Terry Altilio (00:00)

Good afternoon. my name is Terry Altilio. I'm working with Vickie Leff and we are working on a project for a website called Palliative Social Work. And what we're doing today is meeting with our friends from history, our friends Susan Blacker, Grace Christ and Gary Stein.

Sometimes I read something and I think it's important and I write it on a napkin or something. So today I pulled something out of my pocket and I want to tell you what it said. It said, to live it forward, we have to understand it backwards. I thought, don't ask me who said it. A lot of people have said it. So I don't worry about that. I don't worry about attribution in that sense. That's what this is about. It's about a conversation because our hopes are that we can create a site where social workers who are currently learning, practicing, and social workers in the future can look at some of the words and some of the conversations that we're having and understand the history, understand the challenges, the opportunities, how we look at it retrospectively so that they can move it forward in a way that benefits the most of us and most importantly benefits patients and families and the continuity in our profession, the continuity in our profession and our specialty. So we wanted to start with asking you because for those who are listening, Gary, Susan and Grace are like, we're calling folks architects. Well, they are the architects of the foundation of the specialty of palliative care and palliative social work, So we've brought them together to talk with us and to talk with each other about how they look at that period of time, the challenges that were there, the accomplishments. And when you look at it reflectively, how what we're seeing currently relates to that past. So I think the first...The first thing that would be really, really helpful and nice is to talk a little bit and to think about the Project on Death in America and anything related to that that you want folks to know about that helps them to understand how we got where we are. How we got where we are.

Susan Blacker (02:12)

Maybe I could get us started and I'll do a little bit of a review of really how we came together, which is, ⁓ it's a pretty classic social work story, I think, but with some unique features and twists. ⁓ So we all met because of the amazing Social Work Leadership Development Award opportunity that we were all granted. It was a competitive process where we all got to bring forward ideas that we had about the ways that we could have impact from where we were working and where we were leading ⁓ at the time. And ⁓ the projects were highly varied. Some of us focused on education. Some of us focused on trying to build communities of practice in whatever ways we were doing that in the late 1990s, early 2000s. We were, you know, some of us like Gary thinking about policy implications. And so we came together with these kernels of an idea and a will to try and do something where we were able to influence things. But I think the magic of that opportunity was truly coming together and being able to find opportunities of what it meant if we began to work together on even bigger ideas. It was a time of having an opportunity to learn about so many new projects and initiatives that had never been tried before and Terry, think of the fellowship that you were creating at Beth Israel and I was creating at Johns Hopkins at the Cancer Center. These were brand new things that we were trying out and it was so amazing to be part of a community of practice where we could kind of talk about how was that going and what could we learn? And I think it allowed us to go further faster in so many ways.

Grace's leadership of that initiative was extraordinary. ⁓ She had such an ability to kind of bring us together and help us imagine what could be possible. And we looked to other organizations and groups that were, you know, perhaps a little bit further ahead ~ oncology social work was well established at that point in time, but palliative care social work really didn't have a home yet. And many of us were looking for that it was a time that I think there was a synergy in our field. And so, we began to do things like combining efforts and holding education events, we held, you know, pre conference events at the ⁓ American Academy of Hospice Palliative Care for a number of years. And that was really an extension of a project I started, which was holding some conferences, ⁓ you know, where we invited people to come and teach and learn. ⁓ And then we were able to conceptualize that, you know, having a membership organization, a home that social workers could feel connected to was going to be important. And we were able to get some seed funding as the project know, sunset and there was a will and a desire to really support the work that we had started. We were able to get some seed funding through, you know, a meeting I happened to go to where we had our colleagues, our leader colleagues from nursing, hearing a bit about how they had created a blueprint for their profession. And they were incredibly supportive of social work, having the same opportunity And I was able to get some seed money to host the first Social Work Leadership Summit in palliative and end-of-life care, which became actually a pretty important step in our history where we created a similar roadmap or blueprint. And because we were able to engage a number of leaders and leadership organizations, both for social work and palliative care, began to figure out where the influence could be and where the resources could come from to begin to achieve many of those things on the roadmap. So we identify things like the need for competencies. We needed to be able to describe what's unique about our profession. What are the knowledge, skills and attitudes that you need to have to be a social worker, either in a specialist palliative care lens or primary level. We needed then education programs that had people come and train and learn those competencies. We needed to think about, you know research support for the work that our academic colleagues are doing in this sphere. And so many of those ⁓ initiatives began to come into fruition. Vickie, that's where the kernel of the idea of a certification process was first talked about. So we can look back and see so many things that later came into place out of bringing people together and defining where do we need to go from here to really establish our profession.

And then of course the membership organization of the Social Work Hospice and Palliative Care Network came into being and took things even further. So I'll stop there because I'm sure Gary and Grace have some reflections about that time and the things that we saw as opportunities.

Gary Stein (06:59)

Susan, you said that so very well, and I'm not sure what else I could possibly add, but I'm thinking back to more than a quarter century ago. This was the late 1990s, and I was doing HIV policy and education work in New York, and Grace had asked to meet with me and a colleague of mine, and I remember my first reaction was what a remarkable woman Grace was and she seemed to have a vision. All doing work that was related to palliative care. my HIV work, was, remember I was developing a major conference back at the Academy of Medicine on HIV and palliative care. And I was running a program with New York City hospitals and Grace was wondering, you know, what kind of, what can we do to promote leadership and palliative social work? And I'm saying palliative social work. I don't know if that term really even existed at the time.

And I guess the Project on Death in America was supporting projects for doctors and for nurses. And we were exploring the ideas of could this be developed for social workers? And my sense was that that was the origin. The work that Grace was doing then was really the origin to get this field moving. Susan's discussion of the Social Work Leadership Development Awards, that was such an enormously important project. I think over the years, was it three years, four years, maybe more, slightly more? We brought in about 10 social workers who were thinking about projects in education and research and policy and how to move this field forward. And I think from the leadership that came out of, I don't know, was it six cohorts from this program, we formed the leadership that became the future of this field.

Terry Altilio (09:05)

I want to just because it's an aspect of that time and that work that I think is vital for people to know. I think it's important for folks to know that the Social Work Leadership Development Award program started very much after the doctor program. that folks on the board of the project on death in America thought that doctors had the most power to change things. Hence, lot of for years, I think it was, I think they started in 1994, we started in 1999. So for years, physicians were supported in this work of palliative medicine, believing that, it's a wonderful book by David Clark, who wrote the book, who wrote the history of the project on death in America, believing that doctors had the most power to change things. And it was through Patricia Prem, who was on the board at that point in time in collaboration with Foley, with Grace, and so on and so forth, that we got invited to participate in that work. And I think that history is important because I think in some ways we live it out on a daily basis in our relationship with our interprofessional colleagues. And we're working in hierarchical settings where we are working to establish our expertise, our position, our power in those settings, which is so very important because of the value base that we bring that we bring to this work. So I am so ⁓ appreciative of what we created. I do wonder, I would so appreciate your thoughts about this. the fact that we ended up meeting in Long Island and the doctors and everybody else continued to meet in California to me was symbolic. ⁓ But what I also wonder about, and I so appreciate your thoughtfulness about this, I wonder if that separation for whatever the reasons why it occurred, I was never privy to, but if that actually helped us to build an identity and that that process would have been very different if we were continuing to meet with the doctors who were working on their projects and so on and so forth. So when you think about, when I think about this time, I think about consequences, intended and unintended. And the one that I've been thinking about most recently is this idea about whether that happening for whatever the reasons for it actually helped us to create an identity. And the other thing, Susan, as you were talking, I don't know if you all know, but there's going to be a summit in June in Boston. They're doing a summit like 20 years later. There's another summit going to be at Boston. Vickie knows all about this. Boston University School of Social Work, so on and so forth. So 20 years later there's another summit and at that summit is social work organizations coming together just the way you all built that summit in either DC or Kentucky. I don't remember which one that was. And I've also begun to wonder if we over the years have lost the power in those relationships of the organizations working together ⁓ in a way that ⁓

that minimizes expense, does a lot of things. And so it's very exciting to me that there's going to be a summit in 2025 that actually in some way honors the way that summit was created two decades ago or however long ago that was, where different organizations came together.

Vickie Leff (12:39)

Just briefly, it's any of the representatives from social work organizations, including AOSW, NASW, SWHPN Society for Leadership, ⁓ APOSW, ⁓ Cambia Scholars, ⁓ ACS, the gerontology, tried to identify as many social work-led organizations as possible to bring them together to then hopefully share their member voices, sort of get as many voices as possible ⁓ at a first meeting trying to figure out where we are very, very broadly. We got some funding from the American Cancer Society and from BU to put this together. Otherwise it definitely would not have to be happening. ⁓ And we're all pretty sure that this is the first of a lot, if not many, future meetings that can hone in on and identify how we can work together, you know, and organizationally and whatever other way we can to bolster and ensure the success of the field, which I think folks are worried about. So that's an overview.

Susan Blacker (13:50)

Terry, you've planted so many seeds and so many things we could pick up and

But maybe just even to clarify about the summits, we were lucky, we were able to do two. And the first one was a group of both leaders who had been advancing their work through the Social Work Leadership Development Award, but bringing individuals who had leadership responsibilities of organizations and that one was ⁓ held at Duke University. We were so ⁓ lucky to have been supported to have a beautiful conference space there that allowed us to conduct our work. And the second one was in DC. that was, I really have to acknowledge the incredible role that Betsy Clark played as executive director of NASW at the time and such an important friend and supporter of the work that we did.

And, but that meeting was really focused then on implementation of the roadmap. So we moved from the visioning exercise to really then thinking in very concrete terms, what would it take to move that along? And we, we had four different sort of papers commissioned. All of this is in the literature. We were wise to document it because memories fade over time so that people could look back and read a bit about what did we do and how did we do it and how did it come together and who was involved.

And so that's really the concept of the two summits. So I'm excited to hear that more planning is going to happen and it is 20 plus years later. ⁓ And so there needs to be a refresh of those ideas, but it might even be good to remind reps from those organizations about their predecessors' involvement in these conversations and what they contributed and pulling out that roadmap again might allow you to go further faster with some of the conversation.

Gary Stein (15:39)

Terry, I wanted to ⁓ get back to something you mentioned earlier. I like the way you frame the separation of the social workers from the doctors and nurses as a positive as a way for social work to develop its own identity in palliative care. And I think that's very important. But I think it also highlights a challenge that we had then, and that continues to this very day, in finding our way in terms of social work is a critical component of the palliative care team. And we practice together and work together but somehow it's always been a challenge to professionally integrate our organizations. I think we always wanted to be part of the groups working actively with medicine, nursing, and creating the annual conference that happens every year and found initially a lack of receptivity to that. And that required us to develop our own organization and our own conference. And that's been a very, that's been positive and a great thing. But I think ultimately ⁓ we do work in a team and I think we do need to be more integrated with the other professions.

Terry Altilio (17:01)

That's such an interesting observation. was thinking as we were preparing for this, that the times that we had our pre-conference with AAHPM, also ended up, mean, they always went to, Vickie knows about tier one cities or something, the most expensive cities. couldn't, know, not only, we would go to our own conferences and then we'd have to pay to go to AAHPM, which was financially prohibitive for many people.

So it was an interesting time of an effort to see how to collaborate and to also begin to realize that there are barriers to that kind of collaboration, at least in terms of conferences and such like that. And what do we need? What do we need to move this work forward? What actually is the essence of working together as a team? And what is the essence of mutual respect for the skills that we have. ⁓ How do we build that? How do we identify that?

Grace Christ (18:00)

I was always so grateful to Kathy Foley who were such advocates for us with the Soros Foundation. We got money from them and we got support from them and how ⁓ many, maybe it hasn't gone far enough or whatever, but they were really very strong advocates. And ⁓ as I was looking back over, know, what we had been able to do ~ that they do learn, they did learn from us and feel grateful that we were able to deal with things. as recently as ⁓ COVID in Mount Sinai, if you read about it, what the social workers did at Mount Sinai with the initial, the development, rapid development of COVID in New York City and all this kind of stuff. I did see them as allies.

Terry Altilio (18:51)

Absolutely. Kathy knows we're doing this. I talked to Kathy.

Grace Christ (18:55)

she's fantastic. And she was fantastic. she that's how we got money from Soros and, you know, through her and Patricia Prem and they and working with Matt Loscalzo too, they had this, you know, relationship with social work, they could see what we could do.

Gary Stein (19:16)

And those leadership summits led to the development of the Social Work Hospice and Palliative Care Network. They were really critical. There was a real progression here from the Social Work Leadership Development Awards to the summit ⁓ to SWHPN and I think within a few year period, we've really put our field on the map.

Terry Altilio (19:38)

I have a thought that I wanted to share with you who have lived this process. I have wondered having worked on the Oxford Text of Palliative Social Work, then working on palliative care, a Guide for Health Social Workers. In the process of doing that book, which is a primary palliative care book for health social workers, I began to wonder, this is similar to the way I think about identity, how...What do you lose when you establish an identity? What do you gain? What do you lose? And as we were working on the guide, we began to wonder, and I can speak for myself, if by becoming a specialist, did I distance myself from other healthcare social workers who were not specialists? Or did they distance themselves from me because I was different? I was lucky. I got to spend a lot of time with patients and families ~ people told me that you're lucky because you have time to do this work. So I wonder what your thoughts are about that. If in create, and that's why it's so exciting to me that we're having this meeting with all different organizations because they're not all specialty organizations, They're not all specialists, if you will, oncology, social work, palliative social work. We have nephrology social work. Everybody's got a text, right? We all got a text and we all got a specialty in our name. And I wondered how you all think about that. I just would like to throw that out for wondering.

Susan Blacker (21:10)

So it was interesting. I recall a lot of conversation in the early 2000s when many palliative care teams were forming and physicians were advocating and often successfully securing funding to create a dedicated position on the teams they were creating. And then they were puzzled as to why tensions were emerging, why sometimes the social worker on their team was feeling there was a bit of friction with their colleagues in terms of differentiating the role, trying to figure out care handoffs. You know, what happens when that patient is well known to the oncology social worker and has been perhaps for years ~ do you need to hand over care? Is there a fluidity that needs respected in terms of ⁓ relationships and what ought that look like? And it was a challenge, I think, as teams were forming and trying to figure all of that out. And so It was a question I was asked often by our physician colleagues is how do I navigate this? I create the right context? And in fact, I wound up writing a paper trying to help with some of those concepts just to even name where some of those pressure points might be coming from and how to try and navigate them. ⁓

You know, and it was tricky because, these rules have to be contextualized in the settings in which they live and hospital social work is, you know, in and of itself, something that's gone through lots of evolution. know, many institutions very much thought of social workers as owning the discharge planning function and not necessarily ⁓ providing counseling or other kinds of services that many of us feel like it was our reason for pursuing graduate level training. ⁓ And so you raise an important point and I don't know that it's necessarily always clear even today, despite the fact that I think there's much more specificity now in terms of role descriptions and trying to talk about care transitions and thinking much more about the skills that those who are working with individuals with serious life-limiting illness need to have much earlier in the continuum so that they are providing the palliative approach to care and how we think about palliative care, differently in 2025 than we did back in the late 1990s, early 2000s.

Gary Stein (23:39)

I'm wondering, Terry, if the issue is less ⁓ one of palliative social work creating a new identity for social workers working in this arena than it is about the devolution of social work in many health systems, certainly in the US. ⁓ When social worker, the role of social workers in some places was being devalued, palliative social work became a way for people in the field to get back to providing psychosocial and mental health care and to be more involved in counseling with patients and to be less involved with case management. ⁓ So I hate to put the blame on the identity for palliative social work. think it's more of; this is the environment that we grew up in.

Terry Altilio (24:31)

It's interesting, some of the work that Vickie and I have been doing has to do with weaving, know, spider webs, weaving things together and trying to understand what are the forces that create the circumstances where we have such inequity in our care systems, where, and that's part of also what we're doing now, right? Weaving the things together that create a certain circumstance where, and how you understand those things and it's not about blame, it's about going forward so we are really hopeful that folks who listen to this, and that's one of the questions, like what would you say? What would you, what do you want people to hear who listen to this next year and five years and 10 years down the road? What do you think are the most important messages to them as they continue to enhance and do this work going forward?

Gary Stein (25:30)

I think social workers will always have a special place in caring for people facing serious illness. It's the strengths of social work in ⁓ mental health care and counseling, in advocacy, in knowing community resources, in being able to facilitate communication such as advance care planning. ⁓ I think those roles are special and they'll always be important in palliative and end of life care. And I think that social workers should always be leaders to be doing this work.

Susan Blacker (26:04)

I think social workers are considered absolutely vital members of the healthcare team. I don't think that we have to make that case. I think our challenge today is to be bringing the best evidence informed practice to the bedside, to the chair side, to the home, and really owning that expertise, thinking about demonstrating outcomes, think we all need to be in a continuous learning journey and continue to refine our skills and think about, you know, how do I do things even differently to, to produce the best possible outcomes with the time and the abilities that I have to spend with clients. And sometimes that's about really thinking in very collaborative ways with our colleagues. Sometimes that's about feeling comfortable⁓ pushing limits a little. Sometimes it's about bringing forward a really great idea and asking the team to give you the latitude to try things. ⁓ Sometimes it's about thinking about your leadership that you can bring. It's been so exciting to see so many palliative care programs with social work leaders running them.

You know, social work practice can look like a whole lot of things today. It's not necessarily even just direct practice, but we can be running programs. We can be defining policy. Thinking about all that social work brings across the entire spectrum of the healthcare system at every level. You know, our perspective is valued. ⁓ Sometimes we transition from bedside practice to doing other kinds of roles, but our clients are never far from mind when we do that. We shape conversations differently as a result of that expertise and that knowledge. And I think in today's environment, that's incredibly needed, but it's also much more welcomed.

Grace Christ (28:09)

I think it's welcome. I'm always kind of impressed with how appreciative people are, you know, of our services and what we bring to it when they see, you know, they see the outcome. I always remember when we did medical grand rounds because during AIDS and because people were ⁓ afraid to go into patient rooms. They were not going into patient rooms. were staying outside. We put together our grand rounds for the medical grand rounds. And she took the names of the first 20 AIDS patients that came to Memorial. And talked about their background, their names, their ages, their competencies, and so on. The 20 patients. And that there are people like you and me. ⁓ that we talked about service refusal was not an option And we had to deal with that. But she basically talked about those things. We thought we'd have 10 people in the room for this medical grand rounds. We had standing room only. And they were so happy that we had, you know, opened this up and that we had, they had a, we have a small group that would deal with service refusals. If there was a service refusal, you know, people not wanting to go into room.

They meet with this small team to understand what their reticence was and how they could get beyond that and why that was important. But people were so relieved to have it out there and something we could talk about and we could deal with. It was the social workers. And we didn't understand how important our perspective was it is how valued it is when people said I, even I I was teaching up at Columbia, someone got up in one of my classes and said, you don't understand that this social work department created an educational program that met monthly for management of AIDS patients and how important that was ~ changed the whole understanding of the social work and the medical community ~ I was shocked at how it was valued.

After my book came out ~ Healing Children's Grief, the doctors invited me to a grand rounds to present on the research that had been done with children whose parents were dying and what their issues were and so on. You have more of an impact than you realize. I was like, wow, really?

Terry Altilio (30:57)

That's such an important thing for clinicians to know. Also, younger, growing clinicians to know that they may never know the impact that they've had. That may never get fed back to them, Our words go with people and they follow people into the future.

Gary Stein (31:14)

Looking forward, I'm just thinking this is such a precarious and uncertain time for hospice and palliative care and for social work. There's such a confluence of challenges. We're post pandemic now and the public has diminished confidence in public health ~ the National Institutes Health budget and other university budgets are being cut substantially. We don't know what the funding streams for Medicare and Medicaid will look like in the not too distant future, let alone going, you know, trying to look forward five years. The health environment's going to look so much different. And I think the challenge for palliative social work, and I think all of palliative care, is to how to be nimble in the face of all of this, in the face of all the policy changes and artificial intelligence and ⁓ sort of the change of the public support for healthcare and public health research. So I think we got difficult times ahead of us.

Terry Altilio (32:22)

Yeah, yeah. It's interesting. If you go on the website, ⁓ and this sort of relates to what you were just sharing, Gary, it's a little bit of a different flavor. ⁓ One of the quotes on the website is from Diane Meier and Diane Meier's forward in the Oxford text essentially says, we should give all the money to social workers because they never look away. it's a beautiful, beautiful forward. She said and then they can call in the doctors and nurses when they need them. But all the money ought to go to social workers, which I thought was so amazing when I read it. And it's just an amazing, because we all worked with Diane Meier right? Over years and years and years. And for her to come out with that in 2022 just seems, and it doesn't answer what you're saying, but I do think that finding a way to carve out something of meaning has got to sustain people. I'm not sure how to do that and maybe it's different for each individual and maybe it's looking to community. I don't know what is, I do know, and in fact, Gary, your program did an amazing webinar on hip hop, on the use of hip hop music for marginalized kids, right? Who got thrown out of regular school. It was brilliant. was so like social work, you know, as opposed to some of the private practice and not demeaning private practice. There are so many people who need help, but it was really interesting to me to think about how we can mobilize community in terms of change going forward because our institutions are going to change considerably. I have to ask this question because I wonder about it all the time. Do you think we ought to still be chasing data?

You think that in 2025, social work profession ought to be chasing data, chasing data, doing research to prove our worth. We've sort of done that for years and years and we're still sort of talking about it. And sometimes we're doing the same thing over and over again. And the older I get, the more I wonder if it is in the data that we end up sustaining ourselves and anchoring ourselves as professionals? Or if somehow we need to figure out how to honor relationship, the interventions that we do and know that some things are not measurable? Is it possible that some things are not measurable ⁓ and that our chasing of data. It's an alliance with the medical system, with the medical model. And maybe we need to step back and look at it ⁓ and see if that's how we continue to act as if we're worthy to be doing this work. I don't know.

Susan Blacker (35:32)

The data that matters to us actually matters more in the system today. In my career, ⁓ I've seen such a shift in terms of ⁓ the importance of hearing the client, the patient, the caregiver story. We've always seen that as important data, but I've seen that shift. I go to meetings now where it begins with a client story where, you know, the models of co-design in building programs with those who will be service recipients is highly valued today. And I feel very comfortable in that space because that's, you know, very much what social work community building is all about. And so I think ⁓ your point, Terry, the kinds of data that I maybe try to get my hands around as a social worker, you know, a couple decades ago, ⁓ maybe has some relevance and importance when I talk about outcomes, but actually think that the kinds of data, the qualitative, the narrative, the experiential data matters more in the healthcare system today. And so, yes, I think we still do want to chase that. I think we want to harness that for all of the right reasons to ensure high quality palliative care and who better than us to think about how we put that front and center and how we empower our clients and those who receive services to share that.

Gary Stein (37:14)

I'd like to build on that, Susan. I think the answer is both, and I hope that's not the easy way out to say that. ⁓ I think social work is special by ⁓ being able to ⁓ document the unique stories of our clients and to demonstrate the importance of relationships. But I think in this healthcare environment, if we can't continue to document that our outcomes are meaningful, that we can operate in a cost-effective manner, that we might save health systems some funding, ⁓ I think if we can't do that, we will erase ourselves from the field. So I think we really need to be leaders in doing both.

Terry Altilio (37:59)

It's interesting, it reminds me of this idea of how you align with institutional mandates. How do you think, and we think that way, we're systems thinkers, right? How do you, you look at your institution and you hear that they don't want somebody to come back into the hospital in 30 days because they get dinged for that. And we figure out how to maximize that. How to make sure that they get the meds that they need, that the care is in place that they need, so on and so forth. So you align with institutional mandates to the benefit of the patient. Sometimes we align with mandates not to the benefit of the patient, but it's an interesting thoughtfulness about how you weave those. It's again, weaving thing, how you weave those together, how you weave those together. And I don't know how AI is going to influence all that. I do not understand how AI can take the place of human relationships. What do I know? I'm old, so that's what I gotta say. you know, was funny. And I'm going to read this to you just because I read it and it blew my mind. You know, the project on death in America, you know this.

Gary Stein (38:54)

exciting and stressful times.

Terry Altilio (39:08)

They did arts projects, they did community projects, and we're going to have on the website the articles and so on and so forth and links to the project on death in America so that people can actually look at what that created years ago. And they did work in prisons. They were really very forward thinking. But there was this person who wanted to do art. So they've kicked in a lot of money for art and I can't remember this person's name. But this is the quote, and this was about the board. There was little unanimity regarding the impact and the success of the humanities projects, which is so interesting because now there's so much work being done on narratives, right? On narratives and storytelling and so on and so forth. So he says, there was little unanimity regarding the impact and success. Narrow-minded commitment to outcome measures got in the way. So that was one of the board members who was trying to convince the Docs in the world that the outcomes weren't the issue because we were talking about art and music and so on and so forth. I thought it was just a wonderful representation of what must have been such complicated relationships on that board, right? Having to make decisions about what they were going to fund, how much, what they were looking for in terms of outcomes.

to prove that the money was being used in the way that it was intended to be used. And I just thought it was a wonderful quote, a wonderful quote. What else? Vickie, what are we missing? What are you thinking?

Vickie Leff (40:45)

I just would like to ask folks, ⁓ were there some things that you wanted to make sure to say or bring up when you thought about this project? ⁓ As we said before, we really don't want it to be scripted. This has been extremely conversational and wonderful, but I also want to make some time for ⁓ if folks had some things in mind they wanted to talk about

Susan Blacker (41:06)

One of the things I was reflecting on is how fortunate I was as a social worker still relatively early in my career to have developed the network that I did through this work because it has without a doubt sustained me throughout my career. There are still people that I would not hesitate to call if I wanted to run ideas by. There's others I would call to reminisce, there's others I would call because I know they'll be working on something that would inspire me. ⁓ You know, it just really was incredible to create such a professional community of colleagues and friends. And I would hope for that for any social worker starting out in their career. You know, we talk a lot about the need for mentors. was, you know, I had six cohorts of mentors and have ⁓never taken that for granted. It truly was a gift, but I think how do we do that going forward for those who are coming into our profession and choosing this really unique field of practice? How do we make sure that others get that opportunity?

Gary Stein (42:20)

I think Susan, you said that so lovely. Because as you were saying that I was thinking about all of the people that I met through the Social Work Leadership Development Awards, those people became my mentors, my colleagues, my friends, and ⁓ many of those relationships continue to this very day. I look at the people in this room today, Terry and Vickie and Grace and Susan, we go backdecades and I'm so honored to have known and worked with all of you and my gosh, if the social workers who are coming up today have these experiences, that would be just so

Grace Christ (43:07)

One of the things that I did after I went to Columbia, well, had 9-11. 9-11 happened, And so we developed a contract with the fire department and had young students and faculty going out to the homes of the...of the firefighters where the firefighter was killed and seeing how were they doing and what could we do. And the fire department gave us a grant to do it and we could, you know, feed back to them. And I, this day, I have, I hear from the, from the families and the kids and what they remember and what they're doing and. ⁓you know, it's interesting. I, We ⁓ had young faculty members who wanted to do it. We had some sophisticated students who wanted to do it. Different people wanted to do these visitations to assure that things were going on the right track. And we had such a great time together with the fire department and social work. It was amazing. ⁓And to this day, we hear from the families, one of the families, is she's now a social worker. One of the girls who was seven at the time and her father was the head of the Brownie Group and he died and she's now a social worker and you hear the positive results of that program,

Terry Altilio (44:38)

The other thing you're describing Grace, is the ability to meet the moment, you know? Situations present themselves to us. And I know that we've all had these circumstances, where a situation presents itself and you intervene and it's cements relationships in a way that nothing else can. Sometimes it takes five minutes, sometimes it takes hours and some kind of a long program like Grace is talking about, but there are ways that ⁓ we assert ourselves or insert ourselves with the unique lens that is social work.

Gary Stein (45:14)

I wanted to thank Grace for bringing up students, which I think is a critical piece for the future. I've been privileged at my university at Wurzweiler School of Social Work to run an aging and palliative care fellowship program. And we have a small but very dedicated and committed group of students who are really looking to establish themselves in this field. And when I see them and I see them in their practicum and in the classroom,

I'm really heartened that I think we have a strong profession ahead of us and that there are really wonderful people who will replace all of us in this room today.

Terry Altilio (45:54)

That is, I think that's an amazing note. We've been on the call for about an hour. Do you all feel like ⁓ there's anything left that you would like to say to ⁓ folks who we hope, it won't just be social workers, right? It's going to be, whatever ~ anybody can access this website. So I think it will be really a wonderful opportunity for people to actually know what we do for a living. And as you said, Gary, for students to have a place, to know that, to see people who have moved through years and years of practice and come together like this, still honoring the work, you know, and being enthusiastic and grateful to each other for the support and the learning, the shared learning that we all give to each other

Gary Stein (46:53)

I think we could thank you, Terry and you, Vickie, for this important work you're doing. ⁓ I don't know who else is looking to ⁓ document the history of our field. And ⁓ I think this is such important work, and I think we could all thank you.

Vickie Leff (47:15)

Great. Well, thank you all so much for ⁓ sharing your stories and your feelings about it. have to say that listening to you and having not been a part of ⁓ the PDIA or the initial summit, it's so, I forget ⁓ how important our stories are and how invigorating they are and how they just really grow the motivation and the passion. And in a time, makes me a little ⁓ emotional at a time like this when I think we're all, I can speak for myself, struggling to find that. I'm really hopeful that this project will be one of the things that people can look to, to get re-energized. We know that everyone in the field loves the work, And I hope that they get out of this, what I just did, which was just amazing dedication and work and perseverance to do something that's really meaningful. And your story Grace of what happens 25 years later to somebody. It's so nice to hear that because we never know. And yet I do imagine that end of the stories are really terrific because a social worker has been involved in some way.

Grace Christ (48:30)

I like the idea of learning to meet the moment

Vickie Leff (48:33)

This is a moment.

Grace Christ (48:34)

be creative and inventive and meet the moment.

Terry Altilio (48:38)

Thank you all.