



Licensed Clinical Social Worker and Cancer Navigator Kathy Gurland addresses psychosocial issues affecting patients and families.

Meet Your Social Worker

By Kathy Gurland, LCSW
Cancer Navigation Consultant™

This essential member of your healthcare team may be your greatest ally when you face a diagnosis..

WHAT IS A SOCIAL WORKER, AND WHY DO I NEED ONE?

Clinical social workers are licensed mental health professionals held to high ethical standards. They must pass a state-licensing exam *after* completing a master's in social work (MSW) degree. The required coursework for an MSW covers a broad theoretical foundation and field practicum experience in a variety of settings with culturally diverse and vulnerable populations.

Oncology social workers, specialists within the social work field, are clinically trained to provide diversified support for cancer patients and their families during diagnosis, treatment, and recovery. They are also trained in end-of-life care and bereavement.

Because cancer has an impact on every aspect of patients' and their loved ones' lives, an oncology social worker views individuals in a holistic way and with a strengths perspective. They take into account the whole person in his or her en-

vironment and use what is called a *biopsychosocial assessment* to identify an individual's needs. These needs may include, but are not limited to, physical, emotional, spiritual, cultural, financial, sexual, recreational, relationship, safety, legal, family, and caregiving.

An oncology social worker participates in the interdisciplinary meetings when a patient's treatment plan is discussed, contributing an assessment of the patient's needs. Every individual diagnosed with cancer has the right to have at least one social work consult. The patient may choose whether to see the social worker again.

In the 2007 Institute of Medicine consensus report, "Cancer Care for the Whole Patient," the authors confirm that *not* addressing psychosocial challenges can interfere with a person's healthcare and even diminish overall health and functioning. The report states that providing psychosocial services can "reduce patients' suffering, help them adhere to prescribed treatments, and support their return to health." The fol-

lowing unambiguous statement at the end of the report sums up the findings: "Today, it is not possible to deliver good-quality cancer care without addressing patients' psychosocial health needs." And it is your *social worker* who can address those needs.

WHERE DO I FIND A SOCIAL WORKER?

Almost all inpatient hospital facilities have a social work department, as do outpatient clinics. Private practice doctors do not always have a social worker on staff, but they should be able to refer you to a social worker who works at their affiliated hospital.

If the doctors or nurses where you are receiving care cannot connect you and your family with a social worker, you can contact CancerCare at (800) 813-HOPE [4673]. This organization is fully staffed by oncology social workers. In fact, *anyone* affected by cancer—including family, friends, co-workers, and employers—can receive CancerCare services.

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WHY DOESN'T EVERYONE GET REFERRED TO A SOCIAL WORKER? WHAT SHOULD SOMEONE DO IF HE OR SHE IS NOT?

The reasons are varied, but it is often the “squeaky wheel” principle that operates through default in many institutional settings. Due to limited resources and staffing, there are often not enough social workers to see the high number of patients who are admitted to a facility. As a result, social workers usually see the highest-risk cases first. This is why it is so important that you or a family member speak up and *request* a meeting with the social worker.

Do *not* wait for a crisis. Ask to meet your social worker during the very first appointment with your doctor or at the outpatient clinic—and on the first day if you are admitted to a hospital. Ask and ask again. You can be affirmative in your request and will not be viewed as “demanding.” Your social worker will be very appreciative to have had the opportunity to get to know you personally in a noncrisis situation.

IS THERE A PARTICULAR TIME OR PHASE OF THE CANCER CONTINUUM WHERE CONTACTING A SOCIAL WORKER IS MOST IMPORTANT?

No. Your social worker can be of service to you and your family *at any time* throughout your experience with cancer. Whenever possible, social workers prefer to work with patients and families across the continuum of care. That said, social workers ideally prefer to function in an anticipatory and prevention model, assisting families in avoiding problems that may arise down the road. They are aware that people don't come into the world knowing the various ways to adapt to life with cancer, but they believe that these skills are teachable. The collective knowledge acquired from years of working with families affected by cancer provides oncology social workers with a wide base of solution-focused interventions. They want to share that knowledge with you and your loved ones by educating, empowering, and supporting you.

WHAT CAN A SOCIAL WORKER DO FOR CANCER SURVIVORS AND THEIR LOVED ONES?

The easier question to answer is what *can't* a social worker do for people affected by cancer. That list would be far shorter and includes: they cannot give medical advice, and they cannot administer medications or perform medical interventions of any kind. The services they *can* provide are focused on ameliorating the significant and far-reaching stressors associated with a cancer diagnosis and include the following:

- Accessing accurate information to help you understand and adapt to your diagnosis and treatments
- Assisting with caregiving as well as relationship and family issues
- Helping with sound decision-making, communication skills, work-related issues, and the development of coping strategies
- Educating patients about the language, paperwork, and

procedures of the healthcare system and informing patients of their rights

- Referring patients and their families to community resources for assistance with financial concerns, transportation issues, lodging during treatment, and support groups
- Providing supportive one-on-one or group counseling for patients and their loved ones to promote optimal emotional health by addressing challenges such as stress, depression, and anxiety
- Acting as a liaison between patients and their medical team, arranging such things as meetings and phone calls and, in general, helping patients navigate the healthcare system
- Providing guidance and support during the adjustment to the life changes precipitated by illness, such as fatigue, hair loss, fertility concerns, changes to body image, sexuality and intimacy issues, and the various side effects of treatment and hospitalization
- Assisting patients in preparing an advance directive, a living will, and a medical durable power of attorney
- Providing information about complementary and alternative medicine and clinical trials
- Answering questions about life after cancer treatment
- Assisting patients and their families with end-of-life care and bereavement if it becomes necessary

WHY ARE THE SERVICES OF A SOCIAL WORKER SO CRITICAL FOR CANCER PATIENTS AND THEIR LOVED ONES?

One of the basic tenets of social work theory is “start where the client is.” This foundation supports the ever-shifting

experience of a life affected by cancer. Social workers also have an inherent belief in the ability of people to master the skills needed to cope with life’s adversities. They do not pity nor blame the individuals they assist. Instead they strive to educate and empower people to prevent them from feeling helpless or without options.

Social workers are very solution-focused when it comes to problem solving, yet they do not insist, demand, dictate, or require any specific action unless safety is an issue. They endeavor to listen well, encourage, discuss, suggest options, and negotiate the best possible outcome for all persons involved. Depending on the situation, a social worker can be an advocate, a teacher, a confidant, a problem solver, a counselor, a liaison, a resource guide, a collaborator, and a consistent, reliable source of support. Engaging a social worker as an ally allows the patient to conserve energy for healing and participating in quality-of-life activities.

ONE LAST TIP

Asking for help is the smart thing to do to preserve energy for healing and engaging in life-affirming activities with loved ones. Anyone familiar with e-mail or social networking today has heard the term *TTYs*, or *talk to you soon*. In keeping with that trendy custom, I’d like to leave you with a new abbreviation that can make a significant and positive impact in your life as a survivor: *TTYSW! Talk to your social worker!* ❀

Kathryn (Seng) Gurland, LCSW, is a Licensed Clinical Social Worker and Cancer Navigation Consultant in New York City. Having lost sisters Judi and Peggy to cancer, Kathy is acutely aware of the need for personalized services for those affected by cancer. Her many years as

a medical social worker and private psychotherapist, specializing in psycho-oncology, pain and palliative care, and end-of-life-care, exposed her to the intricacies of cancer and its effect on everyone involved. Assuming the roles of advocate, healthcare surrogate, and caregiver for her sisters motivated her even further to develop PEG’s Group, a private consulting group of Cancer Navigators. The company name, PEG’S Group, originated out of her sister Peg’s name and stands for Personal, Education, Guidance, and Support. PEG’S Group has been both a personal and professional endeavor conceived and developed by Kathy to meet the vital needs within the cancer community that our healthcare system is unable to provide at this time. For more information, visit www.pegsgroup.com <<http://www.pegsgroup.com/>>. Kathy holds affiliations with NASW, AOSW and is on the Advisory Board of SocialWorkers-Speak.org.

If you have questions that you would like to see addressed from a social work perspective, please send them to editor@omnihealthmedia.com.