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David John Roseborough^{1,2}, David A. Patterson³,
and Mark Umbreit⁴

William H. Bradshaw died on July 21, 2017, after nearly a decade of living with and suffering from early onset Alzheimer's disease. He was 68. In keeping with his consistent humility, he was known to his students, colleagues, and friends simply as Bill. Alzheimer's presented, as it does, a lived experience of "before and after." It is one his wife Kathy and he lived with courage and dignity.

It is daunting to try to do justice to a life in a brief piece like this and especially so to the life of someone who lived as fully and accomplished as much as Bill Bradshaw did. Throughout his life, Dr. Bradshaw made a significant professional impact. Dr. Barbara Shank, dean of the School of Social Work at St. Catherine University and the University of St. Thomas, referred to him as one of the "leading social work educators in the country."

Dr. Mark Umbreit, a national leader in the area of restorative justice, was also a colleague, frequent co-author, and good friend of Bill's for 50 years. He described meeting Bill when the two were incoming students at the same university. "We met as college freshman at Valparaiso University (VU) in Indiana in 1967 where Bill studied theology and psychology and was on the VU's football team. We remained connected in various ways over the years as Bill moved from his home state of Indiana in 1972 to serve as a probation officer and therapist in St. Louis (where he completed his MSW at St. Louis University)." In San Diego, he directed a day treatment program for adults with serious and persistent mental illness (SPMI) and then served as the director of Psychiatry and Chemical Dependency Services at Kaiser Permanente for five years. While in California, Bill completed his PhD at the University of Southern California, where he focused on mental health service research and taught some courses. Dr. Umbreit described Dr. Bradshaw "as an exceptionally talented scholar, instructor, and mentor of students." Bill moved to Minnesota in 1992. He began his first full-time academic appointment at the School of Social Work at what was then the College of St. Catherine and the University of St. Thomas in St. Paul, Minnesota (1992–1996). He went on to become a tenured associate professor at the University of Minnesota (1996–2006) and a full professor at the University of Tennessee (UT)-Knoxville (2006–2012). He used to

describe the *trifecta*: the ideal of becoming a strong writer, teacher, and clinician. He achieved and surpassed this. He was recognized as a master teacher, a prolific scholar, and an exceptionally skilled clinician. He made significant contributions in each of these settings and in all three roles.

When Dr. Bradshaw was recognized at St. Catherine and St. Thomas for his achievement at a student-field instructor luncheon in 1996, he received a standing ovation from a room full of 250 attendees. While at the University of Minnesota, Bill offered a daylong sold-out conference for Minnesota's chapter of the National Association of Social Workers (NASW) on conceptualizing and treating depressive disorders with several hundred attendees. He went on that same evening to teach a three hour class. It did not occur to him to cancel class. He had plenty of energy for both. He loved and was energized by the classroom. His wife, Kathy, similarly saw this. She described his intellect, his ability to recall details from events decades ago, and his kind and gentle demeanor at home. She admired how Bill became "animated and so alive" when teaching. He could reach a class of 20 and an audience of 200 with humor and ease. In 2000 and again in 2004, he was awarded a Bush fellowship in teaching.

Dr. Bradshaw served on the faculty at the University of Minnesota from 1996 to 2006. During his tenure there, he was chosen by the student body to offer the commencement address for the College of Social Work for six consecutive years. Dean Jean Quam, dean of the College of Education and Human Development at the University of Minnesota, noted how exceptional this is, saying "faculty speakers at commencement were selected by a vote of the students who were graduating. It was a great tribute to Bill that he was asked to be the speaker for six consecutive years. Our students had great respect for Bill's

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gentle ways, superlative teaching, and vast professional experience. His calm manner helped reduce the anxiety of many students who were overwhelmed by pursuing mental health practice and had their doubts about their ability to be successful in such a challenging area of practice.” He utilized this experience in codirecting an Advanced Clinical Practice Institute with Dr. Anne Gearity at the university as well. In so doing, he was able to draw upon decades of his own practice experience. He went on to practice with Catholic Charities and to offer pro bono psychotherapy.

Dr. Bradshaw was similarly a productive scholar. Across his tenure at these three universities, he published, presented professionally, and served on editorial boards for journals including *Research on Social Work Practice*. Particularly noteworthy is his attention to both mindfulness and to the recovery movement for people with serious and persistent mental illness. Dr. Bradshaw utilized and published regarding his use of cognitive behavioral therapy (CBT) with people with schizophrenia in the late 1980s and early 1990s. This potential application is something Dr. Aaron Beck noted as possible early in the very discovery of cognitive therapy in the late 1950s. Like Dr. Beck, Dr. Bradshaw published a case study describing his work with one such client over the course of years. Dr. Bradshaw also taught a group of case managers how to enhance their own work with clients with psychosis and published a paper (“Evaluating the effectiveness of CBT in the treatment of residual symptoms in persons with schizophrenia”) demonstrating superior outcomes to treatment as usual. However, as in the treatment of hoarding, this topic subsided in the literature until only recently. CBT has gone on to become a virtual standard of care in parts of England, articulated by practitioners and academics such as Kingdon and Turkington in their 2008 book *Cognitive Therapy of Schizophrenia*.

Dr. Bradshaw similarly began many of his classes with the ringing of a bell and a moment of silence, as an invitation for students to be still and to bring their attention to this shared endeavor. Students began to ask for this across his courses. Dr. Bradshaw noted the potential such exercises in mindfulness held for clinical work. This is an idea that went on to be similarly expressed in the development of interventions now as widely accepted as mindfulness-based stress reduction (MBSR), articulated by national leaders such as Jon Kabat-Zinn. In articulating both strategies, Dr. Bradshaw was ahead of his time. These values were similarly more than “technique” to him. He offered a genuine “use of self.” Bill was able to travel to India, Bhutan, and Tibet. The latter was one of the highlights of his life. Candles were lit there upon his passing. He studied Buddhism for nearly four decades and hosted their spiritual mentor, Lama Dudjom Dorjee, at he and his wife Kathy’s home.

Dr. Bradshaw’s academic career culminated in his becoming a full professor at UT-Knoxville. Dr. David Patterson, professor and Doctor of Social Work (DSW) program director, described Dr. Bradshaw’s time at the University of Tennessee in the College of Social Work (UT-CSW), saying “I knew him to be a consummate gentleman, a widely respected scholar, and

a bhikkhu (a Pali term for one who earnestly endeavors to practice Buddhist dhamma). By my records, Dr. Bradshaw served as a faculty member in the UT-CSW from 2006 until his retirement, due to impaired health, in 2012. He was promoted to full professor in 2008. At that time, Dr. Robert Holub, UT-Knoxville Provost wrote, ‘Dr. Bradshaw is unique and exceptional in his ability to teach applied practice and to build his research in areas immediately applicable to the classroom. He has volunteered his time and talents to both the college and the university. He is recognized nationally and internationally as an expert in his field Most notably, he has conducted research on the cognitive behavioral treatment for psychosis and the subjective experience in mental illness and recovery. His research was nominated for the Society for Social Work Research Outstanding Research Award and has been highlighted in the NASW publication.’”

In 2008, Dr. Bradshaw applied and was appointed to serve as University Ombudsperson. This distinguished position focused on mediation of conflicts and advocacy of issues throughout the University. He was well suited for this position having had 15 years of management experience and training, which he utilized to provide meaningful service to the University, in this very challenging and complex role.

On a more personal note, Dr. Patterson notes, “I knew Bill as a gentle soul whose embodiment of the practices of his spiritual path were evidenced in his compassion, steady presence, and gentle good humor. He was a reliable and engaged colleague who brought dignity and kindness to his classrooms and his encounters with our faculty. His retirement was a great loss to the College.”

After Bill was no longer able to teach, I (D.J.R.) remember visiting him in Tennessee in 2015. He and Kathy continued to tend their hobby farm including four horses, two dogs, and a parrot. At that time, he had recently met Ms. Pat Summitt, a National Collegiate Athletic Association (NCAA) and Olympic women’s basketball head coach who had lived publicly with Alzheimer’s. Bill was so pleased and encouraged to be able to meet and to visit with her.

Although he was losing the ability to speak at the time, we sat at a table together at his home and he pointed to a cover of *Time* magazine, which featured public figures with and advances in the treatment of Alzheimer’s. He then pointed back to himself. I understood, in that gesture, that even in the context of this illness, he was maintaining hope and an ability to contribute. Kathy noted that he contributed to research in this area by agreeing to be part of investigational studies through the UT.

I would share one final memory. I remember being on an airplane with him when a passenger nearby experienced a panic attack. She tried to get off the plane before it landed and was hyperventilating. Bill sat with her and talked with her. In only a few minutes, I heard the two of them behind me talking, laughing, and exchanging stories. Bill’s spirit was contagious. He was quick to smile, to experience joy and humor, and he simply put people at ease.

Despite his accomplishments, he was always a person first. He had a strong moral compass that guided him. He knew

what mattered and lived accordingly. He put people and their well-being first. He put others ahead of himself. He loved teaching and many students stayed in touch years after graduating. He talked sometimes about the tendency in an academic context to “take apart” and to deconstruct. Bill was much more interested in creating and building. He used this interest in proposing a model of recovery. He gave generously of himself to others and to our field. It is fitting to recognize his life and to note his passing in this journal: *Research on*

Social Work Practice. This is a journal Bill had great respect for and one that offered a venue for several of his own publications.

Kathy was very much his partner and as the illness progressed, became a primary caregiver. Her care allowed Bill to continue to live and to die at home. He was with her and with good friends at his passing. His remains are entombed at the Day Den Shing Columbarium at the Karne Ling Retreat Center in Delhi, New York.