

# I Am a Geriatric Social Worker: A Walking, Talking, Living Resource For All Your "What Ifs"

Contributed by Denice Goodrich Liley, Ph.D., ACSW

It seems nearly inevitable that anyone who becomes a social worker will eventually end up functioning as the "resource" person for their family and friends, particularly when something happens to them that they are sure you just might know something about. If you are a social worker, then I am sure you can relate to those calls: Whom could you recommend for XYZ? Does this sound right to you? - or - Who would you go to if you wanted marriage counseling? {mosgoogle right}

Social work is about helping, about being an agent of change, and about knowing how to access resources. To become a geriatric social worker opened me to a world all of us will eventually become involved with--aging--aging parents, aging grandparents, aging siblings, aging friends, or aging spouses. As a geriatric social worker, I am not able to escape the fact other people are going to want to discuss the work I do.

With the initial contact, that new acquaintance may pause or gasp, and then, as though for clarity, they will pose the question, though it's more like a statement: You work with old people.

Soon, though, they will launch their conversation into some personal dilemma they feel necessary to share with you, because, of course, they are demonstrating an interest in your career, and they would really like to know whether you might have a different spin on their crisis. At times, it seems as though everyone I know has a dying parent, a family member with Alzheimer's disease, is questioning whether an alternate living arrangement needs to be considered, or knows someone who should no longer be allowed to drive.

At first, those new acquaintances who feel the need to share with me their family crisis seem a tad too friendly, exhibiting a morbid curiosity about my career choice, but over the years, I've developed an antenna of sorts for those conversations that take on that old familiar feeling. I know that, if I simply linger over the conversation long enough, the punch line will be reeled out, but--most importantly--I must remain keenly aware of the need to not say anything that could be misconstrued, misunderstood, viewed as hurtful or untimely for this person's emotional condition at the moment. I've come to refer to this sort of dialogue as the stranger/danger questions. I remain aware that I have but limited information, and many times the pieces don't fit together; however, this person wants only to talk about his or her situation and, in reality, may or may not want my take on the situation. These relationships are casual, and provide the opportunity to listen, educate, and provide support. It is the all-too-familiar social worker kind of thing we learn to do.

When the person who requests my spin on a situation is a friend, though, things become more complicated for me--the people with whom I share a special part of my life, and they, in return, share parts of theirs with me. When this happens, my role as geriatric social worker shifts the relationship to an entirely different dimension. The challenges of those "what ifs" and the losses associated with aging, disease, or disability require that the friendship take on a different flavor and tenor. It may just be that the friend I think I know is so very much more than I was ever aware.

Things become even more complicated and, possibly, tenuous when those posing the request are my own family. It is when I become the active actor in the drama, when I take on an entirely new level of exploration, when I must function not just as a consultant, but as a partner. This is when the answers to the questions must be loaded. Any future decisions automatically become influenced by the past. For me personally, these types of situations have felt as though a lifetime of decisions had been avoided and suddenly became landmines I have to dodge, with the caveat that I had to move through this treacherous ground to get anywhere, all the while hyper-vigilant to the family strife, sibling rivalry, my own feelings and reactions to what is on the line. It is simply human nature that everyone wants their own feelings to be validated, not just to be an informed, trusted resource. I've had to recognize that my need for acceptance was creeping into the mix in these types of circumstances, that the wave of my own emotions would keep the objective flavored by the subjective at all times. Being a social worker does not necessarily make these tasks easier!

These types of scenarios begin all too subtly, say by way of an innocuous phone call or a comment in passing. And each situation seems to take on its own path. There's the expressed initial disbelief: How can this be happening to me or to my family member? I've come to recognize what I label that all-too-familiar fork in the road. It might come in the form of a plea to tell that person what to do, what the future will look like, what is the best thing to do, and can they do it? When the request comes from a family member, it may not be in my best interest to respond to it. I've come to learn the wisdom of questioning when to give of myself, the sacrifices I may need to face, or what I may need to ask of my family.

As a geriatric social worker, I specialize in locating and connecting concrete resources: visiting nurse service, hospice care, aide service, transportation, housekeeping, lists of residential care agencies, nursing homes, the local Area Agency on Aging programs. The list goes on and on, but for families in need, those resources are a lifeline to maintaining some semblance of the current life. Resources provide a feeling of control when a person's world has changed and the person feels as though he or she has none.

The indirect tasks that, as a geriatric social worker, I provide are wide and deep. It's a wide variety of assistance, when it may seem as though I am not doing anything. I can listen; sometimes just being there or knowing that people can call me is ever so helpful. I help to normalize feelings and thoughts other people are having. I challenge the absurd or irrational. Many times, my non-judgmental stance has helped families to not struggle for the answer to "Why." I model and give definition to "wait and see." I provide sanity when all that is familiar

is lost. I discuss common trajectories of hospitalizations, stages of dementia, end-of-life, and strategies others have found helpful. I help formulate lists, pose questions, and address what needs doing, given the situation.

My experience as a geriatric social worker helps me to listen, and not to solve the unsolvable. Others can plead to me for something to be different, or to not be so. I help families move from what seems like the vortex of a living hell to the other side. But, most often I wish to give hope for the future, for healing and recovery from the loss and pain. I listen to many people's darkest moments and provide comfort.

As a geriatric social worker, sometimes it seems like I specialize in the "Final Act"; I am sure I have been to more funerals in my lifetime than I have to dinner parties. I know funeral music and common passages read. I am sought out to help choreograph many a funeral. At one point in my work, I went to the wrong mortuary for a funeral, and I knew people there! It was clear that I was spending way too much time attending funerals. What music, what readings would be good? What do you think the person would have liked? These are questions friends and family have no hesitation to ask me.

Lastly, as a geriatric social worker, I've come to enjoy describing my work like when I was a child looking out the window: It is winter, it is snowing outside, it is cold, and the sky is clear sky. There is fresh snow everywhere. I have my face pressed to the window. I am experiencing everything outside, but I also know it will be so different when I cross the door and get to go outside. I share these experiences with many people, friends, and family, but it is a very different and unique experience when it is my mother, my brother, watching my husband cope with the dementia of his mother, or a close friend selecting a nursing home for a parent. Each situation is unique for each of us.

As I chose my career in geriatrics, I did not know the privilege I would have of sharing the most private moments with people. I would witness the "Aha" moments. I have my own secret moments when I fear, when I observe carefully to notice a "change" in those I love, to be prepared to anticipate, to be forewarned—but, mostly to acknowledge and treasure how very precious life is, and how lucky I am to be able to share in people's lifetimes, to celebrate our human connectedness. I am a geriatric social worker!

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