Editor Introduction 15-4

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To link to this article: https://doi.org/10.1080/15524256.2019.1678241

Published online: 21 Oct 2019.

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Welcome again to the *Journal of Social Work in End-of-Life and Palliative Care*. Hard to believe how far we have come since Volume 1 about 15 years ago! There has been tremendous growth in the breadth and depth of the field itself but even more so for social work practice and research in end-of-life and palliative care. I absolutely expect this to continue. To continue publishing work that will be useful in social work and interdisciplinary practice is our collective responsibility. I hope all of you will give consideration to contributions (manuscripts) you may be able to submit to the journal through any of the formats: Reflections, Practice Concepts and Innovations, Regular/Featured Sections. See instructions for authors on the journal website for further specific information about how and what to submit. Everyone can play contribute, even if you don’t think you have ‘anything’ to write about or aren’t doing research, but maybe a colleague. Suggest to your colleague that he or she should submit to the journal for publication. This is just one simple way to continue to support talk it up! Make sure colleagues who aren’t part of SWHPN know about the organization and the journal and opportunities to make a contribution on a larger scale. Through all this we can further support ourselves in this challenging but rewarding work!

Now to the current issue …

Much of our work in this field and in social work focuses on loss and helping individuals, families and communities to deal with loss and the psychosocial problems that may arise as the loss is experienced. Loss may have many layers of depth that social workers to assess and consider in developing treatment plans. In the first of two ‘Practice Concepts and Innovations’ articles in this issue, Van Pevenage and colleagues describe a cartography tool that maps factors that may influence caregivers’ experiences of loss. The goal is to be able to visually see the areas where intervention to support caregivers’ may be needed for positive coping. Information from this type of assessment may help the caregivers as well as the entire health care team to understand the needs during a time of loss. The second article also deals with loss of a different nature. Cerone addresses the topic of anticipatory loss in the acute care setting. Acute care settings demand that interventions be limited to brief therapies and practical approaches due to the short time social workers will have with seriously ill individuals and families. Described is how a person-centered and brief psychodynamic therapy can be used together in order to explore individuals’ and families’ wishes as they confront serious/critical illness and experience of hoping for a cure at the same time also preparing for a loss. Case examples are presented to help illustrate how using simple open-ended questions may help individual be able to share their wishes openly and gain more of a sense of autonomy in a situation of much uncertainty. Finally, Bennett presents a review of available literature regarding the Permission, Limited Information, Specific Suggestions, and Intensive Therapy model (PLISSIT) for discussion and intervention regarding sexual concerns. The model has been used in many types of health and mental health settings. Bennett was interested in exploring its usefulness with individuals receiving palliative care and offers some speculation about
how this could be used in the field and suggestions about areas for much-needed future research.

We are pleased to announce a forthcoming special issue in the next volume! Issues of Grief and Bereavement Across the Lifespan. So stayed tuned!

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