

U8A1 — Individual Theoretical Evaluation

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Introduction

Five different social work theories have evolved throughout the development of social work practice: (a) systems, (b) problem-solving, (c) solutions-focused or strengths-based, (d) modern critical, and (e) post-modern along with three types of discourses: (a) dominant discourse - medical, financial, or legal; (b) social or behavioral discourses; and (c) alternative discourses (Healy, 2014). The dominant biomedical discourse has been informing social work practice since before the 60s when alternative and psychosocial approaches were starting to gain merit. These former discourses can be both at odds with or complimentary to the latter discourse; whereas modern critical social work and post-modern critical theories regard power structures as either something to be rallied against or a needed structure, respectively (Healy, 2014). Though I once thought that my views were reflective of modern critical social work, I believe that my views are more accurately reflected within postmodern theory.

Theoretical Perspective

Alternative discourses — citizen rights, religion and spirituality, and environmental — have shaped my theoretical orientation to date (Healy, 2014). For eight years while I was a traveling freelancer, I started a tagline that was as follows: “A safe haven for the creative spirit at the intersection of hippie and engineer - Advocating for social equality, spirituality, and sustainability” after having spent time in eco-principled communities, religious and spiritually-principled communities, and within grassroots activist-principled communities. These community’s values and approaches to daily living re-shaped my understanding of human interaction as well as my theoretical orientation. For those many years of travel, I had been involved in communities

whose identity and goals tended towards rebelliousness against government geared towards a modern critical social work lens using alternative discourses as tools for activism. Alternative discourses have defined my interest in critical social work and led to my continued interest in the integration of alternatives and dominant discourse as well as the integration of psychosocial and critical social work theories.

Yet, I am coming to realize that my challenge with modern critical social work and alternative discourses is that the approaches are heavily aggressive and criticizing rather than collaborative and conciliatory. Postmodern critical social work values the use of narrative therapy and the formulation of power which emphasizes a structure where bottom-up language can be influential (Healy, 2014). Since hospice is a client-and-family directed setting, consumers of hospice are able to add bottom-up influence to a care team's approach to patient care through the post-modern perspective of sharing their interests, needs, and desires with practitioners.

Hospice Micro Practice

As a Medical Social Worker working within a private hospice agency that adheres to Medicare reimbursement standards, I work under the umbrella of agency, state, and federal standards. As our interdisciplinary team going into assisted living and skilled nursing facilities, state protocols must be followed regarding identification, documentation, health standards, and dress code. After a patient signs on to hospice, strict regulations from Medicare kick into place such that a nursing, chaplain, and social work assessment along with a bereavement assessment must be done within a five day window. Communication of needs and visit frequency must be strictly documented, and since the agency is private they provide updated technology to allow this documentation to be as on-track as possible.

Healy (2014) explained that modern critical social work theory draws context from culture- and class-based interactions within the larger political, gender, and economic frameworks of systemic institutions and ideologies while postmodern critical social places an importance on micro-politics and personal identity empowerment for service users. Hospice services are generally considered directed care based on medical and emotional transformation for the individual or family at a clinical level, thus the post-modern application of using narrative therapy and individual education fits well within a hospice setting.

Development of PostModern Critical Social Work Practice

Path-goal theory can be considered a leadership approach which is in line with the functions of postmodern social work as it can be an assistant to narrative therapy. “Narrative therapy requires the worker to adopt a curious and open, rather than truth-seeking, position towards the service user” (Healy, 2014, p.219). Path-goal theory's emphasis on leader-focused orientation works well with hospice as, not only does it remove the obstacles needed to complete a goal, but it shifts the focus of practice to the client as the leader and the caregiver/practitioner as the follower (Northouse, 2019). When client-leadership is acknowledged in hospice -- the goal being quality of life -- as directed by the client, a burden is lifted for caregivers and practitioners such that, whatever the client needs, the caregiver/ practitioner is there to remove the obstacles associated with the challenge of completing the need. This interplay of having a client-directed goal and working interactively to minimize the obstacles, through client-directed care, is both pragmatic and complex, and it describes the narrative therapy approach which informs postmodern critical social work practice.

If either the caregiver or the practitioner is in tune with the client, they are able to collaborate with each other switching from leader to follower and vice versa as needed, allows for differing circumstances of understanding to help everyone adjust to different leader/follow needs. So, naturally when the client is able to leader, the caregiver/practitioner will follow, and when the caregiver/practitioner needs to leader, there is space for that, also -- always moving toward the goal of providing comfort for the end-of-life patient and removing any obstacles that surface towards that goal.

Path-goal theory as a leadership approach that helps individuals define their style at either directive, supportive, participative, or achievement-oriented (Northouse, 2019). The specificity of the 7-point likert assessment assists leaders in growing their self-awareness which expands understanding of how a leader/follower interaction is influenced by observation of the follower. As followers are often overwhelmed and working to concentrate on taking in new knowledge, it is through observation that many followers receive their learning, so the stronger the leaders self-awareness, the stronger the learning can be for the follower.

Mezzo-Level Diversity Inclusion

According to Healy (2014), social work theory and practice are two concepts that are constantly being redefined by practitioners and by researchers such that allowing for doubt within the framework of social work helps to establish a solid foundational framework of merged theory and practice. Continuously social work theory Reflective activities, specifically, are considered necessary to competency trainings as well as to advancement or innovation such that, rather than use employment as a tool for diversity, reflective education can be used to support diverse caregivers assisting with end-of-life support (Ng, Kinsella, Friesen & Hodges, 2015).

A Hospice Bereavement Coordinator's role is to comfort and support family, friends, and caregivers of patients who pass away on service. The case managing RN has typically sat with the patient's family during the death visit, the aides have been close with the patient during cares and have generally met family members in passing, and the chaplain has followed family and patient on their spiritual process during the end-of-life stage. When a facility community is involved, not only does the family grieve, but so do the long-term caregivers and residents within an assisted living or skilled nursing community. Celebration of Life reflections fall under the purview for bereavement support and can be used to add inclusion and diversity to the dying process when supportive of facility caregivers.

Bereavement support to community caregivers and residents within facilities is one way add reflective education and mental health wellness to typically underpaid and overworked caregiving professionals who are often of multiple ethnicities and race backgrounds. A longer term educational experience of understanding emotional responses and increasing ones awareness of emotional behaviors, from a bereavement coordinator perspective, can take on mezzo level trainings for facility community staff members which will continue to influence micro level practice for individual residents.

Mezzo-Level Practical Application

The hospice model as defined by Medicare includes an interdisciplinary team (IDT) led by a certified medical director — with nurses as case managers surrounded by other supporting team disciplines, including but not limited to, a chaplain, social worker, music therapist, dietitian, and massage therapist (Medicare, 2018). Hospice patients are typically and hopefully at end-of-life as senior ages above sixty-five years old, having grown up during Depression or

World War II era timeframes. The influence of these two events for this population is deeply rooted in poverty and nationalistic thinking which defined both social and political action in the decades to follow (Wenocur & Reisch, 1989).

The senior generations lived through multiple wars, political upheaval, race riots, and poverty, seeing great strides and great defeats within all these contexts. A very strong way to give back to this population is to work as a community to shift legislative agendas. The shift should include higher living wages to health care workers who act as paid caregivers for end-of-life seniors and lower kickbacks to executives of nursing home facilities. Social workers have a responsibility to assist families of end-of-life seniors in creating legislative action groups which will bring together, educate, and support community action of community members regarding changes to the current legislative budgets. This both empowers family members and defines a legacy movement for them surrounding the death of their beloved senior while continuing to re-define the narrative therapy approach to patient and family wellness through a postmodern critical social work lens (Healy, 2014).

Assessment and Evolution

Working with a start-up private company in a multi-county metro area has both benefits and challenges, yet being able to help direct how the technology writes the assessments that we as clinicians are providing is a strong perk. As Reese and Csikai (2018) describe, Hospice and Palliative Care organizations have for years developed the Social Work Assessment Tool (SWAT) which provides details of how social workers gauge psychosocial needs while interacting with patients. Our hospice company has partnered with a company called HCHB who converted the SWAT paper assessment into a tablet-based portable communication device.

This portability has enhanced hospice's ability to reach broad geographical regions of patients with instant feedback to the central office technology system, expanding both within the metro area and out into rural communities. Healy (2014) shares how the professional practice of social work has developed in tandem with theories learning such that experience, practice framework, user needs, and discourses build together to create the social workers role within a local, state, or private agency. The ongoing development of the SWAT to help hospice social workers have a dependable foundation of psychosocial assessment in their practice with the integration of portable technology has broadened the reach of health professionals throughout the nation and in our hospice agency. Following and adhering to this progress and to the regulations set at both community and federal levels, has helped end-of-life patients and families meet their needs for additional team member support during this difficult time.

In referencing post-modern theory in relation to the SWAT assessment within Hospice, dependence on an evaluation team is critical. As Healy (2014) described, power can be exercised and not possessed, productive if sometimes repressive, and a bottom-up phenomenon. Postmodern critical social work theory states that a form of submission has to take place under a power structure. Medical social workers on hospice care teams are placed in middle-management positions that report to complex and broad power systems.

Trust within the power system is essential and can include quality assurance professionals, human resource managers, leadership and clinical directors, and researcher analysts who have provided clinical evaluation tools. As a medical social worker I have consistently been asked to place my trust in these team members and have had to adopt the submission to power that Healy (2014) defined through postmodern theory. My theoretical perspective, though semi-

confrontational when assessed as modern critical, has become more inter-connective after adopting a postmodern education. This has altered how I view my role within the Hospice interdisciplinary team and validates my personal beliefs, love of, and usage of curiosity and creativity within my role as a medical social worker.

Ife and Tascon (2016) discussed the need and ability for postmodern critical social work to redefine top-down approaches by the alternative use of curiosity and worldview validation as a way to explore new models of approaching well-being that could be perceived as bottom-up. An internal struggle between my personal affinity towards the use of curiosity versus the experiential pressure of modern critical approaches such as Marxist, radical, feminist, and anti-oppressive has been lifted through a stronger understanding of postmodern perspective. My acceptance levels of leadership decisions and approaches to contributions within the company have become increasingly understanding and additive through this growing professional confidence and social work identity. In past roles I have had to put on many hats, which I was continuing to try to do with my medical social work role until I came to a greater evolution of the specific clinical social work role which postmodern education has helped me to develop.

Summary

As Seinfeld (2012) talked about the value of mindfulness for patients as they explore their negative thoughts with curiosity and awareness in order to transform the exploration into understanding, social workers in organizations which do not typically engage with patients of non-dominant spiritual practice need to continue to be curious as to what the staff reaction is and how to alter criticism or dissent. Ongoing conversation as well as education and exploration are helpful in shifting perspectives and creating greater standards of open-heartedness.

It is through a series of many conversations that some of the misunderstandings start to shift, yet it is usually through basic getting-to-know-you supper or tea circles that perspectives actually start to shift. Creating opportunities for this consciousness raising is the nature and responsibility of the dominate members within a country, race, socioeconomic class, gender, sexual- or religious-affiliated group (Healy, 2014). With an emphasis on narrative therapy and restorative justice, postmodern critical social work is a fitting match for my viewpoints and approaches to practice. The fusion of postmodern critical social work orientation with the need for personal narrative changes calls for social work leaders to come up with creative and principled approaches to positive change. Postmodern social work leaders are called upon to help redefine personal narratives by offering creative solutions and transformational approaches to care teams, caregivers, and families in order to gain an increasingly inter-connected sense of recognition, confidence, education, and community support (Bahar, 2017).

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