Poster Session – Thursday, June 11th

21. Addressing the systemic barriers to community mental health services through supporting patients and clinicians across the cancer trajectory

Main Author: Caitlin McDonough, MSW, LICSW

There is a clear need for accessing mental health care and resources for oncology patients. Through the community liaison program our aim is to address the needs of the patients, agency clinicians and the community. Our programmatic goals include resource navigation and support around transition planning from our oncology center's mental health to the community. We have implemented a transition pathway for patients needing longer term or specialty community psychiatry. This pathway aims to standardize the process – improving communication, collaboration and patient involvement. The community liaison program serves as a guide to inform through exploration of patient needs across the cancer trajectory. For patients who are identified as having a barrier to navigating services such as cognitive function, they are provided coaching and case management services around this transition. To reduce the administrative burden of resource management on our psychosocial clinicians, we have developed a mental health library that staff may reference for patients transitioning to survivorship or needing more specialty mental health services. This includes tip sheets around finding a therapist, insurance and superbills, support groups and more. Some of these tip sheets are patient facing, with the goal of increasing access by improving health literacy. Through building relationships with community mental health agencies, we have learned more about the regional needs as well as unique services available to certain patient populations. We have participated in community events centered around improving health literacy and access to resources.

22. Breaking Barriers to AYA Mental Health Care: A Virtual Training and Supervision Program for Community Clinicians

Main Author: Katelyn MacDougall, LCSW

Young adults with cancer face profound developmental and psychosocial disruptions during a life stage typically marked by identity formation, independence, and future planning. These challenges often lead to distress, isolation, and unmet mental health needs. Despite the clear demand, access to clinicians trained in adolescent and young adult (AYA) oncology remains limited, particularly in community settings. To address this gap, 13thirty Cancer Connect, Elephants and Tea, and the program facilitator developed a virtual clinician training initiative aimed at expanding the network of community-based mental health professionals equipped to support AYAs. The program included a 3-hour live online workshop focused on developmental, psychosocial, and cultural factors shaping the AYA cancer experience, along with evidence-based therapeutic approaches. Participants were then offered four monthly group supervision sessions co-facilitated by two LCSWs for case consultation, reflection, and guided practice with AYA-specific interventions. A total of 110 clinicians completed the workshop, with nine participating in ongoing supervision. Post-training results showed significant improvements in knowledge, confidence, and competence in AYA-informed care. Qualitative feedback highlighted the program's ability to reduce provider isolation and translate learning into practice. This model demonstrates a scalable pathway to increasing access to developmentally attuned mental health support for AYAs with cancer.

23. Breaking Barriers: Innovation, Creativity and Resilience in Oncology Social Work

Main Author: Carolyn Messner, DSW, MSW, FAPOS, FAOSW, LCSW-R

There is an increasing body of knowledge about professionals in the field of psychosocial oncology and the impact on them of their close proximity to illness and death in their caseloads. In contrast to recurrent themes of stress and burnout is their need for creativity, innovation and resilience in oncology social work. They are constantly confronted with complex and profound human problems, which require resilience and creativity. The author of this abstract, a practicing oncology social worker, administrator and cancer survivor, brings to this paper presentation the lived experiences of oncology social workers. Using the voices and stories of the 57 study participants, this study documented the experiences of oncology social workers, their commitment, energy, their challenges, fears of failure and what prompted their innovations. This qualitative study yielded a systematic understanding of the process of innovation, including, the risks, supports, barriers, obstacles. and benefits of innovation; and participant recommendations for internal organizational structures, which encourage innovation and support resilience. An unanticipated discovery was the emergence of a typology of innovators: The Reactor, who innovates in response to situational patient need; The Academic, who innovates in response to new learning/training; and The Initiator, who innovates in response to an inner drive, their own personal philosophy and need to try new things. Many respondents noted the tragic and crisis nature of the work as stimuli to try something new in an effort to ameliorate the situation. Out of despair, some participants were moved to innovate.

24. Bridging gaps in adolescent and young adult (AYA) cancer care through multidisciplinary collaboration: A multistate education initiative

Main Author: Carolyn Trachtenbroit

The lessons emerging from this initiative demonstrate that meaningful progress in AYA oncology will depend on sustained investment in psychosocial services, interdisciplinary education, and systemic advocacy. Expanding the role of social workers in research, clinical leadership, and program design will be key to ensuring that AYAs receive care that honors their developmental stage, psychosocial realities, and diverse lived experiences. This work highlights the transformative potential of social work within oncology: to humanize medical systems, bridge inequities, and ensure that every young person facing cancer is met with compassion, connection, and comprehensive psychosocial support.

25. Continuity of Care Pathway: Inpatient to Ambulatory Social Work

Main Author: Lisa Merheb, LCSW

High-risk oncology patients often face complex medical, psychological, and social challenges that require ongoing, coordinated support. Transitions between inpatient and ambulatory care represent critical junctures where gaps in communication and planning can lead to adverse outcomes, including readmissions and decreased patient satisfaction. Evidence from transitional care models underscores that structured interventions during these periods significantly improve continuity of care and reduce 30-day readmission rates compared to usual care (Tyler et al., 2023; Passwater, 2021). This poster presents a standardized operating procedure (SOP) developed at UHealth to guide social workers in identifying, assessing, and transferring high-risk patients across care settings. The SOP incorporates risk stratification using validated tools embedded in the electronic health record, comprehensive psychosocial assessment protocols, and structured communication strategies such as SBAR and I-PASS frameworks, which have demonstrated efficacy in reducing medical errors and improving patient safety (McCarthy et al., 2024; AHRQ, 2025). Documentation standards ensure accountability and facilitate interdisciplinary collaboration. By formalizing the handoff process, the SOP aims to mitigate barriers to care, enhance resource linkage, and promote collaborative care planning. Early implementation data at UHealth indicate improved coordination between inpatient and ambulatory social work teams, timely initiation of community referrals, and increased patient satisfaction scores. These findings align with national recommendations for oncology social work practice, emphasizing proactive care coordination and integration of social determinants of health into discharge planning (AOSW Standards, 2023; Zebrack et al., 2022). The SOP represents a scalable model for health systems seeking to operationalize continuity of care for vulnerable oncology populations. Future directions include embedding automated referral workflows and expanding metrics to evaluate long-term outcomes such as treatment adherence and quality of life.

26. From Barriers to Bridges: Improving Oncology Outcomes Through Cultural Awareness

Main Author: Marlys Medina, LCSW

Disparities in oncology outcomes among Hispanic/Latinx and other minority populations are shaped by cultural, structural, and psychosocial barriers that limit access to care and treatment engagement. Inequities in stem cell transplantation (SCT) highlight how health literacy challenges, systemic barriers, trauma, and communication gaps contribute to delays in diagnosis, reduced referrals, and limited access to advanced therapies. Culturally responsive, trauma-informed, and community-engaged approaches are essential to building trust, improving adherence, and advancing equitable outcomes. Practical strategies will be shared to strengthen communication, enhance navigation support, and promote patient-centered oncology care through collaboration with patients, caregivers, and interdisciplinary teams.

27. Growing Support: Expanding Oncology Support and Psychotherapeutic Group Offerings to Meet the Needs of Our Patients

Main Author: Ashley McLoud, MSW, LICSW

Expanding support groups and psychotherapy groups can broaden the range of psychosocial support available to patients receiving treatment at an outpatient cancer center, may reduce the amount of time patients wait to be seen by psycho-oncology providers, can reduce patient billing costs for psychotherapy group participants and can lower barriers to psychosocial support options for patients. Developing a robust group program requires institutional support for provider training and to ensure provider billing structures are in place, where appropriate. The role of oncology social workers in providing psychosocial support is integral to improving the well-being of cancer patients. At Fred Hutchinson Cancer Center (FHCC), a significant shift occurred over the past few years in response to the increasing need for tailored support and psychotherapy groups. Initially, only one support group was offered to patients. Now, we offer six varied group options, each designed to address specific needs based on cancer type or stage, patient demographic or psychotherapeutic approach to cancer-related distress. This poster will explore the background, process and outcomes for the expansion of our group interventions.

28. I'm not a B***h, I Am Assertive. Learn the Difference: What Every Social Worker Should Know

Main Author: Chelsey Winegar, LCSW

Social workers frequently encounter situations where communication style directly influences advocacy, collaboration, and client outcomes. Yet assertiveness is often misunderstood, particularly when expressed by women or marginalized professionals, and is wrongly perceived as aggression. This presentation, “I’m Not a B*h, I’m Assertive: Learn the Difference, What Every Social Worker Should Know,” challenges these misconceptions and reframes assertiveness as a vital professional skill. The session highlights the distinctions between assertiveness, passivity, and aggression, and examines how cultural norms, gender expectations, and systemic bias shape perceptions of professional communication. Through case examples and practical strategies, participants will learn how to set boundaries, advocate effectively, and communicate with confidence while maintaining empathy and respect. By the end of the presentation, attendees will be equipped to embrace assertiveness as a strength rather than a liability. They will leave with actionable skills to challenge stereotypes, enhance professional effectiveness, and promote equity in their practice.

29. Manifestations of Body Image Distress in AYA Cancer Survivors: A Qualitative Analysis of Participants in an Expressive Writing Intervention

Main Author: Victoria Wytiaz, MD, MA

Body image distress affects adolescent and young adult (AYA) cancer survivors at a life stage critical for forming social relationships and for developing one’s own identity. While cancer care providers recognize body image distress as a major psychosocial challenge for AYA cancer survivors, there is a paucity of data to support interventions to address this. As such, we piloted a body image-focused expressive writing program to target this knowledge gap. In semi-structured interviews with study participants, AYA cancer survivors shared their body image journeys with candor and enthusiasm. In utilizing a reflexive thematic analysis approach embedded within a phenomenological methodology, the following themes were identified throughout 24 interviews: Feasibility and Acceptability; Reconciling Intellectual and Emotional Understanding of Anticipated Body Image Changes; What We Gained and What We Lost; Body Image Distress as a Source of Guilt and Shame; We are a Community, but We Lack a Community. Unbeknownst to the authors at the time of study conception, the inclusion of a semi-structured interview fulfilled desires expressed by participants and emphasized in the thematic generation described herein. These interviews provided closure and represented an example of trauma-informed care that allowed participants to build a small community within the study and regain a sense of self identity that was perhaps lost in the cancer experience. This study approach informs suggestions for AYA survivorship care at large, most notably adopting a trauma-informed care approach during encounters with AYA cancer survivors, whether those encounters take place in the clinical or research environment. Participants were generous with their time and insight but even in the survivorship setting, the theme of body image distress as a source of guilt and shame emerged. In further analysis of this theme, suggestions for reducing the guilt and shame surrounding body image distress similarly emerged and are worthy of further pursuit. The themes identified in this thematic analysis embedded in phenomenology provide a rich foundation for appreciating the difficulty associated with recognition and mitigation of body image distress in this unique population. Further efforts in this space will include expansion of expressive writing to address these challenges while ensuring that all psychosocial needs of AYA cancer survivors are met in an evolving healthcare landscape.

30. Navigating Difficult Conversations: Supporting Oncology Patient-Facing Team Members

Main Author: Sarah McElvaine, MSW, LICSW, OSW-C

This interactive presentation details the implementation and successful reception of a social work led initiative aimed at improving patient communications and supporting oncology clinic patient-facing staff members at Fred Hutchinson Cancer Center. Presenters shared practical strategies and created an interactive presentation for clinic staff, to help staff engage more effectively with patients during moments of crisis and intense emotion. The course of this educational presentation included facilitation of team discussions and co-creating solutions for real-life cases that staff have encountered or have concerns about navigating in future. In addition, this presentation provided practical examples and organizational resources to support staff self-care and self-regulation during moments of high stress in patient care. This will be structured in two parts: 1) An introduction to the educational presentations that were conducted in 60 minute live sessions, via both in-person and virtual platforms, and tailored to each specific team of patient facing staff and 2) an interactive activity inviting audiences to share their own experiences of resilience and care at work through anonymous submission, to be viewed and engaged with by peers. By the end of this presentation, participants will have been introduced to strategies to combat staff burnout, identify accurate feelings tied to heightened emotional states and the resources available to support staff.

31. Pilot Evaluation of ESPEC-O: Advancing Social Work Competencies in Palliative and End-of-Life Oncology Care

Main Author: Tara Schapmire, PhD, MSSW, OSW-C, APHSW-C

Background: Integrating palliative care principles into oncology improves quality of life for patients and caregivers. However, oncology social workers (OSWs) have had limited access to comparable training available to physicians and nurses. To address this gap, we developed and evaluated Educating Social Workers in Palliative and End-of-Life Care in Oncology (ESPEC-O)—a multimodal, evidence-based curriculum designed to strengthen OSW clinical and leadership competencies and promote integration of primary palliative care into practice. Methods: Recruitment emails to 1,000 Association of Oncology Social Work members yielded over 100 applications; 33 OSWs from 19 states were competitively selected. The program included eight hours of self-paced online modules and a four-hour synchronous workshop (June 2024). Post-training surveys assessed self-reported knowledge, confidence, and qualitative reflections on learning impact and improvement suggestions. Results: Participants reported substantial growth in palliative and leadership knowledge (M=8.03 on a 0–10 scale) and high confidence in clinical (M=3.72) and professional (M=3.70) skills. Qualitative data indicated strong satisfaction, skill development, and enthusiasm for continued learning. Suggested improvements—more breakout time and expanded leadership content—were incorporated into a newly funded NCI grant. Conclusion: ESPEC-O demonstrates high interest and feasibility, effectively enhancing OSWs' knowledge, confidence, and leadership in oncology palliative care. The hybrid model shows strong potential to expand the national palliative social work workforce and improve interprofessional cancer care delivery.

32. Pink is NOT me: Interventions to promote resilience and community

Main Author: Jenny Lu, LCSW, OSW-C, CSW-G, ACHP-SW

This interactive presentation will identify disparities faced by Stage 4 breast cancer patients and the threads of support programs, support group meetings and four annual wellness retreats in October, pink ribbon breast cancer awareness month. These programs designed to reduce social isolation, build resilience and deliver holistic support. Patient group side, funding sources, to wellness retreat will be discussed. Each of the wellness retreats defined by unique theme, presentations and connection activities – ranging from the effect of forest bathing on human immune function, the impact of exercise on cancer, optimize your nutrition for getter quality of life, animal assisted therapy, art and music therapy, and meaning-centered group connection activities. By the end of this presentation, participants will gain perspective on program development, funding, and program topics grounded in research and therapeutic modalities.

33. Quick, call the social worker! A behind-the-scenes look at addressing patients' mental health through a virtual program._x000B_

Main Author: Karen Ridley, MSW, LCSW, OSW-C®

Identifying and supporting the mental health needs of oncology patients is paramount in supporting them in their cancer and treatment journey. From a collaborative and holistic care perspective, treating the whole patient encompasses their physical health, mental and emotional health, as well as addressing nutritional, spiritual, psychosocial, and navigation needs. Patients are resilient and adept at overcoming challenges and barriers they face when experiencing cancer. However, oncology social workers and practices are in the unique position to offer specialized mental health support to patients experiencing cancer and chronic illness. By offering virtual psychotherapy in oncology practices, patients have swift access to specialized care from Licensed Clinical Social Workers who are familiar with and versed in addressing the relevant issues and needs of oncology patients. The psychological and emotional distress can be addressed, and services can be accessed in a forum that overcomes barriers that can be burdensome to patients. This poster presentation offers a behind-the-scenes look at the need, implementation, and success of a virtual behavioral health program.

34. Quitting with support: A patient centered program using Motivational Interviewing for smoking cessation

Main Author: Karen Morales, Licensed Independent Clinical

This presentation aims to describe how motivational interviewing (MI) can be used to create and implement evidence-based tobacco cessation services in cancer settings. It also explains how integrating social work led, MI-based counseling into the care setting reduces barriers to counseling access, provides psychoeducation and practical cessation resources, thereby enhancing cancer care.

35. Reimagining Psychosocial Oncology: Multilevel Care Models to Strengthen Patient-Centered Support

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

Patients navigating cancer often encounter psychosocial complexities that create barriers to equitable access, heighten psychological stressors, and present profound emotional challenges, factors that can significantly affect health outcomes and persist well into survivorship. Recognition of these challenges gained national attention with the Institute of Medicine's Cancer Care for the Whole Patient report (2008), which emphasized the need to address psychosocial health needs. Since 2015, cancer centers accredited by the Commission on Cancer (CoC) have been mandated to screen patients for psychosocial distress; however, persistent gaps in referral, insufficient psychosocial staffing, and lack of integration of psychosocial providers remain significant barriers (Association of Community Cancer Centers, 2023). Social workers are the largest providers of psychosocial and emotional support for oncology patients in the United States (Perlmutter et al., 2022). National surveys confirm that oncology social workers, predominantly master's-level clinician, are integral members of interdisciplinary teams, devoting most of their time to direct patient care, including psychosocial assessments, psychotherapy, and connecting patients to critical resources (Perlmutter et al., 2022; Pearlmutter et al., 2022). Yet, research has also highlighted role confusion and underutilization of social workers, particularly within interdisciplinary teams, leading to inefficiencies and missed opportunities for practicing at the top of licensure. Further, delineation studies emphasize the need for clearer role structures and competencies to ensure oncology social workers are consistently leveraged to their fullest capacity (Schapmire et al., 2022). A solution lies in the implementation of multilevel care models, which distribute responsibilities across a workforce continuum to address patients' diverse needs while enabling social workers to function at the highest end of their training. At the foundation of this model are Lay Navigators, also referred to as community health workers or care partners, who assist with identifying and linking patients to resources, grants, and programs that mitigate social determinants of health barriers. Evidence demonstrates that collaboration between community health workers and social workers improves access to care, enhances psychosocial outcomes, and strengthens interdisciplinary collaboration (Noel et al., 2022; Hailey, 2021). Building the foundation of meeting social needs, Master's-level Social Workers (MSWs) conduct psychosocial assessments, complete advanced screenings, and advocate for patients addressing complex needs. Licensed Clinical Social Workers (LCSWs) deliver specialized clinical services such as diagnosis (when appropriate) and counseling interventions targeting psychological and emotional distress, provide psychoeducation, advanced care planning, and palliative care interventions. The implementation of this multilevel care model provides a holistic framework that attends to the whole person, acknowledges the diverse and complex trajectory of the cancer experience, and enhances equitable outcomes. By ensuring that each role, from lay navigator to LCSW, is utilized appropriately, this approach not only expands access to psychosocial support but also reduces role strain and burnout while enabling oncology social workers to practice at the top of their licensure. Ultimately, such a model holds promise for improving patient-centered care, strengthening interdisciplinary collaboration, and addressing systemic gaps in oncology psychosocial services.

36. Si se puede!! Navigating Cancer for the Latino population.

Main Author: Jocelyn Mata, OSW-C, LMSW, MSW

Latino cancer patients face challenges including socioeconomic barriers like poverty, lack of health insurance, and financial hardship. Cultural and linguistic barriers such as limited English proficiency and stigma can impede communication and help-seeking. Healthcare access issues include late diagnosis, treatment delays, lower treatment adherence, and underrepresentation in clinical trials. This session will speak about the Social Determinants of Health challenges faced by the Latino population in the United States with cancer diagnosis. For a Latino, getting a cancer diagnosis isn't just a clinical disease and there are many considerations we as social workers must take into account.

37. The Colorectal Cancer Alliance's National Digital Oncology Social Work Model: Harnessing Technology and AI to Advance Equitable Cancer Support and Psychosocial Care

Main Author: Rochelle Woods, LMSW, CCM

Oncology social work plays a critical role in comprehensive cancer care by addressing the emotional, informational, and practical needs that profoundly affect patients and caregivers. However, significant gaps in access to psychosocial support persist nationwide. Recent evidence shows that one in four distressed adults with cancer reports unmet mental-health needs, driven largely by attitudinal and accessibility barriers, as well as broader inequities tied to income, geography, and workforce diversity. At the same time, emerging research demonstrates that digital and telehealth interventions can effectively expand reach and improve psychosocial outcomes, offering a promising path toward more equitable care delivery. The Colorectal Cancer Alliance is developing a new national, technology-enabled oncology social work model designed to address these longstanding disparities. Data from more than 15,000 annual patient interactions highlight the depth of unmet need: leading barriers include Health/Medical, Financial, and Screening challenges, while the highest Helpline requests center on treatment-related financial assistance and planning support. Qualitative reports further underscore that social and economic stressors—including food, transportation and housing directly influence patient outcomes. Current Alliance programs—including navigation, financial assistance, personalized digital education, peer support communities, and a national Helpline—already extend support to individuals disproportionately affected by colorectal cancer, including high-risk and under-insured populations. Building on this foundation, the Alliance will launch a national digital oncology social work program in 2026. This model integrates oncology social workers into a technology-driven call center connected with the BlueHQ platform, enabling AI-assisted triage, intelligent resource matching, and real-time support regardless of geography, insurance status, or financial means. The program will expand access through extended hours, multilingual navigation, and continuous quality monitoring, ensuring inclusive, evidence-based, and empathetic care. This initiative represents a new paradigm for psychosocial oncology—combining human-centered social work practice with digital innovation to eliminate structural barriers and ensure that no patient faces cancer alone.

38. The Human Side of Cancer Care: Wisdom from Patients and Families

Main Author: Laura Martinsen, BS, CSW

In oncology social work, we are with patients at moments when their lives can be profoundly upended by three simple yet powerful words: "you have cancer." It is in these vulnerable times, from diagnosis through treatment and beyond, that the truths of what it means to live fully often emerge. This presentation explores the human side of cancer care through the lessons patients and families have offered, highlighting fear, resilience, humor, authentic connection, and remarkable strength. Bearing witness to these lived experiences reveals how individuals facing life changing diagnoses often become life's greatest teachers. Their stories illuminate essential elements of a meaningful life, including courage, genuineness, intentionality, and the ability to find purpose even in moments of uncertainty. Grounded in the psychosocial oncology tradition, this session draws on insights from Jimmie Holland's The Human Side of Cancer and William Breitbart's meaning-centered psychotherapy, highlighting how clinicians can learn from patients' wisdom about living fully and intentionally. By sharing these lessons, this presentation aims to honor the individuals behind the diagnosis and demonstrate the profound impact patient narratives have on the professionals who walk alongside them. Attendees will leave with both reflective insight and practical approaches for integrating these lessons into clinical practice, supporting patients and families through complex emotional and existential challenges.

39. Turning Pages Into Pathways: How HCPs and a Magazine Foster Connection for Young Adults with Cancer

Main Author: Kayla Fulginiti, LCSW, OSW-C

Adolescents and young adults (AYAs) with cancer experience heightened social isolation and loneliness, which can undermine treatment engagement and overall well-being. Social connectedness and supportive relationships are critical to improving psychosocial outcomes, yet healthcare providers (HCPs) often face barriers to linking AYAs with meaningful peer and community resources. Elephants and Tea, a nonprofit and the only free quarterly magazine written by and for the AYA cancer community, aims to reduce isolation through storytelling and shared experience. This study examined HCP use, dissemination, and perceptions of Elephants and Tea. An anonymous survey was distributed to 212 recipients of bulk magazines, with 47 HCPs responding. Most respondents worked in hospital settings (80%), primarily academic medical centers (52%), and engaged daily with AYAs (66%). HCPs commonly distributed the magazine to patients and families (78%), described it as very helpful (83%), and noted it filled a gap in available resources (98%). They identified its first-person stories, coping strategies, and resource sections as most valuable. Nearly all respondents (91%) reported the magazine positively influenced their work, helping them better understand the AYA perspective, strengthen rapport, and connect patients to community supports. Findings underscore Elephants and Tea as a dual-impact resource, enhancing AYA connectedness while equipping providers to deliver more empathetic, developmentally attuned care.

40. Unspoken Distress: Supporting Head and Neck Cancer Caregivers Through Early Psychosocial Intervention

Main Author: Akiko Miyake, LCSW, OSW-C

Caregivers of individuals with head and neck cancer experience significant emotional, physical, and psychosocial challenges throughout the treatment trajectory. The demands of caregiving-managing feeding tubes, tracheostomy and wound care, communication changes, and visible disfigurement- can lead to distress, isolation, and burnout. As the disease progresses, patients often experience speech and swallowing challenges, which can make communication and emotional connection more difficult. Early psychosocial intervention is critical; it allows oncology social workers to establish trust, assess needs, and provide coping tools before these barriers emerge.   This poster presentation describes an interdisciplinary clinical practice model developed and implemented by an oncology social worker within an academic cancer center. Core components include early assessment, psychoeducation, stress management, resource navigation, and space for emotional expression. Clinical observations suggest that caregivers who receive support early in the treatment process feel more confident, less anxious, and more engaged. They report reduced isolation, improved coping, and greater openness in discussing stress and guilt. As caregivers feel more supported, patients demonstrate stronger engagement and adherence to treatment.   This early-intervention approach highlights the essential role of oncology social workers in addressing caregiver distress for this population. By integrating caregiver support into standard oncology practice, cancer programs can improve communication, enhance well-being for both caregivers and patients, and strengthen continuity of care throughout the head and neck cancer experience.