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Remote Area Medical Volunteer Experience

Remote Area Medical (RAM) is a non-profit volunteer medical relief corps that provides free medical, dental and vision services to people in need, both in the US and around the world. In October 2014, a four day clinic was held at the Seattle Center. Twenty-two social workers volunteered, offering advocacy, information and referral, brief counseling and a sympathetic ear to some of the 3,386 patients who attended.

RAM was founded in 1985 to operate short term medical, dental, and vision clinics in inaccessible areas in developing countries. In Seattle, the clinic was sponsored by Seattle/King County, 75 organizations from across the State, and many individual donors.

The patients got in line starting at midnight at Seattle Center Arena. Numbers were given out at 3 AM and doors opened at 6. When the numbers for the day were all distributed, no additional patients were admitted, and those still waiting had to try again the next day. No fees were charged, no questions asked about citizenship.

RAM reports on total services provided: 1300 tooth extractions, 1446 lab tests (GH provided,) 1,365 patients received medical care with diagnoses of hepatitis, breast cancer, diabetes, cancer metastases, thyroid problems, liver disease, kidney disease, and so on. At vision services, over 1000 pairs of glasses were delivered and diagnoses made of glaucoma, cataracts, diabetic retinopathy.

Average age: 45.

The level of unmet need we encountered was truly sobering. We saw many patients who needed follow-up care, needed operations, needed biopsies, mental health care, who had no idea how to proceed. Some, with Medicaid, came to get services not covered, especially in dental care.

Would I do it again? In a minute! The decision for holding this again in 2015 is almost finalized. Would we do things differently? Yes! We need to be imbedded more in the various clinic, to have staff at more than one exit, to offer services to those waiting in line to get in, in the wee hours, and have our resource handouts streamlined. We'll need more people! Who's willing to help?

Contact: Mary Weatherley, LICSW, weatherley.mary@gmail.com

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Still Alice Movie Review



Still Alice tells the story of Dr. Alice Howland, a well-regarded and ambitious linguistics professor who, at the age of 50 and in the prime of her career, notices that she is having trouble remembering words that once came to her easily.

Gradually, she notices other lapses in her memory and cognitive functioning. She loses her way while running on campus one day and realizes that there is more going on than "normal" memory loss.

Alice's diagnosis of early onset Alzheimer's disease comes as a shock to Alice (Julianne Moore), her husband John (Alec Baldwin), and their three adult children. The story follows the emotional roller coaster this family experiences as

Alice's disease progresses. Moore skillfully portrays a woman who is losing everything that has had meaning to her. The emotional and physical transformation of her character is realistic and powerful.

Although this is a fictional story, social workers and others can learn a great deal from it. There is sadness, anger, and fear, as well as joy and love, as Alice and her family learn to navigate their journey with this devastating illness.

In the early stages of her disease, Alice devises ways to test her memory. She makes a plan and leaves instructions for her future self, but will she be able to carry out the plan at that future time? In one scene in the movie, Alice gives a speech to a group gathered for an Alzheimer's conference. She tells the audience, "I am not *suffering*. I am *struggling*."

Still Alice - both the film and the book is highly recommended for social workers and others who want to understand what someone like Alice and her family might be going through. The movie has won numerous awards, including Julianne Moore's Best Actress Oscar for her portrayal of Alice.

Reviewed by Linda May Grobman, MSW, LSW, ACSW, the publisher and editor of *The New Social Worker*.

If you would like to submit a movie review for a Social Work related movie please email to:

Sswlhcn@newsletters.com



Thank you,
social workers!

4 WAYS TO PRACTICE EMOTIONAL FIRST AID

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Promoting excellence of
social work leadership in
health care

You put a bandage on a cut or take antibiotics to treat an infection, right? No questions asked. In fact, questions would be asked if you *didn't* apply first aid when necessary. So why isn't the same true of our mental health? We are expected to just "get over" psychological wounds — when as anyone who's ever ruminated over rejection or agonized over a failure knows only too well, emotional injuries can be just as crippling as physical ones. We need to learn how to practice emotional first aid. Here are 4 ways to do so:

1.) Pay attention to emotional pain — recognize it when it happens and work to treat it before it feels all-encompassing.

The body evolved the sensation of physical pain to alert us that something is wrong and we need to address it. The same is true for emotional pain. If a rejection, failure or bad mood is not getting better, it means you've sustained a psychological wound and you

need to treat it. For example, loneliness can be devastatingly damaging to your psychological and physical health, so when you or your friend or loved one is feeling socially or emotionally isolated, you need to take action.

2.) Redirect your gut reaction when you fail.

The nature of psychological wounds makes it easy for one to lead to another. Failure can often drive you to focus on what you can't do instead of focusing on what you can. That can then make you less likely to perform at your best, which will make you even more focused on your shortcomings, and on the cycle goes. To stop this sort of emotional spiral, learn to ignore the post-failure "gut" reaction of feeling helpless and demoralized, and make a list of factors that you can control were you to try again. For instance, think about preparation and planning, and how you might improve each of them. This kind of exercise will reduce feelings of helplessness and improve your chances of future success.

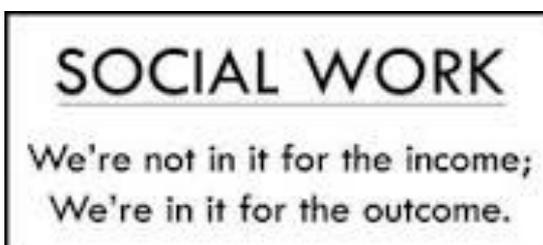
3.) Monitor and protect your self-esteem. When you feel like putting yourself down, take a moment to be compassionate to yourself.

Self-esteem is like an emotional immune system that buffers you from emotional pain and strengthens your emotional resilience. As such, it is very important to monitor it and avoid putting yourself down, particularly when you are already hurting. One way to "heal" damaged self-esteem is to practice self-compassion. When you're feeling critical of yourself, do the following exercise: imagine a dear friend is feeling bad about him or herself for similar reasons and write an email expressing compassion and support. Then read the email. Those are the messages you should be giving yourself.

4.) When negative thoughts are taking over, disrupt them with positive distraction.

When you replay distressing events in your mind without seeking new insight or trying to solve a problem, you're just brooding, and that, especially when it becomes habitual, can lead to deeper psychological pain. The best way to disrupt unhealthy rumination is to distract yourself.

~ Excerpt from Guy Winch's TED Talk, [Why we all need to practice emotional first aid.](#)



BENEFITS OF THE SSWLHC SCHOLARSHIP: A STUDENT SCHOLAR'S PERSPECTIVE



Asher Gimness, SSWLHC Board Member at Large & 2014 Scholarship Recipient

In the summer of 2014 I was honored to receive the SSWLHC scholarship. Since receiving the scholarship, I have gone on to establish meaningful, education-supporting relationships with the leadership at Harborview Medical Center's, Mental Health and Addictions clinic. The leadership of the Psychiatry and Behavioral Health Department has also been instrumental in my practicum education. The SSWLHC scholarship has been of great benefit to me as I develop my education and career with

social work leadership in health care.

In addition, the scholarship has also connected me with the Washington State Chapter of SSWLHC. This connection has been excellent, as it has afforded me terrific volunteer and networking opportunities. As a volunteer, I have been able to contribute to multiple events sponsored by SSWLHC-WA, including their annual legislative conference and their annual educational conference and resource fair. Reconnecting with volunteerism has been great for me. Likewise, as a networking opportunity, the SSWLHC scholarship has also been great.

This award has allowed me to connect with likeminded individuals as I work to collaborate with both my peers and my community. The resources and support I have found within this networking opportunity have been very positive experiences.

Asher is currently entering the final quarter of his MSW program; he is an advanced practicum student at Harborview Medical Center where he studies SW Administration and Geriatric Social Welfare policy.

REMINDER: UPCOMING EDUCATIONAL CONFERENCE AND RESOURCE FAIR

Tuesday, March 24th 2015 3:00pm to 7:00pm

Mountaineers Club
7700 Sand Point Way NE
Seattle, WA 98115

www.signmeup.com/105180

Assessing Rehospitalization Risk: ...And Then What?

Selena Bolotin, MSW, Director of Care Transitions and Patient Safety, Qualis Health.

Bringing Dignity and Grace to the Health Care Table: The Value of the Social Work Perspective in Resolving Ethical Issues

Brian Giddens, LICSW, ACSW, Director of Social Work and Care Coordination, UWMC



Mountaineers Club