

Pediatric Social Work

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Introductory Guide to Pediatric Social Work

By Kaitlin Louie

Pediatric social workers work in inpatient and outpatient medical settings to support children who are experiencing chronic and/or severe medical conditions. They also work with the families of pediatric patients, providing emotional support, care coordination services, connections to important resources, and assistance in navigating the medical system and communicating with medical teams. Pediatric social workers typically work in the pediatric departments of hospitals and medical centers, but may also work at private practices and clinics, community health centers, and other settings that provide medical care to children and adolescents.

Challenges that pediatric social workers can face on the job include shouldering the emotional burdens of families in distress, inadequate resources to help each client as much as they would like, and overwork. Despite these challenges, however, many pediatric social workers find the field to be deeply rewarding due to the meaningful relationships they develop with patients and their families, and the positive impact of their work.

Social work students who are interested in becoming pediatric social workers should prepare for this demanding field by completing their field practicums in medical settings if possible, and by taking coursework that relates to medical social work and caring for children and families. Working with children in a service capacity through volunteer work, internships, and other avenues is also helpful, as is meeting with current pediatric social workers to gain an understanding of this field.

What Pediatric Social Workers Do

Families of children with serious medical conditions often experience intense hardships that can negatively impact their mental, emotional, social, and financial well-being. They may also have difficulty advocating for themselves and their child in a complex and at times confusing medical system. Pediatric social workers provide a wide variety of services to assist these families, including but not limited to individual and group counseling, guidance in applying for insurance and other benefits, connections to community resources and support systems, crisis interventions, and facilitating effective communication between patients, families, and the larger medical team.

Pediatric social workers are typically assigned to one or more medical departments or units, and work with specific medical

teams. DeEtta Barnhardt, who works as a Licensed Clinical Social Worker at Lucile Packard Children's Hospital Stanford (LPCHS), explained how social worker services are structured at LPCHS in an interview with OnlineMSWPrograms.com. "Each social worker works with specific medical teams depending on their assignment," she explained, "For example the liver transplant social worker works primarily with the GI team and Liver team in addition to the PICU team if their patient is in the PICU. I on the other hand follow all services except those listed above (cardiology, oncology, transplant, and CF) so I work closely with all the other medical specialists."

While the teams and specific medical conditions that pediatric social workers interact with and encounter may vary depending on their assigned medical unit, their core responsibilities to pediatric patients, their families, and medical staff stay the same. Below is a more detailed explanation of the types of services that pediatric social workers provide to patients and their families.

Emotional Support and Counseling

One of the primary responsibilities that pediatric social workers have is helping young patients and their families cope with the emotional and psychological trauma and strain of dealing with severe illness. "Understandably, the greatest challenge faced by [families of pediatric patients] is the sudden or chronic infirmity of their child," Andrea Kido, LCSW, who worked as a Clinical Social

Worker in the Surgical Acute Care and Pediatric Intensive Care Units at Lucile Packard Children’s Hospital at Stanford, explained in an interview with OnlineMSWPrograms.com, “Patients I worked with suffered from conditions as relatively mild as a perforated appendix or supracondylar fracture (broken elbow), to very serious mitochondrial or autoimmune disorders (e.g. lupus nephritis or Leigh syndrome).”

Children who are afflicted with acute or chronic medical problems can experience sudden and/or severe escalations in their condition, which can be deeply stressful for their parents and family. “The children with chronic illnesses would be hospitalized frequently for acute issues—such as pneumonia—to which they are more susceptible and for whom it could mean a severe deterioration of their condition or even death,” Ms. Kido said, “It is during these times that families are in the most need of care coordination, resource attainment, psychoeducation, and support.”

Ms. Barnhardt described the complex, challenging, and at times deeply sad situations that pediatric patients and their families face. “Emotionally, patients and parents are often dealing with the unknown and the ongoing need to maintain hope,” she said, “They are often confused by medical terminology and differing opinions on treatment plans. Sometimes parents don’t want the patient to know what diagnosis they have, to protect them, which can be difficult for the medical team to support. Other times parents tell

their children too much information, causing anxiety and fear in the patient. It is difficult at times for the parents to find a middle ground, and of course if the diagnosis is terminal or life limiting—the patient and families are grieving, each in their own way.”

During this time of confusion, anxiety, and vulnerability, pediatric social workers provide patients and families with compassionate support and short-term counseling. Sheila Clifford, LCSW, who worked as a Pediatric Social Worker at Long Beach Memorial Medical Center, described to OnlineMSWPrograms.com, “My role with patients was to listen and validate their fears, answer their questions, and support them through some of their toughest moments.” When counseling patients and their families, pediatric social workers may use a number of psychotherapeutic methods, including but not limited to psychosocial assessments, risk assessments, supportive psychotherapy, cognitive behavioral therapy, psychoeducation, and mindfulness based stress reduction.

Note: For more information on psychotherapeutic techniques, check out our [Guide to Clinical Social Work](#).

In addition to providing one-on-one and group counseling, pediatric social workers may also facilitate larger therapeutic groups to promote intra-family communication and support. Shellie Leger, MSW, who worked at MassGeneral Hospital as a Pediatric Social Worker for six years, explained in an interview

with OnlineMSWPrograms.com, “I supported my patients/families by offering short-term psycho-therapy; psycho education regarding their child’s illness and the needs of siblings; formation and facilitation of support groups as needed, such as sibling support and family recreation; and grief work.”

Guidance and Support in Navigating Medical System

In addition to providing emotional support, pediatric social workers help patients and their families comprehend their situation, the medical system, and what processes and procedures will be involved in the care of their child.

“One of my roles was to ensure that the families and patients understood the upcoming procedures and/or their instructions when they were discharged from the hospital. It is incredibly overwhelming to have a child hospitalized and this stress undoubtedly affects the entire family,” Ms. Clifford explained to OnlineMSWPrograms.com, “Families often require multiple sessions of reviewing medications and having the opportunity to ask questions. I can remember sitting with several families as we tried to make sense out of discharge instructions from multiple doctors. It was key to understand the family system and who would be caring for the child once they went home.”

Ms. Kido also described how pediatric social workers help patients’ families find their footing and move forward with the medical team to address their child’s condition. “[Pediatric social

workers orient] families to the large and complex hospital system, and [prepare] them for what to expect; [help] them navigate the many different components of that system (from insurance benefits, to who's who on the medical specialty teams, to how to obtain a parking pass); [and ensure] they have the necessary resources to be present with their child and active in care (e.g. food, a place to sleep, transportation, letters for work and school, etc.).”

Oftentimes, pediatric social workers can be a source of stability and constancy in an environment of rapid change. “At LPCHS the social worker follows the patient and family throughout the hospitalization. Therefore, should the patient move to the PICU, I follow them on that unit and if they move from the PICU to the med-surg floor, I continue to work with them as their social worker,” Ms. Barnhardt explained to OnlineMSWPrograms.com, “Since LPCHS is a teaching hospital, the medical teams change weekly which can be difficult for patients and families. As a social worker I remain consistent in the lives of the patient and family, which is often very important to them. If a patient discharges from the hospital and is readmitted to the hospital, I will again follow them throughout their hospitalization.”

Crisis Interventions

Pediatric social workers provide support and crisis management services to families experiencing medical emergencies or acute emotional distress in response to their child's

condition. “Many families are in crisis mode and I provide crisis intervention services which would include general support, resources, referrals to appropriate agencies or services within the hospital, specific steps to follow (like homework), suicide assessments, and even walking parents to the ED for mental health assessments if needed. At times it is important to discuss death, dying, grief and bereavement,” Ms. Barnhardt told OnlineMSWPrograms.com.

“Crises were a routine aspect of the work. Because the children were so ill, they would often suffer from ‘codes’ (loss of oxygenation to the body, or cardiac arrest), complications during procedures, and “rapid responses” (immediate need for transfer from acute to intensive care),” Ms. Kido said of her time at LPCHS, “Families would need social workers to provide support, guidance, and information while the medical team was focused on the child and unable to attend to the family.”

In addition to medical crises, personal crises also occur in pediatric medical settings, and social workers are called upon to address these situations. “Families would experience their own crises in the form of panic attacks; dangerously high blood sugars from forgetting their insulin at home; fighting with an ex in the hallway; and being verbally abusive to the medical team,” Ms. Kido explained, “[Social workers] help [these families] find healthier ways to manage their emotions and situations.”

Care Coordination and Treatment Planning with Medical Team

Social workers coordinate patient care by communicating with and helping to organize all parties that are invested in a patient's medical treatment. Social workers discuss patients' needs with physicians, nurses, medical assistants, and other staff during their development of a treatment plan, and relay any ongoing concerns that patients' families have to the team.

"I work closely with the medical teams in development of treatment plans," DeEtta Barnhardt, LCSW noted to OnlineMSWPrograms.com, "The medical teams utilize Family Centered Rounds, Multidisciplinary Rounds, bedside meetings, care conferences and ongoing direct communication to include social workers in on treatment planning. I have direct access to medical teams through paging them or calling their ASCOM phones."

Social workers serve as the point of contact between, not only patients' families and the medical team, but also different teams within the hospital (both medical and non-medical) that all collaborate to provide medical care. "LPCHS employed physicians, nurse practitioners, nurses, NAs, case managers, chaplains, child life specialists, financial counselors, pharmacy techs, nutritionists, patient experience reps, and all colors of administrators, all of whom played their part in the journey of the

patient and family,” Ms. Kido explained, “Social workers document extensively in the electronic medical record, attend rounds daily, organize care conferences, and are in constant communication with other providers via phone, email, pager, and in person to communicate the issues and needs of the family.”

Through their strong understanding of their clients’ mental and emotional health, as well as their social, cultural, and financial circumstances, pediatric social workers help guide other members of the hospital staff in providing sensitive, compassionate, and consequently effective care. “This was why obtaining a thorough psychosocial assessment was so important,” Ms. Kido noted, “[O]thers were relying on social workers to know how best to interface with the family based on their unique needs and circumstances.”

In addition to communicating with the various teams within the hospital setting on a daily basis, social workers also schedule and facilitate meetings between medical teams and between patient families and medical staff. Ms. Leger noted that one of her core responsibilities at Massachusetts General Hospital was “the planning and forming of patient care conferences to assure coordination of care amongst the multi-disciplinary teams that served each child/family.”

Ms. Leger also mentioned the important role that pediatric social workers play in interpreting the at times emotionally charged

reactions that patients' families have. "[It] is not surprising that we are often cultural brokers, being educated and trained to appreciate the cognitive dissonance that ensues when there is a culture clash at play," she said, "Social workers are often integral in interpreting behavior of family members and/or patients through the lens of social norms in the context of culture, and carrying this information to the greater team."

Resource Connections

Pediatric social workers are deeply connected to organizations, programs, and other resources within and outside of the hospital setting that may be helpful to patients and their families, and actively work to connect their clients to these resources. Ms. Barnhardt explained to OnlineMSWPrograms.com, "I work closely with many community agencies and often make referrals to organizations such as the Family Advocacy Project, Ronald McDonald House, Child Protective Services, TANF/CalWorks, WIC, Public Health Nursing, the Shelter Network, Legal Aid and Make-A-Wish to name a few. I also refer patients to services within our hospital including child life, chaplaincy, palliative care and psychology."

Similarly, during her time at LPCHS, Ms. Kido "[connected] families to external resources, such as food banks, outpatient therapy, and In Home Support Services, as well as coordinating

with external organizations, such as Child Protective Services, probation officers, and attorneys/legal aid representatives.”

Pediatric social workers can also reach out to community resources on behalf of their patients; for example, in addition to providing her clients with “information and referral to all appropriate community resources,” Ms. Leger regularly conducted “outreach to school systems regarding the IDEA and ADA eligibility for [her] patients.”

Challenges that Pediatric Social Workers Face

Many pediatric social workers describe their work as both intensely challenging and deeply rewarding; oftentimes, the very aspects of their job that are rewarding are the same ones that present the toughest challenges.

“It is absolutely rewarding to work with pediatric patients and their families in the hospital setting. [...] Having the opportunity to witness the strength of [children’s] spirit and innocence is truly a gift, and imparts a sense of awe, respect, and inspiration to those in their presence,” Ms. Kido said, “The most rewarding part, however, was also the most devastating. Walking with a family, carrying a tiny piece of their burden as they process, live, and grieve the death of their child is something few people have the chance to experience. Although social workers in this position are

witnesses to the most palpable, heaviest pain imaginable, in the same moment, they are witness to the strongest love.”

Pediatric social workers may also encounter frustrations with the medical system and being unable to thoroughly address their clients’ struggles. “I feel the most challenging aspect of this work was the inherent inability to meet the needs of every family,” Ms. Kido noted, “Given the number of patients to which we were assigned, the complexity of their lives and illnesses, the scarcity of resources both within and outside the hospital system, and the expectations of the medical teams, there was simply no way to achieve everything I set out to.” When encountering this particular challenge, pediatric social workers may need to prioritize their tasks according to the severity and urgency of their patients’ needs, and accept the limitations of their own abilities, resources, and schedules.

Given the deeply involved and emotional nature of their work, pediatric social workers may also find it challenging to separate their personal beliefs and feelings from their work. “It was difficult to keep my own emotions, feelings and beliefs out of my professional role,” Ms. Clifford told OnlineMSWPrograms.com, “This was the families’ story to write. It is important to be able to recognize our own beliefs, values and traditions and ensure that we as social workers do not allow our personal beliefs to sway our professional decision-making. This can be a difficult task.”

To manage the challenges they face on the job, pediatric social workers should develop and maintain a strong and consistent self-care plan. “Self-care is a huge part of social work and I would recommend that students start their own way of ‘recharging’ during grad school,” Ms. Clifford recommended, “Whether it is exercise, meditation, or socializing, you need to start a way to take care of yourself.”

“I am also a huge advocate for healthy boundaries as a way of self-care,” Ms. Clifford added, “One of my colleagues would always leave the floor at 4pm in order to answer emails, phone calls and complete charting before the end of the day. It is so important to have balance and to have a life outside of work.”

During her time as a field instructor, Ms. Kido discussed with her student the importance of establishing healthy boundaries between work and personal life. “I encouraged the student under my supervision to set limits for himself and to leave on time whenever possible,” she said, “I recommended being responsive to the needs of the medical team, while setting limits with them as well.”

Why People Become Pediatric Social Workers

Despite the intense demands and strains of their job, the relationships that pediatric social workers forge both with their colleagues and their clients can be deeply fulfilling. Ms. Barnhardt

described the rewards of working closely with pediatric patients and guiding them throughout their medical journey. “The rewarding aspects of my job are that I am able to follow patients and families through their experience,” she said, “I sometimes watch patients improve and go home, never to return again. Other times I see patients during each admission as they transition from being “intensive care” to being “acute” and then going home, only to return again in the future. And then there are the other times, where I have developed a wonderful working relationship with a family, having seen them through many obstacles, only to be at a place that is the end. This is a very difficult time, but it means so much, to be there with a family through the last steps of hope, through the grief, the loss, and the time of bereavement, knowing that I made a difference, just from being there with them during that time.”

Ms. Clifford cited the camaraderie between her and her colleagues as one of the most sustaining aspects of her time as a pediatric social worker. “The teamwork is incredible. Some colleagues become like family since we spend so much time together,” she said. Ms. Clifford also described how the gratitude she received from patients and their families made her efforts more than worthwhile. “[T]he small gestures of appreciation are incredible,” she said, “No one goes into social work to make millions but to see the smile on a child’s face or get a note of

appreciation is priceless. It is inspiring to realize the impact that you can make on someone's life.”

Giving their clients the knowledge and the means to understand and advocate for their needs is another great reward that pediatric social workers cite as being sustaining and energizing. “The greatest reward for me was empowering the patient/family to come to the table with the greatest minds in medicine where they unapologetically demanded what they needed/wanted,” Ms. Leger told OnlineMSWPrograms.com.

How to Become a Pediatric Social Worker

The pediatric social worker's role combines clinical social work duties with medical care coordination and close work with vulnerable children and their families; as a result, social work students who want to work in pediatric social work should build strong skills in clinical counseling and therapeutic methods, crisis interventions and management, and caring for children and families experiencing hardships. At the same time, they should familiarize themselves with healthcare systems and actively seek internship experiences in medical (and if possible, pediatric) settings.

Due to the intense challenges and demands of this area of social work, individuals who wish to become pediatric social workers typically must complete an MSW degree program that has

been accredited by the Council on Social Work Education. They should also be proactive about selecting classes (and potentially a concentration) that focus on clinical social work in medical settings, caring for children throughout their development, family dynamics and counseling, trauma, and grief/loss counseling.

“In preparing to work in a pediatric hospital setting it is important that you have taken courses in childhood development, child abuse and neglect, domestic violence, death and dying, stages of grief, crisis intervention, motivational interviewing and strengths based therapy,” Ms. Barnhardt advised, “Additional classes that could help are individual and family therapy, mindfulness, psychology based courses (personality disorders, bipolar, depression, etc).”

In addition to completing relevant coursework, social work students interested in pediatric social work should seek field practicums in hospital settings and/or settings that allow them to work with children and their families. “I recommend that you try to find a field placement that allows you to work with pediatric patients and their families,” Ms. Barnhardt explained, “Ideally, this would be in a hospital; however with there being few pediatric hospital internship possibilities in the area, working in an organization that has direct patient contact with children and families such as CPS, schools, homeless shelters or clinics would all be beneficial.”

Ms. Kido recommends that students go beyond their field practicums and try to find additional experiences through fellowships and other programs after their MSW program. “[Pediatric social work] is definitely the kind of work that you learn through doing,” Ms. Kido noted, “Thus, getting an internship (or two) in an inpatient setting would be a great way to prepare for full-time employment. Because the internship is quite short and protected, however, I would also recommend a post-grad fellowship.”

Ms. Barnhardt also noted to OnlineMSWPrograms.com that researching and preparing for the social work licensure requirements in one’s state of residence is very important. “Researching and navigating all the requirements for licensure is also something that students should devote proper time and planning to,” she said, “North Dakota and Minnesota are different than California, in that you must take multiple exams to become clinically licensed.”

Even if social work students are unable to obtain a field practicum or post-graduate fellowship in a pediatric setting, there are ways that they can gain relevant experience. Ms. Clifford advises social work students to explore volunteer opportunities, and even apply for non-social worker jobs in a pediatric setting, just to familiarize themselves with the medical environment. “If you are serious about a certain population, volunteer if you can or

try to get a job,” she said, “I worked as a unit secretary, which allowed me to be exposed to the roller coaster of emotions in an intensive care setting. Although my role as a unit secretary was mostly administrative duties, it exposed me to diagnosis.”

Pediatric social work is a field that requires a great deal of preparation, compassion, skill, and resilience. It is not a field for the faint of heart, as its daily work involves holding up and guiding children and their families during some of the most trying and potentially tragic moments in their lives. However, with the rigors and difficulties of this profession come deeply rewarding relationships with clients and colleagues, and the knowledge that one’s work has a powerfully positive impact on the quality of medical care that pediatric patients receive.

About the Author: Kaitlin Louie is a content writer and editor who writes articles for OnlineMSWPrograms.com. She received her bachelor's and master's degrees in English from Stanford University, and aspires to be an author of fiction and creative non-fiction.

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