EMBRACING THE DIVERSE LANDSCAPE
OF PEDIATRIC ONCOLOGY SOCIAL WORK

PHOENIX, ARIZONA • APRIL 8TH-10TH, 2019
43RD ANNUAL CONFERENCE
Please join APOSW for our 2019 Conference in Phoenix, a city surrounded by beautiful mountains and desert gardens, inspiring this year’s conference theme, *Embracing the Diverse Landscape of Pediatric Oncology Social Work Practice*. The conference will provide opportunities for rich learning and to create meaningful connections networking with new and old friends.

The Board of Directors, the Phoenix Site Committee and the Abstract Reviewers have worked hard to bring you a conference that features leaders in pediatric oncology. You will gain new skills, tools and information which will support and enhance your clinical practice. Participants tell us each year that they are inspired throughout the conference and we expect you will be too!

Our keynote speaker is **Leanne Embry, PhD**, Professor of Pediatrics and Clinical Psychologist at University of Texas Health Science Center at San Antonio and the Behavioral Sciences Chairperson of the Children’s Oncology Group. Other distinguished speakers include **Joanna Morales, Esq.**, CEO of Triage Cancer, and **Lori Wiener, PhD, DCSW** of the National Institutes of Health along with **Victoria Sardi-Brown, PhD, LPC** and **Peter Brown, MBA** of the Mattie Miracle Cancer Foundation. **Dawn Hobdy, MSW, LICSW**, Ethics Director of NASW, will provide a thought-provoking conclusion to the program.

A special thank you to the Abstract Review Committee - Meredith Barnhart, MS, LMSW, Michelle Fritsch, LMSW-ACP, Sarah McElvaine, MSW, LICSW, Alistair Robertson, MSW and Robin Tarbi, LCSW. Their diligence and thoughtfulness in reviewing the many abstracts submitted this year is most appreciated.

Looking forward to welcoming you all in Phoenix!

**ELYSE LEVIN-RUSSMAN, LICSW, OSW-C**

APOSW PRESIDENT-ELECT
SPECIAL THANKS TO OUR GOLD LEVEL SPONSORS

GO4 THE GOAL
Helping Kids with Cancer Achieve Their Goals

ANDREW McDONOUGH FOUNDATION
www.BePositive.org
Welcome to Phoenix, the 5th largest city in the United States. Known as the Valley of the Sun with 299 days of sunshine it goes without saying that sunny skies and natural beauty abound. April will be the perfect time to avoid hearing about the dry heat.

The Grand Canyon State is home to the stunning Sonoran desert one of the most colorful deserts in the world. Phoenix is a bustling urban metropolis steeped in Native tradition with palm tree-lined streets and celebrated arts and cultural attractions. It is a gateway city to one of the most diverse and dynamic regions in the country. Local hotspots include Chase Field (Diamondbacks), Talking Stick Resort Arena (Sun), The Phoenix Art Museum, Phoenix Science Center, Orpheum Theatre, and Phoenix Symphony. And it’s all served by one of the newest light rail systems in the nation.

Outdoor enthusiasts around here will tell you Phoenix is a hotspot for great hiking. Saguaro, ancient petroglyph carvings, wide paths and rocky outcroppings along the trails provide a slice of Sonoran Desert beauty without much elevation gain. Just don’t forget your water and watch out for rattlesnakes!

CONFERENCE GOAL
To provide a collaborative learning opportunity for oncology social workers to address the needs of families impacted by childhood cancer.

LEARNING OBJECTIVES
At the conclusion of this conference, participants will be able to:

• Explain and apply social work theory, evidence-based practice, interventions, and techniques to address psychosocial care, barriers to care, and programmatic needs of pediatric patients and family members from diagnosis through survivorship, and into the bereavement process.

• Describe evidence based practice to support pediatric cancer patients and their families through discussions of research studies, outcomes, and recommendations in the field of pediatric oncology social work.

• Identify and discuss the psychosocial needs of children diagnosed with cancer and their families toward compassionate end of life care, healing and future positive growth.

• Evaluate methods for professional development through leadership in the field of pediatric hematology/oncology and blood and marrow transplantation.
“I truly appreciated the time to step away from my clinic duties to reflect, learn, and connect. I was able to gather important knowledge about what others are doing in the field.”

“I love meeting other practitioners, and knowing that there are others who can understand what I do every day!”

“I always feel refreshed and recharged after attending APOSW. It is so energizing to be in sessions with people who do similar jobs and have a similar passion.”

**2019 Important Dates**

- **February 1**
  Houston Tyler Rothschild Scholarship application deadline

- **March 4**
  Deadline for securing early registration discounts

- **March 15**
  Conference hotel rate deadline

- **March 25**
  Cancellations must be submitted in writing by this date to receive a refund less a $100 processing fee
QUESTIONS
Please direct your questions to the following individuals:

REGISTRATION
Treasurer – Mary Laliberte, LCSW
Connecticut Children’s Medical Center
Phone: (860) 545-9620
Fax: (860) 545-9622
mlalibe@connecticutchildrens.org

ON-LINE REGISTRATION
Secure on-line with credit card payment (immediate processing and confirmation).

CONTINUING EDUCATION
Application for conference program CE contact hours has been made by APOSW (Provider #886400741) through the National Association of Social Workers (national office). Attendees are responsible for reviewing whether their state accepts these CE contact hours. APOSW is also recognized by the New York State Education Department’s State Board for Social Work as an approved provider of continuing education for licensed social workers (#SW-0441). Social workers will receive up to 18 clinical CE contact hours for this activity. Upon completion of this program and submission of the CE activity evaluation, a certificate of completion will be issued to attendees via email within 30 days.

THE HOUSTON TYLER ROTHSCCHILD SCHOLARSHIP FUND
Applications due February 1, 2019

The Houston Tyler Rothschild Scholarship Fund supplements other funding in order to enable recipients to attend the conference. The scholarship may be applied to travel, conference registration, and/or accommodation expenses. Application forms are available online. If you have questions please contact APOSW Immediate Past-President, Anita Graham, at agraham@hsc.wvu.edu.

SILENT AUCTION – SHARE SOMETHING SPECIAL
A silent auction is held each year to support the Houston Tyler Rothschild Scholarship Fund. Auction items are donated by APOSW members and/or local businesses and community members. We welcome contributions by APOSW members – this is a great way to share a bit of yourself and/or your home region. Please be mindful that the winner of your auction item will need to travel home with their winnings. If you have questions and/or items to donate, please contact Marcia Soldavini, LCSW at (602) 933-0158 or msoldavini@phoenixchildrens.com
CE/AUDIO-VISUAL/CONFERENCE PRESENTATIONS
Education and Professional Development Chair – Nicole Ellis, MSW, LSW, OSW-C
Penn Medicine
Phone: (215) 615-5603
Fax: (215) 662-3500
nicole.ellis@uphs.upenn.edu

EXHIBITORS’ FAIR/HOTEL INFORMATION/SPECIAL MEALS
Professional Conference Chair – Valerie Kennedy Lang, MSW, LCSW, OSW-C
Friends of Kids with Cancer
Phone: 314-761-7515
valeriekennedylang@gmail.com

SPEAKERS
President Elect – Elyse Levin-Russman
Massachusetts General Hospital
Phone: (617) 724-0757
elevinrussman@partners.org

PHOENIX TRAVEL INFORMATION
Professional Conference Chair – Valerie Kennedy Lang, MSW, LCSW, OSW-C
Friends of Kids with Cancer
Phone: 314-761-7515
valeriekennedylang@gmail.com

MEMBERSHIP/ROOMMATE LOCATOR
Membership Chair – Elizabeth Wood, LCSW, ACSW, OSW-C
Nemours/Alfred I. duPont Hospital for Children
Phone: (302) 651-4553
Fax: (302) 651-5066
Elizabeth.Wood@nemours.org

APOSW TAX ID/EIN#: 25-1428562

APOSW does not discriminate on the basis of sex, gender or gender identity, sexual orientation, age, ethnicity, religion or national origin.

For more information, questions or assistance for people with disabilities, grievances, please email info@aposw.org.
RESERVATIONS:
Phone reservations: 800-309-8138

*Make sure to reference the group code APO for the special conference rates.

HOTEL & BOOKING INFO:
A block of rooms has been reserved from April 7th -11th, 2019 as well as three days prior and three days post (depending on availability).

Single/Double Room Rate: $215.00 USD/nightly

Cut-off date for block of rooms: March 15, 2019 or until the group block is sold-out, whichever comes first.

Check-in time: 4pm
Check-out time: 12pm

ADDITIONAL ROOM TAXES:
12.57%  State & Occupancy Tax

HANDICAP ACCESSIBILITY
Please notify The Renaissance Phoenix Downtown Hotel at the time your reservation is made if a handicap accessible room is needed.

PARKING
The Renaissance Phoenix Downtown Hotel offers valet parking only; prices range from 0-3 hours $12, 3-6 hours $19, 6+ hours $34 per day.

BUSINESS CENTER
Located in our FedEx office center on the lower lobby level (accessible after hours with the use of your guest room key card) and can be accessed 24/7.

PACKAGE SHIPMENT INFORMATION
FedEx Office Business Center: Renaissance Phoenix Downtown Hotel
(100 North 1st Street, Phoenix, AZ 85004, Phone: 602.229.1069,
Fax: 602.229.1071, Email: usa5599@fedex.com)

Please add the following information to the package:
Name of the person the package is for and phone number
APOSW Conference, April 8-10, 2019
Box X of Y

Operating Hours: Mon – Fri: 7:30am - 5:30pm
Saturday: 10:00am - 2:00pm, Sunday: Closed

Please schedule your shipment(s) to arrive 3–4 days prior to the event start date to avoid additional storage fees. Shipping and package handling charges will apply for any additional materials that are sent to the Renaissance Phoenix Downtown Hotel and require storage and/or delivery. Please contact Fed Ex for more details.

Photos (right) courtesy of Renaissance Phoenix Downtown.
TRAVEL INFORMATION

AIR TRANSPORTATION
Phoenix Sky Harbor International Airport, PHX (skyharbor.com) is approximately 5 miles from the hotel. The airport serves as a hub for American Airlines and Southwest Airlines.

GROUND TRANSPORTATION
The Renaissance Phoenix Downtown Hotel does NOT offer an airport shuttle.

Public Transportation is available via Valley Metro, which manages the bus system and light rail. Travel time is approximately 40 minutes. Please visit www.valleymetro.org/ for more information.

Taxi service is available from the airport (estimated fare of $15) with a travel time of approximately 20 minutes. Phoenix also offers ride-sharing options through Uber.

Private and shared rides are available with a reservation through Supershuttle or Transtyle. Please visit www.supershuttle.com and www.transtyle.com for more information.
CAR RENTALS
The Rental Car Center accommodates all airport rental car companies, their rental counters and vehicles. The Rental Car Center is located within its own building at 1805 E. Sky Harbor Circle South.

TIME ZONE
Pacific Daylight Time (PDT)
Arizona is one of 2 states that do not follow Daylight Savings Time

CLIMATE AND ATTIRE
In most years, Phoenix averages temperatures in April between 83 and 89 degrees Fahrenheit. The minimum temperature usually falls between 58 and 63 degrees Fahrenheit. Hotel spaces are often cool and a sweater or light jacket is usually handy to have. Did we mention the sunshine?!

“THE CONTACTS I MADE AND THE INFORMATION I LEARNED...I HAVE NEVER LEFT A CONFERENCE FEELING SO REJUVENATED AND INSPIRED!”

SOUTH MOUNTAIN PARK AND PRESERVE (VISIT PHOENIX)
REGISTRATION - APOSW CONFERENCE 2019

APOSW encourages the convenience of on-line registration at www.aposw.org with credit card payment.

You may elect to print this registration form to be sent by mail with your payment check to:

Mary Laliberte, LCSW, APOSW Treasurer
Connecticut Children’s Medical Center
Division of Hematology/Oncology Suite 5A
282 Washington St, Hartford, CT 06106

Last Name: ___________________________________________ First Name: _______________________________________ Credentials: ________

Affiliation: ____________________________________________________________________________________________________________________________________________

Department: _____________________________________________________________________________________________________________________________________________

Mailing Address: __________________________________________________________________________________________________________________________________________

City: ___________________________ State/Province: _________ Zip Code: ______________Country: __________________________

Work Number: __________________________ Fax Number: __________________________ Email: _______________________________________

First Time Attendee □  APOSW Past Board Member □

CONFERENCE REGISTRATION

Conference registration does not include APOSW membership fee. If you would like to become a member or renew your membership, please visit our website: www.aposw.org for the membership form and details. *Registration is not complete until payment is received in full. All Conference Registration Fees includes the cost of Continuing Education (CEs) credits.

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<td>RETIRED MEMBER</td>
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Total Conference Registration Enclosed: $___________
REGISTRATION - APOSW CONFERENCE 2019

ROOMMATE LOCATOR
I would like assistance locating a
Male Roommate □ Female Roommate □

SPECIAL DIETARY REQUIREMENT
Vegan □ Vegetarian □ Gluten-Free □ Kosher □ None □

PRE-INSTITUTE
Sunday April 7th 1:30 PM – 5:00 PM Pre-Institute 1: An Introduction to Pediatric Hematology Oncology Social Work □
Sunday April 7th 3:30 PM – 5:00 PM Pre-Institute 2: Solo Social Workers: Traveling the Diverse Landscape Alone Together □

SEMINARS
Please select one seminar.
Monday April 8th 10:15 AM – 12:15 PM
Seminar 1: Improving Cancer Care for Children Around the World: The Role of Pediatric Oncology Social Work in Global Health Programs □
Seminar 2: Supporting Families After the Death of a Child: Finding Hope and Creating Community □

BREAKOUTS
Please select one session per breakout.

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NETWORKING LUNCHEON / BUSINESS MEETING
Tuesday April 9th 11:45 PM – 1:45 PM
□ Will attend □ Will not attend

SPECIAL INTEREST GROUP
Tuesday April 9th 10:00 AM - 11:30 AM
Interested in being a SIG facilitator □
Please select one SIG to attend.
AYA □ Brain Tumors □ Blood and Marrow Transplant □ End of Life / Palliative Care □ Survivorship □
OR

FOCUS GROUP
Tuesday April 9th 10:00 AM - 11:00 AM
What is COG, and What Does That Have to Do with Social Work □
INTERACTIVE EDUCATIONAL SESSIONS

Please select one session to attend.

Wednesday April 10th 12:15 PM – 1:45 PM
Complex Case Consultation □ Research and Publication □ Meditation □

PHOTOGRAPHY RELEASE

APOSW reserves the right to use videos, audio and photographs of conference attendees, exhibitors, sponsors, and speakers taken during the conference for future educational and marketing purposes.

SUBMITTING REGISTRATION

Visit www.aposw.org to register online. To submit by mail, send forms and registration fees to

Mary Laliberte, LCSW, APOSW Treasurer
Connecticut Children’s Medical Center
Division of Hematology/Oncology Suite 5A
282 Washington St, Hartford, CT 06106

All conference fees must be paid in advance of the conference. Mailed registrations must be postmarked by 3/04/2019 to qualify for the earlybird rate. We request that all payments be paid in US dollars – Visa** or MasterCard**, US checks, US traveler’s checks, or US money orders. Please make checks payable to APOSW. **Credit card payments are only available through on-line registration.

CANCELLATION POLICY

In order to accommodate unexpected emergencies, we will accept notification of cancellations up to 10 business days prior to the start of the conference (March 25th, 2019). Cancellations must be sent in writing via email to info@aposw.org. Refunds will be issued less a $100 processing fee.

APOSW TAX ID/EIN#

25-1428562
SUNDAY, APRIL 7, 2019

1:30 PM – 5:00 PM  PRE-INSTITUTE 1 (3.5 CEs)

An Introduction to Pediatric Hematology Oncology Social Work

Anne Kosem, LCSW, OSW-C
Duke University Medical Center
Durham, NC

Alistair Robertson, MSW
Valley Children’s Hospital
Madera, CA

Regardless of how long you have been a social worker, there are aspects unique to the role of a pediatric oncology social worker. This session is designed for social workers new to the field of pediatric oncology. Evidence-informed practice topics reviewed will include: the role of social work within an interdisciplinary team, relapse-related issues, palliative care/end of life, ethical issues, as well as themes and case examples raised by participants in the session. Participants will have opportunities to network, share their personal experiences and engage in dynamic small group discussions. Participants will also learn about exciting opportunities within APOSW that will build professional and leadership skills within the field of pediatric oncology social work. This is a great opportunity to interact and network with others new to APOSW and new to pediatric oncology social work.

Learning Objectives:

1. Describe the unique aspects of providing clinical social work to pediatric oncology patients and their families.
2. Discuss the challenges social workers face when working on an interdisciplinary medical team.
3. Explain the ethical and other challenges faced when providing care to families at the end of life.
4. Articulate the benefits of ongoing involvement with APOSW as it relates to building professional and leadership skills.
Solo Social Workers: Traveling the Diverse Landscape Alone and Together

Carolyn Wills-Barberi, MSW, LCSW, OSW-C
Eastern Maine Medical Center Cancer Care
Brewer, ME

Solo social work practitioners face the unique challenge of being the only pediatric oncology social worker in their setting. The road of solo practitioner can be much more difficult without access to professional peers to process difficult clinical situations, share ideas related to program development or reflect on their own emotional or moral distress. This session provides the forum for solo practitioners to share challenges, identify opportunities and network with other clinicians to enhance their clinical practice.

Learning Objectives:

1. Identify challenges and opportunities in working as a solo social worker in pediatric oncology.
2. Discuss psychosocial standards of care and their implementation as a solo social worker.
3. Consider issues of self-care in settings with limited opportunities for coverage and support.
4. Identify specific APOSW resources to enhance solo practice.
5:00 PM – 7:00 PM EARLY REGISTRATION

Retrieve your schedule, name badge, and take the opportunity to connect with other members.

“THE AMOUNT OF SUPPORT AND INCREDIBLE DEPTH OF KNOWLEDGE WAS INSPIRATIONAL!”
MONDAY, APRIL 8, 2019

7:00 AM – 8:15 AM  REGISTRATION and BREAKFAST

8:15 AM – 8:30 AM  OPENING REMARKS

Stephanie Fooks-Parker, MSW, LSW, OSW-C
2018-2020 APOSW President
Children’s Hospital of Philadelphia
Philadelphia, PA

8:30 AM – 10:00 AM  KEYNOTE (1.5 CEs)

Meeting the Diverse Psychosocial Needs of Adolescents and Young Adults with Cancer

Leanne Embry, PhD
University of Texas Health Science Center
San Antonio, TX

This presentation will focus on the unique aspects of providing psychosocial care to adolescents and young adults (AYAs) with cancer. AYAs face a number of stressors not commonly experienced by younger patients including disruption of independence, loss of a primary support group, personal identity development, and issues related to fertility, sexuality and intimacy. We will discuss challenges and opportunities for social workers involved in caring for this population in a pediatric oncology setting.

Learning Objectives:

1. Understand why AYA oncology patients are designated as an “underserved” population.
2. Identify the unique psychosocial concerns of AYAs diagnosed with cancer
3. Examine the essential role social workers fulfill when working in AYA oncology
4. Evaluate challenges that may impact professional boundaries when working with this population.

10:00 AM – 10:15 AM  BREAK
80% of children with cancer in poor countries do not survive their disease. Partnerships between cancer centers in high-income countries and low and middle-income countries have been shown to improve outcomes. Historically, MDs and RNs have participated in these partnerships. Pediatric oncology social workers have had almost no involvement despite the widely recognized importance of psychosocial issues. This presentation examines pediatric oncology Global Health work and the role for social work in improving care and outcomes.

Learning Objectives:

1. Describe the overall state of pediatric oncology care and outcomes in LMIC.
2. Describe at least three differences between pediatric cancer care in HIC and LMIC.
3. Define three challenges facing pediatric oncology patients/families and providers in LMIC that pediatric oncology social workers in HIC have training and experience in addressing.
4. Describe three ways in which a pediatric oncology social worker practicing in a HIC can become involved in and contribute to improving pediatric cancer care in LMIC.
One of the most difficult situations encountered by families dealing with childhood cancer is experiencing the death of a child. In most cases, although family members have become experts on what to expect during the illness trajectory, siblings and parents really cannot conceptualize what the journey will feel like after the child has died. The needs of bereaved families often exceed the parameters of treatment centers, which generate a need for alternative models and create opportunities for interdisciplinary collaboration with community partners. This presentation will describe the development, implementation, and challenges and successes of several unique bereavement retreats. The focus will be on the lessons learned from two programs in different regions of the country, each of which has been providing bereavement retreats for 17 years. These models provide families a chance to learn to live within the current framework of their loss, while giving them a sense of strength, hope, and understanding of what to expect in the future. The session will focus on the bereavement journey, program development and partnerships, group interventions for specific family members, therapeutic activities, and the utilization of experienced family members as mentors.
Learning Objectives:

1. Demonstrate understanding of the bereavement trajectory and the need for programming for families after the death of a child.
2. Provide a framework for a concrete model of how to develop family-focused bereavement programming.
3. Provide practical tools and interventions to work with parents, and siblings of all ages after the loss of a sibling.
4. Provide practical information for thinking about funding and partnerships.

12:15 PM – 1:30 PM LUNCH ON YOUR OWN

1:30 PM – 2:45 PM BREAKOUT SESSION 1 (1.25 CEs)

1A: What About Me? A Stem Cell Sibling Donor Program

Lindsey MacDonald, LMSW, LCSW, OSW-C
Sarah Anderson, CCLS
Ashley Smith, MS, CCLS
Children’s Mercy Hospital
Kansas City, MO

The sibling donor program provides comprehensive psychosocial care for a unique patient population. This presentation will review the inception and rationale for developing this program, identify how the needs of this patient population have changed over time, and review resources created to meet the needs of sibling donors.

Learning Objectives:

1. Explain why a matched sibling donor is the preferred donor source for an allogeneic transplant.
2. Discuss why and how a sibling donor taskforce was initiated at CMH.
3. List the qualifications and identify the role of the sibling donor advocate and donor team.
4. Evaluate ethical considerations and recognize potential barriers to sibling donor programs.
“What is proton therapy, anyway?” Participants will be given an overview of proton therapy, when it is clinically indicated and the equipment/procedures utilized during treatment. The unique logistical and cultural challenges that families traveling for treatment encounter will be reviewed, as well as ways in which the social worker supports the patient/family throughout the process. Tips on how to best prepare families being referred for proton therapy treatment will be discussed.

Learning Objectives:

1. Describe proton therapy treatment and when it may be indicated to treat pediatric cancer.
2. Identify key logistical challenges families face in the proton therapy setting.
3. Discuss essential cultural considerations in the proton therapy setting.
4. Demonstrate the role of the social worker in the proton therapy setting.
5. Prepare families being referred for proton therapy treatment.

It is well known that pediatric oncology survivors are at an increased risk of disease and treatment-related physical and cognitive effects. They often need access to local health care and medication management, special education, mental and behavioral health intervention, disability supports, and rehabilitation services. Social workers can play a key role in identifying patient needs and providing support and interventions to improve patient adjustment to and functioning in life after treatment.
Learning Objectives:

1. Identify and discuss the psychosocial needs of children with cancer and their families at the end of treatment and during the transition to survivorship.
2. Recognize interventions that social workers can incorporate into their practice for this population.
3. Describe opportunities for interdisciplinary collaboration and leadership.

1D: Outcomes of an Interfacility Transfer Tool to Improve Social Work Communication Across Pediatric Oncology Centers

Anna P. Nannicelli, MPH, LCSW
Katy Howe, LCSW
Stephanie Aaron, LCSW
Jessica King, LSW
Anita Murad, LCSW
Ann & Robert H. Lurie Children’s Hospital of Chicago
Chicago, IL

Beth Gomez, LCSW, OSW-C
Northwestern Medicine - Central DuPage Hospital
Winfield, IL

Allison Clemens, LCSW
Loyola University Medical Center
Maywood, IL

Jennifer Stewart, LCSW
Sondra Taylor, LCSW
University of Chicago Comer Children’s Hospital
Chicago, IL

Tina Eisman, LCSW
Advocate Lutheran General Hospital
Park Ridge, IL

Zayda Stewart, LCSW
University of Illinois at Chicago (UIC) Hospital
Chicago, IL

Kristen Weber, LCSW
Advocate Christ Medical Center
Oak Lawn, IL
Pediatric oncology social workers often share patients across oncology centers, however, it can be challenging for social workers to build connections with those in other institutions. Although there are several facilities serving pediatric oncology patients in the greater Chicagoland area, social workers endorsed limited cross-site communication, particularly pertaining to patient transfers. In 2018, Chicago-area centers developed a regional Consortium and an interfacility transfer tool to improve and standardize regional social worker communication.

Learning Objectives:

1. Learn the benefits and challenges of developing a regional pediatric oncology social work consortium to improve communication.
2. Review and consider adoption of a discipline-specific patient transfer tool.
3. Identify benefits of improving and standardizing social worker communication to improve patient-family experiences and coping amidst interfacility transfers.
“THE POSTERS WERE INSPIRING AND INFORMATIVE.”

CONFERENCE EXPO

3:00 PM – 6:30 PM EXHIBITOR’S FAIR AND SILENT AUCTION
Meet with exhibitors from regional, national and international organizations to learn about programs and resources for pediatric oncology patients and families, network with conference attendees and raise money for the Houston Tyler Rothschild Scholarship Fund via the silent auction.

4:30 PM – 6:00 PM HORS D’OEUVRES, RAFFLE and DOOR PRIZES
There will be snacks and treats starting at 4:30 PM and conference announcements. (Must be present to win).

3:00 PM – 5:00 PM POSTER PRESENTATIONS
Poster Presenters will be available to answer questions and discuss their posters during this time.
Teens are focused on maintaining relationships with peers through common experiences. A cancer diagnosis means that their physical health often prohibits them from doing that. A teen support group can provide normalization of the cancer experience and a meaningful way to make connections with others who share the same challenges. However, convincing teens to attend a support group is a different story! Tips and strategies used to encourage attendance will be shared.

Learning Objectives:

1. Identify existing opportunities and barriers to creation of a teen support group in your practice.
2. Implement tips, tools, and technologies in order to successfully communicate with your support group attendees.
3. Recognize failure as a learning tool and not the end of the road; learn how to embrace it to keep moving forward.
P2: Kaleidoscope: A Creative Arts Program in Pediatric Oncology

Elyse Levin-Russman, MSW, LICSW, OSW-C
Kelsey Skerpan, MA, ATR-BC
Massachusetts General Hospital
Boston, MA

Pediatric Oncology programs recognize the inherent stress for children and young adults throughout their cancer journey. Promoting creative expression provides an opportunity for patients to share their narrative and cope with their illness. This poster describes a collaborative program between Social Work and Art Therapy in which patients and siblings utilized art, writing and photography to reflect on their cancer treatment. The work of the artists provides moving descriptions of the patient experience.

Learning Objectives:

1. Describe the value of creative expression during a child and young adults’ cancer experience.
2. Understand how to encourage the use of art making, writing or photography to promote patients’ coping during treatment.
3. Experience the powerful visuals and reflections of patients and siblings during and after cancer treatment.

P3: The IMPACT of Team for Pediatric Oncology Patients; a New Perspective on Community Support

Lynn LaRocca, MSW, LICSW
Rachel Rogovin, MSW, LICSW, OSW-C
Amy VanRyn, MEd
Team IMPACT
Quincy, MA

Team is a familiar concept in pediatric oncology, yet Team IMPACT is truly visionary. By connecting clinical social workers and children with cancer with college athletic teams, Team IMPACT helps children forge long-lasting relationships with their teammates. Being part of a team provides these children with a sense of belonging that often eludes those with complex medical needs, leading to improved self-confidence and optimism. Team is a powerful and driving force...even in the face of fierce adversity.
Learning Objectives:

1. To identify the benefits of team on a child’s overall health, including mental, emotional, social, and physical.
2. To describe the process of relationship cultivation and management conducted by clinical social workers and certified child life specialists.

**P4: How Do We Make Parent Support Group More Supportive: How Children’s Hospital Colorado Has Attempted to Meet the Complex Psycho-social Needs of Caregivers**

*Liz Fagan, LCSW  
Colleen Van Essen, LCSW  
Children’s Hospital Colorado  
Aurora, CO*

The Wellness Team at Children’s Hospital Colorado developed the Parent Support Program to provide support to parents and caregivers in the Center for Cancer and Blood Disorders. The program has faced many barriers to meet the complex needs of caregivers. Through collaboration with the Family Advisory Counsel at the hospital, the Wellness Team is adapting the program to meet the caregivers’ evolving support needs.

Learning Objectives:

1. Describe the barriers to developing a parent support program to a diverse group of caregivers.
2. Identify areas of program development to address these barriers and how to measure the success of the program over time.

**P5: Caring for Bereaved Hospital Caregivers: The Development of a Comprehensive Grief and Bereavement Program at Cleveland Clinic Children’s Pediatric Hematology, Oncology, and Bone Marrow Transplantation Department**

*Taylor K Buss, MSW, LSW  
Cleveland Clinic Children’s  
Cleveland, OH*

A comprehensive bereavement program for staff was developed in the Department of Hematology/Oncology and Bone Marrow Transplantation Department at Cleveland Clinic Children’s by evaluating data from a staff survey. The bereavement
support program consists of various interventions to address grief and bereavement at specific time points after being notified that a patient has died.

Learning Objectives:

1. Utilize surveys to evaluate and assess colleagues’ grief and bereavement needs.
2. Implement grief support for your department.
3. Identify signs of caregiver burnout and compassion fatigue.

**P6: Precision Education for Newly Diagnosed Pediatric Oncology Patients & Families: A Quality Improvement Initiative**

Michelle Fritsch, LMSW-ACP  
Janet DeJean, MSN RN CPON  
Judy Holloway, MSN RN CPON  
Texas Children’s Hospital  
Houston, TX

This poster presentation will describe the process and outcomes of our strategy for family education at initial diagnosis. Additionally, the poster will describe a unique accordion style new education binder that was created with parental collaboration. This poster will highlight the parental input and the impact of the accordion education tool.

Learning Objectives:

1. Understand how to address gaps in families’ educational experiences.
2. Describe ways to enhance delivery of patient/family education.
3. Demonstrate awareness of the family’s educational experience.
4. Discuss how quality improvement strategies can impact the newly diagnosed family’s educational experience.

Heather DeRousse, LCSW
Danielle Buzanga, LMSW, CCLS
Sheila Brown, MPS, CCLS
MD Anderson Cancer Center
Houston, TX

The anticipatory grief families experience when faced with a child’s life-limiting illness is often under-recognized. This poster will describe the experience of anticipatory grief and will include innovative tools when approaching difficult conversations, creating legacies, and memory-making with patients and families. A compassionate care model to promote positive coping, provide education and offer support through group and individual activities will be reviewed.

Learning Objectives:

1. Demonstrate an understanding of the anticipatory grief families experience and challenges at end of life.
2. Integrate creative tools into existing skills sets to support patients and families with creating legacies and memory-making.
3. Discuss compassionate care model to promote positive coping, provide education and offer support through group and individual activities.
**P8: Mayo Clinic Section of Social Work Mentorship Program**

Kelli Passlacqua, LICSW  
Mayo Clinic  
Rochester, MN

The poster will review the production, implementation and results of the Social Work Mentor Program at Mayo Clinic. The needs assessment and research needed for a successful mentor program, highlights from completed programs and results, feedback from mentees and mentors who participated, and next steps will be shared.

Learning Objectives:

1. Identify key components to consider for a successful mentor program.
2. Formulate a plan to begin considering a mentor program.
3. Implement a mentor program.
Grief and loss are experiences we all share, both personally and professionally. Understanding the toll of the care we provide and recognizing symptoms of compassion fatigue and burnout are essential in a professional caregiver’s ability to provide optimum care. A review of the differences in grief, loss and bereavement will be accompanied by an overview of a medical debriefing implemented by a home-based pediatric palliative and hospice care team.

Learning Objectives:

1. Identify the differences in loss, grief, and bereavement.
2. Recognize symptoms of compassion fatigue and burnout.
3. Describe an interdisciplinary medical debriefing program.
**P10: Providing Psychosocial Support through the “Back to School Program” for Patients and their Siblings**

**Deborah Bond Berk, MSW**  
**Lisa Scherber, MS**  
**Dana-Farber Cancer Institute**  
**Boston, MA**

A multi-tiered program for patients returning to school and their siblings reduces the potential for negative psychosocial and emotional impacts and promotes successful re-entry to school. School visits are designed to alleviate any anxiety classmates may feel about the child’s return to school and to encourage sensitivity and support from the child’s classmates, teachers and other school personnel.

Learning Objectives:

1. Recognize and identify issues faced by patients who are returning to school following cancer treatment.  
2. Identify the need for inclusion of support for siblings.  
3. Identify questions and concerns that are often raised by classmates of returning patients.  
4. Increase familiarity with psychoeducational materials focusing on cancer and its treatment that are developmentally suited for classmates at different ages.

**P11: Transitioning Care from Pediatrics to Adult Medicine**

**Stacee Springer, MSW, LCSW**  
**Walter Reed National Military Medical Center**  
**Frederick, MD**

The importance of a multi-disciplinary Survivorship Clinic is the framework for having a successful transition program. The need to have access to resources that enables team members to individualize survivorship care plans will contribute to the readiness of the young adult to seamlessly transition to adult care.

Learning Objectives:

1. Describe the issues and barriers to a successful transition program for childhood cancer survivors.  
2. Identify and discuss the psychosocial needs of the young adult (ages 18-39).  
3. Describe evidenced-based practices as it relates to transition readiness.
This project addresses the benefits and barriers of integrating a standardized psychosocial screening tool (PAT 2.0) from the perspective of a direct pediatric hematology/oncology social worker. The comparative findings on the impact to services to families between utilizing a standardized psychosocial screening tool (PAT) and psychosocial assessment as usual (PAU) are also shared. A southern children’s hospital is the setting for this study. Unanticipated trends are emerging that will also be shared as they indicate need for further research.

Learning Objectives:

1. Identify the benefits and barriers to integrating an evidenced based psychosocial screening tool into direct social work practice.
2. Describe outcomes of PAT 2.0 scores from a population of caregivers who have a child newly diagnosed with cancer being treated at a children’s hospital located in a southern state.
3. Evaluate the similarities and differences between PAT 2.0 and PAU cases in regards to psychosocial services provided in the first 3 months of treatment.
“The ability to meet so many incredible pediatric oncology social workers is something I will hold on to when I feel isolated as a solo practitioner.”

2B: The Tension of Retention: Considerations for Grade Retention in the Pediatric Oncology Population

Lisa Northman, PhD
Marybeth Morris, MEd
Amy Grose, LICSW
Sarah Tarquini, PhD
Dana-Farber Cancer Institute
Boston, MA

Because pediatric oncology patients frequently miss extended periods of school or fail to meet anticipated academic milestones, the question of grade retention is common. However, there is no current research or guidelines to help clinicians steer schools and families through these conversations. This presentation aims to pull together general research on retention, the application for pediatric oncology patients, alternatives to retention, and concrete ways that clinicians can help patients and families who face this difficult question.

Learning Objectives:

1. Have an increased awareness of the problem of retention among pediatric oncology patients.
2. Be aware of the literature on retention and what is known about retention in the general population.
3. Identify factors relevant to the question of retaining pediatric oncology patients and how to support families in discussing retention.
4. Identify alternatives to grade retention and how those alternatives can be accessed.
The California Chapter of the Pediatric Brain Tumor Foundation provides hospital-based support to parents of children with brain tumors from a Veteran Parent (VP) embedded with the brain tumor team in a large urban children’s hospital. A mixed-methods, cross-sectional study was undertaken to evaluate the effectiveness of this intervention. This presentation will describe key outcomes from the study and highlight how a parent/professional partnership is implemented in the clinic setting.
Learning Objectives:

1. Describe how parents and professionals collaborate to improve patient experience in the inpatient and outpatient setting.
2. Identify the benefits of an effective peer support intervention.
3. Demonstrate knowledge of key constructs of the Social Support theory.

2D: Journey Across the Great Divide: The Use of Diverse Transition Tools to Support the Transition from Pediatric to Adult Care

Margery Johnson, LCSW
St. Jude’s Children Research Hospital
Memphis, TN

This workshop will highlight the core elements of successful healthcare transitions based on current evidence, the development and implementation of various transition tools (Sickle Cell Disease Personal Health Record, Transition Planning Checklist and 16 year old packet) and clinical practice strategies used to impact patient and family’s preparedness to transition. The workshop will also highlight the use of multidisciplinary teams to improve transition practices at clinic and institutional levels.

Learning Objectives:

1. Identify current challenges for patients and families impacted by acute or chronic illness to making a successful healthcare transition.
2. Identify the six core elements of a successful health care transition and be able to apply them to your own practices.
3. Adapt various transition tools and practice strategies to their own clinical practice setting.
9:45 AM – 10:00 AM  BREAK

10:00AM – 11:30AM  SPECIAL INTEREST GROUP MEETINGS

Adolescent/Young Adult  
Blood and Marrow Transplant  
Brain Tumors  
End of Life/Palliative Care  
Survivorship

Special Interest Groups (SIGs) provide an opportunity for social workers to meet in smaller groups to discuss specific topics of interest.

-OR-

10:00AM – 11:00AM  FOCUS GROUP

What is COG, and What Does that Have to Do with Social Work?

Leanne Embry, PhD  
University of Texas Health Science Center  
San Antonio, TX

Discussion of the Children’s Oncology Group (COG) and potential opportunities for social work involvement in COG-related research.

11:30AM – 11:45AM  BREAK

11:45 AM – 1:45 PM  NETWORKING LUNCHEON AND BUSINESS MEETING
Meet conference attendees, chat, and exchange contact information. The APOSW Business Meeting will follow lunch and is open to all Association members. APOSW awards will be presented, and the 2020 conference location will be revealed!

1:45PM – 2:00PM  BREAK

2:00 PM – 3:15 PM  BREAKOUT SESSION 3 (1.25 CEs)
Pediatric oncology social workers know that coping with diagnosis and treatment takes a toll on patients and families. Significant amounts of time are spent helping multidisciplinary teams (MDT) understand why patients and families can be anxious, conflictual or resistant to directives. It is our role to assist MDT’s in developing and implementing strategies to improve interactions with those viewed as “difficult.” This session will identify concrete tools/interventions that can help MDTs partner with patients and caregivers with the intent of improving interactions for all.

Learning Objectives:

1. Describe 3 concrete tools/interventions to be used by multidisciplinary members and patients and/or caregivers that have potential to improve interactions.
2. Articulate how to engage patients and families in personalizing such tools/interventions.
3. Explain how to get multidisciplinary teams to buy into using these tools/interventions.
4. Distinguish between situations that would benefit from implementation of a concrete tool/intervention vs. situations that require education and coaching for team members.
3B: Strengthening Your Creative Muscles: Creative Problem Solving in Pediatric Oncology Social Work

Leah Forster Gauvin, MSW, LCSW, OSW-C
Neftalin de Leon, BSW, MSW Candidate
Primary Children’s Hospital
Salt Lake City, UT

Pediatric Oncology Social Workers encounter unique problems that demand attention every day. When our usual ways of problem solving are ineffective, we can feel stuck and frustrated. Creativity helps us frame difficult situations in novel ways and discover innovative solutions. Creativity is a skill that can be developed, practiced, and nurtured. Come strengthen your creative muscles through information, inspiration, and experiential exercises. We will also address how to cope with what often stands in the way of our creativity: fear, vulnerability, and uncertainty.

Learning Objectives:

1. Define and describe creativity and how it can be developed, nurtured and practiced.
2. Develop strategies to increase creativity and creative problem solving.
3. Identify common road blocks to creativity including uncertainty, vulnerability, and fear, and discuss how to overcome them.
4. Use creativity to solve problems in pediatric oncology social work.

3C: Lost In Translation: Improving Health Literacy for Families with Limited English Proficiency

Zoe Artz, MSW, LSW
Jessica Nambudiri, MSW, LSW
Children’s Hospital of Philadelphia
Philadelphia, PA

An increasing number of pediatric cancer patients in the U.S have parents with limited English proficiency (LEP), including a large proportion who are Spanish-speaking. Research indicates that these families exhibit higher levels of distress around their child’s illness and treatment. Navigating communication and cultural barriers to improve health literacy can improve coping of children and families at diagnosis, during treatment, and end of life. This presentation will address common themes and best practices to improve health literacy and wellbeing for LEP families.
Learning Objectives:

1. Define concepts of health literacy and cross-cultural communication.
2. Recognize disparities and gaps in care for patients and families with limited English proficiency.
3. Discuss and articulate interventions to address the needs of patients and family with limited English proficiency.

3D: Benefits of a Family Advisor Team in Hematology/Oncology

Michelle Fritsch LMSW-ACP
Megan McCullum
Texas Children’s Hospital
Houston, TX

Research has demonstrated that parent advisory groups have the potential to benefit both families and professionals. This presentation will review the development, formation and implementation of the Family Advisor Team at Texas Children’s Cancer & Hematology Centers and will include an interview with a Family Advisor. The benefits of the Family Advisor will be highlighted and examined for application to other institutions.

Learning Objectives:

1. Become knowledgeable about the development, formation and implementation of a family advisor team.
2. Recognize the benefits of family advisor teams to both professionals and families.
3. Utilize parent interview to depict the benefits of the family advisor role to parent.

3:15PM – 3:30PM  BREAK
3:30PM – 5:00PM INTENSIVE 1 (1.5 CE credits)

**Mitigating the Financial Toxicities of Pediatric Cancer**

Joanna Morales, Esq
Triage Cancer
Los Angeles, CA

An overview will be provided of the key practical and legal issues that may impact the financial toxicity of a cancer diagnosis. These issues include identifying health insurance options for the whole family with the lowest out-of-pocket costs, the
employment rights of caregivers and childhood cancer survivors, how caregivers can take time off work and access wage replacement options, and other financial strategies to mitigate the potential negative financial impact of a cancer diagnosis.

Learning Objectives:

1. Gain an understanding of how to pick a health insurance plan to lower out-of-pocket costs for families coping with a pediatric cancer diagnosis.
2. Explain the employment rights of childhood cancer survivors as well as caregivers, including their ability to take time off and access wage replacement options.
3. Identify financial strategies to mitigate the financial toxicity of a cancer diagnosis.

5:15 PM – 6:15 PM  ROOFTOP COCKTAIL RECEPTION
Beverages available for purchase
Implementation of the Pediatric Psychosocial Standards of Care: Past, Present and Future

Lori Wiener, PhD, DCSW  
National Institutes of Health  
Bethesda, MD

Spencer Moorman, MSSW, CSW  
ULP Pediatric Cancer and Blood Disorders  
Louisville, KY

Wendy Pelletier, MSW, RSW  
Alberta Children’s Hospital  
Calgary, Canada

Victoria Sardi-Brown, PhD, LPC  
Peter Brown, MBA  
Mattie Miracle Cancer Foundation  
Arlington, VA

In 2015, the Psychosocial Standards of Care Project for Childhood Cancer published 15 evidence-based standards for pediatric psychosocial care. Mattie Miracle Cancer Foundation founders, Vicki and Peter Brown will present the history behind the project. Two studies which examined implementation of the standards within Pediatric Oncology settings will be reviewed. Further discussion will focus on implementation of the standards including a proposed innovative roadmap that could be integrated in any cancer psychosocial program; unveiling of a matrix (scoring system) and guidelines for implementing each of the standards; and future directions and plans for the Psychosocial Standards of Care project.
Learning Objectives:

1. Describe the history behind the development of the pediatric psychosocial standards of care.
2. Summarize research that has taken place since the standards have been published.
3. Present a scoring system and guidelines being developed to implement the standards.
4. Evaluate the usefulness of a roadmap to be used in the clinician’s practice.

10:30AM – 10:45AM   BREAK

10:45AM – 12:00PM   BREAKOUT SESSION 4 1.25 CEs

4A: Thinking Ahead: Presenting Choices in Fertility Preservation

Arlene Brown, LCSW
Lorena Llamas, LMSW
Michelle Fritsch, LMSW-ACP
Texas Children’s Hospital
Houston, TX

This presentation will outline the fertility preservation program at Texas Children’s Cancer & Hematology Centers. The presentation will highlight steps to implement a successful fertility preservation program, and showcase a potential funding source to alleviate financial barriers. Process mapping will be utilized to discuss program elements, care coordination with all disciplines, and use of financial assistance programs.

Learning Objectives:

1. Describe current fertility preservation practices and barriers to accessing fertility preservation.
2. Recognize components for best practice fertility preservation program.
3. Utilize process map design to become familiar with implementation of program and use of financial assistance to cover cost.
4B: When Cure is No Longer an Option: A Multidisciplinary Training Approach to End of Life Conversations

Morgan Garber, MSW, LMSW
Lori Seraphin, MSW, LCSW-C
Lexie Delone, MA, MA, CCLS
Johns Hopkins Hospital
Baltimore, MD

Barriers to end of life (EOL) discussions in pediatric oncology can create prolonged suffering, an inability to fulfill family goals, and complicated grief. This session analyzes a multidisciplinary training approach utilizing the SPIKES model for discussing EOL with patients and families. Following this session, we hope to equip social workers with effective tools for collaboration with the medical team in creating a holistic partnership with the patient and family.

Learning Objectives:

1. Describe barriers in the transition from curative care to comfort care.
2. Analyze the SPIKES model for sharing bad news and how the multidisciplinary team can partner with the family for the most effective advance care planning and EOL supports.
3. Discuss methods for supporting the medical team in end of life discussions.
4. Discuss the steps for how to implement this multidisciplinary training model in various settings.

4C: Psychosocial Support of Brain Tumor Patients with Neurological Complexities, Neuropsychological Limitations and Quality of Life Challenges

Kelli Passalacqua, LICSW
Mayo Clinic
Rochester, MN

Neuro-oncology patients can face a variety of unique challenges at diagnosis and beyond. Tumor location and effects of neuro-surgery can play a significant role in the risk factors and impairments that patients face both during treatment and throughout survivorship. Social work assessments are key in identifying both medical and psychosocial risk factors, and in establishing appropriate interventions. These interventions help empower survivors to take charge of their own health, promote a healthy lifestyle, and provide education about late effects. It is vital for the social worker to have a strong collaboration with the multidisciplinary team, thereby enhancing the overall care provided to patients and families.
Learning Objectives:

1. Describe potential changes that children with brain tumors experience during and after medical treatment.
2. Discuss assessment and treatment interventions.
3. Utilize methods to enhance clinical practice with brain tumor survivors.

4D: HOPES: A Response to a Team in Crisis

Nancy Barbach, MSW, LCSW
Amy Nadel, PhD
Cohen Children’s Medical Center
New Hyde Park, NY

The “cost of caring” and staff sustainability have been topics of increased attention. This session will introduce a team of multidisciplinary colleagues that was created to respond to “critical incidents” and help accelerate the recovery process from the impact of exposure to traumatic events in the workplace. This session will describe our HOPES program (Helping our Peers Endure Stress) and offer a paradigm for implementing a model in your own facilities.

Learning Objectives:

1. Describe evidence-based practice in support of the development of a program designed to sustain pediatric oncology social workers.
2. Identify, explain and discuss the emotional toll or “cost of caring” for children with cancer and their families.
3. Identify opportunities for professional development and leadership in the field of pediatric hematology/oncology and stem cell transplantation.
4. Utilize data that validates and supports the HOPES program to create similar models in your own institutions.

11:45 AM – 12:00 PM BREAK

12:15 PM – 1:45 PM INTERACTIVE EDUCATIONAL SESSIONS (1.5 CEs)
Box Lunch Provided for Registered Attendees

Come learn together, share lunch and discuss topics relevant to our profession in these interactive educational sessions.
IES-1 Complex Case Consultation

Amy Grose, LICSW
Dana-Farber Cancer Institute
Boston, MA

Elyse Levin-Russman, LICSW, OSW-C
Massachusetts General Hospital
Boston, MA

This is an opportunity for clinicians to raise questions about challenging cases in our work in Pediatric Oncology. Group leaders will facilitate a discussion amongst peers to identify strategies and interventions when facing complex clinical situations.

Learning Objectives:

1. Provide case sharing and consultation to support attendees’ clinical practices.
2. Create an opportunity for shared problem solving around complicated cases in pediatric oncology settings.
3. Offer a safe and supportive setting in which to share challenges of clinical work

IES-2 Research And Publication Roundtable: How to Design your First Research Study

Lori Wiener, PhD, DCSW
Research and Publication Liaison
National Institutes of Health
Bethesda, MD

During this interactive session, participants will learn about different research designs that can be applied to their specific research questions. Each person will have the opportunity to create a mock design of their own study. The session will illustrate how social workers have the opportunity to provide continual integration of their clinical work with research-generated projects. (CEs are available to those members who did not attend this session last year.)
Learning Objectives:

1. Strengthen knowledge on different research designs.
2. Discuss how to address challenges associated with being both a clinician and researcher.
3. Participate in designing a research study based on each participants’ own interest.

**IES-3 Mindfullness Meditation: Fully Present Here and Now**

Leah Forster Gauvin, MSW, LCSW, OSW-C  
Neftalin de Leon, BSW, MSW Candidate  
Primary Children’s Hospital  
Salt Lake City, UT

If you’ve ever wanted to know more about mindfulness meditation and how it can benefit you, your patients, and their families, this session is for you. We will talk about the benefits of meditation, practice a variety of meditation techniques, and learn how to apply them to your practice.

Learning Objectives:

1. Describe and explain the benefits of mindfulness and meditation.
2. Discuss, demonstrate, and apply 3 mindfulness techniques.
3. Use mindfulness meditation techniques with patients, parents, and colleagues.

1:45PM – 2:00PM  BREAK
In response to the significant growth of technology and social media platforms, The National Association of Social Workers (NASW) Delegate Assembly in 2017 approved the most substantive revisions to the NASW Code of Ethics since 1996. While social media has created opportunities to provide services, promote the social work profession and advocate for clients it has also brought forth ethical challenges for clinical practice. In this session, ethical issues including practitioner competence, client privacy and confidentiality, informed consent, conflicts of interest, boundaries and the dual relationships will be explored.

Learning Objectives:

1. Examine the key ethical considerations that gave rise to technology focused revisions to the NASW Code of Ethics
2. Gain an understanding of the new standards in the NASW Code of Ethics and how they impact the use of social media in clinical practice.
3. Understand the benefits and ethical challenges associated with various social networking sites.
4. Develop strategies for minimizing risk of ethical violations using technology and social networking sites.

3:30 PM – 3:45 PM CLOSING REMARKS

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Philadelphia, PA
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