



## AOSW 2023 Poster Abstracts by Title

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**Title: A Review of Changes to the Board of Oncology Social Work Certification-Elevation of Program Rigor, New Program Requirements, and New Candidate Platform**

**Presentation Type:** Poster

**Speaker(s):** Christina E. Bach MBE, MSW, LCSW, OSW-C

**Abstract Summary:** The Board of Oncology Social Work Certification (BOSWC) was established in 2003 to ensure excellence in biopsychosocial/spiritual care of oncology patients, families, caregivers, and their communities. This mission is accomplished by providing candidates the opportunity to earn and maintain the Certified Oncology Social Work (OSW-C) credential. Candidates must demonstrate excellence in oncology-specific social work practice and ongoing, oncology-specific education and training, professional employment, and professional and community engagement.

BOSWC has committed over one year of work to review, refine, and enhance the purpose, scope, and requirements for the OSW-C credential. Goals included (1) clarifying the program purpose and further definition of eligible candidates (2) defining clear rationale for all program requirements and (3) revising policies and procedures to streamline and simplify the application and renewal process. BOSWC engaged thought leaders from diverse OSW settings, including APOSW, to develop a structure of competencies, knowledge areas, and tasks required of adult and pediatric oncology social workers. All program requirements are tied to the newly developed OSW-C competency domains. These domains include (1) Clinical Assessment and Intervention, (2) Care Coordination, (3) Professional Advocacy and Political Action, (4) Patient and Staff Education and Advocacy, (5) Organization Support and Service, and (6) Professional Education.

This poster presentation will demonstrate the rigorous processes employed by BOSWC, and will inform AOSW members of revised requirements to obtain and maintain board certification in oncology social work.

**Learning Objectives:**

1. Demonstrate knowledge of core oncology social work competencies.
2. Discuss the value of professional certification and the new requirements for achieving and maintaining board certification in oncology social work.
3. Describe the scope of oncology social work practice in a variety of settings and the impact of OSW-C.

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

**Educational Level:** Beginning

**CE Credits:** n/a



## **Title: Addressing Psychosocial distress in Hispanic woman diagnosed with Gynecologic cancers**

**Presentation Type:** Poster

**Speaker(s):** Marlene Morales

**Abstract Summary:** Gynecologic Oncology patients face a multitude of psychosocial distress that include physiological, emotional, and practical issues because of cancer. Hispanic women diagnosed with gynecologic cancers also face the same challenges but may have additional barriers to break through as result of language and cultural barriers. There is a plethora of publications that have been published for woman diagnosed with cancer, relating to psychosocial distress, however, the studies are geared towards woman diagnosed with breast cancers with minimal data about Hispanic woman diagnosed with gynecologic cancers and the specific challenges these women face. The few studies that are available, have concluded and maintained the same stance; that there is not enough research for gynecologic oncology patients as a whole and minimal information about Hispanic women diagnosed with ovarian, cervical, uterine, vulvar, and vaginal cancers and the effects of psychosocial distress. The purpose of this synopsis is to discuss the findings of working with this unique population, what psychosocial stressors were identified and how they are being addressed by utilizing a culturally sensitive multidisciplinary approach. A patient reported outcomes approach was utilized to screen gynecologic oncology patients for emotional and practical needs. The distress screening tool was used by social work to further assess and address the needs reported. A questionnaire addressing both emotional and practical needs was submitted to gynecologic oncology patients 72 hours prior to their second visit with their oncologist. The elevated scores and outcomes generated from the questionnaire were forwarded to the social worker and were followed up with within 72 hours.

### **Learning Objectives:**

1. Recognize some the challenges faced by Hispanic women diagnosed with a gynecologic cancer, including, and not limited to, lack of English proficiency and navigating the U.S. healthcare system.
2. Identify what psychosocial stressors are experienced by this population.
3. Apply tools to utilize with this population.

### **References:**

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**Keywords:** Distress/CoC, Education

**Educational Level:** Beginning

**CE Credits:** n/a





## **Title: Bereavement Needs of Siblings: The Parent and Sibling Perspective**

**Presentation Type:** Poster

**Speaker(s):** Stacia Wagner MSW, MEd

**Abstract Summary:** A pediatric brain tumor diagnosis impacts the entire family forever. Unfortunately, there is a demonstrated lack of professional, family and peer support for siblings. The lack of support can begin at diagnosis and last throughout treatment. Our work with bereaved siblings indicates that the lack of support continues through survivorship and bereavement.

Thirty years ago, sibling bereavement literature saw emotional disengagement as essential to grieving (Hogan, 1996). This often led to decreased conversation about the deceased sibling and even shame or fear in bringing a sibling up. However, more recent literature illustrates that grief is not timed and disconnecting the emotional bond with the deceased sibling is not the goal. (Sherman, A. C., & Simonton, S., 1999; Hogan, 2019).

Siblings do not “get over” the loss. This “ongoing attachment” is now seen as an essential part of the lifelong grief experience for siblings. This ongoing attachment is a continuous emotional and social bond for the bereaved siblings. (Packman & Horsely et al., 2006). Grief often occurs during developmental milestones such as graduations, weddings, births, and funerals. The current goal is to have their deceased sibling as a part of their life in a different way. We conducted parent and sibling focus groups and found that there are still limited honest discussions about the emotional impact and the siblings’ coping ability.

Many bereaved siblings feel alone in their grief. Feelings of significant isolation are also reported among non-bereaved siblings. Similar perceptions of the illness experience were associated with decreased current social support. For example, those who reported a negative impact on their relationships with others had an average social support score lower than those whose relationships were not impacted negatively. In addition, bereaved respondents who were 13 years or older at the time of their sibling’s diagnosis reported lower current social support than those younger than 13 years (Rosenberg, 2015).

While developing a bereaved sibling mentor program funded by the New York Life Foundation, we began to observe differences between parental perception of siblings’ adjustment to grief and the experience of the sibling. This poster presentation will examine the differences and review ideas to improve communication within families and potential clinical support for the bereaved siblings. The information gathered from the interviews will inform the development of clinical support, including a Bereaved Sibling Mentor Program.

### **Learning Objectives:**

1. Discuss bereavement quality of life measurements.
2. Discuss focus group basics including development of research questions, recruitment, structure and interpretation of data.
3. Discuss sibling bereavement, long-term impact, communication barriers and successes and the identified needs of siblings.

### **References:**

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

**Educational Level:** Beginning

**CE Credits:** n/a



**Title: Body Image & Breast Cancer: The Things We Don't Discuss**

**Presentation Type:** Poster

**Speaker(s):** Virginia Leach

**Abstract Summary:** Background: Breast Cancer (BC) mortality rates disproportionately affect African American (AA) women over any other racial or ethnic group in the United States. However, questions about how AA women who survive the disease navigate psychosocial factors such as body image, self-esteem, stigma and shame, thoughts and fears surrounding fertility, and romantic relationships remain unanswered.

**Objectives:** The purpose of this research is to understand and illuminate how AA women breast cancer survivors navigate their identity, body image, and self-confidence as breast cancer survivors. This study serves to (1) amplify the voices and experiences of AA women diagnosed with breast cancer, (2) shift the conversation around breast cancer survivorship, and (3) communicate innovative strategies to improve the quality of life of AA women breast cancer survivors. This study's primary research question is, "How do AA women BC survivors create a new normal post-breast cancer while figuring out their own identity?"

**Methods:** This qualitative study aims to address the psychosocial factors experienced by 20 AA women BC survivors in the U.S. The 20 women were recruited to participate in the IRB-approved study (University of Illinois at Urbana-Champaign) through the Tigerlily Foundation, a non-profit breast cancer advocacy organization. The total duration of the study lasted a maximum of 1 hour and 45 minutes with participants answering one pre-interview questionnaire for demographic purposes and completing one interview.

**Results:** BC survivors experience numerous changes that can drastically impact their quality of life. Feelings of isolation, depression, anxiety, and being overwhelmed are just the tip of the iceberg. AA women BC survivors struggle immensely with body image and self-confidence issues after experiencing breast cancer, various surgeries, and treatments. These physical changes mark new mental health challenges that are often overlooked because of one's survivorship status.

**Conclusions:** The importance of addressing mental health needs of AA women BC survivors can start with oncologists and care teams recognizing their patients need support as they transition into the survivorship phase. Creating more personalized survivorship care plans between patients, oncologists, and hospital-based social workers can improve psychosocial factors experienced by AA women BC survivors.

**Learning Objectives:**

1. Fill the gaps to connect patients and professional services.
2. Adapt culturally to African American women patients.
3. Work with community based organizations to improve their professional relationship with patients.

**References:**

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**Keywords:** Survivorship, Special Populations

**Educational Level:** Beginning

**CE Credits:** n/a



**Title: Breast Care Helpline: An innovative patient-centered approach for providing psychosocial support and resources within the care continuum**

**Presentation Type:** Poster

**Speaker(s):** Mari Montesano MSW, LCSW, OSW-C

**Abstract Summary:** Being diagnosed with breast cancer or having breast health concerns can lead to various psychological effects including anxiety, increased feelings of panic, and bring one's own mortality into mind (Trevino et al., 2020). A helpline can allow someone to speak freely without judgment or pause during one of the more distressing times in their lives (Taylor et al., 2020).

In April 2021, the Susan G. Komen Breast Care Helpline (Helpline) launched with a team of Helpline Specialists, including bi-lingual specialists. The Helpline is an innovative program aiming to reduce barriers to care by creating a communication channel that acts as the hub of Komen and what it has to offer individuals.

The Helpline utilizes an evidence-based model grounded in social work's Strengths Perspective. Its goal is to address and reduce barriers to care and to support diverse communities in accessing resources and support. In serving a diverse population, the Helpline Specialists are challenged with a broad range of issues including financial needs, emotional well-being, access to care, medical decision-making, and support for caregivers and family. Utilizing both phone and email, Specialists provide psychosocial support, connect individuals to screening services, provide guidance when abnormal results are received, explore financial assistance options, and more.

The Helpline provides high-quality psychosocial support, education on a variety of breast cancer topics, and information on resources provided via phone calls, email, or chat. Working within a team of highly trained professionals, a Helpline Specialist plays a key role in this patient centered program by supporting individuals who need immediate support in a virtual contact center environment. To deliver high- quality information and service referral system, Komen developed an internal resource repository and constituent management platform that ensures caller privacy and confidentiality.

In the first year (April 2021- March 2022), the Helpline served nearly 16,000 individuals representing all 50 states including the District of Columbia. Of those served, 21% identified as Hispanic or Latino, 34.6% identified as Black or African American, and 51.8% identified as white or Caucasian. Five percent of the total calls were Spanish speaking preferred. Additionally, 30% of Helpline users were recently diagnosed with breast cancer, including over 3,000 individuals undergoing treatment and more than 700 individuals were living with Metastatic Breast Cancer (MBC). Through the evaluation activities, Komen learned that 95% of respondents report feeling better after contacting the Helpline. Eighty-one percent of respondents report being able to find care faster as a result of contacting the Helpline and 85% of respondents report receiving the information and resources they needed.

Susan G. Komen has been a leader in breast health and breast cancer for forty years and is known for advancing research, advocating public policy, and promoting health equity in diverse communities. The Helpline is proving there are innovative ways to provide psychosocial support to newly diagnosed, caregivers, and MBC patients, while additionally supporting oncology social workers and nurse navigators working with patients and their loved ones along the care continuum.

**Learning Objectives:**

1. Describe the Breast Care Helpline and how it helps individuals facing breast cancer and/or breast health concerns.
2. Recognize how a helpline can be a way to connect diverse populations to health education, support, and resources across the United States.
3. Discuss an innovative approach to providing psychosocial support and information via helpline.

**References:**

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

**Educational Level:** Beginning

**CE Credits:** n/a



**Title: "Cancer Out Loud": Not Just Another Cancer Podcast**

**Presentation Type:** Poster

**Speaker(s):** Sarah Paul

**Abstract Summary:** It is no secret that storytelling is a powerful tool- utilized for centuries, it has helped forge connections and decrease feelings of isolation across communities. The cancer experience abruptly disrupts narrative and identity; life is suddenly separated into 'before' and 'after.' Establishing a cancer narrative can be difficult and isolating (Yang Y. et al., 2020). These narratives are often traumatic, and retelling the story can be painful. "Cancer Out Loud" is not just another podcast about cancer; it is an innovative clinical tool that gives a voice to those yearning to make sense of their cancer experience. Established by a small group of licensed oncology social workers at the precipice of the COVID-19 pandemic, "Cancer Out Loud" integrates narrative therapy techniques and digital storytelling to provide therapeutic interventions for the individual, create awareness, and act as an educational tool. Oncology social workers have the unique opportunity to develop innovative programs that improve the quality of life for people affected by cancer.

Overall, developing a narrative can help this population establish meaning, improve self-awareness, cope with stress, and decrease emotional distress (Carlick, A. & Biley, F.C., 2004; Chelf, J.H. et al., 2000). While decades of research on narrative therapy highlights the many benefits, digital storytelling is a relatively new intervention (Lal, Donnelly, & Shin, 2015). For this presentation, digital storytelling refers to the process of participating in a podcast interview and audio recording. Those coping with cancer have an opportunity to make meaning despite feelings of suffering (Lethborg, C. & Harms, L., 2015). One way to encourage this is to provide a supportive environment for exploring and establishing a story. This podcast offers remarkable possibilities for emotional catharsis, increased self-awareness, meaning-making, and legacy-building.

Those that participated in the podcast were open about how the experience has benefitted them. Linda\* shared this after her episode launched, "Trying to figure out how my diagnosis will fit into my life story has not been easy, but our conversations and this participation [in Cancer Out Loud] have helped me recreate my identity." Similarly, Ronald\* relayed this to his oncology social worker, "Whenever I emotionally dip a bit, I relisten[ed] to the podcast, think about Mary's\* ongoing advice to me and the many walking wounded people out there..."

This poster presentation will highlight this novel program and provide actionable steps toward implementing digital storytelling as a narrative therapeutic tool for oncology social workers. The author will utilize multimedia methods to incorporate significant audio clips from past episodes. This presentation will describe the program development process, including podcast screening, interviewing, recording and production. Future evaluations of the podcast program will continue to improve program delivery and effectiveness overall. The presentation will highlight program successes and limitations alongside feedback from participating clients.

**Learning Objectives:**

1. Describe and discuss two benefits of narrative therapy techniques for individuals affected by cancer.
2. Identify digital storytelling as a clinical tool to utilize within the oncology community.

3. Demonstrate understanding of proposed programmatic model to possibly replicate in various oncology social work settings.

**References:**

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

**Educational Level:** Beginning

**CE Credits:** n/a





**Title: Connections and Conversation: Social Programs Addressing Social Isolation Among Older Adults with Cancer**  
**Presentation Type:** Poster

**Speaker(s):** Sarah Tennenhaus

**Abstract Summary:** Social isolation is a significant issue among older adults. Almost one quarter (24%) of older adults report being socially isolated, which impacts their physical and mental wellbeing, particularly in the era of COVID (Perissinotto, Holt-Lunstad, Periyakoil, & Covinsky, 2019; Tyrell & Williams, 2020). Low or limited social supports are related to increased stress, depression, anxiety, and poorer treatment outcomes among older adults with cancer (Williams et al., 2019). During the COVID pandemic, oncology social workers adapted to the rapidly changing clinical landscape and delivered virtual psychosocial services across a variety of settings (Zebrack et al., 2021). To promote positive social connections and reduce isolation among older adults with cancer, oncology social workers can think creatively about developing virtual social programs for patients. These programs can be designed to facilitate social connection, emotional support, and intellectual stimulation among older adults who share common interests in addition to a cancer diagnosis (Kadambi et al., 2020).

As examples, literature and film can create a context for meaningful discussion and personal connections and provide opportunities for older adults to engage in an intellectually stimulating activity while deriving emotional and social benefits (Kadambi et al., 2020). Bibliotherapy and cinematherapy use language and story to promote health and healing and have shown benefits for people with cancer (Malibiran, Tariman, & Amer, 2018; Niemiec, 2020). Leveraging these evidence-based practices, a nationwide provider of cancer-focused education and psychosocial support programs developed two novel programs in April 2021. To reduce experiences of social isolation among older adults with cancer, an oncology social worker led the development of book clubs and movie discussion groups for patients in active treatment and post-treatment.

Bimonthly book clubs and bimonthly movie discussion groups were offered virtually and open to clients, ages 65 years and older, throughout the United States. Surveys of program participants demonstrate that clients find these programs to be accessible, acceptable, and effective for reducing social isolation, as well as increasing social connectivity and sharing of lived experiences. Future programmatic evaluations will continue to incorporate client feedback to improve program content, delivery format, and effectiveness. This presentation will describe the format of these programs, including materials selection criteria, recruitment suggestions, and group facilitation pointers, so oncology social workers may replicate these programs in various cancer care settings.

#### **Learning Objectives:**

1. Describe and discuss at least two (2) consequences of social isolation among older adults with cancer.
2. List three (3) benefits of biblio/cinematherapy for older adults with cancer.
3. Utilize program-developed criteria to identify selections for a book club and movie group for older adults with cancer.

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**Keywords:** Special Populations,

**Educational Level:** Beginning

**CE Credits:** n/a



**Title: Creating Connections: A Virtual Program Guide for Brain Tumor Caregivers**

**Presentation Type:** Poster

**Speaker(s):** Victoria Lassen

**Abstract Summary:** The disease trajectory for patients with a primary brain tumor can make caregiving particularly challenging. Caregivers report higher levels of psychological pain compared to patients (1) as they navigate the patient's personality changes, physical deficits as well as cognitive decline in memory, attention, language and communication, executive function, reasoning, judgment, and mental flexibility (2). These challenges are unique to the brain tumor caregiving experience and can lead to increased feelings isolation.

This isolation comes at a cost as studies have demonstrated that within the brain tumor caregiving experience, there is a greater burden at diagnosis that can lead to lower social support and higher levels of depression and anxiety within the first 8 months (3). Brain tumor caregivers would greatly benefit from early intervention and support programs that can provide specific practical and emotional support. In previous studies, caregivers of brain tumor patients reported difficulty accessing information and support around the diagnosis and treatment process, learning about different methods of coping as well as preparing for long-term care and end of life (4).

Studies have found that throughout the course of the illness trajectory, caregivers express interest finding practical and emotional support from peers who were also caring for a loved one with a similar diagnosis. As their loved one's disease progresses, brain tumor caregivers can find more support from others who can relate to their situation and provide information, such as ways of coping (4). To meet the growing needs of this unique population, the Brain Tumor Caregiver Support Group at a large urban cancer center was created in April 2021 to provide virtual space for cancer specific support.

Since its induction, over 108 caregivers have attended this virtual support group. Although caregivers can benefit from more support in navigating the stress resulting from caregiving for a loved one with a brain tumor, it can be very difficult for them to set aside time to access support systems, such as support groups due to the ongoing care of the patient (4). Virtual programming has allowed for caregivers to attend while often caring for their loved one at home. This virtual group has offered both practical resources as well as the emotional support from other caregivers who can understand the experience of those in the group and speak to it. As their loved one's disease progresses, brain tumor caregiver needs become more specific (4) and this programming provides a space where caregivers voice those specific needs and received support around them.

This presentation will explore the creation of a brain tumor caregiver support group, themes and discussions from the group itself, as well as additional resources that have been provided within the group. The creation of a disease specific support group is an important intervention that can assist caregivers throughout their loved one's disease trajectory. The purpose of this presentation is to address the intricacies of this population and specifically the caregiving experience so that we can better meet their various psychosocial needs.

**Learning Objectives:**

1. Discuss the impact of caregiving for a loved one with a brain tumor diagnosis.
2. Recognize the importance on supporting brain tumor caregivers throughout the illness trajectory.

3. Describe the creation of a virtual brain tumor caregiver support group.

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

**Educational Level:** Beginning

**CE Credits:** n/a



**Title: Day-to-Day, Personal Characteristics Influence Hospital Readmission and NRM in Allogeneic Hematopoietic Stem Cell Transplantation**

**Presentation Type:** Poster

**Speaker(s):** Nicholas Yuhasz

**Abstract Summary:** Socioeconomic factors influence mortality and morbidity following hematopoietic allogeneic transplant. In previous studies, socioeconomic variables such as education level, income, aggregate census-based scores Rural-Urban Continuum Code (RUCC) or Rural-Urban Commuting Area Codes (RUCA), have been used to describe disparities affecting transplant outcomes.<sup>1,3,4,6,7,9,10,15</sup> The caregiver relationship has also been shown to be affected by socioeconomic factor. We postulated that personal barriers to access medical care, including demonstrable attendance to optional meetings, may independently predict outcomes. This information was collected via patient questionnaire pre-transplant. We compiled questionnaire results collected between March 2016 and February 2020 at our single center and correlated day-to-day barriers with overall survival and non-relapse mortality (NRM). We conducted a retrospective review of patient records for all patients who underwent allogeneic transplant from March 2016 to February 2020 who also completed the patient questionnaire. Of the 430 patients that were transplanted, 149 patients had an available questionnaire. Data was collected via chart review, including records the electronic medical record and from the TransChart database. Variables assessed included if caregiver class attendance, distance from the cancer center, access to local healthcare, dependent status, as well as RUCC, RUCA, TERS, and income distribution by zip code are listed in Table 2. 149 questionnaires were reviewed and outcomes for overall survival, Day 100 hospital readmission rates, and NRM assessed. Patient demographics and responses are shown as in Table 1. Univariable Cox Regression Analysis of PFS and OS (not shown) indicated that patient with dependents also had improved PFS and OS. Patients with children but not necessarily those with dependents had improved OS. Univariable Logistic Regression of Hospital Readmission (70 events) is summarized in Table 2. Univariable Fine and Gray Model of NRM (32 events, 24 competing events) is summarized in Table 3. Despite a small number of patients reporting difficulty getting to scheduled appointments, this was significantly associated NRM but not overall survival. We evaluated day-to-day barriers to medical access and their correlation with outcomes post-transplant. This is a single center study in patients who have undergone patient selection and been deemed eligible to proceed. Therefore, other factors such as significant comorbidities, psychosocial issues, or absence of a caregiver would have been previously considered. Our results indicate that those with children (who in some cases may serve as primary caregivers) have better outcomes. We also observed lower NRM in patients reporting difficulty getting to appointments, possibly indicating a barrier to close follow-up long-term. Our program utilizes involvement of social work and financial planning services to minimize the risk of potential issues with transplantation. Our data suggests that the caregiver relationship (particularly children) may be optimizable, when possible, in many cases and that transportation issues should be aggressively optimized to improve patient outcomes and reduce NRM. Interestingly RUCC and RUCA did not impact NRM - likely due to multidisciplinary patient optimization and selection.

**Learning Objectives:**



1. Social work, nursing, and physicians directly provided services to client, we observed and reported questionnaire results from these interactions.
2. The relationship of caregiver (particularly children) may be optimizable, when possible, in many cases and that transportation issues should be aggressively optimized to improve patient outcomes and reduce NRM.
3. Our results indicate that those with children (who in some cases may serve as primary caregivers) have better outcomes, and are less likely to be readmitted within Day 100 after transplantation.

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**Keywords:** Interdisciplinary Care, Patient Navigation

**Educational Level:** Beginning

**CE Credits:** n/a



**Title: Dying Young: The Existential Crisis Faced by Terminal Young Adults**

**Presentation Type:** Poster

**Speaker(s):** Victoria Nicholas

**Abstract Summary:** Young adults with terminal cancer encounter the unique hardship of facing death at a young age. These patients have not fulfilled the life stages needed to approach death with peace and acceptance, leading to complicated grief and increased psychological distress.

Young adults may not have the medical knowledge nor the language to accurately communicate their end of life wishes, leading to goal discordant care. Oncology social workers can facilitate the effective communication of patient's goals through goal concordant counseling and advance directive discussion and completion. "Goal-concordant care has been rated as an indicator of high-quality care in serious illness and an important outcome defining successful advance care planning" (Modes et al., 2020).

This poster will explore the unique needs of young adult terminal cancer patients through examination of developmental stages and their relation to complicated grief, assessment of risk and protective factors for complicated grief, and discussion of therapeutic techniques and interventions for oncology social work counselors to decrease patient distress and enhance coping at end of life.

**Learning Objectives:**

1. Explore psychosocial stages of development and their relation to complicated grief in the young adult population. Include review of protective and risk factors influencing a young adult's coping at end of life and with anticipatory grief.
2. Educate and highlight benefits of goal concordant care conversations, advance care planning education and completion, and documentation of preferences in the electronic health record to enhance communication with medical teams and loved ones.
3. Discuss the benefits of oncology social work counselors engaging terminally ill patients in therapeutic interventions to reduce distress, increase quality of life and enhance communication regarding end of life preferences.

**References:**

Modes, M. E., Heckbert, S. R., Engelberg, R. A., Nielsen, E. L., Curtis, J. R., & Kross, E. K. (2020). Patient-Reported Receipt of Goal-Concordant Care Among Seriously Ill Outpatients-Prevalence and Associated Factors. *Journal of pain and symptom management*, 60(4), 765–773. <https://doi.org/10.1016/j.jpainsymman.2020.04.026>

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

**Educational Level:** Beginning

**CE Credits:** n/a



## **Title: Early Advance Care Planning in the Outpatient Oncology Setting: A Review on Process and Interventions**

**Presentation Type:** Poster

**Speaker(s):** Thomas A. Verm

**Abstract Summary:** As patients navigate cancer care, we recognize the importance of discussion relating to a patient's values, goals and wishes while engaging with the medical team. Oncology Social Workers have a key role in helping patients in those discussions to be sure their values and needs are being met (Chong-Wen Wang, 2018). Research shows that early advance care planning conversations for patients with a cancer diagnosis can have a positive impact on completion of advance directives, ensure that their values/goals are honored, as well as access to end-of-life services such as palliative specialized care (Korfage et al., 2020). Social work counselors in the Lymphoma Clinic at MD Anderson Cancer Center were asked to participate in a pilot program which utilized a model to meet patient's advance care planning needs.

The pilot instituted a protocol to discuss a patient's goals of care in concordance with the medical team. A large driving force of the pilot was the integration of social work assessment skills to address advance care planning and communicating proper handoff to the teams regarding the conversation details. Over six months, social work counselors spoke with patients of targeted medical teams before their new patient visit to introduce advance care planning. This dialogue was initiated by the social work counselors as supported in research regarding our role in this discussion (Stein, Cagle, & Christ, 2017), and was then communicated to the medical team at handoff.

Studies discuss the benefit of having early and earnest conversations regarding advance care planning (Agarwal & Epstein, 2018). Considering the patient's readiness for conversation which can be a barrier to discussion (Zwakman et al., 2018) social work counselors worked to target specific topics of conversation to help provide a gradual increase in familiarity to the advance care planning discussion. In this process, each patient's comfort level was measured to recognize the willingness of patients to engage in the discussion.

The aim of this pilot program was to establish a dialogue between patients and medical staff regarding the patient's hopes, understanding, and worries leading to treatment. This poster will discuss the outcome of the pilot program while exploring the benefits and barriers of the model. Discussions will also focus on integration of this pilot into other programs with specific changes and recommendations based on the social work experience.

### **Learning Objectives:**

1. Provide an overview of Goal Concordant Care (GCC) pilot process, clinician practices and findings. Identify pilot program successes and areas of improvement for effective application of GCC.
2. Discuss the impact of GCC assessments on patients, caregivers and care team.
3. Enhance awareness of key points in care when GCC discussions are clinically indicated.

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

**Educational Level:** Intermediate

**CE Credits:** n/a



## **Title: Effective Communication with Children when a Parent has Cancer**

**Presentation Type:** Poster

**Speaker(s):** Julie Salinger

**Abstract Summary:** Many parents believe they protect their children by avoiding telling them about their cancer diagnosis. An important role for oncology social workers is to help patients understand the importance of honesty, the benefits for their children and themselves, and establish ongoing communication. By understanding the barriers to straightforward communication, social workers can better prepare for an intervention which provides helpful information about how to manage these emotionally charged conversations and ultimately help a patient reconnect with her sense of power and importance as a parent.

While parents might feel that avoiding discussion about their illness helps their children, it generally does not. Children are sensitive to even the smallest changes in households, feel something is wrong and then imagine something much worse than reality. Children may overhear instead of learning directly, feel the subject is off limits and become less trustful of their parent, isolated, alone, afraid, even invisible. Without direct communication, a parent and child can feel increasingly disconnected at a time when closeness is essential. For parents, secrets are exhausting; honesty often leads to a parent's relief. Honesty gives parents the opportunity to teach children valuable tools for navigating difficult situations. Honest communication helps children build trust and resilience and maintain closeness and connection. There are many barriers to honest communication. One is that parents mistakenly believe that hiding the truth protects their children. Another is a parent's worry about how to structure such a conversation. She can be unsure how/when to have this conversation and what words to use with varied ages. She might worry that a child might ask, "Are you going to die?" She feels uncertain about her illness trajectory and wonders how children can know what to expect if she doesn't know herself. Other barriers include cultural norms, disagreement between partners and a patient's fear that she will become too emotional. Social workers also struggle with this subject, susceptible to countertransference, memories of their own losses, and worries about their own children.

As a team, social workers and patients can together develop a script of sorts, a plan for when, where and how frequently to have these conversations. A social worker can prepare a patient for the most common reactions, suggestions for how to respond, even rehearse with the patient. A social worker can offer important tools to a patient, to help her achieve and maintain vital honest communication with her children.

Patients feel they have lost control when diagnosed with cancer. They feel guilt that they may be ruining children's lives. However, how a patient communicates with her children is entirely in her control. By helping a patient understand the benefits of honest and direct ongoing communication, and providing the tools to carry out effective conversations, a social worker builds confidence and reminds her of the profound power she has, even with a diagnosis of cancer, to make a positive difference in her children's lives.

### **Learning Objectives:**

1. Describe the importance of effective communication with children about a patient/parent's cancer by identifying patients' stated concerns and by recognizing the benefits for both patient/parents and their children. Identify the crucial role a social worker



2. Identify the barriers to effective communication with children about a patient/parent's cancer, related to many factors including: a patient's own emotional challenges, misunderstanding about what it means to protect their children and inadequate information
3. Demonstrate how to conduct ongoing effective conversations with children about a parent/patient's cancer using information gathered about the specific children involved, a parent/patient's comfort level, cultural factors, etc. by offering suggested language

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

**Educational Level:** Beginning

**CE Credits:** n/a



## **Title: The Effectiveness of a Peer Specialist Training Program**

**Presentation Type:** Poster

**Speaker(s):** Kara E. Downey

**Abstract Summary:** Background: Cancer clinical trials are key to making progress against cancer, however, it is estimated that fewer than 1 in 20 adult cancer patients enroll in clinical trials. Of this low participation rate, only 5% identify as Black or African American. Additionally, research shows that not only are Black individuals less likely to participate in clinical trials, they are less likely to be offered the opportunity (Unger, et al., 2016). This means that a growing number of Americans lack access to the potentially lifesaving treatments and clinical advances provided by clinical trials. There is substantial evidence that peer support programs can not only favorably impact the prevention and early detection of diseases, but aid in the removal of barriers to care and the management of chronic diseases, such as cancer (Swider, 2002). The Cancer Support Community (CSC)'s Peer Clinical Trials Support Program, based on the peer support model, aims to promote clinical trial awareness, education, and enrollment among Black and African American cancer patients by matching patients with a professionally trained peer of the same race, with experience participating in a cancer clinical trial.

**Methods:** The Peer Specialist Training Program is a comprehensive curriculum and training, developed by CSC staff, for Peer Specialists in the Peer Clinical Trials Support Program. The goal of the training is to produce knowledgeable Peer Specialists who are confident in their ability to communicate and support Black and African American cancer patients interested in learning about or enrolling in a cancer clinical trial. Participants completed a 6-part, 12-hour virtual training on topics including clinical trial basics, current and past research abuses, barriers to enrollment, and communication and building rapport. To evaluate the effectiveness of this training, participants completed a pre-post survey measuring their knowledge of clinical trials and peer support, their helping ability, and overall satisfaction.

**Results:** Eight participants with varying cancer diagnoses took part in this training. The pre-post survey consisted of 5-point Likert scale questions as well as several open-ended responses. Results indicate a notable shift to greater perceived knowledge levels for all statements such as why clinical trials are needed, enrollment barriers, and the benefits of peer support. Additionally, notable positive shifts occurred in participants' perceived helping ability including increases in their confidence to educate patients, address fears and concerns, and effectively communicate. Most participants strongly agreed that they were satisfied with the overall training and that the learning style met their expectations. In open-ended responses, participants echoed their satisfaction and indicated the need for additional role plays and technological support.

**Recommendations:** Survey results indicate that the Peer Specialist Training Program is effective in increasing participants' perceived knowledge of clinical trials and peer support as well as their perceived ability to successfully help patients. Survey results can be used as an important tool in the implementation of the Peer Clinical Trials Support Program as well as the development of future cancer or clinical trial-related peer support programs.

## **Learning Objectives:**

1. Summarize the current state of clinical trial participation among Black and African American cancer patients including barriers and facilitating factors.

2. Describe the goals and objectives of the Peer Clinical Trials Support Program and Peer Support Training.
3. Examine the implications of a peer support program and training on clinical trial participation among cancer patients of color.

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**Keywords:** Special Populations, Education

**Educational Level:** Beginning

**CE Credits:** n/a



## **Title: Effects of Suicide Exposure on Mental Health Professionals**

**Presentation Type:** Poster

**Speaker(s):** Yasiva C. "Yasi" Canga

**Abstract Summary:** Mental and behavioral healthcare can exact a heavy toll on the very providers delivering services. Direct patient care is often complex, especially when that care must include suicide risk assessment and intervention. In the oncology setting, patients' risk for suicide are elevated due to uncontrolled pain; lack of resources; side effects of treatments; unmanaged emotional distress; and other psychosocial and financial concerns. Oncology mental health professionals are four times more likely to be exposed to a patient dying by suicide. The resulting psychological turmoil could be something difficult to manage, even for the most experienced professional.

According to a study published on December 28, 2021, by Ruth Van Hallen, clinical psychologist of the Erasmus University of Rotterdam, in the Netherlands, research shows that 97% of clinicians identify clients dying by suicide as their biggest fear. Some mental health professionals, specifically psychiatrists and social workers, display post-traumatic stress symptoms after losing a client to suicide. Some exhibit intrusive thoughts, hyper vigilance, avoidance of those displaying signs of suicidality, irritability, and even emotional burnout (Chemtob, Hamada, Bauer, Kinney, & Torigoe, 1988; Dransart, Gutjahr, Gulfi, Didisheim, & Séguin, 2014; Ellis & Patel, 2012; Ting et al., 2006). The long-term impact of suicide on mental health professionals can manifest as episodes of depressive rumination, self-doubt, increased feelings of isolation from peers, increased sensitivity involving those at risk of suicide, anxiety, and possible hopelessness (Alexander, Klein, Gray, Dewar, & Eagles, 2000; Ellis & Patel, 2012; Hendin, Lipschitz, Maltsberger, Haas, & Wynecoop, 2000; Mitchell, Gale, Garand, & Wesner, 2003; Thomyangkoon & Leenaars, 2008).

While much of the research focuses on psychiatrists and psychologists' mental health after a client's suicide, there is limited information on the effects that a client's suicide has on social workers and counselors. The latter provide most mental health supportive services in the United States, and, thus, risk the most exposure to patient death by suicide. A study conducted by Cambridge University and published only in February 2019, showed that a third of the mental health professionals in their sample considered changing careers and 25% considered retirement after a client died by suicide. Additional research showed that at least 30% of mental health professionals have considered suicide and another 25% have experienced a non-fatal suicide attempt in the past. Such findings represent an emerging area in need of study and intervention, where mental health professionals that have been exposed have a higher acceptance of suicidality and better identify the signs or red flags of those at risk of suicide.

### **Learning Objectives:**

1. Discuss the effects that an exposure to suicide, whether is personal or professional might have in our mental health professionals.
2. Promote the importance of developing trainings targeted to providing formal and informal support to clinicians after a suicide occurred.
3. Review the cultural and organizational factors that might be influencing the coping process of the clinician.
- 4.

**References:**

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David M. Sandford<sup>1,2</sup> | Olivia J. Kirtley<sup>3</sup> | Richard Thwaites<sup>4</sup> | Rory C. O'Connor<sup>2</sup>. The impact on mental health practitioners of the death of a patient by suicide: A systematic review. Wiley. 7 September 2020. Pgs 261-294.

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

**Educational Level:** Beginning

**CE Credits:** n/a





**Title: Health & Health Care Access: A comparison of rural and urban, cancer and non-cancer patients during the onset of COVID-19**

**Presentation Type:** Poster

**Speaker(s):** Lisa C. Smith

**Abstract Summary:** Due to the increased risk of relapse, recurrence, and development of secondary cancers, cancer survivors (CS) are recommended to engage in healthy lifestyle choices and participate in follow up care. It is evident, however, that rural residents have lower rates of cancer screening. This study conducted a secondary analysis on a dataset examining health and health care access (H&AHC) in a primarily rural state. H&AHC of CS for rural and urban residences were evaluated in the early months of the COVID-19 pandemic. This study aims to: 1) identify H&AHC issues for CS living in rural and urban settings; 2) compare the H&AHC issues of non-cancer patients (NCP) to CS living in rural and urban settings.

**Methodology:** This is a secondary data analysis of the Access to Care in Nebraska study conducted October-December 2020. The study used a stratified random sampling design. Anonymous, mail-based surveys mailed to 5,300 Nebraska households. Inclusion criteria: 19 years or older and English or Spanish. Overall response rate was 20.8% (n=1,101) with 130 CS other than skin cancer and 976 NCP. Bivariate analyses were conducted to determine if differences existed between rural and urban, (CS) and (NCP).

**Results:** Demographic similarity existed between groups. All CS were more likely to report fair to poor health ( $p=.013$ , df 1) and urban CS poorer mental health ( $p=.024$ , df 1). Rural CS were less likely to delay accessing care ( $p=.037$ , df 1) even though they were more likely to be unemployed and not have employee-based insurance ( $p = .001$ , df 1). Rural CS were less likely to have a primary care doctor ( $p=.001$ , df 2). Regardless of rural status, CS were more likely to have: flu shot ( $p=.04$ , df 1), mammogram screenings ( $p=.003$ , df 1), and prostate screening ( $p=.001$ , df1). However, the majority of females did not have an up-to-date pap smear and the majority of males did not have an up-to-date prostate screening. Rural residents were more likely to have used telehealth ( $p = .023$ , df 1); however, a relatively small number of all participants used Telehealth (18%) and fewer patient navigation (10%).

**Discussion:** Our sample showed CS were more likely to have obtained preventative care regardless of cost, insurance status, or rural status. This may be due to their likelihood to report poorer overall health. CS were more likely to have some cancer screenings regardless of rural status which is contrary to other research<sup>3</sup>. We found the low number of those in compliance with cancer screenings concerning. It is evident that the pandemic caused access issues which resulted in significant decreases in overall cancer screenings and treatment. This leads us to believe that even more individuals likely need screening three years into the pandemic. Recommendations from this study include outreach to those underserved and overdue for screenings. Being a rural state, we believe patients would benefit from the increased use of patient navigation and Telehealth.

**Learning Objectives:**

1. Compare health and health care access of rural and urban cancer survivors to participants without a cancer history during the onset of COVID-19.
2. Assess health behaviors of cancer survivors living in a primarily rural state.

3. Determine areas to improve the overall wellbeing of cancer survivors living in a primarily rural state.

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**Keywords:** Special Populations,

**Educational Level:** Beginning

**CE Credits:** n/a



## **Title: The Journal of Psychosocial Oncology – 40 Years of Oncology Social Work Research**

**Presentation Type:** Poster

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

**Abstract Summary:** Background/Purpose. Science evolves. Investigations beget new questions and hypotheses for future study. When applied to cancer care delivery, science informs clinical care but also must be responsive to everyday clinical realities to be of use to cancer care providers. Serving as the official academic journal for the American Psychosocial Oncology Society (APOS) for the past 30 years, Psycho-Oncology has published a multitude of scientific research studies that form the knowledge base for psycho-oncology practice. The purpose of the work presented here is to examine the focus and evolution of research presented through the journal and to draw conclusions about historical gaps and potential for future directions for psycho-oncology research.

**Methods** We reviewed the Wiley and Sons website, which lists citations for all manuscripts published in Psycho-Oncology since its inception, and then catalogued all titles into an Excel spreadsheet and tabulated counts of individual words (not counting prepositions, articles, etc.). All titles were then entered into the Word Art software application to create Word Clouds – graphical depictions of the relative frequency of words and terms occurring over the journal's existence as well as in 10-year increments.

**Results** Since 1992, Psycho-Oncology has published 4,357 articles in 31 volumes. Tabulations of word counts, as depicted in the word clouds, indicated that the terms "patient" (n=836), "breast" (n=699), "survivor" (n=344), "quality of life" (n=263), and "distress" (n=254) were the most prevalent throughout the 30-year history of the journal. In the first decade of the journal's existence (1992-2001), the terms "patient," "breast," "care," "psychosocial," and "women" dominated the word cloud. From 2002-2011, the terms "breast," "women," and "care" retained their relative size and prominence whereas "distress," "survivor," "prostate" and "quality of life" grew noticeably while "patient" and "psychosocial" shrunk in size. Over the past decade (2012-2022), the terms "cope," "distress," "breast," "women," and "quality of life" dominated the word cloud, in addition to other notable terms such as "treatment," "survivor," and "health."

**Conclusion** Findings suggest that research of relevance to psycho-oncology, as published in the Psycho-Oncology, emphasizes patient-centered care and research, as evidenced by the high prevalence of words referencing individual patients and survivors, and thus reflects the value and import of patient-centered research to inform patient-centered care. The findings also reflect efforts to conduct scientific studies of important outcomes (e.g., quality of life), patient experience (e.g., distress), and psychosocial treatment modalities. Future research on men's experiences with cancer and the experiences of patients confronting cancer types other than breast and prostate cancer, could fill a gap in the knowledge base that informs the field of psycho-oncology.

### **Learning Objectives:**

1. Review research published in the Journal of Psychosocial Oncology over 40 years.
2. Identify gaps and opportunities for future research.
3. Present data in a novel and graphical manner.

**References:**

N/A

**Keywords:** Professional Issues,

**Educational Level:** Beginning

**CE Credits:** n/a



**Title: MyCare App: A preliminary evaluation of its use in youth with Hematology/Oncology Disorders**

**Presentation Type:** Poster

**Speaker(s):** Hollee Muller

**Abstract Summary:** ABSTRACT:

As the growing trend of social media and ongoing connectedness increases, so does the need for providers to meet the needs of our families in the most efficient way possible. Research has shown that a cancer diagnosis affects everyone in the family. Families may be devastated financially, socially, and emotionally and our hope is that this app would allow parents and their children to feel that they have regained some sense of control. Per the Psychosocial Standards of Care,<sup>1</sup> specific guidance, assessment and interventions should be geared towards the parents of children with pediatric cancer. The Standards also note that “open, respectful communication and collaboration among medical and psychosocial providers, patients and families is essential to effective patient- and family-centered care.” The MyCare app will allow patients or caregivers a centralized place to log information about their disease and track side effects such as pain scores, nausea scores, and vomiting. Medication lists can be easily maintained and updated. Information that is entered by the patient/family can then be viewed and discussed with their provider. The hope is that with more detailed information being tracked, the MyCare app will improve communication between the patient and provider.

HO staff identified the need to provide parents/patients with a single electronic location for educational materials and caregiver guidelines that is always accessible.

The healthcare industry has attempted to understand the different factors and barriers that impact patients with chronic conditions. Wagner proposed a system view of the healthcare system. This model illustrated the interaction of the community and health system on the “productive interactions” between the patient and practice team. Wagner’s model emphasized the importance of an “informed activated patient” which requires supporting the patient in acquiring the skills and the confidence.

Confidence is a colloquial term that has parallels to the psychological construct of self-efficacy as described by Bandura. Within the social cognitive theory, self-efficacy is from the dynamic interactions of behavior, cognitions and environment. It refers to the “beliefs in one’s capabilities to mobilize the motivation, cognitive resources, and courses of action needed to meet given situational demands.” Within the healthcare environment self-efficacy has been positively associated with self-management behaviors in patients with heart disease, type 2 diabetes, chronic kidney disease and post-stroke self-management. We have been unable to identify a validated measure for self-efficacy/self-management that fits our pediatric hematology/oncology patient population. We will therefore assess patient and caregiver perceptions on their ability to manage their/their child’s disease and their level of feeling informed/prepared, utilizing a questionnaire that was developed for this project.

**Learning Objectives:**

1. Explain how an application may assist in medication compliance amongst hematology and oncology patients.
2. Name two ways an app can be used in transition to adult care.
3. Describe how an institution can engage in using technology to improve patient care.



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Lam W, Li SF, Yi YZ, Ho KY, Lam KKW, Leung DYP, Chan KYY, Ho JMC, Chan SCW, Wang HX, Zhou L, Yin Y, Wong FKY.

Int J Environ Res Public Health. 2022 Aug 10;19(16):9840. doi: 10.3390/ijerph19169840.

PMID: 36011474

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Population: A Qualitative Study.

Belsky JA, Holmes C, Stanek J, Yeager ND, Audino AN.

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PMID: 32960135

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

**Educational Level:** Intermediate

**CE Credits:** n/a



**Title: Narrative Approaches with the Oncology Population: A Review of the Literature and Potential Effects on Mental Health**

**Presentation Type:** Poster

**Speaker(s):** Tiffany Bystra

**Abstract Summary:** Distress experienced within the first three months of cancer diagnosis may inform or even predict distress through the rest of one's cancer journey (Cook et al., 2018). This makes evidence-based approaches in clinical care even more important to investigate to address distress and emotional health in cancer patients. In a study across 55 North American cancer centers, Carlson et al. (2019) found that approximately half of cancer patients in treatment experienced some level of significant and clinically profound distress. Of particular concern is existential distress in cancer patients. Vehling & Kissane (2019) report common themes such as grief in the face of unmet expectations or loss of autonomy as cancer patients progress through their medical management. Further, Gabay (2021) describes grief around loss of self-identity, societal identity, as well as acclimating to the roles and routines of an individual who is ill. Duberstein et al. (2019) suggest that patient and caregiver experiences of bereavement may be influenced by communication and engagement with their cancer care team, making evidence-based and holistic approaches even more necessary to utilize. Of note, the clinical encounter largely utilizes informal narrative means for creating and building rapport, gaining understanding of the patient's unique situation, as well as communicating health-related information in a way that is understandable to the patient (Rosti, 2017). Per the clinician's discretion, narratives are theoretically utilized in patient assessment and treatment through the collection of a subjective history, relaying of symptoms, communication of relevant psychosocial matters, as well as an informal means of measuring satisfaction in one's plan of care. Subsequently, narrative approaches may be more seamlessly integrated into the clinical encounter to address mental health themes related to distress, grief, and bereavement. In doing so, this may allow for more timely means of addressing emotional and mental health needs.

Narrative therapies can be utilized as an intervention modality in psychotherapy realms, seeking to affirm themes of hope and empowerment through sharing, re-writing, and better comprehending one's lived experience in an intentional and productive manner that can better inform patient and client-centered care (Rajaei et al., 2021). There is opportunity for narrative approaches to be integrated during the clinical encounter as a tool for assessment as well as mental health intervention, particularly in practice settings such as oncology where mental health needs may be disproportionately present. The purpose of this literature review is to examine the efficacy and current state of evidence regarding narrative approaches with the oncology population, as well as how it may relate to or affect mental health experiences such as distress, grief, and bereavement. This literature review will (a) provide an introduction of the social problem being studied, (b) identify the search strategies and subsequent results highlighting current state of research on narrative approaches in clinical settings, (c) propose an analysis and summarize findings of the articles utilized, (d) offer discussion that identifies gaps in the literature, as well as (e) conclude through offering recommendations for future research.

**Learning Objectives:**

1. Identify 2-3 current utilization of narrative approaches during clinical encounters with the oncology population as cited by the literature.

2. Appraise their clinic and/or organization's current utilization of narrative approaches during clinical encounters with the oncology population, and contrast with efforts mentioned in ten students analyzed for literature review for efficacy and challenges
3. Integrate new strategies for narrative and expressive implementation during oncology visits to improve patient experience and shared decision making values in their social work practice.

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

**Educational Level:** Beginning

**CE Credits:** n/a



## **Title: Peer to Peer Support: A Road Map to creating a Mentorship Program**

**Presentation Type:** Poster

**Speaker(s):** Schuyler Griffin

**Abstract Summary:** Program development and implementation is an important but time intensive endeavor for social workers, who frequently have numerous other responsibilities. Cancer Support Community Arizona (CSCAZ) noticed a gap in services offered to our participants: there was a group of participants that were in survivorship for 3-10 years and feeling disconnected as well as newly diagnosed patients needing guidance. We took this as an opportunity to research the success of mentorship programs. Peer mentors have personal experiences with cancer which helps them support newly diagnosed patients through their journey (Flora et al., 2019). Peer mentorship programs have been shown to benefit mentees by lowering their distress, assisting in treatment compliance, and promoting normalcy (Hu et al., 2019). CSCAZ offers support to those directly impacted by cancer throughout the state of Arizona. It was important to us to create and implement an evidence-based mentorship program; we describe here our process of creating our peer mentorship program. We researched peer reviewed journal articles, interviewed established mentorship programs, and listened to participants about what support was needed. We created an overview of the program, including a framework, timeline, referral system, training plan, assessment process, and evaluation steps. We determined who would oversee the program, potential legal concerns, how to promote inclusion, marketing the program, mentor and mentee expectations, and the program vision. Program materials included mentor and mentee agreements, mentor roles and expectations, training outline, mentor interview questions, and procedural documents. We interviewed and assessed potential mentors' emotional readiness and those approved for the program completed a volunteer application, volunteer onboarding, and two one-hour mentorship specific training sessions. The first training focuses on defining the program, mentorship guidelines, the importance of boundaries, active and empathetic listening, confidentiality, and a boundary establishing exercise. The second training was interactive where the mentors were given potential situations to process with each other. The CSCAZ peer mentorship program launched June 5, 2022, on National Cancer Survivors Day. To date we have trained 20 mentors and matched 4 mentor and mentee pairs. We aim to recruit 25 new mentors and market the program to mentees to gain more matches. We plan to add monthly continuing education for the mentors and use this time to check in and offer additional support. In order to assess program efficacy, we are tracking the time mentors spend with their mentee, how they meet, frequency of meetings, and surveying both parties every 90 days. The survey measures how supported the mentee feels, and mentor and mentee satisfaction. The establishment of this program can serve as a road map for social workers who want to create similar programs to serve cancer patients in their area.

### **Learning Objectives:**

1. Describe the benefits of a peer mentorship program for both the mentor and mentee.
2. Identify the necessary steps in creating a peer mentorship program.
3. Formulate and evaluate a framework for implementing a new peer mentorship program.

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**Keywords:** Education, Leadership/Administration

**Educational Level:** Beginning

**CE Credits:** n/a





**Title: Perfect Storm: Complicated Grief following the COVID 19 Pandemic and Implications for Oncology Social Work Practice**

**Presentation Type:** Poster

**Speaker(s):** Katherine Easton LCSW, OSW-C

**Abstract Summary:** The world has been living with a global pandemic for just over three years and deaths worldwide exceed six million (WHO Coronavirus Dashboard). Each COVID death is expected to leave five to nine grieved family members. Estimates are that there are currently sixteen million newly bereaved people.(Tang & Xiang). The circumstances during the pandemic created a perfect storm of events that put individuals at greater risk of experiencing complicated grief at the loss of their loved ones. Complicated Grief (CG) prevents an individual from moving through the natural course of bereavement. It is typically characterized as a severe and prolonged course of grief often resulting in significant functional impairment, emotional pain, suicidal ideation, and a myriad of other emotions including guilt, blame, denial and anger. Individuals with CG remain stuck indefinitely in grieving and have difficulty moving on with their life. The ability of the health care community to identify and treat those at greatest risk of prolonged or complicated grief will be a worldwide challenge. Risk factors for CG mirror those of the death experiences of family members from COVID 19. Often the death is traumatic and unexpected, such as those following a natural disaster. The inability to be present with the dying and memorialize their passing all contribute to CG. Other risk factors for CG also include psychiatric comorbidities, low family support, lower education, and whether the loss was a significant relation such as a spouse or child. Since the onset of the pandemic there have been few large-scale studies of the incidence of CG for those who lost loved ones from COVID 19. A Chinese study completed nine months following the first death from COVID found that over one third met the criteria for Prolonged Grief Disorder and nearly 40% met the criteria for Persistent Complex Bereavement Disorder. (Tang & Xiang). How do we as a society respond to large numbers of bereaved individuals and how does the health and mental health community meet their needs? The global pandemic created a 'pandemic within a pandemic' by producing a large subset of people living with unmitigated grief. COVID 19 as a major public health event resulted in numbers of people who were essentially disenfranchised from the normal bereavement process. Oncology social workers in clinical practice will be critical in the identification and assessment of CG in the general cancer population. CG has the potential to negatively impact people living with cancer or at risk of developing cancer in a number of arenas including treatment decisions and compliance, lack of motivation for screenings and follow up and has the potential for poorer outcomes. The exploration of the trajectory of normal and abnormal grief processes will provide a framework to identify CG in patients as well as understanding the current approaches to treating CG. A review of the recent studies on incidence and prevalence of CG and an analysis of the critical role social work will play in addressing this next mental health pandemic should be explored.

**Learning Objectives:**

1. Provide a foundation of clinical knowledge in understanding and assessing complicated grief in the clinical setting. It will include a discussion of the DSM5 classification of Prolonged Complex Bereavement Disorder as well as the ICD11 Prolonged Grief D

2. Explore recent studies showing the incidence of complicated grief in the bereaved from COVID 19 deaths as well as a review of the Pandemic Grief Scale recently developed to assist clinicians in identifying complicated grief as a result of a loved one lost
3. Examine case studies which illustrate the clinical presentation of individuals and the current approaches to treating complicated grief. A discussion on the implications for oncology social work practice will involve the importance of developing a trauma

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

**Educational Level:** Intermediate

**CE Credits:** n/a



## **Title: Sylvester Comprehensive Cancer Center: Sarcoma Peer Mentorship Program**

**Presentation Type:** Poster

**Speaker(s):** Arellys Rivero

### **Abstract Summary:** Sylvester Comprehensive Cancer Center: Sarcoma Peer Mentorship Program

Sarcomas are a group of rare cancers of the boney skeleton and connective tissues. In adults, sarcomas comprise only 1% of all new adult cancers cases (American Cancer Society, 2021). With its rarity brings its own unique set of psycho-social challenges. Patients often experience functional issues, poorer mental health, reduced quality of life, and interpersonal issues (Weaver et al, 2021). There are five overarching barriers among sarcoma cancer patients: daily living, financial needs, lack of information, need for a community, and navigating the healthcare system (Weaver et al, 2021). Many of these challenges arise from lack of resources. According to data from the American Cancer Society, as of August 1, 2021, breast cancer has 153 available grants, totaling approximately 103 million dollars, while sarcoma has only 8 available grants, with no listed dollar amount. A program that connects this population and provides a supportive and safe environment to connect and find creative solutions to these challenges is important in improving their quality of life. The purpose of this poster is to highlight the need for peer mentorship programs, especially within the sarcoma population. The poster will introduce our concept for the Sylvester Sarcoma Peer Mentorship Program, which is aimed at improving the quality of life and increasing the much-needed support for the sarcoma population. The Sylvester Sarcoma Peer Mentorship Program is designed to appropriately match mentors (survivors or thrivers) to mentees (newly diagnosed patients) according to their values and/or specific needs. Mentors are required to attend an extensive training to equip them with functional communication skills and safety directives. Implementing programs that connect sarcoma and other rare cancer patients to one another are vital to the reduction of feelings of isolation as a carrier of such a rare disease. One peer mentorship study highlights how peer mentoring and its potential to influence patients in significant ways. Patient's felt that hearing about many people's experiences would help them understand the range of difficulties they might encounter and options they might not have otherwise considered (Rini et al, 2006).

As well as improving patient quality of life, we can deduce that this program will also significantly increase the quality of life of their caregivers. Due to the functionality issues and unmet needs in this population, patients may require higher levels of support from informal family caregivers (Sharpe et al, 2005). Peer support groups offer those dealing with a difficult diagnosis such as cancer, the chance to find empowerment, support and guidance from other members who are going through a similar situation (Goodman, 2018). Making these peer connections encourages autonomy, increases emotional support, expands access to resources and can help alleviate caregiver burden.

### **Learning Objectives:**

1. Discuss the unique needs faced by Sarcoma Peer Mentorship Mentee's and Mentors. This learning objective will better equip providers in identifying needs and allocate resources to directly combat them.
2. Apply the Peer Mentorship Program design used in the Sylvester Comprehensive Cancer Center Women's to Women's and Brest Cancer Clinic created by Dr. Niera allows for a knowledge-based training for mentors and adequate placement for mentees to meet their

3. Evaluate Patients' quality of life through annotative data as well as through quantitative data collected from a Quality-of-Life Survey.

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**Keywords:** Special Populations, Survivorship

**Educational Level:** Intermediate

**CE Credits:** n/a





**Title: The Unmet Needs of Patients with Hereditary Cancer Syndromes: Establishing Oncology Social Workers' Vital role with "Previvors"**

**Presentation Type:** Poster

**Speaker(s):** Nicole M. Marcouiller MSW/LICSW

**Abstract Summary:** As knowledge of genetic disorders increases, along with an increased ability to successfully screen for them, the number of people living as previvors will increase. It is estimated that one in every 300 people is living with Lynch Syndrome (Cancer.net, 2022) and one in 500 with a BRCA variation (CDC, 2021). These are just two of many. With ten percent of cancer diagnosis thought to be linked to a hereditary cancer syndrome (NCI, n.d.), it is important for oncology social workers (OSW) to actively establish the added value of their professional training as a key part of the interprofessional care team providing holistic collaborative care for these patients.

The impact of carrying a hereditary cancer diagnosis is significant and is associated with ongoing stress, ambiguous loss, and even trauma. While it is commonly established that patients experience 'scanxiety' following cancer treatment, the impact of these same scans on previvors is inadequately addressed. Adding to this distress, it is common for individuals with these syndromes to have witnessed family members' cancer experience and may have lost loved ones to the very disease one is being screened for. In light of these histories, many of them are making difficult decisions regarding interventions that could have both short and long implications. These decisions, that could potentially prevent cancers, must be thoughtfully weighed against the potential for significant physical, emotional, and practical consequences. Patients are also navigating challenging conversations with family members about what their hereditary factors may mean. OSW's have extensive knowledge regarding the multi-faceted impact of a cancer diagnosis and are uniquely qualified to provide assessment and intervention. Additionally, they are skilled at providing supportive guidance through the testing, decision making, and adjustment process.

While genetic counselors have strong knowledge of genetic illness and providing intervention options, they are not mental health providers. OSWs can enhance quality cancer care through interprofessional collaboration. Wilsnak, et al articulates the complexity of the needs of someone facing genetically related cancers noting, "Individuals with Li-fraumini syndrome (LFS) are likely to have witnessed firsthand the course of multiple cancers in family members over generations, requiring ongoing adaptation to challenges associated with family caregiving, communication about genetic risk, and role change over time". The author explains multidisciplinary teams are often "unequipped to address the psychosocial challenges that LFS populations face" and suggest that they, "include mental health professionals on interprofessional care teams to navigate risk management and consequential familial conflict" (2021, p.299).

This poster presentation will explore the development of a successful Lynch Syndrome support group through a collaboration between oncology social work and the cancer risk management team. The presentation will review funding, format, and outcomes. In addition to the growth of this group, the presentation will explore how strengthening the interprofessional team has also increased referrals to OSW for patients with hereditary cancer syndromes. By becoming active on these interdisciplinary teams OSWs can increase psychosocial support for a growing patient population that may be overlooked within our cancer centers.



**Learning Objectives:**

1. Identify basic understanding of common hereditary cancer syndromes and their associated cancers.
2. Articulate the psychosocial impact of hereditary cancer syndromes and identify commonly occurring sources of trauma among these patients.
3. Apply strategies to engage with genetic counseling teams in order to provide direct support to patients and establish successful support groups.

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

**Educational Level:** Intermediate

**CE Credits:** n/a



**Title: Using Racially Concordant Virtual Supportive Non-Clinical Supervision: Creating Space for Growth.**

**Presentation Type:** Poster

**Speaker(s):** Krista R. Nelson MSW LCSW OSW-C FAOSW FAPOS

**Abstract Summary:** In 2021, forty-seven million American employees resigned from their jobs. Lack of new individuals entering the workforce and lack of diversity in both existing and new workforce reduce the ability of the healthcare delivery system to provide quality cancer care. Diversifying the medical workforce is critical to reducing health care disparities and improving patient outcomes. In 2021, there were two workforce surveys that included race within oncology social work populations. The larger CORE (Establishing core competencies, opportunities, roles and expertise for oncology social work) survey (N=890) showed that 89.9 percent of oncology social workers identified as white (non-Hispanic), while the 2021 AOSW member survey (N=280) showed that 86.4 percent of members identified as white (non-Hispanic). Increasing diversity in the field, as well as at our institutions, is a priority. There is much work to be done to ensure that our workforce in health care, and specifically oncology social work, mirrors the diversity in our country. In 2021, the US white (non-Hispanic) population was 59.3%.

Prior to the student of color, a Black female student joining our team, the racial makeup of the team was 79% white (non-Hispanic). To be competitive in attaining a student of color, cancer center leadership sought funding for a supportive non-clinical supervisor to support the student around issues of race, equity and working as a minority on the healthcare team. Leadership sought racially concordant supervision through national connections. In selection of this role, race, expertise, and role as a leader in oncology social work was prioritized.

As a subject matter expert, the supervisor provided monthly support to the student, as well as acted and functioned as a subject matter expert for the oncology social work team around issues of equity, diversity and how the team could be more inclusive to students, staff, and patients of color. Supportive and sound supervision is correlated with retention and employee satisfaction.

This poster will describe the process of securing funding for the supportive supervisory role, recruitment of the student and supportive supervisor, student learning and lessons learned during the academic year of this innovative model of supportive non-clinical supervision as well as the leader role to foster inclusion within the team. This model of supportive supervision will promote students of color to consider health care field placements and will improve diversity among our teams.

**Learning Objectives:**

1. Describe specific strategies to improve diversity within their team.
2. Describe and understand the importance of race concordant supervision for their students of color.
3. Describe the need for a diverse workforce.

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**Keywords:** Leadership/Administration, Education

**Educational Level:** Beginning

**CE Credits:** n/a



**Title: Woman to Woman: A Helping Enterprise and a Roadmap to Support in the Community of Those Facing Gynecological Cancers**

**Presentation Type:** Poster

**Speaker(s):** Tracy Moore

**Abstract Summary:** Woman to Woman (W2W) provides a framework for a communal voice through the quest for knowledge about diagnosis, treatment, clinical trials, and the challenges faced when the standard of care offers a sea of uncertainty. The uniqueness of this peer support model is not only the shared mentorship training, but that it has become a collaborative effort that has led to 35 Woman to Woman sites providing both regional and national service, allowing those with gynecological cancers to have access to peer mentors.

Mentors and mentees ranging in age from 20 to 80 with different diagnoses, at all different stages of care, provide a roadmap of support. Since its inception in 2004, this initiative has impacted the lives of thousands of women. In 2022, W2W had 519 mentors and completed 316 new matches. The conceptualization and nationalization of this type of program offers new avenues of support for those with both rare and more common oncologic diagnoses. W2W, which began locally and has grown globally, has served as an empowering tool to help women, both mentors and the mentees, understand who they are and what they need as they face the complexity of their diagnoses and the inexorable challenges they impose.

This presentation will review the current literature, outlining the history of peer mentoring programs in the cancer population while delineating the differences in the models. Peer mentorship programs are widely used and are seen as successful models of support, using the “train the trainer” method of teaching cancer survivors to share their experiences and offer support. OCRA’s Woman to Woman program expands this technique to “train program coordinators to train local mentors” which has enabled the development of a large national network of sites and a mentorship community with a shared mission of ensuring that those diagnosed with gynecological cancer never need to go through this journey alone. Each site has a program coordinator and mentor base, with OCRA support providing an extensive standardized training curriculum, continuing education sessions, promotional material, support sessions and reunions. Each location measures success on a local level and many sites use W2W efforts as one of their departmental quality improvement measures.

This presentation will not only focus on the success of this model, but also the difficulties encountered in developing national initiatives and standardized materials. The framework of the training curriculum, the voices of mentors and mentees, and the challenges faced by local sites, including staffing changes, the impact of the COVID-19 pandemic, and departmental priorities and policies will serve to highlight the obstacles which have been overcome and challenges that lie ahead.

Valuable tools and insights will be provided for anyone aiming to create a cancer peer mentorship program, interested in joining the W2W nationwide effort, or to explore further creation of mutual aid networks, allowing patients to become empowered. The expansion of this model will be discussed, including peer mentorship for caregivers and loved ones, and identifying mechanisms to reflect expanded goals, greater inclusion, and evidence-based findings.

**Learning Objectives:**

1. Discuss the history of oncology peer mentor programs.
2. Conceptualize the design and implementation of a peer mentor program.
3. Utilize resources and access to professional support in the development of peer mentor programs locally.

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

**Educational Level:** Beginning

**CE Credits:** n/a





**Title: Women Facing Life After Head & Neck Cancer**

**Presentation Type:** Poster

**Speaker(s):** Georgia L. Anderson PhD, MSW, LISW-S

**Abstract Summary:** Background:

In the United States, 26% of newly diagnosed head and neck cancer (HNC) patients are women. Currently, oral cavity and pharyngeal cancers have the second highest mortality rate of all cancers in women. This is alarming considering overall cancer mortality in women has dropped 1.4%. HNC disrupts the social, emotional, and physical lives of patients. Within this population, depression rates are remarkable, along with struggles with speech, eating, body image, and social support. Study results are rarely reported by gender, and women are poorly represented in the literature. The objective of this study was to identify adjustments made in the daily lives of women with HNC.

**Methods:**

This study was conducted using qualitative descriptive methodology to document the experience of women with HNC. Women were recruited from two academic medical centers in the Midwest. Inclusion criteria included: age 18 or older, ability to communicate in English, diagnosis within the past 5 years, any type of HNC, any stage, any treatment plan, and any prognosis. Interviews were conducted using a semi-structured interview guide during two separate sessions, lasting 30-60 minutes each. The first focused on each woman's story from diagnosis to present time. The second clarified information from the first and explored emerging themes from other participants. Participants were interviewed by virtual platform, in person or by phone. Interviews were recorded and transcribed. Transcripts were analyzed using grounded theory techniques to identify themes.

**Results:**

A total of 10 women, between ages 28-81 (mean age 62.9) were included in this study. Nine were treated for oral cavity cancer, and one for sinonasal cancer. Six had surgery with adjuvant radiation +/- chemotherapy, while the other four were treated with radiation +/- chemotherapy.

Women reported that creating some semblance of life before cancer was the most important adjustment. Managing the expectations placed upon themselves and setting boundaries with others helped the women to accept changes imposed by HNC. The adjustments made in terms of intimacy, appearance, and eating served as valuable coping skills.

Many women reported changes in their intimate relations. Anxiety, shame, and loss of sensation were problematic for participants and required changes in communication with their partners. Nearly every participant commented on expectations of how women "should" look and how they adapted their appearance. HNC created challenges in eating that required physical and psychological changes for participants to achieve an acceptable quality of life, such as only having meals with close friends and family in the privacy of their own homes. Just like addressing changes in intimacy and appearance, the women in this study were creative in managing changes in their ability to chew and swallow their food.

**Conclusion:**

This study offers insight into the psychosocial needs of women with HNC. This is difficult to quantitatively describe but through qualitative work, we can begin to understand the unique needs of women with head and neck cancer. These

findings can support future initiatives for psychosocial care to better support women in their diagnosis, treatment, and recovery with HNC.

**Learning Objectives:**

1. Identify stressors impacting women's ability to adjust to a diagnosis of head and neck cancer.
2. Discuss the coping skills described by study participants.
3. Demonstrate improved competency in working with women with head and neck cancer by assessing for the identified stressors.

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