2022). Reflections of moral suffering, resilience, and wisdom of pediatric oncology social workers during the COVID-19 pandemic. *Current Oncology*, 29(9), 6177–6185.

<https://doi.org/10.3390/currenocol29090485>

Lilliehorn, S., Isaksson, J., & Salander, P. (2021, July 28). Two sides of the same coin – oncology social workers' experiences of their working life and its pros and cons. Taylor & Francis. Retrieved December 19, 2022, from

<https://www.tandfonline.com/doi/full/10.1080/2156857X.2021.1958907>

Morris, S. E., Tarquini, S. J., Yusuf, M., Adolf, E., Amonoo, H. L., Bain, P. A., Borstelmann, N. A., Braun, I. M., Hughes, T., Muriel, A. C., Northman, L. M., Peteet, J. R., Poort, H., Russ-Carbin, A., & Pirl, W. F. (2020). Burnout in psychosocial oncology clinicians: A systematic review. *Palliative and Supportive Care*, 19(2), 223–234.

<https://doi.org/10.1017/s147895152000084x>

Nelson, K. (2022). Reversing the great resignation. *Oncology Issues*, 37(1), 3–3.

<https://doi.org/10.1080/10463356.2022.2015957>

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**Keywords:** Leadership/Administration, Ethics

**Educational Level:** Intermediate

**Course Designation:** Ethics

**CE Credits:** 1



**Title: Thriving in the Face of Moral Injury**

**Date:** Tuesday, 6/20/2023

**Time:** 11:00:00 AM - 12:00:00 PM

**Presentation Type:** Paper

**Speaker(s):** *Jennifer M. Dunn MSW, LCSW, OSW-C; Mary Ripper, MSW, LCSW, OSW-C*

**Abstract Summary:** Moral injury during the COVID-19 pandemic has had a long-lasting effect on healthcare workers, including those working in oncology. Moral injury is defined as, "...a long-lasting emotional, psychological, social and spiritual effect from actions taken that run contrary to one's moral values." It is associated with increased clinical symptoms, including anxiety, depression and suicidal ideation. Moral injury also heavily impacts the healthcare system leading to increased exhaustion and burnout rates, disengagement from work and a desire to change careers. As COVID-19 continues to linger and threaten the strength of the healthcare system, it is important to equip healthcare workers with education and tools to help mitigate moral injury resulting from the pandemic. This presentation will focus on moral resilience (MR), described as, "...the capacity of an individual to sustain or restore their integrity in response to moral adversity," which has been offered as an opportunity to transform moral suffering in healthcare. Elements of MR will be identified, including response to moral adversity, personal and relational integrity, and moral efficacy. Resources suggested by literature reviews will be reviewed to assist with promoting personal well-being, the importance of social connection, and organizational support will be addressed. Attention will also be paid to the ethical implications of moral injury on social workers.

**Learning Objectives:**

1. Define moral injury and examine the ethical implications of its impact on patient care in oncology.
2. Discuss the concept of moral resiliency and introduce self-assessment tools to gain insight into personal experience with moral injury in oncology.
3. Recommend strategies for clinical oncology staff to find meaning and respond to ethical issues resulting from moral injury in a healthy and positive way.

**References:**

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**Keywords:** Self Care, Professional Issues

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1





**Title:** Help, My Patient is a Veteran! Pulling Back the Curtain for Accessing Oncology Care through the VA

**Date:** Tuesday, 6/20/2023

**Time:** 11:00:00 AM - 12:00:00 PM

**Presentation Type:** Paper

**Speaker(s):** Camille Faunda, MSW, LCSW, OSW-C; Amanda Conklin, MSW, LCSW

**Abstract Summary:** Most U.S. soldiers drafted during the Vietnam War were men from poor and working-class families unable to attend college, connect with a political figure, or have a family doctor provide medical deferment. As oncology social workers, it is essential to understand the psychological, racial, physical, and financial implications of war time service. We will explore the diverse psychosocial needs affecting Vietnam era Veterans with war time related diagnoses, specifically cancer.

Many who served were exposed to Agent Orange, a powerful herbicide used by U.S. military forces during Vietnam to eliminate forest cover and crops for the Vietnamese troops. This herbicide contained the deadly chemical dioxin which has proven to cause serious health issues such as birth defects, psychological problems, and cancer. There are approximately 50,000 new cancer cases in Veterans reported annually. As the Veteran population ages, this number will increase. Exposure related cancers have been occurring since World War I, and the link between service to our country and increased cancer risk cannot be ignored. The PACT Act signed by President Biden in 2022 adds 20 new presumptive conditions for Veterans exposed to burn pits and other toxic exposures. Does your cancer center assess patients' Veteran status? Do you understand the financial benefits related to Veteran's service-connected disabilities? As VA Oncology social workers bridging the gap, we will share Veteran centered expertise, provide insight into healthcare and benefits, and offer screening tools to enhance oncology care for Veterans.

**Learning Objectives:**

1. Inform oncology social workers on Veteran specific war time related impacts and psychosocial needs in cancer care.
2. Educate oncology social workers on navigating all three VA Administrations including, Health Care, Benefits and Cemetery to advocate access to care and benefits.
3. Apply clinical assessment tools, interventions, and resources to enhance effective oncology care for the Veteran population treated within various care settings

**References:**

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**Keywords:** Veterans, Patient Navigation

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: When Top of License is Embracing Others' Lowest Moments – Enjoying a Sustained Career in Oncology Social Work**

**Date:** Tuesday, 6/20/2023

**Time:** 11:00:00 AM - 12:00:00 PM

**Presentation Type:** Paper

**Speaker(s):** Amy Burke, LCSW, OSW-C

**Abstract Summary:** This presentation will acknowledge common challenges encountered by social workers, explore characteristics that promote career longevity and introduce a strategy of honoring moments wherein we are reminded, 'That's what it's all about!' High rates of absence and issues with recruitment and retention of staff reflect the great resignation and highlight the challenges within the social work profession. How are some social workers able to maintain resilience in the face of challenges and thrive throughout their careers in oncology social work? We will encourage discovery of personal and professional meaning, affective learning, professional identity and daring to commit to building expertise in a dynamic and ambiguous environment. We will propose that we are never as close to top of our license as when we are impactfully supporting others during one of their lowest experiences. We will invite attendees to pursue passionate engagement with the social work profession throughout their careers and to join us as we declare, "that's what it's all about!"

**Learning Objectives:**

1. Acknowledge unique challenges within the social work profession and field of oncology social work, including potential barriers to developing and maintaining resilience throughout a career in oncology social work.
2. Review strategies, intrapersonal and interpersonal, to build resilience and promote career longevity for oncology social workers
3. Discuss opportunities for promoting, developing and sustaining resilience as oncology social workers and within social work teams.

**References:**

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- Middleton, A., Schapmire, T., Head, B. (2018). "Sacred Work": Reflections on the Professional and Personal Impact of an Interdisciplinary Palliative Oncology Clinical Experience by Social Work Learners. *Geriatrics*, 3:6, 1-12

**Keywords:** Clinical Practice/Skill Building, Advocacy

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: The Power of Community: A Bereavement Program in a Cancer Center**

**Date:** Tuesday, 6/20/2023

**Time:** 11:00:00 AM - 12:00:00 PM

**Presentation Type:** Paper

**Speaker(s):** Annie Schneider, LCSW; Fiona Begg, LCSW; Susan Glaser, LCSW-R, OSW-R

**Abstract Summary:** Support is invaluable to caregivers as they navigate the healthcare system and weather the roller coaster of treatment with their loved one. The needs of the family left behind after an individual dies of cancer are the focus of our work through the Department of Social Work Bereavement Program. A majority of those coming to our bereavement program were caregivers throughout the illness trajectory. Research shows that caregivers experience rates of depression and anxiety higher than the average population, and poorer quality of life outcomes are demonstrated in the research (5). Caregivers often experience isolation, helplessness, and anticipatory grief and following the death, may suffer from continued distress. We know that both informal and formal support are important for addressing distress in the bereaved. Particularly for those at moderate to high risk for psychosocial distress, professional bereavement support and interventions may be needed (7). Our presentation will examine the development of our bereavement program specifically for the needs of families impacted by cancer loss and its evolution during the pandemic. The move from in-person support group to virtual programming will be detailed. Unexpected benefits from the transition will be outlined.

**Learning Objectives:**

1. Discuss the impact of cancer caregiving on the family system (including loss of role, trauma, etc.)
2. Explain the development process of the Social Work Bereavement Program.
3. Describe the transition to a virtual format and the ways it has impacted our ability to support the family system after a cancer loss.

**References:**

1. Aoun, S., Keegan, O., Roberts, A., & Breen, L. (2020). The impact of bereavement support on wellbeing: a comparative study between Australia and Ireland. *Palliative Care & Social Practice* 14, 1-14.
2. Blackburn, P. & Dwyer, K. (2017). A bereavement common assessment framework in palliative care: informing practice, transforming care. *American Journal of Hospice & Palliative Medicine* 34(7), 677-684.
3. Cancer facts & figures 2022. American Cancer Society. (n.d.). Retrieved December 12, 2022, from <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html>
4. Carr, B. (2021). Strategies for virtual bereavement care (Nov 10) 1-16.
5. Geng, H.-mei, Chuang, D.-mei, Yang, F., Yang, Y., Liu, W.-min, Liu, L.-hui, & Tian, H.-mei. (2018). Prevalence and determinants of depression in caregivers of cancer patients. *Medicine*, 97(39). <https://doi.org/10.1097/md.00000000000011863>
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12. Morris, S. & Ryan, A. (2021). Bereavement via zoom during COVID-19. *Journal of Psychosocial Oncology* 39 (3), 316-319.
13. Snaman, J., Kaye, E., Levine, D., Cochran, B., Wilcox, R., Sparrow, C., Noyes, N., Clark, L., Avery, W., & Baker, J. (2017). Empowering bereaved parents through the development of a comprehensive bereavement program. *Journal of Pain and Symptom Management* 53 (4), 767-775.
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15. Weaver, M., Jurgens, A, Neumann, M., Schalley, S., Kellas, J., Navaneethan, H, & Tullis, J. (2021). Actual Solidarity through virtual support: a pilot descriptive study of an online support group for bereaved parents. *Journal of Palliative Medicine*, 24 (8), 1161-1166.

**Keywords:** Clinical Practice/Skill Building, Distress/CoC

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1





**Title: Serious Illness Conversations: A Teaching Module for MSW Students**

**Date:** Tuesday, 6/20/2023

**Time:** 11:00:00 AM - 12:00:00 PM

**Presentation Type:** Paper

**Speaker(s):** Brad Zebrack, PhD, MSW, MPH, FAOSW

**Abstract Summary:** This presentation describes the novel application and use of Reflections 2020: Serious Illness Conversations as a course assignment in a university classroom setting for MSW students. The assignment involved students using online web-based teaching modules created by Terry Altilio, Vicki Leff, and Anne Keleman, three well-regarded oncology/palliative care social workers and educators. Each of five modules consist of publicly available videos, readings, and resources related to inequities and inherent biases in cancer care, along with a recorded conversation in which Terry, Vicki and Anne offer their perspectives on the material as viewed through a social work lens. As part of a required course assignment in an MSW program at the University of Michigan, students met in small groups after being assigned to one of the modules. They were instructed to summarize the material and to discuss the topic and content in terms of what it means to them, why it is important in a global sense, and why it is important for social work. They were then instructed to create a rough outline or script based on their discussion and produce a 10-minute podcast or videocast, using the Serious Illness Conversations videocast as a model. Students expressed appreciation for an opportunity to breakdown concepts and explore differing perspectives on complex, multi-system-level problems. They appreciated the opportunity to engage creatively with one another and achieve an understanding of other's perspectives. They described the assignment as a safe space to unpack difficult and sensitive issues.

**Learning Objectives:**

1. Apply an in-class assignment for social work educators to consider for their own teaching.
2. Discuss critical topics for social work as related to biases and discrimination.
3. Demonstrate effective and creative ways to use online media and resources in MSW education.

**References:**

Gehlert, S., & Brown, T. (2019). Communication in Health Care (Chapter 12). In S. Gehlert and T. Browne (Eds), Handbook of Health Social Work, 3rd Edition. John Wiley & Sons, Inc. ISBN-13: 978-1-119-42072-9

**Keywords:** Education,

**Educational Level:** Beginning

**Course Designation:** Cultural Competency

**CE Credits:** 1



**Title: Patient Navigation Lunch & Lecture**

**Date:** Tuesday, 6/20/2023

**Time:** 12:15:00 PM - 2:00:00 PM

**Presentation Type:** Plenary

**Speaker(s):** *Teresa van Oort LCSW-S; Elizabeth Franklin; Karen Costello; Michael Grignon, LMSW, CCM, MBA; Amanda O'Neil; Lisa McLaughlin, MSW, LSW, OSW-C*

**Abstract Summary:** To help bridge the gap in knowledge and patient advocacy, provide guidance to patients and help address the complexities of navigating care that can result from a cancer diagnosis, this session will provide oncology social workers insights into Oncology Patient Navigation, with an emphasis on health equity and access to care. This 1.25-hour event, with accompanying continuing education credits, will achieve the following goals:

- Enable attendees gain better understanding of the Oncology Patient Navigation role and learn best practices
- How Oncology Social Workers bring a psychosocial approach to Patient Navigation
- Real life application of the Oncology Navigation Standards of Professional Practice and integration with intra-professional partnerships
- Encourage oncology social work leadership in patient navigation
- Discuss the promotion and future state of Oncology Patient Navigation

**Learning Objectives:**

1. Discuss the Oncology Patient Navigation role and learn best practices and how Oncology Social Workers bring a psychosocial approach to Patient Navigation.
2. Encourage oncology social work leadership in patient navigation.
3. Discuss the promotion and future state of Oncology Patient Navigation.

**References:**

**Keywords:** Patient Navigation,

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1.25



**Title:** Forgiveness: Exploring Its Power and Complexities

**Date:** Tuesday, 6/20/2023

**Time:** 3:30:00 PM - 5:00:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Debra K. Mattison, MSW, OSW-C, FAOSW; Kerry Irish, LCSW, OSW-C, FAOSW

**Abstract Summary:** The diagnosis of a life-threatening illness such as cancer impacts the wholeness of one's being and often triggers a deep reflection of one's lived-life, both past and present. Many explore regrettable choices made and opportunities not taken, leaving them with a sense of remorse and self-blame. Others may find themselves pondering wrongs done to them as well as injuries they have caused others which have been carried with great costs for many years. Still others may seek to "make it right" and find closure as they face progressive disease and eventual death.

Forgiveness is a complex concept which can both support health and well-being and also result in further injury for those who are unable to achieve the reconciliation for which they hoped. Oncology social workers can play a vital role in assisting patients in navigating the complexities of both seeking to receive and offer forgiveness to self and others. This session will explore definitions of forgiveness and its relevance to our patients as they seek to address complex emotions intertwined with forgiveness such as profound grief, deep hate, debilitating self-blame, oppression in feeling forced to forgive and moral injury in evaluating one's lived-life. Practical forgiveness-focused interventions will also be presented with use of experiential application activities. We will also explore our own potential need to give or receive forgiveness in our professional lives.

**Learning Objectives:**

1. Articulate and synthesize concepts from literature to provide a theoretical context to support the relevance and importance of addressing forgiveness in oncology social work practice including the complexities and various definitions of forgiveness and individual meanings embedded in individual diversity, culture and positionality.
2. Identify and apply forgiveness-focused interventions to use in patient-centered care with patients and families.
3. Demonstrate awareness of one's own potential professional needs to give and/or receive forgiveness to improve quality of services to clients and professional team.

**References:**

- Kim, J., Hulett, J., & Heiney, S. P. (2021). Forgiveness and health outcomes in cancer survivorship: a scoping review. *Cancer Nursing*, 44(4), E181-E192.
- Levy, K., Grant, P. C., Clem, K., Eadie, D. S., & Rossi, J. L. (2021). Holding onto hurt: The prevalence of interpersonal hurt and need for forgiveness-focused solutions for hospice family caregivers. *Journal of Palliative Medicine*, 24(8), 1139-1146.
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- Hedtke, L. (2002). Re-thinking deathbed forgiveness rituals. *The International Journal of Narrative Therapy And Community Work*, 1, 14-17.

**Keywords:** Clinical Practice/Skill Building,  
**Educational Level:** Intermediate  
**Course Designation:** Cultural Competency  
**CE Credits:** 1.5





**Title:** Wonders & Worries: An Evidence-Based, Child-Centered Intervention for Families Coping with Parental Cancer

**Date:** Tuesday, 6/20/2023

**Time:** 3:30:00 PM - 5:00:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Farya Phillips, PhD, CCLS; Meredith Cooper, MA, CCLS, LPC

**Abstract Summary:** In the United States, 1.8 million individuals were diagnosed with cancer in 2020 (American Cancer Society, 2020). Approximately 380,000 individuals who have cancer are estimated to be parents of minor children (Weaver et al., 2010). Despite this high number of cancer diagnoses in patients that have dependent children at home, there are few evidence-based programs or services to help children manage the emotional toll of their parent's cancer experience. The results of the Wonders & Worries intervention reported here contributes to the limited body of evidence regarding interventions designed specifically for children who have a parent with cancer and promotes positive adaptation for ill parents and their children. Social workers and other professionals can utilize these preventative interventions to help families thrive, not merely survive a serious illness such as cancer. Additionally, the community and academic partnership between a school of Social Work and a community-based non-profit highlighted in this presentation provides a model for future collaborative research to further promote appropriate psychosocial care for children and adolescents dealing with a parent's cancer.

**Learning Objectives:**

1. Recognize the impact of parental cancer on children and teens and identify factors affecting outcomes.
2. Examine the research process including the benefits of community and academic partnerships.
3. Recognize interventions for supporting children and teens impacted by parental cancer as validated through evidence-based research.

**References:**

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**Keywords:** Special Populations, Clinical Practice/Skill Building

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1.5





**Title: The Alternative: Making Mindfulness Accessible for Clinicians, BIPOC and Marginalized Communities, and Skeptical Patients**

**Date:** Tuesday, 6/20/2023

**Time:** 3:30:00 PM - 5:00:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** *Wongel Ermias LCSW(Speaker)BWH; Kim Lowery Walker, MBA, LCSW-C, OSW-C; Leigh Ann Caulkins LCSW*

**Abstract Summary:** The word Cancer feels like a death sentence when you first hear it but to hear the words “you have cancer” in a language you don’t understand that well, with no familiar faces nearby, minimal support and in a foreign country, is unimaginable! Family back home depending on you for their survival while you are all alone in a hospital room wondering if you will even make it. This is the reality of the recent wave of Bipoc patients diagnosed with cancer. Although under unfortunate circumstances, I’ve had the pleasure of meeting with these wonderful people from all walks of life. As a new Hematology Oncology Social Worker at BWH, when I heard about the AOSW’23 Conference, I felt compelled to do something or at the least do no harm!

**Learning Objectives:**

1. Describe the benefits of mindfulness-based interventions for people impacted by cancer, in addition to patients who suffer from anxiety, depression, substance abuse and suicidal ideations.
2. Demonstrate techniques for incorporating mindfulness into direct clinical practice and specifically within BIPOC and low socio-economic communities.
3. Identify ways to address the “whitewashing” of wellness and mindfulness practices in our work.

**References:**

- American Psychological Association (APA). (2013). Stress in America: Missing the Health Care Connection. Retrieved from: <https://www.apa.org/news/press/releases/stress/2012/full-report.pdf>.
- Carlson LE, Angen M, Cullum J, Goodey E, Koopmans J, Lamont L, MacRae JH, Martin M, Pelletier G, Robinson J, Simpson JS, Specia M, Tillotson L, Bultz BD. High levels of untreated distress and fatigue in cancer patients. *Br J Cancer*. 2004 Jun 14;90(12):2297–304. doi: 10.1038/sj.bjc.6601887. doi: 10.1038/sj.bjc.6601887.
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**Keywords:** Clinical Practice/Skill Building,  
**Educational Level:** Intermediate  
**Course Designation:** Cultural Competency  
**CE Credits:** 1.5



**Title:** Meaning-Making through Photovoice: An Online Group Intervention for Young Adults with Cancer

**Date:** Tuesday, 6/20/2023

**Time:** 3:30:00 PM - 5:00:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Jennifer A. Currin-McCulloch, PhD, LMSW; Danielle Peterson MSSA

**Abstract Summary:** This proposed learning institute will utilize a parallel process to describe the planning through evaluative stages of an online photovoice group with young adults with cancer, while also allowing session participants to actively participate in a photovoice activity. This experiential presentation highlights mutual aid and empowerment in a group process to address the unique psychosocial challenges faced by young adults (YAs) with a life-limiting illness. The institute will start by providing a comprehensive review of photovoice's theoretical and empirical literature, emphasizing its application with YA cancer survivors. Narrative and meaning-making theories through the framework of photovoice, a participatory action research intervention, will be applied to the assessment and fostering of young adults' meaning-making processes. A discussion of the group dynamics that resulted from the Through the Lens 8-week photovoice intervention including YAs' stage of life, various disease states, and goals for entering the group will be offered. Session attendees will receive a copy of the Through the Lens Photovoice Intervention Manual and participate in an interactive group discussion about the phases of photovoice group development, implementation, and evaluation. Next, session attendees will actively participate in a photovoice activity and pair-share reflection of their experiences. Lastly, attendees will receive support in brainstorming how they can modify the photovoice intervention for a population at their work setting.

**Learning Objectives:**

1. Explain the theoretical and empirical foundations of photovoice group methods as an intervention to assess and facilitate young adult cancer survivors' meaning-making processes.
2. Describe how sharing visuals and stories, as prompted through meaning-centered psychotherapy themes, within a facilitated group, nurtures connections and provides a safe environment to exchange feelings and attitudes, as well as fosters purpose.
3. Enhance comfort in creating an 8-week photovoice group that could be tailored for implementation at their oncology setting.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Adolescent and Young Adult

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1.5



**Title:** Engaging Cancer Caregivers-Recognizing Unique Needs of Caregivers of Older Adult Patients

**Date:** Tuesday, 6/20/2023

**Time:** 3:30:00 PM - 4:30:00 PM

**Presentation Type:** Paper

**Speaker(s):** *Caroline Glavin, MSW candidate; Lora Rhodes, MSW LCSW*

**Abstract Summary:** As baby boomers continue to age, and the number of cancer survivors continues to increase, the need for informal caregivers will expand exponentially. As we continue to work to better understand the needs of older adults with cancer, it is critical that this circle of concern includes the needs of their caregivers. While the American Society of Clinical Oncology and National Comprehensive Cancer Network recommend geriatric assessment (GA) for older patients with cancer and distress screening for all cancer patients, there is limited data on how GA and distress screening can help guide screening and interventions for caregivers of older adults with cancer. To begin exploring the factors associated with older adult caregiver burden, The Zarit Caregiver Burden Interview (ZBI-12) and caregiver distress screenings were included in comprehensive geriatric assessments performed in the Senior Adult Oncology Center of the Sidney Kimmel Cancer Center. Data was collected on 50 patient-caregiver dyads. The findings, while preliminary, illustrate that our current measures of patient distress and functioning are likely not representative of caregiver distress and functioning. Social workers in clinical and research practice have a responsibility to understand the needs of caregivers of this growing population, develop tools to identify burdened caregivers and intervene appropriately. This presentation will provide an overview of the changing demographic of older adult cancer caregiving, outline research findings from our senior adult oncology center, and review how these findings can inform future research with the goal of developing unique screening and intervention strategies for this population.

**Learning Objectives:**

1. Describe the unique and evolving demographics of caregivers of older adult cancer patients.
2. Analyze preliminary research findings exploring factors associated with caregiver burden for older adult cancer patients.
3. Identify best practices and future directions in identifying caregivers at risk of high burden and intervening to improve patient and caregiver quality of life.

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**Keywords:** Specialized Needs, Special Populations

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1





**Title: What's Next? Supporting Resilience in a Trauma Informed Practice**

**Date:** Tuesday, 6/20/2023

**Time:** 3:30:00 PM - 4:30:00 PM

**Presentation Type:** Paper

**Speaker(s):** Eileen K. Joyce, MSW, LICSW, OSW-C

**Abstract Summary:** Just a short time ago, the term “trauma informed care” (TIC), while well known in the world of mental health, was less known or embraced in medical settings. Now, practices routinely describe themselves as “trauma informed” and the idea that our behavior as providers may trigger patients’, and colleagues’ trauma experiences is better appreciated. This is a valuable first step in growing the awareness of the impact and pervasiveness of trauma, as well as providing guidance in our interactions with those who may have experienced trauma. This is, however, just a first step, and should not be the sum-total of our efforts. As oncology social workers in a variety of settings, our roles can vary greatly, but often do not provide the time, support, infrastructure, and training to offer in-depth trauma treatment. Meanwhile, the larger community mental health system is also strained to its limits, making access to trauma treatment hard to access. So, what do we do? Is there an in-between?

Based on the “Social Resilience Model” of trauma and other bottom-up approaches, this talk will briefly review our understandings of trauma. We will consider how trauma, when triggered, impacts people’s abilities to access internal coping skills. Finally, we will explore how utilizing simple tools and understandings of trauma and neuroplasticity allow patients to better support themselves while engaging in systems that while providing a trauma informed foundation, may not insulate them from the intersection of their trauma experience and the health care system.

**Learning Objectives:**

1. Articulate the nature of trauma and the intersection of previous life trauma and the trauma of a cancer diagnosis to patients and their providers.
2. Identify the impacts of trauma on internal processes and skills when triggered in an individual with a trauma history.
3. Integrate understandings of trauma, the trauma response system, neuroplasticity, and tools for self-soothing and resilience into our practice with patients, allowing us to take the next step in providing a truly trauma informed and trauma responsive oncol

**References:**

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**Keywords:** Clinical Practice/Skill Building,

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title:** Crossing The Line: Advocacy for Multi-State Licensure

**Date:** Tuesday, 6/20/2023

**Time:** 5:15:00 PM - 6:45:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Katie Tremel, MSW, LCSW, OSW-C; Michael Grignon, LMSW, CCM, MBA; Leena Nehru, MSW, LCSW, OSW-C; Gillian Shapiro, LMSW, MBA

**Abstract Summary:** Clinical social work does not stop at state lines and neither should clinical social work services. As the COVID pandemic reinforced, delivering clinical social work services virtually, across state lines, is necessary. Creating a professional interstate compact for clinical social work services promotes interstate practice. According to the Council of State Governments (CSG), "An interstate compact is a legally binding agreement between two or more states... [that] establishes a formal, legal relationship... to address common problems or promote a common agenda". Currently, CSG is drafting a compact for the social work profession. The Social Work Compact would enhance continuity of care by allowing oncology social work services to "follow" a patient who travels out of state for cancer care back to their home state. Further, the Compact would promote patient access, particularly for underserved patients in rural communities, through increased ability to deliver clinical social work services virtually, across state lines. By promoting cooperation among member states, the compact would also help to regulate the practice of clinical social work across those states. To be enacted, seven state governments must vote to sign on to the Compact. As a profession, we need to advocate for our state to pass this Compact not just for the benefit of our profession, but for the benefit of the patients, communities and organizations that we serve. Join us to discuss the Social Work Compact, the theoretical benefits of a Compact and actionable steps you can take to promote its passage in your state.

**Learning Objectives:**

1. Explain the social work compact, including how it relates to direct practice and aligns with AOSW advocacy mission/ NASW code of ethics.
2. Describe the theoretical benefits and values the social work compact would offer to stakeholders, including patients, social workers, health care professionals, communities and health systems.
3. List two actions participants can undertake to promote the passage of the social work compact and advocacy work.

**References:**

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**Keywords:** Advocacy, Leadership/Administration

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1.5



**Title:** Spirituality as an Essential Tool in Healing

**Date:** Tuesday, 6/20/2023

**Time:** 5:15:00 PM - 6:45:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** *Melissa Rosen, MA*

**Abstract Summary:** Oncology social workers understand that the cancer experience is more than a physical experience, and studies have clearly established that spiritual well-being during a cancer experience lead to better quality of life, including lower levels of depression and less anxiety and overall distress. Yet not all patients have their spiritual needs explored and addressed with many social workers being are uncomfortable broaching the topic. This interactive presentation will explore the integration of spiritual support into more familiar social work interventions. We will begin with an expanded definition of spirituality and review of the significant impact of spiritual support. Then together we will explore the barriers that prevent spiritual support from the perspective of the patient and the social worker. We will examine assessment tools, and discuss an array of cultural and spiritual beliefs surrounding illness and how those beliefs may impact diagnosis, treatment, coping and healing beyond the physical.

**Learning Objectives:**

1. Identify different types of healing and recognize how spiritual healing enhances all healing.
2. Acquire practical approaches and patient resources to help patients explore spirituality as a means to healing from their cancer experiences.
3. Consider how to integrate spiritual support into their practice with patients of different faiths and cultures.

**References:**

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

**Educational Level:** Beginning

**Course Designation:** Cultural Competency

**CE Credits:** 1.5



**Title:** After the Loss: Offering Trauma-Informed Bereavement Care

**Date:** Tuesday, 6/20/2023

**Time:** 5:15:00 PM - 6:45:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Kristen Breault, LCSW; Erin King, LCSW, APHSW-C, CGCS

**Abstract Summary:** Standardization of bereavement services in oncology care provides clients and staff opportunities for support, education, and healing. Incorporating multiple formats of support promotes inclusivity, accessibility, and a clear transfer from oncology support to bereavement support. Formats can include individual counseling, peer support groups, expressive arts workshops, and remembrance activities. This presentation aims to provide information on the benefits of consistent bereavement support, areas for further development, and specific bereavement populations who would benefit from more individualized education, such as younger adults (18-49). We will explore practice of bereavement care implemented by the Dempsey Center as a potential framework for other oncology social workers to implement bereavement support services within their own institutions of employment and practice. We will close our presentation with encouraging a discussion of other bereavement practices audience members may uphold and identifying further gaps in the research.

**Learning Objectives:**

1. Identify why bereavement support should be prioritized in oncology settings.
2. Identify successful modalities and interventions for providing bereavement support to both clients and staff in an oncology setting.
3. Identify potential standards of bereavement support practice oncology social workers can implement within their own places of practice.

**References:**

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**Keywords:** Clinical Practice/Skill Building,

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1.5



**Title: Trauma-informed Care: Knowledge and Applications for Oncology Social Work Practice**

**Date:** Tuesday, 6/20/2023

**Time:** 5:15:00 PM - 6:45:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Jeanice Hansen, LCSW, OSW-C

**Abstract Summary:** Approximately 70% of adults in the United States have experienced some type of traumatic event in their lives. A cancer diagnosis, treatment, and side effects are also extremely stressful, and survivors and family caregivers frequently described them as traumatic. Some of these individuals meet the criteria for PTSD. And experiences related to the COVID pandemic, violence, housing insecurity, racism, poverty, and gender identification exacerbate a history of trauma, overriding a person's ability to cope further.

Oncology social workers and navigators encounter people who are traumatized by their cancer experience and are likely to have a past trauma experience. Understandably, these affect how a person ultimately copes with their diagnosis, treatment, and risk of recurrence. It also affects how receptive they are to support services. Therefore, oncology social workers need a better understanding of trauma and interventions that enhance cancer care. Knowledge and practice skills related to the principles of TRAUMA-INFORMED CARE help cancer professionals respond to cancer survivors and caregivers more effectively, as well as reduce one's own risk of compassion fatigue and burn out while providing supportive cancer care.

This clinical practice intensive (CPI) will provide an overview of TRAUMA-INFORMED CARE and increase confidence applying this approach within your oncology social work practice. It is not meant to be a comprehensive summary but will help you understand and integrate this perspective in your work and organization more effectively.

**Learning Objectives:**

1. Discuss trauma and posttraumatic stress symptoms that negatively impact the mental and physical health of individuals diagnosed with and treated for cancer by defining types of traumas, its prevalence, and impact on the brain and body, including Polyvagal Theory.
2. Recognize common behaviors that often present when people have a history of trauma in addition to protective factors that mediate cancer-related stress and explore one's own perspective toward traumatized individuals and ways to support your self-care.
3. Discuss the guiding principles of Trauma-Informed Care and enhance competency incorporating these principles in cancer care, including the use of de-escalation practices.

**References:**

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**Keywords:** Professional Issues, Ethics  
**Educational Level:** Intermediate  
**Course Designation:** Clinical (General)  
**CE Credits:** 1.5



**Title: Guidelines for Great Groups**

**Date:** Tuesday, 6/20/2023

**Time:** 5:15:00 PM - 6:45:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** *Sandy Blackburn, MSW, LSW; Lauren Rhodewalt, MPH, MSW, LSW; Laura Kotler-Klein, DSW, LCSW*

**Abstract Summary:** There is a strong body of evidence that providing psychosocial care reduces cancer-related psychosocial burden and improves quality of life for patients and their families. Support groups can help alleviate distress and isolation as well as improve coping abilities for patients and families by supporting their needs for emotional expression, validation, connection, and meaning making. The goal of this presentation is to demonstrate that the development and implementation of group guidelines are essential tools for effective group leadership—a requisite for offering high-quality psychosocial oncology support.

Group leaders must be adept in group dynamics to set the goals and tone of the group, as well as to encourage and manage respectful verbal exchanges and group behavior. The group itself functions as the client to a social work group leader and group cohesion is paramount for mutual support to flourish. The skillful and experienced group facilitator will consider the multiple human behaviors that can impede a group, such as disrespectful comments or affect, disregard for confidentiality and disproportionate group participation. Our staff has met weekly for more than five years to review the process and progress of our group and as a result, we have created and revised our group guidelines in response to both predictable and unpredictable issues that have presented in our support groups. We are glad to share these carefully refined group guidelines with our peers and provide guidance on creating your own.

**Learning Objectives:**

1. Employ the principles of the learning institute to evaluate their existing programming for improvement and incorporate our group guidelines to develop their own support group programming.
2. Apply the iterative process of developing their own group guidelines.
3. Demonstrate the skills required for the critical role and responsibility of group leadership.

**References:**

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**Keywords:** Clinical Practice/Skill Building, Education

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1.5



**Title: Sleeping with Cancer: Education and Interventions for Healthful Sleep**

**Date:** Tuesday, 6/20/2023

**Time:** 5:15:00 PM - 6:45:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Jennifer Keller, MSS, LSW; Darah Worthington Curran, MSW, LCSW, OSW-C

**Abstract Summary:** Cancer is a complex illness that often carries a significant burden of side effects for patients, who are today experiencing an increased number of years of survivorship. One such challenge is insomnia, which affects processes such as memory, cognition, reaction time, hormones, and hunger. For cancer patients and survivors, the importance of getting enough sleep creates an area of need that often goes unaddressed. According to a 2022 review and meta-analysis by Al Maqbali, et al., "Sleep disturbance is one of the most common and troubling symptoms that harm the quality of life throughout all phases of treatment and stages of the illness among patients with cancer." With accurate knowledge and training, oncology social workers can be leaders in initiating conversations, conveying information about sleep, and providing tools for improved sleep to patients.

In this presentation, participants will learn about insomnia and other sleep disorders, sleep stages, sleep throughout the lifespan, the role of dysfunctional beliefs, ruminating thoughts and fears, and the numerous effects of insufficient sleep on our daily lives. Sleep hygiene, nutrition, and relaxation techniques will also be explored. Evidenced based interventions have the potential to increase quality of life and reduce negative health outcomes. Practical tools will be provided for improving sleep quality and quantity along with strategies for discussing this important topic with patients.

**Learning Objectives:**

1. Describe an awareness of the biopsychosocial impact of insomnia on patients and caregivers.
2. Evaluate the effectiveness and limitations of a structured CBT-I intervention.
3. Apply framework and elements to implement a CBT-I intervention for an individual or group program.

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DOI: 10.1200/JCO.2022.40.16\_suppl.e18816 *Journal of Clinical Oncology* 40, no. 16\_suppl (June 01, 2022) e18816-e18816.

**Keywords:** Clinical Practice/Skill Building, Education

**Educational Level:**

**Course Designation:** Clinical (General)

**CE Credits:** 1.5



**Title:** Creating an Oncology Virtual Supportive Care Program: Reflections on Building the Ship as We Sail

**Date:** Wednesday, 6/21/2023

**Time:** 8:30:00 AM - 9:30:00 AM

**Presentation Type:** Panel Symposium

**Speaker(s):** *Phoebe M. Souza, MSW, LCSW, MPH, APHSW-C, OSW-C; Alexandra Gubin, MSW, LCSW; Jessica Fox, MSW, LCSW, OSW-C, APHSW-C*

**Abstract Summary:** Given the shifting landscape of mental health care delivery due to the COVID-19 pandemic, there is a growing demand for oncology social workers to innovate care provision in new and creative ways. This talk will discuss the inception of a digital health platform seeking to address these needs in the oncology population. It is the first of its kind to exclusively provide supportive oncology services (mental health counseling, nursing, and peer support) via telehealth with the goal of expanding nationwide. The platform seeks to address longstanding issues of access and equity among historically underserved populations, provide quality-controlled psychoeducational oncology-specific resources for patients and caregivers, as well as an evidence-based psycho-oncology curriculum for oncology social workers. This talk will address the process, grounded in quality improvement, of creating this extensive content library and clinician-facing job aids. There will be an exploration of ethical implications and challenges of obtaining social work licensure in numerous states, practicing on a digital telehealth platform, and forming a new product and team via remote work. We will highlight learnings and preliminary data from our first year of pilots, offering initial user feedback and reflections from clinicians. We will share the unique opportunities and challenges inherent to navigating a technology start-up culture and translating clinical work to product design developers, marketing, and communication teams.

**Learning Objectives:**

1. Discuss the potential for digital health solutions to support efforts to offer supportive care services to historically underserved and difficult-to-reach populations.
2. Describe ethical implications for clinical practice, for example, learning how to navigate cross-state licensure and different legal implications for telehealth practice.
3. Identify challenges and benefits of providing virtual psychosocial oncology care vs traditional in-person care.

**References:**

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**Keywords:** Professional Issues, Special Populations

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: Beyond One Banner: End-of-Life Care Disparities and Intervention Strategies for Patients of Diverse Asian and Asian American Communities**

**Date:** Wednesday, 6/21/2024

**Time:** 8:30:00 AM - 12:00:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Ayaka Nakaji, MSW, LCSW,CCM; Sarah Low, RN, MSN, OCN, CMSRN; Kristine Neputo, LMSW; Helen Wu, MSW, LMSW; Leena Nehru LCSW, OSW-C

**Abstract Summary:** This interactive and didactic presentation will focus on identifying the disparities in delivering effective end-of-life (EOL) care for patients in the Asian and Asian American (AAA) community including the areas of effective advance care planning, palliative care and hospice enrollment, explore clinical considerations for several AAA communities, and make recommendations to optimize psychosocial support for AAA patients and their families when facing EOL. This will be structured in two parts: 1) An introduction to define the AAA communities and provide historical and cultural contexts that result in disparities in EOL Care, and 2) Discussion of effective intervention strategies targeted to specific AAA communities, via small groups, vignette exercises, and panel discussion. Representing diverse practice settings, regions of the country, and ethnic backgrounds, the presenters will incorporate unique perspectives as Asian-identified OSWs supporting AAA families facing cancer. Specifically, we will focus our discussions around the Japanese, Korean, Chinese, Taiwanese, Vietnamese, Filipino and Indian/South Asian communities. We will primarily draw findings from literature review of evidence-based research, discuss common cultural themes, and explore clinical considerations specific to each community. The presenters will identify the significance of: the family system in EOL care, the role of spirituality, stigmatization of seeking psychosocial support, and mistrust for medical providers. By the end of this presentation, participants will have more awareness of the cultural barriers that perpetuate the gaps in EOL care and be equipped to conduct culturally tailored assessment and interventions to improve EOL care in AAA communities.

**Learning Objectives:**

1. Discuss the historical and cultural context of diverse Asian and Asian American experience and understand at least three inter-cultural and inter-group differences in order to conduct more culturally attuned assessment when working with patients at End-of-Life.
2. Identify at least three End-of-Life disparities faced by Asian and Asian American patients and families, and three intervention strategies enabling improved access to appropriate EOL care among this population.
3. Develop better understanding of Asian and Asian American clinician experience during End-of-Life discussions and learn at least two ways to better support colleagues including social workers, nurses, physicians and other care team members.

**References:**

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**Keywords:** Pain, Palliative Care and End of Life, Special Populations

**Educational Level:** Intermediate

**Course Designation:** Cultural Competency

**CE Credits:** 3



**Title: Harnessing the Healing Power of the Nervous System: Learn Simple Evidence-based Integrative Oncology Interventions that Social Workers Can Implement**

**Date:** Wednesday, 6/21/2025

**Time:** 8:30:00 AM - 12:00:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Michelle D. Ferretti, LCSW, OSW-C; Erin Price, LICSW, OSW-C

**Abstract Summary:** A recent study concluded that institutions that offered and supported complementary/integrative therapies increased the odds of patient survival among those with breast cancer (Crudup, 2021). Integrative approaches offer a way to harness the power of the body and nervous system in its role in emotion regulation, physical healing, and symptom management, even while it is being challenged by the experience of cancer.

Many effective integrative therapies are within the scope of oncology social workers (Crudup, 2021) including mind-body therapeutic interventions, expressive therapies, and emotional support. These interventions show improved psychological distress, anxiety, depression, fear of recurrence, sleep, pain, fatigue, social well-being, perceived level of health, quality of life, functional ability, and overall survival (Crudup et al, 2021; Fulop, Grimone, & Victorson, 2017; Karim et al, 2021). Yet, many oncology care providers do not feel adequately equipped to guide patients regarding integrative approaches (Karim et al, 2021) or they do not have the resources to build programs to support these efforts (Crudup et al, 2021). Therefore, many patient populations are not able to access these simple, yet significant interventions.

This workshop will focus on writing, creativity, and mind-body interventions. We will provide an understanding of the mechanisms, engage oncology social workers in experiential exercises, and provide instructions and guidance on how to easily implement these therapeutic tools as brief interventions (5-10 min), more in-depth interventions (20-30min), and with groups or in program development. We will conclude by brainstorming and troubleshooting common implementation challenges.

**Learning Objectives:**

1. Compare and contrast three types of integrative approaches for supporting physical and emotional challenges faced by oncology patients.
2. Demonstrate understanding of the evidence base supporting specific integrative interventions with patients and organizational colleagues/leadership.
3. Assess challenges and compose an action plan for addressing barriers and/or implementing integrative interventions with their patient population/within their organization.

**References:**

References

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**Keywords:** Clinical Practice/Skill Building, Survivorship

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 3



**Title: Medical Aid in Dying, Opportunities and Challenges for Social Work Practice**

**Date:** Wednesday, 6/21/2026

**Time:** 8:30:00 AM - 12:00:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Mark E Anderson, JD, LCSW; Teresa Van Oort, LCSW-S

**Abstract Summary:** As social workers in an oncology setting, we need to be aware of patient options and the current state of the law as it pertains to the right to die and physician assisted death. As more states adopt death with dignity laws our patients are going to become more aware of the issue and have questions that we will be best equipped to answer. This discussion will cover where in the US physician assisted death is currently legal and the procedures in place for patients who wish to avail themselves of this option. We will also discuss ethical issues involved in both physician assisted death and the related subject of rational suicide

**Learning Objectives:**

1. Describe Right to Die laws and current trends.
2. Discuss Oregon's Death with Dignity program which is the oldest in the country and provided a basis for the programs passed since then.
3. Identify ethical issues involved in physician assisted death and rational suicide.

**References:**

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

**Educational Level:** Intermediate

**Course Designation:** Ethics

**CE Credits:** 3



**Title: DBT Skills for Oncology Patients and Caregivers**

**Date:** Wednesday, 6/21/2027

**Time:** 8:30:00 AM - 12:00:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Elizabeth Cohn Stuntz, MSW; Ronda Oswald Reitz, PhD

**Abstract Summary:** Dialectical Behavior Therapy (DBT) skills have been proven to reduce depression, anxiety, and general distress. The proposed CPI is an emerging adaption of DBT for cancer that is informed by neuroscience, psychoanalysis, and Zen. The course is designed to offer OSWs strategies to help patients and caregivers make constructive decisions, manage powerful emotions, communicate effectively, find ways be hopeful and to live meaningfully. Central tenets of the DBT+Cancer coping model (validation, dialectical thinking, wise mind and mindfulness) will be presented in Part One. Strategies, applicable to both patients and professionals, such as "STOP," naming emotions, balancing stressful physical responses (e.g., breath and muscle tone), thoughts and urges to act will be offered in Part Two. Lecture, large and small group discussion, and experiential exercises will allow participants to develop and apply practical strategies to balance extremes of thinking and feeling among patients and caregivers in oncology settings.

**Learning Objectives:**

1. Explain the term "dialectics" and apply it to a clinical situations where extremes of thinking and/or feeling are present.
2. Identify four parts of the stress cycle that can cause us to spiral into emotional intensity, and explain how these four things can be used to reverse the stress cycle.
3. Describe two choices you have when a strong emotion is driving you to act.

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**Keywords:** Clinical Practice/Skill Building, Professional Issues

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 3



**Title: Trauma Informed Care: Treating Cancer-Related Trauma in Patients, Survivors, and Caregivers**

**Date:** Wednesday, 6/21/2028

**Time:** 8:30:00 AM - 12:00:00 PM

**Presentation Type:** Clinical Practice Intensive

**Speaker(s):** Sky Smith, DSW, LISCW

**Abstract Summary:** This advanced clinical-focused presentation explores trauma informed care in oncology social work. The presentation offers a multi-systemic perspective of understanding of integrating principles of trauma informed care into oncology social work practice. In cancer care, our understanding of the role of trauma, both prior to a cancer diagnosis and arising from a cancer diagnosis, is growing. Assessment of PTSD and Acute Stress Disorder in the context of cancer care, in addition to clinical distress screening, is gaining significance in our field. Contemporary trauma focused modalities, such as EMDR, ART, Narrative therapy, CBT, somatic and holistic care will be reviewed in the context of treating cancer-related trauma in patients, caregivers, and survivors.

**Learning Objectives:**

1. Identify specific trauma informed clinical modalities to integrate into practice with oncology patients, caregivers, and survivors.
2. Discuss the role of and symptoms of psychological trauma in oncology care.
3. Assess the level of trauma informed care principles in their practices.

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**Keywords:** Clinical Practice/Skill Building, Specialized Needs

**Educational Level:** Advanced

**Course Designation:** Clinical (General)

**CE Credits:** 3



**Title: The Languages of Love Support Group: Connecting with Your Partner During Cancer**

**Date:** Wednesday, 6/21/2029

**Time:** 10:30:00 AM - 11:30:00 AM

**Presentation Type:** Panel Symposium

**Speaker(s):** *Maygen A. Hansard, LMSW, OSW-C; Penelope DeCou, LCSW, OSW-C; Debbi Newton, LCSW, OSW-C, CGP, CCTP; Tara Garza, LMSW, OSW-C; Stephanie B. Broussard, MSSW, LCSW-S, APHSW-C*

**Abstract Summary:** The benefits of peer and spousal support have been identified in research. However, the impact of joint support groups geared toward supporting relationships to improve quality of life has not been well researched. Based on Dr. Gary Chapman's bestselling book *The Five Love Languages*, love is given and received in different ways by each person. The study goals were to optimize quality of life and reduce pain through improved dyadic communication via support group curriculum adapted from Dr. Chapman's work. A group of Masters prepared Social Workers (MSWs) developed a 6-week, cancer-specific curriculum targeting the patient-partner couple (dyad) inspired by Dr. Chapman's principles. A pilot group of sixteen couples consisting of two cohorts were enrolled in the 6-week intervention. Weekly sessions included discussion as a collective group and breakout groups consisting of patients and partners separately. Overall, participants reported quality of life improvement. This pilot intervention shows this approach is useful in improving relationship satisfaction during the cancer journey.

**Learning Objectives:**

1. Explore development and implementation of a psychoeducational support group geared toward improving relationship satisfaction and quality of life for oncology patients and their intimate partners.
2. Demonstrate the utilization of *The 5 Love Languages* as a clinical intervention for dyads impacted by cancer.
3. Assess interdisciplinary research collaborations to address the psychosocial needs of oncology patients.

**References:**

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**Keywords:** Special Populations, Education

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1



**Title: ACS Quality of Life Award Lunch & Lecture: Leading from the Heart: Oncology Social Work Taking our Stance with Compassion and Strength**

**Date:** Wednesday, 6/21/2023

**Time:** 12:00:00 PM - 1:45:00 PM

**Presentation Type:**

**Speaker(s):** *Barbara L Jones, PhD, MSW, FNAP*

**Abstract Summary:** Oncology social workers are uniquely positioned to be leaders, mentors, and visionaries. We bring expertise, compassion, and collaborative spirit to our colleagues, our systems, and each other. We approach our work from a stance of justice and equity, and we must continue to do so. We can have the courage to take on greater leadership, grounded in our individual and collective strength and compassion. We can engage allies, mentors, and colleagues in our pursuit of excellence. The key to so much of our leadership lies in our clinical wisdom and our ability to respect others while trusting ourselves. We lead as we practice, mentor, teach, research, challenge systems, and create solutions. Growing our leadership as oncology social workers requires us to be curious and intentional in all that we do. How can we lead more intentionally? How can we model this for others? How do we lift justice in all that we do? How do we stay grounded and uniquely who we are? Using examples, poetry, reflections, and research, this presentation will engage us all in reflecting on our own answers as we lead, mentor, and grow our profession. Borrowing words from Emmy Award-winning journalist, Suleika Jaouad, a young adult cancer survivor, we can strive to feel “grounded, abundant, and surrounded by love” in all that we do. We can and should lead from the heart.

**Learning Objectives:**

1. Reflect on personal experiences as leaders and mentors.
2. Utilize examples and research to enhance leadership skills.
3. Discuss leading with intention to grow oncology social work profession.

**References:**

**Keywords:** Leadership,

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1.25



**Title: Building a Stronger Team: Social Workers as Leaders in Sustainable Practice**

**Date:** Wednesday, 6/21/2023

**Time:** 2:00:00 PM - 3:30:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Jennifer Hill Buehrer, LMSW; Allison E Shukraft MSW, APHSWC

**Abstract Summary:** By nature the field of oncology involves our own grief - erupting out of difficult conversations, dashed expectations, and experiences that trigger our own losses. The COVID pandemic added another complex layer to our collective grief, and highlighted the need for medical professionals to learn better ways to cope. Social workers are unique in that we are taught in graduate school to become familiar with our own personal “triggers” – those situations that bring up personal emotions and issues for us and that have the potential to interfere with professional effectiveness. As psychosocial professionals who work in the medical field it is part of our duty to help our medical colleagues, who are not taught this kind of reflective practice, to find ways to manage the emotions that are brought up by the kind of crises that we regularly experience in this work. This session will focus on using assessment of our own institutions and colleagues’ needs, as well as reflection on our own ways of coping with this difficult work, to create toolkits to bring back to our own settings.

**Learning Objectives:**

1. Examine their “why”, creating a mission statement for why they do the work they do.
2. Evaluate their own facility, center or team with skills shared by the presenters.
3. Design a brief toolkit for use with their own facility, center or team.

**References:**

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**Keywords:** Self Care, Professional Issues

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1.5





**Title:** Historical Trauma within the BIPOC Community: Implications in Psychosocial Oncology

**Date:** Wednesday, 6/21/2023

**Time:** 2:00:00 PM - 3:30:00 PM

**Presentation Type:** Poster

**Speaker(s):** Sara Grisales Jaramillo, LMSW; Samantha Fortune, LMSW

**Abstract Summary:** This presentation aims to identify how historical trauma resulting from decades of unethical practices towards the BIPOC community can manifest in the health care setting due to current discriminatory practices, and how these practices can prevent BIPOC from receiving the proper medical and psychosocial supports. This presentation will also provide future implications and interventions for oncology social workers, program managers, and health care teams to incorporate into their practice. Interventions to be discussed include pinpointing appropriate education regarding stereotypes and implicit bias, identifying psychosocial symptoms within the BIPOC community via assessment tools, utilizing trauma-informed approaches when addressing psychosocial concerns, and promoting awareness of diversity within staffing. These interventions can begin to assist BIPOC patients with coping with their trauma and provide them with the appropriate support.

**Learning Objectives:**

1. Identify historical events which have inflicted trauma within the BIPOC community, and how the emotional impact of this trauma can be retriggered in a healthcare setting through current discriminatory practices.
2. Explore at length how the impact of historical trauma, health care disparities, and racism affect both BIPOC's patients' and their health care team's implicit bias, which can prevent BIPOC from receiving the proper medical care and psychosocial support in
3. Outline trauma informed interventions and practices which can be used by oncology social workers and health care teams to reduce negative impact, advocate for BIPOC, and provide BIPOC with the proper psychosocial and physical support. Provide self-assessm

**References:**

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**Keywords:** Advocacy, Education

**Educational Level:** Beginning

**Course Designation:** Cultural Competency

**CE Credits:** 1.5



**Title: Meaning Centered Approach to Oncology Social Work Practice**

**Date:** Wednesday, 6/21/2023

**Time:** 2:00:00 PM - 3:30:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Jane Dabney, MSW, LISW-S, OSW-C; Nancy Tamburro, LISW-S, OSW-C

**Abstract Summary:** As oncology social workers, we recognize that it is both an honor and a privilege to work with individuals diagnosed with cancer and with their families. When we choose to practice with intention in relationship-based care it recognizes the personhood of both the patient and family as well as the oncology social worker. This approach allows for the formation and maintenance of genuine relationships which are morally valuable in the oncology setting

Creating and fostering therapeutic relationships provides a deeper, richer practice, and often involves intentionally making space to explore and listen for subtle undertones and expressions of one's core sources of support and hope in our interactions. Spirituality in its broadest sense is focused on purpose, meaning and connectedness with self, others and a higher power, and is a key component of relationship-based care which also focuses on purpose, meaning and connectedness with self and others.

This presentation seeks to explore: 1) practicing with intention; 2) intentionally listening for and incorporating spirituality and making meaning in our professional work; and 3) Increasing openness and receptivity to the subtle opportunities for meaning and connection with both patients and ourselves.

**Learning Objectives:**

1. Incorporate relationship based care into their assessment and plan of care with oncology patients/families.
2. Integrate spirituality with a meaning centered approach to oncology social work practice.
3. Identify and discuss practicing with intention and construct meaningful clinical practice to reduce compassion fatigue and professional burnout.

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**Keywords:** Clinical Practice/Skill Building, Self Care

**Educational Level:** Advanced

**Course Designation:** Clinical (General)

**CE Credits:** 1.5



**Title: Meeting Them Where They Are: Addressing the Psychosocial Needs of Young Adult Patients through Program Innovation, Engagement, and Evaluation**

**Date:** Wednesday, 6/21/2024

**Time:** 2:00:00 PM - 3:30:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Paige K. Malinowski, MSW, LCSW; Sarah E. Fay, MSW

**Abstract Summary:** Young adults with cancer (YAs), ages 18-39, face unique and exacerbated psychosocial challenges that are different from those of younger children and older adults. The Young Adult Program (YAP) at Dana-Farber Cancer Institute in Boston, Massachusetts, is a psychosocial support program for young adult (YA) patients and caregivers designed to meet these needs by providing emotional support services, peer support opportunities, and educational programs aimed at enhancing knowledge and self-advocacy skills. Over the past 11 years, YAP's growth is attributed to a focus on innovation, engagement, and evaluation. Innovation efforts included the development and use of the "iaya" smartphone app for YA patients, the transition of support groups and educational programs to virtual platforms during the COVID-19 pandemic, and increased collaboration with internal and external partners to better serve YA patients. In addition, various forms of engagement with YA patients and caregivers were essential in building a strong program based on patient needs. Lastly, an emphasis on integrating program evaluation methods (such as surveys and direct qualitative feedback) was critical in improving YAP offerings on an ongoing basis. The components, process, and overall development of this cutting-edge model centered around meeting the needs of a unique population could be considered for utilization in other patient-facing supportive oncology programs.

**Learning Objectives:**

1. Translate evidence-based needs of a population to inform program development.
2. Leverage innovation of all forms to adapt a patient-facing program during times of major change or transition (e.g., pandemic, leadership or staffing change, technology change).
3. Integrate patient engagement practices to empower and elevate the patient voice and demonstrate how to continuously integrate patient feedback to inform ongoing program evaluation.

**References:**

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**Keywords:** Adolescent and Young Adult, Specialized Needs

**Educational Level:** Beginning

**Course Designation:** Clinical (General)

**CE Credits:** 1.5





**Title: Pathway to Professionalism: A Field Curriculum for a New Era**

**Date:** Wednesday, 6/21/2023

**Time:** 2:00:00 PM - 3:30:00 PM

**Presentation Type:** Learning Institute

**Speaker(s):** Sandra Blackburn, MSW, LSW; Laura Kotler-Klein, DSW, LCSW; Ashley Adams, MSS, LCSW; Heather Sheaffer, MSS, LCSW, DSW

**Abstract Summary:** At our NCI-designated comprehensive cancer center, the leaders of the student program in our outpatient oncology setting identified a need for standardized social work field education. We designed a manualized field curriculum for use with our social work student program to incorporate a standard orientation, policies and practices in oncology, and contemporary clinical social work practices. This curriculum is designed to enhance, not replace, individual supervision and teaching yet provides uniformity to the student experience. Originally presented at AOSW's 2019 conference, the curriculum has been recently revised to reflect social field instruction in the era of remote and hybrid work.

The curriculum is reflective of contemporary field instruction and the realities of how people work now, including hybrid or remote work. It walks field instructors through the trajectory of the field education experience, from the student interview to the final field evaluation. Topics include assessment, referrals, documentation, working with inter-professional teams, and practice approaches from an anti-racist viewpoint to include issues of privilege, oppression, diversity and social justice.

Designed to support new and experienced field instructors, from solo practitioner to social work teams in large health systems. Whether you have one student or ten in your department, we welcome you to customize this curriculum to enhance your student's learning and provide a consistent structure for you and your program. The session includes access to a digital copy of the manual that is customizable for your site.

**Learning Objectives:**

1. Define elements of a comprehensive student curriculum.
2. Analyze their current program needs and identify areas of potential development.
3. Construct an optimal student field program using a customizable template.

**References:**

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**Keywords:** Education, Leadership/Administration

**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1.5



**Title:** *Contemplating Life and Death: Recognizing spirituality as a core component of professional identity and ethical practice in oncology social work*

**Date:** Wednesday, 6/21/2023

**Time:** 2:00:00 PM - 3:30:00 PM

**Presentation Type:**

**Speaker(s):** *Melissa Stewart, LCSW-R*

**Abstract Summary:** Social workers must abide by a professional Code of Ethics (NASW, 2021) that includes a set of values and ethical principles that guide practice. Included in the Code are standards of practice that cannot be well followed if a social worker does not engage in continuous self-reflection. The therapeutic use of self (Aponte, 2022) is a foundation of clinical practice and requires a nuanced and thorough self-awareness of the clinician's social identifiers, values, attitudes, and beliefs (Watts-Jones, 2016; Mattila, 2018). In oncology social work, values and beliefs related to universal existential conundrums arise regularly, particularly those around health, illness, and death. The oncology social worker's response to a patient's self-identified spiritual concerns about their predicament, will always be perceived and addressed through the social worker's multifaceted social, cultural, and spiritual self (Berzoff, 2011; Long, 2011). In order to participate in competent and ethical practice, oncology social workers, when engaging in clinical supervision (Hardy, 2017; Hardy & Bobes, 2017) and/or working directly with patients with cancer, need not only recognize their positionality and social location (Watts-Jones, 2016 & 2010) but also appreciate how their own spiritual beliefs and perspectives shape their approach to life and work. Often, beliefs are outside of conscious awareness and require deliberate exploration. Any discussion related to ethical, spiritually attuned social work practice, in any setting including healthcare, must include an acknowledgement of the pervasive and oppressive presence of white supremacy and whiteness (Hardy, 2022), which has roots in (corrupt) spiritual belief systems about humanity and the natural order of things (Trimble, 2022). This presentation will provide definitions of spirituality that demonstrate the relationship between ethics, morality, and humanistic values that bridge the apparent divide between religious and secular paradigms that attempt to describe reality. In addition, there will be a review of spiritual concepts and opportunities for participants to engage in self-assessment related to their own spiritual location, promoting active engagement with the ethical and spiritual imperatives that guide and enhance practice and contribute to professional resilience and satisfaction.

**Learning Objectives:**

1. Provide definitions of spirituality that enrich meaningful and ethical practice.
2. Engage in a process of self-reflection to better understand their social and spiritual location.
3. Discuss the evolution of ethics in the field of Social Work and identify current ethical/spiritual imperatives that have professional relevance and impact client outcomes.

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

**Educational Level:** Intermediate

**Course Designation:** Ethics

**CE Credits:** 1.5





**Title:** Closing Keynote: Finding Our Best Selves Amidst the Temptation to be “Everything Everywhere All At Once”

**Date:** Wednesday, 6/21/2023

**Time:** 3:45:00 PM - 5:00:00 PM

**Presentation Type:** Plenary

**Speaker(s):** Tara J. Schapmire; PhD, MSSW, OSW-C, FAOSW

**Abstract Summary:** The COVID-19 pandemic served as a major catalyst for oncology social workers; more than ever, we often felt like we had to be/do “everything everywhere all at once”. It forced us to navigate our work, career development, and homelife in wholly new and critical ways. This presentation will explore the themes of interconnectedness, professional identity, power, and professional resilience and suggest ways to sustain our careers over the long haul.

**Learning Objectives:**

1. Examine how their own professional identities have changed since COVID.
2. Discuss embracing the interconnectedness of things as a model for professional resilience.
3. Clarify ways to meet healthcare’s quintuple aim of improving population health, enhancing the care experience, and reducing costs, improving provider well-being and improving health equity.

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**Keywords:** Clinical Practice/Skill Building, Professional Issues



**Educational Level:** Intermediate

**Course Designation:** Clinical (General)

**CE Credits:** 1