



# SOCIAL WORKERS IN HEALTH CARE: NAVIGATING OUR TROUBLED WATER

## *San Francisco, California*

**October 26-29, 2011**  
*Fairmont Hotel San Francisco*

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46TH ANNUAL MEETING & CONFERENCE

# Welcome to San Francisco!

On behalf of the 2011 Conference Planning Committee, we welcome you to San Francisco for the 46th Annual SSWLHC Meeting and Conference. We are thrilled that you have chosen to join us at the internationally acclaimed Fairmont Hotel, a historic, five-star hotel that will afford our attendees the best scenic views, restaurants, and cultural experiences that the city can offer, while at the same provide an opportunity to learn from the "best of the best" in health care social work leadership practice.

This year's conference title, "**Social Workers in Health Care: Navigating our Troubled Water,**" represents the sign of the times, state of our country, and the current health care environment. Social workers have preserved and helped health organizations, patients, and families navigate through these precarious times. This conference will provide tools for social work leaders and clinicians to thrive despite the current uncertain climate.

The Conference Planning Committee was overwhelmed by the quality and quantity of abstracts submitted this year. The 2011 conference will again feature national and international leadership experts. The committee worked hard to put together an educational venue that would appeal to the interests of both new and seasoned leaders from all walks of health care social work practice. We are pleased to announce Dr. Oliver J. Williams, Executive Director of the Institute on Domestic Violence in the African American Community, as our Opening Banquet and Kermit B. Nash Plenary Speaker, along with SSWLHC's very own June Simmons, Chief Executive Officer & President of Partners in Care Foundation as our Friday morning Keynote Speaker.

This year we celebrate the fourth year of the Leadership Institute! Over the years, the Leadership Institute has consistently received rave reviews from the graduates about the value of this experience. A 2010 graduate stated that the training was "the best conference experience in my professional life." The Leadership Institute will kick off on the afternoon of October 25th. This day and a half interactive training is designed for health care social workers that want to further demonstrate their individual leadership talents in their organization, regardless of position or title through structured conversations with peers and veteran leaders of our Society.

Again this year we will offer our two standard pre-conference Intensive Workshops along with two **new** half-day Intensives. The Pediatric and Home Care Intensives have been great opportunities for veterans as well as new Social Workers in Pediatrics and Home Care to network and make connections as well as learn new and helpful information. For the first time we will feature a half-day Ethics Intensive titled "Ethical Practice: A Social Worker's Best Defense Against Malpractice" for those seeking ethics CEUs for their state licensing requirements, along with "Building the Business Case: Critical Skills for Leadership," designed for social work leaders wanting to learn critical leadership skills needed to develop new programs and/or demonstrate the value social work adds to quality, safe patient/client care in a language that administrators, especially CFOs understand.

The Social Work Health Leadership Foundation will again host a luncheon on Friday afternoon. This is an opportunity for attendees to learn more about the Foundation and how it is working to provide financial support to the Society and its members. This is also an opportunity for you to give back to your society through your tax-deductible contribution. Unlike many such functions where you are only able to deduct a portion of your ticket, the contribution made to attend the Foundation Luncheon is totally tax deductible. Make this part of your Conference experience.

Please mark your calendars today for October 26th-29th and join us in San Francisco for what promises to be a memorable experience. Fill your days with high-level learning and your evenings with the sights and sounds of the city hosted by our California Chapter Colleagues. As the premier organization for social work leaders and leadership in health care, make the SSWLHC conference your primary educational event in 2011.



Anthony Yamamoto, LCSW  
President



Sheri L. Hilger, LCSW, LSCSW  
Conference Chair

SOCIETY FOR SOCIAL WORK LEADERSHIP IN HEALTH CARE



## 2011 CONFERENCE PROGRAM COMMITTEE

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CHIEF OF SOCIAL WORK IN PSYCHIATRY &  
DIRECTOR OF SOCIAL WORK TRAINING  
*Children's Hospital Boston  
Boston, Massachusetts*

# Special Events

## **LEADERSHIP INSTITUTE INTENSIVE**

Tuesday, October 25, 2011 • 2:00 PM - 6:00 PM  
(Part I)

Wednesday, October 26, 2011 • 7:30 AM - 4:30 PM  
(Part II)

The Society for Social Work Leadership in Health Care is proud to welcome members to the Fourth Leadership Institute (LI) to be held in conjunction with our annual meeting in San Francisco. The 2011 Leadership Institute includes a day and a half intensive beginning on Tuesday, October 25th and continuing on Wednesday, October 26th. The registration fee is \$175. LI attendees will return to their organization with a certificate of completion and 11 CEUs. The Fourth Leadership Institute brings together an excellent faculty of experienced social work leaders and educators for an intensive, interactive program designed to develop and/or enhance the leadership knowledge and skills of participants. The class of 2010 described this unique learning experience in very positive terms and highly recommends the program to colleagues. This program is not just for administrators or those with formal leadership titles. The target audience includes professionals who lead in their organizations whether or not they hold a formal title. Social work clinicians, supervisors, managers, administrators, teachers or researchers who wish to enhance and leverage their leadership skills will benefit greatly from this program. The learning methods utilized include core leadership content and experiential exercises.

## **NEW MEMBER & FIRST TIME ATTENDEE ORIENTATION**

Wednesday, October 26, 2011 • 4:45 PM – 5:30 PM

You have invested your time and money. Now it is our turn to invest our time in educating you on the benefits of getting involved in SSWLHC. Join us for an informational presentation that allows all new members and first time attendees to meet the SSWLHC leadership and other first time attendees on a more personal level while getting an overview of the organization and the conference. All new members and first-time attendees are welcome.

## **WELCOME RECEPTION WITH EXHIBITORS AND PREMIER OF POSTERS**

Wednesday, October 26, 2011 • 5:30 PM – 6:30 PM

Reconnect with old friends or strike up a conversation with a new face in the crowd while savoring hors d'oeuvres and cocktails. Enjoy the relaxed, informal atmosphere to visit with our poster presenters, sponsors and exhibitors. Attendees will be given an "Exhibit Hall Passport" in their registration packets. Stop by to chat with our exhibitors to learn about their latest products and services and get entered into a raffle to win a complimentary registration to the 2012 Annual Meeting & Conference. In addition, attendees will get to cast their votes for the best posters. Certificates will be awarded for posters which promote social work excellence in clinical expertise, leadership, and working with specific populations. Winners will be announced at the Closing Raffle in the Exhibit Hall on Friday, October 28 at 2:30 PM.

## **OPENING BANQUET WITH KERMIT NASH PRESENTATION & AWARDS CEREMONY**

Wednesday, October 26, 2011 • 6:30 PM – 9:00 PM

After mixing and mingling at the Welcome Reception, join us for our Opening Banquet Dinner. The 46th Annual Meeting & Conference kicks off in high gear with a dynamic presentation from our Kermit Nash speaker, Oliver J. Williams, PhD, MPH, MSW. Following Dr. Williams' presentation on "Journey to Healing: Finding the Path," we will honor our 2011 award recipients with an Awards Ceremony highlighting the achievements of our fellow social work colleagues. A dinner buffet is included at no additional cost if you are registered for the full conference. If you plan to attend this Opening Banquet, please check the corresponding box on your registration form and you will receive a ticket that will guarantee you a seat. Your pre-registration allows us to appropriately plan ahead and be good stewards of the Society's funds.

## **BOXED LUNCH WITH EXHIBITORS & POSTERS**

Thursday, October 27, 2011 • 12:30 PM – 1:30 PM

Grab a boxed lunch and take this opportunity to unwind a bit from the morning's sessions to visit with our vendors and speak with poster presenters. Be sure to get your Exhibit Hall passport signed by exhibitors to be eligible to

win the complimentary registration for next year's Annual Conference and don't forget to cast your vote for Best Poster. The boxed lunch is included in your registration fee. If you plan to join us for this lunch, please check the corresponding box on your registration form so that the appropriate number of meals is available.

## **MEMBERSHIP MEETING**

Thursday, October 27, 2011 • 3:00 PM – 4:30 PM

This meeting is an interactive forum for feedback and open dialogue between the Board of Directors and the members. At this informative session, you will receive an update on the Society's activities, strategic initiatives, fiscal health, policies and bylaws. You will have an opportunity to share your voice and offer input into the Society's activities and priorities. All attendees are encouraged to attend, even those who are not current members of the Society but are interested in learning more about the organization.

## **SOCIAL WORK HEALTH LEADERSHIP FOUNDATION LUNCHEON**

Friday, October 28, 2011 • 11:45 AM – 12:45 PM

*(\$40 donation required to attend)*

We hope you will take time from your busy conference schedule to enjoy a delicious lunch and help celebrate the continued progress of the Social Work Health Leadership Foundation. Every Society member is a direct beneficiary of the activities of the Foundation which provides educational scholarships, financial support to specialized programs like the Leadership Institute, health care social work research and the awarding of grants to the Society.

Your tax deductible donation of \$40 will help us continue this work and expand our commitment to all Social Work Leaders in Healthcare. The cost of the luncheon will be underwritten allowing all of the proceeds to go directly to the Foundation for current projects and future initiatives. The Board looks forward to seeing our old friends, meeting new ones and providing a time for celebration and fellowship.

To purchase tickets for the Foundation luncheon please check the box on the registration form.

# 2011 Conference Learning Objectives

- Participants will learn a variety of leadership concepts, techniques and skills, including how to bring theory into practice as leaders in their organizations.
- Participants will develop a skill set for leadership across the health care continuum and in all social work roles including direct service, program development, management, administration and executive leadership.
- Participants will interact with leaders and clinical experts from a variety of practice interest areas including case management, behavioral health, primary care, home health and hospice, ethics, health care systems, and evidence-based practice.
- Participants will experience the rewarding opportunity for networking with colleagues from all areas of health care social work practice across the health care continuum at the national and international level.

# San Francisco

## CALIFORNIA

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San Francisco has become one of the nation's top destinations for travelers. From the barking seals and seafood at Fisherman's Wharf to the cafes and bistros in North Beach to the gardens and museums of Golden Gate Park, San Francisco attractions have become brand-names recognized the world over. Come early or stay after the meeting to check out these **top 10 San Francisco attractions**.

### **Golden Gate Park**

Bigger than New York City's Central Park, Golden Gate Park is an oasis of towering eucalyptus trees and lush rolling lawns. Rent a pedal boat on Stow Lake, wander the paths of the Japanese Tea Garden, or enjoy exotic blooms in the Conservatory of Flowers; Golden Gate Park offers a multitude of activities. In addition to its vast natural wonders, the park also hosts sporting events, concerts, numerous festivals, and two world-famous museums—the California Academy of Sciences and the de Young Museum—both of which have undergone extensive recent renovations.



### **De Young Museum**

Situated in the heart of Golden Gate Park, the de Young Museum primarily showcases American, Pacific, and African art. However, as one of the major art museums in the Bay Area, it also regularly hosts special exhibitions of some of the most well known art works in the world, such as the treasures of King Tut and Impressionist masterpieces from France. While you are there, be sure to go to the top of the tower for a 360-degree view of San Francisco's rolling hills, the Bay, and the world famous Golden Gate Bridge.



### **Academy of Sciences**

Located directly across from the de Young Museum in Golden Gate Park, the California Academy of Sciences is a small slice of heaven for science buffs. Having recently undergone an extensive remodel, there are no more dusty dioramas here; in addition to a planetarium and natural history museum, visitors will find a rainforest habitat, an aquarium full of fascinating sea life, and the academy's already famous "living roof." The Academy also offers an adults-only experience every Thursday with music, drinks, and special themes.



### **Chinatown**

San Francisco's Chinatown is the oldest Chinatown in North America, springing up in the mid-1800s as people from all over the world came to California seeking their fortunes. The streets of Chinatown are packed with open-air markets, souvenir shops, and the delicious scent of dumplings.



### **Haight-Ashbury**

The home neighborhood of the original hippies, Haight-Ashbury is still a center of counterculture in San Francisco. The Haight is filled with vintage clothing stores, restaurants and cafes.

# San Francisco

## CALIFORNIA

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### **North Beach**

With its rolling hills filled with gelato shops, pizza parlors and Italian bistros, North Beach is the "little Italy" of San Francisco. Enjoy a steaming cappuccino or a slice of tiramisu at one of the many sidewalk cafes or soak in some sun on the grassy expanse of Washington Square. Those with literary leanings can find old beat poets' haunts, including like City Lights Bookstore and Vesuvio bar.



### **Cable Cars**

The cable car may be the ultimate San Francisco icon. Featured in nearly every film set in San Francisco, these pieces of moving history have been running up and down the steep hills of the city since 1873. Today, three routes remain to take tourists and commuters alike back and forth from the waterfront and downtown.



### **Fisherman's Wharf**

World famous for its fried fish, clam chowder, and the famous San Francisco sourdough and fabulous bay views, this international tourist hotspot also hosts Musee Mechanique, home to more than 300 antique mechanical items and games that still work. Get a roll of quarters and go nuts with Laffing Sal, fortune tellers, mechanical monkey bands, foosball, and 1980's arcade games. Nearby sights include historic ships, Ghirardelli Square, Pier 39, and Madame Tussaud's Wax Museum.



### **Golden Gate Bridge**

It is no longer the longest suspension bridge in the world, but the Golden Gate Bridge is certainly still the most famous. Joining Marin County to the City of San Francisco, the bridge has seen untold numbers of tourists and commuters across the water since its completion in 1937. Bicycle lanes and footpaths make the Golden Gate Bridge a great attraction for those who want a more leisurely experience.



### **Alcatraz**

Alcatraz was at various times home to such famous criminals as Al Capone, Machine Gun Kelly and Mickey Cohen. A guided tour of the prison reveals cramped cells and a creepy hospital wing, along with stories of fantastic escape attempts and the prison's famous personalities. But Alcatraz is more than just a prison; it has been a lighthouse and a military fortification. Explore its fascinating history while enjoying gorgeous views of San Francisco.

# General Sessions

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**Wednesday, October 26, 2011**

7:00 PM – 8:00 PM



## **Kermit B. Nash Plenary Session** **Journey to Healing: Finding the Path**

*Oliver J. Williams, PhD, MPH, MSW*

SSWLHC welcomes Dr. Oliver Williams, PhD, MPH, MSW as this year's 11th Annual Kermit B. Nash Plenary Speaker. Dr. Williams is the Director of the Institute on Domestic Violence in the African American Community and Professor in the School of Social Work at the University of Minnesota. He is also the Director of the Safe Return Initiative that addresses the issues of prisoner reentry and domestic violence. He has worked in the field of domestic violence for more than thirty years.

Dr. Williams' presentation will address issues of domestic violence, women who are the victims of abuse and the healing process of these victims. Dr. Williams will provide a powerful overview of how domestic violence intersects with suicide, homicide, and drug abuse/mental health. Many persons who have suffered from domestic violence have been described as victims and as survivors. Yet, many battered women and adults exposed to it as children have described the desire to move past the experiences and to heal. This presentation will highlight discussions conducted with persons who suffered from domestic violence to define what they describe as healing. They highlight a beginning, middle and end stage noted as the five stages of healing.

### **OBJECTIVES**

At the conclusion of this session, participants will be able to:

- Gain an understanding of the dynamics of domestic violence and effects on the victims.
- Learn about the recent research about domestic violence and the impact for social work practice.
- Apply evidence-based interventions working with victims.

**Friday, October 28, 2011**

10:00 AM – 11:30 AM



## **Keynote Presentation** **New Opportunities for Social Work in our Changing Health Care Environment**

*W. June Simmons, MSW, LCSW*

The Keynote Presentation will feature W. June Simmons, MSW, LCSW, Past President of SSWLHC and a long time Society member. Nationally recognized for her leadership in the administration of health care organizations, she is a visionary in developing innovative approaches to health care delivery in the 21st century. Throughout her distinguished career, she has been instrumental in creating, funding and operating forward-looking health and social services research and programs. As founding President and CEO of Partners in Care Foundation, Ms. Simmons strongly believes that health care and social delivery of services need to change, especially in community and home settings. She takes an active role in developing initiatives and pro-active programs which meet the mutual needs of patient populations, providers, and health care

delivery networks to encourage cost-effective, patient-friendly integration of care from hospital to home and community.

The Keynote Presentation will focus on transformational change and how healthcare is re-shaping under the impact of the recession, opportunities from health care reform and new insights from new technology. Ms. Simmons will show how a vision for growing social work opportunities is emerging and will empower all social work leaders to seize the day.

### **OBJECTIVES**

At the conclusion of this session, participants will be able to:

- Understand opportunities from recession and health reform.
- Recognize new approaches from technology.
- Embrace new social work opportunities and strategies for change.



### Tuesday, October 25, 2011

- 12:00 PM – 5:00 PM Registration
- 1:00 PM – 5:00 PM Chapter Presidents' Meeting (Lunch on your own)
- 2:00 PM – 6:00 PM I-1: Leadership Institute – Part I  
*William Tietjen, Judith Trachtenberg, Richard Woodrow*

### Wednesday, October 26, 2011

- 7:00 AM – 6:30 PM Registration
- 7:30 AM – 4:30 PM I-1: Leadership Institute – Part II  
*William Tietjen, Judith Trachtenberg, Richard Woodrow*
- 7:30 AM – 4:30 PM I-2: Pediatric Health Care Social Work Intensive
- 7:30 AM – 4:30 PM I-3: Home Health & Hospice Intensive  
*Mark de St. Aubin, Andrea Bailey*
- 12:30 PM – 4:30 PM I-4: Building the Business Case: Critical Skills for Leadership  
*Polly Jones*
- 12:30 PM – 4:30 PM I-5: Ethical Practice: A Social Worker's Best Defense Against Malpractice  
*Greg Jensen*
- 4:45 PM – 5:30 PM New Member & First Time Attendee Orientation
- 5:30 PM – 6:30 PM Welcome Reception with Exhibitors and Premier of Posters
- 6:30 PM – 9:00 PM Opening Banquet Dinner with Kermit B. Nash Presentation and Awards Ceremony  
*Journey to Healing: Finding the Path, Dr. Oliver Williams*

### Thursday, October 27, 2011

- 7:00 AM – 3:00 PM Registration
- 7:00 AM – 8:00 AM Continental Breakfast with Exhibitors and Posters
- 8:00 AM – 9:30 AM Concurrent Workshops – Breakout Session 1

<b>W-1</b>	<b>W-2</b>	<b>W-3</b>	<b>W-4</b>	<b>W-5</b>
Use the Muse! Creativity as a Leadership Competency	Social Work Student Training Programs: An Opportunity for Growth	ExCEL in Social Work: Excellence in Cancer Education & Leadership	An Emerging Model of Family Psychoeducation and Family Support: Making a Difference for Families	Beyond the Disease: Improving Function in Complex Patients During and Following Transitions from Hospital to Home
<i>Jane Parker Richard Woodrow</i>	<i>Mollie G. Forrester</i>	<i>Shirley Otis-Green</i>	<i>Laura J. Nitzberg Mary Ruffolo</i>	<i>Shira Loyer</i>



### Thursday, October 27, 2011 (continued)

9:30 AM – 9:45 AM Transition Break

9:45 AM – 11:15 AM Concurrent Workshops – Breakout Session 2

<p><b>W-6</b>                      Leadership for the 21st Century: Achieving What You Want in Your Professional and Personal Life  <i>Charles L. Robbins</i></p>	<p><b>W-7</b>                      Post-Master's Fellowship Programs in Psychiatric Social Work  <i>Melissa Webster</i></p>	<p><b>W-8</b>                      Taking the Lead in Patient and Family Centered-Care  <i>Barbara S. Lee</i></p>	<p><b>W-9</b>                      The New Continuum of Care Under Health Reform: Opportunities for Social Work Leadership  <i>W. June Simmons</i></p>	<p><b>W-10</b>                      The Path Not Quite Paved: Social Work Practice in Primary Care Settings  <i>Anita Clos                      Stacey Klett</i></p>
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11:15 AM – 11:30 AM Transition Break

11:30 AM – 12:30 PM Concurrent Reports from the Field – Breakout Session 3

<p><b>RF-1</b>                      Staying Home Matters: Proactive Care Management Protocols with Medicaid Waiver Members with Dementia  <i>Sharon Foerster</i></p>	<p><b>RF-2</b>                      Building Excellence in Practice: Core Training for Social Workers in Health Care  <i>Theresa Martin                      Esther Krahn                      Terry Brock                      Shannon Torhjel</i></p>	<p><b>RF-3</b>                      Where's the Data? Using Longitudinal Clinical Data for Program Development, Quality Improvement, and Advocacy  <i>Katherine Ginnis                      Abigail Ross</i></p>	<p><b>RF-4</b>                      Promoting Advance Care Planning: An End of Life Toolkit  <i>Patricia O'Donnell</i></p>	<p><b>RF-5</b>                      The Social Determinants of Health as a Foundation for Social Work Practice  <i>Karen R. Nelson</i></p>
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12:30 PM – 1:30 PM Boxed Lunch with Exhibitors and Poster Viewing (Lunch is included in your registration)

1:30 PM – 2:30 PM Concurrent Reports from the Field – Breakout Session 4

<p><b>RF-6</b>                      Public Health Social Work in 21st Century Practice: Overview and Examples from the Field  <i>Betty J. Ruth                      Jamie Wyatt Marshall                      Abigail Ross                      Sarah Sisco                      Esther Hill</i></p>	<p><b>RF-7</b>                      Developing a Clinical Career Path  <i>Yvette M. Rolon</i></p>	<p><b>RF-8</b>                      Social Work and Nursing Case Management Collaboration: Towards a More Perfect Union  <i>Heather Langlois                      Tracy Higlander</i></p>	<p><b>RF-9</b>                      Social Work Leaders as Licensed Independent Practitioners: A Best Practice Standard in the Hospital Setting  <i>Kathy Hager                      Denise Katterhagen</i></p>	<p><b>RF-10</b>                      Optimizing Resources, Crossing Borders &amp; Building Bridges  <i>Peggy Pettit,                      Alejandro Celorio                      Alcantara</i></p>
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2:30 PM – 3:00 PM Beverage Break in Exhibit Hall

3:00 PM – 4:30 PM Membership Meeting

4:30 PM – 5:30 PM Committee/Networking Time

5:30 PM Free Evening



### Friday, October 28, 2011

- 6:45 AM – 7:45 AM Past Presidents' Breakfast (by invitation only)
- 7:00 AM – 3:00 PM Registration
- 7:00 AM – 8:00 AM Continental Breakfast with Exhibitors and Poster Viewing
- 8:00 AM – 9:30 AM Concurrent Workshops – Breakout Session 5

<b>W-11</b> Who is a Leader... How Do you Become a Leader? <hr/> <i>Linda Brandeis</i>	<b>W-12</b> From Crew Member to Captain: Training and Equipping New Social Work Supervisors <hr/> <i>Donna Suckow Margaret Meyer</i>	<b>W-13</b> Evidence Based Practices to Improve Care Transitions and Reduce Avoidable Hospital Readmissions <hr/> <i>Selena Bolotin</i>	<b>W-14</b> Perceived Lack of Control and Learned Helplessness: The Effects on Transition to Adult Health Care <hr/> <i>Erica Menzer</i>	<b>W-15</b> Caring for Transgender Patients <hr/> <i>Max Rorty</i>
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- 9:30 AM – 10:00 AM Beverage Break in Exhibit Hall
- 10:00 AM – 11:30 AM Keynote Presentation: New Opportunities for Social Work  
in Our Changing Healthcare Environment, *W. June Simmons*
- 11:30 AM – 1:00 PM Lunch on your own
- 11:45 AM – 12:45 PM Social Work Health Leadership Foundation Fundraiser Luncheon (Ticket Required)
- 1:00 PM – 2:30 PM Concurrent Workshops – Breakout Session 6

<b>W-16</b> Together, Let's Support Families through Organ and Tissue Donation <hr/> <i>Ilene Mason Tim Chamberlain</i>	<b>W-17</b> Preparing Future Social Work Leaders in Health Care: Field Instruction as an Essential Tool <hr/> <i>Judith Trachtenberg Kay Davidson</i>	<b>W-18</b> Hospitals are Open Everyday; Why Isn't Social Work? <hr/> <i>Anita Clos Sandra Iaderosa</i>	<b>W-19</b> Ethical Practice: A Social Worker's Best Defense Against Malpractice <hr/> <i>Greg Jensen</i>	<b>W-20</b> The Role of Social Work in Building a Palliative Care Team <hr/> <i>Ana G. Fisher Erica J. Taylor</i>
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- 2:30 PM – 3:00 PM Refreshment Break, Final Poster Viewing and Closing Raffle
- 3:00 PM – 4:30 PM Concurrent Workshops – Breakout Session 7

<b>W-21</b> Mutiny on the Bounty? Responding to "Problem Employees" <hr/> <i>Tom Aronson</i>	<b>W-22</b> Clinical Supervision in Health Care: Ethical, Legal, and Practice Issues in the Internet Era <hr/> <i>Carol Frazier Maxwell Carlean Gilbert</i>	<b>W-23</b> Reducing Visits for Frequent Guests in the Emergency Department <hr/> <i>Rose Popovich Stephanie Curry Travis Lozier</i>	<b>W-24</b> Risk of Self Harm and Parasuicidal Events in Medical Populations: Health Social Work's Role in Assessment and Prevention <hr/> <i>Les Gallo-Silver</i>	<b>W-25</b> Domestic Violence Assessment: A Step by Step Approach for Increasing Provider Awareness <hr/> <i>Rachelle White Bonnie Conley</i>
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- 3:00 PM – 5:00 PM Exhibitor Move-Out and Poster Board Dismantling
- 4:30 PM – 5:30 PM Committee/Networking Time
- 4:30 PM – 5:30 PM Joint Meeting of the SSWLHC & Foundation Board of Directors
- 5:30 PM Free Evening



### Saturday, October 29, 2011

7:00 AM – 12:30 PM Registration / CEU Form Drop-Off

7:00 AM – 8:00 AM Continental Breakfast

7:00 AM – 8:00 AM Leadership Institute Regroup & Breakfast

8:00 AM – 9:00 AM Concurrent Reports from the Field – Breakout Session 8

<p><b>RF-11</b> Adopting a Home First Philosophy: Changing Culture in a Large Canadian Teaching Hospital <i>Carol Murphy Judy Vokey-Mutch</i></p>	<p><b>RF-12</b> How to Herd Cats... I Mean Social Workers <i>Debra A. Kunkel</i></p>	<p><b>RF-13</b> Care Coordination: Social Work and Care Management Working Together to Reduce the Patient Length of Stay in a Mid-size Hospital <i>Diane B. Ambrose</i></p>	<p><b>RF-14</b> Facebook in the Workplace: The Ethics of Developing a Social Networking Policy Within a Healthcare Setting <i>Stephen Andrew Collazo</i></p>	<p><b>RF-15</b> Getting a Handle on Healthcare Reform <i>Adrienne Muralidharan Karen L. Hercules-Doerr</i></p>
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9:00 AM – 9:15 AM Transition Break

9:15 AM – 10:45 AM Concurrent Workshops – Breakout Session 9

<p><b>W-26</b> Developing Leadership Skills in Health/Mental Health and Community Settings <i>Hal Lipton</i></p>	<p><b>W-27</b> Supporting Organizational Accountability: A Disclosure Process for Adverse Events <i>Patricia O'Donnell</i></p>	<p><b>W-28</b> Social Workers Building Bridges to Patient and Family-Centered Care <i>Kathleen Wade Sandra Iaderosa</i></p>	<p><b>W-29</b> Recharging Clinical Batteries: Behavioral Health Pearls of Knowledge for Health Care Practice <i>Susan Matorin</i></p>	<p><b>W-30</b> Put Your Work Processes on a Diet--Learn to Lean (Part I) <i>Rose Popovich Travis Lozier</i></p>
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10:45 AM – 11:15 AM Refreshment Break

11:15 AM – 12:15 PM Concurrent Sessions – Breakout Session 10

<p><b>RF-16</b> Moving Beyond the Walls of the Hospital - A Partnership with Area Nursing Homes <i>Monica Sutton</i></p>	<p><b>RF-17</b> Treading Water: The Importance of Steering Social Work Leadership in the Age of Health Information Technology <i>Hilary Harber</i></p>	<p><b>RF-18</b> OMG: SOS 2 SW, d/c asap! <i>Norma J. Cole, Pamela G. Haithcox Eggleston</i></p>	<p><b>RF-19</b> Rocking the Boat: Helping the Patient with a Pre-Existing Psychiatric Disorder Navigate Their Cancer Care <i>Donald M. Clark</i></p>	<p><b>RF-20</b> Put Your Work Processes on a Diet--Learn to Lean (Part II) <i>Rose Popovich Travis Lozier</i></p>
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12:15 PM Conference Adjournment



### CONTINUING EDUCATION

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SSWLHC will apply for up to 26.5 contact hours of Continuing Education from NASW, the California Board of Behavioral Science, and the Commission for Case Manager Certification (CCMC). SSWLHC will apply for continuing education contact hours as follows:

- Leadership Institute (1.5 days): 11 hours
  - Full Day Intensives (Pediatric Intensive; Home Health & Hospice Intensive): 7.5 hours
  - Half Day Intensives (Building the Business Case: Critical Skills for Leadership; Ethical Practice: A Social Worker's Best Defense Against Malpractice\*\*): 3.5 hours
- \*\*Note: Attendees will earn 3 hours of ethics education from NASW Assurance for the Ethical Practice Intensive.
- Main Conference (Starting with the Kermit Nash Plenary Session on Wednesday night through adjournment on Saturday): 15.5 hours

For a list of states that endorse NASW continuing education programs, please visit <http://www.socialworkers.org/ce/approval/default.asp>

Continuing education certificates will be issued via email approximately four weeks after the conference. Only those attendees who return an Attendance Monitoring Form and complete the electronic meeting evaluation are eligible to earn continuing education. Additional instructions will be provided to registered attendees prior to and onsite at the conference.

Contact Trish Keppler at SSWLHC Headquarters at [tkeppler@fernley.com](mailto:tkeppler@fernley.com) for approval status or additional information.

### EXHIBITS

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We invite you to view and experience the latest products and services exclusively suited for the buying needs of social workers. A vendor raffle will be held at the close of the exhibit hall on Friday, October 28. The prize is a free registration to the 2012 Annual Meeting & Conference. In order to participate, registrants will be given an Exhibit Hall Passport. The form must be signed by participating exhibitors as you visit their booths. You must be present to win.

### EXHIBIT HALL HOURS

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#### Wednesday, October 26, 2011

1:00 PM – 5:00 PM	Exhibitor Move-In
5:30 PM – 6:30 PM	Welcome Reception (Opening of Exhibit Hall)

#### Thursday, October 27, 2011

7:00 AM – 8:00 AM	Breakfast
12:30 PM – 1:30 PM	Lunch
2:30 PM – 3:00 PM	Afternoon Break

#### Friday, October 28, 2011

7:00 AM – 8:00 AM	Breakfast
9:30 AM – 10:00 AM	Morning Break
2:30 PM – 3:00 PM	Afternoon Break / Closing Raffle
3:00 PM – 5:00 PM	Exhibitor Move-Out

### POSTER SCHEDULE

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#### Wednesday, October 26, 2011

Setup	1:00 PM – 5:00 PM
Viewing	5:30 PM – 6:30 PM (Welcome Reception)

#### Thursday, October 27, 2011

Viewing	7:00 AM – 8:00 AM (Breakfast) 12:30 PM – 1:30 PM (Lunch)
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#### Friday, October 28, 2011

Viewing	7:00 AM – 8:00 AM (Breakfast) 2:30 PM – 3:00 PM (Announcement of Best Poster Award Winners)
Dismantle	3:00 PM – 5:00 PM



### BEST POSTER AWARDS

Attendees will get to cast their votes for the best posters. Certificates will be awarded for posters which promote social work excellence in clinical expertise, leadership, and working with specific populations. Winners will be announced at the Closing Raffle in the Exhibit Hall on Friday, October 28 at 2:30 PM.

### ACTIVITIES AND PRICING

#### What is included in the conference fee?

- Welcome Reception
- Opening Banquet Dinner with Kermit Nash Presentation & Awards Ceremony
- Entrance to Exhibit Hall
- Unlimited course selection beginning with the New Member & First Time Attendee Orientation on Wednesday, October 26 and continuing through conference adjournment on Saturday, October 29
- Daily Continental Breakfasts & Refreshment Breaks
- Boxed lunch on Thursday, October 27
- Membership Meeting
- CEUs
- Access to password protected website where handouts will be available for downloading prior to the conference
- USB flash drive with an electronic copy of speaker handouts and other Society materials

#### Guest Fees

Admittance to the Welcome Reception is included in your registration fee. A guest pass to the reception is \$15. Admittance to the Opening Banquet is also included in your registration. The fee for a guest pass to the Opening Banquet is \$60. The guest fee offsets the Society's food and beverage costs. You may reserve a guest pass by checking the box on the registration form.

#### Pre-Conference Intensive Workshops

An additional fee is required to attend the pre-conference intensive workshops. The fees are outlined below. Handouts will be made available only to those attendees who register for these optional sessions.

- Leadership Institute (1.5 Days) \$175
- Pediatric Intensive (Full Day) \$135
- Home Health & Hospice Intensive (Full Day): \$135
- Building the Business Case: Critical Skills for Leadership (Half Day): \$75
- Ethical Practice: A Social Worker's Best Defense Against Malpractice (Half Day): \$75

### REGISTRATION INFORMATION

- Online registration with a credit card is strongly encouraged. Attendees will automatically receive meeting confirmation and a payment receipt upon submission of the online registration fees. Visa, Mastercard and American Express are accepted. **Click here to register online.** Members must enter their login information (email address and password) and non-members may click "Sign up for an individual account." Once you are logged in, you will be directed to a page where you will be able to register for the conference.
- Check payments can be mailed to: SSWLHC Meeting Registration, 100 North 20th Street, Suite 400, Philadelphia, PA 19103. All payments must be made in US Dollars. **A \$5.00 check processing fee will apply for all check payments.**
- Faxed registrations are not accepted.
- Registrations by phone are not accepted.
- Early bird registration fees must be submitted online or postmarked by 12:00 Midnight Eastern Time on Friday, September 30, 2011.
- All registrations received or postmarked after September 30 will be processed at the regular registration fee with any balance due onsite prior to receiving registration materials.

#### Questions Regarding Registration

For questions regarding the program or registration, please contact SSWLHC Headquarters by toll-free phone at 866-237-9542 or e-mail at [info@sswlhc.org](mailto:info@sswlhc.org).

#### Substitution/Cancellation Policy

We all have unforeseen emergencies that may occur. In order to accommodate these possibilities, we will accept notification of cancellations up to 7 business days prior to the start conference (by the close of business on Monday, October 17, 2011). Cancellations must be sent in writing via email to Trish Keppler at [tkeppler@fernley.com](mailto:tkeppler@fernley.com). Refunds will be issued less a \$50 processing fee. You may send a substitute at any time. If the alternate is not a member, the non-member fee will be required.

#### Important Dates

<b>September 16, 2011</b>	Hotel Reservation cut-off.
<b>September 30, 2011</b>	Deadline for securing early registration discounts.
<b>October 17, 2011</b>	Cancellations must be submitted in writing by this date to receive a refund less a \$50 processing fee.



### Registration/Information Desk

Please pick up all tickets, badges, and onsite registration materials at the SSWLHC Registration Desk located at the Fairmont San Francisco. Registration hours are as follows:

- Tuesday, October 25: 12:00 PM – 5:00 PM
- Wednesday, October 26: 7:00 AM – 6:30 PM
- Thursday, October 27: 7:00 AM – 3:00 PM
- Friday, October 28: 7:00 AM – 3:00 PM
- Saturday, October 29: 7:00 AM – 12:30 PM

### HOTEL & TRAVEL INFORMATION

#### Hotel Accommodations

Centrally located, The Fairmont San Francisco luxury hotel is a short cable car trip from bustling Downtown, Financial District, Union Square and Fisherman's Wharf. The Fairmont San Francisco hotel is located at the only spot in San Francisco where each of the City's cable car lines meet. With a panoramic view of the City and the Bay from high atop Nob Hill, The Fairmont San Francisco hotel holds an unmatched blend of luxurious accommodations, elegant meeting spaces and superb services which make for an unforgettable stay.



The Fairmont San Francisco Hotel  
950 Mason Street • San Francisco, California 94108  
Hotel Phone: 415-772-5000  
Central Reservations: 1-800-441-1414  
Reservations Online: <https://resweb.passkey.com/go/sswleadership>  
Web: <http://www.fairmont.com/sanfrancisco>

Check-in: 3:00 PM /Check-out: 12:00 Noon  
SSWLHC Group Rate: \$199 per night plus tax for single or double occupancy

#### Reservations

This discounted \$199 SSWLHC group rate will be honored through Friday, September 16 or until the block of rooms has sold out, whichever comes first. Please note that the hotel has a limited inventory of rooms with two double beds. Please be sure to secure your reservations as early as possible to guarantee rate availability and your preferred room type.

#### Important!

Before making your reservation sign-up for a complimentary Fairmont President's Club membership to obtain valuable benefits such as complimentary guest room internet, health club access, daily delivery of the local or national newspaper and other free perks of membership. Visit <https://www.fairmont.com/fpc/fpcpassion.htm> and enroll today.

#### Reservations by Phone: 1-800-441-1414

**\*\* Be sure to mention SSWLHC to take advantage of the discounted group rate.**

#### Online Reservations:

<https://resweb.passkey.com/go/sswleadership>

**Confirmation/Cancellation:** A major credit card is required to confirm your reservation at the time of booking. If you need to cancel your reservation, please be sure to do so at least 24 hours prior to your scheduled arrival. Failure to cancel by this deadline will result in your card being charged for one night's room and tax.

Please contact Trish Keppler at SSWLHC Headquarters at [tkeppler@fernley.com](mailto:tkeppler@fernley.com) if you are willing to share your room with another meeting attendee. You will be included on the Society's roommate list.

#### Air Transportation

The San Francisco International Airport (SFO) services the San Francisco area and is the closest airport to the Fairmont. The hotel is located 15 miles from the SFO Airport. The average travel time between the airport and hotel is 30 minutes.

#### Ground Transportation

- **Shuttle:** Discounted shuttle service is available through Super Shuttle. SSWLHC attendees can take advantage of a group discount by booking online at this link: <https://www.supershuttle.com/GroupRez/TripDetails.aspx?GC=RGHS5> or go to [www.supershuttle.com](http://www.supershuttle.com) and enter group discount code RGHS5. The discounted cost for a Shared Ride Van to/from SFO is \$15 per person each way. The discount cost for a Shared Ride Van from Oakland Airport (OAK) is \$23 per person each way. Please note the discount is only available for online pre-paid reservations and cannot be combined with any other discount.
- **Taxi:** A taxi to the Fairmont from the San Francisco International Airport will cost approximately \$45 one way.
- **Driving directions:** can be found on the "Maps and Directions" page of the hotel's website: <http://www.fairmont.com/sanfrancisco>
- **Parking:** The Fairmont San Francisco hotel garage is located on the corner of Powell and California Streets. Valet parking for guest is \$52 plus tax per night and includes unlimited in and out privileges. Parking for visitors is \$5 for every 20 minutes with a 24-hour maximum of \$52 plus tax. Parking fees are subject to a 14% city tax.

A list of less expensive Nob Hill parking garages is available on the SSWLHC website and can be downloaded from: <http://www.sswlhc.org/docs/ParkingGarages.pdf>



### Tuesday, October 25, 2011

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12:00 PM – 5:00 PM	Registration
1:00 PM – 5:00 PM	Chapter President's Meeting (Lunch on your own)
2:00 PM – 6:00 PM	I-1: Leadership Institute – Part I <i>William Tietjen, Judith Trachtenberg, Richard Woodrow</i>

#### I-1: Leadership Institute – Part I

*William Tietjen, Judith Trachtenberg, Richard Woodrow*

Educational Content Level: Intermediate

Regardless of the position or title, all healthcare social workers need to demonstrate leadership in their organizations. This 1.5 days intensive will provide knowledge and skills development in the areas of: leadership definitions and challenges; leadership competencies and styles; crafting a vision and purpose; conflict management and cultural diversity. This interactive program is designed to develop and/or enhance the leadership knowledge and skills of participants by incorporating core leadership content with experiential exercises. Participants will obtain a certification of completion for the Leadership Institute.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Appreciate, demonstrate and communicate the unique role of social work leaders and leadership in healthcare.
- Explore their assumptions about leadership and understand their personal leadership styles and competencies, including strengths and weaknesses.
- Develop core leadership competencies and leverage them to achieve specific goals within their institutions.

### Wednesday, October 26, 2011

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7:00 AM – 6:30 PM	Registration
7:30 AM – 4:30 PM	Full Day Intensives

#### I-1: Leadership Institute – Part II

*William Tietjen, Judith Trachtenberg, Richard Woodrow*

See above for description.

#### I-2: Pediatric Health Care Social Work Intensive

Educational Content Level: Intermediate

This workshop will focus on social work practice and management in the pediatric setting. The workshop will also welcome keynote speaker Karen Seaver Hill, Director, Child Advocacy, at the National Association of Children's Hospitals and Related Institutions (NACHRI) who will provide a national legislative update on children's health issues.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify national issues effecting child welfare.
- Refine skills to be effective leaders in the pediatric setting.
- Identify best practices in pediatric social work.
- Discuss appropriate interventions to address ethical issues in health care.

#### I-3: Home Health & Hospice Intensive

*Mark de St. Aubin, Andrea Bailey*

This Intensive is especially designed for social work practitioners and leaders in the field of home care and hospice. Leaders from the field will present practical knowledge and skills related to topics such as: the treatment of disenfranchised and stigmatized grief in hospice care; positioning your social work program for maximum leverage within your agency; demonstrating social work effectiveness in clinical care; and practical tools for growing your social work service. Discussion and sharing among attendees of agency best practices will also be available during lunch.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify and address patient and family characteristics which may lead to stigmatized and disenfranchised grief.
- Describe leadership practices which 'get social work to the table' when agency critical decisions are made, and identify social work program elements valued by agencies increasingly dependent upon outcome-driven reimbursement.
- Explain methods of demonstrating social work effectiveness in achieving clinical outcomes with patients and families experiencing psychosocial challenges related to both chronic and terminal illnesses.
- Review essential program elements of a vital homecare and hospice social work service and identify ways of positioning this service for future growth.

12:30 PM – 4:30 PM      Half Day Intensives



### 1-4: Building the Business Case: Critical Skills for Leadership

*Polly Jones*

Session Content Educational Level: Intermediate

Demonstrating the value social work adds to quality, safe patient/client care in a language that administrators, especially CFOs understand is a critical leadership skill. Using didactic and exercises, this intensive will provide both the foundational learnings and actual business plan examples to ensure participants leave with tools necessary to go back to their organizations and develop a business plan, including a template with service rationale and financial foundation to move from concept to implementation increasing chances of approval.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Assist participants in how to conceptualize value added services in their department/agency.
- Identify the process for going from new idea or concept to developing program components.
- Develop a business plan using organizational analysis and social work positioning within the organization.
- Provide practical tools/templates for completing a business case for new or expanded social work services.

### 1-5: Ethical Practice: A Social Worker's Best Defense Against Malpractice

*Greg Jensen*

Session Content Educational Level: Intermediate

This session, developed especially for social workers, is sponsored by the NASW Assurance Services (ASI) of Frederick, MD, and describes the most significant malpractice risks in social work today and numerous methods of mitigating and reducing one's risk of being sued for malpractice. The presentation is intended for social workers in all settings and positions, not just the clinical, therapeutic mental health setting.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand the current ethical issues and risks faced by the profession, including common ethical dilemmas, mistakes, and violations.
- Know the key concepts that will reduce your risk of being sued for malpractice and the triggers that constitute malpractice.
- Become aware of strategies and understand the resources to avoid ethical violations and manage risks.

4:45 PM – 5:30 PM

New Member & First Time Attendee Orientation

5:30 PM – 6:30 PM

Welcome Reception with Exhibitors and Premier of Posters

6:30 PM – 9:00 PM

Opening Banquet Dinner with Kermit B. Nash Presentation and Awards Ceremony

### Thursday, October 27, 2011

7:00 AM – 3:00 PM

Registration

7:00 AM – 8:00 AM

Continental Breakfast with Exhibitors and Posters

8:00 AM – 9:30 AM

Concurrent Workshops – Breakout Session 1

### W-1: Use the Muse! Creativity as a Leadership Competency

*Jane Parker, Richard Woodrow*

Session Content Educational Level: Intermediate

In these times of mind-boggling psychosocial problems and scarce resources to address them, creativity is essential to innovation for change. We cannot rely solely on old models as we confront new contextual challenges (immigration, global terrorism, health care reform) This workshop will engage participants in a highly interactive use of the creative arts to unleash creativity and solution-focused thinking in self and others. Participants will reflect on break-through tactics for change that they can utilize in the workplace.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Use creative media to challenge destructive assumptions that limit leadership and personal effectiveness.
- Articulate strategies to release creativity in self and others to empower their departments.
- Commit to a three-step plan for incorporating creativity into their daily leadership solutions.



## **W-2: Social Work Student Training Programs: An Opportunity for Growth**

*Mollie G. Forrester*

Session Content Educational Level: Intermediate

Training students ensures the strength & development of future social work professionals. The training process can be complicated by time constraints, budget issues or identifying staff instructors. From the selection process, to networking with schools & other agencies, to establishing programmatic support for students & instructors, this presentation will provide practical tools to maximize the benefit to your agency, maintain student satisfaction, develop leadership skills amongst your staff & maybe even help create a great new hire!

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Apply best practices related to MSW and BSW student training programs including, interviews, selection and on-boarding.
- Employ strategies to support and develop staff leaders via student training.
- Utilize practical tips for establishing orientation and support structures for staff instructors
- Maximize relationships with schools of social work and other agencies to benefit staff and students alike.

## **W-3: ExCEL in Social Work: Excellence in Cancer Education & Leadership**

*Shirley Otis-Green*

Session Content Educational Level: Intermediate

The aim of this NCI-funded, 5-year educational initiative is to improve the delivery of psychosocial care through an innovative partnership between the investigative team and two oncology social work organizations. Expert faculty developed an evidence-based curriculum to address the recommendations of the IOM 2008 Report: Cancer Care for the Whole Patient. Annual pre-conferences for 400 competitively selected oncology social workers focus upon skill-building and enhanced leadership training. Initial effectiveness data will be reported.

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Identify six key recommendations from the IOM (2008) report to improve the delivery of psychosocial care for cancer patients.
- Explore three evidence-based strategies to develop an oncology social work-specific curriculum.
- Discuss critical leadership training skills that are applicable to staff in their own setting.

## **W-4: An Emerging Model of Family Psychoeducation and Family Support: Making a Difference for Families**

*Laura J. Nitzberg, Mary Ruffolo*

Session Content Educational Level: Fundamental

An emerging model of family psychoeducation and family support for families and consumers living with depression or bipolar disorder, developed and led by social workers, designed as a community outreach program for families wanting education and support in coping with depression and bipolar disorder. The workshop and support groups are an outreach effort of the social work department in a large hospital system. Evaluation data has shown this model's efficacy in increasing family coping strategies and appreciation of the role of medication.

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Review the structure for the single session family psychoeducation workshop model and the family support group model.
- Analyze the evaluation of the emerging model. To date over 535 family and consumers have participated in the one session family psychoeducation workshops and from 2009-2010, over 274 family and consumers have joined at least one family support session. Many of these participants have attended four or more support sessions (over 35%).
- Engage in discussion about how to implement this model in their own settings, the skills needed to deliver this model with fidelity and the challenges of securing needed support to fund this social work outreach effort over time.

## **W-5: Beyond the Disease: Improving Function in Complex Patients During and Following Transitions from Hospital to Home**

*Eileen Zenker*

Session Content Educational Level: Intermediate

Emergency-room visits and hospital admissions are failures of the health-care system to provide timely, effective care. Yet an alarming rate of one in five seniors are rehospitalized within 30 days – and half don't remember self-care instructions or see a doctor. This presentation will also discuss how social workers in the hospital and community can look beyond disease and focus on activity limitation an independent risk factor for increased health care costs and risk of rehospitalization to improve outcomes and cost efficiencies.



### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Grasp short-term and long-term implications of shifting demographics, public perceptions and healthcare reform on hospitalizations.
- Learn how coordinated care including care management and care giving by an integrated team of nurses, social workers and in-home caregivers impacts hospitalizations, Emergency Room admissions and total cost of care.
- Understand how key technologies impacting care coordination in the homes of elderly patients with complex conditions work to reduce hospitalizations including considerations for tele-care management versus face-to-face care management.

9:30 AM – 9:45 AM Transition Break

9:45 AM – 11:15 AM Concurrent Workshops – Breakout Session 2

### W-6: Leadership for the 21st Century: Achieving What You Want in Your Professional and Personal Life

*Charles L. Robbins*

Session Content Educational Level: Intermediate

What does it take to be a successful leader? Why do some people achieve remarkable heights while others only aspire to greatness? More than knowledge of techniques/facts—it is about you! It is about what you bring to the table. It is about how you interact with the environment and those around you. Ultimately it is about you. This program will assist you in reaching that next level. You will identify your professional and personal goals, understand your present situation and take a step closer to achieving the future you are striving for.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand leadership for the 21st century.
- Have the opportunity to establish leadership goals for their professional and personal lives.
- Assess their current strengths as well the things that get in the way of achieving their goals.

### W-7: Post-Master's Fellowship Programs in Psychiatric Social Work

*Melissa Webster*

Session Content Educational Level: Intermediate

Over the last 10 years, post master's fellowship programs have been replicated exponentially. Currently there are approximately 20 programs nationally. Benefits to the Post Graduate Fellow (PGF) include licensure hours, advance practice competency, professionalism, and leadership. PGFs enhance the quantity of service delivery, increase recruitment and hiring potential, and foster referral networks. PGFs also provide an opportunity for return on investment. Accreditation for Post Master's Fellowship Programs will be explored.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Review current post master's fellowship programs nation-wide and replicability.
- Discuss opportunities for revenue generation and return on investment.
- Explore accreditation for Social Work Post-Master's Programs.

### W-8: Taking the Lead in Patient and Family Centered-Care

*Barbara Lee, Leslie Pelton-Cairns*

Session Content Educational Level: Intermediate

Accrediting agencies have called for a movement to Patient/Family Centered models of healthcare, and Social Work is poised to take the lead. The elements of Pt/Family centered care are fundamental principles of social work practice. By leveraging clinical and leadership skills to develop patient/family advisory programs, social workers can achieve desired outcomes for patients, families and the organizations within which they work. This workshop will describe one model illustrating Social Work's role in establishing patient/family advisory councils.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify the shared principals of social work and patient and family-centered care.
- Explore a model for creating a patient and family advisory council.
- Create a plan for initiating a patient/family-centered activity in your agency.
- Learn how to translate the work of your advisors into demonstrable outcomes.



### **W-9: The New Continuum of Care Under Health Reform: Opportunities for Social Work Leadership**

*W. June Simmons*

Session Content Educational Level: Intermediate

The redesign of health services shifts our focus. New approaches fit well with social work strengths. They focus on safeguarding health and transitions models that prevent avoidable readmissions to hospitals. New approaches span many patient populations and settings. Models of care will be presented that draw on the strengths of social work in hospitals, home care, physician practices and nursing homes. Patient activation, empowerment and informed choices drive major shifts in nature and focus of care interventions.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Understand health reform components compatible with social work leadership.
- Clearly identify methods and specific interventions driving better outcomes that social work can lead and staff.
- Crystallize the business case for these new approaches.
- Clearly define the role of evidence-based models in enhancing patient care and drawing on social work leadership in the evolving healthcare environment.

### **W-10: The Path Not Quite Paved: Social Work Practice in Primary Care Settings**

*Anita Clos, Stacey Klett*

Session Content Educational Level: Advanced

This workshop will provide an overview of the current challenges and opportunities for social work practice in primary care. Discussion will center upon creating a new, hybrid practice model that requires both mental health and medical social work skills. Our profession's long-standing need for a productivity standard that speaks a business language to our customers will be explored. We will also consider the opportunity created by the Patient Centered Medical Home Model and social work's unique positioning to partner in meeting these certification requirements.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Analyze the unique needs for developing a hybrid social work model for primary care clinics.
- Evaluate how one health care system's development of a productivity standard for ambulatory care may be applied to their own setting.
- Understand the concept of Medical Home and consider the opportunities this model presents for development and expansion of social work presence in outpatient care settings.

11:15 AM – 11:30 AM Transition Break

11:30 AM – 12:30 PM Concurrent Reports from the Field – Breakout Session 3

### **RF-1: Staying Home Matters: Proactive Care Management Protocols with Medicaid Waiver Members with Dementia**

*Sharon Foerster*

Session Content Educational Level: Intermediate

People living with dementia in the community are at five times the risk to be institutionalized, have higher ER admissions or re-hospitalizations. Their caregivers are at higher risk of depression. Recognizing such risks, practice change care management protocols were introduced in order to systematically approach and identify risks and intervene with evidence-based practice which links the caregiver to additional supports, and adds value to the time between the care manager and caregiver. Considerations for community practice are revealed.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Understand the risks associated with living with a dementia in the community.
- Discuss evidence-based intervention.
- Consider importance of keeping someone home safely from both a quality perspective and a financial perspective.
- Review a "readiness to change" tool as applied to individual or organization practice change.
- Apply "lessons learned" from this pilot project to considerations of future practice change projects of their own.



### **RF-2: Building Excellence in Practice: Core Training for Social Workers in Health Care**

*Theresa Martin, Esther Krahn, Terry Brock, Shannon Torhjem*

Session Content Educational Level: Intermediate

This is a model for establishing best practices by implementing standardized training focused on core competencies for social workers in health care. This presentation will discuss: The process, rationale and experiences of establishing core training for health care social workers; An overview of module content; Learning outcomes from implementation; Next steps.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Learn about the process Fraser Health Social Work Practice Leader's took for establishing Standard Core Competency training for all social workers across health care sectors.
- Understand the rationale for developing Core Training in terms of organizational efficiency, risk liability, recruitment and retention, and professional accountability.
- Gain information and tools to establish applicable professional training for students, new employees and practicing social workers to build excellence in practice.

### **RF-3: Where's the Data? Using Longitudinal Clinical Data for Program Development, Quality Improvement, and Advocacy**

*Katherine Ginnis, Abigail Ross*

Session Content Educational Level: Intermediate

The presenters have developed a unique longitudinal database of clinical and demographic characteristics of their patient population. Over the years that the data have been collected, data analyses have been used for a range of activities, including Quality Improvement, program development, funded research projects, and legislative advocacy. This workshop will describe the development of the database and will provide attendees with guidance in the ease of using data to make change, even in a limited-resources health care climate.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Understand the importance of ongoing data collection as a means of service improvement.
- Identify opportunities for implementing systematic data collection practices in their own agencies.
- Understand that the right tools facilitate the incorporation of data collection and analysis into routine care.

### **RF-4: Promoting Advance Care Planning: An End of Life Toolkit**

*Patricia O'Donnell*

Session Content Educational Level: Fundamental

Best practice end of life care begins with an advance care planning focus well before the patient or family has to face end of life decisions. Physicians and staff look to social work for how and what to say. An End of Life Toolkit that includes frequently asked questions, common scenarios, and communication techniques including phraseology has decreased the professional's anxiety and increased proactive planning with patients and families. The toolkit is posted on the internal website for easy access with links to in-house supports.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Assess the communication strengths and needs of professional caregivers of patients making advance care plans.
- Develop a customized End of Life Toolkit in collaboration with physicians and hospital staff.
- Increase social work visibility and leadership in end of life care.

### **RF-5: The Social Determinants of Health as a Foundation for Social Work Practice**

*Karen R. Nelson*

Session Content Educational Level: Intermediate

The World Health Organization recognizes the Social Determinants of Health (SDOH) as being as important in the treatment of illness as the medical aspects of care. Research is establishing the link between housing, education, socioeconomic status, family support, etc. and positive health outcomes. Social workers are trained to intervene in these specific areas. This is our core business and should be our moment to "shine". The session will make the connection between the SDOH and social work practice and provide ways to underline our value.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Know what the social determinants of health are.
- Identify research which supports the importance of the social determinants of health in health outcomes.
- Learn how to articulate the connection between social work intervention in the social determinants of health areas and the impact which social workers can have in the overall health of individuals.



- 12:30 PM – 1:30 PM      Boxed Lunch with Exhibitors and Poster Viewing (Lunch is included in your registration)
- 1:30 PM – 2:30 PM      Concurrent Reports from the Field – Breakout Session 4

### **RF-6: Public Health Social Work in 21st Century Practice: Overview and Examples from the Field**

*Betty J. Ruth, Jamie Wyatt Marshall, Abigail Ross, Sarah Sisco, Esther Hill*

Session Content Educational Level: Intermediate

Public health social work (PHSW) is an innovative transdisciplinary practice model founded on skills of prevention and epidemiology that addresses social health problems at individual, community and population levels. This presentation will outline the history, relevance, and roles for PHSW use in contemporary health care settings. Practitioner-derived case examples will illustrate challenges, successes and lessons learned by using a PHSW approach in diverse environments. Implications for social work training and leadership will be discussed.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Review the history of public health social work (PHSW) and its foundation in social work and public health theories, frameworks, research, and practice.
- Discuss contemporary PHSW practice examples and the potential for expanding PHSW practice in health care settings.
- Analyze the leadership implications and potential for integrating PHSW approaches into current social work practice in health care settings.
- Identify steps to integrate PHSW into health care settings in their communities.

### **RF-7: Developing a Clinical Career Path**

*Yvette M. Rolon*

Session Content Educational Level: Fundamental

The increased focus on staff satisfaction is an opportunity for social work departments to consider reinstating career paths which have been eroded over the years. A formal career path provides staff incentives for growth, the opportunity to define and promote the skill sets the department values as well as addresses staff retention issues. This report from the field will describe the development and implementation of a career path at a large medical center.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Utilize a model for a developing a career ladder.
- Describe the development and implementation of a career ladder.
- Offer generalizable concepts that may be replicated in various settings.

### **RF-8: Social Work and Nursing Case Management Collaboration: Towards a More Perfect Union**

*Heather Langlois, Tracy Highlander*

Session Content Educational Level: Fundamental

The roles of social workers and nurse case managers often overlap, creating professional conflict. Despite recent literature supportive of a collaborative model, multiple barriers to successful cooperation remain. This presentation will discuss five pillars essential for successful partnership and utilize case examples to highlight the patient/staff satisfaction and cost containment benefits of a collaborative model. We will also identify institutional and personal barriers that prevent formation of effective multidisciplinary alliances.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Describe the benefits of a collaborative model of social work and nurse case management partnership.
- Identify institutional and personal barriers to effective collaboration between social workers and nurse case managers.
- Define the five pillars necessary for a successful collaboration between social workers and nurse case managers.
- Participants will be able to develop the framework for a collaborative social work and nurse case manager program.

### **RF-9: Social Work Leaders as Licensed Independent Practitioners: A Best Practice Standard in the Hospital Setting**

*Kathy Hager, Denise Katterhagen*

Session Content Educational Level: Intermediate

In order to meet the mental health needs of patients in the acute care hospital, social work leadership developed a program where qualified LICSWs received credentialing and were granted privileges through the medical staff office as Licensed Independent Practitioners. The LIPs assess risk, diagnose, write limited orders, develop treatment plans and dispositions, and by providing this service, enhance accommodation codes. The LIP program is unique in granting privileges for these social



workers to function as independent practitioners.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Discuss how to promote themselves as leaders in order for administration and the medical staff to consider credentialing as Licensed Independent Practitioners.
- Review why becoming a Licensed Independent Practitioner supports social work leadership in health care.
- Discuss how to demonstrate that social work credentialing is a best practice standard to meet the needs of the mental health population in the hospital.

### RF-10: Optimizing Resources, Crossing Borders & Building Bridges

*Peggy Pettit, Alejandro Celorio Alcantara*

Session Content Educational Level: Fundamental

Health systems throughout the US provide essential care for Latin American migrants and their families. Learn to access Consular services that directly impact the hospital's bottom line and the well-being of patients/families, including disposition assistance, guardianship and conservatorship, suspected abuse cases, advocacy with law enforcement and ICE. Concrete clinical and organizational examples will highlight how a dynamic partnership between a medical center and Mexican Consulate can benefit both organizations and patients/families.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Access Consular services to achieve more effective clinical and organizational outcomes, including assistance with disposition, repatriation, essential documents, locating family and appropriate resources in Mexico, advocacy with law enforcement and immigration, and international health promotion.
- Apply knowledge gained to optimize Consular services, resources and training which can benefit both health care organizations and patients/families who are Mexican nationals.
- Consider strategies for educating staff and administration in the dynamic complexities of working with patients and families from Latin America.

2:30 PM – 3:00 PM

Beverage Break in the Exhibit Hall

3:00 PM – 4:30 PM

Membership Meeting

4:30 PM – 5:30 PM

Committee/Networking Time

5:30 PM

Free Evening

### Friday, October 28, 2011

6:45 AM – 7:45 AM

Past President's Breakfast (by invitation only)

7:00 AM – 3:00 PM

Registration

7:00 AM – 8:00 AM

Continental Breakfast with Exhibitors and Poster Viewing

8:00 AM – 9:30 AM

Concurrent Workshops – Breakout Session 5

### W-11: Who is a Leader...How Do You Become a Leader?

*Linda Brandeis*

Session Content Educational Level: Intermediate

Reframe your social work skills to take on a leadership role with the medical teams you work with. You will look at how you utilize yourself to become proactive and not reactive. Anticipating change and being part of the solution for the streamlining of care. Be seen as one of the leaders by the Team in these efforts. You will be able to understand the different types and levels of leadership and leadership development as you plan for your future in the health care arena.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Review their situations and look at opportunities for leadership.
- Review strategies to prepare to move into a leadership position within their institution.
- Discuss and share information/ideas to help think creatively about how to develop leadership opportunities.



### **W-12: From Crew Member to Captain: Training and Equipping New Social Work Supervisors**

*Donna Suckow, Margaret Meyer*

Session Content Educational Level: Advanced

The social work supervisor is designated to direct, enhance, coordinate and evaluate the work of supervisees (Kadushin 1992, pg.22). Although social work supervisors are often promoted from the ranks and some familiarity with the agency systems may exist, responsibilities and skill sets needed for the new role are often different. This workshop will discuss issues facing new supervisors and will explore meaningful strategies to begin to develop administrative, clinical and leadership competence in new social work managers.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Identify issues faced and skills needed by new social work supervisors.
- Discuss feedback obtained from a social work departmental survey of staff's desired qualities in social work supervisors.
- Identify strategies to train and develop specific areas and skills needed by new social work supervisors.

### **W-13: Evidence Based Practices to Improve Care Transitions and Reduce Avoidable Hospital Readmissions**

*Selena Bolotin*

Session Content Educational Level: Fundamental

National interest in improving transitions of care, especially at hospital discharge, is reflected in healthcare reform via 2012 hospital payment penalties for avoidable readmissions and payment incentive pilots such as bundled payments across episodes of care. Studies have shown that enhanced admission risk assessments, standardized discharge processes, and health literacy techniques can reduce unnecessary readmissions. Social workers can be instrumental in implementing best practices to meet organizational goals and improve patient experience.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Implement risk assessment criteria to better predict patients at risk of hospital readmission for targeted discharge coordination.
- Discuss two evidence based models for standardizing discharge processes and improving timely and effective patient information transfer.
- Apply two health literacy methods to improve patient instruction comprehension and self management.

- Discuss three methods to track progress in improving care transitions including metrics to indicate social work value in reducing readmission rates, lowering length of stay and improving patient satisfaction.

### **W-14: Perceived Lack of Control and Learned Helplessness: The Effects on Transition to Adult Health Care**

*Erica Menzer*

Session Content Educational Level: Intermediate

Children who have grown up with a disease they did not have a say in getting, surgeries they did not themselves get to consent to, and decisions made left and right for them have a difficult time transitioning to the adult health care world. Learned helplessness, stemming from a perceived lack of control, is a significant barrier to successful transition to adult health care as the responsibility abruptly falls onto the patient's shoulders at age 18. Practices must be put into place to enhance a patient's sense of control over their own care.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Define Learned Helplessness.
- Identify barriers to transition from Pediatric to Adult Health Care.
- Gain tools to work with patients and families in relation to transition from Pediatric to Adult Health Care.

### **W-15: Caring for Transgender Patients**

*Max Rorty*

Session Content Educational Level: Advanced

As we age, we require more medical interventions, including hospitalizations and convalescent care. Transgender patients requiring routine medical care for chronic illnesses, progressive diseases or debilitation need clinicians who are respectful of their identities. Respectful clinicians are eager to avoid "outing" or misgendering their elderly patients, but many illnesses, diagnoses and treatments obscure gender signifiers. This presentation will outline a three part best practice model for clinical teams working with transgender patients.

#### **OBJECTIVES**

- Preparation: In order to provide consistent respectful care, the treating team will develop a document or meeting describing patient's identity, diagnosis, anatomy, pronoun preference, partner status, and confidentiality concerns.
- Pronouns: In order to ensure continuity and trust in the team, each member of the team must ensure the consistent use of correct pronouns. This project includes instruction on successful and unsuccessful apology styles.



- Prompts: Teams often require frequent reminders to ensure consistent correct care. Examples of successful reminders will be provided from cases and site-specific suggestions will be elicited from the attendees.

9:30 AM – 10:00 AM	Beverage Break in Exhibit Hall
10:00 AM – 11:30 AM	Keynote Presentation
11:30 AM – 1:00 PM	Lunch on your own
11:45 AM – 12:45 PM	Social Work Health Leadership Foundation Fundraiser Luncheon (Ticket Required)
1:00 PM – 2:30 PM	Concurrent Workshops – Breakout Session 6

### W-16: Together, Let's Support Families through Organ and Tissue Donation

*Ilene Mason, Tim Chamberlain*

Session Content Educational Level: Fundamental

Saving lives through organ and tissue donation is becoming an ever increasing option for many families. How are you an instrumental part of this life-saving process? Your collaboration with the donor network in your area is crucial to your patients and their families. When end of life decisions are made by individuals and/or their families, the important role you play in supporting these families will comfort them through their tragic situation and loss. Families look to you for guidance and support. Learn how coordinated efforts between the donor network and hospital staff play a critical role in the donation process.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Demonstrate the benefits of organ and tissue donation for both donor families and recipients.
- Understand the need to stabilize the family emotionally prior to introducing the idea of donation.
- Learn the added value of working collaboratively with the donor network in your area.

### W-17: Preparing Future Social Work Leaders in Health Care: Field Instruction as an Essential Tool

*Judith Trachtenberg, Kay Davidson*

Session Content Educational Level: Intermediate

The pressures of rapidly changing health care practice make field instruction challenging for social work practitioners. The demands of teaching tomorrow's leaders are balanced by viewing practice through student's eyes and experiencing satisfaction in launching a new leadership career. This workshop will focus on defining new practice skills and exploring effective teaching methods to encourage interprofessional collaboration and critical thinking. Vignettes and discussion will illustrate ways to promote students' learning of leadership roles.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Contribute to future social work leadership in health care through educating student interns.
- Consider changes in health care practice and their significance for teaching student interns.
- Expand their range of teaching methods to prepare students for new interprofessional health care practices.
- Gain ways to make the field instructor role satisfying and rewarding.

### W-18: Hospitals are Open Everyday; Why Isn't Social Work?

*Anita Clos, Sandra Iadersoa*

Session Content Educational Level: Intermediate

Staffing a social work department seven days a week can be a reality. This workshop will explore staffing models utilized at one hospital to provide social work services every day. In difficult economic times, MORE staffing is rarely the answer; by outside-the-box thinking, the creative use of existing FTE's may offer opportunities. Discussion will focus upon intra-department collaboration, cross-unit training and skill-building to foster a core team able to provide coverage on any unit, any day. The underpinnings of a shared vision will also be reviewed.

#### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Discuss the importance of culture change necessary to successfully developing a 7-day/week coverage model.
- Analyze and describe the impact of this model on quality patient care and service excellence.
- Evaluate the cost-benefit ratio to the bottom-line as well as team morale.



### **W-19: Ethical Practice: A Social Worker's Best Defense Against Malpractice**

*Greg Jensen*

Session Content Educational Level: Intermediate

This session, developed especially for social workers, is sponsored by the NASW Assurance Services (ASI) of Frederick, MD, and describes the most significant malpractice risks in social work today and numerous methods of mitigating and reducing one's risk of being sued for malpractice. The presentation is intended for social workers in all settings and positions, not just the clinical, therapeutic mental health setting.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Understand the current ethical issues and risks faced by the profession, including common ethical dilemmas, mistakes, and violations.
- Know the key concepts that will reduce your risk of being sued for malpractice and the triggers that constitute malpractice.
- Become aware of strategies and understand the resources to avoid ethical violations and manage risks.

### **W-20: The Role of Social Work in Building a Palliative Care Team**

*Ana G. Fisher, Erica J. Taylor*

Session Content Educational Level: Fundamental

This session will address the leadership role that social work has in building and sustaining the palliative care service at the VA Puget Sound Health Care System. Social work leaders are uniquely qualified to maintain the focus of care on the stated wishes of the patient and family across the continuum of care. By maintaining an active leadership role, social workers in this program have improved treatment outcomes for patients and strengthened the organization as a whole.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Identify the opportunities for social work leadership from initial diagnosis to the end of life.
- Understand the role of a social work leader on a Palliative Care Team.
- Strategies to maintain a patient and family focused plan of care throughout the continuum.

2:30 PM – 3:00 PM

Refreshment Break, Final Poster Viewing and Closing Raffle

3:00 PM – 4:30 PM

Concurrent Workshops – Breakout Session 7

### **W-21: Mutiny on the Bounty? Responding to "Problem Employees"**

*Tom Aronson*

Session Content Educational Level: Intermediate

This presentation is for anyone struggling with this issue! This is a hands-on workshop based on experience in the field. We will review assessing and working with different types of "problem" employees. Basics will be reviewed and illustrated, then applied to real life examples brought to the workshop by participants. This workshop will not address collective bargaining limitations.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Identify underlying issues of underachieving employees.
- Tailor a response to employees with attitude problems.
- Identify the potential trap of progressive discipline.
- Develop and implement a plan to respond effectively to "problem" employees.

### **W-22: Clinical Supervision in Health Care: Ethical, Legal, and Practice Issues in the Internet Era**

*Carol Frazier Maxwell, Carlean Gilbert*

Session Content Educational Level: Intermediate

Patients and providers increasingly use the Internet to obtain information health care issues. Easy use of the internet and other technology has created new challenges for supervisors as well as clinicians as they explore issues of privacy, self disclosure, and workplace-life balance, as well as dual and multiple relationships and boundaries. This workshop will explore topics that supervisors should be discussing with their supervisees, as well as examples of positive and negative uses of technology available to health care social workers.



## OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Review of the literature related to technology and impact on provision of social work services as well as the supervision of clinicians.
- Hear case examples where the use of technology created new dilemmas related to the clinician-patient relationship.
- Receive suggestions for supervisors on inclusion of technology issues during clinical supervision.
- Evaluate possible ways to appropriately use technology to enhance supervision or enhance the supervisor-supervisee or clinician-patient relationship.

### **W-23: Reducing Visits for Frequent Guests in the Emergency Department**

*Rose Popovich, Stephanie Curry, Travis Lozier*

Session Content Educational Level: Intermediate

A team consisting of home health, emergency room staff, community based mental health services, primary care social work, and a dedicated nurse administrator came together to look at the problem of frequent readmissions in the emergency department. This presentation reviews the initial assumptions, data analysis and improvement cycles performed by the team. The success of the project has led to its inclusion as an important part of the network's pilot development of a patient centered medical home.

## OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Review the components of the project.
- Compare examples of measurement and discuss its application in the process.
- Review the techniques used for engaging patients in the process.

### **W-24: Risk of Self Harm and Parasuicidal Events in Medical Populations: Health Social Work's Role in Assessment and Prevention**

*Les Gallo-Silver*

Session Content Educational Level: Intermediate

Health social workers are challenged by non-adherent competent patients. It is often unclear if the patient's noncompliant behaviors are attempts at self harm and parasuicidal events. The research literature identifies patients with asthma, cancer, CHF, chronic pain, COPD, Epilepsy, ESRD, HIV/AIDS, MI, Parkinson's disease and stroke as at risk for self harm and suicide. This presentation discusses assessment of patients at risk, proactive interventions, and enabling communication with the health care team using case examples.

## OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify medical diagnoses that present higher risk of self-harm.
- Use proactive interventions for patients at risk.
- Educate the healthcare team about patients at risk.

### **W-25: Domestic Violence Assessment: A Step by Step Approach for Increasing Provider Awareness**

*Rachelle White, Bonnie Conley*

Session Content Educational Level: Intermediate

Domestic violence is woefully under recognized in medical settings. Medical professionals are often reluctant to ask their patients about domestic violence for fear that they will come face to face with a problem that they do not know how to address. It is up to us, as social work leaders, to train our colleagues in healthcare to address this problem. We have developed a PowerPoint that you can present to medical staff to help them understand how to assess and intervene in cases of domestic violence.

## OBJECTIVES

At the conclusion of this presentation, participants will be able to

- Understand how to teach others about the health implications of domestic violence.
- Take away a presentation on domestic violence that can be modified for your needs and shared with medical professionals at your agency.
- Discuss options for ways that medical professionals can start a conversation with their patients about domestic violence



3:00 PM – 5:00 PM	Exhibitor Move-Out and Poster Board Dismantling
4:30 PM – 5:30 PM	Committee/Networking Time
4:30 PM – 5:30 PM	Joint Meeting of the SSWLHC & Foundation Board of Directors
5:30 PM	Free Evening

### Saturday, October 29, 2011

7:00 AM – 12:30 PM	Registration / CEU Form Drop-Off
7:00 AM – 8:00 AM	Continental Breakfast
7:00 AM – 8:00 AM	Leadership Institute Regroup & Breakfast
8:00 AM – 9:00 AM	Concurrent Reports from the Field – Breakout Session 8

#### **RF-11: Adopting a Home First Philosophy: Changing Culture in a Large Canadian Teaching Hospital**

*Carol Murphy, Judy Vokey-Mutch*

Session Content Educational Level: Advanced

The Ottawa Hospital Social Workers led a provincial initiative to shift culture toward an emerging best practice, Home First. With occupancy pressures and many patients identified as no longer requiring acute care, past practice has been to quickly complete nursing home applications. Home First involves a significant, patient-centered move away from conducting long term planning in the hospital setting. This initiative is an example of social work leadership in implementing best practice, advocacy and collaboration with the community sector.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Learn about the change in culture shift at The Ottawa Hospital.
- Hear about the challenges of changing culture in a large teaching hospital.
- Discuss “lessons learned.”

#### **RF-12: How to Herd Cats...I Mean Social Workers**

*Debra Ann Kunkel*

Session Content Educational Level: Fundamental

About 10 years ago, the Fargo VA Medical Center went to Patient Service Lines, thus the Department of Social Work was dissolved. The social Workers were put in four different service lines. This presentation will look at unifying this group of social workers under unprecedented growth of the profession. The presentation will look at the development of a clinical practice council, social work competencies, and new program development in which social work took the lead at the Medical Center.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Verbalize at least two leadership skills used to unify the social workers across different service lines.
- Discuss options they can bring back to their facility to unify and strengthen the profession of social work.
- Discuss different ways they can unite and strengthen the social workers in their facility.

#### **RF-13: Care Coordination: Social Work and Care Management Working Together to Reduce the Patient Length of Stay in a Mid-size Hospital**

*Diane B. Ambrose*

Session Content Educational Level: Advanced

This began as a demonstration project on a high volume complex care unit and it proved so successful it was replicated throughout the institution. The institution made the financial commitment to allocate staff to support the care coordination model on medical/surgical/critical care units. Social work and care managers, although under separate leadership, function as unit based teams. As it became clear the program was successful we revised some roles and responsibilities to enhance functioning and reduce conflict. SW/CM three years of data.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Review opportunities for social work/care management to put aside issues and work collaboratively.
- Review outcomes of the program and strategies to obtain support for staffing levels to meet the needs of the program.
- Discuss next steps regarding reducing hospital re-admissions through patient education initiatives and partnering with nursing homes.



### **RF-14: Facebook in the Workplace: The Ethics of Developing a Social Networking Policy Within a Healthcare Setting**

*Stephen Andrew Collazo*

Session Content Educational Level: Intermediate

This presentation will give an overview on the role of social work as part of a multidisciplinary work group tasked to develop an institution wide social networking policy. The values and ethics of the social work profession naturally lend itself to the larger discussion on the ethical obligations involved in social networking for all professions within the healthcare setting. Many health care social workers are seeking guidance in this area; however, there is very little published social work research on this topic.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Gain an understanding of the ethical dilemmas social workers face with the increasing use of social networking by both clients and organizations.
- Gain an understanding of the process for implementing an institution social networking policy with a multi-disciplinary work group.
- Understand the importance of the social work perspective in developing policy within a multi-disciplinary work group.

### **RF-15: Getting a Handle on Healthcare Reform**

*Adrienne Muralidharan, Karen L. Hercules-Doerr*

Session Content Educational Level: Fundamental

This presentation will provide you with meaningful information about key portions of the Patient Protection and Affordable Care Act (PPACA), including: high-risk insurance pools for individuals with pre-existing conditions, upcoming state exchanges, adjustments to Medicare and Medicaid and the much-talked about Accountable Care Organizations (ACOs), which are set to begin in 2012. We'll discuss both the benefits and limitations of the PPACA and how you can help your clients navigate the choices available to them.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- List three key portions of the Patient Protection and Affordable Care Act (PPACA).
- Define and locate Accountable Care Organizations (ACOs).
- Be knowledgeable about state exchanges and potential impact to Medicaid.

9:00 AM – 9:15 AM

Transition Break

9:15 AM – 10:45 AM

Concurrent Workshops –  
Breakout Session 9

### **W-26: Developing Leadership Skills in Health/Mental Health and Community Settings**

*Hal Lipton*

Session Content Educational Level: Intermediate

Successful leadership requires the ability to translate theory into practical actions. Leadership is needed in work with patients, hospital teams, ethics committees, mental health patients and community groups. The ability to influence thinking, emotions and decisions is as important in developing staff and programs as it is in leading the small group of patients or relatives. Leadership requires vision, courage, risk-taking and discipline. This workshop will make those attributes visible for those wishing to deepen their leadership skills.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Discuss the challenges and opportunities for leadership that exist for them in practice settings.
- Recognize the approaches and skills needed for effective leadership in clinical, supervisory, crisis, and community work.
- Recognize the elements of preparation, analysis, discipline and spontaneity required in developing leadership potentials.
- Sense and feel the leadership elements that will be visible in the practice examples revealed in the workshop.

### **W-27: Supporting Organizational Accountability: A Disclosure Process for Adverse Events**

*Patricia O'Donnell*

Session Content Educational Level: Intermediate

This presentation will present an ethics based model for disclosure. Disclosure of adverse events to patients and families is mandated by the Joint Commission regulations. Social Work in collaboration with Quality, Human Resources, and Risk Management can develop and implement a policy and process that is patient/family centered and attends to the care and support of the staff involved in the event. Case illustrations will be incorporated.



### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Describe the concept of disclosure of adverse events and its management.
- Utilize ethical principles to support and justify the policy and procedure.
- Assure that all parties are attended to throughout the process.

### W-28: Social Workers Building Bridges to Patient and Family-Centered Care

*Kathleen Wade, Sandra Iaderosa*

Session Content Educational Level: Fundamental

Social workers are uniquely positioned to be leaders and change agents in integrating the principles of patient and family centered care into health care. PFCC has become a best practice and lends itself to a paradigm shift in our health care delivery system. Partnering with patients and families can provide innovative opportunities and solutions for improved quality and safety as we face decreased reimbursement, health reform, and value-based purchasing. The presentation will guide you in creating a PFCC environment using social work as leaders.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Learn the fundamentals and core concepts of patient and family centered care.
- Integrate patient and family centered care into their own health care system.
- Use patient and family centered care to learn how to employ their social work skills and leadership abilities to shift their current culture to a patient and family centered care environment.

### W-29: Recharging Clinical Batteries: Behavioral Health Pearls of Knowledge for Health Care Practice

*Susan Matorin*

Session Content Educational Level: Intermediate

Social workers who infuse health care practice with behavioral health knowledge and skill amplify value to patients, families, and the organization. Social workers can identify and address underlying symptoms of anxiety, mood disorders, substance abuse and personality that contribute to costly medical problems and undermine treatment compliance. Additionally, focused family interventions diffuse anxiety and increase partnerships with staff. Social workers can also orchestrate sleep hygiene, smoking cessation, and psychoeducational initiatives.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Review symptoms of common psychiatric disorders that coincide with and contribute to medical issues and undermine treatment compliance.
- Review focused family interventions that will enhance family partnership with the team.
- Review programmatic initiatives that reflect and draw on behavioral concepts.

### W-30: Two Part Workshop (Part I): Put Your Work Processes on a Diet

*Rose Popovich, Travis Lozier*

Session Content Educational Level: Fundamental

Hearing, "Do more with less?" Curious to see if there is waste hiding in your department? Not sure how to measure your current processes? This is a hands-on simulation that will help you experience the Lean performance improvement methodology. You'll learn new tools and test their application. Whether you apply this in your own department, with cross-departmental teams, or want to see if this could be a new career path, come join us for a lively session!

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify types of waste hiding in work processes.
- Redesign a work process using Lean concepts.
- Discuss how to apply the methodology to a process in their own area of responsibility.

10:45 AM – 11:15 AM Refreshment Break



11:15 AM – 12:15 PM Concurrent Sessions –  
 Breakout Session 10

## **RF-16: Moving Beyond the Walls of the Hospital - A Partnership with Area Nursing Homes**

*Monica Sutton*

Session Content Educational Level: Intermediate

This interactive session will explore the benefits of building relationships with area nursing facilities. Acute care social work staff struggled with understanding the challenges faced by nursing facilities to provide excellent care to their residents. By establishing liaison relationships with one assigned facility, acute care social workers were able to improve their understanding, develop bidirectional data exchange of quality metrics, and positively impact hospital readmissions from partner facilities.

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Discuss the benefits of developing relationships with area nursing facilities.
- Describe methods to promote information sharing among facilities.
- Implement a nursing home partnership project in their practice setting.

## **RF-17: Treading Water: The Importance of Steering Social Work Leadership in the Age of Health Information Technology**

*Hilary Harber*

Session Content Educational Level: Fundamental

As the federal mandate to adopt the EMR nears, social workers are charged with navigating the technological tides of change. Although the use of EMRs can improve the quality of care, Social Workers are aware that technology is not a panacea. It is imperative that we establish competency in these new technologies, reasserting the importance of social work in patient care. In this interactive workshop, we will explore the challenges and strengths of transparency and technology in social work leadership.

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Explore their assumptions about the use of technology in healthcare settings.
- Analyze the ethical dilemmas of "going completely electronic."
- Recognize the capacity of social workers to adopt a leadership role in health information technology.
- Establish guidelines for appropriate use of technology as it becomes integrated into social work practice.

## **RF-18: OMG: SOS 2 SW, d/c asap!**

*Norma J. Cole, Pamela G. Haithcox Eggleston*

Session Content Educational Level: Advanced

Social workers are on the front lines of discharge planning, and often take the "heat" for difficult discharges. With limited funding, resources, supports and follow-up care, innovative solutions and ethical problem solving are essential. This session will focus on programs developed by the Social Work Department at our level 1 trauma center, to reduce length of stay, safely move patients from the acute setting to the next level of care, accelerate the state funding process and dismantle roadblocks that prevent discharge.

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- List four programs that Social Work can utilize to accelerate difficult discharges.
- Explore creative/innovative solutions for impossible situations, while taking into consideration the ethical implications.
- Evaluate the success of these programs and return on investment to your organization(s).
- Review the cost analysis/benefit to these programs

## **RF-19: Rocking the Boat: Helping the Patient with a Pre-Existing Psychiatric Disorder Navigate Their Cancer Care**

*Donald M. Clark*

Session Content Educational Level: Intermediate

A review of the literature shows that patients with a pre-existing psychiatric disorder have multiple issues that will impact their ability to manage their cancer diagnosis and treatment. This presentation will look at the impact that a pre-existing psychiatric disorder can have on patients undergoing cancer treatment. It will also utilize case presentations to look at the ethical implications of doing intensive cancer treatment for a patient with a psychiatric diagnosis.



### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Define the impact a pre-existing psychiatric disorder can have on a patient undergoing cancer treatment.
- Understand the ethical implications involved in treating a cancer patient with a pre-existing psychiatric disorder.
- Develop strategies to assist patients and the medical team in addressing inequalities in care.

### **W-30: Two Part Workshop (Part II): Put Your Work Processes on a Diet**

*Rose Popovich, Travis Lozier*

Session Content Educational Level: Fundamental

Hearing, "Do more with less?" Curious to see if there is waste hiding in your department? Not sure how to measure your current processes? This is a hands-on simulation that will help you experience the Lean performance improvement methodology. You'll learn new tools and test their application. Whether you apply this in your own department, with cross-departmental teams, or want to see if this could be a new career path, come join us for a lively session!

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify types of waste hiding in work processes.
- Redesign a work process using Lean concepts.
- Discuss how to apply the methodology to a process in their own area of responsibility.

12:15 PM

Conference Adjournment



### **P-1: Mass Market Your Social Work Message through Blogging**

*Tena Gardiner, Stephen Andrew Collazo, Johanna Pule*

Utilizing a blog as a marketing tool for your social work department to show, and not just tell, patients and public what value we add to the healthcare system, can keep the field of social work afloat and on course as the tides healthcare are shifting. This poster will provide best practices for how to integrate a blog into a department's overall marketing strategy.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Learn what blogging is.
- Discuss how blogging can assist with marketing their social work message to the public.
- Learn the elements for writing a great blog post that can impact their target market.
- Be provided with an example of a department's process of implementing a blog into its overall marketing strategy.

### **P-2: Development of an Intimate Partner Violence Education Program in a Specialty Hospital Setting**

*Stephen Andrew Collazo, Amy Lamarca Lyon, Wendy Evans, Carmella Wygant, Ginasenda Rodriguez, Lisa Getz*

The number of cases of intimate partner violence (IPV) identified in a medical setting is well below the number of actual occurrences. Given our current environment along with Joint Commission's increasing focus on patient safety, healthcare social workers have a unique and professional responsibility to speak to this issue as experts and provide appropriate interventions for victims of IPV. This poster will give an overview of the development of an IPV education and awareness program within an oncology healthcare setting.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Gain a better understanding of the prevalence of IPV in a healthcare setting.
- Identify the inherent difficulties and additional barriers of assessing and treating IPV in an oncology setting.
- Understand how to implement an IPV education program in their own healthcare setting.

### **P-3: Moving Through Rapid Tides to Smooth Flowing Water...The Relevance of Medical Social Work in the Creation and Implementation of a New Hospital Based Integrated Care Coordination Model**

*Cathy Coryell*

This presentation will explore the creative and intensive efforts of a hospital based interdisciplinary design team, which identified a fragmented case management model, and turned it into a successful Care Coordination model. Social work was an influential member of the design team and recognized as an integral component for inducing positive organizational change. Social work spent time improving processes and services within the new model, to deliver service excellence for patients, families and hospital staff.

#### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Learn about a case management model that was challenged by fragmented and duplicative services, minimal accountability, staffing issues, undefined job descriptions, and lack of continuity of patient care, which rendered the creation of a new integrated Care Coordination model.
- Recognize how medical social workers are an influential component in a hospital based interdisciplinary design team and part of the collaborative change effort for an organization.
- Learn practical ways to improve hospital based social work processes and services, to ultimately provide service excellence to patients, families, and staff members.

### **P-4: Let's Talk About Pelvic Exenterations: Counseling Women on Living with the Life-Challenging Physical and Emotional Changes**

*Irene R. Korcz*

In the new era of healthcare, oncology social workers and allied healthcare professionals will be able to gain new perspectives on taking leadership roles in counseling women who are undergoing the operative procedure of pelvic exenterations. This poster will present information on the three types of pelvic exenterations. The far-reaching impact upon the lives of the patients, their families, and significant others in terms of emotional, functional, intimacy and relationships will be explored. Case studies and counseling will be presented.



### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand the three types of pelvic exenteration procedures.
- Articulate the psychosocial, functional and sexual difficulties of women who have had the procedure.
- Identify leadership roles for social workers in counseling women before and after the exenteration surgery.
- Discuss how women can use social supports as positive coping strategies to overcome difficulties after the surgery.
- Explore the use of expressive-supportive counseling strategies and reflective supportive listening.

### **P-5: Moving Psychosocial Interventions from the Lab to the Real World: A Web-based Stress Management Intervention for Breast Cancer Survivors**

*KrisAnn Schmitz, Kelly M. Carpenter, Ardith Z. Doorenbos, Bonnie A. McGregor, Linda H. Eaton*

As mortality rates improve and health care resources decline, a growing number of cancer survivors need cost effective resources to help manage the stress associated with diagnosis and treatment. This poster illustrates the process of adapting an in-person intervention for web-based delivery, and includes cognitive behavioral coping skills, relaxation training, expressive journaling, and a discussion board to facilitate social support. Evidence-based online tools are a viable way to address the psychosocial needs of breast cancer survivors.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand the growing demand of psychosocial services for breast cancer survivors.
- Review the development process of this web-based tool, underscoring how key elements of the therapeutic intervention were replicated online.
- Have an opportunity to consider how they could integrate evidence-based online tools into practice to improve psychosocial treatment for breast cancer survivors.

### **P-6: Sailing through Rough Seas: A Support Group Model for Parents with Cancer**

*Amy LaMarca Lyon, Jeannette Kolarik*

Research suggests that 18% of cancer patients diagnosed in the last 2 years and 14% of all cancer survivors are parenting minor children. Parents diagnosed with cancer face many unique challenges. They often have concerns about how to talk to their children about their diagnosis, treatment and prognosis or want to understand how they can help their child adjust to the challenges cancer presents. This poster will present a model for providing psychosocial care and coping tools to parents with cancer in a 6 session, closed support group setting.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand the prevalence of parents dealing with a cancer diagnosis.
- Discuss barriers that parents with cancer face.
- Discuss important elements of this support group model for parents with cancer.
- Review measured positive outcomes from this support group model for parents with cancer.

### **P-7: Establishment of a Medical-Legal Partnership to Improve the Health and Well-Being of Vulnerable Individuals**

*Susan Stensland, Kerry Rodabaugh, Ann Mangiameli, Dave Pantos*

Legal issues are often articulated as a psychosocial stressor for those experiencing illness or injury. This poster will provide an overview of the process undertaken to establish & maintain our Medical-Legal Partnership Program, identify the services available, and review preliminary response to the services. An attorney is on-site weekly to address legal issues referred by social workers. Services include power of attorney, bankruptcy, property tax and foreclosure assistance, Last Will and Testaments, insurance denials, and disability appeals

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Be familiar with National Center Medical-Legal Partnership.
- Identify action steps in developing the program.
- Describe types of legal services provided through this program.



## **P-8: Sit. Stay. Heal: The Role of Animal-Assisted Therapy in a Cancer Hospital**

*Laura Walther-Broussard, Carol Lacey*

Animal Assisted Therapy (AAT) is becoming increasingly accepted as a modality in assisting with inpatients' psychosocial health. Unique barriers for AAT programs exist in oncology health settings ranging from infection control to legal concerns and beyond. This poster will provide best practices for AAT programs in oncology settings from an LCSW and Physician Assistant who are both full-time professional employees and animal-assisted therapy volunteers at a cancer hospital.

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Learn about what Animal-Assisted Therapy (AAT) is.
- Discuss how AAT can help meet the psychosocial needs of cancer hospital inpatients.
- Learn examples of AAT goals for patients.
- Become familiar with key interdisciplinary facility members who can help initiate an AAT program at a healthcare facility.
- Be provided with a list of potential AAT volunteer organizations to approach for addition of an AAT program at a healthcare facility.

## **P-9: The Use of Solution Focused Therapy to Assist in Goal Setting at End of Life**

*Lorie L. Cabitac, Katy Hewson, Charla Peterson, Andrea Skoglund*

Several barriers impact individuals' ability to transition from treatment to end-of-life care. Solution focused therapy facilitates goal setting by challenging patients to think about the future. By asking the miracle question, individuals shift from focusing on presenting problems to considering goals for the immediate future. Once goals are identified, social workers assist individuals in clarifying communication with multidisciplinary teams; refocusing and reframing hope and care options; and establishing steps to meet goals for end-of-life care.

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Discuss the multi-faceted barriers that impact patients and their families' when transitioning from treatment goals to palliative goals.
- Review the "miracle question" and scaling questions to facilitate the use of Solution Focused Therapy in end-of-life decision making.
- Identify when to appropriately use Solution Focused Therapy during end-of-life discussions.

## **P-10: Quick Change Artists: How to Make the Most out of Single Session Contacts**

*Wendy Evans, Diane Benefiel*

With increased pressure to see more patients in less time, hospital social workers must develop new paradigms for patient interaction. Single session intervention is frequently the best practice when it comes to meeting patients' needs successfully. Brief, accurate assessment and rapid rapport building result in realistic goal setting and achievable practical results. The social worker's ability to navigate the system and advocate for the patient in a face-paced environment promotes patient satisfaction.

### **OBJECTIVES**

At the conclusion of this presentation, participants will be able to:

- Discuss research in the area of single session contacts.
- Explain the value of rapid assessment and rapport building.
- Apply guidelines for successful single session interventions in their own practice.

## **P-11: A Model of Collaboration for the Education & Continued Informed Consent for Participants in Schizophrenia Research**

*Katherine Whorton, Denise Niner*

The NIMH conducts research with adults with schizophrenia. We expect capacity to provide informed consent to change during research due to the nature of the illness (e.g. cognitive difficulties) as well as medication changes including the possibility of being off antipsychotics. The schizophrenia research team and the Human Subjects Protection Unit (HSPU), a group independent of the researchers, have collaborated to develop a program to ensure ongoing education and consent capacity for potentially vulnerable research participants.



### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand considerations for the inclusion of potentially vulnerable populations in research.
- Explain the role of clinical social worker on research team.
- Explain the role of clinical research advocate.
- Discuss the importance of ongoing assessment of decision making capacity of research participants.

### **P-12: Protecting Human Subjects Participating in Mental Health Research via Initial & Ongoing Assent Monitoring**

*Carol Squires, Katherine Whorton, Mary Ellen Cadman, Julie Brintnall, Maryland Pao, Barbara Karp*

Assuring the integrity of the informed consent process, while respecting the autonomy of potentially vulnerable subjects, is critical to ethical research. While less discussed, monitoring of the assent process either for minors or adults without consent signing capacity is equally important. Assent monitoring by the independent NIMH Human Subjects Protection Unit (HSPU) assures the autonomy of minors/adults without consent capacity is respected, that participation is free of coercion and assent remains intact throughout study participation.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Define assent and federal regulations regarding assent in research.
- Describe the role of the Clinical Research Advocate.
- Recognize and develop ongoing and study specific assent monitoring plans for children and adults .

### **P-13: Ongoing Consent Monitoring: A Critical Component of Human Subject Protections**

*Katherine Whorton, Carol Squires, Mary Ellen Cadman, Julie Brintnall, Maryland Pao, Barbara Karp*

OHRP and Federal regulations make it clear that informed consent does not end once the written informed consent form is signed. Consent is an ongoing process and must remain intact throughout the course of a subject's participation. The National Institute of Mental Health (NIMH) Office of the Clinical Director established the Human Subjects Protection Unit (HSPU), an independent, multidisciplinary team to provide potentially vulnerable subjects with multiple levels of protection during participation in clinical trials including ongoing consent.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand the importance of assessing ongoing consent.
- Identify issues that could interfere with providing ongoing consent.
- Identify elements of an ongoing consent monitoring plan.

### **P-14: Social Workers as Leaders in Navigating the Troubled Rivers of Denial**

*Heather Doyle, Lindsey Menke, Caroline Toole*

Denial is a common coping mechanism used by patients with a cancer diagnosis. The concept of denial is refusing to acknowledge that an event has occurred. The role of the social worker is important to properly assess a patient's level of denial to determine if their coping is adaptive or maladaptive in treatment. Advocacy for patients in an interdisciplinary team setting can encourage patient self-determination and enhance coping.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Discuss the concepts of denial.
- Identify denial as both adaptive and maladaptive coping mechanisms.
- Discuss the role of the social worker when advocating for patient's coping strategies.
- Understand how to educate medical team about the role of denial in relation to psychosocial barriers.

### **P-15: Growing Up and Growing Well with Inflammatory Bowel Disease: Social Work's Leadership Role in a Multidisciplinary Team Approach to Patient and Family Care**

*Bambi Fisher*

Children with Inflammatory Bowel Disease have specific needs that require a team approach to management. Nutrition, growth, body image, school absences and dealing with a chronic illness are among the concerns of families and patients. By creating a strong leadership role, even with cutbacks and part time hours, social work is able to lead the team in addressing and creating exciting programs that put psychosocial issues at the forefront. Many varied multidisciplinary activities that create a compassionate environment will be highlighted.



### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Discuss importance of social work role in creating multidisciplinary programming for pediatric patients/families within a chronic illnesses setting.
- Expand innovative psychosocial services in a hospital setting.
- Review obstacles to designing these services and how to overcome them.

### **P-16: Brief then Debrief: Navigating the Family Conference Rip Tide**

*Luke Coulson*

A social worker in a cancer center leads the care team discussions involving the families and patients. Tasks include briefing (pre-conference discussions), facilitating the conference, and debriefing (post-conference processing). The literature indicates that unclear briefing is linked with unsatisfactory conferences (Griffith, 2004). Debriefing may bring closure on conference issues and lessen compassion fatigue (Sacks, 2001); however, demonstrating debriefing efficacy is a challenge (Deahl, 2000). This poster will present a model to brief and then debrief.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Brief before a family conference.
- Debrief after a family conference.
- Discuss why debriefing may bring closure on conference issues and mitigate compassion fatigue.

### **P-17: The Use of Social Networking in Health Care: You are Invited!**

*Katherine Perone*

Social networking is more than visiting on Facebook. Social networking is connecting with individuals with a common interest. Social networking is gaining attention and popularity in the health care setting. This poster will show how social networking can be used to increase communication among health care leaders and increase communication within the department. The use of social networking as an educational tool will be emphasized. Examples of free professional social networking websites and a sample page will be shared in the poster session.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Define social networking.
- Describe how social networking will increase communication among health care leaders.
- Discuss the use of social networking as an educational tool.
- Identify at least two professional social network websites.

### **P-18: Hospital to Home: Lessons Learned to Shorten Length of Stay and Decrease Re-admissions**

*Eileen Zenker*

Utilizing case examples this poster will outline the issues hospital discharge planners are confronted with when working on a safe and appropriate plan- barriers to discharge can include family and significant others, medical reconciliation, long term resources and medical follow-up. Identifying these obstacles early on and working with a care manager will be beneficial for both patient and hospital by decreasing unnecessary hospital days and avoiding readmissions. Creativity in planning is key.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Better understand how care management and hospital discharge planners can work together to achieve positive results.
- Identify ways to work with the patient who only wants to return home and ensuring a safe and appropriate plan.
- Gain a better understanding of how to reduce readmissions and be creative in planning. This includes new approaches to care management and includes telemedicine.

### **P-19: Caught in the Middle: An Examination of Best Practices for Helping Young Adult Patients**

*Wendy Griffith*

The ill-defined gap between the pediatric and adult worlds is unfortunately, the very place where young adult patients spend the majority of their time. Social workers can play a unique role in bridging this medical and psychosocial gap by becoming familiar with some of the issues and challenges young adults face, by becoming experts in effective intervention strategies, and by learning to take a leadership role to facilitate appropriate patient care delivery.



### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Gain an understanding of some of the medical and psychosocial challenges faced by young adult patients.
- Review and discuss how these issues apply to a complex case study.
- Gain an understanding of effective interventions that can be used with young adult patients.
- Learn effective advocacy and leadership strategies when working with young adult patients.

### **P-20: Education as a Therapeutic Intervention for Newly Diagnosed Patients**

*Sarah Elaine Cook*

Patients and family members facing a new health crisis commonly experience varying degrees of emotional distress. Developing interventions to decrease the distress experienced by those encountering a new and serious diagnosis is imperative. Providing individuals with education has been shown to decrease distress and increase short-term coping. Educating patients and families about their diagnosis, as well as what to expect in the immediate future, can decrease subjective distress and promote active coping.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify evidence-based principles supporting the utilization of education as a therapeutic intervention.
- Discuss the benefits of educating newly diagnosed patients and their families.
- Discuss the ways in which they can cultivate active coping in their patients through the inclusion of education as a therapeutic intervention.

### **P-21: The Hidden Jewels of Obamacare**

*Edith Flitt*

The Long-Term Care provisions of The Patient Protection and Affordable Care Act were largely overlooked in the debate surrounding the law's implementation. This poster provides a summary of these provisions, including the Community First Choice Option, the Money Follows the Person Demonstration Program, the State Balancing Incentive Program, as well as a provision allowing for concurrent acute and palliative care for children on hospice. The CLASS ACT, establishing a national voluntary insurance program to cover the purchase of long-term home care services, and Medical Health Homes for Individuals with Chronic Conditions will also be discussed.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Describe the basic provisions contained in the Affordable Care Act for extension of home and community based services.
- Learn about the CLASS ACT, which establishes a national voluntary insurance program for purchasing long-term care.
- Learn about the Community First Choice Option, which helps to provide community based supports to individuals with incomes up to 300% of SSI.
- Learn about the concept of Medical Health Homes for Individuals with Chronic Conditions.

### **P-22: Improving The Dialysis Experience With The Use of Technology**

*Karen Crampton*

Research shows that distraction methods can reduce pain, lower blood pressure, decrease anxiety, and improve overall well being. Expanding on these benefits, technology was introduced in the dialysis unit including Apple's iPod touch, iPad and internet connected laptop computers for patients' use. Benefits beyond distraction include enhancing the technological skills of patients, increasing their self-efficacy and enhancing skills. Patients reported increased motivation to complete their treatment, improved sleep, and improvement in mood.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Learn new methods to impact adherence to treatment.
- Discuss implementation of technology.
- Examine benefits of distraction methods in the chronic care setting.

### **P-23: How We Can Help: Navigating Patients with Advanced Cancer through Treatment Decision Making Using Advocacy and Education**

*Melissa Alvarez Jones, Jai Combest, Margrett Myhre*

Many patients with advanced cancer are often faced with limited treatment options and experience confusion, anxiety and guilt as they navigate complex treatment decisions. There is difficulty and uncertainty as patients grapple with the decision making process. Social workers help by providing education on the process of decisions making, advocating for psychosocial considered treatment planning, and facilitating communication. This poster will illustrate the role of social workers in helping patients make decisions for themselves.



### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify strategies for educating patients on the process of making informed treatment decisions.
- Promote the use of advocacy for a psychosocial approach when considering treatment planning.
- Describe decision making model used to enhance facilitation of communication between medical team and patients when considering treatment options.

### **P-24: Bridging the Gap Over Troubled Waters: Implementing Suicide Intervention Protocols**

*Lynda Cortese, Julie Burke, Leah W. Fanuiel, Patricia Hewlett, Dawn Caron, Eva Cavazos*

On September 13, 2008, Hurricane Ike devastated Galveston, TX, causing catastrophic damage to the community, local services, and the University of Texas Medical Branch healthcare system. As our in-patient psychiatric unit was not reopened, we identified the need for effective suicide intervention protocols in our outpatient clinics, connecting patients to available mental health resources utilizing our Emergency Department and the Gulf Coast Mental Health Mental Retardation Mobile Crisis Outreach Team. Our process and protocols are presented.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify steps involved in the development of suicide intervention protocols.
- Learn about the benefit of collaborative advocacy through community networks.
- Analyze replication of the protocols for other healthcare settings.

### **P-25: Changing Strategies for Changing Times: Incorporating Strategic Thinking and Process Improvement into Your Practice**

*Alanna A. Terrell, Gayle Harper*

Principles of benchmarking, strategic decision-making, and quality/process improvement that were once associated primarily with the manufacturing industry, have become the new buzzwords in health care because they are vital to establishing and documenting value-based service. This poster presentation will provide a high-level view of commonly used tools. With knowledge and practice, social work leaders may find that many fundamental clinical social work skills, such as assessment and planning, can be translated into this changing environment.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand how strategic thinking and planning activities contribute to successful leadership.
- Identify appropriate strategic planning and process improvement tools to incorporate during strategic decision making or service improvement activities.

### **P-26: Safe Harbor Out of Troubled Water: Identifying and Addressing Cross-Cultural Transference Issues**

*Arewa A. Banjoko*

Transference and counter-transference issues can impact the delivery of services in medical teams. Cross-cultural transference issues also abound, and can affect patients' access to necessary medical care, their degree of autonomy and empowerment that patients will receive. The aim of this poster is to highlight how cross-cultural transference and counter-transference issues can impact patients' access to cancer treatment.

### OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Identify transference.
- Identify counter-transference.
- Identify cross-cultural transference issues.
- Appropriately work with cross-cultural transference issues.

### **P-27: Navigating Spirituality and Social Work in the Hospital**

*Amy Geldzahler Chinitz*

Social work (SW) inclusion of spirituality and pastoral care (PC) in psychosocial assessments will advance best practices in holistic patient care. SW receive training on spiritual assessment and PC services. Medical records are reviewed to compare the inclusion of spiritual issues and PC referral before and after training. SW are more likely to include spiritual needs assessment in meetings with patients after dedicated training. Routine spiritual counseling and education about PC will improve patient care.



## OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Direct social workers to better address patients' spiritual needs.
- Analyze the impact of training on social workers' practices with regard to discussion of spiritual and religious issues with patients and families.
- Analyze the impact of social work interventions on access to, and acceptance of, pastoral care referral.

### **P-28: Navigating the Cost of Cancer: Oncology Social Workers Leading the Way to Financial Resources**

*Lynsay Landry, Rose Lefeber, Mary Dev*

Individuals receiving cancer treatment may have to decide between paying for medical care, food, or shelter. Financial concerns can reduce the patient's compliance with their treatment plan and quality of life. The oncology social worker is perfectly positioned to mitigate financial and psychosocial concerns by: 1) providing education on resources to help alleviate patient's financial barriers to medical care and concerns during treatment; and 2) empowering cancer patients to make informed employment and financial decisions during treatment.

## OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Obtain an understanding of the financial barriers impacting patient's cancer treatment plan and quality of life.
- Learn how to discuss and provide support to patient and family members regarding financial concerns.
- Identify resources to help alleviate patient's financial concerns.

### **P-29: Advance Directive as a Transition Tool for Young Adult Survivors of Childhood Cancer**

*Lisl M. Schweers*

In a young adult cancer survivorship clinic, where much of the focus is on transition of care and assuming adult responsibilities, the introduction of Advance Directive has proved to be a useful tool in generating the discussion of transition. This presentation will provide a rationale for introducing the completion of an Advance Directive as a transition tool.

## OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Learn about an innovative way to engage young adults in transition processes by using Advance Directive and end of life planning as a "transition tool."
- Review the federal Patient Self-Determination Act and learn how it can be realized in a young adult survivorship clinic.

- Learn strategies to address a patient's fear and anxiety of initiating discussion of end of life planning by framing it as a "transition issue."

### **P-30: Moving Toward a Wider View**

*Djuana Fomby, Miriam O. Bleich*

Caregivers experiencing unique stressors led social workers at a metropolitan cancer center to begin a Mutual Aid Support Group. Employing the Mutual Aid Group Model allowed self-selected attendees opportunities for caregiver-to-caregiver validation, relief from isolation and help setting boundaries regarding patient care. The model's flexibility allows the social worker to mediate the group and provide psychosocial interventions as needed. An attendant goal is fostering a connection between attendees which could be continued outside the group.

## OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Provide an example of implementation of the Mutual Aid Approach to Group Work at a major hospital in the US.
- Show how the Mutual Aid Approach to Group Work is an effective tool for eliciting caregiver concerns and providing support for this population's concerns.
- Query the social worker's role in facilitating the group, challenges to that role and position further opportunities for intervention with this group.

### **P-31: My Toolbox for Teens: Being Prepared for Adulthood**

*Catherine Dube, Trudy Wong*

My Toolbox is a self-management program for individuals with chronic conditions, which is standardized by Stanford University. At the Shriners Hospital for Children (Canada), we aim to implement a program suited for our population. In keeping with the best ways to reach our target population of adolescents, we hope to modify this program to offer a web-based series of workshops which will make this a more accessible program to teens with limited mobility from different parts of the country.

## OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Find creative ways to reach a population that may not be interested in more traditional types of workshops.
- Learn about the integration of self-management, self-advocacy and autonomy with expectations of real life situations (access to transportation, family dynamics, time constraints).
- Utilize links to community resources (Care-Ring Voice Network-tele learning resource in support of families).



**Melissa Alvarez Jones, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-23*

**Diane B. Ambrose, LCSW**  
South Nassau Communities hospital  
Oceanside, NY  
*RF-13*

**Thomas Aronson, LCSW, MBA**  
St. Luke's Regional Medical Center  
Boise, ID  
*W-21*

**Andrea Bailey, LCSW**  
Rocky Mountain Home Care  
Roy, UT  
*I-3*

**Arewa A. Banjoko, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-26*

**Diane Benefiel, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-10*

**Miriam O. Bleich, LCSW**  
Jewish Family Services  
New Orleans, LA  
*P-30*

**Selena Bolotin, LICSW**  
Qualis Health  
Seattle, WA  
*W-13*

**Debbie Brady, LCSW, NSW-C**  
Arkansas Children's Hospital  
Little Rock, AR  
*I-2*

**Linda Brandeis, LICSW**  
VA Puget Sound Health Care System  
Seattle, WA  
*W-11*

**Julie Brintnall, LCSW-C**  
National Institute of Mental Health  
Bethesda, MD  
*P-12, P-13*

**Terry Brock, MSW, RSW**  
Fraser Health  
New Westminster, BC  
*RF-2*

**Julie Burke, LMSW**  
University of Texas Medical Branch  
Galveston, TX  
*P-24*

**Lorie L. Cabitac, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-9*

**Mary Ellen Cadman, MSN, LGSW**  
National Institute of Mental Health  
Bethesda, MD  
*P-12, P-13*

**Dawn Caron, MA**  
Gulf Coast Center Mental Health  
Mental Retardation  
Galveston, TX  
*P-24*

**Kelly M. Carpenter, PhD**  
Talaria, Inc.  
Seattle, WA  
*P-5*

**Eva Cavazos, LMSW**  
University of Texas Medical Branch  
Galveston, TX  
*P-24*

**Alejandro Celorio Alcantara, JD, LLM**  
Consulate General of Mexico  
Sacramento, CA  
*RF-10*

**Donald M. Clark, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*RF-19*

**Anita Clos, MA, LMSW, ACSW**  
University of Michigan Health System  
Ann Arbor, MI  
*W-10, W-18*

**Norma J. Cole, LICSW**  
Harborview Medical Center  
Redmond, WA  
*RF-18*

**Stephen Andrew Collazo, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*RF-14, P-1, P-2*

**Jai Combest, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-23*

**Bonnie Conley, MSW, LICSW**  
Harborview Medical Center  
Seattle, WA  
*W-25*

**Sarah Elaine Cook, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-20*

**Lynda Cortese,**  
University of Texas Medical Branch  
Galveston, TX  
*P-24*

**Cathy Coryell, ASW, MSSW**  
Rancho Springs Medical Center  
Murrieta, CA  
*P-3*



**Luke Coulson, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-16*

**Karen Crampton, LMSW**  
University of Michigan Health System  
Ann Arbor, MI  
*P-22*

**Stephanie Curry, MSW, LCSW**  
Community Health Network  
Indianapolis, IN  
*W-23*

**Kay Davidson, DSW**  
University of Connecticut, School of  
Social Work  
West Hartford, CT  
*W-17*

**Mark de St. Aubin, LCSW, CT**  
University of Utah  
Salt Lake City, UT  
*I-3*

**Mary Dev, MSW, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-28*

**Ardith Z. Doorenbos, PhD, RN, FAAN**  
University of Washington  
Seattle, WA  
*P-5*

**Heather Doyle, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-14*

**Catherine Dube, BSW**  
Shriners Hospital  
Montreal, QC  
*P-31*

**Linda H. Eaton, MN, RN, AOCN**  
University of Washington  
Seattle, WA  
*P-5*

**Wendy Evans, LCSW, MBA**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-2, P-10*

**Leah W. Fanuiel, LMSW**  
University of Texas Medical Branch  
Galveston, TX  
*P-24*

**Bambi Fisher, LCSW**  
Mount Sinai Medical Center  
Larchmont, NY  
*P-15*

**Ana G. Fisher, LICSW**  
Department of Veterans Affairs  
Seattle, WA  
*W-20*

**Edith Flitt, LCSW-R, ACSW**  
New York Presbyterian Hospital  
New York, NY  
*P-21*

**Sharon Foerster, MSW, LCSW**  
MaineHealth  
Portland, ME  
*RF-1*

**Djuana Fomby, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-30*

**Mollie G. Forrester, LICSW**  
Harborview Medical Center  
Seattle, WA  
*W-2*

**Carol Frazier Maxwell, LCSW, ACSW**  
Arkansas Children's Hospital  
Little Rock, AR  
*W-22*

**Les Gallo-Silver, LCSW-R**  
LaGuardia Community College, CUNY  
Long Island City, NY  
*W-24*

**Tena Gardiner, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-1*

**Amy Geldzahler Chinitz, LMSW**  
New York Presbyterian/Weill Cornell  
Medical Center  
New York, NY  
*P-27*

**Lisa Getz, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-2*

**Carlean Gilbert, DSW, LCSW, CGP**  
Loyola University  
Chicago, IL  
*W-22*

**Katherine Ginnis, LICSW, MPH**  
Children's Hospital Boston  
Boston, MA  
*RF-3*

**Wendy Griffith, MSSW, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-19*

**Kathy Hager, MSW, LICSW, LIP, ACHP-SW**  
St. Joseph Medical Center  
Bellingham, WA  
*RF-9*

**Pamela G. Haithcox Eggleston, MSW, MBA**  
Harborview Medical Center  
Seattle, WA  
*RF-18*



**Hilary Harber, LCSW**  
Arkansas Children's Hospital  
Little Rock, AR  
*RF-17*

**Gayle Harper, MSW, LCSW**  
University of Texas MD Anderson Cancer Center  
Houston, TX  
*P-25*

**Karen L. Hercules-Doerr, MBA, BSRT**  
Allsup, Inc.  
Belleville, IL  
*RF-15*

**Patricia Hewlett, LCSW/ACP**  
University of Texas Medical Branch  
Galveston, TX  
*P-24*

**Katy Hewson, LCSW**  
University of Texas MD Anderson Cancer Center  
Houston, TX  
*P-9*

**Tracy Highlander, RN, BSN, CCM**  
Walgreens Home Infusion  
Towson, MD  
*RF-8*

**Esther Hill, MSW, MPH**  
Boston University  
Boston, MA  
*RF-6*

**Sandra Iaderosa, MSW, LMSW**  
University of Michigan Health System  
Ann Arbor, MI  
*W-18, W-28*

**Greg Jensen, LCSW, ACSW**  
NASW Assurance Services, Inc.  
Frederick, MD  
*W-19*

**Polly A. Jones, MSW, LCSW**  
Private Consultant  
Burlington, IN  
*I-4*

**Barbara Karp, MD**  
National Institute of Neurological Disorders & Stroke  
Bethesda, MD  
*P-12, P-13*

**Denise Katterhagen, MSW, LICSW, LIP**  
St. Joseph Medical Center  
Bellingham, WA  
*RF-9*

**Stacey Klett, MHSA**  
University of Michigan Health System  
Ann Arbor, MI  
*W-10*

**Jeannette Kolarik, LCSW**  
University of Texas MD Anderson Cancer Center  
Houston, TX  
*P-6*

**Irene R. Korcz, PhD, LCSW**  
University of Texas MD Anderson Cancer Center  
Houston, TX  
*P-4*

**Esther Krahn, BRE, BSW, MSW, RSW**  
Fraser Health  
Peachland, BC  
*RF-2*

**Debra Ann Kunkel, MSW, LICSW**  
Fargo VA Medical Center  
Fargo, ND  
*RF-12*

**Carol Lacey, PA-C**  
University of Texas MD Anderson Cancer Center  
Houston, TX  
*P-8*

**Amy Lamarca Lyon, LCSW**  
University of Texas MD Anderson Cancer Center  
Houston, TX  
*P-2, P-6*

**Lynsay Landry, MSW, LCSW**  
University of Texas MD Anderson Cancer Center  
Houston, TX  
*P-28*

**Heather Langlois, LICSW**  
Children's National Medical Center  
Washington, DC  
*RF-8*

**Barbara S. Lee, MSW, LICSW**  
Beth Israel Deaconess Medical Center  
Boston, MA  
*W-8*

**Rose Lefeber, MSW, LMSW**  
University of Texas MD Anderson Cancer Center  
Houston, TX  
*P-28*

**Hal Lipton, MSW, CSW-C, LICSW**  
DC Department of Aging  
Laurel, MD  
*W-26*

**Travis Lozier, MBA, PMP**  
Community Health Network  
Indianapolis, IN  
*W-23, W-30*

**Ann Mangiameli, JD**  
Legal Aid of Nebraska  
Omaha, NE  
*P-7*

**Theresa Martin, BSW, MSW, RSW**  
Fraser Health  
Langley, BC  
*RF-2*

**Susan Matorin, LCSW ACSW**  
Payne Whitney Clinic/New York Presbyterian Hospital  
New York, NY  
*W-29*



**Bonnie A. McGregor, PhD**  
Fred Hutchinson Cancer Research Center  
Seattle, WA  
*P-5*

**Lindsey Menke, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-14*

**Erica Menzer, LCSW**  
Children's Hospital Los Angeles  
Los Angeles, CA  
*W-14*

**Margaret Meyer, MSW, MBA, LCSW**  
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Cancer Center  
Houston, TX  
*W-12*

**Adrienne Muralidharan, MA, BA**  
Allsup, Inc.  
Belleville, IL  
*RF-15*

**Carol Murphy, MSW, RSW**  
The Ottawa Hospital  
Ottawa, ON  
*RF-11*

**Margrett Myhre, LMSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-23*

**Karen R. Nelson, MSW**  
The Ottawa Hospital  
Ottawa, ON  
*RF-5*

**Denise Niner, LICSW**  
National Institute of Mental Health  
Bethesda, MD  
*P-11*

**Laura J. Nitzberg, LMSW**  
University of Michigan Health System  
Ann Arbor, MI  
*W-4*

**Patricia O'Donnell, PhD, MSW, LICSW, ACSW**  
Inova Health System, Center for Ethics  
Fairfax, VA  
*RF-4, W-27*

**Shirley Otis-Green, MSW, ACSW, LCSW, OSW-C**  
City of Hope  
Duarte, CA  
*W-3*

**Dave Pantos, JD**  
Legal Aid of Nebraska  
Omaha, NE  
*P-7*

**Maryland Pao, MD**  
National Institute of Mental Health  
Bethesda, MD  
*P-12, P-13*

**Jane Parker, MSW, MPH, LCSW**  
Tulane University  
New Orleans, LA  
*W-1*

**Katherine Perone, MSW, LSW**  
Western Illinois University  
Macomb, IL  
*P-17*

**Charla Peterson, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-9*

**Peggy Pettit, MSW, LCSW**  
Shriners Hospital  
Sacramento, CA  
*RF-10*

**Rose Popovich, MSW, LCSW**  
Community Health Network  
Indianapolis, IN  
*W-23, W-30*

**Johanna Pule, LMSW**  
University of Texas MD Anderson Cancer  
Center  
Houston, TX  
*P-1*

**Charles L. Robbins, DSW, LCSW**  
Stony Brook University  
Stony Brook, NY  
*W-6*

**Kerry Rodabaugh, MD**  
University of Nebraska Medical Center  
Omaha, NE  
*P-7*

**Ginasenda Rodriguez, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-2*

**Yvette M. Rolon, LCSW, ACSW**  
New York Presbyterian Hospital/Weill  
Cornell Medical  
Forest Hills, NY  
*RF-7*

**Max Rorty, MSW**  
Kaiser Permanente  
Oakland, CA  
*W-15*

**Abigail Ross, MSW, MPH**  
Boston University  
Boston, MA  
*RF-3, RF-6*

**Mary Ruffolo, PhD, ACSW, LMSW**  
University of Michigan  
Ann Arbor, MI  
*W-4*



**Betty J. Ruth, MSW, MPH**

Boston University  
Boston, MA  
*RF-6*

**KrisAnn L. Schmitz, MSW**

Talaria, Inc.  
Seattle, WA  
*P-5*

**Lisl M. Schweers, LCSW**

Children's Hospital Los Angeles  
Los Angeles, CA  
*P-29*

**Karen Seaver Hill**

National Association of Children's  
Hospitals and Related Institutions  
Alexandria, VA  
*I-2*

**W. June Simmons, MSW, LCSW**

Partners in Care Foundation  
San Fernando, CA  
*Keynote & W-9*

**Sarah Sisco, MPH, MSSW**

Group for Public Health Social Work  
Initiatives  
Boston, MA  
*RF-6*

**Andrea Skoglund, LCSW**

University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-9*

**Carol Squires, LCSW**

National Institute of Mental Health  
Bethesda, MD  
*P-12, P-13*

**Susan Stensland, LCSW**

The Nebraska Medical Center  
Omaha, NE  
*P-7*

**Donna Suckow, MSW, MBA, LCSW**

University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*W-12*

**Monica Sutton, LCSW**

Baylor University Medical Center  
Dallas, TX  
*RF-16*

**Erica J. Taylor, LICSW**

Department of Veterans Affairs  
Tacoma, WA  
*W-20*

**Alanna A. Terrell, LCSW**

University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-25*

**William Tietjen, MSW, ACSW, LCSW**

Lee Hecht Harrison  
Wilmington, DE  
*I-1*

**Caroline Toole, LMSW**

University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-14*

**Shannon Torhjem, BSW, RSW**

Fraser Health  
Abbotsford, BC  
*RF-2*

**Judith Trachtenberg, MSW, LCSW**

Hunter College & Columbia University  
New York, NY  
*I-1, W-17*

**Judy Vokey-Mutch, MSW, RSW**

The Ottawa Hospital  
Ottawa, ON  
*RF-11*

**Kathleen Wade, PhD, MSW**

University of Michigan Health System  
Ann Arbor, MI  
*W-28*

**Laura Walther-Broussard, LCSW**

University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-8*

**Melissa Webster, MSW**

University of Michigan  
Ann Arbor, MI  
*W-7*

**Rachelle White, MSW, LICSW**

Harborview Medical Center  
Seattle, WA  
*W-25*

**Katherine Whorton, LCSW-C**

National Institute of Mental Health  
Bethesda, MD  
*P-11, P-12, P-13*

**Oliver Williams, PhD, MPH, MSW**

University of Minnesota  
St. Paul, MN  
*Kermit Nash Plenary Session*

**Trudy Wong, MSW**

Shriners Hospital for Children  
Montreal, QC  
*P-31*



**Richard Woodrow, DSW**  
NYU Langone Medical Center  
New York, NY  
*I-1, W-1*

**Jamie Wyatt Marshall, MSW, MPH**  
Boston University  
Boston, MA  
*RF-6*

**Carmella Wygant, LCSW**  
University of Texas MD Anderson  
Cancer Center  
Houston, TX  
*P-2*

**Eileen Zenker, LCSW**  
SeniorBridge  
New York, NY  
*W-5, P-18*



# Membership Application

NAME \_\_\_\_\_ DEGREE/CREDENTIALS (E.G., MSW) \_\_\_\_\_

COMPANY \_\_\_\_\_

WORKPLACE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED MAIL ADDRESS:  WORK  HOME

WORK PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

EMAIL (required) \_\_\_\_\_ YEARS IN SOCIAL WORK \_\_\_\_\_

## Membership Information

**MANAGEMENT** \$140 - Social worker with full or part-time management responsibility who holds a social work degree from a school of social work accredited by the Council on Social Work Education.

**DIRECT PATIENT CARE** \$90 - Social worker in direct patient care only, without director, manager or chief in their title, who holds a social work degree from a school of social work accredited by the Council on Social Work Education.

**TRANSITIONAL** \$85 - A Management or associate member who by resignation or termination of employment is no longer employed in a health care setting.

**EMERITUS** \$55 - A retired member who before retirement met the eligibility requirements for membership.

**FACULTY** \$85 - A dean or faculty member of a university or college.

**ASSOCIATE** \$165 - An individual or business who does not hold a social work degree but has substantial responsibility or interest in the leadership of social work functions in a health care setting.

**STUDENT** \$55 - A student currently enrolled in a CSWE program at a university or college.

**DONATION** - SWLHF: To expand educational programming and advocate for the profession.

- \$25  \$50  \$100  Other

Total Amount: \_\_\_\_\_  
(including \$5 processing fee)

## Payment

CHECK (PAYABLE TO SSWLHC)  
TAX ID # 23-3100897

Please note all purchases made via check will require a \$5 processing fee. Checks will not be processed without a processing fee included.

Please mail payment with application to:

SSWLHC  
100 North 20th Street, Suite 400  
Philadelphia, PA 19103-1443  
Phone: (866)237-9542  
E-Mail: info@sswlhc.org

[www.sswlhc.org](http://www.sswlhc.org)

## SOCIAL WORK EDUCATION

- Associate
- Bachelor's
- Master's
- Doctorate

## OTHER FIELD

(Please specify) \_\_\_\_\_

- Diploma/Certificate
- Associate
- Bachelor's
- Master's
- Doctorate

## EMPLOYMENT

(Check only 1 in each column)

- Full-Time
- Part-Time
- Unemployed
- Self-employed
- Retired

## PATIENT POPULATION

- None
- Adult
- Geriatric
- Pediatric

## PRIMARY AREA OF PRACTICE

(Check only 1 response)

- Academia
- Clinical/Patient Care
- Education
- Administration
- Research
- Other (please specify) \_\_\_\_\_

## SECONDARY AREA OF PRACTICE

(Check only 1 response)

- Academia
- Clinical/Patient Care
- Education
- Administration
- Research
- Other (please specify) \_\_\_\_\_

## PRIMARY WORK SETTING

(Check only 1 response)

- Aging Services (non-medical)
- Renal
- Rehab
- Long Term Care
- Inpatient Behavioral Health
- Outpatient Behavioral Health
- VA
- Hospital (academic)
- Hospital (non-academic)
- Outpatient/Ambulatory Care
- Private Practice
- Physician Office
- Hospice
- Home Care
- School of Social Work
- Insurance/HMO
- Nursing Home
- Community Service Agency
- Self-employed
- Business/Industrial
- Other (please specify) \_\_\_\_\_

## SECONDARY WORK SETTING

(Check only 1 response)

- Aging Services (non-medical)
- Renal
- Rehab
- Long Term Care
- Inpatient Behavioral Health
- Outpatient Behavioral Health
- VA
- Hospital (academic)
- Hospital (non-academic)
- Outpatient/Ambulatory Care
- Private Practice
- Physician Office
- Hospice
- Home Care
- School of Social Work
- Insurance/HMO
- Nursing Home
- Community Service Agency
- Self-employed
- Business/Industrial
- Other (please specify) \_\_\_\_\_

Please remove me from the rented mail list

SSWLHC is requesting biographical information from our membership to respond to the growing need for overall data. Responses to these questions are optional and will be kept confidential, only to be used for studying aggregate data:

## GENDER

- Male  Female
- Do not care to respond

## AGE (YEARS):

- 20-24  45-49
- 25-29  50-54
- 30-34  55-59
- 35-39  60-64
- 40-44  Over 65
- Do not care to respond

## ETHNIC GROUP

- African American
- Asian
- Hispanic
- Native American
- Caucasian
- Other
- Do not care to respond

## SALARY RANGE: (ANNUAL)

- Below \$20,000  \$45,000-\$49,999
- \$20,000-\$24,999  \$50,000-\$54,999
- \$25,000-\$29,999  \$55,000-\$59,999
- \$30,000-\$34,999  \$60,000-\$64,999
- \$35,000-\$39,999  \$65,000-\$69,999
- \$40,000-\$44,999  \$70,000 +
- Do not care to respond



# 2011 Annual Meeting & Conference Registration Form

Please fill out and return a hard copy of this form **only if you are paying by check**. Please register only one person per form. This form may be duplicated or you may obtain additional forms at [www.sswlhc.org](http://www.sswlhc.org). Faxed registrations are not accepted. Online registration with a credit card is strongly encouraged. **A \$5.00 check processing fee will apply to all check payments. Registrations will not be processed without payment.**

[Click here to register online.](#)

## Registration Fee Schedule - All Fees Payable in U.S. Dollars

CATEGORY	POSTMARKED BY SEPTEMBER 30, 2011	POSTMARKED BY AFTER SEPTEMBER 30, 2011
Member	<input type="checkbox"/> \$485	<input type="checkbox"/> \$600
Non-Member	<input type="checkbox"/> \$595	<input type="checkbox"/> \$710
Transitional/Unemployed	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340
Retired Emeritus Member	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340
One Day Only	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230
Student Rate (Full-time students only)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340

**Join and Register!** Become a SSWLHC member today and register for the 2011 Meeting & Conference at the member price. Complete an online member application at <https://sswlhc.portal.daxko.com> to take advantage of the member discount.

- Vegetarian Meal Requested**
- First Time Attendee**  
(Please check here if this is your first SSWLHC Annual Conference.)
- Special Assistance Required**  
(A SSWLHC staff member will contact you.)

FIRST NAME / LAST NAME

TITLE

INSTITUTIONAL AFFILIATION

ADDRESS

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

GUEST NAME BADGE (OPENING BANQUET DINNER)

**Session Selection:** To get a general sense of demand for each presentation, we ask that you please indicate which sessions you plan to attend below.

### Tuesday, October 25, 2011

1:00 PM – 5:00 PM  Chapter Presidents' Meeting

### Wednesday, October 26, 2011

4:45 PM – 5:30 PM  New Member & First Time Attendee Orientation  
6:30 PM – 9:00 PM  Opening Banquet Dinner

### Thursday, October 27, 2011

8:00 AM – 9:30 AM  W-1  W-2  W-3  W-4  W-5  
9:45 AM – 11:15 AM  W-6  W-7  W-8  W-9  W-10  
11:30 AM – 12:30 PM  RF-1  RF-2  RF-3  RF-4  RF-5  
12:30 PM – 1:30 PM  Boxed Lunch  
1:30 PM – 2:30 PM  RF-6  RF-7  RF-8  RF-9  RF-10  
3:00 PM – 4:30 PM  Membership Meeting

### Friday, October 28, 2011

8:00 AM – 9:30 AM  W-11  W-12  W-13  W-14  W-15  
1:00 PM – 2:30 PM  W-16  W-17  W-18  W-19  W-20  
3:00 PM – 4:30 PM  W-21  W-22  W-23  W-24  W-25

### Saturday, October 29, 2011

8:00 AM – 9:00 AM  RF-11  RF-12  RF-13  RF-14  RF-15  
9:15 AM – 10:45 AM  W-26  W-27  W-28  W-29  W-30 (Pt. I)  
11:15 AM – 12:15 PM  RF-16  RF-17  RF-18  RF-19  W-30 (Pt. II)

### Optional Pre-Conference Intensives \$ \_\_\_\_\_

(Additional Fees Apply. Sessions are concurrent. Check only one.)

- I-1: Leadership Institute (\$175)
- I-2: Pediatric Health Care Social Work (\$135)
- I-3: Home Health and Hospice Social Work (\$135)
- I-4: Building the Business Case: Critical Skills for Leadership (\$75)
- I-5: Ethical Practice: A Social Worker's Best Defense Against Malpractice (\$75)

### Foundation Luncheon at \$40 each \$ \_\_\_\_\_

(tax deductible donation)

### Guest

- Welcome Reception at \$15 each \$ \_\_\_\_\_
- Opening Banquet Dinner at \$60 each \$ \_\_\_\_\_

### Membership Renewal

- Management at \$140 each
- Direct Patient Care at \$90 each
- Transitional at \$85
- Faculty at \$85
- Emeritus at \$55
- Student at \$55
- Associate at \$165 each

### Subtotal \$ \_\_\_\_\_

Check processing fee + \$5.00

### Total Amount Due \$ \_\_\_\_\_

### Payment Information

Check or Money Order Enclosed

(All checks must be made payable to SSWLHC and in U.S. Dollars)

Tax ID # 23-3100897

Check Number: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_  
(Please add \$5.00 processing fee per check.)

### Contact Information

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