Poster Session – Wednesday, June 10th

1. "If You Hear It, Assess It": Building a Scalable Suicide Prevention Training Model in Oncology

Main Author: Rebecca Clinton, LCSW-S

This presentation highlights the creation of a scalable suicide prevention training model for a large oncology practice, addressing the emotional vulnerability of cancer patients and the ethical responsibility to respond to suicidal ideation. The program equips all patient-facing staff—including non-clinical roles—with tools to recognize and manage suicide risk through a flexible curriculum of live Zoom sessions, self-paced intranet modules, and on-site training. A dedicated role ensures sustainability by delivering training and providing crisis debriefing. Over two years, more than 2,100 staff were trained, with survey data showing dramatic improvements in confidence assessing suicidal ideation (99.6%), understanding clinic procedures (182.9%), and knowing available resources (135.6%). Staff adopt an “If You Hear It, Assess It” approach using the Columbia Suicide Severity Rating Scale (CSSRS), supported by acuity-based response guidelines and workflows tailored to sites without social work coverage. The model aligns with NCCN and ASCO recommendations for routine distress and suicide risk screening and addresses emerging needs related to PHQ-9 implementation. Attendees will gain a replicable framework, practical tools, and actionable strategies for integrating suicide prevention into oncology care—enhancing staff confidence, ethical practice, and patient safety.

2. Affective Immortality, Circumventing Grief: Ethical Concerns Related to Technological Resurrections in Cancer Care

Main Author - Tiffany Bystra, OT, LMSW, CHSE

AI platforms have opened opportunity for cancer patients and their loved ones to create a virtual avatar or “twin” following their death, introducing new possibilities for technological resurrection of deceased persons. Reanimation of cancer patients following their death, even if only in a virtual reality, introduces ethical concerns that oncology social workers must be prepared to engage with as essential support systems in the cancer care environment. This poster seeks to introduce the ontological questions that arise in technological resurrections, including the nature of existence and being. This poster also engages the oncology social worker in affective and emotional understandings of being human, and how this can interface with the cancer-related grief process. Interrogating ethical concerns related to the virtual reanimation of those with cancer can help social workers navigate these spaces with grieving patients and loved ones while upholding our disciplinary and ethical commitments to clients.

3. After A Cancer Death: A Family-Centered Camp Model for Healing and Resilience

Main Author: Cecilia Kuepper, LCSW, OSW-C

This presentation introduces the Healing Hearts Family Bereavement Camp, a family-centered model designed to support grieving families with children ages 4-17 who have experienced the loss of a loved one to cancer. The program includes therapeutic activities, psychosocial education on grief, recreational activities, and peer support. It highlights the camp's mission to address isolation, loneliness, foster resilience and hope, and provide ongoing connections among participants that extend beyond the camp experience. This presentation will provide a literature review, case vignettes, and time for questions and answers.

4. Breaking through Barriers: How Resource Navigation and Direct Financial Assistance Mitigate Financial Toxicity and Improve Outcomes for Rural and Underserved Patients

Main Author: Jennifer LaPietra, LMSW

Cancer is a leading cause of financial hardship for patients in the U.S. due to high treatment costs and loss of income. As the cost of cancer drugs continues to rise, out-of-pocket expenses for deductibles, co-pays and co-insurance often accumulate quickly. Coupled with loss of income, from an inability to work following debilitating side effects from treatments, patients may soon find themselves experiencing financial toxicity. "Financial toxicity”, a term coined by Duke University researchers, is a major barrier to treatment adherence and positive health outcomes for cancer patients. Patients in underserved rural and urban communities across the United States are particularly vulnerable as they face additional challenges like transportation, food insecurity, limited resources, and systemic inequities. These patients are also not able to participate in clinical trials that causes further inequities, due to the lack of funds to pay for transportation, lodging and meals. These factors combine to further exacerbate the impact a cancer diagnosis has on patients’ quality of life. An innovative National Comprehensive Resource Navigation Program developed by CancerCare, a national nonprofit organization, including direct financial assistance for transportation and food insecurity, helps reduce financial burden and improve quality of life for this population. This brief intervention model is highly effective in reducing psychosocial distress, financial toxicity and isolation as patients cultivate connections within their communities and beyond.

5. Building ConnectedNest: a digital social care referral platform for patients diagnosed with cancer.

Main Author: David Haynes, PhD

Nearly half of all cancer survivors—more than 8 million individuals—experience at least one health-related social need (HRSN), including food insecurity, financial strain, or housing instability. These non-medical needs profoundly shape treatment adherence, quality of life, and long-term survivorship outcomes. Evidence consistently shows that patients who have HRSN are more likely to delay care and miss appointments, which leads to disparities in survival. Despite widespread recognition of these issues, systematic solutions for identifying and addressing social needs within oncology care remain limited. ConnectedNest is an innovative, multi-stakeholder health information technology (HIT) platform developed through NCI SBIR and STTR awards to coordinate oncology care teams, patients, and community-based organizations (CBOs). ConnectedNest comprises three interoperable systems: EmpowerNest, a mobile app that enables patients to self-screen and self-refer; CommunityNest, a CBO interface for program management and inter-organizational referrals; and EngageNest, an EHR-integrated app (SMART on FHIR) for oncology care teams. ConnectedNest originated from a National Cancer Institute (NCI) Small Business Innovation Research (SBIR) Phase I award in 2020 and subsequently received a Small Business Technology Transfer Research (STTR) award in 2024.

We employed Grounded Theory and Human-Centered Design in the development of ConnectedNest. We conducted a mixed-methods pilot study, with 41 cancer survivors and 13 CBOs found high feasibility and engagement, with 39% of participants connecting to needed services. Ongoing work explores CBO perspectives using the RE-AIM Framework and tests ConnectedNest's impact in a multi-site clinical trial (R42CA295106). The project is committed to leveraging technology to address health equity and survivorship challenges.

6. Charting the Course: A Roadmap for Clinical Social Work Interventions in Radiation Therapy

Main Author: Amy Hawthorne, LCSW, OSW-C

This interactive presentation focuses on identifying and addressing intervention needs for patients during the radiation oncology treatment process. Throughout a patient's radiation treatment, there are several milestones, regardless of the length of treatment or diagnosis. Each step along the way can present a new set of challenges that can arise from the initial consultation with a first diagnosis or recurrence, to waiting to identify the next steps, to living with the logistics of daily treatment, and often transitioning into survivorship. These milestones during one's course or radiation treatment provide opportunities for intervention using various methods. The goal of this presentation is to discuss effective ways to intervene with patients regarding common reactions during their radiation treatment pathway. We will break down the timeline or pathway and describe options for intervention.

7. Converging Hematology and BMT-CI Social Work Teams into a Unified Service Model for Continuity of Care

Main Author: Matthew Floriani, LCSW, OSW-C, ACM-SW

This presentation highlights a team-supported initiative to redesign and integrate social work services for Malignant Hematology and Blood & Marrow Transplant and Cellular Immunotherapies (BMT-CI) patients. Many cancer centers have specialized BMT-CI and Malignant Hematology teams. These teams operate independently, are located in different clinics, and follow different processes. Social Work is an essential part of such teams, improving both patient and team experiences. Rapid growth and complexity within the Hematology and BMT-CI patient population has led to deeper medical specialization and siloing, but rapport and provider continuity remain major factors in the impact of Social Work interventions, which contradicts the separation of Hematology and BMT-CI Social Work teams. Opportunity exists to realign social work roles to better serve patients, families, and interdisciplinary team members by offering a single consistent Social Worker to follow each patient through their continuum of care. Data justifying such a programmatic shift, development and implementation of the resulting Unified Social Work Service Model within Malignant Hematology and BMT-CI at Moffitt Cancer Center, and Social Work team surveys displaying improvement in perceived work-life balance and ability to build meaningful relationships with patients will be presented.

8. Creating a High-Quality Field Placement Experience in Psychosocial Oncology: Program Evolution and Lessons Learned

Main Author: Jessica Ernest, LCSW, OSW-C

The Cedars-Sinai Cancer Patient and Family Support Program (CSC PFSP) provides multidisciplinary psychosocial care to patients and families navigating cancer. This poster presents the evolution and expansion of the CSC PFSP Social Work Internship Program, developed amid administrative instability and restructuring. Originally launched in 2020, the program faced inconsistent organization due to leadership gaps. As interim team leads, we prioritized revitalizing the internship experience through standardized orientation, structured group supervision, and strengthened cohort support. A supporting literature review reinforces the value of high-quality field placements, benefits of group supervision, and importance of mitigating burnout and compassion fatigue through reflective practice, self-care, and compassion satisfaction–enhancing strategies._x000D_ _x000D_ To address varied supervisory requirements, we implemented a weekly two-hour intern group supervision model combining didactic training with facilitated group processing. Complementary initiatives such as team-building activities, professional development programming, Schwartz Rounds participation, and career-development curricula further supported intern well-being and professional identity formation. As the program expanded across multiple hospital sites, the creation of a comprehensive, multi-day standardized orientation ensured consistent onboarding and reinforced exposure to psychosocial oncology practice._x000D_ _x000D_ Despite ongoing administrative turnover, the program has grown into a highly sought-after field placement across Los Angeles. Quantitative improvements include increased school partnerships, intern interest, field instructor participation, and hospital-wide engagement. Qualitative feedback demonstrates that structured orientation and group supervision enhance cohesion, emotional resilience, clinical confidence, and supervisory capacity. This model offers a replicable framework for hospital-based social work teams seeking to build sustainable, supportive, and clinically robust internship programs.

9. Elevating Oncology Social Work Leadership Through Strategic Planning for Navigation: Insights from the ACS National Navigation Roundtable’s Three-Year Roadmap Planning Initiative

Main Author: Karen Costello, MSS, LSW, OSW-C

This poster highlights how the ACS National Navigation Roundtable’s 2026-2029 strategic planning process strengthened the future of oncology navigation-and how a social worker served as one of the key leaders driving this national effort. With firsthand insight into patient experiences, health equity needs, and the emotional and practical barriers that influence care, the oncology social work leader helped ensure that the roadmap reflects the realities faced by patients, caregivers, and frontline navigation teams. The planning process demonstrated that social workers’ core competencies like relationship building, systems thinking, empathy, and an ability to integrate diverse viewpoints, are powerful assets in shaping strategic direction. By applying these strengths, the OSW leader helped elevate psychosocial care, equity, and interdisciplinary teamwork. The resulting roadmap will outline supports for how navigation is delivered, measured, and supported across nurse, patient, and social work navigation roles, emphasizing sustainable workforce structures, stronger evidence foundations, and more equitable access to quality cancer care. This work shows that social workers are not only essential in direct patient navigation, but also uniquely equipped to lead high-level planning efforts that guide systems change. Their deep understanding of human experience and the social drivers of health positions them to design navigation models that are more responsive, inclusive, and aligned with what patients and families need most.

10. Elevating Patient and Employee Voices in Oncology Social Work: The Impact of Advisory Councils in Community Oncology

Main Author: Jazmin Graham, LCSW-S, OSW-C

This abstract explores how Texas Oncology's Patient & Family Advisory Council (PFAC) and Patient & Employee Experience Council (PEEC) actively involve patients, families, and staff in decision-making processes. By integrating their input, these councils promote collaboration and drive improvements in cancer care delivery, particularly within oncology social work. The councils serve as platforms for feedback, leading to enhanced communication, policy changes, and patient-centered care initiatives.

11. Exploring Restrictive Eating as a Psychosocial Response in Black Women Diagnosed with Cancer

Main Author: Sam Fortune-Kottis, LCSW

1.Identify psychosocial factors that impact how black women cope with their diagnosis
2.Highlight how current health care team practices further impact black cancer patients' psychological symptoms including patients becoming reliant on restrictive-eating patterns
3.Outline interventions and practices by health care providers to best support black women who are impacted by cancer and give them the tools to assist cope more effectively with their psychological symptoms and reduce their reliance on maladaptive coping patterns

12. Foundational Skill Building for Beginners: Orientation Program for Oncology Social Work.

Main Author: Georgianne Kraft, LCSW-R, OSW-C

Health care needs, complexity of cancer treatment and social issues will further drive the demand for new oncology social workers. Through our comprehensive orientation program template, new oncology social workers with less than 3 years in the field of oncology, will receive the tools to address the psychosocial aspects of cancer care. The goal of our presentation is to provide effective tools to focus on clinical practice from high-risk screenings, psychosocial assessments, multidisciplinary care plan, case management services, addressing distress screening tools, removing the barriers to care, group work, supportive counseling and linkages to community services. Our presentation will highlight working with underserved, diverse populations and providing best practices in oncology social work. The findings we discuss are from literature review of evidence-based research and clinical experiences and considerations. By the end of this presentation, participants will have the tools for skill building and the template for an orientation program for new oncology social workers.

13. From Screening to Intervention: Developing a Multidisciplinary Workflow for Psychosocial Crisis Care in Oncology

Main Author: Camille Faunda, MSW, LCSW, OSW-C

The foundation of psychosocial oncology care is inherently interdisciplinary towards the approach of assessing distress, depression, anxiety, suicidal ideations, and other psychological impacts along the cancer continuum (Yang, et al., 2022). Patients with advanced cancer face multifaceted challenges including navigating fragmented healthcare systems, losing a sense of autonomy and acknowledging end of life realities, all while adapting to life with a cancer diagnosis. Suicide rates are up to four times greater in cancer compared to the general population, yet best practices for systemic suicide prevention continue to be evaluated (Gascon, et al., 2021). A multidisciplinary approach to crisis intervention screening, incorporating lay navigators, nurses, clinical social workers, and nurse practitioners, offers opportunities to assess patients at various stages of the cancer continuum with regularity. This approach highlights the complexities involved in suicide risk screening and the delivery of appropriate psychosocial interventions (Ozturk & Hicdurmaz, 2022). Clearly identifying and defining the roles of interdisciplinary team members is essential for selecting appropriate crisis risk screening tools, assessments, and interventions. The development of a multidisciplinary approach towards crisis risk screening in a remote oncology navigation practice begins with a structured workflow to escalate behavioral and social crises. This presentation will illustrate the various levels of care provided to patients. Medical based team members, such as registered nurses and advanced practice professionals, were educated on completing evidenced based screening tools as part of their clinical assessments, including the Patient Health Questionnaire 9, Generalized Anxiety Disorder 7, and the Columbia Suicide Severity Rating Scale. Completion of the assessments in real time by the care team populates recommended clinical interventions and guidance to escalate for additional guidance. Social work receives an alert through internal communication when a care team member completes a social or behavioral escalation and responds with expert clinical care recommendations. Common themes identified within social and behavioral escalations have included care team members challenges in differentiating contemplation of mortality from active suicidal ideations and intent. Utilization of validated screening tools for standardized care tend to miss the open ended questions about exploring quality of life and mortality, and lead to a crisis response rather than a safe and engaging encounter. A major lesson learned along incorporating a multidisciplinary crisis response approach is that crisis intervention is outside of most people's comfort zone. As clinical oncology social workers, we hope to empower and educate care team providers administering risk screening assessments, increase level of comfort in identifying appropriate exploration of mortality versus true suicidal ideation, and to demonstrate lessons learned through case examples which continue to drive development of best practices for crisis intervention.

14. Impact of early psychosocial assessment on outpatient palliative care referrals

Main Author: Sarah Conning, LCSW, OSW-C, APHSW-C, FAOSW

While a growing literature demonstrates the benefits of early integrated ambulatory palliative care for people with advanced cancer, and clinical guidelines now call for palliative care services as a key facet of quality cancer care, there is less clarity about the optimal structure and processes for outpatient palliative care programs. This poster presentation will describe the outcomes and learning from a quality improvement initiative offering an early psychosocial care visit with a clinical social worker for patients referred to the outpatient palliative care clinic of an NCI-designated Comprehensive Cancer Center at a large academic health system. Prompted by increasing wait times for new patient visits during a period of palliative provider shortage, an optional introductory visit with the clinical social worker was offered to patients/families during the scheduling process. The introductory visit allowed for a comprehensive psychosocial assessment that led to an equitable triage process, care coordination with referring providers, and initiation of advance care planning, education, and psychosocial support.

15. Increasing Access to Support by Developing Peer Leaders

Main Author: Emily Blackmer, MSW, LGSW

As a way to increase access to mental health support for individuals coping with cancer and chronic illness, peer led support groups can meet the unique needs of this population. In this training institute you will engage in discussion about identifying, training and supporting individuals in becoming peer support group leaders. Together we will explore recruitment and how to educate about the various skills needed to equip peer leaders. As part of this discussion participants will also explore the emotional impact that being a peer support group leader can have and develop skills and knowledge to then support these peer leaders.

16. It's Not Just About the End: The Broader Story of Palliative Care for Nurturing Resilience

Main Author: Laurie Feingold, LCSW

When you hear the words palliative care, do you automatically think hospice? If so, you are in good company. Most people, including health care professionals, link palliative care to hospice care. But the terms should never be used interchangeably. While palliative care and hospice care both focus on the comfort and quality of life for people with a serious illness, palliative care is aimed at improving one's ability to manage their diagnosis, regardless of prognosis. Palliative care is provided along with curative treatment for symptom management, enhanced mental health and better quality of life, resulting in faster recovery and increased survival rates. Due to lack of formal training in both undergraduate and post-graduate education, the majority of health care professionals misunderstand what palliative care is and how to provide it. This presentation helps fill that gap by clarifying what palliative care is and how it differs from hospice care. It will highlight myths and facts about palliative care to dispel the misperceptions that hinder its implementation. This presentation addresses the physical, emotional, spiritual, and practical benefits of palliative care along the cancer experience for both the patient and their caregivers. You will learn about the role of palliative care specialists and how all members of the interdisciplinary team can be providers of palliative care. This presentation will also provide guidance on how talk to patients and their families about palliative care. This presentation will include a literature review, case vignettes and opportunity for discussion and audience participation.

17. Michigan Community Outreach and Strategies to Address Financial Toxicity (MI-COST): Engaging Community Members to Develop Resources to Address Financial Hardship for Cancer Survivors

Main Author: Theresa Hastert, PhD, MPP

Financial hardship is a common and consequential challenge for people with cancer, encompassing material burdens (medical and non-medical costs), behavioral impacts (delaying or forgoing care due to cost), and psychological distress. Through robust community engagement, financial hardship was identified as a priority concern among Michigan cancer survivors, leading to the development of MI-COST (Michigan Community Outreach and Strategies to Address Financial Toxicity)—a community–academic partnership designed to provide accessible information and connect individuals with resources to prevent and address financial challenges. This presentation will describe the development of MI-COST, including the role of a Community Advisory Board in identifying priority topics and shaping educational materials. It will also provide an overview of MI-COST resources, including a library of expert-led webinars, consumer-friendly information on cancer-related financial and social risks, and a searchable database of Michigan-specific and national assistance programs. The database enables users to identify support related to co-pays, transportation, food assistance, housing, employment, and other needs, and can be filtered by geography, cancer site, and specific populations. We will highlight opportunities for oncology social workers and other professionals to use MI-COST to support patients and caregivers. By the end of the session, participants will understand the major domains of financial hardship among cancer survivors and how MI-COST resources can help address these concerns.

18. Strengthening Psychosocial Care in Cancer Settings Through Structured Skill Development

Main Author: Amy LaMarca Lyon, MSW, LCSW

Psychosocial distress significantly impacts cancer care quality and patient outcomes, making its recognition and treatment essential. Oncology social workers, as primary providers of psychosocial support, require defined competencies and targeted training to address complex issues such as suicide risk, family dynamics, and counseling interventions. At MD Anderson Cancer Center, a skill-building curriculum was developed to enhance social workers' proficiency in these areas. This initiative emerged from staff feedback indicating gaps in confidence and experience, particularly among newer practitioners. The curriculum design process involved reviewing existing literature, conducting internal surveys, and creating focused training sessions led by experienced social workers. This approach aims to strengthen psychosocial care delivery and prepare social workers for the unique challenges of oncology practice.

19. Supporting the Supporters: Addressing the Needs of Cancer Caregivers

Main Author: Julie Croom, LCSW, OSW-C

Caring for a loved one with cancer is a meaningful yet often overwhelming experience that brings significant emotional, social, and financial strain. This presentation explores the key challenges caregivers face, including ongoing stress, disruptions in daily routines, and difficulties managing work and family responsibilities. These pressures can reduce overall wellbeing and contribute to isolation, fatigue, and burnout. Oncology social workers play an essential role in recognizing caregiver needs and acknowledging the often-unseen burdens present throughout the cancer journey. Through thoughtful assessment, they help identify risks related to stress, mental health, quality of life, and access to supportive resources. Their involvement ensures that caregivers are understood as vital members of the care team, not secondary participants in the treatment process. This session will highlight evidence-based strategies that strengthen caregiver resilience, such as targeted education, supportive counseling, and referrals to community, workplace, and financial resources. These interventions help caregivers build skills, access emotional support, and manage practical challenges more effectively, ultimately enhancing their capacity to cope. By the end of the presentation, participants will have a clearer understanding of the multidimensional challenges facing cancer caregivers and be better equipped to implement social work strategies that reduce risk, promote stability, and improve quality of life for both caregivers and patients.

20. The “Write” Stuff: Implementation and evaluation of a virtual therapeutic writing program for young adults with cancer.

Main Author: Kayla Fulginiti, LCSW, OSW-C

Adolescents and young adults (AYAs) with cancer face unique developmental, emotional, and social challenges, often struggling with identity, meaning-making, and connection. Access to age-appropriate psychosocial support is limited by geographic, financial, and systemic barriers, underscoring the need for accessible, targeted interventions. The Healing Through Writing (HTW) Workshop, developed by Elephants and Tea, offers a virtual, evidence-informed program that leverages expressive writing and storytelling to support emotional processing, meaning-making, and peer connection. Facilitated by Licensed Clinical Social Workers (LCSWs) and organization staff, the workshops incorporate reflective writing prompts, optional sharing, and group discussion, through clinically guided support. Narrative practices help participants process emotions, construct meaning, and reduce isolation, while peer discussion fosters validation and belonging. Since 2020, 132 HTW Workshops have engaged over 1,900 participants. Post-program surveys (n=421) indicate extremely high satisfaction with (99.5%) and willingness to recommend the program (99%), with 96% of participants inspired to continue using writing as a coping tool. The virtual format reduces common barriers, including geographic limitations, cost, time, and lack of AYA-specific support, making high-quality psychosocial care more accessible. The HTW Workshops demonstrate how clinically informed, skillfully facilitated virtual interventions can cultivate resilience, connection, and support for AYAs with cancer.