

Jen Yanez Pryor (00:01.489)

Hello and welcome to Aging For All. We're your hosts, I'm Jen Pryor.

Andrea (00:06.462)

And I'm Andrea Price and thank you all for joining us today.

Jen Yanez Pryor (00:10.105)

On today's episode, we have the pleasure of speaking with Morgan Alexander, a licensed master social worker currently contributing to Village MD Atlanta Market. With over 15 years of experience in case management across various healthcare settings, including acute healthcare systems, outpatient clinics and hospice care, Morgan brings a wealth of expertise to the table. Morgan has earned her bachelor's degree in psychology with a minor in African-American studies

University in Richmond, Virginia. She furthered her education by obtaining a master's degree in social work from the same institution and currently she is pursuing a master's degree in gerontology through VCU online with plans to graduate in May 2024.

Morgan is actively engaged in the gerontological community and serves as a student representative for the Southern Gerontological Society, an organization that she recently presented poster in the 2023 Norfolk, Virginia Conference. Her poster showcased her dedication and commitment to advancing gerontological research and practice.

Additionally, Morgan is a student member of the Association for Gerontology, Education, and Social Work, and a proud member of Pi Gamma Mu International Honor Society and Social Sciences, the Virginia Mu Chapter. Beyond her academic pursuits, Morgan is a member of Alpha Kappa Alpha Sorority, Inc., where she remains actively involved in community service initiatives.

Known for her vibrant personality and passion for connecting with people, Morgan embodies a spirit of warmth and inclusivity in all of her endeavors.

Andrea (01:54.806)

Hello and welcome, Morgan.

Morgan Alexander (01:56.93)

Thank you for having me. Thank you, my goodness. That was awesome.

Jen Yanez Pryor (02:01.158)

We are so excited to have you with us today.

Morgan Alexander (02:04.896)

I'm excited to be here. I just like I'm passionate about what I do. So I just love talking about it. Yeah

Andrea (02:10.378)

Awesome. We're excited that you are a part of the VCU family in so many different ways from undergrad, social work, grad school, social work, and now gerontology master's program. So can you tell us a little bit about your experience in the gerontology program?

Jen Yanez Pryor (02:10.693)

Thanks for watching.

Morgan Alexander (02:27.934)

Oh my goodness, well I tell you, yes, so I grew up in Richmond, but right now I currently reside in Georgia. So having this online option through the department has been a godsend. It's just been something, a passion of mine, I've loved Virginia Commonwealth University and just the city as a whole. So to be able to come back a third time and still achieve what I want to achieve, build the relationships I wanna build and continue.

to serve that community as well as build here in Georgia. It's been awesome. Jen has been a lifesaver since the very beginning. I am one who needs a lot of handholding. So I ask tons of questions from the very beginning of it all and she's been with me. So thank you for that, Jen. The professors have been amazing. The department is amazing. And I'm kind of sad actually that it's coming to an end because I've been so...

I've been so tuned in and so grounded. I've learned so much with this program. I've been so supported, not just professionally, but personally. And that is really, it's really important to me to have those connections. So I still want to somehow be connected even though I'm states away. I love the department.

Jen Yanez Pryor (03:43.845)

Well, Morgan, I have to say thank you first of all. But also, you may not have a sense of this yet, but there's always a role for our alumni in our program. And so we're so excited to have you graduate and move from student to colleague, because I think there's so much that we can do together. Just the fact that you're layering this gerontology training on top of your extensive career in social work is really exciting.

A lot of the work that you've done with case management has really, I think, probably grown and developed as you've moved through this program. And I'm hoping that you can share a little bit with us about that work and the work that you do with studying power dynamics in healthcare.

Morgan Alexander (04:33.63)

goodness it's I'm trying to see where do I begin um that's like yes so I've graduated from the social work program in 2008 and even at that time I you know I minored in the certificate program so that is where I kind of got my start with aging studies my internship my field practicum was actually with Commonwealth Catholic Charities and I

worked with their home care program, and I was more of a companion, and I started going out into the homes. But it wasn't necessarily just so much with older adults, but just even adults in middle age that might've been on disability. So I learned a lot about those waiver programs and the Medicare Auxiliary Grant that helps place people in personal care homes. And so that was my first experience with it, and that's kind of where I fell in love with it.

And from there, it just kind of grew. Once I graduated in 2008, I started right out the gate. I got a job with Davida Incorporated. So I started with dialysis. That's where it started. And personally, I will say that, you know, just watching my mom care for my grandparents, it just, I kind of took on that role and then just kind of watched what she did. So then working in dialysis and building that rapport.

learning from the nephrologist, learning from the nurses, it just kind of made me want to just kind of grow more as a person so I can advocate, not just for my patients, but for my family. Yeah, the more you know in healthcare, the better. Sometimes we get into this field, or sometimes we're going to see doctors, we don't know the questions to ask. We're just being told, hey, you have diabetes, hey, now you have high blood pressure, and you're like,

Okay, yeah, you know, and it's nothing, they can be explaining it and you're thinking the patient may understand it, but really they're just kinda nodding, going along, they don't know what it is, they don't even know what questions to ask. So I've just learned that as a social worker, it's my job to help kinda advocate and empower my patients, so that way they are informed to the best of their ability, so they know what to ask and how best to get the care that they need. So that's just what I've learned over the years and that's what I continue to do.

Andrea (06:57.974)

So you see this from both a personal perspective and a professional perspective, which I think bringing those two together in your work really, really matters because families are on the other side of what you're experiencing, along with the patient, along with the provider. Can you speak a little bit more about the importance of just understanding power dynamics in these settings?

Morgan Alexander (07:20.21)

Yeah, now it's just, in my experience over the years, you know, I've gone from dialysis to acute hospital settings and then on to hospice. So I've seen, you know, the progression of the life stages, which is pretty remarkable and an honorable thing. I can't even begin to describe to you just how honored I was to be a part of that, to be a part of their lives. But.

You know, you're working with doctors and you're kind of in the middle, you know, because you have your doctors and your nurses, your nurse practitioners, and then you have your patients that you're serving. So you're kind of, you're advocating for whatever organization you're working for. You know, they have policies, they have standards that you have to go by. And then also as a social worker, we have, of course, our code of ethics that we go by. And then we have our patients. So we're trying to balance all of this, you know. And so you get to just kind of observe.

the dichotomy and the inequity between it, the inequality, the hierarchy, basically, and you're watching this and you're seeing that power struggle. So you have your doctors that kind of come in with their clinical model, their medical model. That's how they're taught. It's a male-dominated society that we're in. It's very patriarchal. And then you have all types of cultures and backgrounds, socioeconomic status.

Of course, they're on fixed incomes, they're not making as much as they used to, they don't have the access to nutrition or healthcare benefits like they used to, you know, they're dealing with Medicare, Medicaid, so many different things. So sometimes that power differential is not being talked about, it's not being addressed. And so the work that I started looking into is really, you know, from Elaine Penderhughes and it talked about power over and power with.

So, you know, power over, of course, you're talking about just the domination, the privilege over someone. And that's where, you know, it may not even be conscious. Of course, it's not conscious some of the time. You know, doctors and, you know, practitioners, or even us coming in, you know, from the field, just even in the home. You're not thinking about like, oh, okay, well, this is where they live. It's very low budget. It's, you know, some people may come in and they just wanna, oh my goodness, it's so crowded. It's so hoarded. It's so, oh, all this stuff is chaos.

Morgan Alexander (09:42.614)

and you just wanna initially call APS or put a report in, take time to sit down with the patient or the client, depending on where you are, or the resident, and maybe just kinda discuss where they are. Meet them where they are. That's part of our code of ethics. We meet them where they are. They have that right to self-determination. It may not be the best decision that we would do for us in the situation, but that just, you know, they still have that right. So, I like kind of,

Bringing that balance in instead of power over to power with so that comes with just building that trust with our clients having that rapport and having empathy and compassion with them and Actually just kind of taking time out to listen to their needs to see how we can better help them. So That's that to me is how I look at the power differential

Jen Yanez Pryor (10:39.053)

I love that. That's really helpful and I think really important to point out because I think that, like you said, Morgan, it's one of those kind of invisible, not talked about things when we're in these situations with our providers. We don't think about the power dynamic there. Is what you're describing kind of this model that you use, this respect model. I was wondering if you could talk a little bit more about what that is.

Morgan Alexander (11:04.954)

Yes, so the Respect Model actually was created by Carol Mostow and a task force out of Boston University. She is also a licensed clinical social worker. She's a maze balls. Like I've had a couple conversations with her, so that's pretty cool that I was able to touch point with that. So

the Respect Model, it stands for respect. I kind of want to break out in song to be honest, it's classic, but it stands for right, like, hey.

Andrea (11:29.018)

Alright.

Morgan Alexander (11:32.898)

It stands for respect, explanatory model, social context. So with social context, you're looking at like their social structures, their support system. And then P is for power. And then we have E for empathy, C for concerns, and T for trust. So, and again, as a social worker, I had to realize some of these, I was already kind of practicing. Some of these I already knew about.

and because it just kind of comes along with the training that I've had. But it doesn't mean that there's not checks and balances for me along the way. I've been in, you know, this career, this field for 15 years. So comes with that, you know, some compassion fatigue, you know, you may get a little tired. Sometimes we get overwhelmed. I have 11 year old twins. I'm in grad school, you know, so you have to take all of that into consideration when you're working with your clients too, like.

So it never hurts to just kind of do a checks and balances and just kind of learn. So with that model, you kind of just work the steps and work the process. I can show you better than I can tell you, I guess. It's like I have to work on it, but yeah. I'll give you an example. I had, and please forgive me if I refer to them as patients, but I work in a primary.

care office, so that's how we refer to them. But I have a patient and she came in with her two daughters. She has Parkinson's disease and her tremors, her physical symptoms are getting worse. Her two daughters wanted the physician assistant to convince her to move to a long-term care facility and out of her home. And...

the physician assistant was like, what do I do? I don't know what to do. Of course she can tell her maybe from a physical standpoint, a clinical standpoint, yes, physically, we have to look at your safety. We have to think about those barriers that can come into play. Can you still drive? Can you still cook? Can you still live on your own? Things of that nature. But to actually take someone's autonomy away and say,

Morgan Alexander (13:59.582)

you can no longer live in your home, you need to be in a long-term care facility. Is that what we should be doing? So, I didn't use the respect model at the time but since then, I've kind of taken that example and kind of broke down each step to look at where I could've enhanced, you know? There's room for opportunities and where I did succeed and I can say, okay Morgan, yeah you did. You know, you did say that.

So we definitely know I have E for empathy. That's me. And R for respect. I'm getting better with the second E for explanatory model, explanatory model. Well, I use motivational interviewing.

That's how I do. I ask open-ended questions because I want to, of course, elicit a response from my patients to figure out their needs and to find out what they're looking for. So I don't know. Do you wanna run it with me?

What do you think? You want me to keep going?

Andrea (15:01.506)

You know what, I don't think it would hurt to role play a little bit in this moment, actually, Morgan. I think that would be amazing for just our listeners to kind of get a sense of what this is in action and how it is for you to work with people every day using motivational interviewing, this respect model, the power over rather than power with instead of power over. So just look, we can do a quick snippet. I don't think it's a bad idea. Let's go.

Morgan Alexander (15:06.777)

You wanna?

Morgan Alexander (15:24.27)

Yeah.

Morgan Alexander (15:28.918)

Oh my goodness. Okay, so let's see. So let's use my patient. We'll just call her Mrs. Smith, okay? And you guys wanna be the two daughters? I mean, cause they came in hot. They came in hot. They were like, she can't live at home. What do you wanna be? Who do y'all wanna be? Yeah.

Andrea (15:51.246)

She cannot live at home. What do you think, Sister Jen?

Jen Yanez Pryor (15:54.967)

Oh, no, absolutely not. She cannot be on her own at all. She needs to be in a facility

Morgan Alexander (16:00.002)

Mm-hmm. Yeah, that's where she needs to go, right? Okay. Okay, okay. I hear you, I hear you ladies. Mrs. Smith, hi, I'm Morgan. I'm the social worker here. And I just wanna talk to you and kinda get your perspective of things and see what's going on, okay? And her response to me was.

Jen Yanez Pryor (16:05.081)

Nope, that's where it needs to go.

Morgan Alexander (16:28.282)

She knows that her situation is getting worse. She was totally alert and oriented. She knows it's getting worse. And she was on more medication. They were increasing her medications. And

she said, I'm just sad. She didn't want to leave her home because what I found out from her was that her husband just died. And the daughters were coming in and starting to sell off his things.

and they were getting ready to sell the car, the car that they had for their very first date.

So it was way deeper for her than just, you know, I don't wanna just leave because he's here, but you know, he's gone and she's still grieving. It hadn't even been six months yet. So, and all the while, you know, she started, you know, telling me this and talking about it, then I reached for the tissue. Again, empathy. Now she's crying. Her daughters are still sitting there. You two girls, check on your mom.

You know, our daughter's just sitting there and there. I know, I can understand their concern because again, you have to also have empathy for the daughters. They're not being mean, they're just trying to help her out. They want her to be safe. They wanna, you know, so you have to respect everyone's viewpoint, be objective, and build that bridge between everyone. So we all know that with empathy, that builds respect and that builds trust anyway.

you have better health outcomes. So let's just take a moment. And of course, you're in a setting like that, your time is limited, you have patients that have to come in, you know, quota, you have to meet numbers and things like that. But just a little bit of time, just within those five minutes of just giving her that moment to just grieve her husband and kind of let it just sit for a minute to actually hear her kind of help the daughters and it helped me as well.

Morgan Alexander (18:31.234)

and it helped the physician assistant. So I hope that kind of, I know I didn't go over each step, but I hope that kind of demonstrates how we can just take our time, hear the patient's concern, and take our time to build that trust, and then think of what's the next step so we can all share that power together and come up with a good plan. Because then maybe instead of her going to an assisted living, we can have resources coming to the home.

If we're selling off the car, that might free up some money to maybe get a caregiver a few hours a day. You know, so it just depends on what she needs, but let's talk about it. Let's not just shut her voice and silence it. So that's how I use the model.

Jen Yanez Pryor (19:20.697)

Very good. I love the example and how you kind of walk through that Morgan. I thought that was really helpful. And you know, some of the tools that you bring into this with the motivational interviewing and, and all of that, you know, I think that we.

try sometimes to make this more complicated, right? To connect with people and to really understand their situations. But the way you've described it is just simply listening and looking for solutions with the person, right? It makes me think about, you know, there's not a Morgan Alexander in every hospital or clinic or everything. How do people advocate enough for themselves to find a social worker or a care partner or an advocate?

Morgan Alexander (19:40.739)

Mm-hmm.

Jen Yanez Pryor (20:08.592)

If there is one or do you have tips for people on what they can do if they don't have you sit next to them?

Morgan Alexander (20:17.042)

I tell you, that's a very good question. Oh, Jen, my goodness. Um, that's a very good question. Um, I...

Andrea (20:23.722)

Thank you.

Morgan Alexander (20:30.066)

I always tend to, and again, that's just me and I guess my analytical brain, I'm constantly questioning who can I run to. You know that song? I mean, that was a good escape song, I guess. But like, who can I run to and who can I turn to, who can help me? I don't like asking for help, but if I know that it's something that's outside of my scope at this point, if it's going to benefit me, I need to bring someone in. So, not being afraid to ask for help.

Andrea (20:40.956)

Yes.

Morgan Alexander (21:00.05)

That's number one. Number two, if you're in a hospital situation, patient advocate. There's a patient advocate and there's a patient rep at every hospital. You can try the doctor, you can try the charge nurse, but if you don't get through to anybody, even the unit secretary, if you don't get through to them, go above them. I hate to say that because we're talking about power here. But you wanna, you wanna, you know, it's like, but you want, right. You wanna, at that point, use your voice, use your power.

Jen Yanez Pryor (21:24.874)

Use your power, right?

Morgan Alexander (21:30.058)

advocate for yourself and say, I wanna talk to the patient advocate, I wanna talk to the patient rep. If you're in a long-term care facility, there are ombudsman programs, you know, but there has to be, maybe even if it's a trusted employee that's there at the facility, that you can just say, hey, who else can I talk to? Who else? Because to be honest, the respect model can even work even in teams, in organizational views, because there's still hierarchy there.

Everyone has a role to play, even down to environmental sciences. Everyone, you know, touches that patient at some point, and we should all be working together to make sure that they receive the best care. But I know that doesn't always happen. Also in your family, maybe check on that. I recently had a patient, you know, his mother was ill and at the hospital and she was getting ready to discharge and he wasn't even sure who to call. And he's like, oh,

my family's so busy I don't know what to do. And I'm like, okay, well tell me a little bit about it. Who's your support system? Who do you have? Oh, well I have a nurse in this county. I mean, I have a cousin in this county and she's a nurse at the hospital. What? Oh, my best friend, you know, my best friend does real estate, you know, because I don't have to think about like selling off her property and what, you know what I mean? So sometimes you even just kind of have to take a step back. But again, he didn't want to burden his family.

He didn't, he didn't want to be a burden, but you're going to have to rely on them because they have that expertise. They have that knowledge. So let's see who we can turn to. If you don't have me beside you, but if I'm with you, I'm going to go hard in the bank. That's it. Yep. Call me.

Jen Yanez Pryor (23:11.358)  
I'm calling you Morgan.

Andrea (23:15.191)  
Yes, yes, that's amazing. So how have you seen your work, you've done this work for 15 years, transformed through this model? What have you seen the benefit in your practice from using this respect model?

Morgan Alexander (23:31.81)  
Only with me. And then now I have to reference this back to the Department of Gerontology because now this has me, going through this program, it has me seeing the bigger aspect of it. I've been just so, you know, in my micro bubble with direct care, you know, one-on-one care with my patients and clients. So now I'm using this program to leverage what's next for me. How can I get this out there?

Andrea (23:41.87)  
Mm-hmm.

Morgan Alexander (23:57.082)  
Because the respect model, even though it was formulated out of Boston University, it was designed for underprivileged youth. It was made more so because they're in the inner city. So they saw a lot of crime activity and a lot of young men coming in. So it was built to help the residents and kind of bridge that gap between the physicians and the residents and then, of course, the youth that was there, the population that they were serving. But I see how this can play a part.

with our older American population and the biases that they face and the negative stereotypes that they just have is old and frail and feeble and, oh my goodness, they have dementia, so now I get to make decisions. No, you don't. Do you have power of attorney? Did anyone rule them incapable of making decisions? Let's take a step back. Let's not silence them. You know what I mean? So that's my next step, is to figure out how to get this model out for.

everyone because we can all benefit from this.

Jen Yanez Pryor (24:58.925)

I love that. That's, and you know, I think that we see that pattern a lot, right? Where we have models created that start with children and then we realize, oh wait, this also applies to people midlife, later life, and all the way through end of life even in some cases. And, you know, one of those things, I think that...

We haven't really talked about with you yet, was trauma informed care started with children? And now we're seeing it being applied and talked about with respect to people living in nursing homes and how we interact with the people on our work teams and just really taking a moment, right, to understand people and where they are in relation to kind of us and our own stuff, right?

So it's interesting to see this. And I love that you're kind of looking at some of these models and how we can pivot and apply them to other areas in our lives that we don't need to reinvent the wheel, right?

Morgan Alexander (25:54.639)

Mm-hmm.

Morgan Alexander (26:10.35)

Right, right. And even this model was then based off of other models that she's founded and just kind of, let's use the tools that we have so we can really make a difference. Let's all just work together. And so I also wanna try to, I can go so far with this, but I do wanna try to work with the model too in regards to teams, because just being in long-term care settings and just even down to the CNAs and everything that they endure.

Jen Yanez Pryor (26:21.081)

Absolutely.

Morgan Alexander (26:39.622)

Because we all go through so much. Who can we rely on? Who can we talk to? How can we process, you know, when we lose a resident? Like, you know, so this model can be used in so many different ways to help us all just be more mindful and more gracious to each other. Because we're all going through something.

Andrea (27:04.034)

You hit the nail on the head. We go to our jobs, we go to these experiences, and we work with people, but we have children. Like you said, you have twins, you have things going on outside of work, but having tools and models to help us deal with what we deal with on our jobs is always a way to do our work a little bit better when we have something to undergird what we're doing.

Morgan Alexander (27:28.814)  
Right, absolutely.

Andrea (27:30.498)  
So thank you for everything you've shared with us today. Is there anything else that you would like to share with us before we are unfortunately done with this conversation? Yes.

Morgan Alexander (27:42.138)  
That went by pretty fast. I don't feel like I talked well. I'm sorry. There was so much more to say.

Let's see, any last thoughts? Let's just, you know, let's continue to give great care. Let's, you know, really focus on person-centered care like we've been doing, you know, and trauma-informed care. But again, try to take the RSPCT, ECT model and just put it to use. Just, again, where you are already doing it, kudos to you. Where you see room for improvement.

Just be a little more mindful and open to it. That's all. That's it. Let's take care of our people.

Jen Yanez Pryor (28:30.357)  
Morgan, before I let you go to, but you know, this podcast has the benefit of having a blog space tied to it where we can share resources and I'm curious if there are resources you recommend our listeners to check out that we can post on the blog, we would love to have some of those highlighted for listeners who really want to dig into some of the things that you're talking about.

Morgan Alexander (28:58.77)  
Absolutely do that. Yes, because again, I talked to Carol myself. So she has shared with me You know, she had a podcast on it in regards to just teams how she you know How you can implement the model with teams and then it was also a webinar that she did with the Schwartz Center That talks more about it, you know, just in person centered care and with patients and residents. So I'll definitely share that I have articles to let me know what you need

Jen Yanez Pryor (29:23.285)  
Excellent. All right. Well, our listeners can absolutely check our blog out for all the resources Morgan is going to share with us. And I do want to thank you so much Morgan for joining us today. I've learned from you, which I love. And I want to thank our listeners for tuning in, of course, as always.

Andrea (29:41.942)

Yes. Thank you again, Morgan. And please join us next week for another amazing episode of Aging For All.

Morgan Alexander (29:42.054)

Thank you, ladies, so much.