„Soziale Arbeit in der Onkologie - Literaturrecherche“

Reader

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VOLLSTÄNDIGE DOKUMENTATION DER ERGEBNISSE DER LITERATURRECHERCHE

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Vorwort – Hinweise zur Vorgehensweise

Die Recherche der Literatur zum Thema „Soziale Arbeit in der Onkologie“ erfolgte im **Zeitraum** Januar bis April 2016.

Recherchiert wurde in folgenden **Datenbanken** – mit folgenden Ergebnissen (gefundene Quellen = „Treffer“):

→ „WISO“ - DZI SoLit Literatur für Sozialarbeit und Sozialpädagogik, IHS Wirtschafts- und Sozialwissenschaftliche Literatur, SOFIS Sozialwissenschaftliche Forschungs-information, SOLIS Sozialwissenschaftliche Literatur, WAO World Affairs Online – ca. 1400 Treffer
→ „FIS Bildung Literaturdatenbank“ – ca. 55 Treffer
→ „PubliSA Publikationen zur Sozialen Arbeit“ – ca. 12 Treffer
→ „PsycINFO“ – ca. 722 Treffer

Bei der Datenbankrecherche wurde mit verschiedenen Kombinationen folgender **Suchbegriffe** gearbeitet:

→ Sozialarbeit*, Sozialpädagogik, "Soziale Arbeit", Sozialdienst UND Krebs*, Onkol*, Tumor* (deutsch)
→ social work*, social pedagogy, social education, social-service work, welfare work UND cancer*, oncol*, tumor*, tumour* (englisch)

Die im Folgenden dokumentierten **Rechercheregebnisse** sind, jeweils alphabethisch, geordnet nach

→ Handbüchern (das „Handbook of Oncology Social Work“ ist aufgrund seiner Aktualität mit allen Artikeln separat aufgelistet),
→ Sammelbänden, Büchern (Monographien),
→ Aufsätzen / Artikeln aus Sammelbänden und Zeitschriften,
→ Praxis- bzw. Erfahrungsberichten (zum Teil mit Beschreibungen von Behandlungsmodellen),
→ Literatur-Reviews (Analysen vorhandener Literatur unter speziellen Fragestellungen),
→ Studien, untergliedert in qualitative, quantitative und Evaluationsstudien sowie sonstige Textsorten (z.B. Positionspapiere, Tagungsdokumente).

Die Zuordnung erfolgte nach der Klassifizierung des Ergebnisses in der jeweiligen Datenbank. War eine solche nicht oder nicht eindeutig vorhanden, wurde aufgrund der Angaben im Abstract bzw. der Zusammenfassung, soweit vorhanden, entschieden.

Der Reader dokumentiert, soweit vorhanden, die **vollständigen Literaturangaben** sowie die **Abstracts / Zusammenfassungen** der im Rahmen der Recherche gefundenen und für die „Soziale Arbeit in der Onkologie“ für relevant erachteten Ergebnisse.

Sandra Layh
Beuren im Mai 2016

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Handbücher

Brown, Ronald T. (Hrsg.). *Comprehensive handbook of childhood cancer and sickle cell disease: A biopsychosocial approach*. New York: Oxford University Press, 2006**.**

> Over recent decades, tremendous advances in the prevention, medical treatment,and quality of life issues in children and adolescents surviving cancer have spawned a host of research on pediatric psychosocial oncology. This important volume fills the clear need for an up-to-date, comprehensive handbook for practitioners that delineates the most recent research in the field--the first of its kind in over a decade. Over 60 renowned authors have been assembled to provide a thorough presentation of state-of-the-art research and literature, with topics including: (a) Neuropsychological effects of chemotherapy and radiation therapy; (b) Bone marrow transplantation; (c) Important issues about quality of life during and following treatment; (d) Collaborative research among child-focused psychologists; (e) Standards of psychological care for children and adolescents; (f) Stress and coping in the pediatric cancer experience; and (g) The role of family and peer relationships. The Comprehensive Handbook of Childhood Cancer and Sickle Cell Disease represents both multidisciplinary and international efforts, an alliance between physicians and parents, and a combination of research and service. With a wealth of information of great interest to patients and their families, this volume will also be a welcome resource to the psychologists, psychiatrists, pediatricians, oncologists, nurses, and social workers who confront these issues as they help children and their families through the treatment, recovery, and grieving processes. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

Gehlert, Sarah und Arthur Browne, Teri (Hrsg.). *Handbook of health social work*. New York: John Wiley & Sons Ltd, 2006.

> The Handbook of Health Social Work provides a comprehensive and evidence-based overview of contemporary social work practice in health care. Written from a wellness perspective, the chapters cover the spectrum of health social work settings with contributions from a wide range of experts. The resulting resource offers both a foundation for social work practice in health care and a guide for strategy, policy, and program development in proactive and actionable terms. Three sections present the material: The Foundations of Social Work in Health Care provides information that is basic and central to the operations of social workers in health care, including conceptual underpinnings; the development of the profession; the wide array of roles performed by social workers in health care settings; ethical issues and decision-making in a variety of arenas; public health and social work; health policy and social work; and the understanding of community factors in health social work. Health Social Work Practice: A Spectrum of Critical Considerations delves into critical practice issues such as theories of health behavior; assessment; effective communication with both clients and other members of health care teams; intersections between health and mental health; the effects of religion and spirituality on health care; family and health; sexuality in health care; and substance abuse. Health Social Work: Selected Areas of Practice presents a range of examples of social work practice, including settings that involve older adults; nephrology; oncology; chronic diseases such as diabetes, heart disease, and HIV/AIDS; genetics; end of life care; pain management and palliative care; and alternative treatments and traditional healers. The first book of its kind to unite the entire body of health social work knowledge, the Handbook of Health Social Work is a must-read for social work educators, administrators, students, and practitioners. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (cover)

Holland, Jimmie C., Greenberg, Danna B. und Hughes, Mary K. (Hrsg.). *Quick reference for Oncology clinicians: The psychiatric and psychological dimensions of cancer symptom management*. Charlottesville: International Psycho-Oncology Society (IPOS) Press, 2006.

This book is directed primarily to you-the oncologists and nurses who are working in today's busy clinical oncology settings. You are often joined on the "front line" by social workers who, with you, constitute the first line of defense for recognizing the distress of patients and their families that accompanies the diagnoses and treatment of cancer. This small handbook aims to provide the essential facts needed to help you to identify rapidly and diagnose the common psychiatric disorders; to know the optimal medication management for them; the common psychosocial problems of patients and families; the role of spiritual and religious issues in coping; and, to offer a simple tool and algorithm for referring the patient, when needed, for evaluation by a mental health professional. We believe this handbook provides useful information to all members of the clinical team who treat patients. We expect that the guidelines will help in teaching medical, nursing and social work students. Mental health professionals working in the psychological, psychiatric and psychosocial aspects of care - those who back up the primary oncology team in this area-will find it a good overview for themselves and an introduction for students. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (chapter)

Holland, Jimmie C. und Rowland Julia H. (Hrsg.). *Handbook of psychooncology: Psychological care of the patient with cancer*. New York: Oxford University Press, 1989.

The idea of this book grew out of the awareness of the need for a better answer to the frequent query: "Where can I learn about the psychological problems of cancer patients and how to treat them?" . . . There were many books and journals that an interested reader could turn to, but no summary of the broad range of issues that one needed to know to be informed was available. We began to conceive of a small book that would serve as an introduction to this emerging area of oncology. Using a developmental model, we sought to understand and to describe the patients' life stage, the disruptions caused by cancer at that stage, and the interventions needed to promote adaptation. . . . In fact, by the mid-1980s, psychooncology had become a respectable subspecialty of oncology and psychiatry with its own body of information. It was at this point that we began to conceive of an edited book with the major contributors from our own group that, by then, was nearing a decade of experience. We decided to provide a far broader book where both oncologic and mental health professionals, or students in either field, could find information about the range of psychiatric and psychological issues in oncology. The handbook that resulted attempts to put in context the cultural, psychological, and medical aspects that contribute to adaptation, the special problems posed by childhood or older age, by treatment modality, and special problems, such as pain and central nervous system complications. In addition, it reviews the problems of families, home care, staff, ethical, and research problems, and offers treatment principles to be used in providing psychotherapy and behavioral and pharmacologic interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (preface)

Kissane, David, Bultz, Barry, Butow, Phyllis und Finlay, Ilora (Hrsg.). *Handbook of Communication in Oncology and Palliative Care*. New York: Oxford University Press, 2011.

This comprehensive text provides clinicians with practical and evidence-based guidelines to achieve effective, patient-centered communication in the areas of cancer and palliative care.

O’Donohue, William T., und Levensky, Eric R. (Hrsg.). *Promoting treatment adherence: A practical handbook for health care providers*. Thousand Oaks: Sage Publications Inc., 2006.

Promoting Treatment Adherence: A Practical Handbook for Health Care Providers offers comprehensive information and strategies for understanding and promoting treatment compliance across a wide range of treatment types and clinical populations. Editors William T. O'Donohue and Eric R. Levensky present this information in a user-friendly, how-to manner to help health care providers improve their skills in encouraging patients to conform to treatment. Key Features: (a) Offers concrete and detailed guidelines: Specific guidelines are given for assessing rates of patient adherence and patient readiness to comply with treatment, as well as for identifying and understanding specific barriers to adherence in individual patients. In an accessible style, the authors present effective strategies and techniques for overcoming these barriers, including motivational interviewing, patient education, skills training, and much more. (b) Presents cutting-edge research and theory: The chapters in this volume, written by leading clinicians and researchers, address the most current research and theory on adherence, both in general and with respect to individual treatment concerns such as diabetes, HIV, and heart care. In addition, suggested readings direct readers to further information for each topic. (c) Provides real-life case examples: Sooner or later every practitioner encounters issues pertaining to the challenge of compliance. Case studies presented throughout the book enliven and clarify theoretical concepts. These examples provide readers with concrete illustrations of how strategies can be applied to clinical practice. Intended Audience: This book is a valuable resource for practitioners and health care providers seeking to understand and promote treatment adherence. It also serves as a helpful supplemental text for graduate courses such as Behavioral Medicine, Introduction to Intervention, and Health Psychology in departments of counseling, psychology, social work, nursing, and medicine. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Wiener, Lori S., Pao, Maryland, Kazak, Anne E., Kupst, Mary Jo, Patenaude, Andrea Farkas und Arceci, Robert (Hrsg.). *Pediatric psycho-oncology: A quick reference on the psychosocial dimensions of cancer symptom management.* 2. Ausgabe, APOS clinical reference handbooks. New York: Oxford University Press, 2015.

Pediatric Psycho-Oncology is a comprehensive handbook that provides best practice models for the management of psychological, cognitive, and social outcomes of adolescents living with cancer and their families. Chapters cover a wide range of topics including psychological aspects of particular pediatric cancers and their treatments, how to talk to a child and family at critical times during the disease course, genetic testing, individual, family, educational, psychological and psychiatric interventions, and caring for international patients. Each chapter highlights the necessity of embracing an interdisciplinary approach to ensure that each child has the best options for living with cancer and, when cure is not possible, that death occurs with as much dignity as possible for the child and family. An extensive resource section is appended to provide information on written, online, video, community, national and international services and programs. This book features contributions from experts designed to help clinicians review, anticipate and respond to emotional issues that often arise in the context of treating pediatric cancer patients. Numerous cross-references and succinct tables and figures make this concise reference easy to use. Pediatric Psycho-Oncology is an ideal resource for helping pediatric oncologist and nurses recognize when it may be best to refer patients to their mental health colleagues and for those who are establishing pediatric oncology services or adding psychosocial components to existing clinics. 'The care of children with cancer requires a knowledgeable, caring, multi-disciplinary team of experts. The ever-increasing complexity of pediatric cancer care requires team members to have a thorough understanding of a range of areas, including psychosocial issues common to patients we care for. Cancer, and the treatment that children must endure, almost invariably impacts the psychological, behavioral and social well-being of our patients and families. The second edition of Pediatric Psycho-Oncology: A Quick Reference on the Psychosocial Dimension of Symptom Management is thus a welcome and timely publication, offering a readily accessible, useful guidance on a spectrum of areas likely to be encountered, and as importantly, clear strategies aimed at preventing the additional suffering that can accompany childhood cancer and its treatment." (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Handbook of oncology social work: Psychosocial care for people with cancer

Alle Artikel alphabetisch geordnet aus:

Grace, Christ, Messner, Carolyn und Behar, Lynn (Hrsg.). *Handbook of oncology social work: Psychosocial care for people with cancer*. New York: Oxford University Press, 2015.

> This inaugural Handbook of Oncology Social Work provides a repository of the scope of oncology social workers' clinical practice education, research, policy, and program leadership in the psychosocial care for people living with cancer and their families. Addressing the science and art of psychosocial care, it focuses on the unique synergy of social work perspectives, values, knowledge, and skills with current mandates for distress screening and person- and family-centered care in health systems. The Handbook is divided into nineteen sections, each with three to ten thematically connected chapters. Topics include: cancer across the continuum of care, survivorship, site-specific cancers, distress screening, research, quality of life, genetics, sociocultural and economic diversity, assessment and interventions with adults, families, caregivers, parental cancer, children and adolescents, loss, grief, and bereavement, patient- and family-centered care, legal and ethical issues, care coordination, technology-integrated interventions, oncology practice settings, and interprofessional education and development. Readers are encouraged to not only grow in their knowledge from reading this book, but also to identify new areas to become innovators and change agents in this evolving field. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Review des Handbooks:

Fleishman, Stewart B. „Review of Handbook of oncology social work: psychosocial care for people with cancer“. *Journal of Psychosocial Oncology* 33, Nr. 5, 2015: 599–601.

> Reviews the book, Handbook of Oncology Social Work; Psychosocial Care for People with Cancer edited by G. Christ, C. Messner, and L. Behar (see record [rid]2015-09212-000[/rid]). This book is a solid reminder of the level of achievement and academe the field has demonstrated in the last forty years. Its scope, clarity and comprehensive array of topics covered reflect the core of concrete services, advocacy and the range of counseling tasks borne out of an exploding informational foundation. The Handbook also mentors the reader to become an oncology social worker, as well as preparing tomorrow’s leaders in the field. Rarely is such valuable practical information found living next door to scholarly work. The depth and breadth of the topics considered is striking. The relevance of the topics covered is extraordinarily in-tune with today’s practice. The book’s basic information is very substantial: how to be an oncology social worker working in the cancer setting includes historical and background information and very early introduces the concept of cancer as a chronic illness. If there is one downside of the Handbook of Oncology Social Work, it is its size and heft. This is not a book to carry around in your bag for a quick consult, nor would you throw it in your carry-on for some vacation reading, capitalizing on some quiet time when one can better savor its information. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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Sammelbände

Altilio, Terry und Otis-Green, Shirley (Hrsg.). *Oxford textbook of palliative social work*. New York: Oxford University Press, 2011.

The Oxford Textbook of Palliative Social Work marks an important stage in emphasizing the role of the social worker in palliative care. It sets the standard for the practice of palliative social work. Through its chapters, it defines a body of knowledge that outlines the field, describes its core curriculum and emphasizes its professional development. This textbook has sufficient breath and depth that allows new social work students to learn the history and the basics of palliative social work and the expertise to refresh their knowledge and learn the field's potential, growth, development, international policy impact and future direction. The book begins with an historical perspective, which sets the stage for understanding how palliative care became a focus for social work practice and research. Numerous chapters focus specific attention on the core competencies in training the social worker in palliative care; others describe the various settings and disease specific populations which invite social work expertise and which help to define their scope of practice. This textbook is a compendium of information that is authoritative, comprehensive and readable. It joins two other Oxford Textbooks—in palliative medicine and nursing— expanding the body of knowledge and expertise in the field of palliative care and clearly describing the contributions and the role of the social worker and the domains of palliative social work. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (foreword)

Arbeitsgemeinschaft von Einrichtungen für Familienbildung e.V. *Arbeit mit Krebskranken*. Bonn: AGEF (Eigenverlag), 1985.

Schlagworte: Familienarbeit / Elternbildung / Krebskrankenfürsorge / Angehörigenarbeit / Frau / Selbsterfahrung / Krebs / Selbsthilfe / soziale Organisation

Deutsche Vereinigung für den Sozialdienst im Krankenhaus (Hrsg.). *Soziale Arbeit im Krankenhaus: Vergangenheit und Zukunft*. Freiburg: Lambertus, 2001.

Dickenson, Donna und Johnson, Malcolm (Hrsg.). *Death, dying & bereavement*. Thousand Oaks, Maidenhead: Sage Publications Inc., 1993.

This collection, which combines academic research with professional and personal reflections, will be of great interest to all those concerned with the issues surrounding death, and in particular, to those directly involved in the support of dying or bereaved people, whether as paid carers, family members, friends or volunteers. "Death, Dying and Bereavement" addresses both the practical and the more metaphysical aspects of death. Topics such as new methods of pain relief, guidelines for breaking bad news, and current attitudes to euthanasia are considered, while the mystery of death and its wider implications are also explored. For professionals and students in nursing, medicine, social work, the clergy, counselling and the care of dying or bereaved people, it is essential reading. [This book] is the Course Reader for the Open University course "Death and Dying." (PsycINFO Database Record (c) 2012 APA, all rights reserved). (cover)

Gallant, Sheryle J., Keita, Gwendolyn Puryear und Royak-Schaler, Reneé (Hrsg.). *Health care for women: Psychological, social, and behavioral influences*. Washington: American Psychological Association, 1997.

This volume integrates psychosocial, behavioral, and medical perspectives to encourage health promotion and disease prevention for women. Accounting for the social and behavioral context of women's lives, the authors review the factors that disproportionately affect women, such as domestic violence, multiple roles, and lower socioeconomic status. Specific assessment techniques are outlined to help health care practitioners identify conditions that are frequently misdiagnosed in women. Life-style factors that affect the health of women throughout the life span are discussed. Additional chapters are devoted to life-threatening and chronic conditions affecting women, including cardiovascular disease, HIV infection, breast cancer, and recurrent headaches. Readers will be guided in understanding how women cope with these conditions, and advised on ways to promote well-being in women who are suffering from these illnesses. This book is intended for medical educators, physicians, nurses, medical social workers, health and clinical psychologists and educators and students in these fields. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Ganz, Patricia A. (Hrsg.). *Cancer survivorship: Today and tomorrow*. New York: Springer Science + Business Media, 2007.

A diagnosis of cancer provokes myriad responses in patients, chief among them the question: "How long do I have to live?" Increasingly, the answer to that question is not one of months or years, but decades. While there are now nearly ten million people in the United States who have recovered or are currently recovering from cancer (increased from three million in 1971), the unique challenges encountered by survivors are often met with uncertainty by even the most seasoned physicians, nurses, and clinical social workers because of a lack of formal guidelines for post-treatment care and follow-up. Cancer survivorship: Today and tomorrow provides much-needed information on how to best serve this community of patients. Written by experts in the field, many of them cancer survivors themselves, each chapter leads the reader through the unique medical and psychosocial aspects of recovery and survivorship in many primary sites including Childhood Cancers, Hodgkin's Disease, Testicular, Gynecological, Breast, Prostate, Lung, Colorectal, and Transplant. Additional chapters cover surveillance, second malignancies, psychosocial rehabilitation, employment and job discrimination, sexual and reproductive dysfunction, and advocacy. Cancer survivorship is designed to be a complete resource for all members of the patient care team, providing a strong basis for the ongoing treatment of cancer survivors. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Heinemann, Claudia und Reinert, Elke (Hrsg.). *Kinder krebskranker Eltern - Prävention und Therapie für Kinder, Eltern und die gesamte Familie*. Stuttgart: Kohlhammer, 2011.

Mit Beiträgen von A. Aschenbrenner, F. Balck, M. Brennecke, S. Broeckmann, A. Dörner, A. Fleischmann, M. Haagen, C. Heinemann, S. Hellmann, T. v. d. Horst, A. Hupe, B. Karadag, D. Lehmann, B. Möller, H. Nöthig, B. Petershofer-Rieder, E. Reinert, B. Senf, G. Trabert, A. Wenger, A. Zimmermann. Im deutschsprachigen Raum sind jährlich ca. 200 000 Kinder neu von der Krebserkrankung eines Elternteils betroffen. Jedes zehnte dieser Kinder wird im Verlauf psychisch auffällig. In diesem Buch wird theoretisch und praktisch dargestellt, wie die Kinder und deren Familien durch präventive und therapeutische Angebote begleitet werden können. Die Vielfalt der Interventionsansätze für das einzelne Kind wird verdeutlicht. Verschiedene Möglichkeiten, mit der Familie zu arbeiten, werden beschrieben, und auch der Umgang mit Sterben und Tod wird thematisiert.

Holland, Jimmie C., Breitbart, William S., Butow, Phyllis N., Jacobsen, Paul B., Loscalzo, Matthew J. und McCorkle, Ruth (Hrsg.). *Psycho-oncology.* 3. Auflage. New York: Oxford University Press, 2015.

Originally published by Oxford in 1998, Psycho-Oncology was the first comprehensive text in the field and remains the gold standard today. Edited by a team of leading experts in psycho-oncology, spearheaded by Dr. Jimmie C. Holland, the founder of the field, the text reflects the interdisciplinary nature and global reach of this growing field. Thoroughly updated and developed in collaboration with the American Psychosocial Society and the International Psycho-oncology Society, the third edition is a current, comprehensive reference for psychiatrists, psychologists, oncologists, hospice workers, and social workers seeking to understand and manage the psychological issues involved in the care of persons with cancer and the psychological, social, and behavioral factors that contribute to cancer risk and survival. New to this third edition are chapters on gender-based and geriatric issues and expanded coverage of underserved populations, community based programs, and caregiver training and education. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

King, Cynthia R. und Hinds, Pamela S. (Hrsg.). *Lebensqualität. Pflege und Patientenperspektiven. Theorie - Forschung - Praxis.* Bern, Göttingen, Toronto, Seattle: Hans Huber, 2001.

Kreitler, Shulamith, Ben-Arush, Myriam Weyl und Martin, Andrés (Hrsg.). *Pediatric psycho-oncology: Psychosocial aspects and clinical interventions*. 2. Auflage. Wiley-Blackwell, 2012.

Like the ground-breaking first edition, this second edition of Pediatric Psycho-oncology puts the child at the centre of medical and psychological care. It broadens the focus beyond treatment and cure to consider the quality of life of the child and their family. Written by an international group of pediatric oncologists and psychologists/psycho-oncologists brought together by an expert editorial team, it focuses on the real-life practical aspects of children undergoing treatment for cancer. This edition has been restructured and opens with a major section on active treatment, which includes chapters addressing quality of life, pain, psychosocial aspects of treatment and interventions, art therapy and different fantasy-based techniques, palliative care, communication and education, as well as a new chapter on psychopharmacology. Shorter sections then discuss survivorship and care of the dying child, including a new chapter on bereavement. The final section comprises new chapters on ethical considerations and on addressing the emotional needs of children whose parents have cancer, as well as a case study on international collaboration. An appendix provides a comprehensive overview of tools for evaluation and assessment in pediatric psycho-oncology. This book is a highly practical resource that will be invaluable for all health care professionals looking after children and adolescents with cancer. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Kreitler, Shulamith und Fleck, Gunther (Hrgs.). *Confronting dying and death*. Health psychology research focus. Hauppauge: Nova Science Publishers, 2012.

Confronting Dying and Death (editors Shulmith Kreitler and Gunther Fleck) is an exceptional book in that it treats death as it has not yet been treated before. It presents a comprehensive updated overview of what happened to death in the last decades since the taboo against death has been lifted. The book is based on contributions from experts in different disciplines from the USA, Europe and Israel, each focused on treating the death situation from a specific point of view. The first part of the book presents death from the viewpoint of various disciplines - the medicine, nursing, psychiatry, psychology, social work, biology, philosophy, history of culture, religions, spirituality, the media and concludes with an exceptional discussion of near-death experiences. The second part of the book deals with various more specific issues involved in death. Following the discussion of four kinds of death — the death of children, of respiratory failure, cancer and suicide—two chapters deal with helping the terminally ill by suggestion-based communication and existentially-targeted intervention. Two chapters are devoted to the caretakers and taking care of their emotional life and well-being. The closing chapters of the book deal with bereavement and how to help the bereaved. The book is designed to provide a theoretical background and practical guidance for professionals and others concerned to varying degrees with helping dying individuals as well as their families and caretakers. Accordingly, the potential users of the book are primarily physicians, psychologists, nurses, and social workers, spiritual helpers, as well as teachers, policemen, and the different kinds of caretakers. The editors and the contributing authors hope and wish that the book will help to help the dying and improve the quality of life of all of us. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (introduction)

Marshall, Catherine A (Hrsg.). *Surviving cancer as a family and helping co-survivors thrive*. Disability insights and issues. Santa Barbara: Praeger/ABC-CLIO, 2010.

Each year, some 1.5 million people in the United States are diagnosed with cancer. The shock sends waves of fear through many more millions who are their family members. It's difficult enough to face the initial fear and anxiety caused by a cancer diagnosis, but that is followed by the difficult, tenuous, and sensitive questions: What can I do? What should I say? How can I help? Family members of individuals diagnosed with cancer are, themselves, cancer survivors. Yet, all too often, their needs, questions, and concerns are not systematically addressed by the medical and human services systems. Surviving Cancer as a Family and Helping Co-Survivors Thrive was written to help everyone touched by cancer understand and cope. In this book, answers to practical questions, including how and where to find financial and emotional support as a caregiver, are explored through research and personal experience. Influences, such as culture and socioeconomic status that impact the family system within which a cancer patient is cared for, are addressed as well. Recognizing that family members sometimes need help even more than their loved one with cancer, the book provides vignettes demonstrating situations and solutions for particular ethnic and cultural populations and for spouses/ partners and children of cancer patients. Easy to read and use. Surviving Cancer as a Family and Helping Co-Survivors Thrive will quickly give readers the knowledge to cope with a cancer diagnosis of a loved one—or even themselves. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (jacket)

Reiners, Hartmut (Hrsg.) *Kommunikation und Kooperation in der Onkologie. Eine Tagung der Landesarbeitsgemeinschaft Onkologische Versorgung Brandenburg e.V. (LAGO)*. Bd. 11. Medizin und Gesellschaft. Münster: Lit Verlag, 2005.

"Eine Krebserkrankung umfasst komplexe physische, psychische und soziale Faktoren. Voraussetzungen für eine optimale und bedarfsgerechte Versorgung Betroffener sind die patientenorientierte Kommunikation und Kooperation der in der Onkologie tätigen Personen und Institutionen. Zu diesem Themenkomplex gibt das Buch Einblicke in aktuelle Entwicklungen. Es werden Krebspräventionsprojekte vorgestelltund Maßnahmen zur Qualitätssicherung der onkologischen Behandlung, Pflege und psychosozialen Betreuung behandelt. Ein weiteres Kapitel befasst sich mit dem sterbenden krebskranken Menschen." (Autorenreferat).

Reinicke, Peter (Hrsg.). *Soziale Arbeit im Krankenhaus. Vergangenheit und Zukunft.* Freiburg, Breisgau: Deutsche Vereinigung für den Sozialdienst im Krankenhaus, 2001.

"Die Deutsche Vereinigung für den Sozialdienst im Krankenhaus (DVSK) feiert 2001 ihr 75jähriges Bestehen. Dies ist Anlaß, sich mit der Sozialarbeit in Krankenhäusern und Rehabilitationskliniken aus unterschiedlicher Sicht auseinanderzusetzen. Die Arbeit der DVSK, der Fachvereinigung für diese Aufgabenfelder, wird aufgezeigt. Autoren berichten in dieser Publikation über Aspekte des Beratungs- und Betreuungsangebotes für Patienten, Angehörige und das soziale Umfeld. Behandelt werden u. a. Fragen der Geschichte der Krankenhaussozialarbeit, Kurzbiographien der Pioniere, die Bedeutung der Zusammenarbeit mit Pflegekräften und Ärzten. Eingegangen wird auf Sozialarbeit für Patienten aus der Sicht der Träger von Einrichtungen, der Krankenkassen, der Rentenversicherungsträger und der Selbsthilfe. Welche Rolle spielt die Krankenhaussozialarbeit in der Ausbildung und welche modernen Ansätze sollen künftig bei der Versorgung von Patienten beachtet werden? Beispielhaft werden Hilfen der Sozialarbeit für einzelne Patientengruppen aufgezeigt. Fragen der Öffentlichkeitsarbeit, der EDV, betriebswirtschaftliche Zusammenhänge, Aufgaben der DVSK, Sozialarbeit für Patienten aus der Sicht einer Krankenhausgesellschaft und berufspolitische Fragestellungen sind weitere Themen." (Autorenreferat).

Röttger, Klaus und Schumacher, A. (Hrsg.). *Informieren, Beraten, Behandeln. Das Spektrum der Psychoonkologie. dapo-Jahrbuch 2006*. Lengerich: Pabst Sience Publishers, 2007.

Schein, Leon A., Bernard, Harold S., Spitz, Henry I. und Muskin, Philip R. (Hrsg.). *Psychosocial treatment for medical conditions: Principles and techniques*. New York: Brunner-Routledge, 2003.

This book provides a comprehensive practice focus for psychiatrists, psychologists, social workers, nurses, and others who conduct psychosocial treatment interventions for chronic or life-threatening medical conditions. The authors provide information about the principles of psychosocial individual, group, and family interventions and their application to a variety of medical conditions. Basic information with regard to various medical conditions is presented, including a concise description of the medical condition, treatments, side effects, prognosis, and expectable psychological sequelae. The psychosocial reactions about which clinicians should be aware to enable an optimal understanding of the concerns of patients and their families are reviewed. Understanding their reactions is central in order to conduct effective psychosocial interventions. Psychosocial individual, group, or family intervention offers an excellent vehicle for mental health practitioners in hospitals, in social service agencies, and in private practice to meet the varied treatment needs of a large population. Among the concerns considered are race, cultural implications, women's health, and the implications of working within the medical culture. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (preface)

Schumacher, Andrea, Reinert, E., Weyland, P., Schopperth, Th. und Rogge, A. (Hrsg.). *Angst und Zuversicht - das Spannungsfeld der Psychoonkologie*. Dapo, Deutsche Arbeitsgemeinschaft für Psychosoziale Onkologie e.V. Lengerich, Berlin, Bremen, Miami, Riga, Viernheim, Wien, Zagreb: Dapo Jahrbuch 2010, 2011.

Schwarz, Reinhold und Zettl, Stefan (Hrsg.). *Psychosoziale Krebsnachsorge in Deutschland. Eine Standortbestimmung.* Bd. 1. Psychosoziale Onkologie. Heidelberg: Verlag für Medizin, Dr. Ewald Fischer, 1991.

Steinebach, Christoph (Hrsg.). *Heilpädagogik für chronisch kranke Kinder und Jugendliche.* Freiburg: Lambertus, 1997.

> "Die Begleitung und Förderung von Kindern und Jugendlichen mit chronischen Erkrankungen sowie die Beratung ihrer Familien ist ein wichtiges, aber noch junges Arbeitsfeld der Heilpädagogik. In zahlreichen Beiträgen diskutiert dieses Buch die Lebenslagen chronisch kranker Kinder und stellt heilpädagogische Konzepte und Methoden für ihre Begleitung und Förderung vor. Untersucht werden ferner die Situation chronisch kranker Kinder und Jugendlicher, ihrer Familien und die Arbeitsbedingungen in der Rehabilitation. Der Band führt ein in die interdisziplinären Grundlagen der Rehabilitation im Kindes- und Jugendalter. Darüber hinaus reflektiert er die pädagogische Praxis als Teil der interdisziplinären Rehabilitation. Er richtet sich an pädagogische, psychologische und medizinische MitarbeiterInnen in diesem Arbeitsfeld, an Studierende und Lehrende der Heilpädagogik, Sozialen Arbeit, Pflege und Medizin."

Talley, Ronda C., McCorkle, Ruth und Baile, Walter F. (Hrsg.). *Cancer caregiving in the United States: Research, practice, policy*. Caregiving: Research, practice, policy. New York: Springer Science + Business Media, 2012.

> Despite advances in detection and treatment, cancer remains a source of pain and distress to patients and of complex challenges to the loved ones caring for them. The trend toward shorter hospital stays in particular has increased the physical, psychological, and financial burden on caregivers, often leading to adverse effects on patients. Cancer Caregiving in the United States illuminates these complex concerns with authoritative detail. This wide-ranging volume provides a comprehensive survey of cancer-related issues, including those affecting the care triad (patients-family members- professionals) and quality of care as well as the numerous physical, emotional, and financial challenges that caregivers may need to confront. Sources of caregiver difficulty at each stage of the disease, from diagnosis to end of life, are explored. Each chapter analyzes its topic in terms of practice, research, education, and policy, providing a wealth of literature reviews, assessment and care models, interventions, and recommendations for future study and practice. Coverage includes: Caregiving issues for cancer patients with long-term, short-term, and intermittent needs; family caregivers as members of the treatment team; the impact of health disparities on caregivers; cancer care policy and advocacy; end-of-life issues for cancer caregivers; legal, financial, and ethical issue. Cancer Caregiving in the United States is a core reference for researchers, professionals/scientist-practitioners, and graduate students in such caregiving fields as clinical psychology, social work, nursing, public health and medicine, social policy, and educational policy. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (jacket)

Bücher

Breitbart, William S. und Poppito, Shannon R. *Individual meaning-centered psychotherapy for patients with advanced cancer: A treatment manual*. New York: Oxford University Press, 2014.

The importance of spiritual well-being and the role of "meaning" in moderating depression, hopelessness, and desire for death in terminally-ill cancer and AIDS patients has been well-supported by research and has led many palliative clinicians to look beyond the role of antidepressant treatment in this population. Clinicians are focusing on the development of non-pharmacologic interventions that can address issues such as hopelessness, loss of meaning, and spiritual well-being in patients with advanced cancer at the end of life. This effort led to an exploration and analysis of the work of Viktor Frankl and his concepts of logotherapy, or meaning-based psychotherapy. While Frankl's logotherapy was not designed for the treatment of patients with life-threatening illnesses, his concepts of meaning and spirituality have inspired applications in psychotherapeutic work with advanced cancer patients, many of whom seek guidance and help in dealing with issues of sustaining meaning, hope, and understanding cancer and impending death in the context of their lives. Individual Meaning-Centered Group Psychotherapy (IMCP), an intervention developed and rigorously tested by the Department of Psychiatry & Behavioral Sciences at Memorial Sloan-Kettering Cancer Center, is a seven-week program that utilizes a mixture of didactics, discussion, and experiential exercises that focus around particular themes related to meaning and advanced cancer. Patients are assigned readings and homework that are specific to each session's theme and are utilized in each session. While the focus of each session is on issues of meaning and purpose in life in the face of advanced cancer and a limited prognosis, elements of support and expression of emotion are inevitable in the context of each group session. The structured intervention presented in this manual can be provided by a wide array of clinical disciplines ranging from chaplains, nurses, and palliative care physicians, to counselors, psychotherapists, social workers, graduate psychology students, psychologists, and psychiatrists. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Burg, Mary Ann und Oyama, Oliver. *The behavioral health specialist in primary care: Skills for integrated practice*. New York: Springer Publishing Co., 2016.

Patients with chronic conditions often need psychosocial support and brief counseling to help them make the lifestyle and behavioral changes required to prevent disease complications. This innovative text, with contributions from respected clinicians and researchers in all arenas of behavioral health, provides comprehensive training for all health professionals—including those in medicine, nursing, social work, mental health, and clinical and health psychology—who desire targeted evidence-based training in behavioral health skills. Rich case examples drawn from typical patient presentations demonstrate the relationship between physical and psychological health and the complexity of behavioral change in chronic illness. This text is a timely, relevant, and practical resource for all members of the primary care team. It prepares team members to work in the model of patient-centered integrated care in accordance with the recommendations of the Affordable Care Act (ACA) and the National Committee for Quality Assurance (NCQA) medical home standards for identifying patient needs and providing coordinated and comprehensive patient care. The book focuses on knowledge and skills needed for working with the most common chronic conditions such as diabetes, obesity, chronic pain, cardiovascular conditions, sleep disorders, geriatric conditions, cancer-related conditions, and substance abuse. It includes chapters on epidemiological trends in chronic illness and systems medicine. Theories of health behavior and behavioral change and evidence-based interventions provide a foundation for skill development, followed by detailed coverage of the requirements for behavioral management of specific chronic conditions. Sample referrals and consultation notes provide concrete examples of how the behavioral health specialist might respond to a referral. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Conti, John V. *Counseling persons with cancer*. Springfield: Charles C. Thomas, Publisher, 1989.

There is not much written information available for the counselor interested in counseling persons with cancer. With that lack in mind, a review of the most relevant materials is presented on the following pages, with a synthesis of current thinking offered. An overview of counseling theory and techniques is given, and a primer to understanding cancer follows. Causes and treatments are described in detail. Care was taken to present complex scientific concepts in a straightforward style, understandable to a layman. The writer combines the two specialized areas of counseling and cancer in the culminating section, which specifically focuses on counseling individuals with cancer, as well as their families. Special attention is devoted to a description of self-help methods. The author draws widely on his personal experience as a professional counselor, and as a person with a cancer history. The central issue is that of support, particularly verbal support, for persons diagnosed as having cancer, as well as for their families. We will focus on the special nature of the relationship between the counselors and their clients, and the counseling knowledges and skills needed by the practitioner. Counseling is defined as verbal intervention and ongoing interaction with one or more persons, and is used here to include the efforts of both lay and professional counselors. The differences between professional counseling and peer counseling will also be explored. What are the appropriate objectives and methods for both counselors? The ethical and realistic limitations of all forms of counseling, but especially of peer counseling, will be examined. The necessary background and preparation for various types of counseling is discussed, with specific distinctions among the following groups of practitioners as cancer counselors: physicians, including oncologists and psychiatrists; psychologists, social workers, and rehabilitation counselors; other mental health professionals, such as psychotherapists, nurses, clergymen, and family counselors; lay counselors with some limited training including cancer patients; and cancer survivors who have an interest in sharing their empathy, unique experiences, and insights. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (book)

Cordella, Marisa, und Aldo Poiani. *Behavioural oncology: Psychological, communicative, and social dimensions*. New York: Springer Science + Business Media, 2014.

Medical, educational, and public health efforts have reduced the spread of many major diseases, yet cancer perseveres, in spite of continuing research and improvements in practice. Especially promising among therapeutic strategies are ones that recognise patients as individuals with thoughts, feelings--and speech. Rooted in deep understanding of the mutual relationship between behavior and cancer, Behavioural Oncology combines extensive clinical wisdom and empirical data to illuminate the psychological, social, and existential aspects of cancer, and to offer a framework for empathic, patient-centered care. Chapters delve into the psychobiology of long-term illness, examining stress, pain, fatigue, sensory and sleep disturbances, and other quality of life issues as well as considerations of age, gender, culture, and comorbidity. The book's emphasis on linguistic and communicative aspects of cancer--and practical skills from respecting patient narratives to delivering bad news--adds necessary depth to concepts of the therapeutic relationship. In this way, the authors warn about overmedicalizing cases to the point of losing patient identity. Major areas of the coverage include: biology and behavior in cancer prevention and suppression; the psychology of cancer patients: emotions, cognition, and personality; social dimensions, including stigma, coping, and social support; language, communication, and cross-cultural issues; existential, spiritual, and end-of-life concerns; doctor-patient relationships; and the psychological benefits of complementary therapies. Bringing new scope and substance to familiar mind/body constructs. Behavioural Oncology is a definitive reference for a spectrum of healthcare professionals, among them health and clinical psychologists, oncologists and family physicians, oncology nurses, and clinical social workers. Its discussion questions and summaries make it a suitable text for undergraduate and graduate courses in related topics. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (foreword)

Davis, Cindy. *Oncology Social Work Practice in the Care of Breast and Ovarian Cancer Survivors*. New York: Nova Science Publishers, 2009.

Quality cancer care necessitates a multidisciplinary team approach that allows survivors to access experts other than physicians before, during, and after treatment. Oncology social workers are in a unique position to be a key member of the treatment team and play a fundamental role in assisting in the psychosocial care and advocacy role for cancer survivors. As one of the largest allied health professions in the U.S., social workers are a primary provider of psychosocial interventions and services intended to facilitate treatment of cancer. Oncology social workers are an important member of the cancer treatment team, and they deal with a multitude of complex issues facing cancer patients and their families. The purpose of this book is to provide a guide for social workers and related fields in understanding the issues surrounding a diagnosis of breast and ovarian cancer and providing services to breast and ovarian cancer patients and their families. In addition to the physical suffering experienced by women diagnosed with breast and ovarian cancer, there is considerable emotional suffering for these women and their families. This book addresses the broad issues of breast and ovarian cancer from a social work perspective, and covers a range of topics, such as, managed care, minority patients with breast and ovarian cancer, younger women with breast and ovarian cancer, children and families, evidence based interventions, advocacy, spirituality, technology and internet, professional development, and professional challenges.

Erben, Christina. *Sterbekultur im Krankenhaus und Krebs : Handlungsmöglichkeiten und Grenzen sozialer Arbeit.* 2. Auflage. Oldenbourg: Paulo-Freire-Verlag, 2010.

Gray, Benjamin. *Face to face with emotions in health and social care*. New York: Springer Science + Business Media, 2012.

Among the earliest lessons learned by care providers are those concerning the emotions: understanding those of clients, and not letting one's own interfere with providing quality care. And since so many clients have been scarred by serious illness or traumatic events, this instruction is not only crucial but must be updated regularly for professionals to stay engaged with clients and avoid burnout. The collective experience of the more than fifty providers, clients, and family members interviewed in Face to Face with Emotions in Health and Social Care reinforces these vital lessons, illustrating the centrality of emotions to the caring professions, the challenges they present in clinical contexts, and their therapeutic potential. Interviewees' candid discussion of mental illness, child abuse, HIV/AIDS, cancer care and other traumas demonstrate the emotional nuances involved in providing intervention, encouragement, and support. The profound lessons found in this book benefit a wide range of frontline health and mental health providers, including therapists, nurses, social workers and counselors, at all stages of their careers. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (cover)

Grinyer, Anne. *Life after cancer in adolescence and young adulthood: The experience of survivorship*. New York: Routledge/Taylor & Francis Group, 2009

Adolescence and young adulthood is often a difficult enough time without serious illness. However, research has shown that cancer, and surviving cancer, at this age presents distinctive problems medically, socially and psychologically. This important work offers a glimpse into a previously under-researched area and contributes to a better understanding of the needs of young adults post cancer. Focusing not only on the physical effects, but also the social, cognitive, emotional and physiological consequences of surviving cancer in adolescence and young adulthood, Anne Grinyer draws directly upon data collected from adolescents and young adults who have been treated for cancer. The book is structured around themes they raised such as fertility, life plans, identity, psychological effects and physical effects. These issues are drawn together in the final chapter and related to clinical and professional practice as well as current policy. This book presents the voices of those who have lived through the experience of cancer in adolescence and young adulthood, and links them to the theoretical and analytical literature. It will be of interest to professionals and researchers in nursing,social work, counselling and medicine as well as medical sociologists, young adults living with cancer and survivors of young adult cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (cover)

Hülshoff, Thomas. *Basiswissen Medizin für die Soziale Arbeit*. München: Reinhardt, 2011.

Die Soziale Arbeit hat im Gesundheitswesen unter anderem das Ziel, Menschen mit und trotz erschwerter psychosozialer Bedingungen infolge von Krankheit zu befähigen beziehungsweise dabei zu unterstützen, ein von ihnen als gelingend empfundenes und gesellschaftlich teilhabendes Leben zu führen. Dies gilt insbesondere für die Sozialarbeit in Krankenhäusern, letztlich aber für alle Sozialarbeiterinnen und Sozialarbeiter, die in ihrem Berufsalltag kranken Menschen und ihren Angehörigen begegnen. So ist wichtig, sich durch exemplarischen Lernen zu befähigen, situations- und insbesondere klientenangemessen, professionell wie individuell adäquat zu handeln. Daher werden in diesem Buch exemplarisch eine Reihe von Krankheiten und Gesundheitsstörungen vorgestellt, die einerseits besonders häufig anzutreffen sind, andererseits mit einer höheren Wahrscheinlichkeit mit größeren psychosozialen Belastungen einhergehen. Es werden typische Krankheitsbilder in wichtigen Arbeitsfeldern vorgestellt. Neben medizinischen Grundlagen stehen dabei Informationen über Psychodynamik, Psychosomatik, Krisenintervention, Beratung, Psychoedukation, systemische Familienarbeit und Case Management im Zentrum.

Jenss, Harro und Reinicke, Peter. *Ferdinand Blumenthal. Kämpfer für eine fortschrittliche Krebsmedizin und Krebsfürsorge*. Berlin: Hentrich & Hentrich, 2012.

Kayser, Karen und Scott, Jennifer L. *Helping couples cope with women's cancers: An evidence-based approach for practitioners*. New York: Springer Science + Business Media, 2008.

Close relationships can be vital to a woman's recovery from breast or gynecological cancer and the myriad stressors that accompany diagnosis and treatment. Helping Couples Cope with Women's Cancers shows readers not only how to enlist the patient's closest support person in coping with the disease, but also how to help the partner with the stressors, such as feelings of inadequacy and loss, that so often come with the role. The authors, established experts on their subject, recognize the challenges couples face, the central role of communication in coping, and the individuality of each patient and couple. In addition to proven intervention techniques and helpful assessment tools, the book features case illustrations, "What to do if..." sections, sociocultural considerations, and suggestions for when the patient's caregiver is not her partner. Key areas of coverage include: Assessment--quality of life, impact of illness, family resources; Balancing work, family, self-care, and the demands of illness; Cognitive coping, relaxation, stress reduction; Body image, sexuality, and intimacy; Helping children cope--developmental guidelines; Transitions--goal-setting, life after cancer, facing recurrence or terminal illness. The skills and insights contained in this book will benefit a range of health and mental health practitioners, including counselors, social workers, clinical psychologists, psychiatrists, and nurses. Graduate students planning a career in health psychology or couples therapy should also find it a valuable resource. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (cover)

Koch, Uwe, Weiss, Joachim, Baider, Peter, Aymanns, Lea und Behnke, Ellen. *Krankheitsbewältigung bei Krebs und Möglichkeiten der Unterstützung: Der Förderschwerpunkt „Rehabilitation von Krebskranken"*. Stuttgart: Schattauer, 1998.

Weltweit sind in den vergangenen Jahren erhebliche Anstrengungen zur Bekämpfung der Krebskrankheiten unternommen worden. Bei der Früherkennung und Behandlung bestimmter onkologischer Krankheiten konnten dabei wesentliche Fortschritte erzielt werden. Die Frage, wie Krebskranke bei der Bewältigung der Krankheits- und Therapiefolgen unterstützt werden können und die Entwicklung spezifischer Rehabilitationsangebote für Krebskranke erhalten daher eine immer zentralere Bedeutung. Im vorliegenden Buch sind die Ergebnisse des vom Bundesforschungsministerium initiierten und getragenen Förderschwerpunkts "Rehabilitation von Krebskranken" in Deutschland dokumentiert. Ausgewählte Beiträge aus verschiedenen Forschungsprojekten sind unter den thematischen Schwerpunkten - Krankheitsverarbeitung, subjektive Theorien und Lebensqualität - Soziale Unterstützung und Partnerschaft - Psychosoziale Betreuung: Bedarf, Modelle, Implementierung, Settings und Inanspruchnahme sowie - Prozesse und Ergebnisse psychoonkologischer Interventionsstudien zusammengefaßt. Diese Ergebnisse tragen zur Erweiterung des Grundlagenwissens in der Psychoonkologie und zur Integration psychoonkologischer Kenntnisse in angrenzende Fachgebiete bei. Sie verbessern damit auch die Basis für die Gestaltung rehabilitativer Versorgungsangebote für Krebspatienten. Das Buch bietet eine in dieser Form einmalige Übersicht zum Stand der psychoonkologischen Forschung in Deutschland und liefert wesentliche Weiterbildungsmaterialien für alle in der Psychoonkologie tätigen Berufsgruppen.

Lee, Mo Yee, Ng, Siu-man, Leung, Pamela Pui Yu und Chan, Cecilia Lai Wan. *Integrative body-mind-spirit social work: An empirically based approach to assessment and treatment*. New York: Oxford University Press, 2009.

In recent years, interest in non-Western curative techniques has increased significantly in the U.S. Integrative Body-Mind-Spirit Social Work is the first book to strongly connect Western therapy with Eastern philosophy and practices, while also providing a comprehensive practice agenda for social work and mental health professionals. This breakthrough text, written by highly regarded researchers from both Asia and America, presents a holistic, therapeutic approach that ties Eastern philosophy and treatment techniques to Western forms of therapy in order to help bring about positive, transformative changes in individuals and families. Integrative therapy focuses on the body-mind-spirit relationship, recognizes the importance of spirituality to human existence, acknowledges and utilizes the power of both mind and body, and reaches beyond self-actualization or symptom reduction to connect individuals to a larger sense of themselves and to their communities. Here, the authors provide a step-by-step description of assessment and treatment techniques that employ a holistic perspective. They first establish the conceptual foundation of integrative body-mind-spirit social work, then expertly describe assessment and treatment techniques that utilize integrative and holistic perspectives. Several case studies demonstrate the approach in action, such as one with breast cancer patients who participated in body-mind-spirit and social support groups and another in which trauma survivors used meditation to get onto a path of healing. These examples provide empirical evidence that integrative body-mind-spirit social work is indeed a practical therapeutic approach in bringing about tangible changes in clients. The authors also discuss ethical issues and give tips for learning this approach. Professionals in social work, psychology, counseling, and nursing, as well as graduate students in courses on integral, alternative, or complementary clinical practice will find this much-needed resource that complements the growing interest in alternatives to traditional Western psychotherapy. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (jacket)

Nicholas, Donald R. *Psychosocial care of the adult cancer patient: Evidence-based practice in psycho-oncology*. New York: Oxford University Press, 2016.

Psychosocial Care of the Adult Cancer Patient introduces psychologists and other mental health professionals to the field of psycho-oncology, educates them about evidence-based interventions for individuals, groups, couples, and families, and describes how to successfully collaborate with oncologists and other cancer care professionals. Introductory in nature and providing ready access to a range of evidence-based interventions, this book briefs the reader on the field of psycho-oncology and the basics of cancer, explains screening and assessment for psychosocial distress, details the principles of evidence-based interventions, and concludes with case examples that illustrate the evidence-based practice competencies—ask, access, appraise, translate, integrate, and evaluate. In a unique writing style, the case examples reveal the decision-making process of an experienced clinician doing evidence-based practice. Practical strategies for addressing the psychological needs of cancer patients and their families are offered in an easy-to-use, quick reference format. Key points are highlighted and enhanced through the use of tables and figures designed to summarize and emphasize important information. This book will be of value to clinical and counseling psychologists and other mental health professionals, as well as graduate students in psychology, social work, mental health counseling, oncology nursing, and other cancer care professions. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Reinicke, Peter. *KrankenHaus. Sozialarbeiter als Partner in der Gesundheitsversorgung. Eine Einführung*. Berufsfelder sozialer Arbeit Bd.12. Weinheim u.a.: Beltz, 1994.

Reinicke, Peter. *Sozialarbeit als Aufgabe bei Gesundheit und Krankheit. Rückblick und Ausblick*. Freiburg: Lambertus, 2003.

Schwarz, Reinhold und Singer, Susanne. *Einführung Psychosoziale Onkologie.* Bd. 3. PsychoMed compact. München, Basel: Ernst Reinhardt Verlag, 2008.

Tedder, Emma Jean. *Understanding and assisting low-income women with cancer*. Binghamton: The Haworth Press, 1998.

> The impact of cancer and its aftermath can be a traumatic experience. But how much more traumatic can it be when one has no family, friends, or an adequate income? Or when your ethnic or cultural background is different from your fellow patients and those who treat you? These are the issues that the author focuses on in this book. Drawing on her experiences as a social worker who has worked extensively with women with cancer, the author discusses the many difficulties of being a low-income woman with cancer. Using the patient's own stores, the author not only illustrates the hardships of facing cancer and its treatment, but also offers examples of how low-income women have dealt with their illness and its aftermath. In addition, she offers guidance on how social workers and other therapists may be of help to these women. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (foreword)

Tschuschke, Volker. *Psychoonkologie. Psychologische Aspekte der Entstehung und Bewältigung von Krebs.* 2. Auflage. Stuttgart, New York: Schattauer, 2006.

Veach, Theresa A., Nicholas, Donald R. und Barton, Marci A. *Cancer and the family life cycle: A practitioner’s guide*. New York: Brunner-Routledge, 2002.

> This book explores diagnosis, treatment, rehabilitation, survivorship, recurrence, and the terminal phase, and for each phase, addresses concerns specific to families in each of the six stages of the family life cycle. Each chapter covers medical variables and present date psychosocial literature and illustrates their clinical application through case studies that follow 6 families though their experience with cancer. This book may be a resource for psychologists, therapists, counselors, social workers, and all other professionals who seek to help families as they adapt to cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (cover)

Wirsching, Michael. *Krebs im Kontext. Patient, Familie und Behandlungssytem.* Konzepte der Humanwissenschaften. Texte zur Familiendynamik. Stuttgart: Klett-Cotta, 1988.

Aufsätze / Artikel

Agnew, Audrey und Duffy, Joe. „Innovative approaches to involving service users in palliative care social work education". *Social Work Education* 29, Nr. 7 (Oktober 2010): 744–759.

Service user involvement in social work education is now a firmly established concept in the United Kingdom. As a result, it is common practice for service users to occupy central roles in the education and training of social work students and staff in both qualifying and post-qualifying programmes. This paper describes an initiative, undertaken in Northern Ireland, which compares two methods of user involvement employed with undergraduate and post-qualifying social work students. In both situations the students firstly observed and discussed DVD excerpts of narratives from people affected by cancer and secondly observed a live facilitated interview with a 25-year-old male service user who shared his experiences of being diagnosed with cancer at a young age. Understanding the social work role in palliative care is crucial as all social workers, regardless of practice context, will have some degree of involvement in helping individuals and families to address end-of-life care issues. This paper compares the findings of evaluations from two student groups which may help to inform social work educators about the effectiveness of different teaching methods used to achieve meaningful and effective user involvement with seldom heard groups. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Altilio, Terry. „The power and potential of language". In: Altilio, Terry, Otis-Green, Shirley (Hrsg.). *Oxford textbook of palliative social work.* New York: Oxford University Press, 2011. 689–694.

Although intended to clarify, the words we choose in our verbal and written communication also have the potential to confuse and complicate matters for colleagues, patients, and families. Social workers are trained to listen for and raise consciousness of the implicit and explicit messages in palliative care communication. Palliative and end-of-life communication has integrated words and unique phrases that require clinical attention to insure that their meaning and intention are clear to patients and families. Illness and specific diseases such as cancer are replete with metaphors that may or may not be therapeutic and congruent with the values and personhood of patients and families. Metaphors may provide insight into the cognitive and emotional aspects of the illness experience and can help make sense of behaviors, emotional responses, and decisions. Vigilance to the language and metaphors used by patients, families, and professionals creates opportunities for a range of clinical interventions. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Altilio, Terry, Otis-Green, Shirley, Hedlund, Susan und Fineberg, Iris Cohen. „Pain Management and Palliative Care". In: Gehlert, Sarah, Browne, Teri Arthur. *Handbook of health social work.* New York: John Wiley & Sons Ltd, 2006. 635–672.

The unique values that inform the purpose and perspective of social work practice are essential to the provision of quality palliative care and comprehensive pain management. Social workers have historically seen the alleviation of suffering as part of their mission, and this is reflected in a code of ethics that supports service, social justice, respect for the dignity and worth of the person, a belief in the central importance of human relationships, integrity, and competence. These ideals are woven through the twin fields of palliative care and pain management, yet social work has not been fully present or engaged in these areas of practice. In addition to shared values, a certain knowledge and expertise is necessary if social work is to strengthen its voice in these practice arenas. In this chapter, we discuss the interface of values and knowledge and detail the richness of opportunity presented to social work in palliative care and comprehensive pain management through the integration of patient-family narratives. The purpose of this chapter is to discuss the integration of social work values with the principles and practice of palliative care and pain management. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (chapter)

Arthur, Darren P. „Social work practice with LGBT elders at end of life: Developing practice evaluation and clinical skills through a cultural perspective“. *Journal of Social Work in End-of-Life & Palliative Care* 11, Nr. 2 (April 2015): 178–201.

This article focuses on culturally sensitive clinical issues related to best practices with lesbian, gay, bisexual, transgender (LGBT) elder patients at end-of-life (EOL) at key points in the therapeutic relationship. Vital concepts, including practice evaluation and clinical skills, are presented through a cultural and oncology lens. There is a paucity of LGBT research and literature as well as a shortfall of MSW graduate school education specific to social work palliative and end-of-life care (PELC) practice with LGBT elders. The content of this article is designed to be adapted and used as an educational tool for institutions, agencies, graduate programs, medical professions, social work, and students. Learning the unique elements of LGBT cultural history and their implications on EOL care can improve social work practice. This article provides an examination from assessment and engagement basics to advance care planning incorporating specific LGBT EOL issues. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Backhaus, Jutta und Hörmann, Corinna. „Beratung macht Mut! Multiprofessionelle Beratung von Frauen mit Darmkrebs“. *Pflegezeitschrift* 62, Nr. 9 (2009): 530–533.

Das Bedürfnis nach einer multiprofessionellen und vielfältigen Beratung ist bei an Darmkrebs erkrankten Frauen sehr hoch. Somit steigt auch die Bedeutung der Beratung als gezielte Pflegeintervention bei der Versorgung.

Baumann, Freerk T. und Schüle, Klaus. „Bewegung, Spiel und Sport mit an Krebs erkrankten Kindern und Jugendlichen.“ In: Baumann, Freerk T. und Schüle, Klaus. *Bewegungstherapie und Sport bei Krebs. Leitfaden für die Praxis.* Neue aktive Wege. Köln: Dt. Ärzte-Verl., 2008. 201–217.

Verf. beschreibt zunächst die Forschungslage zur Bewegungstherapie in der pediatrischen Onkologie und verdeutlicht die spezifischen Bedingungen der therapeutischen Arbeit mit Kindern. Anschließend werden die Zielsetzungen der Bewegungstherapie erläutert, wobei sowohl auf physische, psychische, soziale und edukative Elemente eingegangen wird. Auch der Umgang mit Kindern und Jugendlichen in der Bewegungstherapie wird thematisiert. Dann zeigen Verf. die Belastungsdosierung und die Therapieinhalte auf, die nach den Phasen der Rehabilitationskette in die Anwendungsbereiche Akutklinik, Rehabilitationsklinik und Ambulanter Rehabilitationssport untergliedert sind und an den Beanspruchungsbereichen Ausdauer, Kraft und Koordination sowie Konzentration und Entspannung orientiert sind. Auch der Schulsport und Freizeitaktivitäten wie z.B. Skifreizeiten werden erörtert.

Baumgartner, Edger, Rüegger, Cornelia und Haunberger, Sigrid. „Wirkungen messen“ - aber wie? Methodologische Herausforderungen der Wirkungsforschung am Beispiel einer Studie zur Wirkung von Sozialberatung bei Familien mit einem krebskranken Kind“. *Klinische Sozialarbeit* 10, Nr. 4 (2014): 6–8.

Behr, Helga. „Die Situation des Tumorpatienten und Sterbenden im Krankenhaus“. *Sozialdienst im Krankenhaus*, Nr. 7–8 (1986): 10–23.

Bernhardt, Barbara und Rauch, Julia B.. „Genetic family histories: An aid to social work assessment“. *Families in Society* 74, Nr. 4 (April 1993): 195–206.

Informs social workers about genetic family histories (GFHs), reviews the rationale for obtaining histories, describes types of genetic disorders and genetic services, presents referral criteria, and discusses approaches to GFHs. Failure to obtain GFHs can result in inaccurate assessment and incomplete or misdirected services. Many diseases of adulthood such as Alzheimer's disease (AD) have genetic determinants. Previous research (e.g., R. McGuffin and R. Murray, 1991) suggests that schizophrenia and mood disorders are inherited, biological disorders. Cardiovascular disease, alcoholism, and lung cancer are also multifactorial, in that a genetic predisposition interacts with environmental factors to produce manifestations of the disease. It is recommended that agency administrators consider consulting with a genetic professional to determine the appropriate focus of GFH with the agency, design a protocol, and arrange in-service training in using the protocol. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Beyer, Cornelia. „Möglichkeiten und Grenzen der Palliativmedizin“. *Forum Krankenhaussozialarbeit*, Nr. 2 (2001): 15–16.

Blacker, Susan und Christ, Grace H.. „Defining social work’s role and leadership contributions in palliative care“. In: Altilio, Terry, Otis-Green, Shirley. *Oxford textbook of palliative social work.* N.Y.: Oxford University Press, 2011. 21–30.

Palliative care, by definition, strives to improve quality of care for patients with advanced illness and for their families through an interdisciplinary approach. Clearly, many identified needs of patient and family require specific social work skills to provide better preparation and education, clarify, goals of care, enhance communication, help with transition between care settings and connection to resources, and offer more timely alleviation of biopsychosocial-spiritual suffering. This chapter focuses on the historic legacy of the Project on Death in America (PDIA) Social Work Leadership Award program, which launched many projects that have enhanced the contribution of social work to palliative and end-of-life care. Included in this legacy is the development of the Social Work Hospice and Palliative Care Network (SWHPN). (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Black, Rita B. „Challenges for social work as a core profession in cancer services“. *Social Work in Health Care* 14, Nr. 1 (1989): 1–14.

Suggests that the psychosocial core of cancer rests on its 3 central features: cancer is a chronic illness; it has an impact on the whole family; and it can be a fatal illness. The author proposes specific responsibilities for oncology social workers at the levels of clinical service, organizational and political action, and writing and research. Social workers are urged to take the lead in defining investigative questions that address cancer patients' struggles with uncertainty and decision making, that test strategies to reduce stress and increase autonomy, and that provide the necessary data for changing health care service delivery for cancer patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Blum, Diane und Euster-Fisher, Sona. „Clinical supervisory practice in oncology settings“. *The Clinical Supervisor* 1, Nr. 1 (Spr. 1983): 17–27.

Explores the nature of social work supervision specific to the practice of oncology social work and the stage of professional life: student, beginning worker, and experienced worker. The changing role of supervision at various levels of professional development is discussed in terms of the techniques of administrative, educational, and supportive supervision. Specific problems for the oncology supervisor are described. (12 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bönninghaus-John, Sylvia, Jackisch, C. und Schneider, H.P.G.. „Stellenwert der Krankenhaussozialarbeit bei gynäkologisch-onkologischen Patienten“. *Forum Krankenhaussozialarbeit*, Nr. 2 (2000): 54–59.

Boerger-Knowles, Kimarie und Ridley, Tashi. „Chronic Cancer: Counseling the Individual“. *Social Work in Health Care* 53, Nr. 1 (2. Januar 2014): 11–30.

Advances in medicine significantly improved outcomes for many cancer patients, effectively moving it from an acute disease to a more chronic one. Living with a chronic cancer often prompts an existential search for meaning, as multiple losses impact the individual on a personal and familial level. At the same time, these patients must learn to adapt to the functional and relational changes necessitated by their disease. Two theoretical perspectives, meaning-making and family systems, are useful in understanding the experience of patients with chronic cancer and offering psychosocial interventions aimed at improving overall adjustment.

Boots, Doloris D. „Helping the cancer patient: The minister and the social worker“. *Pastoral Psychology* 22, Nr. 210 (Januar 1971): 35–40.

Many times both the minister and social worker attempt to assist the same patients and the same families. This is a time when communication and cooperation between clergy and social service can be most beneficial. Cases are presented to illustrate cooperation between clergy and social worker, especially in the instance of cancer patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Boynton, Kim E. und Thyer, Bruce A.. „Behavioral social work in the field of oncology“. *Journal of Applied Social Sciences* 18, Nr. 2 (Spr.-Sum. 1994): 189–97.

Discusses behavioral social work in the field of oncology, reviewing interdisciplinary work in early detection through self-examination, behavioral techniques in the prevention of cancer, and direct care of the cancer patient. It is suggested that social workers can be instrumental in teaching cancer prevention techniques and health maintenance procedures once a diagnosis has been made. Social workers working in oncology should become familiar with the basic tenents of social learning theory to understand the rationale behind effective interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Breitbart, William S. und Alici, Yesne. „Psycho-oncology“. *Harvard Review of Psychiatry* 17, Nr. 6 (Dezember 2009): 361–376.

The psychosocial and psychiatric sequelae of cancer are highly prevalent, diverse, and challenging for clinicians to manage. A growing body of literature has generated methods for the reliable screening, assessment, and management of these sequelae, including the treatment of psychiatric disorders that may complicate the course of cancer. To meet the specific needs of this patient population, psycho-oncologists worldwide have begun to train more and more social workers, psychologists, and psychiatrists who can provide consultative services in support of the psychiatric care of cancer patients and their families at all stages of disease, including cancer survivorship. This review presents an overview of the history of psycho-oncology, common psychological responses to cancer, factors in adapting to cancer, epidemiology, the assessment and management of major psychiatric disorders in cancer patients, cancer-related fatigue, the cognitive effects of cancer and cancer treatment, issues related to the psychosocial care of families (including bereavement), and psychological issues for staff caring for cancer patients. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Bricker-Jenkins, Mary. „Feminist practice and breast cancer: ‚The patriarchy has claimed my right breast…‘“. *Social Work in Health Care*, Women’s health and social work: Feminist perspectives, 19, Nr. 3–4 (1994): 17–42.

Breast cancer is the leading cause of death of women between the ages of 35 and 45 yrs. Women of color and lesbians are particularly vulnerable populations. In this article, a feminist social worker integrates her personal experience with breast cancer, the literature on social work and breast cancer, and her research on feminist practice to propose guidelines for services and practice. Politicizing the definitions of breast cancer does not mean that the evidence that links behavioral, lifestyle, or even psychological profiles to cancer should be ignored. The biopsychosocial purview of social workers, when infused with consciously ideological and political analyses of power relations and distributions, renders social workers uniquely suited allies of women with cancer struggling to research and redefine needs and issues. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Brown, Louise und Walter, Tony. „Towards a social model of end-of-life care“. *British Journal of Social Work* 44, Nr. 8 (Dezember 2014): 2375–2390.

With unprecedented numbers of people living longer and with higher expectations of how they will live out their last years, the management of end-of-life (EOL) services is being brought into sharper focus. Current models of EOL care have originated from the hospice and palliative care movement whose expertise, developed largely with cancer patients, is now being looked to for guidance in developing EOL practice for non-cancer dying patients. This paper challenges the social work profession to consider whether the hospice and palliative care model needs to be rethought; argues that social work is well positioned to help develop a more adequate model of care; and recommends a social model that builds upon the resources and networks already surrounding individuals. The social work profession is well placed to draw upon its values, culture and experience (particularly from the service user movement) and to get involved in developing new models of EOL care. This paper argues the benefits of community engagement through network mobilisation. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Bruns, Gudrun. „Beistand in harten Zeiten. Psychosoziale Beratung und psychoonkologische Begleitung in Krebsberatungsstellen“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2006): 18–20.

Burbie, George E., und Polinsky, Margaret L.. „Intimacy and sexuality after cancer treatment: Restoring a sense of wholeness“. *Journal of Psychosocial Oncology* 10, Nr. 1 (1992).

All cancers affect body image and self-image and thus have the potential to diminish sexual functioning and feelings of sexual attractiveness. Nevertheless, patients and health care professionals often avoid discussions about changes in sexual functioning and intimacy. The oncology social worker is in a unique position to use a portion of the routine biopsychosocial assessment to inquire about changes in sexual functioning and intimacy. The authors review the common psychosocial problems associated with these changes, the timing of the assessment, the oncology social worker's role, and approaches to intervention with patients and their partners. In addition, 2 case examples of 2 women with breast cancer are provided to illustrate these approaches. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Cagle, John G., und Bolte, Sage. „Sexuality and life-threatening illness: Implications for social work and palliative care“. *Health & Social Work* 34, Nr. 3 (August 2009): 223–233.

Social workers in hospice and palliative care settings have been charged with the responsibility of addressing sexuality with their patients and families. However, little direction has been offered as to how to approach this difficult subject within the context of palliative care. This article provides a critical analysis of the previous literature on sexuality and terminal illness. The authors address systemic barriers, such as institutional policies that marginalize already vulnerable groups. Several recommendations are provided for social workers, including skills, core dimensions for assessment and intervention, and implications for interdisciplinary teamwork. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Callan, David B. „Hope as a clinical issue in oncology social work“. *Journal of Psychosocial Oncology* 7, Nr. 3 (1989): 31–46.

Outlines a framework developed from concepts of Viktor Frankl's (1962) logotherapy and from recent research in psychosocial oncology that focuses on hope in counseling cancer patients. Five guidelines for assessing and enhancing a patient's hope, based on this framework, are presented. Special attention is given to the tasks of identifying a patient's source of hope, distinguishing authentic hope from denial, and using hope as a means of changing maladaptive coping behaviors. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Carr, Elizabeth W. und Morris, Thomas. „Spirituality and patients with advanced cancer: A social work response“. *Journal of Psychosocial Oncology* 14, Nr. 1 (1996): 71–81.

Social workers and other health care professionals often ignore spirituality, which is part of patients' ability to cope with advanced cancer. However, the social work perspective encourages a holistic approach, including engagement with patients about spiritual issues. The authors offer suggestions to practitioners regarding assessment of the contribution of a patient's spirituality to coping, including noting evidence of the patient's religious affiliation and responding to spiritual references and existential pondering. Interventions that support and reinforce patients' spirituality involve active listening and use of self to help patients explore the essentially unanswerable questions regarding life and death. Referral to a chaplain is particularly important when a patient raises questions about theology or religious rituals. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Catulli, Tanja. „Behandelnde Sozialarbeit in der Onkologie“. *Blätter der Wohlfahrtspflege* 145, Nr. 9/10 (1998): 206–207.

Chang, Fiona. „Expressive arts and breast cancer: Restoring femininity“. In: Malchiodi, Cathy A. (Hrsg.). *Art therapy and health care.* New York: Guilford Press, 2013. 146–161.

This chapter begins with the courageous journey of Chung to demonstrate the needs of a woman coping with breast cancer and how arts healed her body-mind-spirit. It also presents the examples of women's strength and recovery of femininity through expressive arts therapy groups. Through empathetic witnessing and loving companionship, therapists can facilitate a unique experience for women with breast cancer and apply arts for their well-being. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (chapter)

Christ, Grace H. „A psychosocial assessment framework for cancer patients and their families“. *Health & Social Work* 8, Nr. 1 (Win 1983): 57–64.

Argues that hospital social workers should organize their assessment framework around areas of potential sources of stress to enhance their understanding of patients' maladaptive responses to the diagnosis and treatment of cancer. The author describes 5 such areas and presents cases in which each area of stress was the most salient factor in the maladaptation of the patients. The areas around which social workers should organize their assessment framework are the following: (1) the ecological framework of the cancer treatment system, (2) an expression of underlying psychopathology, (3) a reactivation of underlying conflict, (4) a reaction to a specific stress, and (5) a dissynchrony of coping among patient, family, and health care staff. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Clark, Elizabeth J. „Ethical issues in surgical intervention: Social worker as advocate“. In: Herter, Frederic P., Forde, Kenneth, Mark, Lester C., DeBellis, Robert, Kutscher, Austin H., Selder, Florence (Hrsg.). *Human and ethical issues in the surgical care of patients with life-threatening disease.* Springfield: Charles C Thomas, Publisher, 1986. 113–125.

oncology social workers eleven rights which address potential problem areas for cancer patients who need or undergo surgical intervention, and which demonstrate the importance of social work advocacy have been discussed (PsycINFO Database Record (c) 2012 APA, all rights reserved). (chapter)

Clay, Daniel L. und Elkin, T. David. „Training in Pediatric Psychosocial Hematology/Oncology“. In: Brown, Ronald T. (Hrsg.). *Comprehensive handbook of childhood cancer and sickle cell disease: A biopsychosocial approach.* New York: Oxford University Press, 2006. 533–546.

The purposes of this chapter are to (a) describe the phases of training, (b) discuss issues that have an impact on the training process, and (c) describe key content areas in which training is necessary to reach an acceptable level of competence for working in the area of psychosocial hematology/oncology (hem/onc). Although the team members consist of various health care professionals and subspecialties such as physicians, nurses, dieticians, psychologists, and social workers, this chapter focuses on graduate and postdoctoral training of psychosocial service providers such as psychologists, social workers, and counselors. However, many of the issues we discuss also apply to training in the other professions at both the preservice and postgraduate levels. This chapter consists of two main sections: the first section deals with the process of training, and the second addresses the content of specialized training in hem/onc. The first section begins with a detailed description of training that incorporates a developmental model of knowledge and skill acquisition. We then discuss current trends that have a direct impact on the implementation of training methods and the settings in which clinical training takes place. The second section includes a description of several content areas specific to the needs of patients and health care staff working in hem/onc. These areas address specific knowledge and skill domains and the methods by which these domains can be integrated into the training model. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Cole, Timothy B. „Saying good-bye: An elementary school prepares for the death of a student“. *Social Work in Education* 9, Nr. 2 (Win 1987): 117–123.

Presents the case of the death, due to cancer, of a school-aged child, focusing on the means by which the S and her peers and teachers achieved closure. The experiences of those involved were facilitated by a social worker. Topics include supporting and helping school staff with their concerns and feelings, integrating the dying child's parent into the school experience, counseling students, and mobilizing community support. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Csaba, Dégi L. „Hatékony beavatkozási lehetőségek az onkopszichológia területén. = Effective intervention methods in psycho-oncology“. *Erdélyi Pszichológiai Szemle* 4, Nr. 3 (September 2003): 315–327.

Social work practice in oncology offers specific opportunities for interventions although these useful instruments and methods are used with reticence, ignorance and prejudice, being recognized the importance of psychosomatic perspective in working with cancer partients. Development of a support and skill-building group, focalized on the work of nurses in the oncological hospitals, is an efficient intervention method which could facilitate the improvement of life quality among cancer patients and positive changes in the medical services that they are offered. This paper will try to answer basic questions for social work in oncology: is there a need for social work in the hospital care of cancer patients, how can we organize and lead effective psycho-social interventions, what kind of methods can we use in our work? (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Csikai, Ellen L., Walsh, Katherine, Walsh, Karyn, Allen, Floyd und Patyán, László. „The United States and Hungary: An exchange of best practices in psychosocial oncology“. *Journal of Social Work in End-of-Life & Palliative Care* 5, Nr. 3–4 (Juli 2009): 126–143.

The National Association of Social Workers’ Social Workers Across Nations’ program provided an opportunity, with funding from an unrestricted educational grant from the Bristol Myers Squibb Foundation, to engage Hungarian social workers and other mental health and medical practitioners in an exchange of best practices in psychosocial oncology. A Summit meeting held in Hungary was the first organized networking opportunity for these professionals to begin to address difficulties in providing psychosocial care to individuals with cancer and their families. Through a Delphi process, participants identified 10 areas in which action was most needed—such as improving communication between patients and families; and between patients, families, and health-care professionals; and continuing to build a network between professionals and organizations, increasing public awareness of available cancer treatments and psychosocial services. This type of Summit meeting could be replicated in other countries that face similar high mortality rates from cancer and where the social work profession is growing. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Curtis, Teresa Kibler und Kibler, Susan. „Counselling in cancer care. Evereyone diagnosed with cancer will have different experience“. *Nursing Times* 86, Nr. 51 (1990): 25–27.

Damaskos, Penelope und Gerbino, Susan. „Intoduction to the special issue: Coping with chronic cancer: Clinical approaches for oncology social work practice“. *Social Work in Health Care* 53, Nr. 1 (Januar 2014): 1–4.

The articles in this special issue “Coping With Chronic Cancer: Clinical Approaches for Oncology Social Work Practice” emerged from papers presented at a conference on clinical issues when working with cancer as a chronic illness. The conference was co-sponsored by the Zelda Foster Studies Program in Palliative and End of Life Care, a program that is part of New York University’s Silver School of Social Work and the Department of Social Work at Memorial Sloan-Kettering Cancer Center. This special issue has utilized the conference theme and applies clinical approaches specifically within this population through individual and group work, as well as two additional themes that emerged from the discussion: spirituality and working with children whose parents are ill. The articles within this special issue underscore the value of social work advocacy and clinical interventions with patients managing cancer as a chronic illness is highlighted and demonstrated and provides an invaluable guideline to clinicians working with this increasing population. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Darty, Trudy E. und Potter, Sandra J.. „Sexual work with challenged women: Sexism, sexuality, and the female cancer experience“. *Journal of Social Work & Human Sexuality* 2, Nr. 1 (Fal 1983): 83–100.

Discusses social work with female cancer patients, noting that the existence of cancer in a woman usually provokes irrevocable changes in her body and psyche. When these changes involve an integral part of one's self-concept, as in cases of female breast or reproductive tract cancers, problems of redefinition and transformation of self-image result. It is asserted that issues in the care of female cancer patients cannot be divorced from health care procedures for women in general. The trauma of cancer is considered in terms of fear of death or disability, disruption of normal activity, cancer treatment, assault to sexuality and sexual image, and victimization and stigmatization. While defining the problem of female cancer to discover feasible social work interventions, 2 major issues emerge—the sexual politics of medicine and the psychosocial trauma of cancer. (37 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Daste, Barry M. „Important considerations in groupwork with cancer patients“. *Social Work with Groups: A Journal of Community and Clinical Practice* 13, Nr. 2 (1990): 69–81.

A number of factors are considered in designing optimally effective treatment groups for cancer patients, including stage of the disease, level of physical distress, age, level and quality of the patient's social support system, type of cancer, type of chemotherapy, group size, and training and selection of group leaders. A consideration of these issues can aid social workers in determining appropriate group composition and type of intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Daste, Barry M. und Rose, Steven R.. „Group Work with Cancer Patients“. In: Greif, Geoffrey L., Ephross, Paul H. (Hrsg.). *Group work with populations at risk.* 2. Auflage. 15–30. New York: Oxford University Press, 2005.

As there are so many variables in working with cancer patients, the social worker must be very flexible. This flexibility extends from the initial conceptualization of the group all the way to termination. Perhaps the most important thing to keep in mind is that social workers will be more effective if they structure their groups to best meet the needs of the particular cancer patients and/or cancer survivors they wish to serve. Rather than lumping everyone with a cancer diagnosis into a large group, it seems far more beneficial to tailor each group to the specific needs of the prospective members. For example, a group for 8- to 12-year-old children who have all had chemotherapy or radiation therapy have very different concerns than a group of women dying of breast cancer. The agency setting and the population being served will, of course, dictate to a large extent who will be in the group. The issue of open versus closed groups again depends on the population being served. Length of the group is also population dependent. A coworker pattern is usually considered to be easier on social workers and other professionals, and it has many advantages over an individual worker format, assuming that the coworkers work well together. Even though we are making progress in the diagnosis and treatment of cancer, this diagnosis places a great deal of emotional and physical stress on patients, as well as on their families and friends. This further mandates the need for groups designed to meet the specific needs of this population. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (create)

Davidson, Kay W. und Foster, Zelda. „Social work with dying and bereaved clients: Helping the workers“. *Social Work in Health Care* 21, Nr. 4 (1995): 1–16.

Examines the stresses and satisfactions experienced by health care social workers as they help clients with grief and loss at a time of great fiscal restraint. Their clients face life-threatening illnesses such as AIDS and many forms of cancer, as well as untimely losses in families and communities whose resources are dwindling. As social workers confront struggles with death and bereavement, they may receive limited support to deal with these stresses in their work. Administrative strategies are suggested both to help workers reduce stress and increase satisfactions and to demonstrate the value of social work services to dying and bereaved clients along a continuum of health care. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Davis, Cindy. „Psychosocial Needs of Women with Breast Cancer: How Can Social Workers Make a Difference?“ *Health & Social Work* 29, Nr. 4 (November 2004): 330–334.

The diagnosis and treatment of breast cancer can result in a range of psychological and emotional disturbances to the patient. The challenge for social work profession is to ensure that women can obtain appropriate help when needed. Social workers have the knowledge and skills to ensure that women with breast cancer are referred to appropriate services and to facilitate individual and group counseling. Because breast surgery and follow-up treatment take place in the hospital, it is an ideal setting to assess the needs of women with breast cancer, provide needed services and appropriate referrals, and educate members of the treatment team on the psychosocial needs of those women. Hospital social workers may be limited in the amount of time therefore, they should provide referrals for support and counseling outside the hospital. Psychosocial interventions may include cognitive-behavioral therapy, psychotherapy, psycho-educational therapy, group therapy, and family or couple therapy. If such services are not available, social workers can advocate for such services to be offered by social workers in the hospital and in the community. Many women with breast cancer need no psychosocial support or counseling; however, all women should be informed that these services are available and can be beneficial. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Degen, Christiane, Möller, D. und Schlechter, C.. „Patientenzufriedenheit bei onkologischen Erkrankungen“. *Das Gesundheitswesen* 76, Nr. 4 (2014): 204–209.

Dégi, Csaba L. „Palliative social work in Central-Eastern Europe: The emerging experience of Romania“. In: Altilio, Terry, Otis-Green, Shirley (Hrsg.). *Oxford textbook of palliative social work.* New York: Oxford University Press, 2011. 537–541.

Palliative social work in Romania inevitably needs to address the increasing burden of cancer diseases and HIV/ AIDS, but recognition of the social work profession is low level and there is lack of public and professional awareness about issues of palliative care. More than 90% of the population does not understand the meaning of the term "hospice" and is not aware of the services provided by palliative medicine or social work. Currently, there is no national plan for palliative care in effect in Romania. Key concepts include: palliative care is new, unrecognized, and still in development in Romania; cancer and HIV/AIDS-related needs are prevalent in Romania; social work in palliative care is limited in Romania, with few training opportunities; traditional family-based culture of care is central to palliative practice. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Delbrück, H. G. „Notwendige diagnostische und therapeutische Maßnahmen bei der Rehabilitation ‚geheilter‘ Patienten mit Morbus Hodgkin“. *Die Rehabilitation* 24, Nr. 4 (1985): 187–191.

Delbrück, H. G. und Lokossou R.. „Notwendigkeiten, Möglichkeiten und Schwierigkeiten der beruflichen Rehabilitation bei Patienten mit Magenfrühkarzinom“. *Die Rehabilitation* 29, Nr. 2 (1990): 121–124.

Dhooper, Surjit S. „Social work with laryngectomees“. *Health & Social Work* 10, Nr. 3 (Sum 1985): 217–227.

Presents a social work perspective on the treatment and care of patients who have undergone laryngectomies, focusing on intervention after diagnosis of laryngeal cancer, during treatment, and during remission or recurrence. Physical and psychosocial problems associated with laryngectomies include the loss of natural voice, modification of breathing through a tracheostomy stoma, depression and grief, anger and frustration, withdrawal, and suicide or alcoholic escape. It is concluded that cooperation between disciplines of medicine, nursing, dietary services, speech pathology, and social work is essential for the effective care and treatment of laryngectomees. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Drings, P., Sellschopp, A. und Röttger, Klaus. „Psychische Betreuung und soziale Beratung des Tumorpatienten.“ In: Linder, F., Sack, H., Gross, R., Eigler, F.-W. und Höffken, K. (Hrsg.): *Maligne Tumoren und Systemerkrankungen. Empfehlungen zur Diagnostik,Therapie und Nachsorge.* Köln: Deutscher Ärzte-Verlag, 1989.

Eberle, Siegfried. „Konzept einer psychosozialen Krebsberatung“. *Der Sozialarbeiter*, Nr. 5 (1985): 100–101.

Ernst, Sarah Luise und Noyon, Alexander. „Die Geschwister krebskranker Kinder. Belastung, Bewältigung und psychosoziale Betreuung“. *Theorie und Praxis der Sozialen Arbeit* 62, Nr. 5 (2011): 360–369.

> Die Bewältigung eines kritischen Lebensereignisses wie der schweren Erkrankung eines Geschwisters ist ohne Zweifel als Risikosituation zu bewerten, kann die weitere Entwicklung des Kindes jedoch auch positiv beeinflussen (vgl. Oerter/Montada 2008). Dies ist aber nur denkbar, wenn die jeweiligen Bedingungen entsprechend sind.

Esplen, Mary Jane und Bleiker, Eveline M. A. „Psychosocial issues in genetic testing for breast/ovarian cancer“. In: Holland, Jimmie C., Breitbart, William S., Butow, Phyllis N., Jacobsen, Paul B., Loscalzo, Matthew J., McCorkle, Ruth. *Psycho-oncology.* 3. Auflage. New York: Oxford University Press, 2015. 71–76.

> In summary, information around BRCAl and BRCA2 testing has the potential to provide many benefits. However, genetic information can also pose challenges to individuals and their families that can result in emotional distress or decisional conflict around preventive options. Psychosocial, emotional, personal historical, cultural, and family contextual factors play an important role in how an individual adapts to and utilizes genetic information. The identification of individuals who may be at risk for adverse psychological and behavioral reactions can occur through the use of validated screening instruments designed for the cancer genetics field in order to employ tailored interventions known to facilitate accurate knowledge and adjustment. The field continues to evolve, wfth a number of ongoing studies of interventions aiming to address potential psychosocial impacts, family communication challenges, and risk management decision-making, in an effort to preserve quality of life. During the coming years, we will be faced with a number of challenges, such as the implementation of screening questionnaires for psychosocial issues as part of good clinical practice; the trend to offer fewer counseling sessions, but still provide good personalized care; the availability of genetic test results of single nucleotide polymorphisms (SNPs) related to breast cancer risk using panel testing, and the communication of these modestly increased risk gene variants; and "forgotten groups," such as various cultural minorities, who have only sparsely requested genetic counseling for cancer. Finally, in this evolving field of genetics, it is of great importance that psychosocial researchers and clinical workers such as psychologists and social workers become closely involved in genetic developments to ensure the best quality of care for this unique group of high-risk individuals and families. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Fahsl, Anja. „The role of the social worker in psychosocial teams in paediatric oncology. A comparison between Germany and Norway“, Matters differ. Comparative studies in social work and social policy. Aachen: Shaker Verlag, 2005. 31–47.

Farkas, Carole G. „Neglected issues in the care of dying patients: Nonverbal communication and sexuality“. *Loss, Grief & Care* 6, Nr. 2–3 (1992): 125–29.

Points out that 2 issues that receive little or no attention in nursing education and likely receive little attention in general medical education or in the training of social work students are nonverbal communication with dying patients and the sexuality of dying patients. It is argued that nurses should treat dying patients no differently than other patients. (0 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Fiedler, Irene Martens und Martens, Sönke. „Beratungsstellenarbeit für tumorerkrankte Frauen“. *Theorie und Praxis der Sozialen Arbeit* 34, Nr. 3 (1983): 112–115.

Fobair, Patricia. „Cancer support groups and group therapies: Part II. Process, organizational, leadership, and patient issues“. *Journal of Psychosocial Oncology* 15, Nr. 3–4 (1997): 123–47.

The 1st part of this 2-part article reviewed the history and theoretical background of support groups and group therapies and explored the breakthroughs in mental health research showing how these groups enhance patients' quality of life. In Part 2, the author addresses issues regarding group process, group management and leadership, and the curative aspects of groups for patients with cancer. The implication of research is that support groups and group therapies help people with chronic illness and life-threatening disease to heal and possibly live longer. Social work has been ideally positioned to claim its role in having pioneered social group work at the turn of the century. By virtue of its history, values, and education, the profession provides a model for leading and co-leading groups of patients with cancer. When people are confronted with cancer, healing requires both emotional and physical assistance, and support groups can be healing. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Fobair, Patricia. „Oncology social work for survivorship“. In: Ganz, Patricia A. (Hrsg.). *Cancer survivorship: Today and tomorrow.* New York: Springer Science + Business Media, 2007. 14–27.

The cancer survivorship movement became part of the American scene in the 1980s with cancer patients and a physician survivor leading the way. Cancer survivorship became a force as a result of medicine's focus on finding solutions to the problems of cancer following World War II. These solutions included the success of chemotherapy treatment in the 1960s, research into late effects and psychosocial research following cancer treatment (1970s), and the patient activist movement beginning in the 1980s. Oncology social workers have played a major role, being on the scene since the early days, delivering supportive services to cancer survivors, participating as team members in psychosocial research, and serving as members and leaders in survivorship organizations. This chapter examines survivorship from the perspective of a cancer survivor and oncology social worker, one who enjoys both clinical work and research. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Fobair, Patricia, Stearns, Naomi „Noni“,Christ, Grace, Dozier-Hall, Deborah, Newman, Nancy W., Zabora, James, Schnipper, Hester Hill, Kennedy, Vicki, Loscalzo, Matthew, Stensland, Susan M. „Historical threads in the development of oncology social work“. *Journal of Psychosocial Oncology* 27, Nr. 2 (April 2009): 155–215.

As the Association of Oncology Social Work celebrates its 25th year, we pause to reflect on the many historical threads that contributed to its development and hear from each of the presidents who helped create the organization, as we know it today. Set within hospitals, medical social work was born in the early 20th century. In the 1940's medical social work became necessary for hospital accreditation. Two additional historical shifts, one in medical improvements in treating cancer, the other a shift to a consumer-oriented American Cancer Society, contributed to the push for a greater role for the federal government in funding cancer research. Oncology social work came to full blossom in the 1970s, a result of the physicians' need for a member of the health care team who understood cancer, its treatment, and the patient's need to address his or her psychosocial needs resulting from cancer. Today, oncology social work is a fully developed profession with a national organization providing education and support to oncology social workers' in their use of psychosocial interventions and research in behalf of cancer patients and their families. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Fomm, Evelyn. „Krankheit und Alltag“. *Sozialdienst im Krankenhaus*, 1993, 32–41.

Freyer, David R., Kuperberg, Aura, Sterken, David J., Pastyrnak, Steven L., Hudson, Dan und Richards Tom. „Multidisciplinary Care of the Dying Adolescent“. *Child and Adolescent Psychiatric Clinics of North America* 15, Nr. 3 (Juli 2006): 693–715.

The adolescent at the end of life poses a unique combination of challenges resulting from the collision of failing health with a developmental trajectory meant to lead to attainment of personal independence. Because virtually all spheres of the dying adolescent's life are affected, optimal palliative care for these young persons requires a multidisciplinary team whose members have a good understanding of their complementary roles and a shared commitment to providing well-coordinated care. Members of the team include the physicians, nurses, psychologists, social workers, chaplains and the child life specialists. A crucial area for dying adolescents is medical decision making, where the full range of combined support is needed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Gehlert, Sarah, Mininger, Charles, Sohmer, Dana und Berg, Kristin. „(Not so) Gently down the stream: Choosing targets to ameliorate health disparities“. *Health & Social Work* 33, Nr. 3 (August 2008): 163–167.

Health disparities in the United States exist by race and ethnicity, gender, age, disability status, sexual orientation, socioeconomic status (SES), and geography and can occur in screening, incidence, mortality, survivorship, and treatment. To date, disparities by race and ethnicity have received the most attention among group differences in health and have been noted for all major diseases. A recent article in JAMA noted that few interventions have produced significant gains in reducing disparities, despite years of research. The Center for Interdisciplinary Health Disparities Research (CIHDR) was established as one of the eight centers of the CIHDR initiative to address the growing disparity in mortality from breast cancer between black and white women. In an environment in which racial disparities are growing and few empirically based interventions are available to address them, it behooves social work researchers and practitioners to work together to design and implement new interventions. Health social work research has trailed behind practice in taking a more holistic approach that recognizes determinants at the social, behavioral-psychological, and biological levels. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Gerbino, Susan. „Chronic cancer: Bringing palliative care into the conversation“. *Social Work in Health Care* 53, Nr. 1 (Januar 2014): 74–80.

Palliative care is a treatment model that aims to relieve patient suffering and improve quality of life, and is essential for those living with chronic cancer. However, most palliative care referrals are made as a last resort when all other treatment options have failed. This article argues that social workers have an important role in early palliative care discussions because of their unique skill set. Techniques for early introduction of palliative care are addressed, as are ways for empowering patient advocacy. A case narrative of a young woman with chronic cancer is included as an example of the need for ongoing palliative care conversations. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Geßner, Claudia. „Kinder krebskranker Eltern. Welche inneren und äußeren Ressourcen nutzen Kinder zur Bewältigung einer solchen Belastungssituation?“ *Klinische Sozialarbeit* 05, Nr. 2 (2009): 6–8.

Gilbar, Ora. „The social work point of view: Dying, bereavement and coping“. In: Kreitler, Shulamith, Fleck, Gunther: *Confronting dying and death.* Health psychology research focus. Hauppauge: Nova Science Publishers, 2012. 103–125.

The function of social work, as defined by the ecological model, is to improve the level of fit between the perceived needs of the individual, the family and the community, on the one hand, and the available environmental support and resources on the other. In order to achieve this goal the social worker must acquire knowledge about the client's personality, his/her family system relationships, and the potential contribution of the community to the client's well-being. In light of this premise, any discussion of social work practice in relation to dying and the bereavement process must focus on the interaction between the patient, the family and the formal resources in the community. The social worker is an integral part of these support resources. The chapter deals with three main issues in this context: coping with the threat of dying, the bereavement process, and the various types of intervention to assist the family cope with the loss, based on the concept that dying and bereavement constitute one of life's most stressful situations. Since cancer constitutes a prime example of a prolonged process of dying, requiring the involvement and support of the family, medical practitioners, social workers and the community, it is cited frequently in the chapter to illuminate the discussion. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (chapter)

Glajchen, Myra, Blum, Diane und Calder, Kimberly. „Cancer pain management and the role of social work: Barriers and interventions“. *Health & Social Work* 20, Nr. 3 (August 1995): 200–206.

Discusses the role of social work in the management of pain in cancer patients. Barriers to effective pain relief include (1) knowledge deficits among health care professionals, (2) cultural and attitudinal barriers, (3) system inflexibility, and (4) lack of role definitions of health care disciplines. Social workers bring expertise to pain management, through direct service, education, advocacy and research. Skills such as communication, assessment, problem-solving, and psychological support are involved in the processes of pain management. Outcomes of related research can be applied to design case management programs. A model for social work intervention is developed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Glaser, Susan R. und Glassman, Richard. „Group Work With Individuals With Chronic Cancer“. *Social Work in Health Care* 53, Nr. 1 (2. Januar 2014): 31–47.

This article discusses the value and importance of support groups for people living with chronic cancer. It is a primer for the professional mental health practitioner interested in leading a support group. Group formation, screening, open versus closed groups, size, co-facilitation, duration and phases-beginning, middle and end will be discussed. Leadership, structure, and group dynamics are explained using case examples to highlight the issues. The effect of the deterioration and death of group members on both the facilitators and the group's members will be explored. The paper ends with a discussion of counter-transference, stress, self-care and resiliency.

Golby, Barbara J. „Parenting With Chronic Cancer: A Relational Perspective“. *Social Work in Health Care* 53, Nr. 1 (2. Januar 2014): 48–58.

Living with chronic cancer poses unique challenges for parents caring for minor children. The demands of the illness such as pain, fatigue, and loss of mobility, as well as caregiver responsibilities, can conflict with the patient's and partner's idea of what it means to parent. This article examines the ways in which chronic cancer impacts the parental role using Attachment as a theoretical framework. Case examples and implications for clinical practice in both health care and mental health settings are provided.

Gregurek, Rudolf, Braš, Marijana, Đorđević, Veljko, Ratković, Ana-Strahinja und Brajković, Lovorka. „Psychological problems of patients with cancer“. *Psychiatria Danubina* 22, Nr. 2 (2010): 227–230.

Psycho-oncology is a broad approach to cancer therapy which treats the emotional; social, and spiritual distress which often accompanies cancer patients. The development of psycho-oncology began in the second part of the 20th century reflecting the increased interest in the study of cancer patients' psychological reactions to their illness at all stages of its course, and the analysis of the emotional, spiritual, social, and behavioral factors which influence the risk of developing cancer and long-term aftercare treatment. Today the psycho-oncology has become an accepted part of cancer treatment, with departments of psycho-oncology established in most major cancer centers in Canada, the United States and many Western European countries. A key clinical challenge for the oncologist is differentiating the expected and transient distress associated with cancer from the excessive, disabling distress requiring psychiatric interventions. One third of patients with cancer will experience distress which requires evaluation and treatment, and the most common psychiatric disorders are depression, anxiety disorders and adjustment disorders. Psychiatrists should be involved in the multidisciplinary treatment team who work with the cancer patients. Further research is needed to determine the effectiveness of different psychological and psychopharmacological interventions in psycho-oncology and palliative medicine. Mental health issues should be included in the training of health care professionals in all areas of medicine, psychology and social work to meet the demands of cancer patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Hager, Bodo. „Sozialarbeiter in der Beratung und Betreuung Tumorkranker.“ *Blätter der Wohlfahrtspflege* 127 (1980): 282–284.

Hahn, Mechthild. „Sozialdienst für kehlkopfoperierte Patienten“. *Sozialdienst im Krankenhaus*, Nr. 3/4 (1983): 1–4.

Haushalter, Silke. „Heilpädagogik mit krebskranken Jugendlichen“. In: Steinebach*,* Christoph (Hrsg.). *Heilpädagogik für chronisch kranke Kinder und Jugendliche.* 161–174. Freiburg: Lambertus, 1997.

Henle, Magda und Müller, Roswitha. „Professionalität und Selbsthilfe in der psychosozialen Krebsnachsorge“. *Theorie und Praxis der Sozialen Arbeit* 34, Nr. 11 (1983): 376–382.

Heyde, W. „Beratung von Krebskranken“. *Die Rehabilitation* 22 (1983): 31–36.

Heyde, W. „Die historische Entwicklung der Krebskrankenrehabilitation im Land Hamburg“. *Die Rehabilitation* 26, Nr. 2 (1987): 70–74.

Heyde, W. und von Langsdorff, P. „Rehabilitation Krebskranker unter Einschluß schöpferischer Therapien“. *Die Rehabilitation* 22, Nr. 1 (1983): 25–27.

Hornik, Marjorie. „Physician-assisted suicide and euthanasia’s impact on the frail elderly: A social worker’s response“. *Journal of Long Term Home Health Care: The PRIDE Institute Journal* 17, Nr. 3 (Sum 1998): 34–41.

In response to R. Abrams's (see record [rid]1998-10824-001[/rid]) article on the impact of physician-assisted suicide (PAS) and euthanasia on the frail elderly, Hornik provides a social worker's view of PAS. Hornik proposes that the social work response to a patient who seeks aid in dying is to help the patients and caregivers to understand the nature of the suffering which is leading the patient to that request. In the majority of cases where PAS is sought, the patient is experience fears. When afforded compassionate care and the opportunity to express those fears and to find help in addressing theme, the need for suicide abates in the majority of case. Hornik also explores obstacles that arise for caregivers when they are assessing and responding to the patient requesting aid in dying. Case examples illustrate Hornik's points. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Hubner, Michael K. „Cancer and infertility: Longing for life“. *Journal of Psychosocial Oncology* 7, Nr. 4 (1989): 1–19.

Discusses the diagnosis of cancer and the possibility of iatrogenic infertility secondary to cancer treatment as equal life crises for oncology patients in their reproductive years. Case examples of 3 female cancer patients (aged 25–39 yrs) illustrate the multiple human costs of neglecting iatrogenic infertility as a clinical problem and examine the painful clinical, ethical, and existential dilemmas caregivers confront in the face of such human longing for life. An expanded role for the oncology social worker is suggested. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Jodexnis, M., und Röttger, Klaus. „Möglichkeiten und Probleme der beruflichen Rehabilitation jugendlicher Krebspatienten.“ In: *Ambulante psychoonkologische Beratung. Projektbericht und Perspektiven*. Essen: MA Akademie Verlag, 1999.

Joubert, Lynette und Epstein, Irwin. „Introduction to special issue: Current themes in health social work practice research: Academic, practice partnerships at the University of Melbourne“. *Social Work in Health Care* 52, Nr. 2–3 (Februar 2013): 105–109.

This article provides an overview of the special issue of Social Work in Health Care. The issue focus on the current themes in health social work practice. Over the past two decades, both editors of this volume have collaborated with health social workers in Melbourne supporting them in postgraduate research efforts to develop practice-based research initiatives within their departments. This special issue describe these projects undertaken in a collaborative partnership with The University of Melbourne. The studies included in this issue were conducted under the aegis of the academic practice partnerships established by the Department of Social Work at The University of Melbourne. One of the articles describes the start of professional social work training at the university in 1941. Another article explores oncology health professionals’ understanding of the health care preferences of adolescents and young adults living with cancer. Practice based research initiatives conducted within the context of academic practice partnerships offer social work practitioners the opportunity to extend and deepen their conception of practice via the research process. Proudly, the articles contained in this special issue celebrate the diversity of social work practice within the health care setting and the way in which a university can join in the celebration. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Kagen, Lynn B. „Use of denial in adolescents with bone cancer“. *Health & Social Work* 1, Nr. 4 (November 1976): 70–87.

Describes patterns of adolescent patients' responses to cancer diagnosis, chemotherapy, surgery, and termination of treatment observed by the author as a social worker with a child and adolescent cancer service. Case examples show prolonged and inappropriate use of denial by adolescents who have undergone innovative surgery for a metal bone replacement. Patterns of denial can occur during several stages of treatment: presurgical trauma, chemotherapy, postoperative ordeal, and homecoming. Recommendations for the social worker and the medical team working with such patients are presented. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Kath, R., Heineking, B., Klingspohr, S., Röttger, Klaus, Bex, A., Rübben, H., Hayungs, J., Günzel, K., Höffken, K. und Seeber, S.. „Quality Of Life During Chemotherapy in Patients With Advanced Testicular Cancer.“ *Proc. Am. Soc. Clin. Oncol.* 10 (1991): 348.

Kath, R., Röttger, Klaus, Heineking, B., Klingspohr, S., Bex, A., Hayungs, J., Sauerwein, W., Günzel, K., Höffken, K. und Seeber, S.. „Entwicklung von Meßinstrumenten zur Bestimmung von Lebensqualität bei Patienten mit Hodentumoren.“ *Klin. Wschr.* 69, Nr. 23 (1991): 250.

Kauz, Daniel. „Schweigen in der Krise Fürsorge und Pflege Krebskranker in der Schweiz (1955-1980)“. *Traverse : Zeitschrift für Geschichte* 19, Nr. 2 (2012): 125–136.

Kennedy, Victoria N. „The role of social work in bone marrow transplantation“. *Journal of Psychosocial Oncology* 11, Nr. 1 (1993): 103–117.

Describes the role of the social worker in bone marrow transplantation (BMT), including enhancing the patient's and family's coping and their adaptation to the stressors of the treatment in the pretransplant, hospitalization, and posttransplant stages. The social worker's functions throughout the transplantation process also include assessment, education, mobilization of resources, counseling, discharge planning, and psychosocial follow-up. The social worker's survival and attributes are briefly discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Kennedy, Victoria, Smolinski, Kathryn M., Colón, Yvette und Zabora, James. „Educating and training professional social workers in psycho-oncology“. In: Holland, Jimmie C., Breitbart, William S., Butow, Phyllis N., Jacobsen, Paul B., Loscalzo, Matthew J., McCorkle, Ruth. *Psycho-oncology.* 3. Auflage. New York: Oxford University Press, 2015. 689–694.

Cancer creates multiple challenges for any newly diagnosed patient, as well as every family member. Consequently, this experience must be viewed within psychological and social contexts. The complexity of the psychosocial problems associated with cancer generate a demand for multi-skilled social work practitioners who are trained to provide distress screening, comprehensive assessments, and evidence-based therapeutic interventions across the cancer continuum. In many ways, oncology social workers should consider a cancer prevention and control model where their skills are applied in primary, secondary, and tertiary prevention. In this way, oncology social workers could engage in smoking cessation programs, access to screening and early detection initiatives, as well as the provision of a range of interventions following the diagnosis of cancer. With a primary focus on tertiary prevention or minimizing the effects of cancer after the diagnosis, oncology social workers can provide evidence-based psychosocial care at diagnosis, during treatment, into survivorship, as well as at the end of life, and they may provide bereavement services for family members. Oncology social workers function as dynamic members of the transdisciplinary cancer care team in a wide variety of healthcare settings, including academic cancer centers, community hospitals, health systems, community-based agencies, ambulatory clinics, home care, hospice programs, and private practice. Oncology social workers guide the oncology team to move beyond the disease process in order to attend to the psychological and social matters that may affect the patient's capacity to participate in treatment. In many ways, rather than serving as a conduit between patient and staff, oncology social workers enable patients and family members to facilitate optimal responsiveness and communication around treatment goals, disease management, and psychosocial concerns in interaction with the healthcare team. In this important role, the oncology social worker becomes a valued member of the team. This chapter describes the skills, roles, and competencies required of oncology social workers, and the multifaceted education, training, and supervision needed to prepare the social worker to work effectively with cancer patients and families. Included are the roles that oncology social workers play in training and supervising other social workers, providing evidence-based care, supporting team members, advocating for system change, and conducting research. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Kerson, Toba Schwaber und Michelsen, Renee W. „Counseling homebound clients and their families“. *Journal of Gerontological Social Work*, New developments in home care services for the elderly: Innovations in policy, program, and practice, 24, Nr. 3–4 (1995): 159–190.

Discusses the means by which social workers and other health care professionals counsel homebound clients and their caregivers. Counseling techniques are presented in 4 case examples: (1) a frail 83-yr-old woman who wishes to live alone, (2) a terminally ill frail 82-yr-old woman whose caregiver is an 80-yr-old sister, (3) a frail 77-yr-old woman with Alzheimer's disease (AD) whose caregiver is her daughter, and (4) a 65-yr-old woman with amyotrophic lateral sclerosis whose caregiver is her 68-yr-old husband. The roles of the counseling professional in these social scenarios included resource for community services, advocate for the elderly person and the caregiver, counselor, and provider of psychological and social support. The effects of specific illness states, the special issues that counselors must address, and the necessity for reasonable availability of counseling for homebound elderly persons are addressed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Kimmel, F. und Séailles, M. „Utilité d’une prise en charge psychologique et sociale dans les problématiques de retour à l’emploi après un cancer. = Relevance of psycho-social care in handling issues to restore post-cancer professional life“. *Psycho-Oncologie* 8, Nr. 3 (September 2014): 153–156.

Getting back to work after a cancer is a major milestone in the patient’s course. Restoring a normal professional life is key to rehabilitation but might be a tough period to go through. The psychological and social consultations of Accueil Cancer de la Ville de Paris take care of the troubles related to professional life restart. A social worker referring patients to a psychologist is usual when professional life restoration is at stake, emphasizing how post-cancer psychological issues are difficult to manage. The aim of this clinical article is to underline: 1) how the social worker/psychologist partnership enlightens on professional life restoration matters after a cancer; 2) how psychic issues bring problems as far as reintegration into professional life is concerned. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Kirsh, Kenneth L., Rzetelny, Adam und Passik, Steven D.. „Substance use disorders“. In: Holland, Jimmie C., Breitbart, William S., Butow, Phyllis N., Jacobsen, Paul B., Loscalzo, Matthew J., McCorkle, Ruth (Hrsg.). *Psycho-oncology.* 3. Ausgabe*.* New York, NY, US: Oxford University Press, 2015. 317–322.

Discussing the management of substance use in the person with cancer might have been seen as having only minor clinical relevance until recently. Historic literature on this subject suggests problems of substance abuse are only infrequently encountered in oncology, perhaps due to much of this academic work coming from tertiary care settings, where fewer patients with histories of addiction have been traditionally encountered. Alternately, cancer typically remains a disease of later life, whereas addiction manifests earlier, making it unlikely to emerge de novo in a person first exposed to substances with abuse potential when they are older and ill. Another possibility is that cancer used to typically follow a fast and fatal trajectory, so any exposure to controlled substances was likely to be brief and to occur during a period of time that the person was becoming increasingly disabled. Thus, even if the exposure to such drugs might trigger a relapse in someone with a prior addiction, the dysfunctional behaviors that might have been set in motion would be mediated and limited by the impact of cancer itself. Or perhaps ft was simply the trivialization of addiction that characterized the early rhetoric accompanying the increase in opioid prescribing. All aspects of cancer care can be affected by the presence of a substance use disorder (SUD). Unchecked drug or alcohol abuse can cause non-adherence to potentially life-saving cancer treatments, threatening healthcare efforts from diagnosis to palliative care. If the psycho-oncologist is working outside a tertiary care academic center, the frequency with which they will be confronted with SUDs is shockingly high, due to the high base rate of these disorders in this population, which is more reflective of the population as a whole. If one considers that substance use can be a risk factor for cancer, one would expect substance abusers to be over-, not under-represented in the oncology population. Unfortunately, many psycho-oncology practitioners from psychiatry to psychology to nursing to social work are lacking in knowledge about SUDs. There is an enormous gap between the prevalence of these problems and the expertise in caring for cancer patients who are struggling with them. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Kissel, Ursula. „Die Führung des incurablen Tumorpatienten“. *Sozialdienst im Krankenhaus*, Nr. 7/8 (1987): 4–15.

Kleban, Roz. „Metastasis, the New “C Word”“. *Social Work in Health Care* 53, Nr. 1 (2. Januar 2014): 5–10.

Patients dealing with stage IV disease have historically been isolated and marginalized much as the cancer community was many years ago before the “coming out” of Betty Ford and Happy Rockefeller. Only recently has there been an attempt to rectify this stigmatization and to give voice to these patients. With this recognition comes the obligation to find venues to serve this population. This piece reviews this history and sets the stage for advocacy and program development.

Kolbe, B. „Psychologische Aspekte bei der Betreuung tumorkranker Alkoholiker“. *Sozialdienst im Krankenhaus*, Nr. 7/8 (1990): 5–10.

Konteh, Birgit Anna. „Das Instrument des Psychodramas in der Psychoonkologie. Überlegungen und Ansätze der psychodramatischen Arbeit mit KrebspatientInnen. *Zeitschrift für Psychodrama und Soziometrie* 1 (März 2008): 102–113.

Examines concepts and modes of procedure in psychodramatic work with cancer patients. By examining the course of the disease and the possible psychic reactions to cancer, certain considerations and modes of psychotherapeutic procedure are elaborated on. Finally, hypotheses on the effectiveness of psychodrama with people affected by cancer are discussed, the hypotheses in question being developed from the experiential background of practical work. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Köppel, Monika. „Soziale Arbeit muss im Gesundheitswesen strukturell verortet werden. Unverzichtbarer Baustein ganzheitlicher Therapie - neue Forschungsergebnisse bieten Chancen“. *Forum sozialarbeit + gesundheit*, Nr. 1 (2005): 6–9.

In einer Zeit, in der sich das deutsche Gesundheitswesen sehr stark verändert, muss sich Soziale Arbeit profilieren. Wie kann es in dieser Phase der Neurorientierung und Umstrukturierung gelingen, Sozialarbeit im Gesundheitssystem dauerhaft zu verorten? Antworten aus Sicht einer selbstständigen Sozialarbeiterin.

Kramer, Ulrike. „Leben mit dem Krebs - Begleitung auf Dauer“. *Forum sozialarbeit + gesundheit*, Nr. 1 (2014): 14–16.

Kroll, Thilo und Petermann, Franz. „Soziale Integrationsförderung als Aufgabe der Rehabilitation in der pädiatrischen Onkologie“. *Die Rehabilitation* 39, Nr. 6 (2000): 324–37.

Kurihara, Yukie. „Palliative social work in Japan“. In: Altilio, Terry und Otis-Green, Shirley (Hrsg.). *Oxford textbook of palliative social work.* New York: Oxford University Press, 2011. 567–572.

As the World Health Organization (WHO) modified the definition of palliative care in 2002, Japan has also been observing the paradigm shift from "hospice/terminal care" to "palliative care" emphasizing earlier intervention in the disease course. However, the term "palliative care" is still relatively new to the general public in Japan, and those who are familiar with the term associate "hospice" with scary images of "the last resort" or "doing nothing and just letting patients die." The scope of social workers' roles in palliative care range from direct clinical practice to the development of a community network across care-settings for the seamless provision of quality palliative care. Although challenged by limited staffing, social workers play a vital role in interdisciplinary collaboration through their skillful engagement with people of various backgrounds, comprehensive assessment, and connecting necessary resources. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Lundy, Marta und Mason, Sally. „Women’s health care centers: Multiple definitions“. *Social Work in Health Care*, Women’s health and social work: Feminist perspectives, 19, Nr. 3–4 (1994): 109–122.

Examined orientations among 10 women's health centers in a large urban area. Three approaches to women's health were found: centers with an exclusive focus on one health problem (e.g., breast cancer, chemical dependency), centers with a predominantly reproductive focus, and centers with a holistic/feminist health care focus. Two problems were also identified: the definition of comprehensive women's health care, and adequate access. The reality of women's health centers may be more in keeping with the historically exploitative practices of the medical profession where the intent is profit, not comprehensive health care. Implications for social workers regarding the education and clinical practice of the feminist/holistic approach to health care are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Malchiodi, Cathy A. und Goldring, Ellen. „Art therapy and child life: An integrated approach to psychosocial care with pediatric oncology patients“. In: Malchiodi, Cathy A. (Hrsg.). *Art therapy and health care.* 48–60. New York: Guilford Press, 2013.

This chapter explores how art therapy and child life issues intersect to benefit children and adolescents with cancer and to address psychosocial goals and objectives. It clarifies the role of art therapy and child life issues in pediatric oncology, and how these fields complement and strengthen pediatric patient services in supporting children's self expression, self-efficacy, and coping during medical treatment through end-of-life care. It also highlights the importance of resilience building in the treatment of young patients and families challenged by a diagnosis of cancer and invasive medical treatment, demonstrating applications of art therapy and child life approaches. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (chapter)

Marx, Roz. „Providing Care to Our Graying Population“. *PsycCRITIQUES* 52, Nr. 16 (2007).

Reviews the book, Handbook of Social Work in Health and Aging edited by Barbara Berkman (see record [rid]2006-04200-000[/rid]). This book will be an excellent teaching resource for bachelor's and master's social work classes in geriatric assessment, interventions, resource networks, therapy, advocacy, policy, international social work, and research. At the end of the semester, this volume will probably not show up on "texts for sale" posters; instead, it is likely that students will keep this volume and use it often in their social work practice. This comprehensive volume was designed as an all-inclusive reference text. It includes multiple sections, each edited by a section editor, and 100 original chapters on geriatric social work practice with chronic physical and health conditions (e.g., cancer, developmental disabilities, functional disability, and HIV); mental health problems (dementia, substance abuse, suicide, mental illnesses); special populations (poverty, immigrant, prisoners, and mistreated and neglected); cultural diversity (African American, Asian, Latino, Native American, lesbian, gay, bisexual, and transgendered [LGBT], and other minority groups); palliative and end-of-life care; family, caregiver, and intergenerational practice; practice settings (hospitals, long-term care facilities, home care, welfare, case management, hospice, senior centers, substance abuse and community mental health, and managed care companies); and the types of social services available (case management, counseling, caregiver supports, advocacy, and services for LGBT and HIV seniors). This book is comprehensive, concise, current, and readable. It can be assigned in policy, clinical, and assessment gerontology social work classes. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

McCarthy, Paula G. und Sebaugh, Jill Genone. „Therapeutic scrapbooking: A technique to promote positive coping and emotional strength in parents of pediatric oncology patients“. *Journal of Psychosocial Oncology* 29, Nr. 2 (März 2011): 215–230.

Therapeutic scrapbooking is an intervention being used with parents and caregivers of children with cancer. The purpose of the group is to promote hopefulness, mobilize internal strengths, and thereby enhance the parents' and caregivers' coping abilities to benefit pediatric oncology patients. Facilitators, licensed in medical social work, provide a safe environment for participants to verbalize their stories and share their distress. Scrapbooking is a “normal” activity without the negative stigma that a “support group” may carry, minimizing the reluctance to attend this supportive group. Outcome measurements indicate this therapeutic intervention achieves positive results. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

McCave, Emily L. „Placing HPV vaccination within a social work context: The issue of access to care“. *Smith College Studies in Social Work* 80, Nr. 4 (Oktober 2010): 377–394.

Human papillomavirus (HPV) is the most common sexually transmitted infection and the leading cause of cervical cancer. Consistent disparities in the incidence and mortality rates of cervical cancer for racial minorities and low-income women have been found. To date, there have been no articles written in a social work journal about HPV. This article presents an argument for including HPV under social work's purview and presents research findings that suggest access to the HPV vaccine, Gardasil®, may be difficult for financially vulnerable consumers. Recommendations for future interventions and research are offered. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

McNutt, Jill V. „Art therapy as a form of visual narrative in oncology care“. In: Malchiodi, Cathy A. (Hrsg.). *Art therapy and health care.* 127–135. New York,: Guilford Press, 2013.

The experiences of a cancer patient can be turbulent and traumatic. Facing life after diagnosis and treatment for cancer has become a subject for research and growth in the medical literature. This chapter explores the cancer patient experience and explains some of the interfaces patients undergo within the medical system. With the assistance of the art therapist, patients are able to express themselves through visual images, reflect on life through imagery, and re-create life as cancer survivors. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (chapter)

Menzel, Regina. „Aktueller denn je!“ *Forum sozialarbeit + gesundheit*, Nr. 1 (2014): 10–13.

Menzel, Regina. „Ein wesentlicher Beitrag zur Professionalisierung. Psychosoziale Diagnosen in der onkologischen Sozialarbeit“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2006): 31–33.

Meuche, Glenn. „Embracing the oneness of all things: A personal reflection on the implications of shamanism for social work practice in end-of-life and palliative care“. *Journal of Social Work in End-of-Life & Palliative Care* 11, Nr. 1 (Januar 2015): 3–5.

This reflection explores the contribution of shamanic and tribal consciousness on end-of-life and palliative care social work and is intended to serve as a proposal which is based upon a personal encounter with a Native American shaman within the Sangre de Cristo Mountains in New Mexico. Although the experience can never be fully captured as it remains inarticulate, an attempt nonetheless is made to define a ‘‘way of being’’ in the world and shed light on the implications for social work practice. While shamanism compliments and reinforces social work’s focus on the person, it simultaneously challenges the scope and vision of social work interventions which to a large extent remain highly anthropocentric. In aligning itself with the teachings of indigenous cultures, end-of-life and palliative care is granted an opportunity to transcend dualistic boundaries between self and other and enter a relationship with ‘‘all my relations’’ which is denoted by genuineness and shared mutuality. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Mitrowski, Christine A. „Social work intervention with geriatric cancer patients and their children“. *Social Casework* 66, Nr. 4 (April 1985): 242–245.

Suggests that major areas of concern for children of geriatric cancer patients include helping the patient accept the diagnosis and adjust to prognosis, developing a plan of care, and not denying the patient the right to autonomy and self-control. It is suggested that geriatric cancer patients and their children need the support of a professional health team that can help children help their parents live a quality existence until death. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Nelson, Megan B. und Guo, Ying. „A snapshot of inpatient cancer rehabilitation“. *Journal of Cancer Education* 28, Nr. 4 (Dezember 2013): 676–678.

The purpose of inpatient cancer rehabilitation is to restore or maximize their functional status. These snapshots are meant to serve as a lens, looking into the journey of cancer patients and shining a light on the importance of cancer rehabilitation as part of holistic care. Cancer patients have a diverse array of physical, emotional, social, financial, and spiritual needs that require the help from an integrated team of oncologists, physiatrists, palliative professionals, rehabilitation professionals, nurses, chaplains, social workers, and case managers. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Nöthen, Wolfgang und Wehrle, Roland. „Stationäre Nachsorge für krebskranke junge Menschen“. *Theorie und Praxis der Sozialen Arbeit* 41, Nr. 7 (1990): 265–275.

Oktay, Julianne S. „Genetics cultural lag: What can social workers do to help?“ *Health & Social Work* 23, Nr. 4 (November 1998): 310–15.

This article discusses the issues surrounding genetic testing, while specifically focusing on genetic testing for breast cancer. The author illustrates some misuses of genetic testing and information, and discusses the legislative efforts to protect people against such misuses. The author also addresses the counseling needs of women considering genetic testing for breast cancer. Finally, the role of social workers is delineated. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Oliver, Debra Parker und DeCoster, Vaughn A.. „Health care needs of aging adults: Unprecedented opportunities for social work“. *Health & Social Work*, Aging, 31, Nr. 4 (November 2006): 243–245.

The most recent census reports that 34 million Americans are ages 65 or older and that this group is 17 percent of the U.S. population. Most aging adults have at least one chronic health condition such as hypertension, arthritis, heart disease, cancer, or diabetes. This special issue of Health & Social Work is dedicated to Dr. Berkman and her tireless efforts to improve scholarship and leadership in gerontological social work. It showcases some of the outstanding work in aging being conducted by social work scholars. These articles use a variety of research designs and methodology to explore a diverse set of topics. Gerontological social workers will be especially interested in our featured columns. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Oliver, Debra Parker, Washington, Karla, Demiris, George, Wittenberg-Lyles, Elaine und Novak, Hannah. „Problem solving interventions: An opportunity for hospice social workers to better meet caregiver needs“. *Journal of Social Work in End-of-Life & Palliative Care* 8, Nr. 1 (Januar 2012): 3–9.

This article describes the applicability of problem solving intervention (PSI) for hospice social workers. In hospice, collaboration among team members often requires disciplinary responsibilities to overlap, making the challenge of defining social work perhaps even greater. The ambiguous nature of the role of social work in hospice care is due in part to the lack of standardized assessment across the hospice setting. PSI provides a standardized practice approach for hospice social workers. To address the common problem of depression in home health caregivers, social workers systematically assessed caregivers for depression and used structured PSI as an intervention. Researchers have tested PSI with a variety of individuals facing different problems. In a recent randomized controlled trial in the home health care setting, PSI was used as a standardized intervention with home care clients to address depression. The use of PSI holds promise as a social work intervention with hospice patients and caregivers, and can add to the overall effectiveness of the team. It also offers the opportunity for formal assessment and documentation of caregiver concerns and for reassessment and measurement of the outcome. Further research is needed to build the evidence of the effectiveness of PSI in hospice as well as to understand the impact of its use on social workers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ortmann, K. „Nachgehende Krankenfürsorge. Beratungsstellen für Krebskranke im Abseits?“ *Das öffentliche Gesundheitswesen* 47, Nr. 10 (1985): 497–500.

Palos, Guadalupe R. „Social work research agenda in palliative and end-of-life care“. In: Altilio, Terry, Otis-Green, Shirley (Hrsg.). *Oxford textbook of palliative social work.* New York: Oxford University Press, 2011. 719–733.

The primary goal of this chapter is to increase the social work professional's knowledge about social work research. A secondary goal is to raise the social worker's awareness on how to link their practice with research methodology to develop evidence-informed (i.e., evidence-based) social work interventions and treatment models. To achieve these goals, the chapter begins with a review of the federal and Congressional mandates implemented to advance the science of social work research in palliative and end-of-life care and follows with a discussion of the vision and commitment social work leaders and experts demonstrated in creating a national agenda for social work research. Next, the chapter will discuss methodological challenges in designing palliative and end-of-life clinical trials for patients and families. The chapter will close by presenting strategies for linking practice and scientific evidence and to continue building a solid foundation for social work research. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Pao, Maryland und Kazak, Anne E.. „Anxiety and depression“. In: Wiener, Lori S., Pao, Maryland, Kazak, Anne E., Kupst, Mary Jo, Patenaude, Andrea Farkas, Arceci, Robert (Hrsg.). *Pediatric psycho-oncology: A quick reference on the psychosocial dimensions of cancer symptom management.* 2. Auflage. APOS clinical reference handbooks. New York: Oxford University Press, 2015. 105–118.

This chapter discusses anxiety and depression in childhood cancer patients. General symptoms of anxiety may be psychological and/or physical. Symptoms may be intermittent or persistent throughout the day. behavioral and cognitive behavioral approaches for reducing procedural distress are well established. These should be tailored developmentally and include distraction, guided imagery, and relaxation. Parents and staff members can be trained in the use of these approaches. In general, individual psychotherapy, cognitive behavioral therapy, and family-therapy approaches are important in reducing anxiety and in providing patients and families with adaptive strategies to use in coping with the illness and its treatment. Play therapy may be useful in treating younger cancer patients. Childhood depression may be expressed in symptoms of anxiety, somatic complaints, social withdrawal, nonadherence and behavior problems. Diagnosis of a serious illness such as cancer and the subsequent aggressive treatment may trigger feelings of helplessness and result in depression. A detailed patient history is needed to determine the etiology of psychological/physical symptoms consistent with depression. Accurate and effective assessment and treatment of depression in pediatric cancer is best accomplished in collaboration with a mental health professional. Clinical social workers, psychologists, and/or child psychiatrists familiar with children with serious illness should be consulted in this process. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (create)

Papadatou, Danai. „Training health professionals in caring for dying children and grieving families“. *Death Studies* 21, Nr. 6 (Oktober 1997): 575–600.

In most industrialized countries today, the death of a child usually occurs within a hospital setting, after the child has received complex and often long-term medical care aimed at curing or controlling a serious disease. Health professionals are increasingly exposed to the dying process and death of a child with little prior education to help them deal with the particular needs of young patients and minimal preparation in recognizing and handling their personal reaction in the face of death. The purpose of this article is to present some of the challenges involved in the training of health professionals (pediatricians, nurses, psychologists, social workers, clergy) who wish to provide services to dying children and grieving families. These challenges include definition of educational objectives, selection of teaching methods and content of training, definition and teaching of emotional involvement, support of training participants, promotion of interdisciplinary collaboration, evaluation of the training process and its outcomes, and background and skills of educators. A 600-hr training program on home-based palliative care for children dying of cancer which addressed these challenges is discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Pierce, Robert, Chadiha, Letha A., Vargas, Amy und Mosley, Muriel. „Prostate Cancer and Psychosocial Concerns in African American Men: Literature Synthesis and Recommendations“. *Health & Social Work* 28, Nr. 4 (November 2003): 302–311.

African American men have the highest prostate cancer rates in the world, and more die from the disease than men from other racial or ethnic groups. Because the social work literature has little information on prostate cancer in African American men, the authors have synthesized the literature on prostate cancer and psychosocial concerns in African American men. They used the Health Belief Model as a framework to help explain, understand, and predict African American men's preventive health-related behaviors. The authors make recommendations for social work practice and research. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Pierce, Robert L. „African-American cancer patients and culturally competent practice“. *Journal of Psychosocial Oncology* 15, Nr. 2 (1997): 1–17.

Proposes that through the use of culturally competent practice strategies, oncology social workers can support African-American cancer patients better in their struggle to achieve an optimal level of functioning. The requisites for a culturally competent approach to practice include the workers' ability to (1) become self-aware and recognize the influence of their own world view on their day-to-day behaviors toward African-Americans, (2) increase their knowledge about different cultures, including their own world views and those of African-American patients are likely to result in different interpretations and styles of coping, and (3) recognize and respond skillfully and effectively to the dynamics of differences. The 3 leading cancers (lung, breast, and prostate) among African-Americans are discussed and the health belief system of African-Americans is outlined. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ponte, Patricia Reid. „Interdisciplinary leadership in the oncology service line“. In: Hickey, Mairead, Kritek, Phyllis Beck (Hrsg.). *Change leadership in nursing: How change occurs in a complex hospital system.* 215–221. New York: Springer Publishing Co, 2012.

Brigham and Women's Hospital (BWH) and Dana-Farber Cancer Institute (DFCI) have long collaborated to meet the needs of adult oncology patients and their families. In 1997, the collaboration moved to a new level when the two organizations agreed to combine their oncology services and locate all inpatient oncology care at BWH and hematology and oncology outpatient services at DFCI. This change prompted the organizations to integrate other support and clinical services as well, including oncology nursing, pharmacy, infusion, social work, pain and palliative care, and radiation therapy. The longstanding partnership between the two hospitals was ultimately formalized in 2004, when the organizations formed a joint venture creating the Dana-Farber/Brigham and Women's Cancer Center (DF/BWCC). In this chapter, I describe the interdisciplinary leadership model that guides operations at DF/BWCC, paying particular attention to the critical role played by nurses and nursing, and to the principles, processes, and structures that underlie the model and ensure its effectiveness. I also share examples that illustrate how interdisciplinary leadership helps advance oncology care and the vision of the Department of Nursing, by promoting collaboration among nurses, staff, and providers at every level and facilitating efforts to improve care and assure a safe and supportive environment for patients, families, and staff. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (create)

Pottins, Ingrid, Rohwetter, Manfred und Knüpfer Udo. „Rehabilitation in der Onkologie - Stand und Perspektiven“. *Die Angestelltenversicherung* 49, Nr. 12 (2002): 516–525.

Printz, Carrie. „Providers search for ways to help cancer patients with psychosocial challenges“. *Cancer* 118, Nr. 21 (1. November 2012): 5183–5184.

In this article we discusses about the ways to help cancer patients with psychosocial challenges for patients and their families, the physical challenges of fighting cancer are difficult enough, but what often gets overlooked are the accompanying psychological and social problems. However, not everybody seeks out the assistance of a social worker or a support group. Many barriers limit a patient's ability to join support groups, including the challenges of geography, scheduling, and overall fatigue. That is why increasing numbers of hospitals are exploring other options to provide cancer patients with vital support. One such effort is a program called "Pillars4Life", which grew out of a research program started at the Duke Comprehensive Cancer Center. The psychiatric team often prescribes medications to help patients cope and feel better, including antidepressants and antianxiety medications as well as those that help with nausea and insomnia. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Reinicke, Peter. „Die erste Sozialarbeiterin für Krebskranke in Baden, Else Springer". *Forum Krankenhaussozialarbeit*, Nr. 4 (2002): 44–46.

Else Springer verstarb vor 25 Jahren. Es ist Anlass, sich mit ihrem Berufsweg und ihren Aufgabenbereichen als Sozialarbeiterin im Krankenhaus auseinander zu setzen. Sie hat über ihre Arbeit in der Fachpresse berichtet. Das bietet die Möglichkeit, ihre Arbeitsweise, aber auch das Verständnis des Handelns und Vorgehens der früher in diesen Handlungsfeldern Tätigen näher kennen zu lernen. Es bietet auch die Chance, Veränderungen und Entwicklungen der Sozialarbeit im Krankenhaus nachzuvollziehen.

Reinicke, Peter. „Psychosoziale Hilfen für Tumorkranke und ihre Familien gestern und heute". *Sozialdienst im Krankenhaus*, Nr. 3/4 (1990): 1–16.

Remie, Margot und Grol, Brigit. „Van marginaal naar integraal: Psychosociale zorg voor mensen met kanker. = Specialised psychosocial care in oncology". *Gedrag & Gezondheid: Tijdschrift voor Psychologie en Gezondheid* 30, Nr. 3 (August 2002): 223–231.

In this article the impact of cancer on quality of life and the need for both basic and specialised psychosocial care in oncology is described. Basic care is defined as the care given by the primary medical professionals, physicians and nurses, and aimed at basic skills like supplying information, emotional support, signalling problems, and if necessary, referral. Basic care should be offered to all cancer patients. Specialised care is defined as care provided by psychosocial professionals such as: social workers, psychologists, psychotherapists, and psychiatrists. They address specific needs, specific settings or services. This care is usually provided after referral. It can include interventions like psycho-education, individual therapy, relaxation and support groups. In addition, these professionals provide services training communication skills among medical professionals. The demands and pitfalls of the organisation of psychosocial oncology are described following the different stages of the disease, addressing the need for integrated care and multidisciplinary collaboration. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Roberts, Cleora S. und Cox, Charles E.. „Medical and psychosocial treatment issues in breast cancer in older women". *Journal of Gerontological Social Work* 28, Nr. 4 (1997): 63–74.

Discusses the medical, psychological and social aspects of breast cancer in older women (age 65+ yrs). Information is presented on relative risk, diagnostic procedures, and treatment options available to breast cancer patients. The unique psychosocial issues confronted by older breast cancer patients are explored (e.g., awareness of morality, potential loss or altered appearance of a body part central to feminine identity, and various emotional reactions). It is stated that a thorough psychosocial assessment of older patients is essential to sound treatment planning. Clinicians are encouraged to assess developmental stage (rather than chronological age), concurrent life stressors, and the woman's personal interpretation of the meaning of the cancer diagnosis. The social worker is encouraged to act as a patient advocate to ensure that age bias does not influence the approach of the treatment team, the family, or the patient in treatment decisions. Addresses for cancer-related organizations are appended. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Roberts, Ron und Fallowfield, Lesley. „Who supports the cancer counsellors? Little research has been done on the effectiveness of oncology counselling“. *Nursing Times* 86, Nr. 36 (1990): 32–34.

Roche, Vaughn. „Cognitive behavior therapy in medical settings“. In: Ronen, Tammie, Freeman, Arthur (Hrsg.). *Cognitive behavior therapy in clinical social work practice.* New York: Springer Publishing Co, 2007. 571–589.

While the mental and emotional suffering of patients goes undetected or neglected, social workers with clinical skills that could help are often preoccupied by such nonclinical tasks as planning patient discharges, reviewing patients' medical-insurance utilization, and counseling patients about financial matters. Cognitive behavior therapy (CBT) can be a persuasive tool in remedying the situation. While studies using the most advanced medical technology show the impact of emotional suffering on physical disease, other studies using the same technology are demonstrating CBT's effectiveness in relieving not just emotional suffering but physical suffering among medically ill patients. While this chapter discusses the clinical benefits and techniques of CBT, it also acknowledges the likelihood that social work will have to campaign for its implementation in many medical settings. The case illustration of a 45-yr-old woman suffering panic attacks and chronic pain 5 years after surgery for esophageal cancer is included. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Rohan, Elizabeth A. „Removing the stress from selecting instruments: Arming social workers to take leadership in routine distress screening implementation“. *Journal of Psychosocial Oncology* 30, Nr. 6 (Oktober 2012): 667–678.

Quality cancer care requires identifying and addressing the psychosocial needs of cancer patients. Oncology social workers have long been on the forefront of this endeavor. Although there has been longstanding interest in screening cancer patients for distress, it has recently been included as a quality of care metric in institutions accredited by the American College of Surgeons. Implementing routine screening for distress in oncology settings requires thoughtful planning, including assessing various screening instruments and considering a host of variables within each practice setting. Oncology social workers are best positioned to provide leadership in operationalizing this mandate and to lead their team in the choice of a distress measure for compliance with the screening guideline. This article highlights the most popular distress screening measures used in oncology and their psychometric properties. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Rose, Steven R. und Daste, Barry M.. „Group work with people who have cancer“. In: Greif, Geoffrey L., Ephross, Paul H. (Hrsg.). *Group work with populations at risk.* 3. Auflage. New York: Oxford University Press, 2011. 17–33.

> Even though progress is occurring in the diagnosis and treatment of cancer, it remains a dreaded disease that places a great deal of emotional and physical stress on patients, their families, and friends. Many issues involving human relationships emerge when cancer appears. People with cancer are very heterogeneous. Usually, they have specific pressing concerns. This further mandates the need for groups designed to meet the specific needs of this population. In some groups, the social worker provides education and/or psychological intervention. Common themes among group members who are patients with cancer provide a basis for group discussion. Because there are so many variables in working with patients with cancer, the social worker must be flexible from the initial conceptualization of the group all the way to termination. Situations that are difficult to handle in a large, open group are often easier for the social worker to manage in a smaller, more carefully selected group. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (chapter)

Ross, Judith W. „Ethical conflicts in medical social work: Pediatric cancer care as a prototype“. *Health & Social Work* 7, Nr. 2 (Mai 1982): 95–102.

> Explores the ethical conflicts faced by medical social workers in a pediatric cancer unit with respect to their obligation to provide psychosocial services to families and patients. Noted is the social worker's position of reflecting the institution's purpose, acting as interpreter between medical staff and the family, and avoiding undue influence over treatment decisions. Also discussed is the social worker's responsibility to promote adjustment and ease pressures on intrafamilial relationships. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ross, Judith W. „Social work intervention with families of children with cancer: The changing critical phases“. *Social Work in Health Care* 3, Nr. 3 (Spr 1978): 257–272.

> Discusses the several critical phases through which pediatric cancer patients pass. It is important for the social worker to identify stressful periods in order to give maximum help to the patient and the family. Brief case descriptions are given to illustrate ways that social workers have eased these crises. With constructive intervention, a concerned worker can minimize the stress and help the family regain its equilibrium. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ross, Judith W. „The role of the social worker with long term survivors of childhood cancer and their families“. *Social Work in Health Care* 7, Nr. 4 (Sum 1982): 1–13.

> Reviews the literature on pediatric cancer chronicity and discusses its effects on survivors and their families. The chronic cancer experience can be divided into 4 phases: initial remission, continued remission, coming off treatment, and irreversibly cured. Periods of extended remission can be differentiated in terms of the demands made on family and patient at each juncture. Some typical reactions are discussed, along with suggested social work interventions. A developmental approach to the patient is desirable. (27 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ross, Judith W. und Scarvalone, Susan A.. „Facilitating the pediatric cancer patient’s return to school“. *Social Work* Vol. 27, Nr. 3 (1982): 256–261.

Röttger, Klaus. „Was heißt psychosoziale Beratung von Krebskranken.“ In: *Ambulante psychoonkologische Beratung. Projektbericht und Perspektiven*. Essen: MA Akademie Verlag, 1999.

Röttger, Klaus. „Psychosoziale Forschungsschwerpunkte in der Onkologie“. *Soziale Arbeit : deutsche Zeitschrift für soziale und sozialverwandte Gebiete* 45, Nr. 8 (1996): 270–76.

Röttger, Klaus. „Krebsschmerz. Möglichkeiten verbesserter Schmerzkontrolle durch Entspannung“. *Soziale Arbeit* 40, Nr. 8 (1991): 266–274.

Röttger, Klaus. „Psychosoziale Hilfen als unterstützende Interventionen.“ In: I*nterdisziplinäre Schmerzkonferenz (Hrsg.). Schmerztherapie bei onkologischen Patienten.* Essen: Selbstverlag, 1989.

Röttger, Klaus. „Sozialarbeit in der Tumorklinik.“ In: Niederle, N. und Aulbert, E. (Hrsg.). *Der Krebskranke und sein Umfeld.* Stuttgart: Thieme, 1987.

Röttger, Klaus. „Sozialarbeit mit Krebspatienten.“ *Soziale Arbeit: deutsche Zeitschrift für soziale und sozialverwandte Gebiete,* 35, Nr. 2 (1986): 55–62.

Röttger, Klaus. „Psychosoziale Begleitung krebskranker Menschen“. *Medizinische Klinik* 92, Nr. 2 (o. J.): 76.

Röttger, Klaus, Boeger, A., Sauerwein, W., Rieger-Weber, M. und Witte, B.. „Main Aspects of Psychosocial Counseling with Ederly cancer Patients.“ *J. Cancer Res. Clin. Oncol.* 111 (1986): 60.

Royse, David und Dignan, Mark. „The Appalachia Community Cancer Network: Issues and challenges in evaluation“. *Research on Social Work Practice*, Special Issue on the Florida Behavior Analysis Services Program, 18, Nr. 5 (September 2008): 507–513.

Although the need for evaluation of prevention programs is clear, the implementation of evaluation, particularly for large, complex projects with multiple investigators, poses numerous challenges. Program evaluators in these circumstances do not have the same degree of control as, say, experimental psychologists and must find ways to obtain data while being sensitive to local environmental influences. The purpose of this article is to identify for social work evaluators some of the ways program evaluation can differ from true experiments and to discuss issues that may affect the planning and conduct of evaluation efforts. The Appalachia Community Cancer Network is used as a case example, and illustrations of its approach using formative and process evaluation are presented. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Rubenstein, Susan N. und Wilson, Marilyn E.. „Collaboration in a hospital: The case of the dying woman“. *Journal of Gerontological Social Work* 5, Nr. 1–2 (1983): 169–178.

Suggests that the social worker for hospitalized elderly occupies a position of pivotal influence in a multidisciplinary setting to free patients and staff from incorrect labeling of patients. The influence of the social worker is illustrated with the case of an 84-yr-old Black woman from Cuba who initially presented with hypernephroma. Positive evidence of cancer was found, but S refused all treatment. The social worker's support of S allowed the medical staff and S's family to become more sympathetic to S's valid choice. (5 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ruthardt, Monika. „Heilpädagogik mit krebskranken Kindern“. In: Steinebach, Christoph (Hrsg.). *Heilpädagogik für chronisch kranke Kinder und Jugendliche.* Freiburg: Lambertus, 1997. 143–160.

Sample, Sarah. „Making new meanings: Cancer and the family“. In: Marshall, Catherine A. (Hrsg.). *Surviving cancer as a family and helping co-survivors thrive.* Disability insights and issues. Santa Barbara: Praeger/ABC-CLIO, 2010. 5–17.

Sarah Sample, a social worker in a cancer center, outlines the clinical course of cancer, integrating case studies that illustrate family concerns in different developmental stages of a family life cycle. She integrates her experience as a family caregiver with knowledge gained from her clinical practice, offering families both a map of the cancer journey and the opportunity to make new meanings through their experience. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (introduction)

Sample, Sarah. „We are family: Coping with cancer in the gay, lesbian, bisexual, transgendered community“. In: Marshall, Catherine A. (Hrsg.). *Surviving cancer as a family and helping co-survivors thrive.* Disability insights and issues. Santa Barbara: Praeger/ABC-CLIO, 2010. 107–115.

Through both her personal experience and her work as a social worker, author Sarah Sample discusses issues facing Lesbian/Gay/Bisexual/Transgendered (LGBT) families dealing with cancer—from fears of coming out, to connection and reduced sense of isolation when supported by those accepting of different sexual orientations. Case examples help us to understand the importance of understanding, support, community, and "family of choice." (PsycINFO Database Record (c) 2012 APA, all rights reserved). (introduction)

Schaefer, Diana S. und Pozzaglia, Daniella. „Coping with a nightmare: Hispanic parents of children with cancer“. In: Gitterman, Alex, Shulman, Lawrence (Hrsg.). *Mutual aid groups, vulnerable populations, and the life cycle.* 2. Auflage. New York, NY, US: Columbia University Press, 1994. 335–348.

The parent of a child who has a life-threatening disease such as cancer undergoes a uniquely devastating experience / a Spanish-speaking, nonnative Hispanic parent is separated from extended family, friends, and home / economic difficulties often prevail / these factors exacerbate the crisis, thus furthering the need for social work services / the effectiveness of the group modality for people with common concerns has been reported in the literature / we decided that the group modality would be the most efficient and effective approach to minimize the parents' sense of isolation, to allow for the ventilation of feelings, to gain information, and to share problems and solutions (PsycINFO Database Record (c) 2012 APA, all rights reserved). (chapter)

Schneider, Sven und Pokora, Andrea. „Warum die gesundheitliche Ungleichheit zwischen Arm und Reich weiter zunimmt. Chancen und Fallstricke für die Soziale Arbeit in der Gesundheitsförderung und Prävention“. *Neue Praxis* 38, Nr. 5 (2008): 494–504.

Innerhalb der Sozialen Arbeit gewinnt der Public-Health- Sektor in Präventions-Projekten ebenso wie in Gesundheitseinrichtungen immer mehr an Bedeutung. Bezogen auf die Nutzung von Rückenschulen- und Bewegungsprogrammen sowie die Inanspruchnahme von Krebsfrüherkennungsuntersuchungen gehen die Autoren der Frage nach, wie sich schichtspezifische Unterschiede in der Gesundheit erklären beziehungsweise reduzieren lassen.

Schröder, Julia von und Schüttler, Christian. „Gute Noten für den Sozialdienst im Krankenhaus. Diplomarbeit untersucht Zufriedenheit krebskranker Patienten mit ihrer psychosozialer Beratung und Begleitung“. *Forum sozialarbeit + gesundheit*, Nr. 4 (2008): 34–36.

Schulte, Hilde. „Experten in eigener Sache. Vom Behandelten zum Handelnden: die Bedeutung der Selbsthilfe in der Psycho-Onkologie“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2006): 14–17.

Selbsthilfe ist ein Grundbedürfnis des Menschen. Gesundheitsselbsthilfe wird dann wichtig, wenn (lebensbedrohliche) Notlagen entstehen, für die vom Gesundheitssystem keine oder nur unzureichende Versorgungsleistungen zur Verfügung stehen.

Schwartz, Lisa A., Kazak, Anne E. und Mougianis, Ifigenia. „Cancer“. In: O’Donohue, William T., Woodward, Lauren Tolle (Hrsg.). *Behavioral approaches to chronic disease in adolescence: A guide to integrative care.* New York: Springer Science + Business Media, 2009. 197–217.

Childhood cancer is a potentially traumatic experience for youth and their families. The impact of cancer on adolescents is especially significant given the critical developmental stage of adolescence and its expanding ecology encompassing school, friends, work, and romantic partners. Comprehensive care that includes physicians (pediatric oncologists and other medical subspecialists), nurses, social workers, child life specialists, nutritionists, teachers and tutors, psychologists, and other mental health professionals is critical for optimal treatment of adolescent cancer patients. In addition to curative treatment, the objectives of such care include behavioral interventions to improve quality of life, improve adherence, facilitate "normal" adolescent development, provide support to the patient and their families, and manage distress, pain, and other symptoms. The present chapter describes the characteristics of and medical issues related to adolescent cancer, the impact on adolescents and their families, related interventions, future research implications, and methodological considerations. The focus of this chapter is on those with cancer while they are in their teens and early twenties, or long-term survivors in the same age range. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Schweizer, Agnes und Dietrich, Liselotte. „Die Sinnfrage in der Beratung krebskranker Menschen. Allgemeine Gedanken zum Sinn/Unsinn einer Krankheit“. *Sozialarbeit* 26, Nr. 17 (1994): 17–21.

Schweizer, Else und Berndt, Heide. „Institutionelle psychosoziale Nachsorge bei Krebskranken“. *Brennpunkte Sozialer Arbeit*, Nr. 7993 (1988): 44–68.

Siegel, Karolynn. „Psychosocial oncology research“. *Social Work in Health Care*, Research issues in health care social work, 15, Nr. 1 (1990): 21–43.

Theoretical frameworks to guide psychosocial oncology research (POR) include adult developmental theory, reference group theory, theories of locus of control, theories of self-efficacy and helplessness, and health belief, social networks, fear drive, and dual process models. Methodological issues involving measurement problems, problems in heterogeneous research samples, and respondent burden are discussed. Recent research and implications for social work practice in the following areas are reviewed: contact with other cancer patients; social support from family and friends; and psychosocial consequences of cancer survivorship. Future research is needed to explore barriers to maximal functioning during treatment, the impact of adult illness on children, difficulties in communicating about illness, problems of vulnerable families, and caregiver burden. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Snow, Alison und Gilbertson, Kristen. „The complexity of cancer in multiple family members: Dynamics of social work collaboration“. *Social Work in Health Care* 50, Nr. 6 (Juli 2011): 411–423.

This article presents a case study of one family affected by a cancer diagnosis in both the father and the daughter, who were diagnosed within the same time interval and who underwent treatment at the same time. The article examines the relationship between the caregivers and the oncology patient as well as with one another when the stress of diagnosis is compounded by multiple, simultaneous, and similar diagnoses in a highly condensed period of time. A thorough examination of the literature reveals that there are significant gaps regarding how multiple cancer diagnoses in one family affect the family dynamic, individual and collective coping styles, and caregiver burden. The diagnoses can also dramatically exacerbate economic stressors in a family. The coordination of psychosocial care from the perspectives of the adult and pediatric oncology social workers at an urban academic medical center will be discussed. The social work role, importance of collaboration, and family centered care perspective will be discussed as a method of easing the treatment experience for families in psychosocial distress. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Snow, Alison, Warner, Jocelyn und Zilberfein, Felice. „The increase of treatment options at the end of life: Impact on the social work role in an inpatient hospital setting“. *Social Work in Health Care* 47, Nr. 4 (2008): 376–391.

Treatment choices for cancer patients are becoming increasingly complex as medicine advances and doctors are able to offer more treatment options at the end of life. Research data shows that 22% of all Medicare patients start a new chemotherapy regimen in the last month of life. In a study released in 2004, data showed treatment within two weeks of death has increased from 13.8% to 18.5% over a period of three years. Treatment options should be presented to ensure that the final treatment decision made is optimal and encompasses the patient's wishes, prognosis, financial barriers, and familial support. In this article we explore three case studies where patients and families were faced with the challenges of making treatment decisions at the end of life and the importance and impact of the social work role in the multidisciplinary team. An inpatient social worker can assume a leadership position to assist patients and families in navigating the health care system and with difficult treatment options. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Soltura, Donna L. und Piotrowski, Linda F. „Teamwork in palliative care: Social work role with spiritual care professionals“. In: Altilio, Terry, Otis-Green, Shirley (Hrsg.). *Oxford textbook of palliative social work.* New York: Oxford University Press, 2011. 495–501.

This chapter assists social workers in enhancing their collaborative practice with spiritual care providers on a palliative care team. Similarities and differences in training and perspective, as well as challenges and opportunities in the care of patients and the achievement of an interdisciplinary, rather than multidisciplinary team, are discussed. Key concepts in this chapter include: collaboration between social workers and spiritual care professionals can enrich the care of patients and families; there are similarities and differences in each discipline's values, roles, and tasks; challenges and opportunities abound in the collaboration between social work and spiritual care. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Sormanti, Mary. „Fieldwork instruction in oncology social work: Supervisory issues“. *Journal of Psychosocial Oncology* 12, Nr. 3 (1994): 73–87.

Examined supervisory issues that arise when working with social work students who are placed in an oncology setting. 10 female hospital oncology supervisors were interviewed in a focus-group setting. Three main themes emerged during the interview. First, oncology social work is different from and perhaps more difficult than social work in other settings, and supervision of beginners differs from supervision of beginners in other specialties. Second, the problems in oncology are difficult to grapple with, and a certain type of student is required to do the work well. Finally, gaps in the curricula of schools of social work have a negative impact on the total learning experience of students in oncology and other medical settings. Concerns that students brought to supervision included somatic reactions, dissynchrony with peers, and countertransference. Recommendations for adequately preparing students for work in an oncology setting are provided. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Speakman, Elizabeth, Paris, Ruth, Gioiella, Marie Elena und Hathaway, Jeanne. „‚I didn‘t fight for my life to be treated like this!’: The relationship between the experience of cancer and intimate partner abuse“. *Health & Social Work* 40, Nr. 1 (Februar 2015): 51–58.

The current article seeks to further understanding of the high frequency of intimate partner abuse among cancer patients through qualitative analysis of semistructured interviews with 20 women and one man facing cancer and intimate partner abuse concurrently. Participants described a range of abusive and unsupportive behaviors by their intimate partners over the course of cancer treatment, which contributed to their reassessing and making changes in their relationships. Important factors in this process of change appear to be participants’ increased focus on their own health, discovery of greater inner strength, and increased social support. Barriers to making changes in their relationships during their cancer treatment also were described. Participants who made significant changes in or left an abusive relationship usually did so after having recovered from cancer treatment. Implications of these findings for social workers in health care are discussed, as are directions for future research. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Spira, Marcia und Kenemore, Ellen. „Cancer as a life transition: A relational approach to cancer wellness in women“. *Clinical Social Work Journal* 30, Nr. 2 (Sum 2002): 173–186.

Receiving a diagnosis of cancer is a traumatic event and changes one's life forever. The period of initial diagnosis and treatment is indeed a life transition, regardless of the prognosis. It precipitates a change in self-perception, physically, emotionally, and interpersonally. It changes how a woman sees herself, her family, and her world. Simultaneously the woman is confronted with many decisions to make regarding treatment options and the management of personal, familial, and work related responsibilities. The management of this illness is done in the context of a complex network of relationships with family, friends, coworkers, doctors, other medical personnel, and clergy. Often it is the clinical social worker who is in the position of facilitating access to and participation in resources for care. Many women join healing communities or wellness centers to find a model of care and achieve a state of well-being that utilizes/encourages the support of these relationships. Understanding the importance and impact of these relationships can help clinical social workers facilitate cancer wellness in their clients. The intent of this paper is to understand the concept of cancer wellness as a relational approach and to promote its place in integrative clinical social work practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Stewart, Melissa. „Spiritual assessment: A patient-centered approach to oncology social work practice“. *Social Work in Health Care* 53, Nr. 1 (Januar 2014): 59–73.

Spirituality is central to many people's lives, yet social workers often defer discussing the topic with patients. Their avoidance can be linked to the lack of training on how to speak with patients about spiritual matters (Lemmer, 2010) With further education, clinical social workers are empowered to assess this significant aspect of the patient's cancer experience as they progress along the illness continuum. The social worker's comfort and familiarity with spiritual assessment, spiritual language, and various forms of religious and/or spiritual practices will improve their clinical work with patients who have chronic cancer by providing insight to guide appropriate social work interventions designed to enhance spiritual well-being.

Stuber, Margaret L. „Psychiatric impact of childhood cancer“. In: Kreitler, Shulamith, Ben-Arush, Myriam Weyl, Martin, Andrés (Hrsg.). *Pediatric psycho-oncology: Psychosocial aspects and clinical interventions.* 2. Auflage. Wiley-Blackwell, 2012. 43–51.

In the United States, childhood cancer is almost always treated in large pediatric oncology centers. The American Academy of Pediatrics (AAP) has had specific guidelines regarding treatment facilities for childhood cancer since 1986. These were updated in 1997 and in 2004, with a reaffirmation of the 2004 guidelines in 2009. These most recent guidelines include the direction that pediatric cancer should be managed using the types of "facilities available only at a tertiary center" [1]. The list of personnel who should be a part of a pediatric oncology treatment center includes Board-certified pediatric subspecialists available to participate actively in all areas of the care of the child with cancer, including anesthesiology, intensive care, infectious diseases, cardiology, neurology, endocrinology and metabolism, genetics, gastroenterology, child and adolescent psychiatry, nephrology, and pulmonology. The AAP guideline also states that the "pediatric hematologist/oncologist must be assisted by skilled nurses, social workers, pharmacists, nutritionists, and psychologists who specialize in pediatric oncology" ([1], p. 1834). Thus it is expected that children with cancer and their parents should have access to clinical social workers, psychologists, and child and adolescent psychiatrists. Along with these more stringent guidelines has come a greatly improved prognosis for pediatric cancer [2]. Long-term survival of over 80% for most childhood cancers has changed the primary focus of psychiatric concern from dying and bereavement to issues of coping and survivorship. However, some life threat remains, and the intensity of this more successful treatment (and subsequent toxicity) is significant. This chapter will examine the psychiatric impact of cancer on children and their families. The chapter will start, as does the child or adolescent, with diagnosis and treatment, and then consider the long-term psychiatric sequelae of childhood cancer and its treatment. The chapter ends with a consideration of the types of intervention which have been found useful and future directions for research. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Suarez, Zulema E. und Siefert, Kristine. „Latinas and sexually transmitted diseases: Implications of recent research for prevention“. *Social Work in Health Care* 28, Nr. 1 (1998): 1–19.

Latinas are among the poorest members of this society, and are not only exposed to greater health risks, but are less likely to have access to health care services. Both HIV infection and cervical cancer are associated with low socioeconomic status, and both have also been linked with sexual transmission. Because of their overrepresentation among the poor, Latinas are at greater risk of cervical cancer, and have also been identified as being at higher risk of HIV/AIDS. The authors assert that Latinas are a critical target for health promotion and prevention. This paper documents the need for prevention of cervical cancer and AIDS in the Latina community and makes recommendations for gender-sensitive and culturally competent public health social work practice at the individual, community, and policy-making levels. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Tadmor, Ciporah S., Rosenkranz, Rivka und Ben-Arush, Myriam Weyl. „Education in pediatric oncology: Learning and reintegration into school“. Kreitler, Shulamith, Ben-Arush, Myriam Weyl, Martin, Andrés (Hrsg.). *Pediatric psycho-oncology: Psychosocial aspects and clinical interventions.* 2. Auflage. Wiley-Blackwell, 2012. 104–17.

In this chapter, a comprehensive preventive intervention on both counts for pediatric cancer patients is presented, with particular emphasis on preventive intervention in the school. Preventive intervention is implemented by an interdisciplinary staff designed to answer the specific concerns of children with cancer, their parents, siblings, teachers and peers. The interdisciplinary staff consists of psychologists, social workers, art and music therapists, hospital teachers, teacher counselor and volunteers who empower the child and parents, each in his/her area of expertise to deal with the threatening disease and its emotional sequelae. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Taubert, Anne, Walter, Jürgen, Jäger, Dirk und Ose, Dominik. „Koordination psychosozialer Beratungsangebote in der onkologischen Versorgung. Entwicklungsstand und Perspektiven“. In: Schneider, Armin, Rademaker, Anna Lena, Lenz, Albert, Müller-Baron, Ingo (Hrsg.). *Soziale Arbeit - Forschung – Gesundheit. Forschung: bio-psycho-sozial*, Bd. 8, Theorie, Forschung und Praxis der sozialen Arbeit. Opladen, Berlin, Toronto: Barbara Budrich, 2013. 199–207.

Thornton, Andrea A. „Perceiving benefits in the cancer experience“. *Journal of Clinical Psychology in Medical Settings* 9, Nr. 2 (Juni 2002): 153–165.

Examines benefit-construal following one such stressful event-cancer. A framework is presented to organize qualitative and quantitative data from various literatures, including psychology, nursing, oncology, and social work, into 3 areas in which cancer survivors frequently report deriving benefits: life perspective, interpersonal relationships, and the self. This typology helps to clarify the extent and nature of benefit-finding in cancer survivors and provides directions for future research. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Tolley, Nina S. „Oncology social work, family systems theory, and workplace consultations“. *Health & Social Work* 19, Nr. 3 (August 1994): 227–30.

Asserts that oncology social workers must help cancer patients and their coworkers cope with the changes caused by the disease by transferring their knowledge and skills in family systems theory to the workplace. Family systems theory is discussed with regard to the workplace and the oncology social worker's role as workplace consultant is described. It is shown that consultation rather than therapy may be the best way to intervene in the work world on behalf of cancer patients. Seven social work tasks useful for consultations in the workplace are outlined, and 2 case examples are presented. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Vogt, Herbert. „Der etwas andere Arbeitsplatz. ‚Auf Nimmerwiedersehen‘. Krebskranke Kinder betreuen.“ *Theorie und Praxis der Sozialpädagogik*, Nr. 1 (2001): 50–51.

Es muss nicht immer Kindergarten sein. In einer neuen Serie stellt TPS die Arbeitsplätze für Erzieherinnen und Erzieher vor, die einem nicht gleich in den Sinn kommen, wenn man an diesen Beruf denkt. Den Anfang machen wir mit einem Einblick in die Tätigkeit einer Erzieherin und eines Erziehers auf einer Kinderkrebsstation. (Orig.).

Völker, Kornelia. „Krebsberatungsstellen auf dem Prüfstand - Probleme und Perspektiven“. *Theorie und Praxis der Sozialen Arbeit* 52, Nr. 9 (2001): 341–346.

Vourlekis, Betsy und Ell, Kathleen. „Best practice case management for improved medical adherence“. *Social Work in Health Care* 44, Nr. 3 (2007): 161–177.

Less than optimal treatment adherence for many health conditions impedes clinical progress, leading to increased morbidity, mortality and health care costs, particularly for low-income and racial and ethnic minority patients. When properly understood as a complex phenomenon involving patient, provider, and health system interacting factors, adherence improvement is a natural target for social work's multi-system model of case management. We present five key elements for a generic "best practice" case management blueprint applicable to a range of medical settings. The theory and evidence base for the elements are discussed and illustrated with SAFe, a tested social work case management program to improve adherence following abnormal cancer screens. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Waldrop, Deborah. „Exploring hospice decisions: The road from the Institute on Aging and Social Work to an ARRA Challenge Grant“. *Educational Gerontology* 40, Nr. 4 (April 2014): 248–57.

Decisions about treatment and options for care at the end stage of an advanced chronic illness are important determinants of the quality of a person’s death and of how family members adapt in bereavement. This article describes the steps taken to secure federal funding to study how people make the decision to enroll in hospice. The National Institute on Aging Training Institute underscored four key principles of a fundable proposal: (a) collaborative research partnerships with community agencies; (b) pilot funding and data; (c) interdisciplinary collaboration; and (d) a match between the federal agency and program announcement. The proposal was funded by the American Recovery and Reinvestment Act’s Challenge Grant Program through the National Institute for Nursing Research. The study aims were to (a) explore the factors that contribute to the decision to enter hospice or decline; (b) compare decision making in older cancer patients who were enrolled in hospice with those who declined; (c) determine how decision making varies by type of cancer; and (d) explore family caregivers’ roles in decision making. The study results identify psychosocial factors that influence decision making that suggest a number of possible next steps for future investigation. Shared decision making about care during the end stage of a serious illness has significant potential to improve the quality of the dying process and to help families cope in bereavement. Future research offers the potential for greater understanding of the complexities of communication, decision making, and care at the end of life. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Walther, Jürgen. „Veränderte Krankheitsverläufe bei Krebs. Neue Herausforderungen für Soziale Arbeit“. *Forum sozialarbeit + gesundheit*, Nr. 3 (2010): 21–24.

Krebs verlief früher häufig in kurzer Zeit tödlich. Damals stand die Verlängerung der Überlebenszeit im Fokus der Behandlung. Bei heutigen eher chronischen Krankheitsverläufen gewinnt der Aspekt der Lebensqualität zunehmend an Bedeutung. Krebs als chronische Erkrankung ist mit veränderten physischen, psychischen und sozialen Belastungen und Ängsten verbunden. Das stellt Betroffene, ihr familiäres und soziales Umfeld, Medizin und professionelle psychosoziale Berater vor andere Aufgaben und Herausforderungen.

Walther, Jürgen. „Zwischen psychologischer und lebenspraktischer Hilfe“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2006): 9–13.

Waxenberg, Sheldon E. „The importance of the communication of feelings about cancer“. *Annals of the New York Academy of Sciences* 125, Nr. 3 (1966): 1000–1005.

Most physicians do not tell patients they have cancer. Most patients and their families say they wish to be told. Whether told or not, patients benefit from opportunity to ventilate feelings about their illness. These ventilations provide valuable cues to the physician about how much information and treatment patients can tolerate psychologically. Neurotic physician behavior can harm treatment of severely ill patients. The ability of physicians, psychologists, social workers and nurses to listen to their patients and to verbalize their own feelings, especially anxiety and guilt, to colleagues can ease the stress in the treatment of cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Wehnelt, Claudia. „Ambulant vor stationär - auch in der Onkologie? Krebspatienten brauchen umfassende Leistungen auch in ambulanter Form“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2006): 21–22.

Weis, Ilse. „Disease-Management-Programme für Brustkrebs betonen die Notwendigkeit der psychosozialen Beratung der Patientinnen“. *Forum Krankenhaussozialarbeit*, Nr. 3 (2003): 22–24.

Die strukturierten Behandlungsprogramme für Brustkrebs stellen eine weitere Herausforderung für die Sozialarbeit in Kliniken bzw. für die Sozialarbeit im Gesundheitswesen dar. Denn die Bearbeitung der individuellen Lebenssituation durch psychosoziale Beratung wird vom Gesetzgeber verbindlich vorgeschrieben.

Weis, Joachim und Dormann, U.. „Intervention in der Rehabilitation von Mammakarzinompatientinnen. Eine methodenkritische Übersicht zum Forschungsstand“. *Die Rehabilitation* 45, Nr. 3 (2006): 129–145.

Wells, Anjanette A. und Zebrack, Brad. „Psychosocial barriers contributing to the under-representation of racial/ethnic minorities in cancer clinical trials“. *Social Work in Health Care* 46, Nr. 2 (2007): 1–14.

Various psychosocial barriers currently prevent proportional representation of racial and ethnic minority groups in oncology clinical trials. These barriers can be conceptualized into a Social Ecological Model framework, with particular emphasis on the socio-cultural dimension. The barriers to participation can be summarized into six levels of influence: intrapersonal, interpersonal, environmental, socio-cultural, community, and institutional. Given social workers' multi-systemic approach to assessing and intervening in problems, their positioning at micro-, meso-, and macro-levels of practice, education, policy, and research are appropriate and critical to promoting clinical trial participation. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Werner-Lin, Allison und Biank, Nancee M.. „Oncology Social Work“. In: Gehlert, Sarah, Browne, Teri Arthur (Hrsg.). *Handbook of health social work.* New York: John Wiley & Sons Ltd, 2006. 507–531.

Oncology social work is a specialization within social work practice that addresses the needs of people affected by cancer. The conceptual foundations for this work are found in psycho-oncology, the field of study and practice that addresses the psychological, social, behavioral, and spiritual impact of cancer on individuals, families, and communities. The field of psycho-oncology is transdisciplinary, yet through research, education, and building awareness in the medical community, social workers have been vital in the struggle to give voice to the concerns of people affected by cancer. This chapter introduces the foundations of psycho-oncology and social work's unique efforts to integrate psychosocial elements into a holistic model of oncology care. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (chapter)

Wiener, Lori und Pao, Maryland. „Comprehensive and family-centered psychosocial care in pediatric oncology: Integration of clinical practice and research“. In: Kreitler, Shulamith, Ben-Arush, Myriam Weyl, Martin, Andrés (Hrsg.). *Pediatric psycho-oncology: Psychosocial aspects and clinical interventions.* 2. Auflage. Wiley-Blackwell, 2012. 7–17.

Zebrack, Brad, Burg, Mary Ann und Vaitones, Virginia. „Distress screening: An opportunity for enhancing quality cancer care and promoting the oncology social work profession“. *Journal of Psychosocial Oncology* 30, Nr. 6 (Oktober 2012): 615–624.

Throughout its history, social work has played a critical role in major client/patient care initiatives because of its unique perspective, wisdom, and skills. The new screening standards set forth by the American College of Surgeons’ Commission on Cancer place oncology social workers at the forefront of developing and implementing procedures for distress screening. Our profession is again challenged to work across disciplines and change systems of care to improve the health and welfare of patients with cancer and their families. Indeed, emerging research suggests that the use of psychosocial screening instruments results in reductions in emotional distress, better quality of life, and improved patient–provider communication. As an introduction to this special issue on distress screening, this article offers a brief overview of issues related to distress screening that are covered by papers authored in this special issue by Association of Oncology Social Work members. Topics addressed include a review of the historical context driving distress screening implementation, barriers and challenges to oncology social workers trying to implement distress screening, statistical and cultural considerations for selecting screening tools, best practice models, and future considerations. This special issue is intended to be a primer and serves to promote oncology social workers’ involvement and leadership in the development and implementation of distress screening. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Praxis- / Erfahrungsberichte, z.T. mit Behandlungsmodellen

Ackerman, G. M. und Oliver, D. J.. „Psychosocial support in an outpatient clinic“. *Palliative Medicine* 11, Nr. 2 (März 1997): 167–168.

Describes the role of a new clinic with a hospital palliative care team designed to improve the care of patients at the time of diagnosis. The hospital palliative care team comprises two nurse specialists and a social worker, with the support and involvement of a consultant in palliative care medicine. 15 patients with carcinoma of the stomach and oesophagus were seen in a joint interview with the consultant and the social worker from the palliative care team. All patients were offered and accepted a home visit by the social worker to discuss many issues including acceptance of diagnosis, worries about how partner or family members would cope, fears of dying, and financial worries. 9 patients asked for a further visit, 5 of whom were visited 3 times or more. Questionnaires distributed at 3 mo follow-up revealed that the psychosocial support provided by the social worker and the palliative care team was acceptable and helpful to patients and families. Intervention at this stage can allow fears and concerns to be expressed and reduce needs and problems later in the illness. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Altpeter, Mary, Earp, Jo Anne L. und Schopler, Janice H.. „Promoting breast cancer screening in rural, African American communities: The ‚science and art‘ of community health promotion“. *Health & Social Work*, Cultural and Ethnic Diversity, 23, Nr. 2 (Mai 1998): 104–115.

Using an 8-yr breast cancer prevention project, the North Carolina Breast Cancer Screening Program (NC-BCSP), as a case study, this article describes both the "science and art" of community health promotion. The authors examine how social ecological theory, social work community organization models, and principles underlying institutionalization of health promotion programs form the conceptual foundation for the NC-BCSP. The article provides examples illustrating the "art" of generating participation by both lay and professional communities and concludes with guidelines for social workers who plan to conduct their own community health promotion programs. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Arnowitz, Edward, Brunswick, Lynne und Kaplan, Barry H.. „Group therapy with patients in the waiting room of an oncology clinic“. *Social Work* 28, Nr. 5 (1983): 395–397.

Beck, Seth Andrew. „A program design of psychological services for low-socioeconomic caregivers of terminally ill patients“. ProQuest Information & Learning, 2001.

Caregivers of care recipients diagnosed as terminally ill often experience psychological disturbances as a result of the caregiving process. Caregivers often choose to provide caregiving services in their home environment due to their perception of lack of quality care in nursing facilities, or care recipients' wish to remain in their home during the last days of their lives. Research indicates that caregivers comprise 25.5 million of the United States population. Caregivers experience depression, anxiety, anger, high levels of burden, increased degrees of burnout, and feelings of abandonment and isolation. Research shows that caregivers often become physically, emotionally, and verbally abusive towards their care recipients due to the high levels of stress. Caregivers are unable to leave their care recipients unattended and are frightened of the inevitable, their care recipient's death, when they are absent from their homes. According to the literature review, several agencies have implemented programs to provide services to caregivers in their homes. Notwithstanding, these programs require that the particular terminal illness has a limited time. Terminal illnesses such as AIDS, cancer, congestive heart failure, and dementia do not have a specified predicted death time and day. The majority of caregivers do not qualify to receive services from these agencies. Consequently, caregivers are obliged to cope with their psychological disturbances without professional assistance. Caregivers with high socioeconomic status are financially capable of receiving psychological services in their homes. Nevertheless, caregivers with low socioeconomic status are unable to financially assist their care recipients with their medical care and their own psychological services. Caregivers with low socioeconomic status need to be able to receive psychological services in their homes without having to spare their care recipients' medical needs or experience high levels of anxiety by leaving their care recipients unattended. The caregivers' program that I will develop will aid caregivers of terminally ill care recipients with low socioeconomic status to master the caregiving process by providing psychological services in their home environment. The program will consist of eight multidisciplinary teams providing psychological services to caregivers in eight mobile units. Each multidisciplinary team will include a psychiatrist, licensed clinical psychologist, registered nurse, licensed mental health counselor, licensed social worker, and master's level therapist. Multidisciplinary teams will be trained in the cognitive-behavioral modality to maintain consistency and structure of the program's services. Caregivers will receive services for up to one year following their care recipients' death. The implementation of the program will ensure that caregivers of terminally ill individuals with low socioeconomic status receive psychological services in their home and avoid increased psychological dysfunctioning following their care recipients' death. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bedway, Andrea J. und Smith, Lisa Hartkopf. „'For kids only': Development of a program for children from families with a cancer patient". *Journal of Psychosocial Oncology* 14, Nr. 4 (1996): 19–28.

This article reviews the literature on the children of cancer patients, outlines several existing programs for children, and describes factors to consider when developing such a program. The program committee is made up of a multidisciplinary team, including nurses, physicians, social workers, psychologists, occupational therapists, plus cancer-survivor volunteers. The "For Kids Only" program was developed to provide children with a safe environment in which they can share their thoughts and feelings and ask questions. Education, support, and screening were established as the goals of the program. The children are given age-appropriate information, and they learn new skills to help them cope more effectively throughout the cancer experience. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bendor, Susan J. „Anxiety and isolation in siblings of pediatric cancer patients: The need for prevention". *Social Work in Health Care* 14, Nr. 3 (1990): 17–35.

Reports the clinical findings of a sibling group program used in an exploratory study designed to provide information about the unmet psychosocial needs of siblings of pediatric cancer patients. Two multisession groups, 1 for 5 siblings (aged 9–12 yrs) and 1 for 4 siblings (aged 14–219 yrs) were held at a teaching hospital to enable siblings to identify, express, and master their feelings of anxiety and isolation in a supportive atmosphere. Major sources of anxiety and isolation included perceptions of parental deprivation and injustice, anger, and fear of death and vulnerability. Recommendations are made for integrating preventive intervention with siblings into standard hospital social work practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bennett, Claire und Beckerman, Nancy. „The drama of discharge: Worker/supervisor perspectives“. *Social Work in Health Care* 11, Nr. 3 (Spr 1986): 1–12.

Presents the case of an 89-yr-old male cancer patient referred for discharge planning. The thoughts and actions of the social worker and the social work supervisor are delineated in order to highlight 4 points: (1) Decision making impacts strongly on all the participants involved; (2) constraints of the hospital setting and regulatory mandates often result in dilemmas of choice for the patient and family; (3) for social workers new to such situations, supervisory guidance and support is an essential component; and (4) the values, knowledge, and skill of the social work professionals should ensure that discharge decisions and interventions are effected in a manner that is both humane and accountable. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Berger, Jeanne M. „Crisis intervention: A drop-in support group for cancer patients and their families“. *Social Work in Health Care* 10, Nr. 2 (Win 1984): 81–92.

Describes a drop-in, open-ended, professionally run support group for cancer patients and their families as a means of crisis intervention for the promotion of adaptive responses and movement away from maladaptive responses to cancer. This model, which can be easily generalized, is discussed in terms of group format and the role of co-leaders. The support group addresses the need for concurrent development of psychosocial support systems in proportion to the initiation of oncology units in community hospital settings. (16 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Blum, Diane, Clark, Elizabeth, Jacobsen, Paul , Holland, Jimmie, Monahan, Mary Jo, und Duquette, Patricia Doykos. „Building Community-Based Short-Term Psychosocial Counseling Capacity for Cancer Patients and Their Families: The Individual Cancer Assistance Network (ICAN) Model“. *Social Work in Health Care* 43, Nr. 4 (2006): 71–83.

Research studies show that 30% of cancer patients experience significant disease-related psychosocial distress, which is often under-recognized and undertreated. To satisfy the need for increased capacity to deliver accessible, affordable, community-based psychosocial counseling for cancer patients and their families, the Bristol-Myers Squibb Foundation developed the Individual Cancer Assistance Network (ICAN) demonstration project. Results of a 3-phase evaluation in diverse community settings in Florida show that ICAN effectively provided "cancer sensitivity" training for social workers preparing them to deliver short-term individualized psychosocial counseling, on a sliding-fee scale, to cancer patients and their families, and to market it effectively to oncologists and the community. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Blum, Konrad. „Raucherentwöhnung. Angebote und Erfahrungen der Krebs- und Lungenliga des Kantons Zürich“. *Suchtprobleme & Sozialarbeit* 56, Nr. 4 (1988): 167–71.

Breitbart, William S. und Poppito, Shannon R. *Individual meaning-centered psychotherapy for patients with advanced cancer: A treatment manual*. New York, NY, US: Oxford University Press, 2014.

The importance of spiritual well-being and the role of "meaning" in moderating depression, hopelessness, and desire for death in terminally-ill cancer and AIDS patients has been well-supported by research and has led many palliative clinicians to look beyond the role of antidepressant treatment in this population. Clinicians are focusing on the development of non-pharmacologic interventions that can address issues such as hopelessness, loss of meaning, and spiritual well-being in patients with advanced cancer at the end of life. This effort led to an exploration and analysis of the work of Viktor Frankl and his concepts of logotherapy, or meaning-based psychotherapy. While Frankl's logotherapy was not designed for the treatment of patients with life-threatening illnesses, his concepts of meaning and spirituality have inspired applications in psychotherapeutic work with advanced cancer patients, many of whom seek guidance and help in dealing with issues of sustaining meaning, hope, and understanding cancer and impending death in the context of their lives. Individual Meaning-Centered Group Psychotherapy (IMCP), an intervention developed and rigorously tested by the Department of Psychiatry & Behavioral Sciences at Memorial Sloan-Kettering Cancer Center, is a seven-week program that utilizes a mixture of didactics, discussion, and experiential exercises that focus around particular themes related to meaning and advanced cancer. Patients are assigned readings and homework that are specific to each session's theme and are utilized in each session. While the focus of each session is on issues of meaning and purpose in life in the face of advanced cancer and a limited prognosis, elements of support and expression of emotion are inevitable in the context of each group session. The structured intervention presented in this manual can be provided by a wide array of clinical disciplines ranging from chaplains, nurses, and palliative care physicians, to counselors, psychotherapists, social workers, graduate psychology students, psychologists, and psychiatrists. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (cover)

Bruns, Gudrun. „Kinder begegnen Krebs. Angebote für Kinder und Jugendliche mit an Krebs erkrankten Eltern“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2011): 25–27.

Krebs in der Familie bedeutet für die Kinder der Betroffenen eine außergewöhnliche Belastung und Verunsicherung. Erfahrungen und wissenschaftliche Untersuchungen zeigen, dass Kinder in dieser besonderen Situation auch einer ganz besonderen Unterstützung bedürfen. Ein Projekt der Krebsberatungsstelle Münster schafft Abhilfe.

Cakov, Carole T. „A comprehensive program for family caregivers of cancer patients“. ProQuest Information & Learning, 2003.

A review of the literature on family caregivers to cancer patients suggests that participation in support groups can address some of the problems and alleviate some of the stress associated with caring for an ill family member. There is general consensus among authors that support groups that focus on education, problem solving, and the psychological health of caregivers are most beneficial. Yet programs seldom provide continuous follow-up

Psychological distress has been recognized as having a significant effect upon cognitive and emotional functioning, quality of life, and in some populations increased costs of care. Screening for distress and provision of psychosocial care in oncology treatment settings has been identified as a future accreditation standard by the American College of Surgeons Commission on Cancer (CoC). Because there are few available models of programs of distress screening and referral to inform oncology social workers and other members of the psychosocial support team with planning their own programs, this article seeks to provide exemplars of best practices that are currently in place in four different settings where psychosocial support is provided to people living with cancer and their families. Each program will provide an overview of how it was successfully established and its contribution toward evolving evidence-informed best practices. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

information. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Chambers, Mary. „Aspects of social work on a cancer research and treatment unit in a London teaching hospital“. *British Journal of Social Work* 4, Nr. 2 (Sum 1974): 143–161.

Notes that, with the rapid growth of technology and science, an increasingly large number of people are becoming patients in specialized research and treatment units. The present study describes work in a cancer unit and illustrates ways in which the work is specialized. 4 types of patients treated with cytotoxic drugs are discussed, the unit social worker's role as a team member is outlined, and means of communicating with patients and relatives and of dealing with the patient's defensive processes and affective responses are treated. (29 ref) (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Chan, Cecilia, Ho, Petula Sik Ying und Chow, Esther. „A body-mind-spirit model in health: An Eastern Approach“. *Social Work in Health Care* 34, Nr. 3–4 (2001): 261–282.

Under the division of labor of Western medicine, the medical physician treats the body of patients, the social worker attends to their emotions and social relations, while the pastoral counselor provides spiritual guidance. Body, mind, cognition, emotion and spirituality are seen as discrete entities. In striking contrast, Eastern philosophies of Buddhism, Taoism and traditional Chinese medicine adopt a holistic conceptualization of an individual and their environment. In this view, health is perceived as a harmonious equilibrium that exists between the interplay of 'yin' and 'yang': the 5 internal elements (metal, wood, water, fire and earth), the 6 environmental conditions (dry, wet, hot, cold, wind and flame), other external sources of hann (physical injury, insect bites, poison, overeat and overwork), and the 7 emotions (joy, sorrow, anger, worry, panic, anxiety and fear). The authors have adopted a body-mind-spirit integrated model of intervention to promote the health of their Chinese clients. Research results on these body-mind-spirit groups for cancer patients, bereaved wives and divorced women have shown very positive intervention outcomes. There are significant improvements in their physical health, mental health, sense of control and social support. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Clark, Paul G., Bolte, Sage, Buzaglo, Joanne, Golant, Mitch, Daratsos, Louisa und Loscalzo, Matthew. „From distress guidelines to developing models of psychosocial care: Current best practices“. *Journal of Psychosocial Oncology* 30, Nr. 6 (Oktober 2012): 694–714.

Cohen, Miri. „A model of group cognitive behavioral intervention combined with biofeedback in oncology settings“. *Social Work in Health Care* 49, Nr. 2 (Februar 2010): 149–164.

This article’s goal is to present a model for social work with cancer patients and their relatives aimed at teaching ways of coping with cancer and its implications. The article presents a model of six meetings, emphasizing learning processes and acquisition of skills enabling participants to recognize and change distressing thoughts, combined with learning relaxation methods and guided imagery. An additional unique property of this model is the biofeedback, which assists in creating awareness of physiological alertness states and in learning and implementing the different methods for decreasing pressure and stress. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Cooper, Sharon E. und Blitz, Joyce T.. „A therapeutic play group for hospitalized children with cancer“. *Journal of Psychosocial Oncology* 3, Nr. 2 (Sum 1985): 23–37.

Discusses the therapeutic play group program developed at Memorial Sloan-Kettering Cancer Center"s 42-bed pediatric unit that is used to educate the patients (aged 2.5–12 yrs) about their illness and treatment; to enhance their compliance with the medical treatment; and to help them cope with their diagnosis, treatment, and hospitalization. The program focuses on prevention, involves co-leadership by a social worker and a nurse, and integrates what is learned in the group into the patients" care plans. The approach to play therapy utilized in this program places equal emphasis on (1) teaching and education, (2) addressing the children"s perception of their illness by dealing directly with the symbolic content of play, and (3) establishing an atmosphere of normality for the children. Common clinical issues encountered in the groups are discussed, and case examples are presented that illustrate the important functions of play in the intellectual and emotional lives of children. (20 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Csikai, Ellen L., Walsh, Katherine, Walsh, Karyn, Allen, Floyd und Patyán, László. „The United States and Hungary: An exchange of best practices in psychosocial oncology“. *Journal of Social Work in End-of-Life & Palliative Care* 5, Nr. 3–4 (Juli 2009): 126–143.

The National Association of Social Workers’ Social Workers Across Nations’ program provided an opportunity, with funding from an unrestricted educational grant from the Bristol Myers Squibb Foundation, to engage Hungarian social workers and other mental health and medical practitioners in an exchange of best practices in psychosocial oncology. A Summit meeting held in Hungary was the first organized networking opportunity for these professionals to begin to address difficulties in providing psychosocial care to individuals with cancer and their families. Through a Delphi process, participants identified 10 areas in which action was most needed—such as improving communication between patients and families; and between patients, families, and health-care professionals; and continuing to build a network between professionals and organizations, increasing public awareness of available cancer treatments and psychosocial services. This type of Summit meeting could be replicated in other countries that face similar high mortality rates from cancer and where the social work profession is growing. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Damaskos, Penelope und Gardner, Daniel S.. „Cultivating a culture of mentorship in palliative social work“. *Journal of Social Work in End-of-Life & Palliative Care* 11, Nr. 2 (April 2015): 101–106.

Social work education can only do so much to prepare the next generation of clinicians to address the complex psychosocial needs of seriously ill and dying individuals and their families. The training and cultivation of skilled oncology and palliative care social workers is our collective professional responsibility. Formal mentorship programs have shown promise in promoting professional and personal development in related disciplines, but the literature on mentorship lacks methodological and conceptual consistency, and has yet to fully unpack mentorship, identify what works and what doesn't, and measure the utility of various models. The Zelda Foster Studies Program of the New York University Silver School of Social Work provides training to social workers in palliative and end-of-life care. This training is based on the mentoring model and is designed to meet the needs of social works at all stages of their professional development. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

De Blasi, G., Bouteyre, E., Bretteville, J. und Rollin, L.. „Aide à la reprise du travail après cancer : Huit années d'expérience d'une consultation pilote. = Department of ‚return to work after a cancer‘: Eight years of a pilot experience“. *Psycho-Oncologie* 8, Nr. 3 (September 2014): 135–140.

The department of "return to work after a cancer" is a pilot experience created in 2006 at the University Hospital of Rouen. An occupational physician, a social worker and a psychologist help patients in their desire to return to work. This article aims to track the evolution of the team's practices to the test of clinical and institutional realities. Findings and food for thought emerge in relation to the support provided to 264 patients received since 8 years. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Ebel, Helga. „Leben mit Krebs. Gemeinsame Beratunsstelle von hauptamtlichen Mitarbeitern und Selbsthilfegruppen in Aachen“. *Blätter der Wohlfahrtspflege* 134, Nr. 3 (1987): 83–85.

Feldman, Joanne S. „An alternative group approach: Using multidisciplinary expertise to support patients with prostate cancer and their families“. Journal of Psychosocial Oncology 11, Nr. 2 (1993): 83–93.

Describes an innovative, open-ended support group with educational and recreational goals designed to meet the needs of patients and their families participating in prostate cancer research protocols at the National Institutes of Health. Weekly meetings alternated between didactic presentations and recreational outings. The group was developed and led by a social worker and a therapeutic recreation specialist. Guest speakers from many other disciplines contributed to the depth of programming offered. Evaluation of this approach after 4 mo showed that the program was beneficial for these patients, who would not participate in a more traditional support group. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Fiegenbaum, Wolfgang. „A social training program for clients with facial disfigurations: A contribution to the rehabilitation of cancer patients.“ *International Journal of Rehabilitation Research* 4 (1981): 501–509.

Früh, Andrea. „Streetwork im Kinderspital“. *Sozial Aktuell* 41, Nr. 11 (2009): 36–37.

Geue, Kristina, Buttstädt, Marianne und Richter, Robert. „Eine kunstpädagogische Gruppenintervention in der ambulanten psychoonkologischen Versorgung“. *Psychotherapie, Psychosomatik, Medizinische Psychologie* 61, Nr. 3/4 (2011): 177–181.

Vorgestellt wird der formale und inhaltliche Aufbau eines kunstpädagogischen Angebots für onkologische Patienten in der ambulanten Nachsorge. Die Gruppenintervention beinhaltet 22 Sitzungen und gliedert sich in 3 Phasen. Im ersten Teil lernen die Teilnehmer verschiedene Zeichentechniken anhand vorgegebener Motive und Materialien kennen. Das Finden eigener persönlicher Themen bzw. Inhalte ist Anliegen des 2. Abschnitts. Im letzten Abschnitt erfolgt mit Unterstützung der Kursleiterin die Gestaltung eines persönlichen Buchobjekts. Die Wirkung der Intervention aus der Sicht der Teilnehmenden, der Kursleitung und der Supervisorin wurde in einer Studie untersucht.

Gilbar, Ora. „Introducing a biopsychosocial approach in an oncology institute: A case study“. *International Social Work* 39, Nr. 2 (April 1996): 163–176.

Traces the process of introduction of change in the therapeutic approach to cancer at an oncological institute in Israel. Previously, the approach at the institute was purely biomedical. The change that was introduced was based on a biopsychosocial approach that encourages patients and their families to learn specific coping skills in parallel with medical treatment. The approach stresses perception of the illness as a challenge necessitating the learning of coping skills and active involvement of the family and of the entire medical staff in this process. The innovation was technical structural, it was initiated from within by the director of the psychosocial unit, and it was implemented in collaboration with the medical director. Introduction of the change had a positive impact on both staff and patients. (French & Spanish abstracts) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Gilbar, Ora und Groisman, Leora. „A training model of a self-help group for patients with cancer of the colon“. *Journal of Psychosocial Oncology* 9, Nr. 4 (1991): 57–69.

Described a self-help training program for colostomy patients. Eight veteran colostomy patients who were motivated to serve as volunteer counselors for new patients received a 10-wk group training course. The goal was to train group members to help patients adjust and achieve an independent, self-help body. Training was conducted under the guidance of a social worker and a stoma-training nurse. During the 1st yr, the volunteers met with 38 patients. Based on the volunteers' descriptions of their activities, the program appeared to have met its goals. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Gortschakowa, Anna Pape und Pape, Günter. „Zehn Jahre nach Tschernobyl - ‚Ein Kind soll niemals zu uns zurückkommen‘. Arbeit mit verstrahlten Kindern im Hospiz Minsk“. *Theorie und Praxis der Sozialpädagogik*, Nr. 3 (1996): 166–170.

Grant, Marcia, Economou, Denice, Ferrell, Betty und Uman, Gwen. „Educating health care professionals to provide institutional changes in cancer survivorship care“. *Journal of Cancer Education* 27, Nr. 2 (Juni 2012): 226–232.

The Institute of Medicine (IOM) 2006 report, From Cancer Patient to Cancer Survivor: Lost in Transition (In M. Hewitt, S. Greenfield and E. Stovall (Eds.), (pp. 9–186). Washington DC: The National Academies Press, 2006) identifies the key components of care that contribute to quality of life for the cancer survivor. As cancer survivorship care becomes an important part of quality cancer care oncology professionals need education to prepare themselves to provide this care. Survivorship care requires a varied approach depending on the survivor population, treatment regimens and care settings. The goal of this program was to encourage institutional changes that would integrate survivorship care into participating centers. An NCI-funded educational program: Survivorship Education for Quality Cancer Care provided multidiscipline two-person teams an opportunity to gain this important knowledge using a goal-directed, team approach. Educational programs were funded for yearly courses from 2006 to 2009. Survivorship care curriculum was developed using the Quality of Life Model as the core around the IOM recommendations. Baseline data was collected for all participants. Teams were followed-up at 6, 12 and 18 months postcourse for goal achievement and institutional evaluations. Comparison data from baseline to 18 months provided information on the 204 multidiscipline teams that participated over 4 years. Teams attended including administrators, social workers, nurse practitioners, registered nurses, physicians and others. Participating centers included primarily community cancer centers and academic centers followed by pediatric centers, ambulatory/physician offices and free standing cancer centers. Statistically significant changes at $p = <0.05$ levels were seen by 12 months postcourse related to the effectiveness, receptiveness and comfort of survivorship care in participant settings. Institutional assessments found improvement in seven domains of care that related to institutional change. This course provided education to participants that led to significant changes in survivorship care in their settings. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Greening, Karen. „The ‚Bear Essentials‘ program: Helping young children and their families cope when a parent has cancer“. *Journal of Psychosocial Oncology* 10, Nr. 1 (1992): 47–61.

A pilot project called "Bear Essentials" was developed at Missouri Baptist Cancer Center in St. Louis for 30 young children of 21 cancer patients (aged 25–48 yrs) to help families (1) understand how children perceive illness, separation, and loss, (2) discuss the concerns of patients, spouses, and children in a supportive environment, and (3) develop coping strategies to better manage the emotional difficulties caused by a parent's illness. Children and parents met separately in concurrent monthly support groups led by a team composed of a social worker, nurses, and a chaplain. This article examines the literature on the children of cancer patients, describes the process of developing the project, and discusses the content, assessment, and outcomes of the project. It concludes with recommendations for replication, with specific emphasis on the use of an interdisciplinary team approach. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Habellöcker, Wilhelm. „Ohne Haube rausgehen. Ein lösungsfokussiertes Gespräch in einer Krisensituation“. *Sozialarbeit in Österreich*, Nr. 3 (2014): 40–41.

Häfele, Cornelia. „Ein neuer Standard in der Sozialberatung? Konzept Onkologischer Erstberatung in zertifizierten Organzentren.“ *Forum sozialarbeit + gesundheit*, Nr. 4 (2012): 39–40.

Harms, Regine. „Den Spagat wagen. Oldenburger Palliativ-Projekt zwischen moderner Technik und Beratung“. *Forum sozialarbeit + gesundheit*, Nr. 1 (2012): 31–33.

Haus, Reiner. „Musik hilft krebskranken Kindern. Unterstützung und Freiraum in der pädiatrischen Onkologie.“ *Theorie und Praxis der Sozialpädagogik*, Nr. 7 (2004): 44–47.

Das onkologisch erkrankte Kind ist bei der stationären Aufnahme mit einer Fülle unbekannter Vorgänge konfrontiert. Nicht allein die medizinisch-pflegerische Versorgung muss sichergestellt sein; ebenso müssen die psychosozialen Bedingungen, in denen sich das Kind mit seiner gesamten Familie befindet, Beachtung finden. In der Abteilung für pädiatrische Onkologie der Vestischen Kinder- und Jugendklinik Datteln, Universität Witten/Herdecke, werden alle erforderlichen medizinisch-pflegerischen, psychologischen, pädagogischen, sozialarbeiterischen, sozialpädagogischen und therapeutischen Maßnahmen im Rahmen der Behandlung in einem Konzept integriert und aufeinander abgestimmt. Musik spielt bei der Betreuung der Kinder eine besondere Rolle.

Hedlund, Susan. „Northwest Cancer Specialists (NCS) CARES: Coordinated, advocacy, resources, education, and support: A palliative care program in an outpatient oncology practice“. *Omega: Journal of Death and Dying* 67, Nr. 1–2 (2013): 109–113.

A large community-based oncology practice developed a pilot project to enhance staff and patient awareness of the benefits of palliative care, advance care planning, and earlier intervention with patients with advancing disease. The results were ongoing implementation of palliative care conferences at all sites, greater numbers of referral to hospice, lessened chemotherapy given in the last 2 weeks of life, and the hiring of two social workers as a result of needs identified. Staff reported greater satisfaction with inter-professional communication. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Hennemann, Alexandra. „Der Krebsinformationsdienst als Partner. Evidenzbasierte Informationen für die Bevölkerung und Fachkreise“. *Forum sozialarbeit + gesundheit*, Nr. 3 (2012): 30–32.

Der Krebsinformationsdienst ist eine Anlaufstelle für jeden, der Fragen zum Thema Krebs hat. Er bietet verständliche, individuell zugeschnittene Informationen zu allen Aspekten von Krebserkrankungen - kostenlos, unabhängig, wissenschaftlich fundiert und aktuell.

Hilderly, Laura J., Iwamoto, Ryan R. und Knobf, M. Tish. „Pain and suffering in an adolescent with neuroblastoma“. *Cancer Practice* 10, Nr. 1 (Mai 2002): 4–8.

Describes the pain, suffering, and palliative care of a 15-yr-old African American male with right retro-orbital olfactory neuroblastoma. Management of pain symptoms is discussed through responses from the patient's oncologist, clinical social worker, advanced-practice nurse pain-specialist, and chaplain/counselor. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Hinton, P. E. „How a ten-year-old girl faced her death“. *Journal of Child Psychotherapy* 6 (1980): 107–116.

A medical social worker describes the attitudes, feelings, and behavior of a 10-yr-old girl with terminal cancer and what the worker tried to do to help her and her family during the last year of life. The child was in and out of the hospital and received chemotherapy and radiotherapy, with the usual side effects, and was often in pain. Sometimes she regressed to early childhood, sometimes she was mature and competent. She communicated her knowledge of her imminent death and her fears about it both verbally and nonverbally. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Institut für Therapieforschung. „Modellberatungsstellen für krebskranke Frauen“. *Theorie und Praxis der Sozialen Arbeit* 35, Nr. 4 (1984): 139–140.

Jones, Barbara, Phillips, Farya, Head, Barbara Anderson, Hedlund, Susan, Kalisiak, Angela, Zebrack, Brad, Kilburn, Lisa und Otis-Green, Shirley. „Enhancing collaborative leadership in palliative social work in oncology“. *Journal of Social Work in End-of-Life & Palliative Care* 10, Nr. 4 (Oktober 2014): 309–321.

The Institute of Medicine (IOM) Report—Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs—provided recommendations for meeting the palliative care needs of our growing population of older Americans. The IOM report highlights the demand for social work leadership across all aspects of the health care delivery system. Social workers are core interdisciplinary members of the health care team and it is important for them to be well prepared for collaborative leadership roles across health care settings. The ExCEL in Social Work: Excellence in Cancer Education & Leadership education project was created as a direct response to the 2008 IOM Report. This article highlights a sampling of palliative care projects initiated by outstanding oncology social work participants in the ExCEL program. These projects demonstrate the leadership of social workers in palliative care oncology. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Joubert, Lynette und Hocking, Alison. „Academic practitioner partnerships: A model for collaborative practice research in social work“. *Australian Social Work* 68, Nr. 3 (Juli 2015): 352–363.

Academic practitioner collaborations can further the practice research agenda of social work departments in a health setting. This article describes the development of a formalised partnership, located in an oncology social work department, which was grounded in a systemic mentoring approach that responded to the expressed needs of social workers to develop skills in research design and implementation. The systemic model promoted the development of a practice research culture and opportunities for social workers to participate in research at multiple levels. Practice research focused on the contribution of social work practice research to improved outcomes for patients and the hospital service. The partnership has supported the development of a range of clinically relevant research studies and the growing motivation and confidence among social work staff to participate in a wider research agenda. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Kapitzki-Nagler, Thorsten. „AOK-Brustkrebsberaterinnen gehen an den Start“. *Forum sozialarbeit + gesundheit*, Nr. 4 (2005): 9–10.

In Baden-Württemberg versucht die AOK in Disease- Management-Programmen für Patientinnen mit Brustkrebs, deren ambulante, psychoonkologische Versorgung zu verbessern. Sie setzt dabei auf den Ausbau der eigenen Strukturen.

Kayser, Karen und Scott, Jennifer L. *Helping couples cope with women’s cancers: An evidence-based approach for practitioners*. New York, NY, US: Springer Science + Business Media, 2008.

> Close relationships can be vital to a woman's recovery from breast or gynecological cancer and the myriad stressors that accompany diagnosis and treatment. Helping Couples Cope with Women's Cancers shows readers not only how to enlist the patient's closest support person in coping with the disease, but also how to help the partner with the stressors, such as feelings of inadequacy and loss, that so often come with the role. The authors, established experts on their subject, recognize the challenges couples face, the central role of communication in coping, and the individuality of each patient and couple. In addition to proven intervention techniques and helpful assessment tools, the book features case illustrations, "What to do if..." sections, sociocultural considerations, and suggestions for when the patient's caregiver is not her partner. Key areas of coverage include: Assessment--quality of life, impact of illness, family resources; Balancing work, family, self-care, and the demands of illness; Cognitive coping, relaxation, stress reduction; Body image, sexuality, and intimacy; Helping children cope--developmental guidelines; Transitions--goal-setting, life after cancer, facing recurrence or terminal illness. The skills and insights contained in this book will benefit a range of health and mental health practitioners, including counselors, social workers, clinical psychologists, psychiatrists, and nurses. Graduate students planning a career in health psychology or couples therapy should also find it a valuable resource. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (cover)

Keil, Kerstin. „Sozialpädagogische Arbeit in der Rolle als Clown - Erfahrungen auf einer Kinderstation.“ *Unsere Jugend* 47, Nr. 11 (1995): 480–484.

Kinder krebskranker Eltern. Manual zur kindzentrierten Familienberatung nach dem COSIP-Konzept. Göttingen: Hogrefe, 2014.

> Angesichts einer steigenden Nachfrage nach Unterstützung für Kinder krebskranker Eltern fand in den Jahren von 2009 bis 2012 ein Verbundprojekt der Deutschen Krebshilfe statt, um einen professionellen Ansatz zu entwickeln, der den allgemeinen Qualitätsstandards entspricht und an verschiedenen Orten umgesetzt werden kann. Dieses Manual basiert auf dem Hamburger Konzept Children of Somatically Ill Parents (COSIP) für die kindzentrierte medizinische Familienberatung, das im Rahmen der Initiative zu der hier beschriebenen Methode weiterentwickelt wurde. Die Erläuterungen zur Diagnostik, Intervention und Trauerbegleitung wurden in Teilen dem Praxishandbuch Kinder körperlich kranker Eltern entnommen. Einige hinzugefügte Module beziehen sich auf spezielle Krankheitskontexte, auf Palliativsituationen, den Umgang mit alleinerziehenden Patientinnen und Patienten, interkulturelle Fragen und die Stützung der Geschwisterbindung. Das Buch eignet sich als Leitfaden für klinische Schulungen zur psychoonkologischen Versorgung.

Kirchhoff, Linda S. „Case study of milton, ‚The Cowboy‘“. *Smith College Studies in Social Work*, End-of-Life Care, 73, Nr. 3 (Juni 2003): 463–478.

> There is a paucity of research on the issue of homelessness and dying. Also limited is research on love and intimacy in therapeutic encounters, particularly in relation to those who are dying. This case study documents one social worker's five-month journey with a "homeless" man dying of lung cancer. It describes a unique therapeutic relationship, one whose landscape included traversing issues of ethics, personal and professional boundaries, and burnout. The complexity of this case study is a reminder of the uniqueness of each human being, the impact of poverty and race in the experience of dying, and the opportunity for personal growth that emerges in tackling the most challenging cases. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Klemm, Paula R., Rempusheski, Veronica F. und Teixeira, Janet. „A nonprofit community service and academic collaboration to increase outreach to older adults with cancer: Lessons learned“. *Journal of Gerontological Social Work* 56, Nr. 6 (August 2013): 554–568.

This article describes the lessons learned by social work practitioners and nurse researcher faculty from a unique partnership between a 501(c) 3 nonprofit community service organization (cancer helpline) and an academic facility to improve outreach to older adults with cancer. In preparing the research proposal, carrying out the procedures, and instituting a community-based participatory research (CBPR) approach lessons learned included the importance of experienced researchers/writers, unpredictability of research activities, importance of collecting complete data, communicating underlying discipline and role-oriented assumptions, and effectiveness of CBPR to increase outreach to older adults with cancer in Delaware's eight cancer clusters. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Knakal, Jeanne. „A couples group in oncology social work practice: An innovative modality“. *Dynamic Psychotherapy* 6, Nr. 2 (Fal-Win 1988): 153–156.

Describes an ongoing couples group of 16 members in which 1 member of each couple has cancer. The article focuses on emergent group themes, such as anger, role changes, impairment in sexual relationships, and diminished communication. The therapist's role in facilitating cohesiveness among couples of disparate backgrounds is discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Koester, Walter und Bühringer, Gerhard. „Bericht über die Arbeit der Modellberatungsstellen für krebskranke Frauen“. Hamm: Institut für Therapieforschung (Eigenverl.), 1981.

Köller, Melitta von. „Besuch von zwei Einrichtungen in Wellington, Neuseeland, die um die Pflege und Betreuung sterbender Krebskranker bemüht sind“. *Soziale Arbeit* 32, Nr. 2 (1983): 71–75.

Kriescher-Fauchs, Monique und Schaeffer, Doris. „Selbsthilfegruppenarbeit brustamputierter Frauen“. *Theorie und Praxis der Sozialen Arbeit* 38, Nr. 9 (1987): 295–299.

Kund, Christine. „Sozialarbeit im ‚Social Services Department‘ des ‚University Medical Center‘ und ‚Cancer Center‘ in Tucson, Arizona“. *Sozialdienst im Krankenhaus*, Nr. 4–6 (1996): 33–42.

Kusch, Michael und Bode, Udo. „Der Psycho-Soziale Fragebogen für die Pädiatrische Onkologie (PSFPO).“ *Praxis der Kinderpsychologie und Kinderpsychiatrie* 41, Nr. 7 (September 1992): 240–246.

Presents the PSFPO, a German-language instrument for assessing illness-related stressors, strategies for coping with these stressors, risk factors, protective factors, and health behaviors in pediatric oncology patients and their families. The 4 versions of the questionnaire corresponding to the various phases of cancer therapy are described, and the application of questionnaire data in developing psychosocial interventions is discussed. The utility of the PSFPO in providing parents with self-help information is noted. (English abstract) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Lee, Mo Yee, Ng, Siu-man, Leung, Pamela Pui Yu und Chan, Cecilia Lai Wan. *Integrative body-mind-spirit social work: An empirically based approach to assessment and treatment*. New York, NY, US: Oxford University Press, 2009.

In recent years, interest in non-Western curative techniques has increased significantly in the U.S. Integrative Body-Mind-Spirit Social Work is the first book to strongly connect Western therapy with Eastern philosophy and practices, while also providing a comprehensive practice agenda for social work and mental health professionals. This breakthrough text, written by highly regarded researchers from both Asia and America, presents a holistic, therapeutic approach that ties Eastern philosophy and treatment techniques to Western forms of therapy in order to help bring about positive, transformative changes in individuals and families. Integrative therapy focuses on the body-mind-spirit relationship, recognizes the importance of spirituality to human existence, acknowledges and utilizes the power of both mind and body, and reaches beyond self-actualization or symptom reduction to connect individuals to a larger sense of themselves and to their communities. Here, the authors provide a step-by-step description of assessment and treatment techniques that employ a holistic perspective. They first establish the conceptual foundation of integrative body-mind-spirit social work, then expertly describe assessment and treatment techniques that utilize integrative and holistic perspectives. Several case studies demonstrate the approach in action, such as one with breast cancer patients who participated in body-mind-spirit and social support groups and another in which trauma survivors used meditation to get onto a path of healing. These examples provide empirical evidence that integrative body-mind-spirit social work is indeed a practical therapeutic approach in bringing about tangible changes in clients. The authors also discuss ethical issues and give tips for learning this approach. Professionals in social work, psychology, counseling, and nursing, as well as graduate students in courses on integral, alternative, or complementary clinical practice will find this much-needed resource that complements the growing interest in alternatives to traditional Western psychotherapy. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (jacket)

Loewy, Joanne V., Altilio, Terry und Dietrich, Margaret. „Lift thine eyes: Music used as a transitional element in passage“. In: Dileo, Cheryl, Loewy, Joanne V. (Hrsg.).*Music therapy at the end of life.* 95–102. Cherry Hill, New York: Jeffrey Books, 2005.

This chapter describes the journey of Alethea. Alethea's story presents rich teachings from the perspectives of three team members: nursing, social work and music therapy. She provides for us poignant lessons on how to live fully as we die. Alethea used writing, dancing, music and improvisation as a way to mark the moments of her significant transitions. Ultimately, music provided a means for her to explore death, and what it would be like to die. Her trusting relationships with the team, and in particular, the music therapist during her very last days, created an opportunity to experience the potency of music and its ability to transcend common, life-world existence and the perception of the moment, as we may know it. As a rite of passage, music provided her with a means to transition from life and to explore death's elements through altered states, awakened within musical ritual. Alethea used the music and her relationship with others within the music as a way to share, live, review, re-live and ultimately play-out future events that she knew she would not be able to experience on earth. Alethea's fortitude and passionate exploration of death seemingly enabled her to move from life to death with ease and with a power beyond measure. Within a relationship of trust, she explored death actively without fear or hesitation. The musical rituals provided a path to transition: one that was not only safe, but also significant. Her preparation for passing was both unusual and life-altering for those who worked with her during her final days. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (chapter)

Lubnow, Ralf, Sieling, Claudia und Dreschke, Charlotte. *„Wieder mehr beim Leben als bei meiner Krankheit ...“ Kulturpädagogik in einer Rehabilitationsklinik ; Dokumentation und Diskussion eines Modellprojektes in der Fachklinik Erbprinzentanne*. Unna: LKD Verlag, 1993.

Mantell, Joanne E., Alexander, Esther S. und Kleiman, Mark A.. „Social work and self-help groups“. *Health & Social Work* 1, Nr. 1 (Februar 1976): 86–100.

Examines use of the self-help concept by practitioners who are caring for chronically ill cancer patients. CanCervive, a demonstration project that was organized for patients and volunteer patient-visitors who have various types of cancer at different disease stages, is described. Benefits of counseling, including a high level of satisfaction (84% of respondents reported receiving comfort and encouragement from the visitors) are discussed along with relations between visitors and families. Also presented are limitations of lay-counselor help and implications for use of the self-help concept with patients with other illnesses in other settings. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Mercadante, Sebastiano, di Leo, Elisabetta Meli, Carollo, Carla M. und Sunseri, Giuseppe. „Social characteristics of home care patients in southern Italy“. *Journal of Palliative Care* 9, Nr. 2 (Sum 1993): 38–40.

Describes a home therapy service for the pain and symptoms of patients with advanced cancer, established in Palermo, Italy, in 1988. The goal of the service is to help these patients maintain an acceptable quality of life and to enable them to remain at home. The service staff includes physicians, nurses, a social worker, and volunteers, and the service cares for about 350 people yearly. The strong structure of the family in Mediterranean society reinforces the likelihood of successful home care for these patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Mesnaric, R., Meuser, Th., Röttger, Klaus und Rudolph, R.. „Berater für Krebsbetroffene - Die Projektidee.“ In: *Ambulante psychoonkologische Beratung. Projektbericht und Perspektiven*. Essen: MA Akademie Verlag, 1999.

Modellprogramm zur besseren Versorgung von Krebspatienten. Schriftenreihe des Bundesministeriums für Gesundheit 109. Baden-Baden: Nomos-Verlag, 1998.

Müller, Roswitha. „Erfahrungen in der Beratung krebskranker Frauen“. *Theorie und Praxis der Sozialen Arbeit* 33, Nr. 12 (1982): 471–472.

Muschel, Irene Jeanette. „Pet therapy with terminal cancer patients“. *Social Casework*, Nr. 8 (1984): 451–458.

Myers, Ronald E., Stephens, Susan A., Boyce, Alice A. und Hermann, Joan. „Educating allied health professionals to provide care for cancer patients and their families“. *Journal of Health & Social Policy* 3, Nr. 2 (1991): 49–69.

512 health professionals (HPs) including social workers, clergy, dietitians, and physical therapists participated in a 3-yr training program to increase their knowledge about cancer and counseling, improve their supportive attitude regarding cancer patients and families, and decrease work-related stress. After finishing the training courses, the HPs increased their cancer knowledge by 14%. The HPs' knowledge related to counseling cancer patients and their families improved by 11%. The HPs' perceived job stress declined by 10%, and participant supportive attitude concerning cancer clients improved. Overall, the program succeeded in reaching HPs working with cancer clients who had little formal training in the cancer field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Otis-Green, Shirley, Sherman, Rhonda, Perez, Martin und Baird, Pamela. „An integrated psychosocial-spiritual model for cancer pain management“. *Cancer Practice* 10, Nr. Suppl1 (Mai 2002): 58–65.

Describes a multidisciplinary model for cancer pain management that focuses on the psychosocial and spiritual aspects of cancer pain and the needs of patients. This multidisciplinary model has been organized to provide the most effective pain management to a variety of patients within a comprehensive cancer center. The model includes multiple oncology mental health professionals, including psychologists, social workers, spiritual care providers, and psychiatrists. Each discipline provides a unique assessment and an evaluation of the needs of patients with cancer pain and their support system that is integrated into a comprehensive treatment plan. Regular collaboration occurs between disciplines to ensure that the patients receive optimal pain management. This model provides a framework from which treatment interventions can be implemented. It is argued that the emphasis on consistent collaboration between disciplines is a vital component in providing effective cancer pain management. This multidisciplinary psychosocial-spiritual model can be replicated, modified, or both, to become standard practice in other comprehensive cancer centers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Otis-Green, Shirley, Sidhu, Rupinder K., Del Ferraro, Catherine und Ferrell, Betty. „Integrating social work into palliative care for lung cancer patients and families: A multidimensional approach“. *Journal of Psychosocial Oncology* 32, Nr. 4 (Juli 2014): 431–446.

Lung cancer patients and their family caregivers face a wide range of potentially distressing symptoms across the four domains of quality of life. A multidimensional approach to addressing these complex concerns with early integration of palliative care has proven beneficial. This article highlights opportunities to integrate social work using a comprehensive quality of life model and a composite patient scenario from a large lung cancer educational intervention National Cancer Institute–funded program project grant. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Palos, Guadalupe R., Tortorella, Frank R., Stepen, Karen und Rodriguez, Maria Alma. „A multidisciplinary team approach to improving psychosocial care in patients with cancer“. *Clinical Journal of Oncology Nursing* 17, Nr. 5 (Oktober 2013): 556–558.

The demand for patient-centered care has reinforced the need for a systematic approach to planning appropriate psychosocial services. A proposed strategy to address this need is to use a multidisciplinary team comprised of oncology nurses, physicians, mental health professionals, social workers, ethicists, and other healthcare professionals to provide comprehensive psychosocial care to patients and their families. This article describes key aspects of a broad-based team approach used to develop evidence-based, multidisciplinary practice change that could improve psychosocial care and outcomes. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Parsonnet, Lissa und Weinstein, Lois. „A volunteer program for helping families in a critical care unit“. *Health & Social Work* 12, Nr. 1 (Win 1987): 21–27.

Describes a 4-yr-old social work program that has successfully used volunteers in a 12-bed, critical care unit to facilitate communication between family members and staff, lessen the family's sense of isolation, and provide responsive services in a crisis-oriented setting. The following topics are discussed: developing a program, screening volunteers, training and supervision of critical care volunteers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Pleick, Stefanie und Sennekamp, Winfried. „Disease Management Programm Brustkrebs. Psychosoziale Beratung“. *Soziale Arbeit* 60, Nr. 12 (2011): 448–454.

Beim strukturierten Behandlungsprogramm für Brustkrebs setzt die AOK Baden-Württemberg als einzige Krankenkasse auf eigene, für die psychosoziale Onkologie (WPO) qualifizierte sozialpädagogische Fachberaterinnen. Interviews zeigten, dass in wenigen Gesprächen erste wichtige praktische wie emotionale Entlastungen erzielt werden können. Die klare und problemspezifische Rollenzuweisung der Sozialen Arbeit innerhalb des berufsgruppenübergreifenden Behandlungskonzepts erweist sich nach diesen Ergebnissen als vorteilhaft.

Polinsky, Margaret L., Fred, Carol und Ganz, Patricia A.. „Quantitative and qualitative assessment of a case management program for cancer patients“. *Health & Social Work* 16, Nr. 3 (August 1991): 176–183.

An oncology social work case management model of intervention is described quantitatively and qualitatively. 69 Stage 1 or Stage 2 breast cancer patients followed by telephone for 1 yr required 374 hrs of the social worker's time for reassurance, information, and referral to community resources. Case examples provide insight into the clinical aspects of the social worker's efforts. This telephone-based model was effective and cost-efficient in addressing the rehabilitation needs of cancer patients and can be used with cancer patients with any disease site or phase of illness. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Polinsky, Margaret L., Ganz, Patricia A., Rofessart-O’Berry, Jacqueline, Heinrich, Richard L. und Schag, Cyndie Coscarelli. „Developing a comprehensive network of rehabilitation resources for referral of cancer patients“. *Journal of Psychosocial Oncology* 5, Nr. 2 (Sum 1987): 1–10.

Describes development of a comprehensive network of services to which cancer patients can be referred for assistance in meeting their rehabilitation, emotional, life planning, and health care needs. Assessing patient needs, record keeping, and identifying, contacting, and evaluating service providers are discussed. This referral network was designed for use by a social worker and an oncologist working in a large metropolitan area. Suggestions are made for adapting the network to different purposes and settings. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Ponte, Patricia Reid. „Interdisciplinary leadership in the oncology service line“. In: Hickey, Mairead, Kritek, Phyllis Beck (Hrsg.). *Change leadership in nursing: How change occurs in a complex hospital system.* New York: Springer Publishing Co, 2012. 215–221.

Brigham and Women's Hospital (BWH) and Dana-Farber Cancer Institute (DFCI) have long collaborated to meet the needs of adult oncology patients and their families. In 1997, the collaboration moved to a new level when the two organizations agreed to combine their oncology services and locate all inpatient oncology care at BWH and hematology and oncology outpatient services at DFCI. This change prompted the organizations to integrate other support and clinical services as well, including oncology nursing, pharmacy, infusion, social work, pain and palliative care, and radiation therapy. The longstanding partnership between the two hospitals was ultimately formalized in 2004, when the organizations formed a joint venture creating the Dana-Farber/Brigham and Women's Cancer Center (DF/BWCC). In this chapter, I describe the interdisciplinary leadership model that guides operations at DF/BWCC, paying particular attention to the critical role played by nurses and nursing, and to the principles, processes, and structures that underlie the model and ensure its effectiveness. I also share examples that illustrate how interdisciplinary leadership helps advance oncology care and the vision of the Department of Nursing, by promoting collaboration among nurses, staff, and providers at every level and facilitating efforts to improve care and assure a safe and supportive environment for patients, families, and staff. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (create)

Redding, Karen K. „When Death Becomes the end of an Analytic Treatment: Necessary Parameters“. *Clinical Social Work Journal* 33, Nr. 1 (Spr 2005): 69–79.

This paper is based on a social worker psychoanalysts' work with an analysand, who during the course of an analysis, was diagnosed with advanced and inoperable lung cancer. The paper explores: changes in the analytic frame; countertransference responses; and how the analyst worked with her patient until the very end. Working with the dying patient may offer perspective on how we think about and approach the termination phase in other psychoanalytic work as well. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Reiners, Hartmut (Hrsg.). *Kommunikation und Kooperation in der Onkologie. Eine Tagung der Landesarbeitsgemeinschaft Onkologische Versorgung Brandenburg e.V. (LAGO)*. Bd. 11. Medizin und Gesellschaft. Münster: Lit Verlag, 2005.

"Eine Krebserkrankung umfasst komplexe physische, psychische und soziale Faktoren. Voraussetzungen für eine optimale und bedarfsgerechte Versorgung Betroffener sind die patientenorientierte Kommunikation und Kooperation der in der Onkologie tätigen Personen und Institutionen. Zu diesem Themenkomplex gibt das Buch Einblicke in aktuelle Entwicklungen. Es werden Krebspräventionsprojekte vorgestellt und Maßnahmen zur Qualitätssicherung der onkologischen Behandlung, Pflege und psychosozialen Betreuung behandelt. Ein weiteres Kapitel befasst sich mit dem sterbenden krebskranken Menschen." (Autorenreferat).

Reinicke, Peter. „Nachgehende Betreuung von Krebskranken im Gesundheitsamt am Beispiel Berlin“. *Soziale Arbeit* 29 (1980): 302–308.

Reinicke, Peter. „Psychosoziale Hilfen für Tumorkranke und ihre Familien gestern und heute“. *Soziale Arbeit : deutsche Zeitschrift für soziale und sozialverwandte Gebiete* 38, Nr. 7 (1989): 259–269.

Renner, Hans-Georg. „Begleitend Er-Leben. Erlebnispädagogik mit lebensverkürzend erkrankten Kindern und Jugendlichen.“ *Zeitschrift für Erlebnispädagogik* 27, Nr. 2 (2007).

Begleitend Er-Leben; Erlebnispädagogik mit lebensverkürzend erkrankten Kindern und Jugendlichen zeigt bisherige Angebote in der Kinderhospizarbeit auf und versucht weitere Möglichkeiten von Naturerfahrungen in der Arbeit mit trauernden und sterbenden Kindern, Jugendlichen und Erwachsenen aufzuzeigen. Nur Online bestellbar unter: edition-erlebnispaedagogik@uni-lueneburg.de.

Rosner, Dagmar. „Ernst, heiter, eigensinnig ...: Schreibwerkstätten als Therapie-Angebot in der Onkologie schaffen Orte für Worte gegen Sprachlosigkeit“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2008): 34–35.

Röttger, Klaus. „Was heißt psychosoziale Beratung von Krebskranken.“ In *Ambulante psychoonkologische Beratung. Projektbericht und Perspektiven.* Essen: MA Akademie Verlag, 1999.

Röttger, Klaus. „Beratung für Krebsbetroffene: AB-Maßnahme ‚Psychosoziale Berater/in für Krebsbetroffene‘“. *Forum DKG*, Nr. 11 (1996): 344–345.

Röttger, Klaus. „Krebsschmerz. Möglichkeiten verbesserter Schmerzkontrolle durch Entspannung“. *Soziale Arbeit* 40, Nr. 8 (1991): 266–274.

Schaeffer, Doris. „Probleme erwachsenenpädagogischer Koordinations- und Vernetzungsarbeit im Bereich der Selbsthilfe von Krebskranken“. *Gruppendynamik* 17, Nr. 2 (Juni 1986): 169–185.

Discusses a self-help project aimed at coordinating and linking several groups of cancer patients in a metropolitan region in West Germany to improve support and health care. The theoretical framework of networking and the practical problems that arose during project implementation are considered. (English abstract) (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Schmidt, Heinrich. „Gruppenarbeit in der ‚Beratungsstelle für Krebskranke‘ im Gesundheitsamt Neukölln von Berlin unter besonderer Berücksichtigung der Gesprächsgruppen nach der ‚Simonton-Methode‘ und deren Weiterentwicklung“. *Soziale Arbeit*: *deutsche Zeitschrift für soziale und sozialverwandte Gebiete* 37, Nr. 5 (1988): 180–184.

Dem Projekt geht es vor allem darum, gemeinsam mit krebskranken Menschen neue Identifikationsmöglichkeiten und Methoden zur Überwindung von sozialer Isolation und daraus folgender Depressionen zu entwickeln und zu vermitteln. Der Erfahrungsbericht gliedert sich in drei Hauptteile: Im ersten Teil werden Ort, Personen und Entstehung der Therapiegruppen dargestellt. Anschließend wird die Bedeutung der "Simonton-Methode" für die ambulante Gruppenarbeit untersucht. Beschrieben werden erste Konzepte, interne Auseinandersetzungen der Therapeuten und Gesprächsinhalte der Gruppen. (BAK)

Schnipper, Hester Hill. „Sisyphus and Other Everyday Heroes“. *Journal of Psychosocial Oncology* 21, Nr. 1 (2003): 1–5.

Sisyphus has long been a central metaphor for my work. Sharing this myth at a national oncology social work conference many years ago was the beginning of my real professional growth. It clearly struck a chord for many who work day-in, day-out to lighten the burden for others while shouldering a heavy load themselves. In thinking about what oncology social workers do and about courage, I did a lot of reading about heroism. I have been an oncology social worker for 24 years, and I have been a woman living with breast cancer for 10 years. This juxtaposition of my professional and personal lives has taken me on a journey with rewards beyond measure. It becomes increasingly clear that we DO make a difference. There most certainly are situations in which no one can take away the pain, but someone who dares to be human can blunt some of the terror and share some of the sadness. We must become exquisitely aware of our own feelings. We must take care that our own need to be needed--one primary reason we do this work--does not dominate us and our relationships. We do not have to be, and cannot be, "omnicompetent" or a supercaregiver. We must keep our antennae well oiled so we notice when we are feeling irreplaceable. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Sharp, John W., Blum, Diane und Aviv, Luisa. „Elderly men with cancer: Social work interventions in prostate cancer“. *Social Work in Health Care* 19, Nr. 1 (1993): 91–107.

Argues that prostate cancer requires the attention of social workers in health care for 3 reasons: the growing elderly population that will increase the number diagnosed, the recent introduction of new treatments, and the lack of social acceptability for this condition. Interventions for prostate cancer are specific to the stage of the disease. These individual, family, and group interventions are a model for social work services to elderly men with other forms of cancer. Social workers have the opportunity to research quality of life and decision-making issues to enhance medical practice in prostate cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Siegel, Mary-Ellen. „Their sorrow, our sorrow“. *Loss, Grief & Care*, Psychosocial aspects of chemotherapy in cancer care: The patient, family, and staff, 1, Nr. 3–4 (Spr-Sum 1987): 29–33.

Gives a personal view, both as a social worker and as a family member, of relating to cancer patients (particularly those receiving chemotherapy) and their families. (0 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Slivka, Harriet H. und Magill, Lucanne. „The conjoint use of social work and music therapy in working with children of cancer patients“. *Music Therapy* 6A, Nr. 1 (1986): 30–40.

Describes the collaborative approach of social work and music therapy (MT) in working with the children (aged 18 yrs and younger) and families of adult cancer patients. The direction that the conjoint use of social work and MT takes is dependent on factors such as the age of the children, the stage of the parent's illness, the type of family unit, and the religious or cultural background. Three case studies involving 5 3–9 yr old children illustrate these factors. Methods of intervention and their significance and the determination of criteria for inclusion of a family in this dual approach are also discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Smith, Larry L. und McNamara, James J.. „Social work services for radiation therapy patients and their families“. *Hospital & Community Psychiatry* 28, Nr. 10 (Oktober 1977): 752–754.

Describes the work of a social worker who helps meet the social and emotional needs of cancer patients undergoing radiation therapy at a major university medical center and the needs of their families. He makes personal contact with the outpatient and family on their first visit (often from another state), answers questions, provides information on community services, and lets the patient and family know that they can call on him at any time during the treatment process. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Smith, Phyllis M. und Schwartz, Peter E.. „Social work role in an early ovarian cancer detection program“. *Social Work in Health Care* 19, Nr. 2 (1993): 67–80.

Describes the aspects of the social work role in a university-based early ovarian cancer detection program designed to search for specific tests for early diagnosis. Social work principles and concepts that help patients enter, engage, and complete the screening process are identified. Common issues and problems reflective of this population are discussed, as are possible solutions. This intervention program helps women who are at high risk for the disease because of family history make full use of the clinic's medical resources. It provides an enabling component for their participation in required medical procedures, assists them in dealing with unresolved emotions precipitated by their relative's death from cancer earlier in their lives, and helps them move into the next indicated stages of medical intervention. This social work program can be modified and adapted to high risk populations in other health care settings. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Snow, Alison und Gilbertson, Kristen. „The complexity of cancer in multiple family members: Dynamics of social work collaboration“. *Social Work in Health Care* 50, Nr. 6 (Juli 2011): 411–423.

This article presents a case study of one family affected by a cancer diagnosis in both the father and the daughter, who were diagnosed within the same time interval and who underwent treatment at the same time. The article examines the relationship between the caregivers and the oncology patient as well as with one another when the stress of diagnosis is compounded by multiple, simultaneous, and similar diagnoses in a highly condensed period of time. A thorough examination of the literature reveals that there are significant gaps regarding how multiple cancer diagnoses in one family affect the family dynamic, individual and collective coping styles, and caregiver burden. The diagnoses can also dramatically exacerbate economic stressors in a family. The coordination of psychosocial care from the perspectives of the adult and pediatric oncology social workers at an urban academic medical center will be discussed. The social work role, importance of collaboration, and family centered care perspective will be discussed as a method of easing the treatment experience for families in psychosocial distress. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Stark, Doretta E. und Johnson, Edith M.. „Implications of hospice concepts for social work practice with oncology patients and their families in an acute care teaching hospital“. *Social Work in Health Care* 9, Nr. 1 (Fal 1983): 63–70.

Describes an adaptive approach to the delivery of hospice care in an acute care teaching hospital. This approach incorporates the concepts of hospice into existing care services for oncology patients and their family members. Presented are the roles of the social worker in implementing this approach and interventions by the social worker in problems that arise. Improvements in patient/family care services and changes in staff attitudes are summarized. (12 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Steinebach, Christoph (Hrsg.) *Heilpädagogik für chronisch kranke Kinder und Jugendliche.* Freiburg, Breisgau: Lambertus, 1997.

"Die Begleitung und Förderung von Kindern und Jugendlichen mit chronischen Erkrankungen sowie die Beratung ihrer Familien ist ein wichtiges, aber noch junges Arbeitsfeld der Heilpädagogik. In zahlreichen Beiträgen diskutiert dieses Buch die Lebenslagen chronisch kranker Kinder und stellt heilpädagogische Konzepte und Methoden für ihre Begleitung und Förderung vor. Untersucht werden ferner die Situation chronisch kranker Kinder und Jugendlicher, ihrer Familien und die Arbeitsbedingungen in der Rehabilitation. Der Band führt ein in die interdisziplinären Grundlagen der Rehabilitation im Kindes- und Jugendalter. Darüber hinaus reflektiert er die pädagogische Praxis als Teil der interdisziplinären Rehabilitation. Er richtet sich an pädagogische, psychologische und medizinische MitarbeiterInnen in diesem Arbeitsfeld, an Studierende und Lehrende der Heilpädagogik, Sozialen Arbeit, Pflege und Medizin." (Autorenreferat).

Strauss, Rebecca J. und Northcut, Terry B.. „Using yoga interventions to enhance clinical social work practices with young women with cancer“. *Clinical Social Work Journal* 42, Nr. 3 (September 2014): 228–236.

It is widely published that physical, psychological, and social stressors adversely affect many individuals who are diagnosed with cancer, influencing their experience of treatment and perhaps, the quality of life after treatment is complete. No one is prepared for this battle, yet most patients are forced to make split-second decisions that are critical to their care. This case study highlights the mindfulness approach taken by one social worker to help a young woman during her journey with cancer. By guiding her through gentle yoga postures, yoga breathing, and meditation this patient learned how to take back some measure of control in her recovery, address her illness-related stress, and possibly enhance the quality of her life during treatment. As more clinicians combine conventional best practices with complementary healing therapies, they may provide tools any patient can use to instill hope and promote wellness during this most challenging time and beyond. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Tadmor, Ciporah S., Rosenkranz, Rivka und Ben-Arush, Myriam Weyl. „Education in pediatric oncology: Learning and reintegration into school“. In: Kreitler, Shulamith, Ben-Arush, Myriam Weyl, Martin, Andrés (Hrsg.). *Pediatric psycho-oncology: Psychosocial aspects and clinical interventions.* 2. Auflage. Wiley-Blackwell, 2012. 104–117.

In this chapter, a comprehensive preventive intervention on both counts for pediatric cancer patients is presented, with particular emphasis on preventive intervention in the school. Preventive intervention is implemented by an interdisciplinary staff designed to answer the specific concerns of children with cancer, their parents, siblings, teachers and peers. The interdisciplinary staff consists of psychologists, social workers, art and music therapists, hospital teachers, teacher counselor and volunteers who empower the child and parents, each in his/her area of expertise to deal with the threatening disease and its emotional sequelae. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Tamminga, Sietske J., Verbeek, Jos H. A. M., de Boer, Angela G. E. M., van der Bij, Ria M. und Frings-Dresen, Monique H. W.. „A work-directed intervention to enhance the return to work of employees with cancer: A case study“. *Work: Journal of Prevention, Assessment & Rehabilitation* 46, Nr. 4 (2013): 477–485.

The purpose of this case study was to describe how the return-to-work process evolved in an employee with cancer in the Netherlands and how a work-directed intervention supported this process. The patient was a 35-year old female employee diagnosed with cervix carcinoma. After surgery, the patient experienced depression, fatigue, fear of recurrence, and low mental working capacity. Communication with the occupational physician was difficult. A social worker at the hospital provided three counseling sessions aimed to support return to work and sent letters to the occupational physician to improve the communication. The support by the social worker helped the patient to resume work gradually and the sending of information from the treating physician and social worker improved the communication with the occupational physician. This resulted in the patient being able to achieve lasting return to work. This work-directed intervention was highly valued by the patient and could be an important addition to usual psycho-oncological care for employees with cancer. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Taylor-Brown, S., Walsh-Burke, K., Altilio, Terry, Blacker, Susan und Christ, Grace. *Best practices in social work: end of life caregiving.* SSLHC Best Practices Series. Chicago: AHA Press, 2001.

Thomeit, Wolfgang. „Zentrale Anlaufstelle für Krebspatienten. Nordrhein-Westfalen setzt seit 50 Jahren auf onkologische Rehabilitation aus einer Hand und fördert ambulante Angebote“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2006): 25–28.

Tinker, Cindy. „Vanderbilt-Ingram Cancer Center’s & Gilda’s Club Nashville: Songs from the Heart“. *Omega: Journal of Death and Dying* 67, Nr. 1–2 (2013): 213–219.

Songs from the Heart is an annual palliative care and outreach/support project done in partnership with the Vanderbilt-Ingram Cancer Center Henry Joyce Cancer Clinic and Gilda’s Club Nashville. It is a two-evening songwriters’ workshop and concert that gives cancer survivors, family members and healthcare professionals the opportunity to tell their story about cancer through the art of music in a safe therapeutic environment. It is a unique project through the art of music helping others of all ages and from all walks of life find healing and hope; as well as an opportunity to give back to others. A professional singer/songwriter and a social worker co-facilitate the two-evening songwriters workshop. Two musicians perform songs the workshop songwriters have written at a community wide concert. Those who have participated in Songs from the Heart have communicated through the workshop evaluations that this experience has been life changing and a unique opportunity in being able to: explore and express their deep felt emotional feelings and thoughts; release their creative juices; ability to be alone with the group, yet feel included as a whole; express their journey through music; and benefit from being involved with others affected by cancer who have had similar difficulties. Others who have attended the concert or listened to the CD have expressed the significant impact these songs have had on their lives and their journey with cancer. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Trovato, James A., Trocky, Nina M., Oktay, Julianne S., McGuire, Deborah, Griffith, Kathleen A. und McLeskey, Sandra W.. „An interprofessional web-based approach to providing breast cancer education“. *Journal of Cancer Education* 28, Nr. 4 (Dezember 2013): 639–646.

This paper describes the process that nursing, social work, and pharmacy faculty at a state university undertook to develop interprofessional web-based breast cancer education modules for incorporation into required curriculum. Eight web modules initially developed to educate baccalaureate nursing students on breast cancer were revised and expanded at each health professional school to include discipline-specific information pertinent to social work and pharmacy scope of practice. A specialized internet-accessible web-delivered application was constructed consisting of eight reusable learning objects, or modules, including epidemiology, risk factors and screening, diagnosis, staging and grading, treatment, survivorship, disparities, and metastatic breast cancer. These modules were organized for easy integration into existing courses and allowed for an efficient means of providing expert, evidence-based content. Innovative methods to integrate nursing, social work, and pharmacy education are needed to achieve an effective interprofessional educational approach to teaching breast cancer content. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Unland-Schlebes, Irene. „Erfahrungen mit krebskranken Frauen in Selbsterfahrungsseminaren“. *Theorie und Praxis der Sozialen Arbeit* 36, Nr. 1 (1985): 14–18.

Wakelin, Kate und Street Annette F.. „An online expressive writing group for people affected by cancer: A virtual third place“. *Australian Social Work* 68, Nr. 2 (April 2015): 198–211.

This paper examines the experiences of members of an online expressive writing (EW) group for adults affected by cancer. An asynchronous online focus group was conducted over six months, with 10 participants providing 103 written responses. Findings revealed a complex relationship expressed between the process of EW for a selected online audience, the product (written work) itself, and the process of engaging with the reflections on this product and the products of others. Of particular interest was the evolution of a virtual third place, The Goat'n'Quill, where participants were able to transcend the limitations placed upon them as a result of their cancer experience. This study provides useful guidance for social work practice. It affirms the value of third places where community members can coconstruct the format and processes to meet their needs. It also confirms the usefulness of technology-based strategies to extend social and emotional care. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Walter, Stefanie. „Gebündelte Stärke für Krebs-Betroffene. Das Haus der Krebs-Selbsthilfe vereint zehn Bundesverbände unter einem Dach“. *Forum sozialarbeit + gesundheit*, Nr. 2 (2014): 42–43.

Im Haus der Krebsselbsthilfe (HKSH) in Bonn haben sich zehn Krebs-Selbsthilfeorganisationen zusammen getan. Auf der Grundlage von gemeinsamen Prinzipien nutzen sie Synergieeffekte, um die Belange von Menschen mit Krebs und ihren Angehörigen besser vertreten zu können.

Walther, Jürgen. „Krebserkrankungen bergen ein erhöhtes Armutsrisiko. Erfahrung aus der psychosozialen Beratung von Tumorpatienten“. *Forum sozialarbeit + gesundheit*, Nr. 3 (2012): 17–20.

Soziale Beratung zu wirtschaftlichen Folgen einer Krebserkrankung nimmt zunehmend Raum bei der psychosozialen Beratung und Begleitung onkologischer Patienten durch Soziale Arbeit ein. Die soziale Beratung durch qualifizierte Sozialarbeiter und -pädagogen ist ein wesentlicher Baustein zur Linderung größter Not und zur Sicherung der Lebensgrundlagen.

Weis, Joachim, Bartsch, Hans-Helge, Nagel, Gerd Arno und Unger, Clemens. „Psychosocial care for cancer patients: A new holistic psychosomatic approach in acute care and rehabilitation“. *Psycho-Oncology* 5, Nr. 1 (März 1996): 51–54.

The Tumor Biology Center in Freiburg, Germany is an innovative model institution for cancer treatment and research which includes basic and applied research institutions and 2 different types of clinics: an acute care hospital (80 beds) and a rehabilitation hospital (120 beds). The department for psycho-oncology is an integrated part of the 2 hospitals and consists of a multidisciplinary team of psychologists, a social worker, a music therapist, an art therapist, and an occupational therapist. The psychosocial care program uses different kinds of group therapy, as well as counselling and psychotherapy with patients and their spouses. The psychosocial treatment approach is patient-oriented and aimed at the improvement of the patients' coping skills and the psychological management of cancer-referred symptoms such as pain, anxiety or side effects of chemotherapy. The programs are described with regard to the psychosomatic treatment approach of the whole center and the peculiarities of the 2 different settings (acute care and rehabilitation). (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Weis, Joachim, Ulrike Heckel und Muthny, Fritz. „Erfahrungen mit einem psychosozialen Liaisondienst auf onkologischen Stationen einer Akutklinik“. *Psychotherapie, Psychosomatik, Medizinische Psychologie* 43, Nr. 1 (1993): 21–29.

Weiss, Gabriele. „Ausdrucksspiel: Spielerische Elemente in der Begleitung krebskranker Kinder und Jugendlicher“. In: Steinebach, Christoph (Hrsg.). *Heilpädagogik für chronisch kranke Kinder und Jugendliche.* Freiburg: Lambertus, 1997. 129–142.

Weiss, Katrin, Buttstädt, Marianne, Singer, Susanne und Schwarz, Reinhold. „Entwicklung eines ambulanten psychosozialen Nachsorgeangebotes für onkologische Patienten: Gestaltungskurs für krebskranke Eltern ‚Wie sag ich‘s meinem Kinde?’ - Vorstellung des Kurskonzeptes“. *Musik-, Tanz- und Kunsttherapie* 16, Nr. 1 (2005): 27–31.

Distress and psychosocial problems of children whose parents suffer from cancer are often underestimated. Children of physically ill parents have to be classified as a risk group since they are susceptible for the development of psychiatric disorders. Open communication with children during all stages of diagnosis and treatment of parental disease will support the coping process of children and can help to reduce the development of psychiatric disorders. We have devised a structured art therapy program (22 weeks) for parents with cancer. The goals of this art therapy program are to sustain the coping process and to prompt communication within the family. The program includes supportive and creative elements and consists of three parts: learning, transform, and creating The participants can acquire artistic skills and techniques and can explore and develop their own imagery. They create a personal book in the third period of the course. This book should be useful to express the subjective experience of the participant dealing with cancer or other life events. The book can be used for stimulating communication within the family. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Wertgen, Alexander. „Das Projekt ‚Teleschule‘. Eine ergänzende Maßnahme im Unterricht onkologisch erkrankter Schüler“. *Sonderpädagogik* 37, Nr. 2/3 (2007): 98–110.

Der Einsatz moderner Kommunikationstechnologien im Unterricht onkologisch erkrankter Schüler kann einen Beitrag zur sozialen Integration und damit auch zur gesundheitsbezogenen Lebensqualität der betroffenen Kinder und Jugendlichen leisten.

Wittmeyer, H., Clauß-Euler, I. und Dörr, C., Kaufmann, Ursula.. „Psychosoziale Versorgung in der pädiatrischen Onkologie. Darstellung eines Arbeitsgruppenmodells“. *Psychotherapie, Psychosomatik, Medizinische Psychologie* 39, Nr. 11 (1989): 411–417.

Describes the conceptual basis, organization, activities, and evaluation of an interdisciplinary psychosocial care program for pediatric cancer patients and their families. The specific functions of the psychosocial care team members (a psychologist, a social worker, and a visiting nurse) are identified, and advantages and problems associated with a team approach to psychosocial care are considered. In addition, data documenting the team's effectiveness in reaching the families of pediatric oncology patients are provided. (English abstract) (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Wolfe, Sheri L., Elkins, Stephanie, Shiller, Andrew D., Fernsler, Jayne und Hale Barbara W.. „Quality of life through rehabilitation at end of life“. *Cancer Practice* 10, Nr. 4 (Juli 2002): 174–178.

Presents the case of a 57-yr-old male who was diagnosed with acute nonlymphocytic leukemia. His disease and treatment course are detailed, including the subject's (S's) chemotherapy treatment, brief remission and relapse, and stroke, which was subsequent to admission to a rehabilitation hospital. After receiving care at the hospital, it became clear that S's prognosis was grave with or without treatment. S lived out his final weeks receiving quality of life at home. Professionals from the disciplines of medicine, nursing, rehabilitation, and social work provide responses to this case. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Yu, Eun□Seung, Shim, Eun Jung, Kim, Ha Kyoung, Hahm, Bong□Jin, Park, Jong□Hyock und Kim, Jong□Heun. „Development of guidelines for distress management in Korean cancer patients“. *Psycho-Oncology* 21, Nr. 5 (Mai 2012): 541–549.

Objectives: Psychological distress is common in cancer patients, and the need to develop a system for assessing and managing distress is widely recognized. This project developed recommendations that are feasible for Korean cancer patients and the Korean healthcare system. Methods: Based on the findings from a series of studies in the context of this project, we developed guidelines following the steps and parameters recommended by the Scottish Intercollegiate Guidelines Network (SIGN). The Development Group consisted of individuals from several professions, including psychiatrists, psychologists, nurses, social workers, a health policy expert, and a methodologist. Opinions from various healthcare providers, patients, and related societies were also reflected in the guidelines. Results: The main recommendations for distress management in cancer patients were the following: (1) a concept of distress in Korean cancer patients, screening tools, management algorithms, and triage approaches was developed and (2) four symptom‐specific guidelines with management algorithms were proposed for depression, anxiety, insomnia, and delirium. Conclusion: This is the first effort to develop recommendations for distress management in psycho‐oncology in Korea. These guidelines offer standards for psychosocial care for cancer patients in Korea. We have made a significant step toward integrated cancer care that incorporates the psychosocial care of patients as an essential component of patient care in a Korean oncology context. This version will be updated constantly to keep up with emerging evidence from empirical research and clinical experience. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Literatur-Reviews

Adedoyin, Adedamola Christson Adeoluwa. „A systematic review of evidence-based cancer education media interventions to improve cancer screening behaviors among African Americans in the United States“. ProQuest Information & Learning, 2014.

Cancer incidence and fatality rates are highest among African Americans compared to other races in the United States. Empirical evidence suggests that culturally sensitive and literacy appropriate cancer education media interventions reduce cancer mortality and disparities among African Americans. However, there is no evidence in extant literature that identifies the cancer education media interventions that works best and is most effective for African Americans. Therefore, the purpose of this study was to conduct a research synthesis that systematically and methodologically identified, examined and evaluated studies that focused on cancer education media interventions for African Americans. Consequently, a systematic literature search was conducted for published and gray studies using ten computerized databases. Out of 179 publications identified, only 41 met the inclusion-exclusion criteria. The dependent variables were obtaining screening, knowledge intention and attitudes (KIA). The independent variables were type of cancer education media (e.g. print, TV, and multiple media). Study descriptors were also identified (e.g. research designs and theoretical framework). Overall, multiple media (N=16) was the mostly used cancer education media followed by print (N=12), audio visual (N=8), computer-based (N=3), web-based (N=1) and telephone (N=1) respectively. The following type of cancer screening practices was observed: Breast (N=17), colorectal (N=10), prostate (N=9), cervical (N=3), breast and cervical (N=2). Furthermore, the study revealed preferred and widely used settings such as churched-based setting (N=16), hospital/clinics (N=13) and community-based organizations (N=12). Studies that focused on breast screening were most effective, followed by colorectal, prostate, cervical and breast and cervical respectively. Furthermore, study quality assessment revealed that 13 breast cancer screening studies, eight prostate cancer screening studies and three colorectal and cervical cancer screenings were found to be strongly rated. Only one study was strongly rated for breast and cervical cancer screening. The most effective cancer education media among African Americans was multiple media. The study revealed that culturally sensitive, and literacy appropriate cancer education media interventions are effective and therefore, reduces cancer incidence, mortality and disparities among African Americans. Implications for social work are highlighted in relation to maximizing the underutilized potential and competencies of social workers in their role as cancer educators. KEYWORDS: Cancer screening, cancer disparities, cancer education media interventions, systematic review, African Americans. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Bedway, Andrea J. und Smith, Lisa Hartkopf. „„For kids only‘: Development of a program for children from families with a cancer patient“. *Journal of Psychosocial Oncology* 14, Nr. 4 (1996): 19–28.

This article reviews the literature on the children of cancer patients, outlines several existing programs for children, and describes factors to consider when developing such a program. The program committee is made up of a multidisciplinary team, including nurses, physicians, social workers, psychologists, occupational therapists, plus cancer-survivor volunteers. The "For Kids Only" program was developed to provide children with a safe environment in which they can share their thoughts and feelings and ask questions. Education, support, and screening were established as the goals of the program. The children are given age-appropriate information, and they learn new skills to help them cope more effectively throughout the cancer experience. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bransfield, Diana D. „Breast cancer and sexual functioning: A review of the literature and implications for future research“. *International Journal of Psychiatry in Medicine* 12, Nr. 3 (1982 1983): 197–211.

Contends, on the basis of a review of the literature from 1953 to 1981, that women with breast cancer are at risk for developing sexual difficulties as a result of their illness and its subsequent treatment. Most of the research is found to be lacking in an appreciation for the complexity of variables that may contribute to sexual difficulties in the population. Patient variables may include biological, psychological, and sociocultural factors. Partner variables may include involvement in wives' treatment and sexual frequency. Health-care provider variables (physician, psychologists, nurses, social workers, mental health professionals, and volunteers) include willingness to discuss sexual functioning. It is suggested that the small amount of information on these variables shows that research is still in its infancy and much work needs to be done. (39 ref) (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Breitbart, William S. und Alici, Yesne. „Psycho-oncology“. *Harvard Review of Psychiatry* 17, Nr. 6 (Dezember 2009): 361–376.

The psychosocial and psychiatric sequelae of cancer are highly prevalent, diverse, and challenging for clinicians to manage. A growing body of literature has generated methods for the reliable screening, assessment, and management of these sequelae, including the treatment of psychiatric disorders that may complicate the course of cancer. To meet the specific needs of this patient population, psycho-oncologists worldwide have begun to train more and more social workers, psychologists, and psychiatrists who can provide consultative services in support of the psychiatric care of cancer patients and their families at all stages of disease, including cancer survivorship. This review presents an overview of the history of psycho-oncology, common psychological responses to cancer, factors in adapting to cancer, epidemiology, the assessment and management of major psychiatric disorders in cancer patients, cancer-related fatigue, the cognitive effects of cancer and cancer treatment, issues related to the psychosocial care of families (including bereavement), and psychological issues for staff caring for cancer patients. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Cwikel, Julie, Behar, Lynn und Rabson-Hare, June. „A comparison of a vote count and a meta-analysis review of intervention research with adult cancer patients“. *Research on Social Work Practice* 10, Nr. 1 (Januar 2000): 139–158.

Compared the utility of 2 methods of knowledge utilization in social work intervention: vote count review and meta-analysis. Using the 2 methods, the authors reviewed 40 intervention studies with adult cancer patients that used treatment techniques common in social work. The common research question was, which treatments are the most effective with cancer patients, differentiated by disease phase and type of diagnosis? By both methods of review, interventions were shown to be most common and effective at the treatment phase, and cognitive-behavioral methods showed the most consistently positive effects. Correlations between the vote count and meta-analysis results showed that the outcome score given in the vote count was very strongly correlated with the average effect size from the meta-analysis. Vote count is a relatively simple method of knowledge utilization, whereas meta-analysis requires careful explanation of the discretionary steps taken in analysis. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Cwikel, Julie G. und Behar, Lynn C.. „Social work with adult cancer patients: A vote-count review of intervention research“. *Social Work in Health Care* 29, Nr. 2 (1999): 39–67.

Reviewed research on psychosocial interventions, with the aim of helping social workers in oncology to integrate empirical and practical knowledge. These questions were addressed: 1) When are patients likely to be willing to accept help? 2) Is there evidence to show which types of psychosocial treatment are effective in improving psychological or physical functioning? 3) Are certain treatments preferable for some patients, depending on the type of cancer and stage of disease? Based on a vote-count review of 40 studies, 36 documented some positive outcomes from treatments, 4 exhibited null findings, and none had clearly negative results. The most positive results were from interventions during the treatment phase, next from interventions at diagnosis, and lastly from interventions during the terminal stage. Individual and group formats showed comparable efficacy. Interventions that included cognitive behavioral methods had the most consistently positive results. Studies where social workers were involved were less successful at demonstrating efficacy primarily because social workers often did not include cognitive behavioral interventions in their research. The authors suggest that social workers might want to reevaluate their intervention strategies. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Galinsky, Maeda J. und Schopler, Janice H.. „Negative experiences in support groups“. *Social Work in Health Care*, Social work in ambulatory care: New implications for health and social services, 20, Nr. 1 (1994): 77–95.

Reviews the literature related to support groups, negative experiences in groups, and social support, as well as personal accounts of members and practitioners, and affirms the importance of considering the negative experiences in support groups. This material provides a base for the specification of potential problematic group conditions and negative outcomes and points to issues in obtaining information from respondents about negative factors. Findings from surveys of 20 cancer support group leaders indicate the nature of the negative experiences in groups that these practitioners have led or heard about. Data provide an initial step in the development of a practice theory for support groups that acknowledges prevention and intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Goldberg, Richard T. „Rehabilitation of persons with cancer of the larynx“. *Rehabilitation Literature* 35, Nr. 12 (Dezember 1974): 354–361.

Evaluates research and practice regarding cancer of the larynx with a view toward building a model multidisciplinary program for cancer rehabilitation. Such a program would be housed in a special center staffed by a laryngologist, speech therapist, nurse, psychologist or psychiatrist, social worker, occupational therapist, vocational rehabilitation counselor, and, when necessary, a physiatrist. The functions of each of these professionals are described. (45 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Heckl, U., Singer, S., Wickert, M. und Weis J. „Aktuelle Versorgungsstrukturen in der Psychoonkologie.“ *Nervenheilkunde: Zeitschrift für interdisziplinaere Fortbildung* 30, Nr. 3 (2011): 124–130.

Psychosocial assessment, counselling and treatment of cancer patients has become an integrated part of cancer care. Psychosocial care for cancer patients includes a broad spectrum of various interventions covering psychosocial counselling, psychoeducation as well as psychotherapy Psychosocial assessment Instruments have been developed and are used in clinical routine to identify patients needs for psychosocial care. Psychooncological treatment is based on the concept of supportive psychotherapy requiring interdisciplinary cooperation. In Germany psychosocial care has significantly improved over the last two decades, but within the three sectors of health care (acute care, rehabilitation, outpatient aftercare) there are still differences in terms of interventions provided for the patients. Recently health care standards and quality assurance in psychooncology have been developed and evidence based guidelines are elaborated. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Jones, Barbara L., Pelletier, Wendy, Decker, Carol, Barczyk, Amanda und Dungan, Sheryn S. „Fathers of children with cancer: A descriptive synthesis of the literature“. *Social Work in Health Care* 49, Nr. 5 (Mai 2010): 458–493.

This article reviews and synthesizes research studies on fathers of children diagnosed with cancer in order to identify the stressors resulting from their child's diagnosis. A systematic search of the literature between 1980 and 2007 generated 53 eligible studies that specifically identified issues relevant to fathers of children with cancer. Fathers experience unique stressors that may be related to gender-related roles. These stressors need specific focus and clinical attention from social workers. Review findings indicate the unique role gender plays in coping with childhood cancer, the importance of involving fathers in childhood cancer research, and in structuring psychosocial support addressing their specific concerns. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Keitel, Merle A., Cramer, Stanley H. und Zevon, Michael A. „Spouses of cancer patients: A review of the literature“. *Journal of Counseling & Development* 69, Nr. 2 (November 1990): 163–166.

This article reviews and synthesizes research studies on fathers of children diagnosed with cancer in order to identify the stressors resulting from their child's diagnosis. A systematic search of the literature between 1980 and 2007 generated 53 eligible studies that specifically identified issues relevant to fathers of children with cancer. Fathers experience unique stressors that may be related to gender-related roles. These stressors need specific focus and clinical attention from social workers. Review findings indicate the unique role gender plays in coping with childhood cancer, the importance of involving fathers in childhood cancer research, and in structuring psychosocial support addressing their specific concerns. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Krush, Anne J. „Social work role in research studies of families having hereditary cancer and pre-cancer diagnoses“. *Social Work in Health Care* 7, Nr. 2 (Win 1981): 39–48.

Social work skill and knowledge, casework, interviewing techniques, understanding of the psychodynamics involved in persons with genetic disorders, ability to establish relationships with people, enabling patients to cope with their problems, and interdisciplinary competence are all called for in genetic counseling and research. Additional qualifications can be acquired through courses in basic genetics and on-the-job training. Scientific inquiry is discussed within the context of human values. (18 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Lillquist, Patricia P. und Abramson, Julie S. „Separating the apples and ororanges in the fruit cocktail: The mixed results of psychosocial interventions on cancer survival“. *Social Work in Health Care* 36, Nr. 2 (2002): 65–79.

In past reviews of the literature on psychosocial interventions for cancer patients, different reviewers have reached disparate conclusions about the ability of a psychosocial intervention to have an impact on cancer survival. This article highlights some of the basis for differences of opinion, including the range of psychosocial interventions provided to patients and the challenges inherent in conducting research studies of this type. Social workers who work with cancer patients at vulnerable times need to understand what the current evidence shows can be gained from participation in a psychosocial intervention. Several key questions have been identified that can provide the basis for future rigorous studies. The role of the social worker in participating and shaping research on the relationship of psychosocial intervention and cancer survival is also discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Markward, Martha J., Benner, Kalea und Freese, Rebekah. „Perspectives of parents on making decisions about the care and treatment of a child with cancer: A review of literature“. *Families, Systems, & Health* 31, Nr. 4 (Dezember 2013): 406–413.

This review focuses on parental decision making regarding the care and treatment of children with cancer. Articles were abstracted from the following sources: Ovid Databases (Cochrane Database of Systematic Reviews, Database of Abstracts of Review of Effects, Medline, and Social Work Abstracts) and EBSCOhost (Academic Search Premier and Academic Search Complete) using smart text. The criteria for the search were publications between 2005 and 2012 and publication in peer-review journals. The descriptors used were parents of children with cancer, decision making, decisions about childhood cancer, and parents. The search yielded 59 references, but after duplicates, as well as dated and irrelevant articles were removed, 17 articles were identified that focused specifically on the decisions parents make regarding the care and treatment of children with cancer. Coders agreed that the child’s quality of life/well-being, parental hope/expectations, support/supportive care, communication, and information were important themes in considering the decisions parents made regarding the care and treatment of children with cancer. These themes provide insight into the needs of parents in making decisions about the care and treatment of children with cancer. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Millner, Lois und Widerman, Eileen. „Women’s health issues: A review of the current literature in the social work journals, 1985–1992“. *Social Work in Health Care*, Women’s health and social work: Feminist perspectives, 19, Nr. 3–4 (1994): 145–172.

To assess the ways in which social work is addressing issues in women's health care, the profession's journals from 1985 to 1992 were searched, yielding 36 articles. Over half addressed issues of reproduction and sexuality, including pregnancy, family planning, abortion, substance abuse in pregnancy, and fetal protection policies. Remaining articles addressed medical diagnoses, including AIDS/HIV and other socially transmitted diseases; cancer; illnesses associated with aging; premenstrual syndrome (PMS); Turner's syndrome; and chronic fatigue syndrome. Foci, methodologies, and recommendations are discussed and the articles' reflections of the status of women's health as a social work concern are analyzed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Peterson, K. Jean und Bricker-Jenkins, Mary. „Lesbians and the health care system“. In: Peterson, K. Jean (Hrsg.). *Health care for lesbians and gay men: Confronting homophobia and heterosexism.* 33–47. New York: Harrington Park Press/Haworth Press, 1996.

reviews the limited research available on health care for lesbians, including the research on the attitudes of health care providers towards lesbians, the health care seeking behavior of lesbians, and the barriers lesbians encounter in seeking care / the experience of lesbians with breast cancer is used to exemplify these issues / social workers must evaluate and challenge their own attitudes, beliefs, and behaviors if they are to work with, and advocate for, lesbians within the health care system (PsycINFO Database Record (c) 2012 APA, all rights reserved). (chapter)

Pockett, Rosalie, Dzidowska, Monika und Hobbs, Kim. „Social work intervention research with adult cancer patients: A literature review and reflection on knowledge-building for practice“. *Social Work in Health Care* 54, Nr. 7 (August 2015): 582–614.

The results of a literature review of social work intervention research with adult cancer patients found only a small number of studies conducted by social work researchers. The findings of the review are presented followed by a reflective discussion on the nature of knowledge-building and research knowledge for practice. Knowledge building is considered as a continuous, negotiated process within communities of practice focused on psychosocial perspectives that draw on a range of knowledge sources. Epistemology, worldviews and research orientations are considered along with the values and stance of social work, all of which create the domain of the practice-researcher. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Radojevic, Natasha. „A mindfulness activity workbook for children with Cancer“. ProQuest Information & Learning, 2015.

In this dissertation I systematically reviewed and analyzed literature about mindfulness interventions with children and literature about symptoms experienced by children with cancer. Based on this review and analysis I identified target symptoms prevalent in children with cancer during the first six months of treatment, selected mindfulness activities adapted for children ages 7 to 11 that had been utilized to alleviate similar symptoms, and created a mindfulness based activity workbook for children with cancer, ages 7 to 11. Target symptoms identified were anxiety, depression, sleep disturbance, and nausea. The mindfulness activities selected were: introduction to mindfulness, mindful breathing exercises, sitting yoga pose, and visualization thought parade activity. The mindfulness activity workbook created consists of a story and an activity segment. The story segment is illustrated and follows the main character, a Chihuahua puppy, as she visits other animal characters experiencing different symptoms of cancer. Each of the characters she encounters teaches her a mindfulness activity. The activity segment of the workbook provides step-by-step instruction for learning the activities. The workbook was evaluated by a panel of eight experts: one pediatric oncologist, one nurse, one social worker, one 2nd grade teacher, one children's book publisher, one child life specialist, and two parents with children diagnosed with cancer. They completed a Likert scale evaluation questionnaire and were interviewed about their evaluations of the workbook. Their ratings and interviews were qualitatively analyzed. They found the workbook book appropriate, engaging and for the most part would recommend its use for children with cancer and their parents. They strongly agreed that the activities in the workbook were suitable for children with cancer, and that the symptoms addressed occurred in the first 6 months of treatment. Some suggestions for improvements included targeting a narrower and younger age range, children 6 to 9, in the design and illustrations, and to convey a realistic hospital setting in the illustrations. It emerged that there was some sensitivity among parents regarding the use of the word cancer and that the workbook would benefit from the addition of a psycho-educational preface about the merits of using accurate medical terminology with children. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Rehse, B. und Pukrop, R.. „Effects of psychosocial interventions on qualitiy of life in adult cancer patients: meta analysis of 37 published controlled outcome studies.“ *Patient Educ. Couns.*, Nr. 50 (2003): 179–186.

Ross, Judith W. „The role of the social worker with long term survivors of childhood cancer and their families“. *Social Work in Health Care* 7, Nr. 4 (Sum 1982): 1–13.

Reviews the literature on pediatric cancer chronicity and discusses its effects on survivors and their families. The chronic cancer experience can be divided into 4 phases: initial remission, continued remission, coming off treatment, and irreversibly cured. Periods of extended remission can be differentiated in terms of the demands made on family and patient at each juncture. Some typical reactions are discussed, along with suggested social work interventions. A developmental approach to the patient is desirable. (27 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Söllner, Wolfgang, Zschocke, Ina und Augustin, Matthias. „Melanompatienten: psychosoziale Belastung, Krankheitsverarbeitung und soziale Unterstützung. Ein systematisches Review“. *Psychotherapie, Psychosomatik, Medizinische Psychologie* 48, Nr. 9/10 (1998): 338–348.

Das Melanom (MM) ist eine Krebserkrankung mit rasch steigender Inzidenz in allen Altersgruppen, welche bei später Entdeckung oft rasche Progredienz und eine schlechte Prognose aufweist. Bei nicht-metastasierender Erkrankung werden Patienten nach der operativen Entfernung des Primärtumors engmaschig nachuntersucht. Für diese Patienten besteht jedoch zur Zeit keine weitere gesichert wirksame Behandlungsmaßnahme. Dadurch entstehen insbesondere für Patienten mit ungünstiger Prognose und sichtbarer Lokalisation der Erkrankung psychosoziale Belastungen sowie Anforderungen an die individuelle Anpassung an die Erkrankung und an Unterstützung aus dem sozialen Netzwerk. In einer systematischen Übersichtsarbeit werden Studien zu diesen psychosozialen Faktoren sowie zur Behandlungsbedürftigkeit und Effektivität psychosozialer Interventionen dargestellt und diskutiert. Darüber hinaus werden Ergebnisse von Studien, welche Zusammenhänge zwischen psychosozialen Charakteristika und dem Krankheitsverlauf untersuchten, kritisch kommentiert.

Stenberg, Una, Ekstedt, Mirjam, Olsson, Mariann und Ruland, Cornelia M.. „Living close to a person with cancer: A review of the international literature and implications for social work practice“. *Journal of Gerontological Social Work* 57, Nr. 6–7 (Oktober 2014): 531–555.

To help family caregivers (FCs), social workers need to understand the complexity of FC’s experiences and challenges. For this systematic review, several relevant, multidisciplinary electronic databases were searched. Of 1,643 titles identified, 108 articles met the inclusion criteria and are included in this review. Various experiences, symptoms, and burden related to caregiving responsibilities are described and discussed. The understanding evolving from this study about the FC’s own health risk, caregiver burden, and experiences over time can enhance a social worker’s awareness of an FC’s challenging situation and the potential impact this has on the FC’s ability to provide care to the patient. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Talley, Ronda C., McCorkle, Ruth und Baile, Walter F. *Cancer caregiving in the United States: Research, practice, policy*. In: Talley, Ronda C., McCorkle, Ruth und Baile, Walter F. (Hrsg.). *Caregiving: Research, practice, policy*; New York: Springer Science + Business Media, 2012.

Despite advances in detection and treatment, cancer remains a source of pain and distress to patients and of complex challenges to the loved ones caring for them. The trend toward shorter hospital stays in particular has increased the physical, psychological, and financial burden on caregivers, often leading to adverse effects on patients. Cancer Caregiving in the United States illuminates these complex concerns with authoritative detail. This wide-ranging volume provides a comprehensive survey of cancer-related issues, including those affecting the care triad (patients-family members- professionals) and quality of care as well as the numerous physical, emotional, and financial challenges that caregivers may need to confront. Sources of caregiver difficulty at each stage of the disease, from diagnosis to end of life, are explored. Each chapter analyzes its topic in terms of practice, research, education, and policy, providing a wealth of literature reviews, assessment and care models, interventions, and recommendations for future study and practice. Coverage includes: Caregiving issues for cancer patients with long-term, short-term, and intermittent needs; family caregivers as members of the treatment team; the impact of health disparities on caregivers; cancer care policy and advocacy; end-of-life issues for cancer caregivers; legal, financial, and ethical issue. Cancer Caregiving in the United States is a core reference for researchers, professionals/scientist-practitioners, and graduate students in such caregiving fields as clinical psychology, social work, nursing, public health and medicine, social policy, and educational policy. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (jacket)

Von Ah, Diane. „Cognitive changes associated with cancer and cancer treatment: State of the science“. *Clinical Journal of Oncology Nursing* 19, Nr. 1 (Februar 2015): 47–56.

Background: Cognitive impairment is a distressing, disruptive, and potentially debilitating symptom that can occur as a direct result of cancer or its treatment. National organizations have identified cognitive impairment as a challenge many survivors face and call for research to address this problem. Despite the priority, research is still relatively limited and questions remain unanswered about prevalence and impact on survivors, as well as coping strategies and effective treatment options available to address this potentially debilitating problem. Objectives: The purpose of this article is to (a) analyze the prevalence and types of cognitive impairment that commonly affect survivors; (b) delineate the impact that cognitive impairment after cancer and cancer treatment has on self-esteem, social relationships, work ability, and overall quality of life among survivors; and (c) synthesize and appraise commonly used coping strategies used by survivors to address cognitive impairment and evidence-based interventions that may be incorporated into clinical practice. Methods: A comprehensive review and synthesis of the literature was conducted. Findings: Evidence-based interventions to address cognitive changes after cancer and cancer treatment are limited. However, emerging research has demonstrated that nonpharmacologic treatments, such as cognitive training, are likely to be effective. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Weis, Joachim und Dormann U. „Intervention in der Rehabilitation von Mammakarzinompatientinnen. Eine methodenkritische Übersicht zum Forschungsstand“. *Die Rehabilitation* 45, Nr. 3 (2006): 129–145.

Studien – qualitativ

Agnew, Audrey, Manktelow, Roger und Donaghy, Kevin. „User perspective on palliative care services: Experiences of middle-aged partners bereaved through cancer known to social work services in Northern Ireland“. *Practice: Social Work in Action* 20, Nr. 3 (September 2008): 163–180.

This qualitative research study explores experiences of partners bereaved through cancer, who were resident in an urban area of Northern Ireland and who had been service users of the social work services. Data were collected in 2004 from 10 individuals who participated in semi-structured interviews. Emergent themes were identified using thematic content analysis and findings analysed under four categories: cancer journey; impact of bereavement; process of adjustment and change; and experience of support services. Opportunities to facilitate communication were not always maximised, often resulting in poor bereavement outcomes. Although hospices undertook bereavement risk assessment, participants were unaware of its use and queried its accuracy without service user involvement. The most cited informal support was family and friends, although such help was time-limited. Service user feedback regarding social workers was generally positive; however, there was a lack of knowledge about their role in palliative care. Post-bereavement adjustment was influenced by the quality of social networks, the responsibilities of lone parenthood, and challenges to life values and core beliefs. A framework for palliative care social work has been recommended based on research findings. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Agnew, Audrey, Manktelow, Roger, Haynes, Tommy und Jones, Louise. „Bereavement assessment practice in hospice settings: Challenges for palliative care social workers“. *British Journal of Social Work* 41, Nr. 1 (Januar 2011): 111–130.

The management and delivery of bereavement support services in palliative care settings present practical and ethical challenges. A national survey, conducted in 2007, examined bereavement practice in ten Marie Curie hospices across the UK. This qualitative study was undertaken using semi-structured telephone interviews with Bereavement Service Leaders located in each hospice. Although findings revealed that bereavement services were in operation and had been reviewed in response to the National Institute for Clinical Excellence Guidance (2004) and all bereaved families were offered support, there was no standardisation of service delivery across sites. Multidisciplinary team meetings facilitated shared decision making for bereavement follow-up and expanded and clarified documentation completed by nursing staff around the time of the patient’s death. However, there was ambiguity regarding professional ‘duty of care’ and agency responses to bereaved individuals who were suicidal. Questions were raised around clinical effectiveness, reliability and professional accountability. The study highlighted ethical issues centred on documentation, user participation and consent, and found staff training was variable across the ten hospices. The findings have informed the development of a post-bereavement service model that has been subsequently implemented across Marie Curie Cancer Care. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Ahmad, Farah, Jandu, Barinder, Albagli, Andrea, Angus, Jan E. und Ginsburg, Ophira. „Exploring ways to overcome barriers to mammography uptake and retention among South Asian immigrant women“. *Health & Social Care in the Community* 21, Nr. 1 (Januar 2013): 88–97.

South Asians comprise one of the fastest growing immigrant groups in North America. Evidence indicates that South Asian (SA) immigrant women are vulnerable to low rates of breast cancer screening. Yet, there is a dearth of knowledge pertaining to socioculturally tailored strategies to guide the uptake of screening mammography in the SA community. In 2010, the authors conducted semi-structured focus groups (FG) to elicit perspectives of health and social service professionals on possible solutions to barriers identified by SA immigrant women in a recent study conducted in the Greater Toronto Area. Thirty-five health and social services staff members participated in five FG. The discussions were audio taped and detailed field notes were taken. All collected data were transcribed verbatim and thematic analysis was conducted using techniques of constant comparison within and across the group discussions. Three dominant themes were identified: (i) ‘Target and Tailor’ focused on awareness raising through multiple direct and indirect modes or approaches with underlying shared processes of involving men and the whole family, use of first language and learning from peers; (ii) ‘Enhancing Access to Services’ included a focus on ‘adding ancillary services’ and ‘reinforcement of existing services’ including expansion to a one-stop model; and (iii) ‘Meta-Characteristics’ centred on providing ‘multi-pronged’ approaches to reach the community, and ‘sustainability’ of initiatives by addressing structural barriers of adequate funding, healthcare provider mix, inter-sectoral collaboration and community voice. The findings simultaneously shed light on the grassroot practical strategies and the system level changes to develop efficient programmes for the uptake of mammography among SA immigrant women. The parallel focus on the ‘Target and Tailor’ and ‘Enhancing Access to Services’ calls for co-ordination at the policy level so that multiple sectors work jointly to streamline resources, or meta-characteristics. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Altpeter, Mary, Earp, Jo Anne L. und Schopler, Janice H.. „Promoting breast cancer screening in rural, African American communities: The ‚science and art‘ of community health promotion“. *Health & Social Work*, Cultural and Ethnic Diversity, 23, Nr. 2 (Mai 1998): 104–115.

Using an 8-yr breast cancer prevention project, the North Carolina Breast Cancer Screening Program (NC-BCSP), as a case study, this article describes both the "science and art" of community health promotion. The authors examine how social ecological theory, social work community organization models, and principles underlying institutionalization of health promotion programs form the conceptual foundation for the NC-BCSP. The article provides examples illustrating the "art" of generating participation by both lay and professional communities and concludes with guidelines for social workers who plan to conduct their own community health promotion programs. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Arnold, Elizabeth Mayfield. „The cessation of cancer treatment as a crisis“. *Social Work in Health Care* 29, Nr. 2 (1999): 21–38.

Explored psychosocial issues associated with the completion of adjuvant cancer treatment, by examining the responses of 7 46–62 yr old women in a community-based cancer support group to an open-ended question asking them to describe their experiences since their treatment ended. Of the 7 women, 5 had breast cancer and 2 had gynecological malignancies; time since completion of treatment varied from 2 to 19 mo. The women were asked whether they felt the loss of the safety net of treatment had caused them any type of distress. The narrative responses support the notion that the period after treatment ceases may be viewed as a crisis that brings with it anxiety and uncertainty. These results reinforce the need for additional research so that services and programs can be enhanced to better meet patients' needs. Additionally, the results suggest that social workers may play a crucial role in helping women make the transition from cancer patient to cancer survivor. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Beder, Joan Carol. „Social support and recovery: Breast cancer in disadvantaged Black women“. ProQuest Information & Learning, 1993.

Bellin, Melissa H., Oktay, Julianne, Scarvalone, Susan, Appling, Sue und Helzlsouer, Kathy. „A qualitative description of a family intervention for breast cancer survivors experiencing fatigue“. *Journal of Psychosocial Oncology* 33, Nr. 4 (Juli 2015): 395–413.

Breast cancer survivors commonly experience fatigue, but family-focused interventions as a means to reduce fatigue are understudied. This qualitative study explored the experience of adding a family component to a multimodal group intervention for fatigue. Data were collected from group observations, in-depth interviews, and debriefing sessions with the program social worker. Fourteen survivors completed the family intervention (mean age 57 years) with a family member or close friend. Four themes associated with the family intervention were identified: (a) importance of family inclusion, (b) education of family members about fatigue, (c) enhanced family communication, and (d) family partnership to combat fatigue. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Bendor, Susan J. „Anxiety and isolation in siblings of pediatric cancer patients: The need for prevention“. *Social Work in Health Care* 14, Nr. 3 (1990): 17–35.

Reports the clinical findings of a sibling group program used in an exploratory study designed to provide information about the unmet psychosocial needs of siblings of pediatric cancer patients. Two multisession groups, 1 for 5 siblings (aged 9–12 yrs) and 1 for 4 siblings (aged 14–219 yrs) were held at a teaching hospital to enable siblings to identify, express, and master their feelings of anxiety and isolation in a supportive atmosphere. Major sources of anxiety and isolation included perceptions of parental deprivation and injustice, anger, and fear of death and vulnerability. Recommendations are made for integrating preventive intervention with siblings into standard hospital social work practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Blättner, Beate, Grewe, Henny Annette, Wachtlin Martina. *Krankengeschichten von Frauen - Interventionsbedarf durch gendersensible soziale Arbeit innerhalb und außerhalb der Gesundheitsversorgung*, 2005.

Bowers, Pam Hancock. „Development of an adaptation model for health interventions for sexual and gender minorities: A grounded theory study“. ProQuest Information & Learning, 2014.

A dearth of literature exists on health issues impacting sexual and gender minority (SGM) populations. SGM face health disparities linked to stigma, discrimination, and denial of their civil and human rights. Albeit limited in scope and depth, available data suggests sexual orientation and gender identity have been an important demographic factor associated with higher risk for several negative health outcomes such as cancer, cardiovascular disease, and stroke. Some of the major inequities affecting SGM include tobacco use, alcohol and illicit drug abuse, being overweight/obese, psychiatric disorders, and violence. The SGM who face health disparities created by the use of various substances, overeating, and violence, have required researchers, community partners, and other relevant entities to identify culturally relevant practices and approaches to diminish these inequities. My dissertation research investigated how various health interventions have been culturally adapted to fit the needs of SGM. The purpose of this study was to develop an adaptation model through the examination of the targeted modifications that researchers, community partners and others make to existing interventions. Heretofore, explorative studies with the specific intent to build an adaptation model of this type for SGM have not been conducted. The theoretical lens supporting this research included social constructivist grounded theory and queer curriculum theory. Data were collected from interviews with key informants who identified as researchers and community partners involved in cultural adaptation projects for SGM. The final results from the data are presented in two ways: (1) in a diagram that depicts the central phenomena, which I call the emergent model (2) and a narration of the diagram which examined the details of the model. A semi-structured interview and qualitative analysis using grounded theory revealed three main themes (cultural considerations, adaptation process, and lessons learned) and a process model. The results of my research are intended to provide a more accessible and relevant route to intervention adaptations relevant to SGM. Implications for social work practice, policy, and research are presented. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Breen, Lauren J., O’Connor, Moira, Hewitt, Lauren Y. und Lobb, Elizabeth A.. „The ‚specter‘ of cancer: Exploring secondary trauma for health professionals providing cancer support and counseling“. *Psychological Services*, Secondary Trauma and Burnout, 11, Nr. 1 (Februar 2014): 60–67.

Health professionals are vulnerable to occupational stress and tend to report high levels of secondary trauma and burnout; this is especially so for those working in “high-death” contexts such as cancer support and palliative care. In this study, 38 health professionals (psychologists, social workers, pastoral carers/chaplains, nurses, group facilitators, and a medical practitioner) who provide grief support and counseling in cancer and palliative care each participated in a semistructured interview. Qualitatively, a grounded theory analysis revealed four themes: (a) the role of health professionals in supporting people who are experiencing grief and loss issues in the context of cancer, (b) ways of working with patients with cancer and their families, (c) the unique qualities of cancer-related loss and grief experiences, and (d) the emotional demands of the work and associated self-care. The provision of psychological services in the context of cancer is colored by the specter of cancer, an unseen yet real phenomenon that contributes to secondary trauma and burnout. The participants’ reported secondary trauma has serious repercussions for their well-being and may compromise the care they provide. The findings have implications for the retention and well-being of personnel who provide psychosocial care in cancer and the quality and delivery of services for people with cancer and their families. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Burg, Mary Ann, Adorno, Gail und Hidalgo, Jorge. „An analysis of Social Work Oncology Network listserv postings on the commission of cancer’s distress screening guidelines“. *Journal of Psychosocial Oncology* 30, Nr. 6 (Oktober 2012): 636–651.

This is a qualitative study of listserv postings by members of the Social Work Oncology Network (SWON) in response to the Commission on Cancer's 2011 guidelines for distress screening of cancer patients. Archived listserv postings for the period of December 2010 to November 2011 were deidentified and a sample was derived by a list of keywords for the analysis. Aims of the study included describing the general categories and themes of the postings devoted to the new distress screening standard and examining the process of facilitation of mutual support and information exchange by oncology social workers in response to the new screening standards. During the 12-month timeframe there were 242 unique listserv postings sampled for the analysis. Oncology social worker (OSW) discussion of the distress screening guidelines remained a constant topic over the 12 months, and major themes that emerged from the data included processes of implementation of distress screening in cancer centers, screening policies and protocols, screening tool choice, and oncology social worker professional identity. The SWON listserv members used the listserv as a mechanism to post their requests for information on screening, to share their experiences in the beginning stages of implementing the guidelines, and to build support for legitimizing oncology social workers as the lead profession in the implementation of the guidelines in member cancer centers. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Cagle, John G. und Kovacs Pamela J. „Informal caregivers of cancer patients: Perceptions about preparedness and support during hospice care“. *Journal of Gerontological Social Work* 54, Nr. 1 (Januar 2011): 92–115.

This study examined the perceptions of preparedness and support of informal caregivers of hospice oncology patients. Respondents included coresiding, proximate, and long-distance caregivers. Thematic analysis was used to analyze the qualitative data from 2 caregiver surveys, one administered prior to the care recipient's death and another completed 3 months postdeath. Respondents (N = 69) interpreted preparedness broadly and identified multiple sources of support including hospice personnel, family, friends, neighbors, and spiritual beliefs. Additionally, informational support, such as education, information, and enhanced communication were considered essential for preparing and supporting caregivers. Implications for social work research and practice are provided. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Chan, Chi Ho. „A clinical data mining study of the psychosocial status of Chinese cancer patients in palliative care“. ProQuest Information & Learning, 2009.

Psychosocial studies of Chinese cancer patients in palliative care of Hong Kong are limited. Little has been known on the psychosocial issues of Chinese cancer patients in palliative care of Hong Kong. As a professional who is responsible for managing the psychosocial needs of cancer patients and families in palliative care, social workers are in pressing need of local research to inform indigenous social work practice. Thus, this study attempts to answer the research questions that emerge from the social work practice in palliative care, and aims at integrating social work research with practice. Clinical Data Mining (CDM), which emphasizes the use of the existing clinical data in conducting practice-based research, is adopted as the research approach in this study. Research gaps and research questions are proposed in relation to the clinical concerns in social work practice in palliative care, and the availability of clinical data. Based on the clinical data of patients who died in 2002 to 2005, a total of 935 Chinese cancer patients in palliative care are included in this study. Findings are discussed under five major themes, including (1) moving towards good death, (2) family and patient, (3) body-mind connection, (4) search for meaning, (5) psychosocial assessment. Findings may reflect the benefits of palliative care in managing physical and psychosocial symptoms of cancer patients. Patients who were at initially higher psychosocial risk level, experienced significant improvement in most of the psychosocial symptoms from the time of admission to palliative care to final days before death. This may imply palliative care, and social work interventions in palliative care may facilitate patients to move towards good death. Family shows its unique importance on the patient outcomes. Chinese cancer patients may experience a cultural phenomenon of “support paradox”, in which patients may desire for and benefit from family support, but also worry about and are influenced by the family distress in receiving support from family. Inter-relationship between body and mind is reflected from the findings. Inevitable physical deterioration, such as the “anorexia-cachexia” syndrome, may bring psychosocial distress to patients. “Negative somatization” is conceptualized to illustrate the impact of psychosocial distress on patients' under-reporting of physical symptoms. Findings also show the universal need for meaning among Chinese cancer patients in palliative care, despite many of them are atheists. Making sense of the illness, and searching for meaning in life with terminal illness may play an important role on the patient outcomes. Importance of psychosocial assessment on admission to palliative care is also highlighted. It shows to be an essential component in understanding patients' needs, comparing differences, identifying protective and risk factors, as well as monitoring changes of patients. Implications for social work practice and social work research are discussed. Cultural sensitivity in psychosocial intervention is particularly emphasized. Recommendations are proposed to enhance service improvement in social work practice in palliative care, and development in future research studies. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Chesler, Mark A., Paris, Jan und Barbarin, Oscar A.. „‚Telling‘ the child with cancer: Parental choices to share information with ill children“. *Journal of Pediatric Psychology* 11, Nr. 4 (Dezember 1986): 497–516.

Investigated 73 parents' choices regarding what to tell their young children with cancer. Parents were interviewed individually. Several demographic and contextual correlates of the telling decision, stressing the importance of the child's age, sibling structure, parents' religious or existential orientation, and parental access to information and support for a particular approach were analyzed. Findings reveal that the family's initial shock at the diagnosis, changes in the child's medical condition, and the occurrence of uncontrollable events in the medical and social environment also influenced what the child was told. It is suggested that some medical staff members, especially social workers, have a potent role to play in influencing or supporting parental choices. (34 ref) (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Clark, Paul G., Brethwaite, Drucilla S. und Gnesdiloff, Sabine. „Providing support at time of death from cancer: Results of a 5-year post-bereavement group study“. *Journal of Social Work in End-of-Life & Palliative Care*, Grief, Loss, and Bereavement, 7, Nr. 2–3 (April 2011): 195–215.

Despite advances in the quality and availability of hospice and palliative care for people with end stage cancers, research addressing the psychosocial needs of family members and concerned others during the dying process has been limited primarily to caregivers. In addition, many of these studies focused on the recently bereaved. In this study, the authors sought to broaden that perspective by examining the psychosocial needs of secondary survivors, a term that applies to caregivers, family members, and others who felt a caring bond with a dying person. A qualitative exploration of needs expressed by secondary survivors following the conclusion of a structured 8-week psychoeducational grief group experience revealed that secondary cancer survivors experience a sense of isolation and powerlessness that is often unrecognized by physicians, nurses, oncology social workers, or other health care professionals. Furthermore, these secondary survivors needed support that extends well beyond activities that are traditionally associated with the physical and emotional care of the dying. Social work intervention strategies directed toward helping secondary survivors assert personal needs, develop greater proximity with the health care team, and prepare for the processes associated with end-of-life may be helpful later during bereavement. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Clausen, Hans, Kendall, Marilyn, Murray, Scott, Worth, Allison, Boyd, Kirsty und Benton, Fred. „Would Palliative Care Patients Benefit from Social Workers' Retaining the Traditional ‚Casework' Role rather than Working as Care Managers? A Prospective Serial Qualitative Interview Study". *British Journal of Social Work* 35, Nr. 2 (März 2005): 277–285.

Social workers have made a significant contribution to the development and delivery of palliative care. Both palliative care and social work are rapidly evolving but, given their changing contexts and increasing workloads, can they sustain compatibility? Advances in treatment of life-threatening illness mean that people live longer in a period of palliative care. Social work has undergone radical change in the wake of the 1990 NHS and Community Care Act and subsequent local-authority modernizations, with social workers now given the role of care managers, rather than the more traditional 'casework' or therapeutic role. This paper aims to explore the current and potential role of the social worker in palliative care for people with cancer and other prolonged life-threatening illness. It draws upon evidence from a prospective qualitative, patient-centred research study, which detailed the experiences of forty people with lung cancer and advanced cardiac failure, and their personal and professional carers (Murray et al., 2002). A total of two hundred and nineteen qualitative interviews were carried out. We found that social workers were conspicuous by their absence from the lives of these forty vulnerable adults, who were living and dying in the community with many unmet needs which, potentially, could be met by social-work input. The study highlights six areas of concern in which social-work assessment and intervention could have impacted on dying patients' quality of life and that of their carers: loss and dependency, family-centred issues, carers' needs, practical tasks, emotional and spiritual struggles, and finally, support needs of staff. These areas are outlined to explore the territory which a social worker might inhabit if resources and policies permitted. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Cole, Timothy B. „Saying good-bye: An elementary school prepares for the death of a student". *Social Work in Education* 9, Nr. 2 (Win 1987): 117–123.

Presents the case of the death, due to cancer, of a school-aged child, focusing on the means by which the S and her peers and teachers achieved closure. The experiences of those involved were facilitated by a social worker. Topics include supporting and helping school staff with their concerns and feelings, integrating the dying child's parent into the school experience, counseling students, and mobilizing community support. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Crawshaw, M. A. und Sloper, P.. „'Swimming against the tide'—The influence of fertility matters on the transition to adulthood or survivorship following adolescent cancer". *European Journal of Cancer Care* 19, Nr. 5 (September 2010): 610–620.

Psychosocial research into cancer-related fertility has concentrated on fertility preservation or adult survivors' concerns. This study reports on its hitherto unreported impact over the time from diagnosis to survivorship. Thirty-eight men and women aged < 30, diagnosed as teens, were recruited to an exploratory qualitative study. Analysis used the constant comparison method, considered conceptually within a lifespan approach. Four key experiences of managing fertility matters influenced, or were influenced by, the aftermath of cancer treatment: (1) prioritising 'normality' and marginalising fertility; (2) fertility concerns compromising 'normality'; (3) ongoing impairments/health concerns mediating fertility matters; (4) fertility concerns dominating the cancer legacy. Professional and social networks provided few opportunities to ask questions, receive information, process feelings or develop handling strategies. Beliefs about the extent of fertility damage did not necessarily relate to information received. For some, fertility matters affected identity, well-being and life planning as well as reproductive function. This was not restricted to particular ages, life stages, gender or time since treatment ended and was heightened by associated stigma and silence. Opportunities for dialogue should be offered regularly across health and social work disciplines given fertility's psychological and social as well as medical significance. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Csikai, Ellen L., Roth, Sheila und Moore, Crystal. „Ethical Problems in End-of-Life Care Decision Making Faced by Oncology Social Workers and the Need for Practice Guidelines". *Journal of Psychosocial Oncology* 22, Nr. 1 (2004): 1–18.

Difficult ethical problems are often faced by patients, families, and social workers who assist in decision-making around issues regarding end-of-life care. In qualitative interviews with 12 hospital social workers in one large urban cancer center, common ethical issues identified through thematic analysis were preservation of patients' autonomy/self-determination, beneficence of health care providers, and medical futility of end-of-life treatments. Continued communication with all parties involved was key in resolving ethical problems. Discussion, along with referrals of more complex cases to ethics committees and ethics consultation teams, also occurred. Participants further indicated the potential helpfulness of developing practice guidelines for social workers dealing with decision making about end-of-life care. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Cunningham, Maddy. „Impact of trauma work on social work clinicians: Empirical findings". *Social Work* 48, Nr. 4 (2003): 451–459.

Over the past two decades, social workers have treated trauma survivors in a variety of settings. Interest has increased in the effect of this work on clinicians. Vicarious traumatization is a concept used to understand the impact of trauma work on clinicians. This article describes a study of social work clinicians working with two types of trauma: (1) the human-induced trauma, sexual abuse, and (2) the naturally caused trauma, cancer. The effect on clinician's cognitive schemas and the confounding variables of personal history of abuse and years' experience are described. Clinicians who worked primarily with clients who were sexually abused reported more disruptions in cognitive schemas than clinicians who worked with clients who had cancer. Implications for social practice and education are described. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Davidson, Kay W. „Social work with cancer patients: Stresses and coping patterns“. *Social Work in Health Care* 10, Nr. 4 (Sum 1985): 73–82.

Surveyed 36 social workers about problems they experienced in working with cancer patients and their families. Ss reported considerable stress in their work with cancer patients, which carried over into their personal and professional lives. Nevertheless, work with cancer patients was experienced as a positive challenge as well as a stress. In general, Ss strove to develop coping mechanisms that did not involve emotional withdrawal from patients. The nature of the stresses reported by Ss, the adequacy of supports to help them cope with the emotional impact of their work, and the need for additional support programs are discussed. (23 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Davis-Ali, S.H., Chesler, M.A. und Chesney, B.K. „Recognizing cancer as a family disease: worries and support reported by patients and spouses.“ *Social Work in Health Care*, Nr. 19 (1993): 45–65.

Davis, Cindy, Darby, Kathleen, Likes, Wendy und Bell, John. „Social workers as patient navigators for breast cancer survivors: What do African-American medically underserved women think of this idea?“ *Social Work in Health Care* 48, Nr. 6 (August 2009): 561–578.

Patient navigation (PN) is a new initiative in health care aimed at reducing disparities by assisting patients in overcoming barriers within the health care system. As PN programs grow around the country, it is important to consult the key stakeholders in the development of these programs. The purpose of this qualitative study was to discuss the needs of medically underserved cancer patients and allow them the opportunity to provide input on models of care to meet their needs. Four focus groups were conducted in three major cities across Tennessee. Research participants (n = 36) were recruited by the staff in area cancer support programs and treatment programs across the state and through recruitment flyers at various treatment centers and community organizations. Findings revealed four key themes in the development of PN programs: (1) the PN needs to address access to quality care issues; (2) the PN needs to address the emotional and practical concerns of the cancer survivor; (3) the PN needs to address family concerns; (4) the PN needs to be involved across the continuum of care from time of diagnosis into long-term survivorship. Oncology social workers have a unique opportunity to meet the needs of medically underserved cancer patients through the PN movement. Our profession is a key stakeholder in this movement. We need to advocate for trained oncology social workers to actively pursue the role of patient navigators to ensure that the needs of medically underserved cancer survivors and their families are met. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Degen, Christiane, Möller, D. und Schlechter, C.. „Patientenzufriedenheit bei onkologischen Erkrankungen“. *Das Gesundheitswesen* 76, Nr. 4 (2014): 204–209.

De Graves, Sharon und Aranda, S.. „When a child cannot be cured - reflections of health professionals“. *European Journal of Cancer Care* 14, Nr. 2 (Mai 2005): 132–140.

This article reports on a study exploring the challenges and complexities of caring for a child with cancer no longer responding to curative therapy. The difficulties that health professionals face when initiating and providing palliative care to children with cancer is largely unexplored. A greater understanding of these challenges is needed to inform the development of effective models of care. Participatory group discussions and in-depth interviews were used to explore how health professionals from three disciplines - nursing, medicine and social work - view their role during the shift from cure to palliation. Interviews were tape-recorded and transcribed verbatim. Content and thematic analysis was used to identify themes and important messages in the transcripts. This study illustrates how the trajectory of childhood cancer is characterized by uncertainty, especially following relapse where there is reduced clarity surrounding the child's outcome. Prognostic uncertainty and continued hope for survival make the shift to palliation difficult, raising questions about the applicability of traditional palliative care models for these children and their families. Decision making in this context is complicated by a lack of clarity, uncertainty and continued hope. Shifting the focus of care from cure to palliation is not experienced as a discrete event but rather, as an awareness and acceptance that slowly develops. New models of care that incorporate palliative care throughout the disease trajectory are recommended. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

De Valck, C. und Van de Woestijne, K. P. „Communication problems on an oncology ward“. *Patient Education and Counseling* 29, Nr. 2 (November 1996): 131–136.

Conducted an exploratory study of communication problems at a pulmonary ward with lung cancer patients. The health team consisted of 1 senior physician, 25 nursing staff, 1 physical therapist, 1 social worker, 1 pastoral worker, and 1 psychologist. Participant observation and interviews were used. One of the greatest difficulties reported by the medical staff was the question of how much to tell cancer patients about their illness. In general, the relationship between the medical staff and the rest of the health team was characterized by a lack of communication and inefficient information exchange. A psychosocial registration sheet was developed in order to improve communication on the ward. The effects of the new approach are briefly commented upon. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Diviani, Nicola und Schulz, Peter J.. „What should laypersons know about cancer? Towards an operational definition of cancer literacy“. *Patient Education and Counseling* 85, Nr. 3 (Dezember 2011): 487–492.

Objective: To operationally define cancer literacy, understanding which aspects of cancer are important to be known by a layperson to be considered cancer literate. Methods: A Delphi study in three consecutive rounds was conducted among a panel of Swiss cancer experts (oncologists, GPs, nurses from oncology wards, social workers, public health experts). Results: The result of the Delphi process is a first operational definition of the concept of cancer literacy, a list of the aspects of cancer that, in the expert's view, lay people should know to be considered cancer literate. Conclusions: We have now an idea of what should be known about cancer. The study also provides us with some useful hints about what should be communicated about cancer, e.g. via public communication campaigns, school education, or media. Practice implications: The operational definition of the concept can be used for the development and the validation of a measure of cancer literacy, not anymore limited to basic literacy and numeracy skills. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Ekstedt, Mirjam, Stenberg, Una, Olsson, Mariann und Ruland, Cornelia M. „Health care professionals' perspectives of the experiences of family caregivers during in-patient cancer care". *Journal of Family Nursing* 20, Nr. 4 (November 2014): 462–486.

Being a family member of a patient who is being treated in an acute care setting for cancer often involves a number of challenges. Our study describes Norwegian cancer care health professionals' perceptions of family members who served as family caregivers (FCs) and their need for support during the in-hospital cancer treatment of their ill family member. Focus group discussions were conducted with a multidisciplinary team of 24 experienced social workers, physicians, and nurses who were closely involved in the patients' in-hospital cancer treatment and care. Drawing on qualitative hermeneutic analysis, four main themes describe health professionals' perceptions of FCs during the patient's in-hospital cancer care: an asset and additional burden, infinitely strong and struggling with helplessness, being an outsider in the center of care, and being in different temporalities. We conclude that it is a challenge for health care professionals to support the family and create room for FC's needs in acute cancer care. System changes are needed in health care, so that the patient/FC dyad is viewed as a unit of care in a dual process of caregiving, which would enable FCs to be given space and inclusion in care, with their own needs simultaneously considered alongside those of the patient. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Engelmeyer, Elisabeth. *Berufliche Identität in der Krebsnachsorgeklinik. Arbeitsstrukturen und biographische Prozesse Berufstätiger in Krebsrehabilitationskliniken*. Europäische Hochschulschriften 22. Frankfurt: P. Lang, 1997.

Fletcher, Paula C., Schneider, Margaret A. und Harry, Rebecca J.. „How do I cope? Factors affecting mothers' abilities to cope with pediatric cancer". *Journal of Pediatric Oncology Nursing* 27, Nr. 5 (September 2010): 285–298.

The overall objective of this exploratory research was to examine the lived experiences of female caregivers of children with cancer during diagnosis, treatment, and the period thereafter. Specifically, the authors examined factors that affected mothers' abilities to cope with a diagnosis of cancer. The interviews were completed with 9 mothers of children who had been treated for pediatric cancer, in addition to 3 health care workers who provided care for families with children with cancer. From this process, a number of salient issues were identified, one of which was factors that assisted or hindered mothers' abilities to cope. The subthemes of this theme consisted of: (1) support; (2) faith, positive thinking, and hope; (3) taking care of self; (4) being fearful and protective—keeping family close; and (5) living life— during and after the diagnosis. This research enabled caregivers of children with cancer to express their experiences about provision of care and factors that affected their ability to cope. Health care professionals, particularly pediatric oncology nurses and social workers, are perfectly aligned to help families reduce or manage the turmoil in families that must cope with a diagnosis of pediatric cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Freedman, Tovia G. „Genetic susceptibility testing: Ethical and social quandaries“. *Health & Social Work* 23, Nr. 3 (August 1998): 214–222.

The simultaneous rapid progress in mapping the human genome, the advances in technology, and the subsequent commercialization of genetic testing have made it possible for women to seek breast and ovarian cancer susceptibility testing before comparable social and psychological supports are put in place. As health care places more emphasis on illness prevention and simultaneously commits less economic support for health care, genetic testing presents social and ethical challenges as well as dilemmas. The study discussed in this article consisted of intensive field observation and in-depth, face-to-face interviews concerning genetic susceptibility testing. The social worker may be in a unique position to collaborate with other health professionals in the clinical and the policy arena in regard to these tests. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Gahleitner, S.B. und Becker-Bikowski, K.. „Lebensqualität und Krankheitsbewältigung bei Tumorpatienten in der MKG-Chirurgie - Beitrag des Kliniksozialdienstes zur psychosozialen Versorgung.“ In: Engelke, Ernst, Maier, Konrad, Steinert, Erika, Borrmann, Stefan und Spatscheck, Christian (Hrsg.). *Forschung für die Praxis. Zum gegenwärtigen Stand der Sozialarbeitsforschung*, 123–127. Stuttgart: Lambertus, 2007.

Gahleitner, S.B., Becker-Bikowski, K. und Schiel, R. „Lebensqualität von Tumorpatienten nach Operation und abgeschlossener Rekonstruktion im Mund- und Kieferbereich - Beitrag des Kliniksozialdienstes zur psychosozialen Versorgung. Online-Publikation. Psydok - Volltextserver der Virtuellen Fachbibliothek Psychologie der Universität Saarland.“ 2007.

In der Onkologie sind schwere Beeinträchtigungen der Lebensqualität allgegenwärtig. Dennoch fehlt es im Klinikalltag häufig an einer psychosozialen Betrachtung der Problematik und ausreichenden Angeboten zur psychosozialen Einbettung der PatientInnen in ihrem stark veränderten Lebensalltag. Qualitätssicherung bei der psychosozialen Begleitung und Bewältigungsunterstützung in Kliniken ist zunehmend im Kommen, jedoch insbesondere für 'weichere Bereiche' wie die psychosoziale Versorgung ein komplexeres Unterfangen als in der medizinischen oder pharmakologischen Versorgung. Kombinationsuntersuchungen aus qualitativen und quantitativen Herangehensweisen mit halbstrukturierten Interviews auf der einen und Testverfahren auf der anderen Seite bieten sich hier an, um sich dem Gegenstand von verschiedenen Seiten zu nähern. Ein Kooperationsprojekt zwischen der Klinischen Sozialarbeit der Mund-Kiefer- und Gesichtschirurgie des Universitätsklinikums Heidelberg und der Alice-Salomon-Hochschule Berlin evaluiert derzeit den Beitrag der des Kliniksozialdienstes zur psychosozialen Versorgung. Im vorliegenden Artikel wird die explorative Auswertung der ersten fünf Interviews anhand eines Belegbeispieles und die daraus entwickelte Hypothesenbildung dargestellt.

Gahleitner, S.B., Becker-Bikowski, K. und Schiel, R. „Quality of life of tumour patients following surgery and reconstruction of the oro-mandibular region. The contribution of the hospital clinical social work service to psycho-social care.“ In: Huber, G. L. (Hrsg.). *Qualitative approaches in the field of psychology*, 81–94. Schwangau: Ingeborg Huber, o. J.

Gilbar, Ora. „Introducing a biopsychosocial approach in an oncology institute: A case study“. *International Social Work* 39, Nr. 2 (April 1996): 163–176.

> Traces the process of introduction of change in the therapeutic approach to cancer at an oncological institute in Israel. Previously, the approach at the institute was purely biomedical. The change that was introduced was based on a biopsychosocial approach that encourages patients and their families to learn specific coping skills in parallel with medical treatment. The approach stresses perception of the illness as a challenge necessitating the learning of coping skills and active involvement of the family and of the entire medical staff in this process. The innovation was technical structural, it was initiated from within by the director of the psychosocial unit, and it was implemented in collaboration with the medical director. Introduction of the change had a positive impact on both staff and patients. (French & Spanish abstracts) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Goodman, Harriet G. „Death work: Staff perspectives on the care of terminally ill patients in an acute care hospital“. ProQuest Information & Learning, 1990.

Grange, Christina M., Matsuyama, Robin K., Ingram, Kathleen M., Lyckholm, Laurie J. und Smith, Thomas J. „Identifying supportive and unsupportive responses of others: Perspectives of African American and Caucasian cancer patients“. *Journal of Psychosocial Oncology* 26, Nr. 1 (2007): 81–99.

> This study uses focus group methodology to examine supportive and unsupportive responses experienced by African American and Caucasian cancer patients. Supportive responses included practical assistance, as well as people's willingness to listen, maintain a positive attitude, and pray. Unsupportive responses included others' withdrawal behaviors, patients having to support friends/family as they coped, and family/friends limiting patients' independence. Results reflect ways in which mental health providers, social workers, and health care providers can help patients express support needs, as well as how social networks can be better educated about the types of support valued by patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Gurowka, Kim J. und Lightman Ernie S. „Supportive and unsupportive interactions as perceived by cancer patients“. *Social Work in Health Care* 21, Nr. 4 (1995): 71–88.

> Studied cancer patients' perceptions of supportive (SP) and unsupportive (USP) interactions with members of their social networks and the factors that lead them to evaluate certain kinds of support as helpful and others as unhelpful. 15 cancer patients (aged 21–63 yrs) were interviewed about several aspects of the social support process, including types of helpful and unhelpful behaviors, perceived contingencies affecting the expression of SP and USP behaviors, and appraisals of helpful and unhelpful interactions. Problem-solving support was the most frequently mentioned class of support, followed by "emotionally sustaining" and "reliable alliance and commitment" behaviors. USP behaviors included avoiding the respondent/problem, asking the respondent to repeat his/her story of cancer, and failing to provide an expected amount or quality of support. Implications for the role of social workers are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Hämer, Dorothea. „Probleme der Sozialarbeit mit gesichtsversehrten Krebskranken im Krankenhaus.“ *Psychosozial* 3 (1980): 97–120.

Hanses, Andreas und Richter, Petra. „Die soziale Konstruktion von Krankheit Analysen biographischer Selbstthematisierungen an Brustkrebs erkrankter Frauen und ihre Relevanz für eine Neubestimmung professioneller Praxis“. In: Oelerich, Gertrud, Otto, Hans-Uwe (Hrsg.). *Empirische Forschung und Soziale Arbeit : ein Studienbuch*, Wiesbaden: VS, 2011. 137–150.

Heine, Viktoria und Frommer, Jörg. „‚dann hat ich n Traum gehabt […] da wusst ich was kämpfen is‘ – Träume in autobiografisch narrativen Interviews mit Überlebenden einer akuten Leukämie“. *Psychoanalyse - Texte zur Sozialforschung*, Nr. 2 (2009): 163.

Hildebrand, Alice A. „‚I can tell you this, but not everyone understands‘: Erica, mother of a 2-year-old girl with cancer“. In: Fitchett, George, Nolan, Steve (Hrsg.). *Spiritual care in practice: Case studies in healthcare chaplaincy.* London: Jessica Kingsley Publishers, 2015. 51–68.

This chapter presents a case study which explores a spiritual care relationship that developed over a year and a half with Erica, the young mother of Macy, a 2-year-old girl with a very serious cancer. As the author's relationship with Erica progressed, his goal was to get religion out of the way so that spiritual care could begin. While the author never doubted that Erica's sense of connection to a loving, powerful and wise God was vivid and real, and helpful to her, the author felt that the issues and feelings she was sharing with the social workers needed to be brought into her dialogue with the author. The author believed that articulating to me her fears for her children, her anger at her husband, as well as her yearning to connect deeply with him, and her feelings of shame and inadequacy about her past would strengthen and enrich her connection to God. Sharing those things in the context of a spiritual care relationship, as well as within the counseling model employed by social workers, added different dimensions of nurture to a very challenging situation. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (chapter)

Hughes, Catherine Rose, van Heugten, Kate und Keeling, Sally. „Cultural meaning-making in the journey from diagnosis to end of life“. *Australian Social Work* 68, Nr. 2 (April 2015): 169–183.

This article is based on an ethnographic study undertaken to explore whether eight people diagnosed with terminal cancer and their families drew on aspects of their cultural identities to make sense of their journey towards death, and if so, how. Ethnographic methods were supplemented by semistructured interviews. Most participants received medical treatments until close to death and invested much effort, time, and hope in these. Consequently, they made little sense of their palliative referrals. Instead, they accommodated the biomedical cultures of treatment-oriented services, thus delaying their own and their family's preparation for death. Only three participants appeared well prepared one month prior to death. An ecological perspective helped to explain the systemic factors involved in this prioritisation. The authors make recommendations for greater involvement of social workers in palliative care, and for more attention to supporting dying people and their families to make culturally meaningful decisions in the journey toward death. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Hüpper, Bernadette und Slesina, Wolfgang. „Beratung durch Krankenhaussozialdienste aus der Perspektive von Bronchialkarzinom-Patienten und Sozialdienstmitarbeitern“. *Neue Praxis* 36, Nr. 3 (2006): 340–346.

Hüpper, Bernadette und Slesina, Wolfgang. „Sozialdienst im Krankenhaus. Eine empirische Untersuchung am Beispiel von Krankenhaus-Sozialdiensten im südlichen Sachsen-Anhalt“. *Neue Praxis : Zeitschrift für Sozialarbeit, Sozialpädagogik und Sozialpolitik* 30, Nr. 4 (2000): 397–402.

Jackson, Alun C., Tsantefski, Menka, Goodman, Helen, Johnson, Belinda und Rosenfeld, Jeffery. „The psychosocial impacts on families of low-incidence, complex conditions in children: The case of craniopharyngioma“. *Social Work in Health Care* 38, Nr. 1 (2003): 81–107.

> The study aimed to assess the psychosocial impact on children and their families of a childhood Craniopharyngioma, a congenital non-hereditary brain tumour that is 'benign' by histology, but often locally invasive. The condition may result in significant morbidity and mortality due to location in the brain, which tends to precipitate multisystemic abnormalities either at the time of presentation, or in conjunction with treatment. The condition has a high survival rate with approximately 90 percent of children alive ten years after diagnosis and although the diagnosis and treatment of craniopharyngioma may result in severe physical and emotional burden for the child and family, there have been few studies to date on the psychosocial impact of this multifaceted condition. Interviews incorporating a purpose-designed Craniopharyngioma Symptom and Treatment Impact Scale were held with 13 families. Impacts on both the family and the children were identified as well as information about the child's coping capacity; parents' fear, uncertainty and trust; family managing and mastery; the experience of hospital; service use and illness specific support. Implications for social work practice are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Jakobsson, Sofie, Ekman, Tor und Ahlberg, Karin. „Components that influence assessment and management of cancer-related symptoms: An interdisciplinary perspective“. *Oncology Nursing Forum* 35, Nr. 4 (Juli 2008): 691–698.

> Purpose/Objectives: To describe, from an interdisciplinary perspective, how cancer-related symptoms are assessed and managed in a cancer care setting and to describe the components that influence symptom management. Design: Descriptive, qualitative, and cross-sectional. Setting: An oncology and hematology department in a university hospital in western Sweden. Sample: 31 nurses, physicians, physical therapists, dietitians, occupational therapists, and a medical social worker who all cared for patients with cancer-related symptoms. Methods: Data were collected in focus groups and analyzed using content analysis. Main Research Variables: Cancer-related symptoms and symptom management Findings: Symptom management, from a clinician's perspective. Is a process involving different components. Four themes emerged from the data analysis: creating a relationship with the patient, understanding the patient, assessing the symptoms, and cooperating as a team. Conclusions: This study highlights several components that should be discussed in an effort to enhance symptom management. Discussion will help ensure that barriers to effective symptom management are acknowledged and addressed when implementing clinical routines designed to enhance management of different symptoms. In addition, these components should be acknowledged in the interest of facilitating adherence to symptom management strategies. Whether these components are important factors from patients' perspectives remains unknown. Implications for Nursing: Enhancing symptom management is not only a matter of Implementing clinical guidelines; it must be preceded by teamwork, assessment, and evaluation method discussions and the ability to create a relationship with the patient. Nurses should be aware that their understanding of a patient affects their assessment of that patient's symptom experience. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Jones, Barbara L. „Companionship, Control, and Compassion: A Social Work Perspective on the Needs of Children with Cancer and their Families at the End of Life“. *Journal of Palliative Medicine* 9, Nr. 3 (1. Juni 2006): 774–788.

Jones, Jill B. und Neil-Urban, Sherry. „Father to Father: Focus Groups of Fathers of Children with Cancer“. *Social Work in Health Care* 37, Nr. 1 (2003): 41–61.

Caring for a child with cancer is a demanding experience for both parents, yet most research focuses on mothers. In this paper, we present the findings of a secondary analysis of data from a study in which the care-giving experience of fathers is investigated. In two focus groups, ten fathers provided first-hand information about caring for a child with cancer and its impact on their families. In addition, the findings demonstrate how these men through sharing a deeply meaningful and challenging experience offered mutual support and caring. This paper describes the fathers' remarkable and unexpected exchange. Social work implications are also addressed. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Joubert, Lynette, Hocking, Alison und Hampson, Ralph. „Social work in oncology—Managing vicarious trauma—The positive impact of professional supervision“. *Social Work in Health Care* 52, Nr. 2–3 (Februar 2013): 296–310.

This exploratory study focused on the experience and management of vicarious trauma in a team of social workers (N = 16) at a specialist cancer hospital in Melbourne. Respondents completed the Traumatic Stress Institute Belief Scale (TSIBS), the Professional Quality of Life Scale (ProQOL), and participated in four focus groups. The results from the TSIBS and the ProQol scales confirm that there is a stress associated with the social work role within a cancer service, as demonstrated by the high scores related to stress. However at the same time the results indicated a high level of satisfaction which acted as a mitigating factor. The study also highlighted the importance of supervision and management support. A model for clinical social work supervision is proposed to reduce the risks associated with vicarious trauma. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Kacen, Lea und Bakshy, Iris. „Institutional Narratives in the Discourse Between Oncology Social Workers and Cancer Patients’ Self-Help Organization“. *Qualitative Health Research* 15, Nr. 7 (September 2005): 861–880.

In this study, the authors examine a discourse between members of a cancer patients' self-help organization (CP-SHO) and oncological social workers (OSWs) on support groups for cancer patients. Eight OSWs and 8 CP-SHO volunteers served as the key research population. Using the interpretive-narrative approach to research, the authors apply a variety of data collection methods and a combination of data analysis methods: narrative analysis and discourse analysis. The findings point to the simultaneous existence of two institutional narratives for each organization, one internal and the other external. Discourse between the organizations takes place mainly at the external institutional narrative level, with each body maintaining the mistaken impression that the other's perception of reality is similar to its own (false consensus). In the meantime, the internal narratives that attest to the latent meaning of the discourse govern the interaction and prevent effective dialogue between the respective organizations. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

King, Lindsey, Quinn, Gwendolyn P., Vadaparampil, Susan T., Miree, Cheryl A.. Wilson, Crystal, Clayton, Heather und Zebrack, Brad. „Oncology social workers’ perceptions of barriers to discussing fertility preservation with cancer patients“. *Social Work in Health Care* 47, Nr. 4 (2008): 479–501.

Infertility is a common result of cancer treatment; however, opportunities exist that allow patients to preserve their fertility prior to treatment. Evidence suggests health care providers, including social workers, do not consistently discuss this topic with patients. This study used a qualitative, cross-sectional design using a focus group and in-depth interviews to explore knowledge, attitudes, barriers, and behaviors related to social workers' discussion of fertility preservation with cancer patients. Factors that influence the discussion of fertility preservation among social workers include: (1) Knowledge (e.g., Fertility Preservation Resources); (2) Attitudes (e.g., Cost, Perceived Role, Comfort Level, Fertility Preservation Discussion Difficulty/Priority); (3) Barriers (e.g., Cost, Urgency to start Treatment/Time, Patient Factors, Physician Attitudes/Beliefs); (4) Behaviors; and (5) Suggestions. Results show social workers are not typically discussing fertility preservation methods with patients; however, they may be in an ideal position to facilitate the conversation between the physician and the patient. There is a strong need to develop educational interventions aimed at oncology social workers, to help facilitate discussions with patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Kirchhoff, Linda S. „Case study of milton, ‚The Cowboy'". *Smith College Studies in Social Work*, End-of-Life Care, 73, Nr. 3 (Juni 2003): 463–78.

There is a paucity of research on the issue of homelessness and dying. Also limited is research on love and intimacy in therapeutic encounters, particularly in relation to those who are dying. This case study documents one social worker's five-month journey with a "homeless" man dying of lung cancer. It describes a unique therapeutic relationship, one whose landscape included traversing issues of ethics, personal and professional boundaries, and burnout. The complexity of this case study is a reminder of the uniqueness of each human being, the impact of poverty and race in the experience of dying, and the opportunity for personal growth that emerges in tackling the most challenging cases. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Klassen, Anne, Gulati, Sonia und Dix, David. „Health care providers' perspectives about working with parents of children with cancer: A qualitative study". *Journal of Pediatric Oncology Nursing* 29, Nr. 2 (März 2012): 92–97.

Research to understand the sources of stress and job satisfaction in pediatric oncology staff is limited. The aim of the authors' qualitative study was to describe the key work-related demands and rewards in relation to working closely with parents from the perspective of health care providers (HCPs). Semistructured interviews were conducted with 13 doctors, 9 nurses, 5 social workers, and 6 child life specialists. Line-by-line, focused, and theoretical coding was used to establish categories and themes. Constant comparisons were used to examine the relationships within and across codes and categories. Interviewing continued until no new themes emerged. HCPs found it rewarding when they established close or long-term relationships with parents and to helped families through the entire cancer journey, including palliative care. HCPs found it challenging to work with complex families; with parents who are demanding, rude, or angry; with parents who have differing views about the treatments and palliative care; and with having to relay bad news to parents. Future research could explore the relationship between the factors that the authors have identified and burnout syndrome. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Koch-Hattem, Alberta. „Siblings' experience of pediatric cancer: Interviews with children". *Health & Social Work* 11, Nr. 2 (Spr 1986): 107–117.

Investigated how siblings of pediatric cancer patients perceive and explain changes in their families that they attribute to the diagnosis of cancer. 33 siblings of 32 10-mo to 17-yr-old cancer patients were interviewed, and family demographic data were obtained. All siblings were aware of the diagnosis, treatment, and prognosis of their brother or sister. The interview schedule consisted of 30 forced-choice questions about behavioral and emotional changes perceived as a result of the cancer diagnosis and open-ended questions about how the Ss had coped with the changes they had experienced. Results show that changes in affect dominated the perceptions of the changes that had followed the diagnosis of cancer and the ways in which they had coped with the changes. Older siblings reported fewer negative changes than younger siblings. Five themes emerged in the responses to the open-ended questions about coping with the diagnosis: feelings of responsibility, desire to trade places, envy, and fear of both the patient's and one's own death. Implications for social work are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Köhler, Katharina, Regner, Andreas und Koenigsmann, Michael. „Subjektive Krankheitsvorstellungen bei Patienten mit akuter Leukämie eine Woche nach Diagnosestellung“. *Zeitschrift für Psychosomatische Medizin und Psychotherapie* 51, Nr. 4 (2005): 388–402.

Untersucht werden subjektive Krankheitsvorstellungen, Behandlungserwartungen und Therapieerfahrungen von Patienten mit akuter Leukämie im Anfangsstadium ihrer Erkrankung. Mit 12 an akuter Leukämie erkrankten Patienten wurden in der ersten Behandlungswoche nach Diagnosestellung ausführliche semistrukturierte Interviews durchgeführt. Die transkribierten Interviews wurden mit Methoden der qualitativen Sozialforschung (grounded Theory, Qualitive Inhaltsanalyse) untersucht. Die Einzelfallauswertungen wurden entsprechend den gefundenen Kategorien über individuellen Komparationstabellen für die Themenbereiche Beschwerden, Diagnostik, Ursachen, Beeinflussbarkeit, Behandlungserfahrungen und Prognose zugeordnet und fallübergreifend nach Ähnlichkeiten und Kontrasten verglichen.

Kovacs, Pamela J. und Bronstein, Laura R.. „Preparation for oncology settings: What hospice workers say they need“. *Health & Social Work* 24, Nr. 1 (Februar 1999): 57–64.

According to recent data, 78% of hospice social workers' direct practice hours are spent with patients and families diagnosed with terminal cancer. A national sample of 108 hospice social workers participated in an exploratory study investigating the influence of their formal academic training, informal on-the-job training, and related professional and personal experiences on their preparation for oncology social work. Responses to a combination of closed- and opened-ended questions suggest that social workers view both the generalist or core courses as well as the specialist and elective courses as important in preparing them for oncology social work. In addition, on-the-job training focusing on medical terminology, interdisciplinary collaboration, death and dying, and the integration of personal experiences are important for continuing growth and success in this work. Implications for social work practice, research, and formal and informal educational opportunities are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Lackey, Dundee Carroll. „Access, health, and literacy: On becoming an informed patient“. ProQuest Information & Learning, 2010.

This project is a case study exploring the reading, writing, and learning practices of individual cancer patients and/or their caregivers at a cancer center located in a medium-sized Great Lakes city. The study population consists of two patients and one caregiver. Data also includes interviews with the support group in which one patient and caregiver participated, and with the clinic's social worker. The goal of the study is to provide future researchers with a thick description of why, where and how patients learn to be informed, "health literate" patients. My study, therefore, is intended to help address the gap in voices participating in conversations about health literacy (and related conversations, like decisions about health policy) by making actual patient literacy practices visible in the literature, providing future researchers with a more complete view of health literacy in action, and patients with a source of more accessible and applicable information. The results of this study show that patients engage in complex inventional practices, often in collaboration with others, and that patients and caregivers must then share that knowledge with other audiences: family members, other patients, and medical professionals. Health literacy is multimodal, contextual, and distributed. Further, invention processes are a significant and ongoing feature of health literacy. My findings are significant for the study of rhetoric because they show the deeply rhetorical nature of health literacy, a complexity that must be accounted for in the design of patient education materials, in the ways patients are supported, and in the ways doctors and nurses interact with patients and caregivers. The study utilized a survey, extensive observation of patient/caregiver research, reading, and writing practices (and the collection of documents they consume and create), and a series of related interviews to deeply examine the work of becoming a health/literate and "informed" patient. These interviews were structured in open, emergent ways to enable the researcher to follow the patients' actual practices. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Leung, Pamela P. Y. und Chan, Cecilia L. W. „Utilizing eastern spirituality in clinical practice: A qualitative study of Chinese women with breast cancer“. *Smith College Studies in Social Work* 80, Nr. 2–3 (April 2010): 159–183.

Drawing on the empirical findings of a qualitative study on Chinese women with breast cancer, this article presents the women's experience of spirituality and discusses the implications of culturally competent practice that addresses spirituality. Following the constructivist research approach, in-depth interviews were conducted with 26 Chinese women with breast cancer. The findings reveal their spirituality is manifested through (1) experiencing a spiritual shock, (2) making meaning, (3) achieving connectedness, and (4) attaining transcendence. The Eastern cultural teachings of embracing suffering, letting go and living in the moment, and meditative practice have important implications for social work practice. Culturally competent practice requires social workers to appreciate the diverse ways that clients use spiritual resources and reflect on how our own spirituality may affect intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Lourens, Mariana. „An exploration of Xhosa speaking patients’ understanding of cancer treatment and its influence on their treatment experience“. *Journal of Psychosocial Oncology* 31, Nr. 1 (Januar 2013): 103–121.

Cultural beliefs often influence people in seeking appropriate health care. In South Africa, misperceptions and fear about medical interventions contribute to the fact that many indigenous people prefer to make use of traditional healers. This qualitative study explores Xhosa patients’ perception of cancer and cancer treatment modalities, and their need for support. Language creates an image of the unknown to which people attach meaning. Oncology social workers play an important role in educating people about cancer and the treatment thereof, as doctors seldom have time to deal with the psychosocial aspects of cancer. Health care providers need to be sensitive to patients’ perceptions to render the best possible cancer care. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Margolis, Rachel, Ludi, Erica, Pao, Maryland und Wiener, Lori. „International adaptation: Psychosocial and parenting experiences of caregivers who travel to the united states to obtain acute medical care for their seriously ill child". *Social Work in Health Care* 52, Nr. 7 (August 2013): 669–683.

Despite the increasing trend of travel for medical purposes, little is known about the experience of parents and other caregivers who come to the United States specifically to obtain medical treatment for their seriously ill child. In this exploratory, descriptive qualitative study, we used a semi-structured narrative guide to conduct in-depth interviews with 22 Spanish- or English-speaking caregivers about the challenges encountered and adaptation required when entering a new medical and cultural environment. Caregivers identified the language barrier and transnational parenting as challenges while reporting hospital staff and their own families as major sources of support. Using the results of the study as a guide, clinical and program implications are provided and recommendations for social work practice discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Maury, James L. „Patterns of coping with the stages of cancer: The child-patient and his/her family". ProQuest Information & Learning, 1983.

McGrath, Pam. „Findings on the impact of treatment for childhood acute lymphoblastic leukaemia on family relationships". *Child & Family Social Work* 6, Nr. 3 (August 2001): 229–237.

Presents findings from a qualitative study of families coping with the initial stage (induction remission) of treatment for childhood acute lymphoblastic leukaemia. The experiences of all treatment from the perspective of 12 9 mo–10 yr old patients, their parents (aged 28–44 yrs), and siblings was explored through interview. The findings indicate that the experience is so profoundly disturbing and disruptive that it challenges the families' sense of normalcy and stability. These findings provide evidence of significant hardship and stress, with the consequent indication of the need for social work support. Above all, such families need to hear the comforting message from social workers that what they are experiencing is normal under the circumstances. Along with practical assistance, they need reassurance about the intensity of feelings they will experience and an affirmation of the difficulty of the challenges they face. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Mok, Esther, Lau, Ka-po, Lam, Wai-man, Chan, Lai-ngor, Ng, Jeffrey und Chan, Kin-sang. „Health-care professionals' perspective on hope in the palliative care setting". *Journal of Palliative Medicine* 13, Nr. 7 (Juli 2010): 877–883.

Hope is considered a coping strategy as well as a factor that enhances quality of life for patients with advanced cancer. Most studies on the meaning of hope are from the patients' perspective. However, the health-care professionals' view is also important since it may affect their practice. This study explored the meaning of hope to patients with advanced cancer from health-care professionals' perspective. This was a qualitative study that used a hermeneutic phenomenological approach. Five focus group interviews were conducted with 23 participants including physicians, nurses, social workers, occupational therapists, chaplains, and a physiotherapist working in the palliative care unit of a hospital in Hong Kong. Data analysis revealed four themes: expected hopelessness, a dynamic process of hope, hope-fostering strategies, and peace as the ultimate hope. It appears that health-care professionals' hopefulness contributes to the hopefulness of patients. Opportunities to reflect on their values, beliefs, and experience may help health-care professionals enhance their ability to foster hope in patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Nedjat-Haiem, Frances Ruth. „Getting to end-of-life discussions in advanced cancer care: Barriers and attitudes that limit end of life communication for disadvantaged Latinos“. ProQuest Information & Learning, 2011.

End-of-life (EOL) care communication involves dialogue among providers, patients, and family members as early as possible after diagnosis of serious illness to facilitate informed decisions about healthcare. Despite acknowledgement of EOL communication as an important facet of terminal illness, research on this topic is sparse, particularly with regard to underserved populations such as Latinos in the United States. Problems with or gaps in EOL communication can contribute to mismanagement of symptoms, over- or under-treatment, and increased psychological distress in patients and families. Ethnic disparities complicate EOL communication and care because underserved populations face additional barriers that further hinder effective communication and symptom management. The aim of this study was to explore perceptions of the barriers to engaging in EOL decision-making discussions, specifically among low-income Latinos who are living with an advanced life-threatening cancer condition. Perceptions were explored with a purposive sample of participants who completed semi-structured, in-depth interviews. The study was conducted in two data collection phases: first, with providers (n=44; physicians, social workers, nurses, and chaplains) working in a public sector health care setting; and second, with triads (n=9 triads) of a low-income Latino advanced cancer patient, the patient’s family member, and the patient’s provider (physician or nurse). Ethnographic observations in the clinic setting augmented the interview data. Data were analyzed using a constant comparison method rooted in grounded theory and a template matrix approach. Interviews and observations revealed a complex context of EOL decision-making discussions that includes: (1) patients’ ability to cope with the physical, emotional, social, and life-course changes, their beliefs about illness, and their prior experiences with the healthcare system; (2) patients’ family members and their previous and current involvement with their loved one, providers, and the medical system; (3) providers’ skills and ability to educate patients and their family members about EOL care options, and their attitudes about treatment appropriateness; and (4) the public healthcare system, which contains several system-level barriers. Interviews also revealed that EOL discussions are often not occurring when they should occur (i.e., shortly after diagnosis of a terminal illness). Instead, these discussions were delayed until times of acute crisis (e.g., emergency hospitalization), at which time patients’ wishes could not be thoroughly explored, and physicians could not focus on more existential, less immediately pressing issues. Overall, in this sample, both physicians and patients tended to avoid focusing on EOL wishes, instead preferring to focus on treatment and the possibility of cure. Unfortunately, the consequent lack of patient-physician EOL communication contributed to problems such as missed information about patients’ preferences for EOL care, and patients’ misunderstanding about the purpose of treatment and likelihood of dying from cancer. Considering the consequences of insufficient EOL communication—particularly for disadvantaged populations such as low-income Latinos—further attention needs to be paid to the development of clinical strategies and interventions that will improve the timing, quality, and relevance of this important domain of communication for patients with terminal illnesses. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Nilsson, David, Joubert, Lynette, Holland, Lucy und Posenelli, Sonia. „The why of practice: Utilizing PIE to analyze social work practice in Australian hospitals“. *Social Work in Health Care* 52, Nr. 2–3 (Februar 2013): 280–295.

This research used a collaborative approach to gain a comprehensive, quantitative understanding of the breadth and depth of the social work role in health care. Data was collected from individual interviews with all employed hospital social workers (N = 120) across five Melbourne, Australia health networks about their most recently completed case. This data was coded using a revised version of the Karls and Wandrei (1994) Person-in-Environment (PIE) tool to retrospectively analyze the reasons for social work involvement over the course of the case. The findings demonstrate that the hospital social work role is multidimensional across a number of domains but centers predominantly on assisting clients and their significant others with issues of altered social roles and functioning; particularly in relation to role responsibility, dependency, and managing associated role-change losses. The findings of this study will assist hospital social workers, managers, and academics to better describe and effectively undertake this complex work. These findings will also assist in the development of professional training and education to up-skill social workers who operate within this complex setting. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

O'Callaghan, Clare. „Qualitative data-mining through reflexive journal analysis: Implications for music therapy practice development". *Journal of Social Work Research and Evaluation*, Multi-disciplinary data-mining in allied health practice: Another perspective on Australian research and evaluation, 6, Nr. 2 (Fal-Win 2005): 217–229.

Reflexive research on personal clinical interpretations allows the articulation of one's tacit way of knowing, which is considered an important font of professional knowledge. Practice-based research yielded an oncological music therapist's interpretations about her program's relevance in a cancer hospital. Writing a clinical reflexive journal for prospective thematic analysis unleashed a "self dialogic" process, inspiring new questions and awarenesses, uncovering and extending her "practice wisdom." Reflexive journal writing and analysis can be an invaluable self-supervisory, educative, and transformative process. Emergent findings, that is, synthesized accounts of the wisdom and revelations informing skilled practioners' daily work, can also extend knowledge in music therapy, social work, and related fields. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

O'Connor, Moira und Fisher, Colleen. „Exploring the dynamics of interdisciplinary palliative care teams in providing psychosocial care: ‚Everybody thinks that everybody can do it and they can't.'" *Journal of Palliative Medicine* 14, Nr. 2 (Februar 2011): 191–196.

Background: There has recently been a call for an analysis of the way in which professionals see their role and status in the context of palliative care and the interdisciplinary team. This is particularly salient in the provision of psychosocial care. Method: This study qualitatively explored team members' perceptions and experiences of team dynamics. An indepth qualitative research design was adopted using semistructured interviews and was guided by a social constructivist framework. Seven palliative care team members were recruited from across three palliative care sites. Two palliative care nurses, a palliative care medical specialist, a consultant psychiatrist, a social worker, a counselor, and an occupational therapist comprised our prototypical interdisciplinary team. Analysis was conducted using a method of constant comparison. Results: Two major themes emerged from our research: "Lack of clear role boundaries" and "Strategies for maintenance of role boundaries," which included: "Claiming access to specialist expertise and knowledge" and "Minimizing the knowledge of other professions and professionals." It is argued that effective team functioning can be enhanced through the development of interdisciplinary team training programs and policies, resources and structures that provide support for the interdisciplinary team model. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Oktay, Julianne S., Nedjat-Haiem, Frances R., Davis, Cindy und Kern, Kathleen C. „Distress screening: Experiences of oncology social workers“. *Journal of Psychosocial Oncology* 30, Nr. 6 (Oktober 2012): 652–666.

The purpose of this pilot study was to explore oncology social workers experiences with the introduction and use of distress screening tools with patients who are diagnosed with cancer. Focus groups were conducted with 15 oncology social workers, who were primarily employed in large hospitals or cancer centers. The results fell into three broad areas: initiating distress screening, adapting distress screening to the setting, and evaluating distress screening. Findings revealed that social workers face many decisions as they adapt distress screening to their settings, including when and how to measure distress, and how to refer patients to services. Social workers were concerned about being overwhelmed with referrals and sought to manage the screening to better identify those who are likely to benefit from services. This research suggests a need for further study, the development of practice guidelines, and training of oncology social workers. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Papadatou, Danai, Yfantopoulos, John und Kosmidis, Helen V.. „Death of a child at home or in hospital: Experiences of Greek mothers“. *Death Studies* 20, Nr. 3 (Mai 1996): 215–235.

Investigated the experiences of 15 Greek mothers who cared for a child dying of cancer at home or in the hospital, and highlighted some of their major needs during the terminal period. 67% chose to care for the child at home without having access to home care services, while the remaining families sought hospital care. Their decision was primarily based upon the child's expressed wish and parental preference. The family network played a significant role in supporting the mother–child unit; especially when death occurred at home. Mothers assessed positively the services provided by nurses and social workers, and had expectations that physicians would support them on a psychological level during the terminal period. The care of the dying child is influenced by cultural factors predominant in Greek society and some of the findings are discussed in this light. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Pascal, Jan und Endacott, Ruth. „Ethical and existential challenges associated with a cancer diagnosis“. *Journal of Medical Ethics: Journal of the Institute of Medical Ethics* 36, Nr. 5 (Mai 2010): 279–283.

Background: At the point of cancer diagnosis, practitioners may wrestle with ethical dilemmas associated with medico-legal implications of diagnosis, treatment options and disclosure to family members. The patient's perspective can take a different route, focusing on ethical and existential questions about the value and purpose of life, culminating in the question: how do I lead my life after diagnosis? Objective: To explore the ethical and existential challenges associated with a cancer diagnosis from the perspective of cancer survivors. Design: Qualitative design using specifically phenomenological methods to enable focus on subjective experience. Two in-depth interviews were conducted over a 6-month period. Setting: Bendigo, Victoria, Australia. Participants: 15 participants (n=11 women and n=4 men) volunteered to be interviewed. Age ranged from 32 to 85 years of age; length of survival 0.5-25 years; with a range of cancer diagnoses. Results: Findings demonstrated that participants experienced existential and ethical challenges associated with a cancer diagnosis and subsequent survivorhood. These challenges were present regardless of cancer stage or diagnostic type and pervaded throughout length of survival. The existential challenges included the experience of anxiety and uncertainty about recurrence and metastatic disease. In particular, participants reported iatrogenic uncertainty induced by tests and treatment with follow-up regimes underscoring the fragility of survivor status. Uncertainty served as a 'wake-up call' and precipitated ethical challenges. Such challenges involved making meaning of survivorhood and questioning of morals, values and relationships. At times these questions were painful and difficult, creating unease about leading a 'good' and purposeful life. Entering ethically rocky terrain was also considered identity enhancing, with reports that a cancer diagnosis could have benefits as well as challenges. Conclusion: This study identified a number of challenges associated with a cancer diagnosis; these have implications for the preparation of medical, nursing and social work practitioners and should be considered during the design of follow-up support for cancer patients and those in recovery. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Pentz, Martin J. Kelly. „Cancer: The lived experience of the older adult“. ProQuest Information & Learning, 2002.

Half of those who are diagnosed with cancer in any given year are over age 65. Approximately 3.1 million males and 2.3 million females over age 65 became ill with cancer in 2000. The purpose of this study was to investigate the psychosocial experience of the older adult with cancer to enable social workers to better serve this population. It is not clear from previous research whether their lived experience in adapting to cancer is different from that of younger persons. Thirteen older adults with cancer were interviewed in-depth along with a focus group of three oncology social workers. Older adults are often viewed as frail and not able to contribute to society or continue to grow as a person. In contrast, the older adults in this study were mostly resilient and full of life, despite the possible devastation of cancer. The themes that emerged from the data were almost unanimously positive: (1) social support, (2) a positive attitude (acceptance, gratitude, keeping a present-focus), (3) spirituality-faith (belief in God, hope, and helping others), (4) positive coping (past coping, assertive behavior, reminiscing, and humor), and (5) loss (loss of weight and appetite, loss of energy and self-care ability, loss of social relationships, loss of activities, and loss of belief in one's competence). Practice applications, including reminiscent therapy and spiritual eldering, are discussed in relation to working with resilient and non-resilient older adults with cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Pentz, Marty. „Resilience Among Older Adults with Cancer and the Importance of Social Support and Spirituality-Faith: ‚I Don‘t Have Time to Die’“. *Journal of Gerontological Social Work* 44, Nr. 3–4 (2005): 3–22.

Approximately 3.1 million males and 2.3 million females over age 65 became ill with cancer in 2000. The purpose of this study was to investigate the psychosocial experience of the older adult with cancer to enable social workers to better serve this population. Thirteen older adults with cancer were interviewed in-depth along with a focus group of three oncology social workers. The older adults in this study were mostly resilient and full of life, despite the possible devastation of cancer. The themes that are discussed in this article are: (1) social support, and (2) spirituality-faith (belief in God, hope, and helping others). Practice applications are discussed in relation to working with resilient and non-resilient older adults with cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Plaskon, Patricia Perone. „Chatting over the fence: A qualitative study of cancer and prevention behavior in a high-risk rural area“. ProQuest Information & Learning, 1993.

Roberts, Cleora S., Elkins, Nancy W., Baile, Walter F. und Cox, Charles E. „Integrating research with practice: The psychosocial impact of breast cancer“. *Health & Social Work* 14, Nr. 4 (November 1989): 261–268.

Interviewed 50 breast cancer patients (aged 34–80 yrs) in remission and 50 healthy controls (aged 31–81 yrs), using the Profile of Mood States (POMS). Before completing the POMS, 25 patients were interviewed about their emotional reactions during their cancer crisis. There were no significant differences between patients and controls on the POMS, questioning the validity of such scales to measure psychological distress in cancer patients. Because some patients expressed ongoing distress or unresolved conflicts during the interviews, therapeutic responses were made that included empathic listening, clarification, validation of feelings, and specific suggestions. Three case examples are described. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Roettger, Klaus. „Berufszufriedenheit und berufliche Belastung von Krankenpflegekraeften. Am Beispiel einer chirugisch-onkologischen Station.“ *Soziale Arbeit* 42, Nr. 5 (1993): 160–166.

Forschungsmethode: empirisch, deskriptive Untersuchung, Interview, qualitatives Interview. Der Beitrag stuetzt sich auf sechs halbstrukturierte Interviews mit weiblichen Krankenpflegekraeften. Gefragt wurde nach dem Zugang zum Beruf, den Erwartungen, der aktuellen beruflichen Situation, den Ueberforderungen, Aenderungswuenshcen und Fluchtgruenden. (IAB).

Rohan, Elizabeth und Bausch, Jane. „Climbing Everest: Oncology work as an expedition in caring“. *Journal of Psychosocial Oncology* 27, Nr. 1 (Januar 2008): 84–118.

This study reports findings from 21 in-depth interviews with oncology clinicians (social workers, physicians, and nurses). Interviews addressed clinicians’ overall experiences of their work, including professional roles, teamwork, challenges and rewards of the work, and thoughts about whether oncology work changed their worldview. Researchers used an expedition metaphor to understand oncology clinicians’ experiences. An expedition and oncology work have in common a clear division of labor, the necessity of collaboration, intense work, significant obstacles, great rewards, and work that the world at large cannot tolerate undertaking. Understanding the experiences of oncology health professionals is essential in attracting and retaining dedicated clinicians and in helping them mitigate the potential deleterious effects of their work, such as compassion fatigue. Additionally, the expedition metaphor itself is compelling; it highlights the breadth of experiences of oncology clinicians, particularly that successful multidisciplinary teamwork in itself can ameliorate compassion fatigue. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Rumpeltin, Anka. „Trauma und (Ohn-)Macht: Machtphänomene in Kliniken und ihre Auswirkung auf PatientInnen in der Onkologie“. *Klinische Sozialarbeit* 05, Nr. 1 (2009): 8–10.

Ryan, P. J., Howell, V., Jones, J. und Hardy, E. J. „Lung cancer, caring for the caregivers. A qualitative study of providing pro-active social support targeted to the carers of patients with lung cancer“. *Palliative Medicine* 22, Nr. 3 (April 2008): 233–238.

Introduction: Carers of patients with lung cancer often have a short time to access the support they require. The Macmillan Carers Project (MCP) was set up to provide nonclinical social support targeted in the community to the carers of patients with lung cancer and this study describes its evaluation. Methods: Prospective case study using interviews with the carers, project workers and health and social care professionals to obtain qualitative data for thematic analysis. 81 patients’ carers received support from the MCP; 20 carers, 2 MCP workers and their manager and 10 other professionals (chest consultant physician, lung cancer clinical nurse specialist, GP, four Macmillan nurses, hospice social worker and two community social workers) were interviewed. Results: Patients were predominantly male (62%), mean age 71 years and carers were predominantly female (70%) mean age 63 years. Carers identified the MCP as providing emotional support, more time, practical help, financial advice, information and back-up for a myriad of problems. Although there was some overlap with other services, the MCP was valued by carers and professionals as filling a gap in social care. Conclusions: The unique aspect of this study was support targeted to the carers of a single cancer site (lung) rather than generic cancer support. As lung cancer may progress rapidly, patients and their carers have a short time to gather new information, access services and adjust to their new circumstances and roles. By focusing on the needs of carers from the time of lung cancer diagnosis, we have shown that the MCP was a valued additional service, well received by carers, patients and professionals. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Schapmire, Tara J., Head, Barbara A. und Faul, Anna C. „Just give me hope: Lived experiences of Medicaid patients with advanced cancer“. *Journal of Social Work in End-of-Life & Palliative Care* 8, Nr. 1 (Januar 2012): 29–52.

The purpose of this phenomenological exploration was to describe the lived experiences of persons diagnosed with advanced cancer who receive Medicaid. Themes emerged from the transcribed interviews of 10 participants in accordance with the cancer trajectory. Before diagnosis, participants were uninsured or underinsured and had more severe symptoms prior to late diagnosis. Upon diagnosis, they desired hopeful, respectful communication and experienced strong emotional reactions. There was also an abrupt change in the use of health care resources. During cancer treatment, they experienced social isolation from family and friends while receiving strong psychosocial support from the health care team. Throughout the cancer trajectory, they focused on living, reclaiming normalcy, and expressed resiliency and spirituality. Findings support the need to recognize the “fighting spirit” of patients regardless of prognosis or socioeconomic status; the impact of hopeful, respectful communication; and the value of oncology social work assistance when navigating the cancer experience. Lack of health care coverage prior to severe symptoms prevented earlier diagnosis and contributed to poor physical outcomes. Medicaid eligibility enabled these patients to receive quality health care and focus on living beyond cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Shannon, Charlene S. und Bourque, Debra. „Overlooked and underutilized: The critical role of leisure interventions in facilitating social support throughout breast cancer treatment and recovery“. *Social Work in Health Care* 42, Nr. 1 (2005): 73–92.

Breast cancer is a life event experienced by many women and is one that impacts various aspects of a woman's life including her occupational and family roles. A social worker is often an important part of a woman's health care team following a breast cancer diagnosis as well as throughout treatment, providing assistance in helping women to cope with negative social psychological effects associated with the illness experience. The purpose of this article is to provide social workers with an opportunity to consider the utilization of empirically established interventions such as social support from the relatively unknown field of leisure science. Through semi-structured interviews with eight women, the role and meaning of leisure and social support in the lives of women with breast cancer were explored. The findings indicated these women experienced and perceived social support through leisure activities with friends and family during and following treatment and also through their volunteer work following treatment. The research can help social workers understand the potential role of leisure interventions in meeting the needs of women with breast cancer throughout their illness experience. Implications for social work education are also highlighted. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Sinding, Christina, Watt, Lisa, Miller, Patricia, Silliker, Jimena, Lawson, Lori, Kislinsky, Claire, Stanzlik-Elliot, Christine L., O’Neill, John, Pereira, Jodi und McGillicuddy, Patti. „Stigmas and silos: Social workers’ accounts of care for people with serious mental illness and cancer“. *Social Work in Mental Health* 11, Nr. 3 (Mai 2013): 288–309.

The purpose of this study was to better understand the processes of care for people living with serious mental illness who are diagnosed with cancer, from the perspectives of social workers. Interviews were conducted with 11 social workers at a multisite acute and tertiary care centre in Ontario, Canada. Analysis showed how patients diagnosed with serious mental illness were channeled to mental health services and their cancer-related concerns discredited, and how care was compromised by the compartmentalization of mental and physical health care. The study also revealed that relationships between patients and their families were often repaired or reactivated by a cancer diagnosis, and health care providers’ empathy and resources mobilized. Theories of stigma are used to deepen study findings and to highlight the significance of social workers’ actions in creating health care environments that are less disabling for people diagnosed with a mental illness. The vital roles social workers play in clinical coordination and in ensuring care equity—and the factors that impede these roles—are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Smith, Elizabeth D. „The relationship of transpersonal development to the psychosocial distress of cancer patients“. ProQuest Information & Learning, 1991.

Snow, Alison und Gilbertson, Kristen. „The complexity of cancer in multiple family members: Dynamics of social work collaboration“. *Social Work in Health Care* 50, Nr. 6 (Juli 2011): 411–423.

This article presents a case study of one family affected by a cancer diagnosis in both the father and the daughter, who were diagnosed within the same time interval and who underwent treatment at the same time. The article examines the relationship between the caregivers and the oncology patient as well as with one another when the stress of diagnosis is compounded by multiple, simultaneous, and similar diagnoses in a highly condensed period of time. A thorough examination of the literature reveals that there are significant gaps regarding how multiple cancer diagnoses in one family affect the family dynamic, individual and collective coping styles, and caregiver burden. The diagnoses can also dramatically exacerbate economic stressors in a family. The coordination of psychosocial care from the perspectives of the adult and pediatric oncology social workers at an urban academic medical center will be discussed. The social work role, importance of collaboration, and family centered care perspective will be discussed as a method of easing the treatment experience for families in psychosocial distress. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Sormanti, Mary. „Fieldwork instruction in oncology social work: Supervisory issues“. *Journal of Psychosocial Oncology* 12, Nr. 3 (1994): 73–87.

Examined supervisory issues that arise when working with social work students who are placed in an oncology setting. 10 female hospital oncology supervisors were interviewed in a focus-group setting. Three main themes emerged during the interview. First, oncology social work is different from and perhaps more difficult than social work in other settings, and supervision of beginners differs from supervision of beginners in other specialties. Second, the problems in oncology are difficult to grapple with, and a certain type of student is required to do the work well. Finally, gaps in the curricula of schools of social work have a negative impact on the total learning experience of students in oncology and other medical settings. Concerns that students brought to supervision included somatic reactions, dissynchrony with peers, and countertransference. Recommendations for adequately preparing students for work in an oncology setting are provided. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Sormanti, Mary Elizabeth. „Mothers' psychosocial adaptation to cancer: The role of mutuality and support in the primary partnered relationship". ProQuest Information & Learning, 1998.

This exploratory study utilized new theories of women's psychological development to examine the role of mutuality and support in primary partnered relationships of mothers coping with cancer. Specifically, the study analyzed the differential impact of relationship mutuality and cancer-related demands on women's psychosocial adaptation to cancer. Outcome variables were quality of life and self-care agency. This study also explored the impact of relationship mutuality on types of coping styles used by women and examines the association between coping style and psychosocial adaptation. Two broad styles of relational coping, identified by Coyne & Smith (1991), were examined: protective buffering and active engagement. Participants were 48 women receiving treatment for cancer or followed closely in the immediate post-treatment phase. Participants were currently involved in a significant close relationship with a partner and were mothers of young children. Data were collected with a self-administered questionnaire and an in-person interview. A path analysis was performed in order to determine the direct and indirect effects of demands of illness, mutuality and relational coping style on psychosocial adaptation. Findings indicated significant relationships between mutuality and quality of life and mutuality and self-care agency. Women who perceived their primary partnered relationships to be lower in mutuality tend to utilize protective buffering coping strategies more than women who perceived their relationships to be higher in mutuality. Furthermore, the use of protective buffering was highly negatively correlated with self-care agency and quality of life. These results indicate that women who use protective buffering coping strategies are less likely to perform activities essential for their self-care and to rate high on quality of life. A content analysis of interview data provided detailed descriptions of the types of relationship changes experienced by participants and the types of support they received from partners. Findings suggest that relationship mutuality and use of protective buffering coping strategies should be assessed by social workers and other health care professionals as risk factors in women's psychosocial adaptation to cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Spira, Marcia und Kenemore, Ellen. „Adolescent daughters of mothers with breast cancer: Impact and implications". *Clinical Social Work Journal* 28, Nr. 2 (Sum 2000): 183–195.

While the literature supports the view that a parent's illness will have an impact on a child, less specific attention has been given to the impact of a mother's breast cancer on her adolescent daughter. In this paper, clinical vignettes derived from interviews with adolescent daughters (ages 12–19) living with mothers who have breast cancer are presented to illustrate some of the concerns daughters have about themselves and their mother's illness. The daughters express anxiety about changes in family roles, but seem more concerned about the potential loss of the mother/daughter relationship. They describe their fears of recurrence of the disease as well as getting the disease themselves. The girls also demonstrate great strength; resilience and hope in the face of the challenges presented by the changes in their lives. Girls who had mothers die of the disease are not included in this article. Implications for treatment are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Staley, Judith C., Kagle, Jill D. und Hatfield, Alan K.. „Cancer patients and their co-workers: A study". *Social Work in Health Care* 13, Nr. 1 (1987): 101–112.

Investigated the experiences of 61 adult cancer patients who continued to work during treatment or who returned to work following treatment by studying their relationships with co-workers. Findings show that, in general, Ss believed that their co-workers had positive attitudes toward them. Nevertheless, some reported that they encountered changed and sometimes difficult interactions with co-workers. Their experiences suggest ways in which social workers can help cancer patients prepare for such encounters. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Sulek, Karsten. „Typen und Probleme der Arbeit mit onkologischen Patienten bei den verschiedenen Gruppen von Medizinprofessionellen und die Schwierigkeiten der biographischen Bearbeitung ihrer Berufsprobleme“. In: Bittkau-Schmidt, Susan, Drygalla, Jeannette und Schuegraf, Martina (Hrsg.). *Biographische Risiken und neue professionelle Herausforderungen. Identitätskonstitutionen, Wandlungsprozesse, Handlungsstrategien.* Opladen u.a.: Budrich, 2007. 133–148.

Tiesmeyer, Karin. *Familien mit einem krebskranken Kind. Möglichkeiten und Grenzen edukativer Unterstützung.* Bern: Hans Huber, 2012.

Vaz, Melita und Mahalingam, Ramaswami. „Implicit theories of common health conditions held by indian social workers and students“. *Psychological Studies*, 4. September 2015.

Social work is viewed as a change-related profession. However, little is known about social workers’ own beliefs about change. To understand this, we used the implicit theory paradigm to compare theories about various health conditions held by social workers, social work students, and undergraduate students from Bombay, India (N = 352). The participants had to assess the possibility of change in four health conditions: cancer, tuberculosis, depression, and mental retardation. We predicted that social workers whose professional education involves concepts such as Person-in-Environment would display more incremental views of these conditions than students – namely that they are modifiable. Our predictions were supported for the following conditions: cancer, tuberculosis, and depression. These incremental views were neither related to age nor years of professional experience. Though we expected that the extent to which participants believed these health issues to be amenable to change would influence their support for a small personal tax, our findings did not bear this out. We explore the possible reasons for our findings and discuss their implications for health communication in India as well as for social work education. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Wakefield, C. E., McLoone, J., Butow, P., Lenthen, K. und Cohn, R. J.. „Support after the completion of cancer treatment: Perspectives of Australian adolescents and their families“. *European Journal of Cancer Care* 22, Nr. 4 (Juli 2013): 530–539.

Young people recovering from cancer may lack adequate support post-treatment, yet little is known about the types of support and information young Australians and their families need. This study investigated adolescent/young adult cancer survivors’ and their families’ perceptions of care and support needs after completing cancer treatment. Seventy semi-structured interviews were conducted with 19 survivors (mean age 16.1 years), 21 mothers, 15 fathers and 15 siblings. Interviews were recorded, transcribed and analysed using the conceptual framework of Miles and Huberman. Post-treatment, participants regarded medical staff positively but were reluctant to ask for their help fearing it may deflect resources away from patients still receiving treatment. Appraisals of social workers’ and psychologists’ support post-treatment were mixed. Formal emotional support was rarely accessed and participants reported that any additional funds should be directed to greater psychological support in this period. Participants also reported the need for additional financial support post-treatment. Clinicians need to be aware that while young people and their families may not demand support post-treatment, they may ‘suffer in silence’ or burden family members and friends with the responsibility of providing emotional support, though they may be experiencing distress also. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Walker, M.S., Ristvedt, S.L. und Haughey, B.H.. „Patient care in multidisciplinary cancer clinics: does attention to psychosocial needs predict patient satisfaction?“ *Psychooncology* 3, Nr. 12 (2003): 291–300.

Satisfaction with treatment is an important early indicator of medical outcome for cancer patients. This study examined patient satisfaction with treatment-planning and follow-up appointments among 58 recently diagnosed ENT and GI cancer patients seen at a multidisciplinary cancer clinic. Patients reported which medical specialties they saw, whether adjuvant treatment was planned, and whether they had a chance to discuss their feelings about the diagnosis. Patients also rated the attention paid by staff to several psychosocial issues considered relevant to cancer. These included how the patient was coping, support services available, and the issue of common emotional reactions to cancer. Patients then rated their overall satisfaction with their clinic visits. Overall satisfaction was predicted by younger age, female gender, and greater attention to how patients were coping with their illness. Having a chance to discuss one's feelings about the diagnosis, and staff attention to other psychosocial issues, also predicted patient satisfaction. The relationship of these psychosocial issues to patient satisfaction did not vary by gender. Results suggest that patient satisfaction may be enhanced when hospital staff attend to and provide for the psychosocial needs engendered by a diagnosis of cancer.

Wells, Anjanette A. „Low-income, minority cancer patients who drop out of depression treatment“. ProQuest Information & Learning, 2009.

Depression is one of the most common symptoms of cancer, having a profound impact on patients’ quality of life, immune response, morbidity, adherence to treatment, and even mortality. Although medication and counseling are effective in reducing depressive symptoms in cancer patients, there is an increasing need to understand factors that contribute to dropout (and retention) of low-income, minority cancer patients to depression treatment. The aim of this study was to explore and understand the barriers and enablers contributing to low-income minority cancer survivors’ participation and completion of depression treatment, within the context of an effectiveness treatment trial (ADAPt-C study). Such perspectives were gained through in-depth, telephone interviews with 20 patients who had dropped out of treatment, compared to 10 similar patients’ who had completed depression treatment. Additional understanding about the dropout barriers were gained through secondary analysis of provider clinical notes. Face-to-face and telephone interviews with providers offered a list of strategies to retain patients to treatment. Findings revealed that patients who dropped out of treatment perceived and described key barriers which interfered with their treatment completion: cancer-related, depression treatment-related, informational, instrumental, cultural, and systems-related. Taken together, dropouts often described “multiple confounding barriers.” Completers experienced equally as many “multiple confounding barriers”, however were able to continue and complete treatment. Potential explanations for this discrepancy can be found within some of the discrete barriers and associated narratives themselves. Analyses of dropout clinical notes from providers help reveal that additional barriers contributed to dropout: Enabling Family factors and Additional Enabling Psychological Coping factors. Provider interviews indicated that providers can provide feasible strategies which address some of the various patient-identified barriers: (1) Depression treatment strategies; (2) Informational strategies, (3) Instrumental strategies; (4) Recruitment strategies; (5) Cultural strategies; and (6) Systems’ strategies. These results point to implications in the following areas: theoretical, research study design, clinical social work, community-based, and further research in the areas of health behavior decision-making, the influence of motivation, and self-efficacy. This adherence study of low-income, minority depressed cancer patients is especially important to future research and real-world depression care among cancer patients, particularly those from hard-to-reach populations. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Wells, Anjanette A., Palinkas, Lawrence A., Williams, Sha-Lai L. und Ell, Kathleen. „Retaining low-income minority cancer patients in a depression treatment intervention trial: Lessons learned“. *Community Mental Health Journal* 51, Nr. 6 (August 2015): 715–722.

> Previously published work finds significant benefit from medical and behavioral health team care among safety-net patients with major depression. This qualitative study assessed clinical social worker, psychiatrist and patient navigator strategies to increase depression treatment among low-income minority cancer patients participating in the ADAPt-C clinical depression trial. Patient care retention strategies were elicited through in-depth, semi-structured interviews with nine behavioral health providers. Using grounded theory, concepts from the literature and dropout barriers identified by patients, guided interview prompts. Retention strategies clustered around five dropout barriers: (1) informational, (2) instrumental, (3) provider–patient therapeutic alliance, (4) clinic setting, and (5) depression treatment. All strategies emphasized the importance of communication between providers and patients. Findings suggest that strong therapeutic alliance and telephone facilitates collaborative team provider communication and depression treatment retention among patients in safety-net oncology care systems. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Wilkes, Lesley M., White, Kate, Mohan, Shantala und Beale, Barbara. „Accessing Metropolitan Cancer Care Services: Practical Needs of Rural Families“. *Journal of Psychosocial Oncology* 24, Nr. 2 (2006): 85–101.

> This study explored the practical needs of patients and their families travelling from rural areas in New South Wales, Australia to cities for cancer treatment. Practical needs were information, accommodation, transport, and economic impact. A cross-sectional design was employed; data were collected by questionnaire and focus group interviews. Findings showed that practical needs impacted on the ability of the patients and families to cope with diagnosis and treatment for cancer. The greatest unmet practical need of the patients and their families was for comprehensive information that is provided before travelling and by someone, for example, nurse or social worker who can help them decipher it if required. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Wong, Alison G., Ki, Ppudah, Maharaj, Artie, Brown, Edna, Davis, Cindy und Apolinsky, Felice. „Social support sources, types, and generativity: A focus group study of cancer survivors and their caregivers“. *Social Work in Health Care* 53, Nr. 3 (März 2014): 214–232.

> Various research studies have identified the sources and types of support that people with cancer receive; however, few have focused on identifying the specific characteristics of emotional, instrumental, and informational support. In this study, focus groups consisting of Gilda’s Club members explored the types of support that people with cancer and their caregivers experienced and valued. Results showed that although men and women with cancer and caregivers identify similar sources of support, they experience different types of support. Results also indicated a desire among participants to help and support others, a concept referred to as generativity. Implications for social workers and health care providers are explored. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Yingling, Julie. „Verbal responses of children and their supportive providers in a pediatric oncology unit“. *Journal of Health Communication* 5, Nr. 4 (Oktober 2000): 371–377.

Describes patterns of verbal responses found in the interactions between children who have cancer and their caregivers in a pediatric oncology unit. Specifically, the message types that distinguish the children's speech in interaction with the support providers is identified, as well as the message types commonly used by the adults chosen as most informative and the adults chosen as most emotionally supportive. 15 children with cancer (ranging in age from 4 yrs 4 mo to 16 yrs 1 mo) participated in this study over a period of 2 mo; discussions between children and informative or supportive adult partners were recorded and coded. Regardless of the type of interaction, children were most likely to use edifications and disclosures with an adult. Children most often chose nurses as their most informative speakers, although physicians, medical assistants, and social workers were often mentioned as well. Parents were most often chosen as emotionally supportive, but this role also included other providers such as physicians, medical assistants, and nurses. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Yu, Eun□Seung, Shim, Eun Jung, Kim, Ha Kyoung, Hahm, Bong□Jin, Park, Jong□Hyock und Kim, Jong□Heun. „Development of guidelines for distress management in Korean cancer patients“. *Psycho-Oncology* 21, Nr. 5 (Mai 2012): 541–549.

Objectives: Psychological distress is common in cancer patients, and the need to develop a system for assessing and managing distress is widely recognized. This project developed recommendations that are feasible for Korean cancer patients and the Korean healthcare system. Methods: Based on the findings from a series of studies in the context of this project, we developed guidelines following the steps and parameters recommended by the Scottish Intercollegiate Guidelines Network (SIGN). The Development Group consisted of individuals from several professions, including psychiatrists, psychologists, nurses, social workers, a health policy expert, and a methodologist. Opinions from various healthcare providers, patients, and related societies were also reflected in the guidelines. Results: The main recommendations for distress management in cancer patients were the following: (1) a concept of distress in Korean cancer patients, screening tools, management algorithms, and triage approaches was developed and (2) four symptom‐specific guidelines with management algorithms were proposed for depression, anxiety, insomnia, and delirium. Conclusion: This is the first effort to develop recommendations for distress management in psycho‐oncology in Korea. These guidelines offer standards for psychosocial care for cancer patients in Korea. We have made a significant step toward integrated cancer care that incorporates the psychosocial care of patients as an essential component of patient care in a Korean oncology context. This version will be updated constantly to keep up with emerging evidence from empirical research and clinical experience. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Zebrack, Brad und Walsh-Burke, Katherine. „Advocacy Needs of Adolescent and Young Adult Cancer Survivors: Perspectives of Pediatric Oncology Social Workers“. *Journal of Psychosocial Oncology* 22, Nr. 2 (2004): 75–87.

A limited literature on the experiences of late adolescent and young adult survivors of cancer identifies psychosocial issues and needs that are unique to this population. Although the advocacy needs of adult cancer survivors have been addressed increasingly in both the psychooncology literature and in educational programs, the advocacy needs of adolescent and young adult survivors have not. This article reports the findings of an exploratory study conducted with pediatric oncology social workers who are frequently asked to assist survivors and their families with the psychosocial issues related to cancer. The quantitative and qualitative data collected through surveys and a focus group support the findings of previous studies that this population faces unique concerns related to surviving cancer based on the developmental stage at which cancer occurs. The study participants also identified the advocacy training needs of this population and made recommendations for interventions to build on survivors' strengths and empower them as they adapt to the roles, responsibilities, and challenges of adulthood. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Studien – quantitativ

Altpeter, Mary, Mitchell, James und Pennell, Joan. „Advancing Social Workers' Responsiveness to Health Disparities: The Case of Breast Cancer Screening". *Health & Social Work* 30, Nr. 3 (August 2005): 221–232.

This study provides the basis for customizing culturally responsive social work health promotion programs aimed at eliminating breast cancer screening and mortality disparities between white and African American women. Survey data collected from a random sample of 853 women in rural North Carolina were used to explore the impact of psychosocial factors, including cultural beliefs, on differences by race and age in behavioral intentions if a breast lump was found. Multivariate logistic regression analysis revealed that age and past mammography screening predicted the intention to get a mammogram, whereas physician communication about breast cancer risk, never having a mammogram, breast cancer worry, and religious beliefs about God's role in curing cancer influenced women's intentions to watch the lump for changes. Factors in both models did not account for racial differences. The findings can help social workers tailor more culturally respectful breast health interventions and have implications for the development of other efforts to eliminate health disparities. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Arnold, Elizabeth Mayfield, Artin, Katherine Abbott, Person, Judi Lund und Griffith, Devin L. „Consideration of Hastening Death Among Hospice Patients and Their Families". *Journal of Pain and Symptom Management* 27, Nr. 6 (Juni 2004): 523–532.

The purpose of this study was to describe hospice social workers' perceptions of cases where hospice patients or their family members expressed a desire to hasten the patient's death. Surveys were mailed to hospice social workers (n = 212) in two Southeastern states. Response rate was 36%. Of the 73 respondents, 56.2% had a patient and 26.1 % had a patient's family member express a desire to hasten the patient's death. Most patients had a cancer diagnosis (70.4%) and were predominantly male (66.6%), white (94.4%), and were married/had a partner (66.7%). Poor quality of life (28.3%) and concern for suffering (28.3%) were the most common reasons reported for the request to hasten death. These data suggest that the desire for hastened death is not uncommon among hospice patients. Social workers perceive these requests to be related primarily to unmet needs. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Barnhart, Leslie L., Fitzpatrick, Vanessa D., Sidell, Nancy L., Adams, Margaret J., Shields, Glenn S. und Gomez, Sheila J.. „Perception of family need in pediatric oncology". *Child & Adolescent Social Work Journal* 11, Nr. 2 (April 1994): 137–148.

Studied the needs of families in which a child has been diagnosed with cancer. 77 families in this category completed the Family Needs Survey (D. Bailey and R. Simeonsson; see record [rid]1988-31440-001[/rid]). Four areas were identified as critical to family functioning: a need (1) for information, (2) to explain to others, (3) to obtain social support, and (4) to receive direct services. It is suggested that the identification of these needs will increase the hospital social worker's ability to effectively assess the family's situation and provide appropriate interventions. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Bauwens, Sabien, Distelmans, W., Storme, G. und Kaufman L. „Attitudes and knowledge about cancer pain in Flanders. The educational effect of workshops regarding pain and symptom control“. *Palliative Medicine* 15, Nr. 3 (Mai 2001): 181–189.

Investigated the misconceptions of nurses and other healthcare workers (physicians, social workers, psychologists, and others) that play a role in the undertreatment of cancer pain in Flanders (Belgium). 197 healthcare workers who participated in the pain and symptom control education sessions organized by the Federation Palliative Care Flanders completed a questionnaire both before and after the sessions assessing general attitudes towards cancer pain, its causes, and treatment; (mis)conceptions regarding opioid therapy; attitudes towards the use morphine and its side effects; the involvement of patients in treatment; and knowledge of symptom control and palliative treatment possibilities. 76 Ss also completed the questionnaire after a 3-mo follow-up session. Pre-test results revealed important deficits in knowledge and conservative attitudes regarding opioid therapy and patient involvement. However, the impact of the education sessions on Ss' knowledge and beliefs regarding the management of cancer pain was substantial. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Berkman, Pinhas, Heinik, Jeremia und Rosenthal, Michal. „Social worker estimations of life span in terminal cancer patients“. *Archives of Gerontology and Geriatrics* 33, Nr. 3 (November 2001): 227–235.

Evaluated the accuracy of the social worker estimation (SWE) of the length of survival of patients (aged 42–86 yrs) who were seen at the end stage of their terminal illness, in home-based palliative care treatment. Estimates were filled out on a form every 2 wks during the time of the visits until the patient's discharge or death. The wording used by the social worker was the "average survival period." Survival was measured from the time of each survival prognostication until death from any cause. Both SWE and actual survival were categorized into <4, 5–8, 9–12 and >12 wks. Then, 29 estimates were analyzed using the SPSS statistical software package. The mean and median actual survivals of the total cohort were 6.5 and 5.1 wks, respectively. The minimum and maximum weeks of actual survival were 0.1 and 23.1, respectively. The mean and median differences between SWE and actual survival were 2.1 and 1.6 wks, respectively. The Pearson correlation coefficient between actual survival and SWE was 0.827. Overall, 59% were correctly assigned by social worker to the correct survival categories. Findings suggest that the oncology social worker can be a valuable resource for information about the patient's prognosis of life span. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Berrett-Abebe, Julie, Cadet, Tamara, Pirl, William und Lennes, Inga. „Exploring the relationship between fear of cancer recurrence and sleep quality in cancer survivors“. *Journal of Psychosocial Oncology* 33, Nr. 3 (Mai 2015): 297–309.

Fear of cancer recurrence (FCR) and sleep disturbance are identified as top psychosocial concerns in cancer survivorship, yet few studies have explored the association between these two factors. Using data from a study of 67 cancer survivors, hierarchical logistic regression models examined the relationships between socio-demographic characteristics, FCR, and sleep disturbance. More than half of survivors reported poor sleep quality; those with some college education and those with higher levels of FCR were at greater risk for poor sleep. These findings provide formative data for oncology social workers to implement interventions that target FCR as a strategy for improving sleep. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Bleiker, E. M. A., Grosfeld, F. J. M., Hahn, D. E. E. und Honing, C. „Psychosocial care in family cancer clinics in The Netherlands: A brief report“. *Patient Education and Counseling* 43, Nr. 2 (Mai 2001): 205–209.

The present survey was undertaken to obtain a better understanding of the organization of standard psychosocial services at the family cancer clinics in The Netherlands. 26 Colleagues at the 9 family cancer clinics in The Netherlands completed a brief questionnaire. It was found that all clinics offered professional Psychosocial support for asymptomatic women from hereditary breast-ovarian cancer (HBOC) families. On average, one half-time psychosocial worker (usually a social worker and/or a psychologist) was involved in the genetic counselling. All clinics have developed education material about HBOC independently. As a result of the survey, an effort is made to coordinate the development of education material. Furthermore, it is concluded that more attention should be paid to symptomatic mutation carriers and those individuals, who receive inconclusive genetic test results. These subgroups are usually excluded from the protocols for psychosocial care in genetic counselling. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bordieri, James E., Solodky, Maurice und Mikos, Kathleen. „Congruity of perceived psychosocial needs of individuals with cancer“. *Rehabilitation Counseling Bulletin* 36, Nr. 2 (Dezember 1992): 120–125.

32 individuals (aged 31–84 yrs) with cancer ranked 15 psychosocial needs in terms of importance to themselves. Similarly, their family members, oncology nurses, hospital social support staff, and rehabilitation counselors ranked the same needs in order of importance to an individual with cancer. The 5 groups were generally consistent in their relative ranking of the need statements. Significant differences were reported among the groups in 9 of the need areas, indicating that perceptual discrepancies exist. The need rankings did not differ for the Ss with cancer and their family members, who are more aware of the needs of their loved ones than are health care or rehabilitation professionals. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Borst, Joan Marlene. „An exercise program for cancer patients: Physical and emotional well-being as indicators of quality of life“. ProQuest Information & Learning, 2006.

The diagnosis and treatment of cancer often includes biological and psychological side effects that interfere with a cancer patient's quality of life. The symptoms include nausea, fatigue, weakness, depression, anxiety, helplessness, and hopelessness. Increasingly, exercise is recognized as an effective adjunctive therapy to traditional cancer treatments. Participation in a low to moderate intensity exercise program may improve physiological as well as psychological condition. The purpose of this study was to examine the effect of a ten-week exercise program on the physical and emotional well-being of patients in active treatment for a variety of cancer diagnoses. In addition, the study examined which of the variables "physical well-being" or the "emotional well-being", improved more, and whether the change was influenced by gender, age range, cancer type, or type of cancer treatment. Sixty-two subjects (F = 36, M = 26) between the ages of 21 and 80, and all in cancer treatment for a variety of cancer types, served as participants in the study. Before and after the exercise program, participants completed the Functional Assessment of Chronic Illness Therapy - Fatigue [FACIT-F] subsections entitled, "physical well-being" and "emotional well-being". Results indicated that subjects experienced a statistically significant improvement in physical and emotional well-being after participation in the ten-week exercise program. The results did not demonstrate a statistically significant difference in the improvement between physical and emotional well-being, although the results did indicate the effect size for physical well-being was somewhat larger. Gender, age range, cancer type and cancer treatment showed no statistically significant influence in the improvement of physical well-being, but the influence of cancer type on improvement of physical well-being suggested that this relationship might be worthy of additional study. The results of this study have implications for the practice of social work in the field of health care and social policy. Exercise offers a cost-effective and an alternative way of supporting improvement in the physical and emotional well-being of people living with cancer. Low to moderate physical activity is a way for people living with cancer to be personally involved in their health care. This form of self-care may influence both the reduction of the physical side-effects of cancer and cancer treatment, but may also decrease levels of depression, hopelessness, and helplessness. Future studies should be directed toward understanding the relationship between gender, age range, type of cancer and type of cancer treatment on the improvement in physical and emotional well-being. In addition, studies should continue in understanding the role of exercise in improving the physical and emotional well-being of individuals living with other chronic illnesses. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bourjolly, Joretha N. „Differences in religiousness among black and white women with breast cancer“. *Social Work in Health Care* 28, Nr. 1 (1998): 21–39.

Analyzed differences in religiousness as a coping resource among Black and White women with breast cancer. 102 women (aged 27–91 yrs; 41 black and 61 White) from an outpatient radiation oncology department of a large urban university participated in the study. Women who were currently receiving radiation therapy as well as those who had finished their treatment were included. Measures of coping, social functioning, religiousness, health locus of control, and social support were completed. Findings suggest that Black women rely on religiousness as a coping resource to a greater extent than White women. Implications for how this information can be used in social work practice with Black women are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bourjolly, Joretha N. und Hirschman, Karen B.. „Similarities in coping strategies but differences in sources of support among African American and White women coping with breast cancer“. *Journal of Psychosocial Oncology* 19, Nr. 2 (2001): 17–38.

African American women are less likely to be diagnosed with breast cancer than White women but are more likely to be adversely affected. However, little attention has been paid to how these women cope with the disease or whether they differ from White women in coping with breast cancer. Using a comparative design, this study analyzed the differences in coping strategies and use of social support between African American and White women with breast cancer. 102 women (aged 27–91 yrs) with breast cancer completed measures of coping behavior and social support. Findings suggest that both groups tend to seek social support as a way of coping with their breast cancer but differ in their sources of support. Social workers are urged to consider that there may he differences in sources of social support between racially and ethnically diverse populations. These differences may have an impact on the type of support provided and therefore on patients' need for service. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bourjolly, Joretha N., Kerson, Toba Schwaber und Nuamah, Isaac F. „A comparison of social functioning among Black and White women with breast cancer“. *Social Work in Health Care* 28, Nr. 3 (1999): 1–20.

Assessed the social functioning of 41 Black and 61 White women (aged 27–91 yrs) with early stage breast cancer. Social functioning was examined in 4 areas: household activities, social and community activities, self-care and occupational activities. Results of interviews showed that Black women had more difficulty than White women in social functioning, especially the resumption of household activities. The study also revealed that, in general, social functioning was better if women did not: use escape-avoidance coping, feel as though their breast cancer held them back from doing what they wanted to do, or was a threat to their self-esteem. Implications for social work practice are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Brintzenhofeszoc, Karlynn, Davis, Cindy, Kayser, Karen, Lee, Hee Yun, Nedjat-Haiem, Frances, Oktay, Julianne S., Zabora, James und Zebrack, Bradley J. „Screening for psychosocial distress: A national survey of oncology social workers“. *Journal of Psychosocial Oncology* 33, Nr. 1 (Januar 2015): 34–47.

Oncology social workers are the primary providers of psychosocial care for cancer patients, thus they are well positioned to implement and oversee psychosocial distress screening. A national survey of members of the Association of Oncology Social Work was conducted to examine screening knowledge, attitudes, behaviors, and perceived competency. The findings indicated that most participants screened for psychosocial distress using a standardized instrument and identified institutional and individual barriers to implementing screening. Analyses revealed that social workers who perceived patient benefits from screening and were knowledgeable about guidelines were significantly more likely to implement screening procedures and use a standardized instrument. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Bulow, Shoshana M. „Initiation of sexual discussion in social work practice with cancer patients: A nationwide survey of social workers“. ProQuest Information & Learning, 2013.

In the United States, it is estimated that 12 million Americans are living with a history of cancer, with over 1.6 million new cases expected to be diagnosed yearly. The 5-year survival rate is approximately 67% and projected to increase as cancer detection and treatment continue to improve. However, improved survival rates also increase the risk for compromised quality of survivorship. Unaddressed sexuality changes are known to be amongst the most negative influences on the well-being of the cancer survivor, yet sexuality counseling is not part of routine social work oncology care. The current study is the first national survey of social workers studying the extent to which social workers initiate discussions about sexuality with their cancer patients and the factors that influence their practice. The data was obtained from 143 oncology social workers who responded to the online researcher-prepared questionnaire. The findings confirm that social workers view cancer patients' sexual concerns as an integral area of care and believe that it is their professional responsibility to address them. However, the findings also indicate that initiating discussions about sexuality is not formalized into social work practice by the vast majority of social workers, with lack of education and training reported as the biggest barrier. Social workers report a paucity of educational opportunity in the area of human sexuality, particularly in Social Work degree programs. As predicted in the hypotheses, the findings indicate that higher levels of education and training are correlated with increased levels of perceived knowledge and more favorable attitudes towards discussing sexual concerns. All of these are correlated with significant increases in initiation of sexual discussions in social workers' practice with oncology patients. Implications of these findings for education, training and practice are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Burg, Mary Ann, Zebrack, Brad, Walsh, Katherine, Maramaldi, Peter, Lim, Jung-Won, Smolinski, Kathryn M. und Lawson, Kim. „Barriers to accessing quality health care for cancer patients: A survey of members of the Association of Oncology Social Work“. *Social Work in Health Care* 49, Nr. 1 (Januar 2010): 38–52.

The present article reports data from a cross-sectional survey of members of the Association of Oncology Social Work (AOSW) completed in May 2006. The purpose of the survey was to gather information on AOSW members' practice roles, the clients they serve, and their views on barriers cancer patients face in obtaining quality cancer care. The survey instrument was a self-administered 18-page survey disseminated online and by U.S. mail to members who did not provide e-mail addresses. The response rate to the survey was 62.3% (622/999). Reported barriers to quality cancer care are presented here in three categories: health system, social/environmental, and individual-level barriers. The majority of respondents reported health system barriers, specifically inadequate health insurance, as the major barrier to accessing quality health care for cancer patients. Among social/environmental barriers, inability to pay for treatment-related expenses was the major barrier. Among individual-level barriers, patients' fears and distress were the major barriers. The conclusions from this survey point to the critical role of oncology social workers in assisting cancer patients in overcoming the barriers to quality care and achieving optimum quality of life. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Callahan, Christine und Brintzenhofeszoc, Karlynn. „Financial quality of life for patients with cancer: An exploratory study“. *Journal of Psychosocial Oncology* 33, Nr. 4 (Juli 2015): 377–394.

Objective: For people who are experiencing financial hardship, a cancer diagnosis can be devastating. For others, cancer may exacerbate financial stress, thereby influencing their livelihood, their ability to maintain employment benefits including health insurance, manage financial obligations, and participate meaningfully in cancer treatment. This study examined how vulnerabilities in psychosocial situations affect financial quality of life within the larger context of health-care decision making through a survey conducted with a cross-sectional availability sample of 90 cancer patients. Results from the multiple regression analysis found that health insurance adequacy, fewer perceived barriers to care, and reduced financial stress are significant predictors of better financial quality of life in this sample. Oncology social workers and other disciplines involved in psychosocial treatment with patients with cancer must assess and address financial and logistic aspects of life in order to provide comprehensive cancer care that meets all needs. Collaborative coordination with patients with cancer and their families to intervene psychosocially, medically, and financially are critical components of sound psychosocial and medical practice. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Carter, Helen, McKinlay, Eileen, Scott, Ian, Wise, Deborah und Macleod, Rod. „Impact of a hospital palliative care service: Perspective of the hospital staff“. *Journal of Palliative Care* 18, Nr. 3 (Fal 2002): 160–167.

The first New Zealand hospital palliative care support service was established in 1985. In 1998, a palliative care service, funded by Mary Potter Hospice, was piloted at Wellington Public Hospital. Twelve mo post-implementation, the hospital staff's views of the service were evaluated. 582 doctors, nurses, and social workers completed questionnaires regarding their perceptions of the palliative care service. It was found that referrals to palliative care from hospital specialities outside the Cancer Centre increased. While most doctors, nurses, and social workers strongly agreed or agreed that the service positively influenced patients' care and effectively addressed their symptom management needs, they felt that spiritual needs were less often met. Over 90% of each discipline strongly agreed or agreed that the service had assisted them in caring for patients, but, only about a half agreed that useful discharge planning advice and staff support was provided. Significant differences in responses were found between different disciplines and specialities. One-fifth of the staff identified palliative care education needs. Recommendations are made concerning the development of a future hospital palliative care service. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Chan, Timothy H. Y., Ho, Rainbow T. H. und Chan, Cecilia L. W.. „Developing an outcome measurement for meaning-making intervention with Chinese cancer patients“. *Psycho-Oncology* 16, Nr. 9 (September 2007): 843–850.

Psychosocial programs designed for cancer patients often facilitate the search for meaning as one of the therapeutic components. This study aimed to develop a self-report instrument, namely Chinese Cancer Coherence Scale (CCCS), which measures the patients' meaning-making process with reference to the concept of coherence. A panel of eight veteran social workers and psychologists generated statements pertaining to the cancer experience. Results from a two-phase study involving 390 breast cancer patients revealed a two-factor structure of the CCCS, namely incoherent-embittered and coherent-enlightened. The use of the CCCS by practitioners and researchers is recommended in order to understand how Chinese cancer patients make sense of their cancer experience. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Chan, Wallace C. H. „Can personal resources make a difference? An exploratory study of Chinese cancer patients in palliative care“. *Journal of Social Work in End-of-Life & Palliative Care* 5, Nr. 3–4 (Juli 2009): 186–200.

Psychosocial programs designed for cancer patients often facilitate the search for meaning as one of the therapeutic components. This study aimed to develop a self-report instrument, namely Chinese Cancer Coherence Scale (CCCS), which measures the patients' meaning-making process with reference to the concept of coherence. A panel of eight veteran social workers and psychologists generated statements pertaining to the cancer experience. Results from a two-phase study involving 390 breast cancer patients revealed a two-factor structure of the CCCS, namely incoherent-embittered and coherent-enlightened. The use of the CCCS by practitioners and researchers is recommended in order to understand how Chinese cancer patients make sense of their cancer experience. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Clay, Kimberly S., Talley, Costellia und Young, Karen B.. „Exploring spiritual well-being among survivors of colorectal and lung cancer“. *Journal of Religion & Spirituality in Social Work: Social Thought* 29, Nr. 1 (Januar 2010): 14–32.

This descriptive, exploratory study is part of a larger observational study of the quality of cancer care delivered to population-based cohorts of newly diagnosed patients with lung and colorectal cancer. The current study explores the role of spiritual well-being in adjustment to life after the cancer diagnosis, utilizing the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being-Expanded (FACIT-Sp-Ex) Scale. Survey data collected from 304 newly diagnosed cancer survivors were analyzed to explore important aspects of spirituality, such as sense of meaning in one's life, harmony, peacefulness, and a sense of strength and comfort from one's faith. Spiritual well-being scores, particularly meaning/peace, were statistically significant for African Americans, women, and colorectal cancer survivors. These findings amplify a need for oncology social workers and other practitioners to assess spiritual well-being in cancer survivors in an effort to strengthen psychosocial treatment plans. Implications for social work practice and research are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Conlon, Annemarie und Choi, Namkee G. „Effects of age expectations on oncology social workers’ clinical judgment“. *Research on Social Work Practice* 24, Nr. 4 (Juli 2014): 477–490.

Objective: This study examined the influence of oncology social workers’ expectations regarding aging (ERA) and ERA with cancer (ERAC) on their clinical judgment. Methods: Oncology social workers (N = 322) were randomly assigned to one of four vignettes describing a patient with lung cancer. The vignettes were identical except for the patent’s age and gender. Structural equation modeling served as the primary tool for testing the study hypotheses. Results: Significant differences were found in clinical judgment based on patient’s age, and social workers’ ERA and ERAC which affected diagnostic and treatment judgment for all patients. Lack of congruence was also found between the diagnosis and treatment phases of care for older patients. Emotional reaction was more often reported for the younger patient. Conclusion: Results suggest a barrier to “whole patient” care for all cancer patients and a need for student and practitioner training to place greater emphasis on the treatment phase of patient care. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Copp, Gina, Caldwell, Kay, Atwal, Anita, Brett-Richards, Madeline und Coleman, Kate. „Preparation for cancer care: Perceptions of newly qualified health care professionals“. *European Journal of Oncology Nursing* 11, Nr. 2 (April 2007): 159–167.

The present paper is derived from a larger survey which examined the perceptions of recently qualified health care professionals' experience on evidence-based practice, team working and cancer care. This study reports solely on the findings relating to cancer care. The perceptions of recently qualified professionals in relation to their initial educational input on issues such as confidence, anxiety, communication skills and practice in cancer care as well as adequacy of support, professional supervision and use of reflection were gathered using a cross-sectional postal survey design. A total of 50 graduates from each professional category in nursing, occupational therapy, physiotherapy, and social work were sampled yielding a total sample of 200. Eighty-five questionnaires were returned yielding a response rate of 43%. Twenty-eight (33%) respondents stated that they were currently involved in working with people with cancer. These were as follows: 5 nurses, 8 physiotherapists, 9 occupational therapists and 6 social workers. Despite the low response rate, the findings suggest that health care professionals' educational input and experiences of working with people with cancer were overall positive; for example, in the respondents' confidence, communication skills, decrease in anxiety and application of knowledge gained in classroom to professional practice. Moreover, most respondents learnt about caring for cancer patients through practice rather than classroom teaching. A high percentage (i.e. 64%;18) across all groups felt supported when caring for people with cancer and reported receiving professional supervision as well as being able to actively reflect on their practice. The implications for education and practice were discussed particularly as there have been few studies conducted in relation to the specific needs and collaborative learning of these health care professional groups. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Cunningham, Maddy. „Impact of trauma work on social work clinicians: Empirical findings“. *Social Work* 48, Nr. 4 (2003): 451–459.

Over the past two decades, social workers have treated trauma survivors in a variety of settings. Interest has increased in the effect of this work on clinicians. Vicarious traumatization is a concept used to understand the impact of trauma work on clinicians. This article describes a study of social work clinicians working with two types of trauma: (1) the human-induced trauma, sexual abuse, and (2) the naturally caused trauma, cancer. The effect on clinician's cognitive schemas and the confounding variables of personal history of abuse and years' experience are described. Clinicians who worked primarily with clients who were sexually abused reported more disruptions in cognitive schemas than clinicians who worked with clients who had cancer. Implications for social practice and education are described. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Cunningham, Maddy. „Vicarious traumatization: Impact of trauma work on the clinician". ProQuest Information & Learning, 1997.

This study was designed to empirically test whether clinicians who work with trauma may be negatively affected. More specifically, the research question explored was: Do clinicians who work with a naturally caused trauma, such as cancer differ from clinicians who work with a human-induced trauma, such as sexual abuse? The concept of vicarious traumatization, which describes the experience of the clinician working with traumatized clients, was used as a framework. Vicarious traumatization has two aspects: disruption in cognitive schemas and the intrusion and/or avoidance symptoms associated with post-traumatic stress disorder (PTSD). The research was conducted in 1995 with two groups of clinicians chosen from the membership listings of two professional organizations. The sample size was 182. The response rate was 59.9%. The sample was predominantly female (N = 149) social workers (N = 173). There was a significant negative correlation between working with cancer patients and working with sexually abused clients, indicating that the two groups of interest were independent of each other. Two instruments were used in the study. The Traumatic Stress Institute Belief Scale (Revision L) (TSIBS) was used to measure clinicians' cognitive schemas. The Impact of Event Scale (IES) was used to measure the intrusion and/or avoidance symptoms of the PTSD. Major findings of the study indicate that clinicians working with sexual abuse were more negatively affected than those who worked with cancer. Clinicians working with sexual abuse reported more disruptions in several cognitive schemas on the TSIBS, including the safety schemas, other-trust and other-esteem. However, those with higher percentages of sexually abused clients reported fewer PTSD-like symptoms on the IES. Those who worked with cancer patients reported significantly less disruptions in the safety schemas. For all subjects years of experience correlated negatively and special training correlated positively with several sub-scales of the TSIBS. A confounding variable of interest was the clinician's own personal history of trauma. Eighty-one subjects (44.5%) reported a history of trauma with 31 (17%) reporting a history of sexual abuse. Those reporting a history of sexual abuse were significantly more likely to work with sexually abused clients and reported significantly more disruptions on the self-safety, self-esteem and other-esteem sub-scales of the TSIBS. When history of sexual abuse was statistically controlled for, there were still significant differences between the clinicians who worked with sexual abuse and those who worked with cancer. In summary, the findings of this study support the notion that clinicians working with sexually abused clients may be negatively impacted by the work. Further exploration of vicarious traumatization and the experience of clinicians working with cancer patients is needed. The findings of this study may reflect a defensive stance on their part of the clinician or some other type of coping strategy which effectively ameliorates the deleterious effects of working with this trauma. Furthermore, the findings of this study support the usefulness of the concept of vicarious traumatization in understanding the experience of the clinician working with traumatized clients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Damaskos, Penelope. „The presence of resilience in oncology social workers". ProQuest Information & Learning, 2012.

This dissertation examines the presence of resilience in oncology social workers (0SWs) that work in inpatient, outpatient and both settings in acute care hospitals and outpatient clinical settings. This research used a quantitative descriptive-correlation study to determine the presence of resilience in a convenience sample of 162 to determine the relationship between the presence of resilience and job stress. There is a growing demand for well trained oncology staff, including social workers, to meet nation—wide staffing needs. The Institute of Medicine's report Cancer Care for the Whole Patient: Meeting Psychosocial Needs (2008) identified a growing cancer patient population that will require an increase in quality services that address patient needs in many areas, including psychosocial support. The report emphasized the need for well trained professionals who are leaders in psychosocial care (Adler, 2008). The study participants were asked to complete an online survey and a cross sectional analysis provided information on the impact of job stress and resilience in this sample. The research utilized two instruments of measurement for resilience and job stress: the Connor-Davidson Resilience Scale (CD-RISC) and the Job Stress Survey (JSS). Several hypotheses were supported by the data: the lower the overall organizational support, the lower the resilience; age is not significant for resilience; advanced training had a significant relationship to resilience as did higher caseload acuity. There were two hypotheses that were significant for negative associations to resilience: (1) the higher the OSWs perceived overall job stress the lower the overall resilience and (2) the higher the job pressure the lower the overall resilience the OSWs reported. This is the first study to examine the presence of resilience in OSWs. The findings suggest that additional training could contribute to an increase in resilience in OSWs. In conclusion, recommendations include the development of resilience-supported supervision and departmental support to promote resilience in OSWs which could impact quality of care provided by OSWs as well as longevity in the field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Davidson, Kay W. „Social work with cancer patients: Stresses and coping patterns“. *Social Work in Health Care* 10, Nr. 4 (Sum 1985): 73–82.

Surveyed 36 social workers about problems they experienced in working with cancer patients and their families. Ss reported considerable stress in their work with cancer patients, which carried over into their personal and professional lives. Nevertheless, work with cancer patients was experienced as a positive challenge as well as a stress. In general, Ss strove to develop coping mechanisms that did not involve emotional withdrawal from patients. The nature of the stresses reported by Ss, the adequacy of supports to help them cope with the emotional impact of their work, and the need for additional support programs are discussed. (23 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Davis, Cindy, Williams, Philippa, Redman, Sally, White, Kate und King, Elizabeth. „Assessing the practical and psychosocial needs of rural women with early breast cancer in Australia“. *Social Work in Health Care* 36, Nr. 3 (2003): 25–36.

The purpose of the current study was to assess the practical and psychosocial needs of rural women with early breast cancer in Australia and recommend strategies to ensure equity in availability and access to cancer treatment for all women. A random sample of 204 rural women (aged 32-90 yrs) diagnosed with early breast cancer was recruited to participate in a telephone survey via state and territory cancer registries. Although the majority of women were satisfied with their provision of information overall, less than a third of participants were provided with specific information on assistance for rural women. Findings also revealed that only 47% of the women who had to travel for treatment received financial assistance, and 13% of these women had difficulty organizing or claiming financial assistance. Furthermore, only 10% of women found social workers to be a source of support. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Deshields, Teresa, Kracen, Amanda, Nanna, Shannon und Kimbro, Lisa. „Psychosocial staffing at national comprehensive cancer network member institutions: Data from leading cancer centers“. *Psycho-Oncology*, 11. Mai 2015.

Abstract Objective The National Comprehensive Cancer Network (NCCN) is comprised of 25 National Cancer Institute□designated cancer centers and arguably could thus set the standard for optimal psychosocial staffing for cancer centers; therefore, information was sought from NCCN Member Institutions about their current staffing for psychosocial services. These findings are put into perspective given the limited existing literature and consensus reports. Methods The NCCN Best Practices Committee surveyed member institutions about their staffing for psychosocial services. The survey was administered electronically in the winter of 2012. Results The survey was completed by 20 cancer centers. Across institutions, case managers and mental health therapists, typically social workers, were utilized most frequently to provide psychosocial services (67% of full□time□equivalents (FTEs)), with other psychosocial professionals also represented but less consistently. Most psychosocial services are institutionally funded (ranging from 64 to 100%), although additional sources of support include fee for service and grant funding. Training of psychosocial providers is unevenly distributed across responding sites, ranging from 92% of institutions having training programs for psychiatrists to 36% having training programs for mental health therapists. Conclusions There was variability among the institutions in terms of patient volume, psychosocial services provided, and psychosocial staff employed. As accreditation standards are implemented that provide impetus for psychosocial services in oncology, it is hoped that greater clarity will develop concerning staffing for psychosocial services and uptake of these services by patients with cancer. Copyright © 2015 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Deshields, Teresa, Zebrack, Brad und Kennedy, Vicki. „The state of psychosocial services in cancer care in the United States“. *Psycho-Oncology* 22, Nr. 3 (März 2013): 699–703.

Objective: In 2009, the APOS commissioned a survey of its members and attendees of the annual meetings in 2008 and 2009. The goal of the survey was to assess the scope of psychosocial support services for cancer patients in the USA. Methods: Two hundred thirty-three individuals (27% response rate) completed the survey, which included questions assessing the extent to which respondents’ institutions provided informational and psychosocial support services and conducted screening for psychosocial distress. Results: Respondents were primarily psychologists, although oncologists, nurses, social workers, and others were represented, as well. A broad array of informational and support services were endorsed as being provided to cancer patients, both at no charge or for a fee. Respondents identified social workers as the professionals most often providing psychosocial services to cancer patients. Respondents also indicated that most psychosocial services have not been tailored to fit a culturally diverse population. Furthermore, most of the organizations represented in the survey do not routinely screen cancer patients for psychosocial distress. Conclusions: A broad range of psychosocial services are provided in cancer treatment settings; however, despite National Comprehensive Cancer Network and Institute of Medicine recommendations, routine screening for distress is not offered in a majority of cancer care organizations. Despite the racial, ethnic, cultural, and linguistic diversity of the US population, most organizations have not adapted their educational materials nor their psychosocial services to meet the needs of a diverse patient population. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Eelen, S., Bauwens, S., Baillon, C., Distelmans, W., Jacobs, E. und Verzelen, A. „The prevalence of burnout among oncology professionals: Oncologists are at risk of developing burnout". *Psycho-Oncology* 23, Nr. 12 (Dezember 2014): 1415–1422.

Objective: International research shows that oncology staff suffers more from burnout than other healthcare professionals. Burnout is common among oncologists. The prevalence of emotional exhaustion, depersonalization, and low personal accomplishment appears to be significantly higher among physicians. Detecting burnout is highly relevant, because it affects the personal well‐being and quality of life of the healthcare professional. A national study on the prevalence of burnout in oncology was never conducted in Flanders (Dutch‐speaking part of Belgium). Methods: The Cédric Hèle institute spread anonymous questionnaires among 923 healthcare workers in oncology (physicians, social workers, psychologists, nurses, and specialist‐nurses) in Flanders. The questionnaire consisted of two parts. The first part contained questions concerning demographic and job features. The second part included the Dutch version of the Maslach Burnout Inventory. Results: Five hundred and fifty subjects participated in the survey (response rate of 59.5%). Of the medical oncologists, 51.2% suffered from emotional exhaustion, 31.8% from depersonalization, and 6.8% from a lack of personal accomplishment. Multivariate analysis of variance suggested a significantly elevated level of emotional exhaustion and depersonalization in oncologists compared with other professionals. Logistic regression indicated that the following variables have predictive value on risk of burnout: gender, profession, and combining work in a university hospital with work in a private hospital. Conclusion: The CHi research showed a significantly increased level of burnout‐components in professionals working in oncology, especially in medical oncologists. These results should have an impact on the daily clinic of oncology, and could be guidance for further research. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Fallowfield, Lesley und Roberts, Ron. „Cancer counselling in the United Kingdom". *Psychology & Health* 6, Nr. 1–2 (Januar 1992): 107–117.

Surveyed 219 people whose work with cancer patients involved counseling as a significant component. 57% were nurses, 14% were social workers, 9% were oncology counselors, 4% were psychotherapists and psychiatrists, 2% were clinical psychologists, 2% were managers, 1% were general practitioners, and 1% were hospital chaplains. Only 18.5% of the Ss had any kind of formal qualification in counseling. A further 3% had qualifications in clinical psychology or psychotherapy, 2% were qualified psychiatrists, 2% had a registered mental nurse qualification, and 14% had a certificate of qualification in social work. 77% had attended some type of training course in counseling. 50.1% of the Ss spent more than 40% of their time actively engaged in counseling. Data suggest that workers actively involved in providing psychological care are not sufficiently skilled to do so. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Feldman, Barry und Broussard, C. Anne. „The influence of relational factors on men’s adjustment to their partners’ newly-diagnosed breast cancer“. *Journal of Psychosocial Oncology* 23, Nr. 2–3 (2005): 23–43.

Steadily rising breast cancer rates in America's women are forcing more men to confront challenges of living with a partner afflicted with this disease. This study assesses the impact of mutual emotional support as perceived by male partners on their adjustment to the diagnosis and the illness and on interactions between their perceived emotional support and their coping methods. Seventy-one male partners of newly-diagnosed breast cancer patients completed standardized instruments that measured emotional well-being, illness intrusiveness, emotional support, dyadic coping styles and demographic factors. Regression analysis revealed significant associations between perceived emotional support and men's coping strategies, and between coping styles and illness intrusiveness. Also, a history of depression predisposes men to poorer adjustment and affects their coping patterns. Findings suggest that as the health care system continues to relocate burden of care to partners and families, social workers must increase their understanding of how to effectively assist patients' partners. This study emphasizes the need to work with patients and partners to develop positive coping strategies as a couple. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Feldman, Barry N. und Broussard, C. Anne. „Men’s Adjustment to Their Partners’ Breast Cancer: A Dyadic Coping Perspective“. *Health & Social Work* 31, Nr. 2 (Mai 2006): 117–127.

The continuing increase in cancer rates among women in the United States is forcing more men to experience the impact of breast cancer on their relationships. Using 71 male partners of newly diagnosed breast cancer patients, this study assessed how dyadic coping strategies affected men's adjustment to their partners' illness. While their partners were undergoing treatment, participants completed standardized instruments that measured emotional well-being, illness intrusiveness, and dyadic coping styles. Regression analysis revealed significant associations between coping styles and illness intrusiveness. In addition, depression predisposed men to poorer adjustment and affected their coping patterns. The findings emphasize that social workers must work with patients and partners to develop positive couple coping strategies. Practice implications for social workers are addressed. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Fujii, Miwa. „The constructs of quality of life for cancer patients: Exploring factors that affect QOL“. ProQuest Information & Learning, 1999.

The concept of Quality of Life (QOL) in health has emerged as an alternative idea to quantity of life. Although QOL studies have been popular since the 70's, most studies have focused on measurement development and not on theory building. The objectives of this dissertation are: (a) to propose a theoretical model which specifies the domains of QOL and the interrelationships among these domains, and (b) to empirically examine the model, whether it is valid for explaining cancer patients' QOL. The proposed basic QOL model, based on general need theories (Alderfer, 1969; Maslow, 1954; Sirgy, 1986), consists of four QOL subdomains: the physical, the psychological, the support, and the existential domains. The model proposes that lower levels of need satisfaction (e.g., the physical domain) affect higher levels of need satisfaction (e.g., the psychological or support domain) and maintains that cancer patients' overall QOL is the outcome of the function of the satisfaction of the subdomains. Three hypothesized models (the null model, the alternative model I and the alternative model II) were developed, based on the basic model. The McGill QOL data set was used for this study. All analyses were done by using Structural Equation Modeling (SEM). First, the reliability and validity of the McGill QOL questionnaire (MQOL) was examined. Deletions of unreliable observed variables changed the original 16-item measure to the respecified 10-item measure, which was then used to examine the three hypothesized models. Results showed that the alternative model II fit the data best. In addition to confirming the relationships proposed in the basic model, the results indicated two significant paths in the model: patients' subjective sense of support affected their psychological well-being, and physical well-being directly affected patients' overall QOL. In terms of the size of effects on overall QOL, the existential domain had the most significant effect among the four domains. The dissertation concludes with a discussion on limitations of the research, and implications for future research and social work practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Gadalla, Tahany M. „Cancer patients’ use of social work services in Canada: Prevalence, profile, and predictors of use“. *Health & Social Work* 32, Nr. 3 (August 2007): 189–196.

This study examines the demographic and physical and mental health characteristics of social work clients among cancer patients in Canada as compared with nonusers of social work services, and factors that affect use of social work services among cancer patients. On the basis of data from two cycles of the Canadian Community Health Survey, the study's samples include 2,703 and 2,821 Canadians living with cancer in 2000-01 and 2003, respectively. The number of Canadians with cancer who consulted social workers about their physical, emotional, or mental health increased from 31,005 to 36,427 over the study period. Results indicate that cancer patients who used social work services were in need of social support or were members of vulnerable populations. Patient's age, living arrangement, income, depression status, and physical limitations were significant predictors of service use. Findings of this study, never reported before, offer information important for identifying barriers to service use and for future planning of social work services and resources. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Goodenough, Belinda, Foreman, Tali, Suneson, Jenny und Cohn, Richard J. „Change in Family Income as a Correlate for Use of Social Work Services: An Australian Study in Pediatric Oncology“. *Journal of Psychosocial Oncology* 22, Nr. 2 (2004): 57–73.

Families of pediatric oncology patients vary widely in the use of hospital-based psychosocial support services. In a retrospective case-note analysis, potential predictor variables for use of hospital-based social work services were investigated. Results showed that a negative shift in parental paid employment status occurred for 58% of families, with an average loss of family income of approximately 53%. After controlling for disease and family demographic characteristics, including treatment intensity, the significant predictors for higher use of social work services were the timing of a negative shift in parental employment status relative to confirmation of the diagnosis and the need to obtain welfare services. Furthermore, the families of patients with brain tumors, compared with the families of patients with other solid tumors and leukemias, may have different needs concerning hospital-based psychosocial support, depending on the patient's treatment. The data have important implications for planning services, especially for caseloads that require social work staff to balance welfare-related tasks and other professional psychosocial support activities, such as counseling. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Gorey, Kevin M., Richter, Nancy L., Luginaah, Isaac N., Hamm, Caroline, Holowaty, Eric J., Zou, Guangyong und Balagurusamy, Madham K. „Breast cancer among women living in poverty: Better care in Canada than in the United States“. *Social Work Research* 39, Nr. 2 (Juni 2015): 107–118.

This historical study estimated the protective effects of a universally accessible, single-payer health care system versus a multipayer system that leaves many uninsured or underinsured by comparing breast cancer care of women living in high-poverty neighborhoods in Ontario and California between 1996 and 2011. Women in Canada experienced better care, particularly as compared with women who were inadequately insured in the United States. Women in Canada were diagnosed earlier (rate ratio [RR] = 1.12) and enjoyed better access to breast conserving surgery (RR = 1.48), radiation (RR = 1.60), and hormone therapies (RR = 1.78). Women living in high-poverty Canadian neighborhoods even experienced shorter waits for surgery (RR = 0.58) and radiation therapy (RR = 0.44) than did such women in the United States. Consequently, women in Canada were much more likely to survive longer. Regression analyses indicated that health insurance could explain most of the better care and better outcomes in Canada. Over this study’s 15-year time frame 31,500 late diagnoses, 94,500 suboptimum treatment plans, and 103,500 early deaths were estimated in high-poverty U.S. neighborhoods due to relatively inadequate health insurance coverage. Implications for social work practice, including advocacy for future reforms of U.S. health care, are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Guo, Ying, LeDay-Jacobs, Connie, Palmer, J. Lynn und Bruera, Eduardo. „Psychosocial assessment of patients who have undergone inpatient cancer rehabilitation“. *American Journal of Hospice & Palliative Medicine* 24, Nr. 3 (Juni 2007): 196–201.

This study summarized the social work services provided in an acute inpatient cancer rehabilitation program. Reviewed were 49 consecutive social worker assessments from February 2003 to March 2003. The social worker was consulted mostly for discharge planning (40/49, 82%) and helping patients cope (23/49, 47%). Sixty-seven percent of the patients (33/49) were coping well. Sixty-five percent of patients (32/49) had an identified caregiver. Most patients planned to go home (33/49, 67%) after their discharge. Interventions provided by the social worker included counseling (100% of patients/ families), referral to financial resources (24/49, 49%) and transportation services (21/49, 43%), and other resources (37/49, 76%). Age, gender, and identified caregiver did not show significant association with the coping status or referrals. The social worker is important in assessing cancer patients' coping and providing support. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Hamilton, Natia S., Jackson, George L., Abbott, David H., Zullig, Leah L. und Provenzale, Dawn. „Use of psychosocial support services among male Veterans Affairs colorectal cancer patients“. *Journal of Psychosocial Oncology* 29, Nr. 3 (Mai 2011): 242–253.

The authors describe use of psychosocial services within +/− 3 months of diagnosis among male colorectal cancer (CRC) patients treated within the Veterans Affairs (VA) health care system. Analysis included 1,199 patients with CRC treated at 27 VA medical centers primarily diagnosed between the periods 2005 to 2007. Of the patients, 78.6% received some form of psychosocial support, including 50.5% social work, 58.9% chaplain, 6.2% psychologist, 7.1% psychiatry, 3.5% mental health nurse, and 4.4% other. Logistic regression results indicate that rectal cancer patients were less likely to receive psychosocial services (odds ratio = .65, 95% confidence interval [0.43, 0.97]). The majority of patients in the VA receive some type of psychosocial service at the time of CRC diagnosis. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Hammons, Kim Hildebrand. „An analysis of social factors which mitigate burnout in hospital social workers who work with terminally ill inpatient populations“. ProQuest Information & Learning, 2000.

A sample of 162 social workers was selected from hospitals, Comprehensive Cancer Centers and Regional Cancer Centers utilizing online computer services to determine which facilities had social work departments that employed full time master's level social workers. The study was designed to measure the level of burnout among these social workers and to identify social and environmental variables that contribute to and mitigate against burnout. The study was conducted utilizing a mailed questionnaire. The questionnaire included, the Maslach Burnout Inventory, The Generalized Contentment Scale, The Tedium Scale, The Revised Death Anxiety Scale, The Coping Inventory For Stressful Situations and a demographic survey developed by the author. The study found that the overall level of burnout among social workers providing care for terminally ill inpatient populations was low and the sense of professional accomplishment was high. Social and familial support systems were not significant mitigators of burnout. The most significant relationships in terms of mitigating burnout were with supervisors and co-workers. Additionally, good coping skills and a strong religious/spiritual belief system were important mitigators of burnout. Tedium was the important work environment variable. It was associated with higher levels of emotional exhaustion on the Maslach Burnout Inventory. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Jakobsson, Sofie, Ekman, Tor und Ahlberg, Karin. „Components that influence assessment and management of cancer-related symptoms: An interdisciplinary perspective“. *Oncology Nursing Forum* 35, Nr. 4 (Juli 2008): 691–698.

Purpose/Objectives: To describe, from an interdisciplinary perspective, how cancer-related symptoms are assessed and managed in a cancer care setting and to describe the components that influence symptom management. Design: Descriptive, qualitative, and cross-sectional. Setting: An oncology and hematology department in a university hospital in western Sweden. Sample: 31 nurses, physicians, physical therapists, dietitians, occupational therapists, and a medical social worker who all cared for patients with cancer-related symptoms. Methods: Data were collected in focus groups and analyzed using content analysis. Main Research Variables: Cancer-related symptoms and symptom management Findings: Symptom management, from a clinician's perspective. Is a process involving different components. Four themes emerged from the data analysis: creating a relationship with the patient, understanding the patient, assessing the symptoms, and cooperating as a team. Conclusions: This study highlights several components that should be discussed in an effort to enhance symptom management. Discussion will help ensure that barriers to effective symptom management are acknowledged and addressed when implementing clinical routines designed to enhance management of different symptoms. In addition, these components should be acknowledged in the interest of facilitating adherence to symptom management strategies. Whether these components are important factors from patients' perspectives remains unknown. Implications for Nursing: Enhancing symptom management is not only a matter of Implementing clinical guidelines; it must be preceded by teamwork, assessment, and evaluation method discussions and the ability to create a relationship with the patient. Nurses should be aware that their understanding of a patient affects their assessment of that patient's symptom experience. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Jones, Barbara L. „Companionship, Control, and Compassion: A Social Work Perspective on the Needs of Children with Cancer and their Families at the End of Life“. *Journal of Palliative Medicine* 9, Nr. 3 (1. Juni 2006): 774–788.

Joubert, Lynette, Hocking, Alison und Hampson, Ralph. „Social work in oncology—Managing vicarious trauma—The positive impact of professional supervision“. *Social Work in Health Care* 52, Nr. 2–3 (Februar 2013): 296–310.

This exploratory study focused on the experience and management of vicarious trauma in a team of social workers (N = 16) at a specialist cancer hospital in Melbourne. Respondents completed the Traumatic Stress Institute Belief Scale (TSIBS), the Professional Quality of Life Scale (ProQOL), and participated in four focus groups. The results from the TSIBS and the ProQol scales confirm that there is a stress associated with the social work role within a cancer service, as demonstrated by the high scores related to stress. However at the same time the results indicated a high level of satisfaction which acted as a mitigating factor. The study also highlighted the importance of supervision and management support. A model for clinical social work supervision is proposed to reduce the risks associated with vicarious trauma. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Ka’opua, Lana Sue I., Park, Soon H., Ward, Margaret E. und Braun, Kathryn L. „Testing the feasibility of a culturally tailored breast cancer screening intervention with native Hawaiian women in rural churches“. *Health & Social Work* 36, Nr. 1 (Februar 2011): 55–65.

The authors report on the feasibility of delivering a church-based breast cancer screening intervention tailored on the cultural strengths of rural-dwelling Hawaiians. Native Hawaiian women are burdened by disproportionately high mortality from breast cancer, which is attributed to low participation in routine mammography. Mammography is proven to be an effective means for detecting disease at its earliest stages, when treatments are most likely to be successful. Culturally tailored screening programs may increase participation. Hawaiian initiatives call for screening innovations that integrate Hawaiian cultural strengths, including those related to spirituality and the extended family system. Before full-scale testing of tailored interventions, it is important to conduct feasibility studies that gauge community receptiveness to the proposed intervention and research methods. Study results establish the attractiveness and potential effectiveness of the authors' screening intervention. Recruitment exceeded targets, and retention rates were comparable to those of other randomized behavioral trials, confirming the value of reaching rural Hawaiian women through churches. Women appreciated the integrative approach of Hawaiian and faith-based values, and positive outcomes are suggested. This article may be relevant to social workers interested in culturally responsive, community-based interventions and to researchers conducting pilot studies and controlled trials of interventions adapted from evidence-based programs. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Kaufman, Keith L., Harbeck, Cynthia, Olson, Roberta und Nitschke, Ruprecht. „The availability of psychosocial interventions to children with cancer and their families“. *Children’s Health Care* 21, Nr. 1 (Win 1992): 21–25.

Conducted a national survey of 128 pediatric oncologists to determine the availability of the following services: psychological/psychiatric and social work consultation, support groups for patients and family members, nonpharmacological pain and anxiety management, and nonpharmacological treatment of anticipatory emesis. Questionnaire results suggest that most centers offer social work consultation and support groups to parents. Fewer support groups are offered to patients, and even fewer nonpharmacological services to assist patients in coping with anticipatory nausea and pain are offered. Results are discussed in terms of the pattern of service delivery and cost-effectiveness. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Kim, Min Ah. „The effects of physical functioning and public stigma on psychological distress as mediated by cognitive and social factors among Korean survivors of childhood cancer“. ProQuest Information & Learning, 2013.

The overall purpose of this dissertation is to examine cognitive and social mediators of psychological distress in Korean childhood cancer survivors. The four specific research aims are (1) to examine the overall prevalence of psychological distress and to compare the profile of cancer survivors with and without significant levels of psychological distress, (2) to examine perceived physical functioning and perceived public stigma as potential risk factors for psychological distress, taking into account possible sociodemographic and cancer-related correlates, (3) to test a model of the effects of perceived physical functioning and perceived public stigma on psychological distress as mediated through three cognitive and social factors, and (4) to examine gender differences within the mediated effects of perceived physical functioning and perceived public stigma on psychological distress. Participants consisted of 223 cancer survivors diagnosed before the age of 19 years and currently residing in the community in Korea. Participants were recruited through Korean advocacy foundations and support groups for adolescent and young adult survivors of childhood cancer. Structured questionnaires were collected from June 2010 to November 2010 either by mail or email. The overall goodness of the structural model was tested and then total and specific indirect effects were tested by using bootstrap procedures in Mplus 6.12. The primary results showed an overall prevalence rate of approximately 20% for psychological distress. Perceived poorer physical functioning and higher levels of perceived public stigma were strong risk factors for psychological distress, while controlling for age, economic status, cancer type, and time since diagnosis. There was a significant mediated effect of perceived physical functioning on psychological distress through social support availability. There was also a significant mediated effect of perceived public stigma on psychological distress through internalized shame or social support availability, or through a chain of two mediators—self-disclosure and internalized shame. The mediated effect of perceived public stigma on psychological distress differed by gender. A greater understanding of the factors influencing the levels of psychological well-being could potentially help social workers and other professionals identify childhood cancer survivors in greater needs of psychosocial services and provide them with appropriate resources and interventions. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Kleiber, Dieter, Beerlage, Irmtraud und Enzmann, Dirk. „Arbeitsbelastungen und Burnout bei Beschäftigten im AIDS-Bereich, in Onkologie und Geriatrie. Eine Untersuchung zum Burnout in helfenden Berufen“. *AIDS-Forschung* 5, Nr. 12 (1990): 665–668.

Koh, Mervyn Yong Hwang, Chong, Poh Heng, Neo, Patricia Soek Hui, Ong, Yew Jin, Yong, Woon Chai, Ong, Wah Ying, Shen, Mira Li Juan und Hum, Allyn Yin Mei. „Burnout, psychological morbidity and use of coping mechanisms among palliative care practitioners: A multi-centre cross-sectional study“. *Palliative Medicine* 29, Nr. 7 (Juli 2015): 633–642.

Background: The prevalence of burnout, psychological morbidity and the use of coping mechanisms among palliative care practitioners in Singapore have not been studied. Aim: We aimed to study the prevalence of burnout and psychological morbidity among palliative care practitioners in Singapore and its associations with demographic and workplace factors as well as the use of coping mechanisms. Design: This was a multi-centre, cross-sectional study of all the palliative care providers within the public healthcare sector in Singapore. Setting/participants: The study was conducted in hospital palliative care services, home hospice and inpatient hospices in Singapore. The participants were doctors, nurses and social workers. Results: The prevalence of burnout among respondents in our study was 91 of 273 (33.3%) and psychological morbidity was 77 (28.2%). Working >60 h per week was significantly associated with burnout (odds ratio: 9.02, 95% confidence interval: 2.3–35.8, p = 0.002) and psychological morbidity (odds ratio: 7.21, 95% confidence interval: 1.8–28.8, p = 0.005). Home hospice care practitioners (41.5%) were more at risk of developing psychological morbidity compared to hospital-based palliative care (17.5%) or hospice inpatient care (26.0%) (p = 0.007). Coping mechanisms like physical well-being, clinical variety, setting boundaries, transcendental (meditation and quiet reflection), passion for one’s work, realistic expectations, remembering patients and organisational activities were associated with less burnout. Conclusion: Our results reveal that burnout and psychological morbidity are significant in the palliative care community and demonstrate a need to look at managing long working hours and promoting the use of coping mechanisms to reduce burnout and psychological morbidity. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Kovacs, Pamela J. und Bronstein, Laura R. „Preparation for oncology settings: What hospice workers say they need“. *Health & Social Work* 24, Nr. 1 (Februar 1999): 57–64.

According to recent data, 78% of hospice social workers' direct practice hours are spent with patients and families diagnosed with terminal cancer. A national sample of 108 hospice social workers participated in an exploratory study investigating the influence of their formal academic training, informal on-the-job training, and related professional and personal experiences on their preparation for oncology social work. Responses to a combination of closed- and opened-ended questions suggest that social workers view both the generalist or core courses as well as the specialist and elective courses as important in preparing them for oncology social work. In addition, on-the-job training focusing on medical terminology, interdisciplinary collaboration, death and dying, and the integration of personal experiences are important for continuing growth and success in this work. Implications for social work practice, research, and formal and informal educational opportunities are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Kowalski, Christoph, Ferencz, Julia, Weis, Ilse, Adolph, Holger und Wesselmann, Simone. „Social service counseling in cancer centers certified by the German Cancer Society“. *Social Work in Health Care* 54, Nr. 4 (April 2015): 307–319.

Social workers are an integral part of care provided in cancer centers that are certified according to the requirements of the German Cancer Society. This article reports on the tasks of social workers in German cancer care and on the proportion of patients that receives social service counseling (SSC) in breast, lung, colorectal, skin, gynecological, prostate, pancreas, neurological, and head and neck cancer centers based on data from 367,297 patients treated between 2009 and 2012. The highest proportions of patients (median >75%) are provided with SSC in breast and colorectal cancer centers, whereas the median is below 30% in skin cancer centers. Variation between centers and center types is high. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Landsbergen, K. M., Brunner, H. G., Manders, P., Hoogerbrugge, N. und Prins, J. B. „Educational-support for BRCA mutation carriers satisfy need for information but do not affect emotional distress". *Genetic Counseling: Medical, Psychological, and Ethical Aspects* 21, Nr. 4 (2010): 423–437.

Introduction: Due to high cancer risks, women carrying a BRCA1/2 mutation face a complex choice between breast and ovarian cancer surveillance and prophylactic surgery. The aim of this study is to evaluate educational-support groups, which are offered to facilitate mutual support between BRCA mutation carriers and to provide adequate information. Methods: Female BRCA mutation carriers were approached by a social worker after genetic test disclosure and offered participation in educational-support groups. Data regarding emotional well-being, breast cancer risk knowledge and perception, cancer risk management behaviour and family communication were collected both before (T1) and after group participation (T2). Results: Of the 34 participants, mean levels of negative mood states at T1 were significantly higher compared to those of a norm group (depression $p < 0.001$, anger $p < 0.001$, fatigue $p < 0.04$, tension $p = 0.03$) and remained high at T2. Self-perceived breast cancer risk and frequency of cancer thoughts were high both at T1 and T2. Breast cancer risk knowledge was accurate both at T1 and T2; women either followed current surveillance advices or obtained prophylactic surgery. Communication with the family of origin was significantly reduced at T2 compared to T1 ($p = 0.02$). At T2, all women indicated that group participation highly met their needs of BRCA-related information to support their decision-making processes regarding cancer surveillance or prophylactic surgery. Conclusion: After following an educational support group female BRCA mutation carriers were able to make cancer risk management decisions but still reported high levels of emotional distress while family communication appeared diminished. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Ma, Joyce L. C. „Factors influencing adjustment of patients suffering from nasopharynx carcinoma: Implications for oncology social work". *Social Work in Health Care* 25, Nr. 4 (1997): 83–103.

A longitudinal study was conducted from September 1991 to January 1994 in Hong Kong to identify important factors that affect short-term adjustment of patients suffering from nasopharynx carcinoma (NPC). A total of 125 newly diagnosed, adult NPC patients were interviewed in the diagnostic phase, the number dropping to 119 in the treatment phase, and 111 in the post-treatment phase. Data were gathered via face-to-face interviews. Ss with poor adjustment in each phase of the illness were found to have higher perceived stress; they tended to interpret their illness as more threatening and less controllable, and they employed problem-focused coping less frequently but used emotion-focused coping more frequently. The health locus of control and perceived social support had differential effects on short-term adjustment in different phases of the illness. Current stress was identified to be the most important factor accounting for patients' adjustment in the treatment phase, while adjustment in the post-treatment phase was predominantly accounted for by previous adjustment. A proactive, comprehensive, preventive and stage-specific model of practice is proposed for oncology social workers in Hong Kong, which could also be applied to other countries like the US. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Matthews, B. Alex, Baker, Frank und Spillers, Rachel L. „Healthcare professionals' awareness of cancer support services“. *Cancer Practice* 10, Nr. 1 (Januar 2002): 36–44.

Provided baseline information about the awareness, attitude, and willingness of oncology healthcare providers (HCPs) to recommend quality-of-life cancer education and support services to their patients. A brief survey questionnaire was completed by 1,180 physicians, nurses, and social workers. Among HCPs who referred patients to cancer organizations, the American Cancer Society (ACS), the National Cancer Institute (NCI), and the Leukemia and Lymphoma Society (formerly Leukemia Society of America) ranked at the top. More than 70% of HCPs indicated that they had heard about specific ACS programs and services or the NCI information hotline. Less than 60% of HCPs recommended or thought these same services were helpful to patients. Although a surprising number of HCPs were aware of support services, fewer recommended or reported satisfaction with these services. HCPs' referrals and attitudes toward cancer psychosocial support services may be improved by assembling a concise directory of locally available resources, directing this information to HCPs who refer directly to cancer organizations, improving collaboration between agencies, increasing staff support, and targeting services in specific areas of the country for program monitoring and development. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Matthews, B. Alex, Baker, Frank und Spillers, Rachel L. „How True Is True? Assessing Socially Desirable Response Bias“. *Quality & Quantity: International Journal of Methodology* 37, Nr. 3 (August 2003): 327–335.

Health care professionals' (HCPs) opinions and perspectives are highly valued because these individuals often play a major role in developing and implementing support and education services aimed at cancer patients and their families. The purpose of this study was to examine the efficacy of adding a substantive measure that would be useful for determining socially desirable responses (SDRs) without adding unnecessary length to the questionnaire design. A total of 1180 nurses, physicians, and social workers specializing in oncology returned fully completed mailed questionnaires (61% response rate) originally intended to measure HCPs' awareness (i.e., knowledge, helpfulness, and recommendations) of cancer support services. SDRs were assessed by the inclusion of a bogus program that was compared to actual support programs. Results indicated that relative to the bogus program, HCPs were significantly more likely to endorse programs that they knew about, thought helpful, and recommended. Evidence of SDR bias was lacking. These findings provide support for the inclusion of measures that can be used on brief questionnaires to strengthen research methodology. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Meguro, Norio. „Status and problems of the palliative care team in a cancer hospital“. *European Journal of Pain Supplements* 1, Nr. S1 (September 2007): 85–87.

To reconsider the activities of the palliative care team in a cancer hospital without a palliative care unit (PCU). The palliative care team at Osaka Medical Center for Cancer and Cardiovascular Diseases, Osaka, consists of 15 members: 6 doctors, 3 nurses, 1 physical therapist, 2 social workers, and one pharmacist, dietician, and clerk each. In the management of the team, we place importance on the establishment of mature human relations based on recognition of the expertise and limitations of each member and on information-sharing using e-mail to maintain the transparency of information. For cancer pain control, analgesics are prescribed according the WHO's three-step ladder for pain relief. Actually, however, cancer pain is mainly treated with strong opioids, which should be used as the third step of the ladder. The future-healthcare project, being established by the Ministry of Health, Labor and Welfare, has been conducting research on palliative care provided in an outpatient setting. There is a need for a medical system in which patients can be treated at home with the cooperation of the entire community. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Miller, Robin D. und Walsh, T. Declan. „Psychosocial aspects of palliative care in advanced cancer“. *Journal of Pain and Symptom Management* 6, Nr. 1 (Januar 1991): 24–29.

Evaluated the psychosocial distress (PSD) of 100 patients (aged 37–89 yrs) with advanced cancer who were referred to a palliative care service, using an assessment form that was completed by a social worker. A high incidence of emotional upset, financial distress, and home-care problems was found. PSD was common among Ss and their families and may have a significant impact on provision of optimal care. A dedicated palliative care service employing a multidisciplinary approach may best provide care. Recommendations are suggested about how to combat PSD using specific administrative and management techniques. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Mitchell, Jamie. „Examining the influence of social ecological factors on prostate cancer screening in urban African-American men“. *Social Work in Health Care* 50, Nr. 8 (September 2011): 639–655.

African-American men experience a disparate burden of prostate cancer (PC). Little is known about how social factors influence PC screening in this population. Methods: African-American men over the age of 18 (N = 229) were recruited from a community health fair and anonymously surveyed about their PC screening behavior and conditions of their social environment. Analysis included logistic regression. Findings: Fifty one percent of respondents reported receiving any form of PC screening within the past five years. Older age, higher levels of education, and access to a usual health care provider were associated with PC screening. Conclusions: Social workers in preventive and community health settings should be increasingly attentive to the PC screening barriers facing African-American men, particularly those who may be undereducated and lack access to care. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Mitchell, Wendy, Clarke, Susan und Sloper, Patricia. „Care and support needs of children and young people with cancer and their parents“. *Psycho-Oncology* 15, Nr. 9 (September 2006): 805–816.

The importance of psychosocial support services for children with cancer and their families is recognised but evaluation of such services is less well developed with little information available about different patterns of provision. This paper provides an overview of psychosocial support children and their families in the UK receive during and after treatment. It reports the results of a postal survey of 303 families, within which parents and children identified their satisfaction with support services and also areas of unmet need. Satisfaction was identified in a range of areas, including medical information and support from nurses and social workers. However, areas of unmet need were also highlighted, especially age appropriate facilities, emotional support and information in different formats. Although British government policy currently seeks to develop standards and guidelines of care throughout the National Health Service, this paper demonstrates that there is still a need to develop psychosocial support services and work towards recently established guidelines in order to ensure that families receive flexible but equitable packages of care and support, wherever treatment is received. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Mostert, S., Gunawan, S., van Dongen, J. a. P., van de Ven, P. M., Sitaresmi, M. N., Wolters, E. E., Veerman, A. J. P., Mantik, M. und Kaspers, G. J. L. „Health□care providers’ perspectives on childhood cancer treatment in Manado, Indonesia“. *Psycho-Oncology* 22, Nr. 11 (November 2013): 2522–2528.

Background: Childhood cancer survival in low-income countries is low. Objective: Our study investigated health-care providers’ perspectives on childhood cancer treatment in Indonesia. Their health beliefs and attitudes toward parental financial difficulties, protocol adherence, parental education, and communication were explored. Methods: A self-administered questionnaire was filled in by 222 health-care providers (156 doctors, 51 nurses, 6 social workers, 9 administrators) Results: Health of children with cancer is beyond doctor’s control and determined by luck, fate or God according to 35% of health-care providers, 30% were uncertain about this statement, and 35% disagreed. Combination of chemotherapy and alternative treatment is best to achieve cure according to 15% of health-care providers, 50% were uncertain, and 35% disagreed. Prosperous parents adhere better with treatment (67%). Doctors adhere better with cancer treatment for prosperous patients (55%). When dealing with poor families, less elaborate explanation is given (62%), more difficult vocabulary is used (49%), and less cooperation is offered (46%). Reasons for non-adherence with treatment protocol were as follows: financial difficulties parents (82%), side-effects (77%), lack of motivation parents (75%), and inadequate drugs supply at pharmacy (70%). Information about cancer and treatment makes parents more afraid or depressed about future, and parents prefer not to know according to 27% of health-care providers, 20% were uncertain, and 53% disagreed. Communication with parents is hindered by differences in status and social hierarchical structures (83%). Conclusions: Health-care providers’ beliefs about childhood cancer treatment are characterized by much uncertainty and contradiction. This likely affects adherence of health-care providers, parents, and childhood cancer treatment outcome. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Oertel, Martina. *Zentrale Ergebnisse einer Erfassung des Leistungsangebotes von Krebsberatungsstellen auf der Grundlage des „Anforderungsprofils für Krebsberatungsstellen - Bedarf, Aufgaben, Finanzierung“*. Materialien aus dem Institut für empirische Soziologie an der Friedrich-Alexander-Universität Erlangen-Nürnberg 3/1999. Nürnberg, 1999.

Der vorliegende Beitrag stellt die Ergebnisse einer Befragung zur Erfassung des Leistungsangebotes von Krebsberatungsstellen vor, die auf der Grundlage des 'Anforderungsprofils für Krebsberatungsstellen - Bedarf, Aufgaben und Finanzierung' durchgeführt wurde. Nach Darstellung der Selbsthilfeverbände besteht in der Bundesrepublik Deutschland ein nicht gedeckter Bedarf an flächendeckenden professionellen Angeboten zur speziellen Beratung Krebskranker und ihrer Angehöriger. Daraufhin wurden alle bekannten Krebsberatungsstellen um eine Beschreibung ihres Leistungsangebotes gebeten. Der Erhebungszeitraum umfasste acht Wochen im März/April 1999. Insgesamt lagen 492 Anschriften von Krebsberatungsmöglichkeiten vor. Die Sichtung der vorliegenden Fragebögen warf einige methodische Probleme hinsichtlich der Vollständigkeit und Qualität auf, so konnten z.B. nur 87 Beratungsstellen bei der Auswertung einbezogen werden. Die Ergebnisse decken, gemessen an den im Anforderungsprofil formulierten Vorgaben, erhebliche Lücken auf und bestätigen den Eindruck einer für die Selbsthilfeverbände wenig zufriedenstellenden Versorgung. Von rein geographisch flächendeckendem Angebot kann nur in Sachsen und in den Stadtstaaten gesprochen werden. Die personelle Ausstattung bleibt überwiegend weit hinter der im Leistungsprofil genannten Mindestbesetzung von zwei sozialpädagogischen Mitarbeitern und einer Verwaltungskraft zurück. Lediglich 31% der Beratungsstellen verfügen über die im Anforderungsprofil genannten spezialisierten therapeutischen und beratenden Kräfte. Zu den räumlichen Bedingungen enthält das Anforderungsprofil keine Vorstellungen aber 11% der Beratungsstellen verfügen über keine von den Büroräumen gesonderten Beratungszimmer und 30% haben keine Gruppenräume. Die Träger der Einrichtungen sind zu 42% freie Träger, wovon die der Deutschen Krebsgesellschaft e.V. angeschlossenen Gesellschaften etwa die Hälfte ausmachen. (ICD)

Oh, Hyunsung und Ell, Kathleen. „Social support, a mediator in collaborative depression care for cancer patients“. *Research on Social Work Practice* 25, Nr. 2 (März 2015): 229–239.

Objective: This study assessed whether perceived social support (PSS) is a factor in improving physical and functional well-being observed among cancer patients receiving collaborative depression care. Methods: A secondary analysis was conducted of data collected in a randomized clinical trial testing the effectiveness of collaborative depression care. PSS was measured at 12 months; physical and functional well-being were assessed at 18 and 24 months post-baseline. Mediation analyses via a bootstrapping method were conducted. Results: Significant mediation of PSS at 12 months predicted better physical and functional well-being at 18 months and 24 months. Conclusion: Depressed cancer survivors are likely to benefit when social workers provide psychosocial depression care aimed at activating social support, thereby improving physical and functional well-being. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Otis-Green, Shirley, Yang, Eunice und Lynne, Lisa. „ACE project—Advocating for clinical excellence: Creating change in the delivery of palliative care“. *Omega: Journal of Death and Dying* 67, Nr. 1–2 (2013): 5–19.

Background: Psychologists, social workers, and spiritual care professionals report inadequate preparation to maximize their effectiveness in advocating for institutional reform to meet oncology patients’ diverse bio-psychosocialspiritual and cultural needs. This article provides an overview of the ACE Project, a National Cancer Institute, 5 year, R25-funded transdisciplinary palliative care education program designed to enhance the advocacy and leadership skills of 301 competitively selected psycho-oncology professionals. Methods: ACE Project participants identified an institutional goal, refined their goals during the course and received mentorship and support throughout the subsequent year. Participants were invited to return to a Reunion Conference in year five to report on their activities, network, and share the results of their change efforts. A subset of 28 ACE Project participants contributed to this OMEGA special issue. Results: Participants’ goals primarily focused on strategies to improve clinical care through program development and improvements in palliative care education within their institutions. Conclusions: The results of this transdisciplinary leadership skills-building program for psycho-oncology professionals affirm the feasibility and perceived need for the program. See the ACE Project website (http://www.cityofhope.org/education/health-professional-education/nursingeducation/ ACE-project/Pages/default.aspx) for additional program information. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Ousley, Anita L., Swarz, Jeffrey A., Milliken, Erin L. und Ellis, Steven. „Cancer education and effective dissemination: Information access is not enough“. *Journal of Cancer Education* 25, Nr. 2 (Juni 2010): 196–205.

Education is the main avenue for disseminating new research findings into clinical practice. Understanding factors that affect translation of research into practice may help cancer educators design programs that facilitate the time it takes for research-indicated practices to become standard care. To understand various factors, the National Cancer Institute (NCI) Office of Education and Special Initiatives (OESI)[1] with individual cooperation from Oncology Nursing Society (ONS), American Society of Clinical Oncology (ASCO), and Association of Oncology Social Work (AOSW) administered a Practitioner Information Needs survey to five different types of practitioners involved in cancer care. While most of the 2,864 practitioners (83%) agreed they had access to current practice information, practitioners in large practice settings were more likely to report having access to research than those small practice settings. However, only 33% indicated that they had adequate time to access the information. Colleagues or experts within the organization were cited as the most frequently relied on information resource (60%), and peer-reviewed journals were cited as second (57%). Overall, 66% strongly or somewhat agreed that their organizations exhibit effective change management practices. A majority (69%) agreed that implementation of new practices is hindered by the lack of available staff time. Financial factors and the characteristics of the information presented were also believed to be factors contributing to research implementation. Group differences were observed among practitioner groups and practice settings for some factors. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Papadatou, Danai, Yfantopoulos, John und Kosmidis, Helen V. „Death of a child at home or in hospital: Experiences of Greek mothers“. *Death Studies* 20, Nr. 3 (Mai 1996): 215–235.

Investigated the experiences of 15 Greek mothers who cared for a child dying of cancer at home or in the hospital, and highlighted some of their major needs during the terminal period. 67% chose to care for the child at home without having access to home care services, while the remaining families sought hospital care. Their decision was primarily based upon the child's expressed wish and parental preference. The family network played a significant role in supporting the mother–child unit; especially when death occurred at home. Mothers assessed positively the services provided by nurses and social workers, and had expectations that physicians would support them on a psychological level during the terminal period. The care of the dying child is influenced by cultural factors predominant in Greek society and some of the findings are discussed in this light. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Parker, Karen L. „Oncology social workers and tobacco-related practice: An exploratory study“. ProQuest Information & Learning, 2010.

Tobacco use, particularly cigarette smoking, causes approximately 430,000 deaths annually in the United States and is considered to be the number one preventable cause of death (Centers for Disease Control and Prevention (CDC), 2010b; Department of Health and Human Services (DHHS), 2000; Fiore et al., 2008). Nearly one-third of all cancers are due to tobacco use (ACS, 2010b); therefore, it is likely that many cancer patients and survivors smoke. While a tobacco-related illness, particularly cancer, may be a motivating factor to help some smokers quit, approximately one-third of smokers continue to smoke after a cancer diagnosis (Gritz, Fingeret, Vidrine, Lazev, Mehta, & Reece, 2006). This study utilized a cross-sectional design to study the tobacco-related knowledge, attitudes, education/training, workplace factors, self-perceived competence (self-efficacy), and practice of oncology social workers. A self-administered, Internet-based survey was sent to members of the Association of Oncology Social Work; the final response rate was 12%. Five of the eight independent variables were significantly (p<.01) correlated with tobacco-related social work practice (dependent variable). These include tobacco-related knowledge (r=.349); continuing educational units (training) (r=.339); workplace facilitators (r=.554); tobacco-related attitudes (r=.343); and self-perceived competence (r=.642). A multiple regression model was developed to predict tobacco-related oncology social work practice. Only one variable, self-perceived competence, remained significant in the final model (B=0.891, p<.001). The overall variance accounted for (R2) in the model was .554. Perceived self-competence was found to mediate the relationship between workplace facilitators and tobacco-related oncology social work practice (Sobel test statistic=3.70; p<.0001). Improved understanding about how oncology social workers can increase their self-perceived competence in tobacco-related practices is essential to increasing their activity in this area. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Parrish, Monique, Satariano, William A., Freisthler, Bridget, Feinberg, Lynn Friss und Adams, Sara. „Older Women with Breast Cancer: Caregiving and the Risk of Depression - An Exploratory Analysis“. *Social Work in Health Care* 40, Nr. 4 (2005): 41–59.

Objectives: The primary objective of this exploratory analysis was to assess the prevalence of caregiving among older (60+) newly diagnosed female breast cancer patients and to examine the risk of depression associated with breast cancer, caregiving, and age, at 3 months and 12 months after diagnosis. Methods: Data from interviews conducted for the case-control study, Health and Functioning in Women with Breast Cancer (HFW), were used for this analysis. Interviews were conducted at 3 months and 12 months post-diagnosis. Participants for this analysis were restricted to those who completed both interviews (cases n = 904; controls n = 966). Risk of depression was assessed using a self-reported depression question from the HFW instrument. Results: The multivariate analysis showed that stage of breast cancer was significantly related to depression among older women with breast cancer while controlling for various socio-demographic factors; however, caregiving did not significantly increase the risk for depression for this population. Discussion: A breast cancer diagnosis for women, regardless of age or caregiving status, presented an increased risk of depression at 3 and 12 months post-diagnosis. These and other findings and their implications for social work practice are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Rennie, Heather und MacKenzie, Gina. „The psychosocial oncology learning assessment: A province-wide survey of cancer care providers’ learning needs“. *Journal of Cancer Education* 25, Nr. 2 (Juni 2010): 206–210.

A psychosocial oncology learning needs assessment was developed and offered online to cancer care providers in a variety of settings across all health regions in British Columbia. The purpose was to better understand the psychosocial learning needs of cancer care providers and to use this knowledge to shape continuing education priorities. Respondents' preferred learning formats, access to technology and barriers to accessing psychosocial learning opportunities were also assessed. Cancer care providers including radiation therapists, social workers, dieticians, pharmacists, physicians and nurses in both community and agency settings were surveyed. Two hundred and sixty-seven people completed the survey. Key learning needs identified included cultural aspects of care, symptom management, treating the anxious patient, self-care for the professional, care of elderly patients, basic cancer-related medical issues surrounding care and ethics. Community respondents indicated more needs than agency respondents. On-site training was the most preferred learning format, and time constraints were the biggest barrier to accessing learning opportunities. Participants had access to technology. Next steps include conducting key informant and focus group interviews to determine if interest in a learning need is the same as a relevant knowledge and practice gap. This research suggests that cancer care providers are interested in learning more about the psychosocial issues related to cancer care. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Rhondali, Wadih, Dev, Rony, Barbaret, Cécile, Chirac, Anne, Font-Truchet, Celine, Vallet, Fabienne, Bruera, Eduardo und Filbet, Marilene. „Family conferences in palliative care: A survey of health care providers in France“. *Journal of Pain and Symptom Management* 48, Nr. 6 (Dezember 2014): 1117–1124.

Context: Family conferences are conducted to assist with end-of-life discussions and discharge planning. Objectives: This study describes the current practices of family conferences in palliative care units (PCUs) in France. Methods: A cross-sectional descriptive survey was sent to each PCU in France (n = 113). Members of the interdisciplinary health care team (palliative care physician, nurse, psychologist, and social worker) who were active in each PCU at the time of the survey were asked to respond. Results: Two hundred seventy-six of 452 responses (61%) were obtained from members of the health care team in 91 units (81%). Two hundred seventy-two of 276 health care providers (HCPs) (99%) reported conducting family conferences in their clinical practice. Only 13 participants (5%) reported that they followed a structured protocol. Most respondents completed the questionnaire: palliative care physicians (n = 225; 82%), nurses (n = 219; 79%), and psychologists (n = 181; 66%). The three primary goals of family conferences were to allow family members to express their feelings (n = 240; 87%), identify family caregivers (n = 233; 84%), and discuss the patient's plan of care (n = 219; 79%). The primary reasons for conducting a family conference were: the patient's illness was terminal (n = 216; 78%), family caregivers requested a conference (n = 208; 75%), or terminal sedation was required (n = 189; 69%). One hundred six of 452 HCPs (38%) reported that patients were not invited to participate. The primary indications and goals for a family conference were significantly different among the four health care disciplines. Conclusion: Most HCPs in our study conducted family conferences. However, most of the family conferences had no structured protocol, half of the participants preferred no patient participation, and a significant variation was noted in the primary indications and goals among disciplines. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Roberts, Cleora S., Elkins, Nancy W., Baile, Walter F. und Cox, Charles E. „Integrating research with practice: The psychosocial impact of breast cancer“. *Health & Social Work* 14, Nr. 4 (November 1989): 261–268.

Interviewed 50 breast cancer patients (aged 34–80 yrs) in remission and 50 healthy controls (aged 31–81 yrs), using the Profile of Mood States (POMS). Before completing the POMS, 25 patients were interviewed about their emotional reactions during their cancer crisis. There were no significant differences between patients and controls on the POMS, questioning the validity of such scales to measure psychological distress in cancer patients. Because some patients expressed ongoing distress or unresolved conflicts during the interviews, therapeutic responses were made that included empathic listening, clarification, validation of feelings, and specific suggestions. Three case examples are described. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Rose, Julia Hannum, Bowman, Karen F., Deimling, Gary T. und Stoller, Eleanor P. „Health Maintenance Activities and Lay Decision-Making Support: A Comparison of Young-Old and Old-Old Long-Term Cancer Survivors“. *Journal of Psychosocial Oncology* 22, Nr. 3 (2004): 21–44.

> Health maintenance activities and involvement of lay sources of decision-making support can affect cancer patients' well-being and decisions about care during active treatment and long-term survivorship. Because most cancer patients are older than 60 years, examining these variables in older cancer survivors is important. In this study, 316 older long-term cancer survivors were asked about health maintenance activities and involvement of lay sources of decision-making support during the diagnosis and treatment of cancer (then) and long-term survivorship (now). Because of the wide age range in older cancer survivors, two age groups were compared: 190 young-old survivors aged 60 to 74 years (M = 67 years, SD = 3.8 years) and 126 old-old survivors aged 75 years or older (M = 80 years, SD = 4.8 years). A larger percentage of young-old than old-old survivors reported using health maintenance activities and lay sources of decision-making support, both then and now. Age-group differences were most apparent in the use of diet/vitamins, meditation, and information about cancer and in involvement of other cancer patients in decision making about care. Also, compared to the old-old age group, young-old survivors used more types of health maintenance activities and lay sources of decision-making support then and now. Health maintenance activities were correlated with lay sources of decision- making support only in the young-old age group. Social workers should be attentive to potential aging and cohort-related differences in assessing older adults' preferences and barriers to use of health maintenance activities and lay sources of decision-making support during active treatment and long-term survivorship. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Royse, David und Dhooper, Surjit S.. „Social services with cancer patients and their families: Implications for independent social workers“. *Journal of Independent Social Work* 2, Nr. 3 (Spr 1988): 63–71.

> Examined case files of 247 clients (aged 6–87 yrs) of a specialized agency providing services to cancer patients and their families. Characteristics of those utilizing services and the associations between clients' social risk factors and the extent of social work outpatient interventions were explored. Younger, divorced and single/widowed female cancer patients received greater amounts of service. Supportive counseling was the service most needed by a majority of the clients. Compared with other types of clients, twice as many of these patients required home or hospital visits. It is concluded, however, that the amount of intervention required by cancer patients and their families would be in line with community mental health standards. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ruiz Romero, Josefa und Moya Morales, Miguel C. „La intención de participación en el voluntariado social: El caso de las asociaciones de lucha contra el cáncer. = The intentions to engage in volunteer social work: The case of the cancer’s associations“. *Revista de Psicología Social Aplicada* 7, Nr. 1 (1997): 51–68.

> Studied the psychosocial variables associated with the intention to engage in volunteer work with cancer patients. Ss were 59 males and females with a mean age of 25 yrs in Spain. Ss were administered a questionnaire, based on the theory of planned behavior (M. Fishbein and I. Ajzen, 1975), that assessed behavioral and normative beliefs, attitudes, motivations, and behavioral intentions. Stepwise multiple regression analysis was performed. The results indicate that the most important predictor of the intention to volunteer was perceived behavioral control, followed by subjective norms. These 2 factors accounted for 31% of the variance in intentions. The implications of the findings for the promotion of volunteerism are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Sahlberg-Blom, Eva, Ternestedt, Britt-Marie und Johansson Jan-Erik. „‚Am I going to die now?‘ Prognostication of survival time by members of the care team“. *Omega: Journal of Death and Dying* 42, Nr. 3 (2000 2001): 219–235.

To get a real chance to make autonomous decisions in the final phase of their life, people who are soon going to die have a right to be informed concerning available knowledge about their prognosis and condition. The aim of this study is to describe how different members of the care team make prognostications about patients' survival time, and what motivates their prognostications. Care team members for 56 patients (aged 39–86 yrs) with cancer participated. Doctors and registered nurses made prognostications to a greater extent, and were also somewhat more successful, than practical nurses and social workers. Different professions seem to differ in some respects concerning the criteria included in their motivations and the knowledge upon which they base their motivations. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Schnur, Julie B. und Montgomery, Guy H.. „E-counseling in psychosocial cancer care: A survey of practice, attitudes, and training among providers“. *Telemedicine and e-Health* 18, Nr. 4 (Mai 2012): 305–308.

Objective: In the cancer setting, e-counseling interventions may be uniquely beneficial as they spare patients the cost and burden of traveling to a hospital or clinic for psychosocial care. However, the prevalence of e-counseling among psychosocial cancer care providers is unknown, as are the training needs with regard to e-counseling among this group of professionals. Thus, our group conducted an online professional training needs assessment with psychosocial cancer care providers. Subjects and Methods: Participants (n = 120) were recruited from the listservs of the Health Psychology Division of the American Psychological Association, the Society of Behavioral Medicine—Cancer Special Interest Group, the American Psychosocial Oncology Society, and the Association of Oncology Social Work. All completed a 14-item online survey. Results: Although 84% of participants stated that e-counseling could be important to their clinical work with cancer patients and survivors, 88% reported that they did not have the skills to effectively conduct e-counseling, and 81% reported that there were no adequate e-counseling educational opportunities. When asked about future training opportunities, participants reported a preference for online training versus live training ($p < 0.001$). Conclusions: Overall, the results highlight the need for online training programs in e-counseling for psychosocial cancer care providers. The training of psychosocial cancer care providers in e-counseling is a critical first step towards increasing implementation of e-counseling interventions and using the Internet to deliver effective interventions to cancer patients in need. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Schweizer, Else und Berndt, Heide. „Institutionelle psychosoziale Nachsorge bei Krebskranken“. In: o.A. (Hrsg.). *Gesundheitswesen: Sozialarbeit in sozialen Netzwerken; Forschungsergebnisse*. Brennpunkte Sozialer Arbeit : Schriftenreihe für Studierende, Lehrende und Praktiker. Frankfurt: Diesterweg, 1988.

Sellick, Scott M., Charles, Karen, Dagsvik, Joanne und Kelley, Mary L.. „Palliative care providers’ perspectives on service and education needs“. *Journal of Palliative Care* 12, Nr. 2 (Sum 1996): 34–38.

Surveyed perceptions of palliative care service provision and continuing education needs of 135 nonphysician service providers in Canada. Respondents included nurses, social workers, and other health paraprofessionals. Ss cited problems in palliative care service provision including fragmented services, poor pain and symptom control, lack of education for providers, lack of public awareness, problems with the continuity and coordination of care, lack of respite, and lack of hospice beds. Stress management for caregivers, pain management, communication skills, and symptom assessment were rated as priorities in continuing education. Lectures, small group discussions, practicum, and regular medical centre rounds were the preferred learning formats, while costs and staff shortages were cited as educational barriers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Shields, Glenn, Schondel, Connie, Barnhart, Leslie, Fitzpatrick, Vanessa, Sidell, Nancy, Adams, Peggy, Fertig, Brenda und Gomez, Sheila. „Social work in pediatric oncology: A family needs assessment“. *Social Work in Health Care*, Social work in pediatrics, 21, Nr. 1 (1995): 39–54.

Assessed the perceived psychosocial needs of families who have, or had, a child diagnosed with cancer, in order to increase the hospital social worker's ability to assess the client's situation and provide appropriate services. Caregivers (30–40 yrs old) representing 77 families of pediatric oncology patients completed the Family Needs Survey (D. Bailey & R. Simeonsson, 1988). Four categories of Ss were identified: newly diagnosed, patients on treatment, patients off treatment, and deceased patients. Results reveal that families had a strong need to receive and share information related to their child's diagnosis, especially those in the newly diagnosed group. Data support the need for social work intervention, as families dealing with childhood cancer need crisis intervention services both at the time of diagnosis, and throughout the progression of disease. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Silvia, Kerry A., Ozanne, Elissa M. und Sepucha, Karen R.. „Implementing breast cancer decision aids in community sites: Barriers and resources“. *Health Expectations: An International Journal of Public Participation in Health Care & Health Policy* 11, Nr. 1 (März 2008): 46–53.

Objective: To assess the feasibility of implementing four patient decision aids (PtDAs) for early stage breast cancer treatment decisions into routine clinical care in community settings. Background: There is very limited information available about implementing decision aids into routine clinical practice and most of this information is based on academic centres; more information is needed about implementing them into routine clinical practice in community settings. Design: Structured individual interviews. Setting and participants: Providers from 12 sites, including nine community hospitals, a community oncology centre and two academic centres. Main outcome measures: Usage data, barriers to and resources for implementing the PtDAs. Results: Nine of the 12 sites were using the PtDAs with patients. All of the sites were lending the PtDAs to patients, usually without a formal sign-out system. The keys to successful implementation included nurses' and social workers' interest in distributing the PtDAs and the success of the lending model. Barriers that limited or prevented sites from using the PtDA included a lack of physician support, a lack of an organized system for distributing the PtDAs and nurses' perceptions about patients' attitude towards participation in decision making. Conclusions: It is feasible to implement PtDAs for early stage breast cancer into routine clinical care in community settings, even with few resources available. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Singer, Susanne, Hohlfeld, Sylvia, Müller-Briel, Daniel, Dietz, Andreas, Brähler, Elmar, Schröter, Katharina und Lehmann-Laue, Antje. „Psychosoziale Versorgung von Krebspatienten: Versorgungsdichte und -bedarf. *Psychotherapeut* 56, Nr. 5 (September 2011): 386–393.

Objectives: The aim of this study was to determine rates of psychooncological care for cancer inpatients and outpatients under routine conditions in a large University hospital. The percentage of patients who received care was analyzed and compared with self-rated and expert rated supportive care needs. Methods: The percentage of inpatients who received psychooncological care was calculated by comparing the number of cancer patients treated at the hospital as documented by the local tumor registry (n = 1,979) with the number of patients treated by a psychooncologist in that hospital as documented by the hospital's psychooncological consultation liaison service. The percentage of outpatients who received psychooncological care was calculated by comparing the number of incident cancer cases as documented by the local tumor registry (n = 5,886) with the number of patients who received at least one consultation at the local tumor counseling centre. Supportive care needs were estimated by analyzing data of a prospective patient survey in the same hospital (n = 1,803) using the Hospital Anxiety and Depression Scale and single items to determine social burden and the wish for emotional support. Results: The results showed that 11% of inpatients and outpatients (n = 234 and n = 638, respectively) received psychooncological care. Social care needs were prevalent in 37% and psychological care needs in 52% of the patients during the stay in hospital and in 42% (social and psychological) 6 months later. Of the patients 41% expressed the need to see a social worker and 29% to see a psychologist. Large differences were found between patients with different tumor entities. Conclusion: Psychooncological care delivered to cancer patients under routine conditions was below the actual rate required as estimated by screening instruments and as expressed by the patients. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Smith, Sophia K., Herndon, James E., Lyerly, H. Kim, Coan, April, Wheeler, Jane L., Staley, Tina und. Abernethy, Amy P. „Correlates of quality of life-related outcomes in breast cancer patients participating in the Pathfinders pilot study". *Psycho-Oncology* 20, Nr. 5 (Mai 2011): 559–564.

Objective: In a pilot study, participation in the Pathfinders program was associated with reductions in distress and despair and improvements in quality of life (QOL) among advanced breast cancer patients. This study explores the relationship between psychosocial resources invoked through the Pathfinders intervention and outcomes. Methods: Advanced breast cancer patients were enrolled in a prospective, single-arm, pilot study of the Pathfinders psychosocial program. Participants met at least monthly with a licensed clinical social worker who administered the Pathfinders intervention, which focused on strengthening adaptive coping skills, identifying inner strengths, and developing a self-care plan. Longitudinal assessments over 6 months used validated instruments to assess changes in Pathfinders targets (coping, social support, self-efficacy, spirituality, and optimism) and outcomes (distress, despair, QOL, and fatigue). Multiple linear regression models examined the joint effect of average changes in target subscales on average outcome changes, adjusted for baseline outcome scores and patient characteristics. Results: Participants (n = 44) were: mean age 51 (SD, 12), 20% non-Caucasian, 50% college degree, and 75% married. Improvements in active coping skills, self-efficacy, and spiritual meaning/peace significantly correlated with an improvement in despair after adjustment for demographic characteristics (all $P < 0.05$). Improvements in social support significantly correlated with positive changes in distress ($P < 0.05$). Gains in learned optimism independently correlated with an increase in overall QOL ($P < 0.01$). Conclusions: In this pilot assessment, changes in pre-defined Pathfinders targets such as coping skills, social support, self-efficacy, spirituality, and optimism correlated with improvements in patient-reported outcomes. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Socarrás Vaillant, Josefa. „Importancia del apoyo de la trabajadora social a los pacientes de oncología. = Importance of the support of the social worker for cancer patients“. *Temas de Trabajo Social* 7, Nr. 2 (Mai 1985): 59–66.

Studied oncology patients' biopsychosocial characteristics and their need for social workers' and family members' support. Human subjects: 44 male and female Cuban adults (26 to more than 60 yrs) (cancer). Ss completed a questionnaire, and the data were statistically analyzed. (0 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Söllner, Wolfgang, Maislinger, Susanne, König, Alexandra, Devries, Alexander und Lukas, Peter. „Providing Psychosocial Support for Breast Cancer Patients Based on Screening for Distress within a Consultation-Liaison Service“. *Psycho-Oncology* 13, Nr. 12 (Dezember 2004): 893–897.

In a consecutive sample of 100 breast cancer patients undergoing radiotherapy, cancer-related distress was assessed with the Hospital Anxiety and Depression Scale and patients' interest in and acceptance of psychosocial support with the Questionnaire for Psychosocial Support and the European Consultation Liaison Workgroup documentation form. 31% of the patients suffered moderate to severe anxiety and/or depression and 42% expressed interest in supportive counselling. The wish for psychosocial support did not correlate with distress (moderate or severe anxiety and/or depression; Kappa = 0.06; P = 0.560). Patients with elevated levels of distress and/or those expressing a wish for psychosocial support were offered counselling by a psychotherapist and a social worker within the framework of a liaison service; 69% of the 58 patients offered such support accepted it. We conclude that screening instruments are helpful in identifying and consequently offering support to patients in need of counselling. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Sormanti, Mary Elizabeth. „Mothers’ psychosocial adaptation to cancer: The role of mutuality and support in the primary partnered relationship“. ProQuest Information & Learning, 1998.

This exploratory study utilized new theories of women's psychological development to examine the role of mutuality and support in primary partnered relationships of mothers coping with cancer. Specifically, the study analyzed the differential impact of relationship mutuality and cancer-related demands on women's psychosocial adaptation to cancer. Outcome variables were quality of life and self-care agency. This study also explored the impact of relationship mutuality on types of coping styles used by women and examines the association between coping style and psychosocial adaptation. Two broad styles of relational coping, identified by Coyne & Smith (1991), were examined: protective buffering and active engagement. Participants were 48 women receiving treatment for cancer or followed closely in the immediate post-treatment phase. Participants were currently involved in a significant close relationship with a partner and were mothers of young children. Data were collected with a self-administered questionnaire and an in-person interview. A path analysis was performed in order to determine the direct and indirect effects of demands of illness, mutuality and relational coping style on psychosocial adaptation. Findings indicated significant relationships between mutuality and quality of life and mutuality and self-care agency. Women who perceived their primary partnered relationships to be lower in mutuality tend to utilize protective buffering coping strategies more than women who perceived their relationships to be higher in mutuality. Furthermore, the use of protective buffering was highly negatively correlated with self-care agency and quality of life. These results indicate that women who use protective buffering coping strategies are less likely to perform activities essential for their self-care and to rate high on quality of life. A content analysis of interview data provided detailed descriptions of the types of relationship changes experienced by participants and the types of support they received from partners. Findings suggest that relationship mutuality and use of protective buffering coping strategies should be assessed by social workers and other health care professionals as risk factors in women's psychosocial adaptation to cancer. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Sormanti, Mary, Kayser, Karen und Strainchamps, Emily. „A relational perspective of women coping with cancer: A preliminary study“. *Social Work in Health Care* 25, Nr. 1–2 (1997): 89–106.

To understand fully how a woman copes with cancer, researchers must examine the relational context in which a woman lives, copes, and meets the demands of a life-threatening illness from a feminist perspective. This paper presents preliminary findings of a study involving 34 mothers (aged 27–46 yrs) who have cancer. Survey methods involving a questionnaire were used to look at the relationship of the factors of mutuality, silencing the self schemas, and relationship-focused coping to the psychosocial adaptation to cancer. The findings indicated a significant correlation between silencing the self schemas and health care behaviors. Correlations between mutuality and quality of life approached statistical significance. Based on these findings, suggestions for social work practice with cancer patients and their families are made. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Steginga, Suzanne K., Campbell, Alistair, Ferguson, Megan, Beeden, Alison, Walls, Melissa, Cairns, Will und Dunn, Jeff. „Socio-demographic, psychosocial and attitudinal predictors of help seeking after cancer diagnosis“. *Psycho-Oncology* 17, Nr. 10 (Oktober 2008): 997–1005.

Objective: The objective is to describe cancer patients' patterns of use of psychosocial support services and identify socio-demographic, psychosocial, and attitudinal predictors of service utilization. Methods: A cross-sectional survey of 439 cancer patients (61.2% response) at a regional tertiary cancer center assessed patterns of support service utilization, cancer-specific distress, social support and constraints, and attitudes to help seeking. Results: Patients less frequently received advice about psychosocial support in comparison with treatment-related information. More than half the respondents were aware of social work support, support groups, and chaplain support; however, most did not utilize these services. For unaware patients, up to 47% would have utilized support services if they had known of their existence. The use of services was significantly related to being female, younger, and having greater cancer-specific distress, more positive and less negative attitudes to help seeking. Future intention to contact a health professional for psychological support was predicted by more positive subjective norms and outcome expectations, higher cancer-specific distress, and less negative attitudes to help seeking. Conclusion: Initiatives that encourage distressed patients to use psychosocial care services should highlight positive outcomes. Educational programs for health professionals to support psychosocial care in oncology are needed. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Strasser, Florian, Sweeney, Catherine, Willey, Jie, Benisch-Tolley, Susanne, Palmer, J. Lynn und Bruera, Eduardo. „Impact of a Half-Day Multidisciplinary Symptom Control and Palliative Care Outpatient Clinic in a Comprehensive Cancer Center on Recommendations, Symptom Intensity, and Patient Satisfaction: A Retrospective Descriptive Study“. *Journal of Pain and Symptom Management* 27, Nr. 6 (Juni 2004): 481–491.

To characterize a new, one-stop multidisciplinary palliative care (MD) clinic which offers standardized multidisciplinary assessment, specific care recommendations, patient and family education, and on-site counseling, we retrospectively compared the assessments of 138 consecutive patients with advanced cancer referred to the MD clinic and 77 patients referred to a traditional pain and symptom management (PSM) clinic. The two groups were similar in tumor type, demographics, and symptom distress. The MD clinic team (physicians; nurses; pharmacists; physical, speech, and occupational therapists; social workers; chaplains; nutritionists; psychiatric nurse practitioner) delivered 1,066 non-physician recommendations (median 4 per patient, range 0-37). The PSM clinic team made no non-physician recommendations, but referred 14 patients to other medical specialists. In 80 (58%) MD-clinic patients with follow-up 9 days (median) after assessment, significant improvement was observed in pain, nausea, depression, anxiety, sleep, dyspnea, and well-being, but not in fatigue, anorexia, or drowsiness. In 83 patients interviewed after the MD clinic, satisfaction was rated as excellent (5 out of 5) in 86-97% of seven areas. Assessment at an MD clinic results in a high number of patient care recommendations, improved symptoms, and high levels of patient satisfaction. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Supple-Diaz, Linda und Mattison, Debbie. „Factors affecting survival and satisfaction: Navigating a career in oncology social work“. *Journal of Psychosocial Oncology* 10, Nr. 1 (1992): 111–131.

Reviews the literature on factors that affect job satisfaction and longevity among various professional groups. Results of a pilot survey of 27 master's level oncology social workers in Michigan designed to explore the perceived impact of variables identified in the literature (personal history, patient-related factors, organizational dynamics, social support, and burnout) on survival in professional practice are reported. The authors also describe a survey instrument developed to investigate the impact of these variables in more depth with 571 members of the National Association of Oncology Social Workers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Vaz, Melita und Mahalingam, Ramaswami. „Implicit theories of common health conditions held by indian social workers and students“. *Psychological Studies*, 4. September 2015.

Social work is viewed as a change-related profession. However, little is known about social workers’ own beliefs about change. To understand this, we used the implicit theory paradigm to compare theories about various health conditions held by social workers, social work students, and undergraduate students from Bombay, India (N = 352). The participants had to assess the possibility of change in four health conditions: cancer, tuberculosis, depression, and mental retardation. We predicted that social workers whose professional education involves concepts such as Person-in-Environment would display more incremental views of these conditions than students – namely that they are modifiable. Our predictions were supported for the following conditions: cancer, tuberculosis, and depression. These incremental views were neither related to age nor years of professional experience. Though we expected that the extent to which participants believed these health issues to be amenable to change would influence their support for a small personal tax, our findings did not bear this out. We explore the possible reasons for our findings and discuss their implications for health communication in India as well as for social work education. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Wagner, Lynne I., Schink, Julian, Bass, Michael, Patel, Shalini, Diaz, Maria Varela, Rothrock, Nan, Pearman,Timothy, Gershon, Richard,Penedo, Frank J., Rosen, Steven, Cella, David. „Bringing PROMIS to practice: Brief and precise symptom screening in ambulatory cancer care“. *Cancer* 121, Nr. 6 (15. März 2015): 927–934.

Background: Supportive oncology practice can be enhanced by the integration of a brief and validated electronic patient‐reported outcome assessment into the electronic health record (EHR) and clinical workflow. Methods: Six hundred thirty‐six women receiving gynecologic oncology outpatient care received instructions to complete clinical assessments through Epic MyChart, an EHR patient communication portal. Patient Reported Outcomes Measurement Information System (PROMIS) computer adaptive tests (CATs) were administered to assess fatigue, pain interference, physical function, depression, and anxiety. Checklists identified psychosocial concerns, informational and nutritional needs, and risk factors for inadequate nutrition. Assessment results, including PROMIS T scores with documented severity thresholds, were immediately populated in the EHR. Clinicians were notified of clinically elevated symptoms through EHR messages. EHR integration was designed to provide automated triage to social work providers for psychosocial concerns, to health educators for information, and to dietitians for nutrition‐related concerns. Results: Four thousand forty‐two MyChart messages sent, and 3203 (79%) were reviewed by patients. The assessment was started by 1493 patients (37%), and once they started, 93% (1386 patients) completed the assessment. According to first assessments only, 49.8% of the patients who reviewed the MyChart message completed the assessment. Mean PROMIS CAT T scores indicated a lower level of physical function and elevated anxiety in comparison with the general population. Fatigue, pain, and depression scores were comparable to those of the general population. Impaired physical functioning was the most common basis for clinical alerts and occurred in 4% of the patients. Conclusions: PROMIS CATs were used to measure common cancer symptoms in routine oncology outpatient care. Immediate EHR integration facilitated the use of symptom reporting as the basis for referral to psychosocial and supportive care. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Welsh, Meghan. „Clinicians’ perceptions of psychosocial challenges and interventions with young adult cancer survivors“. ProQuest Information & Learning, 2014.

Cancer survival rates have risen steadily over the past 30 years and with constantly evolving treatments will only continue to do so (Hewitt et al., 2006). Psychosocial researchers previously focused on children and older adult cancer survivors, and only recently have started to highlight the specific needs and difficulties experienced by the in-between young adult population (Hewitt et al., 2006). The results of the survey in this study provide information about which developmental tasks and challenges are most commonly seen in the young adult cancer survivor population, as reported by treating clinicians. Interventions that are most commonly used with young adult cancer survivors are also identified. Participants included psychologists, social workers, and one psychiatrist, all currently treating young adult cancer survivors. The results of this survey include a description of the additional developmental tasks of young adult cancer survivors as seen by participants (including fertility management, health care and insurance management, specific employment concerns, and negotiating when to tell new partners, friends, and co-workers about their medical history). Anxiety, dependency issues, and relationship concerns were the three major challenges reported by participants as experienced by young adult cancer survivors, while body image was another area of intense focus. In addition, interventions used to treat or assist with many of those challenges was another area of focus in the survey. The most popular treatments highlighted by participants were cognitive behavioral therapy, psychoeducation, and visual imagery and relaxation strategies. The young adult cancer survivor population is one in need of increased attention, and, while this survey includes a small sample size, it offers information for current providers and future researchers about challenges and interventions with this population as seen by treating clinicians. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Wiener, Lori, Oppenheim, Daniel, Breyer, Joanna, Battles, Haven, Zadeh, Sima und Patenaude, Andrea Farkas. „A worldview of the professional experiences and training needs of pediatric psycho-oncologists“. *Psycho-Oncology* 21, Nr. 9 (September 2012): 944–953.

Background: Thirty years after the origin of the field of psycho-oncology, limited data exist about the work practices of professionals providing psychosocial care to children with cancer and their families. Method: A survey was designed to assess training, work environment, theoretical orientation, services provided, subspecialty areas or areas of special interest, satisfactions, challenges, and continuing education needs of pediatric psycho-oncologists. Members of national and international psycho-oncology organizations were invited to participate in the web-based survey. Results: Seven hundred eighty-six professionals from 63 countries responded. The sample consisted mostly of psychologists (41%), physicians (20%), and social workers (14%). Approximately half of the participants worked in a designated psycho-oncology unit. Psychologists and social workers provided the majority of psychosocial services. Individual sessions with parents were most common (42%), followed by sessions with children (41%), survivors (36%), families (31%), and siblings (25%). Therapies provided include cognitive behavioral therapy (50%), relaxation (43%), psychodynamic psychotherapy (27%), play therapy (26%), and imagery (23%). Two-thirds reported having appropriate supervision, 37%were conducting research, and only half felt their salary was appropriate. Differences in therapeutic modalities were found by country. Clinicians desire training on clinical interventions, improving communication with medical staff, research, and ethics. Conclusions: An international cohort of clinicians providing pediatric psycho-oncology services perform a wide variety of tasks, use a range of therapeutic approaches, and report considerable work satisfaction. Problem areas include professional inter-relations, inadequate supervision, and need for additional specialized training. Opportunity exists for global collaboration in pediatric psycho-oncology research and practices to enhance clinical effectiveness and reduce professional isolation. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Wilkes, Lesley M., White, Kate, Mohan, Shantala und Beale, Barbara. „Accessing Metropolitan Cancer Care Services: Practical Needs of Rural Families“. *Journal of Psychosocial Oncology* 24, Nr. 2 (2006): 85–101.

This study explored the practical needs of patients and their families travelling from rural areas in New South Wales, Australia to cities for cancer treatment. Practical needs were information, accommodation, transport, and economic impact. A cross-sectional design was employed; data were collected by questionnaire and focus group interviews. Findings showed that practical needs impacted on the ability of the patients and families to cope with diagnosis and treatment for cancer. The greatest unmet practical need of the patients and their families was for comprehensive information that is provided before travelling and by someone, for example, nurse or social worker who can help them decipher it if required. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Wong-Kim, Evaon Chuklan. „Predicting depressive symptoms in breast cancer patients: Racial comparisons“. ProQuest Information & Learning, 2000.

Research on breast cancer has indicated a disparity between white women and ethnic minority women in incidence and mortality. Most studies on breast cancer treatment have focused on increased length of survival as the outcome of successful biomedical interventions. Improved mental health status should also be considered as an outcome of successful biomedical and psychosocial intervention. Depression is a common psychological reaction to a breast cancer diagnosis. Effectively predicting depressive symptoms in breast cancer patients is important for health care providers to identify at-risk patients. This study examined the issues of depression confronting breast cancer patients. First, the mean scores of depressive symptoms were compared among different ethnic groups. Second, a biopsychosocial model was developed to predict depressive symptoms. Third, predictors of depressive symptoms in white women were compared to ethnic minority women. The results indicated that the mean scores of depressive symptoms were not different among women from different ethnic backgrounds. The biopsychosocial model was found to be most predictive of depressive symptoms when compared with the biomedical, psychological, social, biopsychological, psychosocial and biosocial models. Variables such as fatigue, self-esteem score and level of social support were found to be statistically significant in predicting depressive symptoms in breast cancer patients in the biopsychosocial model. These predictors remained unchanged when white women were compared to ethnic minority women. The biopsychosocial model suggests that the relationship between the biological, psychological, and social dimensions of experience need to be addressed when interventions are designed to minimize depressive symptoms. For clinicians such as psychologists, psychiatrists, social workers, and counselors this study indicates the importance of a multidisciplinary approach to intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Yoak, Margaret und Chesler, Mark. „Alternative professional roles in health care delivery: Leadership patterns in self-help groups“. *Journal of Applied Behavioral Science*, The future administration of human services, 21, Nr. 4 (1985): 427–444.

Studied variations in professional roles within 43 self-help groups of parents of children (primarily aged 8 yrs or below) with cancer. Interviewed were 233 parents/members, 22 social workers, 23 nurses, 12 doctors, and 20 people in related helping professions who had worked with the groups. Three leadership patterns emerged: groups were independent and parent-led, were led by professionals, or had a shared leadership of parents and professionals. Data indicate that the professionally led groups were the smallest, least formal, and had the narrowest range of activities. The groups with shared leadership had the greatest longevity and tended to retain as members parents of deceased children. It is concluded that such coalitions of clients and professionals are vital for ensuring proper service delivery at a time when health care systems will likely remain bureaucratic and public resources for professional care are being reduced. (73 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Zebrack, Brad und Walsh-Burke, Katherine. „Advocacy Needs of Adolescent and Young Adult Cancer Survivors: Perspectives of Pediatric Oncology Social Workers“. *Journal of Psychosocial Oncology* 22, Nr. 2 (2004): 75–87.

A limited literature on the experiences of late adolescent and young adult survivors of cancer identifies psychosocial issues and needs that are unique to this population. Although the advocacy needs of adult cancer survivors have been addressed increasingly in both the psychooncology literature and in educational programs, the advocacy needs of adolescent and young adult survivors have not. This article reports the findings of an exploratory study conducted with pediatric oncology social workers who are frequently asked to assist survivors and their families with the psychosocial issues related to cancer. The quantitative and qualitative data collected through surveys and a focus group support the findings of previous studies that this population faces unique concerns related to surviving cancer based on the developmental stage at which cancer occurs. The study participants also identified the advocacy training needs of this population and made recommendations for interventions to build on survivors' strengths and empower them as they adapt to the roles, responsibilities, and challenges of adulthood. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Zebrack, Brad, Walsh, Katherine, Burg, Mary Ann, Maramaldi, Peter und Lim, Jung-won. „Oncology social worker competencies and implications for education and training“. *Social Work in Health Care* 47, Nr. 4 (2008): 355–375.

A mailed and online survey of 622 members of the Association of Oncology Social Workers (AOSW) indicated their proportion of time committed to certain aspects of practice and to certain population groups, and the extent to which they feel competent in various practice areas. Respondents indicated high levels of competence in 17 topic areas, including promotion of patient coping skills, end-of-life issues, and group work. Topic areas in which at least one third of respondents indicated little to no competence included pain assessment and management, cognitive behavioral therapy, complementary and alternative practices, and political advocacy. Although respondents indicated that they spend approximately 10% of their time with non-English-speaking populations, 50% of the sample indicated that they have little to no competence working with this population. Differences in levels of competence by years of experience and work setting were noted across many areas. Findings from this survey may be useful in the development of curriculum for preparing oncology social workers for practice in today's changing health care environment. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Zenger, Markus, Ernst, Jochen, Götze, Heide, Stolzenburg, Jens-Uwe und Hinz, Andreas. „Betreuungsbedarf und Betreuungswunsch von Patienten mit Prostatakarzinom—Eine Längsschnitterhebung. *Zeitschrift für Medizinische Psychologie* 19, Nr. 2 (2010): 51–59.

Objectives: Additionally to the central aspects of medical care, the psychosocial dimension of coping becomes more important and comes into the focus of attention. The objective of this study was to examine the objective need as well as the subjective request for psychosocial support and to investigate the relationship between the need for psychosocial counselling and psychological distress, quality of life and optimism. Methods: Finally, 274 prostate cancer patients answered the Hornheide Screening Instrument (HSI), HADS, EORTC QLQ-C 30, and LOT during their stay in the hospital (T1), two weeks (T2) and three months after discharge (T3). Results: The need for psychosocial support ranged between 45% during the time in the hospital and 30% three months later. Distress, quality of life and optimism were substantially correlated with the extent of this need. Furthermore, the self-assessed depression at T1 was the strongest predictor for the objective need of psychosocial support three months later. At T1 the subjective request for supportive counselling was mainly addressed to physicians (77%), followed by the own social network (66%). The request for professional psychosocial support was addressed in 13% of the patients to a social worker and in 9% to a psychologist. Moreover, the accordance between the objective need and the subjective request for psychosocial support was low. Conclusion: The obvious discrepancy between the objective need and the subjective request for psychosocial support shows that patients in need for counselling often do not articulate the wish for professional psychosocial support. Otherwise, there are patients that are distressed but already experience adequate support from their social network. Therefore, the two approaches—the screening for objective need as well as questioning for subjective request for psychosocial support—should both be realised to examine the need for psychosocial support. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Evaluationsstudien

Abbott, Yuko, Shah, Nina R, Ward, Kristy K., McHale, Michael T., Alvarez, Edwin A., Saenz, Cheryl C. und Plaxe, Steven C. „Use of psychosocial services increases after a social worker–mediated intervention in gynecology oncology patients“. *Health & Social Work* 38, Nr. 2 (Mai 2013): 113–121.

The purpose of this study was to determine whether the introduction of psychosocial services to gynecologic oncology outpatients by a social worker increases service use. During the initial six weeks (phase I), patients were referred for psychosocial services by clinic staff. During the second six weeks (phase II), a nurse introduced available services to each patient with a brochure. During the final 12 weeks (phase III), a social worker introduced services to each patient. The authors then compared psychosocial service referral rates. The sample included 196 patients. During phase III, the probability of a patient-initiated referral increased 3.4-fold (95 percent confidence interval [CI] [1.1, 10.4], p = .04) compared with baseline; the probability of any referral rose 2.7-fold (95 percent CI [1.1, 6.3], p = .03). The mean time to referral decreased from 79.4 days at baseline to 3.9 days during phase III (p < .001). The phase III intervention was accomplished only in 34 patients (39 percent) because of scheduling conflicts. Of these, eight requested referral, resulting in a 24 percent patient-initiated referral rate after meeting with a social worker. The introduction of psychosocial services by a social worker to gynecologic oncology outpatients increases referral rates and expedites evaluation. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Allison, Helen, Gripton, James und Rodway, Margaret. „Social work services as a component of palliative care with terminal cancer patients“. *Social Work in Health Care* 8, Nr. 4 (Sum 1983): 29–44.

Assessed 8 critically ill nonhospitalized cancer patients' moods (using the Profile of Mood States and a scale of human social functioning [HSF]) before and after an intervention based on E. Heimler's (1967, 1975) theory and method of HSF. The HSF approach provides a framework within which the professional and client can use each other in a therapeutic relationship in a way that is neither judgmental nor obscured by the customary social distance between the professional and the client. A 5-phase process leads to the formulation of the client's plan to change frustrating areas in his/her life. Findings indicate that the HSF approach was effective in helping patients overcome their sense of helplessness and distressing emotional reactions to terminal illness. A quality assurance program and a multidisciplinary healthcare team are proposed as a means of establishing palliative care for terminally ill patients. (30 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Bagner, Daniel M., Fernandez, Melanie A. und Eyberg, Sheila M.. „Parent-child interaction therapy and chronic illness: A case study“. *Journal of Clinical Psychology in Medical Settings* 11, Nr. 1 (März 2004): 1–6.

We examined the outcome of parent-child interaction therapy (PCIT) for a child diagnosed with Oppositional Defiant Disorder (ODD) and cancer. "Robert," a 4-year-old Caucasian male, showed significant and meaningful changes in his behavior over the course of 13 weeks of PCIT, and Robert no longer met diagnostic criteria for ODD following treatment. His scores on the Eyberg Child Behavior Inventory and the Achenbach Child Behavior Checklist were in the clinical range before treatment and in the normal range at the conclusion of treatment. His mother also reported dramatic improvements in Robert's behavior during medical visits. Physician and social worker reports were consistent with her report. Such anecdotal data may have implications for the generalization of compliance to the medical setting for children with chronic illnesses. The results of this case study should prompt further investigation of parent-training interventions for children with chronic illnesses and disruptive behavior. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Bendor, Susan J. „Anxiety and isolation in siblings of pediatric cancer patients: The need for prevention“. *Social Work in Health Care* 14, Nr. 3 (1990): 17–35.

> Reports the clinical findings of a sibling group program used in an exploratory study designed to provide information about the unmet psychosocial needs of siblings of pediatric cancer patients. Two multisession groups, 1 for 5 siblings (aged 9–12 yrs) and 1 for 4 siblings (aged 14–219 yrs) were held at a teaching hospital to enable siblings to identify, express, and master their feelings of anxiety and isolation in a supportive atmosphere. Major sources of anxiety and isolation included perceptions of parental deprivation and injustice, anger, and fear of death and vulnerability. Recommendations are made for integrating preventive intervention with siblings into standard hospital social work practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Blum, Diane, Clark, Elizabeth, Jacobsen, Paul, Holland, Jimmie, Monahan, Mary Jo und Duquette, Patricia Doykos. „Building Community-Based Short-Term Psychosocial Counseling Capacity for Cancer Patients and Their Families: The Individual Cancer Assistance Network (ICAN) Model“. *Social Work in Health Care* 43, Nr. 4 (2006): 71–83.

> Research studies show that 30% of cancer patients experience significant disease-related psychosocial distress, which is often under-recognized and undertreated. To satisfy the need for increased capacity to deliver accessible, affordable, community-based psychosocial counseling for cancer patients and their families, the Bristol-Myers Squibb Foundation developed the Individual Cancer Assistance Network (ICAN) demonstration project. Results of a 3-phase evaluation in diverse community settings in Florida show that ICAN effectively provided "cancer sensitivity" training for social workers preparing them to deliver short-term individualized psychosocial counseling, on a sliding-fee scale, to cancer patients and their families, and to market it effectively to oncologists and the community. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Böttcher, Hilke M., Steimann, M., Ullrich, A., Rotsch, M., Zurborn, K.-H., Koch, U. und Bergelt C. „Evaluation eines berufsbezogenen Konzepts im Rahmen der stationären onkologischen Rehabilitation.“ *Die Rehabilitation* 52, Nr. 5 (2013): 329–336.

Brieger, Peter, Leiberich, Peter und König, Henning J. „Soziale Unterstützung durch professionelle Helfer bei stationär behandelten Krebspatienten“. *Psychotherapie, Psychosomatik, Medizinische Psychologie* 44, Nr. 11 (1994): 396–400.

Bugge, Kari E., Helseth, Solvi und Darbyshire, Philip. „Parents experiences of a family support program when a parent has incurable cancer“. *Journal of Clinical Nursing* 18, Nr. 24 (Dezember 2009): 3480–3488.

Aims and objectives: The Family Support Program was created to support children and parenting when one of the parents has incurable cancer. We chose a family-based approach to support parent's coping and to help families pull together, identify strengths in the family and learn how to seek help. Background: Cancer is usually a new experience for young families. In most cases, parents do not have the necessary knowledge about their children's need for information and support about their parent's serious illness and impending death. Design: A qualitative evaluation study based on data collected through in-depth interviews focusing on parent's experiences with the Family Support Program. Methods: Participants were patients with incurable cancer and their partners and ex-partners with children aged between 5–18 years. Thirteen parents were in-depth interviewed. Results: Parents described how the Family Support Program helped them gain greater insight into their children's thoughts and reactions and into how the situation affected their daily living. Parents reported that conflicts were reduced, they could talk more openly about the situation in the family and that they were shown how to support their children's coping. Conclusion: The Family Support Program met the parents in the study's needs for more information and support about how to cope with their children during the patient's terminal illness. Relevance to clinical practice: The Family Support Program is described in detail in a manual that makes it easy for other health workers to use the same programme. The Family Support program was in use in outpatient clinics, oncology wards and palliative care units and was provided both from nurses and social workers trained in cancer care. Parent's in the study would like the Family Support Program to be available to all patients who receive the poor prognosis that their cancer cannot be cured. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Bundesministerium für Gesundheit (Hrsg.). *Palliativeinheiten im Modellprogramm zur Verbesserung der Versorgung Krebskranker. Ergebnisse der wissenschaftlichen Begleitung.* Bd. 95. Schriftenreihe des Bundesministeriums für Gesundheit. Baden-Baden: Nomos-Verlag, 1997.

Chesney, Barbara K., Rounds, Kathleen A. und Chesler, Mark A.. „Support for parents of children with cancer: The value of self-help groups“. *Social Work with Groups: A Journal of Community and Clinical Practice*, Groups in health care settings, 12, Nr. 4 (1989): 119–139.

Investigated factors related to parents' perceptions of the value of self-help groups for parents of children with cancer based on surveys of 50 such self-help or mutual support groups. Persons in larger groups tended to report a higher overall group value to them personally than persons in smaller groups. Professionals' consulting and liaison work contributed positively to how members valued the group in general. Social workers and nurses were the groups' most effective contacts with medical centers. The group was valued more highly by members who reported the most benefit from group activities. Group characteristics were associated with the value members placed on the group. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Cheung, Chau-kiu und Mok, Bong-ho. „Training and counseling that facilitate childhood cancer survivors’ adaptation“. In: Columbus, Alexandra M. (Hrsg.). *Advances in psychology research (Vol 94).* Advances in psychology research. Hauppauge: Nova Science Publishers, 2012. 225–243.

Childhood cancer survivors' adaptation to life is a crucial indicator of achievement of rehabilitation. While experimental service programs occasionally help childhood cancer survivors adaption to their post-treatment life, day-to-day services of vocational training and social work counseling have rarely manifest their effectiveness. The latter is of concern for this study, which also examines the impacts of cancer and its treatment on adaptation. Such examination is possible by analyzing survey data collected from both survivors and their non-cancer siblings (N = 240). Results indicate that vocational training was helpful to the adaptation of both the survivors and siblings. In contrast, social work counseling was beneficial to the survivors only conditionally, depending on their low prior adaptation and short hospitalization for cancer treatment. This finding agrees with need fulfillment theory, which posits that service effectiveness hinges on service users' need and the capability of the service to fulfill the need. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (chapter)

Clark, Paul G. „The relationship between psychological distress and health efficacy in people with cancer in an acute inpatient care setting: An intervention study“. ProQuest Information & Learning, 2008.

While psychological distress in people living with a cancer diagnosis has been the focus of a great deal of research, studies have primarily involved participants who were receiving cancer treatment in outpatient settings. Less is known about the occurrence of psychological distress in inpatient oncology settings. Furthermore, few studies have addressed the use of screening and intervention strategies for identifying and addressing psychological distress in people receiving inpatient care for cancer. This pretest-posttest control group study was designed to bring focus to the need for routinely screening for psychological distress and to test the effectiveness of a communication technique known as FLEX Care. FLEX Care was used in this study to enhance an intervention already in use by teams of oncology social workers and oncology nurse educators in the study setting. Specifically, the objective of the standard intervention was to decrease psychological distress while enhancing health self-efficacy (Bandura, 1997) through the provision of disease-specific information, development of problem-focused coping skills, enhancement of self-regulatory skills, and provision of social support. The conceptual framework supporting the study is found within Social Cognitive Theory. The chief hypotheses for the study evaluated whether the FLEX Care enhanced intervention would be more likely to produce improved scores on measures of psychological distress, cancer self-efficacy, and information-seeking preferences over the standard intervention. Study results indicated that participants' mean levels of psychological distress were higher in the inpatient setting when compared with large outpatient samples. Findings also lent support to the notion that levels of psychological distress and cancer self-efficacy are inversely related. Quantitative analysis of the data revealed that, as anticipated, participants in the intervention group experienced a statistically significant reduction in psychological distress. In general, these data provide preliminary support to the notion that people receiving inpatient care for cancer may experience higher levels psychological distress than those receiving care in outpatient settings. In addition, findings suggest that when used as an adjuvant to transdisciplinary social work intervention; FLEX Care contributed to the significant reduction of psychological distress in contrast to the standard efficacy-building intervention alone. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Collie, Kate, Kreshka, Mary Anne, Ferrier, Susan, Parsons, Rebecca, Graddy, Kathy, Avram, Speranza, Mannell, Patty, Chen, Xin-Hua, Perkins, James und Koopman, Cheryl. „Videoconferencing for delivery of breast cancer support groups to women living in rural communities: A pilot study“. *Psycho-Oncology* 16, Nr. 8 (August 2007): 778–782.

Women with breast cancer in rural areas are likely to exhaust their usual sources of psychosocial support while still facing challenges posed by breast cancer, but are unlikely to have access to professionally led support groups. In this community-based project, we assessed the feasibility and acceptability of providing support groups to women with breast cancer in a large rural area using videoconferencing and a workbook journal, and we assessed the intervention's potential to reduce distress and increase emotional expression and self-efficacy for coping with cancer. Twenty-seven women in the Intermountain Region of northeastern California participated in eight-session support groups led by an oncology social worker by going to nearby videoconferencing sites. Feasibility and acceptability were demonstrated. Older as well as younger women were comfortable using videoconferencing and said the groups were valuable because they promoted information sharing and emotional bonds with other women with breast cancer. They emphasized the importance of a professional facilitator and identified advantages of using videoconferencing for support groups. Pretest and posttest comparisons showed significant decreases in depression and posttraumatic stress disorder symptoms. The results suggest that the intervention has the potential to provide a valuable service that is not readily available in rural communities. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Connolly, Michael, Perryman, John, McKenna, Yvonne, Orford, Julie, Thomson, Lesley, Shuttleworth, John und Cocksedge, Simon. „SAGE & THYME^{TM}: A model for training health and social care professionals in patient-focussed support“. *Patient Education and Counseling* 79, Nr. 1 (April 2010): 87–93.

Objective: To develop a model for addressing the emotional concerns of patients or their caregivers; to teach the model in a three-hour workshop and to assess the impact of that training on a wide range of health and social care staff. Methods: A multi-specialty team, including a cancer patient, developed a model based on the evidence relating to emotional support and communication skills. The model (SAGE & THYMETM) consists of nine steps (see Box 1). The purpose of the model is to enable staff of all grades and roles to fulfil the most important objectives of support: enabling patients to describe their concerns and emotions if they wish to do so, holding and respecting those concerns; identifying the patients’ support structures; exploring the patients’ own ideas and solutions before offering advice or information. Over 800 health and social care staff of all grades and students have participated in the three-hour SAGE & THYMETM training workshops. Results: Analysis from 412 participants suggests that the workshops had a significant positive effect on self-confidence ($p < .0005$), self-perception of competence ($p < .0005$) and willingness to explore the emotional concerns of patients ($p < .0005$). 95% felt that the workshop would be very likely to have an impact on their practice. Conclusions: The workshops have been successful in increasing the self-perceptions of confidence, competence and willingness to explore the emotional concerns of patients. The model ‘SAGE & THYMETM' has been welcomed by participants. Practice implications: Staff groups will require training for patients or their caregivers to have their concerns heard without interruption and to be allowed to explore their own resolutions. The three-hour SAGE & THYMETM training may go some way towards helping patients and staff form sound partnerships which assist patients to participate constructively in their own care. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Coulourides, Kogan und Marie Alexis. „Investigating the effectiveness of a social work intervention on reducing hospital readmissions among older adults“. ProQuest Information & Learning, 2015.

Hospital readmissions among older adults has emerged as a significant social problem associated with high risk for poor patient outcomes, fragmented care, and exorbitant health care costs. In 2012, new penalties outlined in the Affordable Care Act began to levy fines, increasing annually, on hospitals that have high 30-day readmission rates. With the responsibility of reducing readmissions placed solely on hospitals, many institutions have implemented programs and services aimed at reducing readmissions. One such program is the Social Work Intervention Focused on Transitions (SWIFT) intervention. This dissertation aimed to investigate the effectiveness of the SWIFT intervention on reducing 30-day hospital recidivism among at-risk older adults; a randomized control, pilot study conducted at a large, non-profit, urban community hospital in the Los Angeles area. Participants included cognitively intact, English-speaking, older adults aged 65 years or more, living within a specified service area with expected discharge back to the community, and identified as at "high-risk" for readmission. The intervention consisted of a maximum of two in-home visits (first in-home assessment conduced within 48 hours after discharge) and up to four telephone follow-up calls (maximum of six contacts). Intervention activities included psychosocial assessment, home safety evaluation, medications reconciliation, problem solving therapy, health goal setting, scheduling physician follow-up appointments, and home and community based service referrals. Andersen's Behavioral Model of Health Service Utilization was used to guide this research. Primary data analysis among 181 randomized participants revealed that the SWIFT social work-driven intervention was not effective at reducing 30-day hospital recidivism among at-risk older adults. Instead, patient-level factors such as predisposing characteristics (Caucasian race), need (diagnosed with cancer, high acuity, need for supportive community services, and potentially unmet food prep/shopping needs), and health behaviors (refusing the home intervention and having had a prior inpatient stay in the previous six months) emerged as predictors of short-term hospital readmissions. The data presented here hold significant implications for policy and practice. They contribute to the literature by identifying specific patient-level factors that contribute to 30-day rehospitalization and complement a growing body of research that suggests the primary factors driving readmissions are patient-specific and are beyond the control of hospitals. Additionally, recent investigations into the characteristics and number of hospitals being penalized by the Centers for Medicare and Medicaid Services (CMS) for high readmission rates reveal that few hospitals are escaping fines; including the SWIFT clinical site despite a low readmission rate as compared to similar institutions. Holding hospitals accountable for readmissions that are largely driven by factors out of their control seems inappropriate and warrants reconsideration and further investigation. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Damore-Petingola, Sheila, Lightfoot, Nancy, Vaillancourt, Chantal, Mayer, Carole, Steggles, Shawn und Gauthier-Frohlick, Denise. „Hear how I feel: Evaluation of a video depicting the experiences of adolescents and young adults with a parent diagnosed with cancer“. *Journal of Psychosocial Oncology* 20, Nr. 4 (2002): 57–69.

In an effort to heighten the awareness of the high school population, a support group program for young people whose parents were diagnosed with cancer received funding to produce an educational video titled Hear How I Feel. This article reports on the evaluation of the video by 146 high school teachers, guidance counselors, and students; elementary school teachers; university undergraduate social work students; and health care and social service providers. A qualitative analysis of the evaluations indicated that high school teachers and guidance counselors were reluctant to use the video in the high school setting because they could not respond expertly to emotions that might be elicited. The findings suggest that youths desire a forum in which difficult issues can be addressed, teachers and guidance counselors need training that would enhance their skill in responding to students' emotional responses, and cancer patients and their families have psychosocial needs that must be met. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Davidson, Kay W. „Development of a support program for social workers serving cancer patients“. ProQuest Information & Learning, 1983.

Davis, Cindy, Darby, Kathleen, Likes, Wendy und Bell, John. „Social workers as patient navigators for breast cancer survivors: What do African-American medically underserved women think of this idea?“ *Social Work in Health Care* 48, Nr. 6 (August 2009): 561–578.

Patient navigation (PN) is a new initiative in health care aimed at reducing disparities by assisting patients in overcoming barriers within the health care system. As PN programs grow around the country, it is important to consult the key stakeholders in the development of these programs. The purpose of this qualitative study was to discuss the needs of medically underserved cancer patients and allow them the opportunity to provide input on models of care to meet their needs. Four focus groups were conducted in three major cities across Tennessee. Research participants (n = 36) were recruited by the staff in area cancer support programs and treatment programs across the state and through recruitment flyers at various treatment centers and community organizations. Findings revealed four key themes in the development of PN programs: (1) the PN needs to address access to quality care issues; (2) the PN needs to address the emotional and practical concerns of the cancer survivor; (3) the PN needs to address family concerns; (4) the PN needs to be involved across the continuum of care from time of diagnosis into long-term survivorship. Oncology social workers have a unique opportunity to meet the needs of medically underserved cancer patients through the PN movement. Our profession is a key stakeholder in this movement. We need to advocate for trained oncology social workers to actively pursue the role of patient navigators to ensure that the needs of medically underserved cancer survivors and their families are met. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Dobrof, Judith, Ebenstein, Helene, Dodd, Sarah-Jane, Epstein, Irwin, Christ, Grace und Blacker, Susan. „Caregivers and Professionals Partnership Caregiver Resource Center: Assessing a Hospital Support Program for Family Caregivers“. *Journal of Palliative Medicine* 9, Nr. 1 (Januar 2006): 196–205.

Background: Given that 71% of caregivers nationally report that they are caring for someone with a long-term or chronic illness, providing support to families--from diagnosis to the bereavement phase--is essential. Purpose: This paper describes an exploratory assessment of a hospital-based support program for family caregivers, the Caregivers and Professionals Partnership (CAPP) Caregiver Resource Center. The goal of the program evaluation was to understand the challenges facing caregivers who used the Center, how social workers intervened and the results of their interventions. Authors suggest that caregivers benefit from social work interventions that focus both on the emotional impact of caregiving and the multiple resource issues caregivers face. Methods: Social workers assisted more than half of participating caregivers with emotional coping issues as well as referrals to community resources. In approximately 75% of cases, social workers followed up with caregivers to engage them in services and ensure that they received ongoing support. Findings: From the perspective of Resource Center social workers, their interventions enhanced caregivers' abilities to cope with their responsibilities. Conclusions: Supporting caregivers over time and following up to ensure that they access needed services are critical ways to help them cope with care of a loved one. Future research can focus on how to engage caregivers who are isolated or too overwhelmed to ask for help in order to increase their use of caregiver assistance programs. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Eichhorn, Svenja, Kuhnt, S. und Giesler, J.M. „Struktur- und Prozessqualität in ambulanten psychosozialen Krebsberatungsstellen des Förderschwerpunktes Psychosoziale Krebsberatung der Deutschen Krebshilfe“. *Das Gesundheitswesen* 77, Nr. 4 (2015): 289–296.

Eijzenga, W., Bleiker, E. M. A., Hahn, D. E. E., Kluijt, I., Sidharta, G. N., Gundy, C. und Aaronson, N. K.. „Psychosocial Aspects of Hereditary Cancer (PAHC) questionnaire: Development and testing of a screening questionnaire for use in clinical cancer genetics“. *Psycho-Oncology* 23, Nr. 8 (August 2014): 862–869.

Background: Up to three‐quarters of individuals who undergo cancer genetic counseling and testing report psychosocial problems specifically related to that setting. The objectives of this study were to develop and evaluate the screening properties of a questionnaire designed to assess specific psychosocial problems related to cancer genetic counseling. Methods: We adopted the European Organisation for Research and Treatment of Cancer Quality of Life Group guidelines to develop the Psychosocial Aspects of Hereditary Cancer (PAHC) questionnaire, a 26‐item questionnaire organized into six problem domains: genetics, practical issues, family, living with cancer, emotions, and children. The Distress Thermometer and a question per domain on the perceived need for extra psychosocial services were included as well. We administered the questionnaire and the Hospital Anxiety and Depression Scale to 127 counselees at the time of genetic counseling and 3 weeks after DNA test disclosure. As a gold standard to evaluate the screening properties of the questionnaire, participants underwent a semi‐structured interview with an experienced social worker who assessed the presence and severity of problems per domain. Results: A cutoff score representing responses of ‘quite a bit’ or ‘very much’ to one or more items within a given problem domain yielded moderate to high sensitivity across domains. A cutoff of 4 on the Distress Thermometer yielded high sensitivity. The questions regarding the perceived need for extra psychosocial services yielded high specificity and negative predictive values. Conclusion: The Psychosocial Aspects of Hereditary Cancer questionnaire in combination with the Distress Thermometer can be used as a first‐line screener for psychosocial problems within the cancer genetic counseling setting. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Ell, Kathleen, Lee, Pey-Jiuan und Xie, Bin. „Depression care for low-income, minority, safety net clinic populations with comorbid illness“. *Research on Social Work Practice* 20, Nr. 5 (September 2010): 467–475.

Objective: Increasingly, mental health care is provided within the general health care sector. Accompanying this significant change is the demand for evidence-based as well as cost-effective or cost-neutral care models. Method: The authors present a pooled analysis of three large randomized clinical trials in which social workers provide depression care in collaboration with patient navigators, treating physicians, and consulting psychiatrists to examine the effects of diverse depression interventions on symptom improvement among low-income minority populations with cancer or diabetes in public safety net care systems. Results: Pooled results find a significant intervention effect over usual care. Results also find stronger benefits of structured psychotherapy and or antidepressant medication (AM) over brief counseling and referral to mental health care. Conclusion: The rapid change in health care delivery underscores an urgent mandate for social work to significantly increase its comparative effectiveness clinical trial research and adapt its mental and health care education. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Ell, Kathleen, Padgett, Deborah, Vourlekis, Betsy, Nissly, Jan, Pineda, Diana, Sarabia, Olga, Walther, Virginia, Blumenfield, Susan und Lee, Pey-Jiuan. „Abnormal mammogram follow-up: A pilot study in women with low income“. *Cancer Practice* 10, Nr. 3 (Mai 2002): 130–138.

Tested an intervention, the Screening Adherence Follow-up Program (SAFe), that was designed to reduce the number of known barriers to diagnostic follow-up adherence and initiation of treatment among women with low incomes who had abnormal mammogram findings. The investigators developed and implemented a highly structured, theory- and evidence-based, case-management intervention that combined health education, counseling, and systems navigation, which was delivered by a team consisting of a peer counselor and a social worker who held a masters degree. Patients with significant mental health symptoms, psychosocial stressors, or who had received a diagnosis of cancer were referred to the team social worker for further assessment and intervention. 605 women (19-65+ yrs) enrolled in SAFe at large urban diagnostic centers in Los Angeles And New York. Adherence rates through diagnostic resolution and the initiation of treatment for women who had received a diagnosis of cancer were 93 and 90, respectively, at the 2 study sites. Rates of adherence among women (N=695) who could not be located or who refused study consent were significantly lower (72 and 69, respectively). The rate of timely adherence was also higher among the women served. Patient satisfaction with SAFe was generally high. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ell, Kathleen, Vourlekis, Betsy, Muderspach, Laila, Nissly, Jan, Padgett, Deborah, Pineda, Diana, Sarabia, Olga und Lee, Pey-Jiuan. „Abnormal Cervical Screen Follow-Up among Low-Income Latinas: Project SAFe“. *Journal of Women’s Health & Gender-Based Medicine* 11, Nr. 7 (September 2002): 639–651.

This report describes a pilot study of the Screening Adherence Follow-Up Program (SAFe), an individualized, structured case management program designed to assess for and intervene in response to a variety of potential personal and systems barriers to follow-up adherence. A clinical decision-making algorithm was used to determine service intensity and level of intervention. Services were provided to 196 low-income women, predominantly Latinas, who had either a low-grade or high-grade squamous intraepithelial lesion (LGSIL or HGSIL) abnormal Pap result. Adherence rates to at least one follow-up appointment after enrollment and baseline intervention were 83% following LGSIL and 93% for HGSIL. Over 1 year postenrollment, 41% of women with LGSIL were fully adherent, with 42% partially adherent; 61% of women with HGSIL were fully adherent, with 32% partially adherent. In a comparison group of 369 nonenrollees, adherence rates were 58% for LGSIL and 67% for HGSIL. The intervention team--a peer counselor and a master's degreed social worker--addressed multiple psychosocial and systems navigation problems to reduce potential barriers to adherence, including knowledge, attitudinal, psychosocial, psychological distress, systems communication, and resource access problems. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Ernst, Jochen, Eichhorn, Svenja und Kuhnt, Susanne. „Ambulante psychosoziale Krebsberatung. Ergebnisse einer nutzerbasierten Studie zu Beratungsanliegen und Zufriedenheit mit der Beratung“. *Psychotherapie, Psychosomatik, medizinische Psychologie* 64, Nr. 11 (2014): 421–430.

Der vorliegende Beitrag behandelt Ergebnisse einer nutzerbasierten Studie zu Beratungsanliegen und deren Erfüllung im Verlauf der ambulanten psychosozialen Beratung sowie zur Zufriedenheit mit der Beratung aus Sicht der Ratsuchenden.

Feltner, Frances J., Ely, Gretchen E., Whitler, Elmer T., Gross, David und Dignan, Mark. „Effectiveness of community health workers in providing outreach and education for colorectal cancer screening in Appalachian Kentucky“. *Social Work in Health Care* 51, Nr. 5 (Mai 2012): 430–440.

The purpose of this study was to examine the effectiveness of a community health worker (CHW)–delivered cancer education program designed to increase knowledge and awareness of colorectal cancer screening options. The study population was an extremely vulnerable and medically underserved geographic region in Appalachian Kentucky. CHWs enrolled participants in face-to-face visits, obtained informed consent, and administered a baseline assessment of knowledge of colorectal cancer risks and the benefits of screening and screening history. An educational intervention was then provided and participants were re-contacted 6 months later when a posttest was administered. The mean score of the 637 participants increased from 4.27 at baseline to 4.57 at follow-up ($p < .001$). Participants who reported asking their health care provider about colorectal cancer screening increased from 27.6% at baseline to 34.1% at follow-up ($p = .013$). Results suggest that CHWs were very effective at maintaining the study population; no loss to follow-up occurred. The results also showed increased knowledge and awareness about colorectal cancer screening education. Implications for social work practice, policy and research are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Fineberg, Iris Cohen, Wenger, Neil S. und Farrow, Lachlan. „Interdisciplinary Education: Evaluation of a Palliative Care Training Intervention for Pre-professionals“. *Academic Medicine* 79, Nr. 8 (August 2004): 769–776.

Purpose: Medical education inadequately prepares students for interdisciplinary collaboration, an essential component of palliative care and numerous other areas of clinical practice. This study developed and evaluated an innovative interdisciplinary educational program in palliative care designed to promote interdisciplinary exchange and understanding. Method: The study used a quasi-experimental longitudinal design. Thirty-three medical students (third and fourth year) and 38 social work students (second year of masters degree) were recruited. The intervention group students (21 medical and 24 social work students) participated in a series of four training sessions over four weeks while the control group students received written materials after the study. The curriculum and teaching methods were based on theories of professional socialization and experiential learning. The intervention included experiential methods to promote interdisciplinary interaction to foster communication, exchange of perspectives, and the building of mutual trust and respect. Both groups completed assessments of perceived role understanding, a primary component of effective interdisciplinary teamwork, in palliative care. Self-administered surveys were completed at baseline, intervention completion, and three months later. The intervention group also completed an anonymous evaluation about the interdisciplinary education. Results: The intervention group demonstrated a significant increase in perceived role understanding compared with the control group. Three-month follow-up data suggested that intervention group subjects maintained gains in perceived role understanding. Conclusion: An interdisciplinary educational intervention improves role understanding early in the process of professional socialization in a pilot program. Further implementation of interdisciplinary education should evaluate the effect on subsequent interdisciplinary practice and the quality of patient care. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Geue, Kristina, Buttstädt, Marianne und Richter, Robert. „Eine kunstpädagogische Gruppenintervention in der ambulanten psychoonkologischen Versorgung“. *Psychotherapie, Psychosomatik, Medizinische Psychologie* 61, Nr. 3/4 (2011): 177–181.

Vorgestellt wird der formale und inhaltliche Aufbau eines kunstpädagogischen Angebots für onkologische Patienten in der ambulanten Nachsorge. Die Gruppenintervention beinhaltet 22 Sitzungen und gliedert sich in 3 Phasen. Im ersten Teil lernen die Teilnehmer verschiedene Zeichentechniken anhand vorgegebener Motive und Materialien kennen. Das Finden eigener persönlicher Themen bzw. Inhalte ist Anliegen des 2. Abschnitts. Im letzten Abschnitt erfolgt mit Unterstützung der Kursleiterin die Gestaltung eines persönlichen Buchobjekts. Die Wirkung der Intervention aus der Sicht der Teilnehmenden, der Kursleitung und der Supervisorin wurde in einer Studie untersucht.

Glajchen, Myra und Moul, Judd W. „Teleconferencing as a method of educating men about managing advanced prostate cancer and pain“. *Journal of Psychosocial Oncology* 14, Nr. 2 (1996): 73–87.

Developed an innovative, cost-effective, interdisciplinary educational intervention to address issues regarding the management of advanced prostrate cancer and pain. The intervention was delivered to 107 men using the teleconferencing method. The hour-long program consisted of 3 segments: 25 min of medical information provided by an urologist, 25 min of information about pain management and psychosocial issues provided by a social worker, and 10 min of questions and answers. A posttest was administered by telephone after the intervention, and 57 patients completed a mailed satisfaction survey. The response to the teleconferencing series was overwhelmingly positive. The results of the posttest revealed that patients received up-to-date medical and psychosocial information; Ss also demonstrated a good grasp of the material discussed. Broad participation was achieved in a cost-effective manner. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Glimelius, Bengt, Birgegård, Gunnar, Hoffman, Katarina, Hägnebo, Christina, Kvale, Gerd, Nordin, Karin, Nou, Enn, Persson, Christina und Sjödén, Per-Olow. „A comprehensive cancer care project to improve the overall situation of patients receiving intensive chemotherapy“. *Journal of Psychosocial Oncology* 11, Nr. 1 (1993): 17–40.

Describes a Swedish comprehensive cancer care project for patients treated with intensive chemotherapy. The 2-yr project involved a physician from each of 3 wards, a psychologist, a contact nurse on each ward, and a resource group (e.g., a dietician, a medical social worker, a physical therapist). Methods developed for prevention or early detection and treatment of complications associated with chemotherapy included a structured interview at admission, a genogram, problem-mapping lists, a nutrition sheet, and symptom diaries. Patients' relatives also were included in the care efforts. When the results of the project were compared with the results of an evaluation conducted before the initiation of the project, a number of improvements were observed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Göß, Martina und Loffing, Christian. „‚Meer-Nachsorge‘ - Reisen krebskranker Kinder und Jugendlicher sowie deren Geschwister nach Sylt. Zwei Forschungsprojekte der Hochschule Niederrhein in Kooperation mit der Björn-Schulz-Stiftung und dem Bundesverband Kinderhospiz“. *Theorie und Praxis der Sozialen Arbeit* 62, Nr. 6 (2011): 436–441.

Grant, Marcia, Economou, Denice, Ferrell, Betty und Uman, Gwen. „Educating health care professionals to provide institutional changes in cancer survivorship care“. *Journal of Cancer Education* 27, Nr. 2 (Juni 2012): 226–232.

The Institute of Medicine (IOM) 2006 report, From Cancer Patient to Cancer Survivor: Lost in Transition (In M. Hewitt, S. Greenfield and E. Stovall (Eds.), (pp. 9–186). Washington DC: The National Academies Press, 2006) identifies the key components of care that contribute to quality of life for the cancer survivor. As cancer survivorship care becomes an important part of quality cancer care oncology professionals need education to prepare themselves to provide this care. Survivorship care requires a varied approach depending on the survivor population, treatment regimens and care settings. The goal of this program was to encourage institutional changes that would integrate survivorship care into participating centers. An NCI-funded educational program: Survivorship Education for Quality Cancer Care provided multidiscipline two-person teams an opportunity to gain this important knowledge using a goal-directed, team approach. Educational programs were funded for yearly courses from 2006 to 2009. Survivorship care curriculum was developed using the Quality of Life Model as the core around the IOM recommendations. Baseline data was collected for all participants. Teams were followed-up at 6, 12 and 18 months postcourse for goal achievement and institutional evaluations. Comparison data from baseline to 18 months provided information on the 204 multidiscipline teams that participated over 4 years. Teams attended including administrators, social workers, nurse practitioners, registered nurses, physicians and others. Participating centers included primarily community cancer centers and academic centers followed by pediatric centers, ambulatory/physician offices and free standing cancer centers. Statistically significant changes at p = <0.05 levels were seen by 12 months postcourse related to the effectiveness, receptiveness and comfort of survivorship care in participant settings. Institutional assessments found improvement in seven domains of care that related to institutional change. This course provided education to participants that led to significant changes in survivorship care in their settings. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Herschbach, P., Heinrich, G. und Oberst, U. „Lebensqualität in der Nachsorge. Eine Evaluationsstudie in der Fachklinik für Onkologie und Lymphologie, Bad Wildungen-Reinhardshausen.“ *Praxis der Klinischen Verhaltensmedizin und Rehabilitation*, Nr. 7 (1994): 241–251.

Holm, Maja, Årestedt, Kristofer, Carlander, Ida, Fürst, Carl-Johan, Wengström, Yvonne, Öhlen, Joakim und Alvariza, Anette. „Short-term and long-term effects of a psycho-educational group intervention for family caregivers in palliative home care – results from a randomized control trial“. *Psycho-Oncology*, 9. Oktober 2015.

Background Family caregivers in cancer and palliative care often face heavy responsibilities and feel insufficiently prepared for the situation as caregivers. This study evaluates short-term and long-term effects of a psycho-educational group intervention aiming to increase preparedness for family caregiving in specialized palliative home care. Methods The study design was a randomized control trial where family caregivers were allocated either to an intervention or control group. The intervention was delivered as a program including three sessions by health professionals (physician, nurse, and social worker/priest). Family caregivers from 10 specialized palliative home care settings were included. Questionnaires with validated instruments at baseline, upon completion, and 2 months following the intervention were used to measure effects of the intervention. The primary outcome was preparedness for caregiving in family caregivers. Results In total, 21 intervention programs were delivered, and 119 family caregivers completed all three measurements. The intervention group had significantly increased their preparedness for caregiving in both the short-term and long-term follow-up compared with the control group. The intervention group also reported significantly increased competence for caregiving in short-term but not long. No effects of the intervention were found on rewards for caregiving, caregiver burden, health, anxiety, or depression. Conclusions The psycho-educational intervention has the potential to be used by health professionals to improve preparedness for caregiving among family caregivers in palliative care both in short and long terms. Copyright © 2015 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Horne, B., Gilleece, M., Jackson, G., Snowden, J.A., Liebersbach, S., Velikova, G. und Wright, P. „Psychosocial supportive care services for haematopoietic stem cell transplant patients; a service evaluation of three UK transplant centres“. *European Journal of Cancer Care* 23, Nr. 3 (Mai 2014): 349–362.

Following haematopoietic stem cell transplant (HSCT) some patients experience long ‐ term physical and psychosocial problems which impact on everyday life. The aim of this service evaluation was to investigate the psychosocial supportive care available for HSCT patients in three UK centres, particularly related to five identified areas of concern: fatigue; psychological distress; vocational and financial issues; sexuality, and fertility. HSCT health professionals were invited to audio ‐ recorded semi ‐ structured interviews. Enquiry was made into supportive care provided routinely (proactive), provided in response to a need (reactive) and missing (gaps in service) from pre ‐ transplant to 18 months post transplant. Information gathered was transcribed and subjected to framework analysis. Interviews were conducted with 84 staff including nurses, doctors, psychologists, social workers, physiotherapists, dieticians and occupational therapists. Support for the five main areas of concern was variable across centres particularly with limitation of services for psychology; sexual dysfunction and fertility. Pro ‐ active interventions such as psychological screening were rare with support being more commonly provided in response to an identified need. Support provided reactively for the areas of concern was comprehensive across professional groups and centres. Further work explores patients' psychosocial issues and other ways of providing adjuvant support. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Kaluza, Gert, Klus, Hildegard, Krane, Elisabeth und Pilz-Oertel, Mechthild. „Salutogenese in der Praxis: Indikationsübergreifendes, ressourcenorientiertes Gesundheitsprogramm für chronisch kranke Menschen - Interventionskonzept und Evaluation“. *Praxis Klinische Verhaltensmedizin und Rehabilitation*, Nr. 58 (2002): 148–155.

Ka’opua, Lana Sue I., Park, Soon H., Ward, Margaret E. und Braun Kathryn L. „Testing the feasibility of a culturally tailored breast cancer screening intervention with native Hawaiian women in rural churches“. *Health & Social Work* 36, Nr. 1 (Februar 2011): 55–65.

The authors report on the feasibility of delivering a church-based breast cancer screening intervention tailored on the cultural strengths of rural-dwelling Hawaiians. Native Hawaiian women are burdened by disproportionately high mortality from breast cancer, which is attributed to low participation in routine mammography. Mammography is proven to be an effective means for detecting disease at its earliest stages, when treatments are most likely to be successful. Culturally tailored screening programs may increase participation. Hawaiian initiatives call for screening innovations that integrate Hawaiian cultural strengths, including those related to spirituality and the extended family system. Before full-scale testing of tailored interventions, it is important to conduct feasibility studies that gauge community receptiveness to the proposed intervention and research methods. Study results establish the attractiveness and potential effectiveness of the authors' screening intervention. Recruitment exceeded targets, and retention rates were comparable to those of other randomized behavioral trials, confirming the value of reaching rural Hawaiian women through churches. Women appreciated the integrative approach of Hawaiian and faith-based values, and positive outcomes are suggested. This article may be relevant to social workers interested in culturally responsive, community-based interventions and to researchers conducting pilot studies and controlled trials of interventions adapted from evidence-based programs. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Kayser, Karen, Feldman, Barry N. und Borstelmann, Nancy A. „Effects of a randomized couple-based intervention on quality of life of breast cancer patients and their partners“. *Social Work Research* 34, Nr. 1 (2010): 20–32.

The purpose of this study was to determine the effectiveness of a couple-based intervention on the quality of life (QOL) of early-stage breast cancer patients and their partners. A randomized controlled design was used to assign couples to either the hospital standard social work services (SSWS) or a couple-based intervention, the Partners in Coping Program (PICP).

Klemm, Paula R., Rempusheski, Veronica F. und Teixeira, Janet. „A nonprofit community service and academic collaboration to increase outreach to older adults with cancer: Lessons learned“. *Journal of Gerontological Social Work* 56, Nr. 6 (August 2013): 554–68.

This article describes the lessons learned by social work practitioners and nurse researcher faculty from a unique partnership between a 501(c) 3 nonprofit community service organization (cancer helpline) and an academic facility to improve outreach to older adults with cancer. In preparing the research proposal, carrying out the procedures, and instituting a community-based participatory research (CBPR) approach lessons learned included the importance of experienced researchers/writers, unpredictability of research activities, importance of collecting complete data, communicating underlying discipline and role-oriented assumptions, and effectiveness of CBPR to increase outreach to older adults with cancer in Delaware’s eight cancer clusters. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Kost, Christiane, Labouvie, Hildegard, Kosfelder, Joachim, Höhl, Ulrich, Herrmann-Lingen, Christoph und Kusch, Michael. „Veränderung der psychischen Belastung von Krebspatienten im Rahmen einer strukturierten psychoonkologischen Versorgung“ *PPmP: Psychotherapie Psychosomatik Medizinische Psychologie* 59, Nr. 12 (Dezember 2009): 432–439.

The aim of this health service research study was to investigate the change in the psychological distress of cancer in−patients. According to the structured psychooncological care program Case Management Psychoonkologie (CMP) the patients received psychological treatment during the acute cancer therapy. The CMP was implemented in routine healthcare practice of 6 hospitals. The improvement in the patient's symptoms of anxiety and depression was analyzed as an indication for the effectiveness of the CMP. In order to assess the psychological distress, quality of life, and the functional status the German version of the Hospital Anxiety and Depression Scale (HADS) and a checklist of single−item−scales were administered at hospital admission (t1), 120 days later (t2) and one year after the hospital admission (t3). According to the HADS, the pre-post effect sizes of the psychooncological care program for 258 patients were 0.35 at t2 and 0.46 at t3. The effect sizes of 1.05 at t2 and 1.38 at t3 were calculated for the sub−group of patients with high psychological distress at t1. In 34.4% of these patients clinical significant improvements in symptoms of anxiety and depression could be identified at t2 and in 45.3% of the cases at t3. Symptom changes were significantly influenced by the patient's age and the intensity of psychooncological interventions. Symptom improvement was most evident for patients with a high use of psychooncological care. The correlation between HADS and single Item scales is in the moderate to high range. This is an indication of improvement not only in the psychological domain but also in the quality of life and functional status one year after the beginning of cancer treatment. These findings implicate that this study is one of the first to demonstrate the potential effectiveness of structured psychooncological care interventions in routine hospital care. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Krischke, N.R., Niebrügge, S. und Petermann, F.. „Stationäre onkologische Rehabilitation: Veränderung der Lebensqualität, Programmerwartung und -beurteilung von Krebspatienten." *Praxis der Klinischen Verhaltensmedizin und Rehabilitation*, Nr. 9 (1996): 186–193.

Landsbergen, K. M., Brunner, H. G., Manders, P., Hoogerbrugge, N. und Prins, J. B. „Educational-support for BRCA mutation carriers satisfy need for information but do not affect emotional distress". *Genetic Counseling: Medical, Psychological, and Ethical Aspects* 21, Nr. 4 (2010): 423–437.

Introduction: Due to high cancer risks, women carrying a BRCA1/2 mutation face a complex choice between breast and ovarian cancer surveillance and prophylactic surgery. The aim of this study is to evaluate educational-support groups, which are offered to facilitate mutual support between BRCA mutation carriers and to provide adequate information. Methods: Female BRCA mutation carriers were approached by a social worker after genetic test disclosure and offered participation in educational-support groups. Data regarding emotional well-being, breast cancer risk knowledge and perception, cancer risk management behaviour and family communication were collected both before (T1) and after group participation (T2). Results: Of the 34 participants, mean levels of negative mood states at T1 were significantly higher compared to those of a norm group (depression $p < 0.001$, anger $p < 0.001$, fatigue $p < 0.04$, tension $p = 0.03$) and remained high at T2. Self-perceived breast cancer risk and frequency of cancer thoughts were high both at T1 and T2. Breast cancer risk knowledge was accurate both at T1 and T2; women either followed current surveillance advices or obtained prophylactic surgery. Communication with the family of origin was significantly reduced at T2 compared to T1 ($p = 0.02$). At T2, all women indicated that group participation highly met their needs of BRCA-related information to support their decision-making processes regarding cancer surveillance or prophylactic surgery. Conclusion: After following an educational support group female BRCA mutation carriers were able to make cancer risk management decisions but still reported high levels of emotional distress while family communication appeared diminished. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Levine, Ellen G. und Silver, Barbara. „A pilot study: Evaluation of a psychosocial program for women with gynecological cancers“. *Journal of Psychosocial Oncology* 25, Nr. 3 (2007): 75–98.

Ovarian cancer is the fourth highest cause of cancer deaths in the US. Psychosocial issues may be prevalent among these women. This study examined the efficacy of a gynecological cancer resource program. Fifty-three women completed questionnaires over a year's time. The women felt positively about the program, and used several of the services. The most used services were that of the center coordinator/nurse practitioner, the GYN support group, the hair consultant, and the imagery sessions. The social worker, massage therapist, and the nutritionist seemed to be important at the beginning of the cancer experience but not so much at later stages. Having a nurse practitioner who could talk about treatment side effects, menopause, body image, sexuality, etc., was helpful to at least half of the women. Psychological distress decreased over time, as did quality of life. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

McCarthy, Paula G. und Sebaugh, Jill Genone. „Therapeutic scrapbooking: A technique to promote positive coping and emotional strength in parents of pediatric oncology patients“. *Journal of Psychosocial Oncology* 29, Nr. 2 (März 2011): 215–230.

Therapeutic scrapbooking is an intervention being used with parents and caregivers of children with cancer. The purpose of the group is to promote hopefulness, mobilize internal strengths, and thereby enhance the parents' and caregivers' coping abilities to benefit pediatric oncology patients. Facilitators, licensed in medical social work, provide a safe environment for participants to verbalize their stories and share their distress. Scrapbooking is a “normal” activity without the negative stigma that a “support group” may carry, minimizing the reluctance to attend this supportive group. Outcome measurements indicate this therapeutic intervention achieves positive results. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Miller, Janis J., Frost, Marlene H., Rummans, Teresa A., Huschka, Mashele, Atherton, Pamela, Brown, Paul, Gamble, Gail, Richardson, Jarrett, Hanson, Jean, Sloan, Jeff. A., Clark, Matthew M. „Role of a medical social worker in improving quality of life for patients with advanced cancer with a structured multidisciplinary intervention“. *Journal of Psychosocial Oncology* 25, Nr. 4 (2007): 105–119.

Background: Patients with advanced cancer face multiple challenges to their quality of life (QOL). The goal of this study was to including a social service component, on improving the QOL of patients with advanced cancer undergoing radiation therapy. Design: A total of 115 participants with newly diagnosed advanced stage cancer, who were receiving radiation therapy, were randomly assigned to either participate in an 8-session structured multidisciplinary intervention or to receive standard care. Each 90-minute session was led by either a psychologist or psychiatrist and co-led with a nurse, physical therapist, chaplain, and/or social worker. The sessions were designed to address the domains that impact QOL: emotional, spiritual, physical, and social domains (support, community resources, financial and legal issues, and advance directives). QOL was assessed, at baseline, 4 (end of treatment), 8 and 27 weeks. The primary endpoint was overall QOL assessed on a 0-100 scale at Week 4. Results: A total of 115 patients were enrolled from October 2, 2000 to October 28, 2002. Overall QOL at Week 4 averaged 10 points higher in the intervention group than in the control group (80 vs. 70 points, $p = 0.047$) which was an increase of 3% from baseline in the intervention group versus a decrease of 9% in the control group ($p = 0.009$). Of the subscores reflecting patient's opinion regarding their QOL, there was improvement in all social domains which contributed to the overall improvement in QOL. Significant changes from baseline to Week 4 scores were seen in the areas of financial concerns ($p = 0.025$) and legal issues ($p = 0.048$). Conclusions: A social work component within a structured multidisciplinary intervention results in significant advantages in the social domain of QOL, and contributes to clinically meaningful improvements in the overall QOL for patients with advanced cancer undergoing active medical treatment. Numerous studies have documented the financial burdens and social changes that may occur with the diagnosis of cancer. However, previous research has not examined the role of a social worker in providing financial, social, and legal education, in a structured multidisciplinary intervention, and its direct impact on QOL. Outlined in this paper is the role of the medical social worker in a clinical trial, how education was provided and strategies for future interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Mokuau, Noreen, Braun, Kathryn L. und Daniggelis, Ephrosine. „Building family capacity for Native Hawaiian women with breast cancer“. *Health & Social Work* 37, Nr. 4 (November 2012): 216–224.

Native Hawaiian women have the highest breast cancer incidence and mortality rates when compared with other large ethnic groups in Hawai'i. Like other women, they rely on the support of their families as co-survivors. This project explored the feasibility and effects of a culturally tailored educational intervention designed to build family capacity by improving the knowledge and skills of the woman and her family in dealing with breast cancer, particularly in the latter stage of recovery care. Twenty-nine Native Hawaiian women with breast cancer, along with a close family member, were randomly assigned to the intervention ($n = 15$) or a wait-list control group ($n = 14$). The authors assessed the knowledge, self-efficacy, and coping skills of women and their family members and the recovery care behaviors of the women at baseline and at four months (after the intervention or control period). The intervention group made significant improvements in self-efficacy and coping; the wait-list control group did not. Evaluation of the intervention suggests that it was well received by participants. This work has relevance for social workers wanting to design and test culturally appropriate interventions for minority groups. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Mokuau, Noreen, Braun, Kathryn L., Wong, Linda K., Higuchi, Paula und Gotay, Carolyn C. „Development of a family intervention for Native Hawaiian women with cancer: A pilot study“. *Social Work* 53, Nr. 1 (Januar 2008): 9–19.

Native Hawaiian women have high cancer rates and low survival rates. As with other women, a major source of support for Native Hawaiian women is their families. This pilot study reports on the feasibility of providing and measuring a culturally appropriate intervention designed to help Native Hawaiian women and their families deal with cancer. The feasibility evaluation indicated that a major strength of the intervention was its incorporation of Hawaiian values and practices, and a major limitation reflected the difficulties in recruiting Native Hawaiians for research studies. Despite the small sample size, the six Native Hawaiian women and their 10 family members in the intervention group showed improved self-efficacy and coping when compared with the four Native Hawaiian women and their eight family members in the control group. Pilot study data established the feasibility and potential effectiveness of this culturally tailored intervention for Native Hawaiians, and feasibility findings will be useful in designing follow-up studies. Steps taken to incorporate cultural values into an intervention also provide a model for other social workers in developing culturally appropriate interventions for minority populations. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Moulton, Arden, Balbierz, Amy, Eisenman, Stephanie, Neustein, Elizabeth, Walther, Virginia und Epstein, Irwin. „Woman to woman: A peer to peer support program for women with gynecologic cancer“. *Social Work in Health Care* 52, Nr. 10 (November 2013): 913–929.

Gynecologic cancer has significant emotional and psychosocial implications for patients and their families. This article describes the origin and implementation of a peer to peer support program providing emotional support and information to women in treatment for gynecologic cancer and their families, in collaboration with medical and social work staff in a large, urban medical center. A formative evaluation of the program is included which suggests program participants view the program as a helpful source of support throughout treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Myers, Ronald E., Stephens, Susan A., Boyce, Alice A. und Hermann, Joan. „Educating allied health professionals to provide care for cancer patients and their families“. *Journal of Health & Social Policy* 3, Nr. 2 (1991): 49–69.

512 health professionals (HPs) including social workers, clergy, dietitians, and physical therapists participated in a 3-yr training program to increase their knowledge about cancer and counseling, improve their supportive attitude regarding cancer patients and families, and decrease work-related stress. After finishing the training courses, the HPs increased their cancer knowledge by 14%. The HPs' knowledge related to counseling cancer patients and their families improved by 11%. The HPs' perceived job stress declined by 10%, and participant supportive attitude concerning cancer clients improved. Overall, the program succeeded in reaching HPs working with cancer clients who had little formal training in the cancer field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Oktay, Julianne S., Nedjat-Haiem, Frances R., Davis, Cindy und Kern, Kathleen C. „Distress screening: Experiences of oncology social workers“. *Journal of Psychosocial Oncology* 30, Nr. 6 (Oktober 2012): 652–666.

The purpose of this pilot study was to explore oncology social workers experiences with the introduction and use of distress screening tools with patients who are diagnosed with cancer. Focus groups were conducted with 15 oncology social workers, who were primarily employed in large hospitals or cancer centers. The results fell into three broad areas: initiating distress screening, adapting distress screening to the setting, and evaluating distress screening. Findings revealed that social workers face many decisions as they adapt distress screening to their settings, including when and how to measure distress, and how to refer patients to services. Social workers were concerned about being overwhelmed with referrals and sought to manage the screening to better identify those who are likely to benefit from services. This research suggests a need for further study, the development of practice guidelines, and training of oncology social workers. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Otis-Green, Shirley, Ferrell, Betty, Spolum, Maren, Uman, Gwen, Mullan, Patricia, Baird, Reverend Pamela und Grant, Marcia. „An overview of the ACE Project—Advocating for clinical excellence: Transdisciplinary palliative care education“. *Journal of Cancer Education* 24, Nr. 2 (April 2009): 120–126.

Background: Excellence in palliative care demands attention to the multidimensional aspects of patient and family suffering, yet too few psycho-oncology professionals report adequate preparation in this vital area. Methods: A total of 148 competitively selected psychologists, social workers, and spiritual care professionals participated in intensive educational courses to enhance their palliative care delivery, leadership, and advocacy skills. Extensive process and outcome evaluations measured the effectiveness of this educational program. Results: To date, 2 national courses have been completed. The courses received strong overall evaluations, with participants rating increased confidence in defined palliative care skills. Conclusions: The initial results of this innovative National Cancer Institute-funded transdisciplinary training for psycho-oncology professionals affirm the need and feasibility of the program. See the Advocating for Clinical Excellence Project Web site (www.cityofhope.org/ACEproject) for additional course information. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Otis-Green, Shirley, Yang, Eunice und Lynne, Lisa. „ACE project—Advocating for clinical excellence: Creating change in the delivery of palliative care“. *Omega: Journal of Death and Dying* 67, Nr. 1–2 (2013): 5–19.

Background: Psychologists, social workers, and spiritual care professionals report inadequate preparation to maximize their effectiveness in advocating for institutional reform to meet oncology patients' diverse bio-psychosocialspiritual and cultural needs. This article provides an overview of the ACE Project, a National Cancer Institute, 5 year, R25-funded transdisciplinary palliative care education program designed to enhance the advocacy and leadership skills of 301 competitively selected psycho-oncology professionals. Methods: ACE Project participants identified an institutional goal, refined their goals during the course and received mentorship and support throughout the subsequent year. Participants were invited to return to a Reunion Conference in year five to report on their activities, network, and share the results of their change efforts. A subset of 28 ACE Project participants contributed to this OMEGA special issue. Results: Participants' goals primarily focused on strategies to improve clinical care through program development and improvements in palliative care education within their institutions. Conclusions: The results of this transdisciplinary leadership skills-building program for psycho-oncology professionals affirm the feasibility and perceived need for the program. See the ACE Project website (http://www.cityofhope.org/education/health-professional-education/nursingeducation/ ACE-project/Pages/default.aspx) for additional program information. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Parsonnet, Lissa und Weinstein, Lois. „A volunteer program for helping families in a critical care unit“. *Health & Social Work* 12, Nr. 1 (Win 1987): 21–27.

Describes a 4-yr-old social work program that has successfully used volunteers in a 12-bed, critical care unit to facilitate communication between family members and staff, lessen the family's sense of isolation, and provide responsive services in a crisis-oriented setting. The following topics are discussed: developing a program, screening volunteers, training and supervision of critical care volunteers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Pleick, Stefanie und Sennekamp, Winfried. „Disease Management Programm Brustkrebs. Psychosoziale Beratung.“ *Soziale Arbeit* 60, Nr. 12 (2011): 448–454.

Beim strukturierten Behandlungsprogramm für Brustkrebs setzt die AOK Baden-Württemberg als einzige Krankenkasse auf eigene, für die psychosoziale Onkologie (WPO) qualifizierte sozialpädagogische Fachberaterinnen. Interviews zeigten, dass in wenigen Gesprächen erste wichtige praktische wie emotionale Entlastungen erzielt werden können. Die klare und problemspezifische Rollenzuweisung der Sozialen Arbeit innerhalb des berufsgruppenübergreifenden Behandlungskonzepts erweist sich nach diesen Ergebnissen als vorteilhaft.

Polinsky, Margaret L., Fred, Carol und Ganz, Patricia A.. „Quantitative and qualitative assessment of a case management program for cancer patients“. *Health & Social Work* 16, Nr. 3 (August 1991): 176–183.

An oncology social work case management model of intervention is described quantitatively and qualitatively. 69 Stage 1 or Stage 2 breast cancer patients followed by telephone for 1 yr required 374 hrs of the social worker's time for reassurance, information, and referral to community resources. Case examples provide insight into the clinical aspects of the social worker's efforts. This telephone-based model was effective and cost-efficient in addressing the rehabilitation needs of cancer patients and can be used with cancer patients with any disease site or phase of illness. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Preyde, Michele, Chevalier, Pat, Hatton-Bauer, Jane und Barksey, Melanie. „Exploratory survey of patients' needs and perceptions of psychosocial oncology". *Journal of Psychosocial Oncology* 28, Nr. 3 (Mai 2010): 320–333.

Cancer is a major health issue that affects a significant proportion of the population. Advancements in oncology treatment have reduced mortality, creating an ever-greater need for psychosocial oncology. Patients with cancer at Grand River Regional Cancer Centre (GRRCC) have access to some psychosocial intervention (e.g., wellness workshops, social work intervention); however, the extent to which these efforts meet patients' current needs is not known. The purpose of the exploratory survey was to assess patients' psychosocial needs and psychosocial oncology service needs. Patients receiving treatment for cancer at GRRCC were asked to participate in the anonymous survey. Two research assistants from the University of Guelph obtained informed consent, then with assistance from volunteers from the GRRCC, collected all data. The two screening tools, and standardized, self-report measures of depression and social support (Perceived Social Support Scale) were administered. Patients rated the psychosocial oncology services as very helpful, though 100% indicated the presence of distress. The main source of distress concerned not knowing what their personal outcomes will be. Implications for practice and research are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Rabow, Michael W., Goodman, Steffanie, Chang, Susan, Berger, Mitchel und Folkman, Susan. „Filming the family: A documentary film to educate clinicians about family caregivers of patients with brain tumors". *Journal of Cancer Education* 25, Nr. 2 (Juni 2010): 242–246.

The objective of this paper is to evaluate the educational value of a documentary film about family caregiving for patients with brain tumors. The method used in this study is a pre–post survey among neurosurgeons, neuro-oncologist, and other clinician viewers. Viewers evaluated the film highly and reported an intention to change their practice as a result of watching the film. Following viewing, participants felt more strongly that "all families of patients with brain cancers should meet with a social worker" (P = 0.01) and that "family caregivers greatly impact the health of patients" (P = 0.002), and they were less likely to believe that "supporting family caregivers is primarily someone else's job" (P = 0.009). A documentary film about family caregiving is an effective educational tool to increase awareness among neurosurgery/neuro-oncology clinicians about the importance and needs of family caregivers of patients with brain tumors. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Raveis, Victoria H. „Facilitating older spouses' adjustment to widowhood: A preventive intervention program". *Social Work in Health Care* 29, Nr. 4 (2000): 13–32.

The features of a preventive mental health intervention developed to assist late middle-aged and older spouses' (aged 50–80 yrs) psychosocial adjustment to spousal death from cancer and facilitate their transition to widowhood are described. Beginning during the last few months of the patient's illness and continuing into the initial months of the post-death period, the program is designed to provide the well/surviving spouse with emotional support, facilitate grief work and enable open discussion. Program format and delivery are discussed and the pre- and post-death components are presented. High risk criteria are used to target spouses at risk for morbid bereavement outcomes. The rationale for the risk profile is discussed. Implications of the program for social work practice are provided. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Rose, Julia Hannum, Bowman, Karen F., Deimling, Gary T. und Stoller, Eleanor P. „Health Maintenance Activities and Lay Decision-Making Support: A Comparison of Young-Old and Old-Old Long-Term Cancer Survivors“. *Journal of Psychosocial Oncology* 22, Nr. 3 (2004): 21–44.

Health maintenance activities and involvement of lay sources of decision-making support can affect cancer patients' well-being and decisions about care during active treatment and long-term survivorship. Because most cancer patients are older than 60 years, examining these variables in older cancer survivors is important. In this study, 316 older long-term cancer survivors were asked about health maintenance activities and involvement of lay sources of decision-making support during the diagnosis and treatment of cancer (then) and long-term survivorship (now). Because of the wide age range in older cancer survivors, two age groups were compared: 190 young-old survivors aged 60 to 74 years (M = 67 years, SD = 3.8 years) and 126 old-old survivors aged 75 years or older (M = 80 years, SD = 4.8 years). A larger percentage of young-old than old-old survivors reported using health maintenance activities and lay sources of decision-making support, both then and now. Age-group differences were most apparent in the use of diet/vitamins, meditation, and information about cancer and in involvement of other cancer patients in decision making about care. Also, compared to the old-old age group, young-old survivors used more types of health maintenance activities and lay sources of decision-making support then and now. Health maintenance activities were correlated with lay sources of decision- making support only in the young-old age group. Social workers should be attentive to potential aging and cohort-related differences in assessing older adults' preferences and barriers to use of health maintenance activities and lay sources of decision-making support during active treatment and long-term survivorship. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Ross, Judith W. und Scarvalone, Susan A.. „Facilitating the pediatric cancer patient’s return to school“. *Social Work* 27, Nr. 3 (Mai 1982): 256–261.

Describes a seminar for elementary schoolteachers and nurses that aids in young cancer patients' return to school by promoting mastery of medical information, clarification of treatment goals, and concern for the child's emotional needs. Questionnaires completed by 61 seminar participants showed that they benefitted from discussing mutual experiences with colleagues and that they could deal more adequately with child cancer victims and their families. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Rust, Connie F., Davis, Cindy und Moore, Matthew R. „Medication adherence skills training for African-American breast cancer survivors: The effects on health literacy, medication adherence, and self-efficacy“. *Social Work in Health Care* 54, Nr. 1 (Januar 2015): 33–46.

There are gaps in research regarding medication adherence, self-efficacy in proper medication adherence, and health literacy among breast cancer survivors. This pilot randomized controlled study was conducted to provide information addressing health literacy with respect to medication adherence and self-efficacy in African American breast cancer survivors. The study sample consisted of an intervention group (n = 24) of medication adherence skills training (MST) and a control group (n = 24), with a total sample population of 48 participants. The MST workshop was a collaborative intervention between pharmacy and social work and was designed to address issues that may be encountered while taking multiple medications for various acute and chronic conditions, increase participant confidence in accessing necessary resources for improved medication usage, and enhance personal self-efficacy regarding health care. A statistically significant relationship was detected between initial health literacy and medication adherence, as well as initial health literacy and self-efficacy. These findings indicated that individuals with higher health literacy were more likely to have higher levels of self-efficacy and were more likely to adhere to medication instructions. Analysis of the intervention and treatment groups did not show a statistically significant effect on health literacy, medication adherence, or self-efficacy from pre-test to post-test. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Simeit, Rainer. *Krebskranke Eltern unterstützen : Effekte einer psychoonkologisch-psychoedukativen Gruppenintervention für krebserkrankte Eltern auf die Lebensqualität innerhalb der Familie im Rahmen der ambulanten, psychoonkologischen Nachsorge.* Köln: Köppe, 2015.

Smith, Sophia K., Herndon, James E., Lyerly, H. Kim, Coan, April, Wheeler, Jane L., Staley, Tina und Abernethy, Amy P.. „Correlates of quality of life-related outcomes in breast cancer patients participating in the Pathfinders pilot study“. *Psycho-Oncology* 20, Nr. 5 (Mai 2011): 559–564.

Objective: In a pilot study, participation in the Pathfinders program was associated with reductions in distress and despair and improvements in quality of life (QOL) among advanced breast cancer patients. This study explores the relationship between psychosocial resources invoked through the Pathfinders intervention and outcomes. Methods: Advanced breast cancer patients were enrolled in a prospective, single-arm, pilot study of the Pathfinders psychosocial program. Participants met at least monthly with a licensed clinical social worker who administered the Pathfinders intervention, which focused on strengthening adaptive coping skills, identifying inner strengths, and developing a self-care plan. Longitudinal assessments over 6 months used validated instruments to assess changes in Pathfinders targets (coping, social support, self-efficacy, spirituality, and optimism) and outcomes (distress, despair, QOL, and fatigue). Multiple linear regression models examined the joint effect of average changes in target subscales on average outcome changes, adjusted for baseline outcome scores and patient characteristics. Results: Participants (n = 44) were: mean age 51 (SD, 12), 20% non-Caucasian, 50% college degree, and 75% married. Improvements in active coping skills, self-efficacy, and spiritual meaning/peace significantly correlated with an improvement in despair after adjustment for demographic characteristics (all $P < 0.05$). Improvements in social support significantly correlated with positive changes in distress ($P < 0.05$). Gains in learned optimism independently correlated with an increase in overall QOL ($P < 0.01$). Conclusions: In this pilot assessment, changes in pre-defined Pathfinders targets such as coping skills, social support, self-efficacy, spirituality, and optimism correlated with improvements in patient-reported outcomes. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)

Snyder, Claire F., Jensen, Roxanne, Courtin, S. Orion und Wu, Albert W.. „Patient Viewpoint: A website for patient-reported outcomes assessment“. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation* 18, Nr. 7 (September 2009): 793–800.

Purpose: To develop a prototype website to collect patient-reported outcomes in outpatient clinical oncology and link the data with the electronic medical record (EMR). Methods: A multidisciplinary Research Network, including experts in outcomes research, clinical oncology, nursing, social work, information technology, EMRs, behavioral science, decision science, clinical trials, law, and a cancer survivor, was formed to design the prototype website. The Research Network developed the initial website specifications, elicited feedback from patients (n = 20) and clinicians (n = 7), constructed the website, and conducted usability testing (n = 10). Results: Clinicians reported that the website could improve clinical practice if it was not burdensome and were most interested in tracking change over time. Patients were interested in using the website because of the potential to facilitate communication with their clinicians. Patients emphasized the importance of short and simple surveys and a user-friendly interface. The PatientViewpoint website was designed to meet these specifications. Usability testing suggested that patients had few problems accessing and using the site. Conclusions: Preliminary reports from clinicians and patients suggest that a website to collect PROs and link them with the EMR could help improve the quality of cancer care. Further pilot-testing will evaluate the use, usefulness, and acceptability of PatientViewpoint. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

Tamminga, Sietske J., Verbeek, Jos H. A. M., de Boer, Angela G. E. M., van der Bij, Ria M. und Frings-Dresen, Monique H. W. „A work-directed intervention to enhance the return to work of employees with cancer: A case study“. *Work: Journal of Prevention, Assessment & Rehabilitation* 46, Nr. 4 (2013): 477–485.

The purpose of this case study was to describe how the return-to-work process evolved in an employee with cancer in the Netherlands and how a work-directed intervention supported this process. The patient was a 35-year old female employee diagnosed with cervix carcinoma. After surgery, the patient experienced depression, fatigue, fear of recurrence, and low mental working capacity. Communication with the occupational physician was difficult. A social worker at the hospital provided three counseling sessions aimed to support return to work and sent letters to the occupational physician to improve the communication. The support by the social worker helped the patient to resume work gradually and the sending of information from the treating physician and social worker improved the communication with the occupational physician. This resulted in the patient being able to achieve lasting return to work. This work-directed intervention was highly valued by the patient and could be an important addition to usual psycho-oncological care for employees with cancer. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

Teichmann, J.V. „Onkologische Rehabilitation: Evaluation der Effektivität stationärer onkologischer Rehabilitationsmaßnahmen.“ *Rehabilitation*, Nr. 41 (2002): 53–63.

Wakelin, Kate und Street, Annette F.. „An online expressive writing group for people affected by cancer: A virtual third place“. *Australian Social Work* 68, Nr. 2 (April 2015): 198–211.

This paper examines the experiences of members of an online expressive writing (EW) group for adults affected by cancer. An asynchronous online focus group was conducted over six months, with 10 participants providing 103 written responses. Findings revealed a complex relationship expressed between the process of EW for a selected online audience, the product (written work) itself, and the process of engaging with the reflections on this product and the products of others. Of particular interest was the evolution of a virtual third place, The Goat'n'Quill, where participants were able to transcend the limitations placed upon them as a result of their cancer experience. This study provides useful guidance for social work practice. It affirms the value of third places where community members can coconstruct the format and processes to meet their needs. It also confirms the usefulness of technology-based strategies to extend social and emotional care. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Weis, Joachim, Brähler, Elmar, Giesler, Jürgen M., Eichhorn, Svenja, Kuhnt, Susanne, Völklin, Vivien. *Evaluation des Förderschwerpunkt-Programms „Psychosoziale Krebsberatungsstellen“ der Deutschen Krebshilfe (Evaluation ambulanter Krebsberatungsstellen)*, 2011.

Weis, Joachim und Giesler, Jürgen M. *Psychosoziale Versorgung in zertifizierten Brustzentren: eine Untersuchung zur Struktur- und Prozessqualität*, 2009.

Wittmeyer, H., Clauss-Euler, I., Dörr, C. und Kaufmann, Ursula. „Psychosoziale Versorgung in der pädiatrischen Onkologie—Darstellung eines Arbeitsgruppenmodells“. *PPmP: Psychotherapie Psychosomatik Medizinische Psychologie* 39, Nr. 11 (November 1989): 411–417.

Describes the conceptual basis, organization, activities, and evaluation of an interdisciplinary psychosocial care program for pediatric cancer patients and their families. The specific functions of the psychosocial care team members (a psychologist, a social worker, and a visiting nurse) are identified, and advantages and problems associated with a team approach to psychosocial care are considered. In addition, data documenting the team's effectiveness in reaching the families of pediatric oncology patients are provided. (English abstract) (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Yarlagadda, Bharat Bhushan, Hatton, Elissa, Huettig, Janet und Deschler, Daniel. „Patient and staff perceptions of social worker counseling before surgical therapy for head and neck cancer“. *Health & Social Work* 40, Nr. 2 (Mai 2015): 120–124.

Patients who undergo surgical therapy for head and neck cancer often face a tremendous challenge involving considerable psychological distress and impaired social functioning. These difficulties are often compounded by logistical difficulties such as transportation, financial assistance, and continuity of care after the acute hospitalization. Social workers have a unique opportunity to address the psychosocial and logistical issues facing these patients through preadmission counseling and coordination. The study reported in this article aimed to assess the effect of preadmission counseling for patients planning to undergo major surgical therapy for head and neck cancer. Ten patients who received preadmission counseling were surveyed to ascertain the utility of it in regard to multiple social and logistical factors. Comparisons were made with patients who did not receive such counseling. Staff perceptions were likewise obtained. The surveys indicated that preadmission counseling helped in regard to improving peri-admission support and access to financial and logistical resources, and lowered levels of anxiety during admission. Areas of potential improvement were identified, including addressing substance abuse issues in a timely manner. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)

Sonstiges

Bekanntmachungen: Beschluss des Gemeinsamen Bundesausschusses über die Erstfassung der Richtlinie zur Verordnung von spezialisierter ambulanter Palliativversorgung vom 20. Dezember 2007“. *Deutsches Ärzteblatt* 105, Nr. 13 (2008): 696.

Bruns, Gudrun und Schröter, Katharina. „ Soziale Arbeit als Kernleistung. Bundesarbeitsgemeinschaft Krebsberatungsstellen (BAK e.V.) legt Positionspapier vor“. *Forum sozialarbeit + gesundheit*, Nr. 4 (2013): 11–13.

Krebsberatungsstellen haben in Deutschland einen hohen Stellenwert im Rahmen der psychoonkologischen Versorgungsstruktur. Durch das Handlungsfeld 2, Ziel 9 im Nationalen Krebsplan und durch die S3-Leitlinie "Psychoonkologie", die in Kürze veröffentlicht wird, ist die ambulante psychosoziale Krebsberatung aktuell im Fokus von Fachdiskussionen.

„Implementing screening for distress: The Joint Position Statement From the American Psychosocial Oncology Society, Association of Oncology Social Work, and Oncology Nursing Society“. *Oncology Nursing Forum* 40, Nr. 5 (September 2013): 423–424.

In 2015, the American College of Surgeons (ACoS) Commission on Cancer (CoC) will require cancer centers to implement screening programs for psychosocial distress as a new criterion for accreditation.1 Distress, an indicator of suffering and predictor of poor health and quality of life outcomes throughout the disease trajectory, is common and treatable.2–10 Emerging research suggests that screening for and addressing distress not only enhances quality of life but may also be associated with improved cancer outcomes.11-13 Unfortunately, distress often goes unrecognized in oncology care, necessitating the development of systematic methods for its identification and management.14,15 Our organizations wholly endorse the new CoC standard 3.2 on psychosocial distress screening and recognize that it will help address unmet psychosocial needs and improve “cancer care for the whole patient.”[16] While the CoC standard articulates basic components and processes that must be included in the implementation of screening, there remain some key issues that we believe are critical to quality patient care. This statement summarizes our position on these issues. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

„Rehabilitation von an Krebs erkrankten Rentnern. Rentenversicherungsträger sollten zuständig bleiben“. *Forum sozialarbeit + gesundheit*, Nr. 1 (2013): 41–42. (Stellungnahme)

Reinicke, Peter, Klemm, H. und Kretschmer-Flemming, B. *Erstes (1.) Symposion für Sozialarbeiter und Ärzte in Berlin. Thema - „Zusammenarbeit im stationären Bereich“*. Berlin: Selbstverlag, 1990.

Symposion für Sozialarbeiter und Ärzte in Berlin der Kaiserin-Friedrich-Stiftung für das ärztliche Fortbildungswesen <1, 1989, Berlin>

Röttger, Klaus. „Interdisziplinäre Zusammenarbeit in der Behandlung von Schmerzpatienten.“ von Welk, Hansjürgen (Hrsg.). Zwischen Resignation und Hoffnung. Die Phase der Progredienz. Ergebnisbericht der 7. Jahrestagung der Deutschen Arbeitsgemeinschaft für Psychoonkologie e.V. in Hamburg □ Rissen vom 7. □ 10.6.1989.

Röttger, Klaus. „Wie kann die flächendeckende psychosoziale Versorgung von Krebskranken erreicht werden?“ In: Schneider, E. und Keller, M. (Hrsg.): *Guter Rat ist teuer. Lebensqualität und Qualitätsmanagement in der Psychoonkologie. Ergebnisbericht der 15. Jahrestagung der Deutschen Arbeitsgemeinschaft für Psychoonkologie e.V. in Wiesbaden vom 28. bis 31.Mai 1997.*

Schreiber, Sabine. „Zurück ins Leben nach Krebs. Interview mit Sabine Schreiber, der Mitbegründerin der Berliner Selbsthilfegruppe“. *Forum sozialarbeit + gesundheit*, Nr. 4 (2014): 40–42.

Nach einer Krebserkrankung ist es manchmal nicht so leicht wie erhofft, wieder ins Leben zurück zu finden. Der Wunsch ist groß, da weiter zu machen, wo man vor der Therapie aufgehört hat. Häufig jedoch hat man viel weniger Kraft als vorher und die Folgen der Erkrankung sind gravierend. Viele von der Erkrankung Betroffene fühlen sich nach dem Ende der Therapie mit den weiteren psychosozialen Belastungen aber allein gelassen.

Schweizerische Zentralstelle für Heilpädagogik (Hrsg.). *Pädagogische Grenzsituationen bei hirngeschädigten, kranken und sterbenden Kindern*. Luzern: Selbstverlag, 1980. (Tagungsdokument)

Sozialarbeit in Sozialstationen. Dokumentation eines Workshops - 20. und 21. Januar 1988. Berlin: Selbstverlag, 1988.

Zernikow, Boris Nauck. „Pädiatrische Palliativmedizin: Kindern ein ‚gutes Sterben‘ ermöglichen“. *Deutsches Ärzteblatt* 105, Nr. 25 (2008): 1376.

Deutsches Ärzteblatt 25/105 vom 20.06.08 Seite 1376 / THEMEN DER ZEIT

Pädiatrische Palliativmedizin: Kindern ein "gutes Sterben" ermöglichen

Plädoyer für einen multidisziplinären Ansatz, der die Familie und öffentliche Ressourcen mit einbezieht: Wirkungsvolle pädiatrische Palliativversorgung ist nur mittels eines breiten multidisziplinären Ansatzes möglich, der die Familie und öffentliche Ressourcen mit einbezieht. Pädiatrische Palliativversorgung kann in Krankenhäusern der höchsten Versorgungsstufe, auf kommunaler Ebene und zu Hause beim Patienten erbracht werden. Das Ziel, allen Kindern in Deutschland ein "gutes Sterben" zu ermöglichen, ist noch lange nicht erreicht.