Dealing with Client Death and Dying: A Letter to Social Work Practicum Students

Amy Fulton

The article is written as a letter to social work practicum students about dealing with client death and dying in their field education experience and in their future practice. The author's personal experience as a faculty liaison working with a student who experienced a client death is presented in order to illustrate the importance of preparing to encounter client death and dying in social work practice. Readers are also referred to several resources available in the literature in order to build their professional knowledge base.

Dear Social Work Student,

You may not think this is a very exciting or entertaining topic; however, it is one that is critically important as part of your preparation for your practicum and your future professional helping work (Hobart, 2002; Kramer, 1998). Death is inevitable. In your professional practice you will encounter client death and dying issues. It is extremely important that you are able to appropriately and effectively deal with these clients and their issues. When I was a beginning social worker I did not become aware that I was uncomfortable with client death until I experienced it for the first time in practice. I can still recall how unprepared I felt the first time a client died during my BSW practicum. Over my years in professional practice I have worked with many students and social work colleagues who have struggled to cope emotionally with the death of their clients. If right now, at this moment, you are feeling uncomfortable with talking about (or even reading about) death and dying, as many people in our society are, the good news is that you can learn and develop in this area. To help illustrate the importance of death and dying as a social work practice issue, I will share a story about client death and dying from my own practice experience in the form of a personal letter. This letter reflects my experience as a faculty liaison working with a student who experienced a client death. I will also direct you to other sources available in the literature to assist in developing your professional social work practice knowledge

base further. The key purposes of this letter are to share with you why knowing how to deal with client death and dying is vital to your own professional practice and to suggest ways in which you can develop your ability to deal with this aspect of social work practice. My wish is that you will become inspired to become adequately prepared before you encounter death and dying in your own practice. I recognize this is a sensitive subject; however, this does not mean that it should be avoided, neglected, or excused as being too difficult to deal with. My hope is that by us connecting as writer and reader you will be exposed to a more personal and intimate reflection of my experiences as you shape your own ideas and reflections.

My Personal Experience with Client Death and Dying as a Faculty Liaison

As a faculty liaison for social work field education, I served as the link between the university, the student, and the field instructor at the practicum setting (Bennet & Coe, 1998; Ligon & Ward, 2005). The specific functions of the faculty liaison role include "(a) facilitating field teaching, student learning, and the integration of theory and practice, (b) monitoring educational opportunities offered by the agency and students' progress, (c) fostering interchange between school and field... [and] (d) evaluating field instructors' efforts and students' achievements" (Bennet & Coe, 1998, p. 346). At mid-term evaluation time I would regularly complete site visits at practicum agencies to check in with field instructors and students regarding how

the practicum was proceeding, what was going well, and if there were any emerging issues or concerns. The mid-term visit also allowed for joint reviewing, revising, and confirming of the student's learning plan for the remainder of the term. Mid-term site visits provide an excellent way to monitor the progress of the practicum student, and if necessary, provide some on-site coaching or troubleshooting in order to help ensure success (Ligon & Ward, 2005). Since I was responsible for assigning the final grades at the end of the practicum course, I needed to determine if students were developing professional social work practice competencies and progressing in their professional skill and knowledge building, as well as in the development of their personal and professional attitudes, values, and beliefs.

As a faculty liaison, I was privileged to visit a large number of agencies where social workers are engaged in a vast range of practice activities (Ligon & Ward, 2005). I would personally become most enthused whenever I was presented with the opportunity to visit developing practitioners in long-term care homes, hospitals, or hospice settings as this was closest to my own professional practice interests.

In order to illustrate the importance of dealing with client death and dying effectively in your professional practice, I want to share with you a specific incident that occurred during a mid-term evaluation visit I conducted for a BSW student in a hospice care setting. A hospice is a setting in which palliative care is provided for people who are dying. In recent decades, palliative care has emerged as the "model for quality, compassionate care for people facing life-limiting illnesses or injuries" (National Association of Social Workers [NASW], 2004, p. 11). This is an approach to care that focuses on improving quality of life for both clients and families through "the prevention and relief of suffering by means of early identification and comprehensive assessment and treatment of pain and other physical, psychosocial, and spiritual problems" (NASW, p. 12).

The objectives of palliative care are highly consistent with the social work values, ethics, and philosophies that you, no doubt, have been learning about (Small, 2001). For more about the specific role of social workers in hospice palliative care, see Bern-Klug, Gesstert, and Forbes (2001); Bosma et al. (2010); Cagle and Bolte (2009); Chan and Tin (2012); Small (2001); and NASW (2004).

The community in which I worked had one stand-alone hospice facility with one full-time social worker who worked tirelessly to support individuals and families through end-of-life, grief, and related issues. She was also the field instructor for my student's practicum. During my mid-term site visit I noted that the mid-term practice competency assessment form completed by the field instructor was outstanding. The student also shared that she was enjoying her practicum experience and that she was benefiting from the valuable learning opportunities available in the hospice setting. We determined that the student's learning plan required only minimal revision to meet her learning objectives. All of this was positive news. However, what was most enlightening for me about this student's development was a brief conversation that I overheard between the student and the field instructor just before our meeting officially began.

Right before the meeting started the field instructor leaned over to the student, Kim.* The field instructor stated that a client, Grace,* had died the day before. She imparted that the family had been by Grace's side and that her passing had been peaceful. The field instructor mentioned that she was not personally on-site at the hospice at the time of death, but that the nurses told her about it earlier that morning. She also advised that she was going to follow up with the family later that day, and invited Kim to discuss the role that she could take in this follow-up work. The field instructor also offered to discuss Kim's emotional response and processing of this news, given that she had been working closely with this client and her family.

Immediately, I began to wonder how Kim would process this news on the personal, interpersonal, and professional levels. I questioned whether or not the BSW program had adequately helped to equip her to deal with this situation. However, to my surprise, Kim responded to her field instructor's question with a big smile. Suspicious about her seemingly positive response, I wondered what was happening; was the smile fake? Was she overcompensating to mask her true feelings of sadness or an inability to

cope? I wondered if we needed to put the practicum evaluation aside and address what I believed to be Kim's true emotional response to the information she had just received. Although I recognized that in a hospice setting death was relatively common, it is not typical for a student to experience a client's death. I was also puzzled as to why the field instructor had not waited until after the evaluation meeting to share this information with the student. However, Kim's response eased my concerns. She sincerely thanked the field instructor for immediately sharing this update and added that she was happy for Grace as she knew dying was what Grace had wanted and was prepared for at this point in her life. Kim also shared her personal beliefs about what happens to people after their physical body dies and, perhaps more importantly, what Grace had told her about her own spiritual beliefs. The field instructor then shared briefly her philosophy around death and dying. She also explained how her viewpoint provides a source of strength that has allowed her to engage in hospice work for many years without becoming burned-out or vicariously traumatized.

I am interested in what your reaction might be to the news of a client death. What are your personal values and beliefs around death? How might these influence and inform your professional practice as a social worker?

The encounter I observed at the mid-term site visit with my student, Kim, and her field instructor taught me a great deal about the need for social workers, from the first practicum onwards, to be able to competently deal with client death and dying. Based upon my own experience as a practicum student who experienced a client death, I had previously realized that preparing to encounter client death was important for practice. However, prior to this site visit I had never before witnessed such a profound moment in regard to client death in my role as a social work educator. Witnessing my student's highly evolved and mature understanding of her client's death, along with her desire to respond to the grief of the family in a genuine, warm, and helpful manner, was an epiphany for me. I was left in awe of my student and her field instructor, not only in terms of their knowledge for practice, but also in regard to their positioning and use of themselves in their work (Chan & Tin, 2012).

I felt enlightened by the practice wisdom that was shared during this discussion. It illustrated for me the advancement of my student's practice and the quality of the learning experience and practicum instruction that she was receiving at the hospice. It also demonstrated to me that, in addition to filling her practicum hours at the hospice, my student was doing personal work on developing her values and belief system and integrating these into her professional self. As noted by Chan and Tin (2012, p. 900), "Death work demands not only knowledge and skills of helping professionals but also personal preparation for death, dying, and bereavement."

As a social work educator and lifelong learner, I was provided new insight by this encounter regarding the value of deeply tuning in during something as routine as a practicum site visit – a presence of mind that is sometimes challenging to hold in the midst of pressing deadlines and competing priorities on faculty time. However, upon reflection I find that among the greatest rewards of teaching in social work is engaging and learning from students and field instructors. I am reminded to embrace with an open mind what they have to teach me. I would have never expected such an inspirational site visit that morning. Based on this experience, I am motivated to help other students achieve this level of professional competence too.

The learning goal that I want to assist students to achieve can be defined as integration of personal and professional values and beliefs with practice knowledge and skill in a manner that creates the greatest effectiveness in working with people who are dying and/or grieving. I recognize that I can only help guide students in this learning since this goal cannot be achieved without a great deal of personal effort, self-awareness, reflectivity, and building of practice knowledge through reviewing the literature, and then actually engaging in the work through practicum, and later, through professional social work practice. I regard this letter as a starting point in this work. Developing our understandings of death and integrating these into our professional work is more of a journey than a destination, and it is a journey I encourage and support each student to embark upon. Unfortunately, however, evidence from the literature suggests that most social work students receive limited education on death and dying (McIlwaine, Scarlett, Venters, &

Ker, 2007), as client death and dying is a neglected topic in social work education (Christ & Sormanti, 2000; Huff, Weisenfluh, Murphy, & Black, 2006; Senate of Canada, 2000). As such, it is unlikely that death and dying will be presented as an integrated topic within the content of your courses. Further, the opportunity of taking a course specifically focused toward becoming sufficiently educated on death, dying, and grief in your program of studies is likely limited (Chan & Tin, 2012; Kramer, 1998).

Reflections on Implications for Social Work Practice and Education

Death is a physical, spiritual, and sociocultural phenomenon. In order for you to be prepared to address client death and dying, it is critical for you to examine what death means to you and to prepare in advance for how you will deal with it within your own practice (Hobart, 2002). This is the type of personal work my student Kim had clearly engaged in, even without the university providing a formal course on client death and bereavement. I believe the individual preparatory efforts Kim engaged in paid dividends as a key ingredient of her success in her practicum experience at the hospice.

Regardless of the specific professional practice setting you decide upon, providing appropriate social work involvement requires understanding organizational and social policies around death and dying, in addition to developing your direct practice competence at the micro level (Hobart, 2002; Konrad, 2010). In our professional roles as social workers, we are privileged to engage with people who need our help across the lifespan. Indeed by now you will have completed, or may currently be completing, courses in human development or lifespan development as part of your social work education. In thinking about human development and the lifespan, we often associate death with older, frail, or ill people (Konrad, 2010). However, death can come at any age and at any time. Death can result from a number of causes, including: natural causes, illness, accident, homicide, and suicide. Although your interests may lie in other areas, it is important to acknowledge that even if you do not specialize or focus your work in gerontology, you are still likely to enter into some clients' lives when they are about to end. You may also work on cases where someone close to your client is dying or has recently died (Bethel, 2005).

As a helping professional, it is essential that you provide effective and competent support and assistance to your clients when addressing end-of-life and related issues (Hobart, 2002). This means you will be asked to respond to diverse client and family needs in various environmental and practice contexts. Sometimes circumstances associated with client death and dying are beyond our control, and this can add additional dimensions of challenge to our work. For example, if you work in the field of child welfare or in a paediatric hospital setting you may encounter traumatic child deaths. Indeed, in some rare cases, social workers have been accused of causing or contributing to the deaths of children, especially when children are in the care of the state (Gustavsson & MacEachron, 2002). In your role as a professional social worker, it will be incumbent upon you to make thoughtful evidence-informed practice decisions no matter what the circumstances may be (Gibbs, 2003; Konrad, 2010).

At this point you might wonder what your role is in working with a person who is dying. As a social worker you will most often address educational and psychosocial needs which are varied and diverse. This means that a host of therapeutic responses which are individualized to the specific client will be required (Kubler-Ross, 1969; Lloyd-Williams, 2008; Lynn, Harold & Schuster, 2011). Psychosocial needs near the end of life can include needs for intimacy, defined as emotional and physical closeness with loved ones, as well as a desire for sexual activity (Cagle & Bolte, 2009; Lloyd-Williams, 2008; Redelman, 2008). Although intimacy needs are just one area of focus for social work assessment and intervention, they are often neglected in practice with clients near the end of life (Cagle & Bolte, 2009; Redelman, 2008). Assessing and intervening in the sexual health and intimacy aspect of the client and family's relationship addresses an important part of personhood and interpersonal relationships for the client and family. Furthermore, it can be viewed as part of the biopsychosocial approach to care and a key component of quality of life (Cagle & Bolte, 2009; Cort, Monroe, & Oliviere, 2004).

As you read this you may be experiencing some level of discomfort. Perhaps these feelings arise because someone close to you has recently died, or perhaps you are worried about someone very ill.

You might just not want to think about it or talk about it. You are not alone. In Western society, death and dying are commonly considered to be taboo subjects. North America has been referred to as a "death denying" and "death defying" society (Waldrop, 2011). We do not like to think about or talk about our own mortality or that of our loved ones and friends. However, not all cultures and peoples share this view (Neuberger, 2004; O'Gorman, 1998). Indeed, a myriad of personal, societal, spiritual, religious, and cultural beliefs and practices surround death and dying (Hobart, 2002; Neuberger, 2004). Being familiar with some of these beliefs and practices is essential for culturally competent practice with dying people and their families. For example, did you know that many Chinese people believe the spirits of their dead relatives stay with them on earth and that by displeasing these spirits bad luck will come to the family (Hsu, O'Connor, & Lee, 2012)? Or that when a Hindu person dies it is traditional to conduct rituals for several days prior to cremation in order to facilitate the soul's transition into the next world (Lobar, Youngblut, & Brooten, 2006)?

Konrad (2010) highlights the importance of preparing social work students to become "culturally attuned" practitioners, noting that working with death and loss brings additional and unique cultural dimensions to social work practice. This does not mean you need to know the values, beliefs and customs surrounding death and dying of every culture or faith community. It does, however, mean that when you are faced with this issue in your practice you need to think critically about your approach and individualize your assessment and interventions to the specific needs and cultural identity of the client and family with whom you are engaged. You must address your gaps in knowledge and attend to cultural competency and safety by locating literature and/or making inquiries with your client and his/her family about appropriate practices (Cagle & Bolte, 2009). There are several excellent sources on cultural competence in professional practice which I highly recommend for you: Abrams & Moio (2009), Fontes (2008), Kirmayer (2012), Laird (2008), Lynn (2001), and Williams (2006). In addition, information regarding beliefs and practices around death, dying, and bereavement of various cultural and religious groups are also available in the literature (see for example,

Baddarni, 2010; Hsu et al, 2012; Neuberger, 2004; Sneesby, Satchell, Good, & van der Reit, 2011; and Toscani et al., 1991). It is not enough to become familiar with the various spiritual and cultural beliefs and practices about death and dying. It is also imperative that you are able to effectively cope with it on the personal, interpersonal, and professional levels (Konrad, 2010).

A central aspect of preparing yourself to deal with client death in your professional practice includes building your knowledge of grief responses and processes (Bethel, 2005). Grief is a universal, multifaceted, natural, and normal response to the loss incurred when someone close to an individual dies (Bethel, 2005; Casarett, Kutner, & Abrahm, 2001). Bethel (2005, p. 198) reminds us that we can encounter grief work in our practice due to a number of factors, for example "at times a client we are working with will experience loss through death"; at other times a client may "request our services, specifically to help them work through the grieving process," and in other cases you may discover that through the course of your work with a client "an unresolved grief issue, perhaps from long ago, is surfacing and impeding the client's progress toward growth and actualization."

You may also encounter a client who is grieving even before loss occurs; this is a rather common phenomenon referred to as anticipatory grief. Although grieving is normal and natural, it can become complicated and abnormal, possibly leading toward the development of depression or other mental health concerns. This occurs in up to one third of all bereaved individuals (Bethel, 2005).

In any case, grief is extremely stressful and may present itself both emotionally and physically. People who are grieving are at increased risk of serious health issues and of dying, either by suicide or other means (Bethel, 2005; Casarett et al., 2001). Grief can also remain hidden from being outwardly expressed if the client fears that his or her grief will be viewed by others as being inappropriate and/or socially unacceptable. This form of grief is referred to as "disenfranchised grief" (Bethel, 2005). When working with bereaved individuals and families, you must attend to their grief responses using evidence-informed practice strategies (Bethel, 2005; Bonanno & Kaltman, 1999). Dealing with your own issues

and experiences of loss and anticipatory grief is also a vital component of being completely present and engaged with clients as they process grief (Bethel, 2005). There are many excellent resources available on grief and loss that can help you to provide effective responses and supports to bereaved people (Doka & Davidson, 1998; Humphrey & Zimpfer, 2008; Walter & McCoyd, 2009).

Conclusion

In concluding my letter to you, I invite you to reflect upon the ideology of a good death (Hobart, 2002; McIlwaine et al., 2007; Steinhauser et al., 2000). The term "good death" emerged in the 1970s with the rise of the hospice movement. A good death concerns the amount and nature of control that the dying individual has over her or his body, and the care that the person receives at the end of life. It represents the "ideal of dying with dignity, peacefulness, preparedness, awareness, adjustment, and acceptance" (Hart, Sainsbury, & Short, 1998, p. 65). While there are critiques of how the concept of good death is utilized in practice and in the management of the dying process, it has also been applauded for its usefulness in meeting the psychosocial needs of dying clients and their families (Hart et al., 1998).

The central theme here is that while everyone may want something slightly different for their own personal experience of death and dying, there are some basic elements that many people would agree are desirable for a good death to occur. For instance, in their study on perceptions of good death with clients, families, and service providers in the healthcare system, Steinhauser et al. (2000, p. 825) identified six components of a good death, which are: "pain and symptom management, clear decision-making, preparation for death, completion, contributing to others, and affirmation of the whole person." I would add time and intimacy with loved ones and culturally competent care to this list. What would you add or take away from the list? Many of the needs and wishes of clients and families at end of life can be viewed as psychosocial rather than physical in nature (Hobart, 2002). This means there is much for the social worker to attend to, and we need to do it well, so that we can help dying people to experience a good death as they personally define it. Social work's ethical obligations and commitments to client dignity and self-

determination are central to this effort. As Steinhauser et al. (2000, p. 825) note, "There is no 'right' way to die." Therefore, as my student Kim so skillfully demonstrated, our mission should be to understand what the client values at the end of life. I believe the first step on this journey is to acknowledge that sometimes our clients die, and it is our professional responsibility to be prepared to respond in a competent and confident manner (Hobart, 2002).

I want to end by thanking you for reading my letter. I hope this information will help you in your practice and possibly serve as a launching pad to developing your own deepened understanding of death and dying, as well as serve as inspiration for beginning the journey toward building professional competency with end-of-life care and grief issues in your practice. I hope the concept of a good death serves as a starting point to engage in your own critical self-reflection. Consider: What death do you want for yourself and your loved ones? What type of death do you want to help facilitate for your clients?

Sincerely,

Amy

*Grace and Kim are pseudonyms.

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About the Author: Amy Fulton, M.S.W., is a Ph.D. student, Faculty of Social Work, University of Calgary (403-220-5942; aefulton@ucalgary.ca).