



## **SSWLCH 2017 Annual Meeting & Conference**

***Rising Together as Social Work Leaders in Health Care***

**October 11-14, 2017**

**Hyatt Regency Baltimore Inner Harbor  
Baltimore, Maryland**



Greetings!

Welcome to the 52nd Annual Meeting and Conference of the Society for Social Work Leadership in Health Care. Acknowledged as the premier leadership organization for Social Workers in health care, we are honored that you have joined us for our favorite event of the year.

The Society is excited to be holding this year's event in Baltimore, Maryland, which is the birthplace of the United States National Anthem, 'The Star-Spangled Banner', and perhaps more importantly to all of us, Baltimore is also recognized as playing a central role in the establishment of the social work profession. Social work pioneer Mary Richmond's foundational work while at the Baltimore Charity Organization (1889 – 1900) led to the formation of a professional social work training program, culminating in Ms. Richmond's 1899 publication of ***Friendly Visiting Among the Poor***.

In addition to its rich history, Baltimore offers many attractions such as the National Aquarium, Fort McHenry, The Maryland Zoo and the American Visionary Art Museum to name a few. Baltimore is also known for the best blue crabs around. Take some time to enjoy the local attractions and food while you are here for the conference!

Our annual conference offers a wide range of diverse workshops, evidence-based poster presentations and specialty intensive sessions designed to further enhance your knowledge, challenge perspectives and enable you to absorb and discover in the company of your esteemed peers.

Our highlighted presentations this year include:

- The Kermit Nash Lecture will take place on Wednesday evening after our Welcome Reception and will be delivered by Mr. Van Brooks, founder of Safe Alternative. Mr. Brooks' story will be an inspiration to everyone and challenge us to find our 'why' relative to the work we do every day.
- On Thursday morning, our Keynote Speaker, Amy E. Herman, JD, MA, will explore The Art of Perception and will challenge us to rethink and reframe the way we see.
- Join us Friday morning at our plenary session where our speaker, Jennifer L. Fitzpatrick, MSW LCSW-C, CSP of Jenerations Health Education will focus on navigating communication with different generations to reduce drama and conflict in health care settings.

You are invited to join us at an energetic special reception and Live Auction on Friday evening, with proceeds supporting the scholarship and underwriting done by our Social Work Health Leadership Foundation.

Once again we welcome you and are confident that you will leave the conference feeling energized to return to your setting and take the lead!

Sincerely,

Tom Sedgwick, President, Society for Social Work Leadership in Health Care

Susan Guth, Chairperson, Annual Meeting and Conference Planning Committee



# SPONSORS

## GOLD

NEMOURS DUPONT HOSPITAL FOR CHILDREN

## SILVER SPONSOR

ARTIS SENIOR LIVING

CHILDREN'S MERCY HOSPITALS AND CLINICS

## BRONZE SPONSOR

CHILDREN'S NATIONAL HEALTH SYSTEM

ROUTLEDGE, TAYLOR & FRANCIS GROUP

## SPECIAL SPONSOR

THE COORDINATING CENTER

UNIVERSITY OF NEW ENGLAND

NATIONWIDE CHILDREN'S HOSPITAL

NEW YORK UNIVERSITY LANGONE HEALTH

## EXHIBITORS

ANATOMY GIFTS REGISTRY

BAYADA HOME HEALTH CARE

BINGHAMTON UNIVERSITY,  
DEPARTMENT OF SOCIAL WORK

CENTERS FOR MEDICARE AND MEDICAID SERVICES

HOME CARE ASSOCIATION OF AMERICA

HOME INSTEAD SENIOR CARE

HOSPICE & PALLIATIVE CARE NETWORK OF MARYLAND

MAKE-A-WISH AMERICA

NATIONAL ASSOCIATION  
OF PERINATAL SOCIAL WORKERS  
PEARSON CLINICAL ASSESSMENTS

PEDIATRIC SPECIALTY CARE

SOCIAL WORK P.R.N.

THE CENTER FOR CASE MANAGEMENT

## VIRTUAL SUPPORTER

CARE INDEED

JOHNS HOPKINS HOME CARE GROUP

STANFORD HEALTHCARE

## STRATEGIC SUPPORTER

AIR AMBULANCE BY AIR TREK INC.

TALK4HOPE

## ADVERTISER

UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK

# Conference Learning Objectives

At the conclusion of 52nd Annual Meeting & Conference, participants will have

- Learned a range of innovative social work practice concepts, techniques, and skills that can be applied in their organizations.
- Developed leadership skills for all levels of practitioners across the health care continuum in the areas of program development, managing change, conflict management, administration and executive leadership.
- Enhanced their understanding of emerging healthcare trends and their impact on policy and practice.
- Learned and compared "best practices" regarding clinical, managerial skills, and programming.



## 2017 CONFERENCE PROGRAM COMMITTEE

**Susan Guth, LCSW, CCM, CLCP**

CONFERENCE CHAIR  
LIFE CARE PLANNER/CASE MANAGER  
*The Coordinating Center  
Millersville, Maryland*

**Janice Blender**

**Erica Brolin, LICSW, ACM-SW**

MANAGER SOCIAL WORK SERVICES  
*University of Minnesota Health  
Minneapolis, MN*

**Leann Bruce**

NATIONAL PROGRAM MANAGER  
INTIMATE PARTNER VIOLENCE ASSISTANCE PROGRAM  
*Department of Veteran Affairs  
Washington, DC*

**Renee E. Cisco, MSW**

AMBULATORY CARE SOCIAL WORK & CASE MANAGEMENT  
*Stanford Health Care  
Stanford, California*

**Marcia Coffey, LCSW**

LEAD SOCIAL WORKER, HOSPITAL SOCIAL SERVICES  
*Yukon-Kuskokwim Delta Regional Hospital,  
Yukon-Kuskokwim Health Corp.  
Bethel, Alaska*

**Scott Ferguson**

DIRECTOR, SOCIAL WORK AND CASE MANAGEMENT  
*Long Beach Memorial Medical Center  
Miller Children's and Women's Hospital  
Long Beach, CA*

**Michael Ferry, LCSW**

*Yale New Haven Hospital  
New Haven, Connecticut*

**Jeanette Foster, MSW, LISW-S**

DIRECTOR, SOCIAL WORK & LANGUAGE ACCESS  
*Nationwide Children's Hospital  
Columbus, Ohio*

**Monica Gibney, LCSW**

*Florida Hospital for Children  
Orlando, Florida*

**Shawna G. Kates MSW, MBA, CMAC**

*RWJBarnabas Health  
New Jersey*

**Allyson Hayward**

**Erika Jewell, LCSW**

TRANSITION COORDINATOR  
*Miller Children's & Women's Hospital Long Beach  
Long Beach, California*

**Dara Kates Katz, LCSW, ACSW, C-ASWCM**

*Corporal Michael J Crescenz VA Medical Center  
Philadelphia, Pennsylvania*

**Louise Knight, MSW, LCSW-C, OSW-C, FNAP**

DIRECTOR  
*Harry J. Duffey Family Patient  
and Family Services Program  
Sidney Kimmel Comprehensive Cancer Center  
at Johns Hopkins  
Baltimore, Maryland*

**Bill Mejia, LCSW, MSHCM**

MANAGER OF SOCIAL WORK, SPIRITUAL CARE & PALLIATIVE CARE  
*Huntington Hospital  
Pasadena, California*

**Dana Moran, LISW, ACM-SW**

VENDOR CHAIR  
SENIOR ACCOUNT MANAGER/CONSULTANT  
*R1 RCM, Inc.  
Cincinnati, OH*

**Angela Nguyen, LCSW-S**

*Seton Shoal Creek/Dell Children's Medical Center  
Austin, Texas*

**Stephen Osborn, MSW**

*Nashville, TN*

**Leah Petracca**

**Kim Roberts**

**Latrena Robinson**

**Tom Sedgwick, MSSW, LCSW, CCM**

SSWLHC PRESIDENT  
SENIOR DIRECTOR OF SOCIAL WORK  
*NYU Langone Medical Center  
New York, NY*

**Brenda Shepherd-Vernon, MSW, LICSW**

DIRECTOR, DEPARTMENT OF FAMILY SERVICES  
*Children's National Health System  
Washington, DC*

**Bill Stephens, AA, CRTT, HCMCP, HCPRM**

*Senior Healthcare Consultants  
Upland, CA*

**Pam Thompson, LCSW**

MANAGER OF FAMILY SUPPORT SERVICES  
*Kootenai Health  
Coeur d'Alene, Idaho*

# Special Events

## LEADERSHIP INSTITUTE

Tuesday, October 10, 2017 – 2:00 – 6:00 PM (Part I)

Wednesday, October 11, 2017 – 7:30 AM – 4:30 PM (Part II)

The Society for Social Work Leadership in Health Care is pleased to invite members to the Twelfth Leadership Institute (LI) to be held in conjunction with our annual meeting in Baltimore, Maryland. The 2017 Leadership Institute includes a day and a half intensive beginning on Tuesday, October 10 and continuing on Wednesday, October 11. The registration fee is \$195. LI attendees will return to their organization with a certificate of completion and 11 CEUs.

The Twelfth 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 target audience includes professionals who lead in their organizations whether or not they hold a formal title. The learning methods utilized include core leadership content and experiential exercises. The previous LI participants describe this unique learning experience in very positive terms and highly recommend the program to colleagues.

## MEMBERSHIP MEETING & FIRST TIME ATTENDEE WELCOME

Wednesday, October 11, 2017

5:00 – 6:00 PM

New to the Society? SSWLHC invites all members and first-time attendees to kick off the conference by attending this informal session to meet and network with the SSWLHC leadership and first-time attendees on a more personal level. An overview of the organization and the conference will also be provided, and the location of the 2018 conference will be announced.

## WELCOME RECEPTION WITH EXHIBITORS AND PREMIER OF POSTERS & SWLHF SILENT AUCTION

WEDNESDAY, OCTOBER 11, 2017

6:00 – 7:00 PM

Reconnect with old friends or strike up a conversation with a new face in the crowd while enjoying a drink (cash bar) and delectable hors d'oeuvres. The relaxed, informal, atmosphere will also provide an opportunity to visit with our poster presenters, sponsors, and exhibitors. If you would like to bring a guest, you can purchase a ticket for \$40 which can be paid for during registration or on-site. 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 2018 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 13th at 2:30 PM.

## PRESENTATION OF AWARD AND KERMIT NASH LECTURE

Wednesday, October 11, 2017

7:00 – 8:00 PM

After starting our 52nd Annual Conference at the Welcome Reception, join us for the presentation of the Ida M. Cannon Award, followed by a stirring presentation from our Kermit B. Nash Lecture Presenter, Van Brooks the founder of Safe Alternative Foundation for Education, Inc. on "The Power of Why".

## KEYNOTE PRESENTATION, WELCOME, AND PRESENTATION OF AWARDS

Thursday, October 12, 2017

8:30 – 9:30 AM

We will begin the session with our Keynote Speaker, Amy Herman the President of The Art of Perception. Amy will help us challenge our assumptions, recognize our biases, and learn how to incorporate multiple perspectives in our professional decisions. This stimulating presentation will be followed by the presentation of the Eleanor Clark Award for Innovative Programs in Patient Care, and the Hyman J. Weiner Award.

## NETWORKING LUNCH WITH EXHIBITORS & POSTERS

Thursday, October 12, 2017

12:00 – 1:00 PM

Grab a light lunch and take this opportunity to unwind a bit as well as meet new colleagues and share concerns, ideas, and potential solutions or lessons learned. It also gives you a chance to meet people and possibly connect to get together for sightseeing or dinner to continue your discussions. We also want to make sure that you get your Exhibit Hall passport out and signed by the exhibitors to be eligible to win a complimentary registration to our next Annual Conference and cast your vote for the Best Posters. The lunch is included in your registration fee. Please make sure to check off the appropriate box on your registration form so we have the correct number of meals available.

## PLENARY SESSION

Friday, October 13, 2017

8:00 - 9:00 AM

Sponsored by Artis Senior Living

Jennifer Fitzpatrick, MSW, LCSW-C the Founder of Jennerations Health Education Inc. will be giving her presentation to get us thinking about the different generations that we work with every day and how to communicate effectively across the generations.

## GENERAL SESSION

Friday, October 13, 2017

1:00 - 2:00 PM

Stacy Collins, Associate Director, Health Systems Transformation Association of Maternal & Child Health Programs (AMCHP)

*Repeal, replace, repair, reinvest? : An overview of the Affordable Care Act debate, federal support for critical social welfare programs, and other federal policy updates of importance to health care social workers.*

Come join the discussion as we get an update on the issues and discuss the vital role of health care social workers in advocating for the policies and programs that help the people we serve.

## SOCIAL WORK HEALTH LEADERSHIP FOUNDATION RECEPTION

Friday, October 13, 2017

5:30 – 7:00 PM

(\$45 tax deductible donation required to attend)

Before heading out to dinner on Friday night, please plan to join the SWHL Foundation for a special happy hour reception where guests will enjoy hors d'oeuvres, wine or beer. 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, and the awarding of grants to the Society.

Your tax-deductible donation of \$45 will help us continue this work and expand our commitment to all social work leaders in health care. The Foundation 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 Reception please check the box on the registration form.



## 2017 ANNUAL MEETING & CONFERENCE

**Wednesday, October 11, 2017**

7:00- 8:00 PM



### **Kermit B. Nash Lecture**

#### **The Power of Why**

**Van Brooks**

*Founder, SAFE Alternative Foundation for Education Inc.*

Van Brooks (born February 2, 1988, in Baltimore, MD) was a three-sport athlete who developed his passion for football at the age of seven. Despite this, it wasn't until high school that he realized his potential and the success he could have. This was also when he realized how football could change his life forever. This change however came in a way he least expected. On September 25, 2004, at the age of sixteen, while attempting to make a tackle he broke his neck. As a result of this injury, Van was initially paralyzed from the neck down, unable to talk, eat or feel.

In spite of such a tragedy, Van did not let this stop him. He went on to graduate from Loyola Blakefield and later from Towson University with a Bachelor of Science in Mass Communications; all the while still working hard at therapy, making a miraculous recovery. Van finally saw his hard work and dedication pay off after eight years. On September 27, 2012 he can proudly say he walked again. When asked Van says, "none of this would have been possible without the grace of God, hard work, and an amazing supporting cast".

Throughout the hard times Van has faced he still somehow is able to muster a smile and see the good in it all. He says he wouldn't change any of it.

Van is the founder of Safe Alternative Foundation for Education, Inc. The mission of SAFE is to inform youth of the importance of education, as well as having an alternate career plan in anticipation for life's deviations.

#### **PRESENTATION DESCRIPTION:**

Van will take participants through his journey of finding his purpose and understanding his 'why' for life after suffering a life altering injury. He will strive to help participants understand their 'why' and how to use it to live a fulfilling life and appreciate the process of the journey. Van will also discuss how he developed the concept of SAFE Alternative and its purpose within the West Baltimore community.

#### **OBJECTIVES**

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

- Participants will hear about the challenges of living with a spinal cord injury
- Participants will be able to reframe and discuss the adversity that individuals with disabilities face on a daily basis
- Learn about Safe Alternative and the impact it has on the community it serves



## 2017 ANNUAL MEETING & CONFERENCE

**Thursday, October 12, 2017**

8:30 – 9:30 AM



### Keynote Presentation

#### **The Art of Perception: Rethinking How We See**

**Amy E. Herman**

*President, The Art of Perception*

Amy Herman is a lawyer and art historian who uses works of art to systematically sharpen observation, analysis, and communication skills. By showing people how to look closely at painting, sculpture, photography, she helps them hone their visual intelligence to recognize the most pertinent and useful information and understand how biases may be influencing their abilities and behavior. She developed her Art of Perception seminar in 2000 to improve medical students' observation and communication skills with their patients when she was the Head of Education at The Frick Collection in New York City. She subsequently adapted the program for a wide range of professionals from the New York City Police Department, the FBI, the Department of Defense, the State Department, Fortune 500 companies, first responders, the military and the intelligence community. She presents the relevance of visual literacy across the professional spectrum and demonstrates how the analysis of works of art has afforded the participants in her program an innovative way to refresh their sense of critical inquiry and reconsider the skills necessary for improved performance with clients and effective leadership within an organization. The program has been featured in The New York Times, The Wall Street Journal, The CBS Evening News, and *Smithsonian Magazine*, among others. Ms. Herman holds an A.B., a J.D., and an M.A. in art history. Her book, *Visual Intelligence*, was published in May 2016 and was on the New York Times and Washington Post best sellers' lists.

#### **PRESENTATION DESCRIPTION:**

#### **OBJECTIVES:**

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

- Reconsider the use of assumptions in professional judgment
- Understand the role of cultural competence in the workplace through the analysis of works of art
- Confront cognitive bias and how it affects decision making
- Recognize how to incorporate multiple perspectives in professional decisions



## 51ST ANNUAL MEETING & CONFERENCE

**Friday, October 13, 2017**

8:00 – 9:00 AM



### **Plenary Presentation - sponsored by Artis Senior Living**

#### ***Navigating Communication With Different Generations: Reducing Drama and Conflict In Healthcare***

***Jennifer L. Fitzpatrick, MSW, LCSW-C***

***Founder of Jenerations Health Education, Inc. and an Adjunct Gerontology instructor at Johns Hopkins University and the author of Cruising Through Caregiving: Reducing The Stress of Caring For Your Loved One***

Today's healthcare workplace is comprised of colleagues, vendors and customers from up to five different adult generations. Much like gender, socioeconomics and race, our generational affiliation strongly influences how we think, communicate and lead. In order for Traditionalists and Baby Boomers to collaborate more effectively with

Generations X, Y and Z, everyone has to tweak their instinctive communication approach. This program will help improve morale and productivity, while reducing misunderstandings and resentment in healthcare workplace communication.

#### **OBJECTIVES:**

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

- Recognize at least two reasons conflict occurs between two different generations in the healthcare environment
- Identify up to two strategies for preventing generational misunderstandings in the healthcare environment
- Name at least one way each generation prefers to communicate





## 2017 ANNUAL MEETING & CONFERENCE

**Friday, October 13, 2017**

1:00 – 2:00 PM



### **General Session**

***Repeal, Replace, Repair, Reinvest? :***

***An overview of the Affordable Care Act debate, federal support for critical social welfare programs, and other federal policy updates of importance to health care social workers***

***Stacy Collins***

***Associate Director, Health Systems Transformation***

***Association of Maternal & Child Health Programs***

The only certainty in the 2017 federal health policy landscape is constant change. Policymakers on both sides of the aisle continue to debate the Affordable Care Act and its place in the American health care system. Congress and the Administration are wrestling with budgetary decisions that impact programs serving vulnerable populations. This presentation will explore these issues and discuss the vital role of health care social workers in advocating for national policies and programs that improve the health and well-being of the people we serve.

Stacy Collins, MSW is the associate director of health systems transformation at the Association of Maternal and Child Health Programs (AMCHP). She co-directs the association's health reform policy efforts, educating state health departments about the evolving health reform landscape and its implications for maternal and child health populations. She also serves as core staff for federal and foundation-funded technical assistance programs to strengthen the MCH workforce and promote new service delivery models that reflect current MCH priorities. Stacy has over two decades of experience in health care policy and programming related to women, children and families, and she has worked in membership associations, advocacy organizations and direct practice settings. Previous to AMCHP, she was a senior associate at the National Association of Social Workers, where she led policy efforts related to Affordable Care Act implementation, including regulatory and legislative oversight and member education efforts. She also served as the associate director for child health at the National Association of Children's Hospitals, where she led NACH policy initiatives and educational programming related to pediatric preventive health, including injury prevention, immunization, home visiting, substance abuse and related issues. Stacy holds a master's degree in social work from Catholic University and a bachelor's degree in political science from the University of Virginia.

### **OBJECTIVES:**

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

- Recognize the current status and potential changes to the ACA
- Understand the role of health care social workers in the policies and programs that serve our clients
- Describe the impact budgetary decisions may have on specific programs and policies



## 2017 ANNUAL MEETING & CONFERENCE

\* Schedule is preliminary and subject to change

### Tuesday, October 10, 2017

---

9:00 AM – 5:00 PM	SSWLHC Board of Directors Meeting
12:00 – 5:00 PM	Registration
2:00 – 6:00 PM	I-1: Leadership Institute – Part I

### Wednesday, October 11, 2017

---

7:00 AM – 6:30 PM	Registration
7:30 AM – 4:30 PM	I-1: Leadership Institute – Part II
7:30 AM – 4:30 PM	I-2: Pediatric Health Care Social Work Intensive
7:30 AM – 4:30 PM	VA SW Intensive Please visit the AVASW website for registration and more information
8:00 AM – 12:30 PM	Day of Service, Volunteer as a Kitchen Assistant at Moveable feast – Morning Session <i>(limited to 20 people) Volunteering as a Kitchen Assistant at Moveable feast puts you right in the middle of all the culinary action. Kitchen Assistants typically help our chef with food preparation, meal packaging, cleaning up, and stocking our pantry. Here, your hands help prepare meals that save lives.</i>
9:00 AM – 12:00 PM	Documentary Viewing: Almost Sunrise This documentary follows two Iraq veterans as they walk from Wisconsin to California to reflect on their experiences as soldiers and try to save themselves. To register for a seat to view the documentary please visit the AVASW website for more information. SSWLHC is applying for CE credits for those who view the film and participate in the discussion after.
11:30 AM – 3:30 PM	Day of Service, Volunteer as a Kitchen Assistant at Moveable feast – Afternoon Session <i>(limited to 20 people) Volunteering as a Kitchen Assistant at Moveable feast puts you right in the middle of all the culinary action. Kitchen Assistants typically help our chef with food preparation, meal packaging, cleaning up, and stocking our pantry. Here, your hands help prepare meals that save lives.</i>
12:30 – 4:30 PM	I-3: Social Work Management Boot Camp: Managing the Business of Your Social Work Department
1:00 – 4:30 PM	Chapter Presidents' Meeting <i>(By invitation only)</i>
5:00 – 6:00 PM	Membership Meeting & First Time Attendee Welcome **2018 conference location will be revealed!
6:00 – 8:00 PM	Opening Session and Welcome Reception with Exhibitors and Premier of Posters. Program will begin at 7:00 p.m. with the presentation of the Ida M. Cannon Award followed immediately by the Kermit B. Nash Lecture delivered by Van Brooks, "The Power of Why"

---



## 2017 ANNUAL MEETING & CONFERENCE

\* Schedule is preliminary and subject to change

### Thursday, October 12, 2017

7:00 AM – 4:00 PM	Registration
7:00 – 8:00 AM	Continental Breakfast with Exhibitors and Posters
8:00 – 9:20 AM	Keynote Speaker: Amy Herman, President of The Art of Perception; "The Art of Perception: Rethinking How We See"
9:20 – 9:30 AM	Welcome, announcements and presentation of the Eleanor Clark Award for Innovative Programs in Patient Care, and the Hyman J. Weiner Award
9:30 – 9:45 AM	Transition Break
9:45 – 10:45 AM	Concurrent Session 1

<b>W-01</b> National Alzheimer's Buddies: A New Model of Care for Dementia Patients <i>Jeffrey Robbins, Sarah Caldwell</i>	<b>W-02</b> Maintaining the Clinical in Care Coordination: Strategies for Social Work Leadership within Population Health <i>Judith Dobrof</i>	<b>W-03</b> Cultivating Leadership and Promoting Departmental Cohesion Through Committee Work and Special Initiatives <i>Allison Scobie-Carroll, Pamela Chamorro</i>	<b>W-04</b> The Need for Latino Social Workers in Dialysis and Transplant Settings: A Great Opportunity for Bilingual/Bicultural MSW's <i>Vernon Silva</i>	<b>W-05</b> Closing the GAP: How Michigan Medicine Conquers Barriers to Health Care by Realizing the Value of Bachelor's Level Social Work Roles <i>Stephanie Rakes-Colvin, Katie Schneider</i>	<b>W-06</b> Implementing and Utilizing SBIRT (Screening Brief Intervention and Referral to Treatment) in the Hospital Setting <i>Susan McCarthy</i>
--	--	--	--	---	---

10:45– 11:00 AM	Transition Break
11:00 AM – 12:00 PM	Concurrent Session 2

<b>W-07</b> Losing Father, Losing Face: The Intersection of Family, Culture, Faith, and Medicine <i>Louise Knight, Rhonda Cooper, Elizabeth Single, Lynn Billing</i>	<b>W-08</b> Medical Respite Care for Homeless Adults: Implementing and Enhancing Post-Discharge Services <i>Michael Ferry</i>	<b>W-09</b> New Models in Care Management Practice, Solutions for the Care Continuum <i>Bonnie Geld</i>	<b>W-10</b> Stay Woke: How to Address Bias and Microaggressions in a Health Care Setting <i>Shanice Smith</i>	<b>W-11</b> Outcomes After a Care Management Department Restructure <i>Catherine Miller</i>	<b>W-12</b> Going Deeper: Practical Tools for Implementing Trauma-Informed Care in Medical Settings <i>Samara Grossman</i>
--	---	---	---	---	--

12:00 – 1:00 PM	Lunch with Networking, Exhibitors and Poster Viewing (Lunch is included in your registration)
-----------------	--

1:00 - 2:00 PM	Concurrent Session 3
----------------	----------------------

<b>W-13</b> Developing Clinical Social Work Programs in Non-Clinical Settings <i>John Bickel, Elizabeth Olivares-Reed</i>	<b>W-14</b> Collaborative Care: An Evidence Based Model for Primary Care <i>Zachary Bodenweber</i>	<b>W-15</b> The Group Worker Becomes A Director: Applying Group Work Approaches to a Staff Team <i>Barbara Muskat</i>	<b>W-16</b> Clear as Mud: Determining Decisional Capacity in the Acute Hospital Setting <i>Leslie Dubin, Alethia Battles</i>	<b>W-17</b> Hospital Social Work Leadership and Staff Response to a Large-Scale, Multi-Casualty Terrorist Attack <i>Anu Sood</i>	<b>W-18</b> Beyond Hospital to Community <i>Chua Timothy</i>
---	--	---	--	--	--



## 2017 ANNUAL MEETING & CONFERENCE

\* Schedule is preliminary and subject to change

2:00 – 2:15 PM

Transition Break

2:15 – 3:15 PM

Concurrent Session 4

<p><b>W-19</b></p> <p>Moral Distress in Healthcare: An Opportunity for Social Workers to Lead System Change</p> <p><i>LeAnn Bruce</i></p>	<p><b>W-20</b></p> <p>Care Coordination Between Hospital and Medical Health Home: A Successful Collaboration</p> <p><i>Indira Pamar, Cynthia Fox</i></p>	<p><b>W-21</b></p> <p>Striving for Excellence! The Development of an Interdisciplinary Clinical Recognition Program</p> <p><i>Karen Nelson, Heather Filipowicz</i></p>	<p><b>W-22</b></p> <p>The Essential Coherence of Palliative Principles and Health Social Work: Maximizing Impact and Influence</p> <p><i>Terry Altilio, Meagan Leimena, Bridget Sumser</i></p>	<p><b>W-23</b></p> <p>How Do You Extinguish Burnout? ICU Multidisciplinary Interventions to Address Staff Distress</p> <p><i>Annabelle Bitter, Laura Walther-Broussard, Marian Von-Maszewski</i></p>	<p><b>W-24</b></p> <p>The Role of Social Work in Addressing Suicide Prevention in Health Care Settings</p> <p><i>Sara Bernes</i></p>
---	--	--	--	--	--

3:15 – 3:45 PM

Refreshment Break in Exhibit Hall

3:45 – 4:45 PM

Concurrent Session 5

<p><b>W-25</b></p> <p>An “OUT” Social Work Leader; Moving the Dial on Creating a LGBTQ Affirming Pediatric Healthcare Environment</p> <p><i>Allison Scobie-Carroll</i></p>	<p><b>W-26</b></p> <p>What Happens When There is A Catastrophic Illness? A Critical Look at Immigrant Access to Care</p> <p><i>Mary (Lacy) Fetting, Rebecca Armendariz</i></p>	<p><b>W-27</b></p> <p>Social Work Healthcare Education and Leadership Scholars (HEALS) Initiative: Lessons from the University of Maryland</p> <p><i>Melissa Bellin, Carolyn Tice, Carrie Dorn, Jennifer Broaddus, Terra Hill, Beth Kalb</i></p>	<p><b>W-28</b></p> <p>The Power of Language: Empowering Social Work to Become Leaders in Fostering Change to Influence Word Choice</p> <p><i>Terry Altilio, Anne Keleman, Vickie Leff</i></p>	<p><b>W-29</b></p> <p>Confronting the Myth of the “Non-Adherent” Patient: How the Alliance of Social Work &amp; Medicine Can Lead to Better Outcomes</p> <p><i>Kathleen Trujillo</i></p>	<p><b>W-30</b></p> <p>Power Up! Using Mental and Behavioral Health Instruments to Improve Multi-dimensional Outcomes in Primary and Integrated Health Care Settings</p> <p><i>Walter Schamber</i></p>
--	--	--	---	--	---



## 2017 ANNUAL MEETING & CONFERENCE

\* Schedule is preliminary and subject to change

### Friday, October 13, 2017

7:00 AM – 4:00 PM	Registration
7:00 – 8:00 AM	Past Presidents' Breakfast <i>(by invitation only)</i>
7:00 – 8:00 AM	Continental Breakfast with Exhibitors and Poster Viewing
8:00 – 9:00 AM	Plenary Speaker: Jennifer L. Fitzpatrick, MSW, LCSW-C; "Navigating Communication with Different Generations: Reducing Drama and Conflict in Healthcare" Sponsored by Artis Senior Living
9:00 – 9:15 AM	Presentation of the Joan Upshaw Award and the Health Care Social Work Leader of the Year Award
9:15 – 9:30 AM	Transition Break
9:30 – 10:30 AM	Concurrent Session 6

<b>W-31</b> We Just Called ... To Say How Much We Care: Caregiver Support in a Seniors Clinic <i>Elisabeth Montgomery, Kirbie Hartley</i>	<b>W-32</b> Managing High Risk Utilizers – A Community Care Management Model <i>Bridgette Baker, Charlotte Foy</i>	<b>W-33</b> Superior Performance Among Healthcare Social Work Managers and Directors: Competencies Revealed <i>L. Alea Moore</i>	<b>W-34</b> Part-1 – Avoiding the Binary: Using Inclusive Terms in Every Day Practice <i>Allison Whittington</i>	<b>W-35</b> “Back Again...” The Health Care Team’s Response to a Challenging Patient <i>Michelle McWhirter</i>	<b>W-36</b> Addressing Intimate Partner Violence among Veterans, their partners and employees in the healthcare setting <i>LeAnn Bruce</i>
---	--	--	--	--	--

10:30 – 10:45 AM Transition Break

10:45 – 11:45 AM Concurrent Session 7

<b>W-37</b> Decoding “Doctor Speak” Social Work Leadership in End of Life Conversations in the Acute Medical Setting <i>Chaula Negandhi, Elizabeth Goudie</i>	<b>W-38</b> Transition to Adult Healthcare for Young Adults with Specialized Health Needs <i>Sara Uram</i>	<b>W-39</b> How a Discharge Focus Group Can Decrease Your Hospital’s Long Length of Stay Patients <i>Catherine Miller</i>	<b>W-40</b> Part 2 – Avoiding the Binary: Using Inclusive Terms in Every Day Practice <i>Allison Whittington</i>	<b>W-41</b> Transitional Care and Its Impact on Reducing Length of Stay (LOS): One VA Hospital’s Model <i>Quindola Crowley, Denise Green</i>	<b>W-42</b> What Happens When There is A Catastrophic Illness? A Critical Look at Immigrant Access to Care <i>Mary (Lacy) Fetting, Rebecca Armendariz</i>
---	--	---	--	--	---

11:45AM – 1:00 PM Lunch on your own

12:00 – 1:00 PM Joint Meeting of the SSWLHC & SWHL Foundation Board of Directors

1:00 – 2:00 PM General Session: Stacy Collins, Associate Director, Health Systems Transformation; Association of Maternal & Child Health Programs  
*Repeal, Replace, Repair, Reinvest?: An overview of the Affordable Care Act debate, federal support for critical social welfare programs, and other federal policy updates of importance to health care social workers*

2:00 – 2:30 PM Refreshment Break, Final Poster Viewing and Closing Raffle



## 2017 ANNUAL MEETING & CONFERENCE

\* Schedule is preliminary and subject to change

2:30 – 3:30 PM

Concurrent Session 8

<b>W-43</b> Hope for a Miracle: When Faith and Medicine Collide <i>Rhonda Cooper</i>	<b>W-44</b> Social Work Reporting Practices: Evolving Beyond Epic <i>Michael Ferry</i>	<b>W-45</b> Stepping Up: The Transition from Frontline to Leader <i>Karen Nelson</i>	<b>W-46</b> Social Work Continuity of Care to Improve Access and Mitigate Barriers to Care <i>Nancy Wagner</i>	<b>W-47</b> Refuting the Numbers: Leading in the Era of Big Data <i>Susan Westgate</i>	<b>W-48</b> Building a Staff Support Program in Your Setting <i>Carrie Panzer</i>
--	--	--	---	--	--

3:30 – 3:45 PM

Transition Break

3:45 – 4:45 PM

Concurrent Session 9

<b>W-49</b> Memory Care Program Innovation: Social Work Takes the Lead <i>Marcy Salzberg</i>	<b>W-50</b> Social Work Leadership in Medicaid Expansion <i>Montserrat Lusarreta,          Lauren Markham</i>	<b>W-51</b> My Supervisory Failures: Lessons Learned, Lessons Still to Learn <i>Carol Maxwell</i>	<b>W-52</b> Leveraging Technology to Increase Access and Improve the Effectiveness of Healthcare for Veterans in Rural Communities <i>Lonique Pritchett</i>	<b>W-53</b> The Partnership for Excellence in Social Work Practice in Healthcare: A Simulation Learning Mode <i>Emma Sollars</i>	<b>W-54</b> Never Bored with Boards!: How Boston Children's Hospital Psychiatry Consultation Service's Social Workers are Addressing the Psychiatric Boarder Crisis <i>Sara Golden</i>
--	--	---	--	---	---

5:30 – 7:00 PM

Happy Hour- Social Work Health Leadership Foundation Fundraiser *(Ticket Required)*



## 2017 ANNUAL MEETING & CONFERENCE

\* Schedule is preliminary and subject to change

### Saturday, October 14, 2017

7:00 – 11:00 AM	Registration / CEU Form Drop-Off
7:00 – 8:00 AM	Continental Breakfast
7:00 – 8:00 AM	Leadership Institute Regroup & Breakfast
8:00 – 9:00 AM	Concurrent Session 10

<b>W-55</b> Moral Distress in Healthcare: An Opportunity for Social Workers to Lead System Change <i>LeAnn Bruce</i>	<b>W-56</b> Implementing Billing for Social Work Services in Ambulatory Settings <i>Connie Nicolosi</i>	<b>W-57</b> The LEAD Project: How to Develop and Sharpen Your Leadership Skills <i>Olayemi Labisi</i>	<b>W-58</b> Caring with PRIDE: Social Work Leadership and Advocacy on LGBTQ Issues in Healthcare <i>David Brownstone</i>	<b>W-59</b> The Art of the Family Meeting in an Acute Rehabilitation Setting <i>Remi Ojumi, Trisha Hicks</i>	<b>W-60</b> Clear as Mud: Determining Decisional Capacity in the Acute Hospital Setting <i>Leslie Dubin, Alethia Battles</i>
---	---	---	--	--	--

9:00 – 9:15 AM Transition Break

9:15 – 10:15 AM Concurrent Session 11

<b>W-61</b> Advocacy and Teamwork to Create an Outpatient Palliative Care Model <i>Patty Plaskon, Sarah Hopkins, Kimberly Fogle</i>	<b>W-62</b> “One Stop Shop”: The Creation of a Care Management Hub Serving Multidisciplinary Community Based Clinics <i>Brooke Griffiths, Franklin Ortiz</i>	<b>W-63</b> Rising Together: A Mentoring Story <i>William R. Tietjen, Elizabeth Olivares-Reed</i>	<b>W-64</b> Repeat: An “OUT” Social Work Leader; Moving the Dial on Creating a LGBTQ Affirming Pediatric Healthcare Environment <i>Allison Scobie-Carroll</i>	<b>W-65</b> The Anatomy of a Family Meeting in an Acute Care Setting <i>Jenifer LaNore, Elizabeth Single</i>	<b>W-66</b> Leveraging Your Electronic Health Record for Behavioral Health <i>Benjamin Clemens</i>
---	--	---	--	--	--

10:15 – 10:45 AM Check-Out Break

10:45 – 11:45 AM Concurrent Session 12

<b>W-67</b> The Hidden Cost of Cancer: The Role of Financial Toxicity in Meaning-Making <i>Maria Chi</i>	<b>W-68</b> Providing Family Support During In-hospital Resuscitation Attempts: Social Workers Lead the Way <i>Janice Firn, Dawnielle Morano, Toni Spano-English</i>	<b>W-69</b> Research Innovation in Oncology Social Work <i>Jaclyn Kingman</i>	<b>W-70</b> When Patients Don’t Want What We Want to Give Them <i>Eileen Zenker</i>	<b>W-71</b> Psychosocial Pain Assessment Social Work Contribution to the Management of Pain <i>Donald List</i>	<b>W-72</b> How to Outsmart Your Exhausted Brain <i>Daniel Doherty</i>
--	--	---	---	--	--

11:45 AM Conference Adjournment



## 2017 ANNUAL MEETING & CONFERENCE

### CONTINUING EDUCATION

---

SSWLHC will apply for up to 27.5 contact hours of Continuing Education from the National Association of Social Work, the Michigan Social Worker Continuing Education Collaborative, the Commission for Case Manager Certification (CCMC), and the New York State Board for Social Work. SSWLHC will apply for continuing education contact hours as follows:

- Leadership Institute (1.5 days): 11 hours
- Full Day Intensives (Pediatric Intensive): 7.5 hours
- Half Day Intensives (Social Work Management Booth Camp Intensive): 3.5 hours
- Main Conference (Starting with the Kermit B. Nash Lecture on Wednesday night through adjournment on Saturday): 16.5 hours

Continuing education certificates will be issued via email approximately four to six 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 Megan Stauffer at SSWLHC Headquarters at [mstauffer@fernley.com](mailto:mstauffer@fernley.com) for approval status or additional information.

### EXHIBITS

---

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 13. The prize is a free registration to the 2018 53rd 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

#### Wednesday, October 11, 2017

1:00 – 5:00 PM	Exhibitor Set Up
6:00 – 7:00 PM	Welcome Reception

#### Thursday, October 12, 2017

7:00 – 8:00 AM	Continental Breakfast
12:00 – 1:00 PM	Lunch
3:15 – 3:45 PM	Afternoon Break

#### Friday, October 13, 2017

7:00 – 8:00 AM	Continental Breakfast
11:45 AM – 1:00 PM	Lunch (not provided by conference)
2:00 – 2:30 PM	Afternoon break with closing raffle*
2:30 – 5:00 PM	Exhibitor Move-Out

### POSTER SCHEDULE

---

#### Wednesday, October 11, 2017

Setup	1:00 – 5:00 PM
Viewing	6:00 – 8:00 PM (Welcome Reception)

#### Thursday, October 12, 2017

Viewing	7:00 – 8:00 AM (Breakfast)
	12:00 – 1:00 PM (Lunch)

#### Friday, October 13, 2017

Viewing	7:00 – 8:00 AM (Breakfast)
	2:00 – 2:30 PM
	(Announcement of Best Poster Awards)
Dismantle	2:30 – 4:00 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 13, 2017 at 2:30 PM





## 2017 ANNUAL MEETING & CONFERENCE

### ACTIVITIES AND PRICING

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

- Welcome Reception with Kermit B. Nash Lecture
- Admittance to Exhibit Hall
- Unlimited course selection beginning with the Membership Meeting & First Time Attendee Welcome on Wednesday, October 11 continuing through conference adjournment on Saturday, October 14
- Daily Continental Breakfasts & Refreshment Breaks
- Lunch on Thursday, October 12
- Membership Meeting
- CEs
- Access to password protected website where handouts from concurrent sessions will be available for downloading prior to the conference

#### Guest Fees

Admittance to the Welcome Reception is included in your registration fee. A guest pass to the reception is \$40. 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. Guest tickets may also be purchased onsite on a space available basis.

#### Pre-Conference Intensive Workshops

An additional fee is required to attend the pre-conference intensive workshops. Attendees who cannot stay for the main conference are welcome to attend an intensive only. Handouts will be made available only to those attendees who register for these optional sessions.

- Leadership Institute (1.5 Days): \$195
- Pediatric Social Work Intensive (Full Day): \$155
- Social Work Management Boot Camp Intensive (Half Day): \$85

### REGISTRATION INFORMATION

- Online registration with a credit card is strongly encouraged. Visa, MasterCard and American Express are accepted.
- 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 or the processing of any hard copy registration form.**
- The **Tax Identification Number** for the Society for Social Work Leadership in Health Care is 23-3100897. The **DUNS number** is 962585829.
- 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 Wednesday, September 13, 2017.
- All registrations received or postmarked after September 13 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 2, 2017). Cancellations must be sent in writing via email to Megan Stauffer at [mstauffer@fernley.com](mailto:mstauffer@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

**September 12, 2017**

**September 13, 2017**

**October 2, 2017**

**Hotel Reservation cut-off**

**Deadline for securing early registration discounts**

**Cancellations must be submitted in writing by this date to receive a refund less a \$50 processing fee.**



## 2017 ANNUAL MEETING & CONFERENCE

### Registration/Information Desk

Please pick up all tickets, badges, and onsite registration materials at the SSWLHC Registration Desk located at the Hyatt Regency Baltimore Inner Harbor. Registration hours are as follows:

- Tuesday, October 10: 12:00 – 5:00 PM
- Wednesday, October 11: 7:00 AM – 6:30 PM
- Thursday, October 12: 7:00 aM – 4:00 PM
- Friday, October 13: 7:00 AM – 4:00 PM
- Saturday, October 14: 7:00 – 11:00 AM

### HOTEL & TRAVEL INFORMATION

#### Hotel Accommodations

Discover an exceptional hotel experience along the waterway at Hyatt Regency Baltimore Inner Harbor. A blend of urban luxury and local charm, our Baltimore hotel is the perfect destination on the picturesque Inner Harbor. Relax in stylish rooms with stellar views of the harbor and lifestyle comforts that give you a sense of home. Enjoy creative local cuisine and a trendy vibe at Bistro 300 or meet for shared plates and cocktails at the Pisces Lounge.

Explore the wonders of the Inner Harbor and Charm City from this downtown Baltimore hotel. Walk to exciting museums, historic landmarks and attractions like the National Aquarium, or catch a Baltimore Ravens game at M&T Stadium. Enjoy what happens when charm meets convenience at Hyatt Regency Baltimore Inner Harbor.

Hyatt Regency Baltimore Inner Harbor

300 Light Street

Baltimore, MD 21202

Hotel Phone: 1-410-528-1234

Reservations: 1-800-633-7313.

Reservations Online

Web: [www.baltimore.regency.hyatt.com](http://www.baltimore.regency.hyatt.com)

Check-in: 4:00 PM /Check-out: 12:00 PM

**SSWLHC Group Rate:** \$175.00 per night plus tax for single or double occupancy per night



### Reservations

The discounted \$175.00 SSWLHC group rate will be honored through Tuesday, September 12, 2017 or until the block of rooms has sold out, whichever comes first. Please be sure to secure your reservations as early as possible to guarantee rate availability and your preferred room type.

**Reservations by Phone: 1-800-633-7313.**

**\*\* Be sure to identify yourself as a member of the Society for Social Work Leadership in Health Care (SSWLHC) group to take advantage of the discounted rate.**

### Online Reservations:

[Hyatt Regency Baltimore Inner Harbor](#)

**Confirmation/Cancellation:** All reservations must be guaranteed and accompanied by a first night room deposit or guaranteed with a major credit card. If you need to cancel your reservation, you must do so by 4 PM more than 24 hours prior to your scheduled check-in. Failure to cancel by this deadline will result in your card being charged for one night's room and tax.

**Room Sharing:** Please contact Megan Stauffer, Meeting Coordinator, at SSWLHC Headquarters at [mstauffer@fernley.com](mailto:mstauffer@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 Hyatt Regency Baltimore Inner Harbor is located ten miles from Baltimore Washington International Airport (BWI).

### Ground Transportation

Please visit the Airport's website to get information on ground transportation from BWI. <http://www.bwiairport.com/en/travel/ground-transportation>

Please visit the hotel website for driving directions.

<https://baltimore.regency.hyatt.com/en/hotel/our-hotel/map-and-directions.html>

### Parking

Self parking for overnight guests is \$30.00 per day and valet parking is \$42.00 per day. Rates include in/out privileges.

Hourly self-parking rates are as follows:

0-20 Min: \$10

20-40 Min: \$15

40-1 Hour: \$20

1-2 Hour: \$25

2+ (Max Rate): \$30

Hourly valet rates are as follows:

0-3 hours: \$30

3-5 hours: \$35

5+ (Max Rate): \$42



## 2017 ANNUAL MEETING & CONFERENCE

### Tuesday, October 10, 2017

9:00 AM – 5:00 PM	SSWLHC Board of Directors Meeting
12:00 – 5:00 PM	Registration
2:00 – 6:00 PM	I-1: Leadership Institute – Part I

#### **I-1: Leadership Institute of the Society for Social Work Leadership in Health Care – Part 1**

*Presenters: Mary Norris, Bridgette Baker, Judith Trachtenberg, Bill*

The Society invites you to participate in the eleventh Leadership Institute. This program is highly acclaimed as an intensive interactive experience designed exclusively for social workers in health care and their many leadership functions. The Leadership institute is a 1.5 day training designed for health care social workers who want to further demonstrate their individual leadership talents in their organization. This program is structured to develop and/or enhance the leadership knowledge and skills of participants. The program's goal is to incorporate core leadership content with experiential exercises that open up learning about one's own leadership definitions, contexts, assumptions, styles, competencies, and areas for development.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Appreciate, demonstrate and communicate the unique role of social work leaders and leadership in health care
- 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 11, 2017

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

#### **I-1: Leadership Institute of the Society for Social Work Leadership in Health Care – Part 2**

See Part I for course description

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

*Chair: Gayle Gilmore*

This Intensive will focus on the unique social work practice and management in the pediatric health care setting.

Presentations include:

#### **Peds Intensive: Caring for Injured Children and their Families: The Role of Clinical Social Work**

*Lindsay Buchanan & Jane Cooley*

**Review:** After an injury, children and caregivers are exposed to potentially traumatic events. Given the potential for PTSS, families receive psychoeducation and intervention. **Methods:** Social work identified patients at risk for PTSS and developed a process for psychosocial treatment along the continuum of care. **Results:** Social Work screens, assesses and provides psychoeducation regarding PTSS. Referrals to community resources are made when indicated. **Conclusions:** By standardizing care, social work provides services that mitigate negative side effects.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Define trauma and identify risk factors within a pediatric population
- Describe post traumatic stress symptoms (PTSS) in a pediatric population and the impact of PTSS on health outcomes
- Recognize the Trauma Social Work Protocol and Procedures at Nationwide Children's Hospital

#### **Peds Intensive: Setting the Standard: Psychosocial Screening in Pediatric Healthcare**

*Debby Brookstein*

Within pediatric healthcare, screening for psychosocial needs has become commonplace. Whether as a result of regulatory requirements, research protocols, or simply the belief that it is the right thing to do, the use of psychosocial screenings has increased significantly in recent years. This presentation provides an overview of efforts being made at Children's Mercy Hospital in Kansas City to establish a Standard of Care for Psychosocial



## 2017 ANNUAL MEETING & CONFERENCE

Screenings, which will provide consistent screening practices across the health system. The steps involved in this process and lessons learned will be shared.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify recommended tools for use with pediatric patients and their caregivers
- Identify key stakeholders in establishing a standard of care for psychosocial screening
- Identify one potential barrier to psychosocial screening and a possible solution

### **Peds Intensive: From Bedside to Risk Mitigation: The Secret Sauce**

*Brooke Goodwin & Lauren Obidi*

In the new vision of health care, the focus is around the patient experience. Children's National has moved to acknowledge the importance and presence of social work in the role of risk mitigation from the bedside to the ear of leadership. The Ombudsman program has been redesigned as a high level extension and compliment for poignant care needs with a strong reliance on social work to help the care team promote and provide best care.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Discuss the importance of the social work competencies in relationship to the social work Ombudsman in risk mitigation
- Identify and define the role of Ombudsman as a mediator and coordinator for the organization
- Attain known risk management tools that demonstrate the efficacy of the Ombudsman social work relationship

7:30 AM - 4:30 PM

VA SW Intensive - please visit the AVASW website for registration and more information

12:30 - 4:30 PM

Afternoon Half Day Intensives

### **I-3: Social Work Management Bootcamp- Managing the Business of Your Social Work Department**

*Jordana Rutigliano & Virna Little*

This workshop will provide training for managers at all levels interested in developing their "business" skills in the management of their social work departments. Topics to be covered include: establishing and monitoring productivity and staff efficiency guidelines, understanding and translating budgets and budget language to communicate more effectively with your fiscal departments, how to determine if your department is operating in the red or in the black, developing clinical dashboards for staff, and making the case for program or staff expansion to senior management.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Understand the principles behind developing productivity standards in multiple settings
- Determine how to "read" sample budgets of various types
- Identify how to effectively communicate with the business professionals within their organization

1:00 - 4:00 PM

Chapter Presidents' Meeting  
(By invitation only)

5:00 - 6:00 PM

Membership Meeting & First Time Attendee Welcome

6:00 - 8:00 PM

Welcome Reception with Exhibitors and Premier of Posters, Presentation of the Ida M. Cannon Award, and the Kermit B. Nash Lecture delivered by Van Brooks, "The Power of Why".

## Thursday, October 12, 2017

7:00 AM - 4:00 PM

Registration

7:00 - 8:00 AM

Continental Breakfast with Exhibitors and Posters

8:00 - 9:30 AM

Keynote Speaker: Amy Herman, President of The Art of Perception, Perception: Rethinking How We See followed by the presentation of the Eleanor Clark Award for Innovative Programs in Patient Care and the Hyman J. Weiner Award

9:30 - 9:45 AM

Transition Break

9:45 - 10:45 AM

Concurrent Session 1

### **W-01: National Alzheimer's Buddies: A New Model of Care for Dementia Patients Residing in a Long Term Care Facility**

*Jeffrey Robbins & Sarah Caldwell*

Social isolation can have accelerating effects on the progression of dementia, neuropsychiatric and behavioral symptoms, for those residing in a long term care facility. Preliminary pilot studies have shown that an intergenerational intervention reduces social isolation, neuropsychiatric and behavioral symptoms and creates engagement for this population. The creation of National Alzheimer's Buddies, a volunteer program for college students, could potentially establish a new standard of care for advanced dementia patients.





### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Determine a new model of care for advanced dementia patients residing in a long term care facility
- Classify interventions aimed at creating successful visits by a family member
- Describe research outcomes relevant to this model of care as well as new areas of study to be explored

### **W-02: Maintaining the Clinical in Care Coordination: Strategies for Social Work Leadership within Population Health**

*Judith Dobrof*

This presentation will focus on strategies that social work leadership can use to help staff develop and maintain their clinical skills in working with individuals and families within the current healthcare environment. In their role providing complex care management and care coordination, social workers can lead the charge to develop interventions and programs that benefit patients at the same time that they align with institutional goals of preventing unnecessary healthcare utilization.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify strategies that social work leadership can use to help staff develop and maintain clinical skills within the current healthcare environment
- Understand the impact that the transition towards a value-based reimbursement system has on social work practice in healthcare
- Classify examples of programmatic initiatives that strengthen social workers' position as clinical as well as organizational leaders within a value-based environment

### **W-03: Cultivating Leadership and Promoting Departmental Cohesion Through Committee Work and Special Initiatives**

*Allison Scobie-Carroll & Pamela Chamorro*

Boston Children's Hospital's (BCH) Social Work Department is comprised of ~200 clinical social workers across over 85 separate practice settings. Maintaining departmental cohesion in such a geographically, administratively and clinically complex environment presents numerous challenges. Providing opportunities for staff across settings to actualize their social work values and to develop as leaders is possible. BCH has cultivated leaders while advancing institutional, departmental and social work initiatives through a vibrant committee and task force structure.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Determine the elements of burnout that can be impacted by involvement in activities that allow members to actualize their social work values
- Describe the BCH paradigm for committee structure, mission, oversight and guidelines
- Classify methods for resolving impediments to committee participation and progress
- Analyze the outcomes associated with the development of a vibrant committee structure

### **W-04: The Need for Latino Social Workers in Dialysis and Transplant Settings: A Great Opportunity for Bilingual/Bicultural MSWs**

*Vernon Silva*

An introduction to Nephrology Social Work with an emphasis on patients of Latino descent who, as a population with a particular set of risk factors, are at higher risk for developing kidney disease. Discussion includes clinical interventions and the ample employment opportunities that exist for bilingual and bicultural MSWs as a result of the Latino over-representation combined with a federal mandate for placement of social workers in all dialysis and transplant settings.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Define nephrology social work and identify three main components of this sub-specialty
- Name five of the main duties/responsibilities of the nephrology social worker as well as five common clinical interventions implemented with this particular population
- Identify five risk factors associated with Latino sub-populations that contribute towards the over-representation in overall total cases
- Comprehend the career opportunities that exist in all states and territories of the United States including the Baltimore area

### **W-05: Closing The Gap: How Michigan Medicine Conquers Barriers To Health Care By Realizing The Value Of Bachelor's-Level Social Work Roles.**

*Stephanie Rakes-Colvin & Katie Schneider*

Michigan Medicine has created a unique use of the bachelor's-level scope of social work practice, in addition to the clinical social work roles typically found in tertiary care systems. Barriers to care and other medically-related needs frequently plague patients and families and often fall to clinical social workers or other medical professionals to resolve. We will share the development of a centralized program dedicated to navigating and removing



## 2017 ANNUAL MEETING & CONFERENCE

barriers to care, ultimately improving access to care through the use of skilled bachelor's social workers.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Describe and identify barriers to care/non-medical needs and their impact if left unresolved in a tertiary health care system
- Discuss the successful implementation of a centralized program to address barriers to care and non-medical needs
- Describe a medical BSW-level scope of practice as implemented at Michigan Medicine
- Be prepared to review unmet non-medical needs in their own settings for analysis of potential implementation of a centralized program, utilizing the BSW scope of practice

### W-06: Implementing and Utilizing SBIRT (screening Brief Intervention and Referral to Treatment) in the Hospital Setting

*Susan McCarthy*

SBIRT is a model of intervention that has a goal of identifying serious psychosocial issues and high risk at the primary care level. These issues include but are not limited to: Smoking, alcohol and drug use, and depression. The focus of SBIRT is not necessarily to capture patients coming into the health care system already with presenting Psychiatric or SUD concerns. Moreso, SBIRT intervention is designed to capture issues in patients presenting for medical and surgical issues and to address these concerns as part of general plan of care. The SBIRT intervention is completed by Social Work and has been a successful implementation at our hospital.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Analyze the purpose of SBIRT screening in a Medical setting and capturing Substance Abuse Disorder and Depression at the primary Care level.
- Incorporate a comprehensive overview and full understanding of all SBIRT screening tools; AUDIT C for Alcohol, DAST for drugs/other substances, PHQ-2/9 for Depression
- Implement a full roll out for SBIRT in the hospital and community setting
- Data, Trends, resources and trends following the brief intervention as well as Social Work follow intervention and follow up

10:45 – 11:00 AM

Transition Break

11:00 – 12:00 AM

Concurrent Session 2

### W-07: Losing Father, Losing Face: The Intersection of Family, Culture, Faith and Medicine

*Louise Knight, Rhonda Cooper, Elizabeth (Liz) Single & Lynn Billing*

Patient and family centered care challenges us to consider the needs of both the patient and the family in relation to the diagnosis, the treatment and the end-of-life care plan. What happens when you have a family member whose “family honor” may be at stake when seeking a cure or when they want medical interventions which are ineffective? The panel will highlight the intersection of family, culture, faith and medicine and engage the audience in a discussion addressing the ethical, spiritual, social, psychological and financial aspects which impact our daily practice.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify the operational value of interprofessional collaboration
- Identify the emotional triggers which can contribute to the disconnection between the patient/family and the health care team
- Recognize the power of the “family narrative” and the role the health care team plays in the development of the story
- Recognize the health care team as a secondary patient within the intersection of family, culture, faith and medicine

### W-08: Medical Respite Care for Homeless Adults: Implementing and Enhancing Post-Discharge Services

*Michael Ferry*

Homeless individuals in hospitals often experience longer lengths of stay, more frequent ED visits, and higher readmission rates than housed patients. Four years ago, we initiated a Medical Respite program, allowing patients in need of post-discharge medical care to have a place to recuperate. Our initial focus on identification and serving those most in need of post-discharge care provided immediate results, but our metrics of success soon stabilized. In this presentation, an update to our previously reported efforts, we identify the interventions taken since our last presentation, to improve our measures of success.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Recognize the role of advocacy and collaboration when attempting to secure additional services for your patients
- Specify the different means of communicating housing status within the medical record
- Identify one method of implementing a Medical Respite program within your own community.
- Specify key metrics of success for a Medical Respite program



## 2017 ANNUAL MEETING & CONFERENCE

### W-09: New Models in Care Management Practice, Solutions for the Care Continuum

*Bonnie Geld*

This presentation will discuss the driving changes of case management/ social work practice along the new patient care continuum. Today we must understand and embed best practices in both inpatient and ambulatory settings to leverage the patient for recovery and health maintenance. Taking into account their psychosocial needs and challenges is a key element of developing a successful care plan. This presentation will review models for case management along the continuum of care as well as prepare practitioners for a value based care environment.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Discuss and understand the driving changes of case management and social work practice along the patient's care continuum
- Incorporate new skills, considerations, and mindsets for practice in the ambulatory setting
- Connect social work to outcomes
- Review models for case management practice along the continuum of care

### W-10: Stay Woke: How to Address Bias and Microaggressions in a Health Care Setting

*Shanice Smith*

Stay Woke is a slang expression that encompasses the meaning of staying conscious of the unequal treatment and social injustices that happen in our community and greater society. As social work leaders, it is our responsibility to be knowledgeable about issues that adversely affect minority patients, staff, and colleagues who are known to be oppressed, marginalized, and discriminated against. By gaining effective cultural humility strategies, we will discuss how to effectively lead conversations regarding diversity.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Define and differentiate between the concepts of cultural competence, cultural humility, implicit bias, and micro-aggressions
- Identify strategies to promote a more inclusive environment to support diverse staff members
- Comprehend how to become leaders in addressing bias and micro-aggressions that could arise amongst patients, staff, or colleagues
- Explore how to address their personal bias and privilege

### W-11: Outcomes after a Care Management Department Restructure

*Catherine Miller*

The Department of Care Management at University of Maryland Medical Center was restructured at the end of 2015. 100 clinical social workers, RN case managers and RN utilization managers were reassigned from service line assignments to geographic assignments in a triad model of care management. Our presentation will share details about the restructure, leadership training, culture change, staff retention, length of stay and readmission metrics, and data from our employee engagement survey and pre and post educational program surveys.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Discuss triad model of care management in acute care setting
- Analyze staff engagement after a major restructure
- Discuss educational and morale needs after a major restructure

### W-12: Going Deeper: Practical Tools for Implementing Trauma-Informed Care in Medical Settings

*Samara Grossman*

This presentation will assist social workers in identifying, addressing and changing the ways in which trauma is responded to in the medical setting. This change can assist patients in feeling more secure, happier with their services, and becoming healthier. In addition attendees can gain knowledge that will help them feel more supported and at ease when responding to trauma related behavior and more confident in helping their teams deliver trauma-informed services and more capable when responding to their own reactions to trauma, triggers and vicarious traumatization.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Assist social workers in identifying, addressing and changing the ways in which trauma is responded to in the medical setting
- Assist social workers in building confidence when responding to trauma-related behavior in their patients
- Assist social workers in helping their practice teams deliver trauma-informed services
- Assist social workers in feeling more capable in responding to their own reactions to trauma, triggers and vicarious traumatization

12:00 – 1:00 PM

Lunch with Networking,  
Exhibitors and Poster Viewing

1:00 – 2:00 PM

Concurrent Session 3



## 2017 ANNUAL MEETING & CONFERENCE

### W-13: Developing Clinical Social Work Programs In Non-Clinical Settings

*John Bickel & Elizabeth Olivares-Reed*

Social workers often find it challenging to include clinical social work practice into hospital settings. Constructing a quality clinical supervision program is even more challenging, but it can be done. Working with mental and behavioral health partners at a large pediatric hospital in Houston, the Social Work Department developed a multipronged training program that addressed legal and ethical concerns of quality clinical training. The skills learned are translated to everyday medical social work practice, and provide another outlet for practice creativity.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify of what worked and what did not work through examination of a case study
- Develop of key strategies used in developing a successful program
- Share of ideas regarding successful implementation of clinical supervision programming

### W-14: Collaborative Care: An Evidence Based Model for Primary Care

*Zachary Bodenweber*

Collaborative Care is an evidence based model of integrated care that treats common mental health conditions such as depression and anxiety with a systemic primary care approach. Built on principles of effective chronic illness care, Collaborative Care focuses on measurement-based practice, treatment to target, and defined patient populations tracked in a registry. Trained primary care providers and embedded behavioral health professionals provide evidence-based medication and psychosocial treatments, supported by regular psychiatric case consultation and treatment adjustments for patients who are not improving as expected.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Develop an understanding of the Collaborative Care approach, including its history, guiding principles, and evidence base
- Recognize the team structure of Collaborative Care and learn about each team member's role
- Assess the difference between your organization's current care model compared to a Collaborative Care model and explore ways to implement Collaborative Care

### W-15 The Group Worker Becomes A Director: Applying Group Work Approaches To A Staff Team

*Barbara Muskat*

Skills used in social group work can be employed with adaptations to staff groups. This workshop will discuss group work skills employed by a social work director supporting staff in a large urban pediatric hospital social work department. Consistent attention to the staff group's purpose, norms, communication patterns, developmental stages, and requirements for trust and mutual support are essential to the success of any work group. Lessons learned and practical advice will be offered.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify opportunities for group work in hospital social work leadership
- Have renewed knowledge about social group work theory and practice related to task groups
- Leave with a number of ideas related to applying group work principles with their staff groups

### W-16: Clear As Mud- Determining Decisional Capacity In The Acute Hospital Setting

*Leslie Dubin & Alethia Battles*

This 60-minute presentation will consist of a very psychosocially complex vignette of a man brought to the hospital emergency room by his family for the purpose of "being placed in a facility". The second half of this session will break down the process of the joint investigation by the Geriatric Inpatient Consultation Team social worker and the Probate Liaison JD/MSW whose final recommendations around capacity and discharge pleased some interested parties but disappointed others.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Understand the value of obtaining collateral history from outpatient providers in determining a client's capacity and discharge options
- Review the importance of identifying what triggers can lead to behavioral concerns that cause client distress
- Understand the importance of client self-determination in patient centered discharge planning

### W-17: Hospital Social Work Leadership and Staff Response to a Large-Scale, Multi-Casualty Terrorist Attack

*Anu Sood*

On December 2, 2015, 14 individuals were killed, and 22 were injured in a shooting at the Inland Regional Center in San Bernardino in the deadliest U.S. terrorist attack since 9/11. Through caring for multiple victims, the social





## 2017 ANNUAL MEETING & CONFERENCE

work department utilized skills around full-scope management of multi-casualty crises. New departmental and institutional disaster-preparedness and crisis-response policies and procedures emerged. The Social Work Manager orchestrated hospital-wide education and interventions for acute stress disorder and vicarious traumatization.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Gain further depth of knowledge and understanding regarding the roles, responsibilities, and challenges tasked to a Social Work Manager in response to a large-scale, high-profile, multi-casualty local crisis event
- Provide with the opportunity to engage in interactive discussion regarding hospital best-practices for managing crises, about what we as an institution and department learned regarding our strengths and limitations around crisis-management, and disaster-preparedness/crisis-response policies and procedures which emerged as an aftermath of the event
- Glean and examine new methods of and challenges associated with educating non-social work hospital staff and administration on such concepts as acute stress disorder and vicarious traumatization in employees

### W-18: Beyond Hospital to Community

*Chua Timothy*

Singapore has an unique healthcare system comprising stakeholders from the people, government, community social services and the private sectors. In this workshop I will attempt to give a personal reflection of the challenges faced in the ballooning demands of an Ageing society, rise of chronic disease prevalence, and increased expectations of an affluent society.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Appreciate the context of Singapore as a small nation with limited resources
- Understand Singapore healthcare system, finances, and service delivery
- Examine local challenges and steps in overcoming

2:00 – 2:15 PM

Transition Break

2:15 – 3:15 PM

Concurrent Session 4

### W-19: Moral Distress In Healthcare: An Opportunity for Social Workers to Lead System Change

*LeAnn Bruce*

Moral Distress is a concept that has historically been associated with the nursing profession to describe the effect on providers “moral choices and actions are thwarted by constraints” (Austin, 2005). More recently, this topic has been gaining attention across many disciplines and settings and is recognized as a significant factor for employee burn-out, poor morale, and is a threat to staff retention. Social workers have the opportunity - not only to practice self-care to guard against their own experience of Moral Distress - but also to take a leading role in promoting needed ethical and systemic change in their own facilities.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Define Moral Distress, and describe the precipitating antecedents that lead to this phenomenon
- Become familiar with the effects of Moral Injury for individuals and systems and tools to assess MD
- Be aware of the ethical ramifications of failing to address moral distress
- Explore ways to build resiliency in self and system

### W-20: Care Coordination Between Hospital and Medical Health Home: A Successful Collaboration

*Indira Parmar & Cynthia Fox*

The complexity of chronically ill patients with frequent hospitalizations requires a multi-dimensional, team-based approach. This session will present the process for Hospital to improve Care Management in the community for chronically ill patients by partnering with Medical Health Home. We will present data that supports the positive client outcomes of integrated/collaborative care. We will share experiences and practices with embedding Health Home services in a hospital setting to provide effective Care Coordination and will shed light on the value of tracking progress over time.

### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Work collaboratively with community agencies to bridge a patient's medical and social needs
- Identify gaps in care that drive partnership development
- Develop best practice in the delivery of health care to reduce readmissions
- Implement Triple Aim strategies



## 2017 ANNUAL MEETING & CONFERENCE

### W-21: Striving for Excellence! The Development of an Interdisciplinary Clinical Recognition Program

*Karen Nelson & Heather Filipowicz*

Staff engagement is the goal of every leader and every healthcare organization. This presentation tells the story of the quest to develop a Clinical Recognition Program in an acute care hospital as a way to advance clinical practice and increase staff satisfaction. The challenge was made greater by the fact that the development of the program sought to bring together and strengthen collaboration between the disciplines of Clinical Nutrition, Respiratory Therapy, Social Work and Case Management. The trials and tribulations of developing a program encompassing all of these disciplines as well as the final product will be shared.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Establish Clinical Recognition Programs as a way to increase staff engagement and advance clinical practice
- Describe the virtues and challenges of developing a program that is interdisciplinary
- Determine what worked and what didn't work in the roll out of this program at a large acute care teaching hospital
- Distinguish the tools used to create such a program

### W-22: The Essential Coherence of Palliative Principles and Health Social Work: Maximizing Impact and Influence

*Terry Altilio, Meagan Leimena & Bridget Sumser*

This presentation highlights the connections and opportunities existing between the principles and skills of primary health social work and palliative practices. There are myriad opportunities for intervention, documentation and transformative care delivery by health social workers when supported by leaders who understand the integration of palliative principles into primary health social workers.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify principles and skills which link primary health social work and specialist palliative practices
- Maximize the opportunities from the IOM and WHO palliative care reports (i.e. improving access for vulnerable populations, enhanced advance care planning, improving clinician-patient communication) for social work administrators and practitioners to lead efforts integrating primary palliative care across settings and diagnoses
- Demonstrate the essential congruence of palliative care and principles and values of quality social work practice
- Identify at least three opportunities social work leaders have to support health care social workers in delivering primary palliative care services

### W-23: How Do You Extinguish Burnout? ICU Multidisciplinary Interventions to Address Staff Distress

*Annabelle Bitter, Laura Walther-Broussard & Marian Von-Maszewski*

ICU literature has primarily focused on how burnout impacts physicians and nurses. Our data shows evidence that the stress of caring for critically ill patients are felt by all members of the team. Interventions to address burnout are complex and challenging in the ICU setting due to limited time and financial resources. Staff burnout and wellness can be addressed through debriefing sessions facilitated by ICU social workers and brief fun stress buster activities that can take place close to patient units.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Recognize that the stresses of ICU patient care are pervasive in all members of the multi-disciplinary staff
- Understand debriefing as a method of recognizing specific emotional, social and cultural factors which impact patient care and assist with targeted interventions
- Provide the structure for creating quick, low-cost and low-resource stress buster activities for staff

### W-24: The Role of Social Work in Addressing Suicide Prevention in Health Care Setting

*Sarah Bernes*

Over eighty percent of people who die from suicide have contact with health and behavioral health care providers in the year prior to their death. Social workers play a major role providing mental health services but are often ill-prepared to assist suicidal clients. The Institute for Family Health, a large Federally Qualified Health Center network in New York State, was an early adopter of the "Zero Suicide" framework. This presentation chronicles the suicide prevention strategies, including robust staff training, adopted by the Institute and explores how these steps could be taken in other organizations.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Discuss the impact and relevance of suicide on social work
- Describe the Zero Suicide Framework
- List resources for social workers in health care to improve their suicide prevention skills



## 2017 ANNUAL MEETING & CONFERENCE

3:15 – 3:45 PM

Refreshment Break in Exhibit Hall

3:45 – 4:45 PM

Concurrent Session 5

### **W-25: An "OUT" Social Work Leader; Moving the Dial on Creating a LGBTQ Affirming Pediatric Healthcare Environment**

*Allison Scobie-Carroll*

Institutional homophobia and transphobia are real forces that impact the health and wellbeing of LGBTQ+ people. To be "out" as an LGBTQ+ person in an healthcare environment comes with inherent risks. For patients and families there are worries that bias will negatively impact their care and the totality of their patient experience. For employees being "out" may impact perceived performance, promotion possibilities and compensation. An LGBTQ+ affirming culture is achievable through the use of proven benchmarking and training tools and the support of hospital leadership. Social work leaders are essential to this vitally important work.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Describe healthcare disparities among the LGBTQ population
- Determine the impact of employee engagement in LGBTQ initiatives and the impact on hospital culture
- Identify the Healthcare Equality Index and the survey process that publicly acknowledges leadership in LGBTQ healthcare access
- Classify Safe Zone training and other mechanisms for improving the cultural competence of line staff and leaders

### **W-26: What Happens When There Is A Catastrophic Illness? A Critical Look at Immigrant Access to Care**

*Mary (Lacy) Fetting & Rebecca Armendariz*

When a non-U.S citizen and indigent patient is diagnosed with a catastrophic illness, the health care system is faced with a complex decision: do we treat the patient or not. If the answer is yes, the social worker is often asked to mitigate the "barriers" to the care plan. In addition to the obvious barriers of language and culture, the bottom line question of "Who pays" for their health care costs can present practical and ethical challenges for the social worker as advocate.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Identify the immigration status variables that either open or close doors to health care reimbursement mechanisms
- Identify resources that are available to assist in the identification and provision of state specific programs for non-citizens, by those statuses
- Discuss the ethical challenges for social work advocates when the decision to treat (or not to treat) a non-citizen is made, without reimbursement mechanisms for the continuum of care

### **W-27: Social Work Healthcare Education and Leadership Scholars (HEALS) Initiative: Lessons from the University of Maryland**

*Melissa Bellin, Carolyn Tice, Carrie Dorn, Jennifer Broadus, Terra Hill & Beth Kalb*

The Social Work Healthcare Education and Leadership Scholars (HEALS) initiative was developed to strengthen the delivery of healthcare services in the United States by advancing the education and training of BSW and MSW students in healthcare social work leadership and practice. It is a collaborative 5-year project of the NASW and CSWE, with funding from the New York Community Trust. This presentation highlights the implementation of the program and includes examples from the University of Maryland HEALS site (UM-HEALS) shared by UM-HEALS program administrators, students, and field instructors.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Present an innovative model of healthcare social work education and leadership development
- Introduce key concepts to developing a learning network across settings in the field of healthcare social work
- Discuss strengths and areas for growth in this educational model and lessons that can be applied to other social work training programs



## 2017 ANNUAL MEETING & CONFERENCE

### **W-28: The Power of Language: Empowering Social Work to Become Leaders in Fostering Change to Influence Word Choice.**

*Terry Altilio, Anne Kelemen & Vickie Leff*

Publications on illness related conversations focus on delivery of “bad news” and communication strategies, without attention to the language chosen. Labels such as ‘non-adherent’, concepts such as “quality of life” are introduced without consciousness of cultural and historical context, impacting patient family experiences, decisions and bereavement. Social workers who actively intervene can mitigate unintended consequences. This presentation unpacks language employed during assessments, family meetings and medical decision-making, providing explicit suggestions to enhance such pivotal communication.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Review common language used healthcare settings to raise consciousness about the influence of word choice on patients, families and outcomes
- Provide examples of words and phrases commonly used in both outpatient and inpatients settings such as ICU, hospice and oncology which have unintended clinical consequences
- Share alternative phrasings and interventions to enhance word choice of self and colleagues to improve patient- centered care
- Reinforce social workers as experts in communication, with a consequent responsibility to empower and become leaders in fostering change around word choice and language

### **W-29: Confronting the Myth of the “Non-Adherent” Patient: How the Alliance of Social Work & Medicine Can Lead to Better Outcomes**

*Kathleen Trujillo*

This workshop will challenge the myth of the “non-adherent” patient, focusing on social work assessment and advocacy in medical settings, while providing a framework for understanding the social work role in the medical management model. We will also discuss the financial impact of integrated healthcare care, and models of patient assessment. The session will illustrate how greater collaboration will lead to better health outcomes for patients, as well as greater financial outcomes for healthcare entities.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Identify potential causes for patient “non-adherence,” and list/describe strategies for assessing and interviewing “non-adherent” patients and their families to identify current or potential barriers to successful treatment participation
- Explain how social determinants of health can affect a patient’s management of the most common chronic illnesses treated in the American healthcare industry (diabetes, heart disease, COPD, Alzheimer’s, etc.) and identify opportunities for patient advocacy when working with medical practitioners, specifically focusing on identifying potential barriers to treatment planning, and facilitating greater understanding of patient challenges for medical practitioners
- Communicate a clear rationale that justifies greater collaboration between medical practitioners and social services professionals from a financial perspective, providing a greater understanding of how social workers can help address readmission rates and patient satisfaction scores, in order to improve the bottom line of their healthcare organization

### **W-30: Power Up! Using Mental and Behavioral Health Instruments to Improve Multi-dimensional Outcomes in Primary and Integrated Health Care Settings.**

*Selina Oliver*

It is well-accepted that mental and behavioral health play significant roles in the outcome, costs, and time of recovery for a variety of conditions (heart surgery, orthopedic rehabilitation, trauma brain injury, bariatric surgery, and pain management). Including psychometrically-sound instruments in the standard toolkit used by social workers when conducting psychosocial needs assessments can provide the mental and behavioral health evidence critical to confirming clinical judgement, influencing treatment choices, and supporting reimbursement claims. Review best practices for the use of today’s standardized assessments.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Identify four positive patient and organizational outcomes of a standardized psychosocial needs assessment
- Identify three ways in which psychometric assessment supports screening, diagnosis, treatment, and progress monitoring
- Identify basic and advanced characteristics of standardized, easy-to-administer, fair, and informative assessment instruments
- Describe best practices for a variety of assessment needs





## 2017 ANNUAL MEETING & CONFERENCE

### Friday, October 13, 2017

7:00 AM – 4:00 PM	Registration
7:00 – 8:00 AM	Past Presidents' Breakfast (by invitation only)
7:00 – 8:00 AM	Continental Breakfast with Exhibitors and Poster Viewing
8:00 – 9:00 AM	Plenary Speaker: Jennifer L. Fitzpatrick, MSW, LCSW-C; "Navigating Communication With Different Generations: Reducing Drama and Conflict In Healthcare" Sponsored by Artis Senior Living
9:00 – 9:15 AM	Presentation of the Joan Upshaw Award and the Health Care Social Work Leader of the Year Award
9:15 – 9:30 AM	Transition Break
9:30 – 10:30 AM	Concurrent Session 6

### W-31: We Just Called...To Say How Much We Care: Caregiver Support In A Seniors Clinic

*Elisabeth Montgomery & Kirbie Hartley*

The Seniors Clinic at University of Colorado Health established and implemented an outreach program to support caregivers of patients with dementia by using validated assessments and a consistent message from the outreach team. In this talk, participants will learn how to build an outreach process, lessons learned from the process, and outcomes from caregivers and patients.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Review caregiver and dementia related assessments
- Analyze the caregiver workflow and take away lessons learned for their own practices
- Discuss outcomes of our outreach process and brainstorm how this workflow may fit into their own clinics

### W-32: Managing High Risk Utilizers- A Community Care Management Model

*Bridgette Baker & Charlotte Foy*

Managing the high risk population is quickly becoming the cornerstone for reducing readmission and containing cost. Intermountain Healthcare has developed and model for reducing readmissions and cutting cost effectively. The Community Care Model has been thriving since 2014 throughout our healthcare system. Through a team approach consisting of Transitionist, Nurse and Social Worker, a patient centered approach is used. In this presentation, attendees will have an in-depth overview of the model and how it has been used to decrease readmission and promote appropriate utilization on our healthcare organization.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Discuss the patient qualification and types in the Community Care Management Program
- Demonstrate an understanding of the Community Care Management Program's process from referral to discharge
- Gain knowledge of the therapeutic techniques used to help the patients be successful in obtaining their goals

### W-33: Superior Performance Among Healthcare Social Work Managers And Directors: Competencies Revealed

*L. Alea Moore*

Why do some leaders outperform others? Sue's social work department is credited for reducing patient length of stay and readmission rates, while increasing patient satisfaction scores. Joe's social work department is to blame for average patient satisfaction scores, readmission rates, and length of stay rates. What sets Sue apart from Joe? Perhaps Sue demonstrates specific characteristics and behaviors, known as competencies, that allow her to perform above average. This presentation reveals the competencies that healthcare social work managers and directors must demonstrate to reach superior performance.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Distinguish between competencies and skills
- Identify the critical competencies for healthcare social work managers and directors
- Recognize the behaviors and personal characteristics of healthcare social work managers and directors that are related to superior performance





## 2017 ANNUAL MEETING & CONFERENCE

### **W-34: Avoiding The Binary: Using Inclusive Terms In Every Day Practice**

*Allison Whittington*

Many social workers do not receive specific training on gender diverse and Difference of Sexual Development patients. I will provide information on common terms, challenges faced with gender diverse and DSD care and potential risks faced by the populations. I will identify an outpatient model of care and examine feedback from families to provide social work practice recommendations.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Increase provider knowledge and comfort with using inclusive terms during daily practice
- Identify challenges with providing medical care for gender diverse patients and patients with Differences of Sexual Development (DSD) and introduce strategies to alleviate these challenges
- Provide and discuss an outpatient model of care for patients with Disorders of Sexual Development and gender diverse youth

### **W-35: “Back Again...” The Health Care Team’s Response to a Challenging Patient**

*Michelle Mc Whirter*

The interdisciplinary team is often faced with treating clinically fragile patients with chronic illness who have frequent admissions and limited effective coping skills. The social worker plays a critical role in aligning with the patient, advocating for their individual needs and shaping perceptions within the team. This presentation will outline the clinical interventions which have been effective in teaching patients how to cope with frequent hospitalizations and ways to effective communication with the medical team.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Have the skills to complete a psychosocial pain assessment
- Recognize strategies to build rapport with patients who put up barriers to health care professionals
- Interpret interventions to assist patients in coping with chronic pain and illness

### **W-36: Addressing Intimate Partner Violence Among Veterans, Their Partners And Employees In The Healthcare Setting.**

*LeAnn Bruce*

Intimate Partner Violence is a serious public health concern warranting the attention of healthcare systems. This session will share promising practices implemented by VA Healthcare in this innovative and comprehensive national program. It will highlight the complexities of this issue within Veteran population as well as discuss issues for system-wide dissemination including building a community of practice for the implementation of the 14 recommendations outlined in the VHA Plan for implementation of the Domestic Violence and Intimate Partner Violence Assistance Program. Contacts and resources will be provided.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Employ person-centered, trauma-informed verbiage to refer to those who use and/or experience Intimate Partner Violence
- Recognize and discuss complex bio-psycho-social impact of IPV for the individuals, healthcare system and society
- Consider the benefits of routine screening in healthcare setting
- Gain an awareness of social work’s leadership in efforts to address Veterans who experience violence, Veterans who use violence, and employee services on a national scale

10:30 – 10:45 AM

Transition Break

10:45 – 11:45 AM

Concurrent Session 7

### **W-37: Decoding “Doctor Speak” Social Work Leadership in End of Life Conversations in the Acute Medical Setting**

*Chaula Negandhi & Elizabeth Goudie*

End-of-life discussions are often precipitated by a medical crisis. Social workers can lead the team in framing discussions with a sharp focus on a patient’s attainable goals for living while dying. This presentation will highlight social work family conferencing skills in translating “Doctor-speak” to plain speak, as well as their advocacy in streamlining the medical care plan to include only those interventions that will advance a patient and family’s hopes, and mitigate their fears.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Assess patient and family readiness to engage in end-of-life care planning
- Identify social work leadership skills within a health care team
- Interpret skills assisting patient and family in verbalizing their hopes, fears and goals related to end-of-life care planning



### **W-38: Transition to Adult Healthcare for Young Adults with Specialized Health Needs**

*Sara Uram*

This presentation explores systematic barriers encountered when transitioning from pediatric to adult systems of medical care for individuals with special needs. Transitioning youth encounter obstacles in locating, accessing and receiving appropriate evaluation and treatment with adult care providers. Attendees will increase their knowledge of said differences between pediatric and adult care models and subsequent impact on individuals. Participants will understand the best practices to supporting youth, the caregivers and providers during this complex transition.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Become familiar with the UMHS MSW Career Ladder and how it was Analyze and discuss the differences between the pediatric and adult medical system and how it impacts transitioning youth with special needs
- Discuss the barriers to transition for individuals with special needs
- Utilize strategies to assist transitioning age youth, their family as well as medical providers to improve transition outcomes

### **W-39: How a Discharge Focus Group Can Decrease Your Hospital's Long Length of Stay Patients**

*Catherine Miller*

The Department of Care Management at University of Maryland Medical Center created the Discharge Focus Group (DFG), to brainstorm solutions to barriers to difficult discharges. DFG has representation from social work, case management, UR, physicians, pharmacists, ethics, legal, palliative, psychiatry, and several community partners. Identified barriers to discharge have been various and included uninsured patients, legal problems, and patients refusing to be discharged. Solutions generated by DFG have included contracting for beds, medical flights and court orders.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Discuss formation of a discharge focus group
- Analyze barriers to discharge
- Discuss solutions to difficult discharges

### **W-40: Avoiding The Binary: Using Inclusive Terms In Every Day Practice**

*Allison Whittington*

Many social workers do not receive specific training on gender diverse and Difference of Sexual Development patients. I will provide information on common terms, challenges faced with gender diverse and DSD care and potential risks faced by the populations. I will identify an outpatient model of care and examine feedback from families to provide social work practice recommendations.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Increase provider knowledge and comfort with using inclusive terms during daily practice
- Identify challenges with providing medical care for gender diverse patients and patients with Differences of Sexual Development (DSD) and introduce strategies to alleviate these challenges
- Provide and discuss an outpatient model of care for patients with Disorders of Sexual Development and gender diverse youth

### **W-41: Transitional Care and its impact on reducing Length of Stay (LOS): One VA Hospital's Model**

*Quindola Crowley & Denice Green*

This presentation is designed to educate and inform participants on how a Transitional Care model was implemented at a VA hospital with a care management focus. The implementation reduced the hospital's length of stay by nearly 2.5 days.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Understand Transitional Care as it relates to one VA hospital's approach to care management and Transitional Care
- Explore key VA processes for decreasing hospital length of stay and reducing readmission while improving patient care coordination
- Become more familiar with VA specific health care processes as it relates to care management transitional care and care coordination
- Gain insight into the processes used to help reduce length of stay (LOS) and readmissions



## 2017 ANNUAL MEETING & CONFERENCE

### W-42: What Happens When There is a Catastrophic Illness? A Critical Look at Immigrant Access to Care

Mary (Lacy) Fetting & Rebecca Armendariz

When a non-U.S citizen and indigent patient is diagnosed with a catastrophic illness, the health care system is faced with a complex decision: do we treat the patient or not. If the answer is yes, the social worker is often asked to mitigate the “barriers” to the care plan. In addition to the obvious barriers of language and culture, the bottom line question of “Who pays” for their health care costs can present practical and ethical challenges for the social worker as advocate.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify the immigration status variables that either open or close doors to health care reimbursement mechanisms
- Identify resources that are available to assist in the identification and provision of state specific programs for non-citizens, by those statuses
- Discuss the ethical challenges for social work advocates when the decision to treat (or not to treat) a non-citizen is made, without reimbursement mechanisms for the continuum of care

11:45 AM – 1:00 PM

Lunch on your own

12:00 – 1:00 PM

Joint Meeting of the SSWLHC & SWHL Foundation Board of Directors

1:00 – 2:00 PM

General Session: Stacy Collins, MSW; Associate Director of Health Systems Transformation at the Association of Maternal and Child Health Programs (AMCHP)

*Repeal, Replace, Repair, Reinvest? : An overview of the Affordable Care Act debate, federal support for critical social welfare programs, and other federal policy updates of importance to health care social workers*

2:00 - 2:30 PM

Refreshment Break, Final Poster Viewing and Closing Raffle

2:30 – 3:30 PM

Concurrent Session 8

### W-43: Hope for a Miracle: When Faith and Medicine Collide

Rhonda Cooper

Hope for a miracle cure in the face of contrary medical evidence may baffle or perplex health care providers. While the motivation for the patient/family's hope may be varied and complex, challenging the hope may be a barrier to building trust and further beneficial interactions. Rather than dismiss the hope for a miracle, The AMEN Conversational Protocol can serve as a tool to strengthen both the connection and the trust between patient/family and provider.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Review the motivation for the miracle cure hope
- Consider the challenges for medical team/providers
- Review AMEN conversational protocol
- Explore opportunities in midst of challenge

### W-44: Social Work Reporting Practices: Evolving Beyond Epic

Michael Ferry

Epic, a commonly implement electronic medical record system, offers powerful tools for data collection, but calculations and meaningful analysis must be performed elsewhere. The current presentation identifies and discusses how our reporting and analysis at YNH has evolved beyond Epic. Different topics of analysis will be identified, their purpose, and how measurable results can be used to enhance practice & decision making. The slides and discussion will not include the mechanics of using reporting software, but will spend time considering what can and should be measured, and the calculations necessary to arrive at the desired metrics.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify the different goals that reporting can achieve
- Identify the different metrics that can assist in reaching reporting goals
- Understand one hospital's reporting development within a Social Work setting



## 2017 ANNUAL MEETING & CONFERENCE

### W-45: Stepping Up: The Transition From Frontline To Leader

*Karen Nelson*

Many social worker's career plan includes taking on a leadership or management role eventually but when opportunity finally knocks, the timing may not be right and the task may be much more difficult than imagined. Success at the frontline does not guarantee success at higher levels in the organization. In this session the pitfalls and challenges of transitioning from the frontline to leader will be examined and strategies for preparing to make the step up successfully will be discussed.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify qualities which are associated with successful leaders
- Understand some of the challenges which make moving from the frontline into a leadership or management position difficult
- Consider their own readiness to take on a leadership or management role
- Recognize strategies to make the transition to management smoother

### W-46: Social Work Continuity of Care to Improve Access and Mitigate Barriers to Care

*Nancy Wagner*

A Pediatric hospital with a large outpatient care facility offers multiple subspecialties and primary care. This presentation will outline best practices in continuity of care and implications for social work in transitioning services from inpatient acute care settings to primary care settings. Presentation will include case examples and review of social determinants of health, health equity and disparities, and adverse childhood experiences.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Identify the impact of adverse childhood experiences on health, and the role of social work in identifying and mitigating barriers to health and wellness
- Describe important psychosocial determinants of health to be included in social work continuity of care communications for shared patients and families
- Discuss benefits of a formal hand off process in bridging social work care from inpatient to outpatient settings

### W-47: Refuting the Numbers: Leading in the Era of Big Data

*Susan Westgate*

Big data has come to dominate the world of healthcare. A healthcare system's fiscal survival is dependent upon its provision of quality, positive outcomes, and its ability to quantify its successes. Data drives care coordination, patient engagement, and clinical risk assessments. While this move toward empiricism may be a welcome migration from costly healthcare practices, one must question if the roles played by poverty and social problems are also truly being factored into the numbers.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Conceptualize how the proliferation of big data increasingly directs healthcare policy, influences revenue and reimbursement, and guides healthcare delivery
- Reflect upon how aggregate data can and often does obscure critical intersections between poverty and clinical outcomes
- Consider the roles that social workers should play in challenging the numbers through leveraging professional specialization and expertise

### W-48: Building a Staff Support Program in Your Setting

*Carrie Panzer*

In the United States the need for qualified healthcare workers is continuously growing, making workforce retention a priority for healthcare systems. Yet, stress and burnout among healthcare workers is a pervasive problem, resulting in diminished productivity, absenteeism and compassion fatigue. Social Work as a profession is perfectly poised to create and oversee staff support programs within any healthcare setting. This presentation will explore barriers to the implementation of staff support programs and also provide a concrete example of a low-cost program created to foster individual resilience and promote staff self-care.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Articulate the difference between symptoms of burnout vs compassion fatigue
- Verbalize how symptoms of vicarious trauma impact an individual in personal & professional spheres
- Discuss the barriers to creating staff support programs in healthcare settings, but also the overall risks of not doing so

3:30 – 3:45 PM

Transition Break

3:45 – 4:45 PM

Concurrent Session 9



## 2017 ANNUAL MEETING & CONFERENCE

### **W-49: Memory Care Program Innovation: Social Work Takes the Lead**

*Marcy Salzberg*

Parker's Memory Care program offers education, training, resources, tools and methods to support persons living with dementia, their families and care partners. The program was designed to be sustainable, replicable, and scalable to be applied throughout Parker's continuum of Care. This presentation will describe in detail how this model can be used to provide high quality dementia care that supports and respects the uniqueness of individuals living with Dementia.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Be introduced to a variety of tools, methods and techniques to support those living with dementia and dementia related behavioral expressions
- Understand on how to influence leadership, organization executives and care partners in making a business case to gain alignment and support of a program's goals and objectives
- Acknowledge the processes and the application of them to developing a memory care program that is sustainable and scalable throughout an organization

### **W-50: Social Work Leadership in Medicaid Expansion**

*Montserrat Lusarreta & Lauren Markham*

Rush Medical Home Network was created as a Chicago-based Accountable Care Organization committed to transforming health care delivery to Medicaid recipients. Rush has developed a model where a three-person team works to diminish barriers for patients. The richness of the triad is the ability to consult around complexity and reduce disparities. Social workers strengthen the delivery of care and improve the health status of patients; therefore, they continuously demonstrate leadership while working with healthcare providers.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Demonstrate the processes of helping the most vulnerable patients navigate the health care system
- Describe an inter-professional approach where social work leadership is an indispensable part of care management processes
- Explain how the Rush MHN model is being replicated throughout the medical center to enhance quality care
- Educate other professionals about the Medicaid Expansion in the Primary Care setting

### **W-51: My Supervisory Failures: Lessons Learned, Lessons Still to Learn**

*Carol Maxwell*

Everyone makes mistakes. The challenge is admitting them and working to make improvement. Even experienced Supervisors can improve their supervisory skills and learn from their previous missteps. This workshop will identify areas where Supervisors frequently make mistakes and how we can learn from those mistakes to enhance and improve employee coaching and mentoring. Specific examples will be shared along with identification of opportunities for improvement. Tangible resources and tools will be shared.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Evaluate Recruitment, Orientation, and Retention Challenges and suggestions for process improvement
- Share areas where Supervisors commonly make mistakes when providing Supervision and opportunities for improvement
- Discuss the use of "Candid Conversations" to promote improved communication with co-workers and direct supervisees
- Know when it's time to use Performance Management processes to coach an employee to improvement or to coach them out

### **W-52: Leveraging Technology to Increase Access and Improve the Effectiveness of Healthcare for Veterans in Rural Communities**

*Lonique Pritchett*

Presenters will provide background, empirical support and rationale for use of Telehealth in healthcare delivery to rural Veterans. Telehealth initiatives aimed at ensuring care is convenient, accessible and patient centered will be explored. Participants will learn different Telehealth modalities and suitability of use in work with patients. The benefits and challenges Telehealth services and the innovative practices utilized by the Veterans Health Administration to increase access to care for rural Veterans will be examined.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Identify mechanisms to integrate technology into clinical practice and explore the utility of telehealth and mobile technology in improving access to mental health treatments for Veterans
- Recognize the different Telehealth treatment modalities and the suitability for care related to various mental health conditions
- Understand how Telehealth can help to increase access to quality health care services to patients in remote and rural locations and those with childcare or employment or job related issues that prevent them from seeking treatment
- Understand the broad roles and responsibilities of a distance health program including planning, implementation and management of new telehealth programs, management of existing programs and training of staff





## 2017 ANNUAL MEETING & CONFERENCE

### **W-53: The Partnership for Excellence in Social Work Practice in Healthcare: A Simulation Learning Model**

*Emma Sollars*

This workshop will describe an educational initiative, the Partnership for Excellence in Social Work Practice in Health Care, that has adapted simulation learning into a professional context at one of the largest healthcare systems in the country. This model demonstrates innovative learning approaches for both new and experienced social workers in professional healthcare settings. The model's development, early successes, challenges and potential opportunities for its sustainability will be discussed.

#### **EARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Develop awareness of the efficacy of simulation as a learning tool in the professional development of health social workers
- Acquire knowledge and strategies for implementing simulation learning in a professional healthcare setting
- Acquire knowledge about program evaluation of simulation learning and assessing the program's impact in professional practice

### **W-54: Never Bored with Boarders!: How Boston Children's Hospital Psychiatry Consultation Service's Social Workers are Addressing the Psychiatric Boarder Crisis**

*Sara Golden*

There is a crisis in our mental health system in which there are not enough inpatient psychiatric beds for all youth who need them. As a result, these patients "board" on the medical floor as they await placement. As a social worker on the Psychiatry Consultation Service, I provide daily assessment, brief treatment, and assistance with disposition planning while supporting and collaborating with other hospital services. I also have a leadership role within the hospital in providing education and advocacy for this unique population.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Understand the extent of the "boarder" phenomenon across the country and how one major hospital institution is addressing the issue
- Describe psychiatric interventions that can be initiated on the medical floors while a patient is "boarding"
- Explore the greater systemic issues as it relates to the broken mental health system and discuss ways that social work can be integral to addressing this crisis, including advocacy, brief treatment, research, and increase in community resources

5:30 – 7:00 PM

Happy Hour – Social Work  
Health Leadership Foundation  
Fundraiser (*Ticket Required*)

### **Saturday, October 14, 2017**

7:00 – 11:00 AM

Registration / CEU Form Drop-off

7:00 – 8:00 AM

Continental Breakfast

7:00 – 8:00 AM

Leadership Institute Regroup  
& Breakfast

8:00 – 10:00 AM

Concurrent Session 10

### **W-55: Moral Distress In Healthcare: An Opportunity for Social Workers to Lead System Change**

*LeAnn Bruce*

Moral Distress is a concept that has historically been associated with the nursing profession to describe the effect on providers "moral choices and actions are thwarted by constraints" (Austin, 2005). More recently, this topic has been gaining attention across many disciplines and settings and is recognized as a significant factor for employee burn-out, poor morale, and is a threat to staff retention. Social workers have the opportunity - not only to practice self-care to guard against their own experience of Moral Distress - but also to take a leading role in promoting needed ethical and systemic change in their own facilities.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Define Moral Distress, and describe the precipitating antecedents that lead to this phenomenon
- Become familiar with the effects of Moral Injury for individuals and systems and tools to assess MD
- Be aware of the ethical ramifications of failing to address moral distress
- Explore ways to build resiliency in self and system



## 2017 ANNUAL MEETING & CONFERENCE

### **W-56: Implementing Billing for Social Work Services in Ambulatory Settings**

*Connie Nicolosi*

Billing for Social Work Services in an ambulatory medical setting provides a source of revenue during times of financial insecurity and budget cuts. Licensed Clinical Social Workers represent the largest group of behavioral health practitioners in the nation. The Yale New Haven Hospital Department of Social Work has created opportunities for social work billing for mental health services in medical clinics both in pediatrics and in adult areas. This session will assist the clinician to identify billing opportunities and describe the behind the scenes work that needs to be done for billing to occur.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Identify billing opportunities in order to determine if billing is possible
- Review the critical components necessary for billing
- Identify the members and supports of the team
- Review the behind the scenes work that must be done to ensure a smooth billing process

### **W-57: The Lead Project: How To Develop And Sharpen Your Leadership Skills.**

*Olayemi Labisi*

What comes to mind when you hear the word leader? Webster's dictionary defines leadership as "the power or ability to lead other people". Everyone has an idea of what leadership is but the general consensus is that leaders are people who exemplify and inspire others to achieve a set goal or mission. By ignoring the argument questioning whether leaders are born or made, the L.E.A.D project simply follows the primary tenet of social work 101 by: meeting social workers where they are at, providing tools to develop and sharpen their inherent leadership attributes while teaching them to apply new skills as professional and personal success are achieved.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Know the attributes and characteristics of a good leader
- Evaluate and identify individual areas of weakness or strengths on the leadership spectrum
- Apply the identified attributes and strategies for utilization in daily practice
- Develop skills to enhance the strengths and address weaknesses in the most productive and efficient way possible

### **W-58: Caring With Pride: Social Work Leadership And Advocacy On Lgbtq Issues In Healthcare**

*David Brownstone*

Working at the largest Pediatric hospital in Canada located in one of the most diverse cities in the world, we are constantly working to meet the needs of our ever evolving diverse populations. This workshop will highlight the work that I and a few colleagues have engaged in to further the support and inclusion of LGBT patients, families, staff and trainees in this context. With executive support a grass-roots committee has developed and executed a number of initiatives to address needs and work to build an inclusive environment. The evolution of this work and the initiatives developed will be presented. Discussion will be encouraged.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Recognize the concerns and challenges for patients, families, staff and trainees who identify as LGBTQ
- Understand the role of social work in leading advocacy and service considerations in healthcare for individuals who identify as LGBTQ will be highlighted
- Categorize systemic and specific strategies to meet support and service needs for patients, families, staff and trainees who identify as LGBTQ
- Create a forum for discussion on how social work leadership can impact work on these issues in healthcare

### **W-59: The Art of the Family Meeting**

*Remi Ojumu & Trisha Hicks*

This presentation will describe the who, what, why and how of patient centered family meetings in an acute rehabilitation setting. Discussion will revolve around exploring the patient centered family meeting model, how it lays the groundwork for a patient's rehabilitation stay and the unique role of the case manager. The presenters will explore the challenges and successes of family meetings; present case examples and use examples from the audience and describe lessons learned related to a multidisciplinary approach.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Describe 3 areas to consider in planning a family meeting
- Name 2 barriers to a successful family meeting
- Describe the roles of various team members in a family meeting



### **W-60: Clear As Mud- Determining Decisional Capacity In The Acute Hospital Setting**

*Leslie Dubin & Alethia Battles*

This 60-minute presentation will consist of a very psychosocially complex vignette of a man brought to the hospital emergency room by his family for the purpose of “being placed in a facility”. The second half of this session will break down the process of the joint investigation by the Geriatric Inpatient Consultation Team social worker and the Probate Liaison JD/MSW whose final recommendations around capacity and discharge pleased some interested parties but disappointed others.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Understand the value of obtaining collateral history from outpatient providers in determining a client’s capacity and discharge options
- Review the importance of identifying what triggers can lead to behavioral concerns that cause client distress
- Understand the importance of client self-determination in patient centered discharge planning

9:00 – 9:15 AM

Transition Break

9:15 – 10:15 AM

Concurrent Session 11

### **W-61: Advocacy and Teamwork to Create an Outpatient Palliative Care Model**

*Patty Plaskon, Sarah Hopkins & Kimberly Fogle*

With developments in treatment, many advanced cancers are becoming chronic diseases. SWs have an opportunity to champion self-determination, advance planning, QOL and legacy work as part of palliative care. However, advocacy for these services in a healthcare climate dominated by cost- savings and metrics requires mining data in order to demonstrate need, link to ROI, and align with patient experience efforts. Participants will learn from the experience of SWs in a healthcare system who collaborated to plan an outpatient palliative care program to do more than (physical) symptom management.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Understand how to mine data using the Tumor Registry and a case review process.
- Understand the importance of tracking utilization of medical services to show ROI
- Be informed how to embed SW assessment and interventions into an outpatient palliative care model

### **W-62: “One Stop Shop”: The Creation of a Care Management Hub Serving Multidisciplinary Community Based Clinics**

*Brooke Griffiths & Franklin Ortiz*

The Population Health Department (PHD) provides comprehensive, integrated care coordination in outpatient practices in the community by addressing the physical, socioeconomic and psychosocial needs of high risk patients. As healthcare transitions into a value based reimbursement system, the Triple Aim becomes paramount for health systems. Additionally for a Population Health program, trying to tackle the “Ghost Aim” or the social determinants of health is even more important. We embarked on a journey to re-design the care management resources for our most diverse community campus by creating a centralized care management hub.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Identify and discuss the benefits of a multi-disciplinary, team-based, integrated approach to care management delivery through a centralized model
- Describe the Population Health centralized care management model and identify specific ways to integrate a model like this in their health care systems
- Identify ways in which the Population Health centralized care management model could be adapted and applied to meet the needs of other communities and high-risk patient populations that their health systems serve



### W-63: Rising Together: A Mentoring Story

*William R Tietjen & Elizabeth Olivares-Reed*

The Society's Mentorship Program introduced a cross-generational pair of social work professionals, one living in the Southwest and the other, in the Mid-Atlantic. Only one is an active social work leader in healthcare, the other, is in an "encore career". Through an ongoing 24-month partnership, the presenters discovered their own meaning of mentoring that has brought insight and wisdom, that should be shared. This session focuses on the development of a mentor-protégé relationship, lessons learned and encouragement for replicated experiences.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Understand and apply the professional definition of mentoring from an individual perspective
- Examine assumptions about mentoring that may preclude an individual application of this concept for professional development
- Extract individual learning from the presenters 24-month long mentoring experience, apply it to their unique opportunities and set achievable follow up actions for use

### W-64: An "OUT" Social Work Leader; Moving the Dial on Creating a LGBTQ Affirming Pediatric Healthcare Environment

*Allison Scobie-Carroll*

Institutional homophobia and transphobia are real forces that impact the health and wellbeing of LGBTQ+ people. To be "out" as an LGBTQ+ person in an healthcare environment comes with inherent risks. For patients and families there are worries that bias will negatively impact their care and the totality of their patient experience. For employees being "out" may impact perceived performance, promotion possibilities and compensation. An LGBTQ+ affirming culture is achievable through the use of proven benchmarking and training tools and the support of hospital leadership. Social work leaders are essential to this vitally important work.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Describe healthcare disparities among the LGBTQ population
- Determine the impact of employee engagement in LGBTQ initiatives and the impact on hospital culture
- Identify the Healthcare Equality Index and the survey process that publicly acknowledges leadership in LGBTQ healthcare access
- Classify Safe Zone training and other mechanisms for improving the cultural competence of line staff and leaders

### W-65: The Anatomy of a Family Meeting

*Jenifer La Nore & Elizabeth (Liz) Single*

Family meetings are a critical component to patient and family centered communication allowing for the patient, family and providers to share information and concerns. Social workers play a significant role in the coordination and facilitation. Attendees will learn about the dynamics of coordinating, facilitating and guiding the family meeting. Discussion of family and team systems and clinical strategies and approaches in managing complex dynamics will be offered.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- Describe the structure of a family meeting
- Identify the key social work roles in facilitating and participating in a family meeting
- Present 2 family descriptions from the Circumplex Model of Family Systems

### W-66: Leveraging your Electronic Health Record for Behavioral Health

*Benjamin Clemens*

This presentation will detail strategies for customizing an electronic health record to manage behavioral health services, and explore how to go beyond implementation and move towards optimization. Learn how to prepare for value based payment by laying the groundwork for managing your population of patients. Participants will be exposed to specific steps taken to increase the capacity to manage and understand the provision of behavioral health services provided across a system.

#### LEARNING OBJECTIVES

After review of this presentation, participants will be able to:

- After review of this presentation, participants will be able to:
- Explore strategies for preparing for value based payment via population management
- Distinguish ways to plan changes to an EHR system to provide for meaningful operational information
- Develop the ability to monitor changes and learn from an implementation process

10:15 – 10:45 AM

Check-out Break

10:45 – 11:45 AM

Concurrent Session 12



### **W-67: The Hidden Cost of Cancer: The Role of Financial Toxicity in Meaning-Making**

*Maria Chi*

Financial toxicity (FT) is a term that describes objective and subjective measures of financial strain that many people with cancer face. People with cancer often find the existential process of meaning-making to be helpful in increasing their quality of life. This article reviews the literature on FT and meaning-making, explores a theoretical basis for the role of financial strain in meaning-making, and recommends an innovative clinical approach for helping patients engage in meaning-making despite financial toxicity. A clinical vignette demonstrates the utility of a common factors framework in psychosocial oncology counseling.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Demonstrate a gap in the literature on the potential relationship between financial toxicity and meaning-making; Summarize and analyze the psychosocial health literature on the negative effects of financial toxicity on patients' quality of life and on the positive effects of meaning-making interventions on patients' quality of life
- Articulate a theoretical pathway, using Maslow's hierarchy of needs, that might explain the impact of financial toxicity on meaning-making that is often expressed by patients with cancer
- Recommend a clinical approach, based on the common factors perspective of therapy and an existential lens, to help patients engage in the meaning-making process, even when experiencing financial toxicity
- Provide a clinical vignette that demonstrates the application and utility of the common factors framework and an existential perspective in psychosocial oncology counseling

### **W-68: Providing Family Support During In-hospital Resuscitation Attempts: Social Workers Lead the Way**

*Janice Finn, Dawnielle Morano & Toni Spano-English*

An innovative, system-wide program was created at a large academic medical center to provide 24-hour support and advocacy to families who are present during resuscitation attempts. A group of dedicated and trained social workers volunteer to respond to resuscitation attempts in addition to attending to their regular work duties. This session presents the program model, including program development, implementation, and lessons learned. Program transferability, and implications for social work practice and health system policy are discussed.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Describe key elements of a family support program and implications for best practice
- Identify institutional and departmental features that are essential for a successful family support program
- Discuss transferability of the program to their own institutions

### **W-69: Research Innovation In Oncology Social Work**

*Jaclyn Kingman*

This researcher was granted \$25,060 through Sutter Institute for Medical Research as the first psycho-social researcher to apply for funding. The aim of this particular study was to assess the efficacy of case management versus brief Cognitive Behavioral Therapy (CBT) on depression and anxiety symptomology in radiation oncology patients who met the threshold for intervention based on distress screening. Demonstrating that although research opportunities may not be made available for psychosocial researchers, there may be resources available to innovate potential prospects, which may even be within one's own institution or community.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Discuss concepts related to initiating a research protocol within their institution
- Discuss the importance of advocacy in research
- Discuss the significance of distress screening outcome measures





### **W-70: When Patients Don't Want What We Want To Give Them**

*Eileen Zenker*

With increased patient access to information, shifting societal norms about patient decision-making and legislation that adds pressure to reduce hospital stays while preventing readmissions, social workers are increasingly struggling with complex ethical dilemmas. This session will examine an ethical model that can be applied when patients competently make choices their health teams deem unsafe or harmful. Through case examples, participants will discuss patient-centered approaches to balancing autonomy, beneficence, non-maleficence and our responsibly allocate scarce healthcare resources (justice).

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Understand principles of bioethics and how they apply to patient decision making
- Recognize when ethical dilemmas in patient decision making occur
- Apply an ethical model of decision making to support patients

### **W-71: Psychosocial Pain Assessment Social Work Contribution to the Management of Pain**

*Donald List*

Pain is a complex, subjective phenomenon that is uniquely experienced by each individual. Within this perspective on pain, knowledge about a patient's appraisal of their experience of pain and coping repertoires is critical for optimal treatment planning and for accurately evaluating effective outcomes. Presentation will outline: the types of pain and physiologic responses, describe a psychosocial pain assessment and provide interventions designed to empower the patient in the management of their pain. Discussion of family and teams dynamics with complex patient pain will be offered.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Identify the types of pain and how they can affect patients
- Identify the key social work roles in performing psychosocial pain assessments
- Identify psychosocial and/or alternative interventions in the care of patients with complex pain

### **W-72: How To Outsmart Your Exhausted Brain**

*Daniel Doherty*

We spend 8 to 12 hours a day dealing with death, dying pain, suffering and conflict working in healthcare.. Our brain is overwhelmed trying to process all these interactions and experiences. By understanding our brains when they are stressed which leave us in an exhausted fatigued state of mind; We can learn how to re-engage with patients and our families/loved ones.

#### **LEARNING OBJECTIVES**

After review of this presentation, participants will be able to:

- Identify how stress can cause the brain's negative bias
- Discover the negative outcomes of utilizing "reactive" coping strategies
- Apply strategies to separate work from home
- Modify their thoughts process to outsmart their exhausted brain

**11:45 AM**

Conference Adjournment



### **P-01: Utilizing a Needs Assessment to Enhance Psychosocial Assessments and Patient Care in an Outpatient Clinic**

*Julianne Foster*

The Needs Assessment has been utilized and implemented with over 250 patients in an outpatient clinic setting over the past 3 years. It is a tool that provides social workers with the ability to quickly identify patient and family psychosocial needs in a fast-paced environment without sacrificing quality of work or infringing on clinic space or time. The Needs Assessment focuses on patient and family centered care by allowing patients and families to identify their highest needs and potential barriers to care. The poster will provide results of some of these identified needs.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Identify alternative methodologies that can enhance a social worker's psychosocial assessments
- Discuss how the Needs Assessment can allow social workers to assess patients' and families' psychosocial needs in a high volume setting and triage the highest needs patients
- Provide information about patients' and families' highest reported needs and concerns

### **P-02: Social Work Co-Location in Pediatric Primary Care: Maryland BHIPP**

*Teresa Simmons*

Maryland BHIPP is a grant funded program designed to support pediatric primary care providers in the management of the mental health needs of their patients. One component of the program, social work co-location, utilizes Masters of Social Work interns within pediatric primary care setting and aims to support providers in rural, underserved areas of the state. The social work co-location provides a unique opportunity for workforce development by preparing social workers for employment in integrated behavioral healthcare settings.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Increase knowledge of the MD BHIPP Program
- Increase knowledge of the Social Work Co-Location workforce development model
- Identify lessons learned regarding social work co-location in pediatric primary care

### **P-03: Integration Of Bsw Students In An Established Msw Student Field Placement Program: Benefits Of The Partnership In A Hospital Setting**

*Debbie Fournier & Ashley Douglas*

Social work hospital field placements are traditionally experienced at the MSW level. Providing the BSW student with appropriate experiences in the hospital can influence the academic focus of the student in graduate school and better prepare them for graduate field work. The process of developing an integrated BSW student field placement experience will be described. Specific roles for the BSW student, as well as benefits to the student and hospital community, will be discussed.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Describe the process for the developing a BSW student field placement experience in a hospital social work setting
- Identify at least three roles specific to a BSW student field placement in a hospital social work setting
- Discuss the benefits of a BSW student placement experience for the student and hospital community

### **P-04: Improving Veterans Access to Subacute Care by Admission Process Redesign**

*Stephanie Saunders*

Educational Content Level: Intermediate

This is a continuous quality improvement project that was initiated in October 2015 in the VA Brockton Community Living Center (CLC). The CLC is a 105-bed facility that includes a 60-bed transitional care unit, a 15-bed closed hospice and palliative care unit, and a 30-bed long-term care unit. The purpose of the project was to standardize the admissions project in our CLC to improve access to care for veterans. We found that through many interventions (including the transition of admissions screening from unit Physician to Social Work Leadership and Nursing Leadership), access to care was improved. Please see attached summary.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Improve Brockton CLC admission process efficiency and enhance access to care
- Decrease response time for CLC admission requests
- Standardize, streamline, and automate all work flow processes
- Optimize resource utilization: transition screening role from physician to Social Work and Nursing Leadership



### **P-05: Untrodden Territory: Navigating the Land of New Social Work Practice**

*Rebecca Savoie*

Fear, anxiety, discomfort, and feelings of uncertainty are all common emotions to have as a new MSW embarking into the world of social work. With a supportive work environment and sound clinical supervision, these negative states can evolve to certainty, confidence, and competence. This presentation will highlight the vulnerability of the first year MSW and the supervisory clinical skills needed to assist new social workers with navigating their domain in social work practice.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Identify 3 common challenges faced by the first year MSW
- Identify at least 3 characteristics of the social worker and supervisor clinical relationship
- Define clinical development and social work supervision
- Become familiar with supervisory skills needed to support new social workers

### **P-06: Advance Care Planning (ACP): Developing a Strategic Methodology for Process Implementation**

*Margaret Meyer, Karen Stepan & Wendy Griffith*

ACP supports national and institutional priorities of patient engagement, patient and family centered care and safety. The ACP process involves sharing of knowledge related to prognosis, treatment options and potential care outcomes, the patient's values and goals as they affect medical decision making and care preferences among patients, families and clinicians. Effective ACP has been associated with increased congruence of care received with care delivered, improved resource utilization and decreased post-bereavement distress in surrogate decision makers. The challenge is to create a systematic process to engage patients in ACP.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Describe the organizational infrastructure that was required and built to support the advance care planning initiative
- Discuss the systematic processes that were established to prepare clinicians to engage their patients/families in advance care planning and/or advance directive discussions
- Identify the monitoring and reporting tools used to evaluate outcome measures and how they were used to address noted gaps

### **P-07: Psychosocial Screening for Medically Complex Treatments and Surgeries**

*Caroline Potter*

Bone Marrow Transplants are a highly complex treatment option for patients diagnosed with hematologic malignancies. A psychosocial screening tool is used to identify the specific risks and barriers which may complicate, challenge or delay a patient to move forward to transplant. A psychosocial screening tool directs social work interventions and allows Social Workers to further assess domains of risk and barriers to treatment. Participants will be able to generalize information presented to other specialties.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Identify the specific psychosocial domains relevant to highly complex treatments and care plans
- Discuss how to utilize a psychosocial screening tool which identifies and clarifies risk and barriers
- Understand how to utilize a psychosocial screening tool to direct social work interventions

### **P-08: The Sooner the Better: We Need Those Orders Now!**

*Mary (Lacy) Fetting*

This poster will describe pilot study led by social work in partnership with first-year fellow physicians and pharmacy staff with a multidisciplinary process to secure discharge medication and community-based orders, no less than 48 hours in advance of a discharge. The early identification of discharge medications optimizes pharmacy benefits, as well as clarifying the details and costs of the discharge care-plan for patients and families.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Gain an understanding of the components of a successful multidisciplinary collaboration
- Identify how early identification of medications for discharge can prevent delays in coverage as a result of insurance-driven processes, such as prior authorizations
- Identify upstream processes and multidisciplinary collaborations to avoid unnecessary delays in optimizing insurance coverage for care plan needs



### P-09: Mixing It Up...Social Work Student Clinical Rotations

*Christine Peck*

This poster will describe an innovative MSW field education experience utilizing a rotation schedule between field instructor, field supervisor and a variety of clinical settings. The pilot program captured the interest of the regional graduate school faculty liaisons.

#### LEARNING OBJECTIVES

After review of this poster, participants will be able to:

- Identify the importance of field education in a variety of health care settings
- Outline the steps to creating a MSW student clinical rotation
- Examine the steps to engage potential field supervisors in the development of a new program

### P-10: Dying Young: The Existential Crisis Faced by Terminal Young Adults

*Victoria Grant*

Young adults with terminal cancer experience the unique hardship of facing death at a young age. These patients have not fulfilled the life stages needed to approach death with peace and acceptance, leading to complicated grief. This poster will explore the unique needs of this population through examination of developmental stages, assessment of risk factors for complicated grief and discussion of therapeutic techniques to decrease patient distress and enhance patient coping at end of life.

#### LEARNING OBJECTIVES

After review of this poster, participants will be able to:

- Explore psychosocial stages of development and their relation to grief coping in the young adult population
- Identify potential protective and risk factors influencing a young adult's acceptance of end of life and ability to participate in advanced care planning
- Identify and increase knowledge of appropriate therapeutic interventions that are specific to grief, end of life and which may enhance terminal young adult patient coping

### P-11: Factitious Cancer

*Sarah Cook*

When a new patient presents to a cancer center the natural presumption is that they have cancer. Many patients arrive with stories of traumatic diagnosis, initial misdiagnosis, or difficult treatment history. But what if it's not true? What if they don't actually have cancer and are instead suffering from a factitious disorder – faking cancer? While uncommon, these patients can use extreme measures to perpetuate the myth of their cancer and use the compassion of the medical team to continue the abuse. It is important to understand this disorder to identify patients, prevent unnecessary procedures, and link them to appropriate resources.

#### LEARNING OBJECTIVES

After review of this poster, participants will be able to:

- Recognize common warning signs that a patient is presenting with a factitious cancer
- Understand the underlying motives of a factitious cancer
- Enlist the medical team when you suspect a factitious disorder
- Distinguish the differences between a factitious disorder and a somatic disorder

### P-12: Identifying Depressive Symptoms among Diabetes Type and the Impact on Hemoglobin A1c

*Bethany Glick & Kam Ming Chan Hong*

To determine if gender affects depression scores risk among patients with type 1 and type 2 diabetes, the PHQ9 was used. T1 patients were more likely to be male, had higher A1c levels and lower PHQ9 scores than T2 patients. A higher frequency of moderate and high risk scores were seen in T2 patients. More females than males were in the higher risk groups. Higher depression risk was found in females but not males with T2. The gender risk group difference was significant in T2 and nearly significant in T1. Future research should explore why females with T2 have an increased depression risk compared to males with T2 and tailor interventions to this group.

#### LEARNING OBJECTIVES

After review of this poster, participants will be able to:

- Identify how depression risk results from a highly sensitive screening questionnaire differ between adolescents with type 1 and type 2 diabetes, between genders, affects hemoglobin A1c and how counseling based on these results affects glycemic control
- Discuss challenges related to therapeutic interventions, diagnostic tools, and glycemic control
- Provide recommendations for medical social workers to address mental health concerns among adolescents with diabetes



### **P-13: Social Work Screening for Barriers versus Self-Reported Barriers in Pediatric and Adult Heart and Lung Transplant Patients**

*Jaclyn Groh & Tina Cole*

Goal is to discover barriers that could be mitigated leading to increased compliance and elucidate discrepancy in self versus social work report in transplant patients. We implemented a self-report questionnaire to annually screen for concerns, in addition to annual SW assessments. The use of both tools lead to greater identification of needs. Hope to distinguish facets of socioeconomic struggles, which could mitigate barriers to compliance and well-being. The discrepancy in needs self reported and SW assessment also suggests that SW assessment leads to greater barrier identification, justifying increased SW intervention.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Review the impact of socioeconomic status on adherence in patients who have experienced heart or lung transplant
- Examine discrepancy in patient and social work identified socioeconomic concerns
- Explore different multi-method assessment of biopsychosocial barriers facing transplant patients

### **P-14: A Vision For The Future: Embracing Technology For The Next Generation Of Medical Social Work Practice**

*Teresa van Oort & Lindsey Menke*

Social Workers have the ability to utilize technological advancements to help increase their quality of patient care. Technologies can be used to capitalize on the available information and resources gained by easier access. Social Workers have been considered late adopters of technology in comparison with their counterparts. The social work department used an institutional transition to a new electronic health record to update our resource library to be accessible online. This poster presentation will discuss the transition of the resource library, the effects of this transition, ethical implications and impact this will have on care.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Create open dialogue about social work as it relates to the digital age
- Provide education about how communication technology can be effectively implemented to enhance clinical medical social work practice and direct patient care
- Enhance skills of social workers by exploring opportunities in practice created by Information and Communication Technologies
- Review ethical implications of integrating technology into social work practice and direct patient care

### **P-15: Predictive Analytic Technology To Eliminate Repeat No Shows (Patterns) Project at the Children's Hospital of Philadelphia**

*Sarah Ramos*

The Patterns Initiative at Children's Hospital of Philadelphia is an interdisciplinary project with the goal of increasing patient access to care by reducing missed or "no-show" appointments. The social work department played a key role in testing family-focused interventions to support families and aid them in attending their child's appointment. This poster will include data and graphs to discuss interventions conducted during this 2-year project from July 2015-June 2016.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Understand the Predictive Analytic Technology To Eliminate Repeat No Shows (Patterns) Project conducted across eight medical subspecialties and three primary care sites at Children's Hospital of Philadelphia
- Consider the challenges of addressing no-show issue across primary care and medical specialty offices with varying access to psychosocial support to meet its patient load, and learn about interventions implemented by the Patterns team: from changing patient reminder systems, to creation of an analytic model that can calculate patient risk of missed appointments
- Examine a social workers role in removing barriers to care and reducing no-show rate in the pediatric setting

### **P-16: Use of Simulation as a Training Tool for Social Workers**

*Jennifer Patterson*

Training bachelor's level and master's level social work staff by simulating a challenging situation and providing immediate feedback can be an extraordinarily effective means of preparation for real-life workplace encounters that often evoke strong emotions in staff. Nonetheless, many staff members have a great deal of anxiety about participating in this type of training, which can undermine the effectiveness of the training. Simulation training appears to be most effective when staff are given adequate pre-training preparation and support.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Gain an understanding of the benefits of using simulation training with staff
- Identify the key elements of course development for an effective simulation training
- Identify ways to address potential barriers to effectively using simulation for staff training
- Gain a greater understanding of successful debriefing techniques





### **P-17: Oncology Social Workers Throughout Their Career Lifespan: A Leadership Model of Workplace Support**

*Carolyn Messner*

Oncology social workers experience significant stress throughout the lifespan of their careers. This poster presentation identifies the efficacy of a leadership model of innovative workplace interventions, including: workplace design; orientation; supervision; team conferences; and resilience building to counteract burnout. Developing leadership models to acknowledge oncology social workers' role in patient care and promote effective navigation of workplace stress will be highlighted. Case vignettes, handouts, interactive exercises, and a literature review will be included.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Identify five major sources of distress for oncology social workers
- Describe the efficacy of a leadership model of workplace interventions to foster practitioner resilience
- Analyze leadership models that acknowledge oncology social workers' role in patient care
- Discuss the efficacy of evidence-based workforce resilience training for healthcare professionals

### **P-18: Use Of Guided Imagery With Oncology Patients**

*Mark Anderson*

Patients living with cancer have a high symptom burden including pain, fatigue, nausea, anxiety, and depression. There is growing evidence that the use of guided imagery and progressive muscle relaxation can help patients manage their symptom burden and improve quality of life. Studies have shown that the use of these techniques can reduce symptom burden both during treatment and for patients with advanced cancer. Social workers are best positioned to use these interventions and help teach them to patients. This poster will set out the case for the use of guided imagery and progressive muscle relaxation with cancer patients.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Increase knowledge of guided imagery and progressive muscle relaxation interventions
- Increase knowledge of the effectiveness of guided imagery in an oncology setting
- Show social workers how they can use guided imagery in their practice

### **P-19: How Many Pills Do I Have to Take? The Social Work Role in Medication Adherence**

*Marianne Jones*

Medication nonadherence is a growing concern to clinicians, healthcare systems, and other stakeholders. This poster will outline: the complexities of adherence and non-adherence, identify specific categories, reasons and potential barriers influencing non-adherence, strategies and methods to improve medication adherence, descriptors of the skills and role of the social worker when working with patients who demonstrate nonadherent behaviors.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Identify the types of medication non-adherence and its impact on patients
- Identify factors that influence non-adherence and adherence in patients with complex regimens
- Identify psychosocial interventions in the care of patients to improve medication adherence

### **P-20: SAMHSA Suicide Prevention Follow-Up Grant**

*Margaret Stahlin*

The Suicide Prevention Follow-up Program is a SAMHSA-grant funded program which links individuals with suicidal thoughts and behaviors to care. The aim of the program is to expedite access to care, provide referrals to mental health and other services, engage individuals in outpatient care. The follow-up team provides referrals, supportive contact, risk assessment and safety planning. Individuals receive a phone call within 24-48 hours of hospital discharge and are linked to a visit with a prescriber.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Recognized individuals who are at elevated risk for suicide within the first week of discharge from the hospital
- Utilize a structured follow-up that can aid individuals to link to outpatient care during care transitions
- Identify individuals who are discharged from the psychiatric emergency department have a range of needs which need to be met.



### **P-21: Addressing Intimacy Issues in Men with Prostate Cancer: A Social Work Perspective**

*Emily Hyland*

Men with prostate cancer often experience sexual dysfunction after treatment, which affects their and their partner's quality of life. Many patients do not feel prepared to cope with this distressing issue. A literature review showed that involving a man's partner in the intervention may be particularly beneficial, as the couple often experiences distress as a unit. Social Work can play a vital role in helping to assess and intervene when intimacy issues are present.

#### **LEARNING OBJECTIVES**

After review of this poster, participants will be able to:

- Gain understanding of sexual and intimacy issues affecting men with prostate cancer and their partners
- Recognize factors that put men with prostate cancer at risk for maladaptive coping
- Identify possible interventions for patients experiencing sexual dysfunction to reduce distress



## 2017 ANNUAL MEETING & CONFERENCE

**Terry Altilio, MSW, ACSW, LCSW**  
Mt Sinai Beth Israel Medical Center  
New York, NY  
W-25, W-28

**Mark Anderson, JD, LMSW**  
MD Anderson Cancer Center  
Houston, TX  
P-18

**Rebecca Armendariz, MSW Candidate May 2017**  
Sidney Kimmel Comprehensive Cancer Center  
Baltimore, MD  
W-26

**Bridgette Baker, MSW, LCSW, ACM-SW**  
Intermountain Healthcare  
McKay-Dee Hospital  
Ogden, UT  
W-32

**Alethia Battles, JD, LMSW, MSW**  
University of Michigan Health System  
Ann Arbor, MI  
W-16

**Melissa Bellin, PhD, MSW, LCSW**  
University of Maryland  
School of Social Work  
Baltimore, MD  
W-27

**Sarah Bernes, MPH, LMSW**  
Institute for Family Health  
New York, NY  
W-24

**John Bickel, LCSW**  
Texas Children's Hospital  
Houston, TX  
W-13

**Lynn Billing, RN, BSN, CHPN, BC**  
Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins  
Baltimore, MD  
W-07

**Annabelle Bitter, LCSW**  
MD Anderson Cancer Center  
Houston, TX  
W-23

**Zachary Bodenweber, LMSW**  
The Institute for Family Health  
New Paltz, NY  
W-14

**Jennifer Broaddus, LCSW-C, OSW-C**  
Saint Agnes Cancer Institute  
Baltimore, MD  
W-27

**Debby Brookstein, MSW, LCSW, LSCSW**  
Children's Mercy Hospital  
Kansas City, MO  
Peds Intensive

**David Brownstone, MSW, RSW**  
The Hospital for Sick Children  
Toronto, N/A  
W-58

**LeAnn Bruce, PhD, LCSW**  
Department of Veteran Affairs  
Washington, DC  
W-36

**LeAnn Bruce, PhD**  
Western Kentucky University School of Social Work  
Hardinsburg, KY  
W-55

**Lindsay Buchanan, MSW, LISW-S, CTP**  
Nationwide Children's Hospital  
Columbus, OH  
Peds Intensive

**Sarah Caldwell, Matriculating Student**  
Yale University  
New Haven, CT  
W-01

**Pamela Chamorro, LICSW**  
Boston Children's Hospital  
Boston, MA  
W-03

**Maria Chi, MSW**  
CancerCare, Inc.  
New York, NY  
W-67

**Benjamin Clemens, LCSW**  
Institute for Family Health  
New Paltz, NY  
W-66

**Kelly Coble, LCSW-C**  
UMB School of Medicine  
Baltimore, MD  
TBD

**Tina Cole, MSW LISW-S CCTSW**  
Nationwide Children's Hospital  
Columbus, OH  
P-13

**Sarah Cook, MSW, LCSW, OSW-C**  
University of Texas  
MD Anderson Cancer Center  
Houston, TX  
P-11

**Jane Cooley, MSW, LISW-S, CTP**  
Nationwide Children's Hospital  
Columbus, OH  
Peds Intensive

**Rhonda Cooper, MDiv, BCC**  
Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins  
Baltimore, MD  
W-07, W-43

**Quindola Crowley, PhD, LICSW**  
Michael E DeBakey Veterans Hospital  
Houston, TX  
W-41

**Judith Dobrof, DSW**  
Mount Sinai Hospital  
New York, NY  
W-02

**Daniel Doherty, RN, MSN, CEN**  
Christiana Care Health Systems  
Newark, DE  
W-72

**Carrie Dorn, LMSW, MPA**  
National Association of Social Workers  
Washington, DC  
W-27



## 2017 ANNUAL MEETING & CONFERENCE

**Ashley Douglas, MSW, LISW-S**  
Nationwide Children's Hospital  
Columbus, OH  
P-03

**Leslie Dubin, LMSW, ACSW**  
University of Michigan Health System  
Ann Arbor, MI  
W-16

**Michael Ferry, LCSW**  
Yale New Haven Hospital  
New Haven, CT  
W-08, W-44

**Mary (Lacy) Fetting, LCSW-C**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins  
Baltimore, MD  
P-08, W-26

**Heather Filipowicz, MSc**  
Stanford Healthcare  
Palo Alto, CA  
W-21

**Janice Firn, PhD, LMSW**  
Michigan Medicine  
Ann Arbor, MI  
W-68

**Kimberly Fogle, MSW**  
UM Shore Regional Health  
Easton, MD  
W-61

**Julianne Foster, MSW, LSW**  
Nationwide Children's Hospital  
Columbus, OH  
P-01

**Debbie Fournier, MSW, LISW-S**  
Nationwide Children's Hospital  
Columbus, OH  
P-03

**Cynthia Fox, MA**  
NADAP  
New York, NY  
W-20

**Charlotte Foy, MSN, RN**  
Intermountain Healthcare McKay Dee  
Hospital  
Ogden, UT  
W-32

**Bonnie Geld**  
The Center for Case Management  
Wellesley, MA  
W-09

**Bethany Glick, LISW-S**  
Nationwide Children's Hospital  
Columbus, OH  
P-12

**Sara Golden, MSW, LICSW**  
Boston Children's Hospital  
Boston, MA  
W-54

**Brooke Goodwin, MSW, LICSW**  
Childrens National Health System  
Washington, DC  
Peds Intensive

**Elizabeth Goudie, LGSW**  
C.S. Mott Children's Hospital  
Michigan Medicine  
Ann Arbor, MI  
W-37

**Victoria Grant, LMSW**  
M.D. Anderson Cancer Center  
Houston, TX  
P-10

**Denice Green, MSW, LCSW**  
Michael E. DeBakey  
Houston, TX  
W-41

**Wendy Griffith, MSSW, LCSW, OSW-C**  
MD Anderson Cancer Center  
Houston, TX  
P-06

**Brooke Griffiths, MSW, LSW**  
Lehigh Valley Health Network  
Allentown, PA  
W-62

**Jaclyn Groh, MSW, LISW**  
Nationwide Children's Hospital  
Columbus, OH  
P-13

**Samara Grossman, LICSW**  
Brigham and Women's Hospital  
Chestnut Hill, MA  
W-12

**Kirbie Hartley, LSW**  
University of Colorado Health  
Aurora, CO  
W-31

**Terra Hill, LGSW**  
University of Maryland, School of Medicine  
Baltimore, MD  
W-27

**Trisha Hicks, MSW, LSW, M.Ed**  
Magee Rehabilitation Hospital  
Philadelphia, PA  
W-59

**Kam Ming Chan Hong, LISW**  
Nationwide Children's Hospital  
Columbus, OH  
P-12

**Sarah Hopkins, MSW**  
UM Shore Regional Health  
Easton, MD  
W-61

**Emily Hyland, LCSW**  
University of Texas  
MD Anderson Cancer Center  
Houston, TX  
P-21

**Marianne Jones, LGSW**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins Hospital  
Baltimore, MD  
P-19

**Beth Kalb, BSW**  
MSW Student, University of Maryland  
School of Social Work  
Baltimore, MD  
W-27

**Jennifer Karno, MSW, LICSW**  
Brigham & Women's Hospital  
Boston, MA  
W-30, W-42



## 2017 ANNUAL MEETING & CONFERENCE

**Anne Kelemen, LCSW-C**  
Medstar Washington Hospital Center  
Washington, DC  
W-28

**Jaclyn Kingman, MSW, ASW**  
Sutter Health  
Sacramento, CA  
W-69

**Louise Knight, LCSW-C, OSW-C, FNAP**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins  
Baltimore, MD  
W-07

**Jenifer La Nore, LCSW-C**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins  
Baltimore, MD  
W-65

**Olayemi Labisi, LCSW**  
U. S. Renal Care Inc.  
Rancho Palos Verdes, CA  
W-57

**Vickie Leff, LCSW, ACHP-SW**  
Duke University  
Durham, NC  
W-28

**Meagan Leimena, MSW, MPH**  
Palliative Care Consultant/ Independent  
Asheville, NC  
W-25

**Donald List, MSW, LCSW-C**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins Hospital  
Baltimore, MD  
W-71

**Virna Little, MBA, PsyD, LCSW-R, SAP**  
Institute for Family Health  
New York, NY  
Intensive

**Montserrat Lusarreta, LCSW**  
Rush University Medical Center  
Chicago, IL  
W-50

**Marguerite Manteau-Rao, LCSW,  
MS, MBA**  
Neurocern  
Palo Alto, CA  
W-19

**Lauren Markham, LCSW**  
Rush University Medical Center  
Chicago, IL  
W-50

**Carol Maxwell, LCSW, ACSW**  
Arkansas Children's Hospital  
Little Rock, AR  
W-51

**Michelle Mc Whirter, LCSW-C**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins  
Baltimore, MD  
W-35

**Susan McCarthy, LMSW, MPH, CCM**  
Stony Brook University Hospital  
Stony Brook, NY  
W-06

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

**Carolyn Messner, DSW, MSW**  
CancerCare  
New York, NY  
P-17

**Margaret Meyer, MSSW, MBA, LCSW,  
OSW-C**  
MD Anderson Cancer Center  
Houston, TX  
P-06

**Catherine Miller, MSW, LCSW-C**  
University of Maryland Medical Center  
Baltimore, MD  
W-11, W-39

**Elisabeth Montgomery, LCSW**  
University of Colorado Health  
Aurora, CO  
W-31

**L. Alea Moore, MSW, PhD, LSW**  
University of Nevada, Las Vegas  
Las Vegas, NV  
W-33

**Dawnielle Morano, LMSW, MPH**  
Michigan Medicine  
Ann Arbor, MI  
W-68

**Barbara Muskat, PhD, RSW**  
The Hospital for Sick Children  
Toronto, N/A  
W-15

**Chaula Negandhi, LCSW-C**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins  
Baltimore, MD  
W-37

**Karen Nelson, MSW, MBA**  
Stanford Healthcare  
Palo Alto, CA  
W-21, W-45

**Connie Nicolosi, LCSW**  
Yale New Haven Hospital  
New Haven, CT  
W-56

**Lauren Obidi, MSW, LICSW**  
Childrens National Health System  
Washington, DC  
Peds Intensive

**Remi Ojumu, MSW, LSW**  
Magee Rehabilitation Hospital  
Philadelphia, PA  
W-59

**Elizabeth Olivares-Reed, LMSW-IPR**  
Texas Children's Hospital  
Houston, TX  
W-13, W-63

**Selina Oliver, MA, CAS, NCSP**  
Pearson Clinical Assessments  
Annapolis, MD  
W-60





## 2017 ANNUAL MEETING & CONFERENCE

**Franklin Ortiz, MSW, LCSW**  
Lehigh Valley Health Network  
Allentown, PA  
W-62

**Carrie Panzer, MSW, LCSW**  
St. Luke's Health System  
Boise, ID  
W-48

**Indira Parmar, LCSW**  
Wyckoff Heights Medical Center  
Brooklyn, NY  
W-20

**Jennifer Patterson, LCSW, ACSW**  
Arkansas Children's Hospital  
Little Rock, AR  
P-16

**Christine Peck, LCSW-C**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins  
Baltimore, MD  
P-09

**Patty Plaskon, PhD**  
University of Maryland Shore Regional  
Cancer Center  
Easton, MD  
W-61

**Caroline Potter, LGSW, LTJG**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins  
Baltimore, MD  
P-07

**Lonique Pritchett, PhD, LCSW**  
Michael E. DeBakey VA Medical Center  
Houston, TX  
W-52

**Stephanie Rakes-Colvin, LMSW**  
Michigan Medicine, University of Michigan  
Ann Arbor, MI  
W-05

**Sarah Ramos, MSW, LSW**  
Children's Hospital of Philadelphia  
Philadelphia, PA  
P-15

**Anitha Rao, MD, MA**  
Neurocern  
Palo Alto, IL  
W-19

**Jeffrey Robbins, MSW, LICSW**  
Brigham and Women's Hospital  
Boston, MA  
W-01

**Jordana Rutigliano, LMSW**  
Institute for Family Health  
New York, NY  
Intensive

**Marcy Salzberg, MSW, LSW**  
Francis E Parker Memorial Home Inc.  
Piscataway, NJ  
W-49

**Stephanie Saunders, LICSW, ACHP-SW**  
Department of Veterans Affairs  
Brockton, MA  
P-04

**Rebecca Savoie, LCSW, OSW-C**  
University of Texas  
MD Anderson Cancer Center  
Houston, TX  
P-05

**Katie Schneider, LBSW**  
Michigan Medicine, University of Michigan  
Ann Arbor, MI  
W-05

**Allison Scobie-Carroll, LICSW, MBA**  
Boston Children's Hospital  
Boston, MA  
W-03, W-22, and W-64

**Vernon Silva, LCSW, NSW-C**  
US Renal Care  
Redondo Beach, CA  
W-04

**Teresa Simmons, LCSW-C**  
Salisbury University  
Salisbury, MD  
P-02

**Elizabeth (Liz) Single, LCSW-C**  
Sidney Kimmel Comprehensive Cancer  
Center at Johns Hopkins  
Baltimore, MD  
W-07, W-65

**Shanice Smith, MSW**  
Stanford Health Care  
Palo Alto, CA  
W-10

**Emma Sollars, LCSW**  
Mount Sinai Hospital  
New York, NY  
W-53

**Anu Sood, MSW, LCSW**  
Arrowhead Regional Medical Center (ARMC)  
Colton, CA  
W-17

**Toni Spano-English, LMSW**  
Michigan Medicine  
Ann Arbor, MI  
W-68

**Margaret Stahlin, LMHC**  
The Institute for Family Health  
Kingston, NY  
P-20

**Karen Stepan, MPH, RN, MCHES**  
MD Anderson Cancer Center  
Houston, TX  
P-06

**Bridget Sumser, MSW**  
University of California San Francisco  
San Francisco, CA  
W-25

**Carolyn Tice, DSW**  
University of Maryland, Baltimore County  
Baltimore, MD  
W-27

**William R Tietjen, MSW, LCSW**  
Lee Hecht Harrison  
Wilmington, DE  
W-63

## 2017 ANNUAL MEETING & CONFERENCE

**Scott Timmerman, LISW-S**  
Nationwide Children's Hospital  
Columbus, OH  
TBD

**Chua Timothy, BA** (Social Work and Psychology) MSoSOC in Professional Counselling MA (Applied Psychology) SIM University  
Singapore, N/A  
W-18

**Kathleen Trujillo, LMSW**  
The College of St. Scholastica /  
Banner Healthcare  
Queen Creek, AZ  
W-29

**Sara Uram, MSW, LCSW-C**  
Kennedy Krieger Institute  
Baltimore, MD  
W-38

**Teresa van Oort, MHA, MSSW, LMSW**  
The University of Texas  
MD Anderson Cancer Center  
Houston, TX  
P-14

**Marian Von-Maszewski, MD**  
MD Anderson Cancer Center  
Houston, TX  
W-23

**Nancy Wagner, MSW, LISW-S**  
Nationwide Children's Hospital  
Columbus, OH  
W-46

**Laura Walther-Broussard, LCSW, OSW-C**  
MD Anderson Cancer Center  
Houston, TX  
W-23

**Susan Westgate, MBA, MSW, LCSW-C**  
University of MD, School of Social Work  
Baltimore, MD  
W-47

**Allison Whittington, MSW, LISW**  
Nationwide Children's Hospital  
Columbus, OH  
W-34 and W-40

**Eileen Zenker, LCSW, CCMC**  
SeniorBridge and Humana At Home  
New York, NY  
W-70

## 2017 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.**

FIRST NAME / LAST NAME

TITLE

INSTITUTIONAL AFFILIATION

ADDRESS

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

☐ **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.)

### Payment Information

☐ Check or Money Order Enclosed

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

Tax ID # 23-3100897 DUNS# 962585829

Check Number: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_

☐ Visa ☐ MC ☐ Amex

Account Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

CATEGORY

Member ☐ \$700

Non-Member ☐ \$820

Includes SSWLHC Membership through June 30, 2018

Unemployed/Retired ☐ \$375

Student Rate\* (Full-time students only) ☐ \$375

\*Student discounts are available. Please call SSWLHC headquarters for details.

\*\*Students must submit a copy of their student ID with payment.

One Day Only (Thurs or Fri) ☐ \$270

One Day Only (Saturday) ☐ \$150

**Registration Fee** \$ \_\_\_\_\_

### Optional Pre-Conference Intensive

**Wednesday, October 11, 2017**

(Register for an intensive only or add one to your conference registration.)

☐ I-1: Leadership Institute (Tues & Wed 10/10-10/11, \$225)

☐ I-2: Pediatric Health Care Social Work Intensive (\$175)

☐ I-3: Social Work Management Boot Camp (\$99)

**Pre-conference Intensive** \$ \_\_\_\_\_

### Optional Day of Service Opportunities

**Wednesday, October 11, 2017**

Volunteer as a kitchen assistant at Moveable Feast

☐ Morning Session 8:30 a.m. - 12:30 p.m.

☐ Afternoon Session 1:30 a.m. - 3:30 p.m.

No fee to participate, limited to 20 people each session.

**Join and Register!** Become a SSWLHC member today and register for the 2017 Meeting & Conference at the member price. Complete an online member application at <http://sswlhc.org/join/become-a-member/> to take advantage of the member discount.

**Foundation Reception at \$45 each** \$ \_\_\_\_\_

(tax deductible donation)

**Guest (Included in your fee. Additional attendees only.)**

☐ Welcome Reception at \$40 each \$ \_\_\_\_\_

**Membership Renewal (Expiration 6/30/18)**

☐ Management at \$149 each

☐ Direct Patient Care at \$99 each

☐ Faculty at \$94

☐ Transitional/Unemployed/Retired Emeritus at \$79

☐ Student at \$59

☐ Associate at \$174 each

**Subtotal** \$ \_\_\_\_\_

Check processing fee + \$5.00

**Total Amount Due** \$ \_\_\_\_\_

### Contact Information

Toll Free Phone: (866) 237-9542 Email: [info@sswlhc.org](mailto:info@sswlhc.org)

Return this form with a check to:

SSWLHC, 100 North 20<sup>th</sup> Street, Suite 400

Philadelphia, PA 19103-1443

## 2017 Annual Meeting & Conference Registration Form

Please fill out and return a hard copy of this form **only if you are paying by check**. Use this form to register 5 people from the same institution. This form may be duplicated or you may obtain additional forms at [www.sswlh.org](http://www.sswlh.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.**

FIRST NAME / LAST NAME (1ST ATTENDEE)

TITLE

INSTITUTIONAL AFFILIATION

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (2ND ATTENDEE)

TITLE

MEMBER CATEGORY

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (3RD ATTENDEE)

TITLE

MEMBER CATEGORY

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (4TH ATTENDEE)

TITLE

MEMBER CATEGORY

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (5TH ATTENDEE)

TITLE

MEMBER CATEGORY

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

**Foundation Reception at \$45 each** \$ \_\_\_\_\_  
(tax deductible donation)

**Guest (Included in your fee. Additional attendees only.)**  
☐ Welcome Reception at \$40 each \$ \_\_\_\_\_

**Membership Renewal (Expiration 6/30/18)**

- ☐ Management at \$149 each  
☐ Direct Patient Care at \$99 each  
☐ Faculty at \$94  
☐ Transitional/Unemployed/Retired Emeritus at \$79  
☐ Student at \$59  
☐ Associate at \$174 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 DUNS# 962585829

Check Number: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_

☐ Visa ☐ MC ☐ Amex

Account Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Join and Register!** Become a SSWLHC member today and register for the 2017 Meeting & Conference at the member price. Complete an online member application at <http://sswlhc.org/join/become-a-member/> to take advantage of the member discount.

**Contact Information**

Toll Free Phone: (866) 237-9542 Email: [info@sswlhc.org](mailto:info@sswlhc.org)

Return this form with a check to:  
SSWLHC, 100 North 20<sup>th</sup> Street, Suite 400, Philadelphia, PA 19103-1443