



UNIVERSITY *of* MARYLAND
SCHOOL OF SOCIAL WORK

The Burden on Social Workers When Patients and Families Experience Financial Stress

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Christine Callahan, PhD, LCSW-C

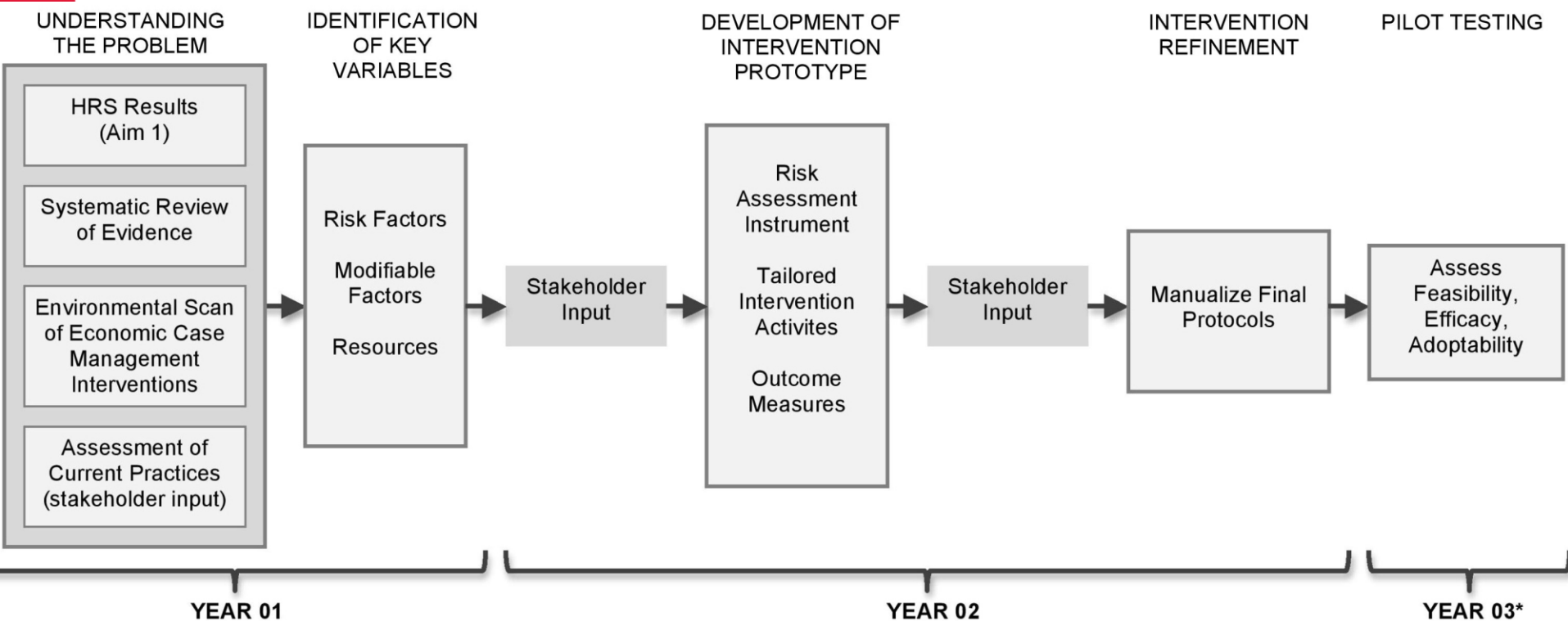
Research Assistant Professor

University of Maryland School of Social
Work/Financial Social Work Initiative

Overview of Original Project

- Objective: To develop an intervention to minimize financial burden on families dealing with EOL
- First step methods to understand the problem:
 - 1. Systematic Review of the Literature
 - 2. Health & Retirement Study (HRS) Analysis
 - 3. Assessment of Current Practices
 - 4. Environmental Scan

Project Context and Timeline



Qualitative Interviews: Purpose

- Explore existing practices for handling financial burden at EOL
- Ascertain how cases are identified and resolved, including precipitating circumstances
- Discuss exemplar cases to capture the complex needs, experiences, and solutions to assist patients and families

Qualitative Interviews: Methods

- Semi-structured interviews with 25 social workers/case managers (5 per setting)
- Settings:
 - Hospice
 - Dialysis
 - Long-term care
 - ICU
 - Oncology

Qualitative Interviews: Key Measures

- In your practice, how are financial concerns brought up?
- What financial concerns come up?
- What do you do when these concerns come up?
- Re: intervention, what is needed?
 - Obstacles to addressing financial needs for families?
 - What kinds of tools, information, or resources would be helpful?
- Considerations for intervention development and implementation

Results

- Trust and Rapport are key:
 - “...some people really need to build that trust with you before they're willing to talk to you about their financial burdens.”
- Financial Concerns:
 - Basic needs (rent, utilities, food), income loss (leaving work), Disability (Medicare, Medicaid, SSI, VA benefits)

Digging Deeper...

- Need better collaborative effort between practitioners, their employers, and family members to reduce financial burden
- Need better psychosocial screening and assessment strategies for broaching and addressing financial burden
- Many social workers voiced frustration in addressing financial burden that patients and families face and found these problems frequently overwhelming.

Digging Deeper (continued)

- Some social workers seemed to resent their work and found fault with motives, behaviors, and dilemmas that they believed were exhibited by patients and families
- Differences across settings

Theme: Questioning Motives

“...if they're not willing to take some responsibility for their life and doing things for themselves to help themselves financially. A lot of people here are on disability. I believe they can work, but they choose not to.” Others you feel like they could work but they're just like, ‘Poor me. I'm here because I have this’? OK.”

“First and foremost, people have to be willing to share their information. A lot of people are not comfortable. They will tell you that they can't afford something, but when you need to ask for detailed information, they won't give it to you. Either they don't wanna admit that they have somebody else living in the household, they don't wanna give you their personal information, that's my biggest holdup is trying to get people to give me the documentation that I need to move forward.”

Theme: Challenge of Finite Resources

“There’s not a lot of the resources that used to be available. When you really need them, they’re not available anymore.”

“We do not have a lot of resources in this area to help people”

“Energy assistance: we’re always tapped out so that now when people are getting those bills that are leftover from the winter, there’s nothing left for them to utilize.”

“Sometimes, I feel like my day is just letting people know that their resources aren't there for them.”

Theme: Job Frustration

“I've been around a long time. So, I'm a little bit jaded.”

“Some of them present very, very well, but then they start bringing you things in that should have been taken care of months ago.”

“...encouraging the patients not to wait until there's such a big problem. Or, if it's been an ongoing problem, please bring it up not at the last minute when there's nothing you can do.”

Implications for Practice

- Working with patients and families around financial burden requires knowledge, skills, empathy, self-awareness, and stamina
- Must be mindful of the toll this work can take
- Importance of working closely with supervisors and administration in their agencies and settings to manage the workload effectively, especially needs and resources
- Developing/utilizing interventions to address financial burden

Conclusion

- Implications for risk factors
 - Psychosocial screening for those at risk (e.g., minorities, lower income, female, younger, single/unmarried, no insurance, greater illness acuity, etc.)
- Implications for modifiable factors
 - Ensuring connection with helpful resources
 - Empowerment for financial resources, health-care planning, and decision-making

Conclusion (continued)

- Resources
 - Utilizing/integrating promising tools & technologies
 - Examining communication and collaboration within settings
- Next steps
 - Developing/honing intervention with additional input

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