The New Social Worker®
the social work careers magazine

Fall 2014
Volume 21, Number 4

Abilene Christian University faculty member Dr. Stephanie Hamm is shown with then-BSW students Amanda Wallander and Alex Moran. The shirts were designed by students in a macro practice course. They had talked about the show Whale Wars *in class and wondered why it is so much easier to get people on board with fighting for animal rights and conservation than fighting for human and civil rights.*

FEATURES

NEW:
Achieving Racial Equity Through Social Work

Turn Up the Tech in Social Work

Social Work Goes to the Movies

In This Issue

- Ebola and the Ethics of Using Unproven Drugs
- The Importance of Agency Culture and Balanced Boundaries
- The "Social" Social Worker: 10 Tools for Successful Networking
- Burnout and Self Care: A Process in Helping
- Social Workers in Public Libraries

...and much more!

Student Role Model:
Cierra Kaler-Jones

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Publisher's Thoughts

Dear Reader,

The publisher/editor

Fall is in the air! I want to welcome our new subscribers, including all new social work students and recent graduates.

In this issue, as we close out our twenty-first year of publication, I am happy to announce our newest columnists. Mary Pender Greene, Sandra Bernabei, and Lisa Blitz are social workers who are working every day to fight racial inequity and structural racism in our society. These are issues that are on my mind a lot. They are in the news, social media, and everyday life. It has been 50 years since "Freedom Summer," and racism still permeates our society. Social workers, we must be at the forefront. When I heard Mary, Sandy, and Lisa speak at the National Association of Social Workers conference in Washington, DC, this past July, I decided right then that I had found the answer to making this conversation an ongoing part of *THE NEW SOCIAL WORKER*. I feel very fortunate that they have agreed to write a column and share their perspectives and ideas for action with our readers. Look for their column, "Achieving Racial Equity Through Social Work," on page 19 of this issue.

I have always loved libraries. They are places you can go and just get lost in books and information and discover things serindipitously. But they are also one of the few safe, public places where anyone can enter and find shelter for a while. I heard a few years ago about social workers in libraries, an idea I had thought and wondered about even before hearing that it was a reality. It makes sense to me. Apparently, the idea is catching on. I would love to see it become more widespread. Read about it in Barbara Trainin Blank's feature article on page 12.

As always, this issue is packed. Read articles on field placement, ethics, career networking, burnout and self care, agency culture, movies, technology, licensing, and more. Enjoy the articles, and then go to our website and share them with friends, colleagues, and classmates!

To subscribe to THE NEW SOCIAL WORKER's Social Work E-News and notifications of new issues of the magazine, go to the "Subscribe" link on our website at *http://www.socialworker.com*. (It's free!)

Until next time–happy reading!

Linda M. Grobman

Write for The New Social Worker

We are looking for articles from social work practitioners, students, and educators.

Some areas of particular interest are: social work ethics; student field placement; practice specialties; social work careers/job search; technology; "what every new social worker needs to know;" and news of unusual, creative, or nontraditional social work.

Feature articles run 1,500-2,000 words in length. News articles are typically 100-150 words. Our style is conversational, practical, and educational. Write as if you are having a conversation with a student or colleague. What do you want him or her to know about the topic? What would you want to know? Use examples.

The best articles have a specific focus. If you are writing an ethics article, focus on a particular aspect of ethics. For example, analyze a specific portion of the NASW *Code of Ethics* (including examples), or talk about ethical issues unique to a particular practice setting. When possible, include one or two resources at the end of your article–books, additional reading materials, and/or websites.

We also want photos of social workers and social work students "in action" for our cover, and photos to accompany your news articles!

Send submissions to lindagrobman@socialworker.com.

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Student Role Model

Cierra Kaler-Jones

by Barbara Trainin Blank

Bubbly, energetic, driven. These words describe Cierra Kaler-Jones, a BSW student who not only competed for the Miss America title, but aims to someday become the U.S. Secretary of Education.

A schedule that normally could be described as hectic has become intense. In addition to her social work major at Rutgers University, where she has been earning a higher-than-3.9 GPA, the 21-year-old has a triple minor: women's and gender studies, critical and comparative race and ethnic studies, and criminology.

She spent part of the summer in India in a fellowship program and is now on the road a great deal of time as Miss New Jersey, representing her birth and home state. Kaler-Jones was away for two weeks in September with the 53 other Miss America contestants, for which she needed special permission to miss school.

On top of that, she is part of a Rutgers University dance team, which performs at football and basketball games. A lover of Broadway musicals, she was awed by the first performance she saw of the American Ballet Theatre.

Kaler-Jones thanks her parents–actually, her mother and the stepfather she considers her father–for giving her the confidence to achieve what she has. Kaler-Jones is the first person in her family to attend college, and her 17-year-old brother is following suit. "It's a big deal for my family," she says.

A lemon-makes-lemonade person, Kaler-Jones found a positive aspect of appearing in court in an attempt to have her biological father fulfill an obligation to pay for her education. "It shaped my desire to be an advocate," she said. "I was taken aback by the number of minority kids in the criminal justice system and the inequalities."

Not surprisingly, Kaler-Jones has always been a bookworm. "My parents took me to the bookstore every week," she says with a laugh.

She always has sought additional ways to learn and teach. Kaler-Jones earned a Certificate in Women's Leadership from the Institute for Women's Leadership; participated in the two-semester Human Rights Living-Learning Community, designed for students to research human rights policies, nongovernmental organizations, and social justice movements around the world; and co-taught a course for the Barbara Voorhees Mentor Program at Douglass Residential College.

The BSW candidate was a U.S. Operations intern last summer for She's the First, an organization that sponsors girls' education in low-income countries to give them the chance to become the first in their families to graduate from secondary school.

Using technology and social media, She's the First is committed to connecting sponsors and scholars around the world in innovative, mutually beneficial ways to foster mentorship, philanthropy, equality, and leadership. Kaler-Jones developed the curriculum for She's the First's partnership with The Young Women's Leadership Schools of New York's Summer Camp.

"She's the First is so proud of Cierra," says the president and founder, Tammy Tibbetts. "She was named our 2014 Campus Leader of the Year, an honor given at our Leadership Summit each year (in August in New York City)."

What Tibbetts admires about Kaler-Jones is "how she inspires others around her to be part of her team, to take action that will not only create joy in her own community, but also create opportunities for girls around the world. When Cierra signs up to do something, she does it. She is one of the most authentic, persistent, and passionate young women I've ever met."

Cierra Kaler-Jones

In addition to the social work degree she's completing, Kaler-Jones hopes to obtain a master's degree in education policy and then go to law school. In 2013, she was a summer intern in the Criminal Justice Division of the Office of the Attorney General of New Jersey.

The multifaceted young woman also has been an advocate for the arts. In fact, her platform for the Miss Jersey and Miss America pageants is "Empowering Today's Youth Through Arts Education." When arts programs were cut for lack of funding in her high school, she went to board of education meetings to voice her opinion about the benefits of such programs. "The arts taught me self-confidence and give a person cultural and personal capital," she told the officials. "For the first time, I felt my voice was important, that people really listened. That was a huge turning point

Kaler-Jones continued on page 25

Ethics Alive!

Ebola and the Ethics of Using Unproven Drugs

by Allan Barsky, J.D., MSW, Ph.D.

Editor's Note: This article was written in August 2014. As of October 1, 2014, the number of reported cases in West Africa has exceeded 6,000, with more than 3,000 deaths. Other developments have emerged, as well, including the first case of Ebola diagnosed in the U.S. in late September.

By the first week of August 2014, more than 2,100 people in the west African countries of Liberia, Sierra Leone, Nigeria, and Guinea had contracted the Ebola virus. More than 1,100 of these people had died from Ebola.

In the midst of this epidemic, people with Ebola were told there was no cure. Although some pharmaceutical companies were in early stages of developing a curative treatment for Ebola, no medications had been tested on humans.

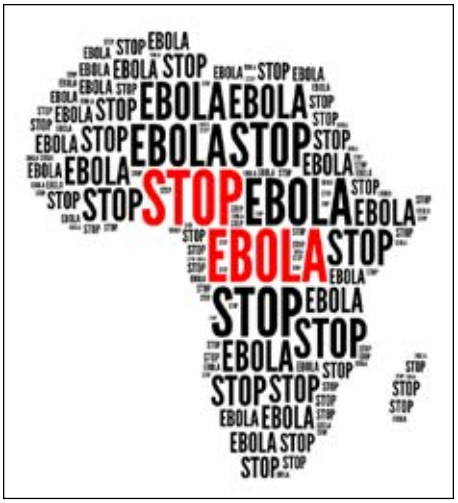
Frenzy erupted in American media when news broke that two American health workers who had contracted Ebola were being transported from Africa to Emory University Hospital in Atlanta, GA. Fear spread that these health workers could spread Ebola in the United States, putting this country at risk of an epidemic. Further news emerged that the two American health workers were provided with an untested medication, ZMapp, and that this medication had cured the Ebola.

The optics of the situation raised many concerns: Why were Africans told there was no medication for them, but "just enough" medication had been found for two White Americans? By what ethical standards is it okay to provide life-saving treatment to some people and withhold it from others? Was racism a motivating factor?

For social workers, this situation raises questions of social justice and respect for the dignity and worth of all people. Still, we must be careful to avoid a rush to judgment. When analyzing ethical issues, we need to consider not just what we know, but what we do not know:

1. What is the effectiveness of ZMapp, and what are its risks?

Even if two Americans seemed to recover from Ebola after taking ZMapp, we do not know whether ZMapp was the actual cause of their recovery, whether there were other intervening factors, and whether ZMapp would be equally effective for others who could take the medication. As we know from research courses, an "n" of 2 and a nonrandomized sample raise questions about the generalizability of the findings.



2. What were the motivating factors for providing ZMapp to Americans, while not providing it to Africans?

If the rationale was based on racist factors ("White American lives are worth more"), then the decisions violate ethical principles of social justice and respect. Alternatively, the World Health Organization and other decision-making bodies may have used other factors that are ethically justifiable.

Consider the history of using vulnerable populations to test new drugs and medical interventions. If the untested medications were provided to Africans and they suffered negative effects (e.g., hastening of death, greater pain), it may have appeared to some that American pharmaceutical companies or researchers were using Africans as "guinea pigs."

Another possible motivation relates to conditions in the west African countries. How did the financial, economic, political, health, and social challenges in these countries weigh in the decision not to provide Africans with the medications? If the issues were purely financial–the American government could pay for the medications and the African governments could not–then again, we have a violation of the principles of social justice.

On the other hand, perhaps the conditions on the ground made it difficult to administer and monitor the administration of the medications. Some African communities may have lacked basic necessities, such as water and electricity (e.g., if the medications needed to be refrigerated).

Likewise, we would need to know whether the African governments would have approved administration of the medications. The U.S. government (including the Centers for Disease Control) acted unusually quickly to allow administration of an untested drug. Were the African governments even asked?

3. What forms of help were provided to the Africans?

When considering whether it is ethical to withhold a certain type of help to a particular client or group, one should also consider what forms of help *were* offered. Although each person's life is deserving of dignity and respect, we may also need to consider the greater good. During the Ebola epidemic, controlling the spread of Ebola may be a greater need than treating those who have already contracted this disease. Given distrust of the medical professions in some African communities, many people may have resisted receiving "untested drugs." Ultimately, it may be more helpful to work with the community to help isolate those with Ebola, protecting the rest of the population.

4. What forms of treatment will be made available to Africans in the near future?

Even if ZMapp is an effective treatment, how much ZMapp is currently

available, and how soon could it be made available, particularly to those in dire need? In ethics, the question is not simply what has been done, but what can be done. Thus, even if the initial choice to provide medications to two White Americans is questionable, the decisions of governments, pharmaceutical companies, and health care workers moving forward can make the situation ethically better–or worse.

If governments can work out reasonable protocols to make medications available, the benefits of the medications may be maximized and the risks reduced. ZMapp is not the only Ebola medication under development. At what stages of development and testing are the other medications, and what does early research suggest about their efficacy and risks? What type of encouragement or support do pharmaceutical companies need to develop treatments–not just to cure Ebola, but also to prevent its spread? And how can communities in west Africa and elsewhere act to reduce or eliminate further transmission of Ebola?

For social workers, the lessons of the Ebola epidemic extend beyond the use of unproven medications. Social work interventions comprise a range of talk therapies, counseling, advocacy, mediation, brokering, community organization, prevention campaigns, and other services. When we choose to offer clients particular models of intervention, we need to have sound rationale for using them. We should identify the best research evidence available, so we can help clients select the interventions that are most likely to be effective. We should be cautious about using untested interventions. We should involve our clients in making decisions about what interventions we are using–including whether we know the full extent of the risks and benefits of the interventions.

When we are working with ethnic minorities, people living in poverty, or other vulnerable populations, we should be particularly careful about the use of unproven interventions. On one hand, we do not want to exploit vulnerable populations to test these interventions. On the other hand, we do not want to withhold potentially helpful interventions simply because the client comes from a potentially vulnerable situation. We also need to work with communities, not just individuals, to promote good health and social functioning for all.

Finally, we should be careful about rushing to judgment. What might seem unethical at first may look different after we have gathered and assessed all the facts. In the midst of an urgent situation, it is difficult to assess all factors. Although we need to make ethical decisions in the moment, it is helpful to reflect back and evaluate the ethical implications when we have more information and the benefit of a longer-term perspective.

Dr. Allan Barsky is Professor of Social Work at Florida Atlantic University and former Chair of the National Ethics Committee of the National Association of Social Workers. He is the author of Ethics and Values in Social Work *(Oxford University Press),* Conflict Resolution for the Helping Professions *(Oxford University Press), and* Clinicians in Court *(Guilford Press). The views expressed in this article do not necessarily reflect the views of any of the organizations with which Dr. Barsky is affiliated.*

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Field Placement

Social Work Experience

by Danielle Carey

There is a lot to learn, through excitement and through fear
Through hardships, stress, challenges, and tears
The last 4 months have taught me a ton
But I'd say the journey has only begun...

During the first week, things were exciting and new
But that was only because I didn't have a clue
I began to learn how to balance my time
I utilized self care and I learned how to rhyme.

I learned a lot of information and skills
But applying them practically was the true thrill!
Information can only get you so far
Diving in to practice is what turns you into a "social work superstar."

I learned the logistics of meeting face to face
Week two would prove to quicken the pace
I was armed with trainings and ethics galore
But my real skills were ready to be explored!

The third week arrived and I was finally set free
On my own with clients, how hard could it be?
I began to learn to engage and to plan
...Uh, oh. What now? Can you lend me a hand?

What EBPs do I use, and how do they apply?
Wait, it's been an hour already? Time truly does fly
I survived my first client, now on to the next one
Engagement of the client is important but fun!

I struggled my way through the first few
But by week 4, I finally had a clue
I was learning to rely on instincts and self
To worry all the time would be bad for my health.

Bias comes into the picture and it is not always nice
To recognize it alone, is not enough to suffice
I had to learn to be honest and learn how to work through it
It's good for my pride to be able to take the hit.

I am a lot more biased than I would like to admit
But Dr. Gallagher helped equip me to handle it
It's important to recognize, to learn and to grow
But it never truly goes away, the semester goes to show.

Bias comes in waves like negative thoughts
Feelings of pride, apathy, and annoyance had to be fought off
I think I am a stronger social worker than before
Simply because of the biases I was able to explore.

Values also came largely into play
Learn them, adopt them, they are here to stay
Loving others unconditionally is easier said than done
But as a social worker it comes second to none.

I learned just how important relationships can be
But it's all about them, not you, or not me
We should not give up if someone is demanding or hard,
To sabotage the relationship could leave them emotionally scarred.

There were times of frustration I was ready to walk
The hour was an hour, just 60 minutes on the clock
I lost sight of the person, and their wants and their needs
I just wanted the hour out of selfishness and greed.

I reminded myself to take a step back
And remember that empathy should never be lacked
The individual is frustrating, but that is not an excuse
Unconditional positive regard should still be produced.

I remembered values and that people need love
Not only when it's easy but also when it's tough
Relationships are fragile, and can be easy to break
But I learned to push through, because it's unfair to flake.

A natural flow came about by the 7th week
I felt as if I had hit my peak!
I had no complaints, things were going pretty well
Weeks 8, 9, & 10 were also quite swell.

I was learning to maintain, and keep balance of time
Is being in a rut with some clients really a crime?
I had to figure out a new style and approach
So that my clients could continue to grow as I coached.

I learned that it's easy to get comfortable and stuck
But easier to change things up, with any luck
My clients needed me to critically think
To avoid becoming stagnant, which was right on the brink.

To change things up was the task at hand,
New approaches were needed to avoid going bland
I learned new EBP skills to put to use
To knock us right out of our stagnant, "stuck in a rut" blues.

IMR and DBT were the lifelines I called upon
It was everything we've learned in class, and quite the phenomenon!
The knowledge I've acquired is proving to work!
"Who would have thought," I was able to smirk.

The next few weeks elicited personal growth and pride
My fear of confrontation was nullified
I handled conflict with strength I didn't know I had
To put this fear in the past, I was actually glad.

I doubted myself and my ability to handle difficult staff
But now that is something I can put in the past
I learned how to remain professional and strong
Whether or not I was the one who was wrong.

As far as future development, I have a long way to go
This 16-week learning experience is just the beginning of the show

It's okay to be unsure and it's okay to be scared
But exploring the unknown is the only way to be prepared.

Book knowledge and training can only get us so far
It's the experience under our belt that will really raise the bar
I plan to turn the unknown into "tried"
Even if I don't like it, I can uphold my pride.

I will push myself to continue to explore new avenues
To let something get the best of me, well, I just refuse
Professional development is an ongoing thing
We can think of it like, marriage...only without the ring.

We cannot give up on it, we must continue to learn
To work, and to struggle, and to inward turn
We're never done learning, it's sad but it's true
But we will always have co-workers and supervisors to help us through.

We are just starting out, we have a long way to go
But this last 16 weeks is only Act 1 of the show
It's not over yet, it's exciting yet scary
I know I've learned a lot through experiences that vary.

My ultimate goal is to graduate and use my newfound skills
And obtain a job that helps pay all my school bills
I want to help people to learn and to grow just the same
And to remember all the obstacles that they overcame.

I have not decided one direction to go
But there's plenty of areas, as it goes to show
I will wait to see what the next year brings
But for now, I'll continue to explore new things.

To sum it all up, I've come a long way
I can go to bed proud at the end of the day
And I feel a little more prepared to graduate next May!

Danielle Carey is an MSW student at Indiana University-South Bend.

Poetry

Tired of Societal Apathy

by Pauline McCollough, LMSW

As a young social worker seeking to bring awareness regarding issues of society, it is frustrating to me to witness lawmakers, politicians, people in higher positions, and even the average layman, all of whom know the issues within society but either do nothing to relieve the suffering or commit actions to bring further strife. I wrote the following as a wake-up call for action from myself and others who strive for change.

"Tired"

"Do not put your trust in princes, in human beings, who cannot save." – Psalms 146:3 (NIV)

At 29 years old, the world says that I still have a long ways
to go before I've learned an ounce of what needs to be
learned. And by some people's standards, I am still young with
some battles yet to be fought, wars remaining that need to be won,
or, at the very least, maintaining the willingness to remain standing
and at first, those were my intentions, my plan to etch myself into the
forefront of history, to mark my place in society,
simply by diving into the recesses of my mind of lost childhood dreams
i.e. that of wanting to save the world, to be a superhero.

Speaking literally, of course, because as a child, that was all I knew and
22 years later into the future, fumbling along the path of a social worker, I find
there was a reason dreams remained in the recesses of the mind and
there comes a time when childish ways need to be left behind for
in my age of adulthood I find that society has a long way to go.

And I know that's no excuse for a superhero but as a mere social worker at 29 years old,
simply put: I'm tired.

I'm tired of a system that's constantly broken
I'm tired of the lies spoken from the lips of politicians and people in
higher positions
I'm tired of policies that lie by means of omission.

I'm tired that the only way our leaders know to run things is into the ground
I'm tired of the little guys, the nobodies, the hasbeens getting stuck and trampled on at the bottom time and time again.

I'm tired that the ones at the bottom know something needs to be done but don't have enough will and drive to pull themselves from themselves long
enough to get along, to work together to pull themselves further up on the rungs.

I'm tired of them striking each other instead of raising a fist to the ones who assisted in
their disposition and insist nothing is wrong.

I'm tired of the politicians
I'm tired of the politicians
I am tired of the politicians
I am tired of politically motivated conservatives and liberals
Democrats or Republicans,
frankly, it makes no difference because no matter which side of
the fence the grass lies, on both sides, the money is always green.

I'm tired of their greed
I'm tired of their need to pit one against the other and placing their focus
on the growth of their wallets, giving in to distractions, leaving their
people to suffer.

I'm tired of a childhood dream deferred, one marred by a continually broken society created by the ones in charge...
and the rest of us.

I'm tired
of hearing people say they're tired of the way things are
yet take no action,
myself included.

Pauline McCollough, LMSW, is a 2010 MSW graduate of Winthrop University. She resides in South Carolina, where she works as a Medicaid eligibility caseworker specializing in long-term care Medicaid for people who need nursing home Medicaid assistance.

The Importance of Agency Culture and Balanced Boundaries

by Alyssa Lotmore, LMSW

Imagine being 23 years old and fresh out of the social welfare program. You have just passed the licensure exam. You land your ideal job and are thrilled. Then, when you begin your job, you realize that your boss is severely burned out, and the staff is under heightened stress from negative leadership, which is causing poor worker-client relationships.

That is what happened to me a few years ago as a brand new social worker. My boss, who had a counseling background, created a tense environment. Within my first two months, I could see the emotional toll having a negative workplace culture was taking on both the staff and youth being served in the agency. One day, a staff member broke down in my office after being reprimanded for a menial task, and I witnessed a power struggle between staff and youth that left both angry and frustrated.

I went home that night and was at a loss as to what to do. *Do I stay in an environment that is far from the therapeutic culture that I felt was needed?* I knew I was not ready to leave. I had started to build relationships with the youth, and I honestly would have felt bad leaving them in such an environment. I decided I was going to get a good night's sleep and go to work the next day thinking about ideas to make the culture better.

As I looked at my boss and saw the impact she had on staff, I began to wonder how a person with a counseling background could end up in such a state. I also saw how her leadership had had a negative impact on the staff. Poor leadership yields unhappy staff, which can be felt by the population being served. In the end, the organization itself will stray from its mission and fail.

In my coursework, I had learned a lot about boundaries. The focus was always on how to avoid entangled boundaries, which could lead to burnout. *Entangled* meant that the worker was over-involved and investing time and emotional energy into a client in a way that was not helpful to the client.

However, I knew that was not what I was observing. This was more of a rigid boundary between staff and youth, in which a significant distance within the relationship was noticeably felt. This type of boundary failure could result in client neglect, client abandonment, and uninformed assessments.

The relationship between the worker and client is very important for the therapeutic process. With boundaries placed on a continuum, with rigidity at one extreme and entanglement at the other, how do I help the staff fall somewhere in the middle and be considered "balanced"? I began to learn that the professional setting can influence where the worker lies on the boundary continuum. For example, a setting where the staff has high caseloads, is unsupported, deals with resistant clients, or is under pressure from administration can lead to more boundary rigidity. I realized that having an environment in which staff feel appreciated, valued, and respected is critical in having a positive outcome for the client population.

Over the next few months, I began having youth create motivational pieces that I displayed around the workplace. Hand-made posters and original artwork allowed staff to connect more and be reminded of what the youth needed. I made sure to check in each morning with staff, just offering a friendly, "Hello, how is everything going this morning?"

I realized that as professionals, we all have a home life and, at times, it can be stressful. When we enter the workplace, especially a demanding work environment, we need to check ourselves and not bring the stress of personal issues into the work environment. I created a comment box where staff could anonymously make suggestions and leave feedback that I would discuss at the administrative meetings. These changes on my part did not make the workplace culture perfect, but they did make it more bearable until more major changes could be made.

My boss was replaced mid-year. A new leader came in and did a complete overhaul of the workplace culture. Some staff were let go, new rules and policies were made, intensive trainings that had a strong social work basis were given to all staff, and the agency transformed into a thriving, inspiring environment where staff and youth knew that they were cared about. Over the next three years, I witnessed a shift from rigid boundaries caused by poor organizational leadership and a weak workplace culture, to balanced boundaries with a workplace environment that made staff glad to be employed there.

Many individuals in society see social workers as powerful, as they can report abuse, evaluate mental health, and make community-wide changes through advocacy. Yet, many social workers see themselves as powerless. They feel caught in the formalities and regulations of their own bureaucracies and are troubled by the lack of resources available to address the many issues that arise. These feelings of powerlessness can cause emotional stress for workers, causing them to develop more rigid boundaries. In instances such as these, having strong leadership to create a positive workplace culture is critical.

A healthy workplace culture also entails professional development and resources that promote self care. Professionals, especially in the field of social

work, are exposed to not only their own personal trauma, but also the trauma of others. A more balanced workplace environment can lead to more balanced boundaries. With balanced boundaries, staff will use their authority fittingly, use professional judgment and self-reflection skills in their assessments, not exploit their clients' vulnerabilities, nor infringe on their clients' rights. Every professional is susceptible to moving outside of the ideal balanced range, depending on the situation, but with the guidance and support of the agency and its leadership, the worker has a better chance to remain in the center of the boundaries continuum.

Despite completing all my requirements for my MSW, I plan on going back to school to take courses on agency management and leadership. Even though I may never be in that role, I feel that as a staff member, I should have the knowledge and background to make positive suggestions and/or interventions if I see the workplace culture breaking down in my agency. If someone had asked me during graduate school the importance of workplace culture, I would have said it was important–but I never realized how critical it is until now. I recommend that both current social work students and those who are in the field take a class or two on organizational leadership. Even if you are not directly in the leadership role, there are certain ways that you can help to add to a positive workplace culture.

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Alyssa Lotmore, LMSW, is a graduate of the State University of New York at Albany. She is currently employed at her alma mater, serving as the Assistant Director and Coordinator of Baccalaureate Field Education. She is also the co-host of UAlbany's The Social Workers *Radio Talk Show.*

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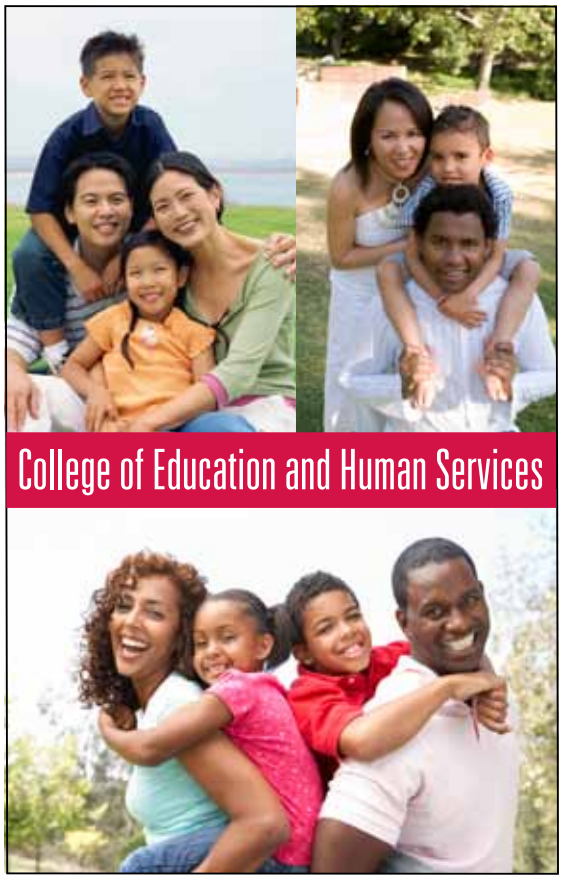

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Social Work Career Connect

The "Social" Social Worker: 10 Tools for Successful Networking

by Valerie Arendt, MSW, MPP

70-80% of job seekers find their jobs through contacts. As few as 20% land their jobs through the traditional "reactive" job search method, namely, applying for posted positions on job boards or want ads.

Simmons College Career Education Center

I never appreciated the importance of a professional network more than when I moved from Minnesota to North Carolina in 2010. Through graduate school, internships, and jobs, I built a beautiful network of social workers and nonprofit professionals in Minnesota who knew my professional history and competencies. I tried to do some research and networking before I moved to North Carolina, but I didn't know which organizations to target and didn't have connections to ask. I was starting from scratch. Even though I had plenty of professional experience, I had to work hard to connect with social work and nonprofit professionals in North Carolina to help me land a job I love.

Networking isn't about being in a secret club, and it's not just for business professionals. It is for all professionals. Social workers are great at building relationships and trust with their clients. Networking really isn't that different. It is about nurturing relationships over time, gathering information, and expanding your knowledge about career opportunities. Networking is not about using people to help you find your next job. It is a two-way street and should be an ongoing, mutually beneficial relationship.

Whether you are just starting to build your network or have been at it for years, here are some indispensable networking tools you should always keep in your toolbox, not just when you are looking for a job.

1. Your Elevator Speech

Tell me about yourself. The elevator speech is like a commercial to sell yourself in 90 seconds or less. It's an invaluable part of networking that can be used for job interviews, informational interviews, and anytime you meet someone new. In the same way that you should practice for your job interviews, you need to practice your elevator speech so it seems natural and genuine.

What should you say? You should provide an overview of who you are, what you have done, and what you are seeking. It is an opportunity to articulate your career goals clearly while creating a positive impression on your listener. If you are unemployed, don't be embarrassed. Swallow your pride and let people know you are actively seeking work. How else are people to know they should contact you with job opportunities if you don't tell them?

2. Social Media

Research is a big part of job search, but beyond looking at an organization's website, where can you actually meet people to network? By joining groups on LinkedIn, Facebook pages, and Twitter, you can start following organizations and be apprised of the latest job openings. This is where I learned which organizations to target and when they were holding events and conferences I could attend to network in person.

LinkedIn: If you are currently job searching, you should have a LinkedIn profile. Period. LinkedIn is the best online networking tool. This is a place for your professional network to recommend you and for potential employers to find you. Join groups that are relevant to your geographical location and area of practice. Post engaging questions and relevant information, so folks see you as a source of information. Don't flood group feeds with your unemployment woes, but do let people know you are searching. Be respectful when asking people to connect with you on LinkedIn. Remind them of how you know them and that you would enjoy being their professional connection. Make sure your information is up to date and don't be shy about asking appropriate connections to recommend your work.

Twitter: Believe it or not, Twitter is an excellent way to connect with organizations and other professionals in the field. There are several Twitter accounts that provide daily job Tweets and many, many accounts that will give you tips for job search success. I have made many professional connections on Twitter, and I believe it has strengthened my professional network nationally. Don't just retweet. Tweet content that is original and provides valuable information about your area of practice.

Facebook: Some social workers are wary of joining the world of Facebook, but this can be a great tool. It allows you to follow your target organizations and find out when their events are and when they are hiring. Some organizations work hard to reach out to their followers by posting relevant information on their Facebook feeds. Commenting and liking appropriate posts shows the organization you are an engaged member. You never know if this will make a difference. Also, if you are job searching, you should let your personal network know on Facebook! You never know who your great-aunt from Kansas might know in the social work field in Massachusetts.

Google+: GooglePlus is definitely useful for professional networking. Your posts can be picked up in Google searches, and you can show off a public profile full of information about what you do. You can share content and post links to your website or blog.

3. Professional Memberships

When alone in a new state, my professional association was my most valuable networking tool. Reach out to your NASW chapter, alumni association, or other groups in which you can network with others to get your name out there and learn what opportunities might be available. Even when I was unemployed, I found my memberships to be the best investment in my career, and this helped me land my current job. Conferences and association memberships that are

relevant to your profession and the job you do may be tax deductible (see *http://www.irs.gov/publications/p17/ch28.html)*. Always remember to consult your tax professional about your personal tax situation.

4. Volunteering

Nothing shows organizations that you are committed to their mission more than volunteering for them. I have been a volunteer at three organizations that eventually hired me. Find volunteer opportunities that are in line with your professional passions and career goals. Even if the organization isn't able to hire you, it will be able to provide a reference for you or help connect you to other organizations in the community. However, don't jump ship as soon as you find another opportunity. Volunteer commitments should be taken seriously, and you should honor your obligation.

5. Networking Cards

It is not really feasible to take your résumé with you every place you go. Whether you are job searching or just want folks to be able to contact you outside of your current job, a networking business card is an excellent tool to get your name out there and for people to remember how to get in touch with you. There are several sites that will print your networking cards for free, and you pay for shipping. Be sure to include the following information:

- Your name and credentials
- A title: Social Work Professional, School Social Worker, Nonprofit Professional, Grief Counselor, Licensed Clinical Social Worker–whatever you think best defines you professionally.
- A professional summary or a few lines on your area of expertise to help the reader know what type of work you may be looking for: e.g., Hospice and Palliative Care, Individual and Group Therapy, Case Management, Addictions Specialist, Conference Presenter, Adjunct Faculty, Volunteer Management.
- Phone number and e-mail address. Let folks know how to get in touch with you.
- Your personal website or LinkedIn profile website. This is important. You want a place where someone can see your résumé virtually. When I was job searching and passing out my card with my LinkedIn profile listed, I was amazed by how many people actually connected with me via LinkedIn instead of by e-mail or phone.

6. Continuing Education

Conferences and workshops are not just a place to sit back and learn. They are the best places to network with other professionals. Talk to the folks sitting around you, engage the speakers, and visit the exhibitor tables. *THE NEW SOCIAL WORKER* published a great post (see *http://bit.ly/1rnUYNw)* about the informal in-between moments at conferences that can create the most value and provide constructive networking opportunities. Don't forget to take your networking cards!

7. Informational Interviews

A skill you should have as a social worker is the ability to interview someone for information. Use this skill in your professional networking. Informational interviewing is one of your most important networking tools. An informational interview is a 30-minute meeting that you set up with an individual, preferably in-person, to gain career advice and information. It is not a time to inquire about specific employment opportunities. Again, networking is about building relationships, not burning bridges. Come prepared by researching the individual and the company where he or she works, and have questions ready to ask, but let him or her do most of the talking.

8. Thank You Notes

If someone has taken the time to do something for you regarding your professional career and aspirations, a handwritten thank you note will go a long way in letting this person know you appreciate the time and effort he or she put in to whatever you requested. Don't just save your handwritten notes for after job interviews. Use them in all aspects of your professional networking. I guarantee the person will remember you and your professional courtesy and will most likely remember you for future opportunities.

9. The Follow-Up

Yes, this is a tool. I am on the board of a nonprofit professional networking group. We work very hard to provide networking opportunities and professional development to young professionals in our community. Our goal is to help folks build their networks! It is disappointing when we spend our time offering advice and are willing to meet with individuals to provide more information, and yet they never follow up. I have contacts! I can help you out! And still, nothing. Make sure you follow up with every person who has offered to help you, even if their help isn't the right fit for you. Follow up with an e-mail or call and let them know you appreciate their valuable time.

10. Stay in touch

Your professional network needs tending. Don't drop off the face of the earth while you are in the process of interviewing or after you find a job. Let your network know you landed a position, and thank them for their support. Occasionally, reach out to maintain that relationship you worked so hard to build. They will no longer be in your network if they only hear from you when you need another job.

You will find success with your professional networking if you are genuine and respectful. Be honest, open, and do your homework.

Valerie Arendt, MSW, MPP, is the Associate Executive Director for the National Association of Social Workers, North Carolina Chapter (NASW-NC). She received her dual degree in social work and public policy from the University of Minnesota and currently provides membership support, including résumé review, to the members of NASW-NC.

Public Libraries Add Social Workers and Social Programs

by Barbara Trainin Blank

Public libraries have always been democratic, serving a cross-section of the population. After all, they are public, often easily accessible, and free.

As these populations have shifted to include more of the disadvantaged population, including people who are homeless, there is a small but growing trend for libraries to include social workers–not as patrons, but as helping professionals on staff.

It's not surprising that libraries have become hubs for homeless people or even the equivalent of day shelters. In addition to their other assets, libraries have plenty of bathrooms and no security checks.

They are also safe, which is an important consideration. According to the National Coalition for the Homeless, as of July 17, 2014, 337 homeless people have been killed in hate crimes in 15 years.

The trend toward providing social services in libraries began at the San Francisco Public Library (SFPL), which hired a licensed marriage and family therapist, not an MSW.

"Many of my clients have told me that they consider the library a sanctuary, and many of them utilize and truly enjoy the library resources," says Leah Esguerra, LMFT, hired through a partnership between the San Francisco Public Library and the San Francisco Department of Health/San Francisco Homeless Outreach Team.

But in addition, the library's goal is to connect its homeless and indigent patrons to available community resources, where their basic needs for food, shelter, hygiene, and medical attention can be addressed. Esguerra spends her day roaming the library floors, keeping an eye out for regulars who might need help.

At first, Esguerra's primary responsibilities were to provide direct services to patrons and training to the library staff on issues of homelessness, mental health, and substance abuse. But because of the interest the program has aroused among libraries and social service agencies, she also communicates with institutions that are considering hiring a social worker.

Esguerra supervises six health and safety associates and two team leaders to do further outreach at the main library and some of the branches. "The associates are formerly homeless people who have first-hand experience with San Francisco social services," she says.

Elsewhere in California, the Pima County Library became the first in the nation to hire public health nurses in its branches. The San Jose Public Library sent a caseworker to SFPL for training and consultation and now has a case manager on staff in a program entitled "Social Workers in the Library."

Begun by Deborah Estreicher (a librarian on staff who has worked with outreach programs), Peter Lee, Glenn Thomas, and Cyndy Thomas, the program brings volunteer social workers into the library twice a month for free 20-minute referrals. Members of the National Association of Social Workers, North California Chapter, staff the program.

The social workers can help with such issues as education; emergency services (food, clothing, housing, and crisis support); employment; family matters; health improvement (including health insurance); immigration; and support groups for men, women, and teens.

The Encinitas Library in San Diego may soon have free access to social workers. It has been exploring a partnership with San Diego State University's School of Social Work.

The Edmonton Public Library in Canada also hired a social worker, modeled after the San Francisco program. David MacMain, BSW, formerly of the Edmonton Library, was the first social worker in the program, which started in August 2011.

He called it the "brainchild" of Virginia Clavette, manager of programming at the main downtown branch, which has become "very much a hub of activity and community center, in the proximity of homeless shelters and frontline agencies."

The Edmonton Library applied to the provisional government and won a Safer Community Initiative grant. Part of the grant was to pay for three social workers and to provide IDs for patrons. "It's a huge barrier when they cannot pay for their own," MacMain notes.

Edmonton aimed to serve both diagnosed and undiagnosed individuals with mental health issues who have fallen between the cracks. "Many libraries serve the middle class, but this one has a different demographic, and we decided to embrace it and make a difference in the community," he adds. "A big part of the outreach worker's job is to connect people with resources and do community building."

The library social worker trend is too uncommon for the National Association of Social Workers to track–yet. Neither does the American Library Association, although the ALA provided examples of its member branches with these or similar programs.

The Denver Public Library's Community Technology Center team pays regular visits to the area day shelter for homeless and low-income women. The women receive instruction in job interviewing techniques and technology skills, and once class is over, receive bus tokens to tour the main library and get library cards.

Even in the absence of such formal programs, librarians often feel they must help users find shelter, food, and other public services, as more and more people seem to fall between the cracks. Partly, this is because they get to know patrons, especially those who come in on a regular basis.

Sari Feldman, director of the Cuyahoga Community Public Library (Ohio) and incoming president of the ALA (as of 2015-2016), noted that today's libraries "play a huge role in serving all

people, in particular, the neediest. We have a great opportunity to create equity and to change lives."

Some libraries work one-on-one, or help people who want to go back to school or work, through adult basic education, GED classes, and career counseling workshops. "Computers in a library make a big difference, as a lifeline to dislocated persons," Feldman says.

Although the rate of homelessness has been growing for decades, today's society is witnessing more homeless youth and more homeless people with mental illnesses in the community after deinstitutionalization.

"During the day, the homeless are looking for free, safe places without recrimination or discrimination. The library has always been that place, but now it embraces the role," Feldman adds.

There would probably be more social workers in libraries, she says, except libraries have faced extreme budget cuts in recent years, and adding positions is a challenge. Staff training in dealing with homeless or mentally ill patrons is also needed.

Mary Olive Thompson, MSW, MLS, has been hired by the Kansas City Library as Director of Library Outreach and Community Engagement. She works out of the Bluford Branch, which she calls an "epicenter" for a library health and wellness initiative.

Thompson, who has master's degrees in social work and library science, says, "Increasingly, the public library is a community site, not just a repository of books and tapes. We can make referrals for needed services."

Thompson stays informed about services in the community, information she shares with branch staff. She gets calls from them periodically about how to help patrons, like the ex-offender who had trouble finding housing. "There are resources out there," she says.

In addition, staff go out to transitional housing sites and day care centers and help individuals meet with social service agencies.

Public libraries can also help patrons with applications for public assistance–as this often has to be done online, and many people either don't have computers or don't know how to use them.

The nation's capital has been no exception to the trend. The Martin Luther King branch of the DC Library hired Jean Badalamenti, an MSW, who is the health and human services coordinator of the office of programs and partnerships of the DC Library.

Badalamenti, on the job only since May, said the hiring of a social worker at the library is part of an "intentional focusing" on the homeless population of the area, in partnership with government and non-government agencies. In addition, the DC Library is in the process of obtaining funding to provide library services as of 2015 for the DC jail. "Hospice also wants to do a program with us," she says.

Although the staff at the library don't ask questions or assume anything about who is coming in, they are aware that at MLK, the homeless population makes up a large percentage of the patrons. Most of the homeless patrons are male and single, although there are also some women and families.

Badalamenti doesn't do case management. Her goals for the library are to create partnerships with service providers, connect people and services, and maybe provide some of these services in the library. Another aim is to find places for people to rest or have meal services–sleeping in the library is a "no-no" at most (but not all) libraries.

Badalamenti would like to develop a comprehensive list of community resources for homeless patrons, and provide more staff training about this population and how to deescalate the situation if someone is in crisis.

The DC library allows anyone to come in and check e-mail, look for a job, or go on Facebook. Badalamenti is also looking to create daytime programming for people experiencing homelessness. One such program already in place off site is Story Time at the DC Homeless Family Shelter, the only such facility in the capital.

"My long-range plan is to bring providers into the library and maybe do a coordinated assessment of individuals to get them to the right services," she says. "Some need a lot of help or a little, or they might need permanent supportive housing. No coordinated assessment [of these needs] has been done in DC."

There is evidence that the shift in populations served by libraries isn't really new–only the awareness of it is. The media aren't full of coverage of library social work, but some, including National Public Radio, governing.com, and Reuters, among others, have written about it. *The Washington Post* ran an article about Badalamenti's work at the DC Library in August of this year. *Health Day,* an online publication, questioned how librarians can protect themselves from troubled or violent patrons–a darker side of the democratization of libraries to include those who fall through the cracks.

Libraries, says DC's Badalamenti, are becoming "real places of the community, and embracing diversity." Her MLK library, for example, partners with

The New York Public Library

the DC Fringe Festival and welcomes musicians and entertainers in the great hall. Undergoing renovation now, it will include a café within a few years.

The HOME Page Café, opened in 2008, is a coffee bar owned and operated by Project HOME in the Parkway Central Branch of the Free Library of Philadelphia. At the café, four formerly homeless individuals serve more than 150 customers daily. A total of 17 formerly homeless people have been trained and gone on to other employment–often going back to school and reuniting with family.

The café offers extensive training in customer service, coffee preparation, and workplace skills to staff, who also pass the Serve Safe Food safety exam.

The ALA notes other examples of social service type programs. The New York Public Library is reaching out to at-risk youth. BridgeUp, an educational and antipoverty program, provides academic and social support to at-risk New York City youth in an effort to prepare them for success. Supported by a $15 million grant from the Helen Gurley Brown Trust, the five-year program offers services to more than 250 New York City eighth to 12th graders each year at NYPL branches in underserved neighborhoods.

"Libraries are on the front line, whether they want to or not," says Jeremy Rosen, director of advocacy at the National Law Center on Homelessness and Poverty.

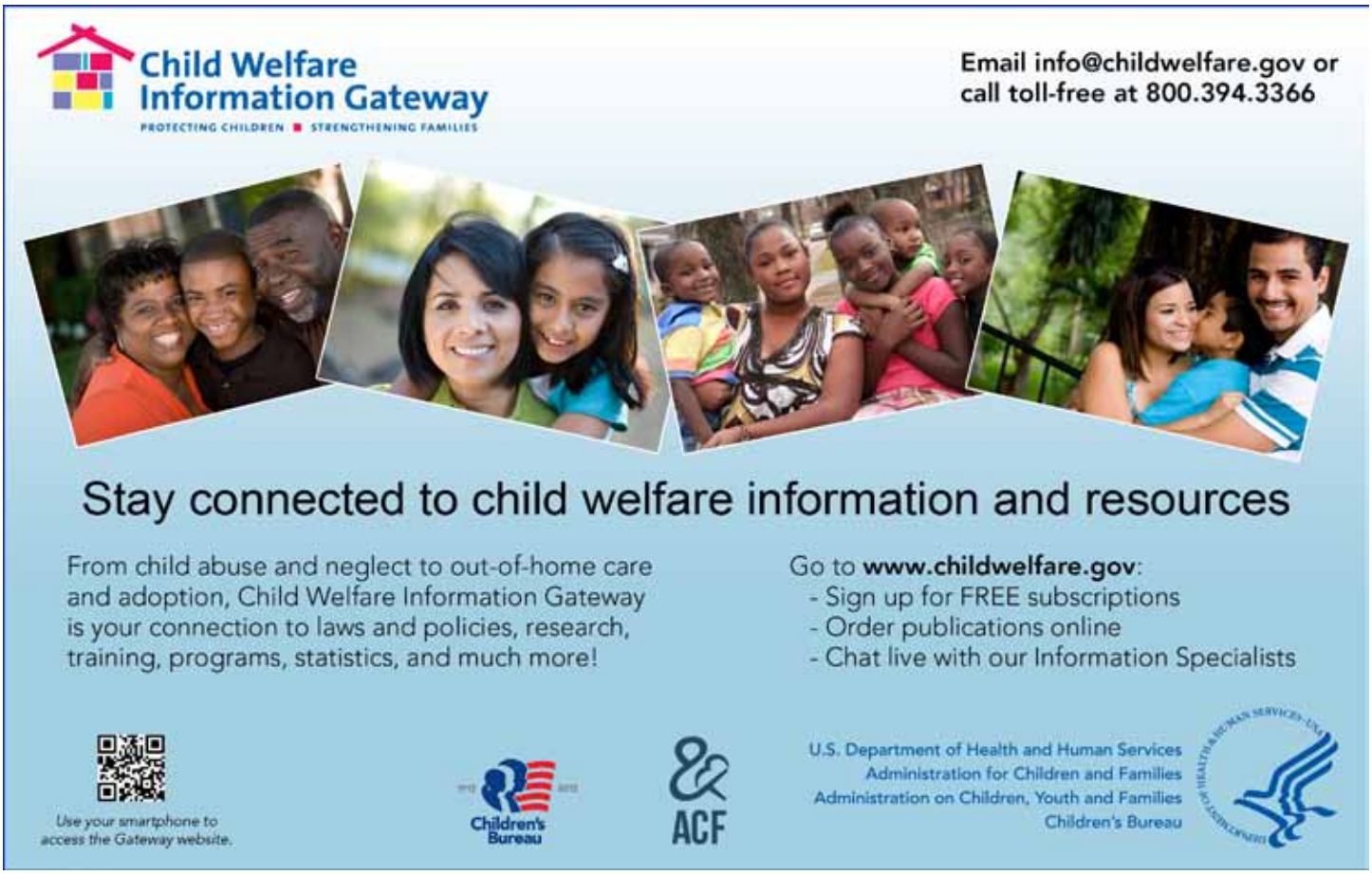
In cooperation with the Baltimore County Communities for the Homeless–a network of volunteers formed to eliminate homelessness through education, government relations, advocacy, and community development–the Baltimore County Public Library created the Street Card program. Services include employment, food and other emergency assistance, health, financial support, legal help, shelters, and others.

The Sacramento Public Library's Central Library has partnered with the Downtown Sacramento Partnership, dedicated to the improvement of the city's central business district, and beginning in 2011, contracted for the services of one of its Homeless Outreach Workers (Navigator). The Navigator works in the library Tuesday through Friday, interacting with patrons she believes may have homelessness or mental illness issues. As she gains their trust, she helps them "navigate" through social service programs to find the help they need with housing, substance abuse, income assistance, and more. She also provides staff with in-house expertise in reference, information, and referral for vulnerable populations.

For sure, the quiet library of the past is not the library of today. Initiatives such as hiring library social workers live up to the public library's tradition as the "first social justice initiative of Western society," adds MacMain, formerly of Edmonton. "Access to information is power, and the library gave people that access."

The ways that access is being given may change, but it's all part of an honored tradition.

Barbara Trainin Blank is a freelance writer based in the Washington, DC, area.



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8 Key Areas of Support for Guiding Court Appointed Special Advocates

by Ernesto Che Tabasa, M.A., Trisha Kajioka, B.S., and Eleanor Willemsen, Ph.D.

When volunteer mentors work with youth at risk, they can be assisted to facilitate the healthy development of these youth by training and regular reporting on their cases that emphasizes key components of healthy development. Here we illustrate how such assistance works in practice at one agency with the view that this approach might be adapted for use in the fieldwork portion of the training of new social workers, and for training other volunteers who mentor youth.

The National Court Appointed Special Advocate (CASA) Program

Court Appointed Special Advocates (CASAs) are volunteers who receive appointments in dependency court to testify

about the best interests of foster children at the periodic hearings regarding their placements and needed services. CASAs typically have one case at a time and can spend time mentoring their assigned child in the course of activities, as well as investigating the child's school, medical, mental health, and biological family situations. Ideally, the CASA works collaboratively with the child's social worker to investigate the child's life and work with the foster parents, school, therapist, doctor, and biological parents seeking to reunify. However, CASAs are specifically charged with the duty to enter an independent opinion about issues in the child's case, including placement, in court.

The Eight Strengths Framework Used by Child Advocates of Silicon Valley

Child Advocates of Silicon Valley (CASV) is affiliated with the National CASA program, but places a more equal emphasis on the mentoring role and the court representation role. The staff supervisors of the CASA volunteers guide them to engage their children in activities that will promote their healthy development. CASA volunteers make monthly reports of their progress, their concerns, and current situations that need focus.

In the past several years, staff members at CASV have worked to develop a reporting system that is easy for busy advocates to use but will still provide good information about how the children and youth in foster care who have advocates are doing. This reporting system centers on eight key areas of support. These key areas were repeatedly occurring in the longer reports used earlier. The key areas overlap closely with the 41 "Developmental Assets" identified by researchers of risk and resilience. The Developmental Assets are derived from extensive reviews of the literature showing which characteristics of children and youth, their families, schools, and communities are systematically associated with the youth being resilient to the risk factors in their personalities and, especially, in their life situations (Benson, 2003).

The eight key areas of support are:

1. self esteem building
2. trust and relationship building
3. experiencing cultural and community events
4. having new experiences
5. education support
6. doing extra-curricular activities
7. help with making healthy choices, and
8. reaching developmental milestones, including skills for independent living for older youth.

Research shows the importance of a positive relationship with a caring adult, such as an advocate, for reducing the incidence of violence, substance abuse, and early sexual behavior (Fergus & Zimmerman, 2005). Because children in the welfare system have a higher risk of behavioral, emotional, and substance abuse problems than the average youth (Casanueva et. al., 2012), an advocate who provides mentoring is especially important. These relationships are associated with higher self esteem, one of the eight key areas of support (Resnick, 2000) and with greater emotional and cognitive competence (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). In turn, these competencies can lead to greater educational success and healthy decision making, outcomes related to two of the eight key areas of support.

The eight key areas of support form a framework that is the basis for the newer monthly reporting form used by CASV. Advocates briefly describe their activities with the child each month (as well as concerns and immediate goals) and check which of the eight key areas of support were addressed.

Studying the Eight Key Areas of Support in Action

In 2012, staff members at CASV reviewed between 39 and 109 reports for each month of 2011, tabulating the frequency of occurrence of the eight key areas. These quantitative data were of a summary nature and indicate that the key areas of support are each reported with high frequency. This has encouraged the staff to view the reporting system and the training given on the framework as a coaching tool directing advocates to productive activities with their children.

More useful to readers of this article are qualitative illustrations of the eight key areas of support in action. To get a systematic sample of these, Ernesto provided the other two authors with a complete year of monthly reports (2011-2012) for 12 cases varying in age, ethnicity, and gender. Eleanor devised a method for selecting two months to examine for each case, so months were represented equally. This produced 24 reports to examine, looking for the best examples of the key areas of support. Trisha and an assistant selected the two best examples of each key area, first independently, and then through a

consensus achieved by discussion with each other and the third author. We present those here.

References to *self esteem building* include the advocate of a 16-year-old Caucasian male saying, "X's unwillingness to conform to the rules and behavior expectations may have something to do with his anxiety toward moving into public high school as he may not have the confidence that he can do the work," and another advocate describing her 11-year-old African American girl reporting on awards: "She wanted to tell me that she had earned two awards at school, one for perfect attendance and the other for an English essay about her life...."

Descriptions of *trust and relationship building* include this comment from one advocate of a 7-year-old Hispanic girl: "X looks forward to my visits. She asks her grandmother how many days until she sees me...," and this one from the advocate of an 11-year-old African American girl: "She was not feeling well, but had insisted on going to school because she wanted to see me."

Examples of *cultural and community events* included one about an 11-year-old African American girl: "Went to eat, then to Prush Farm for Harvest Festival. X is very confident approaching various people, asks about exhibits, motivated by the give-aways but still, she listened to what various 4H stands had to say...," and another about a 7-year-old Hispanic girl: "We saw the musical *Mary Poppins* at the San Jose Performing Arts [Center]. Went to the library and out for Gelato, went to the CASA picnic."

Examples of *new experiences* advocates provide for their youth were (for an 18-year-old Hispanic girl) "Guided hike at Ano Nueva State Park to see elephant seals," and for a 9-year-old bi-racial girl, "I took X to Shoreline so we could fly the Barbie kite that I had bought for her a while back. She had never flown a kite before (neither have I), and I wanted to be sure and do this before she moves...."

Providing education support is a staple of the work of child advocates as seen in these report quotes: " I do keep in touch with the school about X's behavior and academics on a regular basis" (for a 16-year-old Caucasian boy), and for a 5-year-old Hispanic boy, "We practiced counting numbers and practiced with number sense...we also practiced sounding out words."

Advocates provide varied *extra-curricular activities,* but often these are sports activities. For example, the advocate of a 9-year-old bi-racial girl reports, "X's last soccer class for the season was this month. X wants to continue taking soccer, and has even asked if she can play soccer through the league at her school." Another advocate, working with a 7-year-old Hispanic girl reports, "X made a lot of progress with her swimming this summer, and we will continue working on her new skills. The first time she was fearful of putting her face in the water. She loves going swimming and asks, 'Can we spend five hours at the pool today?'"

Healthy choices and behaviors are often supported through exercise and diet as seen in these examples: For a 15-year-old Hispanic boy, "X's participation in MMA and gym workouts has resulted in lost weight and increased muscle tone... we discussed strategies to continue funding for this program for him," and for a 9-year-old bi-racial girl, "We attended the Healthy Cooking and Zumba CASA class."

Supporting developmental milestones can mean very different things for different ages. For a 19-year-old African American male, it means, "X continues his progress toward high school graduation, additional applications for post high school programs, and [I am] supporting X in completing his independent living goals, applying for jobs, and figuring out housing options." For a 5-year-old Hispanic boy, his advocate reports, "He has shown improvement as far as sharing. He used to take other peoples' toys away, but this time he didn't."

These varied illustrations show that the framework of eight key areas of support can make advocates more conscious of how they are helping and point them to good activities to do and conversations to have.

Conclusion

The framework of eight key areas of support provides a reporting tool that also guides mentors. In our case, they are Court Appointed Special Advocates for children in dependency. However, this flexible tool can be adapted for use by fieldwork supervisors of social work students and by those who supervise mentors of children.

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Achieving Racial Equity Through Social Work

by Mary Pender Greene, LCSW-R, CGP, Sandra Bernabei, LCSW, and Lisa V. Blitz, Ph.D., LCSW-R

Welcome to our new column on racial equity. We represent an alliance of thousands of antiracist social workers in the Northeast United States, connected to a national effort to undo structural racism. Why this column? Why is achieving racial equity still an important focus for social work? We will be here in each issue to explore this question together and to give you tools to create change in yourself, your organization, and your community. First, we want to share a bit about ourselves and why racial equity is important to us.

Mary: I used to think of racism as individual, intentional acts of meanness, which inhibited my ability to talk about privilege or racism in my organization. When I tried, White people took offense, as if I was criticizing them or our agency, and I feared backlash and isolation. Without a structural understanding of racism, I had no way to talk about what I saw and experienced. I was painfully silent, often the only Person of Color in social work settings, surrounded by talented, caring people who did not understand that structural racism impacts the lives of all people of color. I found my voice, and my ability to create transformative change, when I learned how to intervene with the systems that carried oppression. We need to grapple with racial equity because racism has an impact on us daily. I look forward to sharing my journey of finding my voice and becoming my best professional self.

Sandy: When I started my career, my vision was to help people create lives of their own design. I graduated from social work school and worked as a clinician for many years. My work was fulfilling, but it became clear that helping people find personal power within adversity was not addressing root problems. I needed to do more. Graduating from the *Undoing Racism®* workshop provided by the People's Institute for Survival and Beyond taught me what I needed to do. I learned to use a power analysis to help people locate themselves within our social, economic, and political landscape and to grasp the external social forces that have an impact on their lives. Beyond my clinical work, I became an agent of social change and a community organizer practicing structural social work. I see this column as an honest discussion that supports others in their transformational work, providing a foundation to organize for change.

Lisa: My MSW program taught me to be a better racist. I went to a prestigious school–one that enjoys an international reputation for pushing the envelope of progressive thought. I got a great education. I learned how to see my clients, see their community, see how they received and responded to services. I learned to think systemically, to understand the interplay between person and environment, and to target my interventions to improve the fit. I learned about organizational systems and power, and how to see myself in the context of that power. I was also taught to be colorblind, to see poverty as the overarching oppression. I did not learn about structural racism, nor did I learn to see myself as a gatekeeper with the power to either maintain or change that structure. I wish I had. Since learning this, everything about my practice has improved.

We want to make clear from the onset that our broader focus is on social justice for each individual and each community. Eliminating the many manifestations of oppression–homophobia and transphobia, sexism and misogyny, Islamophobia and anti-Semitism, classism–and all the rest too numerous to list–is urgent. We have come to understand, however, that although all of these "isms and obias" are shared among many countries throughout the world as remnants of patriarchy, what distinguishes the United States is that our country was constructed as a race-based society. So this is where the conversation must begin. To see our nation through the lens of race shifts everything about how you see everything. At least it did for us. And once you see it, you have to act. At least that is what happened for us.

In the next issue, we'll focus on how structural racism plays out in our lives and our work. If you're ready to act now, here are a few ideas:

- Review the *www.AntiRacistAlliance.com* website.
- Watch this 20-minute video of Michelle Alexander speaking on *The New Jim Crow in the Age of Colorblindness: https://www.youtube.com/watch?v=U_HEu4Lnewg*
- Read a book, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness.*

About the columnists

Mary Pender Greene, LCSW-R, CGP, is an organizational consultant, psychotherapist in private practice, career/executive coach, professional speaker, and co-founder of the AntiRacist Alliance. She has a passion for assisting organizations in addressing structural racism and is committed to the advancement of women and People of Color in leadership roles. Her background also includes executive and management responsibility for America's largest nonprofit–the Jewish Board of Family and Children's Services. Mary is the author of Creative Mentorship and Career Building Strategies: How to Build Your Virtual Board of Directors.

Sandra Bernabei, LCSW, is President of the National Association of Social Workers–New York City Chapter. She is a metro area community organizer and private practitioner. Sandy is a founding member of the AntiRacist

Racial equity continued on page 21

The Decision

by Karla Garcia, MSW

It has always been my dream to be a social worker, so I looked into a program near my home. It seemed perfect for me, because it was part-time and classes were offered in the evening. The program seemed geared toward adults with busy schedules who worked full time.

I was living with my boyfriend, so I had a serious conversation with him and told him that this was my dream and would greatly advance my career. He was supportive from the start and encouraged me to apply.

I was accepted to the program, and my employer also offered a scholarship program that would pay for graduate school as long as I would commit to work for them for as long as it took to complete the program. That meant they would pay for three years in the part-time master's program, and then I would work for them for an additional three years. It seemed like a good deal. I realize that this may seem very simple, and it was. I never really thought all that much about it. I decided I wanted to do it, and I just applied and was granted the scholarship.

The Breakdown

Although I was warned that it was hard working full time and going to school, I decided that I could do both and still maintain a social life. I definitely underestimated the amount of time that school work would require. I quickly learned that every day was a new struggle in prioritizing my life events, whether school, work, or personal. I immersed myself in school and work, because I didn't want to fail at either.

It wasn't long before I was completely overwhelmed and having symptoms of anxiety. I found myself worrying excessively about everything, and it was extremely difficult for me to control the worry. I was consistently on edge, tense, and irritable. My boyfriend and family felt they had to walk on eggshells when they were near me. I would yell for no reason and really get extremely angry over little things. I would wake up in the middle of the night worrying about a variety of things.

I also experienced a few panic attacks that scared me, because I felt so out of control of my emotions to the point that I was having physical reactions. I felt as if I couldn't breathe. I would have to get up and go outside. It seemed that my heart was beating so fast that I was going to have a heart attack. I felt light headed and almost in a daze. My body would shake uncontrollably, and my mind would race. I think what made it worse was that I worked with people who had mental health problems, and the last thing I wanted to do was end up in a psychiatric hospital, so that worry would intensify all of the physical reactions that I was having.

At first, I had no idea what was happening. I didn't realize I was experiencing panic attacks and that the symptoms I was feeling were the exact criteria for Generalized Anxiety Disorder. I couldn't explain what I was feeling, so I just kept going. I kept trying to be perfect in school, work, and in my personal life. I wasn't taking care of myself. I began to isolate myself, because I didn't like who I was and really didn't know what to do about it. I had lost touch with all my friends, who were my main support system other than my boyfriend. I rarely saw my boyfriend, even though we lived together. A whole month could pass without me even realizing that I hadn't talked to a family member.

It wasn't until I became this person that I didn't even recognize that I decided to get help. I knew that my true self was not this monster I was acting out. I couldn't control myself. I knew that I was a happy, outgoing, and energetic person, and I needed to find her again, but I was afraid that I never would.

Working Toward Help

I felt as though I would be stigmatized if I went to a therapist. I felt that I should be able to manage my own emotions, given my career choice. My thoughts were that as a social worker, I should know how to intervene in my own life and be the master of my own emotions. I felt that if I couldn't control my own emotions and figure out what was going on with me, then how could I become an effective social worker? I felt like a failure in needing to get help.

One of my classmates was having a similar experience. When we were working on a school project, the conversation about our situations came up. She talked about what she had been going through, and I finally felt relief just knowing that I wasn't alone. She talked about going to get help and being afraid of the stigma that is associated with getting help from a mental health specialist. After talking for a long time, we decided that we would seek help so we would be able to manage our emotions and continue in our master's program.

The first therapist I saw was not very helpful. She was focused on trying to get me to see a psychiatrist for medication. I knew that I didn't want that to be the first route I took, so I decided to look for another therapist. I found out that I could get free therapy at school from the social worker there. The very first session was so much better than the others I had experienced at the community mental health center. This social worker understood exactly what I was going through. She believed that I could feel better without medication, and even shared some of her story. This empowered me and gave me hope, because I knew she understood what it was like to live with the emotions I was experiencing. She also was the first to mention that there is no shame in seeking help. It was then that I understood and learned that social workers seek help all the time. It is even encouraged for us to seek out mental health professionals to work through our issues.

The Breakthrough

I'm so glad I sought out professional help. I was diagnosed with anxiety, which made so much sense. At the time when I was feeling all of these emotions, I had not yet taken the course on diagnostic

criteria, so I had no idea what I was feeling, which was extremely scary. What was interesting, though, is that the semester I decided to get help was the same semester I had that course (on diagnostic criteria), and the week after I was diagnosed, I learned about anxiety.

Fueled with the power of knowledge (thanks to my class and my therapist), I was able to work past my life altering symptoms and learn how to manage my emotions. The key was self-care. Now that may sound simple, but it was (and is) a bumpy ride (to put it lightly). I learned that living with anxiety is a constant battle, but it was a challenge I was ready to take on if it meant getting my life (and really myself) back. The therapist gave me a lot of homework that helped me take control of my emotions. She helped me realize that I was in control of my anxiety and that I had the power to change my emotions. Through breathing techniques, visualizing techniques, and mini experiments (such as eating in public by myself), I was able to make great strides in managing my anxiety.

The Learning Experience

I realize that you (the reader) may be wondering what this has to do with going to school while working full time. I feel that my experience can be used as a learning experience for others. Clearly, the decision to go back to school as a busy adult should not be made as lightly as I made it. It is a lot of work, and before the decision is made, you must think about how you are going to emotionally and physically take care of yourself.

I wouldn't change anything, because I feel that I have grown and realized what is truly important in life. I realize that I don't have to be the stellar employee and student. I just have to have a balance of all things in my life. I won't lie and say that I have it all figured out, but I do believe that the following is decent advice for those working full time and entering a graduate program.

- Acknowledge when you are overwhelmed, and take time for yourself.
- Stay connected with your support system or build a stronger one if you need, because those people will help you get through the hard days.
- Don't ignore emotions or physical symptoms that are abnormal for you.
- Don't be afraid or ashamed to get professional help, if needed.
- Don't be afraid or ashamed to talk to professors. Don't underestimate how much they can help or guide you in the right direction, or maybe they can just be venting sources. I have found professors understand the struggle of students, especially those with jobs, families, and other responsibilities. Most professors will also understand if life or work is pulling you away from school responsibilities. Just explain it to them, and you may be given some kind of extension on school work.
- Listen to your heart and instincts.
- Find something that you love and that takes you away from what overwhelms you, and allow yourself to do that once or twice a month, as it fits your schedule.
- If it's possible, re-examine your situation and see if there are any changes you can make to help you feel less overwhelmed.

The Re-Examination

This last point was very helpful for me during my last year in my graduate program. I decided to stop working full time for my last year of graduate school. I even stopped the monetary help from the scholarship, because I realized that my full-time job was not my future career. My passion was in a completely different concentration, so I decided that focusing on learning skills for my career was more important. I was able to survive on student loans and financial assistance from family. I realize that this is not a possibility for all; however, just re-examining your options may help you come up with your own unique way to restructure your life. Life will always be stressful, but there are times when you can do things that will decrease that stress with just a little assessment of your life and goals.

At first, I would schedule every minute of my day and still would not find time for myself. After I re-examined my life (even before I left my job), I was able to make sure I had time for myself. I would allow myself to have some time every week to do something that I love, such as going for a jog, or spending time with friends or family, because I know now that this is what helps me be a better student and eventually will help me be a better social worker.

I can't stress enough how important it is to always be mindful of taking time for yourself, because as I stated earlier, dealing with these emotions is a daily struggle. To this day, I feel the rush of nervousness that has become the landmark of when my anxiety is trying to get the better of me, along with the irritability and constant worry. Sometimes I get overwhelmed again and need to take a break and mindfully go through the techniques (breathing and visualizing) that I learned in therapy to help me calm down.

Some days are harder than others. I realize that this is only my experience, and it will be different for everyone, but I think it is key to know yourself and learn what works to help you feel less stressed and to manage the inevitable stress in a positive manner.

This may all seem so simple for some people, but for people who suffer from anxiety, dealing with stress can be a real struggle. I hope my experience and tips can help some people take control of their lives and emotions again.

Karla Garcia, MSW, received her Master of Social Work from Indiana University Northwest in May 2013 and her Bachelor of Arts in sociology from Northern Illinois University in 2007.

Racial equity continued from page 19

Alliance, an antiracist organizing collective of New York City area human service practitioners. ARA is building a movement to undo structural racism in our lifetime and to bring an analysis of structural racism as outlined by the People's Institute for Survival and Beyond to social work education and practice.

Lisa V. Blitz, PhD, LCSW-R, is a social worker, researcher, and educator with 25 years of experience in mental health and social justice centering on culturally responsive trauma-informed practice and organizational development. Lisa is currently engaged in community based participatory research with K-12 schools developing practice approaches to eliminate disproportionally negative outcomes for students of color and those who are economically disadvantaged.

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Social work students at California State University-Long Beach at NASW Lobby Day in Sacramento, CA.

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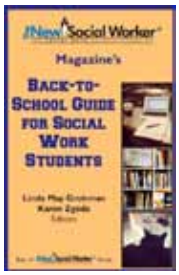

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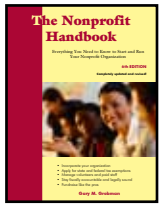

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Social Work Students Wear T-Shirts!

Officers of the University of North Carolina-Greensboro BSW social work student organization show off their Peace, Love, and Social Work t-shirts. From left to right: Quanya Eaton, Treasurer; Alex Moseley, Chair Coordinator; Beth Russell, Secretary; Candice Foreman, Public Relations; Joe Barker, President; Lena Younger, Vice President; and Jack Register, BSW Program Director and student organization advisor.

Hayley Booker, a senior in the social work program at Eastern New Mexico University, takes a selfie.

Joseph Clark, BSW Class of 2017, University of Louisville, Kent School of Social Work

Social work students from St. Catherine University-University of St. Thomas are shown at Minnesota's Social Work Day at the Capitol. The t-shirts were designed by MSW student Nicole Dahl and won "best t-shirt" of the day.

University of Southern Mississippi BSW Club members show off their "The Power of Social Work" t-shirts.

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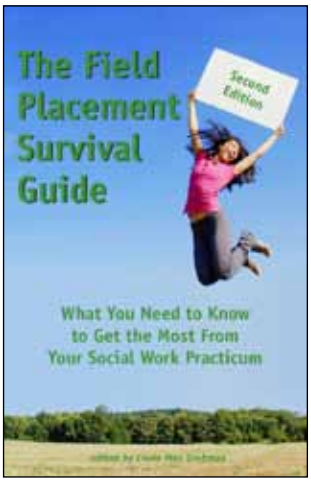

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IS IT ETHICAL? 101 Scenarios In Everyday Social Work Practice

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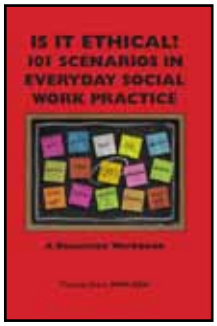
by Thomas Horn, MSW, RSW



What would you do if you were asked to be your hairdresser's social worker? How about if you developed a crush on a client? Or if you unexpectedly received a $100 check in the mail from an agency to whom you had referred a client?

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Very few social workers go to work looking for ways to exploit, manipulate, or mislead the people with whom they work—clients, colleagues, managers, the government, or the general public. Yet, it is possible to cross into unethical behavior unintentionally, often as a result of poor decisions that are misguided. The line between ethical and unethical can become blurred.

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Resources are listed, including Code of Ethics Web addresses for nine different social work associations, as well as ethics journals.

"...if you need a resource to begin a discussion of ethics in a classroom or agency in-service, this workbook qualifies for Social Work Ethics 101." Paul Dovyak, ACSW, LISW-S, University of Rio Grande, Journal of Social Work Values and Ethics

ABOUT THE AUTHOR

Thomas Horn, MSW, RSW, is a Registered Social Worker (RSW) with both the Ontario College of Social Workers and Social Service Workers (OCSWSSW) in Ontario, Canada, and the General Social Care Council (GSCC) in England. Tom is also a graduate member of the British Psychological Society. He has worked in the social services field for more than 20 years in a variety of settings, including residential developmental care, residential and outpatient child and adolescent mental health, residential drug/alcohol treatment, and inpatient psychiatry. Currently, Tom works with an inpatient forensic mental health team at a large psychiatric hospital in Ontario. He routinely provides field supervision to social work students at the undergraduate and graduate levels.

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Kaler-Jones continued from page 3

for me." Eventually, the arts programs were reinstated. Being Miss Jersey gives Kaler-Jones the opportunity to continue such advocacy.

Once she makes a decision, Kaler-Jones moves fast. She told her mother a week before the Miss Atlantic County Pageant that she was entering, and then scrambled successfully to get together the different pieces she needed.

Four years later, she was named Miss New Jersey and caught the bug. "The position gives you the power to spread a message," she said. "I've also found my very best friends in the competition."

Sharing New Jersey roots, Tibbetts says she is very proud that the young woman is representing the state and "our generation." She continues, "I'd be thrilled if Cierra wins Miss America, but regardless, she is a true global citizen, and that's the best anyone can really ever be."

Many of her friends were "perplexed" that as a self-described feminist, Kaler-Jones was drawn to beauty contests. She herself saw a contradiction at first. But Kaler-Jones, who lives close to Atlantic City, was impressed by an earlier Miss New Jersey who visited her school and spoke of being a role model. "Feminism is also about empowering women to feel comfortable in our own skin," says Kaler-Jones.

Even the swimsuit competition–now renamed "Lifestyle and Fitness"–is a positive for Kaler-Jones, who grew up "very overweight" and not comfortable in her skin. "Since then, I've learned about fitness and wellness and have taught my family. If you can go onstage in a swimsuit, you can do anything."

Kaler-Jones spends non-competition time in a swimsuit, as well. As much as she loves to read, do research, and public speaking, she also enjoys the beaches of her native state. She enjoys journaling and blogging and once played piano, saxophone, and a self-taught guitar.

The one thing Kaler-Jones wishes she had more time for is talking to friends. "I'm very much a people person," she says.

Freelance writer Barbara Trainin Blank, formerly of Harrisburg, PA, now lives in the greater Washington, DC, area.

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From Jane Addams to the Yurt Slums of Mongolia

by Ann McLaughlin, MSW, ACSW

When I travel and speak in Africa, I encounter this notion that money grows on trees in America. I emphatically tell the people I meet there that what has made America great is that we are a nation of immigrants. I tell them that my Irish ancestors came to America because they were hungry. That usually is new information–that Europeans were starving and getting on boats looking for a better future.

In Tanzania, my social work colleagues are pushing to get a bore hole dug in a remote village. As it stands now, women get up before dawn to walk to the nearest water hole about three to four hours away. They usually get back at noon. Wow...it would be nice to live a life of ease. It would be nice to have indoor plumbing and water come out the faucet instead of walking half the day.

When I was in Ghana, a teenage school girl walking home from school with her friends said to me, "American, American...take me home with you! I want to go to America." I spun on my heels to face her and said, "If you really want to go to America, then study very hard...and be one of the smartest in your country, so that you can get a scholarship to one of our best schools."

That is the promise of America that Barack Obama talked so much about at the Democratic Convention in 2004, when he said, "I stand here knowing that my story is part of the larger American story, that I owe a debt to all of those who came before me, and that, in no other country on earth, is my story even possible."

I would say in these discussions in Africa, "If you want to imitate or emulate anything from America, the most relevant is how we learned to 'make somethin' outa nothin.'"

One of my favorite books on this subject is Napolean Hill's book called *Think and Grow Rich.* Andrew Carnegie charged Hill with the task of interviewing all the Rags to Riches moguls at the turn of the century: Henry Ford, Rockefeller, JP Morgan.

I emphasize that we are just a few generations ahead of Africa. We had slums with poor sanitation, and our barefoot kids had worms in their feet. The swamps of Louisiana bred malaria until the Army Corps of Engineers filled in those swamps.

At the turn of the century, America was flooded with wave upon wave of immigrants, mostly from Europe. From 1880 to 1914, immigrants from Southern and Eastern Europe came to Chicago hoping to find work in the stock yards and steel mills. It was in these tenements of Chicago that Jane Addams worked.

Why Jane Addams Is So Important to the Social Work Tradition

Why is every social worker in the United States, and Canada for that matter, obliged to study Jane Addams' work at Hull House and the tenements of Chicago? Because social work has a proud tradition of caring about what happens to the poor of this world. This emphasis on tackling poverty is what makes social work one of the most important and required credentials in international development and humanitarian work.

Psychology emphasizes the intrapsychic. Social work teaches that the *context* that someone lives in affects well being.

Thus, when I get requests for international volunteers, my contacts in Mongolia ask for social workers to help with improving the lives of the people in their capital's yurt slums.

Social work teaches an attitude. As Jane Addams said. "The good we secure for ourselves is precarious and uncertain until it is secured for all of us and incorporated into our common life."

I do understand and truly appreciate why we study Jane Addams and Hull House and the English Poor Laws. My only regret is that the emphasis is on the past, rather than what is going on in the world today. This is why I submit occasional articles to *The New Social Worker.* I would like to see the social work profession tackle the challenges of the present and future.

What Is Different About the Slums of Today? From Rural to Urban

In Jane Addams' Chicago, the poor came from other countries. Read Oscar Handlin's *The Uprooted* about what political or economic events pushed people from their homeland to America, whether it was the pogroms in the shtetls in the Ukraine or poverty in Poland.

In the slums of today–whether it is Kibera slum in Nairobi, Kenya, or Cochabamba, Bolivia, or Lima, Peru–the influx of people is not from other countries but people moving from the rural areas to the city hoping to find a better life.

In Bolivia, the Altiplano–the plane of the Andes–is very dry. All the rain drops in the Amazon, so there is not much rain in the Andes. The high Andes of Bolivia are sparsely populated, because there is not water to grow crops. It is hard to make a living in the highlands. Whereas women walk for miles in Africa for water, women walk for miles to find wood for the fire to cook meals.

So people migrate from the highlands to the cities, hoping to find work. There is none. Often mom and dad are unemployed, and the family is supported by the son who shines shoes.

When I was in Cape Town, South Africa, I met a young woman in the townships who definitely thought she had made a step up in the world after leaving the Xhosa countryside near where Nelson Mandela grew up. Why did she think life was better? Because there was a spigot with running water. Like the Tanzanians, she had had to walk miles for water in the countryside.

Helping in the Slums of Mongolia

In Mongolia, where our colleagues ask for social workers to help in the

slums, the nomads lived for generations in their yurts in the countryside.

Mongolia, the land of Genghis Khan and nomadic herders, is in the midst of a remarkable transition. Rich in coal, gold, and copper, this country of fewer than three million people is riding a mineral boom that is expected to more than double its GDP within a decade. Some now call Mongolia "Mine-golia."

Nomads are flooding into Ulaan Baatar, hoping to get a piece of the action. Just like the peasants flooding into Lima, there are not the jobs that they thought there would be. They are finding that the Canadian mining companies require that their Mongolian workers know how to speak English.

So just as in Africa, where people bring their style of housing to the city, there is a yurt slum at the edge of Ulaan Baatar.

There are one million people in Ulaan Baatar, and 60% of the people live in the slums. As in the countryside, it is cold. Ulaan Baatar sits just south of Lake Baikal in Siberia. So the people in the yurts burn wood or coal for heat. Thus, Ulaan Baatar now has the second worst air pollution in the world. So another initiative is to help get solar cookers into the yurts in the capital.

As with Jane Addams in Chicago, the social work challenges are similar in the slums of Mongolia–helping the people improve their housing, sanitation, and water; set up schools; create livelihoods or a way to "get by" if they do not get a job in the mines.

So are you up for the challenge in Mongolia? Jane Addams would be proud.

Ann McLaughlin, MSW, ACSW, directs NGOabroad, a service that helps people enter or advance in international humanitarian work and provides frugal, customized volunteer opportunities.

Comprehending the Social Work Licensing Exams: A Brief Intro

by Susan Mankita, LCSW

There is nothing that frustrates me more than when a good social worker can't pass the licensure exam. I am a firm believer that every good social worker *can* earn his or her professional license, once he or she has the appropriate tools.

According to the website of the Association of Social Work Boards (ASWB), the developer and administrator of the exams, in 2013, 77.9% of first time test takers passed the clinical exam, 82.3% passed the master's exam, 77.8% passed the bachelor's exam, and 75.3% of those who took the advanced generalist exam passed.

Clearly, only a percentage of social workers who take a licensure test will pass it on the first try. In 2013, 2,309 master's level and 2,289 clinical level exam takers did not.

For many of these social workers, this is the beginning of a frustrating process involving more study, self-doubt, and anxiety. Many assume that purchasing expensive study guides, making more flashcards, or memorizing more of the DSM is the key to their licensure success.

Although that's possible, it is likely that what they need *first* are Exam Question Comprehension Skills. Once trained to understand the anatomy of an ASWB test question, it becomes possible for social workers to successfully apply all the knowledge, skills, and abilities they regularly use in their day-to-day practices.

ASWB doesn't list statistics on how many pass on their *next* try. The good news is that some will be able to do so simply by increasing their preparation efforts.

Exam question comprehension skills

Every test question can be dissected and understood. Even better, ANYONE can learn to do this, even if it doesn't come naturally. If you are someone whose head starts to swim every time you see a complex scenario, this may be exactly the skillset that you are missing.

ALL high stakes professional exams have certain things in common, or they wouldn't be able to call themselves valid and reliable. A "good" item (not all are in the form of a question) MUST be constructed in a certain way in order to meet these criteria. That means there is both a formula for writing them AND a process for understanding them. Once you recognize that the exam is testing to insure that we have the knowledge, and the capability of applying it, even in challenging situations, it's easier to recognize what is being tested. In a nutshell, the exam is testing to see if a social worker can:

- recognize, understand, and apply the values and standards of the social work profession
- use best practices with clients
- prioritize well
- pick the best intervention for the given situation
- communicate the effective "social work" way
- focus on what is most important at a given point in time
- critically evaluate a series of options and choose the best one from a pool of good ones
- act ethically and in the clients' best interest

Dissecting a test question to see which of the above is being tested is critical to success.

Susan Mankita, LCSW, teaches licensure prep courses for social workers. In the past eight years, she has helped more than 170 individual social workers around the country, including more than 100 re-takers, pass the social work licensure exams. Look for more detailed articles on the licensing exam from Susan in future issues of The New Social Worker.

Burnout and Self Care: A Process in Helping

by David M. Papia, LCSW

Is burnout an endpoint or a process? If it is an endpoint, are professional helpers at risk for that outcome while having limited ability to do anything about it? If it is a process, doesn't that suggest we can have control over burnout?

What is this notion of self care? Is it a New Age term that we have yet to embrace collectively? Or is self care an established notion in the helping professions? Furthermore, as professionals, we want to know what burnout and self care have to do with being a good professional helper and where our responsibilities lie in relation to these issues.

Introduction

The words "burnout" and "self care" have been catchy and useful but might need linguistic assistance. We sometimes say we are burned out. This term is static and suggests immobility. The best term may be "burning out." When we are aware that we are burning out, when we can step back and see our situation more objectively, we begin to see how burning out truly is a process. Often, we say we need to take better care of our selves. The process a professional helper undergoes may simply be referred to as "caring for our selves."

When viewed this way, we can begin to understand that burnout and self care are fluid experiences, hardly ever static, and for the professional helper this implies we can have control over these processes. As professionals, we need to address these terms and the issues surrounding them. My intention is to produce clarity and support for the sake of the professional helper and, in particular, the profession of social work–a profession in which I have been intimately involved for 30 years. I have come to realize how very important it is to be knowledgeable, preventive, and proactive regarding burnout and self care.

The Literature on Burnout and Self care

The literature on burnout has spanned nearly 40 years. Freudenberger is widely credited to be the first to apply the term (Thompson, 2009; Smullens, 2012; DeSilva, Hewage, & Fonseka, 2009; Waugh & Judd, 2003). He referred to burnout as having the experiences of feeling like a failure, feeling worn out, and becoming exhausted (Thompson, 2009).

Other early authors have had similar views on the subject of helping and burnout. In Edelwich and Brodsky's study (as cited in DeSilva, Hewage, & Fonseka, 2009), the authors state that the professional feels "a progressive loss of idealism, energy, and purpose." In Pines and Aronson's study (as cited in Waugh and Judd, 2003), the authors state the professional feels "a state of physical, emotional, and mental exhaustion." Maslach seems to be the most widely acknowledged contributor to thinking about burnout. In her work and research (as cited in the National Association of Social Workers NASW–Professional Self Care policy, 2009), she states that burnout is "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people-work' of some kind."

With this historical view of burnout, we could easily be led to the sense that burnout is a downward spiraling experience that brings us to an unfortunate end. What I see in these descriptions is that burnout equates, in functional terms, to the professional having less capacity to sustain and less capacity to give.

Self care is not new to our profession. In Poulin and Walter's study about burnout and self care (as cited in Smullens, 2012), they address how burnout can be reversed and that self care is "a process that can be engaged to restore balance in our personal and professional lives." Maran Dale (2008, November), in her article, "The Profession Must Prioritize Self Care," addresses the individual social worker's responsibility and the responsibility of educational settings and agencies to provide healthy work environments. Tracy Whitaker (as cited in Dale, 2008), said, "We learned that it was not the clients themselves who were causing the major portion of the stress, but the work environment itself," and, "The primary stress social workers face is that they don't have enough time to do their jobs, and related to that, have too heavy a workload," and "This was true across practice areas."

The NASW Policy Statement on Professional Self Care, approved by the NASW Delegate Assembly in August 2008, is a gift to our social work profession, as well as to other helping professions. This Policy Statement addresses how "the practice of self care" is not only the way to respond to our occupational stressors, but it is also "a core essential component" to our competent and effective ongoing professional practice (2009). As this policy statement describes self care and articulates the case for the vital importance that self care has for the professional and the profession of social work, and as this statement describes burnout and its effect on the professional, it challenges all of us to respond and to move forward.

Burnout in Social Work

Our social work profession is noble. This is a very special career path. We get to participate in important matters in people's lives. We learn about ourselves, about others, and about humanity. We

engage in giving and receiving, and we engage in relationships that further who we are and further those to whom we attend. However, our profession comes with many significant challenges and occupational hazards that threaten to weaken our profession and the resolve of the professional social worker.

We know that our profession has become deeply entrenched in managed care practices, bureaucracies and governing bodies determining our daily work conditions, very high caseloads, low salaries, and a profound amount of accountability expectations. These realities and conditions can and sometimes do weigh very heavily. It is easy to recognize the feelings and sentiment of doubt and questioning: *Should I continue in this profession? Am I enjoying my job? How can I sustain?* We might even wonder if someone should consider entering our profession. As a father whose daughter has recently gone off to college and has an interest in social work, I notice myself being "on the fence" about her interest in our field.

We also have the stressors and realities of doing clinical work day after day. Smullens (2012) articulates the stressors, psychological issues, and "sheer exhaustion" associated with clinical work in describing and defining burnout. Smullens expands her discussion about burnout when she addresses the "attendant syndromes" of vicarious traumatization, compassion fatigue, and secondary traumatic stress–and their resulting effect on the social worker. It is commonly known that doing clinical work, and especially work with very challenging and traumatized populations, presents risks for experiencing burnout. Suffice it to say, the experience of burnout as an occupational hazard in our profession has its roots in clinical, organizational, and systematic experiences we face daily.

Self Care in Social Work

There are literally hundreds of self care practices available to the professional helper. *A Self Care Assessment,* provided by Saakvitne, Pearlman, & Staff (adapted by Lisa D. Butler, Ph.D., University of Buffalo School of Social Work) details a self care worksheet that is divided into six life areas: physical, psychological, emotional, spiritual, relationships, and workplace or professional. This helps us to see how ideas about self care can be presented in various forms, giving us a number of ways to view and consider different practices.

The Columbia University School of Social Work, as discussed in its "News and Events" in November 2012, offered two experiential self care days for social work students, meant to enhance the lives of the students and help them to define what self care is for them and to learn to practice self care. As a result, the school's students began to better understand self care and then include that in their daily functioning.

When self care practices are examined, understood, and put into practice, we see they all–no matter what form they come in–essentially give us the same outcomes: we become rejuvenated, energized, inspired, healed, restored, and happier. In so doing, we become increasingly capable to continue to serve others, to give to others, to engage in giving and receiving in a manner and to the degree that honors our profession and the role of a professional helper. Self care practices improve and enhance our human being-ness and our human performance. They help our heart to remain open, our mind to remain clear, and our compassion to come forth. The social work profession, as with other helping professions, requires us to know our selves and effectively use our selves in our professional capacities. Caring for our selves will help us to become more of our selves closer to our fullest potential.

Our Challenge: The Time Has Come

Victor Hugo has been widely quoted as saying, "There is one thing stronger than all the armies in the world and that is an idea whose time has come" (Kolsbun & Sweeney 2008, pp. 20-21). The idea I wish to put forth is the following: Because burnout (burning out) and self care (caring for our self) are two of the most significant issues we will encounter during our careers, it is imperative that we be well informed, that we do respond, and that our response is wise and effective. I believe that by changing our *viewing* and changing our *doing* relative to burnout and self care, this will open up immeasurable possibilities for growth and will support our response that is needed.

Viewing: When we are viewing burnout (burning out) and self care (caring for our selves) as ongoing processes, this offers us a real sensibility that these issues are under our control; something we can manage and develop mastery over. Additionally, defining these terms in a way that captures their functional nature is also to our advantage. Burning out and caring for our self are active and dynamic entities that do not exist in isolation. Their definitions need to make sense in our world of social work, where our primary mode of functioning is through the relationship. To that end, I offer the following definitions.

Burnout: Whereas burnout (burning out) happens in relationships, and it is influenced by conditions, situations, experiences, and our attitudes, the process of burning out leaves us feeling depleted and having less capacity to give to and connect with others.

Self care: The effects and outcomes of self care (caring for our selves) are what we bring to our relationships. The process of caring for our selves leaves us feeling enriched and having more capacity to give to and connect with others. I believe that viewing burnout and self care in these ways guides us to become ready to act accordingly, and differently, when needed.

Doing: As professional helpers, we want the situations and outcomes to improve for those we serve. We want this for ourselves, as well. To be effective and to make these improvements, we need to be conscious and active participants in the ongoing processes of burning out

and caring for our self. We know we will continue to be confronted with risks for burning out. And we know that caring for our self will help us to overcome those situations. I firmly believe that with understanding burning out and caring for our self to be ongoing processes, and with knowing we can effectively participate in these processes, we can bring about positive change. Participating in these ongoing processes will be a matter of choices we make during our careers. To engage in properly addressing the challenges we face is to become wise and learned professionals. And to engage in caring for our selves is a vitally important career decision–one that will benefit us every step along our journeys as helping professionals.

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Social Work Goes to the Movies

How Movies Can Help in Working With Kids

by Addison Cooper, LCSW

I recently reviewed the new Disney film, *Planes: Fire and Rescue*. One of the things I liked best about the film was the protagonist's torque meter. Maybe I should explain that. *Planes: Fire and Rescue* is the sequel to Disney's 2013 film *Planes*. In the first film, humble workaday plane Dusty Crophopper becomes a famous racing plane. A year later, Dusty is still enjoying his celebrity status; however, he finds that he is having difficulty performing at the level his fans are used to. A mechanic explains the problem: Dusty's machinery is breaking down and cannot be replaced. Too much torque will cause Dusty to break. To help him avoid disaster, the mechanic installs a meter that will help Dusty assess how much stress he is under. The mechanic even includes a warning light to let Dusty know when he is being over-taxed.

This reminded me of a tool introduced in Karyn Purvis' Trust-Based Parenting video curriculum, in which kids are asked to indicate the level of emotional energy they're feeling by using a simple, home-crafted indicator. I suggested something similar on my site, *Adoption at the Movies,* and a reader sent in photos of a very interesting emotional tachometer. A colorful needle can be moved around to point to a range of faces, each illustrating, and labeled with, a different emotion.

Image credit: Her at Parents of Color Seek Newborn to Adopt

This could certainly be a helpful tool for families and professionals to use in helping kids identify their difficult emotions, and it might be more palatable to kids, since it can be tied into the story of a beloved film hero.

Here are some other ideas of how movies can tie into exercises that families can use to help their kids talk about their feelings.

In *Frozen,* Elsa has struggled with others' expectations that she hide her feelings and other truths about herself. She finally faces the pressure of these expectations and decides to "let it go." She embraces herself, but still expects that others will not accept her. She later finds that others do accept her for who she is. A video of the song could be an invitation (or a celebration) for a child to work toward releasing shame. A simple question could be asked: "What would you let go, if you could?"

In the delightful French film *Ernest and Celestine,* a bear and a mouse become friends–and ultimately become family–even though their respective cultures expect them to be incompatible enemies. This could be suggested viewing for kids who are struggling with membership in a blended or multicultural family. Little Celestine draws pictures to convey her impression of her relationship with Ernest, and parents could invite children, after watching the film, to be like Celestine and draw family pictures.

Disney's *Meet the Robinsons* focuses on Lewis, an orphan who mourns a loss from his past until he is confronted with a hopeful future. This film could be used to encourage children to optimistically imagine the future while also examining the past. Lewis is an inventor; after watching the movie, parents could ask children to use Legos to design an imaginary invention that will make the world better. Once it's built, parents can ask children what it does, how it works, and how it makes the world better.

In *The Tigger Movie,* the "bouncy, trouncy, pouncy, flouncy, fun, fun, fun, fun, fun" tiger conveys his loneliness at being the only tiger among his group of friends. He wonders where the other tigers must be, and although he does not find them, he finds comfort and belonging in his group of friends. He also carries a locket, which holds a picture of the thing closest to him. A child could be asked to design a similar locket to identify the things that are most important. It can be opened, to share what is important, or closed, to provide security that you can keep your thoughts confidential for a time. The child can choose when to open or close the locket (and also, when to change the picture, and what to change it to).

In *Rise of the Guardians,* a character uses nesting dolls to illustrate that people have many layers to their identities. Children could be invited to see the film and then complete a similar craft to express the different aspects of how they perceive themselves and how they wish to be perceived. Parents could provide a series of small jewelry boxes, and on the outside of each box, in sequence, children can draw how they want to be seen by strangers, friends, and family, with each smaller box representing how the child wishes to be seen by the more intimate group of people. On the inside of the smallest box, children can draw representations of who they believe they are, or of who they wish to be.

This is a small list of suggestions. Many films are released each year, and many kids are often excited about the newest film. Why not make the cinema part of your professional development? With a clinical eye, movies can provide an excellent and easy way to connect with clients, to provide them with understandable analogies, and possibly even provide exercises to use at home!

Addison Cooper is a Licensed Clinical Social Worker in California and Missouri. He reviews films and writes movie discussion guides for foster and adoptive families at Adoption at the Movies (www.adoptionlcsw.com), and is a supervisor at a foster care and adoption agency in Southern California. His articles on adoption and film have also appeared in Adoptive Families and Foster Focus magazines. Find him on Twitter @AddisonCooper.

Turn Up the Tech in Social Work

Solving the Veterans' Crisis With Technology and Advocacy

by Ellen Belluomini, LCSW

Technology in systems is only as good as the planning behind it. An example of needing a systems plan integrating technology is the current crisis in Veterans' mental health and health care. The U.S. Department of Veterans Affairs (2011) estimated there were almost 23 million veterans in the United States. Yet only 7.8 million veterans use their health care benefits. The VA's current access audit uncovered the need for 90,000 veterans to be contacted because of their long wait times. Over the past 10 years 64,869 veterans never saw a clinician after being enrolled. The United States surpasses the world in technology, yet large government systems such as the VA and the Affordable Care Act remain rife with technology problems. Social workers can advocate for systems changes with technology solutions.

The Department of Veterans Affairs (VA) and Department of Defense (DOD) excel in implementing programs for micro systems. The VA is innovative in development of health and mental health phone applications. The DOD provides free training and information for mental health and health providers. The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), the Center for Deployment Psychology, the National Council for Behavioral Health, and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury offer an introduction of education toward effective care for military populations. The only issue with these services is how the information is disseminated. Unless providers are willing to surf the Internet for education and training, they may inappropriately treat military clientele.

I worked as a Family Advocacy Prevention Specialist on the Great Lakes Naval Base and as the director of an emergency shelter program on a VA campus. These experiences trained me to provide services to military members and their families. The manner of my practice with these military populations differs significantly from that with civilian populations. Common issues addressed include military values, power issues, trauma reactions, conflict resolution practices, and reintegration problems. These differences create a culture friction between military families and civilian lifestyles.

Here are some troubling statistics from the U.S. Department of Veterans Affairs:

- Veterans with Post Traumatic Stress Disorder
  - » Almost 31% of Vietnam veterans
  - » As many as 10% of Gulf War (Desert Storm) veterans
  - » 11% of veterans of the war in Afghanistan
  - » 20% of Iraqi war veterans
- 22 veterans commit suicide each day, the highest percent between the ages of 50 and 59.
- 57,849 veterans are homeless on any given night, and 1.4 million veterans are at risk of being homeless.
- The rate of depression is five times higher in soldiers than civilians.
- 55% of women and 38% of men report being victims of sexual harassment in the military.
- 20% of Iraq and Afghanistan veterans have substance abuse addictions after returning home.
- Of reported domestic violence situations in the U.S., 21% of these include combat veterans.

Military values and practices are not the same as in the civilian sector, but how are social workers addressing these variations? I informally asked several colleagues in the community who regularly work with military families. Not one of the 10 professionals I surveyed had ever taken any type of online or in-person training in the cultural literacy of military populations. Only one professional had taken a course on a treatment (EMDR) that specifically addressed military members as a subpopulation. Although all of the professionals "knew a veteran" from their extended family or friends list, they had never had a conversation with them about their military experience. Education is a gap within treatment of this population.

Higher education is responding to the need for specialization in working with military populations by providing training for social workers. The University of Southern California (USC) is breaking ground with research and education on military populations. USC developed a technology simulation to help social work students. The Motivational Interviewing Learning Environment and Simulation (MILES) allows students to practice therapy with a military member simulation. MILES is groundbreaking in its approach to supporting military studies. Some social work schools are offering concentrations and certificates in military social work. The Council on Social Work Education provides a full list of universities with a military focused social work degree or certificate program. (See *http://www.cswe.org/default.aspx?id=17491.)*

How well the government creates solutions through technology on a micro level does not mirror solutions on a mezzo and macro level. Mezzo practice with the military community does not include use of technology to enhance communication between the DOD, VA, veterans support programs, and community services. Each agency has separate electronic medical records and its own approach to mental health services. One community is not aware of the interventions of the other unless by self-report. The government is responding on a macro level with an increase in VA medical services, but it is not including

mental health alternatives in this package. Societal solutions need to include the entire continuum of care.

Technology provides a bridge to services and communication. The Department of Housing and Urban Development financially supports each community's Continuums of Care planning body for people experiencing homelessness to develop a single point of access to its system. This coordinated entry system moves people more quickly through services, provides communication of care between agencies, minimizes duplication of services, and increases the data collection accuracy on client needs for future services. This is a government system easily replicated for military communities. The system is effective for urban, suburban, and rural areas.

Social workers do not have to recreate the wheel in addressing needs of the military community. Awareness of this population's cultural differences coupled with a collaborated voice of advocacy can make a difference. Military members and their families have made sacrifices for the stability of our nation. We need to work toward stabilization of their family systems.

Ellen M. Belluomini, LCSW, received her MSW from the University of Illinois, Jane Addams School of Social Work and is currently a doctoral student at Walden University. She is a lecturer at Dominican University. She has developed online and blended curricula with an emphasis on integrating technology into human services practice. She writes a blog, Bridging the Digital Divide in Social Work Practice, to increase awareness about technology's uses. She presents and consults on various issues related to social services. Her clinical work has been in private practice, management of nonprofit agencies, and programming for vulnerable populations.

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Accessing Apps: Veterans

by Ellen Belluomini, LCSW

These apps are not only specific to veterans, but can help a wide range of clients with similar mental health issues. Mostly government funded, these apps can be used at no cost. Access the applications by placing the name of the app in a web browser.

BioZen
This is a portable biofeedback app created by the Department of Defense. It monitors electroencephalogram (EEG), electromyography (EMG), galvanic skin response (GSR), electrocardiogram (ECG or EKG), respiratory rate, and skin temperature. It also displays Delta, Theta, Alpha, Beta, and Gamma brain waves. It does need a biosensing device (BioPatch, BrainAthlete, NeuroSky), which can be pricey.
Android Free

Breath2Relax
This app develops a person's diaphragmatic breathing to help with anxiety and anger control. The screen is visually appealing and tracks information.
Android and Apple Free

LifeArmor
This is an education app for military members. Seventeen different topic areas include education, assessment tools, tools to improve mental health, and videos from military members on how they manage different problems.
Android and Apple Free

mTBI Pocket Guide
The Mild Traumatic Brain Injury Pocket Guide is an educational app for up-to-date clinical and medical care. It helps with assessment, diagnosis, and treatment of brain injuries. Coding is also a feature of this app.
Android and Apple Free

MyHealtheVet
This app helps veterans track their personal health records. Prescriptions can be filled online from the app. When seeing VA doctors, patients can pull up their records for immediate education of medical personnel. Since veterans will be able to see outside providers more easily now, this app can act as communication between the VA system and the civilian world without the red tape.
Android and Apple Free

PE Coach
Prolonged exposure treatment is an evidence-based treatment to decrease distress caused by trauma. Therapy sessions are recorded for later use by the client. The app tracks homework and symptoms for the clinician. The client is provided psychoeducation, homework forms, breathing retraining, and scheduling of their practice sessions.
Android and Apple Free

Positive Activity Jackpot
This is one of my favorites. This app schedules "pleasant events" to decrease depression. Local activities and invites increase the ability for people to reach out to others. I use this as a supplement and reinforcement for exploring activities in session.
Android and Apple Free

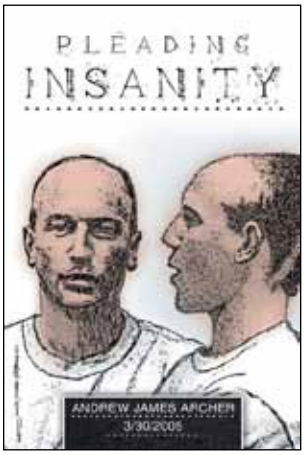
Provider Resilience
Working with veterans' issues can be intense for therapists. Compassion fatigue is addressed through this app. Burnout surveys and resilience tools help clinicians be aware of their level of stress and provide mechanisms for renewal. This tool is a nice reminder of how we can use technology for ourselves.
Android and Apple Free

Virtual Hope Box
This supplement to treatment addresses behavior from a positive psychology route. Tools for this app include relaxation, positive thinking options, distraction games, and coping education. I especially like the ability to create your own affirmations on virtual cards. I use Louise Hay's cards as supplements.
Android and Apple Free

Reviews

Pleading Insanity, by Andrew James Archer, Archway Publishing, Bloomington, IN, 2013, 275 pages, $18.

Pleading Insanity is a personal account of the author's early struggles with bipolar disorder. The author, Andrew Archer, introduces the topic discussing his genetic link for the disorder, as the child of a parent who was also diagnosed with bipolar disorder. He states, "I never wanted to turn out like him," yet points out that even early on, there were symptoms of his own struggles from infancy, through childhood, adolescence, and young adulthood.



Archer discusses his symptoms and experiences as they begin to escalate during his freshman year in college. What is remarkable is the amount of detail Archer is able to recall and the painful emotions the retelling of his story must surely invoke. He describes his thoughts and behavior in such a way that the reader is often laughing and similarly wanting to cry as he describes his mania and his depression.

What sets this book apart from others about this topic is Archer's honesty and firsthand accounts of his thought processes, as faulty as they may be, and his behaviors, which do not seem so farfetched once they are paired with his thinking. Especially helpful to the reader are parenthetical diagnostic criteria to provide a link between his symptomatology and that described in the terminology of the DSM IV. This link adds clarity for any reader, whether mental health professional, family member, friend, or someone diagnosed with bipolar disorder.

Archer also describes his struggles with alcohol and drugs, which initially appeared to be a method of self-regulation/self-medication that soon escalated out of control. He describes how family and friends tried to help him, but they either didn't know what do to or, because of legalities, were unable to intervene. He makes an important observation that sometimes the very system that is in place to help those experiencing mental illnesses are also the systems preventing timely intervention by loved ones.

Given the media coverage of the past several years and the correlation being created between acts of "random" violence and the mental health of those perpetrating the violence, perhaps avenues of intervention need tweaking.

The author, after experiencing a disruption in his education, getting involved in the legal system, experiencing cycles of mania and depression, is able to ultimately get his MSW and LICSW. Through his struggles, Archer learns the approach that has helped him to live a healthy life and reduce recurring episodes, which he describes using the image of a "carpenter triangle"–medication, support, and mindfulness.

Pleading Insanity should be required reading for anyone going into the fields of social work, psychology, or mental health. Additionally, the book is helpful for anyone who has a family member or friend who has to live with bipolar disorder, as well as anyone who wants to gain a better understanding of mental illness. I thoroughly enjoyed reading the book and highly recommend it.

Reviewed by Nancy Anderson, MSW, Social Work Field Education Director at Warner University.

Gender-Inclusive Treatment of Intimate Partner Abuse, Second Edition, by John Hamel, 2014, New York: Springer Publishing Company, $56.

John Hamel, LCSW, has written a well-designed and possibly controversial 376-page book in regard to evidence-based approaches for gender-inclusive treatment of intimate partner abuse.

The book consists of three main components, including research, assessment, and treatment. The research component focuses specifically on partner abuse today and details the prevalence of partner abuse, its impact on partners and families, and an in-depth summary of research regarding prevalence/context/risk factors/impact on victims and families.

The assessment component focuses explicitly on diagnostic issues and conducting partner abuse assessments. Specifically, the diagnostic issues focus on categorizing partner abuse, partner abuse in the DSM-5, dominant aggressor assessment, anger and coercion, assessing victims, and why partner abuse is underdetected by therapists. The conducting of assessments focuses on general guidelines/protocol, considerations for LGBT and ethnic minorities, and substance and partner abuse.

The treatment aspect is especially detailed in regard to developing the treatment plan, group work, family systems, couple interventions, working with families, and partner abuse in disputed child custody cases.

Gender-Inclusive Treatment of Intimate Partner Abuse is essential to a social worker's literary collection. Often, social workers overlook the macro level of social work practice. "Do we want to be politically correct or do we want to reduce domestic violence in our communities?" (Hamel, p. xxiii) Sadly, most funding for domestic violence is appropriated to the majority of domestic violence victims (e.g., women). However, Hamel provides thorough evidence to suggest that we are forgetting a population: men. His research reveals a disturbing report of 302 male victims who contacted the domestic abuse helpline, in which half of them were not taken seriously.

Hamel is clearly drawing a line to stand up for all genders and emphasizing taking male victims more seriously, especially in regard to emotional abuse and control (coercive behavior) in which he says men and women have nearly identical rates. The traditional domestic violence treatment, which typically focuses on a feminine perspective, is colliding with a more evidence-based approach of gender equality through a psychotherapeutic type of treatment.

Whether you are a traditionalist or progressive in regard to domestic violence, there is no denying Hamel addresses the concept of "bridging the gap" between social workers and domestic violence counselors with evidence-based concepts found within the text.

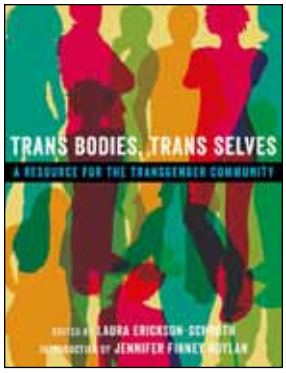
The *NASW Code of Ethics* demands that we adhere to ethical principles such as service, social justice, dignity and

worth of a person, importance of human relationships, integrity, and competence. Hamel is clearly demonstrating a knowledge and application of all of these principles, which can be evidenced through his text. This is a must-have text for social workers who strive for excellence within our field and want to see progress within the domestic violence treatment field.

Reviewed by Craig Carpenter, LCSW, Associate Licensee,Clinical Social Worker, U.S. Military.

Trans Bodies, Trans Selves, Laura Erickson-Schroth, Editor, Oxford University Press, 2014, 672 pages, $35 paperback, $15 Kindle.

At a time when the first transgender woman on the cover of *Time* magazine is also nominated for an Emmy Award, and at a time when the frequent and brutal murders of transgender people are becoming increasingly reported about in local and national news media, it can be difficult for anyone to tell whether trans equality is moving forward or backward. Add in that there are so many terms and phrases, as well as so much question for social workers about what is and isn't appropriate, and this book clearly comes at the perfect time.



Social workers and other professionals certainly need to know every bit of what is contained within, but it is certainly more realistic to think of this book instead as more of a reference book.

Bridging the gap between being understandable to the newest of readers and being helpful to those more versed in transgender issues, the vastness of topics covered includes everything from sex work to sexual safety, from romantic relationships to personal feelings about one's changing body. The mix of personal stories and professional guidance from doctors and therapists allows the reader to have a well-rounded learning experience about each of the topics.

In addition, a great deal of transgender history is discussed, something crucial to the transgender experience, yet so often not considered. This allows every reader to see the full and colorful history of transgender issues, the trans equality movement as it has been occurring and continues to occur, and what may be happening in the lives of individual trans people.

In addition, this book may or may not be a great recommendation for clients and requires a clinician to know each's personality and situation. Whereas one client may feel inspired or calmed by having access to the stories of those who have previously walked the transgender path, others may feel overwhelmed by the depth of the information. One parent of a trans person may feel comforted in knowing his or her own child isn't alone in this process, and another parent may feel the information is too much, too soon and do better learning about the process as the child (or adult child) goes through the experience.

As previously said, it is understandably unlikely that a non-specialized professional would read this book cover to cover at one time. Certainly, every clinician should read through the index, familiarize him/herself with the proper terminology, and begin to review the history and future of the transgender population. As much as we have come to learn about the uniqueness of the story of other minority groups, this is no less important and, though the population is hidden from most school texts, it certainly deserves to be known.

It is worth mentioning that this book contains discussions related to gender as being non-binary, as well as how or why a person identifies outside of the binary norms. Professionals and clients may question and struggle with these concepts, as they are not necessarily mainstream opinions. Others may struggle with some of the discussions related to medical interventions and transitions because of their religious beliefs. This note is not to discourage anyone from reading this book. Certainly, everyone is entitled to his or her own value system. However, it is encouraged that the reader approach this book with a willingness to learn and to listen.

Reviewed by Kristen Marie (Kryss) Shane, MSW, LSW, LMSW.

Practical Supervision, by Penny Henderson, Jim Holloway, Anthea Millar, 2014, Jessica Kingsley Publishers, 160 pages, $22.42.

Practical Supervision is a comprehensive and well outlined examination of the process and content of solid supervision. Early in the book, the authors examine the fact that clinicians often are thrown into supervision roles without any training or guidance. Their goal in presenting this material is to "orient people new to supervision in various helping professions to possibilities and practicalities" (p. 13.) The authors deliver exactly as promised; the book teaches practical supervision.

The authors approach supervision from an experienced and well-read perspective, which examines the supervisor's internal process while also studying the supervisor's actions and the supervisee's response to supervision and to the client.

With just the right combination of practical wisdom and an understanding of the need for new supervisors to learn specific supervision skills, the authors present a useable guide to effective supervision. Readers will come away with practical ideas for the development of the clinical relationship and for exploring tasks, skills, and the dynamic process of supervision, as opposed to management. The book discusses how to handle clinical elements that occur in supervision, such as creativity, unconscious processes, and ethics.

Lastly, special modalities are discussed, such as the use of technology, group supervision, and other different contexts and roles of supervision. Throughout, the authors provide an outline for supervision that includes specific exercises and resources that can further the reader's understanding of these topics. *Practical Supervision* provides resources and further education for the more seasoned supervisor who wants to improve his or her supervision sessions.

As a clinician and experienced clinical supervisor, I believe this book is truly a manual for all new supervisors who are interested in improving the effectiveness of their supervision. It allows readers to identify their supervisees' supervision needs and respond to them effectively and efficiently. I would recommend this book to new supervisors and others who wish to improve their effectiveness in supervision.

Reviewed by Michelle Evans, LCSW, LSOTP, CADC, Clinical Supervisor, Cobra Clinical Services, Aurora, IL.

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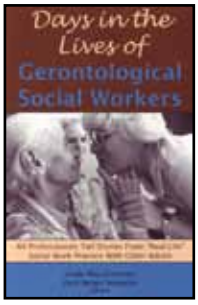
44 Professionals Tell Stories From "Real-Life" Social Work Practice With Older Adults

Edited by Linda May Grobman, ACSW, LSW, and Dara Bergel Bourassa, Ph.D., LSW



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ISBN: 978-1-929109-21-0, 2007, $19.95 plus shipping, 313 pages

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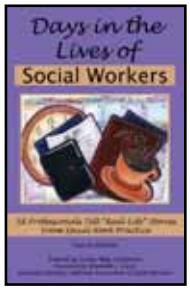

Settings covered in categories of health care, school social work, children and families, disabilities, mental health, substance abuse, private practice, criminal justice, older adults, management, higher education, and communities. Many rich case examples. Lists social work organizations and recommended readings.

ISBN: 978-1-929109-30-2, 2012, $21.95 plus shipping, 433 pages

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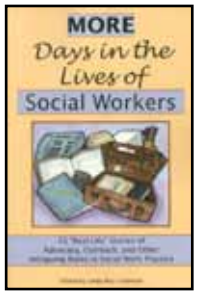

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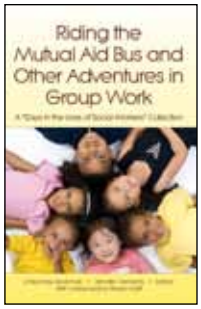

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ISBN: 978-1-929109-33-3, 2012, $22.95 plus shipping, 312 pages

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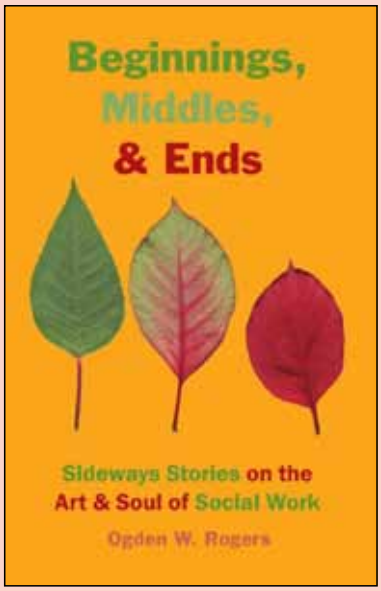
Ogden W. Rogers, Ph.D., LCSW, ACSW



A sideways story is some moment in life when you thought you were doing one thing, but you ended up learning another. A sideways story can also be a poem, or prose, that, because of the way it is written, may not be all that direct in its meaning. What's nice about both clouds, and art, is that you can look at them and just resonate. That can be good for both the heart and the mind.

Many of the moments of this book have grown from experiences the author has had or stories he used in his lectures with students or told in his office with clients. Some of them have grown from essays written for others, for personal or professional reasons. They are moments on a path through the discovery of social work, a journey of beginnings, middles, and ends.

With just the right blend of humor and candor, each of these stories contains nuggets of wisdom that you will not find in a traditional textbook. They capture the essence and the art and soul of social work. In a world rushed with the illusion of technique and rank empiricism, it is the author's hope that some of the things here might make some moment in your thinking or feeling grow as a social worker. If they provoke a smile, or a tear, or a critical question, it's worth it. Everyone makes a different journey in a life of social work. These stories are one social worker's travelogue along the way.

PRAISE FOR THE BOOK

"As someone near the end of a long career in social work and social work education, I found the stories of Ogden Rogers in his collection, Beginnings. Middles, and Ends, *to reflect so much of my own experience that I literally moved back and forth between tears of soulful recognition and laugh-out-loud moments of wonderful remembrances. There is something truthful and powerful about the artist who is willing to put a masterpiece together and leave the telltale signs of failed attempts. Too many who reflect on their past do so to minimize imperfection, setting standards unreachable by others. Ogden Rogers has charted a course of professionalism that encourages creativity, allowing for errors, and guided by honest reflection and dedication to those whom he would serve. This read is a gift to all, whether they are starting or ending their journey of service to others."*

Terry L. Singer, Ph.D., Dean, Kent School of Social Work, University of Louisville

"I found the stories humorous, sometimes painful, and incredibly honest and real. There is really nothing else out in our literature that is quite like this. It reminds me of when we teach the art and science of social work practice—this is the art."

Jennifer Clements, Ph.D., LCSW, Associate Professor, Shippensburg University

"...a profound piece of creative literature that will reinstill idealism within senior social workers who are on the threshold of being cynical about their work."

Stephen M. Marson, Ph.D., Professor, University of North Carolina Pembroke

"Recommended reading for new social workers, experienced social workers, friends and families of social workers, and future social workers because of the variety of anecdotal case presentations and personal perceptions. Truly open and honest portrayals of social work and the helping professions with touching, easy-to-read entries fit within the beginning, middle, and ending framework. This book is suggested for both public and academic libraries to support the career services and/or professional development collections."

Rebecca S. Traub, M.L.S., Library Specialist, Temple University Harrisburg

For the complete Table of Contents of Ogden Rogers' ***Beginnings, Middles, & Ends***

and other information about this book, see:

beginningsmiddlesandends.com

Available directly from the publisher now! Available in print and Kindle editions at Amazon.com.

ABOUT THE AUTHOR

Ogden W. Rogers, Ph.D., LCSW, ACSW, *is Professor and Chair of the Department of Social Work at The University of Wisconsin-River Falls. He has been a clinician, consultant, educator, and storyteller.*

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