If You Have Cancer, Help Is Just a Phone Call Away

Bill Goeren, the director of clinical programs at CancerCare, talks about the organization’s 75 years of providing direct services to the cancer community.

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CancerCare is a national organization that offers support and information to anyone affected by cancer to help them manage the many challenges cancer presents. CancerCare’s director of clinical programs, Bill Goeren, MSW, OSW-C, LCSW-R, a social worker with expertise in oncology and psychotherapy, spoke with Cancer Health about the organization’s history, its many services and how that work makes a difference to people every day.

Tell us about CancerCare’s mission and how it has changed in the 75 years since it started.

CancerCare was founded in 1944 by a group of oncologists. The mission was to provide a resource and a service to clients and their caregivers to be able to discuss the impact of cancer on their lives, both individually and as a family, and, really, to be able to look at the uncertainty and to help with preparation and in many instances, to face dying and death.

That mission has only expanded in the past 75 years. We are still doing that same work. We have gone from a local New York City organization to a national organization, so we are assisting, supporting and providing services to anyone affected by cancer.

You’re the director of clinical programs and an oncology social worker. What does your role look like?

First of all, one of my roles, and one of the roles of all the directors and managers here, is providing direct clinical services. I have my own panel of clients who are persons with cancer, caregivers and bereaved.

I also run one of each of our three different types of groups. We have face-to-face groups, telephone groups for our national clients and online support groups—we have about 45 of those right now.

If I’m assisting a client who is really struggling emotionally or psychologically with their diagnosis or with being a caregiver, and if they can walk out of here feeling more grounded and feeling a little more clear or a little more confident or certain, I can go home knowing that I’ve done something to change the quality of their life.

I also direct and create programs. So, for example, I assist with growing the women’s program, the men’s program, the wig and prosthesis program, the LGBT program, the older-adults program. Each of these programs has a coordinator, and I work with them to expand and broaden those programs.

I do outreach, especially in the tristate area [New York, New Jersey and Connecticut], working with organizations, agencies, companies and city government departments to provide workshops, presentations and educational services. I also supervise some of the social work management teams as well as provide the monthly educational programs for our social work team because oncology changes. We’re always trying to keep a fresh eye on what’s happening in oncology. For example, work in trauma has really taken off in the past 10 years, so a lot of the workshops provide the social workers with different aspects of trauma work.

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What kind of services do CancerCare’s oncology social workers provide?

The CancerCare oncology social worker provides a place where clients can, from a psychological, emotional, and sometimes practical point of view, get a comprehensive set of services. They can get psychological support (counseling), limited financial assistance, education and publications.

We have a national Hope Line (877-684-6731), which covers the entire United States and our territories. All of the social workers here provide individual counseling and group counseling, and they’re also on the phones answering calls from people around the country who are persons with cancer, caregivers, the bereaved or professionals—nurses, doctors, social workers.

The most remarkable thing people say to us is “Someone answered the phone and provided me services in the first phone call.” They’re just so taken and feel immediately supported because an oncology social worker has answered the phone. We get between 1,300 and 1,400 calls a week on the Hope Line.

Through that phone conversation, we are able to help the caller figure out what it is they need, what they have to do; in terms of priorities, what’s the most important thing, what can they put on the side and help them with a plan to figure out the next step. That may involve CancerCare, in terms of counseling, our financial application, finding a resource, referring them somewhere, possibly getting them legal assistance, referring them to nutritional services, referring them to a hospice, talking to them about getting a second opinion, talking to them about how to speak to their doctors. We might send them publications or a facts sheet.

What we hope to do is empower that caller not to feel helpless, hopeless or like a victim so that they can take some control back in their lives. They may not be able to do anything about the diagnosis and the prognosis of the cancer, but what other aspects of their lives can they get some control or sense of control back so they don't feel like they're in an ocean of oncology without a life preserver?

We try to maintain the quality—the social service, social work, oncology, quality of care—in each of those phone calls so that a person feels held, they feel supported, they feel listened to and they feel someone has acknowledged the difficulties and the upset and acknowledged the crises that they're going through.

Another of my jobs is to attend to the morale of the staff and find ways to increase morale, to increase job satisfaction, to make this a workplace that they want to come to every day, even though at the end of the day they may leave exhausted. People stay here for a while, even if this is their first job out of graduate school. I've been here 11 and a half years, and we have some people who've been here 30, 35 and 40 years, and I think that's because they know that they are doing a good job.

Where do your referrals come from?

The majority of our calls come from oncology social workers around the country, and the next subset of professionals who refer to us are oncology nurses and then finally MDs. We also get referrals from other co-pay organizations, like the Patient Advocacy Foundation (PAF). We get referrals from the American Cancer Society. We get referrals from oncology-specific organizations, like the Testicular Cancer Foundation or the Triple Negative Breast Cancer Foundation.

Sometimes we will be on the phone, and there'll be a conference call with a case manager or social worker or a nurse, and the patient might be on the other line, or the patient might be in the room with them, and there'll be this three-way conversation.

We also refer to those organizations as well. I give people the contact information for the Cancer Support Community, Gilda's Club. I refer people to PAF when people are struggling with different aspects of their disease or their treatment. And to a really terrific organization called Imerman Angels, which does peer matching in the oncology arena. In trying to help someone set a plan, resources are really vital.

It's absolutely important and necessary to speak with a professional, whether it's a social work professional or an oncology nurse, but sometimes there's nothing like speaking to someone who's going through what you're going through, and so having those two levels of professional support and personal attention can be vital to someone's being able to learn and develop better coping skills.

We collaborate with an organization called the New York Legal Assistance Group (NYLAG), which provides onsite legal work at CancerCare—and not just consulting or advice but actually takes on cases. And on a national level, when someone clearly needs legal advice or legal assistance, I can contact NYLAG, and they will give me a list of legal and benefits resources wherever that person is.

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What are some of your most heavily used resources?

Our most heavily used resources are our own, such as our individual counseling and our groups. We have a very broad face-to-face support group program here in New York City. I think one of our most robust programs is our online support group program, which [consists of] message boards, and the groups are either cancer-specific or demographic-specific, so it might be a group for young adult caregivers or women with metastatic breast cancer. We have 45 of these boards, and they're available 24/7 so that somebody who has an incredibly busy and chaotic life can go into their support group when they have time and connect with people.

We refer many of our clients to our Connect Education Workshops as well. They are meant to expand someone's understanding and education and to provide updated information about the cancer they have or the cancer that their loved one has in terms of the latest in treatment and other resources.

What are some of the new initiatives and projects CancerCare is working on?

Through a grant from Bristol-Myers, we've been able to launch a support program for veterans affected by cancer. We are working with some consultants within the [Department of Veterans Affairs, or VA] system to be able to supplement the work that is done in the oncology arena within the VA to provide services that they may not be able to provide. For example, we are launching a telephone support group for male vets within the New York City/tristate area in October, see how it goes, and from that, we can determine what would be the next demographic, such as female vets with cancer and caregivers.

We've been working with Sephora to provide Brave Beauty Classes for Confidence, which are workshops for women who have been affected by cancer treatment in terms of really helping them develop and create a new kind of physical picture of themselves when they look in the mirror. That really addresses the emotional and psychological impact of treatment. CancerCare has its own wig and prosthesis clinic, where we provide women with free wigs and free bras and prostheses, but with Sephora, we can more holistically help these women address issues with their body image, which is a very powerful and important aspect of cancer treatment.

We've launched Backpacks for Kids, where at the end of every summer, we are able to create backpacks of school supplies for kids who are affected by cancer.

Our Pet Assistance and Wellness (PAW) program is something else we're working on. Persons with cancer may be financially strapped, don't have the energy or don't have the ability to care for their pet, and yet that pet is a vital component of their existence and might be one of the closest relationships they have. The purpose of the PAW program is to allow that person to be able to keep that animal in the home by, hopefully, providing a grant that will allow them to buy the food or attend a vet appointment. That initiative is still in development.

If someone needs CancerCare's help, what's the best way to find it?

By calling the Hope Line. When potential clients call 800-813-4673, they're going to speak immediately to an oncology social worker. They're going right to the source of support without going on a wait list or having someone call them back. That's what makes us unique: The oncology social worker is answering the phone.