

## Principles of Training Social Workers in Oncology

ELIZABETH D. SMITH, KATHERINE WALSH-BURKE, AND  
CHRIS CRUSAN

The complexity and variability of psychosocial issues associated with cancer has created the demand for highly skilled practitioners who are trained to provide multilevel assessment and intervention throughout the illness continuum. Oncology social workers are primary providers of psychosocial services in major oncology treatment centers and community health care settings throughout the world, both because of their knowledge about cancer and its psychosocial impact, and because of their practice versatility. Oncology social workers are trained in prevention, education, advocacy, research, and counseling. Their role has evolved to a central role in oncology care for several reasons.

1. Social work was established early in the 20th century as an essential component of the interdisciplinary health care team when Ida Canon became the first hospital social worker at Massachusetts General Hospital in Boston in 1919. The hospital social work role was initiated as it was recognized that "the sources of illness are not exclusively biological; disease onset and recovery and resumption of function are influenced by social forces . . . Integration of social work in medical care shifts the emphasis away from an exclusively biologic to a biopsychosocial model in which the patient is viewed as an individual with a personal, not only medical, history; with human strengths and frailties and with **obligations**, responsibilities, and preferences."<sup>71</sup> (1)

In the seventy years succeeding the initiation of medical social work, oncology social workers have practiced in outpatient as well as inpatient health care settings, public and private social service agencies, and community organizations (such as the American Cancer Society and Leukemia Society) which provide service to a wide spectrum of people affected by cancer.

This experience, and the empirical study of this work, has enabled social workers to accumulate a vast body of knowledge about the interactions of people with cancer in their environments. As a member of the interdisciplinary team, the oncology social worker focuses on the psychosocial effects of cancer and cancer treatment as well as the effectiveness of various coping strategies of individuals, families and groups. Oncology social workers also intervene with other oncology professionals who experience significant levels of stress in providing care to this population (2-4).

2. The biopsychosocial model of social work practice necessitates broad exposure in social work training to the variety and breadth of biopsychosocial theories that social workers incorporate into their practice. This ecological perspective uniquely equips the social worker to both assess and intervene to assist patients and families with the multiple effects of cancer. The person-in-environment ecological framework of social work (5) clearly emphasizes both psychological and sociological theories which prepare the social worker to design and implement interventions aimed at simultaneously strengthening individual adaptation and strengthening environmental responsiveness to the needs of persons affected by cancer (6-7). The theoretical models introduced in Master of Social Work (MSW) training include developmental theories, psychodynamic theories, family systems theory, and cultural theory as well as theories of oppression, social policy, administration, and community organization.

3. The requirements of masters level training ensure that social workers are prepared, through both this broad theoretical foundation and field practicum experience, to practice in a wide variety of settings with culturally diverse and vulnerable populations.

3. discharge planning;
4. referral;
5. advocacy.

Table 92.1 details the tasks of oncology social work in the provision of psychosocial care of the cancer patient.

*Screening, Evaluation, and Assessment* Social workers utilize a multi-modal approach to assessment. The use of screening instruments on a triage basis identifies the level of urgency of psychosocial need, and facilitates the design of appropriate intervention. Rapid assessment tools and self-report instruments add informative data to the evaluation process (13-14). When risk factors are identified, interviews allow for a more in-depth understanding of the patient's adaptive capacities through a comprehensive psychosocial assessment. Many social workers utilize both the DSM IV (*Diagnostic and Statistical Manual IV*, American Psychiatric Association) multi-axial assessment or the PIE (person-in-environment) system which provides a system of brief, "uniform descriptions of a patient's interpersonal, environmental, mental, and physical health problems and includes an assessment of the patient's ability to deal with these problems. Use of the DSM IV provides the oncology social worker with a diagnostic language with which to communicate with other mental healthcare providers.

*individual, Family, and Group Psychotherapy and Counseling.* Through field practicums and academic coursework in MSW graduate programs, the theories and skills of psychotherapy are acquired that allow the social worker to effectively function in the role of psychotherapist or counselor in the oncology setting. Oncology-specific internships and post-graduate training equips the oncology social worker with expertise in the psychosocial issues most relevant to

medically ill patients and their families (15). This enables the oncology social worker to distinguish, for example, depressive reactions to chemotherapy from endogenous depression and can help the patient and family anticipate and manage commonly experienced effects of treatment.

Oncology social workers have been instrumental in organizing and facilitating patient psychotherapy and support groups in hospital and community settings. As a result, many of these groups have helped launch the growing number of self-help groups and organizations which provide patients and families with an additional source of social support, recognized to be an essential component to longevity in cancer (16).

*Discharge Planning.* Dating back to the days of Ida Canon at Massachusetts General Hospital, medical social workers have been engaged in facilitating the discharge of the patient from the hospital. The social worker has acted as an interface between the hospital and home, intervening where necessary to aid in the transition from medical patient to healthy family/community member. Often these interventions have been practical in nature, i.e. transportation, home medical supplies or equipment, home-making services, or meals (17). Like their general medical colleagues, oncology social workers are also actively engaged in discharge planning. However, with the development of high-tech equipment and advanced medical treatments as well as hospice and palliative care programs and complicated insurance modifications, homecare and nursing home care has changed dramatically. With these changes, discharge planning has become extremely intricate. In the case of cancer, the tasks of discharge planning often involve complicated coordination of services, detailed planning, and a comprehensive environmental assessment. The role includes helping the patient and family to make crucial decisions regarding their care,

TABLE 92.1. *Oncology Social Work Tasks: Psychosocial Care of the Patient*

Screening, Evaluation, and Assessment	Adjustment to Illness Counseling, Individual-, Family, and Group Psychotherapy	Discharge Planning	Referral	Advocacy
Use of rapid assessment tools (screening), self-report instruments, interviews, PIE and the DSM tV	Psychodynamic psychotherapy, cognitive-behavioral approaches, relaxation techniques, guided imagery, transpersonal and/or existential psychotherapy, supportive psychotherapy.	Assessment, information sharing, patient education, resource linkage, concrete services, practical help, family aid, environmental interventions.	Psychiatric, psychological, social, and spiritual resources. Information sharine, resource linkage.	Advocating for patient and family needs, inpatient, outpatient, at home, and in the community with staff, extended family, and friends. Patient advocacy at the policy level on healthcare legislation.

Specialized continuing education and training is required for oncology social workers to acquire the necessary skills and expertise relevant to this field of practice. These are offered through agency or hospital-based programs such as the oncology social work clinical skills training courses offered in major cancer centers throughout the U.S., fellowships in oncology social work provided through the Rustaccia Foundation and the American Cancer Society, and conferences and programs offered by the Association of Oncology Social Workers and other social work organizations. Social workers are among the psychosocial care providers whose practice is regulated through professional licensure in almost every state in the U.S., which ensures a high level of professional training and practice.

The fundamental task of oncology social work is to facilitate patient and family adjustment to a cancer diagnosis, its treatment and rehabilitation. This chapter describes the roles and tasks in oncology practice which this multilevel training prepares the social worker to perform on behalf of patients and families. Included are the roles oncology social workers perform in training and supervising other social workers, and supporting other staff members. Collaboration with volunteer programs which serve as an adjunctive resource in the broad system of cancer care will also be discussed.

### PSYCHOSOCIAL CARE PROVIDER

#### **Basic Tenets**

The primary role of the oncology social worker is that of psychosocial care provider. In this role, the oncology social worker is trained in a philosophy of care which is framed by the following basic tenets.

First, the patient and family are viewed as a unit of care (8). Social work theory supports a systems focus through its emphasis on working with a person-in-environment approach. This view maintains that all individuals are part of an intricate web whose central ties begin with the family. Understanding this allows for an enhanced assessment of the psychosocial dynamics of the patient's illness and its effects on the family. Training in the biological, psychological, and social theories of development and adaptation, therefore, best prepares social workers to assist individuals and families in the ways described elsewhere in this book (see Chapters 17, 60 and 85). Social work's focus on the larger system of community and society extend the role beyond that of individual counselor or family therapist to ensure that the health care system

and the larger community are responsive to the needs of individual units (9-10). Outreach prevention programs, community-based psycho-educational groups, and church-based health fairs for cancer screening are but a few examples of the ways oncology social workers work collaboratively to intervene at the community level.

Second, the biopsychosocial model ensures an understanding that the continuum of psychosocial care is necessarily affected by the medical condition of the patient. An intervention that might be appropriate at one particular stage of the illness may actually be detrimental at another. Comprehending this fundamental principle is at the core of the oncology social worker's ability to listen to and to follow the patient's needs. Starting where the patient is, is a core social work value.

Third, psychosocial needs change over time and are influenced by many factors. The medical condition of the patient is not the only factor influencing the type of care that would be most effective. Life events such as marriages, divorces, births, graduations, etc. have an impact on the cancer patient and the patient's family, which change the type or level of psychosocial care actually needed by the patient. Social work's systems perspective allows for the consideration of the effects of such life events.

Fourth, individual differences require multi-modal approaches for support, problem solving, and rehabilitation. Awareness of diversity is at the heart of social work practice. Social workers understand that patient receptivity to treatment is influenced by psychological and social factors. Cultural and developmental factors influence the patient/family's view of the patient role, their reactions to illness, and the meaning they make of asking for or accepting help. Focus in training on multiculturalism prepares social workers to address the broad spectrum of people affected by cancer, particularly ethnic, gender, or cultural groups that may not receive as much attention in the training of other professional groups (11-12).

#### **Social Work Tasks**

The oncology social worker is attentive to the psychological, social spiritual/existential, and practical concerns of patients and families. Thus, the tasks of oncology social work are multi-faceted and must be comprehensively framed at each stage of illness. In the realm of direct service, these tasks include:

1. screening, evaluation, and assessment;
2. adjustment to illness counseling, and individual, family, or group psychotherapy;

Social workers, unlike many other psychosocial care providers, are trained in community organization and human rights advocacy which enables them to facilitate collaborative or other efforts on the part of groups, organizations, and communities to effect social action and social change. The National Breast Cancer Coalition and the National Coalition of Cancer Survivors include many oncology social workers among their members, many of whom have been instrumental in improving funding and legislation related to cancer. Oncology social workers serve as expert advisors to policy makers and bear influence on federal and state health care reform initiatives to insure comprehensive psychosocial care of persons affected by cancer. Effecting change at the policy level strengthens the social worker's ability to impact the individual healthcare of patients and is viewed as a necessary role of oncology social work.

#### ADMINISTRATION AND CLINICAL SUPERVISION

In addition to serving in the primary role of psychosocial care provider for patients and families with its multiplicity of tasks, oncology social workers are, at times, also called upon to serve as administrators and clinical supervisors. As such, they address the clinical training needs of students and beginning workers, as well as experienced workers through a variety of methods including: the tutorial model of a one-to-one relationship, peer supervision, group supervision, and case consultation. Through these specific educational, administrative, and supportive techniques oncology social workers at the administrative/supervisory level strive to enhance worker performance and job satisfaction (22). While there are certain stressors inherent in the nature of social work unique to hospital settings, there are needs universal to all oncology social workers which are held in common.

Perhaps the most difficult of these is the inevitable close identification the worker has with the cancer patient and his family. The possibility that the worker or a relative can develop cancer is real. Concomitantly, there is a confrontation with and recognition of one's own mortality which must be dealt with by the worker, often at an earlier age than is 'normal' for the general population. There is the traumatic exposure to mutilation and a constant sense of loss. (22)

These pressures, and many others, accompany social work practice in an oncology setting, and require a high level of skill and training on behalf of the social worker in the administrative or supervisory role. Fortunately, oncology social workers at all levels are

continuously developing their clinical expertise through ongoing inservice training, attendance at and participation in professional conferences, and clinical practicums at the master's, postmaster's and doctoral level.

#### STAFF INTERVENTION AND SUPPORT

The pressures oncology social workers experience as inherent in the oncology setting are shared by all the members of the multidisciplinary team. While mutual support among the team members is readily available, oncology social workers, as designated psychosocial care providers, are often called upon to take the lead in supportive interventions with staff. Oncology social workers often lead staff support groups, do critical incident stress debriefings (CISD), and meet one-on-one with individual oncology staff members, both formally and informally to defuse work-related stressors and offer psychosocial support.

#### TRAINING, SUPERVISION, AND COLLABORATION WITH VOLUNTEERS

Recognizing that the effective use of volunteers can significantly enhance patient care, social workers have regularly been involved in their training and supervision in addition to making referrals to them. Volunteers provide a range of services from practical assistance to social support. In fact, they can serve in a variety of functions to aid cancer patients across the disease continuum to include: assistance in screening, orientation, diversionary activities, education, fundraising, peer counseling, transportation, and research activities. (See Table 92.3.)

Volunteers are actively involved with cancer prevention and screening programs through health fairs and other educational efforts sponsored by a variety of health care and community organizations. At the time of diagnosis, volunteers with specialized training in the reactions and needs of newly diagnosed patients can orient patients and families to the health care setting, can help provide information, and offer companionship. During the treatment phase volunteers often offer help with practical concerns including transportation, work in residential facilities specifically designed to house patients and families, and provide diversionary activities for inpatients and companionship to visiting family members. Sometimes during the remission phase, cancer patients and their family members become volunteers, utilizing their accumulated experience to help others who are facing the same life-threatening illness. They

particularly regarding quality of life. Assessing patient and family values and philosophy as well as their capability and resistance to assistance requires a high level of skill, especially if language or cultural differences are a factor. An ability to empathically and assertively advocate for patients in a community care system that may have scarce resources is also essential. While some tasks may be relatively straightforward, because of its complexity, discharge planning has been and continues to be an important social work role (18).

*Referral.* Social workers are a conduit for the referral process as referrals are both received and made on behalf of the patient. Knowing when to refer is critical to the effective oncology social worker in providing psychosocial care to cancer patients and their families. The referral process is a key component of psychosocial care as social workers are called upon to provide clinical intervention in the form of individual, couples, family, or group psychotherapy, and/or to link patients with other appropriate resources to match their concrete service needs. Referrals are received by social work from all members of the multidisciplinary team. As a primary psychosocial care provider, the social worker then determines the treatment plan, manages the case, and/or refers to adjunctive services such as nutrition, financial services, AA, support groups, chaplaincy, psychiatry. Social workers are uniquely trained through the person-in-environment model to understand the specialized process of referring. They have a clear understanding of the types of referrals appropriate for social work intervention, as well as how to skillfully refer the patient to other specialty sources. (See Table 92.2.)

*Advocacy and Social Change.* Patient and family advocacy is another task in psychosocial caregiving for which the oncology social worker is uniquely prepared. Coursework and training at the master's level equips social workers with macro skills that allow them to integrate the specialized needs of patients and families with larger systems issues. Acting as an advocate with schools, churches, communities, neighborhoods, etc. on behalf of the cancer patient and family moves psychosocial caregiving out of the realm of psyche to the social environment. A person-in-environment perspective provides many points of intervention and different forms of advocacy efforts (19).

Irrespective of the form of intervention - community organization, casework, administration, or political activity - the resource most needed for advocacy is information. Through research, publication of clinical literature, education and training, oncology social workers are actively engaged in acquiring and sharing information which leads to making communities, and society in general, more responsive to the needs of persons with cancer. The Council on Social Work Education's 1982 policy statement pertaining to advocacy states: "The knowledge and skills students accumulate in social welfare policy and services should prepare them to exert leadership and influence as legislative and social advocates, lobbyists, and expert advisors to policy makers and administrators.<sup>1</sup>" The 1992 policy statement adds, "The pursuit of policies, services and programs through legislative advocacy, lobbying and other forms of social and political action, including providing expert testimony, participation in local and national coalitions and gaining political office." (20-21)

TABLE 92.2. *Types of Referrals*

Usual Referral	Urgent Referral	Emergent Referral
Durable medical equipment	Patient distress related to:	Suicidal ideation
Hospice	Poor prognosis	Substance abuse
Homecare	Deteriorating condition	Homicidal ideation
Transportation	Test results	Signing out AMA
Housing	Procedures	Treatment refusal
Adjustment to illness counselling	Diagnostic tests	Fear of death
Support group	Uncontrollable anxiety	
Psychoeducational group	Depression	
Medical insurance	Noncompliance with Tx	
Entitlements	Family Distress	
Grief/bereavement		

understand the mandates of the law but also to prepare advance directives and deal with decisions when advance directives have not been completed. Schools of social work routinely include ethics in their curriculum, making social workers a valuable resource for patients, families, and the oncology health care team in ethical decision-making.

#### PATIENT/STAFF/COMMUNITY EDUCATOR

Oncology social workers not only support their own education through the annual national conference of the Association of Oncology Social Work (AOSW), and participation in a vast array of international conferences and workshops, but also play a key role in the education of medical, nursing, and other allied health professionals regarding the psychosocial impact of cancer (27-28). Social workers are frequently facilitators of the widely disseminated I Can Cope education and support series sponsored by the American Cancer Society and have authored numerous patient-education materials including those published by the National Cancer Institute, the American Cancer Society, the Leukemia Society, the Wellness Community, and many other organizations which provide patient and professional education regarding psychosocial issues and cancer.

#### RESEARCHER

Research is a required component of MSW training as it facilitates the development and teaching of professional knowledge and skills required to practice social work. The Institute for the Advancement of Social Work Research, created in 1992, reflects the profession's recognition of the importance of research in both evaluating practice and furthering knowledge of people and their problems (29-31). The leading interdisciplinary journal of psychosocial oncology care, the *Journal of Psychosocial Oncology*, which is published by AOSW, serves as a forum for sharing research and clinical data. Many of the articles published in this quarterly journal reflect the prevailing practitioner-scholar model, adopted by the oncology social work field, which underscores the need for empirically informed practice (32).

In addition, in 1994, AOSW created the Social Work Oncology Research Group (SWORG), which promotes research relevant to oncology social work through multi-institutional collaboration and function. Ongoing projects include an exploration of the prevalence of distress across the disease continuum from diagnosis to terminal illness, and an examination of

the psychosocial needs of high-distress patients, which constitute one-third of all cancer patients.

#### CONCLUSION

Oncology social workers perform many roles and functions in inpatient and outpatient health care settings to assist persons with cancer on the micro and macro levels. These roles and functions serve to enhance both patient care and the smooth and efficient functioning of the health care systems in which they are cared for. They also require intensive training beyond the masters degree which addresses the specific psychosocial issues associated with cancer. In the past three decades, the social work profession has produced some of the most expert psychosocial clinicians working in the field of oncology today.

These clinicians, in conjunction with their professional organization, AOSW, have developed a wide variety of interventions and programs to facilitate coping with cancer. Their empirical studies have documented the efficacy and cost-effectiveness of these interventions, and their future research and clinical literature will continue to contribute to our understanding of how to prevent as well as manage the devastating effects of this life-threatening illness (33,34).

#### REFERENCES

1. Ross J. Hospital Social Work. In: *Encyclopedia of Social Work*, 19th edn, Washington, D.C. NASW Press, 1995.
2. Supple-Diaz, L, Mattison D. Factors affecting survival and satisfaction: navigating a career in oncology social work. *J Psychosoc Oncol.* 1992; 10:111-131.
3. Weisraan, AD. Understanding the cancer patient: the syndrome of caregiver's plight. *Psychiatry.* 1981; 44:157-167.
4. McGrath FJ, Dodds-Waugh A. Support group for nurses in an oncology ward. *Aust Soc Work.* 1989; 42:29-34.
5. Germain C. An ecological perspective on social work practice in health care. *Soc Work Health Care.* 1977; 3:67-76.
6. Black RB. Challenges for social work as a core profession in cancer services. *Soc Work Health Care.* 1989; 14:1-13.
7. Berkman B. Knowledge base needs for effective social work practice in health. *J Ed Soc Work.* 1981; 17:85-90.
8. Tolley NS. Oncology social work, family systems theory, and workplace consultations. *Health Soc Work.* 1994; 19: 227-230.
9. Barg F, McCorkle R, Jepson C, et al. A statewide plan to address the unmet psychosocial needs of people with cancer. *J Psychosoc Oncol.* 1993; 10:55-77.
10. Norman AD, Brandeis L. Addressing the needs of survivors: an action research approach. *J Psychosoc Oncol.* 1992; 10:3-18.

TABLE 92.3. *Volunteer Services Across the Disease Continuum*

Prevention	Diagnosis	Treatment	Remission	Recurrence	Palliative
Breast cancer screening	New patient orientation	Diversionary activities	Patient educators	Peer counselling	Bereavement program
Community health fairs	Peer counseling	"Lood Good, Feel Better"	Fundraising	Peer support	Research activities
Research activities	Inpatient/outpatient companion	Residential care	Advocacy	Research activities	
	Tour guides	Transportation	Research activities		
	Research activities	Research activities			

become patient educators, fundraisers and advocates for positive change. Volunteer peer counselors often provide crucial support to patients and their families following the recurrence of a patient's disease. Similarly, volunteers play an important role in assisting patients and families experiencing palliative care, particularly in residential and home-based hospice programs.

As economic considerations deplete the availability of some services, such as transportation, the effective use of volunteer services becomes more significant. Some volunteer tasks, such as providing patients with information about hospital and community programs, may require limited training, but many tasks require in-depth orientation to the psychosocial impact of cancer and the health care system in order for the volunteer to provide service sensitively and efficiently. Social workers are often instrumental in the training and supervision of volunteers in all of these roles. They serve as facilitators and instructors in comprehensive volunteer training programs which prepare volunteers to help patients both in the hospital and in the community and provide ongoing supervision and consultation to those volunteers involved in peer support. Programs such as Reach to Recovery, Man to Man, and Patient to Patient provide enhanced patient care through peer support. Because social workers have recognized that "much of the impetus for self-help participation is the attraction of comparing notes with like-minded people who have faced similar situations . . . and that self-help groups can provide a range of examples of how others have faced difficult lifestyle issues" (23), they have been instrumental in facilitating the development of such volunteer groups. Ongoing consultation, training, and supervision is then provided to assist these volunteers in coping with the challenges of providing this kind of peer support (24).

#### MULTIDISCIPLINARY TEAM MEMBER

The oncology social worker is a vital member of the multidisciplinary team. They recognize the interconnectedness of the patient's internal and external environmental systems and are uniquely qualified to help the team address the patient's psychological and social well-being in relation to his or her illness. Oncology social workers assist the team in moving beyond the disease process, to attend to very practical matters that may effect the patient's quality of life. They serve as a conduit between patient and staff to facilitate optimum responsiveness to treatment goals. Issues related to adjustment to illness and discharge planning are designated clinical tasks of the oncology social worker. In this important role, the social worker becomes a valued team member.

As a multidisciplinary team member, oncology social workers are not only skilled in providing clinical services, but are also cognizant of the explicit and implicit obligations they may have to other team members, the social work profession, and to the patient and family. They are taught the parameters of teamwork, which include the team composition, purpose, member roles and responsibilities, value bases, and processes. As ethical dilemmas may result from conflicts of competing values in fulfilling obligations to equally entitled sources, responsibility and accountability for decisions made by the team are shared by the oncology social worker (25-26).

"Informed consent for treatment and patient participation in decision-making implicate social workers because of their role in facilitating communication and mutual understanding between patient and family and professional caregivers." (27) Since the advent of the Patient Self-Determination Act of 1990, which requires hospitals and health agencies to develop policies on advance directives, social workers have been involved not only in helping patients and families to

11. LaRosa M. Health care needs of Hispanic Americans and the responsiveness of the health care system. *Soc Work*. 1989; 34:104-107.
12. Glajchen M, Blum D, Calder JC. Cancer pain management and the role of social work: barriers and interventions. *Health Soc Work*. 1995; 20(3):200-206.
13. Sam H, Koopmans J, Mathieson C. The psychosocial impact of a laryngectomy: a comprehensive assessment. *J Psychosoc Oncol* 1991; 9:37-58.
14. Zabora J, Smith E, Baker F, et al. The family: the other side of bone marrow transplantation. *J Psychosoc Oncol*. 1992; 10:35-46.
15. Loscalzo M, Amendola J. Psychosocial and behavioral management of cancer pain. *Adv Pain Res Therapy*. 1990; 16:429-442.
16. Spiegel, D. Psychosocial interventions with cancer patients. *J Psychosoc Oncol*. 3(4):83-93.
17. Bryan J, Greger H, Miller M, et al. An evaluation of the transportation needs of disadvantaged cancer patients. *J Psychosoc Oncol*. 1991; 9:23-36.
18. Lurie A, Pinsky S, Tuzman L. Training social workers for discharge planning. *Health Soc Work*. 1981; 6:12-18.
19. Mickelson J. Advocacy. In: *Encyclopedia of Social Work*. Washington, D.C., 1995 p. 96.
20. Council on Social Work Education. Curriculum Policy Statement. Washington, D.C., 1982.
21. Council on Social Work Education. Curriculum Policy Statement. Washington, D.C., 1992.
22. Blum D. Clinical supervisory practice in oncology settings. *Clin Supervisor*. 1983; 1:17-27.
23. Self-help groups. In: *Encyclopedia of Social Work*. Washington, D.C., 1995.
24. Hill H. Patient to patient, heart to heart: a peer support program that works. *Pickerj Commonwealth Report*. 1(3): Winter 1992.
25. Roberts CS. Conflicting professional values in social work and medicine. *Health Soc Work*. 1989; 14:211-218.
26. Downs S. Ethical issues in bone marrow transplantation. *Sem Oncol Nun*. Feb 1, 1994; 10(1):58.
27. Zayas LH, Dyche LH. Social workers training primary care physicians: essential psychosocial principles. *Soc Work*. 1992; 37:247-252.
28. Hunsdon S. The impact of illness on patients and families: Social workers teach medical students. *Soc Work Health Care*. 1984; 10:41-52.
29. Glajchen M, Magen R. Evaluating process, outcome and satisfaction in community based cancer support groups. *Soc Work Groups*, 1995; 18:27-40.
30. Rathbone-McCuan E, Herbert EL, Fulton JR. Evaluation as an imperative for social services preservation: a challenge for the Dept. of Veteran Affairs. *J Soc Work Ed*. 1991; 22:114-124.
31. Siegel K. Psychosocial oncology research. *Soc Work Health Care*. 1990; 15:21-43.
32. Meyer C. Integrating research and practice. *Soc Work*. 1985; 29:323.
33. Massachusetts Chapter, National Association of Social Workers. Managed Care Information and Resource Packet. 1992. Boston, Mass.
34. U.S. House of Representatives Committee on Post Office and Civil Service Report No. 99-710, 99th Congress, 2nd Session, p. 5 (July 24, 1986).