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Integrating Psychosocial Oncology into the Counseling Curriculum

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Abstract

With nearly two million new cancer diagnoses estimated in 2021 alone, counselors and counselors in training should have some knowledge of the mental health impact that cancer has on individuals and families. The authors of this manuscript present a review of established psychosocial oncology training in other fields and ways to infuse the topic of psychosocial oncology, including how it pertains to working within integrated care teams, into the counseling curriculum via one course or infusion into curriculum to better train counselors to provide their unique contributions to the care of individuals with cancer and their families.

Keywords

counselor education, psychosocial oncology, training, counselors-in-training

In November 2018, *Counseling Today* published a cover story on helping families cope with cancer, which has been a consistent topic for the magazine over the past seven years. In the past 10 years, counseling journals published relatively few articles directly addressing cancer (e.g., Regal et al., 2020), including those focused on counselor preparation. However, the lack of publication on this topic in professional literature may not be indicative of its importance for working clinicians. As of 2017, there were approximately 15.7 million people living with cancer in the United States, and in 2020, there were an expected 1.8 million new cases and 606,520 deaths (SEER Cancer Stat Facts, 2019). To help understand the emotional, behavioral, and surrounding issues involved in cancer, the field of psychosocial oncology (PO) has grown with the development of educational trainings needed for a range of professionals that will encounter those with cancer and their families (e.g., Holland et al., 2015).

Psychosocial oncology is an interdisciplinary field that aims to understand the psychosocial effects of cancer, from prevention to death and survivorship (Nicholas, 2013). The field of PO is a necessary development within mental health fields as those with cancer are much more likely to have debilitating psychological issues as compared to those without cancer and untreated mental health issues can negatively impact cancer treatment and disease progression (Martinez & Pasha, 2017). Further, researchers recently found that treatment of mental health disorders in cancer patients was associated with lower rates of cancer mortality, making mental health treatment a pivotal factor in improving and sustaining the lives of those with cancer (Berchuck et al., 2020). Given the empirically supported importance of mental health treatment for those with cancer and the increasing prevalence of integrated care training in counseling programs (Brubaker & La Guardia, 2020), it may be appropriate to renegotiate the counseling field's relationship with cancer education and training of counselors to work with those with cancer. Social workers dominate

most PO work and training, and as such, their field developed standards and competencies for practice (Zebrack et al., 2008). In this article, the authors propose the beginnings of educational guidelines and training opportunities integrated into professional counseling programs for training counselors to work within PO from a wellness-informed integrated care perspective, providing a model for a PO course, and ideas for integration and exploration of PO into core educational areas, outlined in Table 1 (Council for the Accreditation of Counseling and Related Educational Programs [CACREP], 2015).

Current State of Psychosocial Oncology Education in Helping Professions

To date, there is no formalized course work for PO in the counseling field to the authors' knowledge, but professionals within social work, psychiatry, and psychology developed trainings and certifications around the subject that may influence the counseling field's use in the future.

Social Work

Social workers in oncology serve numerous roles, including clinical service providers and educators (Zebrack et al., 2016). Their clinical services include counseling, information and education, family concerns, emotional distress, pain, reassurance, and referral management (Preyde & Synnott, 2009). The Association of Oncology Social Work advanced the field by developing a specialty journal and creating documents guiding oncology social work: a Scope of Practice and a Standard of Practice. Similarly, the Board of Oncology Social Work Certification offers the Oncology Social Work Certification for eligible providers. These organizations guide the work of oncology social workers, but they do not provide specific educational experiences, leaving individual programs to develop their own coursework. Similarly, the American Mental Health Counselors Association provides professional credentialing in areas like Integrated Behavioral Health Care that are related to PO, but there is still a lack of formalized course work

Table 1. CACREP Core Prompting Questions

Professional Counseling Orientation and Ethical Practice	What ethical considerations would you take into place when helping your client?
	What other medical professions would need to be involved in your client's treatment for integrated care?
	How would you go about getting patient information from other medical professionals while ensuring confidentiality if not working in integrated care?
Social and Cultural Diversity	What specific information about your client's cultural and contextual background would you need to gather from your client to best help them?
	What are the cancer health disparities for ethnic minorities? What about sexual and gender minorities?
	How is spirituality used or not used in counseling with individuals diagnosed with cancer?
	What other intersecting identities may you take into account when working with clients with cancer?
Human Growth and Development	What is the role of different types of grief in working with individuals with cancer and their families?
	What type of cancer is most prevalent among various age groups?
	How would you address pediatric cancer and cancer near end of life differently?
Career Development	How may a cancer diagnosis impact your client's job?
	If your client is retired, how may it impact their retirement?
	How would you utilize career theory as a framework to help this person?
Counseling and Helping Relationships	What are current theories used by mental health professionals as a framework to help people diagnosed with cancer?
	What considerations would you take into place when diagnosing this person using the DSM-5, given that they also have a medical diagnosis?
Group	When would you recommend group counseling for your client?
	Develop a group counseling curriculum for people diagnosed with cancer. • What are the special considerations needed when developing a group curriculum? • What other medical health professionals would be beneficial to co-lead the group or at least have in contact?
Assessment and Testing	What assessments are currently used in the mental health field with cancer populations that may be helpful to use with your client?
	What cultural considerations would you take before giving the assessment to your client?
Research and Program Evaluation	How would you evaluate the group curriculum you developed for efficacy?
	How would you evaluate the mental health needs of people diagnosed with cancer in a hospital setting?
	How would you convince a hospital director that counseling would be helpful for patients diagnosed with cancer using data?

in or outside counseling programs needed for the credential. In proposing formal PO course work in counseling programs, we hope to capitalize on this missing piece to train counselors to work with cancer patients, survivors, and their families.

Zebrack et al. (2016) reported that despite current trainings and programs, further work is necessary in order to monitor quality and integrate psychosocial services into routine cancer care, with more emphasis on serving diverse populations and increasing self-efficacy in PO-related skills (Zebrack et al., 2008). Zebrack et al. (2008) proposed bridging the gap of education and training in psychosocial care in oncology social work by infusing these topics into the curriculum for social work programs and offering course electives. Counselor educators could have the opportunity to position the counseling field as leaders in this area if they consider these recommendations and infuse PO materials throughout counseling curriculum.

Psychiatry and Psychology

The fields of psychiatry and psychology have shown particular adeptness in their training to address psychosocial concerns in cancer within specialties in their fields (Holland et al., 2015). There are psychiatry post-residency training fellowships in psychosomatic medicine; however, only two of the accredited programs in the United States focus on PO which produce approximately seven fellows per year. The training in these fellowships include psychosocial assessment, therapies to increase relational intimacy, training in administrative roles, and drug interactions in psychotropic and oncology medicine. Psychology training in PO can occur in clinical and counseling programs, as highlighted through an issue of *The Counseling Psychologist* devoted to PO (Nicholas, 2013). A focus on PO by health psychologists occurs within clinical practice and supervision, but lacks a general set of competencies comparable to the training of social workers (Zebrack et al., 2008). However, Die-Trill and Holland (1995) put forth a year-long

curriculum designed to train psychologists in PO based on clinical information in skills, research, and program development. This curriculum includes outcomes focused on identifying psychosocial issues and mental health disorders in cancer patients, including how they interact with cancer, psychosocial challenges in cancer care, and how to include families in care. Though comprehensive, this style of training has not seen wide development in these fields. Given the training experiences of social workers, psychiatrists, and psychologists, we turn to examine counselor education to fill this gap.

Counseling

There is some evidence of authors emphasizing the importance of serving cancer patients and their families in counseling journals (e.g., Henderson, 2011), but the efforts are inconsistent. In recent years, authors publishing in counseling journals focused on specific topics addressing concerns of cancer patients (e.g., Regal et al., 2020), indicating an importance of examining the issues that cancer survivors experience, though none have focused on the training of counselors to work with this population. It stands to reason that if potential training outlines were provided, and skills and strategies discussed (e.g., Curtis & Juhnke, 2003; Jevne et al., 1998), then counselor educators may be more inclined to train counselors in the ways in which cancer effects future clients and their families. With this in mind, it is important to include another trend as rationale for training in cancer care, which is the influx in research on integrated care as an important part of counselors' work and future training (e.g., Lenz et al., 2018).

Counseling, Cancer, and Integrated Care

Counselor educators and supervisors have identified the benefits of an integrated approach in counseling, and in-depth training within one aspect of integrated care (e.g., cancer care) could help to expand students' understanding of the application of integrated care while also preparing

students to better serve those with cancer and their families. Working in an integrated care team that addresses the needs of individuals with cancer provides counselors the opportunity to utilize their skills in collaboration and consultation to gain a deeper understanding of team dynamics and enhance the quality of holistic cancer care. In conjunction with social workers and psychologists, counselors can work as behavioral health specialists within integrated care teams (Dobmeyer, 2018). Researchers (e.g., Lenz et al., 2018; Ulupinar et al., 2021) suggest that integrated care teams are effective in decreasing mental health symptoms and that counselors are effective within those teams by decreasing client dropout rates and increasing efficacy of symptom reduction. Other researchers (e.g., Markman et al., 2018) have discussed the need for behavioral health integration in cancer care based on prior evidence of the holistic care needs of those with cancer. Williams (2020) proposed a model for primary mental health providers in integrated care that may also work to decrease stigma and reinforce the equality between physical and behavioral health concerns. Thus, in order to strengthen the position of the counseling field in readiness to serve those with cancer in integrated care teams, an emphasis in further training counselors to understand how PO integrates with cancer care is necessary. Counselors should not only arrive at the same place as social workers and psychologists in regards to PO and integrated care but provide unique contributions to cancer care and PO through the integration of a wellness perspective, establishing foundational course work to prepare counselors to meet the needs of over 15.5 million people (SEER Cancer Stat Facts, 2019).

Counseling, Cancer, and Wellness

The wellness perspective in counseling is echoed in an influential publication by the Institute of Medicine entitled *Cancer Care for the Whole Patient* (Adler et al., 2008) that details the psychosocial needs of those with cancer. Recently, some researchers have called for this sort

of fusion between the physical health and mental health treatments for cancer (e.g., Salvy, 2021). By utilizing counselors as behavioral health specialists in integrated care teams, counselors can be influential in understanding the holistic perspective of caring for those with cancer and examining aspects of wellness that may go unnoticed by other professions (Myers & Sweeney, 2004; Zimpfer, 1992). Outside of some extant literature from nursing and other related perspectives (e.g., Graham & Runyon, 2006), there seem to be few unified calls for a wellness perspective in integrated care teams serving those with cancer. However, by working within integrated care teams counselors can also serve as prevention and early-intervention proponents for the mental health concerns of those with cancer and their families (Remley & Herlihy, 2019; Shim et al., 2012), as well as potentially advancing disease or prevention for those at-risk of developing cancer (Klein et al., 2014). Therefore, counselors have the unique position to reinforce a wellness perspective in integrated care teams. Although social workers, psychiatrists, and psychologists may be thought of as the clinicians who are called to work with cancer patients, counselors can stake their claim and shape the PO care field into one that values wellness, integrated care, and prevention if we have a systematic way of approach work with this population. To that end, this article focuses on the training of counselors to work with cancer patients and their families.

Counseling, Psychosocial Oncology, and Training

To focus on the training aspect, we propose a model to begin PO education and training for counselors via a single-class format that can either complement existing integrated care coursework and fellowships, or serve as an introduction to integrated care with a wellness focus. It is important to consider the philosophy of the counseling program, curricular flexibility, and effort needed to accomplish each model. In addition to the proposed course framework, educators can also integrate PO topics into the eight core CACREP (2015) courses. Table 1 outlines prompts

geared to foster PO case conceptualization skills in each of these CACREP areas. Educators can use these approaches independently or in tandem for the first-steps in training. We also discuss research implications and next steps for developing the efficacy and stability for a PO course in counseling programs.

Psychosocial Oncology Course

The course model has four core areas: cancer education, general psychosocial concerns, specific cancer concerns, and advocacy and reintegration of psychosocial concerns. Educators will introduce cancer from medical and counseling standpoints with a consistent focus on integrated care, emphasizing the role of the counselor on the integrated care team and the wellness perspective they provide. Educators can also adjust the length of each area per their resources and term length (e.g., quarter or semester).

Cancer Education

The first portion of the course will focus on a general introduction to cancer that includes medical and biological information. This introductory portion of the class may be shorter as counselors do not necessarily require extensive medical knowledge to be successful within a multidisciplinary team, however a general understanding of cancer is necessary to converse with clients, families, and other medical professionals in an integrated care setting about the subject. Topics in this area can include the history of cancer and cancer care, supplemented by popular media. Other topics can include the general cancer process as experienced by individuals including cancer screening, diagnosis, common treatments, treatment side effects, and after-treatment issues (e.g., recurrence or mortality). More details of these issues will be covered in other sections of the course (e.g., fear of cancer recurrence and detailed screening processes in specific cancer concerns), and this can serve as an introduction into the experience of cancer at a clinical level.

Educators should also discuss topics such as racial and gender health disparities, current advances in cancer treatment, palliative and hospice care, other professionals involved in integrated care, and potential local community concerns (e.g., partnering with local medical centers or cancer advocacy groups for service work) with students, as they can lead to interest in clinical settings and research or serve as project topics. Educators can also contact local chapters of the American Cancer Society or related groups to engage with guest speakers and facilitate relationships with medical professionals and cancer survivors. Facilitating the development of this area of knowledge with students will allow for them to have an increased awareness of the primary concerns of other members of their integrated care team as well as understanding how different areas of wellness interact and affect a person (e.g., physical and emotional wellness). This information will also help those not working in integrated care in developing an understanding of clients' physical experiences and incorporating psychoeducation as necessary. Assessment of student learning in this area can be traditional quizzes to assess knowledge, but also reflective essays to connect general cancer knowledge to their assumptions, previous knowledge, and their view of the disease and affected individuals.

General Psychosocial Concerns

The general psychosocial concerns portion of the course explores lived experiences of people with cancer. This portion will examine psychosocial concerns in cancer, including fear, anxiety, depression, sexuality, and relational issues. A wellness perspective in cancer care can also consider topics typically included in wellness models (e.g., physical, spiritual, emotional, and social). Psychosocial concerns can span both clinical and nonclinical mental health issues (e.g., management of bipolar symptoms while living with cancer and emotions surrounding treatment). At this point in the course, an integrated care perspective is important to develop, as students

working in cancer care will be on an integrated team including nurses, oncologists, and others (Fann et al., 2012). Topics also include processing reactions to screening and diagnosis; coping with treatments, including side effects of treatment; living as a person who has survived cancer; and relational concerns.

Counselors may encounter individuals who are at risk for cancer but are reluctant to be screened for fear of diagnosis. Counselors serving as behavioral health specialists or in other settings can take the time to discuss concerns around potential diagnosis and strategies for positive and negative outcomes (Brill, 2020). However, a delay in screening can also yield potentially worse treatment outcomes for individuals (Rubin et al., 2011), making the screening process integral to optimal care. The initial diagnosis of cancer can be an impactful experience for individuals and families, and as such, the importance of a warm handoff to a counselor would be important in supporting clients to process and gain deeper understanding of their diagnosis (Bronner et al., 2018; Dobmeyer, 2018). Cancer treatments and survivorship would be better addressed in the Specific Cancer Concerns portion of the class unless the instructor intentionally focuses on one type of cancer.

Aspects of grief, including anticipatory grief and bereavement should also be considered for appropriate clients and/or families as the experience of cancer continues past a person's death (Hottensen, 2010). Processing death and dying for those working in hospice and some palliative areas is especially important to include in working with those with cancer and their families. This can also be integrated into lifespan concerns, but the progression of cancer, including potential remission and death is a necessary component for counselors to thoroughly grasp.

Understanding the intersection between physical and behavioral health issues from integrated care perspectives can better communicate the value of integrated care for students

treating those with cancer and their families. Furthermore, this piece of the proposed framework would be advantageous to all counselors as processing death and dying can be present in many areas of counseling work. Educators can cover relational and family concerns for any cancer, especially families facing a childhood cancer. Readings from specialty PO journals (e.g., *Psycho-Oncology*) and PO texts can be helpful, but extant comprehensive texts may overload this portion of the course (e.g., Holland, 2015). Assessment for this portion of the course, alongside quizzes, are role-plays to demonstrate assessment of psychosocial issues of a client with cancer.

Specific Cancer Concerns

The third section of the course will explore specific types of cancer, utilizing information from the first two sections and creating a more in-depth understanding of cancer. Educators can split weeks up based on location of cancer (e.g., gynecological cancers) and discuss the specific screening, treatment, health disparities (e.g., variances in diagnosis, risk factors, treatment, mortality, and access to resources in minority groups), and psychosocial concerns. Understanding the differences in factors such as life expectancies and mortality between brain cancer and prostate cancer can yield very different experiences and treatment approaches for clients. Students will be able to highlight how clients are unique through their different types of cancer, even if they are having a shared experience of "cancer." Specific cancer concerns can also cover how different treatments yield different side effects to highlight clients' unique experiences in the context of their cultural experiences, cancer diagnosis, and treatment considerations.

Introducing lifespan concerns can yield discussions regarding the needs of younger and older individuals with cancer. Many cancers tend to occur in middle and late life, and specific lifespan concerns can be discussed in conjunction with other lifespan theories (e.g., Erikson's psychosocial development). However, some cancers occur earlier in life (e.g., testicular and

thyroid), changing treatment considerations and other lifespan considerations (Lang et al., 2018). Understanding the experience of cancer and life through cancer survivorship across the lifespan can yield a better understanding of client experiences, as well as provide more information on pediatric cancers that may affect the work of school counselors (Bilodeau et al., 2021). The experience of childhood cancer (e.g., childhood leukemia, brain, and other nervous system cancers) should be considered as the makeup of a medical treatment team can differ and family dynamics can shift considerably (Erker et al., 2018). Instructors can also address intersectional concerns (e.g., age and gender; Kim & Loscalzo, 2018) to better verse how different cancers can effect individuals of differing intersectional identities differently. These individualized approaches to psychosocial care encourage counselors to assess and emphasize the uniqueness of individuals with cancer as well as those affected by cancer. Supporting the development of these skills enhances the holistic conceptualization of individuals within their populations that will be beneficial to counselors working among diverse settings in addition to counselors serving individuals within PO.

Contacting cancer advocacy groups may help in locating speakers that can share their experience with a specific type of cancer and their treatment to students. A wellness-informed perspective on specific cancer concerns can provide counselors with a sense of how cancers and treatments can affect individuals in unique ways to balancing areas of wellness. For example, individuals with breast cancer can differ in treatment depending on a multitude of factors (e.g., age and additional health conditions; Bellavance & Kesmodel, 2016), but each treatment may have different implications for different facets of wellness. A balance of wellness factors may differ depending on treatment options or other related factors, indicating the need for counselors to individualize care. Educators can also discuss issues like metastasis, as cancers can move into

other parts of the body and introduce new psychosocial and medical concerns for integrated care teams. Assessments may include papers of psychosocial interventions for specific cancers or reflections on attending cancer support groups.

Advocacy and Reintegration of Psychosocial Concerns

Advocacy in cancer care can focus on integral pieces of current cancer research, such as health disparities, strategies to eliminate barriers to cancer screening, and the role of the counselor in the integrated care team for cancer patients. Students can observe health disparities in cancer across racial and ethnic lines with Black and Hispanic individuals having increased cancer diagnosis or death (O'Keefe et al., 2015). Having students investigate cancer-related health disparities and linking them to potential mental health disparities (e.g., access to mental health and psychosocial resources) can provide a meaningful experience in connecting the holistic nature of cancer and advocacy work in this area. Strategies to eliminate barriers for cancer screening provides an active approach depending on the cancer and group targeted. For example, Luque et al. (2011) addressed health disparities in a novel and culture-specific way in prostate cancer care heavily affecting Black men, in order to increase knowledge of and screening for the cancer. Students can look to develop their own community and culturally responsive methods in the same fashion as Luque et al. (2011) in semester-long advocacy projects.

An example of a current advocacy need to have counselors involved in is for Medicare coverage. Medicare can be involved in PO care, as many people with cancer are near or at the age for Medicare coverage. Working toward counselor reimbursement with a focus on PO care can be a point of advocacy for students and is an important component in the education and training of those wishing to work within cancer care. Broadening reimbursement and funding for counselors in PO is advantageous for the counseling field's future, but more importantly increases

accessibility for individuals with cancer and those affected by cancer to receive a form of intentional, wellness-based care that is not currently readily available or financially covered via Medicare (Fullen et al., 2020). Students can investigate the work of patient navigators, who actively work as patient advocates and can be an asset in developing an understanding of the factors involved in cancer treatment and recovery such as the economic, psychosocial, and potentially oppressive barriers therein (Freeman & Rodriguez, 2012). Bringing a patient navigator as a speaker to a class can aid in developing students' exposure to these issues and further develop a broader understanding of integrated care past the primary care provider and counselor, to other necessary team members to provide the best support for those with cancer.

Summing up these components of PO for counseling students, from basic information about cancer to changing the ways in which services clients' access, will take place in the final weeks of the course. For a summative assessment, students can complete papers or presentations detailing their proposed integrated care focus on a specific cancer and/or specific population (e.g., Latinx couples' experiences with breast cancer; Barden et al., 2017). This information should include physical and mental health care concerns and treatments, awareness and addressing of health disparities, and family or couple-based concerns. More advanced students may also complete a plan for intervention incorporating information from throughout the course and utilizing community-specific or novel interventions to provide a new perspective on PO (Luque et al., 2011).

Psychosocial Oncology Across the Curriculum

In addition to the course format, we also suggest integrating PO concerns throughout counseling curriculum to reinforce learning. Since this may be a more feasible option than introducing another three credit course into a full curriculum based on CACREP standards (2015),

we would like to identify some example areas of integration in the core counseling curriculum. Further specialty courses may have areas of integration to consider as well, such as discussing co-morbidities between psychiatric diagnosis (Hill et al., 2011) and concerns stemming from cancer treatment or school reentry for students with cancer (Kaffenberger, 2006). For considerations of space, we will discuss a few areas of integration into core CACREP curricular areas (2015), specifically human growth and development, career development, social and cultural diversity, and group counseling. Table 1 displays discussion points to integrate PO topics into all core CACREP curricular areas (2015).

Human Growth and Development

One of the more obvious places to integrate psychosocial oncology in the counseling curriculum is in areas of human growth and development, as cancer can affect people at any type of life stage. For example, the experiences of childhood and adolescent cancer will have different impacts on individuals as compared to cancer in older age (e.g., Campbell-Enns & Woodgate, 2017). Further, examining the impact of cancer in caregiving and how that affects individuals and families can yield entire class sessions by discussing the unique stressors that cancer can have across the lifespan. Topics commonly discussed in human growth and development courses, such as sandwich generations and a critical mass of baby boomers aging into retirement age, can be seen with a new perspective considering the impact that cancer can have on individuals and families. The caregiving aspect of cancer care is particularly important as it also relates to career development: individuals may have to give up employment to provide consistent care for those with cancer.

Career Development

As Tang et al. (2021) discusses, there is an inherent interconnectedness between health and career issues. Instructors can work with students to examine the experience of job loss for cancer survivors (van Egmond et al., 2017) and how those with cancer may have to find different careers to fit in aspects of cancer care like frequent treatment visits and their side effects (Raque-Bogdan et al., 2015). Instructors can also discuss the effects that cancer has on career selection for younger adults, as Raque-Bogdan and colleagues (2015) found that this experience can lead to a desire for more personally meaningful work, with necessity for sufficient insurance coverage in light of potential recurrence. Also related to job loss, social and cultural diversity issues become important to consider as marginalized women are more likely to experience employment disruption and financial concerns (Biddell et al., 2021) after a cancer diagnosis.

Social and Cultural Diversity

The intersection between cancer and social and cultural diversity is relatively vast as instructors can examine cultural relations to cancer (Özkan et al., 2011), health disparities (Kagawa-Singer et al., 2010), and social justice needs for those with cancer (Marmo & Lane, 2020). In regards to cultural relations to cancer, instructors can examine different ways in which people of differing spiritual backgrounds interpret cancer, whether it is a normal part of life, punishment, or trial in life and how this affects cancer care with counselors. Instructors can also examine the role that health disparities play when it comes to cancer care for ethnic minority clients and how differences in incidence or mortality interact with mental health (Zonderman et al., 2014). It is important to understand some of the systemic racial and ethnic issues that helped to establish health disparities that still exist today, which may help them to feel more authentic and ultimately something that can be repaired (Gray et al., 2020). Finally, social justice and policy needs are ever-

present issues with healthcare policy and the shaping of our healthcare system (Marmo & Lane, 2020). Understanding the systemic influences of who can afford care and who cannot can lead to areas of advocacy and further understanding issues such as delayed treatment (Primeau et al., 2014). Such advocacy requires many individuals to display collective power through survivor advocacy groups (Robinson & Hudson, 2014) or other types of efforts that may be cultivated in group counseling.

Group Counseling

Finally, group counseling can be an area of integration in the counseling curriculum via its common use in psychosocial oncology treatment (e.g., Mirmahmoodi et al., 2020). Different types of group work have been utilized with those with cancer, including psychoeducational groups (Shannonhouse et al., 2014), support groups (Osei et al., 2013), or therapy groups with caregivers (Wood et al., 2015). Instructors can help students examine some of the important aspects of group counseling through a lens of cancer care, such as the importance of screening to ensure that those with cancer have similar goals and characteristics to create a support network (e.g., men with prostate cancer; Osei et al., 2013). Group curriculums can be adapted in order to meet the needs of different cancer populations (e.g., Shannonhouse et al., 2014).

Psychosocial Oncology in Integrated Care-Focused Programs

If a counseling program has an emphasis on integrated care training (e.g., Behavioral Health Workforce Education and Training programs or related programs), then the combination of PO within integrated care training can prepare students to bring wellness into integrated care teams serving those with cancer. The inclusion of cancer concerns is natural in an integrated care-supported curriculum as it can serve as a jumping off point for understanding the role of counselors in integrated care teams through discussing psychosocial concerns of those with cancer. Further,

there is a bevy of research on the implementation of integrated care programs focused on cancer concerns that can be brought into discussion (e.g., designing patient-centered integrated care interventions; van Overveld, 2018). Educators could also amend the full course format to a one or two credit supplement to an existing integrated care course to show the more specific application of integrated care centered on a specific health concern. We encourage educators to bring these topics to classes as they see fit, utilizing case studies, guest speakers, and other factors discussed in the course model to prepare counselors for a population they will likely serve.

Implications, Future Research, and Conclusions

The outlined course provides strength to counselor education programs as it supports an introductory understanding into PO not traditionally covered in counseling programs. Educators can adjust this model to fit CACREP-based learning outcomes (2015), with the course model designed as a course to complement existing integrated care course work or serve as an introduction to integrated care, and the additional PO model can be integrated into courses in a program that already emphasizes integrated care. These proposed frameworks will not necessarily prepare students to have a distinct specialization in PO, however they provide a foundation of education and training that support counselors to work among integrated care teams in PO and encourage a possible future of specialization for the counseling field. Further training during internship experiences in integrated care teams and PO units in oncology centers will help to expand students' experiences and may increase self-efficacy in working with cancer patients and survivors, alongside the theoretical knowledge the models provide.

Implications for Clinical Training

Internship opportunities can consist of rotations in working with different cancer groups in a hospital setting, shadowing oncology appointments with oncologists and nurses, providing

individual, family, couple, and group sessions for those with cancer and their families, and integrated care team meetings to assess the individual needs of clients. Therefore, for counselor educators looking to expand their program to serve those with cancer, clinical experiences in hospitals, cancer care organizations, and other related settings is strongly suggested to prepare students with thorough PO training. Securing site-specific PO supervisors and mentors for counseling students will be an important step in ensuring a meaningful integration into cancer care.

In working with other integrated care disciplines, the course model can be appealing to social work, psychology, nursing, and other fields that would benefit from a wellness-oriented and integrated care informed PO course. Having a course that is integrated in its classroom makeup may better prepare students for integrated care work in the field. Therefore, programs can cross-list and develop courses with other program whose students would be working with counseling students in integrated care settings in the future, fostering a culture of collaboration. Further, as some counseling programs work to develop integrated care courses (e.g., Brubaker & La Guardia, 2020), the PO course outline can be used as an example of specific integrated care work or adapted to serve as a workshop in aid in the training of counselors through federally funded integrated care initiatives. The focus or workshop approach of the PO course may also be useful for gauging student interest in the topic, with later implementation of an entire course or integration of the topic throughout a program. However, in order to best implement a PO course, additional research will need to focus on outcomes and best practices.

Future Research

Mental health research for those with cancers and their families has been encouraged in medical communities, as those with cancer are more likely to develop a psychological disability as compared to those without cancer (Martinez & Pasha, 2017). Research in this area should

expand to testing this model with pre and posttest assessments designed to measure counselors' self-efficacy in treating cancer patients and survivors, alongside outcome measurements for their clients with cancer. In the literature on PO training, there is little information on evaluation of education (e.g., Kubota et al., 2015). Until researchers develop measures to assess self-efficacy, clinical skills, or other standard assessments for related courses (e.g., Boland et al., 2020), educators can utilize integrated care assessments to assess for the effectiveness of PO courses in counseling (Hayes et al., 2018). Investigation of PO care as a way to increase integrated care competencies can be merged with many of the integrated care initiatives funded by federal organizations. In using the course, researchers could assess to see if integrated care outcomes may be influenced by having a more focused area of practice and integrated care team composition with PO to better understand how integrated care work functions, as compared to traditional counseling styles.

Researchers can also look to clinical outcome measures for clients with cancer (e.g., Blenkiron et al., 2014) to assess if a course can influence clients' concerns or enhance the therapeutic relationship through better understanding their concerns or understanding their identity with a chronic illness disability (Brownie et al., 2016). Further, testing for change before and after potential internship experiences in working with those with cancer with or without the PO course can inform researchers if the theoretical and advocacy portions of the class benefit students and clients in a comparison study. Further, researchers could examine program learning outcomes when adding additional course material to understand if additional material outside of CACREP required courses changes programmatic outcomes.

Conclusion

Counselors have a unique position in contributing to integrated care and PO given their focus in wellness and prevention, however, given accreditation requirements (CACREP, 2015) and a need to supply the public with competent counselors, it is difficult to make space for additional counseling concerns. The counseling field's recent venture into integrated care and its advantage as a wellness-based field, education and training involving the medical concerns of clients is important for future generations of counseling students. Although we may see many advances in medical fields, cancer is still a specter that looms in the lives of many potential clients. The proposed course outline and integration into curriculum is one of the first steps in the process of readying counselors for the important work of PO. Educators may have an interest in developing PO specialties after researchers collect data on the usefulness and best practices of PO training in the field and can prepare their students for the future of counseling: wellness-based psychosocial oncology.

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