AOSW News

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PRESIDENT'S REPORT, AUTUMN 1998

Marie M. Lauria, MSW, CCSW

As I write, it is the end of a predictably hot and humid Aug[illegible] and all is not particularly well in our country or the world. Hu[illegible] presidency, Russia, terrorism, the stock market and other i[illegible] for concern. As you read this, you will be experiencing the [illegible] energetic days of Fall. Hopefully, more than the weather w[illegible]

For AOSW, by contrast, the story is one of present str[illegible] the promise of future growth and achievement. Much than[illegible] good state of affairs is due to Susan Hedlund and the 1997-[illegible] of Directors. Their hard work and commitment to our missi[illegible] with their sound decision-making, continued the process of steadily building a solid and significant organization. My job as president is certainly easier because of all the sound leadership of the past.

The ***1998 — 1999 board members*** are already busy with the many tasks for which they have assumed responsibility. We also are dedicated to moving AOSW forward and to passing it on even stronger and more vigorous to those who succeed us. Elsewhere in the newsletter you can read the list of all those who represent you and your interests, but I want to introduce the board members to you more fully. In these early months, ***Susan Hedlund*** has continued to offer important guidance in her role as Immediate Past President and has sev[illegible] assignments already underway. ***Michael Fife***, President-elec[illegible] chairing a fabulously successful annual confere[illegible] activities and actively encouraging the nom[illegible] give each year. She has pr[illegible] numerous large pr[illegible] as Se[illegible]

...our work with Amish patients we have learned first-hand the absolute necessity of early and consistent involvement of the social worker as a recognized member of the care team. Exquisite attention must be given to cultural and religious considerations, patient autonomy and self-determination, barriers to communication, and barriers to understanding complex medical information (the Old Order Amish educate their children to the eighth grade in their own schools with a

...som of ...n, women, and children, the women and men are equally engaged in our conversation. When a male staff member is present with me, the women become very quiet, and most of the talking is done by the men. When I first introduce myself to a group of Amish, I find the men to be very reserved and somewhat withdrawn until they see the women and children warm up to me. Once the women and children are engaged, the men seem visibly relieved and you can see their body language relax. I've learned how to ask the children their names and ages in the Amish collo-

...Street ...an August 11 editorial, focused on New York Governor George Pataki's signing of a bill which replaced triplicate prescriptions with serialized single prescriptions. It also initiated an electronic relay system that is designed to ease the barrier caused by triplicates in New York state. This same bill changed terminology, redefining an "addict" from someone who habitually uses a narcotic drug, to one who "unlawfully" uses a controlled substance. A "habitual user" is redefined as someone who repeatedly and "unlawfully" uses a controlled substance. It is hoped that these changes will ease the anxiety of prescribers and encourage the appro-

TRANSITIONS

...Special thanks to AOSW

Secretary

Dana Naughton, from Region III Director

Marilyn Reinish, from APOSW Liaison

Julie Rudiger, from Regio[illegible] Director

...with the ...emergence of the specialty of Palliative Care, our SIG has been renamed to become Pain and Palliative Care in order to broaden our focus.

A PILOT "VOICE MAIL" SUPPORT GROUP AT CANCER CARE, INC.

John Craig, MSW
Brooklyn, NY

This Spring, with the support of Cancer Care, Inc., Ortho-Biotech and New York University's Ehrenkranz School of Social Work, I conducted an eight week support group for cancer patients dealing with fatigue using a relatively new tele-

communications medium, voice messaging, as a forum for group interaction.

In some ways, a voice-messaging or "voice mail" support group resembles an Internet or on-line support group. On-line groups create a group dialogue through an ongoing exchange of bulletin board type postings or e-mail messages. In a similar way, voice mail groups create a group through an ongoing exchange of voice mail messages. Like participation in an on-line group, participation in voice mail groups is both time-flexible and location - flexible. Within limits, group members can schedule their involvement for a time best suited to them, and they may participate from any location where a telephone is available.

Voice mail groups have several advantages over other kinds of technology-based groups. Even today, they are inexpensive, considerably less costly than live telephone conference calls, and the cost of voice-messaging will continue to fall rapidly in the future. Participation in a voice mail group requires no personal computer or any other equipment, only an ordinary telephone. Thus participation is open to populations who often have no access to the Internet; for example, low income people, the elderly, minority groups or poorly educated individuals. In addition, voice messages carry the intonation and emotional expressiveness of the human voice, which can be important in creating intimacy.

Referrals for this pilot group were taken from the pool of clients who had participated in Cancer Care's January 1998 audio teleconference on fatigue.

All potential participants were screened by telephone prior to enrollment. The six cancer patients selected (five women and one man) were located in Arizona, Maryland, Florida, New York and Iowa. Before the start date, each received an agenda, technical instructions and the telephone number and codes needed to access the voice system. The NYU Telecommunications Department helped set up and tailor the voice system, and Cancer Care arranged for 800 (toll-free) access.

Early in each week, participants would call the system at a time convenient to them, hear my recorded facilitator's welcome, and at the tone, share their thoughts and feelings for up to six minutes. During this weekly "sharing session" they would not hear from any of the other group members.

Every Wednesday, in my role as facilitator, I would call the system in order to review the contributed messages, add an introductory message and one or more concluding, summarizing messages, and issue commands to make the system available to members for listening.

At the end of each week, participants would call the system for that week's "listening session" (usually about 45 minutes). They would hear my introductory remarks as facilitator, that week's sharing messages from the other members, (one by one), and my concluding and summarizing remarks.

During the eight weeks of interaction, participants discussed many topics directly and indirectly related to fatigue, including the impact of various treatments, the causes of fatigue and their emotional ups and downs. Members began early to disclose more and express anger and frustration at their situations. Overall, bonding developed quickly. After the fourth week, several members began making statement such as "I love you all", and all members openly acknowledged that they were praying for the others.

Two members of this pilot group made extended out-of-state trips during the eight weeks, but continued to participate while traveling. During the third week a guest expert, a nurse and specialist in cancer-related fatigue, joined the group, answering at midweek questions group members had left earlier on the system. At the end of the week all questions and all answers were heard by all group members.

In the eyes of most participants, a major advantage of the voice messaging format was that both the sharing and listening sessions could be scheduled for times best suited to them. For example, a mother in Iowa with young children usually placed calls after midnight, the best time for her, given her responsibilities and personal cycles of emotional and physical energy. This scheduling flexibility seemed to contribute to the participants' sense of empowerment, giving them a sense of control in a life otherwise largely out of control.

Final reactions to the group were very positive. One participant said, "What I liked most was the honesty." Another stated "I really hate to see this project come to an end. The listening sessions were so packed with information, emotion and mutual support. . ." Another concluded his last message by saying, "I'm going to miss these calls. This has truly been uplifting. . ."

Please direct comments or questions concerning this project to: John Craig, MSW, john.craig@aya.yale.edu, 123 Garfield Place, Brooklyn, NY, 11215, (718) 369-1951.

NASW RECEIVES $450,000 CONTRACT FOR AIDS TRAINING

The National Association of Social Workers, in September, received a three-year contract totalling $450,000 from the Center for Mental Health Services, Department of Health and Human Services. The purpose of the grant is to educate social workers on the mental health aspects of the AIDS epidemic.

NASW's HIV/AIDS Spectrum: Mental Health Training & Education of Social Workers Project is now in its fourth year. It seeks to equip social workers with the knowledge and practice skills to respond to the mental health needs of clients with AIDS and HIV, their fami-