APOSW
The Association of Pediatric Oncology Social Workers
Standards of Practice

Pediatric Oncology Social Work as a specialty discipline is committed to enhancing the emotional and physical well-being of children with cancer and their families. Practice is based upon a unique body of knowledge and expertise in the areas of bio-psychosocial care and the impact of life-threatening illness on normal child development and family life. Pediatric oncology social workers are clinicians, educators, advocates, and researchers.

The Association of Pediatric Oncology Social Workers, incorporated in 1977 to advance practice, extend knowledge, and influence pediatric oncology policies and programs, endorses the following standards of practice:

STANDARD I: QUALIFICATIONS

APOSW recommends that pediatric oncology social workers shall be prepared with an advanced degree in Social Work (or international equivalent) from an accredited School of Social Work. The social worker shall also be licensed or certified as required by the state or country in which he/she practices. Previous experience in an oncology or a pediatric medical facility will greatly enhance the social worker’s ability to work effectively with the pediatric oncology population.

STANDARD II: SCOPE OF KNOWLEDGE

Pediatric oncology social workers shall possess a broad base of social work knowledge and practices specific to the practice of Pediatric Oncology. Such knowledge is obtained through formal education, post graduate training, and ongoing professional development. Knowledge, key to all aspects of pediatric oncology social work, is essential in the following areas:

- An understanding of the medical, social, and family dynamics of chronic catastrophic illness and/or disability on the patient and family.
- Knowledge of medical, social, and educational resources essential to promotion of child development and adaptation to illness/treatment.
- A developmental understanding of loss and death and both normative and complicated grief responses throughout the life cycle.
- An understanding of pediatric cancer, cancer treatment, and the late effects of treatment on survivorship in relation to its impact on individual growth and development.
- An awareness of the special resources available to pediatric oncology patients and families.
- An awareness of the social and religious values of patients/families of culturally diverse backgrounds.
• Theories of normal child and family development; psychopathology; normal and mal-adaptive parenting.
• Systems theory as it relates to family functioning, adaptation to medical settings, and utilization of community resources.
• Theoretical framework of clinical interventions including individual, group, and family treatment modalities as well as crisis intervention.
• The dynamics of child abuse and neglect and the legal responsibilities of the social worker.
• Knowledge of effective methods of verbal and written communication.
• Knowledge of organizational theory and the dynamics of negotiation.
• Theoretical framework of psychosocial research including processes of planning, conducting, and reporting research findings.
• Knowledge of learning theory.

STANDARD III: SCOPE OF SKILLS

The specialty of pediatric oncology requires social workers to possess a number of abilities and skills. Social Workers must function both as generalist and specialist. To provide appropriate interventions in the pediatric oncology setting, social workers shall have skills to do the following:

• Establish and maintain a therapeutic relationship.
• Establish and maintain appropriate interpersonal boundaries with patients/families.
• Tolerate uncertainty and the range of emotions and coping styles of patients and families in crisis.
• Comprehend and promote medical research/treatment and integrate both with social casework.
• Promote patient and family rights to self-determination.
• Enable the family to integrate the medical, social, emotional, and family dynamics of the disease/treatment into the current context or their life situation.
• Provide therapeutic interventions aimed at adaptation throughout the continuum of cancer therapy.
• Plan with families for home care that promotes adherence as well as considers appropriate utilization of resources.
• Negotiate for the needs of patients and families and be proactive on the patient’s/family’s behalf.
• Utilize other professionals, colleagues, and resource persons on behalf of the patient and family.
• Advocate for appropriate care of children whose parents are unable or unwilling to consent to medical treatment.
• Communicate and disseminate information well in verbal and written form.
• Develop, implement, and evaluate educational goals and objectives.

Revised April 2009
• Disseminate current knowledge of oncologic and hematologic diseases and treatment protocols and the biopsychosocial impact of the illness experience on patient and the families.
• Collaborate with community organizations and businesses including schools, parent groups, and financial institutions regarding childhood cancer and its impact on patients and families.
• Consult and support interdisciplinary colleagues involved either directly or indirectly in the care and treatment of pediatric cancer patients and their families.

STANDARD IV: COMPETENCIES

A. Clinical

The clinical role includes:

1. Comprehensive Assessment

Pediatric oncology social workers should possess the ability to conduct and organize a comprehensive psychosocial assessment. The assessment is the process that assists the social worker in identifying patient and family strengths, coping styles, and problem areas within the context of their oncologic, social, financial, cultural, and psychological milieu. Pediatric oncology social workers should be able to assess all issues associated with child and family development as well as adjustment to the diagnosis and treatment of childhood cancer through the continuum of care.

These areas encompass the knowledge base outlined in Standard II and skills in Standard III.

2. Comprehensive Treatment Planning

Pediatric oncology social workers should be able to formulate a care plan that clearly identifies problems and proposes social work interventions. The plan is the critical tool that drives the interventions. It also serves as an integral resource for the medical team in providing continuity of care and case management. Pediatric oncology social workers are expected to implement the plan and subsequently reevaluate and revise the plan throughout the course of the patient’s treatment.

3. Treatment Information

Pediatric oncology social workers are skilled at employing a wide range of social work interventions whose use is dependent upon the patient’s age, the problem/situation, and its severity. Pediatric oncology social workers should have a repertoire of interventions to draw from including but not limited to:

   a. Pain management and relaxation therapy.
   b. Play therapy and other age appropriate interventions.

Revised April 2009
c. Crisis intervention and brief focused therapy (counseling).
d. Individual, family and group therapy (counseling).
e. Cognitive behavioral therapy (counseling).
f. Grief and Bereavement therapy (counseling).
g. Financial screening and resource management.
h. Discharge planning.
i. Conflict resolution management.
j. Case management.
k. Facilitate clinical and recreational programs for healthy coping.
l. Palliative and end of life care.

B. Educational

Pediatric oncology social workers have the capacity to educate patients, families, colleagues, and the community about the specifics of childhood cancer, treatment alternatives, and the psychosocial implications of illness and treatment in a variety of formats including:

1. One-on-one teaching sessions.
2. Group educational programs.
3. Consultations with colleagues.
4. Collaboration with organization and professionals, including school officials, parents groups, financial institutions, employers, and community groups.
5. Program development.

C. Advocacy

Pediatric oncology social workers are skilled at advocating for patients and families on many levels including:

1. Promotion of patient/family rights within the medical setting and community to ensure access to care, confidentiality, and critical life resources.
2. Reinforcement of informed consent.
3. Inclusion of patients/parents in discussions related to treatment changes or ethical issues.
4. Promoting the needs of a culturally diverse, socially, intellectually, emotionally, economically, physically challenged patients.

D. Research

Pediatric oncology social workers shall maintain a commitment to initiate or collaborate in research to advance practice and contribute to the body of knowledge specific to pediatric oncology.
E. Professional Conduct and Ethical Responsibilities

Pediatric oncology social workers shall maintain appropriate personal and professional boundaries at all times. Pediatric oncology social workers must adhere to the NASW Code of Ethics or international equivalent.

STANDARD V: PROFESSIONAL DEVELOPMENT

Opportunities for continued professional growth and knowledge/skill development are recognized as being vital to maintaining high standards of practice. Attendance at national and international conferences/seminars, informal networking, peer review, consultation, supervision, and individual study form the foundation for professional development.