

**THE UNIVERSITY OF TEXAS AT AUSTIN  
SCHOOL OF SOCIAL WORK**

<b>Course Number:</b> SW387R	<b>Instructor:</b> Barbara Jones, Ph.D., MSW
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<b>Semester:</b> Spring 2011	<b>Phone:</b> 475-9367
<b>Meeting Time:</b> Thursdays 2:30-5:30	<b>Office Room:</b> SSW 3.122F
<b>Meeting Place:</b> LIVESTRONG Offices*	<b>Office Hours:</b> by appointment
<b>Course TA:</b> Farya Phillips, MA, CCLS	<b>TA Email:</b> ffarya@gmail.com

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\*LIVESTRONG Cancer Navigation Center, 2201 East 6th Street Austin, TX 78702  
We will be meeting in the upstairs classroom.  
Please enter through the main doors and you will be directed up the back stairs.

**INTERDISCIPLINARY SEMINAR IN PSYCHOSOCIAL ONCOLOGY PRACTICE AND RESEARCH**

**I. STANDARDIZED COURSE DESCRIPTION**

This course explores research and practice issues in psychosocial oncology through guided independent study and presentations. The course is designed for masters and doctoral level students who have an interest in oncology including those students in social work, nursing, psychology, public health, health kinesiology, human ecology, nutrition, and pharmacy. Issues in psychosocial oncology such as adjustment to disease stress and coping, impact on family and caregivers, survivorship, palliative care, health care disparities, grief and loss, and other related topics will be addressed. Course assignments will allow students to investigate their own areas of interest in oncology.

**II. STANDARDIZED COURSE OBJECTIVES**

Upon completion of this course, students will be able to:

1. Articulate and integrate the theoretical foundations, current trends, and practice of psychosocial oncology.
2. Work effectively with an interdisciplinary team of oncology professionals (representing medicine, anesthesia, psychiatry, pharmacy, nursing, child life, psychology, social work and chaplaincy) in the emotional care of patients and their families
3. Demonstrate advanced knowledge of the roles, challenges, and strengths of interdisciplinary health care practice.
4. Demonstrate the ability to identify, assess and/or work therapeutically with patients who are fearful, uncertain, or struggling with loss of control and other psychosocial issues associated with life-threatening illness.
5. Demonstrate knowledge and understanding of health care disparities and their impact on psychosocial oncology.
6. Demonstrate a basic knowledge of medical oncology and the trajectory of illness.
7. Demonstrate knowledge and understanding of the differing needs for psychosocial support for children, adults, families, communities, caregivers, and health care providers in oncology.
8. Think critically about the contemporary issues in psychosocial oncology in pediatric and adult practice and demonstrate the ability to critically analyze current psychosocial oncology literature
9. Critically evaluate the ethical issues in psychosocial oncology; particularly in pain and symptom management, decision making, and the provision of palliative care.

10. Demonstrate advanced knowledge about the complexity and reciprocity of multicultural, multigenerational dynamics across different populations and families
11. Describe the bereavement process and identify appropriate interventions to support families in bereavement.
12. Demonstrate practice and research skills through designing and implementation of a project of direct benefit to a community of oncology patients, survivors, caregivers, or practitioners.

### **III. TEACHING METHODS**

This course is designed to include a variety of teaching/learning methodologies to achieve the course objectives. These activities will include readings, writings, discussions, lectures, speakers, videos, in-class group activities, student presentations, self-reflection and community experience. As this is a seminar course, much of the learning will take place in class discussions. Please be prepared to engage with the readings, speakers, professor, and your classmates in intellectual discussion of the topics covered in this course.

### **IV. READINGS**

**Required Text (at University Co-op- also available online for purchase or download at [http://www.nap.edu/catalog.php?record\\_id=11993#toc](http://www.nap.edu/catalog.php?record_id=11993#toc))**

Institute of Medicine: National Academy of Sciences (2008) Cancer Care for the Whole Patient: Meeting Psychosocial Health Care Needs. Committee on Psychosocial Services to Cancer Patients/Families in a Community Setting, Institute of Medicine. Referred to as CCWP on the syllabus.

#### **Required supplemental reading (order online)**

Intercultural Cancer Council. Cultural Competence in Cancer Care: A Health Care Professional's Passport 2<sup>nd</sup> Edition. Order online at :  
[http://www.iccnetwork.org/news/Pocket\\_Guide\\_Order\\_Form.pdf](http://www.iccnetwork.org/news/Pocket_Guide_Order_Form.pdf)

#### **Required Readings**

A course packet of required readings (Jones) will be available for purchase by enrolled students at Speedway Copies at Dobie Mall. (512) 478-3334. The readings are also available on Blackboard.

### **V. COURSE REQUIREMENTS**

A total of 100 Points are assigned to the course requirements in the following ways:

**1. Project.** Think of and choose a topic, issue, and/or controversy you are interested in and propose a project. You must do this project as a member of a 2-3 member interdisciplinary team of your classmates. Examples include a systematic review of a symptom, intervention, or other therapeutic approaches, a program evaluation of an oncology or palliative care program, an education project to raise awareness, a program implemented at a local setting ...you are limited only by your imagination. Each team is responsible for contacting the Professor and obtaining approval. The project proposal is due by February 22nd. The project, in whatever form you've proposed and have approval for, is due by April 12<sup>th</sup>. 40 points (or 40%); an additional 10 points (or 10%) are assigned to your group's in class presentation, (50 points or 50% total)

**2. Class Participation.** This course is designed as an interdisciplinary graduate seminar where we will investigate many topics in psycho-social oncology. Participation and discussion are a critical part of the course. You are expected to attend all class sessions. In addition to class attendance, your contributions to and participation in the discussion should reflect critical thinking, analysis and synthesis of the content presented during class and in the required readings; (25 points or 25% of total)

**3. Blog and journal project.** Identify a blog that deals with cancer and commit to reading it weekly for the semester. You are required to submit 5 journal entries (1-2 pages typewritten) that chronicle your reaction to the blog and integrates the class speakers, readings and blog entry. Post your journal entry on Blackboard by the beginning of class every other week beginning on February 1<sup>st</sup> and ending on April 19<sup>th</sup>. Each journal entry will be worth 2 points (10 points or 10% of total). Some potential blogs are posted on Blackboard..

**4. Web education supplement.** Pick an online course in a topic of interest to you. These web courses are offered by NASW, AOSW, APOS, or IPOS. Websites are on Blackboard. Complete the course and write a 3-5 page reaction paper discussing the content and how it integrates into your learning. Include references to the literature and the class content. Hand in the reaction paper and course certificate by March 22<sup>nd</sup>. (15 points or 15% of grade)

**VI. GRADING CRITERIA**

Attendance and Participation	25%
Final Project (40%) and Class Presentation (10%)	50%
Blog and Journal Project	10%
<u>Web course and reflection paper</u>	<u>15%</u>
TOTAL	100%

**VII. GRADUATE GRADING SCALE**

- 100 - 94 = A
- 93 - 90 = A-
- 89 - 87 = B+
- 86 - 84 = B
- 83 - 80 = B-
- 79 - 77 = C+
- 76 - 74 = C
- 73 - 70 = C- (Class failed/no credit: 73 and below)
- 69 - 67 = D+
- 66 - 64 = D
- 63 - 60 = D-
- 59 and below = F

Grades are assigned based on the following criteria: A grade of A is given for outstanding work that engages course materials with original thought and creativity or a mastery of technical skills. A grade of B is given for doing all of the work well. A grade of C is given for meeting all course requirements. To obtain a high grade, students must find the time to complete assignments in a way that **integrates and extends** readings, lectures, classroom discussions, and your own critical perspective on the topic.

**VIII. CLASSROOM POLICIES AND PRACTICES**

1. The class experience is co-constructed and students are expected to attend class regularly and to participate in an interactive framework between collegiate students and professor. Students are expected to **complete the readings prior to class** and should be well prepared to participate in discussions and experiential learning assignments. Failure to attend class and demonstrate through discussions that one has comprehended the readings will be considered in assigning the final grade.

Punctuality is an important professional practice. Class will begin promptly at 2:30 and end at 5:30. A student is considered absent if they arrive more than 10 minutes late to class, leave early, or are unable to come to class. Absences may result in a reduction of letter grade. If a student is going to be absent, efforts should be made to contact the professor in advance. Students are responsible for any material missed due to absence.

The classroom is an opportunity to practice professional demeanor and mutual respect. We share the class as a time to learn in a safe and nonjudgmental environment. Consequently, disrespect toward others is not tolerated and will be handled directly and in the context in which it occurs. In order to facilitate classroom communication and learning, phone calls, pagers, and other communication devices are restricted from being on or should be placed in 'silent' mode while in class. Since the class is discussion-based, no laptops may be used during class.

2. Except in the case of extended emergencies, and then only with the permission of the professor, **late assignments will not be accepted without penalty.** Students are expected to turn in all required assignments on the agreed upon due date **at the beginning of class.** Assignments turned in after class starts will be considered late.

If accepted, late assignments will be assessed point penalties at the rate of three (3) points each day late. If the due date is a problem, the student should see the professor and negotiate another due date well in advance.

3. If students are concerned about their class performance, the professor is more than willing to work with them to help improve their understanding of the class material of the assignments *prior to the end of the semester.* **Final grades assigned in the course are not negotiable.**
4. The ability to write in a professional manner is very important for social workers, particularly in the medical setting where they are working closely with physicians and other health care professionals. Written work must be typed, edited for grammatical, spelling and typographical errors. Work will be grade based on the American Psychological Association (APA- 6<sup>th</sup> edition) guidelines for references and citations.
5. Student feedback is welcome. Students are also encouraged to provide feedback during office hours, by phone, or appointment. The professor will return phone calls and emails during scheduled office hours.
6. All students are expected to maintain confidentiality regarding all shared professional and personal information related to agencies, clients or the experiences of other students, as required by Section 1.07 of the National Association of Social Workers Code of Ethics.

### **The University of Texas Honor Code**

The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

### **Professional Conduct in Class**

The professor expects students to act like professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. We will not, nor should we, always agree with one another. In this environment we should be exposed to diverse ideas and opinions, and sometime we will not agree with the ideas expressed by others. However, the professor does require that students engage one another with respect and professionalism.

### **Policy on Scholastic Dishonesty**

Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://www.utexas.edu/depts/dos/sjs/>).

### **Documented Disability Statement**

Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471-6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). Present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit <http://www.utexas.edu/diversity/ddce/ssd/>.

### **Religious Holidays**

By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

### **Use of E-Mail for Official Correspondence to Students**

Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible to keep the university informed about changes to their e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time-sensitive. Students can find UT Austin’s policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

### **Safety**

As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

### **Behavior Concerns Advice Line (BCAL)**

If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual’s behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

### **Emergency Evacuation Policy**

Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor’s instructions.
- Do not re-enter a building unless you’re given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

## IX. COURSE SCHEDULE

**Tentative Class Schedule** (subject to change due to the need to reschedule guest speakers):

### **January 18**     **Topics:**

Introduction to the Course  
Living with Cancer

### **Readings :**

CCWP Chapters 1- Psychosocial Needs of Cancer Patients and Chapter 8- A Research Agenda  
Bandman, B. (2007) Patients as Real Time Teachers. *Journal of Cancer Education*. 22(2) 131-133.  
Holland, J.C. (2004) IPOS Sutherland memorial lecture: An international perspective on barriers to improve psychosocial care. *Psycho-Oncology*. 13. 445-459.  
Velikova, G., Awad, N., Coles-Gale, R., Wright, E.P. & Brown, J.M. (2008). The clinical value of quality of life assessment in oncology practice – A qualitative study of patient and physician views. *Psycho-Oncology*, 17(7). 690 – 698.

### **January 25**     **Topics:**

Health & Wellness  
Patient Navigation

### **Readings:**

Campbell, C. (2010) Implementing and Measuring the Impact of Patient Navigation at a Comprehensive Community Cancer Center. *Oncology Nursing Forum*, 37(1), 61-68.  
Carroll, J.K. (2010) Patients' experiences with navigation for cancer care. *Patient Education and Counseling*, 80(2), 241-247.  
Collins, L.G. (2010) An Opportunity for Coordinated Cancer Care: Intersection of Health Care Reform, Primary Care Providers, and Cancer Patients. *The Cancer Journal*, 16(6), 593-599.  
Dalton, W.S. (2010) The 2010 Health Care Reform Act: A Potential Opportunity to Advance Cancer Research by Taking Cancer Personally. *Clinical Cancer Research*, 16(24), 5987-5996.  
Wilson, J.F. (2009) Cancer Care: A Microcosm of the Problems Facing All of Health Care. *Annals of Internal Medicine*, 150(8), 573-576.

### **February 1**     **\*\*\*\* Journal #1 Due \*\*\*\***

### **Topics:**

Families and Children

### **Readings:**

The Association of Oncology Social Work and Association of Pediatric Oncology Social Work Joint Position on Family Centered Care. <http://www.aosw.org/docs/pos-family.pdf>  
Intercultural Cancer Council. Cultural Competence in Cancer Care: A Health Care Professional's Passport 2<sup>nd</sup> Edition.  
Schmitt, F., Santalahti, P., Saarelainen, S., Savonlahti, E., Romer, G. & Piha, J. (2008). Cancer families with children: factors associated with family functioning – A comparative study in Finland. *Psycho-Oncology*, 17(4), 363 – 372.

- Lewis, F.M., Cochrane, B.B., Fletcher, K.A., Zahlis, E.H., Shands, M.E., Gralow, J.R., Wu, S.M. & Schmitz, K. (2008). Helping her heal: A pilot study of an educational counseling intervention for spouses of women with breast cancer. *Psycho-Oncology*, 17(2), 131 – 137.
- Vannatta, K., Grollman, J.A., Noll, R.B. & Gerhardt, C.A. (2008). Impact of maternal breast cancer on the peer interactions of children at school. *Psycho-Oncology*, 17(3), 252 – 259.

**February 8**

**Topics:**

Coping and distress management  
 Caregivers/Co-Survivors/Models of Care

**Readings:**

- CCWP- Chapters 4 and 5
- Jim, H.S., & Andersen, B.L. (2007). Meaning in life mediates the relationship between social and physical functioning and distress in cancer survivors. *British Journal of Health Psychology*, 12, 363- 381.
- Andersen, B.L., Farrar, W.B., Golden-Kreutz, D., Emery, C.F., Glaser, R., Crespino, T., Carson III, W.E. (2007). Distress reduction from a psychological intervention contributes to improved health for cancer patients. *Brain, Behavior, and Immunity*, 21, 953-961.
- Tomarken, A, Holland, J., Schachter, S., Vanderwerker, L., Zuckerman, E., Nelson, C., Coups, E., Ramirez, P.M. & Prigerson, H. (2008). Factors of complicated grief pre-death in caregivers of cancer patients. *Psycho-Oncology*, 17(2), 105 – 111.
- Romero, C., Lindsay, J.E., Dalton, W.T., Nelson, D.V. & Friedman, L.C. (2008). Husbands' perceptions of wives' adjustment to breast cancer: The impact on wives' mood. *Psycho-Oncology*, 17(3), 237 – 243.
- Street, R.L. & Gordon, H.S. (2008). Companion participation in cancer consultations. *Psycho-Oncology*, 17(3), 244 – 251.

**February 15**

\*\*\*\* **Journal #2 Due** \*\*\*\*

**Topics:**

Pain and psychosocial oncology

**Readings**

- CCWP Chapter 2- Consequences of Unmet Needs
- Zaza, C. and Baine, N. (2002) Cancer Pain and Psychosocial Factors A Critical Review of the Literature . *Journal of Pain and Symptom Management*, Volume 24, Issue 5 , Pages 526 - 542
- Sutton, L. M., Porter, L.S., Keefe, F. J. ( 2007) Cancer pain at the end of life: a biopsychosocial perspective. *Pain*, Volume 99, Issues 1-2, September 2002, Pages 5-10.

**February 22 \*\*\* Group Project Proposal due \*\*\***

**Topics:**

Pediatric Oncology /Pediatric Palliative Care

**Readings**

- Beale, E. (2005) Silence is not golden: Communicating with children dying from cancer. *Journal of Clinical Oncology*. 22(15) 3629-3631.
- Fotiadou, M., Barlow, J.H., Powell, L.A. & Langton, H. (2008). Optimism and psychological well-being among parents of children with cancer: An exploratory study. *Psycho-Oncology*, 17(4). 401 – 409.
- Jurbergs, N., Russell, K.M.W., Long, A. & Phipps, S. (2008). Adaptive style and differences in parent and child report of health-related quality of life in children with cancer. *Psycho-Oncology*, 17(1), 83 – 90.
- Wolfe, J., Hammel, J.F., Edwards, K.E., Duncan, J., Comeau, M. Breyer, R. Aldridge, S.A., Grier, H.E., Berde, C., Dussel, V., Weeks, J.C. (2008) Easing of Suffering in Children With Cancer at the End of Life: Is Care Changing? *Journal of Clinical Oncology*;26:1717-1723.
- Contro, N. Larson, J. Scofield, S. Sourkes, B., Cohen H. (2002) Family Perspectives on the Quality of Pediatric Palliative Care *Archives of Pediatrics and Adolescent Medicine*, 156:14-19.
- Jones, B. (2006) Companionship, control and compassion: A social work perspective on the needs of children with cancer and their families at the end of life. *Journal of Palliative Medicine*, 9 (3). 774-788.

**March 1 \*\*\*\* Journal #3 Due \*\*\*\***

**Topics:**

Adolescent/Young Adult Issues

**Readings:**

- Thomas, D.M. (2010) Adolescent and young adult oncology: An emerging field. *Journal of Clinical Oncology*. 28(32), 4781-4782.
- Zebrack, B. (2010) Quality cancer care for adolescents and young adults: A position statement. *Journal of Clinical Oncology*.28, 1-6.
- Jones, B. (2010) The meaning of surviving cancer for Latino adolescents and emerging young adults. *Cancer Nursing*. 33(1), 74-81.
- Jones, B. (2008) Promoting healthy development for adolescent cancer survivors. *Journal of Family and Community Health*. 31(1S) 861-870.

**March 8**

**Topics:**

End of Life  
Complementary and Alternative Medicine

**Readings:**

- Bern-Klug, M., Forbes, S. & Gessert, C. (2001). The need to revise assumptions about the end of life: Implications for social work practice. *Health & Social Work*, 26(1), 38-48.
- Barrett, R.K. (2005-2006). Dialogues in diversity: An invited series of papers, advance directives, DNRs, and end-of-life care for African-Americans. *Omega: Journal of Death and Dying*, 52(3) 249-261.



- Del Rio, N. (2004). A framework for multicultural end-of-life care: Enhancing social work practice. (439-461), In *LWD*.
- Goldstein, M.S., Lee, J.H., Ballard-Barbash, R. & Brown, E.R. (2008). The use and perceived benefit of complementary and alternative medicine among Californians with cancer. *Psycho-Oncology*, 17(1). 19 – 25.
- Gwyther, L.P. et. al (2005). Social work competencies in palliative and end-of-life care. *Journal of Social Work in End-of-Life Care*, 1(1), 87-120.
- King, D.A. & Quill, T. (2006). Working with families in palliative care: One size does not fit all. *Journal of Palliative Medicine*, 9(3), 704-715.

**March 15      SPRING BREAK**

**March 22      \*\*\*\* Web education certificate and reaction paper due \*\*\*\***

**Topics:**

Healing, suffering, meaning, hope, wholeness, and quality of life.  
Discussion of Blog/Journal project

**Readings:**

- Clayton, J.M., Hancock, K., Parker, S., Butow, P.N., Walder, S., Carrick, S., Currow, D., Ghersi, D., Glare, P., Hagerty, R., Oliver, I.N. & Tattersall M.H.N. (2008). Sustaining hope when communicating with terminally ill patients and their families: A systematic review. *Psycho-Oncology*, 17(7), 641-659.
- Mount, B., Boston, P., Cohen S. R. (2007) Healing Connections: On moving from Suffering to a Sense of Well-being. *Journal of Pain and Symptom Management*, 33:372e388.

**March 29      \*\*\*\* Journal #4 Due \*\*\*\***

**Group Project Work Day – No class. You may work at LAF or on your own**

**April 5**

**Topic:**

Cost of Cancer Care/ Interprofessional Health Care

**Readings:**

- Russell, L., Nyhof-Young, J., Abosh, B., & Robinson, S. (2006). An exploratory analysis of an interprofessional learning environment in two hospital clinical teaching units. *Journal of Interprofessional Care*, 20(1), 29-39.
- Orchard, C.A.; Curran, V., Kabene, S. (2005) Creating a Culture for Interdisciplinary Collaborative Professional Practice. *Med Educ Online* 1
- Collins, L. G., Wender, R., & Altshuler, M. (2010). An Opportunity for Coordinated Cancer Care: Intersection of Health Care Reform, Primary Care Providers, and Cancer Patients. *The Cancer Journal*, 16(6), 593-599  
510.1097/PPO.1090b1013e3181fee1099a.
- Dalton, W. S., Sullivan, D. M., Yeatman, T. J., & Fenstermacher, D. A. (2010). The 2010 Health Care Reform Act: A Potential Opportunity to Advance Cancer Research by Taking Cancer Personally. *Clinical Cancer Research*, 16(24), 5987-5996. doi: 10.1158/1078-0432.ccr-10-1216
- Wilson, J. F. (2009). Cancer Care: A Microcosm of the Problems Facing All of Health Care. *Annals of Internal Medicine*, 150(8), 573-576. doi: 10.1059/0003-4819-150-8-200904210-00024
- Otis-Green, S. (2009) An Overview of the ACE Project—Advocating for Clinical Excellence: Transdisciplinary Palliative Care Education. 24, 120-126.

**April 12**      **\*\*\*\*Group Project Presentations\*\*\*\***

**April 19**      **\*\*\*\* Journal #5 Due \*\*\*\***

**Topics:**

Breast Cancer –Working with Teams and in Communities

**Readings:**

CCWP- Chapter 3- Psychosocial Health Services

Golden-Kreutz, D.M., Thornton, L.M., Wells-Di Gregorio, S., Frierson, G.M., Jim, H.S., Carpenter, K.M., Shelby, R.A., & Andersen, B.L. (2005). Traumatic stress, perceived global stress, and life events: Prospectively predicting quality of life in breast cancer patients. *Health Psychology, 24*, 288-296.

Henderson, B.J., Tyndel, S., Brain, K., Clements, A., Bankhead, C., Austoker, J. & Watson, E. (2008). Factors associated with breast cancer-specific distress in younger women participating in a family history mammography screening programme. *Psycho-Oncology, 17*(1), 74 – 82.

**April 26**      **Topics:**

Summary/Outcomes/Opportunities

Self care

**Readings:**

CCWP- Chapters 6 and 7

Renzenbrink, I. 2004. Relentless self-care. In Living with dying. (Berzoff, J. and Silverman, P., eds.) (pp. 848-867) NY: Columbia University Press.

Armstrong, L. (2008) Fighting cancer is everyone's obligation. *Journal of Clinical Oncology*. Vol 26 (21) pp.3473-347.

Carlson, L E., Bultz, B.D.(2004) Efficacy and medical cost offset of psychosocial interventions in cancer care: Making the case for economic analysis.*Psycho-Oncology*. 13: 837-849.