

65+

Excellence in cancer care for the older adult

### About the 65+ Program

A diagnosis of cancer is difficult at any age, but older patients face unique challenges. Memorial Sloan-Kettering Cancer Center is committed to providing cancer patients aged 65 and older with the treatment and support they need.

With the generous support of the Joachim Silberman Family Program for Aging and Cancer, Memorial Sloan-Kettering offers the services of a multidisciplinary geriatric team. This team includes physicians, clinical nurse specialists, social workers, nutritionists, pharmacists, and psychiatrists, as well as members of the Pain and Palliative Care Service and the Integrative Medicine Service. The programs and care the team provides focus on the unique needs of cancer patients aged 65 years and older.

If you would like more information about the 65+ Program or a referral to one of our team members, please call 646-888-4741.

### 65+ TEAM MEMBER SPOTLIGHT

## Annamma Abraham Kaba, LCSW

I am a senior clinical social worker who has worked with various patient populations at Memorial Sloan-Kettering for the past 13 years. I have been a member of the 65+ team since 2010. As a social worker in the field of oncology, my main role is to provide psychological support and practical resources that may help patients and families cope with a cancer diagnosis. Providing counseling and guidance as the patient and family face tremendous fear and uncertainty has been a source of great meaning and fulfillment in my career.

As coordinator of the 65+ Educational Lecture Series, I organize a forum for patient education on the important issues of aging and cancer. It is a pleasure collaborating with my colleagues on the 65+ team and in other departments to provide rich and informative lectures on topics such as mind/body awareness, depression, improving sleep, sexuality, coping with cognitive issues, and exercise. The 65+ Lecture Series provides not only education for our older adult population, but also serves to mini-



mize their feelings of isolation.

I am also the creator and co-coordinator of Memorial's Caregiver Program, which is a hospital-wide effort to centralize and target the many facets of family caregiving. This program utilizes educational lectures, panel discussions, community resources, and individual and group counseling to recognize, acknowledge, support, and educate caregivers.

In addition, I have several roles within the Department of Social Work. As the Educational Coordinator, I am responsible for implementing the department's well-regarded Summer Fellowship Program,

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## Advanced Cancer Initiative

The Advanced Cancer Initiative was created by the Department of Social Work as a program designed to help patients and their families to deal with issues that may arise from advanced and often incurable cancer. Due to the refinement of diagnostic techniques and the creation of more-effective treatments, people with advanced cancer can expect to live longer and with a better quality of life than ever before. Despite such improvements, the diagnostic and treatment process can be stressful for individuals and families. For the aging adult, managing treatment side effects and disease symptoms, dealing with disease uncertainty, contending with financial challenges, coping with the physical changes

brought on by disease and treatment, and working within sometimes complex family dynamics are just a few of the possible issues that can arise over time and add challenges to one's life.

The initiative offers programs led by physicians and other professional staff to address the common concerns of this population. Lectures and presentations have addressed subjects such as clinical trials; coping with advanced disease through exercise, hypnosis, meditation, and other complementary therapies; and finding meaning in life while dealing with advanced cancer. *For additional information, please contact Richard Glassman, LCSW, at 646-422-4658 or Susan Glaser, LCSW, at 646-888-5203.* ■

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## Bereavement Program

Grief is a normal response to loss. Each person grieves in a different way. After a loved one has died, people commonly feel shock, stunned, or as if they are having an “out of body experience.” Other feelings, such as sadness, loneliness, and emptiness, can alternate with feelings of anger, guilt, or relief. What is most important to know is that there are no “right” or “wrong” feelings and each person has a unique experience of loss. As a result, the need for support varies by person and situation.

The Bereavement Program at MSKCC was developed through the Department of Social Work to address the unique needs of surviving family members and friends who have lost a loved one from cancer. The Bereavement Program offers consultations, support groups, presentations, and referrals that aim to meet the specific needs of each individual.

Quarterly educational lectures, open to family members, staff, and the community, are presented on topics such as coping with the holidays and a caregiver’s perspective on loss and grief. Time-limited support groups address the needs of various populations, such as individuals who have lost their partner or adult children who have lost a parent. These loss-specific groups are offered periodically throughout the year. A drop-in bereavement support group, open to MSKCC families and friends, is scheduled on the second Tuesday of each month. Phone consultations to determine the services that best meet an individual’s needs and referrals to community resources that may be beneficial during this time are also available. ■

*Please contact the Bereavement Program at 646-888-4889 to learn more about our services.*

### 65+ TEAM MEMBER SPOTLIGHT

**Annamma Abraham Kaba, LCSW**

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which provides a comprehensive internship rarely available in other institutions. In this role, I liaise with the local social work schools and oversee various aspects of the program during the academic year. As a clinical supervisor for social work colleagues, I facilitate a monthly case conference that focuses on complex clinical cases and provides support for social workers on the frontline of these sometimes intense and emotionally challenging interactions.

My clinical interest is in how patients and families cope with adversity and their perceptions about what it means to be vulnerable to illness. It is a privilege to be part of the 65+ Program, helping the older adult patient manage the complexities of life, aging, and cancer. ■

*For more information about the 65+ social work program, please contact me at 646-888-4735 or by e-mail at [abraham1@mskcc.org](mailto:abraham1@mskcc.org).*

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## Social Work/Psychiatry Collaboration in Lung Cancer

Liz Blackler, LCSW, of the Department of Social Work, and Jimmie Holland, MD, and Elizabeth Peabody, of the Department of Psychiatry and Behavioral Sciences, facilitate an outpatient lung cancer support group. This biweekly group was started by Dr. Holland and has been running for more than 15 years. Since its inception, the group has been a safe haven for lung cancer patients of various stages to share their experiences regarding diagnosis, treatment options, side effects, effects on support systems, and uncertain prognosis. Over the years, this group has explored a variety of issues, including the stigma of lung cancer, adjustment to changing treatment protocols, and the unique challenges associated with shortness of breath.

Another collaborative research venture, led by psychiatrists Garret Key, MD, Jim-

mie Holland, MD, and Liz Blackler, LCSW, is bringing awareness to a virulent form of lung cancer called mesothelioma. The project, titled “Mesothelioma from a psychological perspective: a survey of psychosocial needs and exploration of online support for patients and their families,” was funded in September 2010 by the Baker Street Foundation, for the purpose of studying the psychosocial needs of mesothelioma patients. Mesothelioma is largely related to asbestos exposure and occurs in clusters due to occupational exposure to insulation, construction, shipyards, and automobile brakes. The average latency from exposure to disease is 30 to 45 years; therefore the mean average age at diagnosis is 60. In the United States, approximately 2,000 people are diagnosed each year with mesothelioma. Because of the small number of cases and short survival

time, few studies have examined how these patients, largely men, cope with this difficult situation.

This protocol offers a six-week virtual support group for mesothelioma patients who have expressed interest in obtaining additional emotional support. Results of the study will describe the psychological and psychical burdens, social support, and quality of life of mesothelioma patients and their families. This protocol is a rare opportunity for patients, given the small number diagnosed each year, to support each other as they meet the unique challenges of a mesothelioma diagnosis. ■

*Liz Blackler, LCSW, is the oncology social worker on the inpatient Thoracic Service.*

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# How Significant Prior Life Experiences Affect the Older Adult Living with Cancer

Clinical oncology social workers often conduct assessments of individuals' ability to function in their environment, including the biological, psychological, social, economic, and familial factors that could affect their experience with diagnosis and treatment. Multiple interventions are considered so that the patient's success in adjusting to their current medical crisis can be maximized.

At times, in the course of our work with patients we receive a window into a past life experience — perhaps a memory of a significant life event that informs and shapes the way a patient is confronting his or her cancer experience. As an oncology social worker, I am acutely aware of this possibility and have also experienced it in my

volunteer work with immigrants and refugees seeking political asylum. After listening to people describe their experience of fleeing a political conflict or war zone or how they have escaped from an environment of religious persecution or gender-based violence, I often wonder how these intense and often life-threatening events will influence their ability to deal with another potentially life-threatening situation such as cancer. Perhaps, it will make them more resilient and better equipped to cope with their diagnosis. Or perhaps this person, while undergoing an MRI or radiation treatment, will experience excruciatingly painful flashbacks to difficult times endured in the past.

There is no way to be certain how a given individual will react or respond to a

diagnosis of cancer, but I believe that an awareness and sensitivity to our patients' prior life experiences will allow us to provide the most-comprehensive and compassionate care possible. It may mean tailoring certain aspects of their care so that they feel more comfortable or talking through ways they can use relaxation to reduce anxiety before a procedure. Working as a team, we can more sensitively assist those patients who arrive at our facility carrying a diverse, rich, and sometimes traumatic life history. ■

*Amanda Amodio, LMSW, a social worker on the Genitourinary Service, volunteers as a counselor for the Refugee Immigrant Fund ([www.asylumhelp.org](http://www.asylumhelp.org)).*

## Don't Avoid the G Word!

### Understanding the Importance of a Person's Belief System and Spiritual Resources during Cancer Treatment

Exploring a patient's belief system and spiritual resources in the context of cancer is an essential part of care that addresses the needs of the whole person. Spirituality is central to many people's lives, yet healthcare providers often avoid discussing it with patients, and the G word (God) is often viewed as a subject beyond the scope of the medical setting. I have come to find in my social work practice that it can prove quite helpful to openly address a patient's beliefs, as they usually serve as a great source of support, although in some cases this may be a source of personal suffering. Various forms of spiritual practice, such as prayer or meditation, may be very useful to patients when coping with illness.

Engaging in spiritual assessment and discussion with patients about their belief system is really just another way of exploring the person's social support. Does the person have a relationship with a Higher

Power (God, The Universe, the Higher Self, Divine Intelligence), a religious institution (church, temple, mosque, synagogue), or spiritual community (prayer group, Bible study, yoga class, 12-step program)? Is that relationship one that is supportive and nurturing? Does it provide comfort? Is that relationship one that contributes to self-doubt or blame? Perhaps the patient feels rejected by or has rejected a spiritual or religious community? The impact of different religious and spiritual belief systems on the individual's experience of serious illness varies, and every person's beliefs and relationship in this area should be viewed as unique. ■

*Melissa Stewart, LCSW-R, is a senior clinical social worker on the Gynecology and Neurology Services at the Rockefeller Outpatient Pavilion, and is also an ordained interfaith minister.*

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## Resources for Life After Cancer (RLAC)

As part of the Survivorship Initiative, the Resources for Life After Cancer program provides education, professional consultation, peer support, and advocacy to guide and assist patients who have completed cancer treatment. Social workers are available for the following services: telephone information, seminars and workshops, professionally led educational meetings, individual and family consultations, and practical advice on insurance and employment issues. Within a community of support, education and hope, we extend Memorial Sloan-Kettering's mission of providing the finest cancer care anywhere. We welcome all post-treatment patients to participate in our programs and services as we encourage healing through education and support. ■

*For more information on Resources for Life After Cancer, please call 646-888-4740.*

# Body-Image Issues in the Older Patient

From the moment of diagnosis, cancer changes an individual's relationship to his or her body. While body-image concerns are normal and common among cancer patients, many report feeling reluctant to discuss body-image concerns with their doctor or treatment team. At Memorial Sloan-Kettering a number of new programs are now being offered to address both the short- and long-term effects of cancer treatment on a patient's body image.

While some might assume that body-image concerns only relate to external appearance, the fact is that body image concerns can be felt just as strongly about internal changes in the body that are not visible to the outside world. In the oncology setting it is important to be aware that this issue includes not only how individuals imagine the world perceives their body, but also how they feel their body works for them. For the older adult, the experience of cancer treatment or cancer survivorship is made more complicated by the fact that the body is already changing as a result of the natural aging process. In our current culture, there is also an increasing emphasis

on outward appearance and a not-so-subtle pressure to try and erase all signs of aging. One only has to look at the vast assortment of "anti-wrinkle" and "anti-gravity" creams for available evidence of this phenomenon. As a result, older cancer patients are placed in the challenging position of having to manage the demands of treatment or cope with the long-term effects of survivorship, in a culture that would rather they deny their own natural aging process.

Whether the patient is single or in a relationship, physical changes and body image concerns require time for adjustment and ongoing compassion toward one's self. If a patient is hesitant to leave his or her home because of changes in appearance, or he or she is avoiding intimacy or activities enjoyed prior to diagnosis, there is clinical social worker on each disease management team available to sit down with the patient to explore these concerns. ■

*Carrie Panzer, LCSW, is the oncology social worker on the inpatient GMT and Colorectal Services.*

## Social Work as a Collaborative Discipline: Psychosocial Care Teams

Psychosocial care teams (PCTs) were created by the current department heads of Psychiatry and Social Work to provide a structure for productive collaboration among supportive-care disciplines. The PCTs are composed of social workers, a psychologist or psychiatrist, a nurse, a chaplain, relevant ancillary staff, and physicians as appropriate. Regular conferences are held, depending on the needs of each service, to discuss clinical cases that demand close collaboration among team members. These teams target, most specifically, patients at the end of life and those with complex psychosocial circumstances that may pose difficult ethical dilemmas. The teams have been effective in focusing

attention on important patient transitions by eliminating redundancies in care and creating a consistent, agreed-upon clinical approach to working with the patient and family. There are currently eight PCTs whose leaders meet at monthly to quarterly intervals for assessment of progress, barriers to care, or crises such as the death or illness of a member of the interdisciplinary team. Crisis and support meetings flow seamlessly out of the PCT model, which provides ongoing monitoring of the psychosocial environment of the unit. ■

*Martin, Anne, H. Holland, J. Oxford Textbook of Palliative Social Work (2012), Oxford University Press. pp 459-464.*

## Did You Know?

People who reach the age of 65 have an average life expectancy of an additional

**18.8** YEARS

(20.0 for women and 17.3 for men)

*Profile of Older Americans, Administration on Aging, 2011.*

### LECTURES / WORKSHOPS

## Future 65+ and Social Work Programs

**WEDNESDAY, APRIL 25**

**1:00 – 2:30 PM**

### Always On Call: When Illness Turns Families into Caregivers

Speaker: Carol Levine, Director, United Hospital Fund's Families and Health Care Project

**TUESDAY, MAY 8**

**10:30 AM – 12:00 NOON**

### Improving Your Sleep As You Age

Speaker: Amy Lowery, PhD, Chief Postdoctoral Research Fellow, Department of Psychiatry & Behavioral Sciences

**TUESDAY, JUNE 12**

**10:30 AM – 12:00 NOON**

### Depression and the Older Adult

Speaker: Christian J. Nelson, PhD, Department of Psychiatry & Behavioral Sciences

All lectures are located in 1275 York Avenue, in room M-107.

No registration required.

For more information, please call 646-888-4741. ■

# How to Identify Elder Abuse and Neglect

Abuse of the older adult takes many different forms, some involving intimidation or threats, some involving neglect, and others involving financial exploitation. Recognizing the different forms of elder abuse that may present in a healthcare setting is an important step in assuring the safety of our patients. *If you think an older patient or family member is being abused, please page the primary social worker on the medical team.*

## Physical abuse

Physical elder abuse is the non-accidental use of force against an elderly person that results in physical pain, injury, or impairment. Such abuse includes not only physical assaults such as hitting or shoving, but the inappropriate use of drugs, restraints, or confinement.

## Emotional abuse

In emotional or psychological abuse, people speak to or treat the older person in ways that cause emotional pain or distress.

Verbal forms of emotional elder abuse include:

- Intimidation through yelling or threats
- Humiliation and ridicule
- Habitual blaming or scapegoating

Nonverbal psychological elder abuse can take the form of:

- Ignoring the elderly person
- Isolating an elder from friends or activities
- Terrorizing or menacing the elderly person

## Sexual abuse

Sexual elder abuse is contact with an elderly person without the elder's consent. Such contact can involve physical sex acts, but activities such as showing an elderly person pornographic material, forcing the person to watch sex acts, or forcing the elder to undress are also considered sexual elder abuse.

## Neglect or abandonment by caregivers

Elder neglect, which is defined as a failure to fulfill a caretaking obligation, constitutes more than half of all reported cases of elder abuse. It can be active (intentional) or passive (unintentional), based on factors such as ignorance or denial that older patients need as much care as they do.

## Financial exploitation

This involves unauthorized use of an elderly person's funds or property, either by a caregiver or an outside scam artist, including:

- Misusing an elder's personal checks, credit cards, or accounts
- Stealing cash, income checks, or household goods
- Forging the elder's signature
- Engaging in identity theft

*To learn more about elder abuse, go to [www.healthinaging.org](http://www.healthinaging.org). ■*

# Depressive Symptoms in Older Adults

Depressive symptoms in older adults often go unaddressed. Older patients who exhibit signs of depression but deny feeling sad or depressed may still have an underlying depression since it may seem more acceptable to the older adult to somatize painful feelings. In addition, healthcare providers may mistakenly believe that certain symptoms are a result of old age rather than true indicators of a depressive state. Some typical symptoms in the older patient that may require a depression assessment are:

- Unexplained or aggravated aches and pains
- Feelings of hopelessness or helplessness
- Anxiety and worries
- Memory problems
- Lack of motivation and energy
- Slowed movement and speech
- Irritability
- Loss of interest in socializing and hobbies
- Neglecting personal care (skipping meals, forgetting meds, neglecting personal hygiene)

*To learn more about depression in older adults, go to [www.helpline.org](http://www.helpline.org). ■*

# Substance Abuse in Older Adults

Alcoholism often goes undiscovered in older adults. Other medical or psychosocial problems, as well as effects of medication, may make the signs of alcoholism difficult to recognize. In addition, symptoms such as confusion, falls, and physical problems may be incorrectly thought of as simply due to aging. Some older adults may have confusion or severe hearing loss, making it difficult to question them about their alcohol use. The stigma associated with having an alcohol problem, especially among older adults, may prevent some health professionals from even asking whether such a problem exists.

Healthcare providers use several screening questionnaires to identify people at risk of alcohol abuse. Four key questions can provide a quick way to gauge alcohol abuse and are included in the 65+ adult screening questionnaire:

- Have you ever felt you should slow down on your drinking?
- Have you ever felt annoyed by criticism about your drinking?
- Have you ever felt guilty or bad about drinking?
- Have you ever felt the need for an "eye opener" in the morning to steady your nerves?

A *yes* answer to any two of these questions indicates that a problem is likely and should be further evaluated.

*To learn more about substance abuse in older adults, go to [www.healthinaging.org](http://www.healthinaging.org). ■*