



E-News for Professional Social Workers in Hospice and Palliative Care

A Message from Our Chair



Please join us in celebrating with colleagues the fifth anniversary of the SWHPN Annual Assembly at the beautiful Scottsdale McCormick Ranch Resort, Scottsdale AZ February 19-21, 2017. The Assembly is again being held in conjunction with the AAHPM/HPNA 2017 Assembly in downtown Phoenix beginning February 22. You can obtain additional information about the SWHPN Annual Assembly on our website at SWHPN.org. You can also help us to get the word out by sharing this newsletter with colleagues and other professional organizations!

The broad range of topics addressed in the newsletter are an exciting reflection of the rapidly expanding knowledge and skill base of Palliative Social Work! We hope the information provided will inspire you to submit an abstract for presentation on the practice, education, research, or policy issues and innovations in our growing field. Abstracts are currently being accepted for posters, symposia, 30 or 60 minute presentations, or pre-conference workshops.

[Don't miss the September 9th deadline for abstract submission.](#)

“We’re All In: Advancing Inclusive Practice in Palliative Social Work” is the timely and important theme of this year’s Assembly. Inclusion is not focused on one dimension of patient, family, and staff, but extends to practices and programs related to diverse ages, cultures, races, ethnicities, religions, languages, sexual orientations, diseases and treatments, and other conditions, disabilities, and circumstances. This complexity reflects the many challenges and opportunities of our profession. We need your voice!

Finally, the Scottsdale venue also provides a broad range of opportunities for connecting with colleagues informally, addressing issues of self care, replenishment, resilience and professional and staff development as well. The location couldn’t be a better place for a mid-winter break!



SWHPN General Assembly 2017: We're All In

The theme has been announced for the fifth annual SWHPN General Assembly! This year’s conference, set for February 19-21 in Scottsdale, Arizona, will explore social work practice with diverse populations. Registration and reservations are now available for this annual event showcasing leading

research, strategies for practice, and policy discussions from innovative social workers and leaders in the hospice and palliative care field. Held once again in conjunction with the annual conference of the American Academy of Hospice and Palliative Medicine and the Hospice & Palliative Nurses Association, the SWHPN General Assembly offers numerous opportunities for interdisciplinary learning. Join us for a robust program of presentations, workshops, plenaries, and energizing networking opportunities. **Conference submissions are now being accepted; submit your abstract by September 9!** [More information](#)

Election 2016: The Candidates on Hospice, Palliative Care, and Health Care

By Rebecca Armendariz, MSW 2017

The upcoming presidential election merits an examination of the candidates' stated policy positions on the issues of health care, palliative care, and hospice. These are examined in the chart below. Regarding family caregivers of sick or frail elders, Hillary Clinton is thus far the only candidate to put forward initiatives of support for this population. Her platform includes the ability for caregivers

to earn credit toward Social Security benefits when out of the paid workforce for caregiving; up to \$1,200 in tax relief for caregivers; a Care Workers Initiative to organize and provide support to caregivers; and a \$100 million investment in the Caregiver Respite program spearheaded by President Obama.

Candidate Positions on Selected Issues Related to Hospice and Palliative Care

ISSUES REGARDING...	HILLARY CLINTON (D)	DONALD TRUMP (R)	JILL STEIN (G)	GARY JOHNSON (L)
significant changes to Medicare?	<ul style="list-style-type: none"> Allow people over 55 to buy in Telehealth reimbursement Reduce the impact of the prescription drug gap No privatization Reform delivery systems 	<ul style="list-style-type: none"> No cuts to Medicare benefits Have Medicare directly negotiate drug prices 	<ul style="list-style-type: none"> Medicare-for-all, single-payer public health plan 	<ul style="list-style-type: none"> Devolve Medicare to the states
changes to Social Security, particularly benefits for survivors?	<ul style="list-style-type: none"> Reduce how much benefits drop when a spouse dies No privatization Raise the cap on taxable payroll; tax additional sources of income 	<ul style="list-style-type: none"> Comprehensive tax reform to "shore up our entitlement programs for the time being" (AARP, para. 12) 	<ul style="list-style-type: none"> Remove the cap on payroll taxes 	<ul style="list-style-type: none"> Raise the retirement age Create personal investment accounts Means-testing for recipients
significant changes to health care?	<ul style="list-style-type: none"> Reduce the cost of pharmaceuticals for seniors "Make a 'public option' possible" (Hillary for America, para. 2) Incentivize states to expand Medicaid for low-income Americans, including seniors Cap patient share of medical visits Authority to block or modify insurance rate increases 	<ul style="list-style-type: none"> Fully repeal the Affordable Care Act Modify existing law that inhibits sale of health insurance across state lines Fully deductible health insurance premiums Access to health savings accounts Block-grant funding for Medicaid 	<ul style="list-style-type: none"> Medicare-for-all, single-payer public health plan 	<ul style="list-style-type: none"> Fully privatized health care
policy initiatives related to prescription drugs and marijuana legalization?	<ul style="list-style-type: none"> Drug prescribers must participate in a prescription drug monitoring program Legalize medical marijuana; states are "laboratories of democracy" (MPP, para. 3) 	<ul style="list-style-type: none"> Legalize medical marijuana 	<ul style="list-style-type: none"> Legalize marijuana for medical and adult use 	<ul style="list-style-type: none"> Legalize marijuana for medical and adult use

Policy Spotlight

Social Security Survivor Benefit

For most Americans, Social Security benefits are the only source of income that can be expected to last through retirement until the end of life. These payments become especially important for widows and widowers; in 2014, for those age 65 and older in this population, 21% of women and 16% of men relied on the program for all of their income. Social Security benefits provided half or more of the income for 63% of widowed women and 58% of widowed men in the same year. In June 2016, more than 3.7 million widows and widowers age 60 and older – of which 97% were female – received an average monthly survivor benefit of about \$1,295.

After the death of a spouse, widow(er)s and surviving divorced spouses may be eligible for a benefit of up to 100% of the deceased spouse's benefit, if that benefit is larger than what the surviving spouse would receive based on his or her own work history.

The amount of this benefit depends on when the higher-earning deceased spouse claimed retirement benefits;

“

In June 2016, more than 3.7 million widowers age 60 and older – of which 97% were female – received an average monthly survivor benefit of about \$1,295.

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this amount may be reduced if the higher-earning spouse claimed Social Security before his or her full retirement age, which is currently 66 and will increase to 67 for those born in 1960 or later.

A widowed spouse can claim survivor benefits as early as age 60, as opposed to 62 for non-widowed spouses, but the amount of the benefit will be reduced. If a surviving spouse is also eligible for a benefit based on his or her own earnings record, s/he can choose which benefit to receive first. In other words, a widowed spouse may claim his or her survivor benefit while waiting to claim his or her worker benefit, allowing it to grow.

For more information on the Social Security Survivor Benefit, [visit the Social Security Administration on the web](#)

Practice Update

Assessment Practices in Hospice Social Work

By John Cagle, PhD

The Issue: The hospice social work assessment is part of the comprehensive team assessment, which must be completed for all new hospice patients and families. Social workers are charged with conducting an in-depth evaluation of patient/family risks, needs, available resources, and coping. Data from assessments guide care plans and intervention activities. Yet, social workers have little guidance about what topics to ask about and how to best broach the difficult subjects that come up during assessment. If essential psychosocial topics are not brought up during assessment conversations, then important patient/family issues and needs might be overlooked.

The Evidence: There is little consensus about which issues should be included in social work assessments, and agencies have adopted a wide range of assessment types (paper-based, electronic and hybrid format). Several professional advocacy organizations, including the National Hospice and Palliative Care Organization

(NHPCO) the National Association of Social Workers (NASW) and Social Work Policy Institute (SWPI), have identified key areas of assessment focus for hospice and palliative care social workers. These organizations have identified assessment topics that fall into nine general categories: (1) Patient Physical and Functional Status (2) Patient Emotional and Mental Health; (3) Knowledge of Illness and Preferences; (4) Family Coping and Bereavement Risk; (5) Family/Caregiver Health and



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Functional Status; (6) Family and Relationship Issues; (7) Culture, Spirituality and Religiosity; (8) Communication and Literacy Issues; and (9) Resource Needs and Safety.

A recent content review of assessment instruments being used by hospice social workers in the U.S. found that many assessments included content on Patient Emotional and Mental Health, Family Coping and Bereavement, and Risk Family and Relationship Issues. Few assessments, however, included items inquiring about Patient Physical and Functional Status, Culture, Spirituality and Religiosity, and Communication and Literacy Issues.

Practice Implications/Recommendations:

Regarding assessment practices hospice and palliative social workers are advised to:

- Make sure the social work assessment document includes a comprehensive array of psychosocial domains
- Use validated assessment measures (e.g., the PHQ-9) when appropriate
- Whenever possible, make joint assessment visits with other team members, such as a nurse, to minimize assessment burden on families
- Consider using an electronic documentation format
- Use skip logic to minimize unnecessary assessment questions

Research Spotlight

A Father's Role

Examining the Experiences of Fathers of Children with a Life-Limiting Illness

By David B. Nicholas, Laura Beaune, Maru Barrerac, Jonathan Blumberg, and Mark Belletrutti

Little research exists regarding the sole experiences of fathers of children with life-limiting illness (LLI). Through qualitative, in-depth interviews with 18 of these

fathers, including six who had endured the death of their child, social work researchers uncovered details to characterize the ordeal, including external stresses, strategies for coping, and perceived means of support. In focus groups, fathers elaborated on their role in care, employment and financial pressures, dissatisfaction with the health care system, relational and emotional challenges, and preferences for the provision of support. Findings of this study encourage health care providers and researchers to develop resources and interventions targeted to fathers of children with LLI. [Read more](#)

Reduced Hospital Admissions and Costs

What is the Marginal Benefit of Payment-Induced Family Care?

In [Forbes](#), Howard Gleckman covers a [new paper from the National Bureau of Economic Research](#) analyzing the Cash and Counseling Demonstration program, a 15-state Medicaid-based initiative that aims to make it possible for people with disabilities and older adults to direct their own care at home. This program replaces traditional long-term care services with a monthly cash allowance that a patient could use to meet care needs; some paid family members for serving as caregivers. Researchers examined 5,000 adults nine months after program enrollment, half of whom received traditional Medicaid benefits. Among other findings, those who received the cash allowance were one-third less likely to utilize the emergency room and half as likely to be admitted to the hospital as those getting standard Medicaid care. [Read more](#)

Examining Longevity

The Sightlines Project

From the Stanford Center on Longevity comes the [Sightlines Project](#), an investigation of three areas of well-being for older Americans: healthy living, financial security, and social engagement. Study results are based on analyses of eight nationally representative, multi-year studies surveying more than 1.2 million Americans in six age groups over two decades. Key findings include that gains in health, like smoking reduction, have been offset by risks like poor eating habits, and that fewer Americans establish retirement savings plans before age 55. Additionally, members of the Baby Boom generation have weaker social and family ties than their older counterparts. [See more findings](#)

Research Spotlight *(continued)*

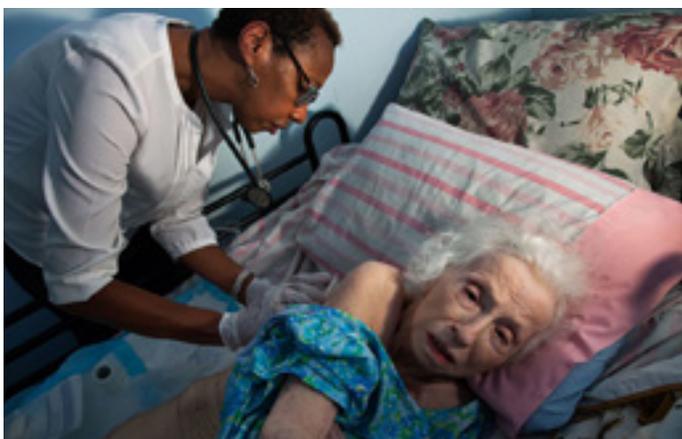
Experiences of Cancer

2016 CancerCare Patient Access and Engagement Report

From CancerCare comes a [new study](#) providing a comprehensive view of how Americans with cancer experience life with and beyond their disease. Three thousand adults with cancer answered six surveys on topics on their diagnoses, their participation in treatment decisions and advance care planning, care

team communication procedures, financial and insurance systems, and symptoms, side effects, and quality of life. Interesting findings include that African American and Hispanic patients had 35% more conversations with care team members than their White counterparts in the days after a diagnosis, and that a third of those surveyed reported not having a caregiver to support them through treatment. [Read more](#)

In the News



Heather Meyerend examines Mary, a ninety-two-year-old woman, at her home, in Marine Park, Brooklyn, in September, 2015. Mary died later that month. Heather believes in caring for the whole person, body and mind.

PHOTOGRAPH BY EUGENE RICHARDS FOR THE NEW YORKER

The Work of a Hospice Nurse

In [the New Yorker](#), reporter Larissa MacFarquhar profiles Heather Meyerend, a hospice nurse who visits between 16 and 20 patients a day in several South Brooklyn neighborhoods. Through describing the ins-and-outs of the job, including stool removal, navigating patients' questions about the amount of time left, and being present during death, MacFarquhar beautifully portrays the unique experiences and relationships rooted in hospice care.

Cell Wars

The *New York Times* recently ran a [series of long stories illuminating immunotherapy](#), a rapidly advancing treatment that harnesses the body's own immune system to fight cancer. Through interviews with patients and medical professionals, the articles present a series of case studies

that point to the wins and dashed hopes associated with this advancement. "I watched the moon landing in 1969, and it was a similar sense of awe," said Dr. Mark Brunvand, a Denver-based oncologist, upon seeing his patient's results. "It was that same sense we'd crossed a threshold."

Medical Marijuana, Less Medicine

[NPR](#) covers a recent study from [Health Affairs](#) showing that Medicare prescriptions have decreased for drugs typically prescribed to treat chronic pain, anxiety, and depression, including opioids and antidepressants, in states that have legalized medical marijuana. Coupled with a decline in spending by Medicare Part D, researchers say it appears likely that legalization has led to a drop in these prescriptions. Prescriptions did not drop for drugs not considered to be an alternative to marijuana.

Death Doulas Aim to Make Dying Easier

Ellen McCarthy of the *Washington Post* visited Baltimore's Gilchrist Hospice Care for [this story](#) on death doulas, whose work is focused on providing presence, comfort, and peace to a person who is actively dying. Now a growing group of volunteers and professionals, death doulas, also known as end-of-life doulas, soul midwives or transition coaches, are mandated to assist and accompany, attending to the spiritual component of end-of-life care.

Coping Strategies and Quality of Life

Patients with a diagnosis of incurable cancer use a variety of strategies to cope with their prognosis. *Medscape* summarizes a new study, just released in the journal *Cancer*, which examines how some coping strategies contribute negatively to the quality of life of these patients. Findings include a correlation between high anxiety and depression scores and denial and self-blame strategies. [Read more](#)

RECOGNITION

NASW Honors Mercedes Bern-Klug



Congratulations to Mercedes Bern-Klug, PhD, on being honored with the Knee-Wittman Outstanding Achievement Award by the National Association of Social Workers at the national conference in June. Mercedes was recognized for her work in health and long-term care and focus on gerontological social work in nursing homes and at the end of life. [Read more](#)

Gary Stein Receives Fellowship Appointment



SWHPN Vice Chair Gary Stein has been awarded a prestigious fellowship through the Health and Aging Policy Fellows Program. The program is geared to provide professionals in health and aging with learning opportunities that will aid in leading the effort to ensure that the U.S. health care system can meet the needs of a rapidly increasing aging population. Congratulations, Gary! [Learn more](#)

ANNOUNCEMENTS

SWHPN Partners with MJHS

The MJHS Institute for Innovation in Palliative Care, located in New York City, has been awarded a grant by the U.S. Cancer Pain Relief Committee to support “A National Consensus Project to Establish Core Competencies and Educational Curriculums for Generalist-Level Palliative Social Work.” At present, there is no consistent set of competencies or teaching curriculum with which to train social work students and practicing social workers in generalist-level palliative care. These educational gaps contribute to the workforce shortage in palliative care and hospice. Under the leadership of Dr. Myra Glajchen, the MJHS Institute has empaneled an advisory board of nationally renowned experts in palliative social work to participate in a rigorous consensus process with the ultimate goal of establishing a set of core social work

competencies framed by the eight domains of palliative care. SWHPN is participating as a dissemination partner, and many SWHPN board members have joined the advisory board for the project. The project will also create a training curriculum to teach specific competencies for social workers in hospitals, home care, field placements and long-term care practice settings. [Learn more](#)

Call for Manuscripts

The Journal of Social Work in End-of-Life and Palliative Care is now accepting submissions for special, separate issues on the themes of substance use and trauma. Manuscripts that report on original research – including systematic reviews and meta-analyses, policy analysis, program evaluation, educational programs, and evaluated community interventions – are encouraged. For specific submission criteria, please [visit the journal online](#) or [email editor Ellen L. Csikai, PhD](#).

Educational Opportunities and Resources

Remembering Conversations with the Dying and Bereaved [VNSNY Hospice and Palliative Care](#) will sponsor a full-day conference with Dr. Lorraine Hedtke on September 16, 2016, “Remembering Conversations with the Dying and Bereaved.” Dr. Hedtke’s books include “Remembering Lives: Conversations with the Dying and Bereaved,” and “Bereavement Support Groups: Breathing Life into Stories of the Dead.” Approximately 50 seats are available at \$75 each; please send a check to VNSNY c/o R. Beyamin Cirlin, LCSW, 1250 Broadway, 4th Floor, New York, NY, with

your name, address, phone number, email, employer, and whether you require a vegetarian or kosher meal.

Training Grants for Oncology Social Workers

The American Cancer Society has a number of available grant opportunities for individuals and institutions that support the training of doctoral and masters-level students focused in the field of oncology social work. Application deadline is October 15. [More information](#)

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