

We hope that you have found our past monthly issues of SBW Notes of interest. They are available on our website www.sbwpartners.com. We continue our discussion of gerontological social work practice returning to late life depression, and introducing the subjects of the helping relationship and evidence based practice. We welcome your contributions whether they be the sharing of personal or professional experiences, examples of best practice, or your thoughts about developments in the field of aging services.

Older Adults' Preferences for the Treatment of Depression

Thanks to the leadership of organizations, such as the Geriatric Mental Health Alliance of New York, growing attention is being paid to the serious and abundant mental health problems challenging older adults. A key question being asked is whether psychotropic medications are more or less effective than interpersonal therapies, or if a combination of both is the best intervention. Most agree that the jury is still out but a recent study yields interesting findings. It analyzes the preferences of a large, diverse sample of older adults from 8 different health care organizations around the country, suggesting that most older primary care patients desire active treatment for depression and, in particular, counseling. Gum, A.M. et. al., Depression Treatment Preferences in Older Primary Care Patients. The Gerontologist, Vol. 46, No. 1, 2006.

The needs and preferences expressed by older adults stand in sharp contrast to the Medicare cuts now being proposed by CMS which could result in a 14% reduction in the fees paid to clinical social workers who are major providers of mental health services. These proposed cuts, being aggressively opposed by NASW, would seriously compromise the care and treatment preferred and needed by older adults suffering from depression.

For more information see:

www.socialworkers.org/practice/clinical/csw081806.asp

Thoughts About Evidence Based Practice

The importance of the helping relationship in work with older adults tends to be obscured by the current emphasis on "evidence based practice" (EBP). Does EBP include such qualitative factors as the helping relationship or is it limited to quantitative measures of interventions and outcomes? In fact, EBP can encompass both.

As pointed out by Ted McNeil in the April issue of Social Work, "evidence is much more of a relative concept than proof; it can range from clinical observations to the results of both large-scale epidemiological studies and randomized control trials." McNeil, T., Evidence-Based Practice in an Age of Relativism: Toward a Model of Practice, Social Work, Volume 51, No.2, April, 2006.

We believe that evidence should inform practice. Practice skills and the professional use of the helping relationship lend themselves to the accumulation of clinical knowledge and qualitative analysis bolstered by state of the art research findings including clinical trials and large scale studies.

SEE PAGE 2 FOR OUR DISCUSSION OF THE HELPING RELATIONSHIP

SBW Partners is a fee-for-service firm devoted to advancing social work practice in aging. Services are provided by Dr. Barbara Silverstone and Dr. Ann Burack-Weiss, the firm's founding partners, and a group of associates. We provide consultation and staff development for agencies, supervision for practitioners and corporate training programs. For more information, please visit www.sbwpartners.com or call 212.337.2555.

The Helping Relationship

Once upon a time all beginning social work students were required to write an essay on "How it feels to ask for help." Putting oneself in a client's shoes was considered the first step in establishing the client/worker relationship - a relationship that was seen as essential to ensuring the acceptance of needed services. The assignment and the belief that motivated it have faded, artifacts of a time most of us cannot recall: a time of smaller caseloads and fewer performance demands. And yet when we think about practice with older adults (many of whom are entering the social service system for the first time in their long lives) how relevant it sounds.

Our thoughts turn to the importance of relationship whenever we hear of clients who are "resistant" to help or "non-compliant" with their care plans. Admitting that one can no longer manage one's life independently, and needing to go outside of the family and informal system for help is difficult enough for the older person. Then there are the multiple forms that need completion and the rules and regulations that are the conditions of care.

To the older person in need of services, the social worker is more than a link to the system - she *is* the system. Entering the client's home or sitting by the client's bedside, it is the worker who conveys the spirit as well as the letter of the care plan. The worker who recognizes how it feels to ask for help will be as interested in identifying and mobilizing client strengths as in itemizing clients' deficits. Seeking strengths she will demonstrate an appreciation of the unique circumstances of the client's life. Recognizing that dependence is not a permanent or total condition, she will engage the client in her own care plan - filling an auxiliary role only in those situations and periods when the client is unable to act on his own behalf. A mutually respectful relationship with the worker - who was once a stranger - then becomes a model for trust in the other strangers on whom the client must depend.