

# AREA OF EMPHASIS IN AGING NEWSLETTER

University of St. Thomas ~ School of Social Work ~ May 2022 ~ Issue 5

## 2021-2022 Scholars



DIANA BJORKMAN



KATIE BRAMAN



ANNIE COLLINS



AMY DIRCKS



ELLEN HAEG



MITCHELL HOLLINGSHEAD



BRITTNEY LIEB



LAUREN MILLER



BRITTA RUFF



MOLLY STIMPERT



KIM TRAN



HANNAH WYNIA



## YEAR IN REVIEW



TANYA RAND, AEA ADVISOR

Despite the continuing concerns of the COVID-19 pandemic, Tanya Rand, EdD, MSW, LICSW, who serves as Clinical Faculty and the Coordinator of Aging Services, met monthly with the twelve AEA scholars. The scholars were involved in many (mostly virtual) activities throughout the year including the MGS Annual Conference, the MCDES Fall Conference, hosting a coffee conversation about hospice care, and serving on the MFCOH Inter-Professional Education Committee, MGS Conference Planning Committee, and the MGS Research Committee.

# SPOTLIGHT ON GRADUATING SCHOLARS

*AEA graduating scholars share their clinical internship responsibilities, what they learned about working with older adults, their plans, and a piece of advice for current and future AEA scholars.*

## **KATIE BRAMAN**

Hometown: St. Paul, MN

Clinical Internship Placement: Abbott Northwestern Hospital (Minneapolis, MN)



As a medical social work intern, I often conducted bio-psycho-social assessments with patients and/or family members. Some other responsibilities included providing support, education, and resources to patients/families; serving as a patient advocate; and coordinating discharge plans. An essential aspect of my work was collaborating with an interdisciplinary team of healthcare professionals to provide the best quality care for patients. Working in a hospital setting, many patients are older adults. I learned that patients possess their own unique stories and experiences that need to be considered when determining interventions, treatment plans, and discharge plans. The AEA electives - Clinical Practice with Older Adults, Social Work Practice in Integrated Healthcare, and Grief Counseling and Therapy - have all been helpful and valuable to my internship experience.

I enjoy working in a healthcare setting. I have accepted a full-time medical social worker position at Abbott Northwestern. There are a lot of different social work paths that include working with older adults. My advice is to follow your passion, be willing to take risks, and be open to new experiences.

## **ELLEN HAEG**

Hometown: Plymouth, MN

Clinical Internship Placement: Interprofessional Counseling Center & Center for Excellence in Supported Decision Making (Minneapolis, MN)



My work involved a blend of therapy clients and macro social work advocating for supported decision-making as an alternative to guardianship or conservatorship for vulnerable adults. Through this experience, I have learned that the need for acceptance, belonging, understanding, and purpose are universal. . . but pervasive and structural age segregation robs many older adults of these qualities of wholeness. A primary challenge in the coming decades will be to reorient our society towards more connected and intergenerational ways of living.

I plan to continue in my current role before beginning a search for something that includes individual counseling and group work with a psychodynamic focus. But for now, I am looking forward to a vacation! My advice to others is to find a balance in your life by prioritizing your work (on your terms) and setting personal boundaries. Trust yourself.

## **MITCHELL HOLLINGSHEAD**

Hometown: Des Moines, IA

Clinical Internship Placement: Associated Clinic of Psychology - Geriatric Division



My responsibility at my internship was to provide psychotherapy to residents in nursing homes. I helped counsel older adults with various needs and supported them with any emotional issues they were experiencing. I have learned that older adults have the capability and motivation to change, no matter their age. I have seen older adults persevere through many challenges and helped them find hope during challenging times.

After graduation, I plan to be a psychotherapist for all ages, including older adults. I hope to work in a clinic with a practice emphasis on Cognitive Behavioral Therapy. My advice for future AEA scholars is to put yourself in an older adult's shoes. This will help you understand that older adults have the right to feel their emotions, find hope, and gain motivation for change. Older adults are such a wonderful population, and they deserve our help and support.

# SPOTLIGHT ON GRADUATING SCHOLARS

## BRITTNEY LIEB

Hometown: Davenport, IA

Clinical Internship Placement: Associated Clinic of Psychology, Geriatric Division



Some of the responsibilities that I had during my internship with ACP included conducting diagnostic assessments, treatment planning, providing individual psychotherapy, family consultation, providing residential facility staff education and support, and consultation meetings with the residential facility staff. During the year, I went to 3-4 nursing homes per week to meet with clients on my caseload. I also met with older adults in the community through telehealth. While I have learned about various topics related to working with the older adult population through my education and research, I have found that the most valuable lessons have come from my one-to-one interactions with them during my field placements. They have taught me the importance of living by our values and reflecting on what is most meaningful in life.

After graduation, I plan to move out of state to be closer to family. I hope to continue to work toward my LICSW and work with older adults through individual psychotherapy in either a medical setting or an outpatient setting. One piece of advice that I would give an AEA scholar is to take advantage of the many opportunities for networking with other professionals in the community. They are a great way to connect with others with the same passion and help with future career opportunities.

## BRITTA RUFF

Hometown: New Richmond, WI

Clinical Internship Placement: Family Therapy Associates (New Richmond, WI)



At my internship I was responsible for my caseload of clients. I conducted diagnostic assessments, created treatment plans, and provided individual therapy. The clinical aspect of the MSW program has given me a greater appreciation of my work with older adults and the challenges they face. Part of what I love and have learned from working with older adults is the value of learning from their life experiences, in conjunction with them learning from me as a clinician. To me, that defines and enriches the therapeutic alliance.

I plan to continue to work with my current employer, Adoray Home Health and Hospice. Recently I started a new position as Patient Support Services Supervisor that involves supervising social workers and chaplains and managing the bereavement program. When you are in the MSW program, you feel like you have a lot on your plate, but try to absorb all the professional and life skills you can gain from the AEA group. It is worth it. The AEA program is more than academics; it provides skills needed in the workforce, such as organizing events, doing outreach, and networking with others.

## MOLLY STIMPERT

Hometown: Sleepy Eye, MN

Clinical Internship: Allina Medical Center-Behavioral Health Department (New Ulm, MN)



My primary internship responsibility was to provide a safe environment for my clients to share their problems, concerns, or worries. I also conducted diagnostic assessments and facilitated the development of treatment plans. I kept detailed progress notes that outlined the clients' improvements and steps towards meeting their goals. Lastly, I used the knowledge I gained from my experience and supervision to develop my identity as a gero-practice social worker. I have learned that there is an increased need for practitioners in the social work field to devote their time and effort to helping older adults. This is especially true in rural areas of Minnesota. I have also learned about the ongoing need to develop a more diverse practice style that incorporates the different levels of care and backgrounds associated with this population.

After graduation, I plan on working with older adults in rural Minnesota. My advice for future AEA scholars would be to use your time to network with other clinicians so you can collaborate with them in the future and improve your ability to access resources for the geriatric community.





# CONGRATULATIONS AEA GRADUATES



KATIE BRAMAN



ELLEN HAEG



MITCHELL HOLLINGSHEAD



BRITTNEY LEIB



BRITTA RUFF



MOLLY STIMPERT



# Conference Updates

## Recap of General Session ~ Dr. Jermaine Davis Recharge and Stress Less: Beating Burnout Before it Beats You!

by Lauren Miller



This year the Area of Emphasis of Aging Scholars (AEA) had the opportunity to virtually attend the 46th Annual Minnesota Gerontological Society Conference. The theme of the conference was Emerging Voices. The Scholars had the chance to introduce and listen to different speakers, many of whom are at the forefront as emerging voices who work with older adults.

On the final day of the conference, Dr. Jermaine Davis, an award-winning Professor of Communication Studies at Century College and of Organizational Leadership at St. Catherine University, spoke at the general session. In his keynote, "Recharge and Stress Less: Beating Burnout Before it Beats You!," he shared unique tools to deal with stress and burnout.

Social workers often experience burnout and feel depleted from the demands of work. Davis spoke about how burnout can wreck and destroy one's personal and professional life. To combat those feelings, Davis talked about the 4 R's: Recharge, Refresh, Renew, and Replenish. He emphasized that social workers must recharge and replenish their emotions, practice self-care, and be mindful of one's needs when experiencing feelings of burnout and fatigue.

## Death Cafe Review

by Kim Tran



*A Death Cafe is a group-directed discussion of death with no agenda, objectives, or themes. It is a discussion group rather than a grief support or counseling session.*

At the Minnesota Gerontological Society Conference, there were opportunities to attend a Death Cafe. Since I had never attended a Death Cafe, I decided that it would be a good experience to join a session and learn. Death Cafes allow people to gather and talk about the loss of loved ones and their own understanding of death. At the beginning of the session, I was put into a breakout room with ten people. Of all the participants, no one had been to a Death Cafe before, but everyone had experienced the death of a loved one or loss.

The group mentioned that they were unsure of where to begin as death is such a taboo topic. Culturally, there are specific steps to be taken during other major events in life such as graduating, getting a new job, and having a baby, whereas death can be sudden, and no one is taught how to plan funerals or write obituaries. Some participants shared personal experiences with death and built on that commonality with each other.

As someone who works with older adults, I am very comfortable with the discussion of death, but sometimes when I talk to others about it, there is sort of an awkwardness. During this cafe, I felt the opposite. Many who spoke were very comfortable with the idea and discussion of death. There was an understanding that death is not the end and can be a celebration of life. The group ended hoping that there will be more death cafes and death will become a more openly discussed topic.

For more information about Death Cafe, please visit [deathcafe.com](http://deathcafe.com).

## Minnesota Coalition for Death Education and Support

Fall Conference Review by Amy Dircks

A virtual all-day conference for over two hundred attendees may seem impersonal, disconnected, or unengaging. However, it did not take long for this first-time MCDES conference participant and scholarship recipient to recognize the beauty of this unique opportunity shared by not just one, but two renowned presenters: Pauline Boss, PhD, and Ted Bowman, MDiv. On October 1, 2021, this fall's MCDES conference registrants logged in from homes, offices, and various places of comfort to settle in for a day of learning about ambiguous loss, the myth of closure, and re-authoring lives after change.

It was a treat to sneak a peek into one Zoom frame of Pauline Boss's mid-century modern living room as the widely celebrated family therapist and educator started her lecture. As expected for an academic, her overflowing bookshelves adorned a substantial portion of her background and additional books lie stacked across a majority of the horizontal surfaces within view. Dr. Boss began her presentation on a deeply personal note, sharing the news that her husband of 32 years died in September 2020 after suffering a stroke. While she felt blessed to be with him when he died, Dr. Boss reflected that the online format of the memorial service left her with a void.

Over forty years ago, Dr. Boss coined the term "ambiguous loss" and expands on this concept in her new book "The Myth of Closure: Ambiguous Loss in a Time of Pandemic and Change." According to Dr. Boss, ambiguous loss is a loss that remains unclear and without resolution. With a more recent focus, COVID-19 creates ambiguous losses: loss of routines, hopes, dreams, and plans for the future, loss of travel to see family and friends, and loss of ability to spend time with a sick loved one.

The afternoon session featured Ted Bowman, MDiv, an educator, author, and consultant who specializes in change and transition. Bowman, a gifted and avid storyteller, organized his presentation around stories that, in turn, evoked more stories. Through his artful use of words, Bowman attempts to connect individuals and prompt responses in grief care. In an effort to relearn the world after a loss or disruptive change, Bowman also endorses the concept of "re-authoring lives" where one examines the compelling plights of life to transition and come to terms with their changed world. Bowman released a new book, "Ambiguous Parables: A Life of Poems and Prose," in late fall 2021.

The day's events thoroughly impressed me and satiated my curiosity of Pauline Boss and Ted Bowman. At the end of the final session, one thank-you comment submitted by an attendee really captured the essence of the day: "One of the greatest gifts of this conference is that we get to experience you, your wisdom, and your art, even for just a little while... That part will always stay with me." For more information about MCDES, check out [mcdes.org](https://mcdes.org).

## Join the Movement: Become a Dementia Friend

by Katie Braman

Dementia Friends USA is part of a global movement changing the way people think, act, and talk about dementia. Through education and training, Dementia Friends make an impact by helping others understand dementia and how it affects people. Individuals who interact or work with older adults should consider becoming a Dementia Friend.

Training sessions are offered in person and online. The goal of Dementia Friends is to help individuals understand dementia and realize the small things they can do to make a difference for people living with dementia.

The training covers the five key messages about dementia:

1. Dementia is not a natural part of aging. Not everyone who grows old will develop dementia.
2. Dementia is caused by diseases of the brain.
3. Dementia is not just about memory loss. It can affect thinking, communication, and doing everyday tasks.
4. It is possible to have a good quality of life with dementia. There is more to the person than dementia.
5. People with dementia are a valuable part of the community.

Dementia Friends are encouraged to commit to actions that positively make a the difference in their communities by turning their compassion into action!

For more information about Dementia Friends, go to [dementiafriendsusa.org](https://dementiafriendsusa.org).



Katie Braman, MSW '22 is a certified Dementia Friend and Dementia Champion

# Hot Topic I ~ Intergenerational Cohousing

## The Monterey Cohousing Cooperative & Intergenerational Housing in the Twin Cities

by Ellen Haeg

Housing is a social determinant of health, and a growing body of research has identified intergenerational housing or cohousing as a potential intervention for healthy aging. Intergenerational cohousing is an intentional residential community designed for social cohesion, managed through shared governance, and comprises people of all ages. The model originated in Denmark in the mid-20th century to address the social dislocation accompanying globalization (Jakobsen, et al., 2018) and a handful of communities now exist in Minnesota, including the Monterey Cohousing Community in St. Louis Park. This specific cohousing community was the topic of one of my research papers.

Cohousing has been studied as an intervention for affordable housing, lowering student debt, and addressing the chronic health issues that arise from isolation while also providing critical factors associated with healthy aging such as feelings of belonging, social support, and reciprocity (Carrere et al., 2020). Monterey is a rare example of a community that navigated inhospitable zoning laws and building regulations that consistently impede United States housing innovations (Berliner, et al., 2020). While the recent passage of the 2040 Plan in Minneapolis opens opportunities for the development of multi-residential dwellings, rising property costs and limited available land now stymie interested communities (Shaw, et al., 2017).

Capitally resourced corporate senior housing communities may end up being the trailblazers in this area. A handful in Minnesota are already piloting projects that provide room and board to young adults in exchange for community service including Watkins Manor in Winona and Augustana Care in Hopkins. Many more are exploring intergenerational day programming in their facilities. I hope to continue studying these efforts as a student and beyond, in the community.

For more information on the Monterey Cohousing Community, go to [montereycohousing.com](http://montereycohousing.com).



Monterey Cohousing Community  
in St. Louis Park, MN  
Photo from website





# Hot Topic II ~ COVID-19 Impact on Social Work

## The Impact of Covid-19 on Social Workers in Hospitals and Nursing Homes

By Annie Collins

While the news highlighted the impact Covid-19 had on hospital staff, including doctors, nurses, and other front-line workers, social workers were all but forgotten. Social workers in skilled nursing home facilities and hospitals were hit hard. According to Rebekah Gewirtz, the Director of the Massachusetts Chapter of NASW, "Social workers must be lifted as a celebrated and essential part of the public health workforce working to rapidly respond to all that Covid-19 entails." Closer to home, Twin Cities-based social workers Meghan Constantini and Kayla Appleby shared their perspectives, experience, and impact that the pandemic has had on the social work profession.

Meghan Constantini, Volunteer Director at Carondelet Village Senior Living Community, describes the beginning of the pandemic as apocalyptic. Picture adults with dementia locked in their rooms, confused, scared, and only able to see their loved ones through the windows. Constantini says these were the hardest and darkest months of her life. As most healthcare facilities experienced, Carondelet was unprepared to handle this emergency. When Constantini's supervisor left to work at the state level, she took on additional roles to try and hold things together. Along with the staff, she pulled double and triple duty serving in the kitchen and administering nursing duties. As Constantini reflects on her experience, she focuses on her strength and the opportunity to help others. Constantini was able to create an online sign-up for visitors and run the vaccine clinic. One year ago, they began to welcome back volunteers and in-person interns. After doing everything they could to manage a harsh, unknown situation, the staff at Carondelet Village are returning to a new normal.



Meghan Constantini, MSW, LICSW

Kayla Appleby, Social Work Manager at Abbott Northwestern Hospital, began working for Allina Healthcare in January of 2021 as a social work supervisor. Approximately one year into the pandemic, she faced many challenging situations. Social workers were at their wits' end after being treated like non-essential workers and forced to rotate furlough. When Appleby arrived, social workers were returning to work and needed support. Many shared decreased professional fulfillment and economic injustices. They felt stressed, angry, and tired. Appleby gave them space to share their experiences. Patients were still extremely sick and often dying with no visitors. Social workers at Abbott Northwestern got a crash course in death and dying and caring for the critically ill.



Kayla Appleby, MSW, LICSW

To move forward, it is helpful to look back. There are not enough social workers in long-term care. Constantini is on a leadership team that recognizes the problem and is applying for \$10-20 million in funding to help fill this need. All social workers should advocate for the profession: for an increase in pay and for understanding the need to have social workers be considered part of the essential workforce of long-term care. Appleby supports flexibility, time off, and bonuses for her staff. As she looks to the future, she acknowledges the huge hole made by social workers leaving healthcare or changing to at-home roles. The question remains how to recruit social workers to work in hospitals and nursing homes? While it may be hard to see a bright future ahead, for those social workers still working on the front lines, the skills and experiences gained in the past two years are invaluable.

# Making Connections

## AEA Faculty Feature: Q&A with Professor Amanda Thooft

by Hannah Wynia

### **Tell me a little bit about your education and background.**

*I graduated from the University of St. Thomas in 2004 with my Bachelor of Social Work and then in 2007 with my Master of Social Work. I will start my Doctor of Social Work at St. Thomas in July 2023.*

### **What interests you about working with the older adult population?**

*Working with the older adult population is always different, challenging, and rewarding. Each client is unique.*

### **How long have you worked with older adults and in what settings?**

*In 2003, I started my senior year internship at United Hospital in St. Paul working with primarily older adult patients. From there, I began my career at HealthEast Care System working in their many different hospitals. In 2010, I took a position at HealthEast Hospice. And then in 2015, I joined the Associated Clinic of Psychology (ACP) in their geriatric division. At ACP I practice mental health therapy with clients in nursing homes, assisted living facilities, and senior living communities.*

### **What are some challenges of working with older adults?**

*A primary concern I see when working with older adults is that society does not give them the attention they need. I saw this to be especially true during the COVID pandemic. I discovered many people dismiss the high rates of COVID in the nursing homes claiming, "they must be ready to die anyway." I argued that many continued to have a good quality of life regardless of being in a facility.*

### **What are some of the benefits?**

*The benefits of working with older adults is that they often enjoy telling stories about their past. When asked the right question, they will often engage deeply in a conversation with you. Their perspective on life is often humbling. It is an honor to gain the trust of an older adult!*

### **What theories, strategies, and interventions do you think are most applicable to working with older individuals?**

*A few primary therapeutic modalities that I use are narrative therapy and reminiscence therapy. Older adults often experience loss when moving into a nursing home. The use of grief counseling is important to help them process the ambiguous losses they have experienced.*

### **What changes have you seen in the field in the past few years?**

*A main change I have seen in the field of social work in the past few years is that there are more opportunities for clinical social workers to work with older adults. There seems to be a plethora of jobs in all areas of social work. It is a good time to be graduating with your LGSW!*

### **Where do you think the key areas of growth within gerontological social work are going to be in the future?**

*A key growth within gerontological social work in the future I see is more support (financial, emotional, social) to the informal caregivers that are caring for the older adult population.*



Amanda Thooft, MSW, LICSW

# Making Connections

## Social Work Practice in Grief Counseling and Bereavement

by Diana Bjorkman

Beth Turbak Brown, MSW '16, LICSW, and an alum of the AEA Scholars program, is currently working as a member of the grief counseling and bereavement team at Park Nicollet. Below she shares information and insight about working in the area of hospice and grief counseling.

As a grief counselor in the area of hospice bereavement, Turbak Brown works with families and individuals of diverse ages after losing a loved one. Working with patients/families across the lifespan, she provides grief counseling that is sometimes considered the “bookends” of hospice: supporting a patient at the very beginning of the process and providing ongoing support after a loss. In addition, Turbak Brown sometimes manages the admissions intake of new hospice patients. The admissions role is very education-based and includes informing the individual and any family members about hospice care, its logistics, the enrollment process, and care plans.

Once in hospice care, a patient is required by Medicare to be checked on by a social worker once per month. At Park Nicollet, the expectation for a social worker is to connect with the patient at least once every fifteen days, or about 2-3 times per month. According to Turbak Brown, one of the most important pieces in the hospice process is to provide a support system for the patient. Deciding if hospice is the best option can be difficult and emotional for a patient and their family. In the end, if the patient is lucid enough to make a choice on their own or has an advance care directive, it is important that their wishes are followed and supported.

For many people, hospice is an overwhelming concept. For individuals in hospice care, insurance companies require a nurse and a hospice social worker to be assigned to each patient. Nurses typically see the patient one to three times per week or as needed. They offer guidance, education, support, and comfort. Keeping the patient comfortable is a primary goal. Hospice nurses have the most contact with the patient and family.

Spiritual care is offered in the form of chaplain visits as an additional support. Understanding the patient’s faith system, spirituality, religious practices, and cultural beliefs are often important in this aspect of hospice care.

When needed, patients are also offered a home health aide to assist with bathing or showering as well as with other personal care needs. There are also hospice volunteers who serve in many roles: socializing and visiting with patients, assisting with tasks around the home, and engaging patients in their individual talents.

Working with patients and families as a hospice grief counselor, Turbak Brown considers her work not only fulfilling and rewarding, but also a privilege.

For more information about Health Partners Park Nicollet Hospice, visit [healthpartners.com/care/specialty/hospice](http://healthpartners.com/care/specialty/hospice).



Beth Turbak Brown, MSW, LICSW





## What is the Area of Emphasis (AEA) in Aging Program?

The Area of Emphasis in Aging program is a unique opportunity for graduate social work students to enhance their knowledge, values, and skills in the area of aging. The AEA Scholar program was initially made possible through a generous grant from the Council on Social Work Education Gero-Ed Center and continues with ongoing support from the School of Social Work.

To learn more about AEA, check out the website: [link.stthomas.edu/AEA](http://link.stthomas.edu/AEA)

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## Thank you for your support! 2021-22 AEA Community Council Members

Carol Ashwood

Beth Turbak Brown

Annie Myers

Shelly Rottenberg

Amanda Thooft

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## Congratulations Amy Dircks!

At the Spring MGS Conference, Amy was awarded a Gerald Bloedow Scholarship. The Bloedow Scholarship fund honors the lifelong contributions of Gerald Bloedow to the field of aging and provides financial assistance to undergraduate and graduate students to further their education in gerontology.

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## MARK YOUR CALENDAR . . .

### Walk to End Alzheimer's - Twin Cities, MN

Saturday, September 17, 2022

Target Field, Minneapolis, MN

### Minnesota Gerontological Society - 47th Annual Conference

April 13-14, 2023

University of St. Thomas, Saint Paul, MN

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A special thank you to all the AEA members who contributed content for this issue, especially Diana Bjorkman, Annie Collins, and Hannah Wynia who served on the newsletter committee.

~ Katie Braman, editor