Social Work intervention in Chronic Illness Care

Prof Pratibha J Mishra*, & Ms Nadia Ahad**

*Professor & Head, Department of Social Work, Guru Ghasidas University, Bilaspur (C.G)
**Assistant Professor, Department of Social Work, Guru Ghasidas University, Bilaspur (C.G)

ABSTRACT

A chronic condition is a human health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time. The term chronic is often applied when the course of the disease lasts for more than three months. Common chronic diseases include arthritis, asthma, cancer, COPD, diabetes and viral diseases such as hepatitis C and HIV/AIDS.

Managing chronic illness presents a profound challenge to the social work profession, not only because of the myriad formal and informal services required by the increasing number of chronically ill people, but also because the caregivers, too, require our support and empowerment. As professionals, social workers experience first-hand the effects of the met and unmet patient needs, which brings with it a responsibility to insure that practice and policy decisions give full recognition to the impact of psychosocial aspects and services that provide total care to chronically ill patients and their caregivers.

The present study addresses the role of social workers in managing chronic illness care by providing various treatment and intervention methods.

The Social Work Profession

The social work profession is committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society. Social workers work with individuals, families, groups and communities in numerous fields including primary health care. Professional social workers consider the relationship between biological, psychological, social, cultural and spiritual factors and how they impact on a client’s health, wellbeing and development. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as systemic or structural issues) that may impact on wellbeing, such as inequality, injustice and discrimination.

Problems and challenges of person with chronic illness

The person with chronic illness, depending upon the illness, are often living with physical, cognitive, and emotional challenges such as fatigue, pain, balance issues, muscle spasms, neurological sensations, vision or hearing challenges, tremors, memory loss, difficulty regulating emotions, difficulty multitasking, depressive episodes, anxiety, and panic episodes...and the list goes on. And again, because these health issues are chronic, these challenges don't go away, and in fact often are progressive and worsen over time.

Many of these illnesses don't wait until someone is aging, either. Often, those in their 20s, 30s, and 40s are diagnosed, with much of their lives ahead of them and at a loss for how to live these now complicated journeys. These individuals have to figure out how to raise
families, make friends, run errands, go to school, and work at jobs, all while trying to feel comfortable and healthy in their own bodies.

Chronic illness clients deal with a wide range of issues, including coping with grief and loss, depression, and anxiety about their illnesses (sometimes a symptom of the illness, sometimes a reaction to the illness); communicating with their family, friends, doctors, teachers/employers about their illness; and dealing with the financial realities of having a chronic illness, just to name a few. Although these issues aren't entirely clinical, they have an impact on another significant area of the individual's life – quality of life. The impact is significant. Clients often must make changes to their work schedules or stop working altogether, sometimes causing extra financial burden in the home. Additionally, they are often not able to function at the baseline level where they were before their diagnosis, and now they are relying more on loved ones and other supports to help out with activities of daily living. Often, they do all they can to get dressed, do their house chores, or get through a work day, and little energy is left for anything more enjoyable.

This population and their needs are often forgotten about, as funding and resources are allocated in other areas. Hospital and clinic social workers are often overworked and their duties limited – many hospitals and other medical clinics don't have funding to hire social workers, because many social work services are not billable through insurance companies. Many of the larger chronic illness organizations are focused more on funding research than supportive programs that help those living day to day with these challenges. And although research, for someday hopefully finding cures for many of these illnesses, is incredibly important, it doesn't always cater to those who live day to day with these illnesses right now.

**Care coordination and social work**

Best practice guidelines identify care coordination as a key strategy to deal with the prevention, management and treatment of chronic conditions. Professional social workers, with their expert knowledge and skills in addressing the psychosocial aspects of health, play a central role in the delivery of coordinated services and their assessments and interventions contribute greatly to the decision-making processes of other health professionals. Social workers are particularly skilled in dealing with complex social issues and relationship building. Social work interventions can help identify and overcome factors that may be contributing to ill-health and that may be inhibiting and limiting the sustainable management of chronic diseases, including social isolation, mental health issues, family breakdowns and poor health literacy.

Social workers address service users’ needs by

1. Conducting prompt, thorough screenings and assessments of psychosocial circumstances, functional impairment, pain, depression, and anxiety of patients with chronic illnesses.

2. Delivering patient-centred and culturally tailored chronic disease-management programs in conjunction with coordination of care in health facilities and non-traditional settings that focus on disadvantaged populations.

3. Collaborating in developing and implementing enhanced outreach, screening, and assessment strategies for use with vulnerable and disadvantaged groups.

4. Providing counselling, resourcing and referrals.
5. Improving health literacy by educating patients about diagnoses and prognoses and adhering to medical regimes.

Benefits of care coordination

- Care coordination strategies for older adults have resulted in reduced numbers of hospital admissions.
- Interventions by multidisciplinary teams have improved continuity of service for severely mentally ill patients, reduced mortality and hospital admissions for heart failure patients, reduced symptoms for terminally ill patients, and reduced mortality and dependency for stroke patients.
- Disease management programs have reduced severity of depression and improved adherence to treatment in patients with mental illness, reduced mortality and hospital admissions in patients with heart failure, and improved glycemic control in patients with diabetes.
- Case management programs have shown reduced rates of rehospitalization among patients with mental health problems, and improved glycemic control among patients with diabetes.

Characteristics of Chronic Illness as They Impact the Social Work Role

Three important characteristics of chronic illnesses among older adults need to be considered as they affect the social work role and function.

- The trajectory for many serious illnesses has changed from an acute terminal course to a much longer chronic period, with episodes of exacerbations and remissions interspersed with extended periods of good functioning.
- The trajectory of advanced chronic and terminal illnesses has changed from a relatively brief period to a longer period in which both curative and palliative treatments are combined. Research suggests that a long, advanced chronic illness can be highly stressful for both patients and their families.
- The increase in the total number of older people with advanced chronic and terminal illnesses will require more curative and palliative care being provided in the home, with greater reliance on provision by family members.

Advances in medical care have changed the illness trajectory in ways that dramatically alter the older adult’s experience of chronic illness. Facilitating and enhancing positive health behaviors at all stages of life as well as effective management of chronic illness is central to the social worker’s role, knowledge, value, and skill base in health care.

The specific role of social workers in health care is to address psychological, behavioral, and social factors by

- Assessing patient and family psychosocial health needs
- Providing interventions required to address their psychosocial needs and promote their adaptation to illness and disability, and
Developing and implementing effective models of health services delivery.

**Process of Conducting Assessments**

Conducting comprehensive geriatric assessments involves using general social work clinical interviewing skills as well as knowledge of special conditions that may apply to working with specific populations. Geron (2006) and Berkman and colleagues (2002) summarize these skills and processes as:

- Establishing rapport with the respondent
- Explaining the purpose of assessment
- Using observation and clinical judgment
- Assessing the client’s preferences (Kane & Degenholtz, 1997)
- Knowing human behavior and caregiver dynamics
- Demonstrating cultural competency in addressing and understanding diverse groups of older persons

For a review on the social work processes involved in conducting geriatric assessments and a discussion of special issues in working with older persons, see Geron (2006).

**Biopsychosocial Framework for Seven Domains of Assessment**

- The conceptual framework that supports comprehensive geriatric assessment, evaluation, and management is a biopsychosocial approach to understanding chronic illness care.
- To develop a substantive understanding of an older adult’s needs and resources there are seven typical domains of assessment that are important for social workers.

1) Physical well-being and health
2) Psychological well-being and mental health
3) Cognitive capacity
4) Ability to perform basic ADLs and instrumental activities of daily living (IADLs)
5) Social Functioning
6) Physical environment
7) Assessment of family caregivers

**Social work Intervention methods for the person with chronic illness**

**Systems Theory**

System theory of social work believes that the maladjustment with the client is not only attached with her/his wrong thinking and perception but by a breakdown in the interactions between the person and any of these systems. The role of the Social Worker is to assess where the cause of the conflict arises and to mediate between the client and the resource system in question.

**Strengths Perspective**

The humanistic approach of social work is based on the concept of self regard and actualizing tendency alike the strengths model of practice with older people builds on the resilience that
clients have developed from coping with previous adversity in the lives, and it strives to place self-determination as the central value. This approach recognizes and promotes the worth, dignity and uniqueness of older people in the face of social attitudes that can sometimes marginalize them.

**Crisis Intervention**

Often, the contact between Social Worker and client occurs at a stage of crisis which can be the onset of critical illness, sudden loss or other life transitions where the person’s coping abilities are no longer sufficient to manage the current situation. Crisis intervention theory is based on psychodynamic ego-psychology.

**Task-Centred approach**

Task-centred practice approach is a systematic and goal-directed framework where the Social Work intervention is time limited. The Social Worker looks for those factors that are contributing to maintaining the current problem. From a range of tasks, the Social Worker and older person collaboratively assess which would be the most useful employed for problem-solving. This approach encourages mastery over difficult situations and improves the person’s ability to cope with future difficulties.

**Brief Solution-Focused Therapy**

A solution-focused approach has features in common with a task-centred approach. However, task-centred methods look at understanding problems and ways of resolving them, while solution-focused work focuses on solutions. With this approach the emphasis is on identifying the times when the problem is less acute and focusing on these problem-free times, i.e. exceptions to the problem.

**Emancipatory Practice**

Emancipatory practice refers to practice which seeks to tackle discrimination, inequality and exclusion. Older people can be the subject of some forms of discrimination and can internalise ageist values, so great care needs to be taken to ensure that Social Work interventions reduce or undermine discrimination rather than reinforce or exacerbate it.

**Counselling**

Theories of counselling in healthcare settings stress the interaction between disease, the individual, the family, health care providers and other systems. This derives from a biopsychosocial systems perspective. The persons’ coping can be enhanced by enabling informed decision-making and by helping people to view their situation from different perspectives.

**CONCLUSIONS**

There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the person with chronic illness. Further research, especially qualitative research, is needed to explore the depth of the problems of these people. As social workers, we must find a way to provide services to these people who are living with chronic conditions and recognize that they each have individualized and unique needs. We must become trained and skilled at not only increasing the services provided for individuals
living with chronic health conditions, but additionally, clinically be able to distinguish between a mental health diagnosis and what is a symptom of a chronic illness that looks awfully similar. We must begin advocating for these services to be provided at no or low cost to clients, because the clients can’t afford one more medical bill. We must help chronically ill individuals feel less isolated and give them hope that as a social work profession, we are doing whatever we can to help improve the quality of their lives.

REFERENCES


vi. Foundation for Osteoporosis Research and Education: http://www.fore.org/

vii. Healthy Aging: http://www.cdc.gov/aging Contains excellent overviews of issues related to chronic diseases, caregiving, and end-of-life, and provides examples of state programs.

