

BMT Clinical Social Worker Role Description

Introduction:

The purpose of this document is to educate health care professionals, blood and marrow transplant (BMT) program staff, and social work department leaders about the specialty role of the BMT clinical social worker.

Blood and marrow transplantation (BMT) is a highly complex and resource intensive treatment requiring a specialized multi-disciplinary team. Clinical social workers are core members of the BMT team, providing expertise in psychosocial care for patients, caregivers and families throughout the transplant and recovery process.

Educational background:

Social workers working in BMT have a Master's degree in social work from an accredited program. They are licensed by their state's governing board and in order to remain licensed are required to complete continuing education, and adhere to the National Association of Social Work (NASW) Code of Ethics.¹ They are guided by the standards of practice under the Association of Oncology Social Workers (AOSW), the Association of Pediatric Oncology Social Workers (APOSW) and NASW.^{2,3}

Core competencies:

- Psychosocial assessment for BMT, high risk screening, ongoing psychosocial evaluation
- Continuous screening for adjustment to impact of treatment
- Counseling for adjustment to illness, depression, anxiety, survivorship, grief and loss, and end of life
- Pain and symptom management i.e.: guided imagery and relaxation techniques
- Discharge and transitional care planning
- Psychoeducation and linkage with resources i.e. support groups and financial assistance
- Advocacy and system navigation
- Evidence-based program development and evaluation

BMT clinical social work interventions aim to:

- Maximize patient and caregiver psychosocial functioning
- Foster patient and family adaptation to health crisis
- Promote healthy coping
- Enhance quality of life throughout the transplant treatment trajectory
- Optimize patient outcomes
- Inform patient care strategies for the health care team

BMT patients have unique needs that require clinical social work intervention:

- Identify a 24/7 caregiver plan
- Complex psychosocial issues involving multiple family members
- Mobilize a support system for an extended period of time
- Relocate and establish temporary housing near the transplant center
- Navigate emotional and practical needs related to complications that can be life-threatening and require lengthy follow-up care i.e. graft-versus-host disease

Key points

BMT clinical social workers:

- Are core members of the BMT team
- Implement standards of practice in the provision of psychosocial services for people with malignant and non-malignant life threatening diseases
- Complete pre-transplant psychosocial evaluation, high risk screening for psychosocial factors that may negatively impact transplant outcomes
- Establish a therapeutic relationship and engage in problem solving and planning to develop caregiver and relocation plans.
- Are experts in providing psychosocial care
- Contribute to optimizing patient outcomes and quality of life

BMT clinical social workers:

- Provide psychosocial services that are essential to improving patient outcomes⁴
- Provide emotional support and counseling to patients and their families
- Serve as a resource for the health care team i.e. facilitate team communication; debriefings
- Are leaders and members of professional associations specializing in oncology care such as the Association of Oncology Social Workers (aosw.org), Association of Pediatric Oncology Social Workers (aposw.org) and National Association of Social Workers (nasw.org)
- Mentor new staff and provide field supervision to social work students
- Conduct psychosocial research and program evaluation

Recommendations:

- Ensure comprehensive psychosocial care interventions occur at key time points (i.e. transplant consultation, work-up evaluation, inpatient phase, outpatient /survivorship follow-up , and end-of-life care) throughout the transplant trajectory to optimize patient outcomes
- Consistently and actively involve BMT clinical social workers in treatment-planning and decision-making
- Implement care models that enable BMT social workers to practice at the top of their licensure (note core competencies above)

The following organizations have endorsed the *BMT Clinical Social Worker Role Description*:



References:

- ¹National Association of Social Workers. (2008). Code of Ethics of the National Association of Social Workers. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp?print=1&>
- ²Association of Pediatric Oncology Social Workers (2009). Standards of Practice. Retrieved from <http://www.aposw.org/html/standards.php>
- ³Association of Oncology Social Workers (2012). Standards of Practice in Oncology Social Work. Retrieved from <http://www.aosw.org/iMIS201/AOSWMain/professionals/standards-of-practice/AOSWMain/Professional-Development/standards-of-practice.aspx?hkey=51fda308-28bd-48b0-8a75-a17d01251b5e>
- ⁴Institute of Medicine. (2008). *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*. Retrieved from <http://www.iom.edu/Reports/2007/Cancer-Care-for-the-Whole-Patient-Meeting-Psychosocial-Health-Needs.aspx>

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The System Capacity Initiative, led by the National Marrow Donor Program®/Be The Match®, is a collaborative effort to enable our healthcare system to accommodate the growing number of patients in need of hematopoietic cell transplant.