

# **CLINICAL SOCIAL WORK IN HEALTHCARE**

**Adapted from a Report of this January 5, 2008 Education Conference  
by Martin Lowery, LCSW**

## **I. Introduction - Hillel Bodek, MSW, LCSW, BCD**

- Healthcare is facing a crisis nationally. Note the forthcoming election issues.
- People are living longer. More survive with chronic illnesses, both physical and mental, resulting in booming costs. Change at reducing cost is inevitable.
- Focus in the future will be on preventive care, evidence-based practice, and inter-disciplinary practice. Group and agency-based practice will increase, and solo practice will continue to decrease.
- One direction for change to consider is the “Primary Care Model” in Western Europe.
- Most of us will die as older adults suffering from one or more chronic illnesses and after having gone through several periods of mourning/bereavement. Almost all of us will one day need clinical social work services to help us address the psychosocial-spiritual issues and problems we will have to face. Who will be there to help us?

## **II. Clinical Social Work with Older Adults - Barbara Silverstone, MSW, DSW, LCSW**

- Work with older adults is a growing field of practice.
- Among many issues older adults face seek mental health resources for are marital, sexual, family, loneliness, depression, caregiver burdens, addictions, loss or peers, unresolved childhood issues, etc.
- Clinicians need to develop competency in dealing with the differential aspects of later life, competency in doing a psycho-social assessment and treatment planning.
- Without lowering therapeutic goals, there is a need to take into consideration things like problems in communication due to hearing loss, general physical diminishment, the prospect of fewer years remaining, generational cohort differentials like different values around issues like sex, finances, and view of the professionals they encounter.
- In dealing with older adults there is need for tact and accommodation, focusing on their strengths in adapting rather than challenging. There is need to work cooperatively with other healthcare professionals involved with individuals. There is need to deal with one’s counter-transferential issues.

- The NYSSCSW-Met Chapter, along with other groups, is co-sponsoring a conference on: The Paradoxes of Aging: Psychotherapy with Older Adults. It will take place at the Manhattan campus of Fordham University on Saturday, April 12, 2008. For more information call Alexis at 212-337-2555.

### **III. Clinical Social Work with Chronically & Terminally Ill – Palliative Care - Hillel Bodek, MSW, LCSW, BCD**

- Palliative Care” refers to the treatment of suffering in general, not just care at the end of life. It focuses on the whole patient that includes bio-psycho-social-spiritual components. It looks at the person, the family, and the support structure. It empowers people by helping them understand options. It is supportive, educational, interdisciplinary and cooperative, and it advocates for patients and families.
- In the year 2000 the average age was 80, and rising. The number of people who suffer from chronic illnesses is rising and poses a significant healthcare challenge.
- Chronic and terminal illness is a growing issue, calling for a new response. Most clinical social workers, primarily those in private practice, are more interested in a traditional psychotherapy practice and do not see themselves as healthcare providers. The challenge is to broaden the context and skills of practice and to become involved in the broad healthcare system.
- The need for clinical social workers, who have traditionally work in a bio-psychosocial-spiritual model, to work with the elderly, those suffering from chronic illness and terminal illness and their families, is growing. Studies make it clear that the provision of services to address psychosocial-spiritual issues in such patients reduces medical costs, increases patient and family quality of life, helps reduce pain and other physical complaints, and conserves valuable physician time.
- Having training and competence in this area can make clinical social workers be more marketable, particularly to physicians, who welcome trained professionals who can provide services to address their patient’s psychosocial-spiritual problems, leaving them time to concentrate on treatment of the patient’s illness.
- Hillel Bodek, chairperson of the Society’s Committee on Palliative and End-of-Life Care is offering a comprehensive training program in Palliative Care to the various State Chapters. If you are interested contact your Chapter president or Hillel at [PalliativeCare.Pain\\_ClinicalSW@Verizon.net](mailto:PalliativeCare.Pain_ClinicalSW@Verizon.net) or 718-596-7364.

#### **IV. Clinical Social Work with Adults Suffering Grief, Loss & Bereavement - Susan Gerbino, MSW, PhD, LCSW**

- There are new paradigms guiding work with adults suffering grief, loss and bereavement. The myths of the past spoke of “closure and moving on,” “decathecting from the object,” “stages of grief,” “goal of acceptance, etc.. The new paradigms speak of “holding on/letting go,” a continuum that allows for “loss oriented activities” as well as “restoration oriented activities.” Rather than “pathological mourning,” the term “complicated mourning” is used.
- There is a movement to add “complicated mourning” to the DSM. On the negative side it is another example of the medicalization of human experience, on the positive it helps facilitate insurance coverage.
- The recommendation for ordinary mourning is short-term, psycho-education, preferably in a group setting.
- The following books were recommended for those interested:
  - Continuing Bonds: New Understanding of Grief by Dennis Klass
  - Meaning Reconstruction and the Experience of Loss by Robert Neimeyer
  - Handbook of Bereavement Research: Consequences, Coping , Care by Margaret Stroebe *et al.*
  - Living with Dying by Joan Berzoff and Phyllis R. Silverman.

#### **V. The Importance of Clinical Social Work in the NYS Primary Care Initiatives - Frank Munoz, Esq., Associate Commissioner, NYSED - Office of Professions**

- The Office of the Professions is responsible for licensing 47 different professions. There are 50 thousand new each year. They reviewed and advised on 436 bills before the legislature. They are developing technology to facilitate things like licensing and renewal, as well as a website to deal with things like practice questions.
- The future of health care and the licensing of professionals will need to consider issues like multi-state licensing (right now NY has one of the strongest licenses for clinical social work), licensing that protects the scope of practice, tele-practice issues of diagnosis and treatment, the growing shortage of practice professionals. The greatest growth is among allied health professionals.
- Future discussion of change will focus on universal coverage with an emphasis on “primary care” to deal with the financial shortfall, last year’s being 4 billion. The issue is to maintain quality and access. The definition of “primary” is key.

- The challenge for clinical social workers is to take responsibility for finding a level of relevance within the evolving practice environment. Defining responsibility will guide competency and the needs for continuing education. The challenge is to relate to the developing understanding of “primary care,” which will be interdisciplinary, dealing with an evolving bio-psycho-social context in which provision of care to the elderly and those suffering from chronic illness will be significant issue in healthcare.
- Clinical social workers are facing greater competition from allied health professionals that will necessitate a clearer statement of clinical social work relevancy, as it associates to a more collaborative model of practice, distinct from the traditional private practice model.