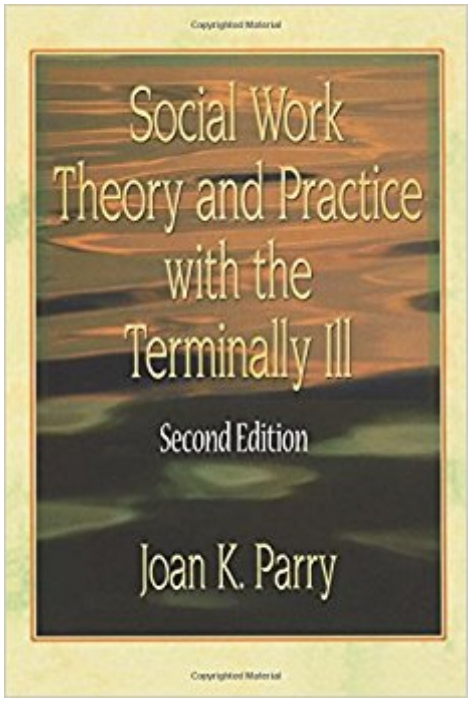
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Social Work Theory And Practice With The Terminally Ill



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Synopsis

Social Work Theory and Practice with the Terminally Ill, second edition, takes a compassionate look at ways that social workers can help dying people and their families. The social workers who work most effectively with terminally ill patients and their families are the ones who best understand the multifaceted nature of the dying process and its impact on the the patient, the family, and even on the health care professionals who work with patients at the end of life. Dr. Parry--who specializes in dying and bereavement--offers astute observations on the stages of dealing with the diagnosis of a terminal illness and the impending death that patients and their families confront. This updated second edition provides valuable new information on ways that social workers can help those with AIDS and their families, on traumatic death from any cause, and on the grieving processes of parents.Social Work Theory and Practice with the Terminally Ill, second edition, also includes stimulating discussions on: the interdisciplinary health team the grieving process professional burnout how social workers adapt to working with dying patients euthanasia and physician-assisted dying living wills and patientsÃ¢â ¬â„¢rightsIn touching case studies, this volume illustrates the particular needs and concerns of the terminally ill and their families--impending losses, financial worries, job concerns, pain, unfinished business, and spiritual needs--and reviews successful interventions used by social workers to help patients and their families work through the dying process.

Book Information

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Customer Reviews

When my father died in his home from aortic stenosis just over five years ago now it was the services of hospice workers that made the transition gentler for myself and my family members. Although my father did die in his home surrounded by supportive family members and a community mourning to assist those of us remaining it was still a very difficult process for all of us. Caring nurses, home health aides and social workers made all the difference.This book was written by a Licensed Clinical Social Worker with a doctorate and over 30 years experience as a social work practicioner and teacher. She is Professor Emeritus from the San Jose State University School of Social Work. As a fellow social worker myself, I applaud her for writing such a book.In Chapter 1 Current Situation the author stresses the importance of the social worker first facing his or her own fears and attitudes towards death before they enter the room of a dying person. She explains that "Death is viewed by society as a feared intruder. The fact of death is avoided: youth, happiness and health are expressed as eternal verities in American society. To die is to fail; to stop producing is to be untrue to the American Ideal. American culture stresses the future, activity and mastery of the environment; death stands in opposition to this spectrum of values....Although it can be handled intelligently and humanely, death is final, nonpreventable, universal and irreversible. As a result it requires a strategy of acceptance and adjustment." The hospice movement was indeed first developed to address such an important need. Its origins can be traced back to its founding by a co-worker of Florence Nightingale, Sister Mary Aiken, head of the Irish Sisters of Charity who owned a hospice in Dublin in the late nineteenth century. A Dr Cicely Saunders developed the modern concept of hospice in England in the 1960s. This hospice concept then took root in the United States in the early 1970s. Hospices were then organized in many different forms: home care only, hospital-based with dedicated beds or wings, scattered hospital beds with a rotating hospice team, a skilled nursing facility with dedicated beds or freestanding hospice unit.In Chapter 2 Defining Terminal Illness the author describes coping patterns of the terminally ill and how social workers can help: "Fears of the unknown< abandonment< isolation< loss of bodily control< abd pain are some of the recurrent characteristics> Such feelings are punctuated with denial< anger and sadness> The social worker"s focus is to help patients express some of these feelings or at least to accept the person in distress>>>>Additionally the social worker must recognize each patient and family member’s right to considerate, respectful and individualized care; relief from pain and unpleasant symptoms; open and complete information concerning diagnosis, treatment procedurs and prognosis; privacy, discretion, and confidentiality; a safe environment; and the opportunity for their own decision making about care and treatment."Chapter 3 describes work involved with members of an interdisciplinary team while Chapters 4 Working with the Patient and the Family and 5 Grief:

Working with the Survivors were my favorite chapters as they were the most helpful.The book concludes with Chapter 6 Transitions and Reflections followed by a Bibliography. It is a most valuable work and I highly recommend it to both novice social work practicioners and seasoned clinicians as well.

This book is so poorly written with terrible transitions and structure that it really takes away from the content, even if the content is good.

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As a hospice social worker, I am always looking for books that will teach me more about my career. This book is an excellent choice, and I would recommend it highly.

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